Champion

Precision Tank Testing

800-660-9443
(916) 927-1557
91 JAN -9 AM 10:45

Chet Champion, Owner
License No. 73848

2308 Harvard Street
Sacramento, CA 95815

December 28, 1990

Alameda County Environmental Health
470 27th Street Room # 322
Oakland, California 94612

Re: Storage Tank Test Results for: RMC LOnestar Industries
Calaveras Rd., Sunol, Ca.
Test Dated: 11-27-90
JOb# 90CC729

Dear Sirs:

This letter is to advise you that we have completed the testing of the storage tanks located at the above location.

Results of the test are attached for your information. If you have any questions, please do not hesitate to call.

Sincerely,

Chet Champion
Owner

encl.

Data Chart for Tank System Tightness Test

CHAMPION'S PRECISION TANK

PLEASE PRINT

1. OWNER Property ☐ Tank(s) ☐

RMC Lonestar Industries P.O. Box 5252 Pleasanton, Ca. 94566
Name — Address — Representative — Telephone

Atn: Bradd Stately
Name — Address — Representative — Telephone

2. OPERATOR

[illegible]
Name — Address — Telephone

3. REASON FOR TEST (Explain Fully)

REGULATION GOVERNING UNDERGROUND STORAGE OF HAZARDOUS SUBSTANCES
SUBCHAPTER 16 OF CHPATER 3 OF TITLE 23 OF THE CALIFORNIA ADMINISTRATIVE CODE

4. WHO REQUESTED TEST AND WHEN

OWNER
Name — Title — Company or Affiliation — Date
Address — Telephone

5. WHO IS PAYING FOR THIS TEST?

OWNER
Company, Agency or Individual — Person Authorizing — Title — Telephone
Billing Address — City — State — Zip
Attention of: — Order No — Other Instructions

6. TANK(S) INVOLVED

Identify by Direction	Capacity	Brand/Supplier	Grade	Approx. Age	Steel/Fiberglass
[illegible]	[illegible]		[illegible]		[illegible]

7. INSTALLATION DATA

Location	Cover	Fills	Vents	Siphones	Pumps
North inside driveway, Rear of station, etc.	[illegible] Concrete, Black Top, Earth, etc.	[illegible] Size, Titefit make, Drop tubes, Remote Fills	[illegible] Size, Manifolded	Which tanks?	[illegible] Suction, Remote, Make if known

8. UNDERGROUND WATER

Depth to the Water table [illegible]"

Is the water over the tank? ☐ Yes ☒ No

9. FILL-UP ARRANGEMENTS

Tanks to be filled _____ hr. _____ Date Arranged by _____
Name — Telephone

Extra product to "top off" and run TSTT. How and who to provide? Consider NO Lead.

Terminal or other contact for notice or inquiry _____
Company — Name — Telephone

10. CONTRACTOR, MECHANICS, any other contractor involved

11. OTHER INFORMATION OR REMARKS

[illegible]

Additional information on any items above. Officials or others to be advised when testing is in progress or completed. Visitors or observers present during test etc

12. TEST RESULTS

Tests were made on the above tank systems in accordance with test procedures prescribed for PETRO-TITE as detailed on attached test charts with results as follows:

Tank Identification	Tight	Leakage Indicated	Date Tested
[illegible]	[illegible]	[illegible]	[illegible]

13. CERTIFICATION

This is to certify that these tank systems were tested on the date(s) shown. Those indicated as "Tight" meet the criteria established by the National Fire Protection Asociation Pamphlet 329.

11-27-90
Date

[illegible]
Signature of Contractor or Company By — Signature

92-1324
Technicians

CHAMPION'S PRECISION TANK TESTING
2308 HARVARD ST., SACRAMENTO, CA. 95815
800-660-9443
Address

Serial No. of Thermal

P-T TANK TEST DATA CHART
Additional Info

1200	[illegible]
	[illegible]
	[illegible]

14. _____ _____ _____ _____ _____

Name of Supplier, Owner or Dealer | Address No. and Street(s) | City | State | Date of Test

15. TANK TO TEST

_____
Identify by position

_____
Brand and Grade

15a. BRIEF DIAGRAM OF TANK FIELD

16. CAPACITY

Nominal Capacity _____ Gallons

By most accurate capacity chart available _____ Gallons

From
- ☐ Station Chart
- ☐ Tank Manufacturer's Chart
- ☐ Company Engineering Data
- ☐ Charts supplied with
- ☐ Other _____

17. FILL-UP FOR TEST

Stick Water Bottom before Fill-up _____ In. to ¼" | _____ Gallons | _____ In. Tank Diameter

	Gallons	Total Gallons as Reading
Inventory		
	Transfer total to line 25a	

18. SPECIAL CONDITIONS AND PROCEDURES TO TEST THIS TANK

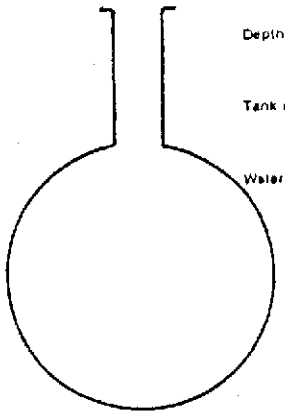
☐ Water in tank ☐ Line(s) being tested with LVLLT ☐ High water table in tank excavation

See manual sections applicable. Check below and record procedure in log (27).

