

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

R02844

ENVIRONMENTAL HEALTH SERVICES
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577
(510) 567-6700
(510) 337-9335 (FAX)

May 13, 1998

ATTN: Jafar Farhoomand

Tank Protect Engineering
2821 Whipple Rd
Union City CA 94587

RE: Project # 2111A - Type R
at 20574 Wisteria St in Castro Valley 94546

Dear Property Owner/Designee:

Our records indicate the deposit/refund account for the above project has fallen below the minimum deposit amount. To replenish the account, please submit an additional deposit of \$350.25, payable to Alameda County, Environmental Health Services, within two weeks of receipt of this letter.

It is expected that the amount requested will allow the project to be completed with a zero balance. Otherwise, more money will be requested or any unused monies will be refunded to you or your designee.

The deposit refund mechanism is authorized in Section 6.92.040L of the Alameda County Ordinance Code. Work on this project will be debited at the Ordinance specified rate, currently \$94 per hour.

Please be sure to write the following identifying information on your check:

- project #
- type of project and
- site address

(see RE: line above).

If you have any questions, please contact Amir Gholami at (510) 567-6876.

Sincerely,

Tom Peacock, Manager
Environmental Protection

c: files

ALAMEDA COUNTY
HEALTH CARE SERVICES
 AGENCY
 DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES
 ENVIRONMENTAL PROTECTION
 1131 Harbor Bay Parkway
 Alameda, CA 94502-6577
 (510) 567-6700 Fax (510) 337-9335



RE:RO0002844 ALLIED GLASS COMPANY 20574 WISTERIA
 CASTRO VALLEY CA

Dear Mr.:

Please be advised that I have been recently assigned to oversee the above referenced site. Therefore, all documents, reports, and correspondences should be addressed to my attention. In fact, I have received numerous other "new cases", which I need to get familiar with and proceed forward as soon as practicable. In order to keep continuity and to reduce confusion, I will try to follow up on the work/guidelines previously requested by my colleague of this office.

However, to expedite this so called "familiarization" process, please fill out and submit to me the attached table as soon as possible. I would appreciate it if you could fill out the attached form with the latest information regarding concentrations, etc and send it to me via an email attachment. My email address is amir.gholami@acgov.org. The submission of the following information will help expedite the case. If you have any questions, please call me at (510)-567-6876. Thank you very much for your cooperation.

Sincerely,

Amir K. Gholami, REHS
 Hazardous Materials Specialist

Site Address:

Depth to groundwater	
Groundwater flow gradient and speed	
Benzene (ppb)	
Toluene (ppb)	
Ethylbenzene (ppb)	
Xylene (ppb)	
MTBE (ppb)	
TPHg (ppb)	
TPHd (ppb)	
Solvents if any (ppb)	
Heavy Metals if any	
Well Screen levels (for each monitoring well)	
Date information collected for concentrations	
Plume Stability: increasing or decreasing or stable?	
Any "Active Remediation" occurring presently or past?	
Other Pertinent Information regarding this site, such as whether any of the following has been performed: the plume is defined in soil & GW, SCM ,Risk Assessment, ESL comparison for Soil /GW, Sensitive Receptor survey, Soil Vapor analysis, etc. What is left in soil/Gw presently? (use space below if needed along with other attachment)	

Please fill out one form for each site indicated above and email me back, thanks

***** Alameda County Department of Environmental Health *****
 BILLING's WORKLOG: Total Deposit/Refund History for All Accounts at Site

** SITE INFORMATION **

Site#: 2111 -- StID: 4546 ALLIED GLASS CO
 Date Open: 01/29/93 20574 WISTERIA STREET
 Date Closed: CASTRO VALLEY CA 94546

** PAYOR INFORMATION **

> Project # --2111A for Payor # 286 TANK PROTECT ENGINEERING NORTH
 2821 WHIPPLE RD
 UNION CITY CA 94587

** DEPOSIT HISTORY **

Proj#	Deposit Date	Receipt#	Amount Received
--2111A	01/29/93	668911	\$ 681.00
			=====
			\$ 681.00

** WORKLOG HISTORY **

Proj#	Work Date	Activity Description	Insp	Time (hrs)	Amount Charged
--2111A	02/01/93	Plan Review: Instal/Mod/Remed or Mtg	AG	2.	\$150.00
--2111A	02/24/93	Tank Removal	AG	4.	\$300.00
--2111A	03/29/93	Removal/Installation Meetings	SOS	0.25	\$18.75
--2111A	04/19/93	Removal Investigation/Follow-up	SOS	0.5	\$37.50
--2111A	04/29/93	Meetings, Consultations	RA	5.	\$375.00
--2111A	04/29/93	Meetings, Consultations	ML	2.	\$150.00

					\$1,031.25

Balance: -\$350.25 Amount Refunded:

**ALAMEDA COUNTY ENVIRONMENTAL HEALTH - HAZARDOUS MATERIALS PROGRAM
DEPOSIT / REFUND ARCHIVED DAILIES STATEMENT FOR WORK AFTER 04/29/93**

*DEBITS VERIFIED
CHECK CLOSURE STATUS Amir*

check with ML APRIL 98

database = DAILY ARCHIVES

SITE INFORMATION

Allied Glass Co --- 20574 Wisteria St
StID: 4546 Site#: --2111? Castro Valley CA 94546

ARCHIVED DAILY - DEPREF STATEMENT as of 04/28/98

--INSPECTOR--

Act Date	Initial	Time	\$ Rate	CHARGE	Time	Charge	Billing Date
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No Dailies from Archives for this case

**ALAMEDA COUNT ENVIRONMENTAL HEALTH - HAZARDOUS MATERIALS PROGRAM
DEPOSIT / REFUND ACCOUNT STATEMENT FOR WORK AFTER 04/29/93**

as of 04/28/98

database = HAZMAT DAILIES

SITE INFORMATION

Allied Glass Co
20574 Wisteria St
Castro Valley CA 94546
StID: 4546 Site#: 2111

* IF Site name from HazMat (central) DB differs from DepRef's Site Name, PLEASE RECTIFY WITH LPETERS/CMATYS.

WORK LOG INFORMATION FROM DAILIES (after date 04/29/93)

--INSPECTOR--

-PROJECT TOTALS-

#	Act Date	Initial	Time	\$ Rate	CHARGE	Time	Charge	Error Code or Billing Date
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Proj#:2111A - Current Dailies

- | | | | | | | | | |
|---|--|-----|------|-------|---------|------|----------|----------|
| 1 | 02/01/93 | AG | 2.00 | 75.00 | 150.00 | 2.00 | \$150.00 | 08/29/97 |
| | Activity Code: 45-Plan Review: Install/Mod/Rem;Mtgs
Comment: Plan review, Allied Glass Co. Castro Valley | | | | | | | |
| 2 | 02/24/93 | AG | 4.00 | 75.00 | 300.00 | 6.00 | \$450.00 | 08/29/97 |
| | Activity Code: 42-Tank Removal
Comment: Allied Glass Company, 20574 Wisteria ST, Castro Valley
94546 , Tank removal No site Id# . NOT a usual site. | | | | | | | |
| 3 | 03/29/93 | SOS | 0.25 | 75.00 | \$18.75 | 6.25 | \$468.75 | 08/29/97 |
| | Activity Code: 47-Removal/Installation Meetings
Comment: Allied Glass Co, 20574 Wisteria, Castro Valley; call w/
Mark Zamoradi (TPE) re: sample results (AG tank closure) | | | | | | | |
| 4 | 04/19/93 | SOS | 0.50 | 75.00 | \$37.50 | 6.75 | \$506.25 | 08/29/97 |
| | Activity Code: 40-Removal Investigate / Follow-up
Comment: Allied Glass, 20574 Wysteria, CV: review 4/15/93 STLC
results for Pb analyses folowing UST clouser; speak with
Mark Zamorodi (TPE) re: resultsand AG | | | | | | | |

