



**DEPARTMENT OF THE NAVY**

NAVY PUBLIC WORKS CENTER  
SAN FRANCISCO BAY  
P.O. BOX 24003  
OAKLAND, CALIFORNIA 94623-1003

IN REPLY REFER TO:  
5090  
Ser 950/226  
24 MAY 1994

Alameda County Health Care Services Agency  
Department of Environmental Health,  
Hazardous Materials Division,  
Attn: Ms. Eva Chu  
80 Swan Way, Room 200  
Oakland, CA 94621

Dear Ms. Chu:

We are hereby forwarding the required Underground Storage Tank (UST) Closure Plan and Closure Permit Application, including our declaration of state exemption from contractors' license law and workers' compensation insurance for the removal of one UST at the Reserve Forces Training Area at Camp Parks, Dublin, California.

As you are aware from your previous discussion with Mr. Hemant Patel, this project requires the expedited removal of UST 109-1 at Camp Parks. We appreciate your prompt attention to this matter. PWCSFB is forwarding to your office the amount of \$483.00 for this removal action. We will be more than pleased to incorporate comments or any change that you deem necessary.

The point of contact for this project is Mr. Hemant Patel at (510) 302-5417.

Sincerely,

A handwritten signature in black ink, appearing to read "D. S. LENT", with a stylized flourish at the end.


D. S. LENT.  
Director, Environmental Department  
By direction of the  
Commanding Officer

Enclosure:  
Tank Closure Plan for Removal of Tank 109-1

41102

Chm

940721 PM 3:17



**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"/> 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 <b>PARKS RFTA</b>		NAME OF OPERATOR <b>U.S. ARMY</b>	
ADDRESS <b>B-109 PARKS RFTA Camp Parks</b>		NEAREST CROSS STREET	PARCEL # (OPTIONAL)
CITY NAME <b>DUBLIN</b>		STATE <b>CA</b>	ZIP CODE <b>94568</b>
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY DISTRICTS* <input type="checkbox"/> COUNTY-AGENCY* <input type="checkbox"/> STATE-AGENCY* <input checked="" 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 <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 <b>UNKNOWN</b> E. P. A. I. D. # (optional) <b>CA00021364</b>

**EMERGENCY CONTACT PERSON (PRIMARY)**

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

DAYS: NAME (LAST, FIRST) <b>ALLEY, MERVIN</b>		PHONE # WITH AREA CODE <b>(510) 829-8780</b>	
NIGHTS: NAME (LAST, FIRST) <b>DEPT. DEPT.</b>		PHONE # WITH AREA CODE <b>(510) 828-2057</b>	
DAYS: NAME (LAST, FIRST) <b>COWAN, BOB</b>		PHONE # WITH AREA CODE <b>(510) 828-1822</b>	
NIGHTS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE <b>803-5600</b>	

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

NAME <b>PARKS RFTA U.S. ARMY</b>		CARE OF ADDRESS INFORMATION	
MAILING OR STREET ADDRESS <b>SAME AS SITE</b>		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> COUNTY-AGENCY <input checked="" type="checkbox"/> STATE-AGENCY <input checked="" type="checkbox"/> FEDERAL-AGENCY	
CITY NAME		STATE	ZIP CODE
		PHONE # WITH AREA CODE	

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

NAME OF OWNER <b>SAME AS SITE</b>		CARE OF ADDRESS INFORMATION	
MAILING OR STREET ADDRESS		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> COUNTY-AGENCY <input checked="" type="checkbox"/> STATE-AGENCY <input checked="" type="checkbox"/> FEDERAL-AGENCY	
CITY NAME		STATE	ZIP CODE
		PHONE # WITH AREA CODE	

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

TY (TK) HQ **44-032063**

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

<input checked="" type="checkbox"/> box to indicate	<input checked="" 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) <b>MARK C. NELSON</b>	OWNER'S TITLE <b>LTC, COMMANDING OFFICER</b>	DATE <b>5/24/94</b>
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**LOCAL AGENCY USE ONLY**

COUNTY # <b>011</b>	JURISDICTION # <b>000</b>	FACILITY # <b>000244</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 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 checked="" 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: S PARKS RFTA

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

A. OWNER'S TANK I.D.# <u>109-1-101</u>	B. MANUFACTURED BY: <u>UNKNOWN</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNKNOWN</u>	D. TANK CAPACITY IN GALLONS: <u>3,000</u>

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

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

D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED DIESEL HEATING FUEL 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 checked="" type="checkbox"/> 95 UNKNOWN
	<input type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank)	<input checked="" type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		<input type="checkbox"/> 4 PHENOLIC LINING
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) <u>NONE</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>NONE</u>

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

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

**V. TANK LEAK DETECTION**

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

**VI. TANK CLOSURE INFORMATION**

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>UNKNOWN</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>&lt; 100</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>MARK C. NELSON</u>	DATE <u>5/24/94</u>
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**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>0100244</u>	TANK # <u>00030</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

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
 DEPARTMENT OF ENVIRONMENTAL HEALTH  
 HAZARDOUS MATERIALS DIVISION  
 80 SWAN WAY, ROOM 200  
 OAKLAND, CA 94621  
 PHONE NO. 415/271-4320

Project Specialist (print) Jeff Sharp

**ACCEPTED**

DEPARTMENT OF ENVIRONMENTAL HEALTH  
 470 - 27th Street, Third Floor  
 Oakland, CA 94612  
 Telephone: (415) 874-7237

These plans have been reviewed and found to be acceptable and essentially meet the requirements of State and local health laws. Changes to your plans indicated by this Department are to assure compliance with State and local laws. The project proposed herein is now released for issuance of any required building permits for construction.

