



EDUCATING ALL YOUTH FOR EXCELLENCE

Castro Valley Unified School District

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P.O. BOX 2146 • CASTRO VALLEY, CALIFORNIA 94546 • (510) 537-3000 • FAX (510) 886-7529

10 February 1994

Mr. Scott O. Seery, CHMM
Department of Environmental Health
UST Local Oversight Program
80 Swan Way, Room 200
Oakland, CA 94621

Re: Castro Valley High School
Underground Storage Tank Closure Report

Dear Mr. Seery:

Confirming our telephone conversation this morning, the final settlement between Tank Protect Engineering, Inc. and the Castro Valley Unified School District has not been determined. Both parties are discussing final payment and I expect the final closure report from Tank Protect to your office will follow.

Please call me if further information is required. I will keep you informed of our progress.

Sincerely,

Will Macedo, Director
Maintenance Operations Transportation

cc Del Warren
UST Project file

**ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY**

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

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

STID 4096

January 20, 1994

Mr. William Macedo
Castro Valley Unified School District
P.O. Box 2146
Castro Valley, CA 94546

RE: CASTRO VALLEY HIGH SCHOOL - UNDERGROUND STORAGE TANK
CLOSURE REPORT

Dear Mr. Macedo:

Over 5 months have passed since two underground storage tanks (UST) were removed from the referenced facility during August 1993. No final closure report has yet been submitted, although this report has been verbally requested on two occasions since December 1993 from Tank Protect Engineering, the contractor performing the subject UST closures.

Please be advised that California Health and Safety Code Section 25298(c)(4) requires that the responsible party demonstrate to the satisfaction of the local agency that an UST closure has been completed and that any remedial activities occurring subsequent to closure (e.g., sample results following overexcavation, etc.) have been successful.

Please contact me at 510/271-4530 to advise me when this office should expect the subject closure report.

Sincerely,


Scott O. Seery, CHMM
Senior Hazardous Materials Specialist

cc: Rafat A. Shahid, Assistant Agency Director
Gil Jensen, Alameda County District Attorney's Office
Lyle Travis, Tank Protect Engineering, Inc.

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

80 Swan Way, #200
 Oakland, CA 94621
 (415) 271-4320

Hazardous Materials Inspection Form

II, III

Site ID # _____ Site Name CV High School Today's Date 9/7/93

II.A BUSINESS PLANS (Title 19)

- ___ 1. Immediate Reporting 2703
- ___ 2. Bus. Plan Stds. 25503(b)
- ___ 3. RR Cars > 30 days 25503.7
- ___ 4. Inventory Information 25504(a)
- ___ 5. Inventory Complete 2730
- ___ 6. Emergency Response 25504(b)
- ___ 7. Training 25504(c)
- ___ 8. Deficiency 25505(a)
- ___ 9. Modification 25505(b)

Site Address _____

City Castro Valley Zip 94546 Phone _____

MAX AMT stored > 500 lbs, 55 gal., 200 cft.?

Inspection Categories:

- ___ I. Haz. Mat/Waste GENERATOR/TRANSPORTER
- ___ II. Business Plans, Acute Hazardous Materials
- III. Underground Tanks

* Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

II.B ACUTELY HAZ. MATLS

- ___ 10. Registration Form Filed 25533(a)
- ___ 11. Form Complete 25533(b)
- ___ 12. RMPP Contents 25534(c)
- ___ 13. Implement Sch. Req'd? (Y/N)
- ___ 14. OffSite Conseq. Assess. 25524(c)
- ___ 15. Probable Risk Assessment 25534(d)
- ___ 16. Persons Responsible 25534(g)
- ___ 17. Certification 25534(f)
- ___ 18. Exemption Request? (Y/N) 25536(b)
- ___ 19. Trade Secret Requested? 25538

III. UNDERGROUND TANKS (Title 23)

- General
- ___ 1. Permit Application 25284 (H&S)
 - ___ 2. Pipeline Leak Detection 25292 (H&S)
 - ___ 3. Records Maintenance 2712
 - ___ 4. Release Report 2651
 - ___ 5. Closure Plans 2670

- Monitoring for Existing Tanks
- ___ 6. Method
 - 1) Monthly Test
 - 2) Daily Vadose
 - Semi-annual groundwater
 - One time soils
 - 3) Daily Vadose
 - One time soils
 - Annual tank test
 - 4) Monthly Gndwater
 - One time soils
 - 5) Daily Inventory
 - Annual tank testing
 - Cont pipe leak det
 - Vadose/gndwater mon.
 - 6) Daily Inventory
 - Annual tank testing
 - Cont pipe leak det
 - 7) Weekly Tank Gauge
 - Annual tank testing
 - 8) Annual Tank Testing
 - Daily Inventory
 - 9) Other _____

- ___ 7. Precs Tank Test 2643
 - Date: _____
- ___ 8. Inventory Rec. 2644
- ___ 9. Soil Testing 2646
- ___ 10. Ground Water. 2647

- New Tanks
- ___ 11. Monitor Plan 2632
 - ___ 12. Access. Secure 2634
 - ___ 13. Plans Submit 2711
 - Date: _____
 - ___ 14. As Built 2635
 - Date: _____

Comments:
 On site to observe removal of product piping and sampling. The ^{welded} piping is in four runs; delivery, return, ⁽²⁾ and vent. The shared trench runs ~37' before a 90° turn into the boiler room. Two (2) samples will be collected from the trench: one at the 90's, the other ~20' towards pit.

Vent/ Product/return lines were broken proximal to the 90° bend before penetrating the boiler room. One of the lines was observed to have a 3mm wide corrosion hole

Rev 6/88

Contact: _____

Title: TPE

Signature: _____

Inspector: _____

Signature: S. Green

II, III

white -env.health
 yellow -facillity
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

80 Swan Way, #200
 Oakland, CA 94621
 (415) 271-4320

Hazardous Materials Inspection Form

II, III

Site ID # _____ Site Name CVHS Today's Date 8/18/93

II.A BUSINESS PLANS (Title 19)

- ___ 1. Immediate Reporting 2703
- ___ 2. Bus. Plan Stds. 25503(b)
- ___ 3. RR Cars > 30 days 25503.7
- ___ 4. Inventory Information 25504(a)
- ___ 5. Inventory Complete 2730
- ___ 6. Emergency Response 25504(b)
- ___ 7. Training 25504(c)
- ___ 8. Deficiency 25505(a)
- ___ 9. Modification 25505(b)

Site Address 19400 Santa Monica

City Castro Valley Zip 94546 Phone _____

___ MAX AMT stored > 500 lbs, 55 gal., 200 cft.?

Inspection Categories:

- ___ I. Haz. Mat/Waste GENERATOR/TRANSPORTER
- ___ II. Business Plans, Acute Hazardous Materials
- III. Underground Tanks

* Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

Comments:

- ① On-site to witness sampling following overexcavation of the former waste oil tank pit. The pit was extended to GW, reached at a depth below grade (BG) of ~ 11'. Apparently, pockets of contamination were found to be fairly concentrated as the excavation was deepened and widened to an overall dimension of 13 x 16 x 11 feet deep. Approx. 80 yds³ of soil was stockpiled. GW was noted @ ~ 11'.
- ② Except for the north sidewall, all native material appears to be a tan clayey silt / silty clay, or sandy / silty clay.

II.B ACUTELY HAZ. MATLS

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- ___ 19. Trade Secret Requested? 25538

III. UNDERGROUND TANKS (Title 23)

- | | |
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| | ___ 3. Records Maintenance 2712 |
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| | Semi-annual groundwater |
| | One time soils |
| | 3) Daily Vadose |
| | One time soils |
| | Annual tank test |
| | 4) Monthly Groundwater |
| | One time soils |
| | 5) Daily Inventory |
| | Annual tank testing |
| | Cont pipe leak det |
| | Vadose/groundwater mon. |
| 6) Daily Inventory | |
| Annual tank testing | |
| Cont pipe leak det | |
| 7) Weekly Tank Gauge | |
| Annual tank testing | |
| 8) Annual Tank Testing | |
| Daily Inventory | |
| 9) Other _____ | |
| New Tanks | ___ 7. Precs Tank Test 2643 |
| | Date: _____ |
| | ___ 8. Inventory Rec. 2644 |
| | ___ 9. Soil Testing 2646 |
| | ___ 10. Ground Water. 2647 |
| | ___ 11. Monitor Plan 2632 |
| | ___ 12. Access. Secure 2634 |
| | ___ 13. Plans Submit 2711 |
| | Date: _____ |
| | ___ 14. As Built 2635 |
| Date: _____ | |

Rev 6/88

Contact: Lee Huckins
 Title: TPE geologist
 Signature: _____

Inspector: _____
 Signature: S. Seery

II, III

gel

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

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO	FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM.
----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

REPORT DATE 0 8 M 1 D 0 9 Y 3 Y	CASE #	SIGNED <i>[Signature]</i>	DATE 8-16-93
------------------------------------------------------	--------	---------------------------	-----------------

REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Marc Zomorodi	PHONE (510) 429-8088	SIGNATURE <i>[Signature]</i>
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER	COMPANY OR AGENCY NAME Tank Protect Engineering of Northern California, Inc.	
ADDRESS 2821 Whipple Road STREET Union City, CA 94587 CITY STATE ZIP			

RESPONSIBLE PARTY	NAME Castro Valley Unified School District	<input type="checkbox"/> UNKNOWN	CONTACT PERSON William L. Macedo	PHONE (510) 537-3000
	ADDRESS P.O. Box 2146 STREET Castro Valley, CA 94546 CITY STATE ZIP			

SITE LOCATION	FACILITY NAME (IF APPLICABLE) Castro Valley High School	OPERATOR	PHONE (510) 537-3000
	ADDRESS 19400 Santa Maria Avenue STREET Castro Valley, Alameda 94546 CITY COUNTY ZIP		
	CROSS STREET		

IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME Alameda County Health Care Services Agency	CONTACT PERSON Scott Seery	PHONE (510) 271-4320
	REGIONAL BOARD CRWOCB - San Francisco Bay Region		PHONE (510) 469-1255

SUBSTANCES INVOLVED	(1) NAME Petroleum Hydrocarbons - see below	QUANTITY LOST (GALLONS) <input type="checkbox"/> UNKNOWN
	(2)	<input type="checkbox"/> UNKNOWN

DISCOVERY/ABATEMENT	DATE DISCOVERED 0 8 M 0 D 4 9 Y 3 Y	HOW DISCOVERED <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> OTHER
	DATE DISCHARGE BEGAN M M D D Y Y <input type="checkbox"/> UNKNOWN	METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input checked="" type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER
	HAS DISCHARGE BEEN STOPPED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE M M D D Y Y	

SOURCE/ CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER	CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER
---------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

CASE TYPE	CHECK ONE ONLY <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)
-----------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY
----------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> OTHER (OT)
-----------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

COMMENTS	Removed one 5,000-gallon fuel oil and one 500-gallon waste oil underground storage tanks.
----------	--------------------------------------------------------------------------------------------------

BILLING ADJUSTMENT FORM

Billing Acct.#	
<input type="checkbox"/>	Generator...H _____
<input type="checkbox"/>	HMMP.....L _____
<input checked="" type="checkbox"/>	UST.....T <u>12036</u>

Date: 8-5-93
HazMat StID#: 4096

Caller: _____ Phone: _____

Company Name: Castro Valley High School

Site Address: 19400 Santa Maria Ave. Castro Valley 94546
City Zip

Requested Changes: Removed 2 usts. Ø on site

Initials: _____

Rescind Bill with explanation and date (if available):

- Generator _____
- HMMP (AB2185) _____
- UST Removed 2 usts 8-4-93

Continue Billing With Following Changes:

- | | | |
|------------------------------------------------------------|----------|----------|
| | From : | To : |
| <input type="checkbox"/> Change number of EMPLOYEES | _____ | _____ |
| <input checked="" type="checkbox"/> Change number of TANKS | <u>2</u> | <u>Ø</u> |
| <input type="checkbox"/> HMMP (AB2185) | _____ | _____ |
| <input type="checkbox"/> Updated information | _____ | _____ |

Business Name _____ Phone: _____

SITE Address _____ City Zip

BILLING Address _____ City Zip

Inspector: [Signature] Date: 8-5-93

Sent to Billing
on 8/10/93
Rev 12/91 Mac-BillAdj-2

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 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

80 Swan Way, #200
 Oakland, CA 94621
 (415) 271-4320

Hazardous Materials Inspection Form

II, III

Site ID # _____ Site Name Castro Valley H.S. Today's Date 8/4/93

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City Castro Valley Zip 94546 Phone _____

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- ___ II. Business Plans, Acute Hazardous Materials
- ___ III. Underground Tanks

* Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

Comments:

On-site to witness closure of two (2) USTs, one previously storing fuel oil (5,000 gal), the other waste oil (500 gal.), both of steel construction. On-site were Will Macedo (CVSD) and Ed Laudani (ACFD).

① Waste oil tank was tar wrapped, and appeared intact. The odor of paint/thinner/paint waste evident in UST purge vapors. Native clay was discolored and odiferous.

② Fuel oil tank is of bare steel construction. The tank is heavily corroded, pitted. A throughgoing hole was discovered at the south end plate, below the water line. Ground water was present ~10' BG with (apparent) foamy emulsion floating on its surface.

Samples (soil) were collected from the sidewall ends in the fuel oil UST pit, and bottom of waste oil UST pit. Additionally, a bailer was used to collect water samples from the fuel oil UST pit.

* Note: Piping not removed today. Sampling in pipe trench to be later. II, III

II.B ACUTELY HAZ. MATLS

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III. UNDERGROUND TANKS (Title 23)

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One time soils |
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One time soils
Annual tank test |
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One time soils |
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Annual tank testing
Cont pipe leak det
Vadose/groundwater mon. |
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Annual tank testing |
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| | 9) Other _____ |
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| | ___ 13. Plans Submit 2711
Date: _____ |
| | ___ 14. As Built 2635
Date: _____ |

Rev 6/88

Contact: Will Macedo, Kyle Travis

Title: CVSD Tank Protect Eng.

Signature: Kyle Travis

Inspector: S. Seery

Signature: [Signature]

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yellow -facility
pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

80 Swan Way, #200
Oakland, CA 94621
(415) 271-4320

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* Note: Piping not removed today. Sampling in pipe trench to be later.

II, III

Contact: Will Macedo, Travis
Title: CVSD Tank Protect Eng.
Signature: [Signature]

Inspector: S. Seery
Signature: [Signature]

ACIDENT COPY

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
80 SWAN WAY, ROOM 200
OAKLAND, CA 94621
PHONE NO. 510/271-4320

7-20-93
905

ACCEPTED

DEPARTMENT OF ENVIRONMENTAL HEALTH
470 - 27th Street, Third Floor
Oakland, CA 94612
Telephone: (415) 974-7237

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

* * * Complete according to attached instructions * * *

1. Business Name Castro Valley High School
Business Owner Castro Valley Unified School District
 2. Site Address 19400 Santa Maria Avenue
City Castro Valley Zip 94546 Phone (510) 537-3000 X=363
 3. Mailing Address P.O. Box 2146
City Castro Valley Zip 94546 Phone (510) 537-3000
 4. Land Owner Castro Valley School District
Address P.O. Box 2146 City, State Castro Valley, CA Zip 94546
 5. Generator name under which tank will be manifested _____
Castro Valley Unified School District
- EPA I.D. No. under which tank will be manifested CAD 982 345761

6. Contractor Tank Protect Engineering of Northern California, Inc.
Address 2821 Whipple Road
City Union City, CA 94587 Phone (510) 429-8088
License Type* A-Haz ID# 575837

*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. Indicate that the certificate has been received, in addition, to holding the appropriate contractors license type.

7. Consultant Tank Protect Engineering of Northern California, Inc.
Address 2821 Whipple Road
City Union City, CA 94587 Phone (510) 429-8088

8. Contact Person for Investigation

Name Will Macedo Title _____
(510)
Phone 537-3000 X=363

9. Number of tanks being closed under this plan 2
Length of piping being removed under this plan 60 feet
Total number of tanks at facility unknown

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 Evergreen Oil, Inc. EPA I.D. No. CAD980695761
Hauler License No. 0242 License Exp. Date 5/31/94
Address 6880 Smith Avenue
City Newark State CA Zip 94560

b) Product/Residual Sludge/Rinsate Disposal Site

Name Evergreen Oil, Inc. EPA I.D. No. CAD980887418
Address 6880 Smith Street
City Newark State CA Zip 94560

c) Tank and Piping Transporter

Name H&H Environmental Services EPA I.D. No. CAD004771168
Hauler License No. 0334 License Exp. Date 1/94
Address 220 China Basin
City San Francisco State CA Zip 94107

d) Tank and Piping Disposal Site

Name H&H Shipyard EPA I.D. No. CAD004771168
Address 220 China Basin
City San Francisco State CA Zip 94107

11. Experienced Sample Collector

Name Louis Travis
Company Tank Protect Engineering of Northern California, Inc.
Address 2821 Whipple Road
City Union City State CA Zip 94587 Phone (510) 429-8088

12. Laboratory

Name Trace Analysis Laboratory, Inc.
Address 3423 Investment Blvd., #8
City Hayward State CA Zip 94545
State Certification No. 1199 Expiration 7/94

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

If yes, describe. _____

14. Describe methods to be used for rendering tank inert

Use 15 lbs. of dry ice per each 1,000 gal capacity for each tank.

