

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



October 6, 2003

Mr. Dennis O'Keefe  
Golden Gate Petroleum  
501 Shell Avenue  
Martinez, 94553

ENVIRONMENTAL HEALTH SERVICES  
ENVIRONMENTAL PROTECTION  
1131 Harbor Bay Parkway, Suite 250  
Alameda, CA 94502-6577  
(510) 567-6700  
FAX (510) 337-9335

Re: Fuel Leak Case No. RO160, Hayward Bulk Petroleum Distribution Facility, 1565 Industrial Parkway, Hayward

Dear Mr. O'Keefe:

This letter follows staff review of the historic fuel leak case file for the above referenced site, up to and including the April 4, 2003 Bonkowski & Associates, Inc. 1<sup>st</sup> quarter 2003 sampling and monitoring report. We are concerned that there are elevated concentrations of residual hydrocarbons still present in soil at the site, that the extent of the contaminant plume is still largely unknown, and that the mechanisms controlling the migration of these hydrocarbons are not yet well understood or evaluated. We are also concerned that this site lies along the northern fringes of the Niles Cone groundwater basin, a groundwater basin used for municipal water supplies.

This letter presents a request to complete a three-dimensional characterization of the release by way of a Soil and Water Investigation (SWI), and completion of a Site Conceptual Model (SCM) and Corrective Action Plan (CAP) for the subject site in accordance with California Code of Regulations (CCR), Title 23, Division 3, Chapter 16, Article 11, "Corrective Action Requirements"; State Water Resources Control Board Resolution 9249, "Policies and Procedure for Investigation, Cleanup and Abatement of Discharges Under Water Code Section 13304"; and the Regional Water Quality Control Board (Regional Board) Water Quality Control Plan for the basin.

The following technical comments address investigation and related performance objectives that shall be considered as part of the required SCM, SWI, and CAP. **We request that you prepare and submit a work plan for the SWI that addresses the following comments.**

#### TECHNICAL COMMENTS

A substantial release of petroleum hydrocarbons was identified in 1998 from several source areas across this large contiguous site. Measurable free-phase product (FP) was first observed in an underground storage tank (UST) observation well in July 1998. This well served a tank cluster that included both gasoline and diesel USTs. Beginning in November 1998 through January 1999, nine (9) USTs were removed from five discrete locations about the site. FP was reportedly identified on groundwater encountered in all but one of the resultant UST excavations, as well as in soil encountered beneath product lines and dispensers. Multiple leak sources were identified, most significant of which were leaking product conveyance and vapor return lines and gate valve. Further, additional product lines were discovered abandoned in place during the course of this removal project, some of which were subsequently removed, while others were left in situ. These lines appear to have served a previous generation of USTs.

Mr. Dennis O'Keefe  
Re: 1565 Industrial Parkway, Hayward  
October 6, 2003  
Page 2 of 6

Up to 260,000 ug/l of the fuel oxygenate Methyl tert-Butyl Ether (MtBE) was identified in water sampled from the UST observation well prior to initiation of the 1998 closures. Initial soil samples collected at the time of UST, piping, and dispenser removals included Total Petroleum Hydrocarbons as Diesel (TPH-D) as high as 5700 mg/kg, Benzene as high as 18 mg/kg, and MtBE as high as 100 mg/kg, at depths of 12' below grade (bg). Residual soil concentrations, after substantial over excavation efforts, revealed up to 26,000 mg/kg of TPH-D, 1500 mg/kg of TPH as Gasoline (TPH-G), 26 mg/kg of Benzene, and 12 mg/kg of MtBE at depths between 8 and 17' bg.

Boring logs representing materials encountered during the September 2002 installation of seven (7) monitoring wells report sequences of sand, sandy gravel/gravelly sand, silty sand, sandy clay, and clay to total depths explored of between 25 and 32' bg. Groundwater was reportedly encountered at the time of drilling at depths of 13 – 13.5' bg in five of seven wells. Groundwater was reportedly not encountered at the time of drilling in two wells (MW-1 and MW-6) where logs report the absence of higher permeability lithologies, e.g., sand. All wells were constructed with 15 or 20' screens.

Drilling logs suggest that encountered sediments were deposited in a fluvial, or stream, environment. These depositional environments make more difficult the ability to identify the location of dissolved-phase groundwater plumes. Plumes often exploit high-permeability channel deposits typical of fluvial environments, features easily missed using "traditional" petroleum investigation techniques. Further, other subsurface features, such as utility trenches or previous subsurface construction remnants, e.g., backfilled excavations, can divert groundwater plumes in directions that might otherwise not be anticipated.

Consequently, a Preferential Pathway Study, Site Conceptual Model and Soil and Water Investigation are required to fully investigate and evaluate the releases at this site.

#### **1. Preferential Pathway Study**

A conduit / preferential pathway study shall be prepared for the site that identifies potential migration pathways and conduits (utilities, storms drains, etc.) that may be present at, and in the general vicinity of, the site. This survey must include, among other components, the submittal of comprehensive map(s) clearly showing the location and depth of all utility lines and trenches identified in the study, utility/trench slope or grade, flow directions, and type of backfill materials present. You shall also identify the presence of other anthropogenic or geogenic features that may also act as potential preferential flow pathways. Data shall be interpreted and a professional opinion rendered as to whether or not any identified features may present potential plume migration pathways.

You shall also identify the presence of all wells within a ½ mile radius of the site (i.e., monitoring and production wells; active, inactive, standby, destroyed, abandoned). Include a listing of all wells within this radius, their use and status, date of completion, total depth and screen interval(s), as well as a map showing their locations relative to the site.

Mr. Dennis O'Keefe  
Re: 1565 Industrial Parkway, Hayward  
October 6, 2003  
Page 3 of 6

Using the results of the conduit / preferential pathway study and other data discussed, below, you are to develop the initial three-dimensional *Site Conceptual Model* (SCM) of site conditions. You are to use this initial SCM to determine the appropriate configuration for sampling points in the pending SWI phase of work at this site. Discuss your analysis and interpretation of the results of the conduit studies and explain your rationale for the configuration of sampling points in the SWI work plan.

## 2. Site Conceptual Model

Starting with a critical review of the conduit / preferential pathway studies, data from previous investigations and tank operational records for this site, as well as those derived from logs of supply wells within ¼ mile of the site, followed by an evaluation of regional and area-specific geology and hydrogeology based on published U.S. Geological Survey and California Geological Survey reports, as well as other reports published for public works or other projects in the general vicinity of the site, you are to develop the initial three-dimensional SCM of site conditions. You should include in the SCM a series of cross-sections drawn along transects both normal and parallel to the anticipated groundwater flow direction to illustrate your interpretation of underlying geology, the locations of utility corridors and trenches, and other salient features.

An SCM is a set of working hypotheses pertaining to all aspects of the contaminant release, including site geology, hydrogeology, release history, residual and dissolved contamination, attenuation mechanisms, pathways to nearby receptors, and likely impacts to receptors, among other possible topics to be considered. The SCM is used to identify data gaps that are subsequently filled as the investigation proceeds. As the data gaps are filled, the working hypotheses are modified, and the overall SCM is refined and strengthened. Subsurface investigations continue until the SCM no longer changes as new data are collected. At this point the SCM is considered "validated". The validated SCM forms the foundation for developing the most cost-effective final Corrective Action Plan (CAP).

Your attention is directed to "*Strategies for Characterizing Subsurface Releases of Gasoline Containing MtBE*", American Petroleum Institute Publication No. 4699 dated February 2000 as a resource for development of the SCM. Your attention is also directed to the State Water Resources Control Board (SWRCB) "*Guidelines for Investigation and Cleanup of MTBE and Other Ether-Based Oxygenates, Final Draft*", dated March 27, 2000, as well as the June 2002 ChevronTexaco Energy Research and Technology Company technical bulletin entitled "*Mass Flux Estimates to Assist Decision-Making*" to help in development and strategies for refinement of the SCM, among other related tasks. I can provide copies of any of these documents if you need them.

You are requested to use this initial SCM and referenced guidance documents to help you determine the appropriate configuration for samplings points in the pending SWI phase of work at this site. Please discuss in the SWI work plan your analysis and interpretation of the results of the conduit study and SCM, and explain your rationale for the configuration of proposed sampling points.

Mr. Dennis O'Keefe  
Re: 1565 Industrial Parkway, Hayward  
October 6, 2003  
Page 4 of 6

### 3. Contaminant Plume Definition

Further assessment is necessary to better understand site geology and hydrogeology, determine the mode of contaminant transport from the source areas, and to refine the SCM. We therefore request a three-dimensional investigation. Vertical and horizontal distribution of impacts is to be determined. Multiple transects of sampling points across and along the (anticipated) plume axes are anticipated. The SWI work plan, the scope of which should be substantially based on the completed SCM, shall present your plan to accomplish these tasks.

Conventional investigation techniques and monitoring well networks currently used at fuel leak sites are generally insufficient to adequately characterize modern fuel impacts, including those caused by MtBE and other oxygenates. It is recommended that your investigation initially incorporate expedited site assessment techniques and borings. The borings are to be continuously cored and logged, with close attention paid to changes in lithologies that might facilitate solute transport (e.g., silty/sandy stringers in otherwise fine grained sediments).