One copy of these accepted plans must be on the job and available to all contractors and craftsmen involved with the removal.

Any change or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Inspection Department to determine if such changes meet the requirements of State and local laws. Notify this Department at least 48 hours prior to the following required inspections:

- Removal of Tank and Piping
- Sampling
- Final Inspection

Issuance of a permit to operate is dependent on compliance with accepted plans and all applicable laws and regulations.

**THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS.**

**UNDERGROUND TANK CLOSURE PLAN**

*Approved w/ Red inked change on p. 4*

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

1. Business Name U.S. ARMY RESERVE, CAMP PARKS  
 Business Owner DIRECTOR OF ENGINEERING HOUSING (DEH) B-280, PRESIDIO
  2. Site Address CAMP PARKS, BLDG 732, DOUGHERTY ROAD, PARKS RFTA (ECS-30)  
 City DUBLIN CA Zip 94568 Phone 510-829-9098
  3. Mailing Address PWCSFB CODE 614, NAVAL SUPPLY CENTER P.O. BOX 24003  
 City OAKLAND CA Zip 94623-1003 Phone 510-302-5483
  4. Land Owner DIRECTOR OF ENGINEERING HOUSING (DEH) B-280, PRESIDIO  
 Address SAN FRANCISCO City, State CA Zip 94129
  5. Generator name under which tank will be manifested ECS-30  
BUILDING-730, PARKS RFTA, DUBLIN, CALIF 94568
- EPA I.D. No. under which tank will be manifested CA-0210490405

6. Contractor U.S. NAVY PUBLIC WORKS CENTER CODE 710 (HEAVY EQUIPMENT DEPARTMENT)  
Address NAVY PWCSFB, NAVAL SUPPLY CENTER, P.O. BOX 24003-1003  
City OAKLAND Phone 510-302-5893  
License Type GOVERNMENT PWC IS EXEMPT ID# \_\_\_\_\_  
FROM THE STATE CONTRACTOR'S LAW PER SECS 7031.5 & 7044

7. Consultant TO BE DETERMINED AS NEEDED  
Address \_\_\_\_\_  
City \_\_\_\_\_ Phone \_\_\_\_\_

8. Contact Person for Investigation  
Name PACIFICO M. ICASIANO Title ENVIRONMENTAL ENGINEER  
Phone 510-302-5483

9. Number of tanks being closed under this plan TWO  
Length of piping being removed under this plan 700 FT  
Total number of tanks at facility 2

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

\*\* Underground tanks are hazardous waste and must be handled \*\*  
as hazardous waste

a) Product/Residual Sludge/Rinsate Transporter

Name H & H ENVIRONMENTAL SERVICE CO. EPA I.D. No. CA-004771168  
Hauler License No. 0334 License Exp. Date 1/31/93  
Address 220 CHINA BASIN STREET  
City SAN FRANCISCO State CA Zip 94107

b) Product/Residual Sludge/Rinsate Disposal Site

Name H & H ENVIRONMENTAL SERVICE CO EPA I.D. No. CA-0047711618  
Address 220 CHINA BASIN STREET,  
City SAN FRANCISCO State CA Zip 94107

c) Tank and Piping Transporter

Name H & H ENVIRONMENTAL SERVICE CO. EPA I.D. No. CA-004771168  
Hauler License No. 0334 License Exp. Date 1/31/93  
Address 220 CHINA BASIN STREET  
City SAN FRANCISCO State CA Zip 94107

d) Tank and Piping Disposal Site

Name H & H ENVIRONMENTAL SERVICE CO. EPA I.D. No. CA-004771168  
Address 220 CHINA BASIN STREET  
City SAN FRANCISCO State CA Zip 94107

11. Experienced Sample Collector

Name SHAO PIN YO  
Company EUREKA, LABORATORIES, INC.  
Address 6790 FLORIN PERKINS ROAD  
City SACRAMENTO State CA Zip 95828 Phone 916-381-7953

12. Laboratory

Name EUREKA LABORATORIES INC.  
Address 6790 FLORIN PERKINS ROAD  
City SACRAMENTO State CA Zip 95828  
State Certification No. E 765

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

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

14. Describe methods to be used for rendering tank inert

TANK WILL BE EMPTIED, GAS FREED WITH DRY ICE (AT LEAST 15 LBS PER 1000 GAL CAPACITY, MORE ICE WILL BE ADDED IF REQUIRED TO OBTAIN LESS THAN 10% LEL IN THE TANK ATMOSPHERE), AND TRIPLE RINSE AS APPLICABLE BY H&H ENVIRONMENTAL SERVICE CO AS APPLICABLE, AN EXPLOSION PROOF AND CALIBRATED COMBUSTIBLE GAS METER SHALL BE USED TO VERIFY INERTNESS.  
 Before tanks are pumped out and inerted, all associated piping must be flushed out into the tanks. All accessible associated piping must then be removed. Inaccessible piping must be plugged.

