

EAST BAY REGIONAL PARK DISTRICT

BOARD OF DIRECTORS

Jocelyn Combs
President

Ted Radke
Vice President

Douglas Soren
Secretary

Susan Smart
Treasurer

John O'Donnell

Oliver Holmes

Jean Sir

Pat O'Brien
General Manager

FAX TRANSMITTAL SHEET

DEPT. DESIGN

FAX No.: (510) 569-1432

COMPANY/
AGENCY:

DIVISION OF HAZARDOUS MATERIALS
ALAMEDA CO. HEALTH

ATTN.:

EVA CHU

FAX #:

337-9335

DATE:

2/7/95

FROM:

WARREN GEE

EAST BAY REGIONAL PARK DISTRICT

Total number of pages (incl. cover sheet): 2

Original will will not be mailed.

For your information

At your request

Please review and comment

As we discussed

Please call me

COMMENTS:

If there are any problems with the transmittal of this message, please call our office at (510) 635-0135 extension 2311.

Thanks.

SENT BY: WARREN GEE

LOP - RECORD CHANGE REQUEST FORM

printed:
03/31/95

Mark Out What Needs Changing and Hand to LOP Data Entry
(Name/Address changes go to Annual Programs Data Entry)

Insp: EC

AGENCY # : 10000 SOURCE OF FUNDS: F SUBSTANCE: 8006619
 StID : 4126 LOC:
 SITE NAME: Del Valle Regional Park DATE REPORTED : 09/10/92
 ADDRESS : 7000 Del Valle Rd DATE CONFIRMED: 09/10/92
 CITY/ZIP : Livermore 94550 MULTIPLE RPs : N

SITE STATUS

 CASE TYPE: S CONTRACT STATUS: 9 PRIOR CODE: EMERGENCY RESP:
 RP SEARCH: S DATE COMPLETED: 10/01/92
 PRELIMINARY ASMNT: DATE UNDERWAY: DATE COMPLETED:
 REM INVESTIGATION: DATE UNDERWAY: DATE COMPLETED:
 REMEDIAL ACTION: DATE UNDERWAY: DATE COMPLETED:
 POST REMED ACT MON: DATE UNDERWAY: DATE COMPLETED:
 ENFORCEMENT ACTION TYPE: 1 DATE ENFORCEMENT ACTION TAKEN: 10/01/92
 LUFT FIELD MANUAL CONSID: 2HSCA
 CASE CLOSED: Y DATE CASE CLOSED: 02/28/95
 DATE EXCAVATION STARTED : REMEDIAL ACTIONS TAKEN:

RESPONSIBLE PARTY INFORMATION

 RP#1-CONTACT NAME: Attn; Warren Gee
 COMPANY NAME: E. B. Regional Park District
 ADDRESS: -2950 Peralta Oaks Ct.
 CITY/STATE: Oakland, Ca 94605

INSPECTOR VERIFICATION:

NAME _____ SIGNATURE _____ DATE _____

DATA ENTRY INPUT:

Name/Address Changes Only			Case Progress Changes	
ANPPGMS _____	LOP _____	DATE _____	LOP _____	DATE _____

200

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 4 M 28 D 9 Y 4		CASE #		SIGNED: <i>W. Eugene Mitchell</i> DATE: April 28, 1994	
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT EUGENE MITCHELL		PHONE (510) 635-0135	SIGNATURE <i>W. Eugene Mitchell</i>	
	REPRESENTING <input checked="" type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME EAST BAY REGIONAL PARK DISTRICT		
RESPONSIBLE PARTY	ADDRESS 2950 PERALTA OAKS COURT STREET		OAKLAND CITY	CA STATE	94605 ZIP
	NAME EUGENE MITCHELL <input type="checkbox"/> UNKNOWN		CONTACT PERSON EUGENE MITCHELL		PHONE (510) 635-0135
SITE LOCATION	FACILITY NAME (IF APPLICABLE) DEL VALLE REGIONAL PARK SERVICE YARD		OPERATOR PARK SUPERVISOR LOUIS DELA CRUZ		PHONE (510) 373-0332
	ADDRESS 7000 DEL VALLE ROAD STREET		LIVERMORE CITY	ALAMEDA COUNTY	94550 ZIP
	CROSS STREET MINES ROAD				
IMPLEMENTING AGENCIES	LOCAL AGENCY ALAMEDA COUNTY HEALTH AGENCY REGIONAL BOARD		AGENCY NAME DIVISION OF HAZARDOUS MATERIALS		CONTACT PERSON EVA CHU
					PHONE (510) 271-4320
SUBSTANCES INVOLVED	(1) UNLEADED GAS, LIGHT SHEEN ON TOP OF WATER			NAME 2 TO 3 GALLONS OF WATER	
	(2)			QUANTITY LOST (GALLONS) <input type="checkbox"/> UNKNOWN	
DISCOVERY/ABATEMENT	DATE DISCOVERED 9 M 10 D 9 Y 2		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER		
	DATE DISCHARGE BEGAN 9 M 10 D 9 Y 2 <input type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 9 M 10 D 9 Y 2				
SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> OTHER IRRIGATION WATER		CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input checked="" type="checkbox"/> OTHER IRRIGATION RUNOFF		
	<input type="checkbox"/> PIPING LEAK		<input type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN		
CASE TYPE	CHECK ONE ONLY <input type="checkbox"/> UNDETERMINED <input checked="" 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	ALCO HAZMAT 91 APR 29 PM 1:49				

REGIONAL PARKS

EAST BAY REGIONAL PARK DISTRICT

LETTER OF TRANSMITTAL

BOARD OF DIRECTORS
 James H. Duncan, *President*
 Jocelyn Combs, *Vice President*
 Ted Radke, *Treasurer*
 Oliver Holmes, *Secretary*
 Harlan Kessel
 John O'Donnell
 Carroll Williams
 Pat O'Brien
General Manager

To: Alameda Co. Health Agency
Division of Hazardous Materials
Attn: Eva Chu

80 Swan Way, Room 200

Oakland, CA 94621

Date: March 29, 1994

Subject: Removal of Underground Fuel Storage Tanks
Del Valle Regional Park

We are sending you herewith:

Prints, Tracings, Working drawings
 Specifications, Correspondence, Photographs,
 A copy of the Tanks Uniform Hazardous Waste Manifest

9 07 MAR 30 PM 2:06
 ALCO
 HAZMAT

For the following action:

For your information, For your records, For your review,
 For your action, Please return, Please retain one copy and return the others with corrections and comments,

Comments: Approximately 30 CY of the slightly contaminated soil from the excavated UFST pits was aerated on site as per the Alameda County Health Hazardous Material Specialist. A photoionization detector (PID) was used for checking the aerated soil. The reading on the detector showed the material to be an acceptable level to the ACHHMS. Thank you again for all your help on this project.

Drawing Number	Date of original or revision	Copies	Description

Parkland Design Department
 BY: Warren Gee
 Warren Gee



REGIONAL PARKS

EAST BAY REGIONAL PARK DISTRICT

507700 11/29/92

BOARD OF DIRECTORS
 James H. Duncan, *President*
 Jocelyn Combs, *Vice President*
 Ted Radke, *Treasurer*
 Oliver Holmes, *Secretary*
 Harlan Kessel
 John O'Donnell
 Carroll Williams
 Pat O'Brien
 General Manager

LETTER OF TRANSMITTAL

To: Mr. Jeff Shapiro **Date:** December 29, 1992
Alameda County Health Agency
Division of Hazardous Material

80 Swan Way, Room 200

Oakland, CA 94621

Subject: Del Valle Regional Park Zip Code 94550
Removal of Underground Fuel Tanks

We are sending you herewith:

Prints, Tracings, Working drawings,
 Specifications, Correspondence, Photographs,
 State of Calif. State Water Resources Control Board Forms A and B

For the following action:

For your information, For your records, For your review,
 For your action, Please return, Please retain one copy
 and return the others
 with corrections and
 comments,

Comments: Thank you for handling this matter.

