

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
DEPARTMENT OF ENVIRONMENTAL HEALTH  
ENVIRONMENTAL PROTECTION DIVISION

CONSOLIDATED UNDERGROUND TANK MANAGEMENT PLAN

HUTCH'S CAR WASH

Name of Facility

17945 HESPERIAN BLVD.	SAN LORENZO, 94580	510/278-1010
Address	City, Zip	Phone

This questionnaire provides supplemental information for the underground tank application forms A and B as required by Article 10, Title 23 of the California Code of Regulations. In order to meet the requirements for issuance of a five year permit to operate a tank, you are required to submit the following information:

Check Sections As Completed

- I Plot Plan
  - II Monitoring Plan and Tank System Description
  - III Record Keeping and Reporting
  - IV Leak Response Plan
  - V Emergency Equipment  
(Spill Control Equip. or Supplies)
- Complete attached Financial Responsibility Certification Form

If you suspect your tank system is leaking due to:

- (a) Variations from inventory reconciliation
- (b) Failed - tank/piping integrity testing
- (c) Electronic alarm signals or sounds

Notify the Alameda County Environmental Health Department, Environmental Protection Division at (510) 567-6700. If confirmed leak has occurred then fill out an unauthorized release (leak) contamination/site report.

PART I

PLOT PLAN  
(Figure I)

The plan should consist of a scaled view of the facility at which the tank(s) are located and should include the following information:

- I
  - a) Scale
  - b) North Arrow
  - c) Property Lines
  - d) Location of all Structures
  - e) Location of all relevant existing equipment including tanks, (tanks should be numbered) piping and dispensers
  - f) Streets
  - g) Underground conduits, sewers, water lines, storm drains & utilities
  - h) Existing wells (drinking, monitoring, etc..)
  - i) Depth to groundwater (and gradient if known) describe any known soil contamination on site.
- II
  - a) or submit "as built" drawings, with all of the above listed information

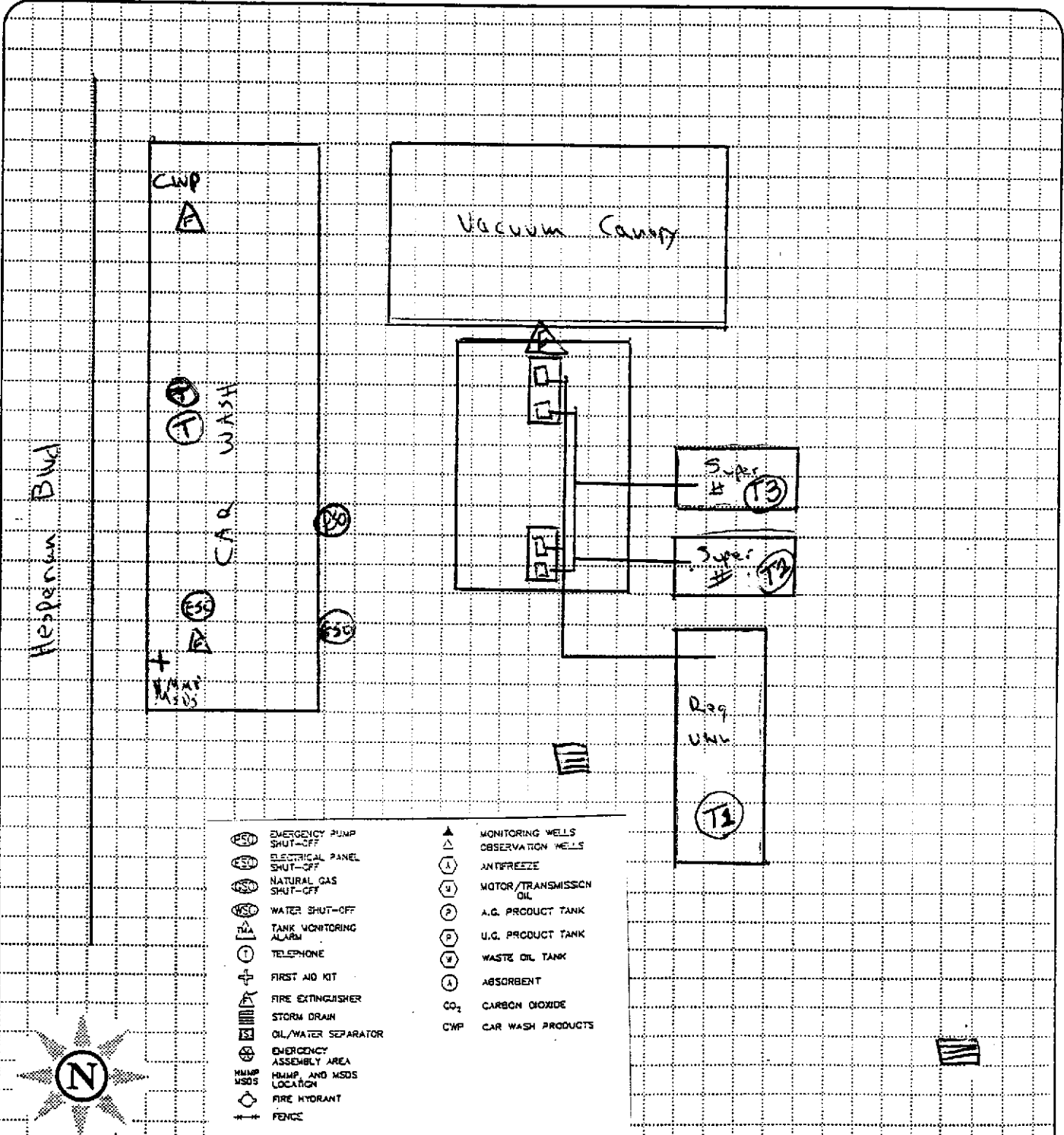
**\*Note:** A plot plan from the Hazardous Materials Business Plan (HMBP) or (HMMP) can be used to satisfy this requirement- (if all the information specified above is present).