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

15. Tank History and Sampling Information

Tank		Material to be sampled (tank contents, soil, ground-water, etc.)	Location and Depth of Samples
CAMP PARKS TA	Capacity (GALS)		
B-732-1	20,000	INSTALLED: IN 1942 FOR STORING GASOLINE FOR THE GASOLINE STATION TANK LAST USED: IN 1970  PRE-EXCAVATION: "TRACER TIGHT" INDIRECT SOIL SAMPLE POST-EXCAVATION: TAKE SOIL SAMPLE & GROUND WATER SAMPLE AS REQUIRED	PRE-EXCAVATION: "TRACER TIGHT" 4 SOIL PROBES @ 5 FT DEEP EACH. POST-EXCAVATION: 2 BORE HOLES AT TANK BOTTOM END & CENTER FILL, AND AS REQUIRED FOR SOIL & WATER SAMPLES.
B-732-2	4,000	INSTALLED: IN 1958 FOR STORING WASTE OIL FROM VEHICLES. TANK LAST USED: IN 1970  PRE-EXCAVATION: "TRACER TIGHT" INDIRECT SOIL SAMPLE POST-EXCAVATION: TAKE SOIL SAMPLE & GROUND WATER SAMPLE AS REQUIRED	PRE-EXCAVATION: "TRACER TIGHT" 2 SOIL PROBES @ 5 FT DEEP EA. POST-EXCAVATION: 2 BORE HOLES AT BOTTOM END & CENTER FILL, AND AS REQUIRED FOR SOIL & WATER SAMPLES

Maximum of 2 ft. into Native Soil!

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

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (Estimated)  90 yd <sup>3</sup>	<b>Sampling Plan</b> SAMPLE, ANALYZE, & STOCKPILE EXCAVATED SOIL SEPARATELY FROM ANY EXCAVATED ASPHALT OR CONCRETE. CONTAMINATED SOIL WILL BE PLACED IN A PLASTIC SHEET, COVERED, LABELED AND POSTED WITH PRECAUTION FOR SECURITY. DEPENDING ON SOIL ANALYSIS RESULTS, CONTAMINATED SOIL WILL BE DISPOSED OF IN A CLASS I OR II LANDFILL. ANY ORGANIC COMPOUND AERATION TO BE PER BAAQMD REG 8 RULE 40, APCD & BAAQMD ENFORCEMENT SHOULD BE NOTIFIED BY TELEPHONE 24 HOURS PRIOR TO SPREADING OF CONTAMINATED SOIL.

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

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.

MATRIX TO BE SAMPLED	Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Method Number	Method Detection Limit
SOIL DIESEL, UNLEADED, LEADED, & WASTE OIL	TPH-D	3550	DHS	
	BTXE	5030	8020	
	TPH-G	5030	DHS	
	TPH & BTEX		8260	
	TOTAL LEAD AA	(to detect metals)	DHS	
	O & G	5520 (D & F)	DHS	
	CLHC		8010	
GROUND WATER: DIESEL, UN LEADED, & LEADED, & WASTE OIL	TPH-D	3510	DHS	
	BTXE	5030	602	
	TPH-G	5030	DHS	
	TOTAL LEAD AA	(To detect metals)	DHS	
	O & G	5520 (C & F)	DHS	
	CLHC		601	
	Cd	} metals	AA	
	Cr			
	Pb			
	Zn			
Hg				
Ni				

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



18. Submit Worker's Compensation Certificate copy

Name of Insurer N/A, THE U.S. GOVERNMENT IS SELF INSURED

19. Submit Plot Plan (See SKETCH #3)

20. Enclose Deposit

21. Report any leaks or contamination to this office within 5 days of discovery. The report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report form. (see Instructions)

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

I declare that to the best of my knowledge and belief 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 an approval from the Department of Environmental Health 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.

Signature of Contractor

Name (please type) GIL P. FLETCHER  
Signature [Handwritten Signature]  
Date 8/17/92

Signature of Site Owner or Operator

Name (please type) ROGER L. LORBER, COL, EN, DEH  
Signature [Handwritten Signature] C. ENGINEERING DIV., DEH  
Date AUGUST 17 1992

U.S. GOVERNMENT "OWNER-BUILDER" DECLARATION

It is hereby affirmed that the Department of Defense (DOD), (see Project Declaration on the next page), is exempt from the California State Contractor's License Law based on the following reason(s):

(Sec. 7031.5, Business and Professions Code: "Any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he is licensed pursuant to the provisions of the Contractor's Law [Chapter 9, commencing with Sec. 7000 of Division 3 of the Business and Professions Code] or that he is exempt therefrom and the basis for the alleged exemption." Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred (\$500) dollars.")

