

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES

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

StID 345

July 17, 2000

Mr. W. L. Race, trustee *Robert H Johnson Trust*
Brook's Auto Service *do William Race*
P.O. Box 3345
Walnut Creek, CA 94598

SECOND NOTICE OF VIOLATION

Dear Mr. Race:

On May 24, 2000, the Alameda County Department of Environmental Health, Hazardous Materials Division, sent you a letter requesting a work plan detailing the work intended to determine the extent of soil and water contamination onsite due to the unauthorized release of fuel products at **1101 28th Street, Oakland, CA**. As of the date of this letter, however, we have not received any communication from you on this matter. Therefore, this letter constitutes a **Second Notice** that you are in violation of specific laws and that the technical report is due.

According to Section 25298 of the California Health and Safety Code, underground storage tank closure is incomplete until the responsible party characterizes and remediates the contamination resulting from product discharge. Therefore, you, as the responsible party, are in violation of this section of the Code, for which Section 25299 specifies civil penalties of up to \$5,000, for each day of violation. Also, failure to furnish technical reports regarding documented or potential groundwater contamination violates Section 13267(b) of the California Water Code. The Regional Water Quality Control Board (RWQCB) can impose civil penalties of up to \$1,000 per day that such a violation continues.

You are required to submit the work plan for the site to this office **within 30 days** from the date of this letter. **Failure to respond may result in referral of this case to the RWQCB or Alameda County District Attorney to consider for enforcement action. Modification of required tasks or extensions of stated deadlines must be confirmed in writing by either this agency or the RWQCB.**

If you have any questions, I can be reached at (510) 567-6762.

A handwritten signature in black ink, appearing to read 'eva chu', is written over a horizontal line.

eva chu
Hazardous Materials Specialist

ENVIRONMENTAL
PROTECTION
00 JUL 19 AM 9:45

W. L. RACE
INDEPENDENT FIDUCIARY SERVICES
P.O. BOX 3345
WALNUT CREEK, CA 94598

(925) 935-4133

July 14, 2000

Ms. Eva Chu
Hazardous Materials Specialist
Environmental Health Services
Alameda County
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577

Re: PSA for 1101 28th Street, Oakland CA

Noted in cop database

Dear Ms. Chu,

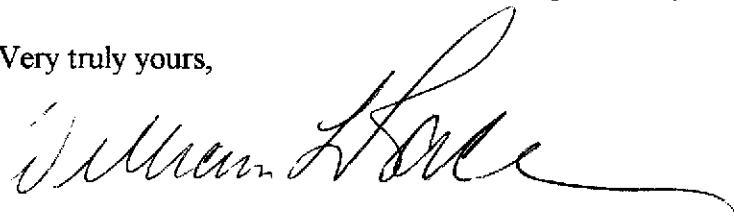
This refers to your letter of May 24, 2000, about the subject. The letter was inadvertently addressed to **W. L. Race, Trustee** - Brooks Auto Service, at my address. As you know, I am not trustee for Brooks Auto Service; Mr. Brooks is a tenant of the **Robert H. Johnson Trust**, for which I am trustee.

I would appreciate some additional time to obtain the requested proposal to enable me to complete eviction of the present tenant, Mr. Brooks, from the property.

Removal of the garage operation will simplify completion of the site assessment and assure that there would be no further contamination at the location. Presently, it is contemplated that the garage would remain unoccupied during the investigation process.

Thank you for your consideration of this request and your past helpfulness.

Very truly yours,



William L. Race
Trustee

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



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

StID 345

May 24, 2000

Mr. W. L. Race, Trustee
Brook's Auto Service
P.O. Box 3345
Walnut Creek, CA 94598

RE: PSA for 1101 28th Street, Oakland, CA

Dear Mr. Race:

When two underground storage tanks were removed in May 1996, soil samples collected in the tank excavation contained elevated levels of petroleum hydrocarbons. The tank pits were overexcavated, creating one large excavation. Approximately 27 cubic yards of hydrocarbon-impact soil was removed. Confirmation soil samples contained up to 20,000 parts per million (ppm) total petroleum hydrocarbons as gasoline (TPHg), 13,000ppm TPH as diesel, 13ppm benzene, 220ppm toluene, 110ppm ethyl-benzene, and 1,250ppm xylenes and 540ppm total oil and grease. Clearly, an unauthorized release of petroleum hydrocarbons has occurred at the site.

At this time, additional investigations are required to delineate the extent of soil and possibly groundwater contamination at the site. Such an investigation shall be in the form of a **Preliminary Site Assessment**, or PSA. The information gathered by the PSA will be used to determine an appropriate course of action to remediate the site, if deemed necessary. The PSA must be conducted in accordance with the RWQCB Staff Recommendations for the Initial Evaluation and Investigation of Underground Tanks, and Article 11 of Title 23, California Code of Regulations. The major elements of such an investigation are summarized in the attached Appendix A. The PSA proposal is due **within 45 days** of the date of this letter. All reports and proposals must be submitted under seal of a California Registered Geologist, Certified Engineering Geologist, or Registered Civil Engineer.

Please be advised that this is a formal request for technical reports pursuant to Title 23, CCR, Section 2722(c). Any extensions of the stated deadlines, or modifications of the required tasks, must be confirmed in writing by this agency.

If you have any questions, I can be reached at (510) 567-6762.


eva chu
Hazardous Materials Specialist

attachment

brooks-1

98 NOV -6 PM 3: 25

W. L. RACE
INDEPENDENT FIDUCIARY SERVICES
P.O. BOX 3345
WALNUT CREEK, CA 94598

915
(510) 935-4133

November 4, 1998

Ms. Eva Chu
Hazardous Materials Specialist
Alameda County Environmental Health Department
1131 Harbor Bay Parkway
Alameda, CA 94502-6577

Re: Robert Hudson Johnson Trust
1101-28th Street, Oakland

Dear Ms. Chu,

This will confirm our conversation today about the subject property.

As Trustee, I will be seeking the advice of an appropriate consultant relative to further investigation of possible soil and ground water contamination at the subject site.

Thank you for your patience, assistance, and courtesy in this matter.

Very truly yours,



W. L. Race
Trustee

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



CERTIFIED MAILER # P 112 479 185
August 19, 1998

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

STID# 345

Mr. W.L. Race
P.O. Box 3345
Walnut Creek, CA 94598

Subject: Brook's Auto Service, 1101 28th Street, Oakland, CA 94608

NOTICE OF VIOLATION

Dear Mr. Race:

On March 2, 1998, this office directed you to submit a work plan for subsurface groundwater investigation relating to the removal of underground storage tanks formerly located at the aforementioned site. This investigation is required by law under Title 23, Division 3, Chapter 16 of the California Code of Regulations, and 6.7 of the California Health and Safety Code.

As of today, this office has not received *any information* concerning an investigation regarding the site. You are hereby directed to submit a work plan for subsurface investigation **within thirty (30) days from this date**, as previously requested. All work and reports will require the geologic and engineering evaluations and must be performed under the direction of a registered geologist civil engineer.

Failure to supply the information as requested will result in civil penalties of up to \$500.00 per day, per violation. If you have any questions, please do not hesitate to call this office. The telephone number is (510) 567-6737.

Sincerely,

Brian P. Oliva, REHS, REA
Hazardous Materials Specialist

C: Bob Chambers, Alameda County Deputy District Attorney
Tom Edwards & Associates

bc files/BO

#345

B. OLIVAP 112 479 185

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to MR. W. L. RACE	
Street & Number P.O. BOX 3345	
Post Office, State, & ZIP Code WALNUT CREEK CA 94598	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

white -env.health
yellow -facility
pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

Hazardous Materials Inspection Form

II, III

Site ID # 345 Site Name Bucks Auto Today's Date 5/30/98

Site Address 1101 28th ST

City Oakland Zip 94608 Phone _____

____ MAX AMT stored > 500 lbs, 55 gal., 200 cft.?

Inspection Categories:

- ____ I. Haz. Mat/Waste GENERATOR/TRANSPORTER
- ____ II. Hazardous Materials Business Plan, Acutely Hazardous Materials
- III. Under ground Storage Tanks Removal

* Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

Comments:

Samples to be (1) under full of Fuel (keg) ↑ depth of sample 7 feet
 (2) under each sub of wheel

Required actions

- Sample as per permit requirements
- tanks and associated piping to be monitored
- Cover stock piled solids following sampling
- Submit Unauthorized Release form within 48 hours of completion of Haz Waste discharge (allowing for sampling analysis results)
- Provide safety fencing to prevent injury and unauthorized entry
- Submit sample results to the office within 14 working days

Contact Tom Edwards
 Title Owner
 Signature [Signature]

Inspector [Signature]
 Signature _____

II, III

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



March 2, 1998

ENVIRONMENTAL HEALTH SERVICES

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

STID #345

Mr. W.L. Race
P.O. Box 3345
Walnut Creek, CA 94598

**Subject: Brook's Auto Service, 1101 28th Street,
Oakland, CA 94608**

Dear Mr. Race:

This office has reviewed the "Excavation and Sampling" results for the aforementioned site, dated August 29, 1996, and submitted by Tom Edwards & Associates, the consultant of record for the removal of the underground storage tanks (USTs) on site. Thank you for the submission of the report.

The data analysis indicates that there are large concentrations of petroleum products in the soils in the area of the USTs. For this reason, it will be necessary for you to undertake further investigation at this site. This activity should include a sampling regime of subsurface water in the area of the USTs.

Please submit a workplan for subsurface groundwater investigation for the site within thirty (30) days. Pursuant to provisions of the Business and Professional Code, all work and reports will require geologic and engineering evaluations and/or judgements must be performed under the direction of an appropriately registered or certified professional. Therefore, all proposals must be submitted under seal of a California-registered geologist or civil engineer, with appropriate the environmental background.

If you have any questions, please call this office. The telephone number is (510) 567-6737.

Sincerely,

Brian P. Oliva, REHS, REA
Hazardous Materials Specialist

c: Tom Edwards & Associates
Bob Chambers, Alameda Co. Deputy District Attorney

4

ENVIRONMENTAL PROTECTION
OCT -4 PM 4: 11
Telephone (510) 724-3121

Tom Edwards & Associates

Environmental Consulting

2243 Del Monte Drive
San Pablo, California 94806

Fax (510) 724-3157

Mr. Dale Klettke
Alameda County Health Agency
Division of Environmental Protection
Department of Environmental Health
1131 Harbor Bay Parkway, 2nd Floor
Alameda, California 94502

October 3, 1996

SUBJECT: EXCAVATION AND SAMPLING WORKPLAN FOR THE PROPERTY
LOCATED AT 1101 28TH STREET, OAKLAND, CALIFORNIA

Dear Mr. Klettke,

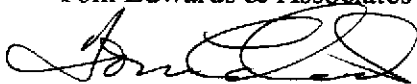
Enclosed please find the workplan describing the ongoing investigative and soil removal work we discussed for the subject property. This workplan was first submitted to Mr. Brian Oliva on August 29, 1996

Mr. Race (client) and Mr. Failing (contractor) and I are prepared to begin work within approximately one week upon your authorization. The soil has been characterized and approved for landfill acceptance by Browning Ferris Industries.

Per our phone conversation of yesterday and your approval of the workplan and proposed excavation of soils, I will begin scheduling the work today. I will call you with the work schedule as soon as confirmation is received by the contractor and access is granted by the tenant.

If you should have any questions or comments, please don't hesitate to call me at (510) 724-3121.

Yours very truly,
Tom Edwards & Associates



Tom Edwards, Principal

cc: Mr. W. L. Race
Mr. Gene L. Failing

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY



DAVID J. KEARS, Agency Director

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

STID 0345

October 2, 1996

Mr. W. L. Race, Trustee
P. O. Box 3345
Walnut Creek, CA 94598

RE: BROOK'S AUTO SERVICE, 1101 28TH STREET, OAKLAND, CA 94608

Dear Mr. Race:

This office is in receipt of and has completed review of the case file for this site, up to and including the August 29, 1996, Tom Edwards & Associates, (TE&A) "Excavation and Sampling Work Plan".

This work plan is approved with the stipulation that collected soil and groundwater samples be quantitatively analyzed for methyl-tert butyl ether (MTBE), in addition to TPHg, TPHd, BTEX and TOG. MTBE analysis is being requested by the Regional Water Quality Control Board.

A report must be submitted within 45 days of the completion of field activities associated with this phase of work at the site. The referenced reports must describe the status of the investigation and include, among other elements, the following:

- Details and results of all work performed during the designated reporting period: records of field observations and data, water level data, chain-of-custody forms, laboratory results for all samples collected and analyzed (including QA/QC data), tabulations of free product thicknesses and dissolved fractions, etc.
- Status of ground water contamination and characterization.
- Recommendations for additional work.

Pursuant to provisions of the Business and Professions Code all work and reports which require geologic or engineering evaluations and/or judgements must be performed under the direction of an appropriately registered or certified professional. Therefore, all proposals must be submitted under seal of a California-registered geologist or civil engineer with the appropriate environmental background.

Please be advised that this letter constitutes a formal request for technical reports pursuant to California Water Code Section 13267(b) and Health and Safety Code Sections 25299.37 and 25299.78.

Mr. W. L. Race, Trustee
RE: 1101 28th Street, Oakland
October 2, 1996
Page 2 of 2

For your information, the Underground Storage Tank Cleanup Fund (Fund) is created pursuant to Chapter 6.75 of the California Health & Safety Code to help eligible owners and operators of petroleum underground storage tanks obtain reimbursement for costs of the cleanup of unauthorized releases of petroleum. You are encouraged to contact the SWRCB fund representative (916/227-4529) for more case-specific information and to obtain an application package. Please also bear in mind that, in order to maintain UST clean-up fund eligibility, specific bidding requirements and contracting criteria must be met.

For your information, I have just recently taken over management of this case from Susan Hugo of this office. In the event that you any questions, please feel free to contact me directly at (510)567-6880.

Sincerely,



Dale Klettke, CHMM
Hazardous Materials Specialist

c: Tom Peacock, LOP Manager--files
W L Race Trust, P. O. Box 3435, Walnut Creek, CA 94598
Be Tom Edwards, c/o Tom Edwards & Associates, 2243 Del Monte Drive, San Pablo, CA
94806

0345wpok.ovx

c) Tank and Piping Transporter

Name DEXANNA LTD EPA I.D. No. CAD 982438566
 Hauler License No. 2883 License Exp. Date _____
 Address 3104 Athene CT.
 City CONCORD State CA Zip 94519

d) Tank and Piping Disposal Site

Name ERICKSON INC EPA I.D. No. CAD 009466392
 Address 255 PARR AVE
 City Richmond State CA Zip 94801

11. Sample Collector

Name TOM EDWARDS + ASSOCIATES
 Company Tom EDWARDS + ASSOCIATES
 Address 2243 Del Monte Drive
 City SAN PABLO State CA Zip 94806 Phone 510 724-3121

12. Laboratory

Name PRIORITY ENVIRONMENTAL
 Address 1764 HOARE CT.
 City MILPITAS State CA Zip 95035
 State Certification No. 9604013

13. Have tanks or pipes leaked in the past? Yes [] No [] Unknown [X]

If yes, describe. _____

STATE OF CALIFORNIA
STATE AND CONSUMER SERVICES AGENCY CONTRACTORS STATE LICENSE BOARD



Building Quality



HAZARDOUS SUBSTANCES REMOVAL AND REMEDIAL ACTIONS CERTIFICATION

Pursuant to the provisions of Section 7058.7 of the Business and Professions Code, the Registrar of Contractors does hereby certify that the following qualifying person has successfully completed the hazardous substances removal and remedial actions examination.

Qualifier: Gene Lester Failing

License No.: 665385

Business Name: Gene L. Failing & Son Hoe "4" Rnt



WITNESS my hand and official seal this
2nd day of March, 1993

David R. Phillips
Registrar of Contractors

This certification is the property of the Registrar of Contractors, is not transferable, and shall be returned to the Registrar upon demand when suspended, revoked, or invalidated for any reason.