**Alameda County Department of Environmental Health  
Hazardous Materials Business Plan  
FACILITY MAP - STORAGE DETAIL**

**CONFIDENTIAL**

Facility Name: Hutchins Car Wash

Facility Address: 17945 Hesperian Blvd City: San Lorenzo Zip: 94548



- |                           |                        |
|---------------------------|------------------------|
| EMERGENCY PUMP SHUT-OFF   | MONITORING WELLS       |
| ELECTRICAL PANEL SHUT-OFF | OBSERVATION WELLS      |
| NATURAL GAS SHUT-OFF      | ANTIFREEZE             |
| WATER SHUT-OFF            | MOTOR/TRANSMISSION OIL |
| TANK MONITORING ALARM     | A.G. PRODUCT TANK      |
| TELEPHONE                 | U.G. PRODUCT TANK      |
| FIRE EXTINGUISHER         | WASTE OIL TANK         |
| STORM DRAIN               | ABSORBENT              |
| OIL/WATER SEPARATOR       | CARBON DIOXIDE         |
| EMERGENCY ASSEMBLY AREA   | CAR WASH PRODUCTS      |
| HMMP, AND MSDS LOCATION   |                        |
| FIRE HYDRANT              |                        |
| FENCE                     |                        |

INDICATE NORTH ARROW      SCALE: 1 inch = 5 squares = \_\_\_\_\_ feet      MAP # 2      MAP NAME \_\_\_\_\_      DATE 3/1/95

PART II

MONITORING PLAN  
DESCRIPTION OF UNDERGROUND TANKS

\*Types \*D.W.=Double Walled Tank \*S.W.=Single Walled \*L=Liner  
\*D.P.=Double Walled Piping

I.D.#	Tank Capacity	Contents	Construction & Material			
			Indicate SW or DW or L & S or FG			
			Tank <i>steel</i>		Piping	
			DW	FG	DW	FG
*EXAMPLE 1	10,000	Unleaded Gasoline	DW	FG		
T3	5,000	SUPER UNLEADED GAS /92	SWL			STEEL/WRAPPED
T2	5,000	SUPER UNLEADED GAS /92	SWL			STEEL/WRAPPED
T1	10,000	REG UNLEADED GAS /87	SWL			STEEL/WRAPPED

S = Steel FG = Fiberglass O = Other  
(Attach an additional sheet for sites with more than 6 tanks)

Facility Owner/Operator	<u>KIRK HUTCHISON</u>	Phone	<u>510/278-1010</u>
Address	<u>17945 HESPERIAN BLVD. , SAN LORENZO, CA 94580</u>		
Tank Owner or Corporation	<u>HUTCH'S CAR WASH</u>	Phone	<u>510/278-1010</u>
Corporation Representative	<u>KIRK HUTCHISON</u>		
Corporation Address	<u>1367 A STREET, HAYWARD, CA 94541</u>		
Land Owner	<u>BOHANNAN ORGANIZATION</u>		
Address	<u>60 HILLSDALE MALL</u>	City	<u>SAN MATEO</u> Phone <u>415/345-8222</u>

171 133

**II. Daily Inventory Reconciliation**

Note: Facilities with groundwater less than 20 feet below the bottom of the tank which use manual stick readings as part of their inventory reconciliation, must choose one of the following procedures:

**Section C:**

- A) Analyze inventory reconciliation data by using approved third party statistical inventory reconciliation analysis company. This is called the SIR method; or
- b) Install an automatic liquid level sensor in the tank to measure the fuel inventory.