Verify with on-site LEL Meter, OR PER LOCAL FIRE DEPT. REQUIREMENT

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
Capacity	Use History (see instructions)		
500 gallon	Waste Oil	Soil	One sample at fill or pump end of tank. Max. of 2 ft below tank pit.
	If water present in tank pit	Water	One sample from wall next to tank ends at soil/water interface.
5,000 gallon	Fuel Oil	Soil	One sample at each end of the tank. Max. of 2 ft below tank pit.
	If water present in tank pit	Water	Two samples from wall next to tank ends at soil/water interface

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.

Piping

Soil

One sample every 20 lineal ft., or under swing joint dispenser.

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (Estimated) 25 Cubic Yards	Sampling Plan One sample for every 20 cubic yards maximum.

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.

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Method Number	Method Detection Limit
Waste Oil			
✓TPHG	EPA 5030	GCFID (8015)	1 ppm
✓TPHD	EPA 3550	GCFID (8015)	1 ppm
✓BTEX	EPA 5030	GCPID 8020/8240	.005 ppm
✓O & G	EPA SM 5520 E & F (Gravimetric)		50 ppm
✓CL HC	EPA 5030	GCELCD (8010)	5 ppm
✓METALS	AA, Cd, Cr, Pb, Zn, Ni		
✓SEMI VOCS		8270	
If groundwater encountered:			
	TPHG 5030	GCFID (8015)	
	TPHD 3510	GCFID (8015)	
	BTEX 5030	602 or 624	
	O & G EPA SM 5520 B & F		
	CL HC EPA 5030	GCELCD 601 or 624	
	METALS (as above)		
	Semi Vocs		
Fuel Oil			
✓TPHD	EPA 3550	GCFID (8015)	1 ppm
✓BTEX	EPA 5030	GCFID 8020/8240	1 ppm
If groundwater encountered:			.005 ppm
	TPHD 3510	GCFID (8015)	
	BTEX 5030	602 OR 624	

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

18. Submit Worker's Compensation Certificate copy

Name of Insurer State Compensation Insurance Fund

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 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.

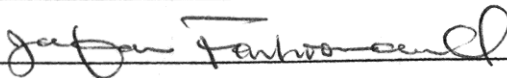
I understand that any changes in design, materials or equipment will void this plan if prior approval is not obtained.

