

R.P. Juan Arceun
City of Emeryville
2200 Powell St. Emeryville

DATE: 4/30/92
TO : Local Oversight Program
FROM: Susan
SUBJ: Transfer of Eligible Oversight Case

Site name: City of Emeryville
Address: 3210 Powell St city Emeryville zip 94608
Closure plan attached? Y N DepRef remaining \$ _____
DepRef Project # _____ STID #(if any) 4043
Number of Tanks: 4 removed? Y N Date of removal 4/15/92
Samples received? Y N Contamination: soil/groundwater
Petroleum Y N Types: Avgas Jet leaded unleaded Diesel
fuel oil waste oil kerosene solvents
Monitoring wells on site no Monitoring schedule? Y N
LUFT category 1 2 3 * H S C A R W G O
Briefly describe the following:
Preliminary Assessment underway
Remedial Action _____
Post Remedial Action Monitoring _____
Enforcement Action _____

date of discovery
4/15/92

WLR submitted 4/28/92 ✓

Soil contamination highest is 172 ppm TPH g.
Groundwater sample results: 46, 115 ppb TPH g
12,700 ppb TPH d
5 ppb - B
30.6 - T
84 - E
61.8 - X

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 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. SIGNED: <u>Susan L. Hugo</u> DATE: <u>4/29/92</u>		
REPORT DATE 0 <u>4</u> <u>23</u> 19 <u>92</u>		CASE #				
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT <u>Marc Zomorodi</u>		PHONE <u>(510) 429-8088</u>	SIGNATURE <u>Marc Zomorodi</u> - 4/23/92		
	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 <u>Tank Protect Engineering of Northern California</u>			
	ADDRESS <u>2821 Whipple Road</u> <u>Union City, CA 94587</u>					
RESPONSIBLE PARTY	NAME <u>City of Emeryville</u> <input type="checkbox"/> UNKNOWN		CONTACT PERSON <u>Juan C. Arreguin</u>	PHONE <u>(510) 596-4333</u>		
	ADDRESS <u>2200 Powell Street</u> <u>Emeryville, CA 94608</u>					
SITE LOCATION	FACILITY NAME (IF APPLICABLE) <u>City of Emeryville</u>		OPERATOR <u>Juan C. Arreguin</u>	PHONE <u>(510) 596-4333</u>		
	ADDRESS <u>3310 Powell Street</u> <u>Emeryville, Alameda 94608</u>					
	CROSS STREET					
IMPLEMENTING AGENCIES	LOCAL AGENCY <u>Alameda County Health Care Services</u>		CONTACT PERSON <u>Susan L. Hugo</u>	PHONE <u>(510) 271-4320</u>		
	REGIONAL BOARD <u>CRWOCB - San Francisco Bay Region</u>					
SUBSTANCES INVOLVED	(1) NAME <u>Petroleum hydrocarbon - see below</u>			QUANTITY LOST (GALLONS) <input type="checkbox"/> UNKNOWN		
	(2)					
DISCOVERY/ABATEMENT	DATE DISCOVERED 0 <u>4</u> <u>21</u> 19 <u>92</u>		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 <u>UNKNOWN</u>		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 type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE					
SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER			
	CASE TYPE <input checked="" type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)					
CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> LEAK BEING CONFIRMED <input checked="" 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 checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED) <input checked="" type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> OTHER (OT)					
COMMENTS	<u>Two (2) 10,000 gallon diesel, one (1) 10,000 gallon gasoline, and one (1) 2,500 gallon gasoline tanks were removed.</u>					

Project Specialist (print) SUSAN L. HUGO

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
80 SWAN WAY, ROOM 200
OAKLAND, CA 94621
PHONE NO. 415/271-4320

ACCEPTED

DEPARTMENT OF ENVIRONMENTAL HEALTH
470 - 27th Street, Third Floor
Oakland, CA 94612
Telephone: (415) 874-7237

These plans have been reviewed and found to be acceptable and essentially meet the requirements of State and local health laws. Changes to your plans indicated by this Department are to assure compliance with State and local laws. The project proposed herein is now released for issuance of any required building permits for construction.

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

Any change or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Inspection Department to determine if such changes meet the requirements of State and local laws. Notify this Department at least 48 hours prior to the following required inspections:

- Removal of Tank and Piping
- Sampling
- Final Inspection

Issuance of a permit to operate is dependent on compliance with accepted plans and all applicable laws and regulations.

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS.

Please note changes made on pages 4, 5 & the site safety plan.