In general, soil samples should be collected for laboratory analysis at 5-foot intervals, areas of obvious contamination, the soil/groundwater interface, and at each lithologic change noted during boring advancement, at a minimum. Water samples are to be collected at discrete depths to total depth explored. Detailed cross-sections, fence diagrams, structural contours and isopachs, and rose diagrams for groundwater flow (incorporating all groundwater data), should be subsequently incorporated into the SWI report. Cross-sections should be scaled to clearly illustrate subsurface lithologies, including the locations of stringers and other zones of relatively higher permeability, particularly in those areas where such zones may be intercepted by buried utilities.

Final well locations and screen depths will be substantially based on the results of the SWI and refined SCM. The monitoring of multiple discrete water-bearing zones with short-screened intervals should be anticipated in most cases, and is fully dependent upon what is found during the SWI. Generally, these screened intervals should not be greater than 3' in length. We will expect that the Interim SWI Report will propose the locations of such wells, the anticipated well screen depths, their configurations (e.g., single well, well cluster or multi-level, as appropriate), and the reasoning behind the location and configuration of each.

Discuss your proposal for performing this work outlined, above, in the SWI work plan. The results of the conduit studies and the initial SCM are to be discussed in the SWI work plan to justify your proposed scope of work.

Expedited site assessment tools and methods are a scientifically valid and cost-effective approach to fully define the three-dimensional extent of the plume. Technical protocol for expedited site assessments are provide in the US EPA "*Expedited Site Assessment Tools for Underground Storage Tank Sites: A guide for Regulators*" (EPA 510-B-97-001), dated March 1997.





# State Water Resources Control Board

## Division of Clean Water Programs

1001 I Street • Sacramento, California 95814

P.O. Box 944212 • Sacramento, California • 94244-2120

(916) 341-5757 • FAX (916) 341-5806 • www.swrcb.ca.gov/cwphome/ustcf



Gray Davis  
Governor

Winston H. Hickox  
Secretary for  
Environmental  
Protection

*The energy challenge facing California is real. Every Californian needs to take immediate action to reduce energy consumption. For a list of simple ways you can reduce demand and cut your energy costs, see our website at www.swrcb.ca.gov.*

December 20, 2001

Bay Area/Diablo Petroleum Co.  
1001 Galaxy Way #308  
Concord, CA 94520

*aba Golden*  
*925-957-1926*

### **PRE-APPROVAL OF CORRECTIVE ACTION COSTS, CLAIM NO. 013771, PA # 1 SITE ADDRESS: 1565 INDUSTRIAL PKWY W, HAYWARD, CA 94544**

I have reviewed your request, received on December 7, 2001, for pre-approval of corrective action costs. I have included a copy of the "Cost Pre-Approval Request" form; please use this form in the future for requesting pre-approval of corrective action costs.

With the following provisions, the total cost pre-approved as eligible for reimbursement for completing the May 31, 2001, Bonkowski & Associates, Inc. workplan approved by the Alameda County EHD (County) in their September 10, 2001 letter, is **\$ 21,484**; see the table below for a breakdown of costs. *(The total amount that has been reimbursed and approved for payment up to this point is \$ 784,251.)*

Be aware that this pre-approval does not constitute a decision on reimbursement: **necessary** (as determined by the Fund) corrective action costs for action work **directed and approved by the County** will be eligible for reimbursement at costs consistent with those pre-approved in this letter. However, depending on what happens in the field, some costs may not actually be necessary.

In an effort to expedite future reimbursement requests associated with the implementation of the corrective action tasks pre-approved in this letter, we ask that the attached 'Pre-Approval Specific Reimbursement Request Form' be completed, updated and submitted with each reimbursement request. All relevant supporting documentation must also be included with each reimbursement request.

***In order for future costs for corrective action to be part of the expedited reimbursement process, they must be pre-approved in writing by Fund staff.***

***All costs for corrective action must meet the requirements of Article 11, Chapter 16, Underground Storage Tank Regulations in order to be eligible for reimbursement.***

California Environmental Protection Agency

### COST PRE-APPROVAL BREAKDOWN

#	Task*	Amount Pre-Approved	Comments
1	Well Installation, PM, Analytical & Report	\$21,484	This cost includes all time and materials associated with this task. (Install 7 MWs to 30', Permitting, Health and Safety Plan, Analytical, and Report.)
<b>TOTAL PRE-APPROVED</b>		<b>\$ 21,484</b>	

\* Task descriptions are the same as those identified in Bonkowski & Associates, Inc.'s November 21, 2001 cost estimate.

- Only the tasks/costs reflected on the above table are pre-approved at this time. The Fund will review any tasks/costs that go beyond the pre-approved amount to be determined if the additional tasks and costs are necessary and reasonable. However, if costs exceed the above pre-approved amounts, the Fund will be unable to expedite your Reimbursement Request.
- The work products must be acceptable to the County and the Regional Water Quality Control Board.
- If a different scope of work becomes necessary, then you must request pre-approval of costs on the new scope of work.
- Although I have referred to the Bonkowski & Associates, Inc. proposal in my pre-approval above, please be aware that you will be entering into a private contract: the State of California cannot compel you to sign any specific contract. This letter **pre-approves the costs** as presented in the proposal dated November 21, 2001 by Bonkowski & Associates, Inc. for conducting the work approved by the County.

I also want to remind you that the Fund's regulations require that you obtain at least three bids, or a bid waiver from Fund staff, from qualified firms for all necessary future corrective action work. If you need assistance in procuring contractor and consultant services, don't hesitate to call me.

Please remember that it is still necessary to submit the actual costs of the work as explained in the Reimbursement Request Instructions to confirm that the costs are consistent with this pre-approval before you will be reimbursed. ***Please insure that your consultant prepares their invoices to include the required breakdown of costs on a time and materials basis, that invoiced tasks are consistent with the original proposal, and that reasonable explanations are provided for any changes made in the scope of work or increases in the costs.***

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



1

STID 1408

September 10, 2001

Mr. Terri Penny  
Operation Coordinator  
Golden Gate Petroleum  
501 Shell Avenue  
Martinez, CA 94553

ENVIRONMENTAL HEALTH SERVICES  
ENVIRONMENTAL PROTECTION  
1131 Harbor Bay Parkway, Suite 250  
Alameda, CA 94502-6577  
(510) 567-6700  
FAX (510) 337-9335

*- as of 2005  
Dennis O'Keefe, owner*

**Re: Hayward Cardlock, 1565 Industrial Parkway West, Hayward, CA**

Dear Mr. Terri:

I am in receipt of "Site Investigation Workplan" dated May 31, 2001 along with an amendment dated 9/4/01 by Ms. Cynthia Dittmar of Bonskowski & Associates Inc. regarding the above referenced site.

I have reviewed the above documents and discussed the issues with Ms. Dittmar of Bonskowski & associates Inc. Your proposal is acceptable. However, the location of wells must be properly situated to reveal quarterly groundwater status accurately per my discussion with Ms. Dittmar.

The number of monitoring well installations might be added to seven due to the site of the lot, the way former tanks were situated, and proper collection of water samples. As you are aware there was a high degree of contamination at this site, including some Separate Phase Hydrocarbons (SPH), of which 49,700 gallons have been removed so far. The analytical results of the water samples, in the past, had revealed up to 140,000 parts per billion (ppb) TPHG, 1520ppb benzene, 230ppb ethylbenzene, 250ppb toluene, 220ppb total xylenes, and 260,000ppb MTBE. The analytical results of the soil samples, in the past, had identified up to 100,000 ppm MTBE, 980ppm TPHG, 5,700ppm TPHD, and 18,000ppb, 1,800ppb, 27,000ppb, 54,000ppb levels of BTEX respectively.

However you may reduce the number of monitoring well installations if you can ensure this reduction in monitoring well installation will not cause insufficient information regarding plume definition and or misrepresentation of actual groundwater status during sampling and analysis.

Additionally, I understand that you will include a well and sensitive receptor survey will be performed as well.

Please be advised that the City of Hayward will oversee any work relating to the 1998 UST upgrade requirements. However, this office will oversee any contaminated soil or groundwater that is generated from this work.

Should you have any questions or comments, please contact me at (510) 567-6876.

Sincerely,

A handwritten signature in black ink, consisting of a stylized 'A' followed by a long horizontal line.