**III. Statistical Inventory Reconciliation (SIR)**

If the SIR method is used complete the following:

Name of certified SIR company Shields, Harper & Co., Inc.  
Address 5107 Broadway, Oakland, CA 94611  
Name of contact person Jim Cartmill Phone 510/653-9119

**IV. LIQUID LEVEL SENSOR**

If the Liquid Level Sensor is used, complete the following:  
Specify make and model number of the in tank liquid level sensor.

\_\_\_\_\_  
Date of last service \_\_\_\_\_

***Recordkeeping and Reporting for Inventory Reconciliation***

Operators/owner are required to submit an annual letter certifying all inventory reconciliation data are within allowable variations. Use applicable form attached on back to submit most recent data for a month.

Name and title of person responsible for maintaining inventory reconciliation records, for annual reporting.

Name JILL JACKSON Title OFFICE MANAGER Phone 510/538-9274



Certification

I hereby Certify, under penalty of perjury, that the information contained in this management plan is true and correct. I understand that I will be required to show proof of compliance by facility inspection from a representative of this office and submit all required records and reports pursuant to Article 5 of Title 23, California Code of Regulations.



Authorized Signature

ALLEN KIRK HUTCHISON

Print Name

OWNER

Title

11/22/95

Date

Describe any special monitoring conditions which exist.

Comments: PREMIUM TANKS CAN BE SWITCHED, SO THE PUMPS DRAW  
FROM ONE OR THE OTHER. NORMALLY, WE ONLY PUMP  
FROM ONE TANK AT A TIME.

**\*The next section, Part IV Leak Response Plan, should be completed in conjunction with the Hazardous Materials Management Plan (Part II).**

PART IV

LEAK RESPONSE PLAN  
EMERGENCY NOTIFICATIONS

Station Dealer/Owner K. HUTCHISON Home Phone 510/538-9274  
Office Phone 510/~~538~~<sup>278</sup>-1010

Name of person(s) who may authorize cleanup work under response plan.	
On Site Managers <u>NELSON HUTCHISON</u>	Phone <u>278-1010</u>
Manager <u>KIRK HUTCHISON</u>	Phone <u>538-9274</u>
Maintenance Manager <u>N/A</u>	Phone _____
Shift lead <u>N/A</u>	Phone _____
24hr Emergency Contact <u>NELSON HUTCHISON</u>	Phone <u>537-7984</u>

Fire Department Address 835 E. 14TH STREET, SAN LEANDRO, CA  
Phone 510/618-3490  
Emergency phone 911

Ambulance Phone 911

Police Department Address 300 W. WINTON AVE., HAYWARD, CA  
Phone 293-7272  
Emergency phone 911

Equipment Maintenance Contractor

Company SOUTHWEST PETROLEUM  
Address 6167 JARVIS #166 City NEWARK, CA  
Phone 510/795-0704 Contact Person RON BARBER  
Local Hospital/Clinic MEDICAL EXPRESS  
Address 22429 HESPERIAN BLVD., HAYWARD, CA 94541  
Phone 510|782-7111



5. Describe procedures to prevent spilled or released hazardous substances from entering storm drains, wells sewers or other confined spaces.

BY THE USE OF PETROLEUM ABSORBENT ROLLS, PILLOWS, ETC.

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6. Describe steps taken if there is potential danger to individuals on the property, from a fuel release or spill.

EDUCATE AND TRAIN INDIVIDUALS OF OUR SPILL PROCEDURES.

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7. Describe evacuation procedures (Include at what stage your authorized person will activate emergency shut off of pumps and shut off of electrical power to facility).

AT THE POINT THAT CONTAINMENT OF A LEAK IS OUT OF CONTROL, AND INDIVIDUALS ARE THREATENED, ALL POWER SHOULD BE TURNED OFF AND EVERYONE EVACUATED FROM THE FACILITY.

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8. Describe the handling of small quantities of controlled spills from dispensers.

SAME AS LARGE SPILLS.

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9. Are facility personnel trained in emergency procedures?

(Circle one) yes no

10. Are facility personnel trained to contain small controlled spills?

(circle one) yes no

11. (a) Name of your clean-up company which can be contacted to pick up, transport and dispose of hazardous waste resulting from released fuel.

Company Name EVERGREEN ENVIRONMENTAL

6880 SMITH AVE., NEWARK, CA 94560

Address \_\_\_\_\_

Contact Person STEVE GATLEY

E.P.A. I.D.# CAD 980695761

11. (b) What is the availability of your clean-up company? (hours of operation)

24 HOURS

12. Name of additional person(s) or designee(s) capable of authorizing clean-up or work needed under this plan.

Name KIRK HUTCHISON Title OWNER

Name NELSON HUTCHISON Title OWNER

Name DON JOHNSON Title ASST. MANAGER