5 04/29/93 ML 2.00 75.00 150.00 | 8.75 \$656.25 | 08/29/97
Activity Code: 77-Meetings, Consultations
Comment: Sit in Meeting for Verdese Carter Park, Oakland, CA. with
Ariu and Ravi

6 04/29/93 RA 5.00 75.00 375.00 | 13.75 1,031.25 | 08/29/97
Activity Code: 77-Meetings, Consultations
Comment: Verdese Carter park/ Oakland

- - - SUBTOTAL CURRENT DAILIES, PROJECT 2111A

13.75	\$1,031.25
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 - - - -

Running Total for proj: 2111A is 13.8 hours for \$1,031.25 page 1

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 checked="" 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 03/09/93		CASE #		SIGNED <i>[Signature]</i> DATE 3/15/93		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Marc Zomorodi		PHONE (510) 429-8088		SIGNATURE <i>Marc Zomorodi</i>	
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OTHER		<input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD		COMPANY OR AGENCY NAME Tank Protect Engineering of Northern California, Inc.	
	ADDRESS 2821 Whipple Road Union City CA 94587					
RESPONSIBLE PARTY	NAME Allied Glass Company <input type="checkbox"/> UNKNOWN		CONTACT PERSON Bob Brooks		PHONE (510) 537-2180	
	ADDRESS 20574 Wisteria Street Castro Valley CA 94546					
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Allied Glass Company		OPERATOR Bob Brooks		PHONE (510) 537-2180	
	ADDRESS 20574 Wisteria Street Castro Valley CA 94546					
	CROSS STREET					
IMPLEMENTING AGENCIES	LOCAL AGENCY Alameda County Health Care Services Agency		AGENCY NAME		CONTACT PERSON Amir Gholami	
	REGIONAL BOARD CRWQCB - San Francisco Bay Region				PHONE (510) 271-4320	
SUBSTANCES INVOLVED	(1) NAME Petroleum hydrocarbons - see below				QUANTITY LOST (GALLONS) <input type="checkbox"/> UNKNOWN	
	(2)				<input type="checkbox"/> UNKNOWN	
DISCOVERY/ABATEMENT	DATE DISCOVERED 02/24/93		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 <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input checked="" type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER			
	HAS DISCHARGE BEEN STOPPED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE					
SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER			
	CHECK ONE ONLY <input checked="" type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)					
CURRENT STATUS	CHECK ONE ONLY <input checked="" 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					
	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	One 1,000-gallon and one 300-gallon gasoline underground storage tanks were removed.					

INSTRUCTIONS

EMERGENCY

Indicate whether emergency response personnel and equipment were involved at any time. If so, a Hazardous Material Incident Report should be filed with the State Office of Emergency Services (OES) at 2800 Meadowview Road, Sacramento, CA 95832. Copies of the OES report form may be obtained at your local underground storage tank permitting agency. Indicate whether the OES report has been filed as of the date of this report.

LOCAL AGENCY ONLY

To avoid duplicate notification pursuant to Health and Safety code Section 25180.5, a government employee should sign and date the form in this block. A signature here does not mean that the leak has been determined to pose a significant threat to human health or safety, only that notification procedures have been followed if required.

REPORTED BY

Enter your name, telephone number, and address. Indicate which party you represent and provide company or agency name.

RESPONSIBLE PARTY

Enter name, telephone number, contact person, and address of the party responsible for the leak. The responsible party would normally be the tank owner.

SITE LOCATION

Enter information regarding the tank facility. At a minimum, you must provide the facility name and full address.

IMPLEMENTING AGENCIES

Enter names of the local agency and Regional Water Quality Control Board involved.

SUBSTANCES INVOLVED

Enter the name and quantity lost of the hazardous substance involved. Room is provided for information on two substances if appropriate. If more than two substances leaked, list the two of most concern for cleanup.

DISCOVERY/ABATEMENT

Provide information regarding the discovery and abatement of the leak.

SOURCE/CAUSE

Indicate source(s) of leak. Check box(es) indicating cause of leak.

CASE TYPE

Indicate the case type category for this leak. Check one box only. Case type is based on the most sensitive resource affected. For example, if both soil and ground water have been affected, case type will be "Ground Water". Indicate "Drinking Water" only if one or more municipal or domestic water wells have actually been affected. A "Ground Water" designation does not imply that the affected water cannot be, or is not, used for drinking water, but only that water wells have not yet been affected. It is understood that case type may change upon further investigation.

CURRENT STATUS

Indicate the category which best describes the current status of the case. Check one box only. The response should be relative to the case type. For example, if case type is "Ground Water", then "Current Status" should refer to the status of the ground water investigation or cleanup, as opposed to that of soil. Descriptions of options follow:

No Action Taken - No action has been taken by responsible party beyond initial report of leak.

Leak Being Confirmed - Leak suspected at site, but has not been confirmed.

Preliminary Site Assessment Workplan Submitted - workplan/proposal requested of/submitted by responsible party to determine whether ground water has been, or will be, impacted as a result of the release.

Preliminary Site Assessment Underway - implementation of workplan.

Pollution Characterization - responsible party is in the process of fully defining the extent of contamination in soil and ground water and assessing impacts on surface and/or ground water.

Remediation Plan - remediation plan submitted evaluating long term remediation options. Proposal and implementation schedule for appropriate remediation options also submitted.

Cleanup Underway - implementation of remediation plan.

Post Cleanup Monitoring in Progress - periodic ground water or other monitoring at site, as necessary, to verify and/or evaluate effectiveness of remedial activities.

Case Closed - regional board and local agency in concurrence that no further work is necessary at the site.

IMPORTANT: THE INFORMATION PROVIDED ON THIS FORM IS INTENDED FOR GENERAL STATISTICAL PURPOSES ONLY AND IS NOT TO BE CONSTRUED AS REPRESENTING THE OFFICIAL POSITION OF ANY GOVERNMENTAL AGENCY

REMEDIAL ACTION

Indicate which action have been used to cleanup or remediate the leak. Descriptions of options follow:

Cap Site - install horizontal impermeable layer to reduce rainfall infiltration.

Containment Barrier - install vertical dike to block horizontal movement of contaminant.

Excavate and Dispose - remove contaminated soil and dispose in approved site.

Excavate and Treat - remove contaminated soil and treat (includes spreading or land farming).

Remove Free Product - remove floating product from water table.

Pump and Treat Groundwater - generally employed to remove dissolved contaminants.

Enhanced Biodegradation - use of any available technology to promote bacterial decomposition of contaminants.

Replace Supply - provide alternative water supply to affected parties.

Treatment at Hookup - install water treatment devices at each dwelling or other place of use.

Vacuum Extract - use pumps or blowers to draw air through soil.

Vent Soil - bore holes in soil to allow volatilization of contaminants.

No Action Required - incident is minor, requiring no remedial action.

COMMENTS - Use this space to elaborate on any aspects of the incident.

SIGNATURE - Sign the form in the space provided.

DISTRIBUTION

If the form is completed by the tank owner or his agent, retain the last copy and forward the remaining copies intact to your local tank permitting agency for distribution.

1. Original - Local Tank Permitting Agency
2. State Water Resources Control Board, Division of Clean Water Programs, Underground Storage Tank Program, P.O. Box 944212, Sacramento, CA 94244-2120
3. Regional Water Quality Control Board
4. Local Health Officer and County Board of Supervisors or their designee to receive Proposition 65 notifications.
5. Owner/responsible party.

