

JOB NO. _____

February 25, 1997

TO: Alameda County Environmental Health Dept.

Environmental Protection Division

1131 Harbor Bay Parkway, Room 250

Alameda, CA 94502-6577

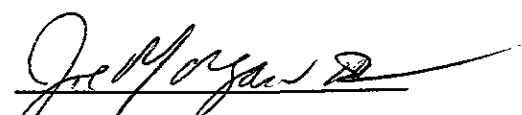
Attention; Ms. Eva Chu

SUBJECT: Additional Copies of UST Closure Plan

Transmitted herewith, please find two additional copies of the Underground
Tank Closure Plan for Camp Parks Reserve Forces Training Area in
Dublin, California.

Very truly yours,

Woodward-Clyde Consultants

By 
Joe Morgan

ENVIRONMENTAL
PROTECTION
97 FEB 28 AM 10:38

February 25, 1997
MHZ010

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

**Re: Camp Parks Reserve Forces Training Area
 Dublin, California 94568**

Subject: Closure Plan for Seven Underground Fuel Storage Tanks

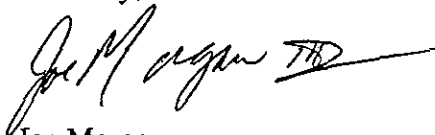
Dear Ms. Chu:

Enclosed please find a completed Underground Tank Closure Plan for seven underground storage tanks (USTs) for the above referenced site. Woodward-Clyde Consultants (WCC) is pleased to submit this report on behalf of our client, Camp Parks Reserve Forces Training Area (RFTA). This report contains the owner information, tank locations, use history, sampling plan, contractor information, and UST Permit Application Forms A and B. Fee payment is to be provided directly by Camp Parks RFTA upon request via invoice from your office to Mr. Marshall Marik in Building 790 at Camp Parks RFTA.

Camp Parks RFTA and the contractor are ready to perform the UST excavations once the enclosed Closure Plan has been approved. Your prompt attention to this matter is very much appreciated.

Please contact me at (510) 874-3201 if you have any questions or comments.

Sincerely,



Joe Morgan
Project Manager

Enclosures

cc: Marshall Marik, Camp Parks RFTA
 Rich Beyak, WCFS Omaha
 James Springer, WCFS Oakland
 Jane Vernalia, WCFS Oakland

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

Project Specialist

UNDERGROUND TANK CLOSURE PLAN
* * * Complete according to attached instructions * * *

1. Name of Business Parks Reserve Forces Training Area
Business Owner or Contact Person (PRINT) Marshall Marik
2. Site Address Bldgs. 200, 514, 1137, 1139, 1105, and 1108, Camp Parks
City Dublin Zip 94568 Phone 510-803-5638
3. Mailing Address Building 790, Camp Parks
City Dublin Zip 94568 Phone 510-803-5638
4. Property Owner Parks Reserve Forces Training Area
Business Name (if applicable) Camp Parks RFTA
Address Building 790, Camp Parks
City, State Dublin, CA Zip 94568
5. Generator name under which tank will be manifested
Parks Reserve Forces Training Area
EPA ID# under which tank will be manifested C A L 0 0 0 1 2 1 3 6 4

6. Contractor DECON Environmental Services

Address 23490 Connecticut Street

City Hayward, CA 94545

Phone 510-732-6444

License Type* A545726

ID# EPA CAD982468183

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

7. Consultant (if applicable) Woodward-Clyde Federal Services

Address 500 12th Street

City, State Oakland, CA 94607

Phone 510-893-3600

8. Main Contact Person for Investigation (if applicable)

Name Joe Morgan

Title Senior Project Engineer

Company Woodward-Clyde

Phone 510-874-3201

9. Number of underground tanks being closed with this plan 7

Length of piping being removed under this plan 100

Total number of underground tanks at this facility (**confirmed with owner or operator) 7

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 Erickson EPA I.D. No. CAD 009466392

Hauler License No. 0019 License Exp. Date 5/97

Address 255 Parr Blvd.

City Richmond State CA Zip 94801

b) Product/Residual Sludge/Rinsate Disposal Site

Name Erickson EPA ID# CAD 009466392

Address 255 Parr Blvd.

City Richmond State CA Zip 94801

c) Tank and Piping Transporter

Name Erickson EPA I.D. No. CAD 009466392
Hauler License No. 0019 License Exp. Date 5/97
Address 255 Parr Blvd.
City Richmond State CA Zip 94801

d) Tank and Piping Disposal Site

Name Erickson EPA I.D. No. CAD 009466392
Address 255 Parr Blvd.
City Richmond State CA Zip 94801

11. Sample Collector

Name James Springer
Company Woodward-Clyde
Address 500 12th Street
City Oakland State CA Zip 94607 Phone 510-874-3040

12. Laboratory

Name Laucks Testing Lab
Address 940 S. Harney Street
City Seattle State WA Zip 98108
State Certification No. 2151

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

If yes, describe. _____

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

Removal of explosive vapors will be done by introducing dry ice pellets. Fifteen pounds per 500 gallons will be used. The vapor concentration will be lowered to less than 10% of the Lower Explosive Limit (LEL).

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

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

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

Tank		Material to be sampled (tank contents, soil, groundwater)	Location and Depth of Samples
Capacity	Use History include date last used (estimated)		
14	Approx. 500 gal. diesel*	soil and/or groundwater	If no groundwater: below both tank ends. If groundwater present: center of each excavation wall.
14	Approx. 500 gal. diesel or gasoline*	soil and/or groundwater	
00	Approx. 500 gal. heating oil*	soil and/or groundwater	
137	Approx. 500 gal. heating oil*	soil and/or groundwater	
39	Approx. 500 gal. heating oil*	soil and/or groundwater	
08	Approx. 500 gal. heating oil*	soil and/or groundwater	
05	Approx. 500 gal. heating oil*	soil and/or groundwater	
	*(unknown date of last use)		

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

Excavated/Stockpiled Soil

Stockpiled Soil Volume (estimated)

20yd³

Sampling Plan

Collect one composite sample from each tank stockpile (i.e., 7 tubes).

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

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

If yes, explain reasoning _____

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

16. Chemical methods and associated detection limits to be used for analyzing samples:

The Tri-Regional Board recommended minimum verification analyses and practical quantitation reporting limits should be followed. See attached Table 2.

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

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit
Gasoline	8015 modified gas, diesel 8020 BTEX 7421 total lead		1.0 mg/kg
Diesel	8015 modified gas, diesel 8020 BTEX		1.0 mg/kg
Heating Oil	8015 modified heating oil		1.0 mg/kg

18. Submit Worker's Compensation Certificate copy

Name of Insurer Reliance National Indemnity Co.