Drawing Number	Date of original or revision	Copies	Description

Parkland Design Department
 BY: 
 Warren Gee



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 EAST BAY REGIONAL PARK DISTRICT		NAME OF OPERATOR EAST BAY REGIONAL PARK DISTRICT			
ADDRESS DEL VALLE REGIONAL PARK DISTRICT OFF DEL VALLE RD.		NEAREST CROSS STREET	PARCEL # (OPTIONAL)		
CITY NAME 1000 Del Valle Rd. Livermore 94550 NEAR LIVERMORE	STATE CA	ZIP CODE 94550	SITE PHONE # WITH AREA CODE (510) 373-0551		
<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 checked="" 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 000	E. P. A. I. D. # (optional) CAC 000864912	

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) WARREN	PHONE # WITH AREA CODE 510-635-0135	DAYS: NAME (LAST, FIRST) REARDON, CHRIS	PHONE # WITH AREA CODE 510-635-0135
NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME EAST BAY REGIONAL PARK DISTRICT		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 2950 PERALTA OAKS CT		<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 checked="" type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME OAKLAND	STATE CA	ZIP CODE 94605	PHONE # WITH AREA CODE 510 635 0135	

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER EAST BAY REGIONAL PARK DISTRICT		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 2950-PERALTA OAKS CT		<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 checked="" type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME OAKLAND	STATE CA	ZIP CODE 94605	PHONE # WITH AREA CODE 510 635 0135	

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 323-9555 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 checked="" type="checkbox"/> 1 SELF-INSURED	<input type="checkbox"/> 2 GUARANTEE	<input type="checkbox"/> 3 INSURANCE	<input type="checkbox"/> 4 SURETY BOND
	<input type="checkbox"/> 5 LETTER OF CREDIT	<input type="checkbox"/> 6 EXEMPTION	<input type="checkbox"/> 99 OTHER	

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

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

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

APPLICANT'S NAME (PRINTED & SIGNATURE) HAROLD DYE	APPLICANT'S TITLE OPERATIONS	DATE MONTH/DAY/YEAR 6-08-92
---	--	---------------------------------------

LOCAL AGENCY USE ONLY

COUNTY # 01	JURISDICTION # 000	FACILITY # 048603
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.
FORM A (5-91)

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: EAST BAY REGIONAL PARK DIST., DEL VALLE REGIONAL PARK, OFF DEL VALLE RD., NEAR LIVERMORE, CA

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

A. OWNER'S TANK I.D.# <u>UNKNOWN</u>	B. MANUFACTURED BY: <u>UNKNOWN</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNKNOWN</u>	D. TANK CAPACITY IN GALLONS: <u>1000</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 checked="" type="checkbox"/> 1a REGULAR UNLEADED
<input type="checkbox"/> 2 PETROLEUM	<input checked="" type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED

3 DIESEL 6 AVIATION GAS
 4 GASOLINE 7 METHANOL
 5 JET FUEL
 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	B. TANK MATERIAL (Primary Tank)	C. INTERIOR LINING
<input checked="" type="checkbox"/> 2 SINGLE WALL	<input checked="" type="checkbox"/> 99 OTHER <u>STEEL W/ COATING</u>	<input checked="" type="checkbox"/> 6 UNLINED
<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 1 RUBBER LINED
<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 2 ALKYD LINING
<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 3 FIBERGLASS	<input type="checkbox"/> 3 EPOXY LINING
<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC	<input type="checkbox"/> 4 PHENOLIC LINING
<input type="checkbox"/> 99 OTHER	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 95 UNKNOWN
	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 99 OTHER
	<input type="checkbox"/> 7 ALUMINUM	
	<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP	
	<input type="checkbox"/> 9 BRONZE	
	<input type="checkbox"/> 10 GALVANIZED STEEL	
	<input type="checkbox"/> 95 UNKNOWN	

IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___

D. CORROSION PROTECTION	E. SPILL AND OVERFILL	F. OVERFILL PREVENTION EQUIPMENT
<input checked="" type="checkbox"/> 91 NONE	SPILL CONTAINMENT INSTALLED (YEAR) _____	OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____
<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"/> 95 UNKNOWN		
<input type="checkbox"/> 99 OTHER		

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

A. SYSTEM TYPE	B. CONSTRUCTION	C. MATERIAL AND CORROSION PROTECTION	D. LEAK DETECTION
A U <input checked="" type="checkbox"/> 1 SUCTION	A U <input checked="" type="checkbox"/> 1 SINGLE WALL	A U <input checked="" type="checkbox"/> 7 STEEL W/ COATING	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR
A U <input type="checkbox"/> 2 PRESSURE	A U <input type="checkbox"/> 2 DOUBLE WALL	A U <input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING
A U <input type="checkbox"/> 3 GRAVITY	A U <input type="checkbox"/> 3 LINED TRENCH	A U <input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP	<input type="checkbox"/> 3 INTERSTITIAL MONITORING
A U <input type="checkbox"/> 99 OTHER	A U <input type="checkbox"/> 95 UNKNOWN	A U <input type="checkbox"/> 99 OTHER	<input type="checkbox"/> 99 OTHER <u>NONE</u>

V. TANK LEAK DETECTION

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

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>9/14/92</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>0</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" 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>HAROLD DYE</u>	DATE <u>6-08-92</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>048603</u>	<u>006001</u>
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	
			<u>8.18.93</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: **EAST BAY REGIONAL PARK DIST. DEL VALLE REGIONAL**

I. TANK DESCRIPTION COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN **PARK, OFF DEL VALLE ROAD, NEAR LIVERMORE, CA.**

A. OWNER'S TANK I.D.# UNKNOWN	B. MANUFACTURED BY: UNKNOWN
C. DATE INSTALLED (MO/DAY/YEAR) UNKNOWN	D. TANK CAPACITY IN GALLONS: 1000

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

D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED _____ 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"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER _____
B. TANK MATERIAL (Primary Tank)	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
			<input checked="" type="checkbox"/> 99 OTHER STEEL W/ COATING
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
		<input type="checkbox"/> 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 checked="" type="checkbox"/> 91 NONE	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
		<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER _____
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) _____		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____

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

A. SYSTEM TYPE	A <input checked="" type="radio"/> 1 SUCTION	A U <input type="radio"/> 2 PRESSURE	A U <input type="radio"/> 3 GRAVITY	A U <input type="radio"/> 99 OTHER
B. CONSTRUCTION	A <input checked="" type="radio"/> 1 SINGLE WALL	A U <input type="radio"/> 2 DOUBLE WALL	A U <input type="radio"/> 3 LINED TRENCH	A U <input type="radio"/> 95 UNKNOWN
C. MATERIAL AND CORROSION PROTECTION	A U <input type="radio"/> 1 BARE STEEL	A U <input type="radio"/> 2 STAINLESS STEEL	A U <input type="radio"/> 3 POLYVINYL CHLORIDE (PVC)	A U <input type="radio"/> 4 FIBERGLASS PIPE
	A U <input type="radio"/> 5 ALUMINUM	A U <input type="radio"/> 6 CONCRETE	A <input checked="" type="radio"/> 7 STEEL W/ COATING	A U <input type="radio"/> 8 100% METHANOL COMPATIBLE W/FRP
	A U <input type="radio"/> 9 GALVANIZED STEEL	A U <input type="radio"/> 10 CATHODIC PROTECTION	A U <input type="radio"/> 95 UNKNOWN	A U <input type="radio"/> 99 OTHER _____
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input type="checkbox"/> 99 OTHER NONE

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) 1/4/92	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING 0 GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" 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) HAROLD DYE <i>Harold Dye</i>	DATE 6-09-92
---	------------------------

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	048603	000002
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	
			8-18-93	

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: EAST BAY REGIONAL PARK DIST., DEL VALLE REGIONAL

I. TANK DESCRIPTION COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN PARK, OFF DEL VALLE RD., NEAR LIVERMORE, CA.

A. OWNER'S TANK I. D. # <u>UNKNOWN</u>	B. MANUFACTURED BY: <u>UNKNOWN</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNKNOWN</u>	D. TANK CAPACITY IN GALLONS: <u>1000</u>

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

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

V. TANK LEAK DETECTION

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

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>9/14/92</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" 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>HAROLD DYE</u>	DATE <u>6-08-92</u>
--	---------------------

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

STATE I.D.#	COUNTY # <u>011</u>	JURISDICTION # <u>000</u>	FACILITY # <u>01481603</u>	TANK # <u>000003</u>
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE <u>8-18-93</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: **EAST BAY REGIONAL PARK DIST., DEL VALLE REGIONAL**

I. TANK DESCRIPTION COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN **PARK, OFF DEL VALLE RD., NEAR LIVERMORE, CA**

A. OWNER'S TANK I.D.# UNKNOWN	B. MANUFACTURED BY: UNKNOWN
C. DATE INSTALLED (MO/DAY/YEAR) UNKNOWN	D. TANK CAPACITY IN GALLONS. 1000

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

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 checked="" type="checkbox"/> 80 EMPTY <input type="checkbox"/> 95 UNKNOWN	B. <input checked="" type="checkbox"/> 1 PRODUCT <input type="checkbox"/> 2 WASTE
C. <input checked="" type="checkbox"/> 1a REGULAR UNLEADED <input type="checkbox"/> 1b PREMIUM 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 (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED		C. A. S. #:

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

A. TYPE OF SYSTEM <input type="checkbox"/> 1 DOUBLE WALL <input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER <input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank) <input type="checkbox"/> 1 BARE STEEL <input type="checkbox"/> 6 CONCRETE <input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 2 STAINLESS STEEL <input type="checkbox"/> 6 POLYVINYL CHLORIDE <input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 3 FIBERGLASS <input type="checkbox"/> 7 ALUMINUM <input type="checkbox"/> 95 UNKNOWN <input checked="" type="checkbox"/> 99 OTHER STEEL W/ COATING
C. INTERIOR LINING <input type="checkbox"/> 1 RUBBER LINED <input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 2 ALKYD LINING <input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 3 EPOXY LINING <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 4 PHENOLIC LINING <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"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 2 COATING <input checked="" type="checkbox"/> 91 NONE	<input type="checkbox"/> 3 VINYL WRAP <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC <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 <input checked="" type="checkbox"/> 1 SUCTION	A <input checked="" type="checkbox"/> 2 PRESSURE	A <input type="checkbox"/> 3 GRAVITY	A <input type="checkbox"/> 99 OTHER
B. CONSTRUCTION	A <input checked="" type="checkbox"/> 1 SINGLE WALL	A <input type="checkbox"/> 2 DOUBLE WALL	A <input type="checkbox"/> 3 LINED TRENCH	A <input type="checkbox"/> 95 UNKNOWN A <input type="checkbox"/> 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A <input type="checkbox"/> 1 BARE STEEL	A <input type="checkbox"/> 2 STAINLESS STEEL	A <input type="checkbox"/> 3 POLYVINYL CHLORIDE (PVC)	A <input type="checkbox"/> 4 FIBERGLASS PIPE
	A <input type="checkbox"/> 5 ALUMINUM	A <input type="checkbox"/> 6 CONCRETE	A <input checked="" type="checkbox"/> 7 STEEL W/ COATING	A <input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
	A <input type="checkbox"/> 9 GALVANIZED STEEL	A <input type="checkbox"/> 10 CATHODIC PROTECTION	A <input type="checkbox"/> 95 UNKNOWN	A <input type="checkbox"/> 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 type="checkbox"/> 99 OTHER NONE

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) 9/14/92	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" 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) HAROLD DYE <i>Harold Dye</i>	DATE 6-08-92
--	---------------------

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

STATE I.D.#	COUNTY # 01	JURISDICTION # 000	FACILITY # 048603	TANK # 000604
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE 8-18-93	

Permit Application



<input checked="" type="checkbox"/> 01 New Permit	<input checked="" type="checkbox"/> 03 Installed before July 1, 1984	<input type="checkbox"/> 05 Renewed Permit	<input type="checkbox"/> 06 Amended Permit
<input type="checkbox"/> 02 Provisional Permit	<input type="checkbox"/> 04 Installed after July 1, 1984		

I Owner

Name (Corporation, Individual or Public Agency) East Bay Regional Park District			
Street Address 11500 Skyline Blvd.	City Oakland	State CA	ZIP 94619

II Facility

Facility Name Del Valle Regional Park		Dealer/Foreman/Supervisor Ken DeSilva	
Street Address 7000 Del Valle Road		Nearest Cross Street Mines Road	
City Livermore		County Alameda	ZIP 94550
Mailing Address 11500 Skyline Blvd.		City Oakland	State CA
Phone w/area code (415) 531-9300		Type of Business <input type="checkbox"/> 01 Gasoline Station <input checked="" type="checkbox"/> 02 Other: <u>Maintenance Yard</u>	
NUMBER OF CONTAINERS AT THIS FACILITY 3	Rural Area Only:	Township	Range
		Section	

III 24 Hour Emergency Contact Person

Days Name (last name first) and Phone w/area code DeSilva, Ken, (415) 373-0332	Nights Name (last name first) and Phone w/area code Dispatcher, (415) 881-1833
---	---

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A <input checked="" type="checkbox"/> 01 Tank <input type="checkbox"/> 02 Other: _____	Container Number (if there is no number, assign one): 12
B Manufacturer (if appropriate): _____ Year of Mfg: _____	C Year Installed: <u>1978</u> <input type="checkbox"/> Unknown
D Container Capacity <u>550</u> gallons <input type="checkbox"/> Unknown	E Does the Container Store (Check One): <input type="checkbox"/> 01 Waste <input checked="" type="checkbox"/> 02 Product
F. Does the Container Store Motor Vehicle Fuel or Waste Oil? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If Yes, Check appropriate box(es) <input type="checkbox"/> 01 Unleaded <input type="checkbox"/> 02 Regular <input type="checkbox"/> 03 Premium <input checked="" type="checkbox"/> 04 Diesel <input type="checkbox"/> 05 Waste Oil <input type="checkbox"/> 06 Other (List) _____ If you answered yes; do not complete Part VIII.	

V Container Construction

A Thickness of Primary Containment _____ <input type="checkbox"/> Gauge <input type="checkbox"/> Inches <input type="checkbox"/> cm <input checked="" type="checkbox"/> Unknown
B <input type="checkbox"/> 01 Vaulted (Located in an underground Vault) <input type="checkbox"/> 02 Non-vaulted <input checked="" type="checkbox"/> 03 Unknown
C <input type="checkbox"/> 01 Double Walled <input checked="" type="checkbox"/> 02 Single Walled <input type="checkbox"/> 03 Lined
D <input checked="" type="checkbox"/> 01 Carbon Steel <input type="checkbox"/> 02 Stainless Steel <input type="checkbox"/> 03 Fiberglass <input type="checkbox"/> 04 Polyvinyl Chloride <input type="checkbox"/> 05 Concrete <input type="checkbox"/> 06 Aluminum
<input type="checkbox"/> 07 Steel Clad <input type="checkbox"/> 08 Bronze <input type="checkbox"/> 09 Composite <input type="checkbox"/> 10 Non-metallic <input type="checkbox"/> 11 Earthen Walls
<input type="checkbox"/> 12 Unknown <input type="checkbox"/> 13 Other _____

Container Construction

E 01 Rubber Lined 02 Alkyd Lining 03 Epoxy Lining 04 Phenolic Lining 05 Glass Lining 06 Clay Lining

07 Unlined 08 Unknown 09 Other _____

F. 01 Polyethylene Wrap 02 Vinyl Wrapping 03 Cathodic Protection

04 Unknown 05 None 06 tar or asphalt 09 Other _____

VI Piping

A. Aboveground Piping: 01 Double-walled pipe 02 Concrete-lined trench 03 Gravity 04 Pressure 05 Suction

(Check) appropriate box(es) 06 Unknown 07 None

B. Underground Piping: 01 Double-walled pipe 02 Concrete-lined trench 03 Gravity 04 Pressure 05 Suction

(Check) appropriate box(es) 06 Unknown 07 None

VII Leak Detection

01 Visual 02 Stock Inventory 03 Tile Drain 04 Vapor Sniff Wells 05 Sensor Instrument

06 Ground Water Monitoring Wells 07 Pressure Test 08 Internal Inspection 09 None

10 Other. Tank has been tested per regulations.

VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers

If you checked yes to IV -F you are not required to complete this section

currently stored	previously stored	CAS # (if known)	Chemical Do Not Use Commercial Name (Use additional paper for more room)
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		

Is Container located on an Agricultural Farm? 01 Yes 02 No

Person Filing (Signature) [Signature] Phone w/area code (415) 843-2106

For Local Agency Use Only

AGENCY NAME	CITY	COUNTY
CONTACT PERSON		PHONE W/AREA CODE
INSPECTION DATE (1ST INSPECTION)	PERMIT APPROVAL DATE	PERMIT ID. NUMBER

FOR STATE USE ONLY

STATE ID. NUMBER	Accounting Number	County Number
Date Received	<input type="checkbox"/> 01	<input type="checkbox"/> 02 <input type="checkbox"/> 03

Permit Application



<input type="checkbox"/> 01 New Permit	<input type="checkbox"/> 03 Installed before July 1, 1984	<input type="checkbox"/> 05 Renewed Permit	<input type="checkbox"/> 06 Amended Permit
<input type="checkbox"/> 02 Provisional Permit	<input type="checkbox"/> 04 Installed after July 1, 1984		

I Owner

Name (Corporation, Individual or Public Agency) East Bay Regional Park District			
Street Address 11500 Skyline Blvd.	City Oakland	State CA	ZIP 94619

II Facility

Facility Name Del Valle Regional Park		Dealer/Foreman/Supervisor Ken DeSilva	
Street Address 7000 Del Valle Road		Nearest Cross Street Mines Road	
City Livermore		County Alameda	ZIP 94550
Mailing Address 11500 Skyline Blvd.		City Oakland	State CA
Phone w/area code (415) 531-9300		Type of Business <input type="checkbox"/> 01 Gasoline Station <input checked="" type="checkbox"/> 02 Other: <u>Maintenance Yard</u>	
NUMBER OF CONTAINERS AT THIS FACILITY 3	Rural Areas Only:	Township	Range
		Section	

III 24 Hour Emergency Contact Person

Days Name (last name first) and Phone w/area code DeSilva, Ken, (415) 373-0332	Nights Name (last name first) and Phone w/area code Dispatcher, (415) 881-1833
---	---

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A <input checked="" type="checkbox"/> 01 Tank <input type="checkbox"/> 02 Other _____	Container Number (if there is no number, assign one) 11
B Manufacturer (if appropriate) _____ Year of Mfg. _____	C Year Installed <u>1978</u> <input type="checkbox"/> Unknown
D Container Capacity <u>550</u> gallons <input type="checkbox"/> Unknown	E Does the Container Store (Check One) <input type="checkbox"/> 01 Waste <input checked="" type="checkbox"/> 02 Product
F. Does the Container Store Motor Vehicle Fuel or Waste Oil? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If Yes, Check appropriate box(es) <input type="checkbox"/> 01 Unleaded <input checked="" type="checkbox"/> 02 Regular <input type="checkbox"/> 03 Premium <input type="checkbox"/> 04 Diesel <input type="checkbox"/> 05 Waste Oil <input type="checkbox"/> 06 Other (List) _____ If you answered yes; do not complete Part VIII.	

V Container Construction

A Thickness of Primary Containment _____ <input type="checkbox"/> Gauge <input type="checkbox"/> Inches <input type="checkbox"/> cm <input checked="" type="checkbox"/> Unknown
B <input type="checkbox"/> 01 Vaulted (Located in an underground Vault) <input checked="" type="checkbox"/> 02 Non-vaulted <input type="checkbox"/> 03 Unknown
C <input type="checkbox"/> 01 Double Walled <input checked="" type="checkbox"/> 02 Single Walled <input type="checkbox"/> 03 Lined
D <input checked="" type="checkbox"/> 01 Carbon Steel <input type="checkbox"/> 02 Stainless Steel <input type="checkbox"/> 03 Fiberglass <input type="checkbox"/> 04 Polyvinyl Chloride <input type="checkbox"/> 05 Concrete <input type="checkbox"/> 06 Aluminum <input type="checkbox"/> 07 Steel Clad <input type="checkbox"/> 08 Bronze <input type="checkbox"/> 09 Composite <input type="checkbox"/> 10 Non-metallic <input type="checkbox"/> 11 Earthen Walls <input type="checkbox"/> 12 Unknown <input type="checkbox"/> 13 Other _____

Permit Application



<input checked="" type="checkbox"/> 01 New Permit	<input checked="" type="checkbox"/> 03 Installed before July 1, 1984	<input type="checkbox"/> 05 Renewed Permit	<input type="checkbox"/> 06 Amended Permit
<input type="checkbox"/> 02 Provisional Permit	<input type="checkbox"/> 04 Installed after July 1, 1984		

I Owner

Name (Corporation, Individual or Public Agency) East Bay Regional Park District			
Street Address 11500 Skyline Blvd.	City Oakland	State CA	ZIP 94619

II Facility

Facility Name Del Valle Regional Park		Dealer / Foreman / Supervisor Ken DeSilva	
Street Address 7000 Del Valle Road		Nearest Cross Street Mines Road	
City Livermore		County Alameda	ZIP 94550
Mailing Address 11500 Skyline Blvd.		City Oakland	State CA
Phone w/area code (415) 53109300		Type of Business <input type="checkbox"/> 01 Gasoline Station <input checked="" type="checkbox"/> 02 Other <u>Maintenance Yard</u>	
NUMBER OF CONTAINERS AT THIS FACILITY 3	Rural Areas Only:	Township	Range
		Section	

III 24 Hour Emergency Contact Person

Days: Name (last name first) and Phone w/area code DeSilva, Ken, (415) 373-0332	Nights: Name (last name first) and Phone w/area code Dispatcher, (415) 881-1833
--	--

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A <input checked="" type="checkbox"/> 01 Tank <input type="checkbox"/> 02 Other: _____	Container Number (if there is no number, assign one) 10
B Manufacturer (if appropriate): _____ Year of Mfg: _____	C Year Installed <u>1976</u> <input type="checkbox"/> Unknown
D Container Capacity <u>1,000</u> gallons <input type="checkbox"/> Unknown	E Does the Container Store (Check One). <input type="checkbox"/> 01 Waste <input checked="" type="checkbox"/> 02 Product
F. Does the Container Store Motor Vehicle Fuel or Waste Oil? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If Yes, Check appropriate box(es) <input checked="" type="checkbox"/> 01 Unleaded <input type="checkbox"/> 02 Regular <input type="checkbox"/> 03 Premium <input type="checkbox"/> 04 Diesel <input type="checkbox"/> 05 Waste Oil <input type="checkbox"/> 06 Other (List): _____ If you answered yes; do not complete Part VIII.	

V Container Construction

A Thickness of Primary Containment. _____ <input type="checkbox"/> Gauge <input type="checkbox"/> Inches <input type="checkbox"/> cm <input checked="" type="checkbox"/> Unknown
B <input type="checkbox"/> 01 Vaulted (Located in an underground Vault.) <input checked="" type="checkbox"/> 02 Non-vaulted <input type="checkbox"/> 03 Unknown
C <input type="checkbox"/> 01 Double Walled <input type="checkbox"/> 02 Single Walled <input type="checkbox"/> 03 Lined
D <input checked="" type="checkbox"/> 01 Carbon Steel <input type="checkbox"/> 02 Stainless Steel <input type="checkbox"/> 03 Fiberglass <input type="checkbox"/> 04 Polyvinyl Chloride <input type="checkbox"/> 05 Concrete <input type="checkbox"/> 06 Aluminum
<input type="checkbox"/> 07 Steel Clad <input type="checkbox"/> 08 Bronze <input type="checkbox"/> 09 Composite <input type="checkbox"/> 10 Non-metallic <input type="checkbox"/> 11 Earthen Walls
<input type="checkbox"/> 12 Unknown <input type="checkbox"/> 13 Other _____

Container Construction

E 01 Rubber Lined 02 Alkyd Lining 03 Epoxy Lining 04 Phenolic Lining 05 Glass Lining 06 Clay Lining

07 Unlined 08 Unknown 09 Other _____

F 01 Polyethylene Wrap 02 Vinyl Wrapping 03 Cathodic Protection

04 Unknown 05 None 06 tar or asphalt 09 Other

VI Piping

A. Aboveground Piping: 01 Double-walled pipe 02 Concrete-lined trench 03 Gravity 04 Pressure 05 Suction

(Check) appropriate box(es) 06 Unknown 07 None

B. Underground Piping: 01 Double-walled pipe 02 Concrete-lined trench 03 Gravity 04 Pressure 05 Suction

(Check) appropriate box(es) 06 Unknown 07 None

VII Leak Detection

01 Visual 02 Stock Inventory 03 Tile Drain 04 Vapor Sniff Wells 05 Sensor Instrument

06 Ground Water Monitoring Wells 07 Pressure Test 08 Internal Inspection 09 None

10 Other: Tank has been tested per regulations.

VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers
 If you checked yes to IV -F you are not required to complete this section

currently stored	previously stored	CAS # (if known)	Chemical Do Not Use Commercial Name (Use additional paper for more room)
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		

Is Container located on an Agricultural Farm? 01 Yes 02 No

Person Filing (Signature) [Signature] Phone w/area code (415) 843-2106

For Local Agency Use Only

AGENCY NAME	CITY	COUNTY
CONTACT PERSON	PHONE W/AREA CODE	
INSPECTION DATE (1ST INSPECTION)	PERMIT APPROVAL DATE	PERMIT ID. NUMBER

FOR STATE USE ONLY

STATE ID. NUMBER	Accounting Number	County Number
Date Received	<input type="checkbox"/> 01	<input type="checkbox"/> 02

REGIONAL PARKS

EAST BAY REGIONAL PARK DISTRICT

92 NOV 10 11:37

November 04, 1992

Ms. Eva Chu
Environmental Hazardous Materials
80 Swan Way, Room #200
Oakland, CA 94621

BOARD OF DIRECTORS
James H. Duncan, *President*
Jocelyn Combs, *Vice President*
Ted Radke, *Treasurer*
Oliver Holmes, *Secretary*
Hartan Kassel
John O'Donnell
Carroll Williams
Pat O'Brien
General Manager

Subject: Del Valle Regional Park Underground Tank Removal

Dear Ms. Chu:

I have reviewed our files and documents to ascertain soils and geology in the vicinity of the Corp Yard where the underground tanks were located. I also have interviewed knowledgeable park personnel regarding depth to groundwater in the general area.

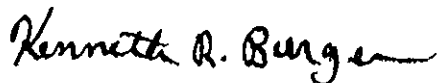
My determinations are as follows:

- 1) Soils at the Corp Yard site are described as Shedd Series silt loam according to Alameda County Soil Survey (USDA, 1966). This soil is well drained and moderately permeable. Runoff is rapid and the water holding capacity is moderate.
- 2) The geology of the east and southern portions of Del Valle Park is described as alluvial deposits of the recent Quaternary Period (EBRPD Planning Department EIR for Expansion of Facilities at Del Valle Regional Park, 1985).
- 3) Depth to groundwater on the east side of Del Valle Park on the sloping terrain above the reservoir is in excess of 150 feet according to staff at the park based on discussions with other land owners in the area.