Amir K. Gholami, REHS  
Hazardous Materials Specialist

CC: Ms. Cynthia Dittmar, Bonskowski & Associates Inc., 6400 Hollis Street, Suite 4,  
Emeryville, CA 94608  
Files



Stid 1408

May 7, 2001

Mr. Terri Penny  
Operation Coordinator  
Golden Gate Petroleum  
501 Shell Avenue  
Martinez, CA 94553

ENVIRONMENTAL HEALTH SERVICES  
ENVIRONMENTAL PROTECTION  
1131 Harbor Bay Parkway, Suite 250  
Alameda, CA 94502-6577  
(510) 567-6700  
FAX (510) 337-9335

**Re: Required investigations at Hayward Cardlock, 1565 Industrial Parkway West,  
Hayward, CA**

Dear Mr. Terri:

This office has tried to make contact with your company's representative regarding several Underground Storage Tanks (USTs), which were removed in 1998 from the above referenced site. Having talked to Mr. Kevin Cline and others of Golden Gate Petroleum, I realized that your company's office has moved to Martinez and Mr. Harvey Brook left the company about a year ago. However, as you are aware, after the UST removal, there were several soil and grab groundwater samples, collected from the site, which revealed existence of contaminants due to unauthorized release from the former USTs. The groundwater and soil samples were analyzed for Total Petroleum Hydrocarbons as Gasoline (TPHG), Methyl Tertiary Butyle Ether (MTBE), benzene, toluene, ethylbenzene, and total xylenes (BTEX). The analytical results of the water samples revealed up to 140,000 parts per billion (ppb) TPHG, 1520ppb benzene, 230ppb ethylbenzene, 250ppb toluene, 220ppb total xylenes, and 260,000ppb MTBE. The analytical results of the soil samples identified up to 100,000 ppm MTBE, 980ppm TPHG, 5,700ppm TPHD, and 18,000ppb, 1,800ppb, 27,000ppb, 54,000ppb levels of BTEX respectively.

I understand that you were unaware of correspondences by this office due to change in office address as well as the departure of Mr. Brook. However, it is imperative that you comply with the requirements set forth by this office. Per Article 11, Division 3, Chapter 16, Title 23 of the California Code of Regulations, **you are required to conduct a Preliminary Site Assessment (PSA) to determine the lateral and vertical extent and severity of soil and groundwater contamination, which has resulted from the release at the site.** The information gathered by the PSA will be used to determine an appropriate course of action to remediate the site, if deemed necessary. **The major elements of such an investigation, include, but are not limited to, the following:**

- At least one groundwater monitoring well must be installed within 10 feet of the observed soil contamination, oriented in the confirmed downgradient direction relative to groundwater flow. In the absence of data identifying the local confirmed downgradient direction, a minimum of three wells will be required to verify gradient direction. During the installation of these wells, soil samples are to be collected at five-foot-depth intervals and any significant changes in lithology.



- Subsequent to the installation of the monitoring wells, these wells must be surveyed to an established benchmark (mean sea level, MSL), with an accuracy of 0.01 foot. Groundwater samples are to be collected and analyzed quarterly.

This Department will oversee the assessment and remediation of your site. Our oversight will include the review of and comment on work proposals and technical guidance on appropriate investigative approaches and monitoring schedules. All reports and proposals must be submitted under a seal of a California –Registered Geologist, -Certified Engineering Geologist, or – Registered Civil Engineer.

**The PSA proposal is due within 60 days of date of this letter by July 7, 2001.** Once the proposal is approved, fieldwork should commence within 60 days. A report must be submitted within 45 days after the completion of this phase of work at the site. Subsequent reports are to be submitted quarterly until this office approves a change in sampling frequency or the site qualifies for closure. Such quarterly reports are due the first day of the second month of each subsequent quarter.

The referenced initial and quarterly reports must describe the status of the investigation and must include, among others, the following elements:

- Details and results of all work performed during the designated period of time: records of field observations and data, boring and well construction logs, water level data, chain-of-custody forms, laboratory results for all samples collected and analyzed, tabulations of free product thicknesses and dissolved fractions, etc.
- Status of groundwater contamination characterization
- Interpretations of results: water level contour maps showing gradients, free and dissolved product, plume definition maps for each target component, geologic cross sections, etc.
- Recommendations or plans for additional investigative work or remediation

**Additionally, Per my discussion with Ms. Cynthia Dittmar of Bonskowski & Associates previously, you are required to include a well survey and address the known domestic well(s).**

The City of Hayward will oversee any work relating to the 1998 UST upgrade requirements. However, this office will oversee any contaminated soil or groundwater that is generated from this work.

The State Water Resources Control Board manages an Underground Storage Tank Cleanup Fund (Fund) to help eligible Responsible Parties to obtain reimbursement for costs of investigating and remediating releases from petroleum underground storage tanks. You are encouraged to apply. To obtain an Application Package, contact the Fund at the following:

State Water Resources Control Board  
Division of Clean Water Programs  
UST Cleanup Fund  
P.O. Box 944212  
Sacramento, CA 944212  
Telephone: (916)227-4307

You are also advised to contact Cheryl Gordon at (916)-227-4539 with any questions regarding State Trust fund.

**Please be advised that this is a formal request for a work plan pursuant to Section 2722(c)(d) of Title 23 California Code of Regulations. Any extensions of the stated deadlines, or modifications of the required tasks, must be confirmed in writing by either this agency or RWQCB.**

**Please respond to above by May 21, 2001, otherwise a Notice of Violation.**

If you have any questions or comments, please contact me at (510) 567-6876.

Sincerely,



Amir K. Gholami, REHS  
Hazardous Materials Specialist

CC: Ms. Cynthia Dittmar, Bonskowski & Associates Inc., 6400 Hollis Street, Suite 4,  
Emeryville, CA 94608  
Files

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



September 7, 1999

**STID 1408**

Mr. Harvey Brooke  
Golden Gate Petroleum  
1001 Galaxy Way, Suite 308  
Concord, CA 94520

ENVIRONMENTAL HEALTH SERVICES

1131 Harbor Bay Parkway, Suite 250  
Alameda, CA 94502-6577  
(510) 567-6700  
(510) 337-9335 (FAX)

**RE: Golden Gate Petroleum, 1565 Industrial Pkwy West, Hayward, CA 94544**

Dear Mr. Brooke:

I received a phone call from your consultant, Ms. Cynthia Dittmar of Bonskowski & Associates Inc regarding the letter I sent you on August 16<sup>th</sup>, 1999 and the landlord notification and participation law. As indicated in that letter this law pertains to cleanup and closure of sites where an unauthorized release of hazardous substance, including petroleum, has occurred from an underground storage tank (UST).

Section 25297.15(a) of Ch. 6.7 of the Health & Safety Code requires the primary or active responsible party to notify all current record owners of fee title to the site of: 1) a site cleanup proposal, 2) a site closure proposal, 3) a local agency intention to make a determination that no further action is required, and 4) a local agency intention to issue a closure letter.

Section 25297.15(b) requires the local agency to take all reasonable steps to accommodate responsible landowners' participation in the cleanup or site closure process and to consider their input and recommendations.

I included two sample letters, "Sample Letter 2" and "Sample Letter 3" with some instructions for you.

Enclosed please find a copy of the law regarding the above requirement.

Please call me at (510) 567-6876 if you have any questions.

Sincerely,

Amir K. Gholami, REHS  
Hazardous Materials Specialist

c: Ms. Cynthia Dittmar, Bonskowski & Associates Inc., 6400 Hollis  
Street, Suite 4, Emeryville, CA 94608

Files

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



1

Stid 1408

August 24, 1999

Mr. Harvey Brook  
Golden Gate Petroleum  
1001 Galaxy Way  
Concord, CA 94520

ENVIRONMENTAL HEALTH SERVICES

1131 Harbor Bay Parkway, Suite 250  
Alameda, CA 94502-6577  
(510) 567-6700  
(510) 337-9335 (FAX)

Re: Required investigations at Hayward Cardlock, 1565 Industrial Parkway West, Hayward, CA

Dear Mr. Brook:

As you are aware, several Underground Storage Tanks were removed in 1998 from the above referenced site. Soil samples were collected from the site. The groundwater and soil samples were analyzed for Total Petroleum Hydrocarbons as Gasoline (TPHG), Methyl Tertiary Butyle Ether (MTBE), benzene, toluene, ethylbenzene, and total xylenes (BTEX). Analysis results of the water samples identified up to 140,000 parts per billion (ppb) TPHG, 1520ppb benzene, 230ppb ethylbenzene, 250ppb toluene, 220ppb total xylenes, and 260,000ppb MTBE. Analysis results of the soil samples identified up to 100,000 ppm MTBE, 980ppm TPHG, 5,700ppm TPHD, and 18,000ppb, 1,800ppb, 27,000ppb, 54,000ppb levels of BTEX respectively.

Per Article 11, Division 3, Chapter 16, Title 23 of the California Code of Regulations, you are required to conduct a Preliminary Site Assessment (PSA) to determine the lateral and vertical extent and severity of soil and groundwater contamination, which has resulted from the release at the site. The information gathered by the PSA will be used to determine an appropriate course of action to remediate the site, if deemed necessary. The major elements of such an investigation, include, but are not limited to, the following:

- At least one groundwater monitoring well must be installed within 10 feet of the observed soil contamination, oriented in the confirmed downgradient direction relative to groundwater flow. In the absence of data identifying the local confirmed downgradient direction, a minimum of three wells will be required to verify gradient direction. During the installation of these wells, soil samples are to be collected at five-foot-depth intervals and any significant changes in lithology.
- Subsequent to the installation of the monitoring wells, these wells must be surveyed to an established benchmark (mean sea level, MSL), with an accuracy of 0.01 foot. Groundwater samples are to be collected and analyzed quarterly.