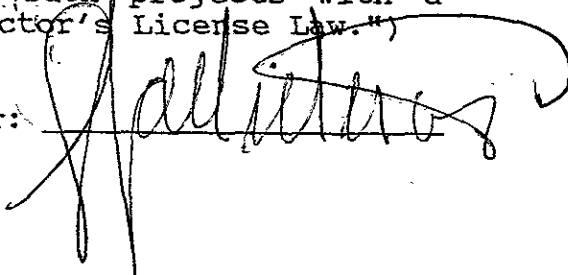
(A) The Department of Defense (DOD), as owner of the property, or its employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale.

(Sec. 7044, Business and Professions Code: "The Contractor's License Law does not apply to an owner of Property who builds or improves thereon, and who does such work himself or through his own employees, provided that such improvements are not intended or offered for sale. If however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he did not build or improve for the purpose of sale.")

(B) The Department of Defense (DOD), as owner of the property, is exclusively sub-contracting with qualified licensed contractors to construct portion of the work not assigned to DOD trained abatement and tank remover employees.

(Sec. 7044, Business and Professions Code: "The Contractor's License Law does not apply to an owner of property who builds and improves thereon, and who contracts for such projects with a contractor licensed pursuant to the Contractor's License Law.")

Date: \_\_\_\_\_  
AUG 17 1992

Owner: \_\_\_\_\_  


Tank Closure Permit Application/Closure Plan DECLARATION  
Page 2

WORKER'S COMPENSATION DECLARATION:

It is hereby affirmed that the Federal Government is a self insured entity and is exempt from worker's compensation insurance. It is further certified that in the performance of the project for which this permit is issued, the U.S. Government will not employ any person in any manner so as to become subject to the Worker's Compensation Law of California.

Date: 9/30/92 Contractor: PWC TRANSPORTATION

TANK REMOVAL PROJECT BACKGROUND DECLARATION:

It is hereby declared that the underground storage tanks, (owned and funded by the self insured Federal Government Department of Defense (DOD)), located inside the U.S. military facility, are to be removed by qualified/experienced DOD Public Works Heavy-Equipment Tank Removers who are State OSHA trained/certified and strictly DOD wage compensated. Removal is to be supervised and coordinated by DOD Environmental Engineers, overseen by DOD OSHA Safety Personnel, and assisted by State Licensed Sub-Contractors (for tank testing, chemical analysis and hazardous waste hauling and disposal, etc...). Any resulting property structure/improvement is not to be offered for sale. In addition, the tank removal/closure project is to be field inspected by the cognizant County/City Health Agency and local Fire Department to ensure full compliance with all applicable federal, state, and local regulatory body requirements.

Date: 9/30/92 Applicant: Ralph M. Johnson



DEPARTMENT OF THE NAVY

NAVY PUBLIC WORKS CENTER

SAN FRANCISCO BAY

P.O. BOX 24003

OAKLAND, CALIFORNIA 94623-0003

IN REPLY REFER TO:

5890  
600/0110

Alameda County Health Care Services Agency  
Department of Environmental Health,  
Hazardous Materials Division,  
Attn: Mr. Jeff Shapiro  
80 Swan Way, Room 200  
Oakland, CA 94621

Dear Sir:

We are hereby forwarding the required Underground Storage Tank (UST) Closure Plan and Closure Permit Application, including our Declaration of state exemption from contractors' license law and workers' compensation insurance for the removal of two UST's owned by the U. S. Army at Camp Parks, Dublin Facility.

By the attached check/memo, Navy Public Works Center, San Francisco Bay is forwarding to your office the amount of \$681.00 for removal of two tanks.

We would appreciate your review of this project as expeditiously as possible. We will be more than pleased to incorporate comments or any change(s) that you deem necessary via visits to you, inspection of our site or facsimile transmissions.

If you have any questions, the point of contact for this project is Mr. Pacifico Icasiano at (510)302-5483.

Sincerely,

A handwritten signature in cursive script, appearing to read "R. E. Davis".

R. E. DAVIS  
Director, Utilities Department  
By direction of the  
Commanding Officer

# Memorandum

DATE: 10/19/92

FROM: P. ICASIANO (CODE 614)

TO: J. ANDERSON (CODE 601,2)

*J. W. W. 10/22*

SUBJ: TANK CLOSURE PERMIT APPLICATION FEE

1. REQUEST A CHECK IN THE AMOUNT OF \$681 BE ISSUED TO ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY DEPARTMENT OF ENVIRONMENTAL HEALTH HAZARDOUS MATERIALS DIVISION 80 SWAN WAY, OAKLAND CALIFORNIA 94621. CHARGE TO THE ARMY J.O. # 1586757.
2. PLEASE, FORWARD CHECK TO CODE 614 FOR ENCLOSURE WITH SUBJECT PERMIT APPLICATION AS A DEPOSIT FOR THE REMOVAL OF TWO U.S. ARMY UNDERGROUND STORAGE TANKS (USTs) AT DUBLIN, CALIFORNIA.
3. CODE 614 WILL HAND CARRY SUBJECT PERMIT APPLICATION AND THE REQUIRED CHECK DIRECTLY TO THE ALAMEDA COUNTY TO FACILITATE ENVIRONMENTAL TANK REMOVAL COMPLIANCE WORK IMPOSED BY THE FEDERAL, STATE AND LOCAL REGULATORY AGENCIES.
4. CONTACT PACIFICO M. ICASIANO AT 302-5483 FOR ANY QUESTIONS.