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

20. Enclose Deposit (See Instructions)

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

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

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

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

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 DECON Environmental Services, Inc.

Name of Individual Christopher Damian Kwoka

Signature *Christopher D. Kwoka* Date 2/21/97

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business ^{PARKS} Reserve Forces Training Area

Name of Individual Marshall Marik

Signature *Marshall Marik* Date 2/20/97

INSTRUCTIONS

General Instructions

- * Three (3) copies of this plan plus attachments and a deposit must be submitted to this Department.
- * Any cutting into tanks requires local fire department approval.
- * One complete copy of your approved plan must be at the construction site at all times; a copy of your approved plan must also be sent to the landowner.
- * State of California Permit Application Forms A and B are to be submitted to this office. One Form A per site, one Form B for each removed tank.

Line Item Specific Instructions

2. SITE ADDRESS
Address at which closure is taking place.
5. EPA I.D. NO. under which the tanks will be manifested
EPA I.D. numbers may be obtained from the State Department of Toxic Substances Control, 916/324-1781.
6. CONTRACTOR
Prime contractor for the project.
10. STATE REGISTERED HAZARDOUS WASTE TRANSPORTERS/FACILITIES
 - a) All residual liquids and sludges are to be removed from tanks before tanks are inerted.
 - c) Tanks must be hauled as hazardous waste.
 - d) This is the place where tanks will be taken for cleaning.
15. TANK HISTORY AND SAMPLING INFORMATION
Use History - This information is essential and must be accurate. Include tank installation date, products stored in the tank, and the date when the tank was last used.

Material to be sampled - e.g. water, oil, sludge, soil, etc.

Location and depth of samples - e.g. beneath the tank a maximum of two feet below the native soil/backfill interface, side wall at the high water mark, etc.

16. CHEMICAL METHODS AND ASSOCIATED DETECTION LIMITS
See attached Table 2.

17. SITE HEALTH AND SAFETY PLAN.

A site specific Health and Safety plan must be submitted. We advocate the site health and safety plan include the following items, at a minimum:

- a) The name and responsibilities of the site health and safety officer;
- b) An outline of briefings to be held before work each day to appraise employees of site health and safety hazards;
- c) Identification of health and safety hazards of each work task. Include potential fire, explosion, physical, and chemical hazards;
- d) For each hazard, identify the action levels (contaminant concentrations in air) or physical conditions which will trigger changes in work habits to ensure workers are not exposed to unsafe chemical levels or physical conditions;
- e) Description of the work habit changes triggered by the above action levels or physical conditions;
- f) Frequency and types of air and personnel monitoring - along with the environmental sampling techniques and instrumentation - to be used to detect the above action levels. Include instrumentation maintenance and calibration methods and frequencies;
- g) Confined space entry procedures (if applicable);
- h) Decontamination procedures;
- i) Measures to be taken to secure the site, excavation and stockpiled soil during and after work hours (e.g. barricades, caution tape, fencing, trench plates, plastic sheeting, security guards, etc.);
- j) Spill containment/emergency/contingency plan. Be sure to include emergency phone numbers, the location of the phone nearest the site, and directions to the hospital nearest the site;
- k) Documentation that all site workers have received the appropriate OSHA approved trainings and participate in appropriate medical surveillance per 29 CFR 1910.120; and
- l) A page for employees to sign acknowledging that they have read and will comply with the site health and safety plan.

The safety plan must be distributed to all employees and contractors working in hazardous waste operations on site. A complete copy of the site health and safety plan along with any standard operating procedures shall be on site and accessible at all times.

NOTE: These requirements are excerpts from 29 CFR Part 1910.120(b)(4), Hazardous Waste Operations and Emergency Response; Final Rule, March 6, 1989. Safety plans of certain underground tank sites may need to meet the complete requirements of this Rule.

19. PLOT PLAN

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

- a) Scale;
- b) North Arrow;
- c) Property Lines;
- d) Location of all Structures;
- e) Location of all relevant existing equipment including tanks and piping to be removed and dispensers;
- f) Streets;
- g) Underground conduits, sewers, water lines, utilities;
- h) Existing wells (drinking, monitoring, etc.);
- i) Depth to ground water; and
- j) All existing tank(s) and piping in addition to the tank(s) being removed.

20. DEPOSIT

A deposit, payable to "County of Alameda" for the amount indicated on the Alameda County Underground Storage Tank Fee Schedule, must accompany the plans.

21. Blank Unauthorized Leak/Contamination Site Report forms may be obtained in limited quantities from this office or from the San Francisco Bay Regional Water Quality Control Board (510/286-1255). Larger quantities may be obtained directly from the State Water Resources Control Board at (916) 739-2421.

22. TANK CLOSURE REPORT

The tank closure report should contain the following information:

- a) General description of the closure activities;
- b) Description of tank, fittings and piping conditions. Indicate tank size and former contents; note any corrosion, pitting, holes, etc.;

- c) Description of the excavation itself. Include the tank and excavation depth, a log of the stratigraphic units encountered within the excavation, a description of root holes or other potential contaminant pathways, the depth to any observed ground water, descriptions and locations of stained or odor-bearing soil, and descriptions of any observed free product or sheen;
- d) Detailed description of sampling methods; i.e. backhoe bucket, drive sampler, bailer, bottle(s), sleeves
- e) Description of any remedial measures conducted at the time of tank removal;
- f) To-scale figures showing the excavation size and depth, nearby buildings, sample locations and depths, and tank and piping locations. Include a copy of the plot plan prepared for the Tank Closure Plan under item 19;
- g) Chain of custody records;
- h) Copies of signed laboratory reports;
- i) Copies of "TSDF to Generator" Manifests for all hazardous wastes hauled offsite (sludge, rinsate, tanks and piping, contaminated soil, etc.); and
- j) Documentation of the disposal of/and volume and final destination of all non-manifested contaminated soil disposed offsite.

TABLE #2
RECOMMENDED MINIMUM VERIFICATION ANALYSES FOR
UNDERGROUND TANK LEAKS

<u>HYDROCARBON LEAK</u>	<u>SOIL ANALYSIS</u>	<u>WATER ANALYSIS</u>
Unknown Fuel	TPH G GCFID(5030) TPH D GCFID(3550) BTX&E 8020 or 8240 TPH AND BTX&E 8260	TPH G GCFID(5030) TPH D GCFID(3510) BTX&E 602, 624 or 8260
Leaded Gas	TPH G GCFID(5030) BTX&E 8020 OR 8240 TPH AND BTX&E 8260 TOTAL LEAD AA -----Optional----- TEL DHS-LUFT EDB DHS-AB1803	TPH G GCFID(5030) BTX&E 602 or 624 TOTAL LEAD AA TEL DHS-LUFT EDB DHS-AB1803
Unleaded Gas	TPH G GCFID(5030) BTX&E 8020 or 8240 TPH AND BTX&E 8260	TPH G GCFID(5030) BTX&E 602, 624 or 8260
Diesel, Jet Fuel and Kerosene	TPH D GCFID(3550) BTX&E 8020 or 8240 TPH AND BTX&E 8260	TPH D GCFID(3510) BTX&E 602, 624 or 8260
Fuel/Heating Oil	TPH D GCFID(3550) BTX&E 8020 or 8240 TPH AND BTX&E 8260	TPH D GCFID(3510) BTX&E 602, 624 or 8260
Chlorinated Solvents	CL HC 8010 or 8240 BTX&E 8020 or 8240 CL HC AND BTX&E 8260	CL HC 601 or 624 BTX&E 602 or 624 CL HC AND BTX&E 8260
Non-chlorinated Solvents	TPH D GCFID(3550) BTX&E 8020 or 8240 TPH AND BTX&E 8260	TPH D GCFID(3510) BTX&E 602 or 624 TPH and BTX&E 8260
Waste and Used Oil or Unknown (All analyses must be completed and submitted)	TPH G GCFID(5030) TPH D GCFID(3550) TPH AND BTX&E 8260 O & G 5520 D & F BTX&E 8020 or 8240 CL HC 8010 or 8240	TPH G GCFID(5030) TPH D GCFID(3510) O & G 5520 B & F BTX&E 602, 624 or 8260 CL HC 601 or 624
	ICAP or AA TO DETECT METALS: Cd, Cr, Pb, Zn, Ni METHOD 8270 FOR SOIL OR WATER TO DETECT: PCB* PCP* PNA CREOSOTE	PCB PCP PNA CREOSOTE

* If found, analyze for dibenzofurans (PCBs) or dioxins (PCP)

Reference: Tri-Regional Board Staff Recommendations for Preliminary Evaluation and Investigation of Underground Tank Sites, 10 August 1990

EXPLANATION FOR TABLE #2: MINIMUM VERIFICATION ANALYSIS

1. OTHER METHODOLOGIES are continually being developed and as methods are accepted by EPA or DHS, they also can be used.
2. For DRINKING WATER SOURCES, EPA recommends that the 500 series for volatile organics be used in preference to the 600 series because the detection limits are lower and the QA/QC is better.
3. APPROPRIATE STANDARDS for the materials stored in the tank are to be used for all analyses on Table #2. For instance, seasonally, there may be five different jet fuel mixtures to be considered.
4. To AVOID FALSE POSITIVE detection of benzene, benzene-free solvents are to be used.
5. TOTAL PETROLEUM HYDROCARBONS (TPH) as gasoline (G) and diesel (D) ranges (volatile and extractable, respectively) are to be analyzed and characterized by GCFID with a fused capillary column and prepared by EPA method 5030 (purge and trap) for volatile hydro- carbons, or extracted by sonication using 3550 methodology for extractable hydrocarbons. Fused capillary columns are preferred to packed columns; a packed column may be used as a "first cut" with "dirty" samples or once the hydrocarbons have been characterized and proper QA/QC is followed.
6. TETRAETHYL LEAD (TEL) analysis may be required if total lead is detected unless the determination is made that the total lead concentration is geogenic (naturally occurring).
7. CHLORINATED HYDROCARBONS (CL HC) AND BENZENE, TOLUENE, XYLENE AND ETHYLBENZENE (BTX&E) are analyzed in soil by EPA methods 8010 and 8020 respectively, (or 8240) and in water, 601 and 602, respectively (or 624).
8. OIL AND GREASE (O & G) may be used when heavy, straight chain hydrocarbons may be present. Infrared analysis by method 418.1 may also be acceptable for O & G if proper standards are used. Standard Methods" 17th Edition, 1989, has changed the 503 series to 5520.
9. PRACTICAL QUANTITATION REPORTING LIMITS are influenced by matrix problems and laboratory QA/QC procedures. Following are the Practical Quantitation Reporting Limits:

	<u>SOIL PPM</u>	<u>WATER PPB</u>
TPH G	1.0	50.0
TPH D	1.0	50.0
BTX&E	0.005	0.5
O & G	50.0	5,000.0

Based upon a Regional Board survey of Department of Health Services Certified Laboratories, the Practical Quantitation Reporting Limits are attainable by a majority of laboratories with the exception of diesel fuel in soils. The Diesel Practical Quantitation Reporting Limits, shown by the survey, are:

ROUTINE	MODIFIED PROTOCOL
≤ 10 ppm (42%)	≤ 10 ppm (10%)
≤ 5 ppm (19%)	≤ 5 ppm (21%)
≤ 1 ppm (35%)	≤ 1 ppm (60%)

When the Practical Quantitation Reporting Limits are not achievable, an explanation of the problem is to be submitted on the laboratory data sheets.

- LABORATORY DATA SHEETS are to be signed and submitted and include the laboratory's assessment of the condition of the samples on receipt including temperature, suitable container type, air bubbles present/absent in VOA bottles, proper preservation, etc. The sheets are to include the dates sampled, submitted, prepared for analysis, and analyzed.
- IF PEAKS ARE FOUND, when running samples, that do not conform to the standard, laboratories are to report the peaks, including any unknown complex mixtures that elute at times varying from the standards. Recognizing that these mixtures may be contrary to the standard, they may not be readily identified; however, they are to be reported. At the discretion of the LIA or Regional Board the following information is to be contained in the laboratory report:

The relative retention time for the unknown peak(s) relative to the reference peak in the standard, copies of the chroma- togram(s), the type of column used, initial temperature, temperature program is C/minute, and the final temperature.

- REPORTING LIMITS FOR TPH are: gasoline standard ≤ 20 carbon atoms, diesel and jet fuel (kerosene) standard ≤ 50 carbon atoms. It is not necessary to continue the chromatography beyond the limit, standard, or EPA/DHS method protocol (whichever time is greater).

EPILOGUE

ADDITIVES: Major oil companies are being encouraged or required by the federal government to reformulate gasoline as cleaner burning fuels to reduce air emissions. MTBE (Methyl-tertiary butyl ether), ETHANOL (ethyl alcohol), and other chemicals may be added to reformulate gasolines to increase the oxygen content in the fuel and thereby decrease undesirable emissions (about four percent with MTBE). MTBE and ethanol are, for practical purposes, soluble in water. The removal from the water column will be difficult. Other compounds are being added by the oil companies for various purposes. The refinements for detection and analysis for all of these additives are still being worked out. If you have any questions about the methodology, please call your Regional Board representative.

ALAMEDA COUNTY ENVIRONMENTAL PROTECTION DIVISION

DECLARATION OF SITE ACCOUNT REFUND RECIPIENT

There may be excess funds remaining in the Site Account at the completion of this project. The PAYOR (person or company that issues the check) will use this form to predesignate another party to receive any funds refunded at the completion of this project. In the absence of this form, the PAYOR will receive the refund.

SITE INFORMATION:

Site ID Number
(if known)

PARKS Reserve Forces Training Area
Name of Site

Bldgs. 200, 514, 1137, 1139, 1105, and 1108, Camp Parks
Street Address

Dublin, CA 94568
City, State & Zip Code

I designate the following person or business to receive any refund due at the completion of all deposit/refund projects:

PARKS RESERVE FORCES TRAINING AREA
Marshall Marik

Name

Camp Parks RFTA, Environmental Div., Bldg. 790
Street Address

Dublin, CA 94568-5201
City, State & Zip Code


Signature of Payor

2/20/97
Date

MARSHALL MARIK
Name of Payor
(PLEASE PRINT CLEARLY)

PARKS RFTA
Company Name of Payor

RETURN FORM TO:
*County of Alameda, Environmental Protection
1131 Harbor Bay Parkway, Rm 250
Alameda CA 94502-6577
Phone#(510) 567-6700*

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 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 Parks Reserve Training Area		NAME OF OPERATOR U.S. Army Reserve		
ADDRESS Bldgs. 200, 514, 1137, 1139, 1105, & 1108, Camp Parks		NEAREST CROSS STREET Dougherty	PARCEL # (OPTIONAL)	
CITY NAME Dublin		STATE CA	ZIP CODE 94568	SITE PHONE # WITH AREA CODE 510-803-5638
<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"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE 7	E. P. A. I. D. # (optional)
<input type="checkbox"/> 1 GAS STATION <input type="checkbox"/> 2 DISTRIBUTOR				
<input type="checkbox"/> 3 FARM <input type="checkbox"/> 4 PROCESSOR <input type="checkbox"/> 5 OTHER				

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) Marik, Marshall	PHONE # WITH AREA CODE 510-803-5638	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME U.S. Army Reserve		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS Bldg. 790, Camp Parks		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input checked="" type="checkbox"/> FEDERAL-AGENCY		
CITY NAME Dublin		STATE CA	ZIP CODE 94568	PHONE # WITH AREA CODE 510-803-5638

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER Parks Reserve Forces Training Area		CARE OF ADDRESS INFORMATION Marshall Marik		
MAILING OR STREET ADDRESS Bldg. 790, Camp Parks		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME Dublin		STATE CA	ZIP CODE 94568	PHONE # WITH AREA CODE 510-803-5638

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

TY (TK) HQ **44-** [] [] [] [] [] [] [] []

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"/> 7 STATE FUND
	<input 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 checked="" type="checkbox"/> 99 OTHER <u>Federal</u>			

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 & SIGNATURE) MARSHALL MARIK <i>[Signature]</i>	TANK OWNER'S TITLE ENVIRONMENTAL MANAGER	DATE 2/20/97	MONTH/DAY/YEAR
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LOCAL AGENCY USE ONLY

COUNTY # [] []	JURISDICTION # [] [] []	FACILITY # [] [] [] [] [] []
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 1 NEW PERMIT 2 INTERIM PERMIT 3 RENEWAL PERMIT 4 AMENDED PERMIT 5 CHANGE OF INFORMATION 6 TEMPORARY TANK CLOSURE 7 PERMANENTLY CLOSED ON SITE 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Parks Reserve Forces Training Area

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN
A. OWNER'S TANK I.D. # B. MANUFACTURED BY:
C. DATE INSTALLED (MO/DAY/YEAR) D. TANK CAPACITY IN GALLONS: Approx. 500

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.
A. 1 MOTOR VEHICLE FUEL 4 OIL 2 PETROLEUM 80 EMPTY 3 CHEMICAL PRODUCT 95 UNKNOWN
B. 1 PRODUCT 2 WASTE
C. 1a REGULAR UNLEADED 3 DIESEL 6 AVIATION GAS
 1b PREMIUM UNLEADED 4 GASAHOL 7 METHANOL
 1c MIDGRADE UNLEADED 5 JET FUEL 8 M85
 2 LEADED 99 OTHER (DESCRIBE IN ITEM D. BELOW)
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED Heating Oil 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 1 DOUBLE WALL 2 SINGLE WALL 3 SINGLE WALL WITH EXTERIOR LINER 4 SINGLE WALL IN A VAULT 5 INTERNAL BLADDER SYSTEM 95 UNKNOWN
B. TANK MATERIAL (Primary Tank) 1 BARE STEEL 2 STAINLESS STEEL 3 FIBERGLASS 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
 5 CONCRETE 6 POLYVINYL CHLORIDE 7 ALUMINUM 8 100% METHANOL COMPATIBLE W/FRP
 9 BRONZE 10 GALVANIZED STEEL 95 UNKNOWN 99 OTHER
C. INTERIOR LINING OR COATING 1 RUBBER LINED 2 ALKYD LINING 3 EPOXY LINING 4 PHENOLIC LINING
 5 GLASS LINING 6 UNLINED 95 UNKNOWN 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___
D. EXTERIOR CORROSION PROTECTION 1 POLYETHYLENE WRAP 2 COATING 3 VINYL WRAP 4 FIBERGLASS REINFORCED PLASTIC
 5 CATHODIC PROTECTION 91 NONE 95 UNKNOWN 99 OTHER
E. SPILL AND OVERFILL, etc. SPILL CONTAINMENT INSTALLED (YEAR) OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR)
DROP TUBE YES ___ NO ___ STRIKER PLATE YES ___ NO ___ DISPENSER CONTAINMENT YES ___ NO ___

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE
A. SYSTEM TYPE A U 1 SUCTION A U 2 PRESSURE A U 3 GRAVITY A U 4 FLEXIBLE PIPING A U 99 OTHER
B. CONSTRUCTION A U 1 SINGLE WALL A U 2 DOUBLE WALL A U 3 UNED TRENCH A U 95 UNKNOWN A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION A U 1 BARE STEEL A U 2 STAINLESS STEEL A U 3 POLYVINYL CHLORIDE (PVC) A U 4 FIBERGLASS PIPE
A U 5 ALUMINUM A U 6 CONCRETE A U 7 STEEL W/ COATING A U 8 100% METHANOL COMPATIBLE W/FRP
A U 9 GALVANIZED STEEL A U 10 CATHODIC PROTECTION A U 95 UNKNOWN A U 99 OTHER
D. LEAK DETECTION 1 MECHANICAL LINE LEAK DETECTOR 2 LINE TIGHTNESS TESTING 3 CONTINUOUS INTERSTITIAL MONITORING 4 ELECTRONIC LINE LEAK DETECTOR 5 AUTOMATIC PUMP SHUTDOWN 99 OTHER unknown

V. TANK LEAK DETECTION
 1 VISUAL CHECK 2 MANUAL INVENTORY RECONCILIATION 3 VADOZE MONITORING 4 AUTOMATIC TANK GAUGING 5 GROUND WATER MONITORING 6 ANNUAL TANK TESTING
 7 CONTINUOUS INTERSTITIAL MONITORING 8 SIR 9 WEEKLY MANUAL TANK GAUGING 10 MONTHLY TANK TESTING 95 UNKNOWN 99 OTHER

VI. TANK CLOSURE INFORMATION (PERMANENT CLOSURE IN-PLACE)
1. ESTIMATED DATE LAST USED (MO/DAY/YR) unknown
2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING unknown GALLONS
3. WAS TANK FILLED WITH INERT MATERIAL? YES ___ NO ___

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) MARSHALL MARIK [Signature] DATE 2/28/97

LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW
STATE I.D.# COUNTY # JURISDICTION # FACILITY # TANK #
PERMIT NUMBER PERMIT APPROVED BY/DATE PERMIT EXPIRATION DATE

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 1 NEW PERMIT 2 INTERIM PERMIT 3 RENEWAL PERMIT 4 AMENDED PERMIT 5 CHANGE OF INFORMATION 6 TEMPORARY TANK CLOSURE 7 PERMANENTLY CLOSED ON SITE 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Parks Reserve Forces Training Area

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I. D. # B. MANUFACTURED BY:
C. DATE INSTALLED (MO/DAY/YEAR) D. TANK CAPACITY IN GALLONS: Approx. 500

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

A. 1 MOTOR VEHICLE FUEL 4 OIL 2 PETROLEUM 80 EMPTY 3 CHEMICAL PRODUCT 95 UNKNOWN B. 1 PRODUCT 2 WASTE C. 1a REGULAR UNLEADED 1b PREMIUM UNLEADED 1c MIDGRADE UNLEADED 2 LEADED 3 DIESEL 4 GASAHOL 5 JET FUEL 6 AVIATION GAS 7 METHANOL 8 M85 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 1 DOUBLE WALL 2 SINGLE WALL 3 SINGLE WALL WITH EXTERIOR LINER 4 SINGLE WALL IN A VAULT 5 INTERNAL BLADDER SYSTEM 95 UNKNOWN 99 OTHER B. TANK MATERIAL (Primary Tank) 1 BARE STEEL 2 STAINLESS STEEL 3 FIBERGLASS 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC 5 CONCRETE 6 POLYVINYL CHLORIDE 7 ALUMINUM 8 100% METHANOL COMPATIBLE W/FRP 9 BRONZE 10 GALVANIZED STEEL 95 UNKNOWN 99 OTHER C. INTERIOR LINING OR COATING 1 RUBBER LINED 2 ALKYD LINING 3 EPOXY LINING 4 PHENOLIC LINING 5 GLASS LINING 6 UNLINED 95 UNKNOWN 99 OTHER IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___ D. EXTERIOR CORROSION PROTECTION 1 POLYETHYLENE WRAP 2 COATING 3 VINYL WRAP 4 FIBERGLASS REINFORCED PLASTIC 5 CATHODIC PROTECTION 91 NONE 95 UNKNOWN 99 OTHER E. SPILL AND OVERFILL, etc. SPILL CONTAINMENT INSTALLED (YEAR) OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) DROPTUBE YES ___ NO ___ STRIKER PLATE YES ___ NO ___ DISPENSER CONTAINMENT YES ___ NO ___

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

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

V. TANK LEAK DETECTION

1 VISUAL CHECK 2 MANUAL INVENTORY RECONCILIATION 3 VADOZE MONITORING 4 AUTOMATIC TANK GAUGING 5 GROUND WATER MONITORING 6 ANNUAL TANK TESTING 7 CONTINUOUS INTERSTITIAL MONITORING 8 SIR 9 WEEKLY MANUAL TANK GAUGING 10 MONTHLY TANK TESTING 95 UNKNOWN 99 OTHER

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

1. ESTIMATED DATE LAST USED (MO/DAY/YR) unknown 2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING unknown GALLONS 3. WAS TANK FILLED WITH INERT MATERIAL? YES ___ NO ___

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) MARSHALL MARLIK DATE 8/20/97

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

STATE I.D.# COUNTY # JURISDICTION # FACILITY # TANK #
PERMIT NUMBER PERMIT APPROVED BY/DATE PERMIT EXPIRATION DATE

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 type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input checked="" type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Parks Reserve Forces Training Area

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I. D. #	B. MANUFACTURED BY.
C. DATE INSTALLED (MO/DAY/YEAR)	D. TANK CAPACITY IN GALLONS: <u>Approx. 500</u>

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

A. <input 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"/> 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"/> 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 <u>unknown-either gasoline or diesel</u>			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"/> 95 UNKNOWN
	<input 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 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 checked="" 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 checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___				
D. EXTERIOR CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input 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 checked="" 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 ___ NO ___		STRIKER PLATE YES ___ NO ___	
			DISPENSER CONTAINMENT YES ___ NO ___	

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

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

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 type="checkbox"/> 6 ANNUAL TANK TESTING
<input type="checkbox"/> 7 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 8 SIR	<input type="checkbox"/> 9 WEEKLY MANUAL TANK GAUGING	<input type="checkbox"/> 10 MONTHLY TANK TESTING	<input checked="" 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>unknown</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>unknown</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input 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

TANK OWNER'S NAME (PRINTED & SIGNATURE) <u>MARSHALL MARIK</u>	DATE <u>2/20/97</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 #	JURISDICTION #	FACILITY #	TANK #
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE		

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 type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input checked="" type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Parks Reserve Forces Training Area

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I. D. #	B. MANUFACTURED BY:
C. DATE INSTALLED (MO/DAY/YEAR)	D. TANK CAPACITY IN GALLONS: <u>Approx. 500</u>

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

A. <input 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"/> 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"/> 1c MIDGRADE UNLEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 8 M85
			<input type="checkbox"/> 2 LEADED	<input checked="" type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)	
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED <u>Heating Oil</u>					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"/> 95 UNKNOWN
	<input 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 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 checked="" 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 checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___				
D. EXTERIOR CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input 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 checked="" 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 ___ NO ___		STRIKER PLATE YES ___ NO ___	
			DISPENSER CONTAINMENT YES ___ NO ___	

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

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

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 type="checkbox"/> 6 ANNUAL TANK TESTING
<input type="checkbox"/> 7 CONTINUOUS INTERSTITIAL MONITORING	<input 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>unknown</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>unknown</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input 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

TANK OWNER'S NAME (PRINTED & SIGNATURE)

MARSHALL MARK

DATE

2/20/97

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

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Parks Reserve Forces Training Area

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I. D. #	B. MANUFACTURED BY:
C. DATE INSTALLED (MO/DAY/YEAR)	D. TANK CAPACITY IN GALLONS. <u>Approx. 500</u>

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

A. <input 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"/> 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"/> 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 <u>Heating Oil</u>			<input type="checkbox"/> 2 LEADED	<input checked="" type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D BELOW)	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"/> 95 UNKNOWN
	<input 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 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 checked="" 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 checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___				
D. EXTERIOR CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input 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 checked="" 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 ___ NO ___		STRIKER PLATE YES ___ NO ___	
			DISPENSER CONTAINMENT YES ___ NO ___	

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

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

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 type="checkbox"/> 6 ANNUAL TANK TESTING
<input type="checkbox"/> 7 CONTINUOUS INTERSTITIAL MONITORING	<input 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>unknown</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>unknown</u> 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

TANK OWNER'S NAME (PRINTED & SIGNATURE) <u>MARSHALL MARIK</u>	DATE <u>2/00/97</u>
--	------------------------

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

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE		

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: 1 NEW PERMIT 2 INTERIM PERMIT 3 RENEWAL PERMIT 4 AMENDED PERMIT 5 CHANGE OF INFORMATION 6 TEMPORARY TANK CLOSURE 7 PERMANENTLY CLOSED ON SITE 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Parks Reserve Forces Training Area

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN
A. OWNER'S TANK I.D. # B. MANUFACTURED BY:
C. DATE INSTALLED (MO/DAY/YEAR) D. TANK CAPACITY IN GALLONS:

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.
A. 1 MOTOR VEHICLE FUEL 4 OIL 2 PETROLEUM 80 EMPTY 3 CHEMICAL PRODUCT 95 UNKNOWN
B. 1 PRODUCT 2 WASTE
C. 1a REGULAR UNLEADED 3 DIESEL 6 AVIATION GAS
 1b PREMIUM UNLEADED 4 GASAHOL 7 METHANOL
 1c MIDGRADE UNLEADED 5 JET FUEL 8 M85
 2 LEADED 99 OTHER (DESCRIBE IN ITEM D. BELOW)
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED Heating Oil 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: 1 DOUBLE WALL 2 SINGLE WALL 3 SINGLE WALL WITH EXTERIOR LINER 4 SINGLE WALL IN A VAULT 5 INTERNAL BLADDER SYSTEM 95 UNKNOWN
B. TANK MATERIAL (Primary Tank): 1 BARE STEEL 2 STAINLESS STEEL 3 FIBERGLASS 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
 5 CONCRETE 6 POLYVINYL CHLORIDE 7 ALUMINUM 8 100% METHANOL COMPATIBLE W/FRP
 9 BRONZE 10 GALVANIZED STEEL 95 UNKNOWN 99 OTHER
C. INTERIOR LINING OR COATING: 1 RUBBER LINED 2 ALKYD LINING 3 EPOXY LINING 4 PHENOLIC LINING
 5 GLASS LINING 6 UNLINED 95 UNKNOWN 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___
D. EXTERIOR CORROSION PROTECTION: 1 POLYETHYLENE WRAP 2 COATING 3 VINYL WRAP 4 FIBERGLASS REINFORCED PLASTIC
 5 CATHODIC PROTECTION 91 NONE 95 UNKNOWN 99 OTHER
E. SPILL AND OVERFILL, etc. SPILL CONTAINMENT INSTALLED (YEAR) OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR)
DROPTUBE YES ___ NO ___ STRIKER PLATE YES ___ NO ___ DISPENSER CONTAINMENT YES ___ NO ___

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE
A. SYSTEM TYPE: A U 1 SUCTION A U 2 PRESSURE A U 3 GRAVITY A U 4 FLEXIBLE PIPING A U 99 OTHER
B. CONSTRUCTION: A U 1 SINGLE WALL A U 2 DOUBLE WALL A U 3 LINED TRENCH A U 95 UNKNOWN A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION: A U 1 BARE STEEL A U 2 STAINLESS STEEL A U 3 POLYVINYL CHLORIDE (PVC) A U 4 FIBERGLASS PIPE
A U 5 ALUMINUM A U 6 CONCRETE A U 7 STEEL W/ COATING A U 8 100% METHANOL COMPATIBLE W/FRP
A U 9 GALVANIZED STEEL A U 10 CATHODIC PROTECTION A U 95 UNKNOWN A U 99 OTHER
D. LEAK DETECTION: 1 MECHANICAL LINE LEAK DETECTOR 2 LINE TIGHTNESS TESTING 3 CONTINUOUS INTERSTITIAL MONITORING 4 ELECTRONIC LINE LEAK DETECTOR 5 AUTOMATIC PUMP SHUTDOWN 99 OTHER unknown

V. TANK LEAK DETECTION
 1 VISUAL CHECK 2 MANUAL INVENTORY RECONCILIATION 3 VADOZE MONITORING 4 AUTOMATIC TANK GAUGING 5 GROUND WATER MONITORING 6 ANNUAL TANK TESTING
 7 CONTINUOUS INTERSTITIAL MONITORING 8 SIR 9 WEEKLY MANUAL TANK GAUGING 10 MONTHLY TANK TESTING 95 UNKNOWN 99 OTHER

VI. TANK CLOSURE INFORMATION (PERMANENT CLOSURE IN-PLACE)
1. ESTIMATED DATE LAST USED (MO/DAY/YR) unknown
2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING unknown GALLONS
3. WAS TANK FILLED WITH INERT MATERIAL? YES ___ NO ___

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) MARGITAL MARIK DATE 2/20/97

LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW
STATE I.D.# COUNTY # JURISDICTION # FACILITY # TANK #
PERMIT NUMBER PERMIT APPROVED BY/DATE PERMIT EXPIRATION DATE

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Parks Reserve Forces Training Area

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D.#
B. MANUFACTURED BY:
C. DATE INSTALLED (MO/DAY/YEAR)
D. TANK CAPACITY IN GALLONS:

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

A. 1 MOTOR VEHICLE FUEL
2 PETROLEUM
3 CHEMICAL PRODUCT
4 OIL
80 EMPTY
95 UNKNOWN
B. 1 PRODUCT
2 WASTE
C. 1a REGULAR UNLEADED
1b PREMIUM UNLEADED
1c MIDGRADE UNLEADED
2 LEADED
3 DIESEL
4 GASAHOL
5 JET FUEL
99 OTHER (DESCRIBE IN ITEM D BELOW)