*Susan L. Hugo
2/25/92*

UNDERGROUND TANK CLOSURE PLAN

*** * * Complete according to attached instructions * * ***

1. Business Name City of Emeryville
Business Owner City of Emeryville
 2. Site Address 3310 Powell Street
City Emeryville, CA Zip 94608 Phone _____
 3. Mailing Address 2200 Powell Street
City Emeryville, CA Zip 94608 Phone (510) 596-4330
 4. Land Owner City of Emeryville
Address 2200 Powell St. City, State Emeryville, CA Zip 94608
 5. Generator name under which tank will be manifested _____
City of Emeryville
- EPA I.D. No. under which tank will be manifested CAC000665992

6. Contractor Tank Protect Engineering of Northern California
Address 2821 Whipple Road
City Union City, CA 94587 Phone (510) 429-8088
License Type A ID# 575837

7. Consultant Tank Protect Engineering of Northern California
Address 2821 Whipple Road
City Union City, CA 94587 Phone (510) 429-8088

8. Contact Person for Investigation
Name Juan C. Arrequin Title _____
Phone (510) 596-4333

9. Number of tanks being closed under this plan 4
Length of piping being removed under this plan 1200
Total number of tanks at facility 4

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

**** Underground tanks are hazardous waste and must be handled **
as hazardous waste**

a) Product/Residual Sludge/Rinsate Transporter
Name N/A EPA I.D. No. _____
Hauler License No. _____ License Exp. Date _____
Address _____
City _____ State _____ Zip _____

b) Product/Residual Sludge/Rinsate Disposal Site
Name N/A EPA I.D. No. _____
Address _____
City _____ State _____ Zip _____

c) Tank and Piping Transporter

Name Erickson, Inc. EPA I.D. No. CAD009466392
Hauler License No. _____ License Exp. Date _____
Address 255 Parr Blvd.
City Richmond, State CA Zip 94801

d) Tank and Piping Disposal Site

Name Erickson, Inc. EPA I.D. No. CAD009466392
Address 255 Parr Blvd.
City Richmond, State CA Zip 94801

11. Experienced Sample Collector

Name Lyle Travis
Company Tank Protect Engineering
Address 2821 Whipple Road
City Union City, State CA Zip 94587 Phone (510) 429-8088

12. Laboratory

Name Trace Analysis Laboratory, Inc.
Address 3423 Investment Blvd., # 8
City Hayward, State CA Zip 94545
State Certification No. 1199

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

If yes, describe. _____
_____ Unknown _____

14. Describe methods to be used for rendering tank inert

Use 15lb of dry ice per each 1,000 gallon capacity for each 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 plugged.

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

15. Tank History and Sampling Information

Tank		Material to be sampled (tank contents, soil, ground-water, etc.)	Location and Depth of Samples
Capacity	Use History (see instructions)		
Two 10,000 gallon	diesel	soil/ground water if present	One sample at each end of the tank pit, max. of 2ft. below the tank pit.
One 10,000 gallon	gasoline	soil/ground water if present	One sample at each end of the tank pit, max. of 2ft. below the tank pit.
One 2,500 gallon	gasoline	soil/ground water if present	One sample at each end of the tank pit, max. of 2ft. below the tank pit.
	piping	soil/ground water if present	One sample every 20 lineal feet.

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

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (Estimated) <i>200 cu yds.</i> <i>approx.</i>	Sampling Plan One sample for every 20 cubic yard.

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

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.

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Method Number	Method Detection Limit
Gasoline TPHG BTEX	EPA 5030 EPA 5030	GCFID 8020/8240	1ppm .005ppm
Diesel TPHD BTEX	EPA 3550 EPA 5030	GCFID 8020/8240	1ppm .005ppm
If groundwater encountered: TPHG 5030/GCFID TPHD 3550/GCFID BTEX 5030/602 or 624			
<i>Total Pb</i>	<i>AA</i>		

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

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 report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report form. (see Instructions)

22. Submit a closure report to this office within 60 days of the tank removal. This report must contain all the information listed in item 22 of the instructions.

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

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

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

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

Signature of Contractor

Name (please type) Jafar Farhoomand

Signature Jafar Farhoomand

Date 1/20/92

Signature of Site Owner or Operator

Name (please type) Juan C. Arreguin

Signature Juan C. Arreguin

Date 01-22-92

TPE SITE SAFETY PLAN

TANK PROTECT ENGINEERING OF NORTHERN CALIFORNIA, INC.
SITE SAFETY PLAN

Site 3310 Powell Street

Project Number 203

Original Site Safety Plan: Yes () No ()

Revision Number _____

Plan Prepared by Ahmad Shah

Date 12/9/91

Plan Approved by Ahmad Shah

Date 12/9/91

Please respond to each item as completely as possible. Where an item is not applicable, please mark "N/A".

1. KEY PERSONNEL AND RESPONSIBILITIES

(Include name, telephone number and health and safety responsibilities; i.e., project manager - Joe Smith - responsible for supervision of all site activities.)

Project Manager AHMAD SHAH

Site Safety Manager AHMAD SHAH

Alternate Site Safety Manager LOUIS TRAVIS

Field Team Members AHMAD SHAH

ALAN KAFAI

LOUIS TRAVIS

Agency Reps: [Please specify by one of the following symbols: Federal: (F), State: (S), Local: (L), Contractor(s): (C)]

ALAMEDA COUNTY HEALTH DEPT.

CITY OF EMERYVILLE FIRE DEPT.

* Fire Extinguisher must be ^{available} on site.

* Excavation pit must be cleared.

TPE SITE SAFETY PLAN

2. JOB HAZARD ANALYSIS

2.1 OVERALL HAZARD EVALUATION

Hazard Level: High () Moderate (X) Low () Unknown ()
Hazard Type: Liquid () Solid () Sludge () Vapor/Gas (X)

Known or suspected hazardous materials present on site

SEE BELOW; GASOLINE VAPORS CONTAIN BENZENE, TOLUENE, XYLENES,
ETHYLBENZENE

Characteristics of hazardous materials included above (complete for each chemical presents):

MATERIAL #1

Corrosive ()	Ignitable (X)	Toxic (X)	Reactive ()
Volatile (X)	Radioactive ()	Biological Agent ()	
Exposure Routes:	Inhalation (X)	Ingestion ()	Contact (X) SKIN & MUCOUS MEMBRANE

MATERIAL #2

Corrosive ()	Ignitable ()	Toxic ()	Reactive ()
Volatile ()	Radioactive ()	Biological Agent ()	
Exposure Routes:	Inhalation ()	Ingestion ()	Contact ()

MATERIAL #3

Corrosive ()	Ignitable ()	Toxic ()	Reactive ()
Volatile ()	Radioactive ()	Biological Agent ()	
Exposure Routes:	Inhalation ()	Ingestion ()	Contact ()

MATERIAL #4

Corrosive ()	Ignitable ()	Toxic ()	Reactive ()
Volatile ()	Radioactive ()	Biological Agent ()	
Exposure Routes:	Inhalation ()	Ingestion ()	Contact ()

TPE SITE SAFETY PLAN

2.2 JOB-SPECIFIC HAZARDS

For each labor category specify the possible hazards based on information available (i.e., Task-driller, Hazards-trauma from drill rig accidents, etc.) For each hazard, indicate steps to be taken to minimize the hazard.

TASK - TANK REMOVAL; HAZARD - GASOLINE VAPOR EXPLOSION
TO MINIMIZE - USE 15 LB OF DRY ICE PER EACH 1,000 GALLON CAPACITY
TO INERT VAPOR PRESENT IN TANK

The following additional hazards are expected on site (i.e., snake infested area, extreme heat, etc.):

Measures to minimize the effects of the additional hazards are:

3. MONITORING PLAN

3.1 (a) Air Monitoring Plan

Action levels for implementation of air monitoring. Action levels should be based on published data available on contaminants of concern. Action levels should be set by persons experienced in industrial hygiene.

Level (i.e.,.5 ppm)	Action Taken (i.e., commence perimeter monitoring)
<hr/>	<hr/> N/A
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

TPE SITE SAFETY PLAN

(b) Air Monitoring Equipment

Outline the specific equipment to be used, calibration method, frequency of monitoring, locations to be monitored, and analysis of samples (if applicable).

AIR MONITORING WILL BE DONE BY USING GASTECH MODEL 1314.

HEXANE WILL BE USED FOR CALIBRATION OF THE GASTECH.

If air monitoring is not to be implemented for this site, explain why:

THIS CASE INVOLVES ONLY TANK REMOVAL

3.2 Personnel Monitoring

(Include hierarchy of responsibilities decision making on the site)

SAFETY OFFICER ADVISES FIELD MANAGER WHO DELEGATES RESPONSIBILITIES

TO INDIVIDUAL TEAM WORKERS.

3.3 Sampling Monitoring

(a) Techniques used for sampling

INSERT A PROBE INSIDE THE TANK TO DETERMINE LEL AND OXYGEN LEVELS.

(b) Equipments used for sampling GASTECH MODEL 1314

1 - HYDROCARBON SUPER SURVEYOR

2 - BRASS SLEEVE AND SAMPLER WITH HAMMER

TPE SITE SAFETY PLAN

(c) Maintenance and calibration of equipments _____

USE HEXANE FOR CALIBRATION

EQUIPMENT WILL BE CALIBRATED PRIOR TO OPERATION

4. PERSONAL PROTECTIVE EQUIPMENT (PPE)

Equipment used by employees for the site tasks and operations being conducted. Be Specific (i.e., hard hat, impact resistance goggles, other protective glove, etc.).

HARD HAT, PROTECTIVE GLOVES

5. SITE CONTROL AND SECURITY MEASURES

The following general work zone security guidelines should be implemented:

- Work zone shall be barricaded and caution tape used.
- Excavations shall be closed when drilling and sampling activities are not actually taking place.
- No excavations shall be left unattended. Visitors will not enter the work zone unless they have attended a project safety briefing.
- Persons will not leave the work zone without first passing through the decontamination zone.

6. DECONTAMINATION PROCEDURE

List the procedures and specific steps to be taken to decontaminate equipment and PPE.

N/A

TPE SITE SAFETY PLAN

7. TRAINING REQUIREMENTS

Prior to mobilization at the job site, employees will attend a safety briefing. The briefing will include the nature of the wastes and the site, donning personal protection equipment, decontamination procedures and emergency procedures.

8. MEDICAL SURVEILLANCE REQUIREMENTS

If any task requires a very high personnel protection level, personnel shall provide assurances that they have received a physical examination and they are fit to do the task. Also personnel will be instructed to look for any symptom of heat stress, heat stroke, heat exhaustion or any other unusual symptom. If there is any report of that kind it will be immediately followed through, and appropriate action will be taken.