*Pacifico M. Icasiano*

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
DEPARTMENT OF ENVIRONMENTAL HEALTH  
HAZARDOUS MATERIALS DIVISION  
80 SWAN WAY, ROOM 200  
OAKLAND, CA 94621  
PHONE NO. 415/271-4320

Project Specialist (print)

UNDERGROUND TANK CLOSURE PLAN

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

1. Business Name U.S. ARMY RESERVE, CAMP PARKS  
Business Owner DIRECTOR OF ENGINEERING HOUSING (DEH) B-280, PRESIDIO
2. Site Address CAMP PARKS, BLDG 732, DOUGHERTY ROAD, PARKS RFTA (ECS-30)  
City DUBLIN CA Zip 94568 Phone 510-829-8093
3. Mailing Address PWCSEB CODE 614, NAVAL SUPPLY CENTER P.O. BOX 24003  
City OAKLAND CA Zip 94623-1003 Phone 510-302-5483
4. Land Owner DIRECTOR OF ENGINEERING HOUSING (DEH) B-280, PRESIDIO  
Address SAN FRANCISCO City, State CA Zip 94129
5. Generator name under which tank will be manifested ECS-30  
BUILDING-730, PARKS RFTA, DUBLIN, CALIF 94568  
EPA I.D. No. under which tank will be manifested CA-0210490405

Contractor U.S. NAVY PUBLIC WORKS CENTER CODE T10 (HEAVY EQUIPMENT DEPARTMENT)

Address NAVY PWCSFB, NAVAL SUPPLY CENTER, P.O. BOX 24003-1003

City OAKLAND Phone 510-302-5893

License Type GOVERNMENT PWC IS EXEMPT ID# ---  
FROM THE STATE CONTRACTOR'S LAW PER SECS 7031.5 & 7044

7. Consultant TO BE DETERMINED AS NEEDED

Address \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_

8. Contact Person for Investigation

Name PACIFICO M. ICASIANO Title ENVIRONMENTAL ENGINEER

Phone 510-302-5483

9. Number of tanks being closed under this plan TWO

Length of piping being removed under this plan 700 FT

Total number of tanks at facility 2

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

\*\* Underground tanks are hazardous waste and must be handled \*\*  
as hazardous waste

a) Product/Residual Sludge/Rinsate Transporter

Name H & H ENVIRONMENTAL SERVICE CO. EPA I.D. No. CA-004771168

Hauler License No. 0334 License Exp. Date 1/31/93

Address 220 CHINA BASIN STREET

City SAN FRANCISCO State CA Zip 94107

b) Product/Residual Sludge/Rinsate Disposal Site

Name H & H ENVIRONMENTAL SERVICE CO EPA I.D. No. CA-004771168

Address 220 CHINA BASIN STREET,

City SAN FRANCISCO State CA Zip 94107

c) Tank and Piping Transporter

Name H & H ENVIRONMENTAL SERVICE CO. EPA I.D. No. CA-004771168  
Hauler License No. 0334 License Exp. Date 1/31/93  
Address 220 CHINA BASIN STREET  
city SAN FRANCISCO State CA zip 94107

d) Tank and Piping Disposal Site

Name H & H ENVIRONMENTAL SERVICE CO. EPA I.D. No. CA-004771168  
Address 220 CHINA BASIN STREET  
city SAN FRANCISCO State CA zip 94107

11. Experienced Sample Collector

Name SHAO PIN YO  
Company EUREKA, LABORATORIES, INC.  
Address 6790 FLORIN PERKINS ROAD  
city SACRAMENTO State CA zip 95828 Phone 916-381-7953

12. Laboratory

Name EUREKA LABORATORIES INC.  
Address 6790 FLORIN PERKINS ROAD  
city SACRAMENTO State CA zip 95828  
State Certification No. E 765

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

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



Describe methods to be used for rendering tank inert

TANK WILL BE EMPTIED, GAS FREED WITH DRY ICE (AT LEAST 15 LBS PER 1000 GAL CAPACITY, MORE

ICE WILL BE ADDED IF REQUIRED TO OBTAIN LESS THAN 10% LEL IN THE TANK ATMOSPHERE), AND

TRIPLE RINSE AS APPLICABLE BY H&H ENVIRONMENTAL SERVICE CO AS APPLICABLE, AN EXPLOSION

PROOF AND CALIBRATED COMBUSTIBLE GAS METER SHALL BE USED TO VERIFY INERTNESS.