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) Jafar Farhoomand

Signature 

Date July 14, 1993

Signature of Site Owner or Operator

Name (please type) Will Macedo

Signature 

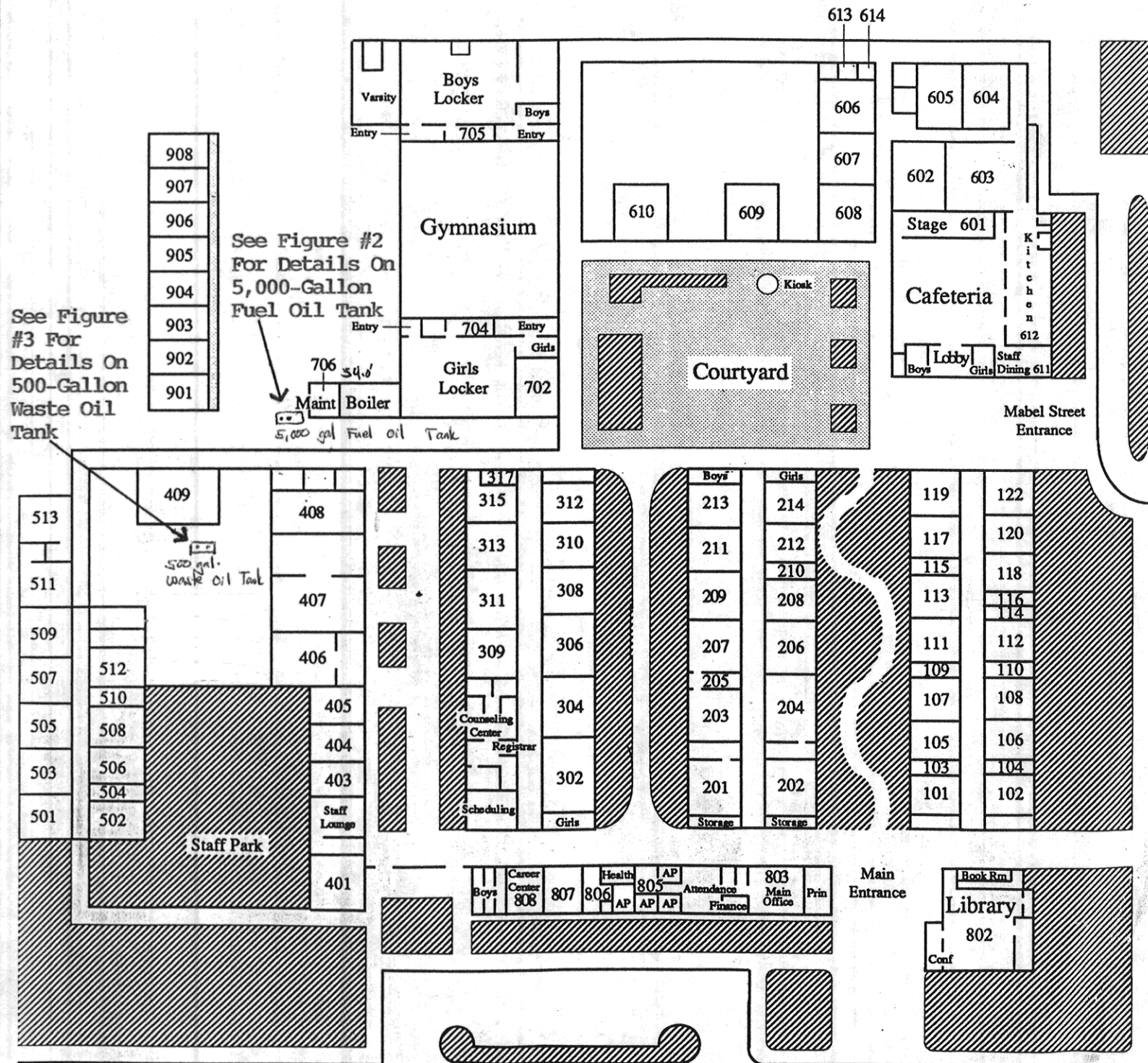
Date July 15, 1993

Castro Valley High School

19400 Santa Maria Avenue • Castro Valley, California

FIGURE #1

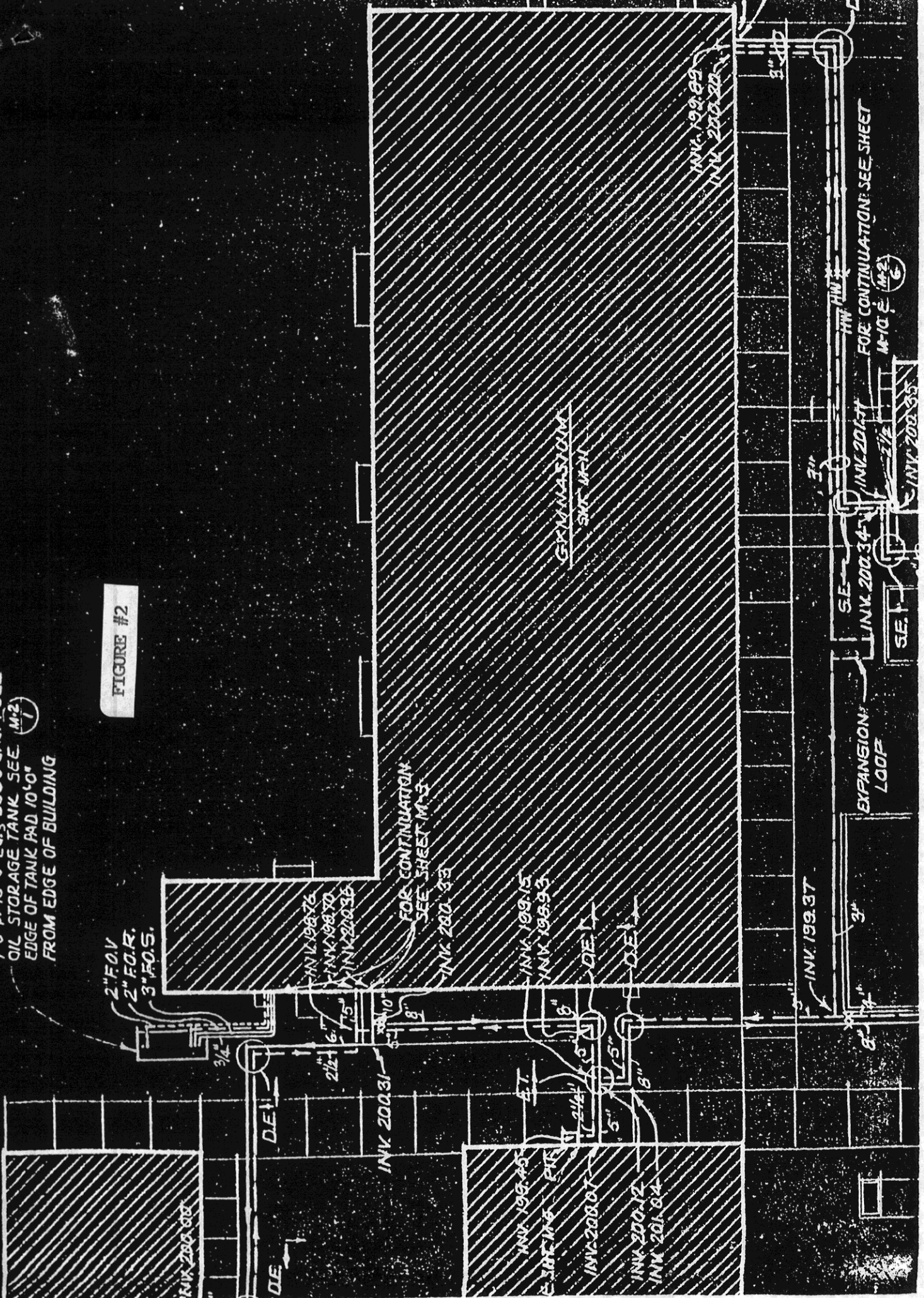
Campus Plan



SANTA MARIA AVENUE

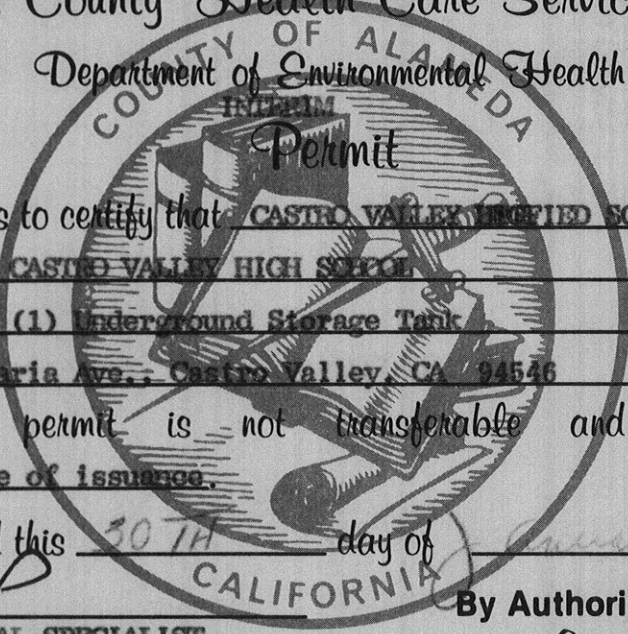
7'-0" ø x 18'-0" LG. 5000 GAL. FUEL OIL STORAGE TANK SEE M-2 (1) EDGE OF TANK PAD 10'-0" FROM EDGE OF BUILDING

FIGURE #2



Alameda County Health Care Services Agency

Department of Environmental Health



Permit

This is to certify that CASTRO VALLEY UNIFIED SCHOOL DISTRICT,
doing business as CASTRO VALLEY HIGH SCHOOL, is permitted
to operate One (1) Underground Storage Tank
at 19400 Santa Maria Ave., Castro Valley, CA 94546