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 checked="" 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 03/09/93		CASE #		SIGNED: <i>[Signature]</i> DATE: 3/15/93	
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Mauro Morioli		PHONE (510) 420-8000	SIGNATURE <i>[Signature]</i>	
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OTHER		COMPANY OR AGENCY NAME Bank Protect Engineering of Northern California, Inc.		
ADDRESS 2821 Whipple Road Union City CA 94587					
RESPONSIBLE PARTY	NAME Allied Glass Company <input type="checkbox"/> UNKNOWN		CONTACT PERSON Bob Brooks	PHONE (510) 537-2100	
	ADDRESS 20574 Vistaria Street Castro Valley CA 94546				
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Allied Glass Company		OPERATOR Bob Brooks	PHONE (510) 537-2100	
	ADDRESS 20574 Vistaria Street Castro Valley CA 94546				
IMPLEMENTING AGENCIES	LOCAL AGENCY Alameda County Health Care Services Agency		CONTACT PERSON Amir Ghafari	PHONE (510) 271-4320	
	REGIONAL BOARD OEHHA - San Francisco Bay Region				
SUBSTANCES INVOLVED	(1) NAME Petroleum hydrocarbons - see below			QUANTITY LOST (GALLONS) <input type="checkbox"/> UNKNOWN	
	(2)			<input type="checkbox"/> UNKNOWN	
DISCOVERY/ABATEMENT	DATE DISCOVERED 03/02/93		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		
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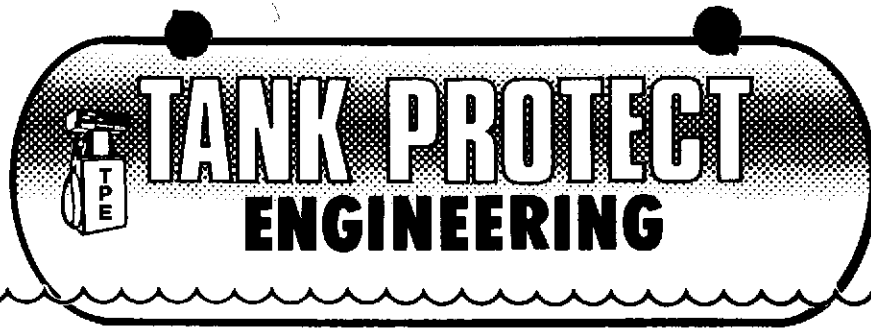
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3. Regional Water Quality Control Board
4. Local Health Officer and County Board of Supervisors or their designee to receive Proposition 65 notifications.
5. Owner/responsible party.



(510) 429-8088
(800) 523-8088
FAX (510) 429-8089

Of Northern California, Inc.

March 9, 1993

Mr. Amir Gholami
Alameda County Health Care Services Agency
Hazardous Materials Division
80 Swan Way, Room 200
Oakland, CA 94621

Re: Analytical Results, Allied Glass Company, 20574 Wisteria Street, Castro Valley, CA

Dear Mr. Gholami:

Attached are copies of analytical report, chain-of-custody documentation, and Underground Storage Tank Unauthorized Release (Leak) Contamination Site Report for the referenced site. A copy of the site plan is also included for your review.

If you have any questions please contact our office.

Sincerely,

TANK PROTECT ENGINEERING

CAL 4/10/93

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Hazardous Materials Division Inspection Form

Site ID# 4546 Site Name ALLIED GLASS COMPANY Today's Date 2/24/93
 Site Address 20574 WISTERIA ST EPA ID# _____
 City CASTRO VALLEY Zip 94546 Phone 537-2180

MAX Amt. Stored > 500lbs/55g/200cf? Y N
 Hazardous Waste generated per month? _____

Inspection Categories:

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

The marked items represent violations of the Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

I.A. GENERATOR (Title 22)

- | | | |
|-------------------|-----------------------------|---------|
| Manifest | 1. Waste ID | * 66471 |
| | 2. EPA ID | 66472 |
| | 3. > 90 days | 66508 |
| | 4. Label dates | 66508 |
| | 5. Biennial | 66493 |
| Manifest | 6. Records | 66492 |
| | 7. Correct | 66484 |
| | 8. Copy sent | 66492 |
| | 9. Exception | 66484 |
| | 10. Copies Rec'd | 66492 |
| Misc. | 11. Treatment | 66371 |
| | 12. On-site Disp. (H.S.&C.) | 26189.5 |
| | 13. Ex Haz. Waste | 66570 |
| Prevention | 14. Communications | 67121 |
| | 15. Aisle Space | 67124 |
| | 16. Local Authority | 67126 |
| | 17. Maintenance | 67120 |
| | 18. Training | 67105 |
| Contin. gency | 19. Prepared | 67140 |
| | 20. Name List | 67141 |
| | 21. Copies | 67141 |
| | 22. Emg. Coord. Trng. | 67144 |
| Containers, Tanks | 23. Condition | 67241 |
| | 24. Compatibility | 67242 |
| | 25. Maintenance | 67243 |
| | 26. Inspection | 67244 |
| | 27. Buffer Zone | 67246 |
| | 28. Tank Inspection | 67259 |
| | 29. Containment | 67245 |
| | 30. Safe Storage | 67261 |
| | 31. Freeboard | 67257 |

Comments:

~~REMOVED~~
 ON SITE TO ~~REMOVE~~ OBSERVE REMOVAL OF TANK. THERE WERE TWO TANKS ON SITE ONE 300 GALLONS AND ONE 1000 GALLONS. ALSO INDEPENDENT OIL INC. HAD OIL REMAINING LIQUID (SUPPOSEDLY WATER) AS HAZ WASTE. TWO HOLES OBSERVED IN SMALLER TANK. AS WELL AS ~~SMALLER TANK~~ A BIL. CUT IN BOTTOM PORTION ~~AREA~~. THE 1000 GALLON TANK ALSO HAD FEW HOLES AT THE BOTTOM (PRESENT ON SITE WAS ALSO MR ROBERT BOTTOMAN CASTRO VALLEY FIRE DEPT ^{FIRE} MARSHAL) ACCORDING TO MR BROOKS THE UST'S WERE NOT USED SINCE 1971 BOTH TANKS ARE MANIFESTED BY H&E (202215338) ^{ENVIRONMENTAL INC} WITH SAMP. WATER (FROM RAIN ACTIVITY) FOUND IN THE PIT. SOIL & WATER SAMPLES WERE TAKEN. SUBMIT LAB RESULT TO THIS OFFICE.

I.B. TRANSPORTER (Title 22)

- | | | |
|----------|---------------------------|-------|
| Manifest | 32. Applic./Insurance | 66428 |
| | 33. Comp. Cert./CHP Insp. | 66448 |
| | 34. Containers | 66465 |
| Manifest | 35. Vehicles | 66465 |
| | 36. EPA ID #s | 66531 |
| | 37. Correct | 66541 |
| | 38. HW Delivery | 66543 |
| | 39. Records | 66544 |
| Cont'rs | 40. Name/ Covers | 66545 |
| | 41. Recyclables | 66800 |

Rev 6/88

Contact: _____
 Title: Robert A Brooks Inspector: Amir K. Gholami
 Signature: Robert A Brooks Signature: Amir K. Gholami

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

211/93
SEE AMENDMENT
ON PAGES 5

ACCEPTED ON PERMIT APPLICATION

Underground Storage Tank Closure Permit Application
Alameda County Division of Hazardous Materials
80 Swan Way, Suite 200,
Oakland, CA 94621
Telephone: (510) 271-4320

These closure/removal plans have been received and found to be acceptable and essentially meet the requirements of State and Local Health Laws. Changes to your closure 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/destruction. One copy of the accepted plans must be on the job and available to all contractors and craftsmen involved with the removal. Any changes or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Inspections Department to determine if such changes meet the requirements of State and local laws.

Notify this Department at least 72 hours prior to the following required inspections: *

- Removal of Tank(s) and Piping
- Sampling
- Final Inspection

Issuance of a) permit to operate, b) permanent site closure is dependent on compliance with accepted plans and all applicable laws and regulations.

*THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS

Contact Specialist: A M/R K. Gholami

UNDERGROUND TANK CLOSURE PLAN

* * * Complete according to attached instructions * * *

1. Business Name Allied Glass Company
Business Owner Bob Brooks
 2. Site Address 20574 Wisteria Street
City Castro Valley, CA. Zip 94546 Phone (510)537-2180
 3. Mailing Address 20574 Wisteria Street
City Castro Valley, CA. Zip 94546 Phone (510)537-2180
 4. Land Owner Allied Glass Company
Address 20574 Wisteria St. City, state CA Zip 94546
 5. Generator name under which tank will be manifested Allied Glass Company
- EPA I.D. No. under which tank will be manifested CAC000834920

6. Contractor Tank Protect Engineering of Northern California, Inc.
Address 2821 Whipple Road
City Union City, CA. 94587-1233 Phone (510)429-8088
License Type* A Haz ID# 575837

*Effective January 1, 1992, Business and Professional Code Section 7058.7 requires prime contractors to also hold Hazardous Waste Certification issued by the State Contractors License Board. Indicate that the certificate has been received, in addition, to holding the appropriate contractors license type.