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

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

15. Tank History and Sampling Information

CAMP PARKS TANK	Tank		Material to be sampled (tank contents, soil, ground-water, etc.)	Location and Depth of Samples
	Capacity (GALS)	Use History (see instructions)		
B-732-1	20,000	INSTALLED IN 1942 FOR STORING GASOLINE FOR THE GASOLINE STATION TANK LAST USED IN 1970	PRE-EXCAVATION: "TRACER TIGHT" INDIRECT SOIL SAMPLE POST-EXCAVATION: TAKE SOIL SAMPLE & GROUND WATER SAMPLE AS REQUIRED	PRE-EXCAVATION: "TRACER TIGHT" 4 SOIL PROBES @ 5 FT DEEP EACH. POST-EXCAVATION: 2 BORE HOLES AT TANK BOTTOM END & CENTER FILL, AND AS REQUIRED FOR SOIL & WATER SAMPLES
B-732-2	4,000	INSTALLED IN 1958 FOR STORING WASTE OIL FROM VEHICLES. TANK LAST USED IN 1970	PRE-EXCAVATION: "TRACER TIGHT" INDIRECT SOIL SAMPLE POST-EXCAVATION: TAKE SOIL SAMPLE & GROUND WATER SAMPLE AS REQUIRED	PRE-EXCAVATION: "TRACER TIGHT" 2 SOIL PROBES @ 5 FT DEEP EA. POST-EXCAVATION: 2 BORE HOLES AT BOTTOM END & CENTER FILL, AND AS REQUIRED FOR SOIL & WATER SAMPLES

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

**Excavated/Stockpiled Soil**

<p><b>Stockpiled Soil Volume (Estimated)</b></p> <p align="center">90 Yd<sup>3</sup></p>	<p align="center"><b>Sampling Plan</b></p> <p>SAMPLE, ANALYZE, &amp; STOCKPILE EXCAVATED SOIL SEPARATELY FROM ANY EXCAVATED ASPHALT OR CONCRETE, CONTAMINATED SOIL WILL BE PLACED IN A PLASTIC SHEET, COVERED, LABELED AND POSTED WITH PRECAUTION FOR SECURITY. DEPENDING ON SOIL ANALYSIS RESULTS, CONTAMINATED SOIL WILL BE DISPOSED OF IN A CLASS I OR II LANDFILL. ANY ORGANIC COMPOUND REMEDIATION TO BE PER BAQMD REG 8 RULE 40, APCD &amp; BAQMD ENFORCEMENT SHOULD BE NOTIFIED BY TELEPHONE 24 HOURS PRIOR TO SPREADING OF CONTAMINATED SOIL.</p>
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Stockpiled soil must be placed on bermed plastic and must be completely covered by plastic sheeting.

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.

MATRIX TO BE SAMPLED	Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Method Number	Method Detection Limit
SOIL DIESEL, UNLEADED, & WASTE OIL	TPH-D	3550	DHS	
	BTXE	5030	8020	
	TPH-G	5030	DHS	
	TPH & BTEX		8260	
	TOTAL LEAD AA	(to detect metals)	DHS	
	O & G	5520 (D & F)	DHS	
	CLHC		8010	
GROUND WATER: DIESEL, UN LEADED, & WASTE OIL	TPH-D	3510	DHS	
	BTXE	5030	602	
	TPH-G	5030	DHS	
	TOTAL LEAD AA	(to detect metals)	DHS	
	O & G	5520 (C & F)	DHS	
	CLHC		601	
	<ul style="list-style-type: none"> <li>Cd</li> <li>Cr</li> <li>Pb</li> <li>Zn</li> <li>Hg</li> <li>Ni</li> </ul> Metals			AA

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

18. Submit Worker's Compensation Certificate copy

Name of Insurer N/A, THE U.S. GOVERNMENT IS SELF INSURED

19. Submit Plot Plan (See SKETCH #3)

20. Enclose Deposit

21. Report any leaks or contamination to this office within 5 days of discovery. The report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report form. (see Instructions)

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

I declare that to the best of my knowledge and belief 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 an approval from the Department of Environmental Health 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.

Signature of Contractor

Name (please type) GIL P. FLETCHER

Signature [Handwritten Signature]

Date 8/17/92

Signature of Site Owner or Operator

Name (please type) ROGER L. LORBER, COL, EN, DEH

Signature [Handwritten Signature] C. ENGINEERING DIV., DEH

Date AUGUST 17 1992

Tank Closure Permit Application/Closure Plan DECLARATION

Page 1

U.S. GOVERNMENT "OWNER-BUILDER" DECLARATION

It is hereby affirmed that the Department of Defense (DOD), (see Project Declaration on the next page), is exempt from the California State Contractor's License Law based on the following reason(s):

(Sec. 7031.5, Business and Professions Code: "Any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he is licensed pursuant to the provisions of the Contractor's Law [Chapter 9, commencing with Sec. 7000 of Division 3 of the Business and Professions Code] or that he is exempt therefrom and the basis for the alleged exemption." Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred (\$500) dollars.")

(A) The Department of Defense (DOD), as owner of the property, or its employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale.

(Sec. 7044, Business and Professions Code: "The Contractor's License Law does not apply to an owner of Property who builds or improves thereon, and who does such work himself or through his own employees, provided that such improvements are not intended or offered for sale. If however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he did not build or improve for the purpose of sale.")