Since the Corp Yard site is situated on a sloping ridge well above the reservoir and the depth to groundwater is estimated to be at least 150 feet, we do not believe any real threat to groundwater contamination exists from the apparent spillage of a small amount of gasoline during removal of the underground tanks.

If you need to discuss these findings, please call me at 635-0135, Ext. 2341.

Sincerely,



Kenneth R. Burger
Stewardship Manager



KB:gc
kb110492

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 Del Valle Today's Date 10/9/92

II.A BUSINESS PLANS (Title 19)

- ___ 1. Immediate Reporting 2703
- ___ 2. Bus. Plan Sids. 25503(b)
- ___ 3. R/R 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 Livermore Zip 94 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 Resample

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

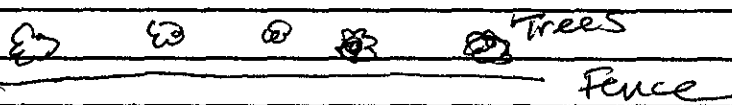
___ Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

Comments:

Resampled 11 1/2 bags below previous UGD-2 sample

Pit is dry - water may have been from drip irrigation for trees

Analyze for TPH-G, TPH-d, BTEX and lead



Characterize stockpile (about 30 cu) prior to disposal.

For reuse & sample 1 per 20 cu
For disposal: " 1 per 50 cu

Analyze for same constituents as above.

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 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 _____

- ___ 7. Precip 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: _____

Rev 6/88

II, III

Contact: _____

Title: Const. Insp

Signature: W. Lynn Mitchell

Inspector: Eva Chan

Signature: [Signature]

REGIONAL PARKS

EAST BAY REGIONAL PARK DISTRICT

LETTER OF TRANSMITTAL

BOARD OF DIRECTORS
 James H. Duncan, *President*
 Jocelyn Combs, *Vice President*
 Ted Radtke, *Treasurer*
 Oliver Holmes, *Secretary*
 Marian Kessel
 John O'Donnell
 Carroll Williams
 Pat O'Brien
 General Manager

To: ALAMEDA CO. HEALTH
HAZARDOUS MATERIALS DIVISION
ATTN: MR. JEFF SHAPIRO
80 SWAN WAY ROOM 200
OAKLAND CA 94621

Date: SEPT 23, 1992

Subject: LAKE DEL VALLE REMOVAL OF UNDERGROUND TANKS
WATER & SOIL ANALYSES

We are sending you herewith:

Prints, Tracings, Working drawings,
 Specifications, Correspondence, Photographs,
 REPORT FROM CHROMALAB INC.

For the following action:

For your information, For your records, For your review,
 For your action, Please return, Please retain one copy and return the others with corrections and comments,

Comments: _____

Drawing Number	Date of original or revision	Copies	Description

Parkland Design Department

BY: WARREN GEE



Please print or type. Form designed for use on elite (12-pitch typewriter).

91488973
IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-7550
GENERATOR
TRANSPORTER
FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA500086491279552		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address EAST BAY REGIONAL PARK DISTRICT 2950 PERALTA PARKS CT. OAKLAND CA 94605				A. State Manifest Document Number 91488973			
4. Generator's Phone 510 635 0135				B. State Generator's ID			
5. Transporter 1 Company Name TRIDENT TRUCK LINE, INC.		6. US EPA ID Number CA D 9 8 2 6 8 4 300K		370		C. State Transporter's ID 307796	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (510) 783-2861		E. State Transporter's ID	
9. Designated Facility Name and Site Address ERICKSON INCORPORATED 255 PARR BLVD. RICHMOND, CA 94801		10. US EPA ID Number CA I D 0 0 9 4 6 6 3 9 2		G. State Facility's ID 009466392		F. Transporter's Phone	
				H. Facility's Phone (510) 235-1393			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity		14. Unit Wt/Vol	
		No. Type					
a. EMPTYS 75 EMPTY TANK NON-RCRA HAZARDOUS WASTE SOLID		0,03 T P		2,100 P			
b.						1. Waste Number State 312 EPA/Other NONE	
c.						EPA/Other	
d.						State EPA/Other	
J. Associated Descriptions for Materials Listed Above				K. Handling Codes for Materials Listed Above			
QUANTITY 3 EMPTY TANK STORAGE TANK(S) 9571				a.			
9592 9593				b.			
HAVE BEEN INSERTED WITH 15 LBS. DRY ICE PER 1000 GAL. CAPACITY				c.			
15. Special Handling Instructions and Additional Information KEEP AWAY FROM SOURCES OF IGNITION. ALWAYS WEAR HARDHATS AND GLASSES WHEN WORKING AROUND UNDERGROUND STORAGE TANKS. 24 HR. CONTACT NAME: _____ AND PHONE: _____							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.							
Printed/Typed Name		Signature		Month		Day Year	
		<i>[Signature]</i>		09		10 92	
17. Transporter 1 Acknowledgement of Receipt of Materials							
Printed/Typed Name		Signature		Month		Day Year	
MIKE VERNAZZA		<i>[Signature]</i>		09		10 92	
18. Transporter 2 Acknowledgement of Receipt of Materials							
Printed/Typed Name		Signature		Month		Day Year	
19. Discrepancy Indication Space							
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.							
Printed/Typed Name		Signature		Month		Day Year	

DO NOT WRITE BELOW THIS LINE.

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

B-1

II, III

Site ID # _____ Site Name Del Valle Today's Date 9/10/92

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
- ___ 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 Groundwater 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. Precls Tank Test Date: 2643
- ___ 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 Date: 2711
 - ___ 14. As Built Date: 2635

Rev 6/88

Site Address _____
 City Livermore Zip 94 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:

AS I ARRIVED ON-SITE THE 2nd 550 GALLON TANK WAS ALREADY REMOVED. I WAS NOT ON-SITE FOR THE REMOVAL OF THE 1ST TANK.

PIT 1 - 2-550 GALLON TANKS WERE REMOVED THERE IS H₂O IN THE BOTTOM OF THE PIT

HAULER - TRIDENT TRUCKLINE HAZ. WASTE HAULER # 309996 EXPIRES 6/93.

WATER SAMPLE WAS TAKEN: HEAVY ODOR SMELL OF PETROLEUM. 7 FT. "R6D-1"

THE WATER APPEARS TO BE ENTERING FROM AN IRRIGATION AREA.

SOIL SAMPLES. BACKFILL SHOWS SIGNS OF VISUAL CONTAMINATION.

R6D-2 - Depth 9.5 FT.
 R6D-3 - Depth 9.0 FT

Contact: Gregory Geldon

Title: Forem.

Signature: [Signature]

Inspector: Jeff Shaper

Signature: [Signature]

II, III

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

f.2

Hazardous Materials Inspection Form

II, III

Site ID # _____ Site Name Del Valle Today's Date 9/10/92

Site Address _____

City Livermore Zip 94 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:

1-1000 GAL UNLEADED Gasoline.
 PIT-2: TANK REMOVED w/o DETECTION OF O₂. THE CGI METER HAD NO MEANS TO DETECT O₂. TED FROYLAND OF ALCO PUBLIC WORKS WAS RESPONSIBLE FOR FIRE CODE SUPERVISOR.

Soil Sample

SAMPLE TAKEN BY SOUTHERN BOTTOM OF PIT VISUAL SIGNS OF CONTAMINATION. ALSO HEAVY SMELL OF GASOLINE. - WATER - PERCHLORATES - FILLED THIS AREA BEFORE WE COULD SAMPLE THE BOTTOM FOR A SAMPLE. A WATER SAMPLE WAS TAKEN - 9 FT.

of the BACKFILL

PID Readings Ranged From 50-605 on the MICRO TIP.

UGD-1 - H₂O Sample

UGD-2 SOIL - Partially moist from H₂O
 PID Reading = 18-15 ppm. WATER WAS REMOVED TO TAKE A SOIL SAMPLE AND RECHARGED IMMEDIATELY. ~ 11 FT.

II.A BUSINESS PLANS (Title 19)

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- 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(f)
- 18. Exemption Request? (Y/N) 25536(b)
- 19. Trade Secret Requested? 25538

III. UNDERGROUND TANKS (Title 23)

- General
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 - 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 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 _____

- 7. Precis Tank Test Date: _____ 2643
- 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 Date: _____ 2711
 - 14. As Built Date: _____ 2635

Rev 8/88

Contact: Gerard Gredler

Title: Foreman

Signature: [Signature]

Inspector: Jeff Shapiro

Signature: [Signature]

II, III

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

P.3

II, III

Site ID # _____ Site Name Pel. Valle Today's Date 9/10/92

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 _____ Zip 94 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

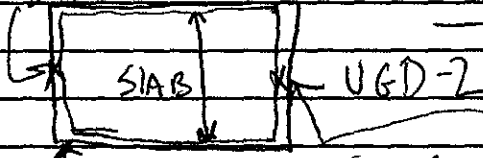
II.B ACUTELY HAZ. MAT'L'S

- ___ 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

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

Comments:

UGD-3 PIT 2



over excavate to sample!