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

Issued this 30TH day of January, 1990

[Signature]
HAZARDOUS MATERIAL SPECIALIST
Sanitarian

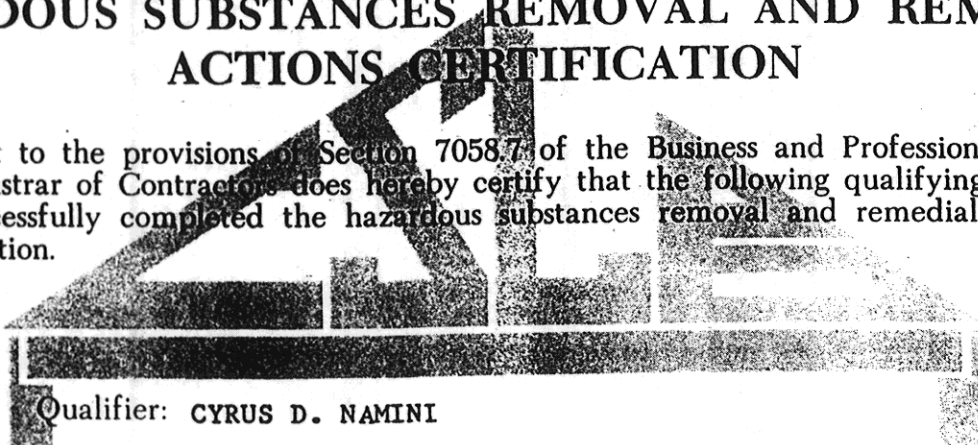
By Authority of
County Health Officer



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: **CYRUS D. NAMINI**

License No.: **575837**

Namestyle: **TANK PROTECT ENGINEERING OF NORTHERN CALIFORNIA INC.**





WITNESS my hand and official seal this
7 day of **OCTOBER, 1991**

David R. Phillips
Registrar of Contractors

13L-36 (2/91)

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

A 4082

 **CONTRACTORS STATE LICENSE BOARD** 

License Number: **575837** Entity: **CORP**

Name/Namestyle: **TANK PROTECT ENGINEERING OF NORTHERN CALIFORNIA**

Classification: **HAZ**

Expiration Date: **08/31/93**

**STATE
COMPENSATION
INSURANCE
FUND**

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

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

JUNE 17, 1993

POLICY NUMBER 1145921-92
CERTIFICATE EXPIRES 9-01-93

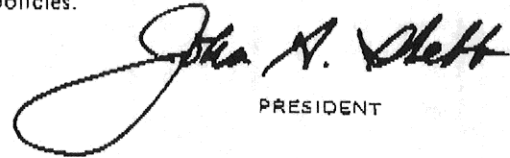
ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
80 SWAN WAY, RM. 200
OAKLAND, CA 94621

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.


PRESIDENT

EMPLOYER

TANK PROTECT ENGINEERING OF NO. CALIF., INC.
2821 WHIPPLE RD.
UNION CITY, CA 94587

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 Castro Valley High School		NAME OF OPERATOR		
ADDRESS 19400 Santa Maria Avenue		NEAREST CROSS STREET		PARCEL # (OPTIONAL)
CITY NAME Castro Valley		STATE CA	ZIP CODE 94546	SITE PHONE # WITH AREA CODE (510) 537-3000
<input checked="" type="checkbox"/> BOX TO INDICATE	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP	<input checked="" type="checkbox"/> LOCAL-AGENCY DISTRICTS
	<input type="checkbox"/> COUNTY-AGENCY	<input type="checkbox"/> STATE-AGENCY	<input type="checkbox"/> FEDERAL-AGENCY	
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 2	E. P. A. I. D. # (optional) CAD98234576	

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) Maceno, Will	PHONE # WITH AREA CODE (510) 537-3000 X-363	DAYS: NAME (LAST, FIRST) Same	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST) Maceno, Will	PHONE # WITH AREA CODE (510) 537-3000 X-363	NIGHTS: NAME (LAST, FIRST) Same	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME Castro Valley Unified School District		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS P.O. Box 2146		<input checked="" type="checkbox"/> box to indicate		
CITY NAME Castro Valley		<input type="checkbox"/> INDIVIDUAL	<input checked="" 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		
	STATE CA	ZIP CODE 94546	PHONE # WITH AREA CODE (510) 537-3000 X-363	

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER Castro Valley Unified School District		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS P.O. Box 2146		<input checked="" type="checkbox"/> box to indicate		
CITY NAME Castro Valley		<input type="checkbox"/> INDIVIDUAL	<input checked="" 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		
	STATE CA	ZIP CODE 94546	PHONE # WITH AREA CODE (510) 537-6000 X-363	

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 323-9555 if questions arise.

TY (TK) HQ **4 4** - [] [] [] [] [] [] [] []

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

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

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

CHECK ONE BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR LEGAL NOTIFICATIONS AND BILLING:	I. <input type="checkbox"/>	II. <input type="checkbox"/>	III. <input type="checkbox"/>
--------------------------------------------------------------------------------------------------	-----------------------------	------------------------------	-------------------------------

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

APPLICANT'S NAME (PRINTED) SIGNATURE Tori Miller	APPLICANT'S TITLE Representative	DATE MONTH/DAY/YEAR July 14, 1993
------------------------------------------------------------	--------------------------------------------	---------------------------------------------

LOCAL AGENCY USE ONLY

COUNTY # 01	JURISDICTION # 000	FACILITY # 063529
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.