This Department will oversee the assessment and remediation of your site. Our oversight will include the review of and comment on work proposals and technical guidance on appropriate investigative approaches and monitoring schedules. All reports and proposals must be submitted under a seal of a California -Registered Geologist, -Certified Engineering Geologist, or -Registered Civil Engineer.

The PSA proposal is due within 60 days of date of this letter by March 9, 1999. Once the proposal is approved, fieldwork should commence within 60 days. A report must be submitted



within 45 days after the completion of this phase of work at the site. Subsequent reports are to be submitted quarterly until this office approves a change in sampling frequency or the site qualifies for closure. Such quarterly reports are due the first day of the second month of each subsequent quarter.

The referenced initial and quarterly reports must describe the status of the investigation and must include, among others, the following elements:

- Details and results of all work performed during the designated period of time: records of field observations and data, boring and well construction logs, water level data, chain-of-custody forms, laboratory results for all samples collected and analyzed, tabulations of free product thicknesses and dissolved fractions, etc.
- Status of groundwater contamination characterization
- Interpretations of results: water level contour maps showing gradients, free and dissolved product, plume definition maps for each target component, geologic cross sections, etc.
- Recommendations or plans for additional investigative work or remediation

**Additionally, Per my discussion with Ms. Cynthia Dittmar of Bonskowski & Associates, you are required to include a well survey and address the known domestic well(s).**

The City of Hayward will oversee any work relating to the 1998 UST upgrade requirements. However, this office will oversee any contaminated soil or groundwater that is generated from this work.

The State Water Resources Control Board manages an Underground Storage Tank Cleanup Fund (Fund) to help eligible Responsible Parties to obtain reimbursement for costs of investigating and remediating releases from petroleum underground storage tanks. You are encouraged to apply. To obtain an Application Package, contact the Fund at the following:

State Water Resources Control Board  
Division of Clean Water Programs  
UST Cleanup Fund  
P.O. Box 944212  
Sacramento, CA 944212  
Telephone: (916)227-4307

You are also advised to contact Cheryl Gordon at (916)-227-4539 with any questions regarding State Trust fund.

Please be advised that this is a formal request for a work plan pursuant to Section 2722(c)(d) of Title 23 California Code of Regulations. Any extensions of the stated deadlines, or modifications of the required tasks, must be confirmed in writing by either this agency or RWQCB.

If you have any questions or comments, please contact me at (510) 567-6876.

Sincerely,



Amir K. Gholami, REHS  
Hazardous Materials Specialist

CC: Ms. Cynthia Dittmar, Bonskowski & Associates Inc., 6400 Hollis Street, Suite 4, Emeryville,  
CA 94608

Files

**ALAMEDA COUNTY ENVIRONMENTAL HEALTH  
Transfer of Eligible Local Oversight Case  
To Alameda County**

Date Transferred: 4/27/99 From: HAYWARD FIRE DEPT.

Site Name: GOLDEN GATE PETROLEUM

Site Address: 1565 INDUSTRIAL PKWY. W. Hayward, CA 94544

**TO BE ELIGIBLE FOR LOP, THE CASE MUST MEET 3 QUALIFICATIONS:**

(1)  N Tank(s) Removed? If YES, how many were removed? 9  
When were tanks removed? 11/30/98 - 1/5/99

(2)  N Samples Received? If YES, give maximum contamination level  
in soil 980 mg/kg TPHG in water 9.8 mg/Li  
5700 mg/kg TPHD 12,000 mg/Li

(3)  N Petroleum in tank(s)? If YES, indicate type(s):  
 Avgas     Leaded gas     Unleaded gas     Fuel Oil     Jet fuel  
 Diesel     Waste Oil     Kerosene     Other Solvent

**Please send all pertinent information before and after tank removal.**

Provide name and address of Responsible Party:

Name of Responsible Party: MR. HARVEY BROOKE / Golden Gate Petroleum  
BAY AREA DIABLO PETROLEUM CO.

In what capacity?  Tank Owner     Tank Operator     Property Owner

Address of Responsible Party: 1001 Galaxy Way, Suite 308  
CONCORD, CA 94520  
TEL. (925) 603-8670

**Please include a completed copy of this form with every case transferred.**

500 # 1408

5/7/99 QM

**ALAMEDA COUNTY ENVIRONMENTAL HEALTH  
Transfer of Eligible Local Oversight Case  
To Alameda County**

Date Transferred: 4/27/99 From: HAYWARD FIRE DEPT.

Site Name: GOLDEN GATE PETROLEUM

Site Address: 1565 INDUSTRIAL PKWY. W. Hayward, CA 94544

**TO BE ELIGIBLE FOR LOP, THE CASE MUST MEET 3 QUALIFICATIONS:**

(1)  N Tank(s) Removed? If YES, how many were removed? 9  
When were tanks removed? 11/30/98 - 1/5/99

(2)  N Samples Received? If YES, give maximum contamination level  
in soil 980 mg/kg TPH in water 9.8 mg/li  
5700 mg/kg TPH 12,000 mg/li

(3)  Y  N Petroleum in tank(s)? If YES, indicate type(s):  
 Avgas     Leaded gas     Unleaded gas     Fuel Oil     Jet fuel  
 Diesel     Waste Oil     Kerosene     Other Solvent

**Please send all pertinent information before and after tank removal.**

Provide name and address of Responsible Party:

Name of Responsible Party: MR. HARVEY BROOKE / Golden Gate Petroleum  
BAY AREA DIABLO PETROLEUM CO.

In what capacity?  Tank Owner     Tank Operator     Property Owner

Address of Responsible Party: 1001 Galaxy Way, Suite 308  
CONCORD, CA 94520  
TEL. (925) 603-8670

**Please include a completed copy of this form with every case transferred.**

HEALTH CARE SERVICES

Mark Out What Needs Changing and Hand to LOP Data Entry  
(Name/Address changes go to Annual Programs Data Entry)

DAVID J. KEARS, Agency Director

Insp: AG



AGENCY # : 10000 SOURCE OF FUNDS: F  
StID : 1408 LOC: -0-  
SITE NAME: Golden Gate Petroleum  
ADDRESS : 1565 -0 Industrial Pkwy W  
CITY/ZIP : Hayward 94544

ENVIRONMENTAL HEALTH SERVICES  
SUBSTANCE: 8006619  
1131 Harbor Bay Parkway, Suite 250  
Alameda, CA 94502-6577  
DATE REPORTED : 11/30/1998  
(510) 567-6700  
DATE CONFIRMED: 01/05/1999  
(510) 567-9333 (FAX)  
MULTIPLE RPs : N

SITE STATUS

CASE TYPE: O CONTRACT STATUS: 1 PRIOR CODE:-0- EMERGENCY RESP: -0-  
RP SEARCH: s DATE COMPLETED: 08/16/1999  
PRELIMINARY ASMNT: - DATE UNDERWAY: -0- DATE COMPLETED: -0-  
REM INVESTIGATION: - DATE UNDERWAY: -0- DATE COMPLETED: -0-  
REMEDIAL ACTION: - DATE UNDERWAY: -0- DATE COMPLETED: -0-  
POST REMED ACT MON:- DATE UNDERWAY: -0- DATE COMPLETED: -0-

ENFORCEMENT ACTION TYPE: - DATE ENFORCEMENT ACTION TAKEN: 08/16/1999  
LUFT FIELD MANUAL CONSID: -0-  
CASE CLOSED: - DATE CASE CLOSED: -0-  
DATE EXCAVATION STARTED : -0- REMEDIAL ACTIONS TAKEN: -0-

RESPONSIBLE PARTY INFORMATION

RP#1-CONTACT NAME: Harvey Brooke  
COMPANY NAME: Golden Gate Petroleum  
ADDRESS: 1001 Galaxy Way, Suite308  
CITY/STATE: Concord, Ca 94520

INSPECTOR VERIFICATION:

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DATA ENTRY INPUT:

Name/Address Changes Only

Case Progress Changes

ANNP GMS \_\_\_\_\_ LOP \_\_\_\_\_ DATE \_\_\_\_\_

LOP \_\_\_\_\_ DATE \_\_\_\_\_





CITY OF  
**HAYWARD**  
HEART OF THE BAY

December 3, 1998

Michael S. Bonkowski, Senior Managing Principal  
Cynthia A. Dittmar, Senior Engineer  
Bonkowski & Associates  
3650 Mount Diablo Blvd., Suite 200  
Lafayette, California 94549

RE: GOLDEN GATE PETROLEUM  
1565 Industrial Pkwy. West, Hayward, California

Dear Mr. Bonkowski and Ms. Dittmar:


This confirms our discussion yesterday when I went out to the site captioned above where you are currently supervising the removal of underground storage tanks and the related soil and groundwater investigation and remediation activities.

As proposed in your Interim Remedial Measures Workplan dated September 24, 1998, overexcavation and dewatering will be conducted to remove hydrocarbons from subsurface soil and groundwater adjacent to the tank cavities at the time the tanks are removed. You also proposed to install a collection trench in the excavation backfill for floating product. We hereby endorse your proposed measures which are judicious and expedient, given the conditions obtaining at the site, i.e. product leaching off the excavated soil and floating on water in the excavation.