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

8. Contact Person for Investigation
Name Bob Brooks Title Owner
Phone (510)537-2180

9. Number of tanks being closed under this plan 2
Length of piping being removed under this plan 0
Total number of tanks at facility 2

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 N/A EPA I.D. No. _____
Hauler License No. _____ License Exp. Date _____
Address _____
City _____ State _____ Zip _____

b) Product/Residual Sludge/Rinsate Disposal Site

Name N/A EPA I.D. No. _____
Address _____
City _____ State _____ Zip _____

c) Tank and Piping Transporter

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

d) Tank and Piping Disposal Site

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

11. Experienced Sample Collector

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

12. Laboratory

Name Trace Analyses Laboratory, Inc.
Address 3423 Investment Blvd., #8
City Hayward State CA Zip 94545
State Certification No. 1199

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

If yes, describe. _____

14. Describe methods to be used for rendering tank inert

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

Verify with on-site LEL meter.

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

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

15. Tank History and Sampling Information

Tank		Material to be sampled (tank contents, soil, ground-water, etc.)	Location and Depth of Samples
Capacity	Use History (see instructions)		
1,000 gallon	gasoline	soil and ground-water if present	One sample at each end of the tank, Max. of 2 ft below tank pit.
500 gallon	gasoline	soil and ground-water if present	One sample at fill or pump end of tank. Max. of 2 ft below tank pit.
	piping	soil	One sample every 20 lineal ft., or under swing joint dispenser.
If Water	Present in tank	water	One sample from wall next to tank ends at soil/water interface.

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

Excavated/Stockpiled Soil

<p>Stockpiled Soil Volume (Estimated)</p> <p>45 Cubic Yards</p>	<p align="center">Sampling Plan</p> <p>One composite sample consisting of at least 4 discrete samples for every 50 cubic yards Minimum or one sample for every 20 cubic yards maximum.</p> <p align="center"><i>ONE SAMPLE EVERY 20 CUBIC YARD DISCRETE</i></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.

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Method Number	Method Detection Limit
Gasoline TPHG	EPA 5030	*DHS (recommended procedure) ..	1 ppm
BTEX	EPA 5030	*8020/8240	.005 ppm
<i>+ TOTAL LEAD</i> If Groundwater encountered: TPHG BTEX	EPA 5030 EPA 5030 EPA 5030	*GCFID *602 or 604	50 ppb 0.5 ppb

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

18. Submit Worker's Compensation Certificate copy

Name of Insurer State Compensation Insurance Fund

19. Submit Plot Plan (See Instructions)

20. Enclose Deposit (See Instructions)

21. Report any leaks or contamination to this office within 5 days of discovery. The report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report form. (see Instructions)

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

I declare that to the best of my knowledge and belief the statements and information provided above are correct and true.

I understand that information in addition to that provided above may be needed in order to obtain an approval from the Department of Environmental Health and that no work is to begin on this project until this plan is approved.

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

I understand that all work performed during this project will be done in compliance with all applicable OSHA (Occupational Safety and Health Administration) requirements concerning personnel health and safety. I understand that site and worker safety are solely the responsibility of the property owner or his agent and that this responsibility is not shared nor assumed by the County of Alameda.

Once I have received my stamped, accepted closure plan, I will contact the project Hazardous Materials Specialist at least three working days in advance of site work to schedule the required inspections.

Signature of Contractor

Name (please type) Jafar Farhoomand

Signature D. Jafar Signed for Jeff Farhoomand

Date January 25, 1993

Signature of Site Owner or Operator

Name (please type) ROBERT A BROOKS

Signature Robert A Brooks

Date 1/29/93

ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION
Declaration of Site Account Refund Recipient

SITE OWNER FILLS OUT PER SITE

-- OPTIONAL --

The property owner will use this form to designate someone other than him- or her- self to receive any refund due at the completion of all deposit/refund projects at the site listed below. In the absence of this form, the property owner will receive any refund. Only one person at any one time may be designated to receive any refund.

SITE NUMBER/ADDRESS:

PROPERTY OWNER

Site Number

Allied Glass Company

Company Name

20574 Wisteria Street

Street Address

Castro Valley, CA. 94546

City

Zip Code

Bob Brooks

Owner's Name

20574 Wisteria Street

Owner's Address

Castro Valley, CA. 94546

Owner's City

State

Zip

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

Tank Protect Engineering of Northern California, Inc.

Name

2821 Whipple Road

Street Address

Union City, CA. 94587-1233

City / Zip

Property Owner Signature

Date

Bob Brooks

Property Owner Name

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

**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		
<u>251</u>				
Site Number		<u>Allied Glass Company</u>	Owner's Name	
		Company Name		
<u>20574 Wisteria Street</u>		<u>20574 Wisteria Street</u>	Owner's Address	
Street Address		Owner's Address		
<u>Castro Valley, CA. 94546</u>		<u>Castro Valley, CA. 94546</u>		
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.

Sharon Payne _____ Date January 25, 1993

Signature of Depositor

Date

Sharon Payne _____
Depositor Name
Tank Protect Engineering of Northern California, Inc. _____
Company Name
2821 Whipple Road _____
Street Address
Union City, CA. 94587-1233 _____
City / Zip

TPE SITE SAFETY PLAN

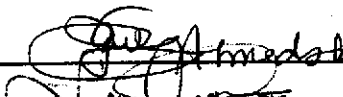
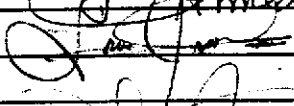
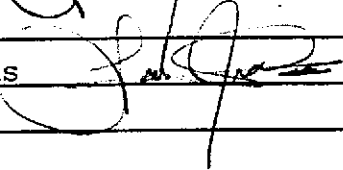
TANK PROTECT ENGINEERING OF NORTHERN CALIFORNIA, INC.
SITE SAFETY PLAN

Site 20574 Wisteria St. Castro Valley, CA 94546 Project Number 251
Original Site Safety Plan: Yes (X) No () Revision Number _____
Plan Prepared by Tank Protect Engineering Date 1/25/93
Plan Approved by Ahmad Shah Date 1/25/93

Please respond to each item as completely as possible. Where an item is not applicable, please mark "N/A".

1. KEY PERSONNEL AND RESPONSIBILITIES

(Include name, telephone number and health and safety responsibilities; i.e., project manager - Joe Smith - responsible for supervision of all site activities.)

Project Manager Ahmad Shah  (510)429-8088
Site Safety Manager Louis Travis  (510)429-8088
Alternate Site Safety Manager _____
Field Team Members Louis Travis  (510)429-8088

Agency Reps: [Please specify by one of the following symbols: Federal: (F), State: (S), Local: (L), Contractor(s): (C)]

(L) Alameda County Health Care Services Agency (Amir Gholami) (510)271-4320
(L) Castro Valley Fire Department (510)670-5853

TPE SITE SAFETY PLAN

2. JOB HAZARD ANALYSIS

2.1 OVERALL HAZARD EVALUATION

Hazard Level: High () Moderate (X) Low () Unknown ()
Hazard Type: Liquid () Solid () Sludge () Vapor/Gas (X)

Known or suspected hazardous materials present on site
SEE BELOW; GASOLINE VAPORS CONTAIN BENZENE, TOLUENE, XYLENES,
ETHYLBENZENE

Characteristics of hazardous materials included above (complete for each chemical presents):

MATERIAL #1

Corrosive ()	Ignitable (X)	Toxic (X)	Reactive ()
Volatile (X)	Radioactive ()	Biological Agent ()	
Exposure Routes:	Inhalation (X)	Ingestion ()	Contact (X) SKIN & MUCOUS MEMBRANE

MATERIAL #2

Corrosive ()	Ignitable ()	Toxic ()	Reactive ()
Volatile ()	Radioactive ()	Biological Agent ()	
Exposure Routes:	Inhalation ()	Ingestion ()	Contact ()

MATERIAL #3

Corrosive ()	Ignitable ()	Toxic ()	Reactive ()
Volatile ()	Radioactive ()	Biological Agent ()	
Exposure Routes:	Inhalation ()	Ingestion ()	Contact ()

MATERIAL #4

Corrosive ()	Ignitable ()	Toxic ()	Reactive ()
Volatile ()	Radioactive ()	Biological Agent ()	
Exposure Routes:	Inhalation ()	Ingestion ()	Contact ()

TPE SITE SAFETY PLAN

2.2 JOB-SPECIFIC HAZARDS

For each labor category specify the possible hazards based on information available (i.e., Task-driller, Hazards-trauma from drill rig accidents, etc.) For each hazard, indicate steps to be taken to minimize the hazard.

TASK - TANK REMOVAL; HAZARD - GASOLINE VAPOR EXPLOSION

TO MINIMIZE - USE 15 LB OF DRY ICE PER EACH 1,000 GALLON CAPACITY

TO INERT VAPOR PRESENT IN TANK

The following additional hazards are expected on site (i.e., snake infested area, extreme heat, etc.):

N/A

Measures to minimize the effects of the additional hazards are:

N/A

3. MONITORING PLAN

3.1 (a) Air Monitoring Plan

Action levels for implementation of air monitoring. Action levels should be based on published data available on contaminants of concern. Action levels should be set by persons experienced in industrial hygiene.

Level
(i.e., .5 ppm)

Action Taken
(i.e., commence perimeter monitoring)

N/A

TPE SITE SAFETY PLAN

(b) Air Monitoring Equipment

Outline the specific equipment to be used, calibration method, frequency of monitoring, locations to be monitored, and analysis of samples (if applicable).

AIR MONITORING WILL BE DONE BY USING GASTECH MODEL 1314.

HEXANE WILL BE USED FOR CALIBRATION OF THE GASTECH.

If air monitoring is not to be implemented for this site, explain why:

THIS CASE INVOLVES ONLY TANK REMOVAL

3.2 Personnel Monitoring

(Include hierarchy of responsibilities decision making on the site)

SAFETY OFFICER ADVISES FIELD MANAGER WHO DELEGATES RESPONSIBILITIES

TO INDIVIDUAL TEAM WORKERS.

3.3 Sampling Monitoring

(a) Techniques used for sampling

INSERT A PROBE INSIDE THE TANK TO DETERMINE LEL AND OXYGEN
LEVELS.

(b) Equipments used for sampling GASTECH MODEL 1314

1 - HYDROCARBON SUPER SURVEYOR

2 - BRASS SLEEVE AND SAMPLER WITH HAMMER

TPE SITE SAFETY PLAN

(c) Maintenance and calibration of equipments _____

USE HEXANE FOR CALIBRATION

EQUIPMENT WILL BE CALIBRATED PRIOR TO OPERATION

4. PERSONAL PROTECTIVE EQUIPMENT (PPE)

Equipment used by employees for the site tasks and operations being conducted. Be Specific (i.e., hard hat, impact resistance goggles, other protective glove, etc.).

HARD HAT, PROTECTIVE GLOVES

5. SITE CONTROL AND SECURITY MEASURES

The following general work zone security guidelines should be implemented:

- Work zone shall be barricaded and caution tape used.
- Excavations shall be closed when drilling and sampling activities are not actually taking place.
- No excavations shall be left unattended. Visitors will not enter the work zone unless they have attended a project safety briefing.
- Persons will not leave the work zone without first passing through the decontamination zone.

6. DECONTAMINATION PROCEDURE

List the procedures and specific steps to be taken to decontaminate equipment and PPE.

Wash with tri-sodium phosphate detergent, follow by sequential rinsing with tap water, and deionized water. The rinsate will be stored in labeled containers.

TPE SITE SAFETY PLAN

7. TRAINING REQUIREMENTS

Prior to mobilization at the job site, employees will attend a safety briefing. The briefing will include the nature of the wastes and the site, donning personal protection equipment, decontamination procedures and emergency procedures.

8. MEDICAL SURVEILLANCE REQUIREMENTS

If any task requires a very high personnel protection level, personnel shall provide assurances that they have received a physical examination and they are fit to do the task. Also personnel will be instructed to look for any symptom of heat stress, heat stroke, heat exhaustion or any other unusual symptom. If there is any report of that kind it will be immediately followed through, and appropriate action will be taken.

9. STANDARD OPERATION PROCEDURES

Tank Protect Engineering of Northern California, Inc. (TPE) is responsible for the safety of all TPE employees on site. Each contractor shall provide all the equipment necessary to meet safe operation practices and procedures for their personnel on site and be responsible for the safety of their workers.

A "Three Warning" system is utilized to enforce compliance with Health and Safety procedures practices which will be implemented at the site for worker safety:

- * Eating, drinking, chewing gum or tobacco, and smoking will be allowed only in designated areas.
- * Wash facilities will be utilized by workers in the work areas before eating, drinking, or use of the toilet facilities.
- * Containers will be labeled identifying them as waste, debris or contaminated clothing.

TPE SITE SAFETY PLAN

U.S EPA - ERT _____ (201) 321-6660
Chemtrec _____ (800) 424-9300
Centers for Disease Control _____ Day (404) 329-3311
Night (404) 329-2888
National Response Center _____ (800) 424-8802
Superfund/RCRA Hotline _____ (800) 424-8802
TSCA Hotline _____ (800) 424-9065
National Pesticide Information Services _____ (800) 845-7633
Bureau of Alcohol, Tobacco, and Firearms _____ (800) 424-9555

HEALTH AND SAFETY COMPLIANCE STATEMENT

I, Ahmad Shah, have received and read a copy of the project Health and Safety Plan.

I understand that I am required to have read the aforementioned document and have received proper training under the occupational Safety and Health Act (29 CFR, Part 1910.120) prior to conducting site activities at the site.

 Ahmad Shah _____ 1/25/93
Signature Date

Nearest Hospital: Eden Hospital
20103 Lake Chabot Road
Castro Valley, CA. 94546
(510)537-1234

Directions: Make a right on Castro Valley Blvd., pass Rutledge Rd.,
And make a right on Lake Chabot Road, pass Congress Way
And Eden Hospital is on the left.

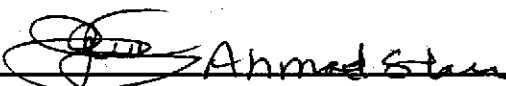
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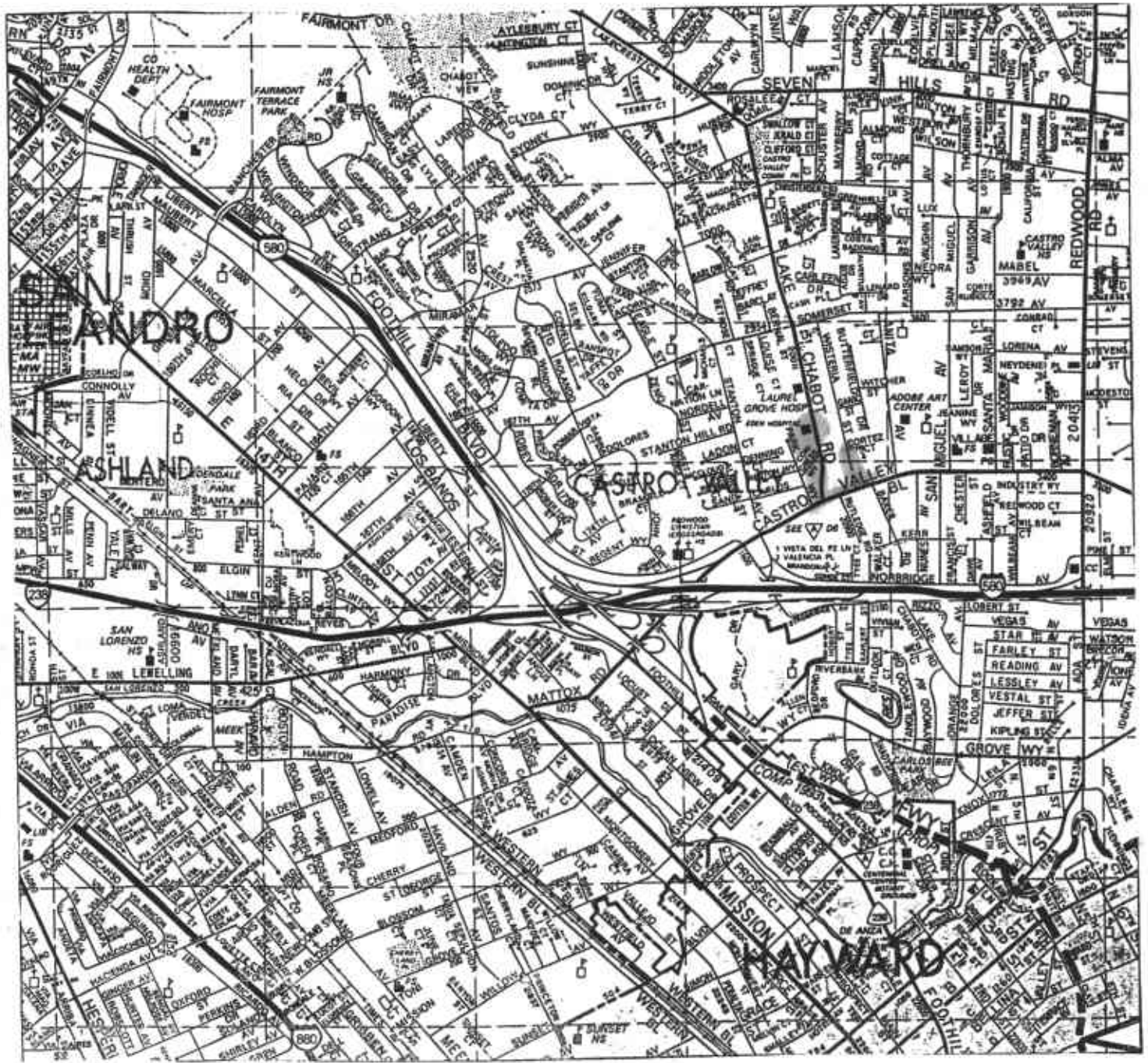
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1/25/93
Date

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And make a right on Lake Chabot Road, pass Congress Way
And Eden Hospital is on the left.



WISTERIA STREET

SIDEWALK



OFFICE BUILDING

WORKSHOP

CRUSHED ROCK DRIVEWAY

PIPE TO FORMER DISPENSER

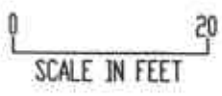
FILL HOLE

FENCE

LOCATION OF 1,000-GALLON UNDERGROUND GASOLINE TANK

LOCATION OF 300-GALLON UNDERGROUND GASOLINE TANK

LEGEND



TANK PROTECT ENGINEERING

SITE PLAN

ALLIED GLASS
20574 WISTERIA STREET
CASTRO VALLEY, CA

DATE	1/29/93
FIGURE	1
FILE #	251A-1
DRAWN BY	-NAC
CHECKED BY	

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 Allied Glass Company		NAME OF OPERATOR Allied Glass Company		
ADDRESS 20574 Wisteria Street		NEAREST CROSS STREET	PARCEL # (OPTIONAL)	
CITY NAME Castro Valley		STATE CA	ZIP CODE 94546	SITE PHONE # WITH AREA CODE (510)537-2180
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL AGENCY DISTRICTS <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> FEDERAL AGENCY				
TYPE OF BUSINESS		<input type="checkbox"/> 1 GAS STATION	<input type="checkbox"/> 2 DISTRIBUTOR	<input type="checkbox"/> 3 FARM
		<input type="checkbox"/> 4 PROCESSOR	<input checked="" type="checkbox"/> 5 OTHER	<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS
		# OF TANKS AT SITE 2	E. P. A. I. D. # (optional) CAC000834920	

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) Bob Brooks	PHONE # WITH AREA CODE (510)537-2180	DAYS: NAME (LAST, FIRST) Same	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST) Bob Brooks	PHONE # WITH AREA CODE (510)537-2180	NIGHTS: NAME (LAST, FIRST) Same	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME Allied Glass Company		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 20574 Wisteria Street		<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 checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> FEDERAL AGENCY		
CITY NAME Castro Valley		STATE CA	ZIP CODE 94546	PHONE # WITH AREA CODE (510)537-2180

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER Allied Glass Company		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 20574 Wisteria Street		<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 checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> FEDERAL AGENCY		
CITY NAME Castro Valley		STATE CA	ZIP CODE 94546	PHONE # WITH AREA CODE (510)537-2180

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

TY(TK) HQ

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

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

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

CHECK ONE BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR LEGAL NOTIFICATIONS AND BILLING:	I. <input type="checkbox"/>	II. <input type="checkbox"/>	III. <input type="checkbox"/>
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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) Teri Miller <i>Teri Miller</i>	APPLICANT'S TITLE Representative	DATE MONTH/DAY/YEAR 1/25/93
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LOCAL AGENCY USE ONLY

COUNTY #	JURISDICTION #	FACILITY #
[] [] [] []	[] [] [] []	[] [] [] [] [] []
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPVISOR - DISTRICT CODE - OPTIONAL

THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE PERMIT APPLICATION - FORM B, UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY.

INSTRUCTIONS FOR COMPLETING FORM 7A*

GENERAL INSTRUCTIONS:

1. One FORM 7A shall be completed for EACH TANKS, TANKS OWNED or BY FACILITY/SITE INFORMATION/USE CHANGES
2. **NEVER** CHECK ONE (1) FORM 7A for a Facility, Site, regardless of the number of tanks located at the site.
3. This form should be completed by either the **PERMITS APPLICANT** or the **LOCAL AGENCY (MAY BE REQUIRED BY TANK INSPECTOR)**.
4. Please type or print clearly all requested information.
5. Use a hard point writing instrument, you are making 7 copies.

TOP OF FORM "MARK ONLY ONE THEM"

Mark an (X) in the box next to the item that best describes the status the user is being completed

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

1. Record name and address (physical location) of the underground tank(s).
NOTE: Address MUST have a valid physical location, necessary city, state and zip code.
P.O. BOX NUMBERS ARE NOT ACCEPTABLE.
Include nearest cross street and name of the operation.
2. Phone number must have an area code. If the night number is the same, write "SAME" in proper location.
3. Check the appropriate box for TYPE OF BUSINESS OWNERSHIP (ex. CORPORATION, INDIVIDUAL, etc.)
4. Check the appropriate box for TYPE OF BUSINESS.
5. If Facility/Site is located within an Indian reservation or other Indian trust lands, check the box marked "Y.I.S."
6. Indicate the NUMBER of TANKS at this SITE.
7. Record the R.P.A. ID # or write "NONE" in the space provided.

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

Complete all items in this section, unless all items are the same as SECTION I; if the same, write "SAME AS SITE" across this section. Be sure to check PROPERTY OWNERSHIP TYPE box.

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

Complete all items in this section, unless all items are the same as SECTION I; if the same, write "SAME AS SITE" across this section. Be sure to check TANK OWNERSHIP TYPE box.

IV. BOARD OF EQUALIZATION USE STORAGE FEE ACCOUNT NUMBER (MUST BE COMPLETED)

Enter your Board of Equalization (BOE) USE storage fee account number which is required before your permit application can be processed. Registration with the BOE will ensure that you will receive a quarterly storage fee statement reporting for \$0.006 (6 mills) per gallon per day on the number of gallons placed in your USTs. The BOE will credit persons exempt from paying the storage fee so returns will not be sent. If you do not have an account number with the BOE or if you have any questions regarding the fee or exemptions, please call the BOE at 916-223-2355 or write to the BOE at the following address: Board of Equalization, Environmental Fees Unit, P.O. Box 942579, Sacramento, CA 94279-0001.

V. PETROLEUM USE FINANCIAL RESPONSIBILITY (MUST BE COMPLETED)

Identify the method(s) used by the owner and/or operator in meeting the Federal and State financial responsibility requirements. USTs owned by any Federal or State agency are exempt from this requirement.

VI. LEGAL NOTIFICATION AND BILLING ADDRESS

Check ONE BOX for the address that will be used for BOTH LEGAL AND BILLING NOTIFICATIONS.

APPLICANT MUST SIGN AND DATE THE FORM AS INDICATED.

INSTRUCTION FOR THE LOCAL AGENCIES

The county and jurisdiction numbers are predetermined and can be obtained by calling the State Board (916)39-2421. The facility number may be assigned by the local agency; however, this number must be numerical and cannot contain any alphabetical. If the local agency prefers the State Board to assign the facility number, please leave it blank.

IF IS THE RESPONSIBILITY OF THE LOCAL AGENCY THAT INSPECTS THE FACILITY TO VERIFY THE ACCURACY OF THE INFORMATION. THIS APPLICATION CANNOT BE PROCESSED IF THE BOE ACCOUNT NUMBER IS NOT FILLED IN. THE LOCAL AGENCY IS RESPONSIBLE FOR THE COMPLETION OF THE "LOCAL AGENCY USE ONLY" INFORMATION BOX AND FOR FORWARDING OUR FORM 7A AND ASSOCIATED FORM 22(S) TO THE FOLLOWING ADDRESS:

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
C/O S.W.R.C.P.S.
DATA PROCESSING CENTER
P.O. BOX 527
PARAMOUNT, CA 90725

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: Allied Glass Company

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

A. OWNER'S TANK I.D. #	B. MANUFACTURED BY:
C. DATE INSTALLED (MO/DAY/YEAR)	D. TANK CAPACITY IN GALLONS: <u>1,000 gallon</u>

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

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL <input type="checkbox"/> 2 PETROLEUM <input type="checkbox"/> 3 CHEMICAL PRODUCT	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 type="checkbox"/> 3 DIESEL <input type="checkbox"/> 4 GASAHOL <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 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 checked="" 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 type="checkbox"/> 99 OTHER
C. INTERIOR LINING <input type="checkbox"/> 1 RUBBER LINED <input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 2 ALKYD LINING <input type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 3 EPOXY LINING <input checked="" 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 type="checkbox"/> 91 NONE	<input type="checkbox"/> 3 VINYL WRAP <input checked="" 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"/> 1 SUCTION	<input checked="" type="radio"/> 2 PRESSURE	<input checked="" type="radio"/> 3 GRAVITY	<input checked="" type="radio"/> 99 OTHER
B. CONSTRUCTION	<input checked="" type="radio"/> 1 SINGLE WALL	<input checked="" type="radio"/> 2 DOUBLE WALL	<input checked="" type="radio"/> 3 LINED TRENCH	<input checked="" type="radio"/> 95 UNKNOWN <input checked="" type="radio"/> 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	<input checked="" type="radio"/> 1 BARE STEEL	<input checked="" type="radio"/> 2 STAINLESS STEEL	<input checked="" type="radio"/> 3 POLYVINYL CHLORIDE (PVC)	<input checked="" type="radio"/> 4 FIBERGLASS PIPE <input checked="" type="radio"/> 5 ALUMINUM <input checked="" type="radio"/> 6 CONCRETE <input checked="" type="radio"/> 7 STEEL W/ COATING <input checked="" type="radio"/> 8 100% METHANOL COMPATIBLE W/FRP <input checked="" type="radio"/> 9 GALVANIZED STEEL <input checked="" type="radio"/> 10 CATHODIC PROTECTION <input checked="" type="radio"/> 95 UNKNOWN <input checked="" 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

V. TANK LEAK DETECTION

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

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR)	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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>Teri Miller (Representative)</u>	DATE <u>1/25/93</u>
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LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

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

INSTRUCTIONS FOR COMPLETING FORM "A"

GENERAL INSTRUCTIONS

1. One FORM "A" can be completed for each tank for all NEW PERMITS, PERMIT CHANGES, REMOVALS and/or any other TANK INFORMATION CHANGE.
2. This form should be completed by either the PERMIT APPLICANT or the LOCAL AGENCY UNDERGROUND TANK INSPECTOR.
3. Please type or print clearly all requested information.
4. Use a hard point writing instrument, you are making 3 copies.

TOP OF FORM: MARK ONLY ONE ITEM

1. Mark an (X) in the box next to the item that best describes the reason the form is being completed.
2. Indicate the OWA or Facility name where the tank is installed.

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

- A. Indicate owner tank ID # - If there is a tank number that is used by the owner to identify the tank (ex. AB70785).
- B. Indicate the name of the company that manufactured the tank (ex. ACME TANK MFG.).
- C. Indicate the year the tank was installed (ex. 1987).
- D. Indicate the tank capacity in gallons (ex. 25,000 or 10,000 etc.).

II. TANK CONTENTS

- A. 1. IF MOTOR VEHICLE FUEL, check box 1 and complete items B & C.
2. If not MOTOR VEHICLE FUEL, check the appropriate box in section A and complete items B & D.
- B. Check the appropriate box.
- C. Check the type of MOTOR VEHICLE FUEL (if box 1 is checked in A).
- D. Print the chemical name of the hazardous substance stored in the tank and the C.A.S.#. (Chemical Abstract Service number), if box 1 is NOT checked in A.

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

1. Check only one item in TYPE OF SYSTEM, TANK MATERIAL, INTERIOR LINING and CORROSION PROTECTION.
2. IF OTHER, print in the space provided.

IV. PIPING INFORMATION

1. Circle A if above ground; circle U if underground; and circle both if applicable.
2. If UNKNOWN, circle; or if OTHER, print in space provided.
3. Indicate the LEAK DETECTION system(s) used to comply with the monitoring requirement for the piping.

V. TANK LEAK DETECTION

1. Indicate the LEAK DETECTION system(s) used to comply with the monitoring requirements for the tank.

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

1. ESTIMATED DATE LAST USED - MONTH/YEAR (January, 1988 or 01/88)
2. ESTIMATED QUANTITY of HAZARDOUS SUBSTANCE remaining in the tank (in Gallons).
3. WAS TANK FILLED WITH INERT MATERIAL? Check 'Yes' or 'NO'.

APPLICANT MUST SIGN AND DATE THE FORM AS INDICATED.

INSTRUCTION FOR THE LOCAL AGENCIES

The state underground storage tank identification number is composed of the two digit county number, the three digit jurisdiction number, the six digit facility number and the six digit tank number. The county and jurisdiction numbers are predetermined and can be obtained by calling the State Board (916)739-2421. The facility number must be the same as shown in form "A". The tank number may be assigned by the local agency; however, this number must be numerical and cannot contain an alphabet. If the local agency prefers the State Board to assign the tank number, please leave it blank.

IT IS THE RESPONSIBILITY OF THE LOCAL AGENCY THAT INSPECTS THE FACILITY TO VERIFY THE ACCURACY OF THE INFORMATION. THE LOCAL AGENCY IS RESPONSIBLE FOR THE COMPLETION OF THE "LOCAL AGENCY USE ONLY" INFORMATION BOX AND FOR FORWARDING ONE FORM "A" AND ASSOCIATED FORM "B"(s) TO THE FOLLOWING ADDRESS.

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
C/O S.W.E.E.P.S.
DATA PROCESSING CENTER
P.O. BOX 527
PARAMOUNT, CA 90723

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: Allied Glass Company

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

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

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

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 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 checked="" 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"/> 8 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input checked="" 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"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input checked="" 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"/> 1 SUCTION	<input type="radio"/> 2 PRESSURE	<input type="radio"/> 3 GRAVITY	<input type="radio"/> 99 OTHER
B. CONSTRUCTION	<input checked="" type="radio"/> 1 SINGLE WALL	<input type="radio"/> 2 DOUBLE WALL	<input type="radio"/> 3 LINED TRENCH	<input type="radio"/> 95 UNKNOWN
	<input type="radio"/> 99 OTHER			
C. MATERIAL AND CORROSION PROTECTION	<input checked="" type="radio"/> 1 BARE STEEL	<input type="radio"/> 2 STAINLESS STEEL	<input type="radio"/> 3 POLYVINYL CHLORIDE (PVC)	<input type="radio"/> 4 FIBERGLASS PIPE
	<input type="radio"/> 5 ALUMINUM	<input type="radio"/> 6 CONCRETE	<input type="radio"/> 7 STEEL W/ COATING	<input type="radio"/> 8 100% METHANOL COMPATIBLE W/FRP
	<input type="radio"/> 9 GALVANIZED STEEL	<input type="radio"/> 10 CATHODIC PROTECTION	<input type="radio"/> 95 UNKNOWN	<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

V. TANK LEAK DETECTION

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

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR)	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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>Teri Miller (Representative)</u>	DATE <u>1/25/93</u>
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LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

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

INSTRUCTIONS FOR COMPLETING FORM "A"

GENERAL INSTRUCTIONS

1. One COPY OF "A" shall be completed for each tank for all NEW PERMITS, PERMIT CHANGES, REMOVALS and/or any other TANK INFORMATION CHANGE.
2. This form should be completed by either the PERMIT APPLICANT or the LOCAL AGENCY UNDERGROUND TANK INSPECTOR.
3. Please type or print clearly all requested information.
4. Use a hard point writing instrument, you are making 3 copies.

TOP OF FORM: MARK ONLY ONE ITEM

1. Mark an (X) in the box next to the item that best describes the reason the form is being completed.
2. Indicate the ODA or Facility name where the tank is installed.

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

- A. Indicate owner tank ID # - If there is a tank number that is used by the owner to identify the tank (ex. AB70787).
- B. Indicate the name of the company that manufactured the tank (ex. ACME TANK MFG.).
- C. Indicate the year the tank was installed (ex. 1987).
- D. Indicate the tank capacity in gallons (ex. 25,000 or 10,000 etc.).

II. TANK CONTENTS

- A. 1. IF MOTOR VEHICLE FUEL, check box 1 and complete items B & C.
2. If not MOTOR VEHICLE FUEL, check the appropriate box in section A and complete items B & D.
- B. Check the appropriate box.
- C. Check the type of MOTOR VEHICLE FUEL (if box 1 is checked in A).
- D. Print the chemical name of the hazardous substance stored in the tank and the C.A.S.#. (Chemical Abstract Service number), if box 1 is NOT checked in A.

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

1. Check only one item in TYPE OF SYSTEM, TANK MATERIAL, INTERIOR LINING and CORROSION PROTECTION.
2. If OTHER, print in the space provided.

IV. PIPING INFORMATION

1. Circle A if above ground; circle U if underground; and circle both if applicable.
2. If UNKNOWN, circle; or if OTHER, print in space provided.
3. Indicate the LEAK DETECTION system(s) used to comply with the monitoring requirement for the piping.

V. TANK LEAK DIRECTION

1. Indicate the LEAK DETECTION system(s) used to comply with the monitoring requirements for the tank.

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

1. ESTIMATED DATE LAST USED - MONTH/YEAR (January, 1988 or 01/88).
2. ESTIMATED QUANTITY of HAZARDOUS SUBSTANCE remaining in the tank (in Gallons).
3. WAS TANK FILLED WITH INERT MATERIAL? Check "Yes" or "NO".

APPLICANT MUST SIGN AND DATE THE FORM AS INDICATED.

INSTRUCTION FOR THE LOCAL AGENCIES

The state underground storage tank identification number is composed of the two digit county number, the three digit jurisdiction number, the six digit facility number and the six digit tank number. The county and jurisdiction numbers are predetermined and can be obtained by calling the State Board (916)735-2421. The facility number must be the same as shown in form "A". The tank number may be assigned by the local agency; however, this number must be numerical and cannot contain an alphabet. If the local agency prefers the State Board to assign the tank number, please leave it blank.

IT IS THE RESPONSIBILITY OF THE LOCAL AGENCY THAT INSPECTS THE FACILITY TO VERIFY THE ACCURACY OF THE INFORMATION. THE LOCAL AGENCY IS RESPONSIBLE FOR THE COMPLETION OF THE "LOCAL AGENCY USE ONLY" INFORMATION BOX AND FOR FORWARDING ONE FORM "A" AND ASSOCIATED FORM "B"(s) TO THE FOLLOWING ADDRESS.

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
C/O S.W.E.E.P.S.
DATA PROCESSING CENTER
P.O. BOX 527
PARAMOUNT, CA 90723

ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION
DEPOSIT / REFUND ACCOUNT SHEET

SITE INFORMATION

Allied Glass Co.
20574 Wisteria St.
Castro Valley 94546
Site Contact: Bob Brooks
Site Phone : 537-2180

StID: 4546 site#: 2111
PROJECT#: 2111A
PROJECT TYPE: R
INSP: Amir Gholami
ACCT. SHEET PG #: _____

PROPERTY OWNER INFORMATION

Tank Protect Eng'g
2821 Whipple Rd.
Union City Ca 94587
Owner Contact:
Owner Phone : 429-8088

CONTRACTOR INFORMATION

Tank Protect Engineering
2821 Whipple Rd.
Union City CA 94587 #286
Contr. Contact: Jafar Farhoomand
Contr. Phone : 429-8088

Date	Action Taken	Time		Hours Spent/Depstd	Hour Balnce	Money Spent/Depositd	Money Balance
		In	Out				
	Balance from Prev. Page	
	Rcpt# U668911						
01/29/93	Deposit of \$681.00 @ \$75/hour			+9.07			681-
2/1/93	Review plans 2 hours	AG		2.0		150-	531-
2/24/93	Tank removal	AG		2.0		150-	381-
3/29/93	CALL/SAMPLE RESULT	SOS		.25		18.75	362.25
4/19/93	CALL/DISMISSAL	SOS		.5		47-	315.25
4/29/93	MEETING	ML		2.0		150-	165.25
4/29/93	MEETING/CONSULTATION	RA		2.20		165-	0.25
	AMIR		8/3/97				

UPON COMPLETION OF PROJECT

PROJ COMPLETED BY : _____ ATTACH: State Forms A, B & C
 Billing Adjustment*
DATE OF COMPLETION : _____ DATE SENT TO BILLING: _____
TOTAL COST OF PROJECT: _____ REFUND AMOUNT: _____ Rev. 1/93

* Billing adjustment forms needed when site is in our UST program.

**STATE
COMPENSATION
INSURANCE
FUND**

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

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

JANUARY 6, 1993

POLICY NUMBER: 1145921-92
CERTIFICATE EXPIRES: 09-01-93

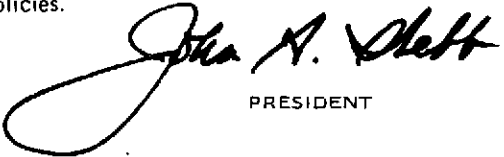
COUNTY OF ALAMEDA
HEALTH CARE SERVICES AGENCY
80 SWAN WY RM 200
OAKLAND, CA 94621

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

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

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

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


PRESIDENT

EMPLOYER

TANK PROTECT ENGINEERING OF NORTHERN CALIFORNIA, INC.
2821 WHIPPLE RD.
UNION CITY, CA 94587



CONTRACTORS STATE LICENSE BOARD



License Number

Entity

575837

CORP

Name/Namestyle

TANK PROTECT ENGINEERING
OF NORTHERN CALIFORNIA

Classification

HAZ

Expiration Date

08/31/93