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: Castro Valley High School

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>5,000-gallon</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 checked="" type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 3 DIESEL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 4 GASAHOL
			<input type="checkbox"/> 5 JET FUEL
			<input checked="" type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED <u>Fuel 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 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 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 checked="" type="checkbox"/> 95 UNKNOWN
			<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 type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
		<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___			
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
		<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) _____		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE				
A. SYSTEM TYPE	A U 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	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
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 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)	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input type="checkbox"/>

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>Teri Miller (Representative)</u>	DATE <u>July 14, 1993</u>
-------------------------------------------------------------------------------	------------------------------

LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW				
STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
	<u>01</u>	<u>000</u>	<u>063529</u>	<u>000001</u>
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE <u>1-30-95</u>	

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: _____

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: 500-gallons

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.			
A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input checked="" type="checkbox"/> 4 OIL	B. <input type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input checked="" type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED
			<input type="checkbox"/> 3 DIESEL
			<input type="checkbox"/> 4 GASAHOL
			<input type="checkbox"/> 5 JET FUEL
			<input checked="" type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED Waste 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	<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 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 checked="" type="checkbox"/> 95 UNKNOWN
			<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 type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
			<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER _____
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER _____
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) _____		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____

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

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) _____	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input type="checkbox"/>

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

APPLICANT'S NAME (PRINTED & SIGNATURE) Teri Miller (Representative)	DATE July 14, 1993
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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 #
	01	000	063529	00000
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

80 Swan Way, #200
 Oakland, CA 94621
 (415) 271-4320

Hazardous Materials Inspection Form

II, III

Site ID # 4096 Site Name CASTRO VALLEY HIGH SCHOOL Today's Date 10/2/92

Site Address 19400 SANTA MARINA

City CASTRO VALLEY Zip 94546 Phone 537 5910

MAX AMT stored > 500 lbs, 55 gal., 200 cft.?

Inspection Categories:

- I. Haz. Mat/Waste GENERATOR/TRANSPORTER
- II. Business Plans, Acute Hazardous Materials
- III. Underground Tanks

* Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

Comments: THERE IS ONE OLD PIPERL TANK IN BETWEEN MAINTENANCE YARD + FOOT WALK BUILDING

ALSO ONE UNDERGROUND TANK (WASTE OIL) BEHIND ~~REPAIR~~ ROOM NO 409. MR "DENNIS REGALADO" ASST. PRINCIPLE (informed) will MACEDO is in charge of maintenance work will be sent a letter in relation to BUTA TANKS. 537 3000

II.A BUSINESS PLANS (Title 19)

- 1. Immediate Reporting 2703
- 2. Bus. Plan Stds. 25503(b)
- 3. RR Cars > 30 days 25503.7
- 4. Inventory Information 25504(a)
- 5. Inventory Complete 2730
- 6. Emergency Response 25504(b)
- 7. Training 25504(c)
- 8. Deficiency 25505(a)
- 9. Modification 25505(b)

II.B ACUTELY HAZ. MATLS

- 10. Registration Form Filed 25533(a)
- 11. Form Complete 25533(b)
- 12. RMPP Contents 25534(c)
- 13. Implement Sch. Req'd? (Y/N)
- 14. OffSite Conseq. Assess. 25524(c)
- 15. Probable Risk Assessment 25534(d)
- 16. Persons Responsible 25534(g)
- 17. Certification 25534(i)
- 18. Exemption Request? (Y/N) 25536(b)
- 19. Trade Secret Requested? 25538

III. UNDERGROUND TANKS (Title 23)

- | | |
|--------------------------------------------------|-----------------------------------------------------------------|
| General | <input type="checkbox"/> 1. Permit Application 25284 (H&S) |
| | <input type="checkbox"/> 2. Pipeline Leak Detection 25292 (H&S) |
| | <input type="checkbox"/> 3. Records Maintenance 2712 |
| | <input type="checkbox"/> 4. Release Report 2651 |
| | <input type="checkbox"/> 5. Closure Plans 2670 |
| Monitoring for Existing Tanks | <input type="checkbox"/> 6. Method |
| | 1) Monthly Test |
| | 2) Daily Vadose |
| | Semi-annual groundwater |
| | One time soils |
| | 3) Daily Vadose |
| | One time soils |
| | Annual tank test |
| | 4) Monthly Groundwater |
| | One time soils |
| | 5) Daily Inventory |
| | Annual tank testing |
| | Cont pipe leak det |
| | Vadose/grndwater mon. |
| 6) Daily Inventory | |
| Annual tank testing | |
| Cont pipe leak det | |
| 7) Weekly Tank Gauge | |
| Annual tank testing | |
| 8) Annual Tank Testing | |
| Daily Inventory | |
| 9) Other _____ | |
| <input type="checkbox"/> 7. Precs Tank Test 2643 | |
| Date: _____ | |
| <input type="checkbox"/> 8. Inventory Rec. 2644 | |
| <input type="checkbox"/> 9. Soil Testing . 2646 | |
| <input type="checkbox"/> 10. Ground Water. 2647 | |
| New Tanks | <input type="checkbox"/> 11. Monitor Plan 2632 |
| | <input type="checkbox"/> 12. Access. Secure 2634 |
| | <input type="checkbox"/> 13. Plans Submit 2711 |
| | Date: _____ |
| <input type="checkbox"/> 14. As Built 2635 | |
| Date: _____ | |

Rev 6/88

Contact: Dennis Regalado
 Title: Assistant Principal
 Signature: Dennis Regalado

Inspector: Amin K. Williams
 Signature: Amin K. Williams

II, III



FORM 'B':
TANK

UNDERGROUND STORAGE TANK PROGRAM
TANK PERMIT APPLICATION INFORMATION

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

N 9
23622

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

FACILITY/SITE NAME WHERE TANK IS INSTALLED: CASTRO VALLEY HIGH SCHOOL FARM TANK - YES NO

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

A. OWNERS TANK ID # <u>N/A</u>	B. MANUFACTURED BY: <u>UNKNOWN</u>
C. YEAR INSTALLED <u>UNKNOWN</u>	D. TANK CAPACITY IN GALLONS: <u>5,000</u> GAL

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

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

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

A. TYPE OF SYSTEM <input type="checkbox"/> 1 DOUBLE WALLED <input type="checkbox"/> 2 SINGLE WALLED <input type="checkbox"/> 3 SINGLE WALLED WITH EXTERIOR LINER <input type="checkbox"/> 4 SECONDARY CONTAINMENT <input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
B. TANK MATERIAL <input type="checkbox"/> 1 STEEL/IRON <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 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 <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
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"/> 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