Overexcavation, however, might require a grading permit from the City. Please contact Mr. Jim Lear of Engineering and Transportation at (510) 583-4785 to verify this requirement. And should you find it necessary to discharge groundwater to the City's sanitary sewer system after it has been collected and treated, contact Gayle Tupper of the Water Pollution Source Control at (510) 881-7993 for their requirements. Treated water may also be discharged to the storm sewer system with a National Pollutant Discharge Elimination System (NPDES) Permit from the Regional Water Quality Control Board. Please contact Mr. Chuck Headlee of the Regional Board at (510) 622-2433.

May we also remind you that a full report on the tank removal, as described in the Removal Plan filed with us, is due within 30 days of the completion of this phase of the project. The investigation, delineation, and remediation of confirmed contamination is a separate phase altogether, which requires separate plans and reports.

Sincerely,

  
Danilo M. Galang  
Environmental Specialist

cc: Hugh Murphy, Hazardous Materials Program Coordinator  
✓ Steve Buscovich, Hazardous Materials Investigator  
William Martin, Golden Gate Petroleum

FIRE DEPARTMENT

777 B STREET, HAYWARD, CA 94541-5007

TEL: 510/583-4900 • FAX: 510/583-3640 • TDD: 510/247-3340

# UNDERGROUND STORAGE TANK UNAUTHORIZED RELEASE (LEAK) / CONTAMINATION SITE REPORT

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM.	
REPORT DATE 07/31/98		CASE #		SIGNED: <i>Amgalang</i> DATE: 9/14/98	
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT William Martin		PHONE (925) 603-8670		SIGNATURE <i>[Signature]</i>
	REPRESENTING <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME Golden Gate Petroleum		
	ADDRESS 1001 Galaxy Way, Ste. 308 <span style="float: right;">Concord CA 94520</span>				
RESPONSIBLE PARTY	NAME Golden Gate Petroleum <input type="checkbox"/> UNKNOWN		CONTACT PERSON William Martin		PHONE (925) 603-8670
	ADDRESS 1001 Galaxy Way, Ste. 308 <span style="float: right;">Concord CA 94520</span>				
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Hayward Cardlock		OPERATOR Golden Gate Petroleum		PHONE (925) 603-8670
	ADDRESS 1565 Industrial Parkway West <span style="float: right;">Hayward Alameda 94544</span>				
	CROSS STREET Ruus Road				
IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME Hayward fire Department		CONTACT PERSON Danny Galang		PHONE (510) 583-4910
	REGIONAL BOARD Bay Area RWDCB - San Francisco Bay		CONTACT PERSON Chuck Headlee		PHONE ( )
SUBSTANCES INVOLVED	(1) NAME Gasoline		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN		
	(2) NAME Diesel		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN		
DISCOVERY/ABATEMENT	DATE DISCOVERED 07/29/98		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input checked="" type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER		
	DATE DISCHARGE BEGAN <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER		
	HAS DISCHARGE BEEN STOPPED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, DATE				
SOURCE/ CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER		
	CASE TYPE CHECK ONE ONLY <input checked="" type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)				
CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input checked="" type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY				
	REMEDIAL ACTION CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> OTHER (OT)				

COMMENTS: All USTs at this site will be replaced to meet 1998 Upgrade Requirements.



CITY OF  
**HAYWARD**  
HEART OF THE BAY

October 14, 1998

Michael S. Bonkowski, Senior Managing Principal  
Cynthia A. Dittmar, Senior Engineer  
Bonkowski & Associates  
3650 Mount Diablo Blvd., Suite 200  
Lafayette, California 94549

RE: 1565 Industrial Pkwy. West, Hayward, California

Dear Mr. Bonkowski and Ms. Dittmar:

We have reviewed the Interim Remedial Measures (IRM) Workplan for the Golden Gate Petroleum facility at the address captioned above. The report, dated September 24, 1998, was received at our office yesterday, October 13, 1998.

The IRM Workplan, as written, is fairly comprehensive and straightforward. Based on the stated goals and discussion of work to be done, we are accepting your IRM Workplan and fully expect that you will implement it faithfully. We particularly endorse the proposed manner of backfilling of the excavation, as described. We would also like to note that this is an interim plan and that an interim report will be prepared after the excavation, sampling and analysis, and backfilling components of the plan have been effected. We shall then expect another workplan for future investigation and/or remediation activities that may be proposed for the site.

Incidentally, there is a ninth underground storage tank at the site: a 1,000-gallon used oil tank located inside the shop building, on the northwest corner. We have never received any monitoring reports or tightness test reports for this tank. Is there a particular reason this tank was left out in your IRM Workplan? Is this ninth tank included in Golden Gate's plan to upgrade their facility?

We look forward to receiving the actual UST Removal Plan for this site. If you have any questions, call us at (510) 583-4925.

Sincerely,

Danilo M. Galang  
Environmental Specialist

cc: Hugh Murphy, Hazardous Materials Program Coordinator  
Steve Buscovich, Hazardous Materials Investigator  
William Martin, Golden Gate Petroleum

**FIRE DEPARTMENT**

777 B STREET, HAYWARD, CA 94541-5007

TEL: 510/583-4900 • FAX: 510/583-3640 • TDD: 510/247-3340

STATE OF CALIFORNIA  
STATE WATER RESOURCES CONTROL BOARD  
**UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM A**



COMPLETE THIS FORM FOR EACH FACILITY/SITE

<b>MARK ONLY ONE ITEM</b>	<input checked="" type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY SITE CLOSURE	

**I. FACILITY/SITE INFORMATION & ADDRESS - (MUST BE COMPLETED)**

DBA OR FACILITY NAME <b>BAY AREA / Diablo Petroleum Co</b>		NAME OF OPERATOR <b>BAY AREA / Diablo Petroleum Co</b>				
ADDRESS <b>1565 Industrial Parkway West</b>		NEAREST CROSS STREET	PARCEL # (OPTIONAL)			
CITY NAME <b>Hayward, CA. 94544</b>		STATE <b>CA</b>	ZIP CODE <b>94544</b>	SITE PHONE # WITH AREA CODE <b>510-783-6500</b>		
<input checked="" type="checkbox"/> BOX TO INDICATE <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY DISTRICTS <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> FEDERAL-AGENCY						
TYPE OF BUSINESS		<input type="checkbox"/> 1 GAS STATION <input checked="" type="checkbox"/> 2 DISTRIBUTOR <input type="checkbox"/> 3 FARM <input type="checkbox"/> 4 PROCESSOR <input type="checkbox"/> 5 OTHER		<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE <b>NINE</b>	E. P. A. I. D. # (optional)

**EMERGENCY CONTACT PERSON (PRIMARY)**

**EMERGENCY CONTACT PERSON (SECONDARY) - optional**

DAYS: NAME (LAST, FIRST) <b>CLAYTON BRUCE</b>	PHONE # WITH AREA CODE <b>510-783-6500</b>	DAYS: NAME (LAST, FIRST) <b>DITMANSON, Cret</b>	PHONE # WITH AREA CODE <b>510-783-6500</b>
NIGHTS: NAME (LAST, FIRST) <b>CLAYTON BRUCE</b>	PHONE # WITH AREA CODE <b>510-538-8437</b>	NIGHTS: NAME (LAST, FIRST) <b>DITMANSON, Cret</b>	PHONE # WITH AREA CODE <b>510-836-6776</b>

**II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)**

NAME <b>AMARAL Trucking Inc</b>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <b>1220 Whipple Road</b>		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME <b>Union City, CA</b>		STATE <b>CA</b>	ZIP CODE <b>94587</b>	PHONE # WITH AREA CODE <b>510-797-0474</b>

**III. TANK OWNER INFORMATION - (MUST BE COMPLETED)**

NAME OF OWNER <b>BAY AREA / Diablo Petroleum Co</b>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <b>1001 Galaxy Way - Suite 308</b>		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME <b>Concord, CA</b>		STATE <b>CA</b>	ZIP CODE <b>94520</b>	PHONE # WITH AREA CODE <b>510-623-8670</b>

**IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 323-9555 if questions arise.**

TY (TK) HQ **44-00806**

**V. PETROLEUM UST FINANCIAL RESPONSIBILITY - (MUST BE COMPLETED) - IDENTIFY THE METHOD(S) USED**

<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> 1 SELF-INSURED	<input type="checkbox"/> 2 GUARANTEE	<input checked="" type="checkbox"/> 3 INSURANCE	<input type="checkbox"/> 4 SURETY BOND
	<input type="checkbox"/> 5 LETTER OF CREDIT	<input type="checkbox"/> 6 EXEMPTION	<input checked="" type="checkbox"/> 99 OTHER	<b>state fund</b>

**VI. LEGAL NOTIFICATION AND BILLING ADDRESS** Legal notification and billing will be sent to the tank owner unless box I or II is checked.

CHECK ONE BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR LEGAL NOTIFICATIONS AND BILLING: I.  II.  III.

