

STID
1256

Dublin Honda
7099 Amador Plaza Road
Dublin, CA 94568
510-828-8030

Alameda County Health Agency
Attn.: Robert Weston / Senior Hazardous Materials Specialist
Division of Environmental Protection
Department of Environmental Health
1131 Harbor Bay Parkway, 2nd Floor
Alameda, CA 94502

January 3, 1996

Dear Mr. Weston:

Please find enclosed the Annual Reconciliation Summary Report you requested.

Sincerely,



Dan Hill

ANNUAL INVENTORY RECONCILIATION SUMMARY REPORT

required for manual inventory reconciliation
required for retail and non-retail facilities

FACILITY NAME: DUBLIN HONDA Product: FUEL UNLEADED
 FACILITY ADDRESS: 7099 AMADOR PLAZA RD, DUBLIN Tank I.D. Number: 1256 #1
 CITY: DUBLIN ZIP: 94568 TANK OWNER/OPERATOR: KEN HARNEY TANK CAPACITY: 3000 gal
 LAST TANK TEST DATE: 8/22/95 PASS/FAIL: P LAST LEAK DETECTOR CHECK DATE: _____ PASS/FAIL: _____
 LAST PIPING TEST DATE: 4 PASS/FAIL: P LAST METER CALIBRATION CHECK DATE: _____ PASS/FAIL: _____

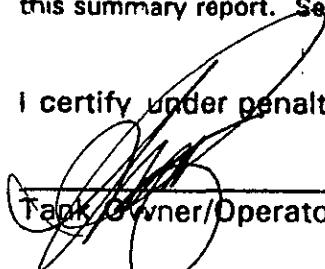
- All inventory variations for the above mentioned tank at the above mentioned facility were within allowable variations of Section 2646, CCR, Title 23, Division 3, Chapter 16, for the twelve month period from JAN 1995 to DEC 1995.
- Inventory variations in excess of the allowable variations of Section 2646 occurred on the following months, in the listed amounts, for the above listed UST. If the calculated variation for a month exceeded the allowable variation (i.e., column B is greater than column A), then appropriate corrective actions described in Section 2646 must be met. The local agency must be notified within 24 hours of completing any inventory reconciliation which exceeds the allowable variation.

From Manual Inventory Reconciliation Sheet. Complete for all 12 months.

| Month/Year | A Allowable Variation (1% gallons pumped plus 130) | B Calculated Variation | Is column B less than Column A? Yes or No? |
|------------|---|-----------------------------|---|
| 1 JAN 95 | -154 | -133 | YES |
| 2 FEB 95 | -156 | +17 | YES |
| 3 MAR 95 | -130 | +77 | YES |
| 4 APR 95 | -153 | -35 | YES |
| 5 MAY 95 | -146 | +56 | YES |
| 6 JUN 95 | -152 | -96 | YES |
| 7 JUL 95 | -130 | -40 | YES |
| 8 AUG 95 | -163 | -47 (NEW STICK USED DAY 20) | YES |
| 9 SEP 95 | -149 | -37 (STARTING SIR) | YES |
| 10 OCT 95 | -145 | -16 | YES |
| 11 NOV 95 | -150 | -12 | YES |
| 12 DEC 95 | -150 | -18 | YES |

Submit report within 15 days following the end of the last month of the twelve-month time period covered by this summary report. Send to: (local UST agency).

I certify under penalty of perjury that all variations listed above are as calculated.


 Tank Owner/Operator

1/3/95
 Date

ENVIRONMENTAL
PROTECTION

96 JAN -5 PM 1:31

1256

1-30-97 RW

HONDA

ENVIRONMENTAL
PROTECTION

97 JAN 30 PM 2:35



Alameda County Health Agency
Attn: Robert Weston
Division of Environmental Protection
Department of Environmental Health
1131 Harbor Bay Parkway, 2nd Floor
Alameda, CA 94502

January 28, 1997

Dear Mr. Weston:

Please find enclosed a copy of our Annual Statistical Inventory Reconciliation (SIR) Report, for our U.G. Fuel tank, for the 12 month period of 1997.

Sincerely,

Dan Hill
Director of Parts and Service

ANNUAL STATISTICAL INVENTORY RECONCILIATION (SIR) REPORT

Annual summary reports are required for retail and non-retail facilities

ENVIRONMENTAL PROTECTION
97 JAN 30 PM 2:35

FACILITY NAME Dublin Honda PRODUCT Regular Unleaded
 FACILITY ADDRESS 7099 Amador Plaza Road TANK I.D. Number DUB-1
 CITY, STATE ZIP Dublin, CA 94568

TANK OWNER/OPERATOR Dublin Honda TANK CAPACITY 3,000

LAST TANK TEST DATE _____ PASS/FAIL _____ LAST LEAK DETECTOR CHECK DATE _____ PASS/FAIL _____

LAST PIPING TEST DATE _____ PASS/FAIL _____ LAST METER CALIBRATION CHECK DATE _____ PASS/FAIL _____

All monthly SIR results for the above mentioned tank at the above mentioned facility were "pass" for the twelve month period from January, 1996 to December, 1996.

Monthly SIR results showing "fail" or "inconclusive" occurred on the following months, in the listed amounts, for the UST. If the SIR result for a month exceeded the SIR method's threshold or was inconclusive, appropriate corrective actions described in Section 2646.1 must be taken. The local agency must be notified within 24 hours of receiving a "failed" or "inconclusive" SIR report.

Summary of text results from monthly SIR reports. Complete for all 12 months.

| Month/Year | Leak Threshold (gph) | Minimum Detectable Leak Rate (gph) | Calculated Leak Rate (gph) | Pass, Fail, Inconclusive | |
|------------|----------------------|------------------------------------|----------------------------|--------------------------|---------|
| 1 | Jan 1996 | 0.10 | 0.10 | 0.03 | Pass |
| 2 | Feb 1996 | 0.10 | 0.10 | 0.01 | Pass |
| 3 | Mar 1996 | 0.10 | 0.10 | 0.01 | Pass |
| 4 | Apr 1996 | 0.10 | 0.10 | 0.00 | Pass ** |
| 5 | May 1996 | 0.10 | 0.10 | 0.00 | Pass ** |
| 6 | June 1996 | 0.10 | 0.10 | 0.01 | Pass |
| 7 | July 1996 | 0.10 | 0.07 | 0.00 | Pass |
| 8 | Aug 1996 | 0.10 | 0.03 | -0.01 | Pass ** |
| 9 | Sept 1996 | 0.10 | 0.05 | 0.03 | Pass |
| 10 | Oct 1996 | 0.10 | 0.05 | 0.00 | Pass |
| 11 | Nov 1996 | 0.10 | 0.05 | -0.01 | Pass ** |
| 12 | Dec 1996 | 0.10 | 0.03 | 0.00 | Pass |

* No Analysis Performed

** Negative Calculated Leak Rate indicates a Gain

Submit report within 15 days following the end of the last month of the twelve-month period covered by this summary report.
 Send to: (local implementing agency)

I certify under penalty of perjury that all SIR results listed above are as calculated.

Signature of Tank Owner/Operator or Agent

Date

1/25/97