Depth - 11 FT.

Some water percolated into the hole.
 For UGD-2

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 sols
 - 3) Daily Vadose
One time sols
Annual tank test
 - 4) Monthly Groundwater
One time sols
 - 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. Precis Tank Test 2643
Date: _____
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- ___ 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: _____

Rev 8/88

Contact: Gerard Geldon
 Title: Foreman
 Signature: [Signature]

Inspector: [Signature]
 Signature: [Signature]

II, III

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION

ACCEPTED 80 SWAN WAY, ROOM 200

OAKLAND, CA 94621
DEPARTMENT OF ENVIRONMENTAL HEALTH
470 - 27th Street, Third Floor
Oakland, CA 94612
PHONE NO. 415/271-4320
Telephone: (415) 874-7237

See approved red-lined
Notes on Pages 2, 4, 5.
JS.

Project Specialist (print) Jeff Shapiro

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 *JS 8/11/92*
- _____ Final Inspection

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

UNDERGROUND TANK CLOSURE PLAN
THERE IS A FINANCIAL PENALTY FOR NON-COMPLIANCE
*** * * Complete according to attached instructions * * ***

1. Business Name EAST BAY REGIONAL PARK DISTRICT
Business Owner EAST BAY REGIONAL PARK DISTRICT
 2. Site Address DEL VALLE REGIONAL PARK OFF DEL VALLE RD
City NEAR LIVERMORE CA. Zip _____ Phone _____
 3. Mailing Address EAST BAY REGIONAL PARK DISTRICT
City 2950 PERALTA OAKLAND CA Zip 94605 Phone 510 635 0135
 4. Land Owner EAST BAY REGIONAL PARK DISTRICT
Address 2950 PERALTA OAKKS CT City, State OAKLAND CA Zip 94605
 5. Generator name under which tank will be manifested EAST BAY REGIONAL PARK DISTRICT
- EPA I.D. No. under which tank will be manifested CAL 000864912

6. Contractor PETROLEUM ENGINEERING INC

Address 11 WEST 9TH ST.

City SANTA ROSA CA 95401 Phone 707 545 0360

License Type SC45/SC-10 ID# 224358

HAZARDOUS SUBSTANCES REMOVAL & REMEDIAL ACTIONS CERTIFICATION
LICENSE NO. 224358

7. Consultant _____

Address _____

City _____ Phone _____

8. Contact Person for Investigation

Name Harold Dye Title OPERATIONS

Phone 707 545 0360

9. Number of tanks being closed under this plan 1 1000GAL UNDERGROUND DSL
1 1000GAL " REGR. GAS
1 1000GAL " UNLEADED

Length of piping being removed under this plan UNKN.

Total number of tanks at facility 3 *See BOTTOM of PAGE 4.*

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

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

a) Product/Residual Sludge/Rinsate Transporter

Name H&H ENVIRIOMENTALSERVICES EPA I.D. No. CA 004771168

Hauler License No. 0334 License Exp. Date 31 93

Address 220 CHINA BASIN

City SAN FRANCISCO State CA Zip 94107

b) Product/Residual Sludge/Rinsate Disposal Site

Name H&H ENVIRIOMENTAL SERVICES EPA I.D. No. CAD.04771168

Address 220 CHINA BASIN

City SAN FRANCISCO State CA Zip 94107

c) Tank and Piping Transporter

Name H&H ENVIROMENTAL SERVICES EPA I.D. No. CAD.00471168
Hauler License No. 0334 License Exp. Date 1/31/93
Address 220 CHINA BASIN
City SAN FRANCISCO State CA Zip 94107

d) Tank and Piping Disposal Site

Name H&H ENVIROMENTAL SERVICES EPA I.D. No. CAD.00471168
Address 220 CHINA BASIN
City SAN FRANCISCO State CA Zip 94107

11. Experienced Sample Collector

Name NEAL SILER
Company ENGINEERING - SCIENCE, INC.
Address 1301 MARINA VILLAGE PARKWAY, SUITE 200
City ALAMEDA State CA Zip 94501 Phone (510)769-0100

12. Laboratory

Name CHROMALAB, INC.
Address 2239 OMEGA ROAD, NO.1
City SAN RAMON State CA Zip 94583
State Certification No. E 694 (1094)

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

If yes, describe. _____

14. Describe methods to be used for rendering tank inert

~~30 LBS. OF DRY ICE WILL BE USED FOR EVERY~~
~~1000 GALLONS OF CAPACITY~~ *or enough Dry Ice*
to sufficiently inert the tank.

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, <u>soil</u> , ground-water, etc.)	Location and Depth of Samples
Capacity	Use History (see instructions)		
1000DSL.	DIESEL	TPH D <i>2 Samples/Tank</i> BTX&E TPH & BTX&E	<i>ONE AT EACH END OF TANK</i>
1000GAL.	REGR. GAS	TPH G <i>2 Samples/Tank</i> BTX&E TPH&BTX&E LEAD FFCL	"
1000GAL.	UNLEADED	TPH G <i>2 Samples/Tank</i> BTX&E TPH & BTX&E Tank <i>Remove a maximum of 2 feet of NATIVE soil before sampling</i>	"

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.

Soil must be placed on plastic

Excavated/Stockpiled Soil	
<p>AND COVERED</p> <p>Stockpiled Soil Volume (Estimated)</p> <p>30 YARDS</p> <p>Discreet - 1 sample / 20 yds³ - BACK IN HOLE</p> <p>Composite - 1 sample / 50 yds³ - OFF-SITE</p>	<p>Sampling Plan</p> <p>PENDING ORIGINAL SAMPLE</p> <p>Soil samples will be placed in brass tubes, sealed w/ Teflon Tape and plastic caps. Samples must be placed on ice and transported to a state Certified Lab w/ Chain of Custody.</p>

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.

	Soil	WATER	Method Detection Limit
	Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Method Number
DIESEL	TPH D BTX&E TPH & BTX&E	GCFID 8020 OR	3550 8240 8260
			GC FID (3510) 602, 624, or 8260
LEADED GASOLINE	TPHG BTX&E TPH & BTX&E AA	GCFID 8020 OR	5030 8240 8260
		TOTAL lead	GC FID (5030) 602, 624, or 8260
UNLEADED GASOLINE	TPH G BTX&E TPH & BTX&E	GCFID 8020 OR	5030 8240 8260
			GC FID (5030) 602, 624, or 8260

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

18. Submit Worker's Compensation Certificate copy PRODUCER: WOODRUFF-SAWYER
220 BUSH ST
7TH FLOOR
SAN FRANCISCO
CA. 94104
- Name of Insurer FAIRMONT INSURANCE
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) PETROLEUM ENGINEERING INC. HAROLD DYE

Signature *Harold Dye*

Date 6-08-92

Signature of Site Owner or Operator

Name (please type) EAST BAY REGIONAL PARK DISTRICT

Signature *a*

Date 6/17/92

ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION
Acknowledgement of Refund Recipient for Site Account
DEPOSITOR FILLS OUT PER SITE
-- REQUIRED --

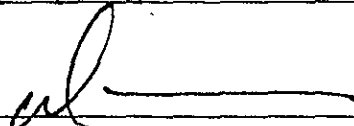
The depositor will use this form to acknowledge that the property owner or his or her designee will receive any refund due at the completion of all deposit/refund projects at the site listed below.

SITE NUMBER/ADDRESS:

REFUND RECIPIENT-PROPERTY OWNER

Site Number	Del Valle Regional Park	East Bay Regional Park District
Company Name		Owner's Name
7000 Del Valle Road		2950 Peralta Oaks Court
Street Address		Owner's Address
Livermore, CA 94550		Oakland, CA 94605
City Zip Code		Owner's City State Zip

I have read the description of the project Deposit/Refund Procedure, and have had an opportunity to ask questions about it. I understand that regardless of who deposits money into the site account, any deposit money remaining at the completion of all projects being conducted at this site will be refunded solely to the property owner or his or her designee.


Signature of Depositor

6/17/92
Date

Mike Anderson
Depositor Name

East Bay Regional Park District
Company Name

2950 Peralta Oaks Court
Street Address

Oakland, CA 94605
City / Zip

RETURN FORM TO: Alameda County, Hazardous Materials Div.
80 Swan Way, Rm 200
Oakland, CA 94621-1439
Phone: (510) 271-4320

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

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

DBA OR FACILITY NAME EAST BAY REGIONAL PARK DISTRICT		NAME OF OPERATOR EAST BAY REGIONAL PARK DISTRICT			
ADDRESS DEL VALLE REGIONAL PARK DISTRICT OFF DEL VALEE RD.		NEAREST CROSS STREET		PARCEL # (OPTIONAL)	
CITY NAME 1000 Del Valle Rd. Livermore, 94550 NEAR LIVERMORE		STATE CA	ZIP CODE 94550	SITE PHONE # WITH AREA CODE (510) 373-0551	
<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 checked="" 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 @ 0	E. P. A. I. D. # (optional) CA000864912

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) CHE WARRAN		PHONE # WITH AREA CODE 510-635-0135		DAYS: NAME (LAST, FIRST) KEARSON CHRIS		PHONE # WITH AREA CODE 510-635-0135	
NIGHTS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE		NIGHTS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE	

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME EAST BAY REGIONAL PARK DISTRICT		CARE OF ADDRESS INFORMATION			
MAILING OR STREET ADDRESS 2950 PERALTA OAKS CT		<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 checked="" type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> FEDERAL AGENCY			
CITY NAME OAKLAND		STATE CA	ZIP CODE 94605	PHONE # WITH AREA CODE 510 635 0135	

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER EAST BAY REGIONAL PARK DISTRICT		CARE OF ADDRESS INFORMATION			
MAILING OR STREET ADDRESS 2950-PERALTA OAKS CT		<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 checked="" type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> FEDERAL AGENCY			
CITY NAME OAKLAND		STATE CA	ZIP CODE 94605	PHONE # WITH AREA CODE 510 635 0135	

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

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

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

box to indicate 1 SELF-INSURED 2 GUARANTEE 3 INSURANCE 4 SURETY BOND
 5 LETTER OF CREDIT 6 EXEMPTION 99 OTHER

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

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

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

APPLICANT'S NAME (PRINTED & SIGNATURE) HAROLD DYE	APPLICANT'S TITLE OPERATIONS	DATE 6-02-92
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LOCAL AGENCY USE ONLY

COUNTY # 01	JURISDICTION # 01010	FACILITY # 048603
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPVISOR - DISTRICT CODE - OPTIONAL

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: EAST BAY REGIONAL PARK DIST., DEL VALLE REGIONAL PARK, OFF DEL VALLE RD., NEAR LIVERMORE, CA

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

A. OWNER'S TANK I. D. # <u>UNKNOWN</u>	B. MANUFACTURED BY: <u>UNKNOWN</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNKNOWN</u>	D. TANK CAPACITY IN GALLONS: <u>1000</u>

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

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	4 OIL	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input checked="" type="checkbox"/> 1a REGULAR UNLEADED
<input type="checkbox"/> 2 PETROLEUM	<input checked="" type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED

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	B. TANK MATERIAL (Primary Tank)	C. INTERIOR LINING
<input checked="" type="checkbox"/> 2 SINGLE WALL	<input checked="" type="checkbox"/> 99 OTHER <u>STEEL W/ COATING</u>	<input checked="" type="checkbox"/> 6 UNLINED
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		
D. CORROSION PROTECTION	E. SPILL AND OVERFILL	
<input checked="" type="checkbox"/> 91 NONE	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	B. CONSTRUCTION	C. MATERIAL AND CORROSION PROTECTION	D. LEAK DETECTION
A U 1 SUCTION	A U 1 SINGLE WALL	A U 7 STEEL W/ COATING	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR
A U 2 PRESSURE	A U 2 DOUBLE WALL	A U 95 UNKNOWN	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING
A U 3 GRAVITY	A U 3 LINED TRENCH	A U 99 OTHER	<input type="checkbox"/> 3 INTERSTITIAL MONITORING
A U 99 OTHER	A U 99 OTHER	A U 99 OTHER	<input type="checkbox"/> 99 OTHER <u>NINE</u>

V. TANK LEAK DETECTION

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

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>9/4/92</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>0</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>HAROLD DYE</u>	DATE <u>6-08-92</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 #
	<u>01</u>	<u>000</u>	<u>048603</u>	<u>006001</u>
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE <u>8.18.93</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: **EAST BAY REGIONAL PARK DIST. DEL VALLE REGIONAL**

I. TANK DESCRIPTION COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN **PARK, OPEN DEL VALLE ROAD, NEAR LIVERMORE, CA.**

A. OWNER'S TANK I.D.# UNKNOWN	B. MANUFACTURED BY: UNKNOWN
C. DATE INSTALLED (MO/DAY/YEAR) UNKNOWN	D. TANK CAPACITY IN GALLONS: 1000

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

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 checked="" type="checkbox"/> 80 EMPTY <input type="checkbox"/> 95 UNKNOWN	B. <input checked="" type="checkbox"/> 1 PRODUCT <input type="checkbox"/> 2 WASTE
C. <input type="checkbox"/> 1a REGULAR UNLEADED <input type="checkbox"/> 1b PREMIUM UNLEADED <input type="checkbox"/> 2 LEADED		
<input checked="" 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 (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED _____ C. A. S. #: _____		

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

A. TYPE OF SYSTEM <input type="checkbox"/> 1 DOUBLE WALL <input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER <input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank) <input type="checkbox"/> 1 BARE STEEL <input type="checkbox"/> 5 CONCRETE <input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 2 STAINLESS STEEL <input type="checkbox"/> 6 POLYVINYL CHLORIDE <input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 3 FIBERGLASS <input type="checkbox"/> 7 ALUMINUM <input type="checkbox"/> 95 UNKNOWN <input checked="" type="checkbox"/> 99 OTHER STEEL W/ COATING
C. INTERIOR LINING <input type="checkbox"/> 1 RUBBER LINED <input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 2 ALKYD LINING <input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 3 EPOXY LINING <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 4 PHENOLIC LINING <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"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 2 COATING <input checked="" type="checkbox"/> 91 NONE	<input type="checkbox"/> 3 VINYL WRAP <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC <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 <input checked="" type="radio"/> 1 SUCTION A U <input type="radio"/> 2 PRESSURE A U <input type="radio"/> 3 GRAVITY A U <input type="radio"/> 99 OTHER	B. CONSTRUCTION A <input checked="" type="radio"/> 1 SINGLE WALL A U <input type="radio"/> 2 DOUBLE WALL A U <input type="radio"/> 3 LINED TRENCH A <input type="radio"/> 95 UNKNOWN A U <input type="radio"/> 99 OTHER	C. MATERIAL AND CORROSION PROTECTION A U <input type="radio"/> 1 BARE STEEL A U <input type="radio"/> 2 STAINLESS STEEL A U <input type="radio"/> 3 POLYVINYL CHLORIDE (PVC) A U <input type="radio"/> 4 FIBERGLASS PIPE A U <input type="radio"/> 5 ALUMINUM A U <input type="radio"/> 6 CONCRETE A <input checked="" type="radio"/> 7 STEEL W/ COATING A U <input type="radio"/> 8 100% METHANOL COMPATIBLE W/FRP A U <input type="radio"/> 9 GALVANIZED STEEL A U <input type="radio"/> 10 CATHODIC PROTECTION A <input type="radio"/> 95 UNKNOWN A U <input type="radio"/> 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 type="checkbox"/> 99 OTHER NONE
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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) 11/1/92	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING 0 GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" 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) HAROLD DYE <i>Harold Dye</i>	DATE 6-03-92
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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 #
	011	000	048603	000002
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE 8-18-93	

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: EAST BAY REGIONAL PARK DIST., DEL VALLE REGIONAL

I. TANK DESCRIPTION COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN PARK, OFF DEL VALLE RD., NEAR LIVERMORE, CA.

A. OWNER'S TANK I.D.# <u>UNKNOWN</u>	B. MANUFACTURED BY: <u>UNKNOWN</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNKNOWN</u>	D. TANK CAPACITY IN GALLONS: <u>1000</u>

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

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 checked="" type="checkbox"/> 80 EMPTY <input type="checkbox"/> 95 UNKNOWN	B. <input checked="" type="checkbox"/> 1 PRODUCT <input type="checkbox"/> 2 WASTE
C. <input checked="" type="checkbox"/> 1a REGULAR UNLEADED <input type="checkbox"/> 1b PREMIUM UNLEADED <input type="checkbox"/> 2 LEADED		
<input type="checkbox"/> 3 DIESEL <input type="checkbox"/> 4 GASOLINE <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 (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED		C.A.S.#:

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

A. TYPE OF SYSTEM <input type="checkbox"/> 1 DOUBLE WALL <input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER <input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank) <input type="checkbox"/> 1 BARE STEEL <input type="checkbox"/> 6 CONCRETE <input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 2 STAINLESS STEEL <input type="checkbox"/> 6 POLYVINYL CHLORIDE <input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 3 FIBERGLASS <input type="checkbox"/> 7 ALUMINUM <input type="checkbox"/> 95 UNKNOWN <input checked="" type="checkbox"/> 99 OTHER <u>STEEL W/ COATING</u>
C. INTERIOR LINING <input type="checkbox"/> 1 RUBBER LINED <input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 2 ALKYD LINING <input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 3 EPOXY LINING <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 4 PHENOLIC LINING <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"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 2 COATING <input checked="" type="checkbox"/> 91 NONE	<input type="checkbox"/> 3 VINYL WRAP <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC <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="radio"/> A 1 SUCTION	<input checked="" type="radio"/> A U 2 PRESSURE	<input type="radio"/> A U 3 GRAVITY	<input type="radio"/> A U 99 OTHER
B. CONSTRUCTION	<input checked="" type="radio"/> A U 1 SINGLE WALL	<input type="radio"/> A U 2 DOUBLE WALL	<input type="radio"/> A U 3 LINED TRENCH	<input type="radio"/> A U 95 UNKNOWN <input type="radio"/> A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	<input type="radio"/> A U 1 BARE STEEL <input type="radio"/> A U 5 ALUMINUM <input type="radio"/> A U 9 GALVANIZED STEEL	<input type="radio"/> A U 2 STAINLESS STEEL <input type="radio"/> A U 6 CONCRETE <input type="radio"/> A U 10 CATHODIC PROTECTION	<input type="radio"/> A U 3 POLYVINYL CHLORIDE (PVC) <input checked="" type="radio"/> A U 7 STEEL W/ COATING <input type="radio"/> A U 95 UNKNOWN	<input type="radio"/> A U 4 FIBERGLASS PIPE <input type="radio"/> A U 8 100% METHANOL COMPATIBLE W/FRP <input type="radio"/> 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 type="checkbox"/> 99 OTHER <u>NONE</u>

V. TANK LEAK DETECTION

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

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>9/14/92</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>HAROLD DYE</u>	DATE <u>6-08-92</u>
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LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY # <u>01</u>	JURISDICTION # <u>000</u>	FACILITY # <u>048603</u>	TANK # <u>000003</u>
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE <u>8-18-93</u>	

No-0549724

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

ANNUAL
PERMIT

Permit Issued To
(Insert Employer's Name, Address and Telephone No.)

Petroleum Engineering, Inc.
11 West Ninth Street
Santa Rosa CA 95401

No. _____
Date January 14, 1992
Region 1 - San Francisco
District 5 - Santa Rosa
Tel. _____

Type of Permit Trenching and Excavation

Pursuant to Labor Code Sections 6500 and 6502, this Permit is issued to the above-named employer for the projects described below.

Main Contractor's License Number		Permit Valid through		
224358		December 31, 1992		
Description of Project	Location Address	City and County	Anticipated Dates	
			Starting	Completion
various	various	various	various	various

This Permit is issued upon the following conditions:

1. That the work is performed by the same employer. If this is an annual permit the appropriate District Office shall be notified, in writing, of dates and location of job site prior to commencement.
2. That employer will comply with all occupational safety and health standards or orders applicable to the above projects, and any other lawful orders of the Division.
3. That if any unforeseen condition causes deviation from the plans or statements contained in the Permit Application Form the employer will notify the Division immediately.
4. Any variation from the specification and assertions of the Permit Application Form or violation of safety orders may be cause to revoke the permit.
5. This permit shall be posted at or near each place of employment as provided in 8 CAC 341.4.

Issued From		Received By	
Dya		Bethel	
Cash	Amount	Date	
Check	100	1-14-92	

YIELD ORIGINAL--GREEN DISTRICT COPY--PINK
LISTING COPY--CANARY REGION COPY--WHITE
(Rev. 2-87)

Investigated by _____
Approved by Peaces-Burton 1/14/92
Safety Eng. Date
Dist. Manager Date



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: DAVID LEWIS LAMPI

License No.: 224358

Namestyle: PETROLEUM ENGINEERING INC

WITNESS my hand and official seal this

24th day of DECEMBER 1991

David R. Peltier
Registrar of Contractors

131.36 (2/91)

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

A 4308

ISSUE DATE (MM/DD/YY)
 01/07/92

PRODUCER
Woodruff-Sawyer & Co.
 220 Bush Street
 7th Floor
 San Francisco, CA 94104

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** Fairmont Insurance Co.
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

INSURED
Petroleum Engineering, Inc.
 11 West 9th Street
 Santa Rosa, CA 95401

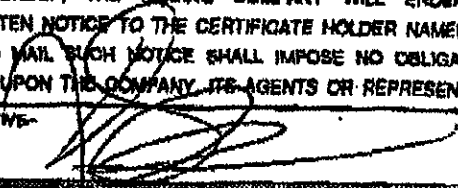
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE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

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. <input type="checkbox"/> OWNERS & CONTRACTORS PROT.				GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG. \$ PERSONAL & ADV. INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED. EXPENSE (Any one person) \$
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
EXCESS LIABILITY <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	WCP80563920	01/01/92	01/01/93	STATUTORY LIMITS EACH ACCIDENT \$ 1,000,000 DISEASE--POLICY LIMIT \$ 1,000,000 DISEASE--EACH EMPLOYEE \$ 1,000,000
OTHER				

DESCRIPTION OF OPERATIONS/LOCATION/VEHICLES/SPECIAL ITEMS
 As respects: All California Operations

County of Alameda
 190 Swan Way
 Oakland, CA 94621

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-


TIMMERMAN ENGINEERING CONSTRUCTION

October 8, 1989

Ted Krebs
East Bay Regional Parks District
11500 Skyline Blvd. 11500 Skyline Blvd.
Oakland, CA 94619

Ted:

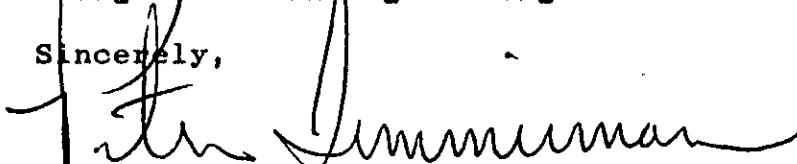
Enclosed please find the test reports for the 13 tanks tested under our contract. The results are summarized below.

C ✓	Tilden Park	1	8,000	U/L	Pass
		2	1,500	DIESEL	Unable to complete test due to permanent drop tube.
✓ ACP-3	Redwood Park	1	2,000	DIESEL	Pass
	7867 Redwood Rd.	2	5,000	U/L	Fail
- ACP-2	Sunol Park	1	1,000	REGULAR	Pass
	Ed of Geary Rd.	2	1,000	U/L	Pass
AC P4	South Co. Equip. Maint.	1	8,000	REGULAR	Pass
		2	8,000	U/L	Pass
	17930 Lake Chabot Rd.	3	2,000	DIESEL	Pass
		4	250	WASTE OIL	Pass
✓ AC	Del Valle Park	1	1,000	U/L	Pass
	7000 Del Valle Rd.	2	564	REGULAR	Pass
		3	564	DIESEL	Pass

17930 Lk. Chabot Rd.
Castro Valley

Copies have been sent to the appropriate agencies. Thanks for using Timmerman Engineering Construction for your testing.

Sincerely,



Peter D. Timmerman
Owner

PDT/eam

Enclosures

CC: Contra Costa County Health Services Division
Alameda County Dept. of Environmental Health

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES
TOXIC SUBSTANCES CONTROL DIVISION
HAZARDOUS WASTE INFORMATION SYSTEM

1987 SUMMARY INFORMATION BY GENERATOR WITHIN COUNTY

COUNTY: RIVERSIDE

FA NUMBER	FACILITY NAME	ADDRESS	MAILING ADDRESS	TONS
000020941	1X TEXACO STATION #610690036	74180 HWY 111 PALM DESERT	10 UNIVERSAL CITY PLAZA STE 400 UNIVERSAL CITY CA 91608	1.25
000020933	1X TEXACO STATION #610690485	50876 SEMINOLE CABAZON	10 UNIVERSAL CITY PLAZA #400 UNIVERSAL CITY CA 91608	1.66
000036939	1X TEXACO_STATION NO.61	50876 SEMINOLE ROAD CABAZON	10 UNIVERSITY CITY PLAZE SUTIE 400 UNIVERSAL CITY CA 91608	8.34
999002055	1X THE MARCH AFB AICUZ	23960 OLEANDER AVE PERRIS	DEPT OF ARMY SPLRE-M PO BOX 2711 LOS ANGELES CA 90053	5.65
000053845	1X THREE OAKS DEVELOPERS	9009 MISSION BLVD GLEN ARON	1920 OLD TUSTIN AVE SANTA ANA CA 92701	0.62
073593659	1X TOYOTA OF CORONA	1685 W 6TH ST CORONA	1685 W 6TH ST CORONA CA 91720	1.79
981678378	1X TRANS-CHEM INDUSTRIES	6225 RUTLAND AVE RIVERSIDE	6225 RUTLAND AVE RIVERSIDE CA 92503	3.37
000002022	1X TRUSWAL CORP	6612 COLUMBUS ST RIVERSIDE	6612 COLUMBUS ST RIVERSIDE CA 92504	0.37