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE) <b>GARY ROWE - [Signature]</b>	APPLICANT'S TITLE <b>Mgr. of Operation</b>	DATE MONTH/DAY/YEAR <b>1-11-93</b>
--	---	---------------------------------------

**LOCAL AGENCY USE ONLY**

COUNTY # <b>01</b>	JURISDICTION # <b>003</b>	FACILITY # <b>267</b>
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPVISOR - DISTRICT CODE - OPTIONAL



STATE OF CALIFORNIA  
STATE WATER RESOURCES CONTROL BOARD  
**UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B**



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input checked="" type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Bay Area Diablo Petroleum Co

**I. TANK DESCRIPTION** COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D.# <u>HAY # 1</u>	B. MANUFACTURED BY: <u>Parkins Welding</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>FALL 1981</u>	D. TANK CAPACITY IN GALLONS: <u>12,000</u>

**II. TANK CONTENTS** IF A-1 IS MARKED, COMPLETE ITEM C.

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input checked="" type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)

D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED \_\_\_\_\_ C. A. S. #: \_\_\_\_\_

**III. TANK CONSTRUCTION** MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER _____

B. TANK MATERIAL (Primary Tank)	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS	<input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM	<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN	<input checked="" type="checkbox"/> 99 OTHER <u>Steel + Coat for W/FRP</u>

C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING	<input type="checkbox"/> 4 PHENOLIC LINING
	<input type="checkbox"/> 5 GLASS LINING	<input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER _____

IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES \_\_\_ NO \_\_\_

D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input checked="" type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
	<input checked="" type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER _____

E. SPILL AND OVERFILL SPILL CONTAINMENT INSTALLED (YEAR) 1990 OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) \_\_\_\_\_

**IV. PIPING INFORMATION** CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE

A. SYSTEM TYPE	A U 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 99 OTHER	
B. CONSTRUCTION	A U 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH	A U 95 UNKNOWN	A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A U 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE	
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING	A U 8 100% METHANOL COMPATIBLE W/FRP	
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A U 95 UNKNOWN	A U 99 OTHER	

D. LEAK DETECTION  1 AUTOMATIC LINE LEAK DETECTOR  2 LINE TIGHTNESS TESTING  3 INTERSTITIAL MONITORING  99 OTHER Leak Detector

**V. TANK LEAK DETECTION**

<input type="checkbox"/> 1 VISUAL CHECK	<input checked="" type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING
<input checked="" type="checkbox"/> 6 TANK TESTING	<input type="checkbox"/> 7 INTERSTITIAL MONITORING	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

**VI. TANK CLOSURE INFORMATION**

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>N/A</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>N/A</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input type="checkbox"/>
--	---	--

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE) GARY ROWE DATE 1-11-93

**LOCAL AGENCY USE ONLY** THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY # <u>01</u>	JURISDICTION # <u>003</u>	FACILITY # <u>267</u>	TANK # <u>1</u>
PERMIT NUMBER <u>93-267</u>	PERMIT APPROVED BY/DATE <u>1-93</u>	PERMIT EXPIRATION DATE <u>1-98</u>		



STATE OF CALIFORNIA  
STATE WATER RESOURCES CONTROL BOARD  
**UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B**



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input checked="" type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Bay Area / Diable Petroleum Co

**I. TANK DESCRIPTION** (COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN)

A. OWNER'S TANK I.D.# <u>Hay # 2</u>	B. MANUFACTURED BY: <u>Perkins Welding</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>FALL 1981</u>	D. TANK CAPACITY IN GALLONS: <u>12,000</u>

**II. TANK CONTENTS** IF A-1 IS MARKED, COMPLETE ITEM C.

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input checked="" type="checkbox"/> 2 LEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED <u>N/A</u>					C. A. S. #: <u>N/A</u>

**III. TANK CONSTRUCTION** MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank)	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
			<input checked="" type="checkbox"/> 99 OTHER <u>Steel + Leak Test Warranty</u>
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input checked="" type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input checked="" type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) <u>1992</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____

**IV. PIPING INFORMATION** CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE

A. SYSTEM TYPE	A U 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 99 OTHER
B. CONSTRUCTION	A U 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH	A U 95 UNKNOWN
				A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A U 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING	A U 8 100% METHANOL COMPATIBLE W/FRP
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A U 95 UNKNOWN	A U 99 OTHER
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input type="checkbox"/> 99 OTHER <u>Leak Detector</u>

**V. TANK LEAK DETECTION**

<input type="checkbox"/> 1 VISUAL CHECK	<input checked="" type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING
<input checked="" type="checkbox"/> 6 TANK TESTING	<input type="checkbox"/> 7 INTERSTITIAL MONITORING	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

**VI. TANK CLOSURE INFORMATION**

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>N/A</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>N/A</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input type="checkbox"/>
--	---	--

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>GARY ROWE</u>	DATE <u>1-11-93</u>
---	---------------------

**LOCAL AGENCY USE ONLY** THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY # <u>01</u>	JURISDICTION # <u>003</u>	FACILITY # <u>267</u>	TANK # <u>2</u>
PERMIT NUMBER <u>93-267</u>	PERMIT APPROVED BY/DATE <u>1-93</u>	PERMIT EXPIRATION DATE <u>1-98</u>		

STATE OF CALIFORNIA  
STATE WATER RESOURCES CONTROL BOARD  
**UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B**



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input checked="" type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Bay Area / Diablo Petroleum Co

**I. TANK DESCRIPTION** COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN

A. OWNER'S TANK I. D. # <u>Hay #3</u>	B. MANUFACTURED BY: <u>Perkins Welding</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>FALL 1981</u>	D. TANK CAPACITY IN GALLONS: <u>12,000</u>

**II. TANK CONTENTS** IF A-1 IS MARKED, COMPLETE ITEM C.

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input checked="" type="checkbox"/> 2 LEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED					C. A. S. #:

**III. TANK CONSTRUCTION** MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank)	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
			<input checked="" type="checkbox"/> 99 OTHER <u>Steel + Coat for Leak</u>
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
			<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input checked="" type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input checked="" type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) <u>1992</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____

**IV. PIPING INFORMATION** CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE

A. SYSTEM TYPE	A U 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 99 OTHER
B. CONSTRUCTION	A U 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH	A U 95 UNKNOWN
				A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A U 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING	A U 8 100% METHANOL COMPATIBLE W/FRP
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A U 95 UNKNOWN	A U 99 OTHER
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input checked="" type="checkbox"/> 99 OTHER <u>Leak Detector</u>

**V. TANK LEAK DETECTION**

<input type="checkbox"/> 1 VISUAL CHECK	<input checked="" type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING
<input checked="" type="checkbox"/> 6 TANK TESTING	<input type="checkbox"/> 7 INTERSTITIAL MONITORING	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

**VI. TANK CLOSURE INFORMATION**

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>N/A</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>N/A</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input type="checkbox"/>
--	---	--

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>GARY ROWE</u>	DATE <u>1-11-93</u>
---	---------------------

**LOCAL AGENCY USE ONLY** THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY # <u>01</u>	JURISDICTION # <u>003</u>	FACILITY # <u>367</u>	TANK # <u>3</u>
PERMIT NUMBER <u>93267</u>	PERMIT APPROVED BY/DATE <u>1-93</u>	PERMIT EXPIRATION DATE <u>1-98</u>		

STATE OF CALIFORNIA  
STATE WATER RESOURCES CONTROL BOARD  
**UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B**



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input checked="" type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Bay Area / Disbco Petroleum Co

<b>I. TANK DESCRIPTION</b> COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D. # <u>HAY # 4</u>	B. MANUFACTURED BY: <u>Perkins Welding</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>APRIL 83</u>	D. TANK CAPACITY IN GALLONS: <u>20,000</u>

<b>II. TANK CONTENTS</b> IF A-1 IS MARKED, COMPLETE ITEM C.			
A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED <u>N/A</u>		C. A. S. #: <u>N/A</u>	
		<input checked="" type="checkbox"/> 3 DIESEL	
		<input type="checkbox"/> 4 GASAHOL	
		<input type="checkbox"/> 5 JET FUEL	
		<input type="checkbox"/> 6 AVIATION GAS	
		<input type="checkbox"/> 7 METHANOL	
		<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)	

<b>III. TANK CONSTRUCTION</b> MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E				
A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN	
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER	
B. TANK MATERIAL (Primary Tank)	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS	<input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM	<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN	<input checked="" type="checkbox"/> 99 OTHER <u>Steel w/ Coal tar Lin</u>
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING	<input type="checkbox"/> 4 PHENOLIC LINING
	<input type="checkbox"/> 5 GLASS LINING	<input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___			
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input checked="" type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
	<input checked="" type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) <u>1992</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>1992</u>	

<b>IV. PIPING INFORMATION</b> CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE				
A. SYSTEM TYPE	A U 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 99 OTHER
B. CONSTRUCTION	A U 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH	A U 95 UNKNOWN A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A U 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING	A U 8 100% METHANOL COMPATIBLE W/FRP
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A U 95 UNKNOWN	A U 99 OTHER
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input checked="" type="checkbox"/> 99 OTHER <u>Leak Detector</u>

<b>V. TANK LEAK DETECTION</b>				
<input type="checkbox"/> 1 VISUAL CHECK	<input checked="" type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING
<input checked="" type="checkbox"/> 6 TANK TESTING	<input type="checkbox"/> 7 INTERSTITIAL MONITORING	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

