

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



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

RO0000297

December 10, 2001

Mr. Marc McGinn
Albany Fire Department
1000 San Pablo Avenue
Albany, CA 94706

RE: Additional Investigations at 1001 Marin Ave, Albany, CA

Dear Mr. McGinn:

In March 19, 1999, this Agency sent a letter (see enclosure) approving a work plan for the advancement of a soil boring to delineate the extent of MTBE at the site. As of the date of this letter we have not received communication from the City of Albany that this work has been or will be done.

According to Section 25298 of the California Health and Safety Code, underground storage tank closure is incomplete until the responsible party characterizes and remediates the contamination resulting from product discharge. Therefore, the City of Albany, as the responsible party is in violation of this section of the Code, for which Section 25299 specifies civil penalties of up to \$5,000, for each day of violation.

At this time, I recommend that you obtain an environmental consultant to prepare a site conceptual model that will determine if any sensitive receptors are likely to be impacted by the former fuel release. If there are no sensitive receptors, I will review the case for closure.

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

eva chu
Hazardous Materials Specialist

email: James Gribi

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



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

StID 3839

March 19, 1999

Mr. Ray Barker
City of Albany Fire Department
1000 San Pablo Avenue
Albany, CA 94706

**RE: Workplan Approval for an Additional Boring at 1001 Marin Avenue,
Albany, CA**

Dear Mr. Barker:

I have completed review of Gribi Associates' (Gribi) March 1999 *Report of Soil and Groundwater Investigation and Workplan to Drill One Additional Soil Boring* prepared for the above referenced site. Recent investigation at the site included the advancement of two soil borings adjacent to the former gasoline UST. Soil samples collected from the borings did not contain significant levels of hydrocarbons. However, the grab groundwater sample from boring IB-2 contained 760ppb TPHg and 320ppb MTBE.

In order to determine if the MTBE plume is widespread, Gribi proposes to advance one additional boring 20 to 30' west of boring IB-2. One soil and one grab groundwater sample will be collected. The samples will be analyzed for TPHg, BTEX, and MTBE. Positive MTBE results will be confirmed using EPA Method 8260. This proposal is acceptable and field work should commence within 60 days of the date of this letter, or **by May 21, 1999**. Please notify this office at least 72 hours prior to the start of field activities.

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

eva chu
Hazardous Materials Specialist

c: James Gribi
Gribi Associates
1350 Hayes Street, Suite C-14
Benicia, CA 94510

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



StID 3839

January 6, 1999

Mr. Ray Barker
City of Albany Fire Department
1000 San Pablo Ave
Albany CA 94706

ENVIRONMENTAL HEALTH SERVICES

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

RE: Workplan Approval for 1001 Marin Ave, Albany, CA

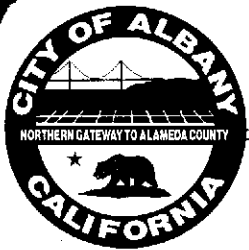
Dear Mr. Barker:

I have completed review of Gribi Associates' January 1999 *Workplan to Conduct Soil Boring Investigation* prepared for the above referenced site. The proposal to advance two hand-augured borings in the vicinity of the former gasoline UST and collect soil and water samples is acceptable. All samples will be analyzed for TPHg, BTEX, and MTBE. Positive MTBE results will be confirmed using US EPA Method 8260.

Field activities should commence within 60 days of the date of this letter. Please notify this office at least 72 hours prior to the start of field work. If you have any questions, I can be reached at (510) 567-6762.

eva chu
Hazardous Materials Specialist

c: James Gribi
Gribi Associates
1350 Hayes Street, Suite C-14
Benicia, CA 94510



City of Albany

1000 SAN PABLO AVENUE • ALBANY, CALIFORNIA 94706-2295

*Need w/p approvals. See changes/additions
in w/p.*

July 15, 1998

98 JUL 17 PM 4:52
ENVIRONMENTAL
PROTECTION

CITY ADMINISTRATOR
PH. (510) 528-5710
FAX (510) 528-5797

CITY ATTORNEY
PH. (510) 524-9205
FAX (510) 526-9190

CITY CLERK
PH. (510) 528-5720
FAX (510) 528-5797

CITY COUNCIL
PH. (510) 528-5720
FAX (510) 528-5797

**COMMUNITY DEVELOPMENT &
ENVIRONMENTAL RESOURCES**

- Building
- Engineering
- Environmental Resources
- Maintenance
- Planning

PH. (510) 528-5760
FAX (510) 524-9359

**FINANCE & ADMINISTRATIVE SERVICES
CITY TREASURER**

PH. (510) 528-5730
FAX (510) 528-2743

**FIRE & EMERGENCY MEDICAL
SERVICES**

PH. (510) 528-5771
FAX (510) 528-5774

PERSONNEL

PH. (510) 528-5714
FAX (510) 528-5797

POLICE

PH. (510) 525-7300
FAX (510) 525-1360

**RECREATION & COMMUNITY
SERVICES**

1249 Marin Avenue
PH. (510) 524-9283
FAX (510) 528-8914

- Friendship Club/Childcare Program
Memorial Park
PH. (510) 524-0135
- Senior Center
PH. (510) 524-9122
FAX (510) 524-8940
- Teen Center/Middle School Park
PH. (510) 525-0576