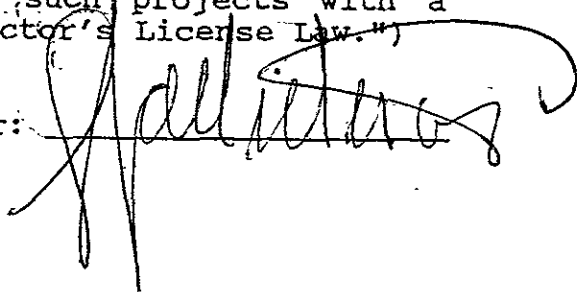
(B) The Department of Defense (DOD), as owner of the property, is exclusively sub-contracting with qualified licensed contractors to construct portion of the work not assigned to DOD trained abatement and tank remover employees.

(Sec. 7044, Business and Professions Code: "The Contractor's License Law does not apply to an owner of property who builds and improves thereon, and who contracts for such projects with a contractor licensed pursuant to the Contractor's License Law.")

Date: \_\_\_\_\_

AUG 17 1992

Owner: \_\_\_\_\_



Tank Closure Permit Application/Closure Plan DECLARATION  
Page 2

WORKER'S COMPENSATION DECLARATION:

It is hereby affirmed that the Federal Government is a self insured entity and is exempt from worker's compensation insurance. It is further certified that in the performance of the project for which this permit is issued, the U.S. Government will not employ any person in any manner so as to become subject to the Worker's Compensation Law of California.

Date: 9/30/92 Contractor: PWC TRANSPORTATION

TANK REMOVAL PROJECT BACKGROUND DECLARATION:

It is hereby declared that the underground storage tanks, (owned and funded by the self insured Federal Government Department of Defense (DOD)), located inside the U.S. military facility, are to be removed by qualified/experienced. DOD Public Works Heavy-Equipment Tank Removers who are State, OSHA trained/certified and strictly DOD wage compensated. Removal is to be supervised and coordinated by DOD Environmental Engineers, overseen by DOD OSHA Safety Personnel, and assisted by State Licensed Sub-Contractors (for tank testing, chemical analysis and hazardous waste hauling and disposal, etc...). Any resulting property structure/improvement is not to be offered for sale. In addition, the tank removal/closure project is to be field inspected by the cognizant County/City Health Agency and local Fire Department to ensure full compliance with all applicable federal, state, and local regulatory body requirements.

Date: 9/30/92 Applicant: Rafael M. Jimenez



FORM 'A'  
SITE

UNDERGROUND STORAGE TANK PROGRAM  
FACILITY/SITE, INFORMATION and/or PERMIT APPLICATION

COMPLETE THIS FORM FOR EACH FACILITY/SITE

No 11739

1 NEW PERMIT      3 RENEWAL PERMIT      5 CHANGE OF INFORMATION      7 PERMANENTLY CLOSED SITE  
 2 INTERIM PERMIT      4 AMENDED PERMIT      6 TEMPORARY SITE CLOSURE

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

FACILITY/SITE NAME <b>CAMP PARKS</b>		CARE OF ADDRESS INFORMATION <b>BLDG 730</b>	
ADDRESS <b>(ECS-30) BUILDING 732, PARKS RFTA</b>		NEAREST CROSS STREET <b>DOUGHERTY ROAD</b>	<input checked="" type="checkbox"/> Box to indicate <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> FEDERAL AGENCY <input type="checkbox"/> COUNTY AGENCY
CITY NAME <b>DUBLIN</b>		STATE <b>CA</b>	ZIP CODE <b>94568</b>
TYPE OF BUSINESS <input type="checkbox"/> 1 GAS STATION <input type="checkbox"/> 2 DISTRIBUTOR <input type="checkbox"/> 4 PROCESSOR <input type="checkbox"/> 3 FARM <input checked="" type="checkbox"/> 5 OTHER		EPA ID # <b>NONE</b>	# of TANK'S AT THIS SITE <b>2</b>
EMERGENCY CONTACT PERSON (PRIMARY)		EMERGENCY CONTACT PERSON (SECONDARY)	
DAYS: NAME (LAST, FIRST) <b>EVERET SMITH</b> PHONE # WITH AREA CODE <b>(510) 829-8098</b>		DAYS: NAME (LAST, FIRST) <b>RON WILLEN</b> PHONE # WITH AREA CODE <b>(510)-828-8335</b>	
NIGHTS: NAME (LAST, FIRST) <b>ROGER WALLAS</b> PHONE # WITH AREA CODE <b>(510) 828-2057</b>		NIGHTS: NAME (LAST, FIRST) <b>FIRE DEPARTMENT</b> PHONE # WITH AREA CODE <b>(510)-828-2057</b>	

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

NAME <b>ED BALLESTEROS</b>		CARE OF ADDRESS INFORMATION	
MAILING or STREET ADDRESS <b>DIRECTOR OF ENGINEERING HOUSING (DEN) B-283, PRESIDIO</b>		<input checked="" type="checkbox"/> Box to indicate <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> FEDERAL AGENCY <input type="checkbox"/> COUNTY AGENCY	
CITY NAME <b>SAN FRANCISCO</b>		STATE <b>CA</b>	PHONE #, WITH AREA CODE <b>415-561-4780</b>

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

NAME <b>ED BALLESTEROS</b>		CARE OF ADDRESS INFORMATION	
MAILING or STREET ADDRESS <b>DIRECTOR OF ENGINEERING HOUSING (DEN) B-283, PRESIDIO</b>		<input checked="" type="checkbox"/> Box to indicate <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> FEDERAL AGENCY <input type="checkbox"/> COUNTY AGENCY	
CITY NAME <b>SAN FRANCISCO</b>		STATE <b>CA</b>	PHONE #, WITH AREA CODE <b>415-561-4780</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.