131-36 (12/91)


State of California
CONTRACTORS STATE LICENSE BOARD
ACTIVE LICENSE

License Number **488826** Entity **INDIV**

Business Name **GENE L FAILING**

Classification(s) **A C61/D56 HAZ**

Expiration Date **05/31/97**



A 5576

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 ENVIRONMENTAL PROTECTION DIVISION
 1131 HARBOR BAY PARKWAY, RM 250
 ALAMEDA, CA 94502-6577
 PHONE # 510/567-6700
 FAX # 510/337-9335

Project Specialist
ACCEPTED

Underground Storage Tank Closure Permit Application
 Alameda County Division of Hazardous Materials
 1131 Harbor Bay Parkway, Suite 250
 Alameda, CA 94502-6577

These closure/removal plans have been received and found to be acceptable and essentially meet the requirements of State and Local Health Laws. Changes to your closure plans indicated by this Department are to assure compliance with State and local laws. The project proposed herein is for the issuance of any required building permits for the construction/destruction.

A copy of the accepted plans must be on the job and available to all contractors and craftsmen involved with the removal.

Any changes or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Inspections Department to determine if such changes meet the requirements of State and local laws. Notify this Department at least 72 hours prior to the following required inspections:

- Removal of Tank(s) and Piping
- Sampling
- Final Inspection

Issuance of a) permit to operate, b) permanent site closure, is dependent on compliance with accepted plans and all applicable laws and regulations.

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS:

Contact Specialist:

*Specialist Jackbucher
 Health + Safety Plan must
 adhere to Title 170547*

*Bruce Allen
 5/8/96*

UNDERGROUND TANK CLOSURE PLAN

*** Complete according to attached instructions ***

1. Name of Business BROOK'S AUTO SERVICE
 Business Owner or Contact Person (PRINT) Sylvester Brooks
2. Site Address 1101 58th Street
 City OAKLAND CA zip 94608 Phone NONE
3. Mailing Address SAME
 City Y zip _____ Phone _____
4. Property Owner MR. W L RACE "TRUSTEE"
 Business Name (if applicable) _____
 Address P.O. Box 3345 WALNUT CREEK
 City, state WALNUT CREEK CA zip 94598
5. Generator name under which tank will be manifested
W.L. RACE Trustee
 EPA ID# under which tank will be manifested CA -----

6. Contractor Gene L Failing
 Address 540 Benton Street
 City Santa Clara CA 95050 Phone 408 246 4217
 License Type A-HAZ ID# 488826 Exp 05/31/97

*Effective January 1, 1992, Business and Professional Code Section 7059.7 requires prime contractors to also hold Hazardous Waste Certification issued by the State Contractors License Board.

7. Consultant (if applicable) Tom Edwards & Associates
 Address 2243 Del Monte Dr
 City, State San Pablo CA 94806 Phone 510-724-3121

8. Main Contact Person for Investigation (if applicable)
 Name Tom Edwards Title OWNER
 Company Tom Edwards & Associates
 Phone 510-724-3121

9. Number of underground tanks being closed with this plan 3
 Length of piping being removed under this plan 20
 Total number of underground tanks at this facility (**confirmed with owner or operator) 3

10. State Registered Hazardous Waste Transporters/Facilities (see instructions).

** Underground storage tanks must be handled as hazardous waste **

a) Product/Residual Sludge/Rinsate Transporter

Name NOR CAL oil EPA I.D. No. CA0982417255
 Hauler License No. 95151838 License Exp. Date _____
 Address P.O. Box 645
 City DENAIR State CA zip 95316

b) Product/Residual Sludge/Rinsate Disposal Site

Name GIBSON ENVIRONMENTAL EPA ID# _____
 Address 3300 TRuxtun CA Suite 200
 City BAKERSFIELD State CA zip 93301

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (estimated)	Sampling Plan
10CY	4pt. Composite

Stockpiled soil must be placed on bermed plastic and must be completely covered by plastic sheeting.

500 GAL	UNKNOWN	WASTE OIL	ONE SOIL
500 GAL	UNKNOWN	WASTE OIL	SAMPLE 100
750 GAL	UNKNOWN	GASOLINE	FEET BENEATH THE CENTER BOTTOM OF EACH TANK

One soil sample must be collected for every 20 linear feet of piping that is removed. A ground water sample must be collected if any ground water is present in the excavation.

Will the excavated soil be returned to the excavation immediately after tank removal? [] yes [] no [X] unknown

If yes, explain reasoning _____

If unknown at this point in time, please be aware that excavated soil may not be returned to the excavation without prior approval from Alameda County. This means that the contractor, consultant, or responsible party must communicate with the Specialist IN ADVANCE of backfilling operations.

16. Chemical methods and associated detection limits to be used for analyzing samples:

The Tri-Regional Board recommended minimum verification analyses and practical quantitation reporting limits should be followed. See attached Table 2.

17. Submit Site Health and Safety Plan (See Instructions)

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit
TPH G/BTEX TPHD O+G Lx FT Metals CL. HC. <i>OF</i> PCB PEG, PVA CRAZOTE Ch		EPA 8015/8020 EPA 8015 EPA 413.1/5520 EPA 6010 EPA 8010 EPA 8270	5 PPB 1 PPM 1 PPM 1 PPM 5 PPM 5 PPM

rev 4/6/95

- 5 -

14. Describe methods to be used for rendering tank(s) inert:

Each 50 LBS DRY ICE 24 HRS BEFORE TANK REMOVAL(S)
TANK

Before tanks are pumped out and inerted, all associated piping must be flushed out into the tanks. All accessible associated piping must then be removed. Inaccessible piping must be permanently plugged.

The Bay Area Air Quality Management District, 415/771-6000, along with local Fire and Building Departments, must also be contacted for tank removal permits. Fire departments typically require the use of a combustible gas indicator to verify tank inertness. It is the contractor's responsibility to bring a working combustible gas indicator on-site to verify that the tank is inert.

15. Tank History and Sampling Information *** (see instructions) ***

Tank		Material to be sampled (tank contents, soil, groundwater)	Location and Depth of Samples
Capacity	Use History include date last used (estimated)		
500 GAL	UNKNOWN	UNKNOWN	ONE SOIL

Name of Insurer Sole Proprietor Exempt No Employees

- 19. Submit Plot Plan ***** (See Instructions) *****
- 20. Enclose Deposit (See Instructions)
- 21. Report any leaks or contamination to this office within 5 days of discovery.
The written report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report (ULR) form.
- 22. Submit a closure report to this office within 60 days of the tank removal. The report must contain all information listed in item 22 of the instructions.
- 23. Submit State (Underground Storage Tank Permit Application) Forms A and B (one B form for each UST to be removed) (mark box 8 for "tank removed" in the upper right hand corner)

I declare that to the best of my knowledge and belief that the statements and information provided above are correct and true.

I understand that information, in addition to that provided above, may be needed in order to obtain approval from the Environmental Protection Division and that no work is to begin on this project until this plan is approved.

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

I understand that all work performed during this project will be done in compliance with all applicable OSHA (Occupational Safety and Health Administration) requirements concerning personnel health and safety. I understand that site and worker safety are solely the responsibility of the property owner or his agent and that this responsibility is not shared nor assumed by the County of Alameda.

Once I have received my stamped, accepted closure plan, I will contact the project Hazardous Materials Specialist at least three working days in advance of site work to schedule the required inspections.

CONTRACTOR INFORMATION

Name of Business Gene L Failing "Hoc 4 Rnt"
 Name of Individual Gene L. Failing
 Signature Gene L. Failing Date 04-24-96

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business Brooks Auto Service
 Name of Individual Sylvester Brooks
 Signature Gene L. Failing Contractor Date 04-24-96

Transfer of Eligible Local Oversight Case

STID 345 Date of input/By: NO 8/29/96

Date: 8/28/96 From: Bruce P. De
Site Name: Brooks Auto Service
Address: 1101 28th ST City: Oakland Zip: 608

To be eligible for LOP, case must meet 3 qualifications:

1. Y N Tanks Removed? # of removed? 2 Date removed: 5-30-96
2. Y N Samples received? Contamination level: ~1900 ppm (To follow)
Type of test 8240 (TOG)
Contamination should be over 100 ppm TPH to qualify for LOP
3. Y N Petroleum? Circle Type(s): • Avgas • leaded • unleaded • fuel oil • jet
• diesel • waste oil • kerosene • solvents

Procedure to follow should your site meet all the above qualifications:

1.
 - a. Close the deposit refund case.
 - b. Account for **ALL** time you have spent on the case.
 - c. Turn in account sheet to Leslie.
If there are funds still remaining it is still better to transfer the case to LOP as the rate for LOP allows more overhead. **DO NOT** attempt to continue to oversee the site simply because there are funds remaining!

Remaining DepRef \$'s: _____

DepRef Case Closed with Candyce/Leslie? Y N (If no, explain why below.)

2. Submit the completed **A** and **B** permit application forms to **NORMA**.
3. Give the entire case to the proper LOP staff.

ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION
DEPOSIT / REFUND ACCOUNT SHEET

printed05/01/96

SITE INFORMATION

Brook's Auto Service
1101 28th St
Oakland 94608
Site Contact:
Site Phone :

StID: 345 Site#: 4204 4304A
PROJECT#: 4204A
PROJECT TYPE:*** R ***
INSP: Brian Oliva
ACCT. SHEET PG #:

*Project 4204A
never existed*

PROPERTY OWNER INFORMATION

Owner Contact:
Owner Phone :

PAYOR INFORMATION

Failing, Gene L.
3924 Middletown Ct
Campbell CA 95008 #942
Payor Contact:
Payor Phone : 408-378-3534

Date	Action Taken	Time		Hours Spent/Depstd	Hour Balnce	Money Spent/Depositd	Money Balance
		In	Out				
04/30/96	Rcpt# 783804 Deposit of \$1,188.00 @ \$90/hour			+13.19	+13.19	1,188.00	1,188.00
04/30/96	Admin. Charge: 1 hour			1.00	12.19	90.00	1,098.00
5/7	partial review		1-		11.19		
5/8	complete review phone				9.19		
5/20/96	on phone mailed per		5		9.19		
5/22/96	for copy to GF		5		8.70		
5/30/96	2 tanks removal		2.5		6.20		
6/4/96	from ATB done file		5		5.80		
5/31/96	site visit		1.0		4.80-		
8/28/96	file review		1.0		4.80 2.80		
8/96	Project Completed						

UPON COMPLETION OF PROJECT

PROJ COMPLETED BY : Bruce O ATTACH: State Forms A,B & C
 Billing Adjustment*
DATE OF COMPLETION : 8/28/96 DATE SENT TO BILLING: 8/28/96
TOTAL COST OF PROJECT: 924.80 REFUND AMOUNT: 263.20 Rev. 5/95

* Billing adjustment forms needed when site is in our UST program.

REPORT: WrkShtA (Admin)

02/27/91 LS 36 2. 345
 03/07/91 LS 55 2. 345
 12/28/92 BO 34 0.75 345
 02/25/93 BO 11 0.75 345
 02/25/93 BO 31 0.5 345
 02/25/93 BO 34 0.5 345
 07/22/93 BO 34 0.75 345
 09/28/93 BO 34 1. 345
 12/23/93 KT 120 2.5 345

Business is now called Brooks
 Auto Repair Citation hearing in
 the DA's of-

*Tb!

8

*qb!

*

2nd nov on usts
 Shop floor should be cleaned by
 thorough sweeping with grease
 sweeps and arrangement of
 supplies and storage area to
 control waste accumulation.
 Waste batteries must be disposed
 of by a professional battery
 recycler. Maintain records &
 their disposal.
 review for DA case

07/28/94 BO 36 0.5 345

Current Dailies:

InspDat	Insp	Act	InspT	StID	DRPro	Comment	DailBDat
01/10/95	BO	36	0.5	345		meeting at DA's office re site	
05/17/95	BO	36	0.75	345		DA time on case	
08/30/95	BO	36	0.5	345		da work on case	
09/01/95	BO	36	0.5	345		DA's office re site	
09/07/95	BO	36	1.	345		at DA's office re site	
09/11/95	BO	36	1.	345		at DA's office	
09/12/95	BO	136	0.5	345			
09/12/95	BO	136	1.	345		same as above	
09/13/95	BO	36	0.5	345		met with da	
09/15/95	BO	36	0.5	345		at DAS re site	
09/27/95	BO	36	1.	345		pre-enforcement hearing (no show)	
09/29/95	BO	36	0.25	345		at DA's office re site	
10/02/95	BO	136	0.5	345		pre-enforcement hearing letters sent certified mailer	
10/23/95	BO	34	1.5	345		wrote letter	
10/30/95	BO	136	1.	345		sent directives from DAS office	
11/09/95	BO	35	0.5	345		on phone with RP	
12/19/95	BO	136	0.75	345		enforcement action activity review	
01/16/96	BO	136	0.5	345			
01/26/96	BO	136	1.	345		da work on case, letter review	
InspDat	Insp	Act	InspT	StID	DRPro	Comment	DailBDat
04/26/96	KT	31	1.	345		from consultant, on phone site visit to verify tanks are still present.	
04/29/96	KT	33	1.	345		verified trustee of property.	
04/29/96	KT	33	1.	345		verified trustee of property as W.L.RACE, P.O.Box 3345, Walnut Creek, Ca.94525?.	
05/07/96	BO	45	1.	345		partial review ust removal plan	
05/08/96	BO	45	1.5	345		review and approval of tank	

Project 4204A - 350.-
4304A 9 1098.-

Printed: 05/08/97

***** Alameda County Department of Environmental Health *****
BILLING's WORKLOG: Total Deposit/Refund History for All Accounts at Site

** SITE INFORMATION **

Site#: 4304 -- StID: 345 BROOK'S AUTO SERVICE
Date Open: 05/09/96 1101 --28TH STREET
Date Closed: OAKLAND CA 94608

** PAYOR INFORMATION **

> Project # --4304A for Payor # 942 GENE L. FAILING
3824 MIDDLETOWN COURT
CAMPBELL CA 95008

** DEPOSIT HISTORY **

Proj#	Deposit Date	Receipt#	Amount Received
-------	--------------	----------	-----------------

--430			\$1,188.00
	1138 - 250	General Contractor	\$1,188.00

Proj#	Wor		Amt Charged
--4304a	05/	- stop tel on re Gene Failing listing him st refund of 269.20 J. Smith	\$90.00
			\$90.00

Gene Failing
Brooks Auto Service
1101 28th St, Oakland
paper (408) 308-4985
VST removal refund
removed 2 paid for 3

800



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 06 JUN 1996		CASE # 96 JUN 21 PM 1:51		SIGNED: <i>[Signature]</i> DATE: 6/24/96	
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Tom Edwards		PHONE (510) 724-3131	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 Tom Edwards & Associates		
	ADDRESS 2243 Del Monte Drive San Pablo CA 94806				
RESPONSIBLE PARTY	NAME		CONTACT PERSON	PHONE	
	ADDRESS		<input checked="" type="checkbox"/> UNKNOWN	()	
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Brooks Auto Service		OPERATOR Sylvester Brooks	PHONE (510) 547-4705	
	ADDRESS 1101 28th Street Oakland CA 94612				
	CROSS STREET Chestnut				
IMPLEMENTING AGENCIES	LOCAL AGENCY Alameda County Health Agency DEPT. OF ENVIRONMENTAL HEALTH		CONTACT PERSON BRIAN P. OLIVA	PHONE (510) 567-6737	
	REGIONAL BOARD			PHONE ()	
SUBSTANCES INVOLVED	(1) Gasoline		NAME QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN		
	(2) Oil and Grease		<input checked="" type="checkbox"/> UNKNOWN		
DISCOVERY/ABATEMENT	DATE DISCOVERED 06 JUN 1996		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER		
	DATE DISCHARGE BEGAN M M D D Y Y <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input checked="" 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 05 30 96				
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 <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 checked="" type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input 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 type="checkbox"/> CAP SITE (CS) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> OTHER (OT)				
COMMENTS					

INSTRUCTIONS

EMERGENCY

Indicate whether emergency response personnel and equipment were involved at any time. If so, a Hazardous Material Incident Report should be filed with the State Office of Emergency Services (OES) at 2500 Meadowview Road, Sacramento, CA 95832. Copies of the OES report form may be obtained at your local underground storage tank permitting agency. Indicate whether the OES report has been filed as of the date of this report.