Ms. Eva Chu, Hazardous Materials Specialist
Alameda County Health Care Services Agency
Environmental Health Services
1131 harbor Bay Parkway, Suite 250
Alameda, California 94502-6577

Re: Preliminary Site Assessment (PSA) request for 1001 Marin Avenue, Albany,
California

Dear Ms. Chu:

This is in response to our July 15, 1998 phone conversation regarding Alameda County Health Services Agency request for a Preliminary Site Assessment (PSA) at 1001 Marin Avenue, Albany, California. The site is where the City of Albany recently removed a 10,000 gallon underground unleaded gasoline storage tank.

Alameda County Health Care Services Agency (A.C.H.C.S.A.) reviewed the laboratory analyses of the soil samples taken after the tank removal, and A.C.H.C.S.A. staff advised the City staff that it was okay to fill the tank cavity and construct a new driveway. Subsequently, after the construction was completed, A.C.H.C.S.A. again reviewed the laboratory results, and decided that additional soil samples are required to check the release of 70 pph benzene and 380 ppb MTBE.

City staff understands that the PSA must be conducted according to the RWQCB Staff Recommendations for the Initial Evaluation and Investigation of Underground Tanks, and Article 11 of Title 23, California of Regulations. The sampling shall consist of one soil sample and one grab ground sample, using a hand auger for boring, and then grout the boring hole to the surface grade after the samples are taken. The samples must be analyzed by a certified environmental laboratory for Total Petroleum Hydrocarbons as Gasoline (TPH-G), Benzene, Toluene, Ethyl benzene, Xylenes (BTEX), and Methyl-t-butyl Ether (MTBE). City staff also understands that because the initial release was so minute that if the additional tests are below the acceptable level, no additional testing of the site will be required by A.C.H.C.S.A.

*The City of Albany is dedicated to maintaining its small town ambience, responding to the needs of the community,
and providing a safe, healthy environment now and in the future.*



PRINTED ON RECYCLED PAPER

Ms. Eva Chu, Hazardous Material Specialist
Alameda County Health Care Services Agency

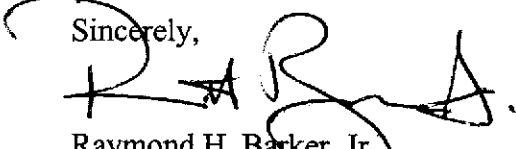
July 15, 1998
Page 2

Please be advised, that from your referral the City wants to contract with Gribi Associates to perform the work required. Attached for your review is a copy of their proposal and scope of work. If the proposal meets the sample testing requirements of A.C.H.C.S.A. for this project, please acknowledge in writing to the City. Once the City receives your approval, it will contract with Gribi to perform the work.

If you having any questions regarding this letter, please do not hesitate to contact me at (510) 524-

9524.
9543

Sincerely,



Raymond H. Barker, Jr.
Maintenance & Engineering Manager

cc: Daren Fields, City Administrator
Robert Zweben, City attorney
Bill Ekern, Community Development & Environmental Resources Director
Marc McGinn, City of Albany Fire Chief
Steve Yee, Assistant Engineer
Richard A. Pantages, Chief Contract Project Director (A.C.H.C.S.A.)

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



StID 3839

May 12, 1998

Mr. Ray Barker
City of Albany, Fire Department
1000 San Pablo Ave
Albany, C A 94706

ENVIRONMENTAL HEALTH SERVICES

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

RE: PSA for 1001 Marin Ave, Albany, CA

Dear Mr. Barker:

Thank you for the analytical results of soil and groundwater samples collected when two underground storage tanks (USTs) were removed from the above referenced site in April 1998. The grab groundwater sample, which was collected from the gasoline tank pit, contained up to 4,000 parts per billion total petroleum hydrocarbons as gasoline (ppb TPHg), 70 ppb benzene and 380 ppb MTBE. It appears an unauthorized release of fuel products has occurred at the site.

At this time additional investigations are required to determine the severity and extent of soil and groundwater contamination beneath the site. Such an investigation shall be in the form of a **Preliminary Site Assessment**, or PSA. The information gathered by the PSA will be used to determine an appropriate course of action to remediate the site, if deemed necessary. The PSA must be conducted in accordance with the RWQCB Staff Recommendations for the Initial Evaluation and Investigation of Underground Tanks, and Article 11 of Title 23, California Code of Regulations. The major elements of such an investigation are summarized in the attached Appendix A.

In order to proceed with this site investigation, you should obtain the professional services of a reputable environmental consultant. Your responsibility is to have the consultant submit for review a proposal outlining planned activities for the collection of soil and groundwater samples in the vicinity of the former gasoline UST. The workplan is due within 60 days of the date of this letter, or **by July 13, 1998**.

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

eva chu
Hazardous Materials Specialist

enclosure

albanyfire-1

Transfer of Eligible Local Oversight Case

 STID 3839 Date of input/By: 5/4/98 RA

 Date: 5-1-98 From: ROB WESTON / Eva Chu
 Site Name: ALBANY FIRE, CITY OF ALBANY
 Address: 1001 MARUN City: ALBANY Zip: 94706

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

1. N Tanks Removed? # of removed? 2 Date removed: 4/22/98
2. N Samples received? Contamination level: 4 ppm 4/23/98
 Type of test 8015 m WATER SAMPLE
 Contamination should be over 100 ppm TPH to qualify for LOP
3. N Petroleum? Circle Type(s): • Avgas • leaded • unleaded • fuel oil • jet
 • diesel • waste oil • kerosene • solvents

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

1.
 - a. Close the deposit refund case.
 - b. Account for **ALL** time you have spent on the case.
 - c. Turn in account sheet to Leslie.

If there are funds still remaining it is still better to transfer the case to LOP as the rate for LOP allows more overhead. **DO NOT** attempt to continue to oversee the site simply because there are funds remaining!

Remaining DepRef \$'s: _____

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

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

STID 3839

files

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

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM. <i>Robert Weston 4-30-98</i>
REPORT DATE 04/29/98	CASE # 98 APR 30 PM 4:52	SIGNED DATE

REPORTED BY	NAME OF INDIVIDUAL FILING REPORT BRENT A. WHEELER	PHONE (650) 261-1968	SIGNATURE <i>Brent A. Wheeler</i>
	REPRESENTING <input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OTHER CONSULTANT	COMPANY OR AGENCY NAME HKZ, INC./SEMCO	
	ADDRESS 70 CHEMICAL WAY REDWOOD CITY CA 94063		

RESPONSIBLE PARTY	NAME CITY OF ALBANY <input type="checkbox"/> UNKNOWN	CONTACT PERSON MR. RAY BARKER	PHONE (510) 524-9543
	ADDRESS 1000 SAN PABLO AVE. ALBANY CA 94706		

SITE LOCATION	FACILITY NAME (IF APPLICABLE) CITY OF ALBANY FIRE DEPT.	OPERATOR MARC MCGINN	PHONE (510) 528-5773
	ADDRESS 1001 MARIN AVENUE ALBANY ALAMEDA 94706		
	CROSS STREET SUCHANAN STREET		

IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME ALAMEDA COUNTY ENV. HEALTH	CONTACT PERSON MR. ROBERT WESTON	PHONE (510) 567-6700
	REGIONAL BOARD		PHONE ()

SUBSTANCES INVOLVED	(1) NAME UNLEADED GASOLINE	QUANTITY LOST (GALLONS) _____ <input checked="" type="checkbox"/> UNKNOWN
	(2)	_____ <input type="checkbox"/> UNKNOWN

DISCOVERY/ABATEMENT	DATE DISCOVERED 04/22/98	HOW DISCOVERED <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> OTHER
	DATE DISCHARGE BEGAN _____ <input checked="" type="checkbox"/> UNKNOWN	METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input checked="" type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 04/22/98	

SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER	CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER
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CASE TYPE	CHECK ONE ONLY <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input checked="" type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)
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CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input checked="" type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY
----------------	--

REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input checked="" type="checkbox"/> OTHER (OT) SITE CHARACTERIZATION
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COMMENTS	
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INSTRUCTIONS

EMERGENCY

Indicate whether emergency response personnel and equipment were involved at any time. If so, a Hazardous Materials Incident Report should be filed with the State Office of Emergency Services (OES) at 2800 Meadowview Road, Sacramento, CA 95832. Copies of the OES report form may be obtained at your local underground storage tank permitting agency. Indicate whether the OES report has been filed as of the date of this report.

LOCAL AGENCY ONLY

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

REPORTED BY

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

RESPONSIBLE PARTY

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

SITE LOCATION

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

IMPLEMENTING AGENCIES

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

SUBSTANCES INVOLVED

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

DISCOVERY/ABATEMENT

Provide information regarding the discovery and abatement of the leak.

SOURCE/CAUSE

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

CASE TYPE

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

CURRENT STATUS

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

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

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

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

Preliminary Site Assessment Underway - implementation of workplan.

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

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

Cleanup Underway - implementation of remediation plan.

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

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

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

Remedial action

Indicate which action have been used to cleanup or remediate the leak.

Descriptions of options follow:

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

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

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

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

Remove Free Product - remove floating product from water table.

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

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

Replace Supply - provide alternative water supply to affected parties.

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

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

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

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

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

SIGNATURE - Sign the form in the space provided.

DISTRIBUTION

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

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

ALAMEDA COUNTY, DEPARTMENT OF
 ENVIRONMENTAL HEALTH
 Hazardous Materials Inspection Form

II, III

white -env.health
 yellow -facility
 pink -files

Site ID # 3839 Site Name CITY OF ALBANY Today's Date 4/22/98

II.A BUSINESS PLANS (Title 19)

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

Site Address 1001 MARIN AVENUE
 City ALBANY Zip 94706 Phone _____

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

Inspection Categories:

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

II.B ACUTELY HAZ. MATLS

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

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

III. UNDERGROUND TANKS (Title 23)

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

Comments:
 ON SITE TODAY TO WITNES
 THE REMOVAL OF ONE - 10,000 GALLON
 GASOLINE TANK. TANK IS SW
 STEEL W/ SWEATIN SYSTEM.
 SINGLE WALL PIPING IS COATED STEEL.
 BACK FILL SANDY W/ WATER ENTERING
 THE EXCAVATION. NO STAINING
 AT THIS TIME.
 TANK MANUFACTURED BY STIP 3
 W/ TWO ANODES IN PLACE.
 NO THROUGH GOING HOLES OBSERVED.
 WATER SAMPLED IN TANK PIT.
 STOCKPILE SAMPLED 4 INTO ONE.
 NO STAINING OBSERVED IN
 SANDY BACK FILL, SLIGHT ODOR BUT
 NOTHING OBVIOUS.

Contact: Jim Cox
 Title: Project MGR
 Signature: [Signature]

Inspector: ROBERT WESTON
 Signature: [Signature]

II, III

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM A
Removed 2/2/98 4/22 and 4/23/98
K. Webster
COMPLETE THIS FORM FOR EACH FACILITY/SITE



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

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

DBA OR FACILITY NAME <i>City of Albany Fire Station</i>		NAME OF OPERATOR -		
ADDRESS <i>101 Main Avenue</i>		NEAREST CROSS STREET		PARCEL # (OPTIONAL)
CITY NAME <i>Albany</i>		STATE CA	ZIP CODE <i>94706</i>	SITE PHONE # WITH AREA CODE
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY DISTRICTS <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> FEDERAL-AGENCY				
TYPE OF BUSINESS		IF INDIAN RESERVATION OR TRUST LANDS		# OF TANKS AT SITE
<input type="checkbox"/> 1 GAS STATION <input type="checkbox"/> 2 DISTRIBUTOR <input type="checkbox"/> 3 FARM <input type="checkbox"/> 4 PROCESSOR <input checked="" type="checkbox"/> 5 OTHER				E. P. A. I. D. # (optional) <i>CAL000128434</i>

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) <i>Barbara Kay</i>		PHONE # WITH AREA CODE <i>(510) 534-9543</i>		DAYS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE	
NIGHTS: NAME (LAST, FIRST) <i>None</i>		PHONE # WITH AREA CODE		NIGHTS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE	

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME <i>City of Albany</i>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <i>101 Main Avenue</i>		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME <i>Albany</i>		STATE CA	ZIP CODE <i>94706</i>	PHONE # WITH AREA CODE <i>(510) 534-9543</i>

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER <i>City of Albany</i>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <i>101 Main Avenue</i>		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME <i>Albany</i>		STATE CA	ZIP CODE <i>94706</i>	PHONE # WITH AREA CODE <i>(510) 534-9543</i>

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 739-2582 if questions arise.

TY (TK) HQ 4 4 - 0 0 0 3 5 7

V. LEGAL NOTIFICATION AND BILLING ADDRESS

Legal notification and billing will be sent to the tank owner unless box I or II is checked.

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

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <i>Barbara Kay</i>	APPLICANT'S TITLE <i>Office Manager</i>	DATE MONTH/DAY/YEAR <i>12/15/97</i>
--	--	--

LOCAL AGENCY USE ONLY

COUNTY # 01	JURISDICTION # 000	FACILITY # 031942
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPVISOR - DISTRICT CODE - OPTIONAL

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

INSTRUCTIONS FOR COMPLETING FORM "A"

GENERAL INSTRUCTIONS:

1. One FORM "A" shall be completed for all **NEW PERMITS, PERMIT CHANGES** or any **FACILITY/SITE INFORMATION CHANGES**.
2. **SUBMIT ONLY ONE (1) FORM "A"** for a Facility/Site, regardless of the number of tanks located at the site.
3. This form should be completed by either the **PERMIT APPLICANT** or the **LOCAL AGENCY UNDERGROUND TANK INSPECTOR**.
4. Please type or print clearly all requested information.
5. Use a hard point writing instrument, you are making 3 copies.

TOP OF FORM: "MARK ONLY ONE ITEM"

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

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

1. Record name and address (physical location) of the underground tank(s).
NOTE: Address **MUST** have a valid physical location including city, state, and zip code.
P.O. BOX NUMBER ARE NOT ACCEPTABLE.
Include nearest cross street and name of the operator.
2. Phone number must have an area code. If the night number is the same, write "SAME" in proper location.
3. Check the appropriate box for **TYPE OF BUSINESS OWNERSHIP** (ex. CORPORATION, INDIVIDUAL, etc.)
4. Check the appropriate box for **TYPE OF BUSINESS**.
5. If Facility/Site is located on land within an indian reservation or other indian trust lands, check the box marked "YES".
6. Indicate the **NUMBER OF TANKS** at this SITE.
7. Record the **E.P.A. ID #** or write "NONE" in the space provided.

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

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

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

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

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER (MUST BE COMPLETED)

Enter your Board of Equalization (BOE) UST storage fee account number which is required before your permit application can be processed. Registration with the BOE will ensure that you will receive a quarterly storage fee return in reporting the \$0.006 (6 mills) per gallon fee due on the number of gallons placed in your USTs. The BOE will code persons exempt from paying the storage fee so returns will not be sent. If you do not have an account number with the BOE or if you have any questions regarding the fee or exemptions, please call the BOE at 916-739-2582 or write to the BOE at the following address: Board of Equalization, Environmental Fees Unit, P.O. Box 942879, Sacramento, CA 94279-0001.

V. LEGAL NOTIFICATION AND BILLING ADDRESS

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

APPLICANT MUST SIGN AND DATE THE FORM AS INDICATED.

INSTRUCTION FOR THE LOCAL AGENCIES

The county and jurisdiction numbers are predetermined and can be obtained by calling the State Board (916)739-2421. The facility number may be assigned by the local agency; however, this number must be numerical and cannot contain an alphabet. If the local agency prefers the State Board to assign the facility number, please leave it blank.

IT IS THE RESPONSIBILITY OF THE LOCAL AGENCY THAT INSPECTS THE FACILITY TO VERIFY THE ACCURACY OF THE INFORMATION. THIS APPLICATION CANNOT BE PROCESSED IF THE BOE ACCOUNT NUMBER IS NOT FILLED IN. THE LOCAL AGENCY IS RESPONSIBLE FOR THE COMPLETION OF THE "LOCAL AGENCY USE ONLY" INFORMATION BOX AND FOR FORWARDING ONE FORM "A" AND ASSOCIATED FORM "B"(s) TO THE FOLLOWING ADDRESS.

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
C/O S.W.E.E.P.S.
DATA PROCESSING CENTER
P.O. BOX 527
PARAMOUNT, CA 90723

REMOVED 4-22-98
RW



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

3839

COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Albany Fire

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D. # <u>wrk</u>	B. MANUFACTURED BY: <u>wrk</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>wrk (1/96)</u>	D. TANK CAPACITY IN GALLONS: <u>10,000</u>

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

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

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

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

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

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

V. TANK LEAK DETECTION

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

VI. TANK CLOSURE INFORMATION

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

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

APPLICANT'S NAME (PRINTED & SIGNATURE) Khonda Keame-Kepner DATE 4-22-98

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

STATE I.D.#	COUNTY # <u>07</u>	JURISDICTION # <u>000</u>	FACILITY # <u>031942</u>	TANK # <u>000001</u>
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE <u>4/24/98</u>		

INSTRUCTIONS FOR COMPLETING FORM "B"

GENERAL INSTRUCTIONS:

1. One FORM "B" shall be completed for each tank for all **NEW PERMITS, PERMIT CHANGES, REMOVALS** and/or any other **TANK INFORMATION CHANGE**.
2. This form should be completed by either the **PERMIT APPLICANT** or the **LOCAL AGENCY UNDERGROUND TANK INSPECTOR**.
3. Please type or print clearly all requested information.
4. Use a hard point writing instrument, you are making 3 copies.

TOP OF FORM: "MARK ONLY ONE ITEM"

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

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

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

II. TANK CONTENTS

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

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

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

IV. PIPING INFORMATION

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

V. TANK LEAK DETECTION

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

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

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

APPLICANT MUST SIGN AND DATE THE FORM AS INDICATED.

INSTRUCTION FOR THE LOCAL AGENCIES

The state underground storage tank identification number is composed of the two digit county number, the three digit jurisdiction number, the six digit facility number and the six digit tank number. The county and jurisdiction numbers are predetermined and can be obtained by calling the State Board (916)739-2421. The facility number must be the same as shown in form "A". The tank number may be assigned by the local agency, however, this number must be numerical and cannot contain an alphabet. If the local agency prefers the State Board to assign the tank number, please leave it blank.

IT IS THE RESPONSIBILITY OF THE LOCAL AGENCY THAT INSPECTS THE FACILITY TO VERIFY THE ACCURACY OF THE INFORMATION. THE LOCAL AGENCY IS RESPONSIBLE FOR THE COMPLETION OF THE "LOCAL AGENCY USE ONLY" INFORMATION BOX AND FOR FORWARDING ONE FORM "A" AND ASSOCIATED FORM "B"(s) TO THE FOLLOWING ADDRESS.

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
C/O S.W.E.P.S.
DATA PROCESSING CENTER
P.O. BOX 527
PARAMOUNT, CA 90723

REMOVED #23-98
RW



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

#3839

COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Albany Fire

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

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

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

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

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

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

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

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

V. TANK LEAK DETECTION

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

VI. TANK CLOSURE INFORMATION

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

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>Khonda Kames Kiper</u>	DATE
---	------

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

STATE I.D.#	COUNTY # <u>07</u>	JURISDICTION # <u>000</u>	FACILITY # <u>031992</u>	TANK # <u>006500</u>	<u>700</u> <u>4/24/98</u>
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE			

INSTRUCTIONS FOR COMPLETING FORM "B"

GENERAL INSTRUCTIONS:

1. One FORM "B" shall be completed for each tank for all **NEW PERMITS, PERMIT CHANGES, REMOVALS** and/or any other **TANK INFORMATION CHANGE**.
2. This form should be completed by either the **PERMIT APPLICANT** or the **LOCAL AGENCY UNDERGROUND TANK INSPECTOR**.
3. Please type or print clearly all requested information.
4. Use a hard point writing instrument, you are making 3 copies.

TOP OF FORM: "MARK ONLY ONE ITEM"

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

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

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

II. TANK CONTENTS

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

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

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

IV. PIPING INFORMATION

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

V. TANK LEAK DETECTION

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

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

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

APPLICANT MUST SIGN AND DATE THE FORM AS INDICATED.

INSTRUCTION FOR THE LOCAL AGENCIES

The state underground storage tank identification number is composed of the two digit county number, the three digit jurisdiction number, the six digit facility number and the six digit tank number. The county and jurisdiction numbers are predetermined and can be obtained by calling the State Board (916)739-2421. The facility number must be the same as shown in form "A". The tank number may be assigned by the local agency; however, this number must be numerical and cannot contain an alphabet. If the local agency prefers the State Board to assign the tank number, please leave it blank.

IT IS THE RESPONSIBILITY OF THE LOCAL AGENCY THAT INSPECTS THE FACILITY TO VERIFY THE ACCURACY OF THE INFORMATION. THE LOCAL AGENCY IS RESPONSIBLE FOR THE COMPLETION OF THE "LOCAL AGENCY USE ONLY" INFORMATION BOX AND FOR FORWARDING ONE FORM "A" AND ASSOCIATED FORM "B"(s) TO THE FOLLOWING ADDRESS.

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
C/O S.W.E.E.P.S.
DATA PROCESSING CENTER
P.O. BOX 527
PARAMOUNT, CA 90723

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

Camela J Evans
 Project Specialist

ACCEPTED

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

These closure/removal plans have been received and found to be acceptable and assembly meet the requirements of State and Local Health Laws. Changes to your closure plans indicated by this Department are to assure compliance with State and local laws. The project proponent needs to pay attention to any required building permits for construction/removal.

One copy of the approved plans must be on the job and available to all contractors and officials involved with the removal.

Any changes or additions of these plans and specifications must be submitted to the Environmental Health Division and Building Department for approval. If such changes are made, the Department of Environmental Health must be notified at least 72 hours prior to the following required inspections:

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

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

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS

Contact Specialist: *Camela J Evans*

UNDERGROUND TANK CLOSURE PLAN

* * * Complete according to attached instructions * * *

1. Name of Business City of Albany Fire Department
 Business Owner or Contact Person (PRINT) Roy Barker Engr. + Maintenance
2. Site Address 1001 Marine Avenue 528-5670
 City Albany Zip 94706 Phone (510) 524-9543
3. Mailing Address 1000 San Pablo Avenue
 City Albany Zip 94706 Phone (510) 524-9543
4. Property Owner City of Albany
 Business Name (if applicable) _____
 Address 1000 San Pablo Ave
 City, State Albany, CA Zip 94706
5. Generator name under which tank will be manifested
City of Albany
 EPA ID# under which tank will be manifested CA L000128434

6. Contractor SEMCO
Address 70 Chemical Way
City Redwood City CA 94063 Phone 650-261-1968
License Type A,B,CW/DYC Haz ID# 449864

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

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

8. Main Contact Person for Investigation (if applicable)
Name Donc Fleming Title Vice-President
Company SEMCO
Phone 650-261-1968

9. Number of underground tanks being closed with this plan 2
Length of piping being removed under this plan unknown
Total number of underground tanks at this facility (**confirmed with owner or operator) 2

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

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

a) Product/Residual Sludge/Rinsate Transporter
Name Cleanwater EPA I.D. No. CAL 000 007013
Hauler License No. 3515 License Exp. Date 11/98
Address PO Box 7420
City Fremont State CA Zip 94537

b) Product/Residual Sludge/Rinsate Disposal Site
Name Alvino Independent EPA ID# CAL 000 161743
Address 5002 Archer St.
City Alvino State CA Zip 95002

c) Tank and Piping Transporter

Name RHT EPA I.D. No. CAL000113413
Hauler License No. 2753 License Exp. Date 4/98
Address 13316 Pauline Ave.
City Modesto State CA Zip 95358

d) Tank and Piping Disposal Site

Name Ericksen EPA I.D. No. CAD009466392
Address 255 Pass Blvd.
City Richmond State CA Zip 94801

11. Sample Collector

Name Jamie Dehner, Mick Raper
Company SEMCO
Address 70 Chemical Way
City Redwood City State CA Zip 94063 Phone _____

12. Laboratory

Name North State Environmental
Address 90 So. Spruce St.
City So. San Francisco State CA Zip 94080
State Certification No. 1753

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

If yes, describe. _____

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

*High pressure hot water detergent wash; 20 lbs
dry ice per 1000 gallons, purge w/air*

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

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

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

Tank		Material to be sampled (tank contents, soil, groundwater)	Location and Depth of Samples
Capacity	Use History include date last used (estimated)		
<i>10,000</i>	<i>4th Caseoline</i>	<i>Soil and for water</i> <i>↓</i>	<i>2 feet below each end of tanks into native soil or @ Soil/water interface</i>
<i>1,000</i>	<i>Diesel</i>		

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

Excavated/Stockpiled Soil

Stockpiled Soil Volume (estimated)

Depending of conditions
1 - 10 yards

Sampling Plan

Soil Samples Taken from tank excavation will be collected, placed in brass tubes, sealed with Teflon Tape, caps and placed on ice, transported to a State Certified lab under chain of custody and analyzed for the constituents of the tank. Samples will be collected from the stockpile per the receiving facilities guidelines. typically a 4 point composite per 100 yards.

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

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

If yes, explain reasoning _____

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

16. Chemical methods and associated detection limits to be used for analyzing samples:
The Tri-Regional Board recommended minimum verification analyses and practical quantitation reporting limits should be followed.
See attached Table 2.

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

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit
HYDROCARBON LEAK	SOIL ANALYSIS	WATER ANALYSIS	
Unknown Fuel	TPH G GCFID(5030) TPH D GCFID(3550) BTX&E 8020 or 8240 TPH AND BTX&E 8260	TPH G GCFID(5030) TPH D GCFID(3510) BTX&E 602, 624 or 8260	
Leaded Gas	TPH G GCFID(5030) BTX&E 8020 OR 8240 TPH AND BTX&E 8260 TOTAL LEAD AA ----- Optional----- TEL DHS-LUFT EDB DHS-AB1803	TPH G GCFID(5030) BTX&E 602 or 624 TOTAL LEAD AA	
Unleaded Gas	TPH G GCFID(5030) BTX&E 8020 or 8240 TPH AND BTX&E 8260	TEL DHS-LUFT EDB DHS-AB1803	
Diesel, Jet Fuel and Kerosene	TPH D GCFID(3550) BTX&E 8020 or 8240 TPH AND BTX&E 8260	TPH G GCFID(5030) BTX&E 602, 624 or 8260	
Fuel/Heating Oil	TPH D GCFID(3550) BTX&E 8020 or 8240 TPH AND BTX&E 8260	TPH D GCFID(3510) BTX&E 602, 624 or 8260	
Chlorinated Solvents	CL HC 8010 or 8240 BTX&E 8020 or 8240 CL HC AND BTX&E 8260	TPH D GCFID(3510) BTX&E 602, 624 or 8260	
Non-chlorinated Solvents	TPH D GCFID(3550) BTX&E 8020 or 8240 TPH AND BTX&E 8260	CL HC 601 or 624 BTX&E 602 or 624 CL HC AND BTX&E 8260	
Waste and Used Oil or Unknown (All analyses must be completed and submitted)	TPH G GCFID(5030) TPH D GCFID(3550) TPH AND BTX&E 8260 O & G 5520 D & F BTX&E 8020 or 8240	TPH D GCFID(3510) BTX&E 602 or 624 TPH AND BTX&E 8260	
		TPH G GCFID(5030) TPH D GCFID(3510) O & G 5520 B & F BTX&E 602, 624 or 8260 601 or 624	

8. Submit Worker's Compensation Certificate copy

Name of Insurer STATE FUND - 148352497

9. Submit Plot Plan ***** (See Instructions) *****

10. Enclose Deposit (See Instructions)

11. Report any leaks or contamination to this office within 5 days of discovery.

The written report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report (ULR) form.