9. STANDARD OPERATION PROCEDURES

Tank Protect Engineering of Northern California, Inc. (TPE) is responsible for the safety of all TPE employees on site. Each contractor shall provide all the equipment necessary to meet safe operation practices and procedures for their personnel on site and be responsible for the safety of their workers.

A "Three Warning" system is utilized to enforce compliance with Health and Safety procedures practices which will be implemented at the site for worker safety:

- * Eating, drinking, chewing gum or tobacco, and smoking will be allowed only in designated areas.
- * Wash facilities will be utilized by workers in the work areas before eating, drinking, or use of the toilet facilities.
- * Containers will be labeled identifying them as waste, debris or contaminated clothing.

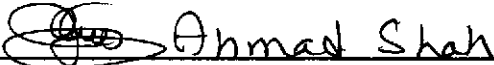
TPE SITE SAFETY PLAN

U.S EPA - ERT _____ (201) 321-6660
Chemtrec _____ (800) 424-9300
Centers for Disease Control _____ Day (404) 329-3311
Night (404) 329-2888
National Response Center _____ (800) 424-8802
Superfund/RCRA Hotline _____ (800) 424-8802
TSCA Hotline _____ (800) 424-9065
National Pesticide Information Services _____ (800) 845-7633
Bureau of Alcohol, Tobacco, and Firearms _____ (800) 424-9555

HEALTH AND SAFETY COMPLIANCE STATEMENT

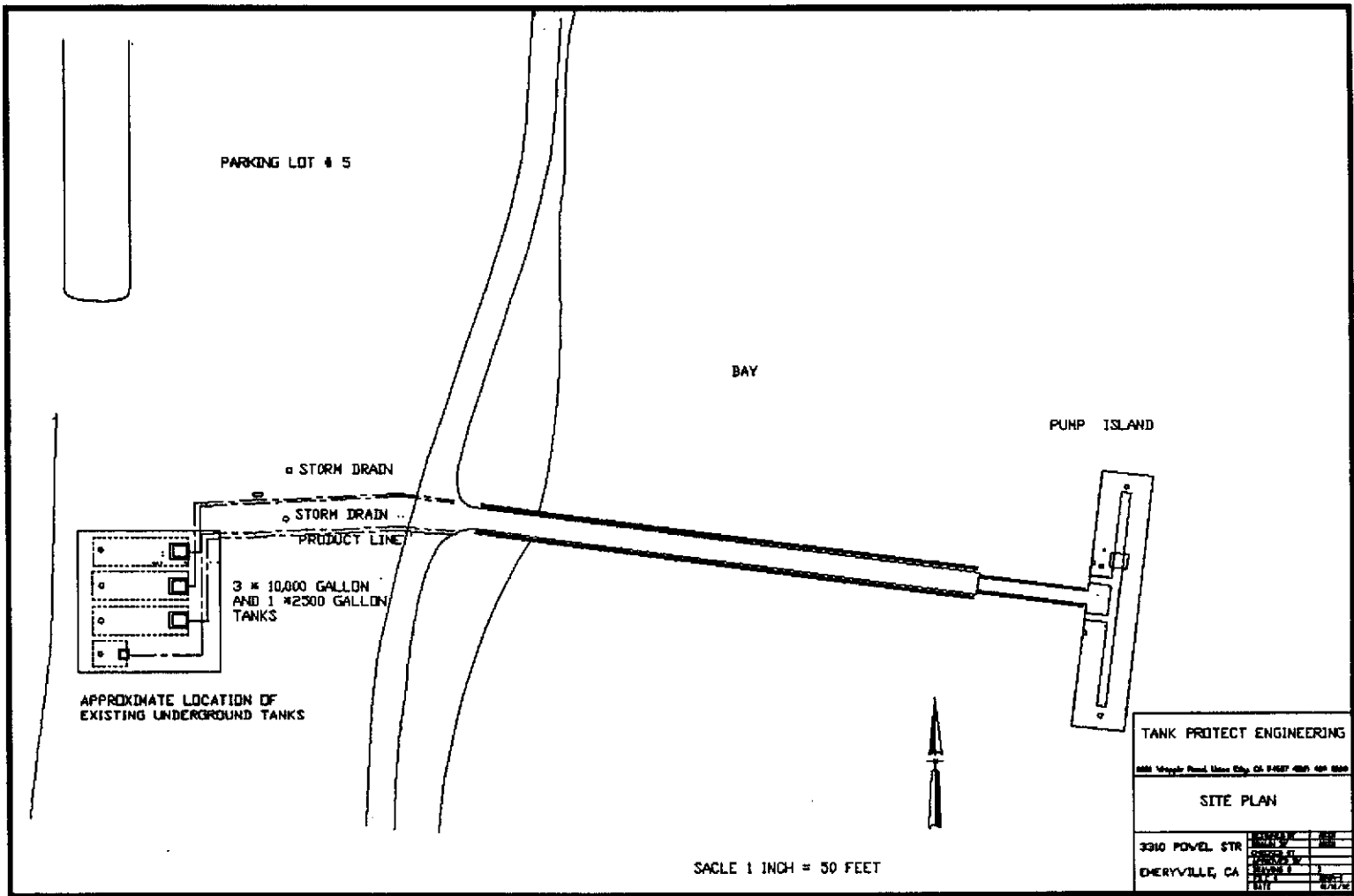
I, AHMAD SHAH, have received and read a copy of the project Health and Safety Plan.