LOCAL AGENCY ONLY

To avoid duplicate notification pursuant to Health and Safety code Section 25180.5, a government employee should sign and date the form in this block. A signature here does not mean that the leak has been determined to pose a significant threat to human health or safety, only that notification procedures have been followed if required.

REPORTED BY

Enter your name, telephone number, and address. Indicate which party you represent and provide company or agency name.

RESPONSIBLE PARTY

Enter name, telephone number, contact person, and address of the party responsible for the leak. The responsible party would normally be the tank owner.

SITE LOCATION

Enter information regarding the tank facility. At a minimum, you must provide the facility name and full address.

IMPLEMENTING AGENCIES

Enter names of the local agency and Regional Water Quality Control Board involved.

SUBSTANCES INVOLVED

Enter the name and quantity lost of the hazardous substance involved. Room is provided for information on two substances if appropriate. If more than two substances leaked, list the two of most concern for cleanup.

DISCOVERY/ABATEMENT

Provide information regarding the discovery and abatement of the leak.

SOURCE/CAUSE

Indicate source(s) of leak. Check box(es) indicating cause of leak.

CASE TYPE

Indicate the case type category for this leak. Check one box only. Case type is based on the most sensitive resource affected. For example, if both soil and ground water have been affected, case type will be "Ground Water". Indicate "Drinking Water" only if one or more municipal or domestic water wells have actually been affected. A "Ground Water" designation does not imply that the affected water cannot be, or is not, used for drinking water, but only that water wells have not yet been affected. It is understood that case type may change upon further investigation.

CURRENT STATUS

Indicate the category which best describes the current status of the case. Check one box only. The response should be relative to the case type. For example, if case type is "Ground Water", then "Current Status" should refer to the status of the ground water investigation or cleanup, as opposed to that of soil. Descriptions of options follow:

No Action Taken - No action has been taken by responsible party beyond initial report of leak.

Leak Being Confirmed - Leak suspected at site, but has not been confirmed.

Preliminary Site Assessment Workplan Submitted - workplan/proposal requested of/submitted by responsible party to determine whether ground water has been, or will be, impacted as a result of the release.

Preliminary Site Assessment Underway - implementation of workplan.

Pollution Characterization - responsible party is in the process of fully defining the extent of contamination in soil and ground water and assessing impacts on surface and/or ground water.

Remediation Plan - remediation plan submitted evaluating long term remediation options. Proposal and implementation schedule for appropriate remediation options also submitted.

Cleanup Underway - implementation of remediation plan.

Post Cleanup Monitoring in Progress - periodic ground water or other monitoring at site, as necessary, to verify and/or evaluate effectiveness of remedial activities.

Case Closed - regional board and local agency in concurrence that no further work is necessary at the site.

IMPORTANT: THE INFORMATION PROVIDED ON THIS FORM IS INTENDED FOR GENERAL STATISTICAL PURPOSES ONLY AND IS NOT TO BE CONSTRUED AS REPRESENTING THE OFFICIAL POSITION OF ANY GOVERNMENTAL AGENCY

REMEDIAL ACTION

Indicate which action have been used to cleanup or remediate the leak. Descriptions of options follow:

Cap Site - install horizontal impermeable layer to reduce rainfall infiltration.

Containment Barrier - install vertical dike to block horizontal movement of contaminant.

Excavate and Dispose - remove contaminated soil and dispose in approved site.

Excavate and Treat - remove contaminated soil and treat (includes spreading or land farming).

Remove Free Product - remove floating product from water table.

Pump and Treat Groundwater - generally employed to remove dissolved contaminants.

Enhanced Biodegradation - use of any available technology to promote bacterial decomposition of contaminants.

Replace Supply - provide alternative water supply to affected parties.

Treatment at Hookup - install water treatment devices at each dwelling or other place of use.

Vacuum Extract - use pumps or blowers to draw air through soil.

Vent Soil - bore holes in soil to allow volatilization of contaminants.

No Action Required - incident is minor, requiring no remedial action.

COMMENTS - Use this space to elaborate on any aspects of the incident.

SIGNATURE - Sign the form in the space provided.

DISTRIBUTION

If the form is completed by the tank owner or his agent, retain the last copy and forward the remaining copies intact to your local tank permitting agency for distribution.

1. Original - Local Tank Permitting Agency
2. State Water Resources Control Board, Division of Clean Water Programs, Underground Storage Tank Program, P.O. Box 944212, Sacramento, CA 94244-2120
3. Regional Water Quality Control Board
4. Local Health Officer and County Board of Supervisors or their designee to receive Proposition 65 notifications.
5. Owner/responsible party.

182

1131 Harbor Bay Pkwy
Alameda CA 94502
510/567-6700

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

Hazardous Materials Inspection Form

II, III

white -env.health
yellow -facility
pink -files

Site ID # 345 Site Name Brooks Auto Today's Date 5/30/96
Site Address 1101 28th ST
City Emekland Zip 94605 Phone _____

____ MAX AMT stored > 500 lbs, 55 gal., 200 cft.?
Inspection Categories:
____ I. Haz. Mat/Waste GENERATOR/TRANSPORTER
____ II. Hazardous Materials Business Plan, Acutely Hazardous Materials
 III. Under ground Storage Tanks Removal

* Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

Comments:

On site for removal of 3⁽²⁾ USTS
Continued from Deplen site -
2 USTS = 0 for both tanks
Holes in tanks, O₂ level ambient,
on compliance with O&D - both tanks
pulled -
#1 waste oil - had several above holes
(Photographs taken of tank)
Heavily stained soil - observed
Strong odor of hydrocarbons
#2 waste oil fuel tank also had several holes

It should be noted that a third tank was
reportedly on site - however unable to locate
will investigate further

Observed samples of stockpiled soils
observed samples of excavated pit

Tanks manifested to Erickson # 95269930

Contact [Signature]
Title Owner Rep.
Signature _____

Inspector [Signature]
Signature _____

II, III

SITE SAFETY PLAN - UNDERGROUND STORAGE TANK REMOVAL

A. GENERAL INFORMATION

SITE BROOK'S Auto Service
LOCATION 1101 28th Street OAKLAND CA, 94608
PLAN PREPARED BY: Gene L. Failing DATE 04-24-96
APPROVED BY: Gene L. Failing DATE 04-24-96
OBJECTIVE(S) SAFE Removal of 2- Underground waste oil TANKS AND 1 Underground Gasoline TANK.
PROPOSED DATE OF CLOSURE MAY 9th 1996

B. SITE/SUBSTANCE CHARACTERISTICS/HAZARDS

IDENTIFY TYPE OF MATERIAL STORED: Waste oil + Gasoline

CHARACTERISTIC(S): CORROSIVE IGNITABLE FLAMMABLE
 VOLATILE TOXIC REACTIVE UNKNOWN
 OTHER (NAME) _____

ASSESS/OVERALL HAZARD

SERIOUS MODERATE LOW UNKNOWN

INDICATE WHAT PARAMETER YOU WILL USE TO ASSESS SAFETY OR CONTINUED PROJECT OPERATIONS (i.e. TLV [ppm] IDLH [ppm] LEL [%]) LEL Below 10%

INDICATE THE ROUTE OF EXPOSURE: SKIN EYES INGESTION INHALATION
AND SYMPTOMS OF OVER EXPOSURE SKIN could be Redness and IRRITATION, Eyes Burning + Redness, INHALATION Dizziness, DIFFICULT BREATHING

DESCRIBE SURVEILLANCE EQUIPMENT AND MATERIALS TO BE USED TO MONITOR FOR EXPOSURES: INSTRUMENT(S) LEL Meter + O2 Meter

ACTION LEVEL Low

SAFETY EQUIPMENT Gloves + SAFTY Glasses

INDICATE ANY UNUSUAL FEATURES AT THE SITE (POWER LINES, TERRAIN, UTILITIES, ETC.)
NONE

ARE THEY: ACTIVE INACTIVE UNKNOWN

[OVER]
+
SIGN

SPECIFIC PRECAUTIONS AND COMMENTS (Include procedures for managing weather and traffic related problems)

(Weather) Cover excavation with Visqueen Buam edges to prevent water from entering excavation. (TRAFFIC) Should be minimal TRAFFIC CONTROL with HAND held stop + Slow signs, Cones + BARRICADE DESCRIBE HOW THE ZONE OF OPERATION WILL BE SECURED FROM ENTRY OF UNAUTHORIZED PERSONNEL Site will be Fenced with temporary 10 FOOT Fence panels with Keepout signs

C. SITE SAFETY WORK PLAN

DESCRIBE HOW ON-SITE AND OFF-SITE PERSONNEL AND PUBLIC WILL BE PROTECTED FROM OVEREXPOSURE TO HAZARDOUS SUBSTANCES AND CONSTRUCTION HAZARDS

For on site personnel will be minimal SAFETY will be Covered in ON SITE MEETING before excavation starts. Offsite personnel signs + BARRICADE

DESCRIBE DECONTAMINATION PROCEDURES FOR:

PERSONAL Wash with Soap + Water

EQUIPMENT Steam Clean

EXPLAIN ON HAND FIRST AID PROVISIONS: First Aid Kit + Eye wash Solution

WORK LIMITATIONS (time of day, weather, heat/cold stress what will trigger stop work)

No work AT NIGHT. (Weather) Heavy Rain.

D. EMERGENCY INFORMATION

JOB PERSONNEL

NAME

Gene L Failing
Tom Edwards

RESPONSIBILITY

Site Safety + Excavating
Site Safety + Sampling

EMERGENCY CONTACTS:

NAME

Gene L Failing
Tom Edwards

PHONE

408-246-4217
510-724-3121

FOR OFFICIAL USE ONLY

PLAN REVIEWED BY _____

DATE _____

COMMENTS: _____



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

#345

COMPLETE THIS FORM FOR EACH FACILITY/SITE

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input checked="" 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 Brook's Auto Service		NAME OF OPERATOR Sylvester Brooks		
ADDRESS 1101 28th St		NEAREST CROSS STREET ETTIE	PARCEL # (OPTIONAL)	
CITY NAME OAKLAND	STATE CA	ZIP CODE 94608	SITE PHONE # WITH AREA CODE None	
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input checked="" 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*				
* If owner of UST is a public agency, complete the following: name of Supervisor or division, section, or office which operates the UST				
TYPE OF BUSINESS		<input type="checkbox"/> 1 GAS STATION	<input type="checkbox"/> 2 DISTRIBUTOR	<input type="checkbox"/> 3 FARM
		<input type="checkbox"/> 4 PROCESSOR	<input checked="" type="checkbox"/> 5 OTHER	<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS
		# OF TANKS AT SITE 0		E. P. A. I. D. # (optional)

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) Gene L Failing	PHONE # WITH AREA CODE 408 246 4217	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST) Tom Edwards & Associates	PHONE # WITH AREA CODE 770 724 3121	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME MR W.L. RACE "Trustee"		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS P.O. Box 3345		<input checked="" type="checkbox"/> box to indicate <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> FEDERAL AGENCY		
CITY NAME Walnut Creek	STATE CA	ZIP CODE 94598	PHONE # WITH AREA CODE	

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER MR W.L. RACE "Trustee"		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS P.O. Box 3345		<input checked="" type="checkbox"/> box to indicate <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> FEDERAL AGENCY		
CITY NAME Walnut Creek	STATE CA	ZIP CODE 94598	PHONE # WITH AREA CODE	

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 322-9669 if questions arise.

TY(TK) HQ **44-**

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 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 Y.I.K.	

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

OWNER'S NAME (PRINTED & SIGNED) Gene L Failing	OWNER'S TITLE CONTRACTOR	DATE MONTH/DAY/YEAR 04-24-96
--	------------------------------------	--

LOCAL AGENCY USE ONLY

COUNTY # 01	JURISDICTION # 000	FACILITY # 300345	6/4/96
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPERVISOR - DISTRICT CODE - OPTIONAL	

THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE PERMIT APPLICATION - FORM B, UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY.

OWNER MUST FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

INSTRUCTIONS FOR COMPLETING FORM "A"

GENERAL INSTRUCTIONS:

SECTION 2711 OF TITLE 23, CHAPTER 16, CALIFORNIA CODE OF REGULATIONS AND SECTIONS 25286, 25287, AND 25289 OF CHAPTER 6.7, DIVISION 20, CALIFORNIA HEALTH AND SAFETY CODE REQUIRE OWNERS TO APPLY FOR AN UST OPERATING PERMIT.

1. One FORM "A" shall be completed for all NEW PERMIT CHANGES or any FACILITY/SITE INFORMATION CHANGES.
2. SUBMIT ONLY ONE (1) FORM "A" for a Facility/Site, regardless of the number of tanks located at the site.
3. This form should be completed by either the PERMIT APPLICANT or the LOCAL AGENCY UNDERGROUND TANK INSPECTOR.
4. Please type or print clearly all requested information.
5. Use a hard point writing instrument, you are making 3 copies.
6. Tank owner must submit a facility plot plan to the local agency as part of the application showing the location of the UST's with respect to buildings and landmarks [Section 2711 (a)(8), CCR].
7. Tank owner must submit documentation showing compliance with state financial responsibility requirements to the local agency as part of the application for petroleum UST's [Section 2711 (a)(11), CCR].

TOP OF FORM: "MARK ONLY ONE ITEM"

Mark an (X) in the box next to the item that best describes the reason the form is being completed.

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

1. Record name and address (physical location) of the underground tank(s).

NOTE: Address MUST have a valid physical location including city, state, and zip code.

P.O. BOX NUMBERS ARE NOT ACCEPTABLE.

Include nearest cross street and name of the operator.

2. Phone number must have an area code. If the night number is the same, write "SAME" in proper location.
3. Check the appropriate box for TYPE OF BUSINESS OWNERSHIP (ex. CORPORATION, INDIVIDUAL, etc.).
4. Check the appropriate box for TYPE OF BUSINESS.
5. If Facility/Site is located within an Indian reservation or other Indian trust lands, check the box marked "YES".
6. Indicate the NUMBER of TANKS at this SITE.
7. Record the E.P.A. ID # or write "NONE" in the space provided.

II. PROPERTY OWNER INFORMATION & ADDRESS (MUST BE COMPLETED)

Complete all items in this section, unless all items are the same as SECTION I; If the same, write "SAME AS SITE" across this section. Be sure to check PROPERTY OWNERSHIP TYPE box.

III. TANK OWNER INFORMATION & ADDRESS (MUST BE COMPLETED)

Complete all items in this section, unless all items are the same as SECTION I; If the same, write "SAME AS SITE" across this section. Be sure to check TANK OWNERS TYPE box.

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER (MUST BE COMPLETED. SEE ARTICLE 5, CHAPTER 6.75, DIVISION 20, CALIFORNIA HEALTH AND SAFETY CODE.)

Enter your Board of Equalization (BOE) UST storage fee account number which is required before your permit application can be processed.

Registration with the BOE will ensure that you will receive a quarterly storage fee return in reporting the \$0.006 (sixths) per gallon fee due on the number of gallons placed in your USTs. The BOE will code persons exempt from paying the storage fee so returns will not be sent. If you do not have an account number with the BOE or if you have any questions regarding the fee or exemptions, please call the BOE at 916-322-9669 or write to the BOE at the following address: Board of Equalization, Fuel Taxes Division, P.O. Box 942879, Sacramento, CA 95879-0000

V. PETROLEUM UST FINANCIAL RESPONSIBILITY (MUST BE COMPLETED FOR PETROLEUM USTs ONLY, SEE SECTIONS 2711 (a)(5) OF TITLE 23, CHAPTER 16, CALIFORNIA CODE OF REGULATIONS.)

Identify the method(s) used by the owner and/or operator, in meeting the Federal and State financial responsibility requirements. USTs owned by any Federal or State agency as well as non-petroleum USTs are exempt from this requirement.

VI. LEGAL NOTIFICATION AND BILLING ADDRESS

Check ONE BOX for the address that will be used for BOTH LEGAL AND BILLING NOTIFICATIONS.

TANK OWNER OR AUTHORIZED REPRESENTATIVE MUST SIGN AND DATE THE FORM AS INDICATED. [SEE SECTIONS 2711 (a)(13) OF TITLE 23 CHAPTER 16, CALIFORNIA CODE OF REGULATIONS.]

INSTRUCTION FOR THE LOCAL AGENCIES

The county jurisdiction numbers are predetermined and can be obtained by calling the State Board (916) 227-4303. The facility number may be assigned by the local agency; however, this number must be numerical and cannot contain any alphabetical characters. If the local agency prefers the State Board to assign the facility number, please leave it blank.

IT IS THE RESPONSIBILITY OF THE LOCAL AGENCY THAT INSPECTS THE FACILITY TO VERIFY THE ACCURACY OF THE INFORMATION. THIS APPLICATION CANNOT BE PROCESSED IF THE BOE ACCOUNT NUMBER IS NOT FILLED IN. THE LOCAL AGENCY IS RESPONSIBLE FOR THE COMPLETION OF THE "LOCAL AGENCY USE ONLY" INFORMATION BOX AND FOR FORWARDING ONE FORM "A" AND ASSOCIATED FORM "B"(s) TO THE FOLLOWING ADDRESS. THE LOCAL AGENCY SHOULD RETAIN THE ORIGINALS AND FORWARD THE YELLOW COPIES TO THE FOLLOWING ADDRESS. THE PINK COPY SHOULD BE RETAINED BY THE TANK OWNER.

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 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 checked="" type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Brooks Auto Service

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I. D. # <u>4K</u>	B. MANUFACTURED BY: <u>4K</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>4K</u>	D. TANK CAPACITY IN GALLONS: <u>500 750</u>

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

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input 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 checked="" type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 1c MIDGRADE UNLEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 8 M85
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	B. TANK MATERIAL (Primary Tank)	C. INTERIOR LINING OR COATING
<input checked="" type="checkbox"/> 2 SINGLE WALL	<input checked="" type="checkbox"/> 1 BARE STEEL	<input checked="" type="checkbox"/> 6 UNLINED
<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 2 ALKYD LINING
<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 3 FIBERGLASS	<input type="checkbox"/> 3 EPOXY LINING
<input type="checkbox"/> 4 SINGLE WALL IN A VAULT	<input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC	<input type="checkbox"/> 4 PHENOLIC LINING
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 95 UNKNOWN
	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 99 OTHER
	<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 type="checkbox"/> 99 OTHER	
D. EXTERIOR CORROSION PROTECTION		
<input type="checkbox"/> 1 POLYETHYLENE WRAP		
<input 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 checked="" type="checkbox"/> 95 UNKNOWN		
<input type="checkbox"/> 99 OTHER		
E. SPILL AND OVERFILL, etc.		
SPILL CONTAINMENT INSTALLED (YEAR) <u>NONE</u>		
OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>NONE</u>		
DROPTUBE YES <input type="checkbox"/> NO <input type="checkbox"/>		
STRIKER PLATE YES <input type="checkbox"/> NO <input type="checkbox"/>		
DISPENSER CONTAINMENT YES <input type="checkbox"/> NO <input type="checkbox"/>		

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
A <u>U</u> 1 SUCTION	A <u>U</u> 1 SINGLE WALL	A <u>U</u> 1 BARE STEEL	<input type="checkbox"/> 1 MECHANICAL LINE LEAK DETECTOR
A <u>U</u> 2 PRESSURE	A <u>U</u> 2 DOUBLE WALL	A <u>U</u> 2 STAINLESS STEEL	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING
A <u>U</u> 3 GRAVITY	A <u>U</u> 3 LINED TRENCH	A <u>U</u> 3 POLYVINYL CHLORIDE (PVC)	<input type="checkbox"/> 3 CONTINUOUS INTERSTITIAL MONITORING
A <u>U</u> 4 FLEXIBLE PIPING	A <u>U</u> 95 UNKNOWN	A <u>U</u> 4 FIBERGLASS PIPE	<input type="checkbox"/> 4 ELECTRONIC LINE LEAK DETECTOR
A <u>U</u> 99 OTHER	A <u>U</u> 99 OTHER	A <u>U</u> 5 ALUMINUM	<input type="checkbox"/> 5 AUTOMATIC PUMP SHUTDOWN
		A <u>U</u> 6 CONCRETE	<input type="checkbox"/> 99 OTHER
		A <u>U</u> 7 STEEL W/ COATING	
		A <u>U</u> 8 100% METHANOL COMPATIBLE W/FRP	
		A <u>U</u> 9 GALVANIZED STEEL	
		A <u>U</u> 10 CATHODIC PROTECTION	
		A <u>U</u> 95 UNKNOWN	
		A <u>U</u> 99 OTHER	

V. TANK LEAK DETECTION

<input checked="" type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 MANUAL INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING
<input type="checkbox"/> 7 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 8 SIR	<input type="checkbox"/> 9 WEEKLY MANUAL TANK GAUGING	<input type="checkbox"/> 10 MONTHLY TANK TESTING
<input type="checkbox"/> 5 GROUND WATER MONITORING	<input type="checkbox"/> 6 ANNUAL TANK TESTING	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION (PERMANENT CLOSURE IN-PLACE)

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>4K</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>4K</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

TANK OWNER'S NAME (PRINTED & SIGNATURE) <u>Gene L Failing</u>	DATE <u>04 24 96</u>
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LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
	<u>01</u>	<u>000</u>	<u>300B45</u>	<u>000001</u>
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED. FORM C MUST BE COMPLETED FOR INSTALLATIONS. THIS FORM SHOULD BE ACCOMPANIED BY A PLOT PLAN. FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

INSTRUCTIONS FOR COMPLETING FORM "B"

GENERAL INSTRUCTIONS

Section 2711 of Title 23, Division 3, Chapter 16, California Code of Regulations and sections 25286, 25287, and 25289 of Chapter 6.7, Division 20, Health and Safety Code require tank owners to apply for an UST operating permit.

1. One FORM "B" shall be completed for each tank for all NEW PERMITS, PERMIT CHANGES, REMOVALS and/or any other TANK INFORMATION CHANGE.
2. This form should be completed by either the PERMIT APPLICANT or the LOCAL AGENCY UNDERGROUND TANK INSPECTOR.
3. Please type or print clearly all requested information.
4. Use a hard point writing instrument, you are making 3 copies.
5. Tank owners must submit a plot plan to the local agency showing the location of the USTs with respect to buildings and landmarks [2711 (a)(8) CCR].
6. Tank owners must submit documentation showing compliance with state financial responsibility requirements to the local agency for petroleum USTs [2711 (a)(11) CCR].

TOP OF FORM: MARK ONLY ONE ITEM

1. Mark an (X) in the box next to the item that best describes the reason the form is being completed.
2. Indicate the DBA or Facility name where the tank is installed.

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

- A. Indicate owners tank ID # - If there is a tank number that is used by the owner to identify the tank (ex. AB70789).
- B. Indicate the name of the company that manufactured the tank (ex. ACME TANK MFG).
- C. Indicate the year the tank was installed (ex. 1987).
- D. Indicate the tank capacity in gallons (ex. 25,000 or 10,000 etc.).

II. TANK CONTENTS

- A.
 1. IF MOTOR VEHICLE FUEL, check box 1 and complete items B & C.
 2. If not MOTOR VEHICLE FUEL, check the appropriate box in section A and complete items B & D.
- B. Check the appropriate box.
- C. Check the type of MOTOR VEHICLE FUEL (if box 1 is checked in A).
- D. Print the chemical name of the hazardous substance stored in the tank and the C.A.S.#. (Chemical Abstract Service number), if box 1 is NOT checked in A.

III. TANK CONSTRUCTION - MARK ONE ITEM ONLY IN BOX A, B, C & D

1. Check only one item in TYPE OF SYSTEM, TANK MATERIAL, INTERIOR LINING and CORROSION PROTECTION.
2. If OTHER, print in the space provided.

IV. PIPING INFORMATION

1. Circle "A" if above ground circle "U" if underground, and circle both if applicable.
2. If UNKNOWN circle; or if OTHER, print in space provided.
3. Indicate the LEAK DETECTION system(s) used to comply with the monitoring requirement for the piping.

V. TANK LEAK DETECTION

1. Indicate the LEAK DETECTION system(s) used to comply with the monitoring requirements for the tank.

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

1. ESTIMATED DATE LAST USED - MONTH/YEAR (January, 1988 or 01/88)
2. ESTIMATED QUANTITY of HAZARDOUS SUBSTANCE remaining in the tank (in Gallons).
3. WAS TANK FILLED WITH INERT MATERIAL? Check "Yes" or "No".

TANK OWNER OR AUTHORIZED REPRESENTATIVE MUST SIGN AND DATE THE FORM AS INDICATED [see section 2711 (a)(13) CCR]

INSTRUCTION FOR THE LOCAL AGENCIES

The state underground storage tank identification number is composed of the two digit county number, the three digit jurisdiction number, the six digit facility number and the six digit tank number. The county and jurisdiction numbers are predetermined and can be obtained by calling the State Board (916) 227-4303. The facility number must be the same as shown in form "A". The tank number may be assigned by the local agency, however, this number must be numerical and cannot contain an alphabet. If the local agency prefers the State Board to assign the tank number, please leave it blank.

IT IS THE RESPONSIBILITY OF THE LOCAL AGENCY THAT INSPECTS THE FACILITY TO VERIFY THE ACCURACY OF THE INFORMATION. THE LOCAL AGENCY IS RESPONSIBLE FOR THE COMPLETION OF THE "LOCAL AGENCY USE ONLY" INFORMATION BOX. THE LOCAL AGENCY SHOULD RETAIN THE ORIGINAL AND YELLOW COPIES. THE PINK COPY SHOULD BE RETAINED BY THE TANK OWNER.

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 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 checked="" type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Brooks Auto Service

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

A. OWNER'S TANK I.D. # <u>UK</u>	B. MANUFACTURED BY: <u>UK</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>UK</u>	D. TANK CAPACITY IN GALLONS: <u>500 750</u>

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

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED
<input checked="" type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input checked="" type="checkbox"/> 2 WASTE	<input type="checkbox"/> 3 DIESEL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input checked="" type="checkbox"/> 95 UNKNOWN		<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"/> 8 MBS
			<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)

D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED Waste oil 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"/> 5 INTERNAL BLADDER SYSTEM
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SINGLE WALL IN A VAULT	<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER

B. TANK MATERIAL (Primary Tank)	<input checked="" 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"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 7 ALUMINUM
			<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
			<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER

C. INTERIOR LINING OR COATING	<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 type="checkbox"/> 6 UNLINED	<input checked="" 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. EXTERIOR CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 99 OTHER

E. SPILL AND OVERFILL, etc. SPILL CONTAINMENT INSTALLED (YEAR) None OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) None
DROPTUBE YES ___ NO ___ STRIKER PLATE YES ___ NO ___ DISPENSER CONTAINMENT YES ___ NO ___

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

A. SYSTEM TYPE	A <u>(U)</u> 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 4 FLEXIBLE PIPING	A U 99 OTHER
B. CONSTRUCTION	A <u>(U)</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>(U)</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 MECHANICAL LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 CONTINUOUS INTERSTITIAL MONITORING
	<input type="checkbox"/> 7 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 8 SIR	<input type="checkbox"/> 9 WEEKLY MANUAL TANK GAUGING
			<input type="checkbox"/> 4 ELECTRONIC LINE LEAK DETECTOR
			<input type="checkbox"/> 5 AUTOMATIC PUMP SHUTDOWN
			<input type="checkbox"/> 99 OTHER

V. TANK LEAK DETECTION

<input checked="" type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 MANUAL INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING	<input type="checkbox"/> 6 ANNUAL TANK TESTING
<input type="checkbox"/> 7 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 8 SIR	<input type="checkbox"/> 9 WEEKLY MANUAL TANK GAUGING	<input type="checkbox"/> 10 MONTHLY TANK TESTING	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION (PERMANENT CLOSURE IN-PLACE)

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

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

TANK OWNER'S NAME (PRINTED & SIGNATURE) <u>Gene H. Failing Gene H. Failing CONTRACTOR</u>	DATE <u>04-24-96</u>
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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>000</u>	FACILITY # <u>300345</u>	TANK # <u>000002</u>
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED. FORM C MUST BE COMPLETED FOR INSTALLATIONS. THIS FORM SHOULD BE ACCOMPANIED BY A PLOT PLAN. FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

INSTRUCTIONS FOR COMPLETING FORM "B"

GENERAL INSTRUCTIONS

Section 2711 of Title 23, Division 3, Chapter 16, California Code of Regulations and sections 25286, 25287, and 25289 of Chapter 6.7, Division 20, Health and Safety Code require tank owners to apply for an UST operating permit.

1. One FORM "B" shall be completed for each tank for all NEW PERMITS, PERMIT CHANGES, REMOVALS and/or any other TANK INFORMATION CHANGE.
2. This form should be completed by either the PERMIT APPLICANT or the LOCAL AGENCY UNDERGROUND TANK INSPECTOR.
3. Please type or print clearly all requested information.
4. Use a hard point writing instrument, you are making 3 copies.
5. Tank owners must submit a plot plan to the local agency showing the location of the USTs with respect to buildings and landmarks [2711 (a)(8) CCR].
6. Tank owners must submit documentation showing compliance with state financial responsibility requirements to the local agency for petroleum USTs [2711 (a)(11) CCR].

TOP OF FORM: MARK ONLY ONE ITEM

1. Mark an (X) in the box next to the item that best describes the reason the form is being completed.
2. Indicate the DBA or Facility name where the tank is installed.

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

- A. Indicate owners tank ID # - If there is a tank number that is used by the owner to identify the tank (ex. AB70789).
- B. Indicate the name of the company that manufactured the tank (ex. ACME TANK MFG).
- C. Indicate the year the tank was installed (ex. 1987).
- D. Indicate the tank capacity in gallons (ex. 25,000 or 10,000 etc.).

II. TANK CONTENTS

- A. 1. IF MOTOR VEHICLE FUEL, check box 1 and complete items B & C.
2. If not MOTOR VEHICLE FUEL, check the appropriate box in section A and complete items B & D.
- B. Check the appropriate box.
- C. Check the type of MOTOR VEHICLE FUEL (if box 1 is checked in A).
- D. Print the chemical name of the hazardous substance stored in the tank and the C.A.S.#. (Chemical Abstract Service number), if box 1 is NOT checked in A.

III. TANK CONSTRUCTION - MARK ONE ITEM ONLY IN BOX A, B, C & D

1. Check only one item in TYPE OF SYSTEM, TANK MATERIAL, INTERIOR LINING and CORROSION PROTECTION.
2. If OTHER, print in the space provided.

IV. PIPING INFORMATION

1. Circle "A" if above ground circle "U" if underground, and circle both if applicable.
2. If UNKNOWN circle; or if OTHER, print in space provided.
3. Indicate the LEAK DETECTION system(s) used to comply with the monitoring requirement for the piping.

V. TANK LEAK DETECTION

1. Indicate the LEAK DETECTION system(s) used to comply with the monitoring requirements for the tank.

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

1. ESTIMATED DATE LAST USED - MONTH/YEAR (January, 1988 or 01/88)
2. ESTIMATED QUANTITY of HAZARDOUS SUBSTANCE remaining in the tank (in Gallons).
3. WAS TANK FILLED WITH INERT MATERIAL? Check "Yes" or "No".

TANK OWNER OR AUTHORIZED REPRESENTATIVE MUST SIGN AND DATE THE FORM AS INDICATED [see section 2711 (a)(13) CCR]

INSTRUCTION FOR THE LOCAL AGENCIES

The state underground storage tank identification number is composed of the two digit county number, the three digit jurisdiction number, the six digit facility number and the six digit tank number. The county and jurisdiction numbers are predetermined and can be obtained by calling the State Board (916) 227-4303. The facility number must be the same as shown in form "A". The tank number may be assigned by the local agency, however, this number must be numerical and cannot contain an alphabet. If the local agency prefers the State Board to assign the tank number, please leave it blank.

IT IS THE RESPONSIBILITY OF THE LOCAL AGENCY THAT INSPECTS THE FACILITY TO VERIFY THE ACCURACY OF THE INFORMATION. THE LOCAL AGENCY IS RESPONSIBLE FOR THE COMPLETION OF THE "LOCAL AGENCY USE ONLY" INFORMATION BOX. THE LOCAL AGENCY SHOULD RETAIN THE ORIGINAL AND YELLOW COPIES. THE PINK COPY SHOULD BE RETAINED BY THE TANK OWNER.

196 No tank enclosure received above from Mueller
 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: Brooks Auto Service

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

A. OWNER'S TANK I.D.# UK B. MANUFACTURED BY: UK
 C. DATE INSTALLED (MO/DAY/YEAR) UK D. TANK CAPACITY IN GALLONS: 750 750

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

A. 1 MOTOR VEHICLE FUEL 2 PETROLEUM 3 CHEMICAL PRODUCT 4 OIL 80 EMPTY 95 UNKNOWN
 B. 1 PRODUCT 2 WASTE
 C. 1a REGULAR UNLEADED 1b PREMIUM UNLEADED 1c MIDGRADE UNLEADED 2 LEADED 3 DIESEL 4 GASAHOL 5 JET FUEL 6 AVIATION GAS 7 METHANOL 8 M85 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 1 DOUBLE WALL 2 SINGLE WALL 3 SINGLE WALL WITH EXTERIOR LINER 4 SINGLE WALL IN A VAULT 5 INTERNAL BLADDER SYSTEM 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 _____

C. INTERIOR LINING OR COATING 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. EXTERIOR 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, etc. SPILL CONTAINMENT INSTALLED (YEAR) None OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) None
 DROP TUBE YES _____ NO _____ STRIKER PLATE YES _____ NO _____ DISPENSER CONTAINMENT YES _____ NO _____

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 4 FLEXIBLE PIPING 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 MECHANICAL LINE LEAK DETECTOR 2 LINE TIGHTNESS TESTING 3 CONTINUOUS INTERSTITIAL MONITORING 4 ELECTRONIC LINE LEAK DETECTOR 5 AUTOMATIC PUMP SHUTDOWN 99 OTHER None

V. TANK LEAK DETECTION

1 VISUAL CHECK 2 MANUAL INVENTORY RECONCILIATION 3 VADOZE MONITORING 4 AUTOMATIC TANK GAUGING 5 GROUND WATER MONITORING 6 ANNUAL TANK TESTING 7 CONTINUOUS INTERSTITIAL MONITORING 8 SIR 9 WEEKLY MANUAL TANK GAUGING 10 MONTHLY TANK TESTING 95 UNKNOWN 99 OTHER _____

VI. TANK CLOSURE INFORMATION (PERMANENT CLOSURE IN-PLACE)

1. ESTIMATED DATE LAST USED (MO/DAY/YR) UK 2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ 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

TANK OWNER'S NAME (PRINTED & SIGNATURE) Gene L. Failing DATE 04-24-96
Gene L. Failing CONTRACTOR

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

STATE I.D.# [] [] [] [] COUNTY # [] [] JURISDICTION # [] [] FACILITY # [] [] [] [] TANK # [] [] [] []

PERMIT NUMBER [] [] [] [] [] [] [] [] PERMIT APPROVED BY/DATE [] [] [] [] [] [] [] [] PERMIT EXPIRATION DATE [] [] [] [] [] [] [] []

INSTRUCTIONS FOR COMPLETING FORM "B"

GENERAL INSTRUCTIONS

Section 2711 of Title 23, Division 3, Chapter 16, California Code of Regulations and sections 25286, 25287, and 25289 of Chapter 6.7, Division 20, Health and Safety Code require tank owners to apply for an UST operating permit.

1. One FORM "B" shall be completed for each tank for all NEW PERMITS, PERMIT CHANGES, REMOVALS and/or any other TANK INFORMATION CHANGE.
2. This form should be completed by either the PERMIT APPLICANT or the LOCAL AGENCY UNDERGROUND TANK INSPECTOR.
3. Please type or print clearly all requested information.
4. Use a hard point writing instrument, you are making 3 copies.
5. Tank owners must submit a plot plan to the local agency showing the location of the USTs with respect to buildings and landmarks [2711 (a)(8) CCR].
6. Tank owners must submit documentation showing compliance with state financial responsibility requirements to the local agency for petroleum USTs [2711 (a)(11) CCR].

TOP OF FORM: MARK ONLY ONE ITEM

1. Mark an (X) in the box next to the item that best describes the reason the form is being completed.
2. Indicate the DBA or Facility name where the tank is installed.

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

- A. Indicate owners tank ID # - If there is a tank number that is used by the owner to identify the tank (ex. AB70789).
- B. Indicate the name of the company that manufactured the tank (ex. ACME TANK MFG).
- C. Indicate the year the tank was installed (ex. 1987).
- D. Indicate the tank capacity in gallons (ex. 25,000 or 10,000 etc.).

II. TANK CONTENTS

- A. 1. IF MOTOR VEHICLE FUEL, check box 1 and complete items B & C.
2. If not MOTOR VEHICLE FUEL, check the appropriate box in section A and complete items B & D.
- B. Check the appropriate box.
- C. Check the type of MOTOR VEHICLE FUEL (if box 1 is checked in A).
- D. Print the chemical name of the hazardous substance stored in the tank and the C.A.S.#. (Chemical Abstract Service number), if box 1 is NOT checked in A.

III. TANK CONSTRUCTION - MARK ONE ITEM ONLY IN BOX A, B, C & D

1. Check only one item in TYPE OF SYSTEM, TANK MATERIAL, INTERIOR LINING and CORROSION PROTECTION.
2. If OTHER, print in the space provided.

IV. PIPING INFORMATION

1. Circle "A" if above ground circle "U" if underground, and circle both if applicable.
2. If UNKNOWN circle; or if OTHER, print in space provided.
3. Indicate the LEAK DETECTION system(s) used to comply with the monitoring requirement for the piping.

V. TANK LEAK DETECTION

1. Indicate the LEAK DETECTION system(s) used to comply with the monitoring requirements for the tank.

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

1. ESTIMATED DATE LAST USED - MONTH/YEAR (January, 1988 or 01/88)
2. ESTIMATED QUANTITY of HAZARDOUS SUBSTANCE remaining in the tank (in Gallons).
3. WAS TANK FILLED WITH INERT MATERIAL? Check "Yes" or "No".

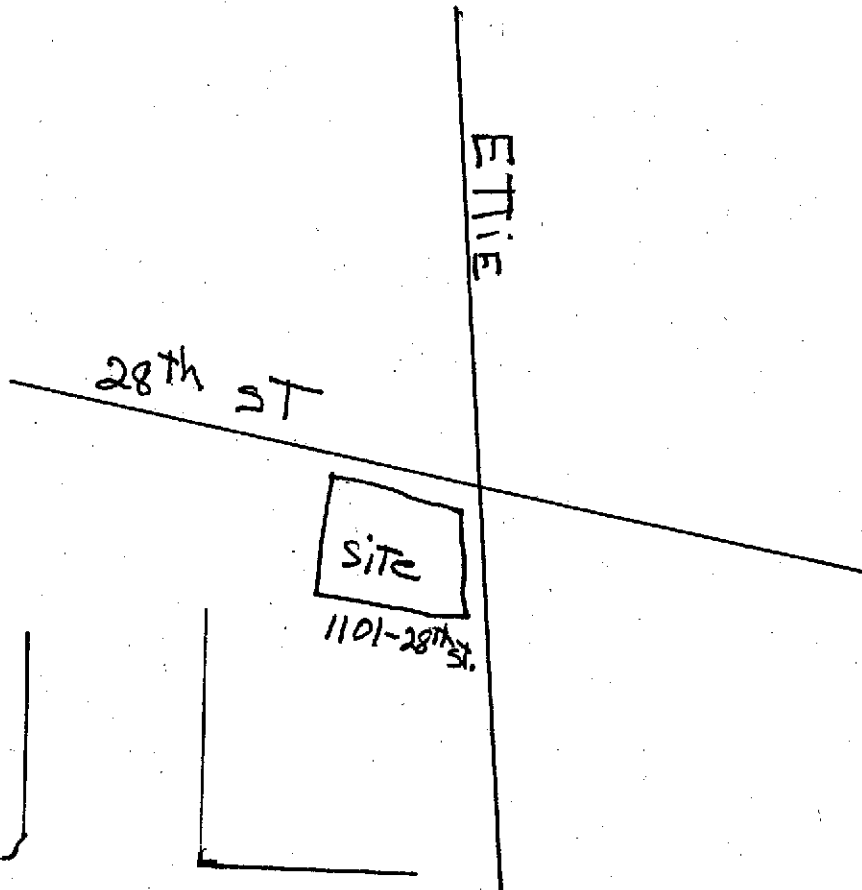
TANK OWNER OR AUTHORIZED REPRESENTATIVE MUST SIGN AND DATE THE FORM AS INDICATED [see section 2711 (a)(13) CCR]

INSTRUCTION FOR THE LOCAL AGENCIES

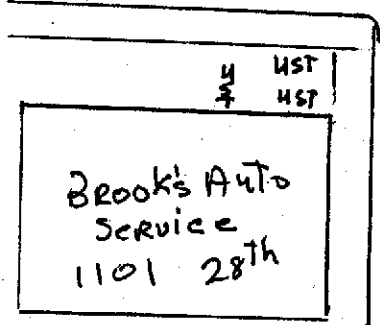
The state underground storage tank identification number is composed of the two digit county number, the three digit jurisdiction number, the six digit facility number and the six digit tank number. The county and jurisdiction numbers are predetermined and can be obtained by calling the State Board (916) 227-4303. The facility number must be the same as shown in form "A". The tank number may be assigned by the local agency, however, this number must be numerical and cannot contain an alphabet. If the local agency prefers the State Board to assign the tank number, please leave it blank.

IT IS THE RESPONSIBILITY OF THE LOCAL AGENCY THAT INSPECTS THE FACILITY TO VERIFY THE ACCURACY OF THE INFORMATION. THE LOCAL AGENCY IS RESPONSIBLE FOR THE COMPLETION OF THE "LOCAL AGENCY USE ONLY" INFORMATION BOX. THE LOCAL AGENCY SHOULD RETAIN THE ORIGINAL AND YELLOW COPIES. THE PINK COPY SHOULD BE RETAINED BY THE TANK OWNER.

Site PLAN



28th



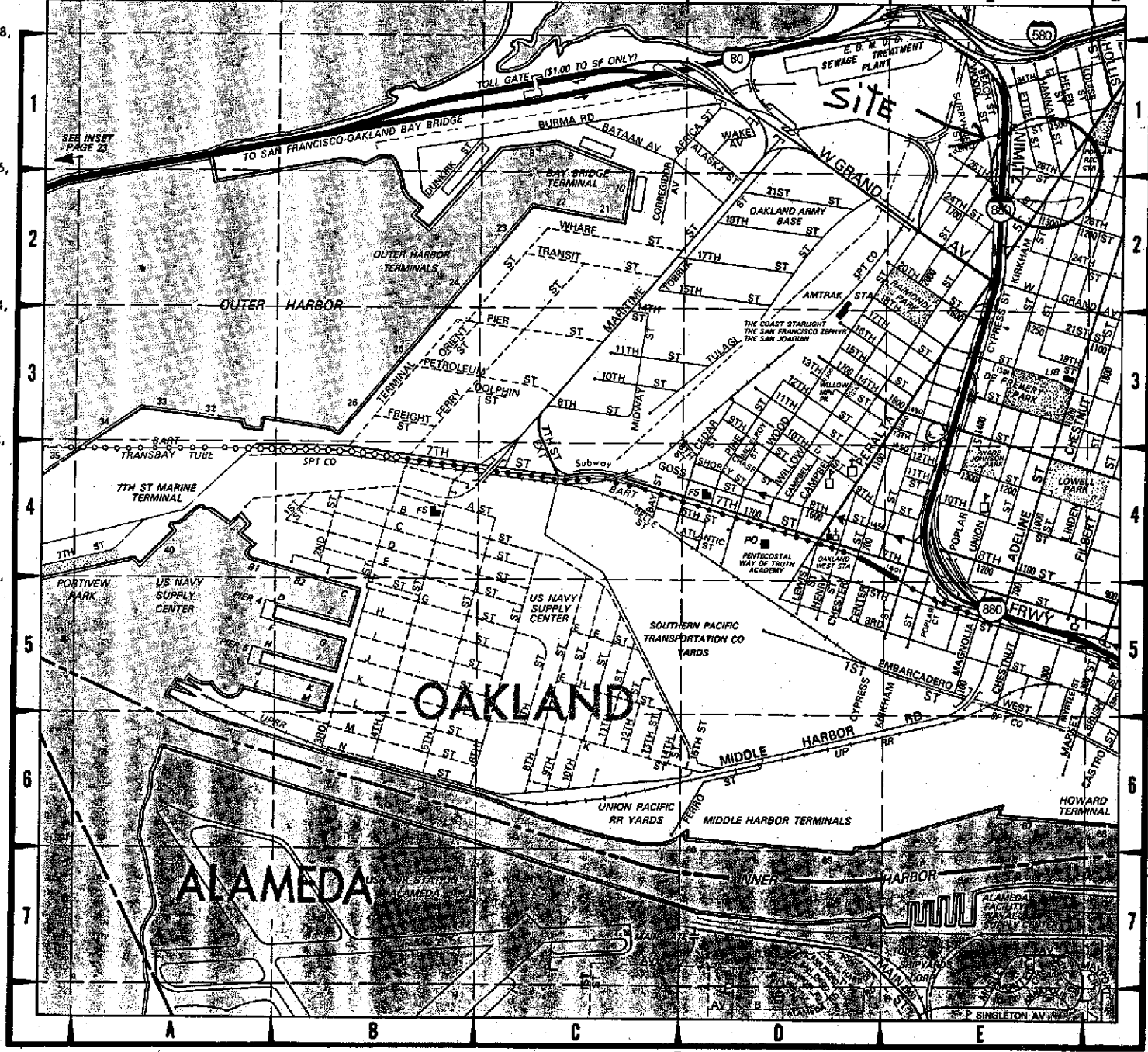
ETTE

NOT TO SCALE

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7 A B C D E 7
FOR CONTINUATION SEE MAP 3

488,
486,
484,
482,
480,
478,
476,
474,



ALAMEDA CO.

FOR CONTINUATION SEE MAP 9

DETAIL

1,470, 1,473, FOR CONTINUATION SEE MAP 8, 1,482, 1,485,

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 EMERGENCY 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 06/19/96		CASE # 96 JUN 21 PM 1:51		SIGNED: <i>Tom Edwards</i> DATE: 6/24/96	
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT <i>Tom Edwards</i>		PHONE (510) 724-3121	SIGNATURE <i>Tom Edwards</i>	
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME <i>Tom Edwards & Associates</i>		
RESPONSIBLE PARTY	ADDRESS <i>2243 Del Monte Drive San Pablo CA 94806</i>				
	NAME <input checked="" type="checkbox"/> UNKNOWN		CONTACT PERSON		PHONE ()
SITE LOCATION	FACILITY NAME (IF APPLICABLE) <i>Brooks Auto Service</i>		OPERATOR <i>Sylvester Brooks</i>	PHONE (510) 547-4705	
	ADDRESS <i>1101 28th Street Oakland Alameda 94608</i>				
	CROSS STREET <i>Chestnut</i>				
IMPLEMENTING AGENCIES	LOCAL AGENCY <i>Alameda County Health Agency</i>		AGENCY NAME <i>DEPT. OF ENVIRONMENTAL HEALTH</i>		CONTACT PERSON <i>BRIAN P. OLIVA</i>
	REGIONAL BOARD				PHONE (510) 567-6737
SUBSTANCES INVOLVED	(1) NAME <i>Gasoline</i>		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN		
	(2) NAME <i>Oil and Grease</i>		<input checked="" type="checkbox"/> UNKNOWN		
DISCOVERY/ABATEMENT	DATE DISCOVERED 06/19/96		HOW DISCOVERED <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> OTHER		
	DATE DISCHARGE BEGAN UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input checked="" 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 05/30/96				
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 <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 checked="" type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <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 type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> OTHER (OT)				
COMMENTS					

Tom Edwards & Associates

Environmental Consulting

Telephone (510) 724-3121

2243 Del Monte Drive
San Pablo, California 94806

Fax (510) 724-3157

January 18, 1996

Mr. Brian P. Oliva, REHS, REA
ALAMEDA COUNTY HEALTH CARE SERVICES
Department of Environmental Health
UST Local Oversight Program
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577

Re: Mr. W. R. Race, as Trustee--1101 28th Street, Oakland, California

Dear Mr. Oliva,

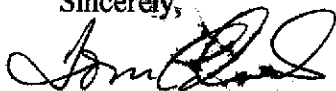
Attached, please find the original letter submitted to you one month ago. I received the return letter yesterday indicating the forwarding had expired.

On January 9th and 16th I visited the property to inspect for underground tanks. I found that there are two known tanks and one anomaly in the driveway area in front of the repair shop on 28th Street. It appears that the larger tank, approximately 700 gallons, was originally used to store gasoline because of the dispenser inside the shop. However, when the tank was opened there was approximately 12 inches of oily water and sludge. This would indicate the tank was later used for waste oil.

In my request for proposal (RFP), I will be calling for the removal of three waste oil tanks which will initiate the sampling for same. This RFP will be submitted to a minimum of three qualified contractors no later than January 25, 1996.

If you should have any questions or comments, please don't hesitate to call me at (510) 724-2604.

Sincerely,



Tom Edwards

Tom Edwards & Associates

Environmental Consulting

Telephone (510) 724-3121

2243 Del Monte Drive
San Pablo, California 94806

Fax (510) 724-3157

December 18, 1995

Mr. Brian P. Oliva, REHS, REA
ALAMEDA COUNTY HEALTH CARE SERVICES
Department of Environmental Health
UST Local Oversight Program
80 Swan Way, Room 200
Oakland, CA 94621

Re: Mr. W. R. Race, as Trustee--1101 28th Street, Oakland, California

Dear Mr. Oliva,

It was a pleasure speaking with you the other day. Per your request, this letter is a follow-up to our conversation.

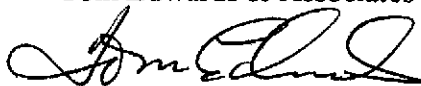
Mr. Race, through his attorney Mr. David Brown, has retained Tom Edwards and Associates (TEA) to write a Request For Proposal (RFP) to be submitted to a minimum of three qualified tank removal contractors. Once the contractor has been selected, permits will be procured from the appropriate agencies and the removal of the tanks will commence.

This property is being handled by the Trustee of the Estate. Therefore, there are several people involved with the decision making process and during these holidays the process may take some time. Therefore, I am requesting a 30 day extension of time to write the RFP, perform job walks and select the contractor. If you should have any questions or comments, please don't hesitate to call me.

You had requested to meet me at the site when I perform my initial reconnaissance. I will call you within a few days to arrange for a date and time to meet at the Oakland location.

Thank you for your consideration of my request for the 30 day extension.

Yours truly,
Tom Edwards & Associates



Tom Edwards

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY, DEPARTMENT OF
ENVIRONMENTAL HEALTH, ENVIRONMENTAL PROTECTION DIVISION

IN RE THE PROPERTY KNOWN AS :

1101 28th Street
Oakland, CA 94608

) PROOF OF SERVICE BY MAIL
) OF NOTICE
) PRE-ENFORCEMENT
) REVIEW PANEL

I BRIAN P OLIVA, do hereby certify
that I served Sylvester Brooks, as an individual
with a copy of the attached **Notice of Pre-Enforcement Review**
Panel on October 2, 1995 by certified
mailer # _____.

Dated: 10/2/95

Brian P Oliva
(signature)

Z 199 067 936

00

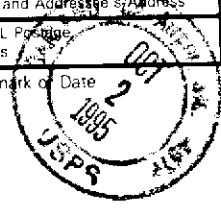


Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

PS Form 3800, March 1993

Sent to Sylvester Brooks	
Street and No. 1101 28th Street	
P.O., State and ZIP Code Oakland, CA 94608	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark of Date	



ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY, DEPARTMENT OF ENVIRONMENTAL HEALTH, ENVIRONMENTAL PROTECTION DIVISION

IN RE THE PROPERTY KNOWN AS :

1101 28th Street
Oakland, CA 94608

) PROOF OF SERVICE BY MAIL
) OF NOTICE
) PRE-ENFORCEMENT
) REVIEW PANEL

I BRIAN P. OLIVA, do hereby certify
that I served Sylvester Brooks, president, dba Brooks Auto
with a copy of the attached Notice of Pre-Enforcement Review
Panel on October 2, 1995 by certified
mailer # _____.

Dated: 10/2/95

Brian P. Oliva
(signature)

Z 199 067 937

60

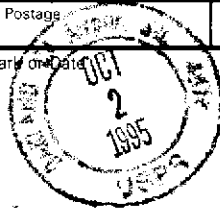


Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

PS Form 3800, March 1993

Sent to	
Sylvester Brooks, Pres.	
Street and No.	
dba Brooks Auto Service	
P.O., State and ZIP Code	
1101 28th Street	
Postage	Oakland, CA 94608
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark on Date	



ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY, DEPARTMENT OF ENVIRONMENTAL HEALTH, ENVIRONMENTAL PROTECTION DIVISION

IN RE THE PROPERTY KNOWN AS :

1101 28th Street
Oakland, CA 94608

) PROOF OF SERVICE BY MAIL
) OF NOTICE
) PRE-ENFORCEMENT
) REVIEW PANEL

I BRIAN P OLIVA, do hereby certify
that I served W. L RACE, AS AN INDIVIDUAL
with a copy of the attached Notice of Pre-Enforcement Review
Panel on October 2, 1995 by certified
mailer # _____.

Dated: 10/2/95

Brian P Oliva
(signature)

Z 199 067 935

BD

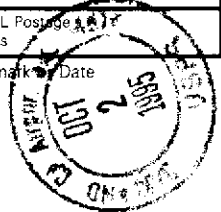


Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

PS Form 3800, March 1993

Sent to		W. L. Race
Street and No.		P.O. Box 3345
P.O., State and ZIP Code		Walnut Creek, CA 94598
Postage		\$
Certified Fee		
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt Showing to Whom & Date Delivered		
Return Receipt Showing to Whom, Date, and Addressee's Address		
TOTAL Postage & Fees		\$
Postmark	Date	



Alameda County Department of Environmental Health
Hazardous Materials Division

80 Swan Way, Rm. 200, Oakland, CA 94621

Ph: 510-271-4320 FAX: 510-569-4757

Meeting Attendees

UNDERGROUND STORAGE TANK

Subject Pre-Enforcement Hearing WR RACE for 1101 28th ST
Date 10/18/95 OAKLAND CA 94606
Location Room 106 - 1131 Harbor Bay Alameda

	Name	Affiliation	Phone # / FAX #
1	Brian P. OLIVA	AL Co HAZ MMT	567 6737 /
2	Jahna McGarrath	AL CO DAs office	569-92811 /
3	ARIN LEV	ALCO HAZ MMT	567 6771 /
4	WR RACE	Trustee of W Robert Hudson Johnson, Alced	935 4133 /
5			/
6			/
7			/
8			/
9			/
10			/
11			/
12			/
13			/
14			/
15			/
16			/
17			/

Stormwater

white -env.health
yellow -facility
pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Inspection Form

80 Swan Way, #200
Oakland, CA 94621
(415) 271-4320

II, III

Site ID # 376 Site Name Brooks Auto Service Today's Date 12/23/93

Site Address 1101 28th Street
City Oakland Zip 94608 Phone 268-8910

MAX AMT stored > 500 lbs. 55 gal., 200 cft.?

Inspection Categories:

- I. Haz. Mat/Waste GENERATOR/TRANSPORTER
- II. Business Plans, Acute Hazardous Materials
- III. Underground Tanks

* Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

Comments:

This visit was for a Stormwater runoff inspection. Observed autos are worked on inside as well as outside on the driveway. Inside floor was dirty grease and oil stains. were present. Engines were stored along the wall. Hazardous waste barrels were kept in the corner east of shop, without secondary containment. Waste / used batteries are throughout the shop.

Corrections needed include sweeping floor with grease sweep to reduce oil stains. Organize parts storage to make cleaning easy. Provide spill containment for waste oil / antifreeze drums. Label waste drums with the proper stickers. (some enclosed). Maintain each disposal receipt or record for waste oil, waste antifreeze, waste batteries.

II.A BUSINESS PLANS (Title 19)

- 1. Immediate Reporting 2703
- 2. Bus. Plan Stds. 25503(b)
- 3. RR Cars > 30 days 25503.7
- 4. Inventory Information 25504(a)
- 5. Inventory Complete 2730
- 6. Emergency Response 25504(b)
- 7. Training 25504(c)
- 8. Deficiency 25505(a)
- 9. Modification 25505(b)

II.B ACUTELY HAZ. MAT'LS

- 10. Registration Form Filed 25533(a)
- 11. Form Complete 25533(b)
- 12. RMPP Contents 25534(c)
- 13. Implement Sch. Req'd? (Y/N)
- 14. OffSite Conseq. Assess. 25524(c)
- 15. Probable Risk Assessment 25534(d)
- 16. Persons Responsible 25534(g)
- 17. Certification 25534(f)
- 18. Exemption Request? (Y/N) 25536(b)
- 19. Trade Secret Requested? 25538

III. UNDERGROUND TANKS (Title 23)

- | | |
|---|---|
| General | <input type="checkbox"/> 1. Permit Application 25284 (H&S) |
| | <input type="checkbox"/> 2. Pipeline Leak Detection 25292 (H&S) |
| | <input type="checkbox"/> 3. Records Maintenance 2712 |
| | <input type="checkbox"/> 4. Release Report 2651 |
| | <input type="checkbox"/> 5. Closure Plans 2670 |
| Monitoring for Existing Tanks | <input type="checkbox"/> 6. Method |
| | 1) Monthly Test |
| | 2) Daily Vadose
Semi-annual groundwater
One time soils |
| | 3) Daily Vadose
One time soils
Annual tank test |
| | 4) Monthly Groundwater
One time soils |
| | 5) Daily Inventory
Annual tank testing
Cont pipe leak det
Vadose/gndwater mon. |
| | 6) Daily Inventory
Annual tank testing
Cont pipe leak det |
| | 7) Weekly Tank Gauge
Annual tank testing |
| | 8) Annual Tank Testing
Daily Inventory |
| | 9) Other _____ |
| | <input type="checkbox"/> 7. Precs Tank Test 2643 |
| | Date: _____ |
| | <input type="checkbox"/> 8. Inventory Rec. 2644 |
| | <input type="checkbox"/> 9. Soil Testing . 2646 |
| <input type="checkbox"/> 10. Ground Water. 2647 | |
| New Tanks | <input type="checkbox"/> 11. Monitor Plan 2632 |
| | <input type="checkbox"/> 12. Access. Secure 2634 |
| | <input type="checkbox"/> 13. Plans Submit 2711 |
| | Date: _____ |
| <input type="checkbox"/> 14. As Built 2635 | |
| Date: _____ | |

Rev 5/88

Contact: Delivered by U.S. Mail

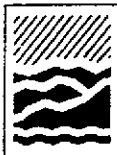
Title: _____

Signature: _____

Inspector: Kevin Tinsley

Signature: [Signature]

II, III



Alameda County Urban Runoff Clean Water Program
A Consortium of Local Agencies

Municipality: Oakland Public Works
 Agency Conducting Inspection: Alameda Co. E.H.C. Haz. Mat.
 Inspector: Karen Trasley

Date of inspection: 12-23-93
 Date of last inspection: _____
 Facility ID #: _____

Standard Industrial and Commercial Business Inspection Checklist A

I. Background Information (as reported by Facility Contact)

1. Name of Facility: <u>Brooks Auto Service</u>		2. ACURID#:	
3. Starting Date of Business: <u>7/89</u>		4. Business Owner: <u>S. Brooks</u>	
5. Facility Contact (include title): <u>Same</u>		6. Phone No. of Contact: <u>268-8910</u>	
7. Site Address: <u>1101 28th St. Oakland 94608</u>			
8. Mailing Address: <u>Same</u>			
9. Property Owner (if different from Business Owner): <u>W. Rays of Walnut Creek Ca</u>		10. Phone No. of Property Owner: <u>unkn.</u>	
11. Mailing Address for Property Owner: <u>unknown</u>			
12. Business Type: <u>Auto Engine Repair</u>		13. Standard Industrial Classification Codes: <u>7538</u>	
14. Does facility have Spill Prevention Plans?:		yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	
15. Is facility covered under a NPDES permit to discharge storm water?		general <input type="checkbox"/> individual <input type="checkbox"/> none <input checked="" type="checkbox"/>	
16. Is facility covered under any other permits?		none <input checked="" type="checkbox"/> air quality <input type="checkbox"/> sanitary sewer <input type="checkbox"/> underground storage tanks <input type="checkbox"/>	
17. Operating Schedule: Continues throughout year <input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> (circle the months that the facility is in operation) Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec			

II. Monitoring (as reported by Facility Contact)

Is storm water sampled? yes no If yes, indicate sampling locations on facility layout.

Sampling method: grab <input type="checkbox"/> composite <input type="checkbox"/> other <input type="checkbox"/>	Sample monitoring: last sampling date _____ frequency of sampling _____	Parameters tested for: pH <input type="checkbox"/> TSS <input type="checkbox"/> oil & grease <input type="checkbox"/> bioassay <input type="checkbox"/> conductivity <input type="checkbox"/> other _____ TOC <input type="checkbox"/>
---	---	--

III. Facility Layout

Attach map(s) that identify and describe locations of storm drains/inlets, outdoor/indoor (storm and sewer) drains, storm water conveyance structures, storage areas, unit process areas, vehicle and heavy equipment wash and maintenance areas, and storm water sampling locations. If facility operator cannot provide an existing map, include a sketch on page 6.

See Attachment A for sample facility map.



PACIFIC ENVIRONMENTAL GROUP INC.

FACSIMILE TRANSMITTAL

DATE: 8-26-93

PROJ. # 305-79.01

TO: BARNEY CHAN

FAX: (510) 569-4757

ACHCSA

FROM: MARK BOYD

IF YOU HAVE ANY PROBLEMS RECEIVING THIS FACSIMILE, PLEASE CALL (408) 441-7500

SHEETS TO FOLLOW COVER PAGE

1

COMMENTS: PER MY VOICE MAIL I LEFT YOU AT
8¹⁵ A.M. 8-26-93, I AM FAXING YOU
THIS DOCUMENT. ORIGINAL WILL
FOLLOW IN THE MAIL. IF ANY
PROBLEMS, PLEASE CALL.

Thank you
Mark W. Boyd



PACIFIC
ENVIRONMENTAL
GROUP, INC.

August 25, 1993
Project 305-79.01

Mr. Robert Cave
Permit Services Division
Bay Area Air Quality Management District
939 Ellis Street
San Francisco, California 94109

Re: BAAQMD Authority to Construct Number 10111
Shell Service Station
285 Hegenberger Road at Leet Drive
Oakland, California
WIC No 204-7620-1502

Dear Mr. Cave:

On behalf of Shell Oil Company, Pacific Environmental Group, Inc. (PACIFIC) is performing environmental services at the referenced site. This letter serves as a written notification of our intent to initiate operation of a soil vapor extraction (SVE) system on Monday, August 30, 1993. The SVE system will utilize internal combustion (A-1) for Precursor Organic Compound abatement. PACIFIC will monitor and sample the influent and effluent vapors for each of the first 3 days of operation, thereafter every 2 weeks, per permit requirements. Results of the first 3 days operations analysis shall be submitted in a report to be received by the Bay Area Air Quality Management District by September 29, 1992.

If you have any question or require addition information, please do not hesitate to call.

Sincerely,

Pacific Environmental Group, Inc.

Mark W. Boyd
Staff Engineer

cc: Mr. Dan Kirk, Shell Oil Company
Mr. Barney Chan, Alameda County Health Care Services Agency

Drinks + Chips + Napkins + Plastic Cups ~~Table Cloth~~
Table Cloth

5/10/93

285

Hay Rd.

4/30/93

1st qtr 1993 monitoring event + status on

remediation system.

	<u>A</u>	<u>B</u>	<u>C</u>	<u>E</u>	<u>X</u>	<u>d</u>	<u>MO</u>	(ppm)
** MW 1	84	17	5.4	3.0	13	22	ND	
MW 2	.29	.005	.003	.008	.021	.17	—	
MW 3	low	to	ND				0.12	
MW 4	ND	→					0.12	
* MW 5	7.7	0.42	.049	0.57	0.84	1.1	0.43	
* MW 6	4.9	.08	.03	0.33	.037	1.6	ND	
* * MW 7	120	28	21	1.6	15	2.3	Trace	↑
MW 8	ND						—	
* * MW 9	52	9.6	1.1	1.1	7.0	0.73	—	
<u>* * MW 10</u>	26	10	ND	ND	0.16	0.95	0.2	

white -env.health
yellow -facility
pink -files

W. William Race 17001 5-4075
PO Box 3435 Walnut Creek
ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH
54545
Bia Race
Box
80 Swan Way, #200
Oakland, CA 94621
(415) 271-4320

Hazardous Materials Division Inspection Form

Site ID# 345 Site Name Brooks Auto Service Today's Date 2/24/93
Site Address 1101 27th St. EPA ID# perkins
City Oakland Zip 94608 Phone _____

MAX Amt. Stored > 500lbs/55g/200cf? Y N
Hazardous Waste generated per month? _____

Inspection Categories:
 I. Haz. Mat/Waste GENERATOR/TRANSPORTER
 II. Business Plans, Acute Hazardous Materials
 III. Underground Tanks

The marked items represent violations of the Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

IA GENERATOR (Title 22)

1. Waste ID	66471
2. EPA ID	66472
3. > 90 days	66508
4. Label dates	66508
5. Biennial	66493
Manifest	
6. Records	66492
7. Correct	66484
8. Copy sent	66492
9. Exception	66484
10. Copies Rec'd	66492
Misc.	
11. Treatment	66371
12. On-site Disp. (H.S.&C.)	26189.5
13. Ex Haz. Waste	66570
Prevention	
14. Communications	67121
15. Aisle Space	67124
16. Local Authority	67126
17. Maintenance	67120
18. Training	67105
Cont'n. Agency	
19. Prepared	67140
20. Name List	67141
21. Copies	67141
22. Emg. Coord. Trng.	67144
Containers, Tanks	
23. Condition	67241
24. Compatibility	67242
25. Maintenance	67243
26. Inspection	67244
27. Buffer Zone	67246
28. Tank Inspection	67259
29. Containment	67245
30. Safe Storage	67251
31. Freeboard	67257

Comments: Note I will consult County records of property of this is an inspector of a facility that repairs auto mobiles. Mr Brooks has not received EPA ID # There is oil on ground in the building adsorbent on ground / not labeled properly waste steam generated To be completed in 21 days unless otherwise stated Required actions 10 label all hazardous wastes at the site. (waste oil in 55 gal drums, containers containers)

(UST) There is a ~500 gallon UST at site that is not in use and has been pumped dry according to Mr Brooks not used for 2-3 years (UST) Provided a Hazardous waste permit for the underground storage tank 2 I do not store hazardous waste on site for longer than 90 days.

LB TRANSPORTER (Title 22)

32. Applic./insurance	66428
33. Comp. Cert./CHP Insp.	66448
34. Containers	66465
Manifest	
35. Vehicles	66465
36. EPA ID #s	66531
37. Correct	66541
38. HW Delivery	66543
39. Records	66544
Cont'n	
40. Name/ Covers	66545
41. Recyclables	66800

Contact: _____
Title: _____
Signature: Sylvia Brooks
Inspector: Bus Ole
Signature: _____

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

80 Swan Way, #200
 Oakland, CA 94621
 (415) 271-4320

Hazardous Materials Division Inspection Form

Site ID# 345 Site Name Brooks Auto Service Today's Date 2/24/93
 Site Address 1101 28th St EPA ID# _____
 City Oakland Zip 94 Phone _____

MAX Amt. Stored > 500lbs/55g/200cf? Y N
 Hazardous Waste generated per month? _____

Inspection Categories:

- I. Haz. Mat/Waste GENERATOR/TRANSPORTER
- II. Business Plans, Acute Hazardous Materials
- III. Underground Tanks

The marked items represent violations of the Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

IA GENERATOR (Title 22)

	1. Waste ID	* 66471
	2. EPA ID	66472
	3. > 90 days	66508
	4. Label dates	66508
	5. Biennial	66493
Manifest	6. Records	66492
	7. Correct	66484
	8. Copy sent	66492
	9. Exception	66484
	10. Copies Rec'd	66492
Misc.	11. Treatment	66371
	12. On-site Disp. (H.S.&C.)	26189.5
	13. Ex Haz. Waste	66570
Prevention	14. Communications	67121
	15. Aisle Space	67124
	16. Local Authority	67126
	17. Maintenance	67120
	18. Training	67105
Confin. Agency	19. Prepared	67140
	20. Name List	67141
	21. Copies	67141
	22. Emg. Coord. Trng.	67144
Containers, Tanks	23. Condition	67241
	24. Compatibility	67242
	25. Maintenance	67243
	26. Inspection	67244
	27. Buffer Zone	67246
	28. Tank Inspection	67259
	29. Containment	67245
	30. Safe Storage	67261
	31. Freeboard	67257

Comments:

(#) Obtain an EPA generator number from EPA (application given)
 (5) Provide manifests for all hazardous waste removed from site
 (Required actions for Permitting of USG)
 (1) Provide spill response plan
 (2) Provide Monitoring plan
 (3) Complete forms A+B
 (4) Provide Tank integrity test
 (5) complete + provide plot plan
 (6) Pay all fees
 or Closely monitor underground tanks properly (Call this office for details)
 (1) Keep all records manifests of waste generated/removed from site for three years.
 * (5) Provide proper housekeeping practices for the proper handling of hazardous materials/waste
 (1) Send copies of work order records who perform service

IB TRANSPORTER (Title 22)

	32. Applic./Insurance	66428
	33. Comp. Cert./CHP Insp.	66448
	34. Containers	66465
Manifest	35. Vehicles	66465
	36. EPA ID #s	66531
	37. Correct	66541
	38. HW Delivery	66543
	39. Records	66544
Cont'rs	40. Name/ Covers	66545
	41. Recyclables	66800

Rev 6/88

Contact: _____

Title: _____
 Signature: [Signature]

Inspector: [Signature]
 Signature: _____

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, Assistant Agency Director

CERTIFIED MAILER # P 418 724 648

September 28, 1993

W.L. Race
P.O. Box 3435
Walnut Creek, Ca

DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Division
80 Swan Way, Rm. 200
Oakland, CA 94621
(510) 271-4320

Notice of Violation

Subject: 1101 28th Street, Oakland, CA 94608

Dear Mr. Race:

Our records indicate that there are underground storage tanks at the above facility. You were notified of this situation several months ago and have not taken the appropriate action as described below.

In accordance with the California Code of Regulations, Title 23, Chapter 3, Subchapter 16, of the Underground Tank Regulations, you must perform the following actions:

- 1) Submit a tank closure plan to this department as required by Article 7, Section 2670, or,
- 2) Apply for a permit as required by Article 10, Section 2710.

You are directed to notify this department within ten days of your intentions and to obtain the necessary instructions and forms.

Please note that Section 25299 of the California Health and Safety Code states that any operator or owner of an underground storage tank is liable for a civil penalty of not less than five hundred dollars nor more than five thousand dollars per day for failure to obtain a permit, or failing to properly close an underground storage tank, as required by Section 25298.

If you have any questions concerning this matter, please contact this office as (510) 271-4320.

Sincerely,

Brian P. Oliva, REHS, REA
Hazardous Materials Specialist

cc: Gilbert Jensen, Alameda County Deputy District Attorney

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, Assistant Agency Director

CERTIFIED MAILER #P 418 724 621

DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Division
80 Swan Way, Rm. 800
Oakland, CA 94621
(510) 271-4320

July 22, 1993

W.L. Race
P.O. Box 3435
Walnut Creek, CA 94608

NOTICE OF LEGAL OBLIGATION

Re: Underground Storage Tank(s) at 1101 28th St., Oakland CA 94608

Dear Mr. Race:

Our records indicate that there are underground tanks at the above facility. In accordance with the California Code of Regulations (CCR), Title 23, Division 3, Chapter 16 Underground Tank Regulations, you are required to perform one of the following actions:

1. Submit a tank closure plan to this Department as required by Article 7, Section 2670, or
2. Apply for a permit as required by Article 10, Section 2710.

Please Notify this Department within 10 days of your intentions.

Please note that the California Health and Safety Code Section 25299(a) states that the operator or owner of an underground storage tank is liable for a civil penalty of not less than five hundred dollars or more than five thousand dollars per day per violation for failure to obtain a permit, or failing to properly close an underground storage tank, as required by section 25298.

To obtain the necessary instructions and or forms, contact this office at (510)-271-4320.

Sincerely,

Brian P. Oliva, REHS, REA
Hazardous Materials Specialist

c: Gil Jensen, Alameda County District Attorney, Consumer and
Environmental Protection Division
Oakland Fire Dept.

(NOV)

724 621

FD



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

BO

Sent to W.L. Race	
Street and No. P.O. Box 3435	
P.O., State and ZIP Code Walnut Creek CA	
Postage	\$ 94608
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, June 1991

Is your RETURN ADDRESS completed on the reverse side?

- SEND:**
- Complete items 1 and/or 2 for additional services.
 - Complete items 3, and 4a & b.
 - Print your name and address on the reverse of this form so that we can return this card to you.
 - Attach this form to the front of the mailpiece, or on the back if space does not permit.
 - Write "Return Receipt Requested" on the mailpiece below the article number.
 - The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: BO

W.L. Race 3345-
P.O. Box 3435
Walnut Creek CA 94608

5. Signature (Addressee)
W.L. Race

6. Signature (Agent)

4a. Article Number
P 418 724 621

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
7/20/92

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.



July 22, 1993

W.L. Race
P.O. Box 3435
Walnut Creek, CA 94608

DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Division
80 Swan Way, Rm. 200
Oakland, CA 94621
(510) 271-4320

NOTICE OF LEGAL OBLIGATION

Re: Underground Storage Tank(s) at 1101 28th St., Oakland CA 94608

Dear Mr. Race:

Our records indicate that there are underground tanks at the above facility. In accordance with the California Code of Regulations (CCR), Title 23, Division 3, Chapter 16 Underground Tank Regulations, you are required to perform one of the following actions:

1. Submit a tank closure plan to this Department as required by Article 7, Section 2670, or
2. Apply for a permit as required by Article 10, Section 2710.

Please Notify this Department within 10 days of your intentions.

Please note that the California Health and Safety Code Section 25299(a) states that the operator or owner of an underground storage tank is liable for a civil penalty of not less than five hundred dollars or more than five thousand dollars per day per violation for failure to obtain a permit, or failing to properly close an underground storage tank, as required by section 25298.

To obtain the necessary instructions and or forms, contact this office at (510)-271-4320.

Sincerely,

Handwritten signature of Brian P. Oliva in cursive.

Brian P. Oliva, REHS, REA
Hazardous Materials Specialist

c: Gil Jensen, Alameda County District Attorney, Consumer and
Environmental Protection Division
Oakland Fire Dept.

(NOV)

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

(BO)

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

W. L. RACE *3345*
 P. O. Box 3435
 Walnut Creek, CA

4a. Article Number
 #P 418 724 648

4b. Service Type

<input type="checkbox"/> Registered	<input type="checkbox"/> Insured
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)

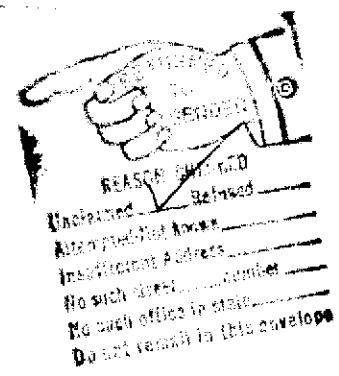
PS Form 3811, December 1991 * U.S.G.P.O. : 1992-307-630 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

93 OCT 29 AM 11:45

**ALAMEDA COUNTY
 HEALTH CARE SERVICES AGENCY**

Hazardous Materials Program
 80 Swan Way, Rm. 200
 Oakland, CA 94621

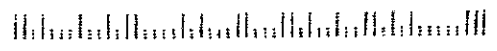
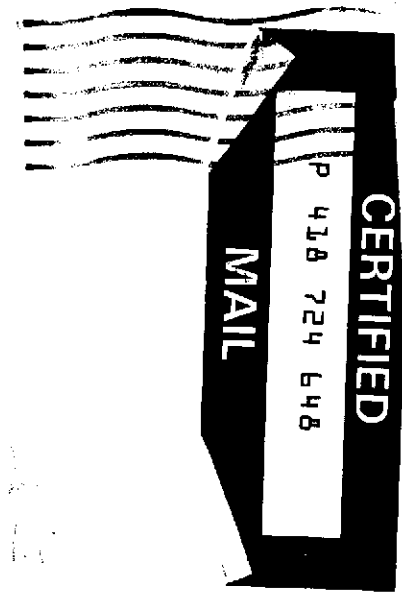


*P. O. Box
 3345
 Walnut Creek*



9/30/93

*W. L. Race
 P. O. Box 3435
 Walnut Creek, CA*



ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH
State Water Resources Control Board
Division of Clean Water Programs
UST Local Oversight Program
80 Swan Way, Rm 200
Oakland, CA 94621
(510) 271-4530

December 16, 1992
STID # 530

Mr. Dan Kirk
Shell Oil Company
P.O. Box 5278
Concord, CA 94520

**Re: Comment on November 18, 1992 Letter from Pacific
Environmental Group, Inc. Describing Proposed Site
Remediation at Shell Service Station, 285 Hegenberger Rd.,
Oakland CA 94621**

Dear Mr. Kirk:

Thank you for the submittal of the November 18, 1992 letter responding to my September 30, 1992 letter regarding further subsurface investigation and remediation at the above site. I would like to comment on the information presented and the various items to which Pacific Environmental Group (PEG) responded.

1. Our office agrees with the soil vapor extraction approach being the best remedial option for this site short of extensive excavation and disposal. Therefore, the proposal for installing five soil vapor extraction wells is appropriate and should proceed as soon as possible. Please provide an updated time schedule listing the month and year anticipated for obtaining building and BAAQMD permits, installation of system and provision of report detailing the effectiveness of system. Any significant delays in this proposed schedule should be explained in writing and a modified time schedule submitted if appropriate. Please provide the actual areas of influence of the vapor extraction wells when the system is implemented.
2. During the hydropunch sampling program performed in the median in Hegenberger Rd. and on the opposite side of the street, it was unfortunate that no water samples could be obtained from SHP-2 through SHP-4. Therefore, hydrocarbons may be extending across Hegenberger Rd. yet have not been sampled and detected. We agree SHP-1 and SHP-4 should be converted into monitoring wells. Please consider converting SHP-3 as well due to the distance between these two locations.
3. I reviewed the analytical results. Please be reminded that in my September 29, 1992 letter, I requested TPH as motor oil or TOG added to the monitoring well analysis. This parameter should also be added to any offsite wells. In addition, there appears to be an error in Table 1 of the November 17, 1992 report under TPH-d. It states the concentration is in ppm while I believe it

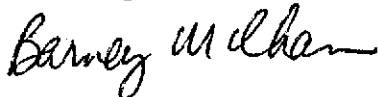
Mr. Dan Kirk
STID #530
285 Hegenberger Rd.
December 16, 1992
Page 2.

should be in ppb. To clarify this item, please include copies of the analytical reports and the chain of custody documents for this and all future reports.

Please provide the requested items and comments to the above issues **within 30 days** of receipt of this letter.

You may contact me at (510) if you have any questions.

Sincerely,



Barney M. Chan
Hazardous Materials Specialist

cc: G. Jensen, Alameda County District Attorney Office
R. Hiett, RWQCB
M. Hurd, PEC Inc., 620 Contra Costa Blvd., Suite 209, Pleasant Hill, CA 94523
E. Howell, files

2wp-285Heg

2-27-91

Alameda County Health
Hazardous Materials Division
80 Susan Way, Rm 200
Oakland, Ca 94621

Brooks Auto Repair, 1101-28th St.
Oakland, Ca 94608

Dear Mr. Sato.

I have never used the under-
ground storage tank at 1101-
28th St in the City of Oakland,
Ca. As of March 27, 1991,
I will discontinue using the
waste oil tank. The owner
of the property at 1101-28th
Street, in the City of Oakland
is Mr. W. L. Raley, P.O.
Box 3345, Walnut Creek, Ca.

After March 27, 1991, I will
store my waste oil in a
55-gal drum and label
the drum with the name
of the waste.

Hold for Johnson

Citation Hearing on 2-27-91 at P.A.'s office

Persons present: Gil Jensen, Sr. P.A.
Sylvester Brooks, Business Owner
Larry Selo, Haz Mat

Mr. Brooks said W.L. Race @ P.O. Box 3345 Walnut Creek, CA. was is the property owner, and the owner of the two underground tanks at the site. Mr. Brooks claims he only used one of the two tanks at the site, and will discontinue ever using that one by 3-27-91. See Mr. Brooks letter dated 2-27-91.

Gil Jensen said Haz Mat needs to write a letter to the property owner and either have his tank removed or registered as required by law.

ALAMEDA COUNTY HEALTH CARE SERVICE AGENCY

DEPARTMENT OF ENVIRONMENTAL HEALTH

MEMORANDUM

DATE: 22 Jan 91

TO: Gil Jensen, District Attorney

FROM: Tom Peacock, Haz Mat

SUBJECT: Hearing Request, Underground Tanks

The following actions have been taken regarding Jackson's Repair Shop (Brooks Auto Repair) at 1101- 28th St., Oakland 94608:

5-9-85 Inspection, 2 tanks noted
9-26-89 Notice of Legal Obligation, no response
10-30-89 Second Notice of Violation, no response
12-27-89 Final Notice of Violation
8-13-90 Final Notice of Violation
8-23-90 Inspection: Larry Seto, 1 tank, registration forms left - to return within 30 days, no response

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

80 Swan Way, #200
 Oakland, CA 94621
 (415) 271-4320

Hazardous Materials Inspection Form

II, III

Site ID # _____ Site Name Brooks Auto Reps Today's Date 8/23/80

Site Address 1101 28th St.

City Oakland Zip 94608 Phone 268-8910

MAX AMT stored > 500 lbs, 55 gal., 200 cft.?

Inspection Categories:

- I. Haz. Mat/Waste GENERATOR/TRANSPORTER
- II. Business Plans, Acute Hazardous Materials
- III. Underground Tanks

* Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

Comments:
 There is one underground storage tank on-site for storing waste oil. Registration forms parts "A" and "B" was given to operator to complete and return to our office within 30 days.

II.A BUSINESS PLANS (Title 19)

- 1. Immediate Reporting 2703
- 2. Bus. Plan Sols. 25503(b)
- 3. RR Cars > 30 days 25503.7
- 4. Inventory Information 25504(a)
- 5. Inventory Complete 2730
- 6. Emergency Response 25504(b)
- 7. Training 25504(c)
- 8. Deficiency 25505(a)
- 9. Modification 25505(b)

II.B ACUTELY HAZ. MATLS

- 10. Registration Form Filed 25533(a)
- 11. Form Complete 25533(b)
- 12. RMPP Contents 25534(c)
- 13. Implement Sch. Req'd? (Y/N) _____
- 14. OffSite Conseq. Assess. 25524(c)
- 15. Probable Risk Assessment 25534(d)
- 16. Persons Responsible 25534(g)
- 17. Certification 25534(i)
- 18. Exemption Request? (Y/N) _____
- 19. Trade Secret Requested? 25538

III. UNDERGROUND TANKS (Title 23)

- | | |
|---|--|
| General | <input type="checkbox"/> 1. Permit Application 25284 (H&S) |
| | <input type="checkbox"/> 2. Pipeline Leak Detection 25292 (H&S) |
| | <input type="checkbox"/> 3. Records Maintenance 2712 |
| | <input type="checkbox"/> 4. Release Report 2651 |
| | <input type="checkbox"/> 5. Closure Plans 2670 |
| Monitoring for Existing Tanks | <input type="checkbox"/> 6. Method |
| | 1) Monthly Test |
| | 2) Daily Vadose
Semi-annual groundwater
One time sols |
| | 3) Daily Vadose
One time sols
Annual tank test |
| | 4) Monthly Groundwater
One time sols |
| | 5) Daily Inventory
Annual tank testing
Cont pipe leak det
Vadose/groundwater mon. |
| | 6) Daily Inventory
Annual tank testing
Cont pipe leak det |
| | 7) Weekly Tank Gauge
Annual tank testing |
| | 8) Annual Tank Testing
Daily Inventory |
| | 9) Other _____ |
| New Tanks | <input type="checkbox"/> 7. Precs Tank Test 2643
Date: _____ |
| | <input type="checkbox"/> 8. Inventory Rec. 2644 |
| | <input type="checkbox"/> 9. Soil Testing 2646 |
| | <input type="checkbox"/> 10. Ground Water. 2647 |
| | <input type="checkbox"/> 11. Monitor Plan 2632 |
| <input type="checkbox"/> 12. Access. Secure 2634 | |
| <input type="checkbox"/> 13. Plans Submit 2711
Date: _____ | |
| <input type="checkbox"/> 14. As Built 2635
Date: _____ | |

Rev 6/88

Contact: _____
 Title: Owner Inspector: [Signature]
 Signature: [Signature] Signature: [Signature]

II, III



90 AUG 17 AM DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Program
80 Swan Way, Rm. 200
Oakland, CA 94621
(415)

August 13, 1990

Jackson's Repair Shop
1101 - 28th St.
Oakland, CA 94608

RE: 1101 - 28th St.

FINAL NOTICE OF VIOLATION

Dear owner/operator:

Our records indicate that there are underground tank(s) at your site at the above facility. You have not responded to two previous notices regarding these tanks.

In accordance with the California Code of Regulations, Title 23, Chapter 3, Subchapter 16 Underground Tank Regulations you must perform one of the following actions:


1. Submit a tank closure plan to this Department as required by Article 7, 2670, or
2. Apply for a permit as required by Article 10, 2710.

You are directed to notify this Department within 10 days of your intentions and to obtain the necessary instructions and forms.

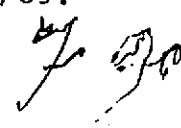
Please note that section 25299 of the California Health and Safety Code states that any operator or owner of an underground storage tank is liable for a civil penalty of not less than five hundred dollars or more than five thousand dollars per day for failure to obtain a permit, or failing to properly close an underground storage tank, as required by section 25298.

If you have any questions concerning this matter, please contact this office at 271-4320.

Sincerely,


Thomas F. Peacock, Senior HMS
Hazardous Materials Division

Enclosed copy of the closeout return to the State Board of Equalization shows I terminated operations 10/30/89.



TFP:tfp

cc: Gil Jensen, Alameda County District Attorney, Consumer and Environmental Protection Agency
Lester Feldman RWOCR

ATM

1. EPA ID: ----- 3. RCRA FACILITY: 4. FACILITY: / / Major TSD
 / / Non-Major TSD /
 2. HANDLER NAME: Jackson's Repair Shop
1101 - 28th St, Oakland 94608 CT4016
 5. DATE OF INITIAL EVALUATION WHICH IS THE BASIS FOR THIS REPORT: 5/9/85 5a. RESPONSIBLE AGENCY: S = State (DHS / SWRCB)
 B = Contractor/State (Cou

6. TYPE OF EVALUATION COVERED BY THIS REPORT: (circle all that apply)

1 = Evaluation Inspection (annual/ISD)	6 = Citizen Comp
2 = Sampling inspection	7 = Part B Call
3 = Record Review	8 = Withdrawal C
4 = Ground Water Monitoring Evaluation	9 = Closed Facil
5 = Follow Up	0 = General
	A = Meetings

7. DATE OF EVALUATION COVERED BY THIS REPORT (enter only if different from 5): / /

8. VIOLATIONS:

Class of violation	Area of Violation							Comment
	GWM	CL/PC	Fin. Res	Pt. B	Compl. Sch	Manifest	Other	
I								
II						○		

9. ENFORCEMENT ACTIONS:

Class	Area of Violation	Type (use code)	Date Action Taken	Compliance Dates		Penalty	
				Scheduled	Actual	Assessed	Collect

Comments:



470-27th Street, Third Floor
Oakland, California 94612
(415) 874-7237

HAZARDOUS WASTE GENERATOR
INSPECTION AND COMPLIANCE REPORT

enpl.

PA I.D. # _____

DATE 5-9-85

GENERATOR NAME/ADDRESS _____

CONTACT PERSON Floyd Jackson

Jackson's Repair Shop

PHONE NUMBER 452-1768

1101 28th St.

PERSONS PRESENT Floyd Jackson

Oakland 94608 CT 4016

AVERAGE GENERATION RATE (MONTHLY) _____

OBSERVATIONS: General Automotive Repair
Have 1 unused underground gas tank
2 underground waste oil tanks,
Receipts must be kept for 3 years of waste
oil removal - Waste Oil Recovery
4-18-85 #75121 California Oil Recyclers
Receipts.

Samples Taken¹: Yes No Plan of correction necessary: Yes Due Date _____ No

Authorized Representative of Firm:

Authorized Representative of Alameda County:

Name Floyd Jackson

Name Thomas Peacock

Title Owner

Phone Number 874-7237

Signature Floyd Jackson

Signature Thomas Peacock

Date 5-9-85

Date 5-9-85

All samples will be taken in accordance with Section 25185, California Administrative Code, Division 20, Chapter 6.5

FACILITY NAME San Joaquin County 1051 S

GENERATOR INSPECTION CHECKLIST

In Compliance?

Yes No N/A

H&S¹

SECTION #

-2-

In

Yes

SECTION #	CAC ²	40 CFR ³	HAZARDOUS WASTE DETERMINATION	Yes	No	N/A
6505 a,b)	262	.11	Hazardous waste determination made for all waste	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAZARDOUS WASTE FACILITY						
5370	262.34	(a)(1)	Generator <u>does not</u> store waste on-site for more than 90 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5370			Generator <u>does not</u> treat waste on-site	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
0			Generator <u>does not</u> dispose of waste on-site	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MANIFEST						
475	262	.20	Applicable sections accurately completed for all waste transported off-site	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
475 -f)	262	.21&.23	The following is on all manifests:			
			Manifest document number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Name, mailing address, phone #, EPA ID # of Generator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Name, EPA ID # of Transporter(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Name, address, EPA ID # of designated/alternative facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			DOT description of waste(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Total quantity of waste(s) and type/# containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Certification statement/Required signatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
475			Properly completed copies submitted monthly to DOHS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DEPOSITION OF WASTE						
15			Hazardous waste taken only to a State approved facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTREMELY HAZARDOUS WASTE						
0			Extremely hazardous waste not handled/disposed of without permit	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
0			No deviation from DOHS approved handling/disposal methods	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
USE AND MANAGEMENT OF CONTAINERS						
0	265	.172	Containers are compatible with waste in them	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25123 .3

25342

SECTION #

CAC²

40 CFR³

66500

265

(a)

.176

66500

265

(b)

.176

66500

265

(b)

.199

25123 .3

262.34

(a)(1)

Contact/mixing of incompatibles does not occur

Incompatibles are stored/protected in separate containers

TANKS

Incompatibles are stored/protected in separate tanks

ACCUMULATION TIME

All waste moved off-site within 90 days of accumulation commencement to approved facility

RECORDKEEPING AND REPORTING

Submittal of Annual Report to Board of Equalization

UNDERGROUND TANKS INFORMATIONAL SURVEY

Does generator have underground tanks containing:

Hazardous materials? 1 unlined gas

Hazardous waste? 2 waste oil

Does generator have leak detection system for underground tanks?

KEY TO GENERATOR INSPECTION CHECKLIST

¹H&S - Health and Safety Code, Division 20, Chapter 6.5

²CAC - California Administrative Code, Title 22, Division 4, Chapter 30

³40 CFR - Code of Federal Regulations, Part 40

Inspection date: 5-9-85

Inspector Time Spent: _____

5710 345



FORM 'A':
SITE

UNDERGROUND STORAGE TANK PROGRAM
FACILITY/SITE, INFORMATION and/or PERMIT APPLICATION

COMPLETE THIS FORM FOR EACH FACILITY/SITE

No 35246

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 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)

FACILITY/SITE NAME BROOKS AUTO SERVICE		CARE OF ADDRESS INFORMATION		
ADDRESS 1101 28th ST		NEAREST CROSS STREET	<input checked="" type="checkbox"/> Box to indicate CORPORATION INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP LOCAL-AGENCY COUNTY-AGENCY
CITY NAME LAKLAND, CA 94608		STATE CA	ZIP CODE 94608	SITE PHONE # WITH AREA CODE (415) 268-8910
TYPE OF BUSINESS: <input type="checkbox"/> 1 GAS STATION <input type="checkbox"/> 2 DISTRIBUTOR <input type="checkbox"/> 3 FARM <input type="checkbox"/> 4 PROCESSOR <input checked="" type="checkbox"/> 5 OTHER AUTO REPAIR		EPA ID #		# of TANK's AT THIS SITE
EMERGENCY CONTACT PERSON (PRIMARY) DAYS: NAME (LAST, FIRST) SYLVESTER BROOKS PHONE # WITH AREA CODE (415) 268-8910		EMERGENCY CONTACT PERSON (SECONDARY) DAYS: NAME (LAST, FIRST) Robert PHONE # WITH AREA CODE (415) 268-8910		
NIGHTS: NAME (LAST, FIRST) SYLVESTER BROOKS PHONE # WITH AREA CODE (415) 547-4705		NIGHTS: NAME (LAST, FIRST) Betty Brooks PHONE # WITH AREA CODE (415) 547-4705		

II. PROPERTY OWNER INFORMATION & ADDRESS -- (MUST BE COMPLETED)

NAME W L RACE		CARE OF ADDRESS INFORMATION		
MAILING or STREET ADDRESS P.O. Box 3345		<input checked="" type="checkbox"/> Box to indicate CORPORATION INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP LOCAL-AGENCY COUNTY-AGENCY	<input type="checkbox"/> STATE-AGENCY FEDERAL-AGENCY
CITY NAME Walnut Creek, CA 94598		STATE	ZIP CODE 94598	PHONE # WITH AREA CODE (915) 621-6884

III. TANK OWNER INFORMATION & ADDRESS -- (MUST BE COMPLETED)

NAME W L RACE		CARE OF ADDRESS INFORMATION		
MAILING or STREET ADDRESS P.O. Box 3345		<input checked="" type="checkbox"/> Box to indicate CORPORATION INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP LOCAL-AGENCY COUNTY-AGENCY	<input type="checkbox"/> STATE-AGENCY FEDERAL-AGENCY
CITY NAME Walnut Creek, CA 94598		STATE	ZIP CODE	PHONE # WITH AREA CODE (715) 621-6884

IV. LEGAL NOTIFICATION AND BILLING ADDRESS

CHECK ONE (1) BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR BOTH LEGAL NOTIFICATION 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) Sylvester Brooks	DATE 9-14-90
---	------------------------

LOCAL AGENCY USE ONLY

COUNTY # 01	JURISDICTION # 000	AGENCY #	FACILITY ID #	# of TANKS at SITE
CURRENT LOCAL AGENCY FACILITY ID #		APPROVED BY NAME		PHONE # WITH AREA CODE
PERMIT NUMBER	PERMIT APPROVAL DATE	PERMIT EXPIRATION DATE		
LOCATION CODE	CENSUS TRACT #	SUPERVISOR-DISTRICT CODE	BUSINESS PLAN FILED YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE FILED
CHECK #	PERMIT AMOUNT	SURCHARGE AMOUNT	FEE CODE	RECEIPT # BY:

THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE TANK PERMIT FORM 'B' APPLICATION(S), UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY.