

SITE ASSESSMENT REPORT

TANK #K05

U.S. COAST GUARD

COAST GUARD ISLAND

ALAMEDA, CA

Prepared By:

Scott Vickers

RAH Environmental, Inc.

3310 Swetzer Road

Loomis, CA 95650

October 23, 1997

EXECUTIVE SUMMARY

RAH Environmental, Inc. was contracted by the United States Coast Guard under contract #DTCG88-97-D-623174 to perform underground storage tank assessment and closure operations at Building 15, on Coast Guard Island in Alameda, CA. The project included the closure-in-place of Tank # K05, a one thousand gallon gasoline storage tank formerly used to fuel motor vehicles on the island. The necessary permits were obtained from the Alameda County Department of Environmental Health and on August 27, two hand auger borings were completed to sample the soil beneath each end of the tank. The soil samples did contain levels of TPHgas and BTEX as summarized in the following report, however, the tank was closed in-place on September 18 by filling it with cement slurry. Since the tank was located beneath the building, County Environmental Health officials agreed that the tank could be closed in-place instead of removed.

I. INTRODUCTION

RAH Environmental, Inc. was contracted by the United States Coast Guard under contract #DTCG88-97-D-623174 to perform underground storage tank assessment and closure operations at Building 15, on Coast Guard Island in Alameda, CA. The project included the closure-in-place of Tank # K05, a one thousand gallon gasoline storage tank.

II. BACKGROUND

The project site is on Coast Guard Island in Alameda, CA. The underground storage tank was formerly used to store gasoline to fuel motor vehicles on the island. A dispenser that was previously located near the tank had been removed as part of a modification to the interior of the building.

III. CONTRACTOR INFORMATION

Prime Contractor: RAH Environmental, inc.
3310 Swetzer Road
Loomis, CA 95650
(916)652-5777
Contact: Ray Henry

Subcontractors: None

IV. SITE DESCRIPTION

The project site is on Coast Guard Island, located in Alameda, CA. The underground storage tank is located under the floor of the maintenance shop in Building 15, and formerly stored gasoline. The tank is immediately inside of the west wall of the building and the only access to the tank was a four inch fill pipe located outside of the wall, and a one inch pipe inside of the building in a covered 2' X 2' access vault.

V. CLOSURE ACTIVITIES

Notifications and Permits

An Underground Tank Closure Plan was completed and filed with Alameda County Environmental Protection Division of The Department of Environmental Health, in addition to the State of California Form A and Form B. The inspector for the project is Ms. Eva Chu, who was on-site for inspection and sampling of the tank area. Copies of the permits are attached.

Tank Rinsing and Water Removal

On August 27, 1997, the tank was rinsed by introducing approximately 100 gallons of water into the tank from the fill pipe. On August 28, 1997, the rinseate was pumped from the underground tank directly into a vacuum truck and transported under manifest #96700697 to Americlean, Inc. in Silver Springs, NV for recycling.

VI. ANALYTICAL

Soil Sampling and Analysis

On August 28, 1997, RAH Environmental, Inc. performed soil sampling operations in order to assess the tank area and determine if contamination is present in the soil around the tank. Two trenches were cut in the concrete floor in the approximate area of the ends of the tank as shown in Figure 1. The ends of the tank were located by hand augering down approximately four feet until the top of the tank was found. Additional holes were augered until the tank surface was missed and a depth of eight feet below ground surface was reached. The soil at approximately 8.5' below ground surface was saturated, indicating the presence of groundwater. Groundwater could not be sampled, however, due to the small size of the hand auger borings. One soil sample was collected from each end of the tank and labeled BLDG. 15 NORTH and BLDG. 15 SOUTH. Both samples were analyzed for TPHgas, BTEX, and total lead. The results are summarized in Table 1 below.

Table 1

Sample ID	Lead	TPHgas	Benzene	Toluene	Ethylbenzene	Xylene
BLDG. 15 NORTH	6.5	6,000	3.2	38	81	270
BLDG. 15 SOUTH	31	4,100	7.0	23	55	190

All results reported in **parts per million(mg/kg)**, unless otherwise indicated.

VII. TANK CLOSURE/SITE RESTORATION

On September 17, 1997, the tank was filled with approximately five cubic yards of cement slurry mix by pumping the mix directly into the fill pipe. The sawcut assessment holes and the vault were also filled and patched with concrete.