<b>VI. TANK CLOSURE INFORMATION</b>		
1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>N/A</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>N/A</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input type="checkbox"/>

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>GARY ROWE</u>	DATE <u>1-11-92</u>
---	---------------------

<b>LOCAL AGENCY USE ONLY</b> THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW				
STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
	<u>01</u>	<u>003</u>	<u>267</u>	<u>4</u>
PERMIT NUMBER <u>93267</u>	PERMIT APPROVED BY/DATE <u>1-93</u>		PERMIT EXPIRATION DATE <u>1-98</u>	



STATE OF CALIFORNIA  
STATE WATER RESOURCES CONTROL BOARD  
**UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B**



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input checked="" type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Bay Area / Diablo Petroleum Co

**I. TANK DESCRIPTION** COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D.# <u>Hay # 5</u>	B. MANUFACTURED BY: <u>Perkins Welding</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>APRIL 1983</u>	D. TANK CAPACITY IN GALLONS: <u>20 000</u>

**II. TANK CONTENTS** IF A-1 IS MARKED, COMPLETE ITEM C.

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED	<input checked="" type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)

D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED N/A C. A. S. #: N/A

**III. TANK CONSTRUCTION** MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E

A. TYPE OF SYSTEM	<input checked="" type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank)	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3, FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES <input type="checkbox"/> NO <input type="checkbox"/>		
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input checked="" type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input checked="" type="checkbox"/> 6 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER	
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) <u>1992</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>1992</u>

**IV. PIPING INFORMATION** CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE

A. SYSTEM TYPE	A U 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 99 OTHER
B. CONSTRUCTION	A U 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH	A U 95 UNKNOWN A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A U 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING	A U 8 100% METHANOL COMPATIBLE W/FRP
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A U 95 UNKNOWN	A U 99 OTHER
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input checked="" type="checkbox"/> 99 OTHER <u>Leak Detector</u>

**V. TANK LEAK DETECTION**

<input type="checkbox"/> 1 VISUAL CHECK	<input checked="" type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING
<input checked="" type="checkbox"/> 6 TANK TESTING	<input type="checkbox"/> 7 INTERSTITIAL MONITORING	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

**VI. TANK CLOSURE INFORMATION**

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>N/A</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>N/A</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input type="checkbox"/>
--	---	--

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE) GARY ROWE DATE 1-11-93

**LOCAL AGENCY USE ONLY** THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
<u>93267</u>	<u>01</u>	<u>003</u>	<u>267</u>	<u>5</u>
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE		
<u>93267</u>	<u>1-93</u>	<u>1-98</u>		

STATE OF CALIFORNIA  
STATE WATER RESOURCES CONTROL BOARD  
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input checked="" type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Bay Area / Diablo Petroleum Co

I. TANK DESCRIPTION (COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN)

A. OWNER'S TANK I.D.# <u>Bay # 6</u>	B. MANUFACTURED BY: <u>Perkins Welding</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>April 1983</u>	D. TANK CAPACITY IN GALLONS: <u>20,000</u>

II. TANK CONTENTS (IF A-1 IS MARKED, COMPLETE ITEM C.)

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input checked="" type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED: <u>N/A</u>				C. A. S. #: <u>N/A</u>	

III. TANK CONSTRUCTION (MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E)

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank)	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
			<input checked="" type="checkbox"/> 99 OTHER <u>Steel + Cast Iron Liner</u>
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
			<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input checked="" type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input checked="" type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) <u>1992</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>1992</u>

IV. PIPING INFORMATION (CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE)

A. SYSTEM TYPE	A U 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 99 OTHER
B. CONSTRUCTION	A U 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH	A U 95 UNKNOWN
				A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A U 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING	A U 8 100% METHANOL COMPATIBLE W/FRP
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A U 95 UNKNOWN	A U 99 OTHER
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input checked="" type="checkbox"/> 99 OTHER <u>Leak Detector</u>

V. TANK LEAK DETECTION

<input type="checkbox"/> 1 VISUAL CHECK	<input checked="" type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING
<input checked="" type="checkbox"/> 6 TANK TESTING	<input type="checkbox"/> 7 INTERSTITIAL MONITORING	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>N/A</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>N/A</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input type="checkbox"/>
--	---	--

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>GARY ROWE</u>	DATE
---	------

LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY # <u>01</u>	JURISDICTION # <u>003</u>	FACILITY # <u>267</u>	TANK # <u>6</u>
PERMIT NUMBER <u>93267</u>	PERMIT APPROVED BY/DATE <u>1-93</u>	PERMIT EXPIRATION DATE <u>1-98</u>		

STATE OF CALIFORNIA  
STATE WATER RESOURCES CONTROL BOARD  
**UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B**



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input checked="" type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Bay Area / Disble Petroleum Co

I. TANK DESCRIPTION COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D.# <u>Hay # 7</u>	B. MANUFACTURED BY: <u>Perkins Welding</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>April 1983</u>	D. TANK CAPACITY IN GALLONS: <u>5000</u>

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.			
A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL <input checked="" type="checkbox"/> 2 PETROLEUM <input type="checkbox"/> 3 CHEMICAL PRODUCT	4 OIL <input type="checkbox"/> 80 EMPTY <input type="checkbox"/> 95 UNKNOWN	B. <input checked="" type="checkbox"/> 1 PRODUCT <input type="checkbox"/> 2 WASTE	C. <input type="checkbox"/> 1a REGULAR UNLEADED <input type="checkbox"/> 1b PREMIUM UNLEADED <input type="checkbox"/> 2 LEADED <input type="checkbox"/> 3 DIESEL <input type="checkbox"/> 4 GASAHOL <input type="checkbox"/> 5 JET FUEL <input type="checkbox"/> 6 AVIATION GAS <input type="checkbox"/> 7 METHANOL <input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED <u>KEROSENE</u>		C. A. S. #: <u>128334-205</u>	

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E		
A. TYPE OF SYSTEM <input type="checkbox"/> 1 DOUBLE WALL <input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER <input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank) <input type="checkbox"/> 1 BARE STEEL <input type="checkbox"/> 5 CONCRETE <input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 2 STAINLESS STEEL <input type="checkbox"/> 6 POLYVINYL CHLORIDE <input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 3 FIBERGLASS <input type="checkbox"/> 7 ALUMINUM <input type="checkbox"/> 95 UNKNOWN <input checked="" type="checkbox"/> 99 OTHER <u>Steel + Cast for legs</u>
C. INTERIOR LINING <input type="checkbox"/> 1 RUBBER LINED <input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 2 ALKYD LINING <input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 3 EPOXY LINING <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 4 PHENOLIC LINING <input type="checkbox"/> 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		
D. CORROSION PROTECTION <input type="checkbox"/> 1 POLYETHYLENE WRAP <input checked="" type="checkbox"/> 5 CATHODIC PROTECTION	<input checked="" type="checkbox"/> 2 COATING <input type="checkbox"/> 91 NONE	<input type="checkbox"/> 3 VINYL WRAP <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL SPILL CONTAINMENT INSTALLED (YEAR) <u>1992</u> OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____		

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE	
A. SYSTEM TYPE	A U 1 SUCTION A U 2 PRESSURE A U 3 GRAVITY A U 99 OTHER
B. CONSTRUCTION	A U 1 SINGLE WALL A U 2 DOUBLE WALL A U 3 LINED TRENCH A U 95 UNKNOWN A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A U 1 BARE STEEL A U 5 ALUMINUM A U 9 GALVANIZED STEEL A U 2 STAINLESS STEEL A U 6 CONCRETE A U 10 CATHODIC PROTECTION A U 3 POLYVINYL CHLORIDE (PVC) A U 7 STEEL W/ COATING A U 95 UNKNOWN A U 4 FIBERGLASS PIPE A U 8 100% METHANOL COMPATIBLE W/FRP A U 99 OTHER
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR <input type="checkbox"/> 2 LINE TIGHTNESS TESTING <input type="checkbox"/> 3 INTERSTITIAL MONITORING <input type="checkbox"/> 99 OTHER

V. TANK LEAK DETECTION	
<input type="checkbox"/> 1 VISUAL CHECK <input checked="" type="checkbox"/> 2 INVENTORY RECONCILIATION <input checked="" type="checkbox"/> 6 TANK TESTING	<input type="checkbox"/> 3 VADOZE MONITORING <input type="checkbox"/> 4 AUTOMATIC TANK GAUGING <input type="checkbox"/> 5 GROUND WATER MONITORING <input type="checkbox"/> 7 INTERSTITIAL MONITORING <input type="checkbox"/> 91 NONE <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION		
1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>N/A</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>N/A</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input type="checkbox"/>

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>GARY ROWE</u>	DATE <u>1-11-93</u>
---	---------------------

LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW			
STATE I.D.#	COUNTY # <u>01</u>	JURISDICTION # <u>003</u>	FACILITY # <u>267</u> TANK # <u>7</u>
PERMIT NUMBER <u>93267</u>	PERMIT APPROVED BY/DATE <u>1-93</u>	PERMIT EXPIRATION DATE <u>1-98</u>	