Use maximum allowable test pressure for all tests.
Four pound rule does not apply to doublewalled tanks.

Complete section below:

1. Is four pound rule required? Yes ☐ No ☐
2. Height to 12" mark from bottom of tank _____ In.
3. Pressure at bottom of tank _____ P.S.I.
4. Pressure at top of tank _____ P.S.I.



Depth of burial _____ In.

Tank dia _____ In.

Water table _____ In.

NOTES:

The above calculations are to be used for dry soil conditions to establish a positive pressure advantage, or when using the four pound rule to compensate for the presence of subsurface water in the tank area.

Refer to N.F.P.A. 30, Sections 2-3.2.4 and 2-7.2 and the tank manufacturer regarding allowable system test pressures.

19. TANK MEASUREMENTS FOR TSTT ASSEMBLY

Bottom of tank to grade* _____ In.

Add 30" for "T" probe assy. 30 In.

Total tubing to assemble — approximate _____ In.

20. EXTENSION HOSE SETTING

Tank top to grade* _____ In.

Extend hose on suction tube 6" or more below tank top _____ In.

*If Fill pipe extends above grade, use top of fill.

22. Thermal-Sensor reading after circulation _____ digits

_____ *F Between

23. Digits per *F in range of expected change _____ digits

COEFFICIENT OF EXPANSION (Complete after circulation)

24a. Corrected A.P.I. Gravity

Observed A.P.I. Gravity _____

Hydrometer employed _____ H

Observed Sample Temperature _____ *F

Corrected A.P.I. Gravity @ 60°F, From Table A _____

Coefficient of Expansion for Involved Product From Table B _____

Transfer COE to Line 25b.

21. VAPOR RECOVERY SYSTEM ☐ Stage I ☐ Stage II

24b. COEFFICIENT OF EXPANSION RECIPROCAL METHOD

Type of Product _____

Hydrometer Employed _____ H

Temperature in Tank After Circulation _____ *F

Temperature of Sample _____ *F

Difference (+/-) _____ *F

Observed A.P.I. Gravity _____

Reciprocal _____ Page # _____

_____ (Total quantity in full tank (16 or 17)) × _____ (Reciprocal) = _____ (Volume change in this tank per *F)

Transfer to Line 28a.

24c. FOR TESTING WITH WATER see Table C & D

Water Temperature after Circulation Table C _____ *F

Coefficient of Water Table D _____

Added Surfactant? ☐ Yes ☐ No Transfer COE to Line 25b.

25. (a) _____ Total quantity in full tank (16 or 17) × (b) _____ Coefficient of expansion for involved product = (c) _____ Volume change in this tank per *F gallons

26. (a) _____ Volume change per *F (25 or 24b) + _____ Digits per *F in test Range (23) = _____ Volume change per digit Compute to 4 decimals. This is test factor (e)

1900		25	12.1	12.0	.020	.030	+.010	680	+1	+.008	+.002	+.016
10		26	12.1	12.0	.030	.035	+.005	681	+1	+.008	+.003	+.013
20		27	12.1	12.0	.035	.040	+.005	681	+0	+.000	+.005	+.018
30		28	12.1	12.0	.040	.045	+.005	682	+1	+.008	+.003	+.015
											÷3 =	.005

P-T Tank Test Data Chart
Additional Info

1. Net Volume Change at Conclusion of Precision Test +.005 gph

Signature of Tester: [signature]

Date: 11-27-90

2. Statement:

☒ Tank and product handling system has been tested tight according to the Precision Test Criteria as established by N.F.P.A. publication 329. This is not intended to indicate permission of a leak.

OR

☐ Tank and product handling system has failed the tank tightness test according to the Precision Test Criteria as established by N.F.P.A. publication 329.

It is the responsibility of the owner and/or operator of this system to immediately advise state and local authorities of any implied hazard and the possibility of any reportable pollution to the environment as a result of the indicated failure of this system. Health Consultants Incorporated does not assume any responsibility or liability for any loss of product to the environment.

Tank Owner/Operator _____