D. IF (A1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED Heating Oil
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
1 DOUBLE WALL
2 SINGLE WALL
3 SINGLE WALL WITH EXTERIOR LINER
4 SINGLE WALL IN A VAULT
5 INTERNAL BLADDER SYSTEM
95 UNKNOWN
99 OTHER

B. TANK MATERIAL (Primary Tank)
1 BARE STEEL
2 STAINLESS STEEL
3 FIBERGLASS
4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
5 CONCRETE
6 POLYVINYL CHLORIDE
7 ALUMINUM
8 100% METHANOL COMPATIBLE W/FRP
9 BRONZE
10 GALVANIZED STEEL
95 UNKNOWN
99 OTHER

C. INTERIOR LINING OR COATING
1 RUBBER LINED
2 ALKYD LINING
3 EPOXY LINING
4 PHENOLIC LINING
5 GLASS LINING
6 UNLINED
95 UNKNOWN
99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES NO

D. EXTERIOR CORROSION PROTECTION
1 POLYETHYLENE WRAP
2 COATING
3 VINYL WRAP
4 FIBERGLASS REINFORCED PLASTIC
5 CATHODIC PROTECTION
91 NONE
95 UNKNOWN
99 OTHER

E. SPILL AND OVERFILL, etc.
SPILL CONTAINMENT INSTALLED (YEAR)
OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR)
DROP TUBE YES NO STRIKER PLATE YES NO DISPENSER CONTAINMENT YES NO

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

A. SYSTEM TYPE
A U 1 SUCTION
A U 2 PRESSURE
A U 3 GRAVITY
A U 4 FLEXIBLE PIPING
A U 99 OTHER

B. CONSTRUCTION
A U 1 SINGLE WALL
A U 2 DOUBLE WALL
A U 3 UNED TRENCH
A U 95 UNKNOWN
A U 99 OTHER

C. MATERIAL AND CORROSION PROTECTION
A U 1 BARE STEEL
A U 2 STAINLESS STEEL
A U 3 POLYVINYL CHLORIDE (PVC)
A U 4 FIBERGLASS PIPE
A U 5 ALUMINUM
A U 6 CONCRETE
A U 7 STEEL W/ COATING
A U 8 100% METHANOL COMPATIBLE W/FRP
A U 9 GALVANIZED STEEL
A U 10 CATHODIC PROTECTION
A U 95 UNKNOWN
A U 99 OTHER

D. LEAK DETECTION
1 MECHANICAL LINE LEAK DETECTOR
2 LINE TIGHTNESS TESTING
3 CONTINUOUS INTERSTITIAL MONITORING
4 ELECTRONIC LINE LEAK DETECTOR
5 AUTOMATIC PUMP SHUTDOWN
95 UNKNOWN
99 OTHER unknown

V. TANK LEAK DETECTION
1 VISUAL CHECK
2 MANUAL INVENTORY RECONCILIATION
3 VADOZE MONITORING
4 AUTOMATIC TANK GAUGING
5 GROUND WATER MONITORING
6 ANNUAL TANK TESTING
7 CONTINUOUS INTERSTITIAL MONITORING
8 SIR
9 WEEKLY MANUAL TANK GAUGING
10 MONTHLY TANK TESTING
95 UNKNOWN
99 OTHER

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

1. ESTIMATED DATE LAST USED (MO/DAY/YR) unknown
2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING unknown GALLONS
3. WAS TANK FILLED WITH INERT MATERIAL? YES NO

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) MARSHAN MARK
DATE 2/20/97

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

STATE I.D.# COUNTY # JURISDICTION # FACILITY # TANK #

PERMIT NUMBER PERMIT APPROVED BY/DATE PERMIT EXPIRATION DATE



CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

2-11-97

PRODUCER

Marsh & McLennan, Inc.
1166 Avenue of the Americas
New York, New York 10036

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

COMPANIES AFFORDING COVERAGE

COMPANY LETTER	A	Reliance National Indemnity Company
COMPANY LETTER	B	
COMPANY LETTER	C	
COMPANY LETTER	D	
COMPANY LETTER	E	

INSURED

Woodward-Clyde Consultants
4582 South Ulster Street
Suite 600
Denver, Colorado 80237

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS		
						EACH OCCURRENCE	AGGREGATE
A	GENERAL LIABILITY	NGB1720628 Contractual liability included as respects those acts covered by general liability insurance. \$100,000 SIR	01-01-97	01-01-98	BODILY INJURY	\$	\$
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM				PROPERTY DAMAGE	\$	\$
	<input checked="" type="checkbox"/> PREMISES/OPERATIONS UNDERGROUND				B & PD COMBINED	\$ 1000	\$
	<input checked="" type="checkbox"/> EXPLOSION & COLLAPSE HAZARD				PERSONAL INJURY		\$
	<input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS						
	<input checked="" type="checkbox"/> CONTRACTUAL						
	<input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS						
A	AUTOMOBILE LIABILITY	NKA0101624-5	01-01-97	01-01-98	BODILY INJURY PER PERSON	\$	
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY PER ACCIDENT	\$	
	<input type="checkbox"/> ALL OWNED AUTOS (PRIV PASS)				PROPERTY DAMAGE	\$	
	<input type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIV PASS)				B & PD COMBINED	\$ 1000	
	<input type="checkbox"/> HIRED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS						
	<input type="checkbox"/> GARAGE LIABILITY						
A	EXCESS LIABILITY				B & PD COMBINED	\$	\$
	<input type="checkbox"/> UMBRELLA FORM						
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM						
A	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	NWA0101623-5	01-01-97	01-01-98	STATUTORY	<input checked="" type="checkbox"/>	
					\$ 1000 (EACH ACCIDENT)		
					\$ 1000 (DISEASE-POLICY LIMIT)		
OTHER					\$ 1000 (DISEASE-EACH EMPLOYEE)		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS Project No. MHZ 010/19; Camp Parks RFTA, Buildings 200, 514, 1137, 1139, 1105, & 1108 Dublin, CA. All Operations of the Insured.

CERTIFICATE HOLDER

Alameda County Health Care Services
Agency Dept. of Environmental Health
Environmental Protection Division
1131 Harbor Bay Parkway, Room 250
Alameda, CA 94502-6577

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Stanley R. King

CONTRACTORS STATE LICENSE BOARD

No. 545726

Building Quality

ISSUED 11-02-88

This license is the property of the Registrar of Contractors. It is not transferable, and shall be returned to the Registrar upon demand when suspended, revoked, or invalidated for any reason. It becomes void if not renewed.

