



CONTAINER CONSTRUCTION

E.  01 RUBBER LINED  02 ALKYD LINING  03 EPOXY LINING  04 PHENOLIC LINING  05 GLASS LINING  
 07 UNLINED  08 UNKNOWN  09 OTHER:

F.  01 POLYETHYLENE WRAP  02 VINYL WRAPPING  03 CATHODIC PROTECTION  04 UNKNOWN  05 NONE  
 06 TAR OR ASPHALT  09 OTHER:

VI PIPING

A. ABOVEGROUND PIPING:  01 DOUBLE-WALLED PIPE  02 CONCRETE-LINED TRENCH  03 GRAVITY  
(CHECK APPROPRIATE BOX(ES))  04 PRESSURE  05 SUCTION  06 UNKNOWN  07 NONE

B. UNDERGROUND PIPING:  01 DOUBLE-WALLED PIPE  02 CONCRETE-LINED TRENCH  03 GRAVITY  
(CHECK APPROPRIATE BOX(ES))  04 PRESSURE  05 SUCTION  06 UNKNOWN  07 NONE

VII LEAK DETECTION

01 VISUAL  02 STOCK INVENTORY  04 VAPOR SNIFF WELLS  05 SENSOR INSTRUMENT  
 06 GROUND WATER MONITORING WELLS  07 PRESSURE TEST  09 NONE  10 OTHER:

VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS  
IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CAS# (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

CONTAINER LOCATED ON AN AGRICULTURAL FARM?  01 YES  02 NO

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

PERSON FILING (SIGNATURE) \_\_\_\_\_ PHONE W/AREA CODE \_\_\_\_\_

FOR LOCAL AGENCY USE ONLY

ADMINISTRATING AGENCY		CITY CODE	COUNTY CODE	
CONTACT PERSON		PHONE W/AREA CODE		
DATE OF LAST INSPECTION	IN COMPLIANCE <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	PERMIT APPROVAL DATE	TRANSACTION DATE	LOCAL PERMIT ID #

## APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

( ) 01 NEW PERMIT ( ) 05 RENEWED PERMIT (X) 07 TANK CLOSED (X) 09 DELETE FROM FILE (NO FEE)  
 ( ) 02 CONDITIONAL PERMIT ( ) 06 AMENDED PERMIT ( ) 08 MINOR CHANGE (NO SURCHARGE)

## I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) KUBO'S SERVICE CENTER		PUBLIC AGENCY ONLY ( ) 01 FED ( ) 02 STATE ( ) 03 LOCAL	
STREET ADDRESS 18482 CENTER ST.	CITY CASTRO VALLEY	STATE CA	ZIP 94546

## II FACILITY

FACILITY NAME KUBO'S SERVICE CENTER		DEALER/FOREMAN/SUPERVISOR	
STREET ADDRESS 14994 E. 14TH STREET		NEAREST CROSS STREET	
CITY SAN LEANDRO		COUNTY ALAMEDA	ZIP 94578
MAILING ADDRESS 14994 E. 14TH STREET		CITY SAN LEANDRO	STATE CA ZIP 94578
PHONE W/AREA CODE 415-278-1420	TYPE OF BUSINESS (X) 01 GASOLINE STATION ( ) 02 OTHER		
NUMBER OF CONTAINERS 4	RURAL AREAS ONLY :	TOWNSHIP	RANGE SECTION

## III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE KUBO 415-538-2964	NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE KUBO 415-276-6042
---	---

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

## IV DESCRIPTION

A. (X) 01 TANK ( ) 04 OTHER:	CONTAINER NUMBER 3
B. MANUFACTURER (IF APPROPRIATE):	YEAR MFG: C. YEAR INSTALLED 1974 ( ) UNKNOWN
D. CONTAINER CAPACITY: 6000 GALLONS ( ) UNKNOWN	E. DOES THE CONTAINER STORE: ( ) 01 WASTE (X) 02 PRODUCT
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? (X) 01 YES ( ) 02 NO IF YES CHECK APPROPRIATE BOX(ES): (X) 01 UNLEADED ( ) 02 REGULAR ( ) 03 PREMIUM ( ) 04 DIESEL ( ) 05 WASTE OIL ( ) 06 OTHER	

## V CONTAINER CONSTRUCTION

A. THICKNESS OF PRIMARY CONTAINMENT: 1/4 ( ) GAUGE (X) INCHES ( ) CM ( ) UNKNOWN
B. ( ) 01 VAULTED (LOCATED IN AN UNDERGROUND VAULT) (X) 02 NON-VAULTED ( ) 03 UNKNOWN
C. ( ) 01 DOUBLE WALLED ( ) 02 SINGLE WALLED (X) 03 LINED
D. ( ) 01 CARBON STEEL ( ) 02 STAINLESS STEEL ( ) 03 FIBERGLASS ( ) 04 POLYVINYL CHLORIDE ( ) 05 CONCRETE ( ) 06 ALUMINUM ( ) 07 STEEL CLAD ( ) 08 BRONZE ( ) 09 COMPOSITE ( ) 10 NON-METALLIC (X) 12 UNKNOWN ( ) 13 OTHER:

CONTAINER CONSTRUCTION

E.  01 RUBBER LINED  02 ALKYD LINING  03 EPOXY LINING  04 PHENOLIC LINING  05 GLASS LINING  
 07 UNLINED  08 UNKNOWN  09 OTHER:

F.  01 POLYETHYLENE WRAP  02 VINYL WRAPPING  03 CATHODIC PROTECTION  04 UNKNOWN  05 NONE  
 06 TAR OR ASPHALT  09 OTHER:

VI PIPING

A. ABOVEGROUND PIPING:  01 DOUBLE-WALLED PIPE  02 CONCRETE-LINED TRENCH  03 GRAVITY  
(CHECK APPROPRIATE BOX(ES))  04 PRESSURE  05 SUCTION  06 UNKNOWN  07 NONE

B. UNDERGROUND PIPING:  01 DOUBLE-WALLED PIPE  02 CONCRETE-LINED TRENCH  03 GRAVITY  
(CHECK APPROPRIATE BOX(ES))  04 PRESSURE  05 SUCTION  06 UNKNOWN  07 NONE

VII LEAK DETECTION

01 VISUAL  02 STOCK INVENTORY  04 VAPOR SNIFF WELLS  05 SENSOR INSTRUMENT  
 06 GROUND WATER MONITORING WELLS  07 PRESSURE TEST  09 NONE  10 OTHER:

VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS  
IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CASH# (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

\* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM?  01 YES  02 NO

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

PERSON FILING (SIGNATURE) \_\_\_\_\_ PHONE W/AREA CODE \_\_\_\_\_

FOR LOCAL AGENCY USE ONLY

ADMINISTRATING AGENCY		CITY CODE	COUNTY CODE
CONTACT PERSON		PHONE W/AREA CODE	
DATE OF LAST INSPECTION	IN COMPLIANCE <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	PERMIT APPROVAL DATE	TRANSACTION DATE
		LOCAL PERMIT ID #	

CONTAINER CONSTRUCTION

5.  01 RUBBER LINED  02 ALKYD LINING  03 EPOXY LINING  04 PHENOLIC LINING  05 GLASS LINING  
 07 UNLINED  08 UNKNOWN  09 OTHER:

6.  01 POLYETHYLENE WRAP  02 VINYL WRAPPING  03 CATHODIC PROTECTION  04 UNKNOWN  05 NONE  
 06 TAR OR ASPHALT  09 OTHER:

I PIPING

7. ABOVEGROUND PIPING:  01 DOUBLE-WALLED PIPE  02 CONCRETE-LINED TRENCH  03 GRAVITY  
 04 PRESSURE  05 SUCTION  06 UNKNOWN  07 NONE

8. UNDERGROUND PIPING:  01 DOUBLE-WALLED PIPE  02 CONCRETE-LINED TRENCH  03 GRAVITY  
 04 PRESSURE  05 SUCTION  06 UNKNOWN  07 NONE

II LEAK DETECTION

9.  01 VISUAL  02 STOCK INVENTORY  04 VAPOR SNIFF WELLS  05 SENSOR INSTRUMENT  
 06 GROUND WATER MONITORING WELLS  07 PRESSURE TEST  09 NONE  10 OTHER:

III CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS  
 IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

PRESENTLY STORED	PREVIOUSLY STORED	DELETE	CASH (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

CONTAINER LOCATED ON AN AGRICULTURAL FARM?  01 YES  02 NO

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

PERSON FILING (SIGNATURE) PHONE W/AREA CODE

R LOCAL AGENCY USE ONLY

ADMINISTRATING AGENCY		CITY CODE	COUNTY CODE	
CONTACT PERSON <i>Robert A. Adams</i>		PHONE W/AREA CODE		
DATE OF LAST INSPECTION	IN COMPLIANCE <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	PERMIT APPROVAL DATE	TRANSACTION DATE	LOCAL PERMIT ID #

*Copies Sent to State. 2/3/88*

## APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

01 NEW PERMIT       05 RENEWED PERMIT       07 TANK CLOSED       09 DELETE FROM FILE (NO FEE)  
 02 CONDITIONAL PERMIT       06 AMENDED PERMIT       08 MINOR CHANGE (NO SURCHARGE)

## I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) KUBO'S SERVICE CENTER		PUBLIC AGENCY ONLY <input type="checkbox"/> 01 FED <input type="checkbox"/> 02 STATE <input type="checkbox"/> 03 LOCAL	
STREET ADDRESS 1848 CENTER ST.	CITY CASTRO VALLEY	STATE CA	ZIP 94546

## II FACILITY

FACILITY NAME KUBO'S SERVICE CENTER		DEALER/FOREMAN/SUPERVISOR	
STREET ADDRESS 14994 E. 14TH STREET		NEAREST CROSS STREET	
CITY SAN LEANDRO		COUNTY ALAMEDA	ZIP 94578
MAILING ADDRESS 14994 E. 14TH STREET		CITY SAN LEANDRO	STATE CA      ZIP 94578
PHONE W/AREA CODE 415-278-1420	TYPE OF BUSINESS <input checked="" type="checkbox"/> 01 GASOLINE STATION <input type="checkbox"/> 02 OTHER		
NUMBER OF CONTAINERS 4	RURAL AREAS ONLY :	TOWNSHIP	RANGE      SECTION

## III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE KUBO      415-538-2964	NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE KUBO      415-276-6042
--	--

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

## IV DESCRIPTION

A. <input checked="" type="checkbox"/> 01 TANK <input type="checkbox"/> 04 OTHER:	CONTAINER NUMBER 1
B. MANUFACTURER (IF APPROPRIATE):	YEAR MFG:      C. YEAR INSTALLED <input checked="" type="checkbox"/> UNKNOWN
D. CONTAINER CAPACITY:      6000 GALLONS <input type="checkbox"/> UNKNOWN	E. DOES THE CONTAINER STORE: <input type="checkbox"/> 01 WASTE <input checked="" type="checkbox"/> 02 PRODUCT
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO      IF YES CHECK APPROPRIATE BOX(ES): <input type="checkbox"/> 01 UNLEADED <input type="checkbox"/> 02 REGULAR <input checked="" type="checkbox"/> 03 PREMIUM <input type="checkbox"/> 04 DIESEL <input type="checkbox"/> 05 WASTE OIL <input type="checkbox"/> 06 OTHER	

## V CONTAINER CONSTRUCTION

A. THICKNESS OF PRIMARY CONTAINMENT: 1/4 <input type="checkbox"/> GAUGE <input checked="" type="checkbox"/> INCHES <input type="checkbox"/> CM <input type="checkbox"/> UNKNOWN
B. <input type="checkbox"/> 01 VAULTED (LOCATED IN AN UNDERGROUND VAULT) <input checked="" type="checkbox"/> 02 NON-VAULTED <input type="checkbox"/> 03 UNKNOWN
C. <input type="checkbox"/> 01 DOUBLE WALLED <input type="checkbox"/> 02 SINGLE WALLED <input checked="" type="checkbox"/> 03 LINED
D. <input type="checkbox"/> 01 CARBON STEEL <input type="checkbox"/> 02 STAINLESS STEEL <input type="checkbox"/> 03 FIBERGLASS <input type="checkbox"/> 04 POLYVINYL CHLORIDE <input type="checkbox"/> 05 CONCRETE <input type="checkbox"/> 06 ALUMINUM <input type="checkbox"/> 07 STEEL CLAD <input type="checkbox"/> 08 BRONZE <input type="checkbox"/> 09 COMPOSITE <input type="checkbox"/> 10 NON-METALLIC <input checked="" type="checkbox"/> 12 UNKNOWN <input type="checkbox"/> 13 OTHER:

## APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

01 NEW PERMIT       05 RENEWED PERMIT       07 TANK CLOSED       09 DELETE FROM FILE (NO FEE)  
 02 CONDITIONAL PERMIT       06 AMENDED PERMIT       08 MINOR CHANGE (NO SURCHARGE)

## I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) KUBO'S SERVICE CENTER		PUBLIC AGENCY ONLY <input type="checkbox"/> 01 FED <input type="checkbox"/> 02 STATE <input type="checkbox"/> 03 LOCAL	
STREET ADDRESS 18482 CENTER ST.	CITY CASTRO VALLEY	STATE CA	ZIP 94546

## II FACILITY

FACILITY NAME KUBO'S SERVICE CENTER		DEALER/FOREMAN/SUPERVISOR	
STREET ADDRESS 14994 E. 14TH STREET		NEAREST CROSS STREET	
CITY SAN LEANDRO		COUNTY ALAMEDA	ZIP 94578
MAILING ADDRESS 14994 E. 14TH STREET		CITY SAN LEANDRO	STATE CA      ZIP 94578
PHONE W/AREA CODE 415-278-1420		TYPE OF BUSINESS <input checked="" type="checkbox"/> 01 GASOLINE STATION <input type="checkbox"/> 02 OTHER	
NUMBER OF CONTAINERS 4	RURAL AREAS ONLY :	TOWNSHIP	RANGE      SECTION

## III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE KUBO      415-538-2964	NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE KUBO      415-276-6042
--	--

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

## IV DESCRIPTION

A. <input checked="" type="checkbox"/> 01 TANK <input type="checkbox"/> 04 OTHER:	CONTAINER NUMBER 2
B. MANUFACTURER (IF APPROPRIATE):	YEAR MFG:      C. YEAR INSTALLED <input checked="" type="checkbox"/> UNKNOWN
D. CONTAINER CAPACITY:      6000 GALLONS <input type="checkbox"/> UNKNOWN	E. DOES THE CONTAINER STORE: <input type="checkbox"/> 01 WASTE <input checked="" type="checkbox"/> 02 PRODUCT
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO      IF YES CHECK APPROPRIATE BOX(ES): <input type="checkbox"/> 01 UNLEADED <input checked="" type="checkbox"/> 02 REGULAR <input type="checkbox"/> 03 PREMIUM <input type="checkbox"/> 04 DIESEL <input type="checkbox"/> 05 WASTE OIL <input type="checkbox"/> 06 OTHER	

## / CONTAINER CONSTRUCTION

1. THICKNESS OF PRIMARY CONTAINMENT: 1/4 <input type="checkbox"/> GAUGE <input checked="" type="checkbox"/> INCHES <input type="checkbox"/> CM <input type="checkbox"/> UNKNOWN
2. <input type="checkbox"/> 01 VAULTED (LOCATED IN AN UNDERGROUND VAULT) <input checked="" type="checkbox"/> 02 NON-VAULTED <input type="checkbox"/> 03 UNKNOWN
3. <input type="checkbox"/> 01 DOUBLE WALLED <input type="checkbox"/> 02 SINGLE WALLED <input checked="" type="checkbox"/> 03 LINED
4. <input type="checkbox"/> 01 CARBON STEEL <input type="checkbox"/> 02 STAINLESS STEEL <input type="checkbox"/> 03 FIBERGLASS <input type="checkbox"/> 04 POLYVINYL CHLORIDE <input type="checkbox"/> 05 CONCRETE <input type="checkbox"/> 06 ALUMINUM <input type="checkbox"/> 07 STEEL CLAD <input type="checkbox"/> 08 BRONZE <input type="checkbox"/> 09 COMPOSITE <input type="checkbox"/> 10 NON-METALLIC <input checked="" type="checkbox"/> 12 UNKNOWN <input type="checkbox"/> 13 OTHER:

