

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



7

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

November 29, 2006

Mr. Kirk Hutchinson
Hutch's Car Wash
1367 A Street
Hayward, CA 94541-2929

Ms. Ophelia Bohannon
Ophelia Bohannon Trust
17945 Hesperian Boulevard
San Lorezno, CA 94580

Subject: Fuel Leak Case No. [REDACTED], Hutch's Car Wash, 17945 Hesperian Blvd, San Lorezno, CA

Dear Mr. Hutchinson and Ms Bohannon:

Alameda County Environmental Health Department (ACEH) staff has reviewed the case file and report entitled, "Semi Annual Groundwater Monitoring Report", dated August 11, 2006 and prepared on your behalf by Aqua Science Engineers Inc. Groundwater sampling conducted during the most recent sampling event in 2006 confirmed the presence of dissolved phase petroleum hydrocarbons in monitoring well MW-1. Our review of the case file indicates that in April 2003 additional investigation was requested to characterize the vertical and horizontal extent of the petroleum hydrocarbon contamination. Consequently, ACEH requests you provide a work plan that details your proposal to delineate soil and groundwater contamination downgradient of your site.

Based on ACEH staff review of the case file, we request that you address the following technical comments and prepare a work plan detailing work to be performed, and send us the reports described below. Please provide 72-hour advance written notification to this office (e-mail preferred to steven.plunkett@acgov.org) prior to the start of field activities.

TECHNICAL COMMENTS

1. **Offsite Soil and Groundwater Contamination Characterization.** Results of previous investigative work performed at the site have been insufficient to adequately characterize the extent of soil and groundwater contamination downgradient of your site. Based on the concentrations of TPH and TPH constituents detected in the soil and groundwater, additional investigation is required to assess the extent of soil and groundwater contamination immediately downgradient of the site.

ACEH recommend that your investigation incorporate expedited site assessment techniques to collect soil samples and depth-discrete groundwater samples prior to the installation of

groundwater monitoring wells. Expedited site assessment tools and methods are a scientifically valid and cost-effective approach to fully define the three-dimensional extent of soil and groundwater contamination. Technical protocol for expedited site assessments are provided in the U.S. Environmental Protection Agency's "Expedited Site Assessment tools for Underground Storage Tanks: A Guide for Regulators," (EPA 510-B-97-001), dated March 1997. Therefore, we recommend that you utilize direct push technology to collect soil samples and depth-discrete groundwater samples. Sampling locations should be positioned to accurately assess the extent of soil and groundwater contamination. Other options for additional investigation may be appropriate to define contamination at your site. Please submit a detailed Work Plan presenting your proposal to fully characterize the lateral and vertical extent of soil and groundwater contamination. The Work Plan should be prepared by a qualified professional and must fully describe the proposed scope and methods for the soil and groundwater investigation.

2. Contamination Plume Delineation.

The purpose of contaminant plume delineation is to determine the three-dimensional extent of contamination (MTBE, petroleum products, and associated blending compounds and additives) in soil and groundwater from the unauthorized release at your site. The three-dimensional extent of contamination in soil and groundwater downgradient of your site is undefined. The results of groundwater monitoring indicate the presence of high levels of dissolved MTBE and other petroleum products at your site. Dissolved phase petroleum hydrocarbons and gasoline additives were detected in groundwater at concentrations of up to 200,000 µg/L TPHg and 4,400 µg/L MtBE.

MTBE is highly soluble and very mobile in groundwater and is not readily biodegradable. Conventional monitoring well networks currently installed at fuel leak sites are generally insufficient to properly locate and define the extent of MTBE plumes. MTBE plumes can be long, narrow, and erratic (meandering). Movement of MTBE plumes, as with other dissolved contaminants, is primarily controlled by groundwater flowlines. These flowlines can be dramatically affected by discontinuities and can drop vertically in certain parts of groundwater basins, such as recharge zones, cascade zones, and near pumping wells. In addition, the plumes can appear as discontinuous slugs particularly for those releases that occurred during the use of MTBE as a wintertime oxygenate (the period 1991 to 1995 in northern California). Thus, the positioning of current monitoring well networks can miss the MTBE plume core, and the monitoring well's design can incorrectly reflect the severity of the release. Therefore, we request that you perform a detailed, expedited site assessment using depth discrete sampling techniques on borings installed along transects to define and quantify the full three-dimensional extent of MTBE, Total Petroleum Hydrocarbons, Benzene, and other contamination in groundwater.

Discuss your proposal for performing this work in the work plan requested below. Report the results of your investigation in the Soil and Water Investigation (Results of Expedited Site Assessment) Report requested below.

Please note, we request that you immediately pursue any off-site access agreements that you may need to complete your investigation activities. Following submittal of your work plan, we will mail a letter to owners of the neighboring properties where you propose to perform investigation activities.

3. **Soil Sampling and Analysis.** All soils from the soil borings are to be examined for staining and odor and screened using a photo-ionizing detector (PID). Soil samples are to be collected from any interval where staining, odor, changes in lithology or elevated PID readings are observed. If no staining, odor, or elevated PID readings are observed, soil samples are to be collected from each boring at the capillary fringe, immediately above the zone where groundwater is first encountered and at the total depth of the boring. All soil samples collected during the investigation are to be analyzed for TPHg and TPHd by EPA Method 8015M or 8260, BTEX, EDB, EDC, MtBE, TAME, ETBE, DIPE, TBA and EtOH by EPA Method 8260 and total lead. Please present the results from soil sampling in the Soil and Groundwater Investigation Report requested below.
4. **Groundwater Sampling and Analysis.** The groundwater samples collected during the investigation are to be analyzed for TPHg and TPHd by EPA Method 8015M or 8260, BTEX, EDB, EDC, MtBE, TAME, ETBE, DIPE, TBA and EtOH by EPA Method 8260. Please present the results from groundwater sampling in the Soil and Groundwater Investigation Report requested below.
5. **Geotracker EDF Submittals** - A review of the case file and the State Water Resources Control Board's (SWRCB) Geotracker website indicate that electronic copies of analytical data have not been submitted for your site. Pursuant to CCR Sections 2729 and 2729.1, beginning September 1, 2001, all analytical data, including monitoring well samples, submitted in a report to a regulatory agency as part of the LUFT program, must be transmitted electronically to the SWRCB Geotracker website via the internet. Additionally, beginning January 1, 2002, all permanent monitoring points utilized to collect groundwater samples (i.e. monitoring wells) and submitted in a report to a regulatory agency, must be surveyed (top of casing) to mean sea level and latitude and longitude accurate to within 1-meter accuracy, using NAD 83, and transmitted electronically to the SWRCB Geotracker website. Beginning July 1, 2005, electronic submittal of a complete copy of all reports is required in Geotracker (in PDF format). In order to remain in regulatory compliance, please upload all analytical data (collected on or after September 1, 2001), to the SWRCB's Geotracker database website in accordance with the above-cited regulation. Please perform the electronic submittals for applicable data and submit verification to this Agency by December 30, 2006.

TECHNICAL REPORT REQUEST

Please submit technical reports to Alameda County Environmental Health (Attention: Mr. Steven Plunkett), according to the following schedule:

- **December 30, 2006** – Work Plan for Soil and Groundwater Investigation
- **February 30, 2006** – Soil and Groundwater Investigation Report

These reports are being requested pursuant to California Health and Safety Code Section 25296.10. 23 CCR Sections 2652 through 2654, and 2721 through 2728 outline the responsibilities of a responsible party in response to an unauthorized release from a petroleum UST system, and require your compliance with this request.

ELECTRONIC SUBMITTAL OF REPORTS

The Alameda County Environmental Cleanup Oversight Programs (LOP and SLIC) require submission of all reports in electronic form to the county's ftp site. Paper copies of reports will no longer be accepted. The electronic copy replaces the paper copy and will be used for all public information requests, regulatory review, and compliance/enforcement activities. Instructions for submission of electronic documents to the Alameda County Environmental Cleanup Oversight Program ftp site are provided on the attached "Electronic Report Upload (ftp) Instructions." Please do not submit reports as attachments to electronic mail.

Submission of reports to the Alameda County ftp site is an addition to existing requirements for electronic submittal of information to the State Water Resources Control Board (SWRCB) Geotracker website. Submission of reports to the Geotracker website does not fulfill the requirement to submit documents to the Alameda County ftp site. In September 2004, the SWRCB adopted regulations that require electronic submittal of information for groundwater cleanup programs. For several years, responsible parties for cleanup of leaks from underground storage tanks (USTs) have been required to submit groundwater analytical data, surveyed locations of monitor wells, and other data to the Geotracker database over the Internet. Beginning July 1, 2005, electronic submittal of a complete copy of all necessary reports was required in Geotracker (in PDF format). Please visit the SWRCB website for more information on these requirements (http://www.swrcb.ca.gov/ust/cleanup/electronic_reporting).

PERJURY STATEMENT

All work plans, technical reports, or technical documents submitted to ACEH must be accompanied by a cover letter from the responsible party that states, at a minimum, the following: "I declare, under penalty of perjury, that the information and/or recommendations contained in the attached document or report is true and correct to the best of my knowledge." This letter must be signed by an officer or legally authorized representative of your company. Please include a cover letter satisfying these requirements with all future reports and technical documents submitted for this fuel leak case.

PROFESSIONAL CERTIFICATION & CONCLUSIONS/RECOMMENDATIONS

The California Business and Professions Code (Sections 6735, 6835, and 7835.1) requires that work plans and technical or implementation reports containing geologic or engineering evaluations and/or judgments be performed under the direction of an appropriately registered or certified professional. For your submittal to be considered a valid technical report, you are to present site specific data, data interpretations, and recommendations prepared by an appropriately licensed professional and include the professional registration stamp, signature, and statement of professional certification. Please ensure all that all technical reports submitted for this fuel leak case meet this requirement.

UNDERGROUND STORAGE TANK CLEANUP FUND

Please note that delays in investigation, later reports, or enforcement actions may result in your becoming ineligible to receive grant money from the state's Underground Storage Tank Cleanup Fund (Senate Bill 2004) to reimburse you for the cost of cleanup.

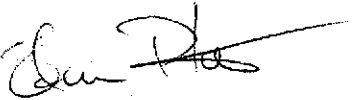
Kirk Hutchinson and Ophelia Bohannon
November 28, 2006
Page 5

AGENCY OVERSIGHT

If it appears as though significant delays are occurring or reports are not submitted as requested, we will consider referring your case to the Regional Board or other appropriate agency, including the County District Attorney, for possible enforcement actions. California Health and Safety Code, Section 25299.76 authorizes enforcement including administrative action or monetary penalties of up to \$10,000 per day for each day of violation.

Should you have any questions, do not hesitate to call me at (510) 383-1767.

Sincerely,



Steven Plunkett
Hazardous Materials Specialist

Enclosure: ACEH Electronic Report Upload (ftp) Instructions

cc: Robert Kitay
Aqua Science Engineers Inc.
208 W. El Pintado Road, Suite C
Danville, CA 94526

Donna Drogos, ACEH
Steven Plunkett, ACEH
File

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

RO0000451

April 16, 2003

Mr. Kirk Hutchinson
Ms. Ophelia Bohannon
Hutch's Car Wash
17945 Hesperian Blvd
San Lorenzo, CA 94580

RE: Additional Investigation at 17945 Hesperian Blvd, San Lorenzo, CA

Dear Mr. Hutchinson and Ms. Bohannon:

I have completed review of the case file for the above referenced site. Soil and groundwater investigations conducted at the site identified MTBE in soil and total petroleum hydrocarbons as gasoline (TPHg), benzene, toluene, ethyl-benzene and xylenes (BTEX), and MTBE in groundwater. Currently up to 1,300 parts per billion (ppb) TPHg, 6.2 ppb benzene, and 680 ppb MTBE is in groundwater collected from well MW-1. Groundwater has been monitored since October 1999. Groundwater flows to the west and northwest.

To date, the extent of the contaminant plume has not been delineated. At this time, a conduit and well survey should be prepared for the site to identify any and all potential receptors that could be potentially impacted by the plume. Once the survey has been completed, additional subsurface investigations should be conducted to delineate the horizontal and vertical extent of the plume.

The conduit/well survey must be completed within 45 days of the date of this letter or **by June 9, 2003**. A workplan for the delineation of the plume is due **by July 14, 2003**. If you have any questions, I can be reached at (510) 567-6762.

eva chu
Hazardous Materials Specialist

c: Donna Drogos
email: Robert Kitay (aqua science)

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



720451

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

STID 730

August 12, 2002

Mr. Kirk Hutchinson
Hutch's Car Wash
17945 Hesperian Blvd.
San Lorenzo, CA 94501

Re: Hutch's Carwash located at 17945 Hesperian Blvd., San Lorenzo, CA 94501

Dear Mr. Hutchinson:

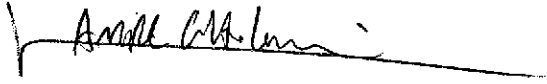
I have received and reviewed "Quarterly Groundwater Monitoring Report July 2002 Groundwater Sampling" dated July 31, 2002 submitted by Mr. Robert E. Kitay of Aqua Science Engineers, Inc. I would like to make the following comments regarding this document:

- MW-1 well, which contains the highest concentrations of constituents and is located down/cross gradient of the plume, revealed 1,500ppb, 26ppb, <0.5ppb, 12ppb, 8.6ppb, and 820ppb of TPHgasoline, Benzene, Toluene, Ethyl Benzene, Total Xylenes, and MTBE respectively.
- MW-2 well did not detect any concentration of the constituents. Therefore you may discontinue sampling and analysis of MW-2, with the exception of MTBE analysis since this constituent has been previously noted within this well.
- MW-3 well is no longer being due to the fact that it has historically indicated non-detect concentrations of the constituents.
- Per Figure 2 within this report, groundwater flows northwesterly at 0.002 ft/ft.
- Depth to groundwater was noted at 15.66 to 14.81 feet bgs.

I do not concur with the recommendation made by ASE regarding review of the case for closure due to high concentration and non-stability of MTBE plume. However, you may exclude analysis of MW-2 well during the sampling events until further notice. Please continue quarterly monitoring of MW-1 well unless otherwise directed by this office.

Should you have any questions, please call me at (510)- 567-6876.

Sincerely,

A handwritten signature in black ink, appearing to read "Amir K. Gholami", with a long horizontal line extending to the right.

Amir K. Gholami, REHS
Hazardous Materials Specialist

C: Mr. Mr. Robert E. Kitay, Aqua Science Engineers, Inc., 280 W. El Pintado Road, Danville,
CA 94526
Files

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

STID 730

November 16, 2001

Mr. Kirk Hutchinson
Hutch's Car Wash
17945 Hesperian Blvd.
San Lorenzo, CA 94501

Re: Hutch's Carwash located at 17945 Hesperian Blvd., San Lorenzo, CA 94501

Dear Mr. Hutchinson:

I am in receipt of "Quarterly Groundwater Monitoring Report October 2001 Groundwater Sampling dated October 18, 2001 submitted by Mr. Robert E. Kitay of Aqua Science Engineers, Inc. I have reviewed this document and would like to make the following comments:

- MW-1, the down gradient well, has revealed high concentrations of constituents within the plume. There were 1,100ppb, 4.1ppb, <0.5ppb, 18ppb, 19ppb, and 520ppb of TPHgasoline, Benzene, Toluene, Ethyl Benzene, Total Xylenes, and MTBE respectively detected in MW-1 well. The concentration of MTBE decreased from 700ppb to 520ppb during this episode.
- MW-2 well did not reveal significant amount of contamination. MW-3 well has not been sampled for the past few analysis due to non-detect concentrations of the constituents present in the well.
- You may discontinue sampling and analysis for MW-2 (except MTBE analysis) and MW-3 wells until further notice from this office.
- Groundwater flow direction is to the northwest at 0.0023 ft/ft per figure 2.
- This office did not receive prior Quarterly Groundwater Monitoring Report.

You may continue with the monitoring program as recommended by Mr. Kitay of Aqua Science and his recommendation made within this report regarding the above referenced. However as indicated previously, you may exclude MW-3 well from your quarterly groundwater monitoring as well as MW-2 well (except MTBE analysis) until further notice.

If you have any questions, please do not hesitate to call me at (510)- 567-6876.

Sincerely,

A handwritten signature in black ink, appearing to read 'Amir K. Gholami', written over a horizontal line.

Amir K. Gholami, REHS
Hazardous Materials Specialist

C: Mr. Mr. Robert E. Kitay, Aqua Science Engineers, Inc., 280 W. El Pintado Road, Danville,
CA 94526
Files

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

STID 730

May 16, 2001

Mr. Kirk Hutchinson
Hutch's Car Wash
17945 Hesperian Blvd.
San Lorenzo, CA 94501

Re: Hutch's Carwash located at 17945 Hesperian Blvd., San Lorenzo, CA 94501

Dear Mr. Hutchinson:

I have received and reviewed the "Quarterly Groundwater Monitoring Report April 2001 Groundwater Sampling dated May 1, 2001 submitted by Mr. Robert E. Kitay of Aqua Science Engineers, Inc.

According to this report the MW-1, the down gradient well, has revealed high concentrations of constituents within the plume similar to the previous sampling. In fact some significant constituent, such as MTBE increased in concentration from 1,300ppb to 2,000ppb. However, the other wells did not reveal or revealed minor contamination. Due to this fact, you may discontinue sampling and analysis for MW-2 (except MTBE analysis) and MW-3 wells until further notice from this office.

There were 2,900ppb, 14ppb, <0.5ppb, 34ppb, 32ppb, and 2,000ppb of TPHgasoline, Benzene, Toluene, Ethyl Benzene, Total Xylenes, and MTBE respectively detected in MW-1 well. The most significant is the increase in MTBE concentration since the previous analysis. However, there has been some oscillation in concentration of MTBE concentration since 1999.

Per figure 2 the groundwater flow direction is to the northwest at 0.002 ft/ft.

Please forward all reports regarding the above referenced site to me rather than Scott Seery of our office. As you are aware I have been assigned to oversee the clean up process at the above referenced site.

I concur with Mr. Kitay of Aqua Science and his recommendation made within this report regarding the above referenced site and continued quarterly groundwater monitoring. However you may exclude MW-3 well from your quarterly groundwater monitoring as well as MW-2 well (except MTBE analysis) until further notice due to the fact that both wells have not historically contained much hydrocarbons as indicated within this report.

Please call me at (510)- 567-6876, if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Amir K. Gholami', with a long horizontal stroke extending to the right.

Amir K. Gholami, REHS
Hazardous Materials Specialist

C: Mr. Mr. Robert E. Kitay, Aqua Science Engineers, Inc., 280 W. El Pintado Road, Danville,
CA 94526
Files

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

STID 730

February 1, 2001

Mr. Kirk Hutchinson
Hutch's Car Wash
17945 Hesperian Blvd.
San Lorenzo, CA 94501

Re: Hutch's Carwash located at 17945 Hesperian Blvd., San Lorenzo, CA 94501

Dear Mr. Hutchinson:

I am in receipt of "Quarterly Groundwater Monitoring Report January 2001 Groundwater Sampling dated January 29, 2001 submitted by Mr. Robert E. Kitay of Aqua Science Engineers, Inc. Per this report the MW-1 well has revealed high concentrations of constituents within the plume. The other wells did not reveal any contamination. Therefore you may discontinue sampling and analysis for MW-2 and MW-3 wells until further notice. MW-1 well, on the other hand, has revealed MTBE of 1,300ppb and Benzene concentration of 34ppb. There was an slight increase in benzene and TPHg concentration but a decrease in MTBE concentration since the last analysis. There seems to be some oscillation in concentration of MTBE concentration.

Groundwater flow direction is to the northwest per figure 2.

I do concur with Mr. Kitay of Aqua Science and his recommendation made within this report regarding the above referenced site and continued quarterly groundwater monitoring. Furthermore, you may exclude MW-2 well from your quarterly groundwater monitoring until further notice due to the fact that this well has not historically contained much hydrocarbons as indicated within this report with the exception of slight concentration in MTBE.

If you have any questions, please call me at (510)- 567-6876.

Sincerely,

Amir K. Gholami, REHS
Hazardous Materials Specialist

C: Mr. Mr. Robert E. Kitay, Aqua Science Engineers, Inc., 280 W. El Pintado Road, Danville,
CA 94526
Files

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

STID 730

November 27, 2000

Mr. Kirk Hutchinson
Hutch's Car Wash
17945 Hesperian Blvd.
San Lorenzo, CA 94501

Re: Hutch's Carwash located at 17945 Hesperian Blvd., San Lorenzo, CA 94501

Dear Mr. Hutchinson:

This office is in of "Quarterly Groundwater Monitoring Report October 2000 submitted by Mr. Robert E. Kitay of Aqua Science Engineers, Inc. According to this report the MW-1 well, the most contaminated well on this site, revealed high concentrations of constituents within the plume with MTBE of 3,300ppb and Benzene concentration of 20ppb, which is higher than MCL, maximum contaminant level. MTBE concentration has increased from 2,000ppb to 3,300ppb from the last report. Similar to the previous analysis, the concentrations of other constituents found in the soil were not as significant.

Per figure 2 within this report, the groundwater seems to be moving northwesterly.

I concur with Mr. Kitay of Aqua Science and his recommendation made within this report regarding the above referenced site and continued quarterly groundwater monitoring. Additionally you may exclude MW-3 well from your quarterly groundwater monitoring since it is an upgradient well and has not historically contained any hydrocarbons as indicated within this report.

I understand the next quarterly groundwater report will be due in January 2001.

Should you have any questions, please do not hesitate to call me at (510)- 567-6876.

Sincerely,

Amir K. Gholami, REHS
Hazardous Materials Specialist

C: Mr. David Allen, Aqua Science Engineers, Inc., 280 W. El Pintado Road, Danville,
CA 94526
Files



State Water Resources Control Board



Winston H. Hickox
Secretary for
Environmental
Protection

Division of Clean Water Programs
2014 T Street • Sacramento, California 95814 • (916) 227-4366
Mailing Address: P.O. Box 944212 • Sacramento, California • 94244-2120
FAX (916) 227-4530 • Internet Address: <http://www.swrcb.ca.gov/~cwphome/ustcf>

Gray Davis
Governor

OCT 18 2000

BO 0451
~~AG~~ AG

Kirk Hutchison
Hutch's Car Wash
1367 A St
Hayward, CA 94541

UNDERGROUND STORAGE TANK CLEANUP FUND, CLAIM NO. 015085, FOR SITE ADDRESS: 17945 HESPERIAN BLVD, SAN LORENZO

The State Water Resources Control Board (State Board) is able to issue, pursuant to applicable regulations, the enclosed Letter of Commitment (LOC) in an amount not to exceed \$35,000. This LOC is based upon our review of the corrective action costs you reported to have incurred to date. The LOC may be modified by the State Board.

It is very important that you read the terms and conditions listed in the enclosed LOC. Claims filed with the Underground Storage Tank Cleanup Fund far exceed the funding available and it is very important that you make use of the funding that has been committed to your cleanup in a timely manner.

You are reminded that you must comply with all regulatory agency time schedules and requirements and you must obtain three bids for any required corrective action. Only corrective action costs *required* by the regulatory agency to protect human health, safety and the environment can be claimed for reimbursement. **Unless waived in writing, you are required to obtain preapproval of costs for all future corrective action work (form enclosed).** If you have any questions on obtaining preapproval of your costs or the three bid requirement, please call Sunil Ramdass, our Technical Reviewer assigned to claims in your Region, at (916) 227-7748. Failure to obtain preapproval of your future costs may result in the costs not being reimbursed.

The following documents needed to submit your reimbursement request are enclosed:

"Reimbursement Request Instructions" package. **Retain this package for future reimbursement requests.** These instructions must be followed when seeking reimbursement for corrective action costs incurred after January 1, 1988. Included in the instruction package are samples of completed reimbursement request forms and spreadsheets.

"Bid Summary Sheet" to list information on bids received which **must be completed and returned.**

"Reimbursement Request" forms which you **must use to request reimbursement of costs incurred.**

"Spreadsheet" forms which you **must use in conjunction with your reimbursement request.**

"Notice of Change of Address" form if needed.

THIS IS IMPORTANT TO YOU, PLEASE NOTE:

You have 90 calendar days from the date of this letter to submit your first reimbursement request for incurred corrective action costs. **NO EXTENSIONS CAN BE GRANTED.** If you fail to do so, your LOC funds will automatically be reduced to zero (deobligated). Once this occurs, any future funds for this site are subject to availability when you submit your first reimbursement request. We continuously review the status of all active claims. You must continue to remain in compliance and submit a reimbursement request every 6 months. Failure to do so will result in the Fund taking steps to withdraw your LOC.

If you have any questions regarding the enclosed documents, please contact Anna Torres at (916) 227-4388.

Sincerely,

for
Allan V. Patton

Allan V. Patton, Manager
UST Cleanup Fund Program

Enclosures

cc: Mr. Steve Morse
RWQCB, Region 2
1515 Clay Street, Ste. 1400
Oakland, CA 94612

Mr. Thomas Peacock
Alameda County EHD
1131 Harbor Bay Pkway, 2nd Fl.
Alameda, CA 94502-6577

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

STID 730

October 2, 2000

Mr. Kirk Hutchinson
Hutch's Car Wash
17945 Hesperian Blvd.
San Lorenzo, CA 94501

Re: Required investigations at 17945 Hesperian Blvd., San Lorenzo, CA 94501

Dear Mr. Hutchinson:

I am in receipt of "Quarterly Groundwater Monitoring Report July 31, 2000 submitted by Mr. Robert E. Kitay of Aqua Science Engineers, Inc. Per this report the MW-1 well continues to contain the highest concentrations of constituents within the plume with MTBE of 2,000ppb and Benzene concentration of 31ppb, which is higher than MCL, maximum contaminant level. The concentration of MTBE reduced from 2600 ppb from the previous time to 2000 since the previous report. The concentrations of other constituents found in the soil were not as significant. Groundwater seems to be flowing to the northwest this time per this report.

I concur with the recommendation made by ASE for this site for continued quarterly groundwater monitoring. You may discontinue exclude MW-3 well from your quarterly groundwater monitoring since it is an upgradient well and has not historically contained any hydrocarbons.

I will be looking forward for the next quarterly groundwater report.

If you have any questions, please call me at (510)- 567-6876.

Sincerely,

Amir K. Gholami, REHS
Hazardous Materials Specialist

C: Mr. David Allen, Aqua Science Engineers, Inc., 280 W. El Pintado Road, Danville,
CA 94526
Files

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

STID 730

August 17, 2000

Mr. Kirk Hutchinson
Hutch's Car Wash
17945 Hesperian Blvd.
San Lorenzo, CA 94501

Re: Required investigations at 17945 Hesperian Blvd., San Lorenzo, CA 94501

Dear Mr. Hutchinson:

This office is in receipt of "Quarterly Groundwater Monitoring Report April 2000 submitted by Mr. Robert E. Kitay of Aqua Science Engineers, Inc. According to this report the MW-1 well has still the highest concentrations of constituents within the plume with MTBE of 2,600ppb and Benzene concentration of 18ppb, which is higher than MCL, maximum contaminant level. The MTBE concentration has slightly increased from 650ppb to 2600ppb since the last report. Similar to the last report the concentrations of other constituents found in the soil were not as significant. Groundwater seems to be flowing mostly to the west this time per this report.

I concur with the recommendation made by ASE for this site for continued quarterly groundwater monitoring.

I will be looking forward for the next quarterly groundwater report due in April 2000.

Should you have any questions, please do not hesitate to call me at (510)- 567-6876.

Sincerely,

Amir K. Gholami, REHS
Hazardous Materials Specialist

C: Mr. David Allen, Aqua Science Engineers, Inc., 280 W. El Pintado Road, Danville,
CA 94526
Files



State Water Resources Control Board



Winston H. Hickox
Secretary for
Environmental
Protection

Division of Clean Water Programs
2014 T Street • Sacramento, California 95814 • (916) 227-4366
Mailing Address: P.O. Box 944212 • Sacramento, California 94244-2120
FAX (916) 227-4530 • Internet Address: <http://www.swrcb.ca.gov/~cwphome/ustc>

Gray Davis
Governor

00 MAR 22 PM 4:44

RO-0451 #730 AG

March 21, 2000

Kirk Hutchison
Hutch's Car Wash
1367 A St
Hayward, CA 94541

UNDERGROUND STORAGE TANK CLEANUP FUND PROGRAM, NOTICE OF ELIGIBILITY DETERMINATION: CLAIM NUMBER 015085; FOR SITE ADDRESS: 17945 HESPERIAN BLVD, SAN LORENZO

Your claim has been accepted for placement on the Priority List in Priority Class "C" with a deductible of \$5,000.

We have completed our initial review. The next step in the claim review process is to conduct a compliance review.

Compliance Review: Staff reviews, verifies, and processes claims based on the priority and rank within a priority class. After the Board adopts the Priority List, your claim will remain on the Priority List until your Priority Class and rank are reached. At that time, staff will conduct an extensive Compliance Review at the local regulatory agency or Regional Water Quality Control Board. During this Compliance Review, staff may request additional information needed to verify eligibility. Once the Compliance Review is completed, staff will determine if the claim is valid or must be rejected. If the claim is valid, a Letter of Commitment will be issued obligating funds toward the cleanup. If staff determine that you have not complied with regulations governing site cleanup, you have not supplied necessary information or documentation, or your claim application contains a material error, the claim will be rejected. In such event, you will be issued a Notice of Intended Removal from the Priority List, informed of the basis for the proposed removal of your claim, and provided an opportunity to correct the condition that is the basis for the proposed removal. Your claim will be barred from further participation in the Fund, if the claim application contains a material error resulting from fraud or intentional or negligent misrepresentation.

Record keeping: During your cleanup project you should keep complete and well organized records of all corrective action activity and payment transactions. If you are eventually issued a Letter of Commitment, you will be required to submit: (1) copies of detailed invoices for all corrective action activity performed (including subcontractor invoices), (2) copies of canceled checks used to pay for work shown on the invoices, (3) copies of technical documents (bids, narrative work description, reports), and (4) evidence that the claimant paid for the work performed (not paid by another party). These documents are necessary for reimbursement and failure to submit them could impact the amount of reimbursement made by the Fund. *It is not necessary to submit these documents at this time; however, they will definitely be required prior to reimbursement.*

Compliance with Corrective Action Requirements: In order to be reimbursed for your eligible costs of cleanup incurred after December 2, 1991, you must have complied with corrective action requirements of Article 11, Chapter 16, Division 3, Title 23, California Code of Regulations. Article 11 categorized the corrective action process into *phases*. In addition, Article 11 requires the responsible party to submit an

investigative workplan/Corrective Action Plan (CAP) before performing any work. This phasing process and the workplan/CAP requirements were intended to:

1. help the responsible party undertake the necessary corrective action in a cost-effective, efficient and timely manner;
2. enable the regulatory agency to review and approve the proposed cost-effective corrective action alternative before any corrective action work was performed; and
3. ensure the Fund will only reimburse the most cost-effective corrective action alternative required by the regulatory agency to achieve the minimum cleanup necessary to protect human health, safety and the environment.

In some limited situations *interim cleanup* will be necessary to mitigate a demonstrated immediate hazard to public health, or the environment. Program regulations allow the responsible party to undertake interim remedial action after: (1) notifying the regulatory agency of the proposed action, and; (2) complying with any requirements that the regulatory agency may set. Interim remedial action should only be proposed when necessary to mitigate an immediate demonstrated hazard. ***Implementing interim remedial action does not eliminate the requirement for a CAP and an evaluation of the most cost-effective corrective action alternative.***

Three bids and Cost Preapproval: Only corrective action costs required by the regulatory agency to protect human health, safety and the environment can be claimed for reimbursement. You must comply with all regulatory agency time schedules and requirements and you must obtain three bids for any required corrective action. Unless waived in writing, you are required to obtain preapproval of costs for all future corrective action work. ***If you do not obtain three bids and cost preapproval, reimbursement is not assured and costs may be rejected as ineligible.***

If you have any questions, please contact me at (916) 227-4366.

Sincerely,

Shari Knieriem

Shari Knieriem
Claims Review Unit
Underground Storage Tank Cleanup Fund

cc: Mr. Steve Morse
RWQCB, Region 2
1515 Clay Street, Ste. 1400
Oakland, CA 94612

Mr. Thomas Peacock
Alameda County EHD
1131 Harbor Bay Pkway, 2nd Fl.
Alameda, CA 94502-6577

STID# 730



State Water Resources Control Board



Winston H. Hickox
Secretary for
Environmental
Protection

Division of Clean Water Programs
2014 T Street • Sacramento, California 95814 • (916) 227-4366
Mailing Address: P.O. Box 944212 • Sacramento, California • 94244-2120
FAX (916) 227-4530 • Internet Address: <http://www.swrcb.ca.gov/~cwphome/ustcf>

Gray Davis
Governor

00 FEB 28 PM 4: 50
CALIFORNIA
ENVIRONMENTAL
PROTECTION

FEB 25 2000

Kirk Hutchison
Hutch's Car Wash
1367 A St
Hayward, CA 94541

RO 0451
Hutchison
AG

UNDERGROUND STORAGE TANK CLEANUP FUND PROGRAM, REQUEST FOR FURTHER DOCUMENTATION DURING INITIAL REVIEW: CLAIM NUMBER 015085; FOR SITE ADDRESS: 17945 HESPERIAN BLVD, SAN LORENZO

After reviewing your claim application to the Cleanup Fund, we find that the following additional information is needed to determine your eligibility for placement on the Priority List:

- 1) A copy of the permit to own or operate the UST from the local implementing agency dated between January 1, 1984 and January 1, 1990 (pursuant to Chapter 6.7 of the Health and Safety Code).

If you were not subject to the permit requirement, submit documentation to confirm this claim. Situations where the permit was not required by January 1, 1990, can include: a) you removed all USTs prior to January 1, 1990; and not replaced; b) you decommissioned all USTs pursuant to the direction of the regulatory agency prior to January 1, 1984; c) you sold the property and tanks by January 1, 1990.

If you were subject to the permit requirement but failed to comply by January 1, 1990, you can request the State Board to waive the requirement as a condition for eligibility. To request a waiver, complete the enclosed "Permit Waiver Request" form and return with any additional information requested below.

- 2) Priority Class B assignment requires claimant to complete the enclosed addendum. Additionally, claimant must provide either a declaration statement or official employee reporting document (DE-6 filed with the Employment Development Department for calendar year 1999) verifying that the claimant (and any affiliates) do not employ more than 100 employees. Or you may request Priority Class C. Priority Class C verification requires claimant to must submit documentation verifying that claimant does not employ more than 500 full time or part time employees. Submit either a DE-6 filed with Employment Development Department for calendar year 1999 or a declaration letter signed by an officer of the company.
- 3) Certification of Financial Responsibility (FR) requires signature of either a "witness or Notary. Enclosed is a copy of the FR for you to complete.

February 25, 2000

NOTE: Failure to respond to this request within thirty (30) calendar days from the date of this letter may result in an ineligibility determination of your claim.

If you have any questions, please contact me at (916) 227-4366.

Sincerely,



Shari Knieriem
Claims Review Unit
Underground Storage Tank Cleanup Fund

Enclosure

cc: Mr. Steve Morse/Without enclosure
RWQCB, Region 2
1515 Clay Street, Ste. 1400
Oakland, CA 94612

Mr. Thomas Peacock/Without enclosure
Alameda County EHD
1131 Harbor Bay Pkway, 2nd Fl.
Alameda, CA 94502-6577

STID# 730



ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



FEB 15 2000

STID 730

February 15, 2000

Mr. Kirk Hutchinson
Hutch's Car Wash
17945 Hesperian Blvd.
San Lorenzo, CA 94501

ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION
1131 Harbor Bay Parkway
Alameda, CA 94502-6577
(510) 567-6700
(510) 337-9432

Re: Required investigations at 17945 Hesperian Blvd., San Lorenzo, CA 94501

Dear Mr. Hutchinson:

This office is in receipt of "soil and groundwater assessment" submitted by Mr. Robert E. Kitay of Aqua Science Engineers, Inc.. Per this report the MW-1 well has still the highest concentrations of constituents within the plume with MTBE of 650ppb and Benzene concentration of 15ppb, which is higher than MCL, maximum contaminant level. The MTBE concentration has slightly increased since the last report. The concentrations of other constituents found in the soil were not as significant. Groundwater seems to be flowing to northwest at 0.002-feet per foot.

I concur with the recommendation made by ASE for this site to be placed on a quarterly groundwater monitoring program and continue monitoring.

I will be looking forward for the next quarterly groundwater report due in April 2000.

If you have any questions, please call me at (510)- 567-6876.

Sincerely,

Amir K. Gholami, REHS
Hazardous Materials Specialist

C: Mr. David Allen, Aqua Science Engineers, Inc., 280 W. El Pintado Road, Danville,
CA 94526
Files

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 730

November 24, 1999

Mr. Kirk Hutchinson
Hutch's Car Wash
17945 Hesperian Blvd.
San Lorenzo, CA 94501

Re: Required investigations at 17945 Hesperian Blvd., San Lorenzo, CA 94501

Dear Hutchinson:

This office is in receipt of "soil and groundwater assessment" submitted by Mr. Robert E. Kitay of Aqua Science Engineers, Inc.. Per this report the MW-1 well has the highest concentrations of constituents within the plume with MTBE of 120ppb. The soil boring at 10.5 feet at the same location also indicated the highest level of MTBE at 200ppm. There were other constituents found in soil and or groundwater samples but not as significant. Groundwater seems to be flowing to northwest at 0.002-feet per foot.

I concur with the recommendation made by ASE for this site to be placed on a quarterly groundwater monitoring program.

I will be looking forward for the next quarterly groundwater report.

Should you have any questions, please call me at (510)- 567-6876.

Sincerely,

Amir K. Gholami, REHS
Hazardous Materials Specialist

C: Mr. David Allen, Aqua Science Engineers, Inc., 280 W. El Pintado Road, Danville,
CA 94526
Files

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



STID 730

September 15, 1999

Mr. Kirk Hutchinson
Hutch's Car Wash
17945 Hesperian Blvd.
San Lorenzo, CA 94501

ENVIRONMENTAL HEALTH SERVICES

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

**Re: Required investigations at 17945 Hesperian Blvd.,
San Lorenzo, CA 94501**

Dear Hutchinson:

I am in receipt of the "Workplan for soil and groundwater assessment" dated September 9, 1999, regarding the above referenced site submitted by Mr. David Allen of Aqua Science Engineers, Inc. Thank you for the submittal of the plan. Mr. Allen requested me to expedite the oversight process. I will try to accommodate the requested expedition.

The workplan is generally acceptable. However, prior to taking soil and groundwater samples, you need to make an assessment of groundwater flow gradient to better locate the proposed soil/groundwater sample borings. As indicated to Mr. Allen, this office may have files on surrounding site, which may assist in making the groundwater flow gradient. This is necessary to ensure that boring locations will be situated downgradient as well as upgradient from the plume source. You may contact our office to look into the files regarding the surrounding properties.

Please be advised that further investigation might be deemed necessary pending the result of this phase of the investigation.

I will be looking forward to receive the result of the submitted workplan.

If you have any questions, please call me at (510) 567-6876.

Sincerely,

Amir K. Gholami, REHS
Hazardous Materials Specialist

C: Mr. David Allen, Aqua Science Engineers, Inc., 280 W. El Pintado Road, Danville,
CA 94526
files

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



P 368 729 449

Certified Mailer # P 368 729 449

July 29, 1999

STID 730

Mr. Kirk Hutchinson
Hutch's Car Wash,
17945 Hesperian Boulevard
San Lorenzo, CA 94501

ENVIR
1131 Ha
Alameda
(510) 56
(510) 33

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to MR. KIRK HUTCHINSON	
Street & Number 17945 HESPERIAN	
Post Office, State, & ZIP Code SAN LORENZO, CA 94501	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date AUG 02 1999	

PS Form 3800, April 1995

NOTICE OF VIOLATION

RE: Hutch's Car Wash, 17945 Hesperian, San Lorenzo – Request for Soil and Water Investigation Work Plan

Dear Mr. Hutchinson:

In correspondence from this office dated May 10, 1999, you were requested to submit a soil and water investigation (SWI) work plan for the continued assessment of the fuel release that occurred at this site. The requested work plan was due within 60 days of the date of the May 10th letter. To date, this work plan has not been submitted.

You are currently in violation of provisions of Article 11, *Corrective Action Requirements*, Section 2720 et seq., Title 23, California Code of Regulations (CCR). Please be advised that civil penalties of up to \$5000 per day per tank per violation can be assessed upon conviction.

At this time you are directed to submit the requested work plan within 20 days of the date of this letter. Failure to comply with this request will result in your case being referred to the Alameda County District Attorney's Office for enforcement action.

Please call me at (510) 567-6783 should you have any questions.

Sincerely,

Scott O. Seery, CHMM
Hazardous Materials Specialist

cc: Chuck Headlee, RWQCB
Bob Chambers, Alameda County District Attorney's Office

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES

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

Certified Mailer #

July 29, 1999

STID 730

Mr. Kirk Hutchinson
Hutch's Car Wash,
17945 Hesperian Boulevard
San Lorenzo, CA 94501

NOTICE OF VIOLATION

RE: Hutch's Car Wash, 17945 Hesperian, San Lorenzo – Request for Soil and Water Investigation Work Plan

Dear Mr. Hutchinson:

In correspondence from this office dated May 10, 1999, you were requested to submit a soil and water investigation (SWI) work plan for the continued assessment of the fuel release that occurred at this site. The requested work plan was due within 60 days of the date of the May 10th letter. To date, this work plan has not been submitted.

You are currently in violation of provisions of Article 11, *Corrective Action Requirements*, Section 2720 et seq., Title 23, California Code of Regulations (CCR). Please be advised that civil penalties of up to \$5000 per day per tank per violation can be assessed upon conviction.

At this time you are directed to submit the requested work plan within 20 days of the date of this letter. Failure to comply with this request will result in your case being referred to the Alameda County District Attorney's Office for enforcement action.

Please call me at (510) 567-6783 should you have any questions.

Sincerely,

Scott O. Seery, CHMM
Hazardous Materials Specialist

cc: Chuck Headlee, RWQCB
Bob Chambers, Alameda County District Attorney's Office

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

May 10, 1999

STID 730

Mr. Kirk Hutchinson
Hutch's Car Wash,
17945 Hesperian Boulevard
San Lorenzo, CA 94501

RE: Hutch's Car Wash, 17945 Hesperian, San Lorenzo – Request for Soil and Water Investigation Work Plan

Dear Mr. Hutchinson:

We are in receipt and have completed review of the December 11, 1998 Aqua Science Engineers Inc. (ASE) report documenting the installation of eight (8) soil borings, and the analysis of soil and groundwater samples collected from each. This work was performed in preparation for the in-place closure of three fuel underground storage tanks (UST) at the subject site.

Evidence of an unauthorized release was identified during the course of this preliminary investigation. Such evidence included the presence in water samples of up to 260 micro grams per liter (ug/l) of benzene, 4400-ug/l methyl-tert butyl ether (MtBE), and 200,000 ug/l total petroleum hydrocarbons in the gasoline range (TPH-G).

Consistent with provisions of Article 11, *Corrective Action Requirements*, Section 2720 et seq., Title 23, California Code of Regulations (CCR), a Soil and Water Investigation (SWI) must be conducted to assess the extent of the release at the site. The SWI work plan will present the scope of work necessary to complete this phase of the site assessment. This task will typically involve the installation of several more soil borings and construction of an array of monitoring wells strategically located to track contaminant location.

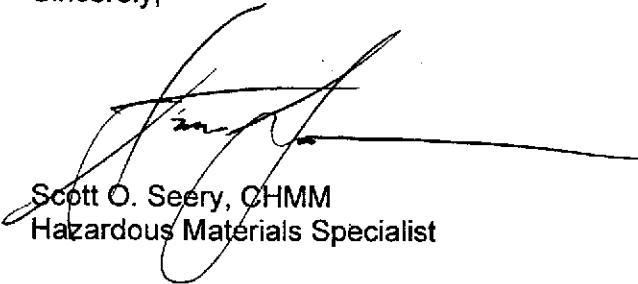
The SWI work plan requires that you hire a California-licensed or registered engineer or geologist with the appropriate experience in conducting such environmental projects. Such licensing and registration is by provision of the California Business and Professions Code.

The SWI work plan is due within **60 days** of the date of this letter.

Mr. Kirk Hutchinson
RE: 17945 Hesperian Blvd., San Lorenzo
May 10, 1999
Page 2 of 2

Please call me at (510) 567-6783 should you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Scott O. Seery", is written over a horizontal line. The signature is stylized and cursive.

Scott O. Seery, CHMM
Hazardous Materials Specialist

cc: Chuck Headlee, RWQCB
Robert Weston, ACDEH

Leslie - Please transfer to LOP database.

Transfer of Eligible Local Oversight Case 5.

STID 730 Date of input/By: 4/1/99

Date: 3-31-99 From: Scott

Site Name: Hutch's Car wash

Address: 17945 Hesperian Bl. City: S. Lorenzo Zip: 94580

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

1. N Tanks ^{closed in place} ~~Removed?~~ # of removed? 3 Date ^{closed} removed: 1-21-99
2. N Samples received? Contamination level: _____ ppm
Type of test _____
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.

ALAMEDA COUNTY ENVIRONMENTAL HEALTH - HAZARDOUS MATERIALS PROGRAM
INFORMATION PER SITE ON ALL DEPOSITS FROM ALL PAYORS

as of 03/31/99

DATABASE: DEPREF
~~~~~

=====  
SITE INFORMATION from DepRef DB  
=====

Hutch's Carwash  
17945 Hesperian Blvd  
San Lorenzo CA 94580

StID: 730 Site#: 7251  
Site Complete?

=====  
ALL PAYORS ON SITE  
=====

> Project# 7251A for Payor# 5 Aqua Science Engineering  
208 W El Pintado  
Danville CA 94526

DR:Wk

=====  
DEPOSIT INFORMATION  
=====

| Project# | Rcpt# | DepDate | DepAmount | Proj<br>Type | Deposit<br>Complete | Insp<br>Init | Collect<br>Fees? |
|----------|-------|---------|-----------|--------------|---------------------|--------------|------------------|
|----------|-------|---------|-----------|--------------|---------------------|--------------|------------------|

|                            |        |          |            |   |  |    |  |
|----------------------------|--------|----------|------------|---|--|----|--|
| 7251A                      | <----- |          |            |   |  |    |  |
|                            | 787651 | 12/28/98 | \$1,320.00 | R |  | RW |  |
| Total Deposit for Project: |        |          | \$1,320.00 |   |  |    |  |

-----  
Total Deps for all Sites : \$1,320.00

Report WkSht

LAST WORK DATE FROM BILLING ON THIS SITE:

--7251?

ALAMEDA COUNTY ENVIRONMENTAL HEALTH - HAZARDOUS MATERIALS PROGRAM  
 DEPOSIT / REFUND ARCHIVED DAILIES STATEMENT FOR WORK AFTER 01/21/99

database = DAILY ARCHIVES

===== SITE INFORMATION =====

Hutch's Car Wash --- 17945 Hesperian Blvd  
 StID: 730 Site#: --7251? San Lorenzo CA 94580

===== ARCHIVED DAILY - DEPREF STATEMENT ===== as of 03/31/99

--INSPECTOR--

| Act Date | Initial | Time  | \$ Rate | CHARGE | Time  | Charge | Billing Date |
|----------|---------|-------|---------|--------|-------|--------|--------------|
| =====    | =====   | ===== | =====   | =====  | ===== | =====  | =====        |

No Dailies from Archives for this case

ALAMEDA COUNTY ENVIRONMENTAL HEALTH - HAZARDOUS MATERIALS PROGRAM  
 DEPOSIT / REFUND ACCOUNT STATEMENT FOR WORK AFTER 01/21/99

as of 03/31/99

database = HAZMAT DAILIES

===== SITE INFORMATION =====

|                       |                                         |
|-----------------------|-----------------------------------------|
| Hutch's Car Wash      | * IF Site name from HazMat (central) DB |
| 17945 Hesperian Blvd  | differs from DepRef's Site Name,        |
| San Lorenzo CA 94580  | PLEASE RECTIFY WITH LPETERS/CMATYS.     |
| StID: 730 Site#: 7251 |                                         |

===== WORK LOG INFORMATION FROM DAILIES ( after date 01/21/99 ) =====

--INSPECTOR--

-PROJECT TOTALS-

Error Code or

| #   | Act Date | Initial | Time  | \$ Rate | CHARGE | Time  | Charge | Billing Date |
|-----|----------|---------|-------|---------|--------|-------|--------|--------------|
| === | =====    | =====   | ===== | =====   | =====  | ===== | =====  | ===== *      |

Proj#:7251a - Current Dailies

|   |                                                                                                  |     |      |        |         |      |          |          |
|---|--------------------------------------------------------------------------------------------------|-----|------|--------|---------|------|----------|----------|
| 1 | 11/12/98                                                                                         | SOS | 0.10 | 100.00 | \$10.00 | 0.10 | \$10.00  | 01/19/99 |
|   | Activity Code: 47-Removal/Installation Meetings                                                  |     |      |        |         |      |          |          |
|   | Comment: discuss issues w/ RW                                                                    |     |      |        |         |      |          |          |
| 2 | 11/13/98                                                                                         | SOS | 0.70 | 100.00 | \$70.00 | 0.80 | \$80.00  | 01/19/99 |
|   | Activity Code: 45-Plan Review: Install/Mod/Rem;Mtgs                                              |     |      |        |         |      |          |          |
|   | Comment: review ASE UST closure sample plan; call to ASE                                         |     |      |        |         |      |          |          |
| 3 | 11/25/98                                                                                         | SOS | 0.80 | 100.00 | \$80.00 | 1.60 | \$160.00 | 01/19/99 |
|   | Activity Code: 45-Plan Review: Install/Mod/Rem;Mtgs                                              |     |      |        |         |      |          |          |
|   | Comment: review revisions to sampling plan; letter                                               |     |      |        |         |      |          |          |
| 4 | 12/01/98                                                                                         | SOS | 0.20 | 100.00 | \$20.00 | 1.80 | \$180.00 | 01/19/99 |
|   | Activity Code: 40-Removal Investigate / Follow-up                                                |     |      |        |         |      |          |          |
|   | Comment: call from D.Allen (ASE) re: status of drilling project                                  |     |      |        |         |      |          |          |
| 5 | 12/15/98                                                                                         | SOS | 0.80 | 100.00 | \$80.00 | 2.60 | \$260.00 | 01/19/99 |
|   | Activity Code: 40-Removal Investigate / Follow-up                                                |     |      |        |         |      |          |          |
|   | Comment: discuss w/ RW; review 12/11/98 ASE sampling report; call to D.Allen (ASE); complete ULR |     |      |        |         |      |          |          |



6 12/28/98 SOS 0.60 100.00 \$60.00 | 3.20 \$320.00 | 01/19/99  
Activity Code: 45-Plan Review: Install/Mod/Rem;Mtgs  
Comment: review 12/22/98 ASE report; review UST closure application

7 01/21/99 RW 1.20 100.00 120.00 | 4.40 \$440.00 | 02/05/99  
Activity Code: 42-Tank Removal  
Comment: on-site to witness closure of three mvf usts. All three usts hot water rinsed and vacuumed to remove rinsate. Video camera used to view the interior surfaces. Unremarkable closure. The usts to be filled w/ water for use in water recycling program for the existing carwash.

8 02/17/99 SOS 0.30 100.00 \$30.00 | 4.70 \$470.00 | 03/09/99  
Activity Code: 40-Removal Investigate / Follow-up  
Comment: review 2/8/99 ASE closure report

Running Total for proj: 7251a is 4.7 hours for \$470.00 page 1

9 03/31/99 SOS 0.5

4.7 hrs (3/31/99)  
0.5 " admin  
1.0 " total  

---

6.2 hrs total

StID: 730 Site#: 7251

WORK LOG INFORMATION FROM DAILIES ( after date 01/21/99 )

| #             | Act Date | Initial | Time  | \$ Rate | CHARGE | Time             | Charge | Error Code or Billing Date |
|---------------|----------|---------|-------|---------|--------|------------------|--------|----------------------------|
| --INSPECTOR-- |          |         |       |         |        | -PROJECT TOTALS- |        | Error Code or Billing Date |
| ====          | =====    | =====   | ===== | =====   | =====  | =====            | =====  | ===== *                    |

- - - SUBTOTAL CURRENT DAILIES, PROJECT 7251a 4.70    \$470.00 - - - -

Running Total for proj: 7251a is 4.7 hours for \$470.00 page 2  
5.2 520

\* ERROR CODE OR BILLING DATE LEGEND:

- 1/1/97 and beyond: Already or nearly Debited
- 1/1/87: Ineligible for Debit: either no deposit or neg. closing balance.
- 1/\*/86: Error codes: need fixing before debiting.
- 1/1/85: Pre 1997 DepRef work marked as Available for Debiting.

CASE COMPLETION STATEMENT

REFUND RECIPIENT :

Name: Agua Science Engineers

Address: 208 W. El Pinado, Danville, CA 94526

PROJECT # 7251

PROJECT COMPLETED BY : SOS ATTACH:  State Forms A, B & C

Billing Adjustment\*

DATE OF COMPLETION : 3-31-99 DATE SENT TO BILLING:    /   /   

TOTAL PROJECT COST : ~~13~~ 620 REFUND AMOUNT: \$ 700

Billing adjustment form needed if site is in our UST program.

DRCsCmp1; Rev 6/97

Current HazMat Dailies Statement Complete

TOTAL COUNTS: #Current Dailies: 1 Both Archived & Current: 1

Listing of HAZMAT - DEPREF SITE HISTORY since 1990 for StID # 730 as of 03/31/99 .... only Activity Codes in 40's & 70's

SITE NAME & ADDRESS:

Hutch's Car Wash -- 17945 Hesperian Blvd , San Lorenzo CA 94580

| InspDat | Insp Act | InspT | StID  | Proj# | COMMENTS | DailBDat |
|---------|----------|-------|-------|-------|----------|----------|
| =====   | =====    | ===== | ===== | ===== | =====    | =====    |

Archived Dailies:

Current Dailies:

| InspDat  | Insp Act | InspT | StID | DRPro     | Comment                                                                                 | DailBDat |
|----------|----------|-------|------|-----------|-----------------------------------------------------------------------------------------|----------|
| 11/12/98 | SOS      | 47    | 0.1  | 730 7251a | discuss issues w/ RW                                                                    | 01/19/99 |
| 11/13/98 | SOS      | 45    | 0.7  | 730 7251a | review ASE UST closure sample plan; call to ASE                                         | 01/19/99 |
| 11/25/98 | SOS      | 45    | 0.8  | 730 7251a | review revisions to sampling plan; letter                                               | 01/19/99 |
| 12/01/98 | SOS      | 40    | 0.2  | 730 7251a | call from D.Allen (ASE) re: status of drilling project                                  | 01/19/99 |
| 12/15/98 | SOS      | 40    | 0.8  | 730 7251a | discuss w/ RW; review 12/11/98 ASE sampling report; call to D.Allen (ASE); complete ULR | 01/19/99 |

ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION  
DEPOSIT / REFUND ACCOUNT SHEET

printed 12/28/98

SITE INFORMATION

Hutch's Carwash  
17945 Hesperian Blvd  
San Lorenzo 94580  
Site Contact: Kirk Hutchison  
Site Phone : 538-9274

|                         |
|-------------------------|
| StID: 730 Site#: 7251   |
| PROJECT#: 7251A         |
| PROJECT TYPE:*** R ***  |
| INSP: Rob Weston        |
| ACCT. SHEET PG #: _____ |

PROPERTY OWNER INFORMATION

Owner Contact:  
Owner Phone :

PAYOR INFORMATION

Aqua Science Engineering  
208 W El Pintado  
Danville CA 94526 # 5  
Payor Contact: David Prull  
Payor Phone : 800-820-8050

| Date     | Action Taken                                      | Time  |       | Hours Spent/Depstd | Hour Balnce | Money Spent/Depositd | Money Balance |
|----------|---------------------------------------------------|-------|-------|--------------------|-------------|----------------------|---------------|
|          |                                                   | In    | Out   |                    |             |                      |               |
| 12/28/98 | Rcpt# 787651<br>Deposit of \$1,320.00 @\$100.Hour |       |       | +13.19             | +13.19      | 1,320.00             | 1,320.00      |
| 12/28/98 | Admin. Charge: 1 hour                             | ..... | ..... | 1.00               | 12.19       | 100.00               | 1,220.00      |
|          |                                                   |       |       |                    |             |                      |               |
|          |                                                   |       |       |                    |             |                      |               |
|          |                                                   |       |       |                    |             |                      |               |
|          |                                                   |       |       |                    |             |                      |               |
|          |                                                   |       |       |                    |             |                      |               |
|          |                                                   |       |       |                    |             |                      |               |
|          |                                                   |       |       |                    |             |                      |               |
|          |                                                   |       |       |                    |             |                      |               |
|          |                                                   |       |       |                    |             |                      |               |

UPON COMPLETION OF PROJECT

PROJ COMPLETED BY : \_\_\_\_\_ ATTACH:  State Forms A,B & C  
 Billing Adjustment\*  
DATE OF COMPLETION : \_\_\_\_\_ DATE SENT TO BILLING: \_\_\_\_\_  
TOTAL COST OF PROJECT: \_\_\_\_\_ REFUND AMOUNT: \_\_\_\_\_ Rev. 7/96

\* Billing adjustment forms needed when site is in our UST program. REPORT: WrkShtA (Admin)

712

RO 451 AG.

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

|                                                                       |                                                                                                                                                                                                                                                                                                                            |                                                                                                                       |                                                                                                                                                                                                                                                                             |                                                                                                                                                                                    |                         |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| EMERGENCY<br><input type="checkbox"/> YES <input type="checkbox"/> NO |                                                                                                                                                                                                                                                                                                                            | HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |                                                                                                                                                                                                                                                                             | FOR LOCAL AGENCY USE ONLY<br>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. |                         |
| REPORT DATE<br>1/21/59/8                                              |                                                                                                                                                                                                                                                                                                                            | CASE #<br>730                                                                                                         |                                                                                                                                                                                                                                                                             | SIGNED _____ DATE _____                                                                                                                                                            |                         |
| REPORTED BY                                                           | NAME OF INDIVIDUAL FILING REPORT<br>Scott Seery                                                                                                                                                                                                                                                                            |                                                                                                                       | PHONE<br>(510) 567-6783                                                                                                                                                                                                                                                     | SIGNATURE<br><i>[Signature]</i>                                                                                                                                                    |                         |
|                                                                       | REPRESENTING<br><input checked="" type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER                                                                                                                                            |                                                                                                                       | COMPANY OR AGENCY NAME<br>Alameda Co. Env. Health Dept.                                                                                                                                                                                                                     |                                                                                                                                                                                    |                         |
|                                                                       | ADDRESS<br>1151 Harbor Bay Pkwy Alameda CA 94502                                                                                                                                                                                                                                                                           |                                                                                                                       |                                                                                                                                                                                                                                                                             |                                                                                                                                                                                    |                         |
| RESPONSIBLE PARTY                                                     | NAME<br>Kirk Hutchinson <input type="checkbox"/> UNKNOWN                                                                                                                                                                                                                                                                   |                                                                                                                       | CONTACT PERSON<br>Same                                                                                                                                                                                                                                                      | PHONE<br>( )                                                                                                                                                                       |                         |
|                                                                       | ADDRESS<br>17945 Hesperian Bl. San Lorenzo CA 94560                                                                                                                                                                                                                                                                        |                                                                                                                       |                                                                                                                                                                                                                                                                             |                                                                                                                                                                                    |                         |
| SITE LOCATION                                                         | FACILITY NAME (IF APPLICABLE)<br>Hatch's Car Wash                                                                                                                                                                                                                                                                          |                                                                                                                       | OPERATOR<br>Kirk Hutchinson                                                                                                                                                                                                                                                 | PHONE<br>( )                                                                                                                                                                       |                         |
|                                                                       | ADDRESS<br>17945 Hesperian Bl. San Lorenzo Alameda 94560                                                                                                                                                                                                                                                                   |                                                                                                                       |                                                                                                                                                                                                                                                                             |                                                                                                                                                                                    |                         |
|                                                                       | CROSS STREET<br>UNK                                                                                                                                                                                                                                                                                                        |                                                                                                                       |                                                                                                                                                                                                                                                                             |                                                                                                                                                                                    |                         |
| IMPLEMENTING AGENCIES                                                 | LOCAL AGENCY<br>Alameda Co. Env. Health Dept.                                                                                                                                                                                                                                                                              |                                                                                                                       | CONTACT PERSON<br>Scott Seery                                                                                                                                                                                                                                               | PHONE<br>(510) 567-6783                                                                                                                                                            |                         |
|                                                                       | REGIONAL BOARD<br>S.F. Bay                                                                                                                                                                                                                                                                                                 |                                                                                                                       | CONTACT PERSON<br>(Black Hatler)                                                                                                                                                                                                                                            |                                                                                                                                                                                    | PHONE<br>(510) 622-2453 |
| SUBSTANCES INVOLVED                                                   | (1) NAME<br>Gasoline                                                                                                                                                                                                                                                                                                       |                                                                                                                       |                                                                                                                                                                                                                                                                             | QUANTITY LOST (GALLONS)<br><input checked="" type="checkbox"/> UNKNOWN                                                                                                             |                         |
|                                                                       | (2) _____ <input type="checkbox"/> UNKNOWN                                                                                                                                                                                                                                                                                 |                                                                                                                       |                                                                                                                                                                                                                                                                             |                                                                                                                                                                                    |                         |
| DISCOVERY/ABATEMENT                                                   | DATE DISCOVERED<br>1/20/9/8                                                                                                                                                                                                                                                                                                |                                                                                                                       | HOW DISCOVERED<br><input type="checkbox"/> INVENTORY CONTROL <input checked="" type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> TANK TEST <input type="checkbox"/> TANK REMOVAL <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> OTHER |                                                                                                                                                                                    |                         |
|                                                                       | DATE DISCHARGE BEGAN<br>____/____/____ <input checked="" type="checkbox"/> UNKNOWN                                                                                                                                                                                                                                         |                                                                                                                       | METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY)<br><input checked="" type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING                                                                             |                                                                                                                                                                                    |                         |
|                                                                       | HAS DISCHARGE BEEN STOPPED?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE ____/____/____                                                                                                                                                                                             |                                                                                                                       | <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE<br><input type="checkbox"/> REPLACE TANK <input checked="" type="checkbox"/> OTHER <u>UNK</u>                                            |                                                                                                                                                                                    |                         |
| SOURCE/CAUSE                                                          | SOURCE OF DISCHARGE<br><input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER                                                                                                                                                  |                                                                                                                       | CAUSE(S)<br><input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER                                         |                                                                                                                                                                                    |                         |
|                                                                       | CASE TYPE<br>CHECK ONE ONLY<br><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)                                                                  |                                                                                                                       |                                                                                                                                                                                                                                                                             |                                                                                                                                                                                    |                         |
| CURRENT STATUS                                                        | CHECK ONE ONLY<br><input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input checked="" type="checkbox"/> POLLUTION CHARACTERIZATION                                                                                                                          |                                                                                                                       |                                                                                                                                                                                                                                                                             |                                                                                                                                                                                    |                         |
|                                                                       | <input type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS                                                                                                                                                   |                                                                                                                       |                                                                                                                                                                                                                                                                             |                                                                                                                                                                                    |                         |
| REMEDIAL ACTION                                                       | CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS)<br><input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT)                                                                       |                                                                                                                       |                                                                                                                                                                                                                                                                             |                                                                                                                                                                                    |                         |
|                                                                       | <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> REPLACE SUPPLY (RS)<br><input type="checkbox"/> VACUUM EXTRACT (VE) <input checked="" type="checkbox"/> OTHER (OT) <u>not yet determined</u> |                                                                                                                       |                                                                                                                                                                                                                                                                             |                                                                                                                                                                                    |                         |
| COMMENTS                                                              | Release discovered during pre-UST closure assessment of DST complex. Tank to be left in situ and pump to store process H <sub>2</sub> O for car wash. Further characterization to be required.                                                                                                                             |                                                                                                                       |                                                                                                                                                                                                                                                                             |                                                                                                                                                                                    |                         |

|          |       |       |       |       |       |                                   |          |
|----------|-------|-------|-------|-------|-------|-----------------------------------|----------|
| 12/28/98 | SOS   | 45    | 0.6   | 730   | 7251a | review 12/22/98 ASE report;       | 01/19/99 |
|          |       |       |       |       |       | review UST closure application    |          |
| 01/21/99 | RW    | 42    | 1.2   | 730   | 7251a | on-site to witness closure of     | 02/08/99 |
|          |       |       |       |       |       | three mvf usts. All three usts    |          |
|          |       |       |       |       |       | hot water rinsed and vacuumed to  |          |
|          |       |       |       |       |       | remove rinsate. Video camera      |          |
|          |       |       |       |       |       | used to view the interior         |          |
|          |       |       |       |       |       | surfaces. Unremarkable closure.   |          |
|          |       |       |       |       |       | The usts to be filled w/ water    |          |
|          |       |       |       |       |       | for use in water recycling        |          |
|          |       |       |       |       |       | program for the existing carwash. |          |
| 02/17/99 | SOS   | 40    | 0.3   | 730   | 7251a | review 2/8/99 ASE closure report  | 03/23/99 |
| InspDat  | Insp  | Act   | InspT | StID  | DRPro | Comment                           | DailBDat |
| -----    | ----- | ----- | ----- | ----- | ----- | -----                             | -----    |
| 03/31/99 | SOS   | 40    | 0.5   | 730   | 7251  | close account; begin transfer to  |          |
|          |       |       |       |       |       | LOP                               |          |

Complete

730

USTS Closed

6-21-99  
RW



STATE OF CALIFORNIA  
STATE WATER RESOURCES CONTROL BOARD  
**UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM A**  
COMPLETE THIS FORM FOR EACH FACILITY/SITE

|                    |                                           |                                           |                                                   |                                                             |
|--------------------|-------------------------------------------|-------------------------------------------|---------------------------------------------------|-------------------------------------------------------------|
| MARK ONLY ONE ITEM | <input type="checkbox"/> 1 NEW PERMIT     | <input type="checkbox"/> 3 RENEWAL PERMIT | <input type="checkbox"/> 5 CHANGE OF INFORMATION  | <input checked="" type="checkbox"/> 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<br><b>HUTCH'S CARWASH</b>                                                                                                                                                                                                                                                                                                       |                    | NAME OF OPERATOR<br><b>KIRK HUTCHISON</b>                     |                                                    |                             |
| ADDRESS<br><b>1794S HESPERIAN BLVD.</b>                                                                                                                                                                                                                                                                                                              |                    | NEAREST CROSS STREET<br><b>BOCHMAN</b>                        | PARCEL # (OPTIONAL)                                |                             |
| CITY NAME<br><b>SAN LORENZO</b>                                                                                                                                                                                                                                                                                                                      | STATE<br><b>CA</b> | ZIP CODE<br><b>94580</b>                                      | SITE PHONE # WITH AREA CODE<br><b>510.538.9274</b> |                             |
| <input checked="" type="checkbox"/> BOX TO INDICATE <input checked="" 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* |                    |                                                               |                                                    |                             |
| * If owner of UST is a public agency, complete the following: name of supervisor of division, section or office which operates the UST                                                                                                                                                                                                               |                    |                                                               |                                                    |                             |
| TYPE OF BUSINESS                                                                                                                                                                                                                                                                                                                                     |                    | <input type="checkbox"/> 1 GAS STATION                        | <input type="checkbox"/> 2 DISTRIBUTOR             | E. P. A. I. D. # (optional) |
|                                                                                                                                                                                                                                                                                                                                                      |                    | <input type="checkbox"/> 3 FARM                               | <input type="checkbox"/> 4 PROCESSOR               |                             |
|                                                                                                                                                                                                                                                                                                                                                      |                    | <input checked="" type="checkbox"/> 5 OTHER                   |                                                    |                             |
|                                                                                                                                                                                                                                                                                                                                                      |                    | <input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS | # OF TANKS AT SITE<br><b>3</b>                     |                             |

**EMERGENCY CONTACT PERSON (PRIMARY)**

**EMERGENCY CONTACT PERSON (SECONDARY) - optional**

|                                                      |                                                      |                            |                        |
|------------------------------------------------------|------------------------------------------------------|----------------------------|------------------------|
| DAYS: NAME (LAST, FIRST)<br><b>HUTCHISON, KIRK</b>   | PHONE # WITH AREA CODE<br><b>510.538.9274 (23)</b>   | DAYS: NAME (LAST, FIRST)   | PHONE # WITH AREA CODE |
| NIGHTS: NAME (LAST, FIRST)<br><b>HUTCHISON, KIRK</b> | PHONE # WITH AREA CODE<br><b>510.538.9274 (x 23)</b> | NIGHTS: NAME (LAST, FIRST) | PHONE # WITH AREA CODE |

**II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)**

|                                                       |                    |                                                                                                                                                                                                                                                                                                                                            |                                               |  |
|-------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|
| NAME<br><b>BOHANNON DEVELOPMENT COMPANY</b>           |                    | CARE OF ADDRESS INFORMATION                                                                                                                                                                                                                                                                                                                |                                               |  |
| MAILING OR STREET ADDRESS<br><b>60 HILLSDALE MALL</b> |                    | <input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY<br><input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY |                                               |  |
| CITY NAME<br><b>SAN MATEO</b>                         | STATE<br><b>CA</b> | ZIP CODE<br><b>94403</b>                                                                                                                                                                                                                                                                                                                   | PHONE # WITH AREA CODE<br><b>650.345.8222</b> |  |

**III. TANK OWNER INFORMATION - (MUST BE COMPLETED)**

|                                                     |                    |                                                                                                                                                                                                                                                                                                                                            |                                               |  |
|-----------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|
| NAME OF OWNER<br><b>HUTCH'S CARWASH</b>             |                    | CARE OF ADDRESS INFORMATION<br><b>MR. KIRK HUTCHISON</b>                                                                                                                                                                                                                                                                                   |                                               |  |
| MAILING OR STREET ADDRESS<br><b>1367 'A' STREET</b> |                    | <input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY<br><input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY |                                               |  |
| CITY NAME<br><b>HAYWARD</b>                         | STATE<br><b>CA</b> | ZIP CODE<br><b>94545</b>                                                                                                                                                                                                                                                                                                                   | PHONE # WITH AREA CODE<br><b>510.538.9274</b> |  |

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

~~TK MT~~ 44-000791  
TK MT

**V. PETROLEUM UST FINANCIAL RESPONSIBILITY - (MUST BE COMPLETED) - IDENTIFY THE METHOD(S) USED**

|                                                     |                                                                                   |                                                                |                                                   |                                        |                                             |                                      |                                       |
|-----------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------|----------------------------------------|---------------------------------------------|--------------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> box to indicate | <input type="checkbox"/> SELF-INSURED                                             | <input type="checkbox"/> 2 GUARANTEE                           | <input type="checkbox"/> 3 INSURANCE              | <input type="checkbox"/> 4 SURETY BOND | <input type="checkbox"/> 5 LETTER OF CREDIT | <input type="checkbox"/> 6 EXEMPTION | <input type="checkbox"/> 7 STATE FUND |
|                                                     | <input checked="" type="checkbox"/> 8 STATE FUND & CHIEF FINANCIAL OFFICER LETTER | <input type="checkbox"/> 9 STATE FUND & CERTIFICATE OF DEPOSIT | <input type="checkbox"/> 10 LOCAL GOVT. MECHANISM | <input type="checkbox"/> 99 OTHER      |                                             |                                      |                                       |

**VI. LEGAL NOTIFICATION AND BILLING ADDRESS** Legal notification and billing will be sent to the tank owner unless box I or II is checked.

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

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

|                                                               |                                              |                                        |
|---------------------------------------------------------------|----------------------------------------------|----------------------------------------|
| TANK OWNER'S NAME (PRINTED & SIGNED)<br><b>Kirk Hutchison</b> | TANK OWNER'S TITLE<br><b>Owner - Hutchis</b> | DATE MONTH/DAY/YEAR<br><b>12/23/98</b> |
|---------------------------------------------------------------|----------------------------------------------|----------------------------------------|

**LOCAL AGENCY USE ONLY**

|                          |                              |                                     |
|--------------------------|------------------------------|-------------------------------------|
| COUNTY #<br><b>01</b>    | JURISDICTION #<br><b>000</b> | FACILITY #<br><b>000221</b>         |
| 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.  
OWNER MUST FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

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



#730

COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: HUTCH'S CARWASH

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

|                                             |                                            |
|---------------------------------------------|--------------------------------------------|
| A. OWNER'S TANK I.D.# <u>003</u>            | B. MANUFACTURED BY: <u>Ace Tank</u>        |
| C. DATE INSTALLED (MO/DAY/YEAR) <u>1987</u> | D. TANK CAPACITY IN GALLONS: <u>10,000</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 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"/> 1c MIDGRADE UNLEADED              | <input type="checkbox"/> 5 JET FUEL                           | <input type="checkbox"/> 8 M85          |
|                                                             |                                     |                                                  | <input type="checkbox"/> 2 LEADED                          | <input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW) |                                         |

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

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

|                                  |                                                                               |                                                            |                                                                                |                                                                                           |
|----------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| A. TYPE OF SYSTEM                | <input type="checkbox"/> 1 DOUBLE WALL                                        | <input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER | <input type="checkbox"/> 5 INTERNAL BLADDER SYSTEM                             | <input type="checkbox"/> 95 UNKNOWN                                                       |
|                                  | <input checked="" type="checkbox"/> 2 SINGLE WALL                             | <input type="checkbox"/> 4 SINGLE WALL IN A VAULT          | <input type="checkbox"/> 99 OTHER                                              |                                                                                           |
| B. TANK MATERIAL (Primary Tank)  | <input checked="" type="checkbox"/> 1 BARE STEEL                              | <input type="checkbox"/> 2 STAINLESS STEEL                 | <input type="checkbox"/> 3 FIBERGLASS                                          | <input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC                    |
|                                  | <input type="checkbox"/> 5 CONCRETE                                           | <input type="checkbox"/> 6 POLYVINYL CHLORIDE              | <input type="checkbox"/> 7 ALUMINUM                                            | <input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP                                 |
|                                  | <input type="checkbox"/> 9 BRONZE                                             | <input type="checkbox"/> 10 GALVANIZED STEEL               | <input type="checkbox"/> 95 UNKNOWN                                            | <input type="checkbox"/> 99 OTHER                                                         |
| C. INTERIOR LINING OR COATING    | <input type="checkbox"/> 1 RUBBER LINED                                       | <input type="checkbox"/> 2 ALKYD LINING                    | <input type="checkbox"/> 3 EPOXY LINING                                        | <input type="checkbox"/> 4 PHENOLIC LINING                                                |
|                                  | <input type="checkbox"/> 5 GLASS LINING                                       | <input type="checkbox"/> 8 UNLINED                         | <input type="checkbox"/> 95 UNKNOWN                                            | <input checked="" type="checkbox"/> 99 OTHER <u>ARMOR SHIELD LINING INSTALLED IN 1989</u> |
|                                  | IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___              |                                                            |                                                                                |                                                                                           |
| D. EXTERIOR CORROSION PROTECTION | <input type="checkbox"/> 1 POLYETHYLENE WRAP                                  | <input checked="" type="checkbox"/> 2 COATING              | <input type="checkbox"/> 3 VINYL WRAP                                          | <input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC                                  |
|                                  | <input type="checkbox"/> 5 CATHODIC PROTECTION                                | <input type="checkbox"/> 91 NONE                           | <input type="checkbox"/> 95 UNKNOWN                                            | <input type="checkbox"/> 99 OTHER                                                         |
| E. SPILL AND OVERFILL, etc.      | SPILL CONTAINMENT INSTALLED (YEAR) _____                                      |                                                            | OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____                           |                                                                                           |
|                                  | DROP TUBE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |                                                            | STRIKER PLATE YES <input type="checkbox"/> NO <input type="checkbox"/>         |                                                                                           |
|                                  |                                                                               |                                                            | DISPENSER CONTAINMENT YES <input type="checkbox"/> NO <input type="checkbox"/> |                                                                                           |

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

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

**V. TANK LEAK DETECTION**

|                                                               |                                                            |                                                       |                                                   |                                                    |                                                           |
|---------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> 1 VISUAL CHECK                       | <input type="checkbox"/> 2 MANUAL INVENTORY RECONCILIATION | <input type="checkbox"/> 3 VADOZE MONITORING          | <input type="checkbox"/> 4 AUTOMATIC TANK GAUGING | <input type="checkbox"/> 5 GROUND WATER MONITORING | <input checked="" type="checkbox"/> 6 ANNUAL TANK TESTING |
| <input type="checkbox"/> 7 CONTINUOUS INTERSTITIAL MONITORING | <input checked="" type="checkbox"/> 8 SIR                  | <input type="checkbox"/> 9 WEEKLY MANUAL TANK GAUGING | <input type="checkbox"/> 10 MONTHLY TANK TESTING  | <input type="checkbox"/> 95 UNKNOWN                | <input type="checkbox"/> 99 OTHER                         |

**VI. TANK CLOSURE INFORMATION (PERMANENT CLOSURE IN-PLACE)**

|                                                      |                                                               |                                                                                                             |
|------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| 1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>12/98</u> | 2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>0</u> GALLONS | 3. WAS TANK FILLED WITH INERT MATERIAL? YES <input checked="" 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

TANK OWNER'S NAME (PRINTED & SIGNATURE) Allen Kire Hutchins DATE 12/20/98

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

|               |                         |                                      |                          |                      |
|---------------|-------------------------|--------------------------------------|--------------------------|----------------------|
| STATE I.D.#   | COUNTY # <u>01</u>      | JURISDICTION # <u>000</u>            | FACILITY # <u>000221</u> | TANK # <u>000001</u> |
| PERMIT NUMBER | PERMIT APPROVED BY/DATE | PERMIT EXPIRATION DATE <u>7/1/99</u> |                          |                      |

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED. FORM C MUST BE COMPLETED FOR INSTALLATIONS. THIS FORM SHOULD BE ACCOMPANIED BY A PLOT PLAN. FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

730

LISTS CLOSED

4-21-99  
RW



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

#730

COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: HUTCH'S CAR WASH

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

|                                      |                                     |
|--------------------------------------|-------------------------------------|
| A. OWNER'S TANK I. D. # 001          | B. MANUFACTURED BY: Perkins Welding |
| C. DATE INSTALLED (MO/DAY/YEAR) 1961 | D. TANK CAPACITY IN GALLONS: 5,000  |

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 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"/> 1c MIDGRADE UNLEADED              | <input type="checkbox"/> 5 JET FUEL | <input type="checkbox"/> 8 M85          |
| D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED   |                                     |                                                  | C. A. S. #:                                                |                                     |                                         |

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

|                                                                  |                                                                              |                                                            |                                                                                |                                                                                    |
|------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| A. TYPE OF SYSTEM                                                | <input type="checkbox"/> 1 DOUBLE WALL                                       | <input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER | <input type="checkbox"/> 5 INTERNAL BLADDER SYSTEM                             | <input type="checkbox"/> 95 UNKNOWN                                                |
|                                                                  | <input checked="" type="checkbox"/> 2 SINGLE WALL                            | <input type="checkbox"/> 4 SINGLE WALL IN A VAULT          | <input type="checkbox"/> 99 OTHER                                              |                                                                                    |
| B. TANK MATERIAL (Primary Tank)                                  | <input checked="" type="checkbox"/> 1 BARE STEEL                             | <input type="checkbox"/> 2 STAINLESS STEEL                 | <input type="checkbox"/> 3 FIBERGLASS                                          | <input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC             |
|                                                                  | <input type="checkbox"/> 5 CONCRETE                                          | <input type="checkbox"/> 6 POLYVINYL CHLORIDE              | <input type="checkbox"/> 7 ALUMINUM                                            | <input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP                          |
|                                                                  | <input type="checkbox"/> 9 BRONZE                                            | <input type="checkbox"/> 10 GALVANIZED STEEL               | <input type="checkbox"/> 95 UNKNOWN                                            | <input type="checkbox"/> 99 OTHER                                                  |
| C. INTERIOR LINING OR COATING                                    | <input type="checkbox"/> 1 RUBBER LINED                                      | <input type="checkbox"/> 2 ALKYD LINING                    | <input type="checkbox"/> 3 EPOXY LINING                                        | <input type="checkbox"/> 4 PHENOLIC LINING                                         |
|                                                                  | <input type="checkbox"/> 5 GLASS LINING                                      | <input type="checkbox"/> 6 UNLINED                         | <input type="checkbox"/> 95 UNKNOWN                                            | <input checked="" type="checkbox"/> 99 OTHER ARMOR SHIELD LINING INSTALLED IN 1989 |
| IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___ |                                                                              |                                                            |                                                                                |                                                                                    |
| D. EXTERIOR CORROSION PROTECTION                                 | <input type="checkbox"/> 1 POLYETHYLENE WRAP                                 | <input checked="" type="checkbox"/> 2 COATING              | <input type="checkbox"/> 3 VINYL WRAP                                          | <input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC                           |
|                                                                  | <input type="checkbox"/> 5 CATHODIC PROTECTION                               | <input type="checkbox"/> 91 NONE                           | <input type="checkbox"/> 95 UNKNOWN                                            | <input type="checkbox"/> 99 OTHER                                                  |
| E. SPILL AND OVERFILL, etc.                                      | SPILL CONTAINMENT INSTALLED (YEAR) _____                                     |                                                            | OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____                           |                                                                                    |
|                                                                  | DROPTUBE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |                                                            | STRIKER PLATE YES <input type="checkbox"/> NO <input type="checkbox"/>         |                                                                                    |
|                                                                  |                                                                              |                                                            | DISPENSER CONTAINMENT YES <input type="checkbox"/> NO <input type="checkbox"/> |                                                                                    |

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"/> 4 FLEXIBLE PIPING                | A U <input type="radio"/> 99 OTHER                 |
| B. CONSTRUCTION                      | A U <input type="radio"/> 1 SINGLE WALL                  | A U <input checked="" type="radio"/> 2 DOUBLE WALL           | A U <input type="radio"/> 3 LINED TRENCH                      | A U <input type="radio"/> 95 UNKNOWN                       | A U <input type="radio"/> 99 OTHER                 |
| 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 checked="" 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 U <input type="radio"/> 95 UNKNOWN                          | A U <input type="radio"/> 99 OTHER                         |                                                    |
| D. LEAK DETECTION                    | <input type="checkbox"/> 1 MECHANICAL LINE LEAK DETECTOR | <input checked="" type="checkbox"/> 2 LINE TIGHTNESS TESTING | <input type="checkbox"/> 3 CONTINUOUS INTERSTITIAL MONITORING | <input type="checkbox"/> 4 ELECTRONIC LINE LEAK DETECTOR   | <input type="checkbox"/> 5 AUTOMATIC PUMP SHUTDOWN |
|                                      |                                                          |                                                              |                                                               | <input type="checkbox"/> 99 OTHER                          |                                                    |

V. TANK LEAK DETECTION

|                                                               |                                                            |                                                       |                                                   |                                                    |                                                           |
|---------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> 1 VISUAL CHECK                       | <input type="checkbox"/> 2 MANUAL INVENTORY RECONCILIATION | <input type="checkbox"/> 3 VADOZE MONITORING          | <input type="checkbox"/> 4 AUTOMATIC TANK GAUGING | <input type="checkbox"/> 5 GROUND WATER MONITORING | <input checked="" type="checkbox"/> 6 ANNUAL TANK TESTING |
| <input type="checkbox"/> 7 CONTINUOUS INTERSTITIAL MONITORING | <input checked="" type="checkbox"/> 8 SIP                  | <input type="checkbox"/> 9 WEEKLY MANUAL TANK GAUGING | <input type="checkbox"/> 10 MONTHLY TANK TESTING  | <input type="checkbox"/> 95 UNKNOWN                | <input type="checkbox"/> 99 OTHER                         |

VI. TANK CLOSURE INFORMATION (PERMANENT CLOSURE IN-PLACE)

|                                               |                                                        |                                                                                                             |
|-----------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| 1. ESTIMATED DATE LAST USED (MO/DAY/YR) 12/98 | 2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING 0 GALLONS | 3. WAS TANK FILLED WITH INERT MATERIAL? YES <input checked="" 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

|                                                             |               |
|-------------------------------------------------------------|---------------|
| TANK OWNER'S NAME (PRINTED & SIGNATURE) Allen Kirk Hutchman | DATE 12/23/98 |
|-------------------------------------------------------------|---------------|

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

|               |                         |                        |                   |               |
|---------------|-------------------------|------------------------|-------------------|---------------|
| STATE I.D.#   | COUNTY # 00             | JURISDICTION # 000     | FACILITY # 000221 | TANK # 000002 |
| PERMIT NUMBER | PERMIT APPROVED BY/DATE | PERMIT EXPIRATION DATE |                   |               |

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED. FORM C MUST BE COMPLETED FOR INSTALLATIONS. THIS FORM SHOULD BE ACCOMPANIED BY A PLOT PLAN. FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS



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



#730

COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: HUTCH'S CARWASH

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

|                                             |                                            |
|---------------------------------------------|--------------------------------------------|
| A. OWNER'S TANK I. D. # <u>002</u>          | B. MANUFACTURED BY: <u>Perkins Welding</u> |
| C. DATE INSTALLED (MO/DAY/YEAR) <u>1961</u> | D. TANK CAPACITY IN GALLONS: <u>5,000</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 checked="" type="checkbox"/> 1a REGULAR UNLEADED    |
| <input type="checkbox"/> 2 PETROLEUM                        | <input type="checkbox"/> 80 EMPTY   | <input type="checkbox"/> 2 WASTE                 | <input type="checkbox"/> 1b PREMIUM UNLEADED                  |
| <input type="checkbox"/> 3 CHEMICAL PRODUCT                 | <input type="checkbox"/> 95 UNKNOWN |                                                  | <input type="checkbox"/> 1c MIDGRADE UNLEADED                 |
|                                                             |                                     |                                                  | <input type="checkbox"/> 2 LEADED                             |
|                                                             |                                     |                                                  | <input type="checkbox"/> 3 DIESEL                             |
|                                                             |                                     |                                                  | <input type="checkbox"/> 4 GASAHOL                            |
|                                                             |                                     |                                                  | <input type="checkbox"/> 5 JET FUEL                           |
|                                                             |                                     |                                                  | <input type="checkbox"/> 6 AVIATION GAS                       |
|                                                             |                                     |                                                  | <input type="checkbox"/> 7 METHANOL                           |
|                                                             |                                     |                                                  | <input type="checkbox"/> 8 M85                                |
|                                                             |                                     |                                                  | <input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW) |

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

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

|                                  |                                                           |                                                            |                                                                                           |
|----------------------------------|-----------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| A. TYPE OF SYSTEM                | <input type="checkbox"/> 1 DOUBLE WALL                    | <input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER | <input type="checkbox"/> 5 INTERNAL BLADDER SYSTEM                                        |
|                                  | <input checked="" type="checkbox"/> 2 SINGLE WALL         | <input type="checkbox"/> 4 SINGLE WALL IN A VAULT          | <input type="checkbox"/> 95 UNKNOWN                                                       |
|                                  |                                                           |                                                            | <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                                                       |
|                                  |                                                           |                                                            | <input type="checkbox"/> 99 OTHER _____                                                   |
| C. INTERIOR LINING OR COATING    | <input type="checkbox"/> 1 RUBBER LINED                   | <input type="checkbox"/> 2 ALKYD LINING                    | <input type="checkbox"/> 3 EPOXY LINING                                                   |
|                                  | <input type="checkbox"/> 5 GLASS LINING                   | <input type="checkbox"/> 6 UNLINED                         | <input type="checkbox"/> 95 UNKNOWN                                                       |
|                                  |                                                           |                                                            | <input checked="" type="checkbox"/> 99 OTHER <u>ARMOR SHIELD LINING INSTALLED IN 1989</u> |
| D. EXTERIOR CORROSION PROTECTION | <input type="checkbox"/> 1 POLYETHYLENE WRAP              | <input checked="" type="checkbox"/> 2 COATING              | <input type="checkbox"/> 3 VINYL WRAP                                                     |
|                                  | <input type="checkbox"/> 5 CATHODIC PROTECTION            | <input type="checkbox"/> 91 NONE                           | <input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC                                  |
|                                  |                                                           |                                                            | <input type="checkbox"/> 95 UNKNOWN                                                       |
|                                  |                                                           |                                                            | <input type="checkbox"/> 99 OTHER _____                                                   |
| E. SPILL AND OVERFILL, etc.      | SPILL CONTAINMENT INSTALLED (YEAR) _____                  |                                                            | OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____                                      |
|                                  | DROPTUBE YES <input checked="" type="checkbox"/> NO _____ |                                                            | DISPENSER CONTAINMENT YES _____ NO _____                                                  |
|                                  | STRIKER PLATE YES _____ NO _____                          |                                                            |                                                                                           |

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

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

**V. TANK LEAK DETECTION**

|                                                               |                                                            |                                                       |                                                   |                                                    |                                                           |
|---------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> 1 VISUAL CHECK                       | <input type="checkbox"/> 2 MANUAL INVENTORY RECONCILIATION | <input type="checkbox"/> 3 VADOZE MONITORING          | <input type="checkbox"/> 4 AUTOMATIC TANK GAUGING | <input type="checkbox"/> 5 GROUND WATER MONITORING | <input checked="" type="checkbox"/> 6 ANNUAL TANK TESTING |
| <input type="checkbox"/> 7 CONTINUOUS INTERSTITIAL MONITORING | <input checked="" type="checkbox"/> 8 SIR                  | <input type="checkbox"/> 9 WEEKLY MANUAL TANK GAUGING | <input type="checkbox"/> 10 MONTHLY TANK TESTING  | <input type="checkbox"/> 95 UNKNOWN                | <input type="checkbox"/> 99 OTHER                         |

**VI. TANK CLOSURE INFORMATION (PERMANENT CLOSURE IN-PLACE)**

|                                                      |                                                               |                                                                                                             |
|------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| 1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>12/98</u> | 2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>0</u> GALLONS | 3. WAS TANK FILLED WITH INERT MATERIAL? YES <input checked="" 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

|                                                              |                      |
|--------------------------------------------------------------|----------------------|
| TANK OWNER'S NAME<br>PRINTED SIGNATURE <u>Kirk Hutchison</u> | DATE <u>12/23/98</u> |
|--------------------------------------------------------------|----------------------|

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

|               |                         |                           |                                     |                      |
|---------------|-------------------------|---------------------------|-------------------------------------|----------------------|
| STATE I.D.#   | COUNTY # <u>01</u>      | JURISDICTION # <u>000</u> | FACILITY # <u>000221</u>            | TANK # <u>000003</u> |
| PERMIT NUMBER | PERMIT APPROVED BY/DATE |                           | PERMIT EXPIRATION DATE <u>12/99</u> |                      |

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED. FORM C MUST BE COMPLETED FOR INSTALLATIONS. THIS FORM SHOULD BE ACCOMPANIED BY A PLOT PLAN. FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

- Agency Copy -

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
ENVIRONMENTAL HEALTH SERVICES  
1131 HARBOR BAY PARKWAY, RM 250  
ALAMEDA, CA 94502-6577  
PHONE # 510/567-6700

SP 12/29/86

ACCEPTED

Environmental Storage Tank Closure Permit Application  
Alameda County Division of Regulatory Services  
1131 Harbor Bay Parkway, Suite 250  
Alameda, CA 94502-6577

These environmental plans have been received and found to be acceptable and accordingly meet the requirements of these and Local Rules. Changes to any closure plans initiated by the Department are to ensure compliance with state and local laws. The project proposed herein is now released for issuance of any required building permits for construction/alteration.

One copy of the approved plans must be on the job and provide to all contractors and craftsmen involved with the work.

Any change or alteration of these plans and specifications must be submitted to the Department and to the Fire and Building Inspectors Department to determine if such changes meet the requirements of state and local laws. Notify the Department 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: Scott Seery

UNDERGROUND TANK CLOSURE PLAN

\* \* \* Complete plan according to attached instructions \* \* \*

1. Name of Business HUTCH'S CARWASH  
Business Owner or Contact Person (PRINT) KIRK HUTCHISON
2. Site Address 17945 HESPERIAN BOULEVARD  
City SAN LORENZO Zip 94580 Phone 510-538 9274
3. Mailing Address 1367 'A' STREET  
City HAYWARD Zip 94545 Phone 510-538-9274
4. Property Owner BOHANNON DEVELOPMENT COMPANY  
Business Name (if applicable) \_\_\_\_\_  
Address 60 HILLSDALE MALL  
City, State SAN MATEO, CA Zip 94403
5. Generator name under which tank will be manifested  
HUTCH'S CARWASH

EPA ID# under which tank will be manifested CA -----

NA

6. Contractor AQUA SCIENCE ENGINEERS, INC.  
 Address 208 WEST EL PINTADO RD.  
 City DANVILLE CA 94526 Phone 925-820-9391  
 License Type A - HAZ ID# 487000
7. Consultant (if applicable) AQUA SCIENCE ENGINEERS  
 Address 208 WEST EL PINTADO RD  
 City, State DANVILLE CA 94526 Phone 925-820-9391
8. Main Contact Person for Investigation (if applicable)  
 Name ROBERT KITAY, R.G. Title SENIOR GEOLOGIST  
 Company AQUA SCIENCE ENGINEERS  
 Phone 925-820-9391
9. Number of underground tanks being closed <sup>in-place</sup> with this plan 3  
 Length of piping being removed under this plan ~~3~~ dispensers and piping leading to tanks to be removed  
 Total number of underground tanks at this facility (\*\*confirmed with owner or operator) 3
10. State Registered Hazardous Waste Transporters/Facilities (see instructions).

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

a) Product/Residual Sludge/Rinsate Transporter

Name CLEARWATER ENV. MGMT. EPA I.D. No. CAR000007013  
 Hauler License No. 3515 License Exp. Date 12/99  
 Address P.O. BOX 7420  
 City FREMONT State CA Zip 94537-7420

b) Product/Residual Sludge/Rinsate Disposal Site

Name ALVISO INDEPENDENT OIL FACILITY EPA ID# CAL000161743  
 Address 5002 ARCHER ST.  
 City ALVISO State CA Zip 95002

c) Tank and Piping Transporter

N/A (CLOSURE-IN-PLACE)

Name \_\_\_\_\_ EPA I.D. No. \_\_\_\_\_

Hauler License No. \_\_\_\_\_ License Exp. Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

d) Tank and Piping Disposal Site

N/A (CLOSURE-IN-PLACE)

Name \_\_\_\_\_ EPA I.D. No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

11. Sample Collector SEE ASE <sup>ASSESSMENT</sup> REPORT DATED DECEMBER 22, 1998

Name ROBERT KITAY

Company AQUA SCIENCE ENGINEERS INC.

Address 208 WEST EL PINTADO RD

City DANVILLE State CA Zip 94526 Phone 925-820-939

12. Laboratory SEE ASE ASSESSMENT REPORT DATED DECEMBER 22, 1998

Name CHROMALAB, INC.

Address 1220 QUARRY LANE

City PLEASANTON State CA Zip 94566

State Certification No. 1094

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

If yes, describe. \_\_\_\_\_

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

N/A (CLOSURE-IN-PLACE) THEY WILL HOWEVER BE RINSED + EVACUATED.

Before tanks are pumped out and inerted, all associated piping must be flushed back into the tank(s). All accessible piping must then be removed. Inaccessible piping must be permanently plugged using grout.

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 have a functional combustible gas indicator on-site to verify that the tank(s) is inerted.

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) |                                                           |                                                  |
| 5000     | gasoline (9/98)                                | SEE ASE ASSESSMENT REPORT DATED 12/22/98                  | - several GeoProbe borings advanced during 12/98 |
| 5000     | "                                              |                                                           |                                                  |
| 10,000   | "                                              |                                                           |                                                  |

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<br>(estimated)<br><br>NONE<br><br>CLOSURE - IN - PLACE | Sampling Plan<br><br>N/A |

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

N/A

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 this office. This means that the contractor, consultant, or responsible party must communicate with the Specialist IN ADVANCE of backfilling activities.

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 |
|------------------------------------------|-----------------------------------------------|-------------------------------------|------------------------|
| SEE ASE ASSESSMENT REPORT DATED 12/22/98 |                                               |                                     |                        |

18. Submit Worker's Compensation Certificate copy

Name of Insurer SUPERIOR NATIONAL INSURANCE COMPANY

19. Submit Plot Plan **\*\*\* (See Instructions) \*\*\***

20. Enclose Deposit (See Instructions)

21. Report all leaks or contamination to this office within 5 days of discovery.

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

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

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

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

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

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

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

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

CONTRACTOR INFORMATION

Name of Business AQUA SCIENCE ENGINEERS, INC.

Name of Individual DAVID ALLEN

Signature *David Allen* Date 12/22/98

PROPERTY OWNER OR (MOST RECENT TANK OPERATOR) (Circle one)

Name of Business \_\_\_\_\_

Name of Individual \_\_\_\_\_

Signature *[Signature]* Date 12/23/98





NORTH

SCALE

1-INCH = 20- FEET

TUNE-UP BAYS

**LEGEND**

BH-H



SOIL BORING

ASPHALT

BH-H

ASPHALT

10,000  
GALLON  
GAS  
UST

BH-G

CONCRETE

BH-D BH-F

5,000  
GALLON  
GAS  
USTs

DISPENSER  
ISLANDS

BH-B

BH-C BH-E

ASPHALT

CONCRETE

BH-A

PAY  
HUT

CARWASH  
BUILDING  
AND  
STORE

ASPHALT

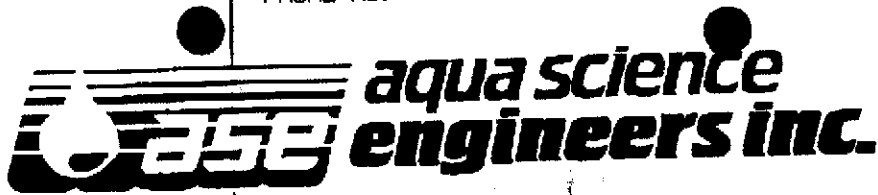
ASPHALT

**SOIL BORING  
LOCATION MAP**

HUTCH'S CARWASH  
17945 HESPERIAN BOULEVARD  
SAN LORENZO, CALIFORNIA

AQUA SCIENCE ENGINEERS, INC.

FIGURE 2



FAX BEING SENT BY:

Aqua Science Engineers, Inc.  
 208 W. El Pintado Road  
 Danville, CA 94526  
 Phone (925) 820-9391  
 Fax (925) 837-4853

DATE: 12/21  
 TO: Scott Seery  
 FROM: Dave Allen  
 NUMBER OF PAGES TO FOLLOW: 2

\*\*\*\*\*Please Phone If This Fax Is Received Incomplete\*\*\*\*\*

MESSAGE:

Info you requested.

---



---



---



---



---



---



---



---

FROM : ASE NORTH

PHONE NO. : 1 925 837 4853

Dec. 16 1998 05:38PM P2

FROM : ALAMEDA CO BHS HAZ-OPS

510 337 9336

1998.12.16

14148

#886 P.02/03

# Notification of Intent and Application for Permit to Temporarily Close Underground Storage Tanks

Site Name: HUTCH'S CAR WASH

Site Address: 17945 HESPERIAN BLVD.

Tank Owner: KIRK HUTCHINSON

Contact Name: SAME

Contact Phone: (510) 538-9274 x 23

Contact Mailing Address: 1367 'A' Street, Hayward, CA 94541

As the owner and/or operator of this underground storage tank facility, I hereby request approval for the temporary closure of this underground tank facility as of December 22, 1998.

I certify that:

1. The tank(s) have been emptied of product.
2. All fills and access points have been sealed using locking caps.
3. Electrical power to all pumps has been disconnected.
4. The underground storage tank upgrades will be complete in accordance with all standards no later than June 30, 1999.
5. I will immediately schedule an appointment with your Agency for an inspection to confirm items 1-3 above.

[Handwritten Signature]  
Signature

Owner  
Title

Hutch's Car Wash  
Company

# Notification of Intent and Application for Permit to Temporarily Close Underground Storage Tanks

Site Name: HUTCH'S CAR WASH

Site Address: 17945 HESPERIAN BLVD.

Tank Owner: KIRK HUTCHINSON

Contact Name: SAME

Contact Phone: 510-538-9274 x23

Contact Mailing Address: 1367 'A' STREET  
HAYWARD CA 94541

As the owner and/or operator of this underground storage tank facility, I hereby request approval for the temporary closure of this underground tank facility as of December 22, 1998.

I certify that:

1. The tank(s) have been emptied of product.
2. All fills and access points have been sealed using locking caps.
3. Electrical power to all pumps has been disconnected.
4. The underground storage tank upgrades will be complete in accordance with all standards no later than June 30, 1999.
5. I will immediately schedule an appointment with your Agency for an inspection to confirm items 1-3 above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company

# Alameda County Environmental Health

1131 Harbor Bay Pkwy., #250  
Alameda CA 94502-6577  
Telephone (510) 567-6700 FAX (510) 337-9335

## FACSIMILE COVER SHEET

TO: Dave Allen (ASE) 925/837-4853

FROM: Scott Seery (ACEH)

DATE: 12-16-98

Total number of pages including cover sheet 2

-NOTES- Please have your client complete  
and sign this form and return to me  
no later than 12/21/98. Thanks!  
This'll cover your client's legal exposure  
to potential enforcement in the interim  
between now and tank "closures."

# Notification of Intent and Application for Permit to Temporarily Close Underground Storage Tanks

Site Name: HUTCH'S CAR WASH

Site Address: 17945 HESPERIAN BLVD.

Tank Owner: KIRK HUTCHINSON

Contact Name: SAME

Contact Phone: \_\_\_\_\_

Contact Mailing Address: \_\_\_\_\_

As the owner and/or operator of this underground storage tank facility, I hereby request approval for the temporary closure of this underground tank facility as of December 22, 1998.

I certify that:

1. The tank(s) have been emptied of product.
2. All fills and access points have been sealed using locking caps.
3. Electrical power to all pumps has been disconnected.
4. The underground storage tank upgrades will be complete in accordance with all standards no later than June 30, 1999.
5. I will immediately schedule an appointment with your Agency for an inspection to confirm items 1-3 above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company

| COM No. | REMOTE STATION | START TIME  | DURATION | PAGES | RESULT | USER ID | REMARKS |
|---------|----------------|-------------|----------|-------|--------|---------|---------|
| 805     | 1 925 837 4853 | 12-16 14:47 | 01' 15   | 02/02 | OK     |         |         |

### Alameda County Environmental Health

1131 Harbor Bay Pkwy., #250  
Alameda CA 94502-6577  
Telephone (510) 567-6700 FAX (510) 337-9335

#### FACSIMILE COVER SHEET

TO: Dave Allen (ASE) 925/837-4853

FROM: Scott Seery (A/EH)

DATE: 12-16-98

Total number of pages including cover sheet 2

-NOTES- Please have your client complete and sign this form and return to me no later than 12/21/98. Thanks!  
This'll cover your client's legal exposure

# Alameda County Environmental Health

1131 Harbor Bay Pkwy., #250  
Alameda CA 94502-6577  
Telephone (510) 567-6700 FAX (510) 337-9335

## FACSIMILE COVER SHEET

TO: Dave Allen (ASE) 925/837-4853

FROM: Scott Seery (ADECHE)

DATE: 12-16-98

Total number of pages including cover sheet 2

-NOTES- Please have your client complete  
and sign this form and return to me  
no later than 12/21/98. Thanks!  
This'll cover your client's legal exposure  
to potential enforcement in the interim  
between now and tank "closures."



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

|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                    |              |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| EMERGENCY<br><input type="checkbox"/> YES <input type="checkbox"/> NO |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |                                                                                                                                                                                                                                                                                                                                                                                                                                            | FOR LOCAL AGENCY USE ONLY<br>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. |              |
| REPORT DATE<br>1 <u>2</u> / 1 <u>5</u> / 9 <u>8</u>                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CASE #<br>730                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                    |              |
| REPORTED BY                                                           | NAME OF INDIVIDUAL FILING REPORT<br><b>Scott SEERY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                       | PHONE<br><b>(510) 567-6783</b>                                                                                                                                                                                                                                                                                                                                                                                                             | SIGNATURE<br><i>[Signature]</i>                                                                                                                                                    |              |
|                                                                       | REPRESENTING<br><input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD<br><input checked="" type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                       | COMPANY OR AGENCY NAME<br><b>Alameda Co. Env. Health Dept.</b>                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                    |              |
|                                                                       | ADDRESS<br><b>1131 Harbor Bay Pkwy Alameda CA 94502</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                    |              |
| RESPONSIBLE PARTY                                                     | NAME<br><b>Kirk Hutchinson</b> <input type="checkbox"/> UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                       | CONTACT PERSON<br><b>same</b>                                                                                                                                                                                                                                                                                                                                                                                                              | PHONE<br>( )                                                                                                                                                                       |              |
|                                                                       | ADDRESS<br><b>17945 Hesperian Bl.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                       | <b>San Lorenzo</b>                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>CA</b>                                                                                                                                                                          | <b>94580</b> |
| SITE LOCATION                                                         | FACILITY NAME (IF APPLICABLE)<br><b>Hutch's Car Wash</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                       | OPERATOR<br><b>Kirk Hutchinson</b>                                                                                                                                                                                                                                                                                                                                                                                                         | PHONE<br>( )                                                                                                                                                                       |              |
|                                                                       | ADDRESS<br><b>17945 Hesperian Bl.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                       | <b>San Lorenzo</b>                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Alameda</b>                                                                                                                                                                     | <b>94580</b> |
|                                                                       | CROSS STREET<br><b>UNK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                    |              |
| IMPLEMENTING AGENCIES                                                 | LOCAL AGENCY<br><b>Alameda Co. Env. Health Dept</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                       | CONTACT PERSON<br><b>Scott SEERY</b>                                                                                                                                                                                                                                                                                                                                                                                                       | PHONE<br><b>(510) 567-6783</b>                                                                                                                                                     |              |
|                                                                       | REGIONAL BOARD<br><b>S.F. Bay</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                       | <b>Chuck Headlee</b>                                                                                                                                                                                                                                                                                                                                                                                                                       | PHONE<br><b>(510) 622-2433</b>                                                                                                                                                     |              |
| SUBSTANCES INVOLVED                                                   | (1) NAME<br><b>Gasoline</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                            | QUANTITY LOST (GALLONS)<br><input checked="" type="checkbox"/> UNKNOWN                                                                                                             |              |
|                                                                       | (2) <input type="checkbox"/> UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                    |              |
| DISCOVERY/ABATEMENT                                                   | DATE DISCOVERED<br>1 <u>2</u> / 0 <u>1</u> / 9 <u>8</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                       | HOW DISCOVERED<br><input type="checkbox"/> INVENTORY CONTROL <input checked="" type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS<br><input type="checkbox"/> TANK TEST <input type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER                                                                                                                                                             |                                                                                                                                                                                    |              |
|                                                                       | DATE DISCHARGE BEGAN<br><input checked="" type="checkbox"/> UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                       | METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY)<br><input checked="" type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING<br><input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE<br><input type="checkbox"/> REPLACE TANK <input checked="" type="checkbox"/> OTHER <del>XXXXXX</del> |                                                                                                                                                                                    |              |
|                                                                       | HAS DISCHARGE BEEN STOPPED?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE <b>UNK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                    |              |
| SOURCE/ CAUSE                                                         | SOURCE OF DISCHARGE<br><input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN<br><input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                       | CAUSE(S)<br><input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL<br><input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER                                                                                                                                                                                                     |                                                                                                                                                                                    |              |
|                                                                       | CASE TYPE<br>CHECK ONE ONLY<br><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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                    |              |
| CURRENT STATUS                                                        | CHECK ONE ONLY<br><input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input checked="" type="checkbox"/> POLLUTION CHARACTERIZATION<br><input type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS<br><input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY                                                                                                                                                                                                             |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                    |              |
|                                                                       | REMEDIAL ACTION<br>CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS)<br><input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT)<br><input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS)<br><input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS)<br><input type="checkbox"/> VACUUM EXTRACT (VE) <input checked="" type="checkbox"/> OTHER (OT) <b>not yet determined</b> |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                    |              |
| COMMENTS                                                              | Release discovered during pre-UST closure assessment of UST complex.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                    |              |
|                                                                       | Tanks to be left in situ and reused to store process H <sub>2</sub> O for car wash. Further characterization to be required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                    |              |

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



November 24, 1998

ENVIRONMENTAL HEALTH SERVICES

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

STID 730

Mr. Kirk Hutchison  
Hutch's Car Wash  
17945 Hesperian Boulevard  
San Lorenzo, CA 94580

RE: Soil and Groundwater Assessment Plan for Underground Storage Tank Complex, 17945 Hesperian Boulevard, San Lorenzo

Dear Mr. Hutchison:

I have reviewed the November 12, 1998 Aqua Science Engineers Inc. (ASE) *Soil and Groundwater Assessment* work plan, as revised November 24, 1998, for the assessment of the underground storage tank (UST) complex at the subject site. This work will assist in determining if the USTs have suffered a release, and whether they may be appropriately reused for storing process water for the car wash.

The cited ASE work plan, as revised, is accepted

I understand fieldwork will begin on Tuesday, December 1, 1998. Please contact me at (510) 567-6783 should this schedule change.

Sincerely,



Scott O. Seery, CHMM  
Hazardous Materials Specialist

c: Mee Ling Tung, Director, Environmental Health  
Robert Weston, ACDEH  
Dave Allen, Aqua Science Engineers Inc., 208 W. El Pintado Rd., Danville, CA 94526

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



July 15, 1998

Kirk Hutchison  
Owner  
Hutch's Car Wash  
17945 Hesperian Blvd.  
San Lorenzo CA 94580

ENVIRONMENTAL HEALTH SERVICES  
ENVIRONMENTAL PROTECTION  
1131 Harbor Bay Parkway  
Alameda, CA 94502-6577  
(510) 567-6700  
(510) 337-9432

## NOTICE OF STOPPAGE OF FUEL DELIVERIES

Our records show that your underground storage tank(s) have not been upgraded to meet the requirements of sections 25292(d) and (e) of the California Health and Safety Code.

Therefore, **you are on the list of facilities scheduled to no longer receive fuel after January 1, 1999.**

After that date it will be **illegal** for your distributor to provide you with petroleum and if they do, they (and you) **will be prosecuted.**

In order to receive fuel next year, you **must** have a current valid permit **and** a certificate that verifies that your underground storage tanks have been upgraded by December 22, 1998.

Keep in mind that hundreds of tank systems throughout the Bay Area must be brought into compliance by that date. There is already a high demand for qualified tank contractors and tank upgrade equipment as this deadline approaches. Therefore in order to be able to hire a contractor, and get the work done in time, you must act immediately.

If you have any questions, call me at (510)567-6781.

Sincerely,

  
Robert Weston

Z 115 363 764

US Postal Service  
**Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

|                                                             |    |
|-------------------------------------------------------------|----|
| Sent to                                                     |    |
| 730                                                         |    |
| Street & Number                                             |    |
| Post Office, State, & ZIP Code                              |    |
| Postage                                                     | \$ |
| Certified Fee                                               |    |
| Special Delivery Fee                                        |    |
| Restricted Delivery Fee                                     |    |
| Return Receipt Showing to Whom & Date Delivered             |    |
| Return Receipt Showing to Whom, Date, & Addressee's Address |    |
| TOTAL Postage & Fees                                        | \$ |
| Postmark or Date                                            |    |
| 7/21/98                                                     |    |

PS Form 3800, April 1995

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



Certified Mailer #: Z 773 036 490

December 8, 1997

Kirk Hutchison, Manager  
Hutch's Car Wash  
17945 Hesperian Blvd.  
San Lorenzo CA 94580

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

**RE: Underground Storage Tank (UST) Upgrade and Certification  
Requirements for Hutch's Car Wash, 17945 Hesperian Blvd.,  
San Lorenzo CA 94580**

Dear Mr. Hutchison:

As you are probably aware, single-wall steel USTs like the ones at the above location, must be upgraded or removed by December 22, 1998. In addition, **legislation was recently signed into law which prohibits fuel deliveries to your tanks after January 1, 1999 unless your system is in full compliance and operating under a permit from this Office. Currently the tanks at the car wash will not meet the certification criteria.**

I have recently completed a review of your UST file to determine the readiness of your UST system for certification. In order to meet the December 1998 deadline and to avoid any interruption in your fuel deliveries starting January 1, 1999, you are required to take the following actions by January 8, 1998:

- **Complete and return the enclosed questionnaire indicating which compliance option you will implement for your single-wall steel UST containing motor vehicle fuel. That option must be completed by December 22, 1998.**

Depending upon the compliance option you choose for the motor vehicle fuel tanks, you will be expected to **submit plans for UST upgrade, removal or replacement as soon as possible, but not later than July 1, 1998.** Keep in mind that hundreds of tank systems through out the Bay Area must be brought into compliance by December 22, 1998. There will be high demand for reputable tank contractors and tank upgrade equipment as these important dates approach. In order to line up a contractor and obtain plan review by this Office, **you must act in a timely manner.**

Hutch's Car Wash  
17945 Hesperian Blvd.  
San Lorenzo CA 94580  
page 2 of 2

Once I receive the paperwork indicating your selection, I will send you the permit application needed for your option and update your file accordingly. You may contact me at (510) 567-6876 with any questions about this matter.

Sincerely,

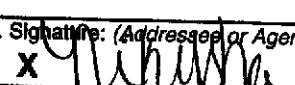


Amir Gholami  
Hazardous Materials Specialist

enclosure

c: Ariu Levi, ACDEH

AG:rw

|                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                         |  |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Is your RETURN ADDRESS completed on the reverse side? | <b>SENDER:</b> <ul style="list-style-type: none"><li>Complete items 1 and/or 2 for additional services.</li><li>Complete items 3, 4a, and 4b.</li><li>Print your name and address on the reverse of this form so that we can return this card to you.</li><li>Attach this form to the front of the mailpiece, or on the back if space does not permit.</li><li>Write "Return Receipt Requested" on the mailpiece below the article number.</li><li>The Return Receipt will show to whom the article was delivered and the date delivered.</li></ul> |                                                            | I also wish to receive the following services (for an extra fee):<br>1. <input type="checkbox"/> Addressee's Address<br>2. <input type="checkbox"/> Restricted Delivery<br>Consult postmaster for fee.                                                                  |  |
|                                                       | 3. Article Addressed to:<br><br>Kirk Hutchison<br>Hutch's Car Wash<br>17945 Hesperian Blvd.<br>San Lorenzo CA 94580                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                            | 4a. Article Number<br><b>7773036490</b>                                                                                                                                                                                                                                 |  |
|                                                       | 5. Received By: (Print Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                            | 4b. Service Type<br><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified<br><input type="checkbox"/> Express Mail <input type="checkbox"/> Insured<br><input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD |  |
|                                                       | 6. Signature: (Addressee or Agent)<br><b>X</b>                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                            | 7. Date of Delivery<br><b>10-9-97</b>                                                                                                                                                                                                                                   |  |
| PS Form 3811, December 1994                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 8. Addressee's Address (Only if requested and fee is paid) |                                                                                                                                                                                                                                                                         |  |

Thank you for using Return Receipt Service.

Domestic Return Receipt



*file copy*

January 19, 1996

DEPARTMENT OF ENVIRONMENTAL HEALTH  
1131 Harbor Bay Parkway  
Alameda, CA 94502-6577  
(510) 567-6777

STID 730

Kirk Hutchison, Owner  
Hutch's Car Wash  
17945 Hesperian Blvd.  
San Lorenzo, CA 94580

Subject: Receipt of copy of SIR contract.

Dear Mr. Hutchison:

I received the copy of the SIR contract from you today. It looks fine. Please keep this office informed of how you intend to meet the upgrade requirements before December 22, 1998.

**REQUIRED UPGRADES**

**TO BE COMPLETED NO LATER THAN DECEMBER 22, 1998  
(CCR, Title 23, Article 6)**

**(Applies to all three underground tanks.)  
(2-5000 gallon tanks and 1-10,000 gallon tank)**

- A- Install an overfill prevention system on each tank. [CCR, Title 23, sec. 2665]**
- B- Install a 15 gallon spill containment around the fill pipe on each tank. [CCR, Title 23, sec. 2665]**
- C- Install a striker plate under all openings that could be used for manual dipsticking. [CCR, Title 23, sec. 2662(d)]**
- D- Examine the lining of the tanks according to the requirements of section 2663(h) of Title 23. This must be done by December 22, 1998.**

**E- Provide documentation about the lining process as required by CCR, Title 23, sec. 2663.**

**F- Install Cathodic protection for the tanks according to the requirements of section 2635(a)(2)(A) of Title 23.**

**G- Upgrade the single wall steel piping either by:**

- removing and providing secondary containment, or
- installing cathodic protection. [CCR, Title 23, sec. 2666(b)]

**Note: For low interest loans for tank removal or upgrades call Jim La Tanner at (916) 327-3104 with the California Trade and Commerce Agency.**

**If you have any questions please contact me at (510) 567-6734. Any modifications or removals of tanks or piping require prior approval by this office.**

**Sincerely,**



**Don Atkinson-Adams  
Hazardous Materials Specialist**

**cc: Bill Reynolds, East Area Manager  
Robert Weston, Senior Hazardous Materials Specialist**

ust\hutch.sir



*file - 45T*

# F A X

HUTCH'S CAR WASH  
1367 A STREET  
HAYWARD, CA 94541

510/538-9274 Phone  
510/538-2265 Fax

*17945 Hesperian  
San Lorenzo*

Date: JAN 18 1996

To: *Don Atkinson - Adams*

Firm: *County Health Services*

Fax #: *50/337-9335*

Phone #:

From: *Jill Jackson*

Subject: *SIR Service*

Pages: *6*

Note:

**Shields, Harper & Co.**

5107 BROADWAY • OAKLAND, CALIFORNIA 94611 • FAX (510) 658-8448 • (510) 653-9119

Dear SIR User,

Thank you for your order for SIR service. As a user of the *EnviroQuest* SIR method, we believe you have chosen the *Premier Service* of those approved for use in California.

Enclosed is the information on how to use the service. If you have questions that are not answered, please give me a call.

If your check for annual service was not included with your signed contract, a bill will also be included. Your remittance must be received before we can set up your files in our Database.

Again, thank you for your order. Please let me know of any ways we can serve you better.

Respectfully,  
  
 Jim Cartmill

CALL TOLL-FREE 1-800-772-2300

DOCUMENTS ENCLOSED

- A signed copy of the service agreement for your files. In California, your local Regulator may wish to see this, to be sure you are using the service.
- PAID-THANK YOU! Invoice to Follow -*  
Invoice. If payment has not yet been received, you will find an invoice attached. We must receive payment before we can set up your files.
- Rec'd*  
UST Profile form. You must fill out a profile for each tank. Be sure to use the physical (Street) address, not a P.O. Box. If you have more than four tanks, make a copy of the form for the additional tanks.
- Data Input Template. Enter your tank data on this form Monthly and return to the processing center by the fifth of the following month. Make copies of the original for your use. If you are submitting data on disk, you will also receive a template on disk for use with Excel 4.0 or 5.0.
- Tank charts. 1/8" tank charts can be created for your tank. To order tank charts, the Profile for each tank must be received.

**SIR FOR CALIFORNIA**

BY **ENVIROQUEST / SHIELDS, HARPER & CO.**

*A Product of EnviroQuest Technology*

**SERVICE AGREEMENT**

This Agreement dated this 13 day of December, 1995, by and between EnviroQuest Technologies, Ltd. A Missouri corporation, hereinafter EnviroQuest, and

Client Name: HUTCH'S CAR WASH Site Name HUTCH'S CAR WASH  
 Site Address: 17945 Hesperian Bl. City: San Lorenzo State: CA ZIP: 94580  
 Billing Adrs: 1367 A' Street City: Hayward State: CA ZIP: 94541  
 (If Different)  
 Main Phone: 510 538 9274 Site Phone: 510 278-1010 FAX: 510 538 2265, hereinafter Client, together, the Parties,

**WITNESSETH:**

WHEREAS, EnviroQuest has developed a computer software program for use as a method of Underground Storage Tank Monthly monitoring (leak detection) and Integrity Analysis (tightness testing) utilizing the Statistical Inventory Reconciliation (SIR) method of inventory analysis, as permitted by the USEPA, State and Regional regulatory agencies; and

WHEREAS, EnviroQuest Technologies' Statistical Inventory Reconciliation method has received Third Party Certification using the USEPA's "Standard Test Methods for Evaluation of Leak Detection Methods: Statistical Inventory Reconciliation Methods", EPA/530/UST-90/007, June 1990; and WHEREAS, the client wishes to use EnviroQuest's Statistical Inventory Reconciliation Analysis System, hereinafter **SIRAS**, subject to the terms and conditions outlined herein.

NOW, THEREFORE, IN CONSIDERATION OF THE PREMISES, THE PARTIES HERETO AGREE AS FOLLOWS:

- Client agrees to provide EnviroQuest, its heirs, successors or assigns facility, tank and inventory data in field and file formats acceptable to EnviroQuest for the purpose of assisting the client to maintain compliance with Federal, State and local leak detection requirements for underground tanks and associated lines. Said inventory data shall be of sufficient quantity (No. Of days) and quality (accuracy) for EnviroQuest to perform the requested analysis. Should EnviroQuest or its agents be unable to perform the requested data analysis due to poor data quality, or due to other circumstances beyond EnviroQuest's control, the fees due EnviroQuest under this Agreement shall have been earned and the client agrees to hold EnviroQuest and its agents harmless from any claims of liability whatsoever.
- Client agrees that, without prior arrangements, all fees for services must accompany this agreement. Failure to enclose the proper amount may result in delay of inventory data analysis or return of application to client. Client agrees to pay EnviroQuest, its heirs, successors or assigns the following fees for **SIRAS** inventory data analysis:

| SERVICE                                                                                                                | NUMBER OF TANKS |   | ANNUAL RATE PER TANK | = | TOTAL            |
|------------------------------------------------------------------------------------------------------------------------|-----------------|---|----------------------|---|------------------|
| A MONTHLY MONITORING - 12 MONTHS DATA ON = DISK <input checked="" type="checkbox"/> HARD COPY <input type="checkbox"/> | 3               | X | 296.00               | = | 888.00           |
| B INITIAL SETUP CHARGE                                                                                                 | 3               | X | \$26.00              | = | 78.00            |
| C 1/8" INCREMENT TANK CHARTS (STATE REQUIREMENT)                                                                       | 2               | X | \$13.00              | = | 26.00            |
| <b>TOTAL AMOUNT DUE WITH THIS CONTRACT</b>                                                                             |                 |   |                      |   | <b>\$ 992.00</b> |

NOTE - Tanks Greater Than 18,000 Gallons Are Excluded by California Regulations from Using Automatic Tank Gauges or Sir to Comply with the Regulations. See LG-123 from State Water Resources Board for Sir Guidelines and Regulations.

3. EnviroQuest and the agents of EnviroQuest agree not to violate the confidentiality of the client through the release of a discussion of contractual agreements, analysis results, processing procedures and any information considered proprietary by the client. In the event that EnviroQuest or its agents are required to disclose such information pursuant to a court order, then this provision shall be waived by the client.
4. Client recognizes that **SIDAS** relies on statistical analysis of data provided by client which may not be capable of producing a conclusive analysis. Results only indicate possibilities or trends. EnviroQuest Technologies or its agents are not responsible or liable for analyses which, while statistically accurate, do not identify leaks or other failures. In no event, whether as a result of breach of contract, warranty, tort (including negligence and strict liability) or otherwise, shall EnviroQuest or its agents be liable for any special, consequential, incidental or penal damages, including, but not limited to, loss of profit or revenues, loss of use or cost of repair of UST's or any associated equipment, cost of substitute or replacement services, cost of repair or damages caused by undetected leaks or damages to the environment, down time costs or claims of client or anyone claiming through client for any such damages; nor shall EnviroQuest Technologies' or its agents' total liability to client for any and all loss or damage arising out of or resulting from this agreement or from its performance or breach, or from the services f furnished hereunder, exceed the price of the service provided during one year's term of this agreement with respect to a specific UST which gives rise to the claim. Any such liability shall terminate upon the expiration of this agreement.
5. The client agrees that if EnviroQuest Technologies or its agents, provide client with recommendations, advice or other assistance which concerns any service supplied hereunder, the furnishing of such recommendations, advice or assistance will not subject EnviroQuest Technologies or its agents to any liability, whether in contract, warranty, tort (including negligence and strict liability) or otherwise.
6. Client shall hold harmless EnviroQuest Technologies and its agents, from, and indemnify against, any and all actions, causes, losses, penalties and fines related to or arising out of client's ownership, installation and operations of its UST's except to the extent directly related to EnviroQuest Technologies' or its agents' gross negligence or willful misconduct. **ENVIROQUEST TECHNOLOGIES AND ITS AGENTS DISCLAIM ALL OTHER WARRANTIES, EXPRESSED OR IMPLIED, INCLUDING WITHOUT LIMITATION THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR USE.**
7. This contract shall be binding upon the parties and their respective successors and assigns. This agreement may not be assigned by client without the written consent of EnviroQuest Technologies. EnviroQuest Technologies may assign all or part of its rights, obligations and duties herein to a third party.
8. This Agreement shall be effective as of the day and year above written and shall automatically renew for successive twelve month periods unless notice is given, in writing, by either party 60 days in advance of said renewal date. Any notice hereunder shall be sufficient if sent by certified mail, return receipt requested, addressed to the client at its primary place of business, and to **Shields, Harper & Co., Inc., 5107 Broadway, Oakland, CA. 94611.**
9. This Agreement shall be interpreted in accordance with the laws of the State of Missouri. In the event EnviroQuest Technologies or its agents and client have a dispute under this Agreement, they may attempt to resolve the dispute in good faith through negotiation, mediation, or similar alternative dispute resolution techniques. If such good faith attempt to resolve the dispute is unsuccessful, the dispute shall be submitted to arbitration rules of the American Arbitration Association. The decision of the arbitrators shall be final and binding upon the parties hereto, and the judgment thereon may be entered in any court having jurisdiction.
10. In the event either party commences a legal proceeding, including arbitration, to enforce any of the provisions set forth in this agreement, the unsuccessful party shall pay the prevailing party's reasonable attorney's fees, costs and expenses relating to such action.
11. Should any part of this agreement become or be held to be invalid, the remaining portions shall remain in full force and effect.
12. Any payment received more than 15 days after the due date are subject to a late charge of 10%. Should client be more than 30 days late in paying fees, EnviroQuest Technologies or its agents may discontinue the monthly monitoring service until all arrearage have been paid, or may, at EnviroQuest Technologies' option, terminate this agreement.
13. This document contains the entire agreement between the parties with respect to the subject matter hereof. Any modification of this agreement must be in writing, signed by both parties and attached hereto.

IN WITNESS WHEREOF, the parties have executed this agreement as the day and year first above written.

EnviroQuest Technologies, Ltd. Or **Shields, Harper & Co., Inc.** (Agent for EnviroQuest Technologies, Ltd.)

CLIENT:  
By: [Signature]  
Title: owner

ENVIROQUEST:  
By: [Signature: James A. Castmiller]  
Title: SALES SUPPORT + SIR

Company: Hutch's CAR WASH



# Hutch's Car Wash

| DATE    | DESCRIPTION                  | AMOUNT | DEDUCTION | NET AMOUNT |
|---------|------------------------------|--------|-----------|------------|
| 1-01-96 | SERVICE CONTRACT/ENVIROQUEST | 992.00 | 992.00    |            |

| CHECK DATE | CONTROL NUMBER | TOTALS |      |        |  |
|------------|----------------|--------|------|--------|--|
| 12-10-95   | 037297         | 992.00 | 0.00 | 992.00 |  |

## Hutch's Car Wash

1387 'A' STREET  
HAYWARD, CA 94541

BANK OF AMERICA  
HAYWARD MAIN OFFICE 0014  
HAYWARD, CA 94543  
11-35-1210

PAY TO THE ORDER OF **SHIELDS HARPER CO.** **Nine hundred ninety two and 00/100 Dollars**

DATE: 12-10-95      CONTROL NO.: 037297      AMOUNT: \$\*\*\*\*992.00

**NOT NEGOTIABLE**

⑈0037297⑈ ⑆121000358⑆ 00144⑈16878⑈

T-443 P.016

FROM HUTCHES CAR WASH

JAN 18 '96 16:20 TO 510 337 9335

# \* IMPORTANT \*

## \*\*\* KEEP THIS FORM ON SITE \*\*\*

This copy of the Independent Third Party Certification should be kept at your site where the tanks are located. Per EPA regulation: Section 280.45A. You are required to provide this to EPA, State and/or Local Enforcement Officials upon demand.

### ENVIROQUEST/Shields, Harper & Co.

#### Results of U.S. EPA Standard Evaluation Statistical Inventory Reconciliation Method

This form tells whether the statistical inventory reconciliation (SIR) method described below complies with the requirements of the federal and approved state tank regulations. The evaluation was conducted by the vendor of the SIR method or a consultant to the vendor according to the U.S. EPA's "Standard Test Procedure for Evaluating Leak Detection Methods: Statistical Inventory Reconciliation Methods". The full evaluation report also includes a form describing the method and a form summarizing the test data.

Tank owners using this leak detection system should keep this form on file to prove compliance with the federal regulations. Tank owners should check with State and local agencies to make sure this form satisfies their requirements.

**Method Description**

Name: SIRAS Software System

Version Number: 2.1.1

Vendor: EnviroQuest Technologies Limited, John Maranold via WHI

SSOI Method: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: MD State: 04111 Zip: 01101758-0774

Day: \_\_\_\_\_ Fax: \_\_\_\_\_

**Evaluation Results**

If applicable, vendor's threshold = 0.10 gallon per hour or vendor's criterion: \_\_\_\_\_

This statistical inventory reconciliation method reports results on the following leak check level:

- quantitative results (leak rate reported)
- qualitative results (leak, fed, inconclusive)

The test results are:

#### Reported Results

|               | Leak Rate | Tight     | Leak      | Inconclusive | Total Analyzed | Not Analyzed | Total     |
|---------------|-----------|-----------|-----------|--------------|----------------|--------------|-----------|
| Tight         | 0         | 20        | 0         | 0            | 20             | 3            | 23        |
| Inconcl. Leak | 0.05      | 8         | 0         | 0            | 8              | 2            | 10        |
|               | .1        | 3         | 3         | 0            | 10             | 1            | 11        |
|               | .2        | 0         | 12        | 0            | 11             | 0            | 12        |
| <b>Total</b>  |           | <b>31</b> | <b>17</b> | <b>0</b>     | <b>50</b>      | <b>6</b>     | <b>56</b> |

SIR Method: SIRAS Software System

Version: 2.1.1

#### Evaluation Results (continued)

The proportions of inventory records reported unusable were:

- 13% among tight tanks
- 3% among leaking tanks
- 11% among all tanks

The probability of false alarms (PFA), based on the vendor's threshold, is 0.01 %.

For qualitative methods, a 95% confidence interval for PFA is from NA to NA %.

The probability of detection, POD, is 99.99 %. This is valid for a leak rate of (check one):

- 0.10 gallon per hour
- 0.20 gallon per hour

For qualitative methods, a 95% confidence interval for PODs from NA to NA %.

Based on these results, the method  does  does not meet the federal performance standards established by the U.S. Environmental Protection Agency of 0.10-gallon-per-hour or .20 gallon per hour at POD of 95% and PFA of 5%.

#### Test Conditions During Evaluation

The data evaluation included valid data from tanks of the following sizes:

| Tank Size (gallons) | < 5,000 | 5,000-15,000 | 10,000-15,000 | > 15,000 | Total # of Records |
|---------------------|---------|--------------|---------------|----------|--------------------|
| Number of Records   | 0       | 1            | 35            | 14       | 50                 |

The tanks had various monthly throughputs.

| Percentage of Records        | Minimum | 25     | 50     | 75      | Maximum   |
|------------------------------|---------|--------|--------|---------|-----------|
| Monthly throughput (gallons) | 0.237   | 18,735 | 75,518 | 160,701 | 1,235,280 |

The valid data included:

- 1 records during hot weather months.
- 2 records during mild weather months.
- 33 records during cold weather months.

Twenty-eight percent of the inventory records in the evaluation were from nonleaked systems with up to four tanks in the manifold.

The 80th percentile of the monthly throughput was 192,789 gallons per month.

SIR Method: SIRAS Software System

Version: 2.1.1

#### Limitations on the Results

- The performance estimates above are only valid where:
- The SIRAS V2.1.1 Software has not been substantially changed.
  - The vendor's instructions for collecting the data and using the software are followed.
  - The tank is no larger than 50,000 gallons.
  - The data records cover 10 days or more.
  - The SIRAS V2.1.1 Software can be used on single or manifolded tank systems.
  - The SIRAS V2.1.1 Software can detect a leak from the tank system including the piping.
  - Other limitations specified by the vendor or determined during testing.

> Safety disclaimer: This test procedure only addresses the issue of the method's ability to detect leaks. It does not test data recording equipment for safety hazards.

#### Certification of Results

I certify that the statistical inventory reconciliation method was applied according to the vendor's instructions. I also certify that the evaluation was performed according to the standard EPA test procedure for statistical inventory reconciliation and that the results presented above are those obtained during the evaluation.

J. D. Flock  
 (printed name)  
 J. D. Flock  
 (signature)  
 1/23/92  
 (date)

Midwest Research Institute  
 (organization performing evaluation)  
 625 Weber Blvd., Kansas City, MO 64110  
 (city, state, zip)  
 (816) 751-7890  
 (phone number)

INSPECTOR'S DAILY ACTIVITY REPORT

12/11/95  
pg 1

| InspDate                                                                                                | Init /Assoc | Site ID# | Insp Hours | Storm Activ. | Viol? | Company - Name / Zip                          |
|---------------------------------------------------------------------------------------------------------|-------------|----------|------------|--------------|-------|-----------------------------------------------|
| 04/27/94                                                                                                | KJN         | 730      | 1.00       | 121          |       | Hutch's Car Was/94580<br>17945 Hesperian Blvd |
| 06/28/95                                                                                                | RW          | 730      | 1.50       | 121          |       | Hutch's Car Was/94580<br>17945 Hesperian Blvd |
| - multiple problems at this site. No HMBP, NoUST permit. Need proof of illicit connection correction.   |             |          |            |              |       |                                               |
| 06/29/95                                                                                                | RW          | 730      | 1.00       | 34           |       | Hutch's Car Was/94580<br>17945 Hesperian Blvd |
| - no permit for this site. Mailed docs after telecom                                                    |             |          |            |              |       |                                               |
| 06/29/95                                                                                                | RW          | 730      | 1.00       | 54           |       | Hutch's Car Was/94580<br>17945 Hesperian Blvd |
| - see above                                                                                             |             |          |            |              |       |                                               |
| 08/25/95                                                                                                | RW          | 730      | 2.00       | 33           |       | Hutch's Car Was/94580<br>17945 Hesperian Blvd |
| - inspected for permit issuance with Don A-A                                                            |             |          |            |              |       |                                               |
| 08/25/95                                                                                                | RW          | 730      | 1.00       | 53           |       | Hutch's Car Was/94580<br>17945 Hesperian Blvd |
| - inspection to confirm plan                                                                            |             |          |            |              |       |                                               |
| 11/16/95                                                                                                | DAA         | 730      | 0.25       | 35           |       | Hutch's Car Was/94580<br>17945 Hesperian Blvd |
| - call to Kirk Hutchison asking for a response to my Sept 15 letter. left message for him with Deborah. |             |          |            |              |       |                                               |

Running Hours: from entries

*Alameda County Health Care Services Agency*  
*Department of Environmental Health*  
**Permit**

This is to certify that ALLEN KIRK HUTCHISON,  
doing business as HUTCH'S CAR WASH, is permitted  
to operate a THREE (3) UNDERGROUND STORAGE TANKS  
at 17945 HESPERIAN BLVD., SAN LORENZO, 94580; STATE ID #01-000-000221-000001  
#01-000-000221-000002  
#01-000-000221-000003

This permit is not transferable and is good until  
DECEMBER 22, 1998

Issued this 15TH day of DECEMBER, 19 95

*Dr. [Signature]*  
Specialist

By Authority of  
Director of Environmental Health

Linda Shell  
15595 Washington, San Lorenzo 94580

*June 9*  
May 19, 1995  
STID 1360

Universal City, CA 91608-1006

Jessen and Agnes Calleri  
1901 Cliffland Avenue  
Oakland, CA 94605

c:\2lind.shl

**Before December 23, 1998 the tank systems at 15595 Washington, San Lorenzo must be upgraded to meet the requirements of section 2665 and section 2666 of Title 23 of the California Code of Regulations.**

**§2665. Spill and Overfill Prevention Equipment Upgrade Requirements.**

**By December 22, 1998, all underground storage tank systems shall be retrofitted with an overfill prevention system and a spill container which meet the requirements of section 2635(b). The local agency may waive the requirements for overfill prevention equipment if the conditions specified in section 2635(b)(3) are met.**

**§2666. Requirements for Upgrading Underground Piping.**

- (a) **By December 22, 1998, all underground piping containing hazardous substances other than motor vehicle fuel shall be retrofitted with secondary containment meeting the requirements of section 2636.**
- (b) **By December 22, 1998, all underground piping containing motor vehicle fuel and connected to an existing tank shall be retrofitted with secondary containment unless the owner or operator demonstrates to the local agency that the piping is constructed of fiberglass reinforced plastic, cathodically protected steel, or other materials compatible with stored products and resistant to corrosion. The secondary containment system shall meet the construction, installation, and monitoring requirements of section 2636.**
- (c) **By December 22, 1998, all automatic line leak detectors for underground pressurized piping which is not secondarily contained shall be capable of shutting off the pump when a release occurs. In addition, the pumping system shall shut down automatically if the automatic line leak detector fails or is disconnected. In lieu of the above, for underground storage tank emergency generator systems, the leak detector must be connected to an audible and visible alarm to indicate a release malfunction of the system.**
- (d) **All underground piping and secondary containment shall be tested for tightness after installation in accordance with section 2636(e).**





**December 11, 1995**

**STID 730**

**Kirk Hutchison, Owner  
Hutch's Car Wash  
17945 Hesperian Blvd.  
San Lorenzo, CA 94580**

DEPARTMENT OF ENVIRONMENTAL HEALTH  
Environmental Protection Division  
1131 Harbor Bay Parkway, #250  
Alameda, CA 94502-6577  
(510) 567-6700

**Subject:**

- Issuance of the Five Year Operating Permit for three Underground Storage Tanks at Hutch's Car Wash, 17945 Hesperian Boulevard, San Lorenzo, CA 94580..
- List of conditions for the Five Year Operating Permit.
- List of upgrade requirements to be completed by December 22, 1998.

**Dear Mr. Hutchison:**

Enclosed is the Five Year Operating Permit for the three underground storage tanks at the above site. The permit is issued to Allen Kirk Hutchison and is good until December 22, 1998. The three permitted tank systems are: single wall, steel tanks (tar wrapped according to you) with lining installed in 1989 by Gold Coast technologies. The suction piping is single wall, wrapped steel with no known corrosion protection other than the wrapping. Monitoring is by daily stick readings which will be examined by Statistical Inventory Reconciliation. The list of conditions which must be followed in order to maintain your permit to operate the underground storage tank systems (UST) at the subject site are as follows.

**FIVE YEAR PERMIT CONDITIONS**

Conformance with all the applicable requirements of Chapter 6.7 and 6.75 of the California Health and Safety Code (H&SC) and with the California Code of Regulations (CCR) Title 23 is required of all tank owners and operators. Specific compliance with the following conditions is a requirement of the five year permit to operate:

[H&SC, sec. 25299] [CCR, sec. 2712(h)]

**1- Tank Monitoring- [H&SC, sec. 25292]**

**A) Manual stick readings of fuel and water are to be taken daily. Maintain written records of this monitoring for at least three years. [CCR, Title 23, sec. 2712(b), and 2646(c)(1)]**

**B) Statistical Inventory Reconciliation is to be done on the readings because ground water is within 20 feet of the bottom of the tank. Maintain written records of the SIR analysis for at least three years. [CCR, Title 23, sec. 2646(b)]**

**-Provide a copy of the contract with the SIR provider by December 22, 1995.**

**-PROVIDE COPIES OF SIR RESULTS MONTHLY FOR ONE YEAR until December 1996.**

**C) A tightness test is required once every two years. (See CCR, Title 23, sec. 2646.1 for situations prompting additional tightness testing.)**

**D) Submit an annual written statement to this office of the results of the SIR for the tanks. [CCR, Title 23, sec. 2646.1(j)]**

**2- Suction Piping Monitoring-**

**A) Monitor the suction piping daily in accordance with Title 23, Appendix II. Maintain written records of this monitoring for at least three years. [CCR, Title 23, sec. 2643(d)]**

**B) A tightness test of the suction piping is required no less often than once every three years. [CCR, Title 23, sec. 2643(d)]**

**3- Maintain written records of all maintenance performed on the tank systems. [CCR, Title 23, sec. 2712(b)]**

- 4- **Notify this office two days in advance of any tightness testing and send a copy of the test results to this office within thirty days of the test. [CCR, Title 23, sec. 2643(g)]**
- 5- **Report any unauthorized spills and releases to this office within 24 hours. Provide written reports of spills and releases within 5 working days. [CCR, Title 23, Article 5 ]**
- 6- **Complete employee training at least annually and maintain written documentation of the training.**
- 7- **Report changes in facility staff and/or monitoring equipment on Forms A & B within 30 days. [CCR, Title 23, sec. 2711(b)]**
- 8- **Fees related to the operation of the tanks are to be paid in a timely manner to this Department.**
- 9- **Keep a copy of the five year operating permit at the site.**
- 10- **Maintain financial responsibility certification with this Department and have copies of the documentation at the site. [H&SC, sec. 25292.2] [CCR, Title 23, sec. 2711(a)(11)]**
- 11- **Maintain a current copy of the Consolidated Tank Management Plan on site and give an amended copy of the plan to this office whenever there is a change.[CCR, Title 23, sec. 2711(a)(9)]**
- 12- **All records of monitoring and maintenance shall be made available, upon request within 36 hours, to this office or to the State Water Board. [CCR, Title 23, sec. 2712(b)]**

### **REQUIRED UPGRADES**

**TO BE COMPLETED NO LATER THAN DECEMBER 22, 1998  
(CCR, Title 23, Article 6)**

**(Applies to all three underground tanks.)  
(2-5000 gallon tanks and 1-10,000 gallon tank)**

- A- Install an overflow prevention system on each tank. [CCR, Title 23, sec. 2665]**
- B- Install a 15 gallon spill containment around the fill pipe on each tank. [CCR, Title 23, sec. 2665]**
- C- Install a striker plate under all openings that could be used for manual dipsticking. [CCR, Title 23, sec. 2662(d)]**
- D- Examine the lining of the tanks according to the requirements of section 2663(h) of Title 23. This must be done by December 22, 1998.**
- E- Provide documentation about the lining process as required by CCR, Title 23, sec. 2663.**
- F- Install Cathodic protection for the tanks according to the requirements of section 2635(a)(2)(A) of Title 23.**
- G- Upgrade the single wall steel piping either by:
  - removing and providing secondary containment, or
  - installing cathodic protection. [CCR, Title 23, sec. 2666(b)]**

**Note: For low interest loans for tank removal or upgrades call  
Jim La Tanner at (916) 327-3104 with the California Trade and Commerce  
Agency.**

17945 Hesperian Boulevard  
San Lorenzo, CA 94580

STID 730

December 11, 1995

If you have any questions please contact me at (510) 567-6734. Any modifications or removals of tanks or piping require prior approval by this office.

Sincerely,



Don Atkinson-Adams  
Hazardous Materials Specialist

cc: Bill Reynolds, East Area Manager  
Robert Weston, Senior Hazardous Materials Specialist

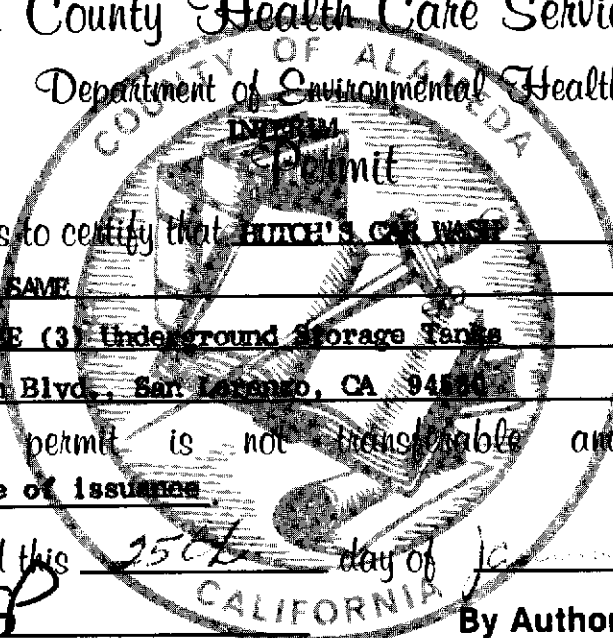
enclosures:

1. Five Year Operating Permit
2. Copy of selected sections of CCR, Title 23

ust\hutc2per.125

Alameda County Health Care Services Agency

Department of Environmental Health



Permit

This is to certify that HITCH'S CAR WASH  
doing business as SAME is permitted  
to operate ~~xx~~ THREE (3) Underground Storage Tanks  
at 7945 Hesperian Blvd., San Lorenzo, CA 94580

This permit is not transferable and is good until  
6 Months from date of issuance

Issued this 25th day of January, 19 90

  
HAZARDOUS MATERIAL SPECIALIST

By Authority of  
County Health Officer

Since  
1955

# Hutch's Car Wash

ENVIRONMENTAL  
PROTECTION

95 NOV 27 PM 3:08

Hutch's Custom Detail

Hutch's Quik Lube

November 22, 1995

Don Atkinson-Adams  
Alameda County Health Care Services  
Department of Environmental Health  
1131 Harbor Bay Parkway  
Alameda, CA 94502-6577

Dear Mr. Atkinson-Adams:

Please find enclosed completed items for our Five Year Operating Permit for three underground storage tanks at Hutch's Car Wash, 17945 Hesperian Blvd., San Lorenzo, CA 94580. All items listed in your letter of 9/15/95 have been addressed except for Page 8. Our SIR provider is tentatively Shields Harper, and as soon as the contract is finalized, we will provide the next three months results for SIR.

Sincerely,



Jill Jackson  
Office Manager

Enclosures

Since  
1955

# Hutch's Car Wash

Hutch's Custom Detail

Hutch's Quik Lube

November 22, 1995

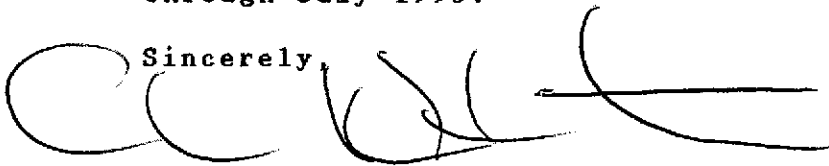
ALAMEDA COUNTY HEALTH CARE SERVICES  
Department of Environmental Health  
1131 Harbor Bay Parkway  
Alameda, CA 94502-6577

Re: UST, 17945 Hesperian Blvd., San Lorenzo, CA

Dear Dept. of Environmental Health:

This letter is written to verify under penalty of perjury, that all monthly inventory reconciliation reports for the (3) Underground Storage Tanks located in San Lorenzo, were summarized and were within allowable limits for August 1994 through July 1995.

Sincerely,



Kirk Hutchison  
Owner





DEPARTMENT OF ENVIRONMENTAL HEALTH  
1131 Harbor Bay Parkway  
Alameda, CA 94502-6577  
(510) 567-6777

September 15, 1995

STID 730

Kirk Hutchison, Owner  
Hutch's Car Wash  
17945 Hesperian Blvd.  
San Lorenzo, CA 94580

**Subject:** Items to complete before a Five Year Operating Permit can be issued for three Underground Storage Tanks at Hutch's Car Wash, 17945 Hesperian Boulevard, San Lorenzo, CA 94580.

**Reference:** Documents from you and an inspection of the site by Robert Weston and myself on August 25, 1995.

Dear Mr. Hutchison:

The three underground storage tanks at the above site are being operated without a five year permit. The following items must be completed so we may issue a permit.

- 1- Submit a corrected Monitoring plan. The plan which you signed on August 11, 1995 is incomplete for the following reasons:

Page 2: Provide a plot plan with the details "a" to "i" on the plan. Please note that the plan from the HMBP does not include a, c, f, g, and i.

Page 3: Number the tanks so they correspond with the numbers on the tank tester's report from 12/94, with page 4, and with the monthly inventory report (see page 21). You now have three different numbering systems. Decide on one system and be consistent. (Also use the same numbers on the Form B's.)

Page 4: The form is confusing, but you should only have two of the boxes checked in the "yes" column. Refer to my notes on the monitoring plan. Show the tank numbers and the last test date.

Page 8: The ground water on the site is less than 20 feet from the bottom of the tank so you must contact an SIR provider and fill in the name of the company. **PLEASE SUBMIT THE NEXT THREE MONTHS OF RESULTS**

[The present tank systems (tanks and piping) are single wall, steel. The tanks and piping have tar wrapping according to Mr. Hutchison. In 1989 the three tanks were lined by Gold Coast Coating of Ventura CA. We have no documentation on the lining process as required by CCR, Title 23, sec. 2663.]

**REQUIRED UPGRADES**  
**TO BE COMPLETED NO LATER THAN DECEMBER 22, 1998**  
**(CCR, Title 23, Article 6)**

(Applies to all three underground tanks.)  
(2-5000 gallon tanks and 1-10,000 gallon tank)

- A- **Install** an overflow prevention system on each tank. [CCR, Title 23, sec. 2665]
- B- **Install** a 15 gallon spill containment around the fill pipe on each tank. [CCR, Title 23, sec. 2665]
- C- **Install** a striker plate under all openings that could be used for manual dipsticking. [CCR, Title 23, sec. 2662(d)]
- D- **Examine** the lining of the tanks according to the requirements of section 2663(h) of Title 23. This must be done before December 23, 1998.
- E- **Install** Cathodic protection for the tanks according to the requirements of section 2635(a)(2)(A) of Title 23.
- F- **Upgrade** the single wall steel piping either by:
  - removing and providing secondary containment, or
  - installing cathodic protection. [CCR, Title 23, sec. 2666(b)]

**Note:** For low interest loans for tank removal or upgrades call Jim La Tanner at (916) 327-3104 with the California Trade and Commerce Agency.

17945 Hesperian Boulevard  
San Lorenzo, CA 94580

STID 730

September 15, 1995

**If you have any questions please contact me at (510) 567-6734. Any modifications or removals of tanks or piping require prior approval by this office.**

Sincerely,



**Don Atkinson-Adams  
Senior Registered Environmental  
Health Specialist #5485**

cc: **Bill Reynolds, East Area Manager  
Robert Weston, Senior Hazardous Materials Specialist**

**enclosures:**

- 1. Consolidated Underground Tank Monitoring Plan (your "old" plan and a blank.)**
- 2. Form B's (your "old" ones and blank copies.)**
- 3. A blank form for inventory data.**
- 4. A sample plot plan.**

**hutchper.995**

UST- Steps to granting a five year permit

DAA

August 21, 1995

| #  | Date           | Passed                                         | Description of criteria to be met                                                                                                                                                                                                                                                              |
|----|----------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1  |                | <u>pd 2/195?</u>                               | Paid State fees for the present tanks. Check the date of payment and be sure that any new tanks have been paid for. (note how many tanks) _____ tanks                                                                                                                                          |
| 2  | <u>9/12/95</u> | <u>ok</u>                                      | Form A- Is it current and accurate? Is there a Board of Equalization number? <u>yes</u>                                                                                                                                                                                                        |
| 3  |                | <del>redo piping</del><br><u>ok</u>            | Form B's- Are they current and accurate? Is there one for each tank? Check the information on tank and piping and contents. Is the leak detection information accurate? Visual is only valid if all parts of the tank can be seen. Note if the tank has been closed. New ___ or Old ___ tanks? |
| 4  |                | <u>N/A</u>                                     | Form C- for recently remodeled or installed tanks or piping.                                                                                                                                                                                                                                   |
| 5  |                | <u>No sketch in HMBP</u>                       | As built drawings for the site or a reasonable facsimile.                                                                                                                                                                                                                                      |
| 6  | <u>9/12/95</u> | <u>Yes in Mon Plan</u>                         | Is there a current spill response plan? (May be in HMBP file).                                                                                                                                                                                                                                 |
| 7  |                | <u>Yes,</u><br><u>Need to Add SIR Supplier</u> | Is there a monitoring plan for each tank? 1-description of the monitoring program, 2- list of the equipment or method used (is it listed in LG-113)?, 3- maintenance schedule for monitoring equipment? 4- What training is given to the operator or person doing the monitoring?              |
| 8  | <u>9/12/95</u> | <u>Yes</u>                                     | Certification of Financial Responsibility. Is it current? Does it meet the state requirement?                                                                                                                                                                                                  |
| 9  |                | <u>No</u>                                      | Are there any "hybrid tanks"? Installed during period 1/84 to 7/87 with secondary containment for the tank but only primary for the piping; or no monitoring of the secondary containment of the piping.                                                                                       |
| 10 | <u>9/12</u>    | <u>12/6/94 tested</u>                          | Tightness tests for the tanks. (Old, pre-1984, or hybrid systems.) Annual or <u>bi-annual with SIR.</u>                                                                                                                                                                                        |
| 11 | <u>9/12</u>    | <u>12/6/94 tested</u>                          | Tightness tests for the piping. (Annual for pressure or tri-annual for suction.) (May not be required of some.)                                                                                                                                                                                |
| 12 |                | <u>ok</u>                                      | MIR or <u>SIR.</u> Annual letter of inventory reconciliation within the last 12 months. SIR report must follow LG-139. (Old pre-1984 or hybrid systems.)                                                                                                                                       |
| 13 | <u>ok</u>      | <u>None</u>                                    | Unauthorized release letters? Were they timely? Were they resolved?                                                                                                                                                                                                                            |
| 14 | <u>No</u>      |                                                | Are tanks corrosion protected? ( <u>wrapped</u> )                                                                                                                                                                                                                                              |
| 15 |                | <u>(over)</u>                                  | What upgrades are needed before 12/23/98?                                                                                                                                                                                                                                                      |

3 UST Paid? check w/ Norma

ok

Not yet

ok

Need

corrosion



STP 730

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



COMPLETE THIS FORM FOR EACH FACILITY/SITE

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

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

|                                                                                                                                                                                                                                                                                                                                                          |  |                                           |                          |                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------|--------------------------|------------------------------------------------------|
| DBA OR FACILITY NAME<br><i>Hutchis Car Wash</i>                                                                                                                                                                                                                                                                                                          |  | NAME OF OPERATOR<br><i>Kirk Hutchison</i> |                          |                                                      |
| ADDRESS<br><i>17945 Hesperian Blvd</i>                                                                                                                                                                                                                                                                                                                   |  | NEAREST CROSS STREET<br><i>Buckman</i>    | PARCEL # (OPTIONAL)      |                                                      |
| CITY NAME<br><i>San Lorenzo</i>                                                                                                                                                                                                                                                                                                                          |  | STATE<br><i>CA</i>                        | ZIP CODE<br><i>94580</i> | SITE PHONE # WITH AREA CODE<br><i>(510) 278-1010</i> |
| <input checked="" type="checkbox"/> BOX TO INDICATE<br><input checked="" 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* |  |                                           |                          |                                                      |
| * If owner of UST is a public agency, complete the following: name of Supervisor of division, section, or office which operates the UST _____                                                                                                                                                                                                            |  |                                           |                          |                                                      |
| TYPE OF BUSINESS                                                                                                                                                                                                                                                                                                                                         |  | IF INDIAN RESERVATION OR TRUST LANDS      |                          | # OF TANKS AT SITE                                   |
| <input type="checkbox"/> 1 GAS STATION <input type="checkbox"/> 2 DISTRIBUTOR<br><input type="checkbox"/> 3 FARM <input type="checkbox"/> 4 PROCESSOR <input checked="" type="checkbox"/> 5 OTHER                                                                                                                                                        |  | <input type="checkbox"/>                  |                          | <i>3</i>                                             |
| E. P. A. I. D. # (optional)                                                                                                                                                                                                                                                                                                                              |  |                                           |                          |                                                      |

**EMERGENCY CONTACT PERSON (PRIMARY)**

**EMERGENCY CONTACT PERSON (SECONDARY) - optional**

|                                                       |  |                                                 |  |                                                 |  |                                                 |  |
|-------------------------------------------------------|--|-------------------------------------------------|--|-------------------------------------------------|--|-------------------------------------------------|--|
| DAYS: NAME (LAST, FIRST)<br><i>Hutchison Kirk</i>     |  | PHONE # WITH AREA CODE<br><i>(510) 538-9274</i> |  | DAYS: NAME (LAST, FIRST)<br><i>Bill Jackson</i> |  | PHONE # WITH AREA CODE<br><i>(510) 538-9274</i> |  |
| NIGHTS: NAME (LAST, FIRST)<br><i>Hutchison Nelson</i> |  | PHONE # WITH AREA CODE<br><i>(510) 537-7984</i> |  | NIGHTS: NAME (LAST, FIRST)                      |  | PHONE # WITH AREA CODE                          |  |

**II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)**

|                                                       |  |                                                                                                                                                                                                                                                                                                                                               |                          |                                                 |
|-------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------|
| NAME<br><i>Bohannon Properties</i>                    |  | CARE OF ADDRESS INFORMATION                                                                                                                                                                                                                                                                                                                   |                          |                                                 |
| MAILING OR STREET ADDRESS<br><i>60 Hillsdale Mall</i> |  | <input checked="" type="checkbox"/> box to indicate<br><input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY<br><input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY |                          |                                                 |
| CITY NAME<br><i>San Mateo, Ca</i>                     |  | STATE<br><i>Ca</i>                                                                                                                                                                                                                                                                                                                            | ZIP CODE<br><i>94403</i> | PHONE # WITH AREA CODE<br><i>(415) 345-8222</i> |

**III. TANK OWNER INFORMATION - (MUST BE COMPLETED)**

|                                                          |  |                                                                                                                                                                                                                                                                                                                                               |                          |                        |
|----------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------|
| NAME OF OWNER<br><i>Hutchis Car Wash</i>                 |  | CARE OF ADDRESS INFORMATION                                                                                                                                                                                                                                                                                                                   |                          |                        |
| MAILING OR STREET ADDRESS<br><i>17945 Hesperian Blvd</i> |  | <input checked="" type="checkbox"/> box to indicate<br><input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY<br><input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY |                          |                        |
| CITY NAME<br><i>San Lorenzo</i>                          |  | STATE<br><i>Ca</i>                                                                                                                                                                                                                                                                                                                            | ZIP CODE<br><i>94580</i> | PHONE # WITH AREA CODE |

**IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 322-9889 if questions arise.**

TY(TK) HQ **44-000791**

**V. PETROLEUM UST FINANCIAL RESPONSIBILITY - (MUST BE COMPLETED) - IDENTIFY THE METHOD(S) USED**

|                                                     |                                             |                                      |                                      |                                        |
|-----------------------------------------------------|---------------------------------------------|--------------------------------------|--------------------------------------|----------------------------------------|
| <input checked="" type="checkbox"/> box to indicate | <input type="checkbox"/> 1 SELF-INSURED     | <input type="checkbox"/> 2 GUARANTEE | <input type="checkbox"/> 3 INSURANCE | <input type="checkbox"/> 4 SURETY BOND |
|                                                     | <input type="checkbox"/> 5 LETTER OF CREDIT | <input type="checkbox"/> 6 EXEMPTION | <input type="checkbox"/> 99 OTHER    |                                        |

**VI. LEGAL NOTIFICATION AND BILLING ADDRESS** Legal notification and billing will be sent to the tank owner unless box I or II is checked.

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

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

|                                                          |                               |                                       |
|----------------------------------------------------------|-------------------------------|---------------------------------------|
| OWNER'S NAME (PRINTED & SIGNED)<br><i>Kirk Hutchison</i> | OWNER'S TITLE<br><i>owner</i> | DATE MONTH/DAY/YEAR<br><i>9/11/95</i> |
|----------------------------------------------------------|-------------------------------|---------------------------------------|

**LOCAL AGENCY USE ONLY**

|                          |                              |                                     |
|--------------------------|------------------------------|-------------------------------------|
| COUNTY #<br><b>01</b>    | JURISDICTION #<br><b>000</b> | FACILITY #<br><b>000221</b>         |
| 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.

OWNER MUST FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Hutch's CAR WASH

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

|                                             |                                            |
|---------------------------------------------|--------------------------------------------|
| A. OWNER'S TANK I. D. # <u>T1</u>           | B. MANUFACTURED BY:                        |
| C. DATE INSTALLED (MO/DAY/YEAR) <u>1961</u> | D. TANK CAPACITY IN GALLONS: <u>10,000</u> |

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

|                                                                                                                                                    |                                                                                                            |                                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL<br><input type="checkbox"/> 2 PETROLEUM<br><input type="checkbox"/> 3 CHEMICAL PRODUCT | <input type="checkbox"/> 4 OIL<br><input type="checkbox"/> 80 EMPTY<br><input type="checkbox"/> 95 UNKNOWN | B. <input checked="" type="checkbox"/> 1 PRODUCT<br><input type="checkbox"/> 2 WASTE                                                                                                                                                                              |
| C. <input checked="" type="checkbox"/> 1a REGULAR UNLEADED<br><input type="checkbox"/> 1b PREMIUM UNLEADED<br><input type="checkbox"/> 2 LEADED    |                                                                                                            | <input type="checkbox"/> 3 DIESEL<br><input type="checkbox"/> 4 GASAHOL<br><input type="checkbox"/> 5 JET FUEL<br><input type="checkbox"/> 6 AVIATION GAS<br><input type="checkbox"/> 7 METHANOL<br><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<br><input type="checkbox"/> 1 DOUBLE WALL<br><input checked="" type="checkbox"/> 2 SINGLE WALL                                     | <input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER<br><input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)               | <input type="checkbox"/> 95 UNKNOWN<br><input type="checkbox"/> 99 OTHER                                                                                                                 |
| B. TANK MATERIAL (Primary Tank)<br><input type="checkbox"/> 1 BARE STEEL<br><input type="checkbox"/> 5 CONCRETE<br><input type="checkbox"/> 9 BRONZE | <input type="checkbox"/> 2 STAINLESS STEEL<br><input type="checkbox"/> 6 POLYVINYL CHLORIDE<br><input type="checkbox"/> 10 GALVANIZED STEEL | <input type="checkbox"/> 3 FIBERGLASS<br><input type="checkbox"/> 7 ALUMINUM<br><input type="checkbox"/> 95 UNKNOWN<br><input checked="" type="checkbox"/> 99 OTHER <u>STEEL/Wrapped</u> |
| C. INTERIOR LINING<br><input type="checkbox"/> 1 RUBBER LINED<br><input type="checkbox"/> 5 GLASS LINING                                             | <input type="checkbox"/> 2 ALKYD LINING<br><input type="checkbox"/> 6 UNLINED                                                               | <input checked="" type="checkbox"/> 3 EPOXY LINING<br><input type="checkbox"/> 95 UNKNOWN<br><input type="checkbox"/> 4 PHENOLIC LINING<br><input type="checkbox"/> 99 OTHER             |
| IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                |                                                                                                                                             |                                                                                                                                                                                          |
| D. CORROSION PROTECTION<br><input type="checkbox"/> 1 POLYETHYLENE WRAP<br><input type="checkbox"/> 5 CATHODIC PROTECTION                            | <input type="checkbox"/> 2 COATING<br><input type="checkbox"/> 91 NONE                                                                      | <input type="checkbox"/> 3 VINYL WRAP<br><input type="checkbox"/> 95 UNKNOWN<br><input checked="" type="checkbox"/> 99 OTHER <u>Tar Wrapped</u>                                          |
| 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 2 PRESSURE                                               | A U 3 GRAVITY                                      | A U 99 OTHER                         |
| B. CONSTRUCTION                      | A <input checked="" type="radio"/> 1 SINGLE WALL        | A U 2 DOUBLE WALL                                            | A U 3 LINED TRENCH                                 | A U 95 UNKNOWN<br>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 <input checked="" type="radio"/> 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 checked="" type="checkbox"/> 2 LINE TIGHTNESS TESTING | <input type="checkbox"/> 3 INTERSTITIAL MONITORING | <input type="checkbox"/> 99 OTHER    |

**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 type="checkbox"/> 95 UNKNOWN               | <input checked="" type="checkbox"/> 99 OTHER <u>SIR</u> |

**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)

DATE

11/22/95

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

|               |                         |                           |                          |                      |
|---------------|-------------------------|---------------------------|--------------------------|----------------------|
| STATE I.D.#   | COUNTY # <u>04</u>      | JURISDICTION # <u>000</u> | FACILITY # <u>000221</u> | TANK # <u>000001</u> |
| PERMIT NUMBER | PERMIT APPROVED BY/DATE |                           | PERMIT EXPIRATION DATE   |                      |

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED.  
FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: HUTCH'S CAR WASH

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

|                                             |                                          |
|---------------------------------------------|------------------------------------------|
| A. OWNER'S TANK I.D.# <u>T2</u>             | B. MANUFACTURED BY: <u>Unknown</u>       |
| C. DATE INSTALLED (MO/DAY/YEAR) <u>1961</u> | D. TANK CAPACITY IN GALLONS: <u>5000</u> |

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

|                                                                                                                                                                                                                                                                   |                                                                                                            |                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL<br><input type="checkbox"/> 2 PETROLEUM<br><input type="checkbox"/> 3 CHEMICAL PRODUCT                                                                                                                | <input type="checkbox"/> 4 OIL<br><input type="checkbox"/> 80 EMPTY<br><input type="checkbox"/> 95 UNKNOWN | B. <input checked="" type="checkbox"/> 1 PRODUCT<br><input type="checkbox"/> 2 WASTE |
| C. <input type="checkbox"/> 1a REGULAR UNLEADED<br><input checked="" type="checkbox"/> 1b PREMIUM UNLEADED<br><input type="checkbox"/> 2 LEADED                                                                                                                   |                                                                                                            |                                                                                      |
| <input type="checkbox"/> 3 DIESEL<br><input type="checkbox"/> 4 GASAHOL<br><input type="checkbox"/> 5 JET FUEL<br><input type="checkbox"/> 6 AVIATION GAS<br><input type="checkbox"/> 7 METHANOL<br><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<br><input type="checkbox"/> 1 DOUBLE WALL<br><input checked="" type="checkbox"/> 2 SINGLE WALL                                     | <input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER<br><input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)               | <input type="checkbox"/> 95 UNKNOWN<br><input type="checkbox"/> 99 OTHER                                                                                                                 |
| B. TANK MATERIAL (Primary Tank)<br><input type="checkbox"/> 1 BARE STEEL<br><input type="checkbox"/> 5 CONCRETE<br><input type="checkbox"/> 9 BRONZE | <input type="checkbox"/> 2 STAINLESS STEEL<br><input type="checkbox"/> 6 POLYVINYL CHLORIDE<br><input type="checkbox"/> 10 GALVANIZED STEEL | <input type="checkbox"/> 3 FIBERGLASS<br><input type="checkbox"/> 7 ALUMINUM<br><input type="checkbox"/> 95 UNKNOWN<br><input checked="" type="checkbox"/> 99 OTHER <u>Steel/Wrapped</u> |
| C. INTERIOR LINING<br><input type="checkbox"/> 1 RUBBER LINED<br><input type="checkbox"/> 5 GLASS LINING                                             | <input type="checkbox"/> 2 ALKYD LINING<br><input type="checkbox"/> 6 UNLINED                                                               | <input checked="" type="checkbox"/> 3 EPOXY LINING<br><input type="checkbox"/> 95 UNKNOWN<br><input type="checkbox"/> 4 PHENOLIC LINING<br><input type="checkbox"/> 99 OTHER             |
| IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                                |                                                                                                                                             |                                                                                                                                                                                          |
| D. CORROSION PROTECTION<br><input type="checkbox"/> 1 POLYETHYLENE WRAP<br><input type="checkbox"/> 5 CATHODIC PROTECTION                            | <input type="checkbox"/> 2 COATING<br><input type="checkbox"/> 91 NONE                                                                      | <input type="checkbox"/> 3 VINYL WRAP<br><input type="checkbox"/> 95 UNKNOWN<br><input checked="" type="checkbox"/> 99 OTHER <u>Tar Wrap</u>                                             |
| 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<br><input checked="" type="checkbox"/> U 1 SUCTION                                                                                                                                                                       | <input type="checkbox"/> A U 2 PRESSURE                                                                                                | <input type="checkbox"/> A U 3 GRAVITY<br><input type="checkbox"/> A U 99 OTHER                                                                                                                                                                                                                                                                              |
| B. CONSTRUCTION<br><input checked="" type="checkbox"/> U 1 SINGLE WALL                                                                                                                                                                  | <input type="checkbox"/> A U 2 DOUBLE WALL                                                                                             | <input type="checkbox"/> A U 3 LINED TRENCH<br><input type="checkbox"/> A U 95 UNKNOWN<br><input type="checkbox"/> A U 99 OTHER                                                                                                                                                                                                                              |
| C. MATERIAL AND CORROSION PROTECTION<br><input checked="" type="checkbox"/> U 9 GALVANIZED STEEL                                                                                                                                        | <input type="checkbox"/> A U 1 BARE STEEL<br><input type="checkbox"/> A U 2 STAINLESS STEEL<br><input type="checkbox"/> A U 6 CONCRETE | <input type="checkbox"/> A U 3 POLYVINYL CHLORIDE (PVC)<br><input type="checkbox"/> A U 4 FIBERGLASS PIPE<br><input type="checkbox"/> A U 5 ALUMINUM<br><input type="checkbox"/> A U 7 STEEL W/ COATING<br><input type="checkbox"/> A U 8 100% METHANOL COMPATIBLE W/FRP<br><input type="checkbox"/> A U 95 UNKNOWN<br><input type="checkbox"/> A U 99 OTHER |
| D. LEAK DETECTION<br><input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR<br><input checked="" type="checkbox"/> 2 LINE TIGHTNESS TESTING<br><input type="checkbox"/> 3 INTERSTITIAL MONITORING<br><input type="checkbox"/> 99 OTHER |                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                              |

**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 type="checkbox"/> 95 UNKNOWN               | <input checked="" type="checkbox"/> 99 OTHER <u>S.I.R.</u> |

**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) | DATE: <u>1/22/95</u> |
|----------------------------------------|----------------------|

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

|               |                         |                |                        |        |
|---------------|-------------------------|----------------|------------------------|--------|
| STATE I.D.#   | COUNTY #                | JURISDICTION # | FACILITY #             | TANK # |
|               | 01                      | 000            | 000221                 | 000002 |
| PERMIT NUMBER | PERMIT APPROVED BY/DATE |                | PERMIT EXPIRATION DATE |        |

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED.  
FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS



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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: HUTCH'S CAR WASH

|                                                                     |                                           |
|---------------------------------------------------------------------|-------------------------------------------|
| <b>I. TANK DESCRIPTION</b> COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN |                                           |
| A. OWNER'S TANK I. D. # <u>T3</u>                                   | B. MANUFACTURED BY: <u>Unknown</u>        |
| C. DATE INSTALLED (MO/DAY/YEAR) <u>1961</u>                         | D. TANK CAPACITY IN GALLONS: <u>5,000</u> |

|                                                             |                                     |                                                  |                                                         |
|-------------------------------------------------------------|-------------------------------------|--------------------------------------------------|---------------------------------------------------------|
| <b>II. TANK CONTENTS</b> 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 type="checkbox"/> 2 PETROLEUM                        | <input type="checkbox"/> 80 EMPTY   | <input type="checkbox"/> 2 WASTE                 | <input checked="" type="checkbox"/> 1b PREMIUM UNLEADED |
| <input type="checkbox"/> 3 CHEMICAL PRODUCT                 | <input type="checkbox"/> 95 UNKNOWN |                                                  | <input type="checkbox"/> 2 LEADED                       |
| D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED   |                                     |                                                  | C. A. S. #:                                             |

|                                                                                                            |                                                                                                                       |                                                                 |                                                                   |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------|
| <b>III. TANK CONSTRUCTION</b> 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 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                               |
|                                                                                                            |                                                                                                                       |                                                                 | <input checked="" type="checkbox"/> 99 OTHER <u>Steel/Wrapped</u> |
| C. INTERIOR LINING                                                                                         | <input type="checkbox"/> 1 RUBBER LINED                                                                               | <input type="checkbox"/> 2 ALKYD LINING                         | <input checked="" type="checkbox"/> 3 EPOXY LINING                |
|                                                                                                            | <input type="checkbox"/> 5 GLASS LINING                                                                               | <input type="checkbox"/> 6 UNLINED                              | <input type="checkbox"/> 4 PHENOLIC LINING                        |
|                                                                                                            |                                                                                                                       |                                                                 | <input type="checkbox"/> 95 UNKNOWN                               |
|                                                                                                            |                                                                                                                       |                                                                 | <input type="checkbox"/> 99 OTHER                                 |
|                                                                                                            | IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |                                                                 |                                                                   |
| 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 type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC          |
|                                                                                                            |                                                                                                                       |                                                                 | <input type="checkbox"/> 95 UNKNOWN                               |
|                                                                                                            |                                                                                                                       |                                                                 | <input checked="" type="checkbox"/> 99 OTHER <u>Tar Wrap</u>      |
| E. SPILL AND OVERFILL                                                                                      | SPILL CONTAINMENT INSTALLED (YEAR) _____                                                                              |                                                                 | OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____              |

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

|                                                    |                                                                |                                              |                                                   |                                                         |
|----------------------------------------------------|----------------------------------------------------------------|----------------------------------------------|---------------------------------------------------|---------------------------------------------------------|
| <b>V. TANK LEAK DETECTION</b>                      |                                                                |                                              |                                                   |                                                         |
| <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 type="checkbox"/> 95 UNKNOWN               | <input checked="" type="checkbox"/> 99 OTHER <u>STR</u> |

|                                         |                                                            |                                                                                                  |
|-----------------------------------------|------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>VI. TANK CLOSURE INFORMATION</b>     |                                                            |                                                                                                  |
| 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) | DATE <u>11/22/95</u> |
|----------------------------------------|----------------------|

|                                                                                          |                         |                           |                          |
|------------------------------------------------------------------------------------------|-------------------------|---------------------------|--------------------------|
| <b>LOCAL AGENCY USE ONLY</b> THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW |                         |                           |                          |
| STATE I.D.#                                                                              | COUNTY # <u>01</u>      | JURISDICTION # <u>060</u> | FACILITY # <u>000221</u> |
|                                                                                          |                         |                           | TANK # <u>000003</u>     |
| PERMIT NUMBER                                                                            | PERMIT APPROVED BY/DATE | PERMIT EXPIRATION DATE    |                          |

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED.  
FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

# Inventory Reconciliation Worksheet

Month/Year: 7/95 Tank #: T3 Size: 5,000 Product: Unleaded Gas - 92  
 Site Name: HUTCH'S CAR WASH Site Address: 17945 Hesperian Bl., SAN LORENZO

| 1   | 2                                        | 3                           | 4                   | 5                              | 6      | 7                          |                              | 8                                   |     |         |
|-----|------------------------------------------|-----------------------------|---------------------|--------------------------------|--------|----------------------------|------------------------------|-------------------------------------|-----|---------|
| Day | Opening Inventory - Yesterday's Column 6 | Withdrawals (metered sales) | Deliveries (Inputs) | Calculated Volume Column 2-4-3 | Inches | Measured Volume (Dipstick) | Daily Variation Column 6 - 5 | Variation To date (sum of Column 7) |     |         |
|     | Gallons                                  | Gallons                     | Gallons             | Gallons                        |        | Gallons                    | +/-                          | Gallons                             | +/- | Gallons |
| 1   | 3116.0                                   | 191.6                       | 1884.0              | 4808.4                         | 83     | 4805                       | -                            | 3.4                                 | -   | 3.4     |
| 2   | 4805                                     | 121.8                       |                     | 4683.2                         | 80     | 4660                       | -                            | 23.2                                | -   | 26.6    |
| 3   | 4660                                     | 195.2                       |                     | 4464.8                         | 76     | 4448                       | -                            | 16.8                                | -   | 43.4    |
| 4   | 4448                                     | 89.5                        |                     | 4358.5                         | 76     | 4448                       | +                            | 89.5                                | +   | 46.1    |
| 5   | 4448                                     | 176.2                       |                     | 4271.8                         | 72     | 4218                       | -                            | 53.8                                | -   | 7.7     |
| 6   | 4218                                     | 264.1                       |                     | 3953.9                         | 68     | 3972                       | +                            | 18.1                                | +   | 110.4   |
| 7   | 3972                                     | 244.4                       |                     | 3727.6                         | 64     | 3715                       | -                            | 12.6                                | -   | 2.2     |
| 8   | 3715                                     | 183.5                       |                     | 3531.5                         | 61     | 3517                       | -                            | 14.5                                | -   | 16.7    |
| 9   | 3517                                     | 147.5                       |                     | 3369.5                         | 59     | 3384                       | +                            | 14.5                                | -   | 2.2     |
| 10  | 3384                                     | 179.1                       |                     | 3204.9                         | 56     | 3181                       | -                            | 23.9                                | -   | 26.1    |
| 11  | 3181                                     | 203.1                       |                     | 2977.9                         | 54     | 3044                       | +                            | 66.1                                | +   | 40.0    |
| 12  | 3044                                     | 179.0                       |                     | 2865.0                         | 52     | 2906                       | +                            | 41.0                                | +   | 81.0    |
| 13  | 2906                                     | 82.4                        |                     | 2823.6                         | 51     | 2837                       | +                            | 13.4                                | +   | 94.4    |
| 14  | 2837                                     | 189.3                       |                     | 2647.7                         | 48     | 2627                       | -                            | 20.7                                | +   | 73.7    |
| 15  | 2627                                     | 243.7                       |                     | 2383.3                         | 44     | 2349                       | -                            | 34.3                                | +   | 39.4    |
| 16  | 2349                                     | 104.2                       |                     | 2244.8                         | 42     | 2211                       | -                            | 33.8                                | +   | 5.6     |
| 17  | 2211                                     | 170.3                       |                     | 2040.7                         | 40     | 2073                       | +                            | 32.3                                | +   | 37.9    |
| 18  | 2073                                     | 90.3                        |                     | 1982.7                         | 39     | 2005                       | +                            | 22.3                                | +   | 60.2    |
| 19  | 2005                                     | 186.8                       |                     | 1818.2                         | 36     | 1802                       | -                            | 16.2                                | +   | 44.0    |
| 20  | 1802                                     | 147.9                       |                     | 1654.1                         | 33     | 1603                       | -                            | 51.1                                | -   | 7.1     |
| 21  | 1603                                     |                             | 2409.0              | 4012.0                         | 69     | 4035                       | +                            | 23.0                                | +   | 15.9    |
| 22  | 4035                                     |                             |                     | 4035                           | 69     | 4035                       | -                            | 0.0                                 | +   | 15.9    |
| 23  | 4035                                     |                             |                     | 4035                           | 68     | 3972                       | -                            | 63.0                                | -   | 47.1    |
| 24  | 3972                                     |                             |                     | 3972                           | 68     | 3972                       | -                            | 0.0                                 | -   | 47.1    |
| 25  | 3972                                     |                             |                     | 3972                           | 68     | 3972                       | -                            | 0.0                                 | -   | 47.1    |
| 26  | 3972                                     |                             |                     | 3972                           | 69     | 4035                       | +                            | 63.0                                | +   | 15.9    |
| 27  | 4035                                     |                             |                     | 4035                           | 68     | 3972                       | -                            | 63.0                                | -   | 47.1    |
| 28  | 3972                                     |                             |                     | 3972                           | 68     | 3972                       | -                            | 0.0                                 | -   | 47.1    |
| 29  | 3972                                     |                             |                     | 3972                           | 68     | 3972                       | -                            | 0.0                                 | -   | 47.1    |
| 30  | 3972                                     |                             |                     | 3972                           | 69     | 4035                       | +                            | 63.0                                | +   | 15.9    |
| 31  | 4035                                     |                             |                     | 4035                           | 69     | 4035                       | -                            | 0.0                                 | +   | 15.9    |

Maximum Allowable Variation: (1% Total Deliveries + 130 Gallons) =  
 0.01 x Sum of Column 4 4293 = 43 + 130 gallons = A 173  Check box for larger amount.  
 Total Monthly Variation: (Bottom Line of Column 8) = B 15.9

\* If you checked box B, turn this page over for further instructions. InvReconChart  
cg 9/10/91

# Inventory Reconciliation Worksheet

Month/Year: 7/95 Tank #: T2 Size: 5,000 Product: Unleaded GAS-92  
 Site Name: HUTCH'S CAR WASH Site Address: 17945 Hesperian Bl., SAN LORENZO

| Day | Opening Inventory - Yesterday's Column 6 |         | Withdrawals (metered sales) |         | Deliveries (Inputs) |        | Calculated Volume Column 2+4-3 |     | Measured Volume (Dipstick) |     | Daily Variation Column 6 - 5 |  | Variation To date (sum of Column 7) |  |
|-----|------------------------------------------|---------|-----------------------------|---------|---------------------|--------|--------------------------------|-----|----------------------------|-----|------------------------------|--|-------------------------------------|--|
|     | Gallons                                  | Gallons | Gallons                     | Gallons | Gallons             | Inches | Gallons                        | +/- | Gallons                    | +/- | Gallons                      |  |                                     |  |
| 1   | 3113                                     |         |                             |         | 3113                | 55     | 3113                           |     | 0.0                        |     | 0.0                          |  |                                     |  |
| 2   | 3113                                     |         |                             |         | 3113                | 55     | 3113                           |     | 0.0                        |     | 0.0                          |  |                                     |  |
| 3   | 3113                                     |         |                             |         | 3113                | 54     | 3044                           | -   | 69.0                       | -   | 69.0                         |  |                                     |  |
| 4   | 3044                                     |         |                             |         | 3044                | 54     | 3044                           |     | 0.0                        | -   | 69.0                         |  |                                     |  |
| 5   | 3044                                     |         |                             |         | 3044                | 55     | 3113                           | +   | 69.0                       |     | 0.0                          |  |                                     |  |
| 6   | 3113                                     |         |                             |         | 3113                | 55     | 3113                           |     | 0.0                        |     | 0.0                          |  |                                     |  |
| 7   | 3113                                     |         |                             |         | 3113                | 56     | 3181                           | +   | 68.0                       | +   | 68.0                         |  |                                     |  |
| 8   | 3181                                     |         |                             |         | 3181                | 56     | 3181                           |     | 0.0                        | +   | 68.0                         |  |                                     |  |
| 9   | 3181                                     |         |                             |         | 3181                | 56     | 3181                           |     | 0.0                        | +   | 68.0                         |  |                                     |  |
| 10  | 3181                                     |         |                             |         | 3181                | 55     | 3113                           | -   | 68.0                       |     | 0.0                          |  |                                     |  |
| 11  | 3113                                     |         |                             |         | 3113                | 54     | 3044                           | -   | 69.0                       | -   | 69.0                         |  |                                     |  |
| 12  | 3044                                     |         |                             |         | 3044                | 56     | 3181                           | +   | 137.0                      | +   | 68.0                         |  |                                     |  |
| 13  | 3181                                     |         |                             |         | 3181                | 55     | 3113                           | -   | 68.0                       |     | 0.0                          |  |                                     |  |
| 14  | 3113                                     |         |                             |         | 3113                | 54     | 3044                           | -   | 69.0                       | -   | 69.0                         |  |                                     |  |
| 15  | 3044                                     |         |                             |         | 3044                | 54     | 3044                           |     | 0.0                        | -   | 69.0                         |  |                                     |  |
| 16  | 3044                                     |         |                             |         | 3044                | 55     | 3113                           | +   | 69.0                       |     | 0.0                          |  |                                     |  |
| 17  | 3113                                     |         |                             |         | 3113                | 56     | 3181                           | +   | 68.0                       | +   | 68.0                         |  |                                     |  |
| 18  | 3181                                     |         |                             |         | 3181                | 55     | 3113                           | -   | 68.0                       |     | 0.0                          |  |                                     |  |
| 19  | 3113                                     |         |                             |         | 3113                | 54     | 3044                           | -   | 69.0                       | -   | 69.0                         |  |                                     |  |
| 20  | 3044                                     |         |                             |         | 3044                | 55     | 3113                           | +   | 69.0                       |     | 0.0                          |  |                                     |  |
| 21  | 3113                                     | 295.6   | 1902                        |         | 4719.4              | 81     | 4710                           | -   | 9.4                        | -   | 9.4                          |  |                                     |  |
| 22  | 4710                                     | 260.2   |                             |         | 4449.8              | 76     | 4448                           | +   | 1.8                        | -   | 7.6                          |  |                                     |  |
| 23  | 4448                                     | 127.5   |                             |         | 4320.5              | 74     | 4335                           | +   | 14.5                       | +   | 6.9                          |  |                                     |  |
| 24  | 4335                                     | 126.3   |                             |         | 4208.7              | 78     | 4218                           | +   | 9.3                        | +   | 16.2                         |  |                                     |  |
| 25  | 4218                                     | 155.7   |                             |         | 4062.3              | 69     | 4035                           | -   | 27.3                       | -   | 11.1                         |  |                                     |  |
| 26  | 4035                                     | 110.5   |                             |         | 3924.5              | 67     | 3909                           | -   | 15.5                       | -   | 26.6                         |  |                                     |  |
| 27  | 3909                                     | 237.6   |                             |         | 3671.4              | 64     | 3715                           | +   | 43.6                       | +   | 17.0                         |  |                                     |  |
| 28  | 3715                                     | 255.4   |                             |         | 3459.6              | 60     | 3451                           | -   | 8.6                        | -   | 8.4                          |  |                                     |  |
| 29  | 3451                                     | 346.4   |                             |         | 3104.6              | 56     | 3113                           | +   | 8.4                        |     | 0.0                          |  |                                     |  |
| 30  | 3113                                     | 211.9   |                             |         | 2901.1              | 52     | 2906                           | +   | 4.9                        | +   | 4.9                          |  |                                     |  |
| 31  | 2906                                     | 213.3   |                             |         | 2692.1              | 49     | 2697                           | +   | 4.3                        | +   | 9.2                          |  |                                     |  |

Maximum Allowable Variation (1% Total Deliveries + 130 Gallons) =  
 0.01 x Sum of Column 4 1902 = 19 + 130 gallons = **A** 149  Check box for larger amount  
 Total Monthly Variation (Bottom Line of Column 8) = **B** + 9.2

\* If you checked box B, turn this page over for further instructions. InvRecon Chart cg 9/10/91

# Inventory Reconciliation Worksheet

Month/Year: 7/95 Tank #: T1 Size: 10,000 Product: Unleaded GAS-8'  
 Site Name: HUTCH'S CAR WASH Site Address: 17945 Hesperian BL., SAN LORENZO

| 1   | 2                                        | 3                           | 4                   | 5                              | 6                          | 7       |                              | 8       |                                     |         |
|-----|------------------------------------------|-----------------------------|---------------------|--------------------------------|----------------------------|---------|------------------------------|---------|-------------------------------------|---------|
| Day | Opening Inventory - Yesterday's Column 6 | Withdrawals (metered sales) | Deliveries (Inputs) | Calculated Volume Column 2+4-3 | Measured Volume (Dipstick) |         | Daily Variation Column 6 - 5 |         | Variation To date (sum of Column 7) |         |
|     | Gallons                                  | Gallons                     | Gallons             | Gallons                        | Inches                     | Gallons | +/-                          | Gallons | +/-                                 | Gallons |
| 1   | 3184                                     | 519.0                       | 7056                | 9121                           | 85                         | 9732    | +                            | 11      | +                                   | 11      |
| 2   | 9732                                     | 192.6                       |                     | 9539.4                         | 83                         | 9555    | +                            | 15.6    | +                                   | 26.6    |
| 3   | 9555                                     | 330.0                       |                     | 9225.0                         | 79                         | 9163    | -                            | 62.0    | -                                   | 35.4    |
| 4   | 9163                                     | 216.0                       |                     | 8947.0                         | 77                         | 8952    | +                            | 5.0     | -                                   | 30.4    |
| 5   | 8952                                     | 250.8                       |                     | 8706.2                         | 75                         | 8731    | +                            | 29.8    | -                                   | .6      |
| 6   | 8731                                     | 295.3                       |                     | 8435.7                         | 72                         | 8384    | -                            | 51.7    | -                                   | 52.3    |
| 7   | 8384                                     | 371.9                       |                     | 8012.1                         | 69                         | 8021    | +                            | 8.9     | -                                   | 43.4    |
| 8   | 8021                                     | 570.8                       |                     | 7450.2                         | 64                         | 7388    | -                            | 62.2    | -                                   | 105.6   |
| 9   | 7388                                     | 373.4                       |                     | 7014.6                         | 62                         | 7127    | +                            | 112.4   | +                                   | 6.8     |
| 10  | 7127                                     | 303.6                       |                     | 6823.4                         | 60                         | 6862    | +                            | 38.6    | +                                   | 45.4    |
| 11  | 6862                                     | 274.6                       |                     | 6587.4                         | 58                         | 6594    | +                            | 6.6     | +                                   | 52.0    |
| 12  | 6594                                     | 262.8                       |                     | 6331.2                         | 56                         | 6323    | -                            | 8.2     | +                                   | 43.8    |
| 13  | 6323                                     | 255.7                       |                     | 6067.3                         | 54                         | 6054    | -                            | 13.3    | +                                   | 30.5    |
| 14  | 6054                                     | 532.1                       |                     | 5521.9                         | 50                         | 5500    | -                            | 21.9    | +                                   | 8.6     |
| 15  | 5500                                     | 417.4                       |                     | 5082.6                         | 47                         | 5086    | +                            | 3.4     | +                                   | 12.0    |
| 16  | 5086                                     | 390.2                       |                     | 4695.8                         | 44                         | 4672    | -                            | 23.8    | -                                   | 11.8    |
| 17  | 4672                                     | 205.3                       |                     | 4466.7                         | 42                         | 4397    | -                            | 69.7    | -                                   | 81.5    |
| 18  | 4397                                     | 341.3                       |                     | 4055.7                         | 40                         | 4123    | +                            | 67.3    | -                                   | 14.2    |
| 19  | 4123                                     | 411.6                       |                     | 3711.4                         | 37                         | 3716    | +                            | 4.6     | -                                   | 9.6     |
| 20  | 3716                                     | 529.4                       | 4619                | 7805.6                         | 67                         | 7772    | -                            | 33.6    | -                                   | 43.2    |
| 21  | 7772                                     | 358.6                       |                     | 7413.4                         | 65                         | 7517    | +                            | 103.6   | +                                   | 60.4    |
| 22  | 7517                                     | 502.8                       |                     | 7014.0                         | 60                         | 6862    | -                            | 152.0   | -                                   | 91.6    |
| 23  | 6862                                     | 384.0                       |                     | 6478.0                         | 58                         | 6594    | +                            | 116.0   | +                                   | 24.4    |
| 24  | 6594                                     | 312.4                       |                     | 6281.0                         | 55                         | 6187    | -                            | 94.0    | -                                   | 69.6    |
| 25  | 6187                                     | 554.8                       |                     | 5832.2                         | 53                         | 5913    | +                            | 80.8    | +                                   | 11.2    |
| 26  | 5913                                     | 304.5                       |                     | 5608.5                         | 51                         | 5638    | +                            | 29.5    | +                                   | 40.7    |
| 27  | 5638                                     | 270.2                       |                     | 5367.8                         | 49                         | 5362    | -                            | 5.8     | +                                   | 34.9    |
| 28  | 5362                                     | 563.4                       |                     | 4798.6                         | 45                         | 4810    | +                            | 11.4    | +                                   | 46.3    |
| 29  | 4810                                     | 648.8                       |                     | 4161.2                         | 40                         | 4123    | -                            | 38.2    | +                                   | 8.1     |
| 30  | 4123                                     | 406.1                       |                     | 3716.9                         | 37                         | 3716    | -                            | .9      | +                                   | 7.2     |
| 31  | 3716                                     | 361.3                       |                     | 3354.7                         | 34                         | 3315    | -                            | 39.7    | -                                   | 32.5    |

Maximum Allowable Variation (1% Total Deliveries + 130 Gallons) =

0.01 x Sum of Column 4 11675 = 117 + 130 gallons =

|   |     |                                     |
|---|-----|-------------------------------------|
| A | 247 | <input checked="" type="checkbox"/> |
|---|-----|-------------------------------------|

Check box for larger amount.

Total Monthly Variation (Bottom Line of Column 8) =

|   |       |                          |
|---|-------|--------------------------|
| B | -32.5 | <input type="checkbox"/> |
|---|-------|--------------------------|

\* If you checked box B, turn this page over for further instructions.

ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

June 29, 1995

DEPARTMENT OF ENVIRONMENTAL HEALTH  
State Water Resources Control Board  
Division of Clean Water Programs  
UST Local Oversight Program  
80 Swan Way, Rm 200  
Oakland, CA 94621  
(510) 271-4530

Jill  
Hutch's Car Wash  
1367 A Street  
Hayward, CA 94541

**Subject: Hutch's Car Wash, 17945 Hesperian Blvd., San Lorenzo, CA  
94580, Violation of Environmental Laws and Regulations**

Dear Jill:

During our telephone conversation this afternoon we discussed areas of concern to this Department and indeed to Hutch's Car Wash regarding your failure to comply with at least three environmental compliance programs. Those programs are the underground storage tank permit, hazardous materials business plan and the urban runoff clean water program.

I have enclosed copies of correspondence found in your file addressing the above concerns. Also enclosed are the forms required to start the process of compliance. Please find Forms A&B for the underground storage tank permit application and consolidated tank management plan; forms for the hazardous materials business plan are included with instructions; information on the urban runoff program, including Best Management Practices for industrial pollution control.

The information required in these documents is used to both manage the environmental concerns associated with your business and for compliance with state and federal laws.

Please complete and return the documents within 15 days of receipt. If you need assistance please contact Don Atkinson-Adams at 567-6734. He will be responsible for determining your compliance.

Sincerely,

*mw Copy*

Robert Weston  
Sr. Hazardous Materials Specialist

enclosures

cc: Don Atkinson-Adams, REHS

**AES - SYSTEM II  
 PRECISION TANK & LINE TEST RESULTS SUMMARY**

Invoice Address: HUTCH'S CAR WASH  
 1367 A STREET  
 HAYWARD, CA. 94541

Tank Location: HUTCH'S CAR WASH  
 17945 HESPERIAN BLVD.  
 SAN LORENZO, CA.

W.O.#: 1776  
 I.D. Number: N/A  
 Technician: D. YOUNG  
 Tech.#: 86116 Van#: 01

Date: 12-06-94 Time Start: 06:00 End: 08:30 County: AL  
 Facility Phone#: (510) 583-9274 Groundwater Depth: 144"+ Blue Prints: N/A  
 Contact: KIRK HUTCHINSON Date; Time system was filled: 6+ HOURS

| Tank | Tank Capacity | Product      | Tank | Fill/Vent Vapor Lines | Product Line | Type Of Vapor Recovery | Inches of Water/Tank | Pump Type | Tank Material |
|------|---------------|--------------|------|-----------------------|--------------|------------------------|----------------------|-----------|---------------|
| 1    | 10000         | REGULAR PASS |      | PASS                  | PASS         | II                     | 0.00"                | SUCT.     | SWS           |
| 2    | 5000          | SUPREME PASS |      | PASS                  | PASS         | II                     | 0.00"                | SUCT.     | SWS           |
| 3    | 5000          | SUPREME PASS |      | PASS                  | PASS         | II                     | 0.00"                | SUCT.     | SWS           |
| 4    |               |              |      |                       |              |                        |                      |           |               |
| 5    |               |              |      |                       |              |                        |                      |           |               |
| 6    |               |              |      |                       |              |                        |                      |           |               |

Additional Information: TEST TECHNICIAN: DOUG YOUNG O.T.T.L. #90-1076

**SITE LOG**

**TIME**

Set Up Equip: 06:00  
 Bled Product Lines: YES  
 Bled Vapor Lines: YES  
 Bled Vent lines: YES  
 Bled Turbine: N/A  
 Bled Suction Pump: YES  
 Risers Installed: YES

11/30/94 01:55:15  
 TEST RESULTS  
 BY: [Signature]  
 DATE: 12/6/94

- a) This system and method meets or exceeds the criteria in USEPA 40CFR part 280, NFPA 329-87 and all applicable state and local codes.
- b) Any failure listed above may require further action, check with all regulatory agencies.

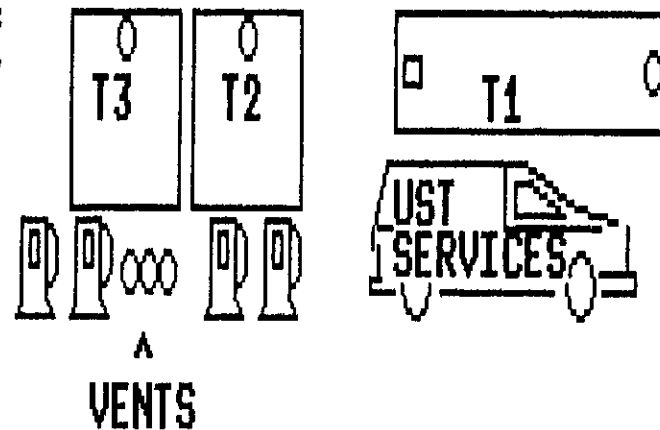
Copyright (c) 1989 by AES, Inc.

Certified Technician Signature :



Date : 12-6-94

T1 = 10000 GAL. REGULAR  
T2 = 5000 GAL. SUPREME  
T3 = 5000 GAL. SUPREME



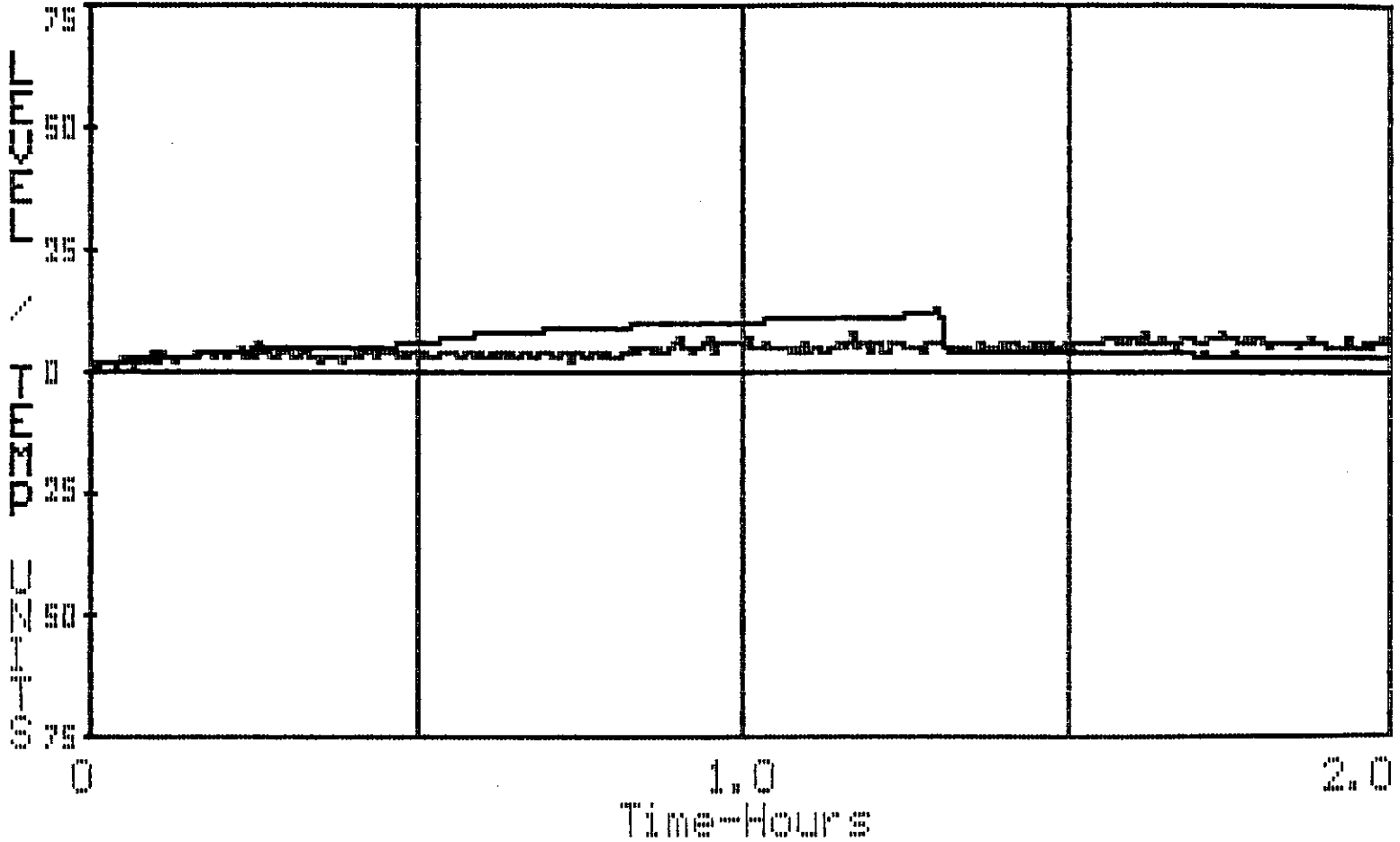
HESPERIAN BLVD.

Site Layout For : 17945 HESPERIAN BLVD. , SAN LORENZO, CA.

**CONFIDENTIAL TUST SERVICE, INC.**  
 417 MONTCLAIR STREET BAKERSFIELD, CA 93309 (800) 631-3870  
 AES/System II Precision leak Test Graph (OverFill)

Invoice No.: 1776                      Date: 12/06/94                      Time : 06:07:23  
 Technician: DMY                      Tank: 1                      Tank Diameter(in): 94  
 Volume(gal): 10000                      Grade Level(in): 130                      Product Level(in): 125  
 Water Level On Tank(in): 0  
 Specific Gravity: .75                      Coefficient Of Expansion: 0.0006684  
 Calibration Value(ml): 400                      Channel: 1  
 Level Segment From: 1 To 300                      Temp Segment From: 1 To 300

Product REGULAR



Change In Calibration Zone = 9                      Calibration Unit(gal/unit) = 0.01173  
 Starting Temperature (F): 60.156                      Head Pressure(psi (Btm)): 3.38  
 Surface Area(sq. in): 271.0                      Temp. Change(F/h) : 0.011  
 Level volume(gph): 0.04  
 Temp. volume(gph): 0.07                      Product Line(gph): SUCTION  
 Net change(gph) : -0.03

**Result --> PASS                      P/L --> PASS**

Copyright (c) 1989 by AES, Inc.

**\*\* Notes \*\***

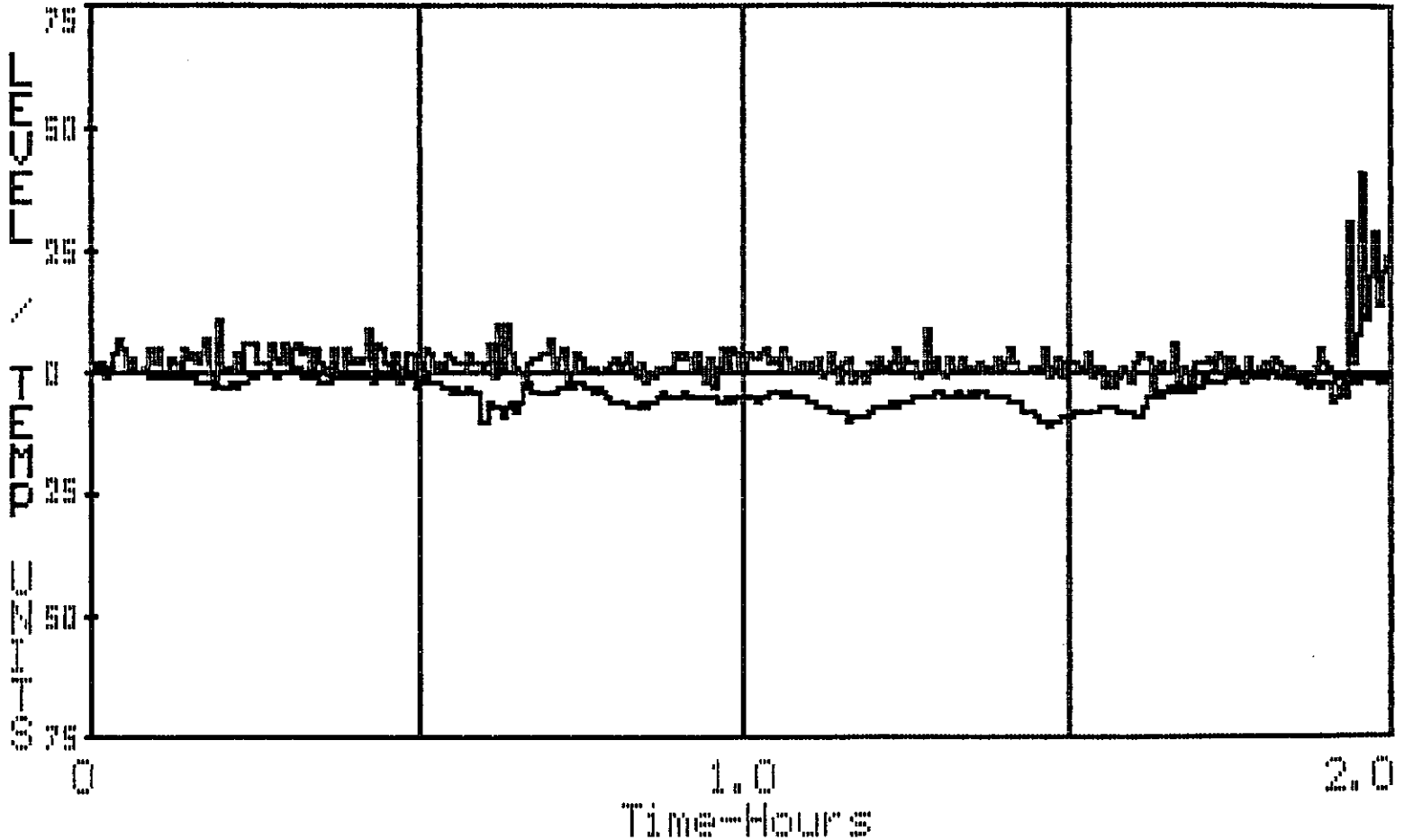
HUTCH'S CAR WASH , 17945 HESPERIAN BLVD. , SAN LORENZO, CA.  
 THIS IS A HIGH LEVEL TEST WITH A 400 ML. CALIBRATION ADDED PRIOR TO THESE DATA.  
 THE PRODUCT LINE IS FLOODED AND INCLUDED IN THIS DATA.



**CONFIDENC UST SERVICES INC.**  
 417 MONTCLAIR STREET BAKERSFIELD, CA 93309 (800) 631-3870  
 AES/System II Precision leak Test Graph (OverFill)

|                               |                      |                                     |
|-------------------------------|----------------------|-------------------------------------|
| Invoice No.: 1776             | Date: 12/06/94       | Time : 06:07:23                     |
| Technician: DMY               | Tank: 2              | Tank Diameter(in): 95               |
| Volume(gal): 5000             | Grade Level(in): 127 | Product Level(in): 126              |
| Water Level On Tank(in): 0    |                      |                                     |
| Specific Gravity: .75         |                      | Coefficient Of Expansion: 0.0006673 |
| Calibration Value(ml): 400    |                      | Channel: 2                          |
| Level Segment From: 50 To 285 |                      | Temp Segment From: 50 To 285        |

Product SUPREME



Change In Calibration Zone = 82  
 Starting Temperature (F): 66.287  
 Surface Area(sq. in): 29.7

Calibration Unit(gal/unit) = 0.00129  
 Head Pressure(psi (Btm)): 3.41  
 Temp. Change(F/h) : -0.009

Level volume(gph): 0.00  
 Temp. volume(gph): -0.02  
 Net change(gph) : 0.02

Product Line(gph): SUCTION

**Result --> PASS**  
 Copyright (c) 1989 by AES, Inc.

**P/L --> PASS**

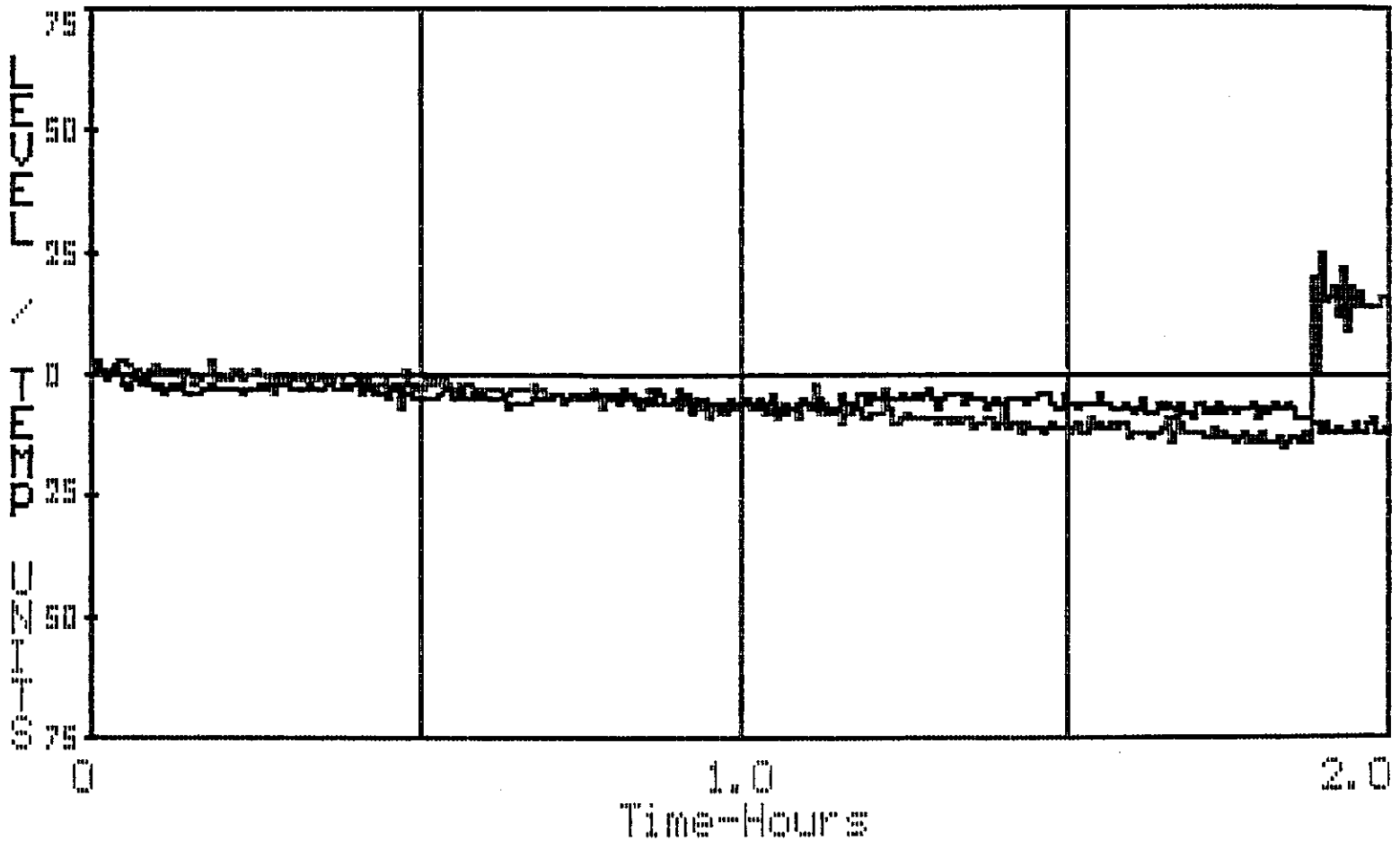
**\*\* Notes \*\***

HUTCH'S CAR WASH , 17945 HESPERIAN BLVD. , SAN LORENZO, CA.  
 THIS IS A HIGH LEVEL TEST WITH A 400 ML. CALIBRATION.  
 THE PRODUCT LINE IS FLOODED AND INCLUDED IN THESE DATA.

**AES/System II Precision leak Test Graph (OverFill)**

Invoice No.: 1776      Date: 12/06/94      Time : 06:07:23  
 Technician: DMY      Tank: 3      Tank Diameter(in): 95  
 Volume(gal): 5000      Grade Level(in): 130      Product Level(in): 129  
 Water Level On Tank(in): 0  
 Specific Gravity: .75      Coefficient Of Expansion: 0.0006684  
 Calibration Value(ml): 200      Channel: 3  
 Level Segment From: 1 To 275      Temp Segment From: 1 To 275

Product SUPREME



Change In Calibration Zone = 46  
 Starting Temperature (F): 59.899  
 Surface Area(sq. in): 26.5

Calibration Unit(gal/unit) = 0.00115  
 Head Pressure(psi (Btm)): 3.49  
 Temp. Change(F/h) : -0.011

Level volume(gph): -0.01  
 Temp. volume(gph): -0.03  
 Net change(gph) : 0.02

Product Line(gph): SUCTION

**Result --> PASS**

**P/L --> PASS**

Copyright (c) 1989 by AES, Inc.

**\*\* Notes \*\***

HUTCH'S CAR WASH , 17945 HESPERIAN BLVD. , SAN LORENZO, CA.  
 THIS IS A HIGH LEVEL TEST WITH A 200 ML. CALIBRATION.  
 THE PRODUCT LINE IS FLOODED AND INCLUDED IN THIS DATA.

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHANID, Assistant Agency Director

December 28, 1993

CERTIFIED MAILER #: P 422 218 165

Hutch's Car Wash  
17945 Hesperian Blvd.  
San Lorenzo, 94580  
UGTID: 730

DEPARTMENT OF ENVIRONMENTAL HEALTH  
Hazardous Materials Division  
80 Swan Way, Rm. 200  
Oakland, CA 94621  
(510) 271-4320

**Re: FIVE-YEAR PERMITS FOR OPERATION OF UNDERGROUND STORAGE TANK(S)  
17945 Hesperian Blvd. San Lorenzo, 94580**

Dear Owner/Operator:

According to our records your facility referenced above has not received a five-year permit to operate UST's. In order to obtain a permit you must complete the following items marked below and return them within 30 DAYS. The necessary forms are enclosed. You may complete a "Consolidated Underground Tank Management Plan" which will assist you in preparing a monitoring plan, site plot plan and spill response plan for your tank(s). If supplemental information or forms are required, please submit it to this office with the completed questionnaire and application forms:

- \_\_\_ 1. An accurate and complete plot plan.
- \_\_\_ 2. A written spill response plan. (enclosed)
- \_\_\_ 3. A written tank monitoring plan. (enclosed)
- \_\_\_ 4. Results of precision tank test(s), (initial and annual).
- \_\_\_ 5. Results of precision pipeline leak detector tests (initial and annual).
- \_\_\_ 6. Complete UST PERMIT FORM A-one per facility. (enclosed)
- \_\_\_ 7. Complete UST PERMIT FORM B-one per tank. (enclosed)
- \_\_\_ 8. Complete UST PERMIT FORM C-one per tank if information is available. (enclosed)
- \_\_\_ 9. Letter stating how the tank is to be maintained during one year closure.

Be advised that Title 23 of the California Code of Regulation prohibits the operation of "ANY" UST without a permit. If our records are in error, you must contact this office immediately TO AVOID POSSIBLE ENFORCEMENT ACTION. Please feel free to contact this office at (510) 271-4320; to answer any questions which may arise in completing the mandatory five-year permit process. Be prepared to provide your zip code to speak with the Hazmat Specialist handling your case.

Sincerely,

*Pam Evans*  
PAM EVANS  
Sr HazMat Specialist

c: Edgar Howell, Chief, Hazardous Materials Div. (files)

P 422 218 165



**Receipt for Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

P.E

PS Form 3800, June 1991

|                                                               |                       |
|---------------------------------------------------------------|-----------------------|
| Sent to                                                       | Hutch's Car Wash      |
| Street and No.                                                | 17945 Hesperian Blvd  |
| P.O., State and ZIP Code                                      | San Lorenzo, Ca 94580 |
| Postage                                                       | \$                    |
| Certified Fee                                                 |                       |
| Special Delivery Fee                                          |                       |
| Restricted Delivery Fee                                       |                       |
| Return Receipt Showing to Whom & Date Delivered               |                       |
| Return Receipt Showing to Whom, Date, and Addressee's Address |                       |
| TOTAL Postage & Fees                                          | \$                    |
| Postmark or Date                                              | 12-27-93              |

# GOLD COAST TECHNOLOGIES

---

December 15, 1989

Kirk Hutchison  
1367 A St  
Hayward, CA 94541  
1-415-538-9274

Dear Mr. Hutchison,

Please find the enclosed invoice for the internal lining of your underground storage facilities. If you have any questions or need additional information, feel free to call anytime. Thank you.

Sincerely,



Derick Sharp  
President



# GOLD COAST TECHNOLOGIES

---

## INVOICE

Invoice Number: 324

December 15, 1989

Submitted to:

Kirk Hutchison  
1367 A St  
Hayward, CA 94541  
1-415-538-9274

### Description

---

A. Tank Lining:

1. Interior line 1 10,000 and 2 5,000 Gallon tanks

Cost: \$16,800.00

B. Excavation, backfill, and resurface:

Cost: \$1200.00

TOTAL: Eighteen thousand Dollars (\$18,000.00)

Less payment received: \$9,000.00

Total Amount Due: \$9,000.00

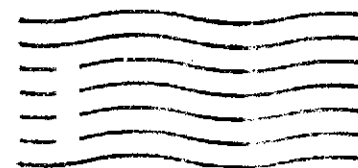
---

Terms: Net due upon receipt of invoice.

Please Remit to:

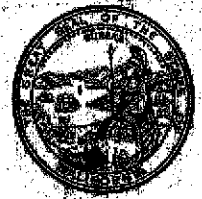
Gold Coast Coating  
3639 E. Harbor Blvd. #103A Box 151  
Ventura, Ca 93001

*Hutch's Car Wash*  
1367 A STREET  
HAYWARD, CALIFORNIA 94541



Robert Weston  
Dept. of Environmental Health  
1131 Harbor Bay Pkwy  
Alameda, Ca. 94502-6577

98 SEP 11 PM 3:12  
ENVIRONMENTAL



FORM 'A':  
SITE

UNDERGROUND STORAGE TANK PROGRAM  
FACILITY/SITE, INFORMATION and/or PERMIT APPLICATION  
COMPLETE THIS FORM FOR EACH FACILITY/SITE

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

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

|                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                    |                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| FACILITY/SITE NAME<br><b>HUTOLO CAR WASH</b>                                                                                                                                                                                                                                                      |  | CARE OF ADDRESS INFORMATION<br><b>1367 'A' St., Hayward, CA. 94541</b>                                                                                                                                                  |                                                                                                                                                                                                                                                                                                    |                                                     |
| ADDRESS<br><b>179/5 HESPERIAN BLVD.</b>                                                                                                                                                                                                                                                           |  | NEAREST CROSS STREET<br><b>BOCKMAN</b>                                                                                                                                                                                  | <input checked="" type="checkbox"/> CORPORATION<br><input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP<br><input type="checkbox"/> LOCAL AGENCY<br><input type="checkbox"/> COUNTY AGENCY<br><input type="checkbox"/> STATE AGENCY<br><input type="checkbox"/> FEDERAL AGENCY |                                                     |
| CITY NAME<br><b>SAN LORENZO, CA. 94580</b>                                                                                                                                                                                                                                                        |  | STATE<br><b>CA</b>                                                                                                                                                                                                      | ZIP CODE<br><b>94580</b>                                                                                                                                                                                                                                                                           | SITE PHONE #, WITH AREA CODE<br><b>415/278-1010</b> |
| TYPE OF BUSINESS:<br><input type="checkbox"/> 1 GAS STATION<br><input type="checkbox"/> 2 DISTRIBUTOR<br><input type="checkbox"/> 3 FARM<br><input type="checkbox"/> 4 PROCESSOR<br><input checked="" type="checkbox"/> 5 OTHER <input type="checkbox"/> Box if INDIAN RESERVATION or TRUST LANDS |  | EPA ID #                                                                                                                                                                                                                | # of TANKS AT THIS SITE<br><b>3</b>                                                                                                                                                                                                                                                                |                                                     |
| EMERGENCY CONTACT PERSON (PRIMARY)<br>DAYS: NAME (LAST, FIRST) <b>HUTCHISON, NELSON</b> PHONE # WITH AREA CODE <b>415/278-1010</b><br>NIGHTS: NAME (LAST, FIRST) <b>same</b> PHONE # WITH AREA CODE <b>415/537-7225</b>                                                                           |  | EMERGENCY CONTACT PERSON (SECONDARY)<br>DAYS: NAME (LAST, FIRST) <b>HUTCHISON, KIRK</b> PHONE # WITH AREA CODE <b>415/588-9274</b><br>NIGHTS: NAME (LAST, FIRST) <b>same</b> PHONE # WITH AREA CODE <b>415/582-9295</b> |                                                                                                                                                                                                                                                                                                    |                                                     |

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

|                                                       |  |                                                                                                                                                                                                                                                                                                                    |                          |                                                |
|-------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------|
| NAME<br><b>Robert L. Webster, Trustee</b>             |  | CARE OF ADDRESS INFORMATION                                                                                                                                                                                                                                                                                        |                          |                                                |
| MAILING or STREET ADDRESS<br><b>60 HILLSDALE MALL</b> |  | <input checked="" type="checkbox"/> Box to indicate CORPORATION<br><input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP<br><input type="checkbox"/> LOCAL AGENCY<br><input type="checkbox"/> COUNTY AGENCY<br><input type="checkbox"/> STATE AGENCY<br><input type="checkbox"/> FEDERAL AGENCY |                          |                                                |
| CITY NAME<br><b>SAN MATEO</b>                         |  | STATE<br><b>CA</b>                                                                                                                                                                                                                                                                                                 | ZIP CODE<br><b>94403</b> | PHONE #, WITH AREA CODE<br><b>415/945-8222</b> |

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

|                                                     |  |                                                                                                                                                                                                                                                                                                                    |                          |                                                |
|-----------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------|
| NAME<br><b>FREMONT CAR WASH, INC</b>                |  | CARE OF ADDRESS INFORMATION                                                                                                                                                                                                                                                                                        |                          |                                                |
| MAILING or STREET ADDRESS<br><b>1367 'A' Street</b> |  | <input checked="" type="checkbox"/> Box to indicate CORPORATION<br><input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP<br><input type="checkbox"/> LOCAL AGENCY<br><input type="checkbox"/> COUNTY AGENCY<br><input type="checkbox"/> STATE AGENCY<br><input type="checkbox"/> FEDERAL AGENCY |                          |                                                |
| CITY NAME<br><b>HAYWARD, CA.</b>                    |  | STATE<br><b>CA</b>                                                                                                                                                                                                                                                                                                 | ZIP CODE<br><b>94541</b> | PHONE #, WITH AREA CODE<br><b>415/588-9274</b> |

IV. LEGAL NOTIFICATION AND BILLING ADDRESS

CHECK ONE (1) BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR BOTH LEGAL NOTIFICATION AND BILLING: I.  II.  III.  IV.

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)<br><b>ALLEN K. HUTCHISON</b> | DATE<br><b>11-9-89</b> |
|---------------------------------------------------------------------|------------------------|

LOCAL AGENCY USE ONLY

|                                    |                      |                          |                                                                                 |                         |
|------------------------------------|----------------------|--------------------------|---------------------------------------------------------------------------------|-------------------------|
| COUNTY #                           | JURISDICTION #       | AGENCY #                 | FACILITY ID #                                                                   | # of TANKS AT THIS SITE |
|                                    |                      |                          |                                                                                 |                         |
| CURRENT LOCAL AGENCY FACILITY ID # |                      | APPROVED BY NAME         |                                                                                 | PHONE # WITH AREA CODE  |
|                                    |                      |                          |                                                                                 |                         |
| PERMIT NUMBER                      | PERMIT APPROVAL DATE | PERMIT EXPIRATION DATE   |                                                                                 |                         |
|                                    |                      |                          |                                                                                 |                         |
| LOCATION CODE                      | CENSUS TRACT #       | SUPERVISOR-DISTRICT CODE | BUSINESS PLAN FILED<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | DATE FILED              |
|                                    |                      |                          |                                                                                 |                         |
| CHECK #                            | PERMIT AMOUNT        | SURCHARGE AMOUNT         | FEE CODE                                                                        | RECEIPT #               |
|                                    |                      |                          |                                                                                 |                         |

THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE TANK PERMIT FORM 'B' APPLICATION(S), UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY  
FORM A (3-2-88)

LOCAL AGENCY COPY





FORM 'B': TANK

UNDERGROUND STORAGE TANK PROGRAM TANK PERMIT APPLICATION INFORMATION

COMPLETE A SEPARATE FORM WITH THE FOLLOWING INFORMATION FOR EACH TANK.

NO. 23478

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

FACILITY/SITE NAME WHERE TANK IS INSTALLED: HUTCH'S CAR WASH FARM TANK - YES  NO

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

|                                    |                                          |
|------------------------------------|------------------------------------------|
| A. OWNERS TANK ID #                | B. MANUFACTURED BY:                      |
| C. YEAR INSTALLED <u>1961/1980</u> | D. TANK CAPACITY IN GALLONS: <u>5000</u> |

II. TANK CONTENTS IF (A-1) IS MARKED, COMPLETE ITEM C. IF (A-1) IS NOT MARKED, COMPLETE ITEM D.

|                                                           |                                       |                                                   |                                      |                                                                |
|-----------------------------------------------------------|---------------------------------------|---------------------------------------------------|--------------------------------------|----------------------------------------------------------------|
| A. <input checked="" type="checkbox"/> MOTOR VEHICLE FUEL | <input type="checkbox"/> 2. PETROLEUM | B. <input checked="" type="checkbox"/> 1. PRODUCT | <input type="checkbox"/> 2. LEADED   | <input type="checkbox"/> 3. DIESEL                             |
| <input type="checkbox"/> 3. CHEMICAL PRODUCT              | <input type="checkbox"/> 4. OIL       | <input type="checkbox"/> 2. WASTE                 | <input type="checkbox"/> 4. GASAHOL  | <input type="checkbox"/> 5. JET FUEL                           |
| <input type="checkbox"/> 5. HAZARDOUS                     | <input type="checkbox"/> 80. EMPTY    |                                                   | <input type="checkbox"/> 7. METHANOL | <input type="checkbox"/> 6. AMATION GAS                        |
|                                                           | <input type="checkbox"/> 95. UNKNOWN  |                                                   |                                      | <input type="checkbox"/> 89. OTHER (DESCRIBE IN ITEM D. BELOW) |

D. IF NOT MOTOR VEHICLE FUEL, ENTER NAME OF HAZARDOUS SUBSTANCE STORED & C.A.S. # \_\_\_\_\_ C.A.S. # \_\_\_\_\_

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

|                         |                                                                            |                                                                          |                                                           |
|-------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------|
| A. TYPE OF SYSTEM       | <input type="checkbox"/> 1. DOUBLE WALLED                                  | <input checked="" type="checkbox"/> 3. SINGLE WALLED WITH EXTERIOR LINER | <input type="checkbox"/> 95. UNKNOWN                      |
|                         | <input type="checkbox"/> 2. SINGLE WALLED                                  | <input type="checkbox"/> 4. SECONDARY CONTAINMENT                        | <input type="checkbox"/> 99. OTHER                        |
| B. TANK MATERIAL        | <input checked="" type="checkbox"/> 1. STEEL/IRON                          | <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                      |
|                         |                                                                            |                                                                          | <input type="checkbox"/> 99. OTHER                        |
| C. INTERIOR LINING      | <input type="checkbox"/> 1. RUBBER LINING                                  | <input type="checkbox"/> 2. ALKYD LINING                                 | <input type="checkbox"/> 3. EPOXY LINING                  |
|                         | <input type="checkbox"/> 5. GLASS LINING                                   | <input type="checkbox"/> 6. UNLINED                                      | <input type="checkbox"/> 4. PHENOLIC LINING               |
|                         | <input type="checkbox"/> IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? | <input type="checkbox"/> YES                                             | <input type="checkbox"/> NO                               |
|                         |                                                                            |                                                                          | <input checked="" type="checkbox"/> 95. UNKNOWN           |
|                         |                                                                            |                                                                          | <input type="checkbox"/> 99. OTHER                        |
| D. CORROSION PROTECTION | <input type="checkbox"/> 1. POLYETHYLENE WRAP                              | <input checked="" type="checkbox"/> 2. TAR OR ASPHALT                    | <input type="checkbox"/> 3. VINYL WRAP                    |
|                         | <input type="checkbox"/> 5. CATHODIC PROTECTION                            | <input type="checkbox"/> 91. NONE                                        | <input type="checkbox"/> 95. UNKNOWN                      |
|                         |                                                                            |                                                                          | <input type="checkbox"/> 4. FIBERGLASS REINFORCED PLASTIC |
|                         |                                                                            |                                                                          | <input type="checkbox"/> 99. OTHER                        |

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

|                 |                                                                       |                     |                                                                       |                    |                                                                       |                             |                                                                       |                                 |                                                                       |             |                                                                       |           |                                                                       |
|-----------------|-----------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------|-----------------------------|-----------------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------|-------------|-----------------------------------------------------------------------|-----------|-----------------------------------------------------------------------|
| A. SYSTEM TYPE  | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 1. SUCTION          | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 2. PRESSURE        | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 3. GRAVITY                  | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 91. NONE                        | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 95. UNKNOWN | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 99. OTHER | <input checked="" type="radio"/> A <input checked="" type="radio"/> U |
| B. CONSTRUCTION | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 1. SINGLE WALLED    | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 2. DOUBLE WALLED   | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 3. LINED TRENCH             | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 91. NONE                        | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 95. UNKNOWN | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 99. OTHER | <input checked="" type="radio"/> A <input checked="" type="radio"/> U |
| C. MATERIAL     | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 1. STEEL/IRON       | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 2. STAINLESS STEEL | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 3. POLYVINYL CHLORIDE (PVC) | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 4. FIBERGLASS PIPE              | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 91. NONE    | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 99. OTHER | <input checked="" type="radio"/> A <input checked="" type="radio"/> U |
|                 | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 5. ALUMINUM         | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 6. CONCRETE        | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 7. STEEL CLAD W/FRP         | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 8. 100% METHANOL COMPATIBLE FRP | <input checked="" type="radio"/> A <input checked="" type="radio"/> U |             |                                                                       |           |                                                                       |
|                 | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 9. GALVANIZED STEEL | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 95. UNKNOWN        | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 99. OTHER                   | <input checked="" type="radio"/> A <input checked="" type="radio"/> U |                                 |                                                                       |             |                                                                       |           |                                                                       |

V. LEAK DETECTION SYSTEM CIRCLE P FOR PRIMARY, OR S FOR SECONDARY. A PRIMARY LEAK DETECTION SYSTEM MUST BE CIRCLED.

|                                                                       |                      |                                                                       |                             |                                                 |                 |                                                 |                       |                                                 |                                  |
|-----------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------|-----------------------------|-------------------------------------------------|-----------------|-------------------------------------------------|-----------------------|-------------------------------------------------|----------------------------------|
| <input checked="" type="radio"/> P <input checked="" type="radio"/> S | 1. VISUAL CHECK      | <input checked="" type="radio"/> P <input checked="" type="radio"/> S | 2. INVENTORY RECONCILIATION | <input type="radio"/> P <input type="radio"/> S | 3. VADOSE WELLS | <input type="radio"/> P <input type="radio"/> S | 4. ELECTRONIC MONITOR | <input type="radio"/> P <input type="radio"/> S | 5. GROUND WATER MONITORING WELLS |
| <input type="radio"/> P <input type="radio"/> S                       | 6. PRECISION TESTING | <input type="radio"/> P <input type="radio"/> S                       | 7. PRESSURE TESTING         | <input type="radio"/> P <input type="radio"/> S | 91. NONE        | <input type="radio"/> P <input type="radio"/> S | 95. UNKNOWN           | <input type="radio"/> P <input type="radio"/> S | 99. OTHER                        |

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

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

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

APPLICANT'S NAME (PRINTED & SIGNATURE) ALLEN K. HUTCHISON DATE 11-9-89

LOCAL AGENCY USE ONLY

|                                    |                      |                        |               |           |
|------------------------------------|----------------------|------------------------|---------------|-----------|
| COUNTY #                           | JURISDICTION #       | AGENCY #               | FACILITY ID # | TANK ID # |
|                                    |                      |                        |               |           |
| CURRENT LOCAL AGENCY FACILITY ID # | APPROVED BY NAME     | PHONE # WITH AREA CODE |               |           |
| PERMIT NUMBER                      | PERMIT APPROVAL DATE | PERMIT EXPIRATION DATE |               |           |
| CHECK #                            | PERMIT AMOUNT        | SURCHARGE AMT.         | FEE CODE      | RECEIPT # |
|                                    |                      |                        |               |           |



FORM 'B':  
TANK

UNDERGROUND STORAGE TANK PROGRAM  
TANK PERMIT APPLICATION INFORMATION

COMPLETE A SEPARATE FORM WITH THE FOLLOWING INFORMATION FOR EACH TANK.

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

FACILITY/SITE NAME WHERE TANK IS INSTALLED: HUTCH'S CAR WASH FARM TANK - YES  NO

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

|                                    |                                            |
|------------------------------------|--------------------------------------------|
| A. OWNERS TANK ID#                 | B. MANUFACTURED BY:                        |
| C. YEAR INSTALLED <u>1961/1980</u> | D. TANK CAPACITY IN GALLONS: <u>10,000</u> |

II. TANK CONTENTS IF (A.1), IS MARKED, COMPLETE ITEM C. IF (A.1), IS NOT MARKED, COMPLETE ITEM D.

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

D. IF NOT MOTOR VEHICLE FUEL, ENTER NAME OF HAZARDOUS SUBSTANCE STORED & C.A.S. # \_\_\_\_\_ C.A.S. # \_\_\_\_\_

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

|                         |                                                                           |                                                                         |                                                          |
|-------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------|
| A. TYPE OF SYSTEM       | <input type="checkbox"/> 1 DOUBLE WALLED                                  | <input checked="" type="checkbox"/> 3 SINGLE WALLED WITH EXTERIOR LINER | <input type="checkbox"/> 95 UNKNOWN                      |
|                         | <input type="checkbox"/> 2 SINGLE WALLED                                  | <input type="checkbox"/> 4 SECONDARY CONTAINMENT                        | <input type="checkbox"/> 99 OTHER _____                  |
| B. TANK MATERIAL        | <input checked="" type="checkbox"/> 1 STEEL/IRON                          | <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                      |
|                         |                                                                           |                                                                         | <input type="checkbox"/> 99 OTHER _____                  |
| C. INTERIOR LINING      | <input type="checkbox"/> 1 RUBBER LINED                                   | <input type="checkbox"/> 2 ALKYL LINING                                 | <input type="checkbox"/> 3 EPOXY LINING                  |
|                         | <input type="checkbox"/> 5 GLASS LINING                                   | <input type="checkbox"/> 6 UNLINED                                      | <input type="checkbox"/> 4 PHENOLIC LINING               |
|                         | <input type="checkbox"/> 9 LINING MATERIAL COMPATIBLE WITH 100% METHANOL? | <input type="checkbox"/> YES <input type="checkbox"/> NO                | <input type="checkbox"/> 95 UNKNOWN                      |
|                         |                                                                           |                                                                         | <input type="checkbox"/> 99 OTHER _____                  |
| D. CORROSION PROTECTION | <input type="checkbox"/> 1 POLYETHYLENE WRAP                              | <input checked="" type="checkbox"/> 2 TAR OR ASPHALT                    | <input type="checkbox"/> 3 VINYL WRAP                    |
|                         | <input type="checkbox"/> 5 CATHODIC PROTECTION                            | <input type="checkbox"/> 91 NONE                                        | <input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC |
|                         |                                                                           |                                                                         | <input type="checkbox"/> 95 UNKNOWN                      |
|                         |                                                                           |                                                                         | <input type="checkbox"/> 99 OTHER _____                  |

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

|                 |                                                                       |                    |                                                                       |                   |                                                                       |                            |                                                                       |                                |                                                                       |            |                                                                       |          |
|-----------------|-----------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------|-------------------|-----------------------------------------------------------------------|----------------------------|-----------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------|------------|-----------------------------------------------------------------------|----------|
| A. SYSTEM TYPE  | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 1 SUCTION          | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 2 PRESSURE        | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 3 GRAVITY                  | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 91 NONE                        | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 95 UNKNOWN | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 99 OTHER |
| B. CONSTRUCTION | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 1 SINGLE WALLED    | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 2 DOUBLE WALLED   | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 3 LINED TRENCH             | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 91 NONE                        | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 95 UNKNOWN | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 99 OTHER |
| C. MATERIAL     | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 1 STEEL/IRON       | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 2 STAINLESS STEEL | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 3 POLYVINYL CHLORIDE (PVC) | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 4 FIBERGLASS PIPE              | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 91 NONE    | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 99 OTHER |
|                 | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 5 ALUMINUM         | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 6 CONCRETE        | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 7 STEEL CLAD W/FRP         | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 8 100% METHANOL COMPATIBLE FRP | <input checked="" type="radio"/> A <input checked="" type="radio"/> U |            |                                                                       |          |
|                 | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 9 GALVANIZED STEEL | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 95 UNKNOWN        | <input checked="" type="radio"/> A <input checked="" type="radio"/> U | 99 OTHER                   | <input checked="" type="radio"/> A <input checked="" type="radio"/> U |                                | <input checked="" type="radio"/> A <input checked="" type="radio"/> U |            |                                                                       |          |

V. LEAK DETECTION SYSTEM CIRCLE P FOR PRIMARY, OR S FOR SECONDARY, A PRIMARY LEAK DETECTION SYSTEM MUST BE CIRCLED.

|                                                                       |                     |                                                                       |                            |                                                 |                |                                                 |                      |                                                 |                                 |
|-----------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------|----------------------------|-------------------------------------------------|----------------|-------------------------------------------------|----------------------|-------------------------------------------------|---------------------------------|
| <input checked="" type="radio"/> P <input checked="" type="radio"/> S | 1 VISUAL CHECK      | <input checked="" type="radio"/> P <input checked="" type="radio"/> S | 2 INVENTORY RECONCILIATION | <input type="radio"/> P <input type="radio"/> S | 3 VAPOSE WELLS | <input type="radio"/> P <input type="radio"/> S | 4 ELECTRONIC MONITOR | <input type="radio"/> P <input type="radio"/> S | 5 GROUND WATER MONITORING WELLS |
| <input checked="" type="radio"/> P <input checked="" type="radio"/> S | 6 PRECISION TESTING | <input type="radio"/> P <input type="radio"/> S                       | 7 PRESSURE TESTING         | <input type="radio"/> P <input type="radio"/> S | 91 NONE        | <input type="radio"/> P <input type="radio"/> S | 95 UNKNOWN           | <input type="radio"/> P <input type="radio"/> S | 99 OTHER                        |

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

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

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

APPLICANT'S NAME (PRINTED & SIGNATURE) ALLEN K. HUTCHISON DATE 1-9-89

LOCAL AGENCY USE ONLY

|                                    |                      |                        |               |                        |
|------------------------------------|----------------------|------------------------|---------------|------------------------|
| COUNTY #                           | JURISDICTION #       | AGENCY #               | FACILITY ID # | TANK ID #              |
|                                    |                      |                        |               |                        |
| CURRENT LOCAL AGENCY FACILITY ID # |                      | APPROVED BY NAME       |               | PHONE # WITH AREA CODE |
|                                    |                      |                        |               |                        |
| PERMIT NUMBER                      | PERMIT APPROVAL DATE | PERMIT EXPIRATION DATE |               |                        |
|                                    |                      |                        |               |                        |
| CHECK #                            | PERMIT AMOUNT        | SURCHARGE AMT.         | FEE CODE      | RECEIPT #              |
|                                    |                      |                        |               |                        |



FORM 'B': TANK

UNDERGROUND STORAGE TANK PROGRAM TANK PERMIT APPLICATION INFORMATION

COMPLETE A SEPARATE FORM WITH THE FOLLOWING INFORMATION FOR EACH TANK.

N9 23469

|                                                              |                                                  |                                           |                                                   |                                                                      |
|--------------------------------------------------------------|--------------------------------------------------|-------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------|
| MARK ONLY ONE ITEM                                           | <input checked="" type="checkbox"/> 1 NEW PERMIT | <input type="checkbox"/> 3 RENEWAL PERMIT | <input type="checkbox"/> 5 CHANGE OF INFORMATION  | <input type="checkbox"/> 7 PERMANENTLY CLOSED TANK                   |
|                                                              | <input type="checkbox"/> 2 INTERIM PERMIT        | <input type="checkbox"/> 4 AMENDED PERMIT | <input type="checkbox"/> 6 TEMPORARY TANK CLOSURE | <input type="checkbox"/> 8 TANK REMOVED                              |
| FACILITY/SITE NAME WHERE TANK IS INSTALLED: HUTCH'S CAR WASH |                                                  |                                           |                                                   | FARM TANK - YES <input type="checkbox"/> NO <input type="checkbox"/> |

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

|                             |                                   |
|-----------------------------|-----------------------------------|
| A. OWNERS TANK ID #         | B. MANUFACTURED BY:               |
| C. YEAR INSTALLED 1961/1980 | D. TANK CAPACITY IN GALLONS: 5000 |

II. TANK CONTENTS IF (A.1), IS MARKED, COMPLETE ITEM C. IF (A.1), IS NOT MARKED, COMPLETE ITEM D.

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

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

|                         |                                                                                                                                     |                                                                         |                                                          |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------|
| A. TYPE OF SYSTEM       | <input type="checkbox"/> 1 DOUBLE WALLED                                                                                            | <input checked="" type="checkbox"/> 3 SINGLE WALLED WITH EXTERIOR LINER | <input type="checkbox"/> 95 UNKNOWN                      |
|                         | <input type="checkbox"/> 2 SINGLE WALLED                                                                                            | <input type="checkbox"/> 4 SECONDARY CONTAINMENT                        | <input type="checkbox"/> 99 OTHER                        |
| B. TANK MATERIAL        | <input checked="" type="checkbox"/> 1 STEEL/IRON                                                                                    | <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           |
|                         | <input type="checkbox"/> IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES <input type="checkbox"/> NO <input type="checkbox"/> |                                                                         | <input type="checkbox"/> 4 PHENOLIC LINING               |
| D. CORROSION PROTECTION | <input type="checkbox"/> 1 POLYETHYLENE WRAP                                                                                        | <input checked="" type="checkbox"/> 2 TAR OR ASPHALT                    | <input type="checkbox"/> 3 VINYL WRAP                    |
|                         | <input type="checkbox"/> 5 CATHODIC PROTECTION                                                                                      | <input type="checkbox"/> 91 NONE                                        | <input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC |
|                         |                                                                                                                                     | <input type="checkbox"/> 95 UNKNOWN                                     | <input type="checkbox"/> 99 OTHER                        |

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

|                 |                                                                                       |                                                                   |                                                                            |                                                                                |                                                            |                                                          |
|-----------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------|
| A. SYSTEM TYPE  | <input checked="" type="radio"/> A <input checked="" type="radio"/> U 1 SUCTION       | <input type="radio"/> A <input type="radio"/> U 2 PRESSURE        | <input type="radio"/> A <input type="radio"/> U 3 GRAVITY                  | <input type="radio"/> A <input type="radio"/> U 91 NONE                        | <input type="radio"/> A <input type="radio"/> U 95 UNKNOWN | <input type="radio"/> A <input type="radio"/> U 99 OTHER |
| B. CONSTRUCTION | <input checked="" type="radio"/> A <input checked="" type="radio"/> U 1 SINGLE WALLED | <input type="radio"/> A <input type="radio"/> U 2 DOUBLE WALLED   | <input type="radio"/> A <input type="radio"/> U 3 LINED TRENCH             | <input type="radio"/> A <input type="radio"/> U 91 NONE                        | <input type="radio"/> A <input type="radio"/> U 95 UNKNOWN | <input type="radio"/> A <input type="radio"/> U 99 OTHER |
| C. MATERIAL     | <input checked="" type="radio"/> A <input checked="" type="radio"/> U 1 STEEL/IRON    | <input type="radio"/> A <input type="radio"/> U 2 STAINLESS STEEL | <input type="radio"/> A <input type="radio"/> U 3 POLYVINYL CHLORIDE (PVC) | <input type="radio"/> A <input type="radio"/> U 4 FIBERGLASS PIPE              | <input type="radio"/> A <input type="radio"/> U 91 NONE    |                                                          |
|                 | <input type="radio"/> A <input type="radio"/> U 5 ALUMINUM                            | <input type="radio"/> A <input type="radio"/> U 6 CONCRETE        | <input type="radio"/> A <input type="radio"/> U 7 STEEL CLAD W/FRP         | <input type="radio"/> A <input type="radio"/> U 8 100% METHANOL COMPATIBLE FRP |                                                            |                                                          |
|                 | <input type="radio"/> A <input type="radio"/> U 9 GALVANIZED STEEL                    | <input type="radio"/> A <input type="radio"/> U 95 UNKNOWN        | <input type="radio"/> A <input type="radio"/> U 99 OTHER                   |                                                                                |                                                            |                                                          |

V. LEAK DETECTION SYSTEM CIRCLE P FOR PRIMARY, OR S FOR SECONDARY, A PRIMARY LEAK DETECTION SYSTEM MUST BE CIRCLED.

|                                                                                |                                                                                                  |                                                                |                                                                      |                                                                                 |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="radio"/> P <input type="radio"/> S 1 VISUAL CHECK                 | <input checked="" type="radio"/> P <input checked="" type="radio"/> S 2 INVENTORY RECONCILIATION | <input type="radio"/> P <input type="radio"/> S 3 VADOSE WELLS | <input type="radio"/> P <input type="radio"/> S 4 ELECTRONIC MONITOR | <input type="radio"/> P <input type="radio"/> S 5 GROUND WATER MONITORING WELLS |
| <input checked="" type="radio"/> P <input type="radio"/> S 6 PRECISION TESTING | <input type="radio"/> P <input type="radio"/> S 7 PRESSURE TESTING                               | <input type="radio"/> P <input type="radio"/> S 91 NONE        | <input type="radio"/> P <input type="radio"/> S 95 UNKNOWN           | <input type="radio"/> P <input type="radio"/> S 99 OTHER                        |

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

|                                     |                                                         |                                                                                                  |
|-------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| 1. ESTIMATED DATE LAST USED (MO/YR) | 2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN 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)<br>ALLEN K. HUTCHISON | DATE<br>11-9-89 |
|--------------------------------------------------------------|-----------------|

LOCAL AGENCY USE ONLY

|                                    |                      |                        |                        |                      |
|------------------------------------|----------------------|------------------------|------------------------|----------------------|
| COUNTY #                           | JURISDICTION #       | AGENCY #               | FACILITY ID #          | TANK ID #            |
| <input type="text"/>               | <input type="text"/> | <input type="text"/>   | <input type="text"/>   | <input type="text"/> |
| CURRENT LOCAL AGENCY FACILITY ID # |                      | APPROVED BY NAME       | PHONE # WITH AREA CODE |                      |
| <input type="text"/>               |                      | <input type="text"/>   | <input type="text"/>   |                      |
| PERMIT NUMBER                      | PERMIT APPROVAL DATE | PERMIT EXPIRATION DATE |                        |                      |
| <input type="text"/>               | <input type="text"/> | <input type="text"/>   |                        |                      |
| CHECK #                            | PERMIT AMOUNT        | SURCHARGE AMT.         | FEE CODE               | RECEIPT #            |
| <input type="text"/>               | <input type="text"/> | <input type="text"/>   | <input type="text"/>   | <input type="text"/> |

**SHERMAN INDUSTRIES  
P.D.Q. MFG. CO.**

*Hutch's Car Wash*  
1367 "A" STREET  
HAYWARD, CALIFORNIA 94541  
(415) 538-9288

2/21/89  
ALAMEDA COUNTY  
DEPT. OF ENVIRONMENTAL HEALTH  
HAZARDOUS MATERIALS

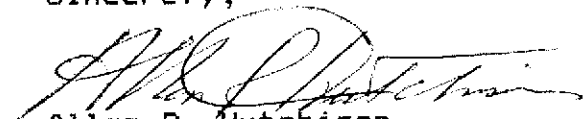
February 14, 1989

Ms. Kathryn Shissick  
Alameda County Hazardous Material  
80 Swan Way  
Room 200  
Oakland, CA 94602

Dear Kathryn:

I'm enclosing my letter to the Eden Consolidated Fire Department which explains what you and I discussed on the phone. You asked me how we would clean the tanks after taking out the fuel. We would air flush them for 60 days and then if necessary, power wash them. Thank you.

Sincerely,



Allen R. Hutchison  
Hutch's Village Car Wash  
17945 Hesperian Blvd.  
San Lorenzo, CA 94580

ARH:JJ

3/19/89

Spoke with Mr. Hutchison  
he has 3 UST (2-5,000 gals  
1-10,000); will use all 3  
tanks to store water rather  
than fuel. Tanks will only contain  
clear/clean water. Tanks  
contained only unleaded  
gasoline.

K. Chenick

3/20/89

Per disc. w/ Mr. Hutchison,  
he does not want to store  
fuel in these tanks ever again;  
therefore the tank "closure"  
would be permanent (not  
temporary) and "abandonment  
in place" procedures are  
appropriate.

K. Chenick

ALAMEDA COUNTY  
HEALTH CARE SERVICES

DAVID J. KEARS, AGENCY  
DIRECTOR



Department of Environmental Health  
Hazardous Materials Division  
80 Swan Way, Room 200  
Oakland, CA 94621

Certified Mailer #: P 833 981 200

March 17, 1989

Mr. Allen R. Hutchison  
Hutch's Car Wash  
1367 "A" Street  
Hayward, California 94541

~~XXXXXXXXXXXXXXXXXXXX~~  
~~XXXXXXXXXXXXXXXXXXXX~~  
~~XXXXXXXXXXXXXXXXXXXX~~  
CARMAN, CA 94507  
(415) 271-4320

Subject: Use of Underground Storage Tanks for Clean Water Storage  
at Hutch's Village Car Wash, 17945 Hesperian Blvd., San  
Lorenzo, California 94580 *See UST file - these tanks contained fuel as of 1/89*

Dear Mr. Hutchison:

We have received and reviewed your letter dated February 14, 1989 in which you propose to convert the use of your three underground storage tanks (2-5,000 gallon tanks, 1-10,000 gallon tank) from storage of unleaded gasoline to storage of clean water. Because the tanks will no longer be used to store hazardous materials, they will be considered to be closed in place and must therefore be closed according to CCR Title 23 Section 2672 (c) and (d). This involves:

- 1) removal of all residual liquids and sludges from the tanks;
- 2) removal and disposal or flushing and capping of all piping associated with the tanks;
- 3) sampling and analysis of the final tank rinse water for the constituents listed in item 4);
- 4) collection of one soil sample - per Regional Water Quality Control Board guidelines - beneath each end of each tank and beneath associated piping at the rate of one soil sample per 20 lineal feet of piping. Each soil sample shall be analyzed for:

Total petroleum hydrocarbons, gasoline standard (by GCFID);

benzene, toluene, xylene, and ethylbenzene (by Method 8240 or 8020); and

any other hazardous substances previously stored in the tanks.

and

- 5) placement of a notice in the property deed which describes the exact vertical and areal location of the closed underground storage tanks, the hazardous substances they contained, and the closure method.

Page 2 of 2  
 Mr. Hutchison  
 Hutch's Village Car Wash  
 March 17, 1989

To ensure that the proper procedures will be performed during the tank closure process, you must complete and submit three copies of the Underground Tank Closure Plan and receive plan approval from our office before beginning work. In addition, you must also obtain approval of Eden Consolidated Fire Department before commencing your tank work.

A blank copy of the closure plan is enclosed for your convenience. To cover our costs for plan review please submit a deposit check for \$663 payable to Alameda County at the time of plan submission.

If you have any questions concerning this letter, please contact Katherine Chesick, Hazardous Materials Specialist, at 271-4320.

Sincerely,

*Rafat A. Shahid*  
 Rafat A. Shahid, Chief  
 Hazardous Materials Division

RAS:kac

cc: Jim Ferdinand, Eden Consolidated Fire Department  
 Katherine Chesick, Alameda County Hazardous Materials Division  
 File

P 833 981 200

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL  
 (See Reverse)

|                                                               |    |
|---------------------------------------------------------------|----|
| Sent to <i>Mr. Allen Hutchison</i>                            |    |
| Street and No.                                                |    |
| P.O., State and ZIP Code                                      |    |
| Postage                                                       | \$ |
| Certified Fee                                                 |    |
| Special Delivery Fee                                          |    |
| Restricted Delivery Fee                                       |    |
| Return Receipt showing to whom and Date Delivered             |    |
| Return Receipt showing to whom, Date, and Address of Delivery |    |
| TOTAL Postage and Fees                                        | \$ |
| Postmark or Date                                              |    |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>SENDER:</b> Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</p> <p>Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.</p> <p>1. <input checked="" type="checkbox"/> Show to whom delivered, date, and addressee's address. <i>†(Extra charge)†</i>      2. <input type="checkbox"/> Restricted Delivery <i>†(Extra charge)†</i></p> |                                                                                                                                                                                                                                                                                           |
| <p>3. Article Addressed to:<br/> <i>Mr. Allen Hutchison<br/>         Hutch's Car Wash<br/>         1367 "A" St.<br/>         Hayward, CA 94541</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <p>4. Article Number<br/> <i>P 833 981 200</i></p> <p>Type of Service:<br/> <input type="checkbox"/> Registered      <input type="checkbox"/> Insured<br/> <input checked="" type="checkbox"/> Certified      <input type="checkbox"/> COD<br/> <input type="checkbox"/> Express Mail</p> |
| <p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                           |
| <p>5. Signature - Addressee<br/> <i>[Signature]</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p>8. Addressee's Address (ONLY if requested and fee paid)<br/> <i>3/27<br/>         [Signature]</i></p>                                                                                                                                                                                  |
| <p>6. Signature - Agent<br/> <i>X Marlene Chaveras</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p>7. Date of Delivery<br/> <i>3/27</i></p>                                                                                                                                                                                                                                               |

PS Form 3800, June 1985

February 14, 1989

Eden Consolidated Fire Dept.  
Dept. of Hazardous Material

Dear Sir:

We would like to change the use of our gas tanks and use them for the storage of water. I am enclosing our certificate tank test which we had done and passed as per your ordinance December 14, 1988.

We intend to install a solar system to heat our water and we need a large storage capacity to do this. We have done this in other locations and it has worked out well. Thank you for your consideration.

Sincerely,

Allen R. Hutchison  
Hutch's Village Car Wash  
San Lorenzo, CA

ARH:jj

# CERTIFICATE OF PRECISION LEAK TEST

Certification #

Associated Environmental Systems, Inc. has tested and certifies  
the following:

887995

DATE: 12/14/88 CERTIFIED TESTER: TCR # 88141

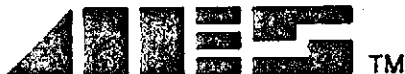
LOCATION: Hutch's Car Wash 17945 Hesperian Blvd, San Lorenzo, CA

| TANKS:       | TANK        | LINE        | PROD/LINE   |
|--------------|-------------|-------------|-------------|
| 1. 5K S/UL   | <u>PASS</u> | <u>PASS</u> | <u>PASS</u> |
| 2. 10K R/UL  | <u>PASS</u> | <u>PASS</u> | <u>PASS</u> |
| 3. 5K DSL    | <u>PASS</u> | <u>PASS</u> | <u>PASS</u> |
| 4. XXXXXXXXX | <u>XXXX</u> | <u>XXXX</u> | <u>XXXX</u> |
| 5. XXXXXXXXX | <u>XXXX</u> | <u>XXXX</u> | <u>XXXX</u> |
| 6. XXXXXXXXX | <u>XXXX</u> | <u>XXXX</u> | <u>XXXX</u> |

**ANY FAILURE LISTED MAY REQUIRE  
NOTIFICATION OF AGENCY.**

Recertification Date Recommended:

12/89



**Associated Environmental Systems, Inc.**

Home Office P.O. Box 80427, Bakersfield, CA 93380 • 805/393-2212





ASSOCIATED ENVIRONMENTAL SYSTEMS, INC.  
 P.O. BOX 80427 77-0095318  
 BAKERSFIELD, CA 93380  
 (805) 393-2212

BILLING ORDER

12/19/88

INVOICE NUMBER

7995

|                                                                                  |                                                                                   |                       |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------|
| INVOICE ADDRESS:<br><br>Hutch's Car Wash<br>1367 "A" Street<br>Hayward, CA 94541 | TANK LOCATION:<br><br>Hutch's Car Wash<br>17945 Hesperian Blvd<br>San Lorenzo, CA | TAKEN BY: Barbara     |
|                                                                                  |                                                                                   | DATE TAKEN: 12/06/88  |
|                                                                                  |                                                                                   | SALESMAN: TERR:       |
|                                                                                  |                                                                                   | TECHNICIAN: TCR       |
|                                                                                  |                                                                                   | COUNTY: AL            |
|                                                                                  |                                                                                   | CO. NOTIFIED: 12-7-88 |
|                                                                                  |                                                                                   | P.O.#:                |
| CONTACT: Kirk Hutchinson                                                         | CONTACT: Kirk Hutchinson                                                          | TEST DATE: 12/14/88   |
| PHONE: 415-538-9274                                                              | PHONE: 415-538-9274                                                               | TEST TIME: 0600       |

EMERGENCY CONTACT:

PHONE:

| TANK | SIZE | PRODUCT | INFORMATION |
|------|------|---------|-------------|
| 1    | 5K   | S/UL    |             |
| 2    | 10K  | R/UL    |             |
| 3    | 5K   | DSL     |             |
| 4    |      |         |             |
| 5    |      |         |             |
| 6    |      |         |             |

|                               | # | \$ PER TANK | TOTAL         | NOTES |
|-------------------------------|---|-------------|---------------|-------|
| PRECISION TANK TEST           | 3 | 325.00      | 975.00        |       |
| SALES ALLOWANCE               |   |             |               |       |
| ZONE CHARGE                   |   |             |               |       |
| WEEKEND / UNUSUAL HRS. CHARGE |   |             |               |       |
| MISC. CHARGE                  |   |             |               |       |
| DELAY / CANCELLATION CHARGE   |   |             |               |       |
| <b>TOTAL DUE</b>              |   |             | <b>975.00</b> |       |

IN THE EVENT AN ACTION IS BROUGHT BY AES, INC. FOR THE COLLECTION OF SUMS DUE, REASONABLE ATTORNEY'S FEES AND COSTS SHALL BE PAID IN ADDITION TO THE SUM DUE. ACCOUNTS ARE DUE, NET UPON RECEIPT. ALL UNPAID BALANCES ARE SUBJECT TO A 1 1/2% SERVICE CHARGE. OUR SERVICE CHARGED IS FIXED AT 1 1/2% PER MONTH WHICH IS AN ANNUAL RATE OF 18%. CREDIT: C.O.D. \_\_\_\_\_ CHARGE \_\_\_\_\_ APPROVED BY \_\_\_\_\_

INDEMNITY

BOTH THE CUSTOMER AND AES, INC. ACKNOWLEDGE THAT THE SUBJECT EQUIPMENT OF THIS TEST INCLUDES EXTREMELY COMPLEX MEASUREMENT TECHNIQUES WHICH TO A LARGE EXTENT RELY ON GENERALLY ACCEPTED STATISTICAL COMPUTATIONS. EACH MEASUREMENT MADE BY THE SUBJECT EQUIPMENT, THEREFORE, IS MADE IN ACCORDANCE WITH ACCEPTED STATISTICAL AVERAGING TECHNIQUES WHICH DO NOT COMPENSTAE FOR EACH STATISTICAL VARIABLE. AES, INC., THEREFORE, MAKES NO WARRANTIES OTHER THAN WARRANTIES OF OPERABILITY OF THE SUBJECT EQUIPMENT SUCH WARRANTY BEING LIMITED TO THE COST OF REPLACEMENT OR REPAIR OF THE SUBJECT EQUIPMENT. CUSTOMER SHALL INDEMNIFY AND HOLD HARMLESS AES, INC. AGAINST ALL CLAIMS AND CAUSES ARISING OUT OF OR RESULTING FROM ANY TANK LEAKAGE THAT MAY OR MAY NOT HAVE BEEN SENSED OR REGISTERED BY THE SUBJECT EQUIPMENT AND UPON NOTICE FROM AES, INC. SHALL APPEAR, DEFEND, PROSECUTE AND/OR CONDUCT OR CAUSE SAME TO BE DONE ON BEHALF OF AES, INC., AND SHALL PAY, SATISFY, AND/OR HOLD HARMLESS AES, INC. AGAINST ANY JUDGMENT RESULTING THEREFROM.

TECH. SIGNATURE: \_\_\_\_\_

CUSTOMER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_



Associated Environmental Systems, Inc.

P.O. Box 80427  
Bakersfield, CA 93380  
(805) 393-2212

PRECISION TANK & LINE TEST RESULTS

|                                                         |                                                               |                                                                 |
|---------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------------|
| Invoice Address:                                        | Tank Location:                                                | W.O.#: 7995                                                     |
| HUTCH'S CAR WASH<br>1367 A STREET<br>HAYWARD, CA. 94541 | HUTCH'S CAR WASH<br>17945 HESPERIAN BLVD.<br>SAN LORENZO, CA. | I.D. Number: N/A<br>Technician: TCR<br>Tech.#: 88148 Van#: 6104 |

|                               |                                         |            |                  |
|-------------------------------|-----------------------------------------|------------|------------------|
| Date: 12/14/88                | Time Start: 06:00                       | End: 10:00 | County: AL       |
| Facility Phone#: 415-538-9274 | Groundwater Depth: 15 FT+               |            | Blue Prints: N/A |
| Contact: KIRK HUTCHINSON      | Date; Time system was filled: 12 HOURS+ |            |                  |

| Tank | Tank Capacity | Product | Tank | Fill/Vent Vapor Lines | Product Line | Type Of Vapor Recovery | Inches of Water/Tank | Pump Type | Tank Material |
|------|---------------|---------|------|-----------------------|--------------|------------------------|----------------------|-----------|---------------|
| 1    | 5K            | S/UL    | PASS | PASS                  | PASS         | II                     | 0                    | TUR       | SWS           |
| 2    | 10K           | R/UL    | PASS | PASS                  | PASS         | II                     | 0                    | TUR       | DWF           |
| 3    | 5K            | DSL     | PASS | PASS                  | N/A          | II                     | 0                    | TUR       | SWS           |
| 4    |               |         |      |                       |              |                        |                      |           |               |
| 5    |               |         |      |                       |              |                        |                      |           |               |
| 6    |               |         |      |                       |              |                        |                      |           |               |

Additional Information: 5K DSL TANK WAS FILLED WITH WATER, ALSO THERE WAS NO PRODUCT LINE HOOKED UP. BECAUSE THEY NO LONGER SELL DSL.

SITE LOG                      TIME

|                     |       |
|---------------------|-------|
| Set Up Equip:       | 06:00 |
| Bled Product Lines: | N/A   |
| Bled Vapor Lines:   | N/A   |
| Bled Vent lines:    | N/A   |
| Bled Turbine:       | N/A   |
| Bled Suction Pump:  | N/A   |
| Risers Installed:   | N/A   |

- a) These results obtained using the patented A.E.S./Brockman system.
- b) This system and method meets the criteria set forth in NFPA #329.
- c) Any failure listed above may require further action, check with all regulatory agencies.

Certified Technician Signature : *Jy C R* Date : 12/14/88

204-3336-3056

DEALER CONTRACT



THIS IS AN AGREEMENT dated April 25, 1986, between SHELL OIL COMPANY,  
3468 Mt. Diablo Blvd., Suite B-103 ("Shell") and FREMONT CAR WASH, INC.  
Lafayette, CA 94549 ("Dealer").  
17945 Hesperian Blvd., San Lorenzo, CA 94580

1. **DEFINITIONS.** As used in this Contract, whether in the singular or plural:

- (a) alteration shall mean any addition or change to, or modification, removal or replacement of, any building, improvement or equipment at Dealer's Station;
- (b) business entity shall mean any legal entity which is not a natural person, including, without limitation, a partnership, corporation, trust, estate or association;
- (c) Dealer's Station shall mean the motor fuel dispensing station to be operated by Dealer hereunder, including the land occupied for such use, and the buildings, improvements and equipment now or hereafter comprising the station on the land;
- (d) expiration shall mean the coming to an end of the term specified in article 4, or of any extension thereof provided in article 23 or otherwise agreed to in writing by Shell and Dealer;
- (e) law shall mean any applicable statute, constitution, ordinance, regulation, rule, administrative order or other requirement of any Federal, state or local government agency or authority, which, unless otherwise specified herein, is in effect either at the time of the execution of this Contract or any other time during the term;
- (f) maintenance shall mean, unless the context otherwise indicates, maintenance, repairs, replacement, inspection, repainting and cleaning.
- (g) nonrenewal shall mean a failure by Shell to continue or extend this Contract at the conclusion of the term specified in article 4, or of any extension thereof provided in article 23 or otherwise agreed to in writing by Shell and Dealer;
- (h) Petroleum Products shall mean "Shell" motor fuels and automotive lubricants;
- (i) Shell's Identifications shall mean any of Shell's trademarks, brand names, service marks or color schemes;
- (j) Shell's Plant shall mean Shell's distributing plant from which deliveries of Petroleum Products are ordinarily made to Dealer under this Contract; and
- (k) termination shall mean the ending of the term for any reason before expiration, as defined herein.

2. **PURPOSE.** Shell's Identifications have come to represent to the motoring public the manufacture and sale of quality petroleum and automotive products, as well as the operation of distinctive automobile service stations and motor fuel dispensing stations. The standards and requirements established for compliance by Dealer in this Contract are for the purpose of preserving and continuing the consuming motoring public's confidence in and acceptance of Shell's Identifications, to the benefit of such consumers, Shell, Dealer and all other authorized Shell dealers. Dealer, who desires to operate a Shell automobile service station or motor fuel dispensing station as an independent businessman, recognizes the need for Dealer's compliance with such standards and requirements to prevent detriment and injury to such consumers and Shell, as well as to Dealer and such other dealers.

3. **GRANT - SHELL'S IDENTIFICATIONS.**

3.1 **General.** Shell hereby grants to Dealer the right to use Shell's Identifications to identify Dealer's Station as a "Shell" station and to identify and advertise at Dealer's Station for sale the Petroleum Products and other "Shell" products Dealer may purchase for resale. However, Dealer shall not sell, under Shell's Identifications, any products other than Shell products, or any mixture or adulteration of any of the Shell products with each other or with any other product or material. If Dealer ceases to sell the Petroleum Products or uses Shell's Identifications in a manner which

deceives or causes a likelihood of confusion to the motoring public, or if this Contract terminates for any reason, Dealer shall immediately and completely discontinue the use of Shell's Identifications. All signs and other advertising devices, heretofore and hereafter furnished hereunder by Shell to Dealer, shall remain Shell's property, shall be used solely in connection with Dealer's sale of Shell products, and shall be returned to Shell immediately upon demand.

3.2 **Nonexclusive.** Nothing in this Contract shall be construed as a grant of an exclusive territory to Dealer for the marketing of any Shell products, or as a restriction upon the right of Dealer to market its products to any purchasers in any area.



4. **TERM.** This Contract shall be in effect for the term beginning on May 29, 1986 and ending on May 31, 1989, unless extended pursuant to article 23 or otherwise by written agreement, may be terminated by Shell as provided in the succeeding articles hereof.

5. **PLACE OF BUSINESS - RELINQUISHMENT.** Dealer shall be responsible for maintaining, as Dealer's Station, a place of business suitable for the exercise of the rights granted Dealer hereunder which shall be of an architectural design, style, color scheme and layout acceptable to and approved by Shell as being in accordance with Shell's customary motor fuel station standards and specifications. Dealer's Station, as presently located at 1367 "A" Street,

Hayward, CA 94541, is so approved by Shell. Without Shell's prior like approval, Dealer shall not make any alterations of Dealer's Station, or construct any additional buildings or structures thereat. If Dealer either fails to maintain a suitable place of business as above provided for any period of 60 consecutive days or fails to maintain at Dealer's Station a representative amount of Shell motor fuels for resale to the public for any period of seven consecutive days, Dealer shall be deemed to have relinquished Dealer's rights and interest hereunder, and this Contract may be terminated by Shell at any time thereafter while such condition continues on notice (or advance notice if and as required by law) to Dealer, without prejudice to any other rights or remedies Shell may have hereunder or by law.

6. **USE.** Except with the prior written consent of Shell, Dealer's Station shall be used for operation of the motor fuel dispensing station existing on the date of this Contract, or existing upon completion of any such station proposed or under construction on the date of this Contract, including the retail sale of petroleum products and carry-out automotive accessories, but excluding any automotive repairs or services except such incidental services as are normally provided to vehicles receiving motor fuel while at the motor fuel dispensing driveway area. Subject to article 11.1(i), Dealer may operate vending machines or merchandise sundry convenience items from neat displays at Dealer's Station for the convenience of Dealer's customers, but Dealer shall not permit any consumption of intoxicating beverages or use of illegal drugs on the Station premises. Dealer shall not maintain or permit any animal or condition at Dealer's Station which threatens the health, safety or well-being of customers. Dealer shall comply with all laws, licenses and permits relating to Dealer's Station or any use thereof or to any act or activity thereat, including, without limitation, any such laws, licenses and permits pertaining to environmental protection; and Dealer shall not commit or permit any fraudulent or illegal act or activity at Dealer's Station or in connection with Dealer's performance of this Contract.

7. **PRODUCTS - QUANTITIES.**

7.1 **Products - Quantities - Quality.** Shell shall sell and deliver to Dealer, and Dealer shall purchase and accept from Shell, such quantities of Petroleum Products as Dealer shall order from time to time during the continuance of this Contract for delivery at Dealer's Station, but during each calendar month or calendar year, as the case may be, not less than half nor more (except at Shell's option) than all of the following specified quantities of such Products (in thousands of gallons, unless otherwise indicated):

MOTOR FUEL QUANTITIES

| PRODUCT  | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
|----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| GASOLINE | 60  | 60  | 60  | 60  | 60  | 60  | 60  | 60  | 60  | 60  | 60  | 60  |

The Petroleum Products shall be of the kinds, grades, brands and quality being sold generally by Shell, at the time of delivery, from Shell's Plant. The foregoing specified volumes of Petroleum Products shall be subject to reduction or adjustment pursuant to any applicable Federal or state

mandatory or voluntary allocation program which may be in effect at any time, and, whether or not any such allocation program exists, shall further be subject to reduction or discontinuance in accordance with article 16.

7.2 Change - Discontinuance. Shell may at any time or times change the grade, specifications, characteristics, delivery package, brand name or other distinctive designation of any product, and such product as so changed shall remain fully subject to this Contract. Shell may at any time discontinue the sale of any products at Shell's Plant or other place from which deliveries are ordinarily made hereunder, in which event both Shell and Dealer shall be relieved of any further obligation hereunder with respect thereto.

7.3 Unleaded Gasolines. Any failure by Dealer to comply with any provision of the agreement entitled "Dealer Unleaded Gasoline Compliance Contract" entered into by Shell and Dealer heretofore or concurrently herewith shall also be deemed to constitute a default or breach under this Contract.

8. PRICES - TERMS. The prices shall be: (a) for motor fuels, Shell's listed direct dealer prices for the respective grades and brands delivered, in effect on the date and for the place of delivery; and (b) for lubricants or any other Shell products, Shell's direct dealer listed prices for the respective grades, brands, containers and quantities delivered, in effect on the date and for the place of delivery, including any applicable listed quantity differentials. Such listed prices may be ascertained at Shell's offices first herein specified or at Shell's Plant or such other place as may be designated by Shell. Dealer shall pay Shell for products at the time of delivery by cash, certified or cashier's check, postal money order, or a combination of the foregoing, as Shell may specify by reasonable advance notice to Dealer, or on such credit or other payment terms as Shell may elect to extend, which may be altered or revoked by Shell at any time by, and effective upon, notice to Dealer (either of which said notices may be given by telephone or regular mail).

#### 9. DELIVERIES.

9.1 General. Deliveries shall be made at Dealer's Station by any means of transportation and in containers Shell may select. Shell shall not be obligated to make any delivery outside of its usual business hours or, as to motor fuels, in any quantity less than the maximum full load delivery permitted by law.

9.2 Change. Shell shall have the right from time to time to change the place of delivery of any product from destination (i.e., Dealer's Station) to origin (i.e., Shell's Plant) or from origin to destination, and to change any origin to a new one designated by Shell, by giving Dealer at least 15 days' prior notice or such other notice as may be reasonable in emergency situations. Such notice shall specify the new place of delivery and, for Dealer's information, Shell's then-current listed direct dealer price for the affected product, f.o.b. that place. If origin delivery is designated in any such notice, Shell shall be responsible for providing or arranging for transportation of the product, at Dealer's expense, from the origin point to Dealer's Station at rates not exceeding those generally available from common carriers from time to time.

10. TRAINING. If Dealer is not already a Shell dealer on the date of this Contract, Dealer shall, prior to the beginning of the term hereof (or, with Shell's consent, as soon as practicable thereafter), satisfactorily complete Shell's initial training course designed for the operation of a motor fuel dispensing station. Shell will bear only those costs associated with the initial training as have been communicated to Dealer at or prior to the execution of this Contract. In addition to such initial training, Dealer shall subsequently participate in such advanced or refresher courses appropriate for a motor fuel dispensing station as Shell may offer from time to time. In connection with any such subsequent training, Shell shall bear the cost of the training center, instructor(s) and all training materials, but Shell will have no obligation to compensate Dealer for, or bear any of Dealer's personal expenses associated with, attendance. While participating in any training, Dealer shall never be deemed to be an employee, agent or servant of Shell nor in any way eligible to receive any of the benefits which normally accrue to employees of Shell.

#### 11. STANDARDS OF OPERATION AND APPEARANCE.

11.1 Standards. Dealer's Station shall be operated according to the following standards of operation and appearance developed by Shell:

(a) Merchandising. Dealer shall diligently and efficiently merchandise and promote such Petroleum Products as may be purchased by Dealer hereunder under Shell's Identifications so as to maintain the good reputation and public acceptance thereof, and, to assure that end, shall keep Dealer's Station open for operation and fully illuminated at least 16 hours each day (from 6:00 A.M. to 10:00 P.M.). Such hours of operation shall be subject to adjustment if and as required by law.

(b) Staffing. Dealer shall maintain an adequate and competent staff of employees, considering both the volume and nature of the business activity, to fulfill efficiently Dealer's obligations hereunder. Dealer shall have the basic responsibility to train Dealer's employees, but Shell may, at

its option, from time to time offer supplemental training for Dealer's employees at Dealer's Station or other location, either for a fee or without cost to Dealer. To the extent Dealer elects to have his employees participate in such training, Dealer or his employees shall bear any agreed fee and all personal expenses associated therewith.

(c) Customer Complaints. Dealer shall conduct Dealer's operations in a professional and business-like manner in order to minimize customer complaints. Dealer shall respond to any customer complaints received in a prompt and courteous manner and take immediate action to correct or satisfactorily resolve each legitimate customer complaint.

(d) Maintenance - Housekeeping. Dealer shall at all times maintain Dealer's Station (including adjacent sidewalks and driveways, easements and all landscaped areas) and Dealer's own property and equipment thereat in good condition and repair, and keep the same (including the rest rooms) neat, clean and orderly.

(e) Vehicles - Other Mobile Equipment. The premises at Dealer's Station shall be kept clear of vehicles, other mobile equipment and obstructions which may restrict traffic flow, endanger customer safety or detract from appearance. Dealer's Station may not be used for the selling, leasing, parking or storing of motor vehicles, trailers, boats or other mobile equipment.

(f) Uniforms. Dealer and Dealer's employees shall neatly wear clean uniforms of a type and style approved by Shell.

(g) Lighting. Dealer shall use sufficient lighting and illuminated signs to provide full visibility of Dealer's Station, including enclosed areas, at all times while open for operation.

(h) Signs. Dealer shall have the right to display in a neat and orderly manner at Dealer's Station, but not affixed to the exterior of any building, such briefly worded and professional-looking signs as are necessary to identify the products and services offered and their prices, but shall not display or use any other signs, posters, flags or pennants without Shell's approval, which shall not be unreasonably withheld.

(i) Vending Equipment. Before installing or replacing any vending machine or display equipment for merchandising sundry convenience items at Dealer's Station, Dealer shall obtain Shell's prior written approval, which shall not be unreasonably withheld, as to its size, kind, appearance and placement.

(j) Loitering. Dealer shall keep Dealer's Station free from loitering by persons who at the time have no proper business purposes thereon.

11.2 Appearance Ideas Book. Dealer acknowledges receipt from Shell of Shell's "Appearance Ideas" book, which provides guidelines of objectives as to the operating and appearance standards established for Shell automobile service stations and motor fuel dispensing stations. Dealer's Station shall be maintained in reasonable conformance with such book (as it applies to the permitted use of and operations at Dealer's Station) at all times during the period of this Contract.

12. INSPECTION. To the extent reasonably necessary to observe and verify Dealer's compliance with the terms of this Contract, Shell shall have the right, at all reasonable times, to enter Dealer's Station and to inspect the same, as well as such part of Dealer's books and records as may be material to a proper inquiry hereunder.

13. CREDIT CARDS. If and so long as Shell elects to issue or authorize credit cards or other credit identifications, and Dealer elects to honor them for purchases of authorized products and services at Dealer's Station, Dealer shall so honor such cards and identifications for all authorized products and services sold at or from Dealer's Station, and account for all such transactions, in strict compliance with the terms and conditions appearing thereon and with the provisions of this article 13 and Shell's "Credit Card Sales Guide" ("Guide") furnished to Dealer (receipt of which Dealer acknowledges by executing this Contract), or in any revision made by Shell and furnished to Dealer. Shell shall accept from Dealer all authorized invoices issued on such cards or identifications, and credit to Dealer's account with Shell the net amount of each, less any service charge to Dealer by Shell on such credit sales then in effect under the Guide. Dealer shall refund to Shell on demand the amount so credited for each such invoice which was not authorized, which is for any reason disputed by the customer or which is otherwise subject to chargeback under the Guide. If Dealer fails to comply with the provisions of this article 13 or the Guide, Shell may, at its option, limit or cancel Dealer's right to participate in Shell's credit card program.

14. TAXES. Any tax, duty, fee or other governmental charge now or hereafter levied on any products delivered hereunder or on Shell, or required to be paid or collected by Shell, by reason of the transportation, storage, delivery, sale or use of the product, shall be paid by Dealer, in addition to the price of the product, insofar as not expressly included in that price.

15. **CLAIMS.** Shell shall have no liability to Dealer for any defect in quality or shortage in quantity of any products delivered unless Dealer gives Shell notice of Dealer's claim within (a) 48 hours after delivery for shortages in quantity of motor fuels or (b) within five days after delivery for quality or other quantity deficiencies (or within five days after the discovery of any latent defect in quality), and further provides Shell with reasonable opportunity to inspect the products and take and test samples thereof. Shell shall have no liability to Dealer for any other claim, and Dealer shall have no liability to Shell for any claim (except for indebtedness or relating to equipment) arising out of or in connection with any sales or deliveries of products by Shell to Dealer hereunder, unless the claimant gives the other party notice of the claim (setting forth fully the facts on which it is based) within 180 days after the date of the sale, delivery or other transaction or occurrence giving rise to the claim.

16. **EXCUSED NONPERFORMANCE.** Either party shall be excused from performance of its obligations under this Contract, except financial, when and to the extent that such performance is delayed or prevented by any cause reasonably beyond such party's control. If Shell's supply of any product at Shell's Plant is or will be insufficient, at any time for any reason, for Shell to fill all orders which normally are or would be filled therefrom (whether from contract or noncontract purchasers), Shell may discontinue deliveries of such product hereunder or apportion deliveries thereof among orders received from Dealer and from other purchasers, in such manner as Shell, in its reasonably exercised discretion, may determine, and Shell shall not be required to make up any such deficiency in deliveries. Without limitation, the foregoing shall apply to any insufficiency of supply resulting from Shell's voluntary or involuntary compliance with any law or directive, recommendation or request of any governmental authority or person purporting to be or to act for such authority.

17. **ASSIGNMENT - ENCUMBRANCE.**

17.1 **General.** This Contract is personal to Dealer. Except as otherwise provided in this article 17 or by law, Dealer shall not assign or encumber Dealer's interest in this Contract, or assign any claim against Shell arising directly or indirectly out of or in connection with this Contract, or permit any other arrangement having similar effect of such an assignment or encumbrance, either voluntarily, involuntarily or by operation of law, without Shell's prior written consent, which consent shall not be unreasonably withheld. No consent to any assignment or encumbrance shall constitute a further waiver of the provisions of this article.

17.2 **Particular Acts.** Without limitation, each of the following acts shall be considered an assignment subject to article 17.1:

(a) The transfer of this Contract upon death of Dealer, whether by will or operation of law.

(b) Dealer becomes bankrupt or insolvent, makes an assignment for the benefit of creditors, or institutes a proceeding under the Bankruptcy Act; or, if Dealer is a partnership or is composed of more than one person or business entity, if any partner of the partnership or any such person or business entity is or becomes bankrupt or insolvent, or makes an assignment for the benefit of creditors, or institutes a proceeding under the Bankruptcy Act; provided that, in any of the foregoing cases, Dealer or other affected party shall have 60 days in which to have an involuntary proceeding dismissed.

(c) A writ of attachment or execution is levied on this Contract and not removed by Dealer within 10 days.

(d) In any proceeding or action to which Dealer is a party, a receiver is appointed with authority to take over Dealer's interest in this Contract and such receiver is not removed within 60 days.

(e) If Dealer is a partnership, a withdrawal or change (voluntary, involuntary or by operation of law) of any partner, or the dissolution of the partnership.

(f) If Dealer is a corporation, any dissolution, merger, consolidation, or other reorganization, or other arrangement having similar effect, or the sale or transfer of any of the capital stock of Dealer.

(g) If Dealer is composed of more than one person, any change of interest (voluntary, involuntary or by operation of law) of such person.

17.3 **Shell's First Refusal Right.** Dealer may not sell, transfer or assign Dealer's interest in this Contract without first offering in writing to sell, transfer or assign the same to Shell on terms and conditions which are the same as those of the proposed sale, transfer or assignment to the third party. If Shell declines or does not accept the offer within 30 days from its receipt thereof, Dealer may make the proposed sale, transfer or assignment to such third party if Shell gives its consent thereto as provided in article 17.1 hereof, but not at a lower price or on more favorable terms than

those so offered to Shell. If such sale, transfer or assignment to such third party is not consummated within four months from Shell's receipt of the foregoing offer to it, Dealer shall re-offer the interest to Shell in accordance with the foregoing provisions.

#### 18. TERMINATION BY SHELL - OTHER REMEDIES.

18.1 Termination. Subject to any limitations imposed by law, Shell may, at its option, terminate this Contract upon notice (or advance notice if and as required by law) to Dealer for any one or more of the following grounds:

(a) failure by Dealer to comply with any provision of this Contract, which provision is both reasonable and of material significance to the relationship hereunder;

(b) failure by Dealer to exert good faith efforts to carry out the provisions of this Contract;

(c) occurrence of an event which is relevant to the relationship hereunder and as a result of which termination of this Contract is reasonable, including events such as:

- (1) fraud or criminal misconduct by Dealer relevant to the operation of Dealer's Station;
- (2) declaration of bankruptcy or judicial determination of insolvency of Dealer;
- (3) continuing severe physical or mental disability of Dealer of at least three months duration which renders Dealer unable to provide for the continued proper operation of Dealer's Station;
- (4) condemnation or other taking, in whole or in part, of Dealer's Station pursuant to the power of eminent domain;
- (5) loss of Shell's right to grant the right to use Shell's Identifications;
- (6) destruction (other than by Shell) of all or a substantial part of Dealer's Station;
- (7) failure by Dealer to pay to Shell in a timely manner when due all sums to which Shell is legally entitled;
- (8) failure by Dealer to operate Dealer's Station for seven consecutive days, or such lesser period which under the facts and circumstances constitutes an unreasonable period of time;
- (9) willful adulteration, mislabeling or misbranding of motor fuels or other trademark violations by Dealer;
- (10) knowing failure of Dealer to comply with Federal, state or local laws or regulations relevant to the operation of Dealer's Station;
- (11) conviction of Dealer of any felony involving moral turpitude; and
- (12) death of Dealer;

(d) if this Contract is for a term of at least three years, or Dealer was offered a term of at least three years, a determination is made by Shell in good faith and in the normal course of business to withdraw from marketing of motor fuel through retail outlets in the relevant geographic market area in which Dealer's Station is located; and

(e) any other ground for which termination is provided for hereunder or otherwise allowed by law.

18.2 Other Remedies. Any termination under the foregoing provisions of this article 18 shall be without prejudice to any other rights or remedies Shell may have hereunder or by law. All sums due by Dealer to Shell under the provisions of this Contract shall be payable by Dealer to Shell on demand, and shall bear interest therefrom at the rate of 8% per annum (or lesser maximum rate permitted by law) until paid. If Dealer defaults in payment of any indebtedness to Shell, in addition to the rights provided above, Shell shall have the right immediately to suspend deliveries hereunder and to apply any sums which Shell may hold for Dealer's account under this Contract to the payment of such indebtedness, without relieving Dealer of any obligations otherwise existing to replace the sums so applied. Either party's right to require strict performance of the other's obligations hereunder shall not be affected in any way by any previous waiver, forbearance or course of dealing.



19. **DEALER'S INDEPENDENCE.** Dealer is an independent businessman, and nothing in this Contract shall be construed as reserving to Shell any right to exercise any control over, or to direct in any respect the conduct or management of, Dealer's business or operations conducted pursuant to this Contract; but the entire control and direction of such business and operations shall be and remain in Dealer, subject only to Dealer's performance of the obligations of this Contract. Neither Dealer nor any person performing any duties or engaged in any work at Dealer's Station for or on behalf of Dealer shall be deemed an employee or agent of Shell, and none of them is authorized to impose on Shell any obligations or liability whatsoever.

20. **INDEMNITY - REPORTS.** Dealer shall defend, indemnify and hold harmless Shell, its directors, employees and agents, to the fullest extent permitted by law, against all claims, suits, liabilities, judgments, losses and expenses (including, without limitation, attorneys' fees and costs of litigation, whether incurred for Shell's primary defense or for Shell's enforcement of its indemnification rights hereunder) arising out of any bodily/personal injury, disease or death of any persons or damage to or loss of any property (except Shell property to the extent Shell has responsibility therefor under any separate agreement), or pollution or cleanup costs or fines, caused by or happening in connection with the operation of Dealer's Station, even though caused concurrently by the negligence or fault of a party indemnified; but excepting any such injury, disease, death, damage or loss caused by (a) the sole negligence or fault of a party otherwise indemnified or (b) defects in Shell products not caused or contributed to by any negligence or fault of Dealer or Dealer's employees, agents or contractors. Within 24 hours after every occurrence of any such injury, disease, death, damage or loss, Dealer shall report the same to Shell by telephone and shall promptly thereafter confirm the same by notice, including all circumstances thereof known to Dealer or Dealer's employees. Shell shall have the right, but not the duty, to participate in the defense and settlement of any such claim or litigation with attorneys of Shell's selection without relieving Dealer of any obligations hereunder. Dealer shall cooperate with Shell in Shell's investigation and defense of any claim or suit. Dealer's obligations hereunder shall survive any termination of this Contract.

21. **INSURANCE.** Without in any way limiting any of Dealer's obligations or liabilities under Article 20 of this Contract or otherwise, Dealer shall maintain at all times, at Dealer's expense, insurance satisfactory to Shell of the minimum types and limits as follows:

(a) Workers' compensation insurance, complying with any applicable state law, and employers' liability insurance with limit of \$100,000 each occurrence.

(b) Comprehensive general liability or garage liability insurance (including, without limitation, coverage for operation of vehicles owned, non-owned or hired and loss of or damage to vehicles of others in Dealer's care, custody or control; products/completed operations; and contractual obligations assumed in article 20 hereof), with limits for bodily/personal injury and property damage combined of \$500,000 each accident or, alternatively, \$250,000 each person -- \$500,000 each accident for bodily/personal injury and \$100,000 each accident for property damage.

Any insurance maintained by Dealer pursuant to this Contract shall be regarded as primary insurance underlying any other applicable insurance. Dealer shall, prior to the beginning of the term of this Contract and when requested by Shell thereafter, provide Shell with evidence satisfactory to Shell showing that such insurance is in effect and will not be cancelled or materially changed without at least 30 days' prior written notice to Shell. Dealer shall further provide Shell with at least 30 days' prior written notice if any such insurance shall expire for any reason without being replaced with equivalent coverage.

22. **NOTICES.** Except as otherwise specified herein, every notice hereunder shall be in writing and, subject to any requirements of law, may be given to Dealer by personal service or to either Dealer or Shell by certified letter or telegram, and, in the latter instances, shall be deemed given when the letter is deposited in the U.S. mail or the telegram with the telegraph company, postage or charge prepaid, and directed to the party for whom intended at such party's address first herein specified, or such other address as such party may have substituted therefor by notice so given to the other.

23. **CONTINUATION OF RELATIONSHIP.** Neither Shell nor Dealer shall have any obligation to renew this Contract or continue their relationship established hereunder beyond the term specified in article 4, or of any extension thereof agreed to in writing by Shell and Dealer, except if and as required by law. If by operation or effect of law Shell is required to continue its relationship established hereunder with Dealer beyond the term specified in article 4 and the parties do not extend or renew this Contract by written instrument, then the term of this Contract shall be extended on a month to month basis on the same terms and conditions as were last provided in this Contract--for not more than six successive months, subject (a) to termination by either party at any time as herein provided or (b) to nonrenewal by Shell at the end of any such month. As a condition for any renewal of this contract, Shell may require Dealer to provide a certification of the integrity (leak free condition) of Dealer's underground storage system based on actual test results or other evidence satisfactory to Shell.

24. **RELATION TO EXISTING LAW.** To the extent that any provision of this Contract is in conflict with any valid and enforceable law existing on the date thereof, such provision shall be deemed amended to conform with such law as it applies to this Contract at the time either party takes any action or exercises or claims any rights hereunder.

25. **BUSINESS ENTITY OR JOINT DEALER.** This article shall apply if Dealer is a business entity or composed of more than one person (i.e., any combination of natural persons and business entities).

25.1 **Joint and Several Obligations.** If Dealer is composed of more than one person, the obligations imposed hereunder shall be joint and several as to each such person, and all the obligations and grounds for termination specified in this Contract shall be deemed to apply to each such person with the same effect as though such person were the sole Dealer.

25.2 **Corporate Authority.** If Dealer is a corporation, Dealer shall deliver to Shell on execution of this Contract a certified copy of a resolution of its board of directors authorizing the execution of this Contract and designating the officers or agents who are authorized to receive personal delivery of notices hereunder directed to the corporation. Dealer may by notice to Shell designate additional or other persons for receipt of personally delivered notices by Shell.

25.3 **Notices by Personal Service.** If Dealer is a business entity or composed of more than one person, Shell may give notice by personal service on: (a) the officers or agents of a corporate Dealer as designated pursuant to article 25.2, (b) any partner of a partnership, (c) any personal representative, agent or employee of any other business entity or (d) any such person who is a natural person.

25.4 **Personal Obligations and Provisions.** If Dealer is a business entity, all obligations and provisions hereof of a personal nature shall apply as if such business entity were a natural person, and shall also apply insofar as is legally possible and reasonably practicable, to those natural persons who have or exercise management responsibility for such business entity, including, without limitation, officers, directors or agents of corporations and partners of partnerships. Such business entity shall manage its affairs with respect to the personal obligations and provisions in a manner so as to give full force and effect to same.

26. **ENTIRETY - RELEASE - EXECUTION.** This Contract, along with any related agreement(s) which may be executed contemporaneously herewith, comprises the entire agreement, and merges and supersedes all prior agreements, understandings, representations and warranties (oral or written, expressed or implied), between Shell and Dealer covering the sale and delivery of Shell products. All such prior agreements between Shell and Dealer are hereby terminated as of the beginning date of the term hereof; and Shell and Dealer hereby release each other, as of the date hereof and to the extent permitted by law, from all claims which each now has against the other (whether or not now known to either), arising directly or indirectly out of or in connection with any such prior agreement or any sales or deliveries of any products by Shell to Dealer thereunder or otherwise, excepting, however, claims of Shell against Dealer for indebtedness, reimbursement or indemnification, or relating to equipment. Neither this Contract nor any subsequent agreement amending or supplementing this Contract shall be binding on Shell unless and until it is signed for Shell by a duly authorized representative.

EXECUTED on the date(s) shown below but as of the date first herein specified.

SHELL OIL COMPANY

  
DEALER: H. R. HUTCHINSON  
A.

By   
TERRITORY MANAGER

Date: 5/20, 1986

Date: 5/20/86, 1986