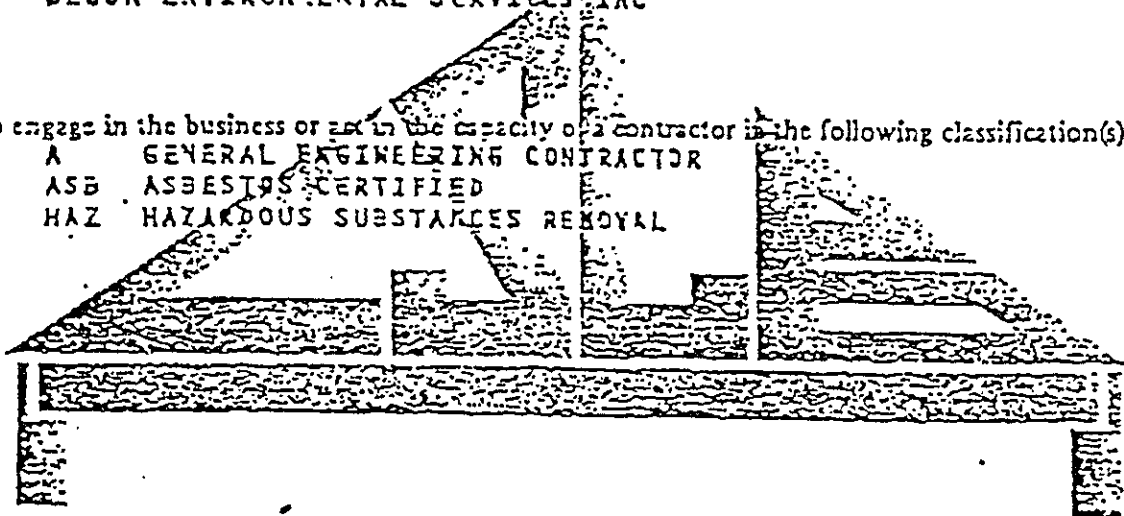
Contractor's License

Pursuant to the provisions of Chapter 9 of Division 3 of the Business and Professions Code and the Rules and Regulations of the Contractors State License Board, the Registrar of Contractors does hereby issue this license to:

DECON ENVIRONMENTAL SERVICES INC

to engage in the business or act in the capacity of a contractor in the following classification(s):

- A GENERAL ENGINEERING CONTRACTOR
- ASB ASBESTOS CERTIFIED
- HAZ HAZARDOUS SUBSTANCES REMOVAL



WITNESS my hand and sealed this 9TH day of NOVEMBER 1988.






David R Phillips

Registrar of Contractors

DECON Environmental Services
Signature of Licensee

Christopher A. Kuebler
Signature of person who qualified on behalf of the licensee

STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS

	State of California CONTRACTORS STATE LICENSE BOARD ACTIVE LICENSE	
License Number	545726	Corp
Business Name	DECON ENVIRONMENTAL SERVICES INC	
Classification	A ASB HAZ	
Expiration Date	11/30/96	

STATE OF CALIFORNIA—CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

PETE WILSON, Governor

DEPARTMENT OF TOXIC SUBSTANCES CONTROL

400 P STREET, 4TH FLOOR
P.O. BOX 806
SACRAMENTO, CA 95812-0806



(916) 323-3219

*** HAZARDOUS WASTE TRANSPORTER REGISTRATION ***

NAME AND ADDRESS OF REGISTERED TRANSPORTER:

Decon Environmental Services, Inc.
23490 Connecticut Street
Hayward, California 94545

TRANSPORTER REGISTRATION NO: 2592

EXPIRATION DATE: January 31, 1997

THIS IS TO CERTIFY THAT THE FIRM NAMED ABOVE IS DULY REGISTERED TO TRANSPORT HAZARDOUS WASTE IN THE STATE OF CALIFORNIA IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 6.5, DIVISION 20 OF THE HEALTH AND SAFETY CODE AND DIVISION 4.5, TITLE 22 OF THE CALIFORNIA CODE OF REGULATIONS.

THIS REGISTRATION CERTIFICATE MUST BE CARRIED WITH EACH SHIPMENT OF HAZARDOUS WASTE.



(AUTHORIZED SIGNATURE)

JAN 05 1996

(DATE)

cc: California Highway Patrol

STATE OF CALIFORNIA
STATE AND CONSUMER SERVICES AGENCY CONTRACTORS STATE LICENSE BOARD



Building Quality



HAZARDOUS SUBSTANCES REMOVAL AND REMEDIAL ACTIONS CERTIFICATION

Pursuant to the provisions of Section 7058.7 of the Business and Professions Code, the Registrar of Contractors does hereby certify that the following qualifying person has successfully completed the hazardous substances removal and remedial actions examination.



Qualifier: Christopher Damian Kwoka

License No.: 545726

Business Name: Decon Environmental Services Inc.

WITNESS my hand and official seal this

2nd day of November, 1988

Doris R. Phillips
Registrar of Contractors

131-35 (10/91)

This certification is the property of the Registrar of Contractors. It is not transferable, and shall be returned to the Registrar upon demand when suspended, revoked, or invalidated for any reason.

A 5753

STATE OF CALIFORNIA
STATE AND CONSUMER SERVICES AGENCY CONTRACTORS STATE LICENSE BOARD



Building Quality



ASBESTOS CERTIFICATION

Pursuant to the provisions of Section 7058.5 of the Business and Professions Code, the Registrar of Contractors does hereby certify that the following qualifying person has successfully completed the asbestos certification examination:

Qualifier: CHRISTOPHER DAMIAN KWOKA

License No.: 545726

Business Name: DECON ENVIRONMENTAL SERVICES INC

WITNESS my hand and official seal this

2nd day of NOVEMBER 1988

Doris R. Phillips
Registrar of Contractors

131-35 (10/91)

This certification is the property of the Registrar of Contractors. It is not transferable, and shall be returned to the Registrar upon demand when suspended, revoked, or invalidated for any reason.

A 6554

**STATE
COMPENSATION
INSURANCE
FUND**

P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

SEPTEMBER 30, 1996

POLICY NUMBER: 571-96 UNIT 0010025
CERTIFICATE EXPIRES: 10-1-97

SAMPLE

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon ten days' advance written notice to the employer.

We will also give you TEN days' advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term, or condition of any contract or other document with respect to which this certificate of insurance may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.

Tom Hansen

AUTHORIZED REPRESENTATIVE

KC Bollier

PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURREN

EMPLOYER

DECON ENVIRONMENTAL SERVICES INC.
23490 CONNECTICUT ST.
HAYWARD CA 94545