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

13. Submit State (Underground Storage Tank Permit Application) Forms A and B (one B form for each UST to be removed) (mark box 8 for "tank removed" in the upper right hand corner)

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

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

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

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

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

CONTRACTOR INFORMATION

Name of Business SEMCO

Name of Individual Shonda Beards-Kiper

Signature Shonda Beards-Kiper Date 12-15-97

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business City of Albany

Name of Individual RAYMOND H. BARKER, JR.

Signature [Signature] Date 12-15-97

- 18. Submit Worker's Compensation Certificate copy
 Name of Insurer STATE FUND - 1483524.97
- 19. Submit Plot Plan ***** (See Instructions) *****
- 20. Enclose Deposit (See Instructions)
- 21. Report any leaks or contamination to this office within 5 days of discovery.
 The written report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report (ULR) form.
- 22. Submit a closure report to this office within 60 days of the tank removal. The report must contain all information listed in item 22 of the instructions.
- 23. Submit State (Underground Storage Tank Permit Application) Forms A and B (one B form for each UST to be removed) (mark box 8 for "tank removed" in the upper right hand corner)

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CONTRACTOR INFORMATION

Name of Business SEMCO
 Name of Individual Shonda Beards-Kiper
 Signature Shonda Beards-Kiper Date _____

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business City of Albany
 X Name of Individual _____
 X Signature _____ Date _____

ALAMEDA COUNTY, DEPARTMENT OF
ENVIRONMENTAL HEALTH
Hazardous Materials Inspection Form

II, III

white -env.health
yellow -facility
pink -files

Site ID # 3839 Site Name CITY OF ALBANY Today's Date 4/23/98

II.A BUSINESS PLANS (Title 19)

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

Site Address 1001 MARIN AVENUE

City ALBANY Zip 94706 Phone _____

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

Inspection Categories:

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

II.B ACUTELY HAZ. MATLS

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

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

III. UNDERGROUND TANKS (Title 23)

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

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

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

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

Comments: BACK TODAY TO REMOVE
ONE - 1,000 GALLON SINGLE WALL
STEEL UST CONTAINING DIESEL.

UST TAR WRAPPED AND BEDED IN
CLEAN SAND. NO HOLES OBSERVED
IN THIS TANK
NO APPARENT RELEASE OF DIESEL.

SOIL SAMPLES APPEAR CLEAN.

STOCKPILE TO BE SAMPLED AND
USED ON TOP OF EXCAVATION.

FILL END AT WEST END OF UST.
T2-9 IDENTIFIES FILL END.

TANK INERT BASED ON O₂ - 2%
INSTRUMENT READINGS [LEL - 0%

Rev 6/88

SEMCO

Contact: Jim Cox
Title: Project MGR
Signature: Jim Cox

Inspector: ROBERT WESTON
Signature: Robert Weston

II, III

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
12-09-97

PRODUCER

BC ENVIRONMENTAL INS BROKERS
4995 GOLDEN FOOTHILL PARKWAY
SUITE 5
EL DORADO HILLS, CA 95762

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

- COMPANY A UNITED NATIONAL INSURANCE COMPANY
- COMPANY B
- COMPANY C STATE FUND INSURANCE COMPANY
- COMPANY D

INSURED

JAMES C. BATEMAN PETROLEUM SERVICES, INC. DBA: SEMCO
1217 SOUTH 7TH STREET
MODESTO, CA 95351

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNER'S & CONTRACTOR'S PROT <input checked="" type="checkbox"/> CONTRACTORS POLL. LIABILITY	HCL0000079	04-01-96	04-01-99	GENERAL AGGREGATE \$2,000,000
	PRODUCTS - COMP/OP AGG \$2,000,000				
	PERSONAL & ADV INJURY \$1,000,000				
	EACH OCCURRENCE \$1,000,000				
	FIRE DAMAGE (Any one fire) \$ 50,000				
	MED EXP (Any one person) \$ EXCLUDED				
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE \$
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY: EACH ACCIDENT \$
					AGGREGATE \$
	EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$
					AGGREGATE \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input checked="" type="checkbox"/> EXCL	1483524.97	04-05-97	04-05-98	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	EL EACH ACCIDENT \$1,000,000				
	EL DISEASE - POLICY LIMIT \$				
	EL DISEASE - EA EMPLOYEE \$				
B	OTHER INLAND MARINE/ PROPERTY	IMP9024678	11-30-97	11-30-98	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

THE CITY, ITS OFFICERS, EMPLOYEES, AND VOLUNTEERS SHALL BE NAMED AS ADDITIONAL INSURED WITH RESPECT TO GENERAL LIABILITY ONLY.

CERTIFICATE HOLDER

CITY OF ALBANY
1000 SAN PABLO AVE.
ALBANY, CA 94705-2295
ATTN: RAY BARKER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL endeavor to MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. *not subject to usual terms of policy shall not be held liable for cancellation of liability of any kind under any of the policies / the agents / or representatives.*
AUTHORIZED REPRESENTATIVE *M. Wallace*