U.S. COAST GUARD - ISC ALAMEDA

TANK #K05 - BLDG. 15

CLOSURE IN PLACE - 1,000 GALLON GASOLINE

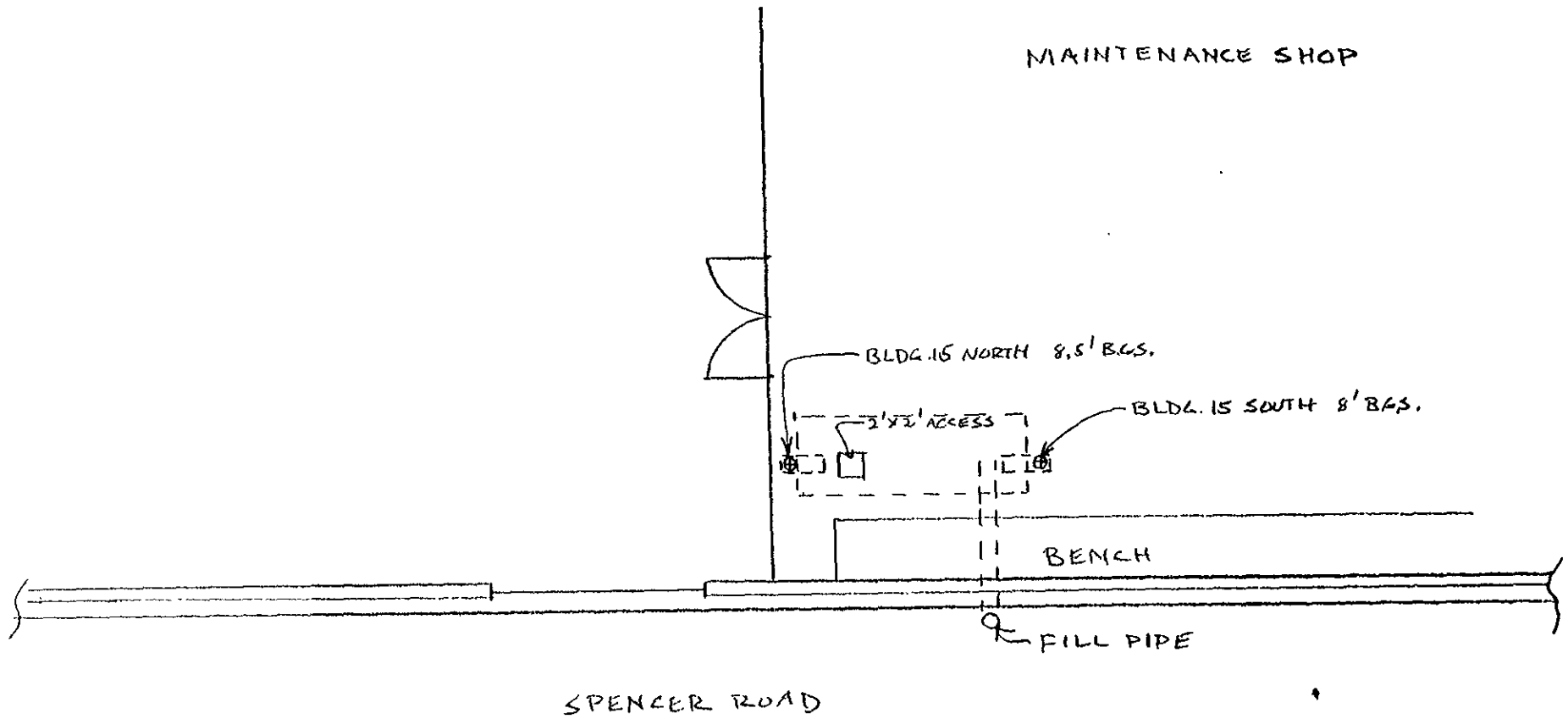


FIGURE 1

Sep. 09 1997 07:22AM P2

PHONE NO. : 702 577 9199

FROM : AMERICLEAN, INC.

See Instructions on back of page 6.

Department of Toxic Substances Control
Sacramento, California

State of California Environmental Resources Agency
Form Approved OMB No. 2050-0034 (Expires 9-30-96)
Media form or type. Form designed for use on file (12 x 18) application.

Information in the shaded areas
is not required by Federal law.

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No. CA 46903900370101697
Manifest Document No. 9670069
2. Page 1 of 1

3. Generator's Name and Mailing Address
ISC Alameda Coast General (SUN)
2000 Embarcadero, Suite 200
Alameda, CA 94501

4. Generator's Phone (510) 535-7280 ATTN: T MADDEN

5. Transporter 1 Company Name
AMERICLEAN, INC.

6. US EPA ID Number
NV 098239843

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address
Americlean Inc
2500 Alameda Dr
Silver Springs NV
10. US EPA ID Number
NV 09162358412

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

a. NON REZA Hazardous Waste. Liquid
(Oil Under)

12. Container No.	13. Total Quantity	14. Unit Wt/Vol	15. Waste Number
001TT00550	6	G	223 EPA Other 251A

12. Additional Descriptions for Manifested Materials (Codes for Volume and Above)

15. Special Handling Instructions and Additional Information

24 hr Emergency # 800 4712105

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: T MADDEN Signature: [Signature] Month: 08 Day: 28 Year: 97

17. Transporter 1 Acknowledgment of Receipt of Materials
Printed/Typed Name: Patrick M. Lacer Signature: [Signature] Month: 08 Day: 28 Year: 97

18. Transporter 2 Acknowledgment of Receipt of Materials
Printed/Typed Name: [Blank] Signature: [Blank] Month: [Blank] Day: [Blank] Year: [Blank]

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 9
Printed/Typed Name: Terry Kinney Signature: [Signature] Month: 09 Day: 05 Year: 97

DO NOT WRITE BELOW THIS LINE.

36 / UWB / Y / IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA, CALL 1-800-852-7550

UST Removal
 HAZARDOUS WASTE GENERATOR INSPECTION REPORT

STID #: _____ FACILITY NAME: US Coast Guard - Coast Guard Island PG. 2 OF 2

SUPPLEMENTAL FORM
 BUILDING 19 - 1,000 gal steel UST for storage of gasoline

0% IEL 20.7% O₂

② (1) The tank had not been in use ~ 30 yrs. Water in tank was pumped out. No dry ice used. Odor + stained soil in pit. Tank appeared in good condition. Wrapping around tank completely deteriorated.

① soil sample collected from 6.5' bgs. wet, stained clay - with mod odor (East)

② soil sample collected from 4' bgs. from west sidewall west - sand clay w/ mod odor (west)

Analyze for TOLU, BTEX and total lead

Building 15: 8% IEL 22.5% O₂

Hand dug to 18' bgs. Soil sample collected from north + south end of 1-K gasoline UST

South sample mostly sand w/ mod. odor collect at 8.0' bgs
 north sample " " " " " " 8.5' bgs

Analyze for TOLU, BTEX, total lead

PRINT NAME: Scott Williams INSPECTED BY: Eschler
 SIGNATURE: [Signature] DATE: _____

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

CA 7690390037

UNDERGROUND TANK CLOSURE PLAN

*** Complete according to attached instructions ***

1. Name of Business U.S. Coast Guard Integrated Support Command
Business Owner or Contact Person (PRINT) U.S. Coast Guard
2. Site Address ISL Alameda Coast Guard Island
City Alameda Zip 94501 Phone 510 437-3272
3. Mailing Address 2000 Embarcadero, Suite 200
City Oakland Zip 94606-5337 Phone (510) 535-7280
4. Property Owner U.S. Coast Guard
Business Name (if applicable) _____
Address same
City, State _____ Zip _____
5. Generator name under which tank will be manifested
U.S. Coast Guard
EPA ID# under which tank will be manifested CA 7690390037

6. Contractor RAE Environmental, Inc.
Address 3310 Swatzer Road
City Loomis CA 95650 Phone 916-652-5777
License Type A-Haz ID# 592216

*Effective January 1, 1992, Business and Professional Code Section 7058.7 requires prime contractors to also hold Hazardous Waste Certification issued by the State Contractors License Board.

7. Consultant (if applicable) _____
Address _____
City, State _____ Phone _____

8. Main Contact Person for Investigation (if applicable)
Name Ray Henry Title President
Company RAE Environmental, Inc
Phone (916) 652-5777

9. Number of underground tanks being closed with this plan 3
Length of piping being removed under this plan 100'
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 Asbury Environmental Serv. EPA I.D. No. CA L000138484
Hauler License No. 36453 License Exp. Date _____
Address 100 W. Valpico
City Tracy State CA Zip 95367

b) Product/Residual Sludge/Rinsate Disposal Site
Name Asbury Environmental Serv. EPA ID# CA D028277036
Address 2100 N. Alameda St.
City Compton State CA Zip 90222

c) Tank and Piping Transporter

Name RAH Environmental, Inc. EPA I.D. No. CA0983582701
Hauler License No. 2965 License Exp. Date _____
Address 3310 Swetzer Rd
City Loomis State CA Zip 95650

d) Tank and Piping Disposal Site

Name ERICKSON, Inc. EPA I.D. No. CA0009466392
Address 255 Parr Blvd.
City Richmond State CA Zip 94801

11. Sample Collector

Name _____
Company RAH Environmental, Inc.
Address 3310 Swetzer Road
City Loomis State CA Zip 95650 Phone (916)652-5727

12. Laboratory

Name NEL Laboratories
Address 1030 Matley Lane
City Reno State NV Zip 89502
State Certification No. 1707

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

If yes, describe. _____

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

Pressure wash and dry ice

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)		

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.

Excavated/Stockpiled Soil

Stockpiled Soil Volume (estimated)

Sampling Plan:

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

Will the excavated soil be returned to the excavation immediately after tank removal? yes no 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
Diesel	TPH _d BTEX	6CF10 (3550) 8020	
Gasoline	TPH _g BTEX Total Lead	6CF10 (5030) 8020	

18. Submit Worker's Compensation Certificate copy

Name of Insurer State Compensation Insurance Fund

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 RAH Environmental, Inc.

Name of Individual Scott Vickars

Signature [Signature] Date 7/7/92

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business U.S. Coast Guard

Name of Individual _____

Signature _____ Date _____

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



COMPLETE THIS FORM FOR EACH FACILITY/SITE

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)

DBA OR FACILITY NAME <i>U.S. Coast Guard Integrated Support Command</i>		NAME OF OPERATOR		
ADDRESS <i>Coast Guard Island</i>		NEAREST CROSS STREET	PARCEL # (OPTIONAL)	
CITY NAME <i>Alameda</i>	STATE <i>CA</i>	ZIP CODE	SITE PHONE # WITH AREA CODE	
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL AGENCY DISTRICTS* <input type="checkbox"/> COUNTY AGENCY* <input type="checkbox"/> STATE AGENCY* <input checked="" type="checkbox"/> FEDERAL AGENCY*				
* If owner of UST is a public agency, complete the following: name of Supervisor of 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 <i>3</i>	E. P. A. I. D. # (optional) <i>CA7690390037</i>

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) <i>Henry, Raymond</i>	PHONE # WITH AREA CODE <i>(916) 652-5777</i>	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST) <i>same</i>	PHONE # WITH AREA CODE	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME <i>U.S. Coast Guard</i>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <i>2000 Embarcadero, Suite 200</i>		<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL AGENCY
CITY NAME <i>Oakland</i>		<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> COUNTY AGENCY
		<input checked="" type="checkbox"/> FEDERAL AGENCY		
STATE <i>CA</i>	ZIP CODE <i>94606-5337</i>	PHONE # WITH AREA CODE <i>(510) 535-7280</i>		

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER <i>U.S. Coast Guard</i>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <i>2000 Embarcadero, Suite 200</i>		<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL AGENCY
CITY NAME <i>Oakland</i>		<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> COUNTY AGENCY
		<input checked="" type="checkbox"/> FEDERAL AGENCY		
STATE <i>CA</i>	ZIP CODE <i>94606-5337</i>	PHONE # WITH AREA CODE <i>(510) 535-7280</i>		

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

TY (TK) HQ 44-032063

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 checked="" type="checkbox"/> 6 EXEMPTION	<input type="checkbox"/> 99 OTHER	

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) <i>Scott Vickers Scott Vickers</i>	OWNER'S TITLE <i>Auth. Rep.</i>	DATE MONTH/DAY/YEAR <i>7/7/97</i>
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LOCAL AGENCY USE ONLY *Don Moore*

COUNTY # <input type="text"/>	JURISDICTION # <input type="text"/>	FACILITY # <input type="text"/>
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

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"/> 2 INTERIM PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input checked="" type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE	<input type="checkbox"/> 8 TANK REMOVED
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DBA OR FACILITY NAME WHERE TANK IS INSTALLED: U.S. Coast Guard ISC Command

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I. D. # <u>Bldg. 15</u>	B. MANUFACTURED BY:
C. DATE INSTALLED (MO/DAY/YEAR) <u>Unknown</u>	D. TANK CAPACITY IN GALLONS: <u>1,000 gal.</u>

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

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED	<input checked="" type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 1c MIDGRADE UNLEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 8 M85
			<input checked="" type="checkbox"/> 2 LEADED	<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D, BELOW)	

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

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

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 5 INTERNAL BLADDER SYSTEM	<input checked="" type="checkbox"/> 95 UNKNOWN
	<input type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SINGLE WALL IN A VAULT	<input type="checkbox"/> 99 OTHER	
B. TANK MATERIAL (Primary Tank)	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS	<input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM	<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input checked="" 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"/> 4 PHENOLIC LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN	<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"/> 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) _____ OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____
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	<input checked="" type="checkbox"/> 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"/> 4 ELECTRONIC LINE LEAK DETECTOR	<input type="checkbox"/> 5 AUTOMATIC PUMP SHUTDOWN
	<input type="checkbox"/> 99 OTHER				

V. TANK LEAK DETECTION

<input 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 SIP	<input type="checkbox"/> 9 WEEKLY MANUAL TANK GAUGING	<input type="checkbox"/> 10 MONTHLY TANK TESTING	<input checked="" 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) _____ 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) <u>Don Moore</u> <u>Scott Vinkov</u>	DATE <u>7/10/97</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 #
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