I understand that I am required to have read the aforementioned document and have received proper training under the occupational Safety and Health Act (29 CFR, Part 1910.120) prior to conducting site activities at the site.

 1/17/92
Signature Date

NEAREST HOSPITAL FROM SITE: ALTA BATES HOSPITAL
3001 COLBY PLAZA
BERKELEY, CA 94705 (510) 540-0337

FOLLOW POWELL STREET EAST, WHICH TURNS INTO STANFORD AVENUE, WHICH ALSO BECOMES ADELINE STREET. FROM ADELINE STREET, MAKE A RIGHT TURN ON ASHBY AVENUE. MAKE ANOTHER RIGHT ON TO COLBY AVENUE. HOSPITAL IS ON THE LEFT HAND SIDE.



TANK PROTECT ENGINEERING	
2880 Whipple Road, Union City, CA 94587 (415) 491-8200	
SITE PLAN	
3310 POWELL STR	DATE
EMERYVILLE, CA	SCALE
	BY
	CHECKED
	DATE

Site Address: 3310 Powell Street
Emeryville, CA 94608

**STATE
COMPENSATION
INSURANCE
FUND**

P.O. BOX 807, SAN FRANCISCO, CA 94101-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

SEPT. 26, 1991

POLICY NUMBER: 1145921-91
CERTIFICATE EXPIRES: 9-1-92ALAMEDA COUNTY
HEALTH CARE SERVICES AGENCY
80 SWAN WAY, RM. #200
OAKLAND, CA. 94621

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon ten days' advance written notice to the employer.

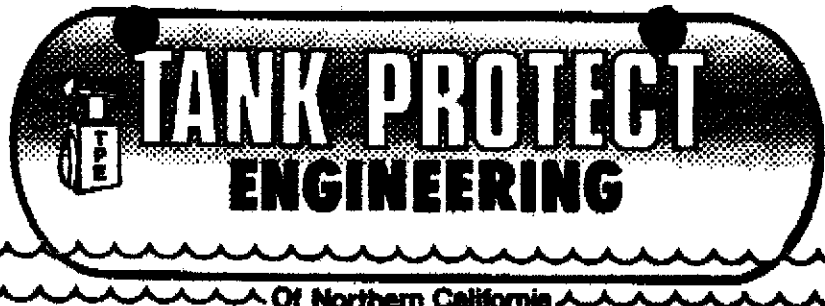
We will also give you TEN days' advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term, or condition of any contract or other document with respect to which this certificate of insurance may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.


PRESIDENT

EMPLOYER

TANK PROTECT ENGINEERING CO. NO CALIFORNIA, INC.
2821 WHIPPLE RD.
UNION CITY, CA. 94587



(415) 429-8088
 (800) 523-8088
 FAX (415) 429-8089

FROM: TANK PROTECT ENGINEERING

DATE: 2/25/92

TO: ACHCSA

ATTN: Mrs. Susan Hugo

RE.: Requested Information

NO. OF PAGES: 7
(include cover sheet)

If all pages are not received please notify sender.

MESSAGE:

Certificate of Award

THIS CERTIFIES THAT

1537

LYLE THOMAS G. TRAVIS


successfully completed the initial 40 Hour requirements
listed under OSHA Regulation 29 CFR 1910.120
HAZARDOUS WASTE OPERATIONS AND EMERGENCY RESPONSE

this thirteenth day of June 1991

Provided by: **Geo Line Safety Services**
1940 The Alameda
San Jose, CA 95126-1428



**Geo Line
Safety
Services**


Jay Jamali
Training Center Dean



COMPLIANCE CERTIFICATION
29 CFR 1910.120
HAZARDOUS WASTE OPERATIONS
AND EMERGENCY RESPONSE TRAINING

EXPIRES **June 13, 1992**



LYLE THOMAS G. TRAVIS

Jay Jamal
Jay Jamal Safety Services
10111 1/2
San Jose, CA 95120
(415) 254-0500

1537

40 HOUR COURSE

June 7-13, 1991

UPDATE '89 **Medic First Aid®**



LYLE THOMAS G. TRAVIS has
MEDIC FIRST AID — BASIC complet
(CPR/FIRST AID)

ISSUED **6/11/91** EXPIRES **6/11/92**
INSTRUCTOR *Jay Jamal*

Medic First Aid™ covers Primary Care, Secondary Surveys and lastly, treatments according to the Journal of the American Medical Association, Standards and Guidelines for Basic Life Support (CPR—June 6, 1986), and The American Academy of Orthopedic Surgeons.