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) **PACIFICO M. ICASIANO**     DATE **9/30/92**  
*Pacifico M. Icasiano*

LOCAL AGENCY USE ONLY

COUNTY #	JURISDICTION #	AGENCY #	FACILITY ID #	# of TANKS at 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 YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE FILED
CHECK #	PERMIT AMOUNT	SURCHARGE AMOUNT	FEE CODE	RECEIPT # BY:

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 'B':  
TANK

UNDERGROUND STORAGE TANK PROGRAM  
TANK PERMIT APPLICATION INFORMATION

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

NO  
22841

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 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: CAMP PARKS (ECS-30), BLDG-732 FARM TANK - YES  NO

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

A. OWNERS TANK ID # <u>B-732-1</u>	B. MANUFACTURED BY: <u>UNKNOWN</u>
C. YEAR INSTALLED <u>1942</u>	D. TANK CAPACITY IN GALLONS: <u>20,000 (ESTIMATED)</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 checked="" type="checkbox"/> 2 LEADED	<input checked="" type="checkbox"/> 3 DIESEL	
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 4 OIL	<input type="checkbox"/> 2 HAZARDOUS	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 6 AVIATION GAS
D. IF NOT MOTOR VEHICLE FUEL, ENTER NAME OF HAZARDOUS SUBSTANCE STORED & C.A.S. # <u>USED OIL</u>				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 type="checkbox"/> 3 SINGLE WALLED WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" 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"/> 8 STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC	<input type="checkbox"/> 8 100% METHANOL COMPATIBLE FRP	<input type="checkbox"/> 99 OTHER
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 checked="" 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 type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER	
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 TAR OR ASPHALT	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN
	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC	<input type="checkbox"/> 99 OTHER	

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND, 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 91 NONE	A U 95 UNKNOWN	A U 99 OTHER
B. CONSTRUCTION	A <input checked="" type="radio"/> 1 SINGLE WALLED	A U 2 DOUBLE WALLED	A U 3 LINED TRENCH	A U 91 NONE	A U 95 UNKNOWN	A U 99 OTHER
C. MATERIAL	A U 1 STEEL/IRON	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE	A U 91 NONE	
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL CLAD W/FRP	A U 8 100% METHANOL COMPATIBLE FRP		
	A U 9 GALVANIZED STEEL	A <input checked="" type="radio"/> 95 UNKNOWN	A U 99 OTHER			

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

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

1. ESTIMATED DATE LAST USED (MO/YR) <u>1970</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN <u>FULL OF WATER, 20,000</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? <input type="checkbox"/> YES <input checked="" 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) <u>PACIFICO M. ICASIANO Pacifico M. Icasiano</u>	DATE <u>9/30/92</u>
--	------------------------

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 #
				BY:



FORM 'B': TANK

UNDERGROUND STORAGE TANK PROGRAM TANK PERMIT APPLICATION INFORMATION

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

NO 22841

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 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: **CAMP PARKS (ECO-30), BLDG 732** FARM TANK - YES  NO

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

A. OWNERS TANK ID # <b>B-732-2</b>	B. MANUFACTURED BY: <b>UNKNOWN</b>
C. YEAR INSTALLED <b>1992</b>	D. TANK CAPACITY IN GALLONS: <b>9,000 (ESTIMATED)</b>

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 checked="" type="checkbox"/> 2 LEADED	<input checked="" type="checkbox"/> 3 DIESEL	
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 4 OIL	<input type="checkbox"/> 5 HAZARDOUS	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 6 AVIATION GAS
D. IF NOT MOTOR VEHICLE FUEL, ENTER NAME OF HAZARDOUS SUBSTANCE STORED & C.A.S. # <b>USED OIL</b>				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 type="checkbox"/> 3 SINGLE WALLED WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" 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 checked="" 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
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 TAR OR ASPHALT	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 99 OTHER

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND, 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 91 NONE	A U 95 UNKNOWN	A U 99 OTHER
B. CONSTRUCTION	A <input checked="" type="radio"/> 1 SINGLE WALLED	A U 2 DOUBLE WALLED	A U 3 LINED TRENCH	A U 91 NONE	A U 95 UNKNOWN	A U 99 OTHER
C. MATERIAL	A U 1 STEEL/IRON	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE	A U 91 NONE	
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL CLAD W/FRP	A U 8 100% METHANOL COMPATIBLE FRP		
	A U 9 GALVANIZED STEEL	A <input checked="" type="radio"/> 95 UNKNOWN	A U 99 OTHER			

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

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

1. ESTIMATED DATE LAST USED (MO/YR) <b>1970</b>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN <b>EMPTY</b> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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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) <b>PACIFICO M. ICASIANO</b>	DATE <b>9/30/92</b>
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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 #
				BY: