



Western Region Office

December 12, 1996

Mr. Barney Chan  
Alameda County Health Agency  
Division of Environmental Protection  
1131 Harbor Bay Parkway, 2nd. Floor  
Alameda, CA 94502

2, 7, 6, 7, 19, 11  
12 (15, 16, 17, 18)

Subject: Underground Tank Removals and Groundwater Monitoring - Oakland Plant

In a letter dated November 7, 1996, you requested information regarding the former underground storage tanks, their removal, monitoring and the status of remaining underground tanks at our Oakland plant. After collecting all available records and meeting with you Friday, December 6, 1996, I copied the material we agreed was appropriate for your review.

The following material is enclosed as requested.

- Enclosure 1: Letter dated June 29, 1984 with eleven storage tank registrations.
- Enclosure 2: Memo dated June 18, 1986 specifying tank removal and reinstallation work to be done by contractor.
- Enclosure 3: Letter dated July 18, 1986 from W. Long to RWQCB re: potential leak.
- Enclosure 4: Lab report dated July 25, 1986 of soil and water sample analyses.
- Enclosure 5: Hazardous Waste Manifests (17) dated 1/7, 2/18, 2/26, 2/27 and 5/6/87 for the shipment and disposal of soil and debris contaminated with diesel fuel.
- Enclosure 6: Letter dated February 20, 1987 and report entitled Soil and Groundwater Contamination Investigation.
- Enclosure 7: Site plan drawing with boring and monitoring well locations.
- Enclosure 8: Letter dated March 4, 1987 reporting the removal of two 24,000 gal. tanks.
- Enclosure 9: Letter dated March 5, 1987 from W. Long to the RWQCB regarding tank removals, disposal of contaminated soil, exploratory borings and the installation of monitoring and recovery wells.



- Enclosure 10: Letter dated May 5, 1987 - Quarterly groundwater report.
- Enclosure 11: Letter dated May 26, 1987 regarding the status of the subsurface tanks and pipeline closure.
- Enclosure 12: Letter dated October 16, 1987 - Quarterly groundwater report.
- Enclosure 13: Letter dated January 27, 1988 - Quarterly groundwater report.
- Enclosure 14: Letter dated April 19, 1988 - Quarterly groundwater report.
- Enclosure 15: Memo dated August 10, 1988 - Storage Tank List  
(Details of the four new tanks - two underground and two above ground)
- Enclosure 16: Letter dated November 8, 1988 - Quarterly groundwater report.
- Enclosure 17: Letter dated February 2, 1989 - Quarterly groundwater report.
- Enclosure 18: Letter dated February 9, 1989 - Status of remediation and monitoring.
- Enclosure 19: Memo dated April 28, 1989 regarding the installation of recovery wells.
- Enclosure 20: MSDS sheets for gasoline, diesel, machine lube oil and kleenmold.

I trust this information will satisfy your request. If you have questions about the material or would like to discuss the related activities, give me a call at 510-734-6276.

Very truly yours,



Robert C. Neal, P.E.  
Environmental Administrator

OWENS-ILLINOIS

F Oakland - Water

File  
35.0



Enclosure 1:

June 29, 1984

STATE OF CALIFORNIA  
STATE WATER RESOURCES CONTROL BOARD  
HAZARDOUS SUBSTANCE STORAGE STATEMENT  
P.O. BOX 100  
SACRAMENTO, CA., 95801-0100

Gentlemen:

Attached are eleven completed Hazardous Substance Storage Statements.

Also attached is our check number #61089 dated June 29, 1984, in the amount of \$110.00 - covering the registration fee.

Sincerely,

D. M. SORENSEN  
OWENS-ILLINOIS, INC.

DMS/rv  
attach....

bcc: Mr. Tom Duwe - Oakland  
Mr. Ricardo Rutte - Oakland  
Mr. Roger Sandstrom - Oakland  
Mr. Walt Long - Toledo

California Water Resources Control Board  
**Hazardous Substance Storage Statement**



**Who Must File:** Each person storing hazardous substances in any underground container must file this form no later than July 1, 1984 (after October 1, 1984 and no later than January 1, 1985 for tanks used on farms).

**Definition of Underground Containers:** The law applies to "concrete sumps, non-vented buried tanks or other underground containers" (Water Code Section 13173) at containers, including earthen water pits, ponds, lagoons and sumps that are below the normal ground surface level must register. A tank sitting on the ground is not included. Containers partially beneath the surface are included. Lined or unlined pits, ponds and lagoons are covered if earth has been removed from the storage area to construct the facility. Normal grading is not considered construction below ground level.

**Definition of Hazardous Substance:** Any substance listed in Section 6382 of the Labor Code or in Section 25316 of the Health and Safety Code. This includes gasoline, diesel fuel, all industrial solvents, pesticides, herbicides and fungicides. If the material must be carried by a registered hauler, disposed of at a hazardous waste site, is explosive, generates pressure due to heat or decomposition or would harm humans or wildlife you must register the tank. Wastes are included.

**Fee:** For each tank requiring a \$16 fee must be paid except that inland pipeline stations pay \$5 per tank.

**Penalties:** For failure to file, the penalty is \$500-\$5,000 per day. If you lack information, you can be fined up to \$20,000 for each day the information is incorrect and has not been corrected.

**Confidentiality:** If you have information protected by trade secret laws, please attach a list of the information on this form that is confidential and the justification for confidentiality, including specific citations of relevant statutory and case law.

**Multiple Containers:** Fill I and II on one form and leave it blank on all the remaining forms. Attach all forms together securely. If you own more than 50 tanks you can file information on computer tape. Call 916/324-1262 for information.

This is not a Permit Application. All Underground Tanks will be subject to local regulation. Some jurisdictions have already begun programs. Check with your local county government for further information.

**NOTE: ALL UNDERGROUND CONTAINERS MUST REGISTER EVEN IF STATE AND/OR LOCAL PERMITS ARE IN FORCE.**

**I Owner**

Name (Corporation, Partnership or Public Agency) <b>OWENS-ILLINOIS, INC.</b>			
Street Address <b>One Segate</b>	City <b>Toledo</b>	State <b>OH</b>	Zip <b>43666</b>

**II Facility**

Facility Name <b>OWENS-ILLINOIS</b>		Owner, Foreman, Supervisor	
Street Address <b>3600 Alameda Avenue</b>		Nearest Cross Street <b>Fruitvale Avenue</b>	
City <b>Oakland</b>	County <b>Alameda</b>	Zip <b>94601</b>	
Mailing Address <b>P.O. Box 1019</b>		City <b>Oakland</b>	State <b>CA</b> Zip <b>94604</b>
Phone - area code <b>415-436-2000</b>		Type of Business <input type="checkbox"/> Motor Vehicle Fuel Station <input checked="" type="checkbox"/> Other <b>Manufacturing</b>	
Number of Tanks at the Facility <b>11</b>	Rural Areas Only	Township	Range Section

**III 24 Hour Emergency Contact Person**

Day home last name first and phone - area code <b>T. I. Duwe 415-436-2058</b>	Night home last name first and phone - area code <b>T. I. Duwe 415-436-2058</b>
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**COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER Diesel (Gardner Real)**

**IV Description**

A. <input checked="" type="checkbox"/> Tank <input type="checkbox"/> Sump <input type="checkbox"/> Lagoon, Pit or Pond <input type="checkbox"/> Other		Container number in phone or DEWREG 83875 PCL <b>Tank #2</b>
B. Manufacturer (if appropriate): _____ Year of Mfg.: _____		C. Year Installed: _____ <input checked="" type="checkbox"/> Unknown
D. Container Capacity: <b>500</b> gallons <input type="checkbox"/> Unknown	E. Container Repairs: <input type="checkbox"/> None <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Yes Year: _____	
F. Is Container currently used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, year of last use: _____ <input type="checkbox"/> Unknown		
G. Does the Container Store (Check One): <input type="checkbox"/> Waste <input checked="" type="checkbox"/> Product		
H. Does the Container Store Motor Vehicle Fuel or Waste Oil? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Check appropriate box(es): <input type="checkbox"/> Unleaded <input type="checkbox"/> Regular <input type="checkbox"/> Premium <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> Other (List) _____		

**V Container Construction**

A. Thickness of Primary Containment: _____ <input type="checkbox"/> Gauge <input type="checkbox"/> Inches <input type="checkbox"/> cm <input checked="" type="checkbox"/> Unknown
B. <input type="checkbox"/> Vaulted (Located in an underground Vault) <input checked="" type="checkbox"/> Non-vaulted <input type="checkbox"/> Unknown
C. <input type="checkbox"/> Double Walled <input type="checkbox"/> Single Walled <input type="checkbox"/> Lined <input type="checkbox"/> Wrapped <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> None
D. <input type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Polyvinyl Chloride <input type="checkbox"/> Concrete <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel Clad <input type="checkbox"/> Bronze <input type="checkbox"/> Composite <input type="checkbox"/> Non-metallic <input type="checkbox"/> Earthen Walls <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Other _____
E. <input type="checkbox"/> Rubber Lined <input type="checkbox"/> Alkyd Lining <input type="checkbox"/> Epoxy Lining <input type="checkbox"/> Phenolic Lining <input type="checkbox"/> Glass Lining <input type="checkbox"/> Clay Lining <input type="checkbox"/> Unlined <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Other _____
F. _____ <input checked="" type="checkbox"/>

*#2 on 5/2/77 plus*

VI Piping

A. Associated Piping  Above Ground  Underground  Vaulted

B. Underground Piping  Gravity  Pressure  Suction  Unknown

C. Piping Repairs  None  Unknown  Yes Year of most recent repair \_\_\_\_\_

VII Leak Detection

Visual  Stock Inventory  Tile Drain  Vapor Sniff Wells  Sensor Instrument

Ground Water Monitoring Wells  Pressure Test  Internal Inspection  None

Other \_\_\_\_\_

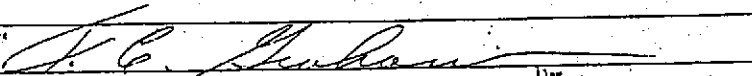
VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers  
If you checked yes to IV-H you are not required to complete this section

Currently stored	Previously stored	CAS # (if known)	Chemical ID: Use Commercial name (Use additional page for misc. items)
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

Is Container located on an Agricultural Farm?  Yes  No

IX IMPORTANT! Read instructions before signing:

Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located; 2) a general partner, proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency.  
This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.

Signature 	Date June 29, 1984
Printed name T. C. GRAHAM	Title PLANT MANAGER
	Phone # (Area Code) 415-436-2056

Send check for Hazardous Substance Storage Statement, State Water Resources Control Board, P.O. Box 100, Sacramento, CA 95801-0100

Person Filing Statement	Phone # (Area Code)
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For additional forms or more information call 916/324-1262

FOR STATE USE ONLY


California Water Resources Control Board  
**Hazardous Substance Storage Statement**



**Who Must File:** Each person storing hazardous substances in any underground container must file this form no later than July 1, 1984 under Ordinance 1982 and no later than January 1, 1985 for later versions of the form.

**Definition of Underground Containers:** The law applies to concrete sumps, non-vaulted buried tanks or other underground containers (Water Code section 13173) all containers including earthen walled pits, ponds, lagoons and sumps, that are below the normal ground surface level must register. A tank sitting on the ground is not included. Containers partially beneath the surface are included. Lined or unlined pits, ponds and lagoons are covered if earth has been removed from the storage area to construct the facility. Normal grading is not considered construction below ground level.

**Definition of Hazardous Substance:** Any substance listed in Section 6362 of the Labor Code or in Section 25316 of the Health and Safety Code. This includes gasoline, diesel fuel, all industrial solvents, pesticides, herbicides and fumigants. If the material must be carried by a registered hauler, disposed of at a hazardous waste site, is explosive, generates pressure due to heat or decomposition or would harm humans or wildlife you must register.

the tank wastes are included.

**Fee:** For each tank registered a \$11 fee must be paid except that initial gasoline stations pay \$5 per tank.

**Penalties:** For failure to file, the penalty is \$500-\$5,000 per day. If you falsify information, you can be fined up to \$20,000 for each day the information is incorrect and has not been corrected.

**Confidentiality:** If you have information protected by trade secret laws please attach a list of the information on this form that is confidential and the justification for confidentiality including specific citations of relevant statutory and case law.

**Multiple Containers:** Fill I and II on one form and leave it blank on all the remaining forms. Attach all forms together securely. If you own more than 50 tanks you can file the information on computer tape. Call 916/324-1262 for information.

This is not a Permit Application. All Underground Tanks will be subject to local regulation. Some jurisdictions have already begun programs. Check with your local county government for further information.

**NOTE: ALL UNDERGROUND CONTAINERS MUST REGISTER EVEN IF STATE AND/OR LOCAL PERMITS ARE IN FORCE.**

**I Owner**

Name (Corporation, Partnership or Public Agency) <b>OWENS-ILLINOIS, INC.</b>			
Street Address <b>One Segate</b>	City <b>Toledo</b>	State <b>OH</b>	ZIP <b>43666</b>

**II Facility**

Factory Name <b>OWENS-ILLINOIS, INC.</b>		Owner, Foreman, Supervisor	
Street Address <b>3600 Alameda Avenue</b>		Nearest Cross Street <b>Fruitvale Ave.</b>	
City <b>Oakland</b>	County <b>Alameda</b>	ZIP <b>94601</b>	
Mailing Address <b>P. O. Box 1019</b>		City <b>Oakland</b>	State, ZIP <b>CA. 94604</b>
Phone - area code <b>415-436-2000</b>		Type of Business <input type="checkbox"/> Motor Vehicle Fuel Station <input checked="" type="checkbox"/> Other: <b>Manufacturing</b>	
Number of Tanks at this Facility <b>11</b>	Rural Areas Only	Township	Range
Section			

**III 24 Hour Emergency Contact Person**

Day Name, last name first, and phone - area code <b>T. I. DUWE 415-436-2058</b>	Night Name, last name first, and phone - area code <b>T. I. DUWE 415-436-2058</b>
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COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER (Diesel Fuel) **5-3**

**IV Description**

A. <input checked="" type="checkbox"/> Tank <input type="checkbox"/> Sump <input type="checkbox"/> Lagoon, Pit or Pond <input type="checkbox"/> Other: _____		Container Number in case of fire (do not stamp on tank) <b>Tank #1</b>
B. Manufacturer (if appropriate): _____ Year of Mfg.: _____		C. Year Installed: <b>1937</b> <input type="checkbox"/> Unknown
D. Container Capacity: <b>4000</b> gallons <input type="checkbox"/> Unknown	E. Container Repairs: <input type="checkbox"/> None <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Yes Year: _____	
F. Is Container currently used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, year of last use: _____ <input type="checkbox"/> Unknown		
G. Does the Container Store (Check One): <input type="checkbox"/> Waste <input checked="" type="checkbox"/> Product		
H. Does the Container Store Motor Vehicle Fuel or Waste Oil? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Check appropriate box(es): <input type="checkbox"/> Unleaded <input type="checkbox"/> Regular <input type="checkbox"/> Premium <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> Other (List): _____		

**V Container Construction**

A. Thickness of Primary Containment: _____ <input type="checkbox"/> Gauge <input type="checkbox"/> Inches <input type="checkbox"/> cm <input checked="" type="checkbox"/> Unknown
B. <input type="checkbox"/> Vaulted (Located in an underground Vault) <input checked="" type="checkbox"/> Non-vaulted <input type="checkbox"/> Unknown
C. <input type="checkbox"/> Double Walled <input type="checkbox"/> Single Walled <input type="checkbox"/> Lined <input type="checkbox"/> Wrapped <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> None
D. <input type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Polyvinyl Chloride <input type="checkbox"/> Concrete <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel Clad <input type="checkbox"/> Bronze <input type="checkbox"/> Composite <input type="checkbox"/> Non-metallic <input type="checkbox"/> Earthen Walls <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Other: _____
E. <input type="checkbox"/> Rubber Lined <input type="checkbox"/> Alkyd Lining <input type="checkbox"/> Epoxy Lining <input type="checkbox"/> Phenolic Lining <input type="checkbox"/> Glass Lining <input type="checkbox"/> Clay Lining <input type="checkbox"/> <del>Other</del> <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Other: _____
F. <input type="checkbox"/> <del>Other</del> <input checked="" type="checkbox"/> Other: _____

**VI Piping**

**A** Associated Piping:  Above Ground  Underground  Valved

**B** Underground Piping:  Gravity  Pressure  Suction  Unknown

**C** Piping Repairs:  None  Unknown  Yes Year of most recent repair: \_\_\_\_\_

**VII Leak Detection**

Visual  Stock Inventory  Tie Drain  Vapor Sniff Wells  Sensor Instrument

Ground Water Monitoring Wells  Pressure Test  Internal Inspection  None

Other: \_\_\_\_\_

**VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers**  
If you checked YES to IV-H you are not required to complete this section

Currently Stored	Previously Stored	CAS # (if known)	Chemical Do Not Use Commercial Name Use additional paper for more room
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
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<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

Is Container located on an Agricultural Farm?  Yes  No

**IX IMPORTANT! Read instructions before signing:**

Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located, 2) a general partner, proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency.  
This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.

Signature <i>T. C. Graham</i>	Date June 29, 1984
Printed Name T. C. GRAHAM	Title PLANT MANAGER Phone - Area Code 415-426-2056

Send check to: Hazardous Substance Storage Statement, State Water Resources Control Board, P.O. Box 100, Sacramento, CA 95801-0100

Person Using Statement	Signature Area Code
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For additional forms or more information call 916/324-1262

**FOR STATE USE ONLY**

State	County	City	Zip

California Water Resources Control Board  
**Hazardous Substance Storage Statement**



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Definition of Underground Containers: The law applies to "concrete sumps, non-vaulted sump tanks or other underground containers" (Water Code section 12173). All containers including earthen walled pits, ponds, lagoons and sumps that are below the normal ground surface level must register. A tank sitting on the ground is not included. Containers partially beneath the surface are included. Lined or unlined pits, ponds and lagoons are covered if earth has been removed from the storage area to construct the facility. Normal plating is not considered construction below ground level.

Definition of Hazardous Substance: Any substance listed in Section 6382 of the Labor Code or in Section 25316 of the Health and Safety Code. This includes gasoline, diesel fuel, all industrial solvents, pesticides, herbicides and fungicides. If the material must be carried by a registered hauler, disposed of at a hazardous waste site, is explosive, generates pressure due to heat or decomposition or would harm humans or wildlife you must register.

and tank. Wastes are included.

Fees: For each tank requiring a \$10 fee must be paid except that retail gasoline stations pay \$5 per tank.

Penalties: For failure to file, the penalty is \$500-\$5,000 per day. If you falsify information, you can be fined up to \$20,000 for each day the information is incorrect and has not been corrected.

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**I Owner**

Name (Corporation, Individual or Public Agency) <b>OWENS-ILLINOIS, INC.</b>			
Street Address <b>One Segate</b>	City <b>Toledo</b>	State <b>OH</b>	Zip <b>43666</b>

**II Facility**

Facility Name <b>Owens-Illinois</b>		Design: Foreman/Supervisor	
Street Address <b>3600 Alameda Ave.</b>		Avenue/Cross Street <b>Fruitvale Avenue</b>	
City <b>Oakland</b>	County <b>Alameda</b>	Zip <b>94601</b>	
Mailing Address <b>P.O. Box 1019</b>		City <b>Oakland</b>	State <b>CA</b> Zip <b>94604</b>
Phone - Area Code <b>415-436-2058</b>		Type of Business <input type="checkbox"/> Motor Vehicle Fuel Station <input checked="" type="checkbox"/> Other: <b>Manufacturing</b>	
Number of Tanks at this Facility <b>11</b>	Rural Areas Only:	Township	Range Section

**III 24 Hour Emergency Contact Person**

Day: Name (last, first, middle) and Phone - Area Code <b>T. I. Duwe 415-436-2058</b>	Night: Name (last, first, middle) and Phone - Area Code <b>T. I. Duwe 415-436-2058</b>
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COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

*Furnace Standby Fuel-oil*

*S-6*

**IV Description**

A. <input checked="" type="checkbox"/> Tank <input type="checkbox"/> Sump <input type="checkbox"/> Lagoon, Pit or Pond <input type="checkbox"/> Other: _____		Container Number (if there is no number assign one): <b>Tank #6</b>
B. Manufacturer (if appropriate): _____	Year of Mfg.: _____	C. Year Installed: <b>1970</b> <input type="checkbox"/> Unknown
D. Container Capacity: <b>24,000</b> gallons <input type="checkbox"/> Unknown	E. Container Repairs: <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Yes Year: _____	
F. Is Container currently used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If No, year of last use: _____ <input type="checkbox"/> Unknown		
G. Does the Container Store (Check One): <input type="checkbox"/> Waste <input checked="" type="checkbox"/> Product		
H. Does the Container Store Motor Vehicle Fuel or Waste Oil? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If Yes, Check appropriate box(es): <input type="checkbox"/> Unleaded <input type="checkbox"/> Regular <input type="checkbox"/> Premium <input type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> Other (List): _____		

**V Container Construction**

A. Thickness of Primary Containment: _____ <input type="checkbox"/> Gauge <input type="checkbox"/> Inches <input type="checkbox"/> cm <input checked="" type="checkbox"/> Unknown
B. <input type="checkbox"/> Vaulted (Located in an underground Vault) <input checked="" type="checkbox"/> Non-vaulted <input type="checkbox"/> Unknown
C. <input type="checkbox"/> Double Walled <input type="checkbox"/> Single Walled <input type="checkbox"/> Lined <input type="checkbox"/> Wrapped <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> None
D. <input type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Polyvinyl Chloride <input type="checkbox"/> Concrete <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel Clad <input type="checkbox"/> Bronze <input type="checkbox"/> Composite <input type="checkbox"/> Non-metallic <input type="checkbox"/> Earthen Walls <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Other: _____
E. <input type="checkbox"/> Rubber Lined <input type="checkbox"/> Alkyd Lining <input type="checkbox"/> Epoxy Lining <input type="checkbox"/> Phenolic Lining <input type="checkbox"/> Glass Lining <input type="checkbox"/> Clay Lining <input type="checkbox"/> Lined <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Other: _____
F. <input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/>



**VI Piping**

A Associated Piping	<input type="checkbox"/> Above Ground	<input checked="" type="checkbox"/> Underground	<input type="checkbox"/> Valved	
B Underground Piping	<input type="checkbox"/> Gravity	<input type="checkbox"/> Pressure	<input checked="" type="checkbox"/> Suction	<input type="checkbox"/> Unknown
C Piping Repairs	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Unknown	<input type="checkbox"/> Yes Year of most recent repair: _____	

**VII Leak Detection**

<input type="checkbox"/> Visual	<input checked="" type="checkbox"/> Stock Inventory	<input type="checkbox"/> Tile Drain	<input type="checkbox"/> Vapor Sniff Wells	<input type="checkbox"/> Sensor Instrument
<input type="checkbox"/> Ground Water Monitoring Wells	<input type="checkbox"/> Pressure Test	<input type="checkbox"/> Internal Inspection	<input type="checkbox"/> None	
<input type="checkbox"/> Other _____				

**VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers**  
If you checked yes to IV-H you are not required to complete this section.

currently stored	previously stored	CAS # or synonym	Chemical Symbol, Use Commercial Name, IUSE additional page for more info.
<input checked="" type="checkbox"/>	<input type="checkbox"/>		No. 2 Fuel Oil
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
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<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

Is Container located on an Agricultural Farm?  Yes  No

**IX IMPORTANT! Read instructions before signing:**

Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency.  
This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.

Signature <i>T. C. Graham</i>	Date June 29, 1984
Printed name T. C. GRAHAM	Title Plant Manager
	Phone - area code 415-436-2056

Send check to: Hazardous Substance Storage Statement, State Water Resources Control Board, P.O. Box 100, Sacramento, CA 95831-0100

Person filling Statement	Printed name
--------------------------	--------------

For additional forms or more information call 916/324-1262

**FOR STATE USE ONLY**


California Water Resources Control Board  
**Hazardous Substance Storage Statement**



**Who Must File:** Each person storing hazardous substances in any underground container must file this form no later than July 1, 1982 (later October 1, 1982 and no later than January 1, 1985 for tanks used on farms).

**Definition of Underground Containers:** The law applies to "concrete tanks, non-silled buried tanks or other underground containers" (Water Code section 13172). All containers, including earthen-walled pits, ponds, lagoons and sumps, that are below the normal ground surface level must register. A tank sitting on the ground is not included. Containers partially beneath the surface are included. Lined or unlined pits, ponds and lagoons are covered if earth has been removed from the storage area to construct the facility. Normal grading is not considered construction below ground level.

**Definition of Hazardous Substance:** Any substance listed in Section 6362 of the Labor Code or in Section 25316 of the Health and Safety Code. This includes gasoline, diesel fuel, all industrial solvents, pesticides, herbicides and fungicides. If the material must be carried by a registered hauler, disposed of at a hazardous waste site, is explosive, generates pressure due to heat or decomposition or would harm humans or wildlife you must register the tank. Wastes are included.

**Fee:** For each tank registered a \$10 fee must be paid, except that initial gasping stations pay \$5 per tank.

**Penalties:** For failure to file, the penalty is \$500-\$5,000 per day. If you falsify information, you can be fined up to \$20,000 for each day the information is incorrect and has not been corrected.

**Confidentiality:** If you have information protected by trade secret laws, please attach a list of the information on this form that is confidential and the justification for confidentiality, including specific citations of relevant statutory and case law.

**Multiple Containers:** Fill I and II on one form and leave it blank on all the remaining forms. Attach all forms together securely. If you own more than 50 tanks you can file information on computer tape. Call 916/324-1262 for information.

This is not a Permit Application. All Underground Tanks will be subject to local regulation. Some jurisdictions have already begun programs. Check with your local county government for further information.

**NOTE: ALL UNDERGROUND CONTAINERS MUST REGISTER EVEN IF STATE AND/OR LOCAL PERMITS ARE IN FORCE.**

**I Owner**

Name (Corporation, Individual or Public Agency) <b>OWENS-ILLINOIS, INC.</b>			
Street Address <b>One Seagate</b>		City <b>Toledo</b>	State ZIP <b>OH 43666</b>

**II Facility**

Factory Name <b>Owens-Illinois</b>		Owner, Foreman, Supervisor	
Street Address <b>3600 Alameda Avenue</b>		Nearest Cross Street <b>Fruitvale Avenue</b>	
City <b>Oakland</b>	County <b>Alameda</b>	ZIP <b>946-1</b>	
Mailing Address <b>P. O. Box 1019</b>		City <b>Oakland</b>	State ZIP <b>CA 94604</b>
Phone Number (Area Code) <b>415-436-2000</b>		Type of Business <input type="checkbox"/> Motor Vehicle Fuel Station <input checked="" type="checkbox"/> Other: <b>Manufacturing</b>	
Number of Tanks at this Facility <b>11</b>	Rural Areas Only	Township	Range Section

**III 24 Hour Emergency Contact Person**

Day Name (Last, First and Middle) and Phone Number (Area Code) <b>T. I. Duwe 415-436-2058</b>	Night Name (Last, First and Middle) and Phone Number (Area Code) <b>T. I. Duwe 415-436-2058</b>
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COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER *Future standby Fuel-Oil*

**IV Description**

A. <input checked="" type="checkbox"/> Tank <input type="checkbox"/> Sump <input type="checkbox"/> Lagoon, Pit or Pond <input type="checkbox"/> Other: _____		Container Number if more than one: <b>Tank # 7</b>
B. Manufacturer (if appropriate): _____	Year of Mfg.: _____	C. Year Installed: <b>1970</b> <input type="checkbox"/> Unknown
D. Container Capacity: <b>24,000</b> gallons <input type="checkbox"/> Unknown	E. Container Repairs: <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Yes Year: _____	
F. Is Container currently used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If No, year of last use: _____ <input type="checkbox"/> Unknown		
G. Does the Container Store (Check One): <input type="checkbox"/> Waste <input checked="" type="checkbox"/> Product		
H. Does the Container Store Motor Vehicle Fuel or Waste Oil? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. If Yes, Check appropriate box(es): <input type="checkbox"/> Unleaded <input type="checkbox"/> Regular <input type="checkbox"/> Premium <input type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> Other (List): _____		

**V Container Construction**

A. Thickness of Primary Containment _____ <input type="checkbox"/> Gauge <input type="checkbox"/> Inches <input type="checkbox"/> cm <input checked="" type="checkbox"/> Unknown
B. <input type="checkbox"/> Vaulted (Located in an underground Vault) <input checked="" type="checkbox"/> Non-vaulted <input type="checkbox"/> Unknown
C. <input type="checkbox"/> Double Walled <input type="checkbox"/> Single Walled <input type="checkbox"/> Lined <input type="checkbox"/> Wrapped <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> None
D. <input type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Polyvinyl Chloride <input type="checkbox"/> Concrete <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel Clad <input type="checkbox"/> Bronze <input type="checkbox"/> Composite <input type="checkbox"/> Non-metallic <input type="checkbox"/> Earthen Walls <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Other: _____
E. <input type="checkbox"/> Rubber Lined <input type="checkbox"/> Alkyd Lining <input type="checkbox"/> Epoxy Lining <input type="checkbox"/> Phenolic Lining <input type="checkbox"/> Glass Lining <input type="checkbox"/> Clay Lining <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Other: _____
F. <input type="checkbox"/> Other: _____

5-7

**VI Piping**

A. Associated Piping  Above Ground  Underground  Ventilated

B. Underground Piping  Gravity  Pressure  Suction  Unknown

C. Piping Repairs  None  Unknown  Yes Year of most recent repair: \_\_\_\_\_

**VII Leak Detection**

Visual  Stock Inventory  Tile Drain  Vapor Sniff Wells  Sensor Instrument

Ground Water Monitoring Wells  Pressure Test  Internal Inspection  None

Other \_\_\_\_\_

**VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers**  
 If you checked yes to IV-H you are not required to complete this section

Currently stored	Previously stored	CAS # (if known)	Chemical ID No. Use Commercial Name (Use additional paper for more room)
<input checked="" type="checkbox"/>	<input type="checkbox"/>		No. 2 Fuel Oil
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

Is Container located on an Agricultural Farm?  Yes  No

**IX IMPORTANT! Read instructions before signing:**

Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located; 2) a general partner, proprietor, or 3) a principal executive officer, ranking elected official, or authorized representative of a public agency.  
 This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.

Signature: T. C. Graham Date: June 29, 1984

Printed name: T. C. GRAHAM Title: PLANT MANAGER Phone - area code: 415-436-2056

Send check to: Hazardous Substance Storage Statement, State Water Resources Control Board, P.O. Box 100, Sacramento, CA 95831-0100

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

For additional forms or more information call 916/324-1252

**FOR STATE USE ONLY**


California Water Resources Control Board  
**Hazardous Substance Storage Statement**



Who Must File: Each person storing hazardous substances in any underground container must file this form no later than July 1, 1982 (Water Code section 1502) and no later than January 1, 1985 for tanks used on farms.

Definition of Underground Containers: The law applies to concrete sumps, nonvalued buried tanks or other underground containers (Water Code section 15173). All containers including earthen walled pits, ponds, lagoons and sumps that are below the normal ground surface level must register. A tank sitting on the ground is not included. Containers partially beneath the surface are included. Lined or unlined pits, ponds and lagoons are covered if earth has been removed from the storage area to construct the facility. Normal grading is not considered construction below ground level.

Definition of Hazardous Substance: Any substance listed in Section 6382 of the Labor Code or in Section 25316 of the Health and Safety Code. This includes gasoline, diesel fuel, all industrial solvents, pesticides, herbicides and fungicides. If the material must be carried by a registered hauler, disposed of at a hazardous waste site, is explosive, generates pressure due to heat or decomposition or would harm humans or wildlife you must register.

the tank. Wastes are included.

Fee: For each tank registering a \$10 fee must be paid except that initial gasoline stations pay \$5 per tank.

Penalties: For failure to file, the penalty is \$500-\$5,000 per day. If you lack any information, you can be fined up to \$20,000 for each day the information is incorrect and has not been corrected.

Confidentiality: If you have information protected by trade secret laws, please attach a list of the information on this form that is confidential and the justification for confidentiality, including specific citations of relevant statutory and case law.

Multiple Containers: Fill I and II on one form and leave a blank on all the remaining forms. Attach all forms together securely. If you own more than 50 tanks you can file information on computer tape. Call 916-324-1262 for information.

This is not a Permit Application. All Underground Tanks will be subject to local regulation. Some jurisdictions have already begun programs. Check with your local county government for further information.

NOTE: ALL UNDERGROUND CONTAINERS MUST REGISTER EVEN IF STATE AND/OR LOCAL PERMITS ARE IN FORCE.

**I Owner**

Name (Corporation, Partnership or Public Agency): **OWENS-ILLINOIS, INC.**

Street Address: **One Segate** City: **Toledo** State: **OH** ZIP: **43666**

**II Facility**

Facility Name: **Owens-Illinois** Designation: **Subsidiary**

Street Address: **3600 Alameda Avenue** Nearest Cross Street: **Fruitvale Avenue**

City: **Oakland** County: **Alameda** ZIP: **94601**

Mailing Address: **P. O. Box 1019** City: **Oakland** State: **CA** ZIP: **94604**

Phone - area code: **415-436-2000** Type of Business:  Motor Vehicle Fuel Station  Other: **Manufacturing**

Number of Tanks at this Facility: **11** Rural Areas Only:  Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_

**III 24 Hour Emergency Contact Person**

Day Name (last name first) and Phone - area code: **T. I. DUWE 415-436-2058** Night Name (last name first) and Phone - area code: **T. I. Duwe 415-436-2058**

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER *Forming Machine Cube 2/11*

**IV Description**

A.  Tank  Sump  Lagoon, Pit or Pond  Other: \_\_\_\_\_ Container Number (if there is no number assign one): **Tank #9**

B. Manufacturer (if appropriate): \_\_\_\_\_ Year of Mfg.: \_\_\_\_\_ C. Year Installed: **1937**  Unknown

D. Container Capacity: **8300** gallons  Unknown E. Container Repairs:  None  Unknown  Yes Year: \_\_\_\_\_

F. Is Container currently used?  Yes  No If No, year of last use: \_\_\_\_\_  Unknown

G. Does the Container Store (Check One):  Waste  Product

H. Does the Container Store Motor Vehicle Fuel or Waste Oil?  Yes  No If Yes, Check appropriate box(es):  
 Unleaded  Regular  Premium  Diesel  Waste Oil  Other (List): \_\_\_\_\_

**V Container Construction**

A. Thickness of Primary Containment: \_\_\_\_\_  Gauge  Inches  cm  Unknown

B.  Vaulted (Located in an underground Vault)  Non-vaulted  Unknown

C.  Double Walled  Single Walled  Lined  Wrapped  Unknown  None

D.  Carbon Steel  Stainless Steel  Fiberglass  Polyvinyl Chloride  Concrete  Aluminum  
 Steel Clad  Bronze  Composite  Non-metallic  Earthen Walls  
 Unknown  Other: \_\_\_\_\_

E.  Rubber Lined  Alkyd Lining  Epoxy Lining  Phenolic Lining  Glass Lining  Clay Lining  
 Unlined  Unknown  Other: \_\_\_\_\_

F.  Other: \_\_\_\_\_

VI Piping

A Association Piping  Above Ground  Underground  Vaulted

B Underground Piping  Gravity  Pressure  Suction  Unknown

C Piping Repairs  None  Unknown  Yes Year of most recent repair: \_\_\_\_\_

VII Leak Detection

Visual  Stock Inventory  Tile Drain  Vapor Sniff Wells  Sensor Instrument

Ground Water Monitoring Wells  Pressure Test  Internal Inspection  None

Other \_\_\_\_\_

VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers  
If you checked yes to IV-H you are not required to complete this section

currently stored	previously stored	CAS # (if known)	Chemical Use Chemical Name (Use additional paper to more room)
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Chevron Class 100 Lube oil
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

Is Container located on an Agricultural Farm?  Yes  No

IX IMPORTANT! Read instructions before signing:

Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency.  
This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct

Signature: *T. C. Graham* Date: June 29, 1984

Printed name: T. C. GRAHAM Title: PLANT MANAGER Phone - area code: 415-436-2056

Send check to: Hazardous Substance Storage Statement, State Water Resources Control Board, P.O. Box 100, Sacramento, CA 95801-0100

Person Using Statement: \_\_\_\_\_ Phone - area code: \_\_\_\_\_

For additional forms or more information call 916/324-1262

FOR STATE USE ONLY


California Water Resources Control Board  
**Hazardous Substance Storage Statement**



**Who Must File:** Each person storing hazardous substances in any underground container must file this form no later than July 1, 1984 (After October 1, 1984 and no later than January 1, 1985 for tanks used on farms).

**Definition of Underground Containers:** The law applies to concrete sumps, non-vented buried tanks or other underground containers (Water Code section 13173). All containers, including earthen walled pits, ponds, lagoons and sumps that are below the normal ground surface level must register. A tank sitting on the ground is not included. Containers partially beneath the surface are included. Lined or unlined pits, ponds and lagoons are covered if earth has been removed from the storage area to construct the facility. Normal grading is not considered construction below ground level.

**Definition of Hazardous Substances:** Any substance listed in Section 6362 of the Labor Code or in Section 25316 of the Health and Safety Code. This includes gasoline, diesel fuel, all industrial solvents, pesticides, herbicides and fumigants. If the material must be carried by a registered hauler, disposed of at a hazardous waste site, is explosive, generates pressure due to heat or decomposition or would harm humans or wildlife you must register.

Hazardous Wastes are included.  
**Fees:** For each tank registered a \$16 fee must be paid, except that retail gasoline stations pay \$5 per tank.  
**Penalties:** For failure to file, the penalty is \$500-\$5,000 per day. If you falsify information, you can be fined up to \$20,000 for each day the information is incorrect and has not been collected.  
**Confidentiality:** If you have information protected by trade secret laws, please attach a list of the information on this form that is confidential and the justification for confidentiality, including specific citations of relevant statutory and case law.  
**Multiple Containers:** Fill I and II on one form and leave a blank on all the remaining forms. Attach all forms together securely. If you own more than 50 tanks you can file information on computer tape. Call 916/324-1262 for information.  
 This is not a Permit Application. All Underground Tanks will be subject to local regulation. Some jurisdictions have already begun programs. Check with your local county government for further information.

**NOTE: ALL UNDERGROUND CONTAINERS MUST REGISTER EVEN IF STATE AND/OR LOCAL PERMITS ARE IN FORCE.**

**I Owner**

Name (Corporation, Individual or Public Agency) <b>OWENS-ILLINOIS, INC.</b>			
Street Address <b>One Segate</b>	City <b>Toledo</b>	State <b>OH</b>	Zip <b>43666</b>

**II Facility**

Facility Name <b>Owens-Illinois</b>		Owner/Foreman/Supervisor	
Street Address <b>3600 Alameda Avenue</b>		Nearest Cross Street <b>Fruitvale Avenue</b>	
City <b>Oakland</b>	County <b>Alameda</b>	Zip <b>94601</b>	
Mailing Address <b>P. O. Box 1019</b>		City <b>Oakland</b>	State <b>CA</b> Zip <b>94604</b>
Phone - area code <b>415-436-2000</b>		Type of Business <input type="checkbox"/> Motor Vehicle Fuel Station <input checked="" type="checkbox"/> Other: <b>Manufacturing</b>	
Number of Tanks at this Facility <b>11</b>	Rural Areas Only:	Township	Range
Section			

**III 24 Hour Emergency Contact Person**

Name (last, first, and middle) and Phone - area code <b>T. I. Duwe 415-436-2058</b>	Name (last, first, and middle) and Phone - area code <b>T. I. Duwe 415-436-2058</b>
----------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER *unleaded gasoline*

**IV Description**

A. <input checked="" type="checkbox"/> Tank <input type="checkbox"/> Sump <input type="checkbox"/> Lagoon, Pit or Pond <input type="checkbox"/> Other: _____	Container Number (if there is no number, assign one): <b>Tank # 11</b>
B. Manufacturer (if appropriate): _____ Year of Mfg.: _____	C. Year Installed: <b>1937</b> <input type="checkbox"/> Unknown
D. Container Capacity: <b>4000</b> gallons <input type="checkbox"/> Unknown	E. Container Repairs: <input type="checkbox"/> None <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Yes Year: _____
F. Is Container currently used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, year of last use: _____ <input type="checkbox"/> Unknown	
G. Does the Container Store (Check One): <input type="checkbox"/> Waste <input checked="" type="checkbox"/> Product	
H. Does the Container Store Motor Vehicle Fuel or Waste Oil? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Check appropriate box(es): <input checked="" type="checkbox"/> Unleaded <input type="checkbox"/> Regular <input type="checkbox"/> Premium <input type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> Other (List) _____	

**V Container Construction**

A. Thickness of Primary Containment: _____ <input type="checkbox"/> Gauge <input type="checkbox"/> Inches <input type="checkbox"/> cm <input checked="" type="checkbox"/> Unknown
B. <input type="checkbox"/> Vaulted (Located in an underground vault) <input type="checkbox"/> Non-vaulted <input checked="" type="checkbox"/> Unknown
C. <input type="checkbox"/> Double Walled <input type="checkbox"/> Single Walled <input type="checkbox"/> Lined <input type="checkbox"/> Wrapped <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> None
D. <input type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Polyvinyl Chloride <input type="checkbox"/> Concrete <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel Clad <input type="checkbox"/> Bronze <input type="checkbox"/> Composite <input type="checkbox"/> Non-metallic <input type="checkbox"/> Earthen Walls <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Other: _____
E. <input type="checkbox"/> Rubber Lined <input type="checkbox"/> Alkyd Lining <input type="checkbox"/> Epoxy Lining <input type="checkbox"/> Phenolic Lining <input type="checkbox"/> Glass Lining <input type="checkbox"/> Clay Lining <input type="checkbox"/> <del>Unknown</del> <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Other: _____

5-4

**V. Piping**

A. Associated Piping     Above Ground     Underground     Vaulted

B. Underground Piping     Gravity     Pressure     Suction     Unknown

C. Piping Repairs     None     Unknown     Yes Year of most recent repair: \_\_\_\_\_

**VII Leak Detection**

Visual     Stock Inventory     Tile Drain     Vapor Sniff Wells     Sensor Instruments

Ground Water Monitoring Wells     Pressure Test     Internal Inspection     None

Other \_\_\_\_\_


**VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers**  
 If you checked yes to IV-H you are not required to complete this section.

currently stored	previously stored	CAS # (if known)	Chemical Do Not Use Commercial Name (USE additional paper for more items)
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

Is Container located on an Agricultural Farm?     Yes     No

**IX IMPORTANT] Read instructions before signing:**

Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency.  
 This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.

	Date June 29, 1984
Printed Name T. C. GRAHAM	Title Plant Manager    Phone # area code 415-436-2056

Send check for: Hazardous Substance Storage Statement State Water Resources Control Board P.O. Box 100, Sacramento CA 95801-0100

Reporting System	PHYSICAL AREA CODE
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For additional forms or more information call 916/324-1262

**FOR STATE USE ONLY**


California Water Resources Control Board  
**Hazardous Substance Storage Statement**



Who Must File: Each person storing hazardous substances in any underground container must file this form no later than July 1, 1984 (After October 1, 1984 and no later than January 1, 1985 for tanks used on farms)

**Definition of Underground Containers:** The law applies to concrete sumps, non-vented buried tanks or other underground containers (Water Code section 13173). All containers including earthen-walled pits, ponds, lagoons and sumps that are below the normal ground surface level must register. A tank sitting on the ground is not included. Containers partially beneath the surface are included. Lined or unlined pits, ponds and lagoons are covered if earth has been removed from the storage area to construct the facility. Normal grading is not considered construction below ground level.

**Definition of Hazardous Substance:** Any substance listed in Section 6382 of the Labor Code or in Section 25316 of the Health and Safety Code. This includes gasoline, diesel fuel, all industrial solvents, pesticides, herbicides and fungicides. If the material must be carried by a registered hauler, disposed of at a hazardous waste site, is explosive, generates pressure due to heat or decomposition or would harm humans or wildlife you must register.

The tank wastes are included

Fees: For each tank registered a \$16 fee must be paid, except that small gasoline stations pay \$5 per tank.

Penalties: For failure to file, the penalty is \$500-\$5,000 per day. If you lack information, you can be fined up to \$20,000 for each day the information is incorrect and has not been corrected.

Confidentiality: If you have information protected by trade secret laws, please attach a list of the information on this form that is confidential and the justification for confidentiality, including specific citations of relevant statutory and case law.

Multiple Containers: Fill I and II on one form and leave it blank on all the remaining forms. Attach all forms together securely. If you own more than 50 tanks you can file information on computer tape. Call 916/224-1262 for information.

This is not a Permit Application. All Underground Tanks will be subject to local regulation. Some jurisdictions have already begun programs. Check with your local county government for further information.

**NOTE: ALL UNDERGROUND CONTAINERS MUST REGISTER EVEN IF STATE AND/OR LOCAL PERMITS ARE IN FORCE.**

**I Owner**

Name (Corporation, Individual or Public Agency) <b>OWENS-ILLINOIS, INC.</b>			
Street Address <b>One Segate</b>	City <b>Toledo</b>	State <b>OH</b>	Zip <b>43666</b>

**II Facility**

Facility Name <b>Owens-Illinois</b>		Owner/Foreman/Supervisor	
Street Address <b>3600 Alameda Avenue</b>		Nearest Cross Street <b>Fruitvale Avenue</b>	
City <b>Oakland</b>	County <b>Alameda</b>	Zip <b>94601</b>	
Mailing Address <b>P. O. Box 1019</b>		City <b>Oakland</b>	State <b>CA</b> Zip <b>94604</b>
Phone - Area Code <b>4150436-2000</b>		Type of Business <input type="checkbox"/> Motor Vehicle Fuel Station <input checked="" type="checkbox"/> Other: <b>Manufacturing</b>	
Number of Tanks at this Facility <b>11</b>	Rural Areas Only:	Township	Range
Section			

**III 24 Hour Emergency Contact Person**

Day: Name (last name first) and Phone - Area Code <b>T. I. Duwe 415-436-2058</b>		Night: Name (last name first) and Phone - Area Code <b>T. I. Duwe 415-436-2058</b>	
-------------------------------------------------------------------------------------	--	---------------------------------------------------------------------------------------	--

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER *hold 5weg6  
Dope*

**IV Description**

A. <input checked="" type="checkbox"/> Tank <input type="checkbox"/> Sump <input type="checkbox"/> Lagoon, Pit or Pond <input type="checkbox"/> Other: _____	Container number if there is no number stamped on it: <b>Tank # 12</b>
B. Manufacturer (if appropriate): _____ Year of Mfg.: _____	C. Year Installed: <b>1937</b> <input type="checkbox"/> Unknown
D. Container Capacity: <b>2000</b> gallons <input type="checkbox"/> Unknown	E. Container Repairs: <input type="checkbox"/> None <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Yes Year: _____
F. Is Container currently used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, year of last use: _____ <input type="checkbox"/> Unknown	
G. Does the Container Store (Check One): <input type="checkbox"/> Waste <input checked="" type="checkbox"/> Product	
H. Does the Container Store Motor Vehicle Fuel or Waste Oil? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Check appropriate boxes): <input type="checkbox"/> Unleaded <input type="checkbox"/> Regular <input type="checkbox"/> Premium <input type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> Other (List): _____	

**V Container Construction**

A. Thickness of Primary Containment: _____ <input type="checkbox"/> Gauge <input type="checkbox"/> Inches <input type="checkbox"/> cm <input checked="" type="checkbox"/> Unknown
B. <input type="checkbox"/> Vaulted (Located in an underground Vault) : <input type="checkbox"/> Non-vaulted <input checked="" type="checkbox"/> Unknown
C. <input type="checkbox"/> Double Walled <input type="checkbox"/> Single Walled <input type="checkbox"/> Lined <input type="checkbox"/> Wrapped <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> None
D. <input type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Polyvinyl Chloride <input type="checkbox"/> Concrete <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel Clad <input type="checkbox"/> Bronze <input type="checkbox"/> Composite <input type="checkbox"/> Non-metallic <input type="checkbox"/> Earthen Walls <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Other: _____
E. <input type="checkbox"/> Rubber Lined <input type="checkbox"/> Alkyd Lining <input type="checkbox"/> Epoxy Lining <input type="checkbox"/> Phenolic Lining <input type="checkbox"/> Glass Lining <input type="checkbox"/> Clay Lining <input type="checkbox"/> Unlined <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Other: _____

*5-5*



VI Piping

A Associated Piping	<input type="checkbox"/> Above Ground	<input checked="" type="checkbox"/> Underground	<input type="checkbox"/> Vaulted
B Underground Piping	<input type="checkbox"/> Gravity	<input type="checkbox"/> Pressure	<input checked="" type="checkbox"/> Suction
C Piping Repairs	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Yes. Year of most recent repair: _____

VII Leak Detection

<input type="checkbox"/> Visual	<input checked="" type="checkbox"/> Stock Inventory	<input type="checkbox"/> Tile Drain	<input type="checkbox"/> Vapor Sniff Wells	<input type="checkbox"/> Sensor Instrument
<input type="checkbox"/> Ground Water Monitoring Wells	<input type="checkbox"/> Pressure Test	<input type="checkbox"/> Internal Inspection	<input type="checkbox"/> None	
<input type="checkbox"/> Other	_____			

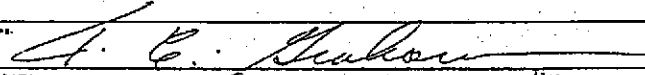
VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers  
If you checked yes to IV-B you are not required to complete this section

currently stored	previously stored	CAS # (if known)	Chemical Do Not Use Commercial Name (Use additional paper for more (600))
<input checked="" type="checkbox"/>	<input type="checkbox"/>		Sulphur, graphited oil
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

Is Container located on an Agricultural Farm?  Yes  No

IX IMPORTANT! Read instructions before signing.

Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located, 2) a general partner, proprietor, or 3) a principal executive officer, ranking executive official or authorized representative of a public agency.  
This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.

Signature: 	Date: June 29, 1984
Printed name: T. C. GRAHAM	Title: PLANT MANAGER
	Phone # area code: 415-436-2056

Send check to: Hazardous Substance Storage Statement, State Water Resources Control Board, P.O. Box 100, Sacramento CA 95801-0100

Person Copy Statement	Phone # area code
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For additional forms or more information call 916/324-1262

FOR STATE USE ONLY

State of California	Department of Water Resources	Division of Hazardous Waste
San Francisco	San Francisco	San Francisco

**California Water Resources Control Board  
Hazardous Substance Storage Statement**



**Who Must File:** Each person storing hazardous substances in any underground container must file this form no later than July 1, 1984 (also October 1, 1984 and no later than January 1, 1985 for tanks used on farms).

**Definition of Underground Containers:** The law applies to concrete tanks, non-vaulted lined tanks or other underground containers (Water Code section 13173). All containers, including earthen, walled pits, ponds, lagoons and sumps that are below the normal ground surface level must register. A tank sitting on the ground is not included. Containers partially beneath the surface are included. Lined or unlined pits, ponds and lagoons are covered if earth has been removed from the storage area to construct the facility. Normal grading is not considered construction below ground level.

**Definition of Hazardous Substance:** Any substance listed in Section 6382 of the Labor Code or in Section 25316 of the Health and Safety Code. This includes gasoline, diesel fuel, all industrial solvents, pesticides, herbicides and fungicides. If the material must be carried by a registered hauler, disposed of as a hazardous waste site, is explosive, generates pressure due to heat or decomposition or would harm humans or wildlife you must register.

ing tank wastes are included.

**Fee:** For each tank registered a \$10 fee must be paid except that transfer stations pay \$5 per tank.

**Penalties:** For failure to file, the penalty is \$500-\$5,000 per day. If you furnish information, you can be fined up to \$20,000 for each day the information is incorrect and has not been corrected.

**Confidentiality:** If you have information protected by trade secret laws, please attach a list of the information on this form that is confidential and the justification for confidentiality, including specific citations of relevant statutory and case law.

**Multiple Containers:** Fill I and II on one form and leave a blank on all the remaining forms. Attach all forms together securely. If you own more than 50 tanks you can file information on computer tape. Call 916:224-1262 for information.

This is not a Permit Application. All Underground Tanks will be subject to local regulation. Some jurisdictions have already begun programs. Check with your local county government for further information.

**NOTE: ALL UNDERGROUND CONTAINERS MUST REGISTER EVEN IF STATE AND/OR LOCAL PERMITS ARE IN FORCE.**

**I Owner**

Name (Corporation, Individual or Public Agency) <b>OWENS-ILLINOIS, INC.</b>					
Street Address <b>One Segate</b>			City <b>Toledo</b>	State <b>OH</b>	Zip <b>43666</b>

**II Facility**

Facility Name <b>Owens-Illinois</b>		Owner, Foreman/Supervisor			
Street Address <b>3600 Alameda Avenue</b>			Nearest Cross Street <b>Fruitvale</b>		
City <b>Oakland</b>	County <b>Alameda</b>	Zip <b>94601</b>			
Mailing Address <b>P. O. Box 1019</b>		City <b>Oakland</b>	State <b>CA</b>	Zip <b>94604</b>	
Phone - Area Code <b>415-436-2000</b>		Type of Business <input type="checkbox"/> Motor Vehicle Fuel Station <input checked="" type="checkbox"/> Other: <b>Manufacturing</b>			
Number of Tanks at this Facility <b>11</b>	Rural Areas Only	Township	Range	Section	

**III 24 Hour Emergency Contact Person**

Day Name (last, first and middle) and Phone - Area Code <b>T. I. Duwe 415-436-2058</b>	Night Name (last, first and middle) and Phone - Area Code <b>T. I. Duwe 415-436-2058</b>
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**COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER**

*Waste  
cellar water  
sump*

**IV Description**

A. Do: Tank <input checked="" type="checkbox"/> Sump <input type="checkbox"/> Lagoon, Pit or Pond <input type="checkbox"/> Other: _____		Container Number (if more than one container please specify): <b>Sump # 15</b>
B. Manufacturer (if appropriate): _____ Year of Mfg.: _____		C. Year Installed: <b>1937</b> <input type="checkbox"/> Unknown
D. Container Capacity: <b>4000</b> gallons <input type="checkbox"/> Unknown	E. Container Repairs: <input type="checkbox"/> None <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Yes Year: _____	
F. Is Container currently used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If No, year of last use: _____ <input type="checkbox"/> Unknown		
G. Does the Container Store (Check One): <input checked="" type="checkbox"/> Waste <input type="checkbox"/> Product		
H. Does the Container Store Motor Vehicle Fuel or Waste Oil? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, Check appropriate box(es): <input type="checkbox"/> Unleaded <input type="checkbox"/> Regular <input type="checkbox"/> Premium <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Waste Oil <input type="checkbox"/> Other (List): _____		

**V Container Construction**

A. Thickness of Primary Containment: <b>6</b> <input type="checkbox"/> Gauge <input checked="" type="checkbox"/> Inches <input type="checkbox"/> cm <input type="checkbox"/> Unknown
B. <input type="checkbox"/> Vaulted (Located in an underground Vault) <input checked="" type="checkbox"/> Non-vaulted <input type="checkbox"/> Unknown
C. <input type="checkbox"/> Double Walled <input checked="" type="checkbox"/> Single Walled <input type="checkbox"/> Lined <input type="checkbox"/> Wrapped <input type="checkbox"/> Unknown <input type="checkbox"/> None
D. <input type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Polyvinyl Chloride <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel Clad <input type="checkbox"/> Bronze <input type="checkbox"/> Composite <input type="checkbox"/> Non-metallic <input type="checkbox"/> Earthen Walls <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____
E. <input type="checkbox"/> Rubber Lined <input type="checkbox"/> Alkyd Lining <input type="checkbox"/> Epoxy Lining <input type="checkbox"/> Phenolic Lining <input type="checkbox"/> Glass Lining <input type="checkbox"/> Clay Lining <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Other: _____
F. <input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/>

**VI Piping**

A Associated Piping	<input type="checkbox"/> Above Ground	<input checked="" type="checkbox"/> Underground	<input type="checkbox"/> Vented
B Underground Piping	<input type="checkbox"/> Gravity	<input type="checkbox"/> Pressure	<input checked="" type="checkbox"/> Suction
C Piping Repairs	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Yes Year of most recent repair: _____

**VII Leak Detection**

<input checked="" type="checkbox"/> Visual	<input type="checkbox"/> Stock Inventory	<input type="checkbox"/> Tile Drain	<input type="checkbox"/> Vapor Sniff Wells	<input type="checkbox"/> Sensor Instrument
<input type="checkbox"/> Ground Water Monitoring Wells	<input type="checkbox"/> Pressure Test	<input type="checkbox"/> Internal Inspection	<input checked="" type="checkbox"/> None	
<input type="checkbox"/> Other	_____			

**VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers**  
If you checked yes to IV-B you are not required to complete this section

currently stored	previously stored	CAS # (if known)	Chemical or trade name (Use additional paper for more room)
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

Is Container located on an Agricultural Farm?  Yes  No

**IX IMPORTANT! Read instructions before signing:**

Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located 2) a general partner proprietor or 3) a principal executive officer, ranking elected official or authorized representative of a public agency.  
This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct

Signature <i>T. C. Graham</i>	Date June 29, 1984
Printed name T. C. GRAHAM	Title Plant Manager
	Phone # (area code) 415-436-2056

Send check to: Hazardous Substance Storage Statement, State Water Resources Control Board, P.O. Box 100, Sacramento, CA 95801-0100

Person Filing Statement	Phone # (area code)
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For additional forms or more information call 916/324-1252

**FOR STATE USE ONLY**

State	County	City	Zip

California Water Resources Control Board  
**Hazardous Substance Storage Statement**



**Who Must File:** Each person storing hazardous substances in any underground container must file this form no later than July 1, 1984 (After October 1, 1984 and no later than January 1, 1985 for tanks used on farms).

**Definition of Underground Containers:** The law applies to "concrete, stoneware, nonvaunted buried tanks or other underground containers" (Water Code section 13173). All containers, including earthen walled pits, ponds, lagoons and sumps, that are below the normal ground surface level must register. A tank sitting on the ground is not included. Containers partially beneath the surface are included. Lined or unlined pits, ponds and lagoons are covered if earth has been removed from the storage area to construct the facility. Normal grading is not considered construction below ground level.

**Definition of Hazardous Substance:** Any substance listed in Section 6382 of the Labor Code or in Section 25316 of the Health and Safety Code. This includes gasoline, diesel fuel, all industrial solvents, pesticides, herbicides and fumigants. If the material must be carried by a registered hauler, disposed of at a hazardous waste site, is explosive, generates pressure due to heat or decomposition or would harm humans or wildlife you must register.

the tank. Wastes are included.

**Fees:** For each tank registered a \$10 fee must be paid, except that retail gasoline stations pay \$5 per tank.

**Penalties:** For failure to file, the penalty is \$500-\$5,000 per day. If you falsify information, you can be fined up to \$20,000 for each day the information is incorrect and has not been corrected.

**Confidentiality:** If you have information protected by trade secret laws, please attach a list of the information on this form that is confidential and the justification for confidentiality, including specific citations of relevant statutory and case law.

**Multiple Containers:** Fill I and II on one form and leave it blank on all the remaining forms. Attach all forms together securely. If you own more than 50 tanks you can file information on computer tape. Call 916/324-1262 for information.

**This is not a Permit Application.** All Underground Tanks will be subject to local regulation. Some jurisdictions have already begun programs. Check with your local county government for further information.

**NOTE: ALL UNDERGROUND CONTAINERS MUST REGISTER EVEN IF STATE AND/OR LOCAL PERMITS ARE IN FORCE.**

**I Owner**

Name (Corporation, Individual or Public Agency) <b>OWENS-ILLINOIS, INC.</b>			
Street Address <b>ONE SEGATE</b>	City <b>TOLEDO</b>	State <b>OH</b>	Zip <b>43666</b>

**II Facility**

Facility Name <b>Owens-Illinois</b>		Owner, Foreman/Supervisor	
Street Address <b>3600 Alameda Avenue</b>		Nearest Cross Street <b>Fruitvale Avenue</b>	
City <b>Oakland</b>	County <b>Alameda</b>	Zip <b>94601</b>	
Mailing Address <b>P. O. Box 1019</b>		City <b>Oakland</b>	State <b>CA</b> Zip <b>94604</b>
Phone - area code <b>415-436-2000</b>	Type of Business <input type="checkbox"/> Motor Vehicle Fuel Station <input checked="" type="checkbox"/> Other: <b>Manufacturing</b>		
Number of Tanks at this Facility <b>11</b>	Rural Areas Only:	Township	Range Section

**III 24 Hour Emergency Contact Person**

Day Name (last, first name, initial and Phone - area code) <b>T. I. Duwe 415-436-2058</b>	Night Name (last, first name, initial and Phone - area code) <b>T. I. Duwe 415-436-2058</b>
----------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER *west skin oil*

**IV Description**

A. <input checked="" type="checkbox"/> Tank <input type="checkbox"/> Sump <input type="checkbox"/> Lagoon, Pit or Pond <input type="checkbox"/> Other: _____		Container Number (if there is no number assign one): <b>Tank # 16</b>
B. Manufacturer (if appropriate): _____ Year of Mfg.: _____		C. Year Installed: <b>1937</b> <input type="checkbox"/> Unknown
D. Container Capacity: <b>250</b> gallons <input type="checkbox"/> Unknown	E. Container Repairs: <input type="checkbox"/> None <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Yes Year: _____	
F. Is Container currently used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, year of last use: _____ <input type="checkbox"/> Unknown		
G. Does the Container Store (Check One): <input checked="" type="checkbox"/> Waste <input type="checkbox"/> Product		
H. Does the Container Store Motor Vehicle Fuel or Waste Oil? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Check appropriate box(es): <input type="checkbox"/> Unleaded <input type="checkbox"/> Regular <input type="checkbox"/> Premium <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Waste Oil <input type="checkbox"/> Other (List): _____		

**V Container Construction**

**VI Piping**

A Associated Piping  Above Ground  Underground  Valved

B Underground Piping  Gravity  Pressure  Suction  Unknown

C Piping Repairs  None  Unknown  Yes Year of most recent repair: \_\_\_\_\_

**VII Leak Detection**

Visual  Stock Inventory  Tile Drain  Vapor Sniff Wells  Sensor Instrument

Ground Water Monitoring Wells  Pressure Test  Internal Inspection  None

Other \_\_\_\_\_

**VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers**  
 If you checked yes to IV-H you are not required to complete this section

currently stored	previously stored	CAS # (if known)	Chemical Do Not Use Commercial Name (Use separate paper for more room)
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

Is Container located on an Agricultural Farm?  Yes  No

**IX IMPORTANT! Read instructions before signing:**

Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency.

This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct

Signature <i>T. C. Graham</i>	Date June 29, 1984
Printed Name T. C. GRAHAM	Title Plant Manager Phone # Area Code 415-436-2056

California Water Resources Control Board  
**Hazardous Substance Storage Statement**



**Who Must File:** Each person storing hazardous substances in any underground container must file this form no later than July 1, 1984 (After October 1, 1984 and no later than January 1, 1985 for tanks used on farms).

**Definition of Underground Containers:** The law applies to "concrete sumps, nonvaunted buried tanks or other underground containers" (Water Code section 13173). All containers including earthen walled pits, ponds, lagoons and sumps, that are below the normal ground surface level must register. A tank sitting on the ground is not included. Containers partially beneath the surface are included. Lined or unlined pits, ponds and lagoons are covered if earth has been removed from the storage area to construct the facility. Normal grading is not considered construction below ground level.

**Definition of Hazardous Substance:** Any substance listed in Section 6382 of the Labor Code or in Section 25316 of the Health and Safety Code. This includes gasoline, diesel fuel, all industrial solvents, pesticides, herbicides and fungicides. If the material must be carried by a registered hauler, disposed of at a hazardous waste site, is explosive, generates pressure due to heat or decomposition or would harm humans or wildlife you must register.

the tank. Wastes are included.

**Fee:** For each tank registered a \$10 fee must be paid except that retail gasoline stations pay \$5 per tank.

**Penalties:** For failure to file, the penalty is \$500-\$5,000 per day. If you furnish information, you can be fined up to \$20,000 for each day the information is incorrect and has not been corrected.

**Confidentiality:** If you have information protected by trade secret laws, please attach a list of the information on this form that is confidential and the justification for confidentiality, including specific citations of relevant statutory and case law.

**Multiple Containers:** Fill I and II on one form and leave it blank on all the remaining forms. Attach all forms together securely. If you own more than 50 tanks you can file information on computer tape. Call 916/324-1262 for information.

This is not a Permit Application. All Underground Tanks will be subject to local regulation. Some jurisdictions have already begun programs. Check with your local county government for further information.

**NOTE: ALL UNDERGROUND CONTAINERS MUST REGISTER EVEN IF STATE AND/OR LOCAL PERMITS ARE IN FORCE.**

**I Owner**

Name (Corporation, Individual or Public Agency) <b>OWENS-ILLINOIS, INC.</b>			
Street Address <b>One Segate</b>	City <b>Toledo</b>	State <b>OH</b>	ZIP <b>43666</b>

**II Facility**

Facility Name <b>Owens-Illinois</b>		Deputy Foreman/Supervisor	
Street Address <b>3600 Alameda Avenue</b>		Nearest Cross Street <b>Fruitvale Avenue</b>	
City <b>Oakland</b>		County <b>CA</b>	ZIP <b>94601</b>
Mailing Address <b>P. O. Box 1019</b>		City <b>Oakland</b>	State <b>CA</b> ZIP <b>94604</b>
Phone - area code <b>415-436-2000</b>		Type of Business <input type="checkbox"/> Motor Vehicle Fuel Station <input checked="" type="checkbox"/> Other: <b>manufacturing</b>	
Number of Tanks at this Facility <b>11</b>	Rural Areas Only	Township	Range
Section			

**III 24 Hour Emergency Contact Person**

Days, Name (last, name first) and Phone - area code <b>T. I. DUWE 415-436-2058</b>	Name (last, name first) and Phone - area code <b>T. I. DUWE 415-436-2058</b>
---------------------------------------------------------------------------------------	---------------------------------------------------------------------------------

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

*East  
cullet water  
sump*

**IV Description**

A. <input type="checkbox"/> Tank <input checked="" type="checkbox"/> Sump <input type="checkbox"/> Lagoon, Pit or Pond <input type="checkbox"/> Other: _____		Container Number (if there is no number assign one): <b>Sump #17</b>
B. Manufacturer (if appropriate): _____ Year of Mfg.: _____		C. Year Installed: <b>1937</b> <input type="checkbox"/> Unknown
D. Container Capacity: <b>4000</b> gallons <input type="checkbox"/> Unknown	E. Container Repairs: <input type="checkbox"/> None <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Yes Year: _____	
F. Is Container currently used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, year of last use: _____ <input type="checkbox"/> Unknown		
G. Does the Container Store (Check One): <input checked="" type="checkbox"/> Waste <input type="checkbox"/> Product		
H. Does the Container Store Motor Vehicle Fuel or Waste Oil? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Check appropriate box(es): <input type="checkbox"/> Unleaded <input type="checkbox"/> Regular <input type="checkbox"/> Premium <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Waste Oil <input type="checkbox"/> Other (List): _____		

**V Container Construction**

**VI Piping**

A. Associated Piping     Above Ground     Underground     Vaulted

B. Underground Piping     Gravity     Pressure     Suction     Unknown

C. Piping Repairs     None     Unknown     Yes Year of most recent repair: \_\_\_\_\_

**VII Leak Detection**

Visual     Stock Inventory     Tile Drain     Vapor Sniff Wells     Sensor Instrument

Ground Water Monitoring Wells     Pressure Test     Internal Inspection     None

Other \_\_\_\_\_

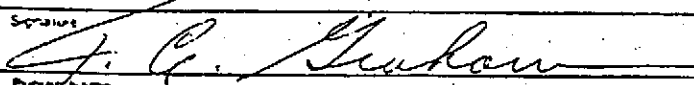
**VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers**  
 If you checked yes to IV-H you are not required to complete this section

currently stored	previously stored	CAS # (if known)	Chemical Or Not Use Commercial Name (Use additional paper for more room)
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

Is Container located on an Agricultural Farm?     Yes     No

**IX IMPORTANT! Read instructions before signing:**

Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located, 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency.  
 This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.

Signature 	Date June 29, 1984
Print Name T. C. GRAHAM	Title PLANT MANAGER
	Phone - Area Code 415-436-2056

California Water Resources Control Board  
**Hazardous Substance Storage Statement**



**Who Must File:** Each person storing hazardous substances in any underground container must file this form no later than July 1, 1984 (After October 1, 1984 and no later than January 1, 1985 for tanks used for farms).

**Definition of Underground Containers:** The law applies to "concrete sumps, nonvalved buried tanks or other underground containers" (Water Code section 13173). All containers including earthen walled pits, ponds, lagoons and sumps that are below the normal ground surface level must register. A tank sitting on the ground is not included. Containers partially beneath the surface are included. Lined or unlined pits, ponds and lagoons are covered if earth has been removed from the storage area to construct the facility. Normal grading is not considered construction below ground level.

**Definition of Hazardous Substance:** Any substance listed in Section 6382 of the Labor Code or in Section 25316 of the Health and Safety Code. This includes gasoline, diesel fuel, all industrial solvents, pesticides, herbicides and fumigants. If the material must be carried by a registered hauler, disposed of at a hazardous waste site, is explosive, generates pressure due to heat or decomposition or would harm humans or wildlife you must register.

the tank. Wastes are included.

**Fees:** For each tank registered a \$10 fee must be paid except that retail gasoline stations pay \$5 per tank.

**Penalties:** For failure to file, the penalty is \$500-\$5,000 per day. If you furnish information, you can be fined up to \$20,000 for each day the information is incorrect and has not been corrected.

**Confidentiality:** If you have information protected by trade secret laws, please attach a list of the information on this form that is confidential and the justification for confidentiality, including specific citations of relevant statutory and case law.

**Multiple Containers:** Fill I and II on one form and leave it blank on all the remaining forms. Attach all forms together securely. If you own more than 50 tanks you can file information on computer tape. Call 916/324-1262 for information.

This is not a Permit Application. All Underground Tanks will be subject to local regulation. Some jurisdictions have already begun programs. Check with your local county government for further information.

**NOTE: ALL UNDERGROUND CONTAINERS MUST REGISTER EVEN IF STATE AND/OR LOCAL PERMITS ARE IN FORCE.**

**I Owner**

Name (Corporation, Individual or Public Agency) <b>OWENS-ILLINOIS, INC.</b>			
Street Address <b>One Seagate</b>	City <b>Toledo</b>	State <b>OH</b>	ZIP <b>43666</b>

**II Facility**

Facility Name <b>Owens-Illinois</b>		Dealer/Foreman/Supervisor	
Street Address <b>3600 Alameda Avenue</b>		Nearest Cross Street <b>Fruitvale Avenue</b>	
City <b>Oakland</b>	County <b>Alameda</b>	ZIP <b>94601</b>	
Mailing Address <b>P. O. Box 1019</b>		City <b>Oakland</b>	State/ZIP <b>CA 94604</b>
Phone - Area Code <b>415-436-2000</b>	Type of Business <input type="checkbox"/> Motor Vehicle Fuel Station <input checked="" type="checkbox"/> Other: <b>Manufacturing</b>		
Number of Tanks at this Facility <b>11</b>	Rural Areas Only	Township	Range/Section

**III 24 Hour Emergency Contact Person**

Day Name (last name first) and Phone w/area code <b>T. I. Duwe 415-436-2058</b>	Night Name (last name first) and Phone w/area code <b>T. I. Duwe 415-436-2058</b>
------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER *East Skim Oil*

**IV Description**

A. <input checked="" type="checkbox"/> Tank <input type="checkbox"/> Sump <input type="checkbox"/> Lagoon, Pit or Pond <input type="checkbox"/> Other: _____		Container Number (if there is no number assign one): <b>Tank # 18</b>
B. Manufacturer (if appropriate): _____ Year of Mfg.: _____		C. Year Installed: <b>1937</b> <input type="checkbox"/> Unknown
D. Container Capacity: <b>250</b> gallons <input type="checkbox"/> Unknown	E. Container Repairs: <input type="checkbox"/> None <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Yes Year: _____	
F. Is Container currently used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, year of last use: _____ <input type="checkbox"/> Unknown		
G. Does the Container Store (Check One): <input checked="" type="checkbox"/> Waste <input type="checkbox"/> Product		
H. Does the Container Store Motor Vehicle Fuel or Waste Oil? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Check appropriate box(es): <input type="checkbox"/> Unleaded <input type="checkbox"/> Regular <input type="checkbox"/> Premium <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Waste Oil <input type="checkbox"/> Other (List): _____		

**V Container Construction**



**VI Piping**

*below or underground*

A. Associated Piping  Above Ground  Underground  Vented

B. Underground Piping  Gravity  Pressure  Suction  Unknown

C. Piping Repairs  None  Unknown  Yes Year of most recent repair: \_\_\_\_\_

**VII Leak Detection**

Visual  Stock Inventory  Tile Drain  Vapor Sniff Wells  Sensor Instrument

Ground Water Monitoring Wells  Pressure Test  Internal Inspection  None

Other \_\_\_\_\_

**VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers**  
 If you checked yes to IV-H you are not required to complete this section

currently stored	previously stored	CAS # (if known)	Chemical ID: No. Use Commercial Name (Use additional paper for more items)
<input type="checkbox"/>	<input type="checkbox"/>		<del>XXXXXXXXXX</del>
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
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<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

Is Container located on an Agricultural Farm?  Yes  No

**IX IMPORTANT! Read instructions before signing:**

Signature: The form must be signed by 1) a principal executive officer at the level of vice-president or by an authorized representative. The representative must be responsible for the overall operation of the facility where the tank(s) are located, 2) a general partner proprietor, or 3) a principal executive officer, ranking elected official or authorized representative of a public agency.  
 This form has been completed under the penalty of perjury and, to the best of my knowledge, is true and correct.

Signature: <i>T. C. Graham</i>	Date: June 29, 1984
Printed name: T. C. GRAHAM	Title: Plant Manager
	Phone: 415-436-2056