NOT GOOD FOR MORE THAN 24 MONTHS

MEDIC FIRST AID TRAINING PROGRAM OF AMERICA
PRODUCED BY FAN AMERICA (508) 333-7099

Certificate of Award

THIS CERTIFIES THAT

1533

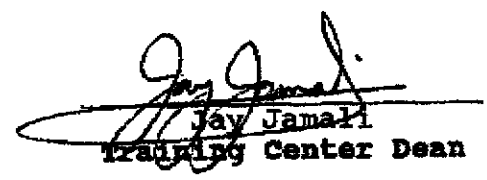
ALAN KAFAI

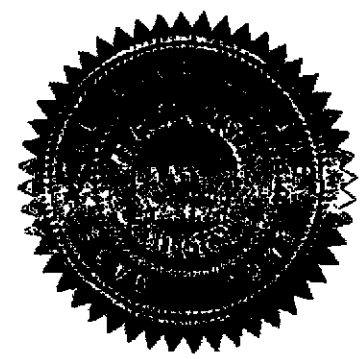
successfully completed the initial 40 Hour requirements
listed under OSHA Regulation 29 CFR 1910.120
HAZARDOUS WASTE OPERATIONS AND EMERGENCY RESPONSE

this thirteenth day of June 1991

Provided by: **Geo Line Safety Services**
1940 The Alameda
San Jose, CA 95126-1428




Jay Jamali
Training Center Dean



COMPLIANCE CERTIFICATION
29 CFR 1910.120
HAZARDOUS WASTE OPERATIONS
AND EMERGENCY RESPONSE TRAINING

EXPIRES **June 13, 1992**



AHMAD SHAH

Ahmad Shah
Gen Line Safety Services
1510 Via Alameda
San Jose, CA 95128
(408) 296 0500 **1535**

UPDATE 89 **Medic First Aid®**

AHMAD SHAH has completed
MEDIC FIRST AID — BASIC
(CPR/FIRST AID)

ISSUED **6/11/91** EXPIRES **6/11/92**

INSTRUCTOR *Greg Lopez*

40 HOUR COURSE
June 7-13, 1991

Medic First Aid® covers Primary Care, Secondary Surveys and lastly, treatments according to the Journal of the American Medical Association, Standards and Guidelines for Basic Life Support (CPR—June 6, 1986), and The American Academy of Orthopedic Surgeons.

NOT GOOD FOR MORE THAN 24 MONTHS

MEDIC FIRST AID TRAINING PROGRAM OF AMERICA
PRINTED BY THE AMERICAN MEDICAL ASSOCIATION

COMPLIANCE CERTIFICATION
29 CFR 1910.120
HAZARDOUS WASTE OPERATIONS
AND EMERGENCY RESPONSE TRAINING

EXPIRES: **June 13, 1992**



ALAN KAFAI

Alan Kafai

Call Line Safety Services
1995 W. Alameda
San Jose, CA 95126 1533
(408) 296-0501

40 HOUR COURSE

June 7-13, 1991

UPDATE '89

Medic First Aid®



ALAN KAFAI

has completed

MEDIC FIRST AID — BASIC
(CPR/FIRST AID)

ISSUED **6/11/91** EXPIRES **6/11/92**

INSTRUCTOR *Greg Lopez*

Medic First Aid® covers Primary Care, Secondary Surveys and lastly, treatments according to the Journal of the American Medical Association, Standards and Guidelines for Basic Life Support (CPR—June 6, 1986), and The American Academy of Orthopedic Surgeons.

NOT GOOD FOR MORE THAN 24 MONTHS

MEDIC FIRST AID TRAINING PROGRAM OF AMERICA
PRODUCED BY FIVE STAR WIA (408) 552-7093

ALAMEDA COUNTY, DEPARTMENT OF
ENVIRONMENTAL HEALTH
Hazardous Materials Inspection Form

II, III

white -env. health
yellow -facility
pink -files

Site ID # _____ Site Name City of Emeryville Today's Date 7/15/92

Site Address 331c Pennell St.

City Emeryville Zip 94601 Phone _____

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

9:45 AM -

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

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. 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. OnSite Conseq. Assess. 25524(c)
- 15. Probable Risk Assessment 25534(d)
- 16. Persons Responsible 25534(g)
- 17. Certification 25534(i)
- 18. Exemption Request? (Y/N) 25536(b)
- 19. Trade Secret Requested? 25538

III. UNDERGROUND TANKS (Title 23)

- General
- 1. Permit Application 25284 (H&S)
 - 2. Pipeline Leak Detection 25292 (H&S)
 - 3. Records Maintenance 2712
 - 4. Release Report 2651
 - 5. Closure Plans 2670

- Monitoring for Existing Tanks
- 6. Method
 - 1) Monthly Test
 - 2) Daily Vadose
 - Semi-annual groundwater
 - One time soil
 - 3) Daily Vadose
 - One time soil
 - Annual tank test
 - 4) Monthly Groundwater minima dock
 - One time soil
 - 5) Daily Inventory 0077a
 - Annual tank testing
 - Cont pipe leak det
 - Vadose/gndwater mon.
 - 6) Daily Inventory
 - Annual tank testing
 - Cont pipe leak det
 - 7) Weekly Tank Gauge St Bay
 - Annual tank tising
 - 8) Annual Tank Testing
 - Daily Inventory
 - 9) Other _____

- 7. Precls Tank Test 2643
 - Date: _____
- 8. Inventory Rec. 2644
- 9. Soil Testing 2646
- 10. Ground Water. 2647

- New Tanks
- 11. Monitor Plan 2632
 - 12. Access. Secure 2634
 - 13. Plans Submit 2711
 - Date: _____
 - 14. As Built 2635
 - Date: _____

Rev 6/88

Comments:

4 UGTS removed } Pump Wares of Emeryville
 2-10,000 gal diesel } Fire Dept was present
 1-10,000 gal gasoline } All tanks had tar wrapping.
 1-2500 gal gasoline }
 Hazardous Waste tanks - Erickson Exp. 5/92 (#205169)
 # manifests 90648124 & 90648131
 Groundwater present - site located in marina looking dock
 Floating product present
 Tanks had no visible holes. It appears that
 problem is from over spillage.
 Strong hydrocarbon odor & obvious soil
 discoloration.
 - Stockpiled soil must be characterized by color w/ photo.
 - All piping associated w/ former tanks must be
 removed & one sample per 20 linear ft. collected
 at piping trenches.
 - Floating product must be pumped out ASAP.
 - One soil sample collected from each end of the
 tank at soil/water interface (total of 8 samples)
 - One water sample collected.

Verification samples must be collected
 after limited over H excavation
 need to file an ULR.

Contact: _____ Inspector: _____
 Title: _____ Signature: Jason S. Hays
 Signature: Andrew Zouvalis
 *Excavation pit must be secured,

REMOVED 4/15/92

92 MAR 15 1:55

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 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		NAME OF OPERATOR <i>City of Emeryville</i>		
ADDRESS <i>3310 POWELL STREET</i>		NEAREST CROSS STREET	PARCEL # (OPTIONAL)	
CITY NAME <i>EMERYVILLE</i>		STATE <i>CA</i>	ZIP CODE <i>94608</i>	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 checked="" type="checkbox"/> LOCAL AGENCY DISTRICTS
TYPE OF BUSINESS		<input type="checkbox"/> COUNTY AGENCY	<input type="checkbox"/> STATE AGENCY	<input type="checkbox"/> FEDERAL AGENCY
<input checked="" type="checkbox"/> 1 GAS STATION	<input type="checkbox"/> 2 DISTRIBUTOR	<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE	E. P. A. I. D. # (optional)
<input type="checkbox"/> 3 FARM	<input type="checkbox"/> 4 PROCESSOR	<input type="checkbox"/> 5 OTHER		

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) <i>Juan C. Arreguin</i>	PHONE # WITH AREA CODE <i>(510) 596 4333</i>	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST) <i>Same as above</i>	PHONE # WITH AREA CODE	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME <i>City of Emeryville</i>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <i>2200 POWELL STREET</i>		<input checked="" type="checkbox"/> BOX TO INDICATE	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL AGENCY
CITY NAME <i>Emeryville</i>		<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> STATE AGENCY
STATE <i>ca</i>	ZIP CODE <i>94608</i>	<input type="checkbox"/> COUNTY AGENCY	<input type="checkbox"/> FEDERAL AGENCY	PHONE # WITH AREA CODE

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER <i>Same as above</i>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS		<input checked="" type="checkbox"/> BOX TO INDICATE	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL AGENCY
CITY NAME		<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> STATE AGENCY
STATE	ZIP CODE	<input type="checkbox"/> COUNTY AGENCY	<input type="checkbox"/> FEDERAL AGENCY	PHONE # WITH AREA CODE

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

TY (TK) HQ -

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 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

APPLICANT'S NAME (PRINTED & SIGNATURE) <i>Ahmad Skan</i>	APPLICANT'S TITLE <i>Civil Engineer</i>	DATE MONTH/DAY/YEAR <i>03/16/92</i>
---	--	--

LOCAL AGENCY USE ONLY

COUNTY # <input type="text" value=""/> <input type="text" value=""/>	JURISDICTION # <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	FACILITY # <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPVISOR - 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.

REMOVED 4/15/92



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

1:55

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 checked="" type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input type="checkbox"/> 8 TANK REMOVED

OWNER OR FACILITY NAME WHERE TANK IS INSTALLED:

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D.#	B. MANUFACTURED BY:
C. DATE INSTALLED (MO/DAY/YEAR)	D. TANK CAPACITY IN GALLONS: 10000 GAL

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

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E			
A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank)	<input 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"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		<input type="checkbox"/> 4 PHENOLIC LINING
D. 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
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) _____		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____

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

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

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

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

APPLICANT'S NAME (PRINTED & SIGNATURE) Ahmed S. Khan T.P.E.	DATE 03/16/92
--	------------------

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	

REMOVED 4/15/92



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

OWNER FACILITY NAME WHERE TANK IS INSTALLED:

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN
A. OWNER'S TANK I.D.# B. MANUFACTURED BY:
C. DATE INSTALLED (MO/DAY/YEAR) D. TANK CAPACITY IN GALLONS: 10000 GAL

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 1 PRODUCT 2 WASTE 3 DIESEL 4 GASAHOL 5 JET FUEL 6 AVIATION GAS 7 METHANOL 99 OTHER (DESCRIBE IN ITEM D. BELOW)
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED 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 SECONDARY CONTAINMENT (VAULTED TANK) 95 UNKNOWN 99 OTHER
B. TANK MATERIAL (Primary Tank): 1 BARE STEEL 2 STAINLESS STEEL 3 FIBERGLASS 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC 5 CONCRETE 6 POLYVINYL CHLORIDE 7 ALUMINUM 8 100% METHANOL COMPATIBLE W/FRP 9 BRONZE 10 GALVANIZED STEEL 95 UNKNOWN 99 OTHER
C. INTERIOR LINING: 1 RUBBER LINED 2 ALKYD LINING 3 EPOXY LINING 4 PHENOLIC LINING 5 GLASS LINING 6 UNLINED 95 UNKNOWN 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___
D. CORROSION PROTECTION: 1 POLYETHYLENE WRAP 2 COATING 3 VINYL WRAP 4 FIBERGLASS REINFORCED PLASTIC 5 CATHODIC PROTECTION 91 NONE 95 UNKNOWN 99 OTHER
E. SPILL AND OVERFILL: SPILL CONTAINMENT INSTALLED (YEAR) OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR)

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE
A. SYSTEM TYPE: A U 1 SUCTION 2 PRESSURE A U 3 GRAVITY A U 99 OTHER
B. CONSTRUCTION: A U 1 SINGLE WALL 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 95 UNKNOWN A U 99 OTHER
D. LEAK DETECTION: 1 AUTOMATIC LINE LEAK DETECTOR 2 LINE TIGHTNESS TESTING 3 INTERSTITIAL MONITORING 99 OTHER Unknown

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

VI. TANK CLOSURE INFORMATION
1. ESTIMATED DATE LAST USED (MO/DAY/YR) 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
APPLICANT'S NAME (PRINTED & SIGNATURE) Ahmad Shah T.P.E. DATE 03/16/92

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

REMOVED 4/15/92

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 checked="" type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED:

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D.#	B. MANUFACTURED BY:
C. DATE INSTALLED (MO/DAY/YEAR)	D. TANK CAPACITY IN GALLONS: 10000 GAL

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

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

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank)	<input 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"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		<input type="checkbox"/> 4 PHENOLIC LINING
D. 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
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) _____		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____

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

A. SYSTEM TYPE	A U 1 SUCTION	<input checked="" type="checkbox"/> 2 PRESSURE	A U 3 GRAVITY	A U 99 OTHER
B. CONSTRUCTION	<input checked="" type="checkbox"/> 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 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input checked="" type="checkbox"/> 99 OTHER Unknown

V. TANK LEAK DETECTION

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

VI. TANK CLOSURE INFORMATION

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

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

APPLICANT'S NAME (PRINTED & SIGNATURE) Ahmad Shah T.P.E.	DATE 03/16/92
--	---------------

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	

REMOVED 4/15/92



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:

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I. D. # B. MANUFACTURED BY: C. DATE INSTALLED (MO/DAY/YEAR) D. TANK CAPACITY IN GALLONS: 2500 GAL

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, 2 LEADED, 3 DIESEL, 4 GASAHOL, 5 JET FUEL, 6 AVIATION GAS, 7 METHANOL, 99 OTHER (DESCRIBE IN ITEM D. BELOW), D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED, 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 SECONDARY CONTAINMENT (VAULTED TANK), 95 UNKNOWN, 99 OTHER; B. TANK MATERIAL (Primary Tank): 1 BARE STEEL, 2 STAINLESS STEEL, 3 FIBERGLASS, 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC, 5 CONCRETE, 6 POLYVINYL CHLORIDE, 7 ALUMINUM, 8 100% METHANOL COMPATIBLE W/FRP, 9 BRONZE, 10 GALVANIZED STEEL, 95 UNKNOWN, 99 OTHER; C. INTERIOR LINING: 1 RUBBER LINED, 2 ALKYD LINING, 3 EPOXY LINING, 4 PHENOLIC LINING, 5 GLASS LINING, 6 UNLINED, 95 UNKNOWN, 99 OTHER; IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES NO; D. CORROSION PROTECTION: 1 POLYETHYLENE WRAP, 2 COATING, 3 VINYL WRAP, 4 FIBERGLASS REINFORCED PLASTIC, 5 CATHODIC PROTECTION, 91 NONE, 95 UNKNOWN, 99 OTHER; E. SPILL AND OVERFILL: SPILL CONTAINMENT INSTALLED (YEAR) OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR)

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

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

V. TANK LEAK DETECTION

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

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) 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

APPLICANT'S NAME (PRINTED & SIGNATURE) Ahmed Salah T.P.E. DATE 03/16/92

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