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

A. SYSTEM TYPE <input checked="" type="checkbox"/> A <input checked="" type="checkbox"/> U 1 SUCTION <input type="checkbox"/> A <input type="checkbox"/> U 2 PRESSURE <input type="checkbox"/> A <input type="checkbox"/> U 3 GRAVITY <input type="checkbox"/> A <input type="checkbox"/> U 91 NONE <input type="checkbox"/> A <input type="checkbox"/> U 95 UNKNOWN <input type="checkbox"/> A <input type="checkbox"/> U 99 OTHER
B. CONSTRUCTION <input checked="" type="checkbox"/> A <input checked="" type="checkbox"/> U 1 SINGLE WALLED <input type="checkbox"/> A <input type="checkbox"/> U 2 DOUBLE WALLED <input type="checkbox"/> A <input type="checkbox"/> U 3 LINED TRENCH <input type="checkbox"/> A <input type="checkbox"/> U 91 NONE <input checked="" type="checkbox"/> A <input checked="" type="checkbox"/> U 95 UNKNOWN <input type="checkbox"/> A <input type="checkbox"/> U 99 OTHER
C. MATERIAL <input checked="" type="checkbox"/> A <input checked="" type="checkbox"/> U 1 STEEL/IRON <input type="checkbox"/> A <input type="checkbox"/> U 2 STAINLESS STEEL <input type="checkbox"/> A <input type="checkbox"/> U 3 POLYVINYL CHLORIDE (PVC) <input type="checkbox"/> A <input type="checkbox"/> U 4 FIBERGLASS PIPE <input type="checkbox"/> A <input type="checkbox"/> U 91 NONE <input type="checkbox"/> A <input type="checkbox"/> U 5 ALUMINUM <input type="checkbox"/> A <input type="checkbox"/> U 6 CONCRETE <input type="checkbox"/> A <input type="checkbox"/> U 7 STEEL CLAD W/FRP <input type="checkbox"/> A <input type="checkbox"/> U 8 100% METHANOL COMPATIBLE FRP <input type="checkbox"/> A <input checked="" type="checkbox"/> U 9 GALVANIZED STEEL <input checked="" type="checkbox"/> A <input checked="" type="checkbox"/> U 95 UNKNOWN <input type="checkbox"/> A <input type="checkbox"/> 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="checkbox"/> P <input type="checkbox"/> S 1 VISUAL CHECK <input checked="" type="checkbox"/> P <input type="checkbox"/> S 2 INVENTORY RECONCILIATION <input type="checkbox"/> P <input type="checkbox"/> S 3 VADOSE WELLS <input type="checkbox"/> P <input type="checkbox"/> S 4 ELECTRONIC MONITOR <input type="checkbox"/> P <input type="checkbox"/> S 5 GROUND WATER MONITORING WELLS <input type="checkbox"/> P <input type="checkbox"/> S 6 PRECISION TESTING <input type="checkbox"/> P <input type="checkbox"/> S 7 PRESSURE TESTING <input type="checkbox"/> P <input type="checkbox"/> S 91 NONE <input type="checkbox"/> P <input type="checkbox"/> S 95 UNKNOWN <input type="checkbox"/> P <input type="checkbox"/> S 99 OTHER

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

1. ESTIMATED DATE LAST USED (MO/YR) <u>1965</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN <u>ZERO</u> 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) <u>W. H. MACEDO</u>	DATE <u>11/27/89</u>
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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:



FORM 'A':
SITE

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

COMPLETE THIS FORM FOR EACH FACILITY/SITE

No 35327

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

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

FACILITY/SITE NAME CASTRO VALLEY HIGH SCHOOL		CARE OF ADDRESS INFORMATION CASTRO VALLEY UNIFIED SCHOOL DIST		
ADDRESS 19400 SANTA MARIA AVENUE		NEAREST CROSS STREET	<input checked="" type="checkbox"/> Box to indicate <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> COUNTY AGENCY
CITY NAME CASTRO VALLEY CA 94546		STATE CA	ZIP CODE 94546	SITE PHONE #, WITH AREA CODE 415 537 5910
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		EPA ID #		# of TANK's AT THIS SITE 1
EMERGENCY CONTACT PERSON (PRIMARY) DAYS: NAME (LAST, FIRST) GREEN, JERRY PHONE # WITH AREA CODE 415-537-5910		EMERGENCY CONTACT PERSON (SECONDARY) DAYS: NAME (LAST, FIRST) NULL, BILL PHONE # WITH AREA CODE 415-537-5910		
NIGHTS: NAME (LAST, FIRST) NULL, BILL PHONE # WITH AREA CODE		NIGHTS: NAME (LAST, FIRST) GREEN, JERRY PHONE # WITH AREA CODE 415-530-8650		

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

NAME CASTRO VALLEY UNIFIED SCHOOL DIST.		CARE OF ADDRESS INFORMATION P. O. BOX 2146		
MAILING or STREET ADDRESS 3300 NORBRIDGE AVENUE		<input checked="" type="checkbox"/> Box to indicate <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> COUNTY AGENCY	<input type="checkbox"/> STATE AGENCY <input type="checkbox"/> FEDERAL AGENCY
CITY NAME CASTRO VALLEY,		STATE CA	ZIP CODE 94546	PHONE #, WITH AREA CODE 415-537-3000

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

NAME CASTRO VALLEY UNIFIED SCHOOL DISTRICT		CARE OF ADDRESS INFORMATION P. O. BOX 2146		
MAILING or STREET ADDRESS 3300 NORBRIDGE AVENUE		<input checked="" type="checkbox"/> Box to indicate <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> COUNTY AGENCY	<input type="checkbox"/> STATE AGENCY <input type="checkbox"/> FEDERAL AGENCY
CITY NAME CASTRO VALLEY		STATE CA	ZIP CODE 94546	PHONE #, WITH AREA CODE 415-537-3000

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) <i>W. L. MACEDO</i>	DATE 11/27/89
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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.