STATE OF CALIFORNIA  
STATE WATER RESOURCES CONTROL BOARD  
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM  1 NEW PERMIT  2 INTERIM PERMIT  3 RENEWAL PERMIT  4 AMENDED PERMIT  5 CHANGE OF INFORMATION  6 TEMPORARY TANK CLOSURE  7 PERMANENTLY CLOSED ON SITE  8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Bay Area Diablo Petroleum Co

I. TANK DESCRIPTION COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN  
 A. OWNER'S TANK I.D.# Hay # 8 B. MANUFACTURED BY: Perkins Welding  
 C. DATE INSTALLED (MO/DAY/YEAR) APRIL 1983 D. TANK CAPACITY IN GALLONS: 2000

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.  
 A.  1 MOTOR VEHICLE FUEL  4 OIL  2 PETROLEUM  3 CHEMICAL PRODUCT  80 EMPTY  95 UNKNOWN  
 B.  1 PRODUCT  2 WASTE  
 C.  1a REGULAR UNLEADED  1b PREMIUM UNLEADED  2 LEADED  3 DIESEL  4 GASAHOL  5 JET FUEL  6 AVIATION GAS  7 METHANOL  99 OTHER (DESCRIBE IN ITEM D. BELOW)  
 D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED Solvent/Thinners C.A.S.#: 147-2-2-1

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E  
 A. TYPE OF SYSTEM  1 DOUBLE WALL  2 SINGLE WALL  3 SINGLE WALL WITH EXTERIOR LINER  4 SECONDARY CONTAINMENT (VAULTED TANK)  95 UNKNOWN  99 OTHER  
 B. TANK MATERIAL (Primary Tank)  1 BARE STEEL  2 STAINLESS STEEL  3 FIBERGLASS  4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC  5 CONCRETE  6 POLYVINYL CHLORIDE  7 ALUMINUM  8 100% METHANOL COMPATIBLE W/FRP  9 BRONZE  10 GALVANIZED STEEL  95 UNKNOWN  99 OTHER Steel + Coal tar lining  
 C. INTERIOR LINING  1 RUBBER LINED  2 ALKYD LINING  3 EPOXY LINING  4 PHENOLIC LINING  5 GLASS LINING  6 UNLINED  95 UNKNOWN  99 OTHER  
 IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES \_\_\_ NO \_\_\_  
 D. CORROSION PROTECTION  1 POLYETHYLENE WRAP  2 COATING  3 VINYL WRAP  4 FIBERGLASS REINFORCED PLASTIC  5 CATHODIC PROTECTION  91 NONE  95 UNKNOWN  99 OTHER  
 E. SPILL AND OVERFILL SPILL CONTAINMENT INSTALLED (YEAR) 1992 OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) \_\_\_\_\_

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE  
 A. SYSTEM TYPE A U 1 SUCTION A U 2 PRESSURE A U 3 GRAVITY A U 99 OTHER  
 B. CONSTRUCTION A U 1 SINGLE WALL A U 2 DOUBLE WALL A U 3 LINED TRENCH A U 95 UNKNOWN A U 99 OTHER  
 C. MATERIAL AND CORROSION PROTECTION A U 1 BARE STEEL A U 2 STAINLESS STEEL A U 3 POLYVINYL CHLORIDE (PVC) A U 4 FIBERGLASS PIPE A U 5 ALUMINUM A U 6 CONCRETE A U 7 STEEL W/ COATING A U 8 100% METHANOL COMPATIBLE W/FRP A U 9 GALVANIZED STEEL A U 10 CATHODIC PROTECTION A U 95 UNKNOWN A U 99 OTHER  
 D. LEAK DETECTION  1 AUTOMATIC LINE LEAK DETECTOR  2 LINE TIGHTNESS TESTING  3 INTERSTITIAL MONITORING  99 OTHER

V. TANK LEAK DETECTION  
 1 VISUAL CHECK  2 INVENTORY RECONCILIATION  3 VADOZE MONITORING  4 AUTOMATIC TANK GAUGING  5 GROUND WATER MONITORING  6 TANK TESTING  7 INTERSTITIAL MONITORING  91 NONE  95 UNKNOWN  99 OTHER

VI. TANK CLOSURE INFORMATION  
 1. ESTIMATED DATE LAST USED (MO/DAY/YR) N/A 2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING N/A GALLONS 3. WAS TANK FILLED WITH INERT MATERIAL? YES  NO

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT  
 APPLICANT'S NAME (PRINTED & SIGNATURE) GARY POWE DATE 1-11-93

LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW  
 STATE I.D.# COUNTY # JURISDICTION # FACILITY # TANK #  
93267 01 003 267 8  
 PERMIT NUMBER 93267 PERMIT APPROVED BY/DATE 1-93 PERMIT EXPIRATION DATE 1-98



STATE OF CALIFORNIA  
STATE WATER RESOURCES CONTROL BOARD  
**UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B**



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input checked="" type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Bay Area Diablo Petroleum Co

**I. TANK DESCRIPTION** COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D.# <u>Bay # 9</u>	B. MANUFACTURED BY: <u>Perkins Welding</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>April 1983</u>	D. TANK CAPACITY IN GALLONS: <u>1000</u>

**II. TANK CONTENTS** IF A-1 IS MARKED, COMPLETE ITEM C.

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input checked="" type="checkbox"/> 4 OIL	B. <input type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input checked="" type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input checked="" type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)

D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED NON Used Line Flush C. A. S. #: 69712-00-0

**III. TANK CONSTRUCTION** MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E

A. TYPE OF SYSTEM	B. TANK MATERIAL (Primary Tank)	C. INTERIOR LINING
<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 1 RUBBER LINED
<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 5 GLASS LINING
<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 3 FIBERGLASS	<input checked="" type="checkbox"/> 6 UNLINED
<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC	<input type="checkbox"/> 2 ALKYD LINING
<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 3 EPOXY LINING
<input type="checkbox"/> 99 OTHER	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 4 PHENOLIC LINING
	<input type="checkbox"/> 7 ALUMINUM	<input type="checkbox"/> 95 UNKNOWN
	<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP	<input type="checkbox"/> 99 OTHER
	<input type="checkbox"/> 9 BRONZE	<input checked="" type="checkbox"/> 99 OTHER <u>Steel + Coal Tar</u>
	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
	<input type="checkbox"/> 99 UNKNOWN	<input type="checkbox"/> 99 OTHER

IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES \_\_\_ NO \_\_\_

D. CORROSION PROTECTION	E. SPILL AND OVERFILL	OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____
<input type="checkbox"/> 1 POLYETHYLENE WRAP	SPILL CONTAINMENT INSTALLED (YEAR) <u>1992</u>	
<input checked="" type="checkbox"/> 2 COATING		
<input type="checkbox"/> 3 VINYL WRAP		
<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC		
<input type="checkbox"/> 5 CATHODIC PROTECTION		
<input type="checkbox"/> 91 NONE		
<input type="checkbox"/> 95 UNKNOWN		
<input type="checkbox"/> 99 OTHER		

**IV. PIPING INFORMATION** CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE

A. SYSTEM TYPE	B. CONSTRUCTION	C. MATERIAL AND CORROSION PROTECTION	D. LEAK DETECTION
<input type="checkbox"/> 1 SUCTION	<input type="checkbox"/> 1 SINGLE WALL	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR
<input type="checkbox"/> 2 PRESSURE	<input type="checkbox"/> 2 DOUBLE WALL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING
<input type="checkbox"/> 3 GRAVITY	<input type="checkbox"/> 3 LINED TRENCH	<input type="checkbox"/> 3 POLYVINYL CHLORIDE (PVC)	<input type="checkbox"/> 3 INTERSTITIAL MONITORING
<input type="checkbox"/> 99 OTHER <u>None</u>	<input type="checkbox"/> 95 UNKNOWN	<input checked="" type="checkbox"/> 7 STEEL W/ COATING	<input type="checkbox"/> 99 OTHER <u>None</u>
	<input type="checkbox"/> 99 OTHER	<input type="checkbox"/> 4 FIBERGLASS PIPE	
		<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP	
		<input type="checkbox"/> 9 GALVANIZED STEEL	
		<input type="checkbox"/> 10 CATHODIC PROTECTION	
		<input type="checkbox"/> 95 UNKNOWN	
		<input type="checkbox"/> 99 OTHER	

**V. TANK LEAK DETECTION**

<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING
<input checked="" type="checkbox"/> 6 TANK TESTING	<input type="checkbox"/> 7 INTERSTITIAL MONITORING	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

**VI. TANK CLOSURE INFORMATION**

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>N/A</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>N/A</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input type="checkbox"/>
--	---	--

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>GARY ROWE</u>	DATE <u>1-11-93</u>
---	---------------------

**LOCAL AGENCY USE ONLY** THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY # <u>01</u>	JURISDICTION # <u>003</u>	FACILITY # <u>267</u>	TANK # <u>9</u>
PERMIT NUMBER <u>93267</u>	PERMIT APPROVED BY/DATE <u>1-93</u>	PERMIT EXPIRATION DATE <u>1-98</u>		