

CITY OF OAKLAND FIRE DEPARTMENT
Office Of Emergency Services
 1605 Martin Luther King Jr. Way, Oakland, CA 94612

2006 APR 27 AM 11:18

Hazardous Materials Program

Contaminated Site Case Transfer Form

Referral To:

Date	4/26/06
Agency	Alameda County Environmental Health, 1131 Harbor Bay Parkway, Alameda, CA 94502
Attention	Donna L. Drogos, LOP/SLIC Program Manager

Site Information:

Site Responsible Party(s)	
Site Name	
Site Address	160 14 th St. Oak. CA 94612
Site Phone	
Site Contractor/Consultant (if available)	ACC Env. Consultants
Site DBA	

Site Conditions:

UST			
USTs removed? # removed: <u>2</u> Date removed: <u>UNK</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Contents (circle): <u>gasoline</u> diesel waste oil heating oil solvents kerosene stoddard solvent other (specify) _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Observations of system (holes, leaks)? <u>UNK</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Observed contamination (free product, smell, soil/water discoloration)? <u>UNK</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Detectable concentrations of soil and/or groundwater contamination?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
o Highest Concentration Detected in Soil Contaminant (specify) _____ Concentration _____ ppm			
o Highest Concentration Detected in Water Contaminant (specify) <u>+PH(3)</u> Concentration <u>18,000</u> <u>49/L</u>			
Unauthorized Release Form filed?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Future intended use if known? Specify <u>Residential</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
NON-UST			
Former industrial use?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Detectable concentrations of soil and/or groundwater contamination?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
o Highest Concentration Detected in Soil Contaminant (specify) _____ Concentration _____ ppm			
o Highest Concentration Detected in Water Contaminant (specify) <u>PCE</u> Concentration <u>820</u> <u>49/L</u>			
Future intended use if known? Specify _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<i>If available, attach pertinent reports</i>			

Transferred as: LOP SLIC

Level of Update requested: distribution list all meetings all site visits closure sign off all the above

Transfer requested by Inspector: H. Gomez Date: 4/26/06

Transfer accepted by (ACEH): _____ Date: _____

CITY OF OAKLAND



FIRE SERVICES AGENCY • 1605 MARTIN LUTHER KING JR. WAY • OAKLAND, CALIFORNIA 94612

Office of Emergency Services

(510) 238-3938
FAX (510) 238-7761
TDD (510) 839-6451

August 16, 2001

Mr. Benny Kwong, Project Manager
Affordable Housing Associates
1250 Addison Street, Suite G
Berkeley, CA 94702

RE: **Soil Boring Investigation**
160 14th Street
Oakland, CA 94612

Mr. Kwong:

The City of Oakland Fire Department/Hazardous Materials Management Program (OFD/HMMP) staff has received and reviewed a copy of the soil boring investigation performed at the location above, dated August 6, 2001, prepared by ACC Environmental Consultants (ACC). This report documents the investigation performed by ACC to evaluate the potential effects to soil and groundwater from activities and use of existing facilities at the site.

Based on the available information and with the provision that the information provided to OFD/HMMP was accurate and representative of site conditions, no further action related to the above site is required at this time by this office.

Please be advised that this letter does not relieve you of any liability under the California Health and Safety Code or Water Code for past, present, or future operations at this site. Nor does it relieve you of the responsibility to clean up existing, additional or previously unidentified conditions at the site, which cause or threaten to cause pollution or nuisance or otherwise pose a threat to water quality or public health.

If you have any questions, please contact me at (510) 238-7253.

Sincerely,

A handwritten signature in cursive script that reads "Hernán E. Gómez".

Hernán E. Gómez
Hazardous Materials Inspector

cc: Mr. John Hudson, CEDA
Mr. Odili Ojukwu, PWA-ESD
Mr. David R. Dement, ACC

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Program
80 Swan Way, Rm. 200
Oakland, CA 94621
(415)

November 30, 1989

Mobil Service Station
160 - 14th St.
Oakland, CA 94612

RE: 160 - 14th St.

NOTICE OF LEGAL OBLIGATION

Dear owner/operator:

Our records indicate that there are underground tank(s) at your site at the above facility.

In accordance with the California Code of Regulations, Title 23, Chapter 3, Subchapter 16 Underground Tank Regulations you must perform one of the following actions:

1. Submit a tank closure plan to this Department as required by Article 7, 2670, or
2. Apply for a permit as required by Article 10, 2710.

Notify this Department within 10 days of your intentions and to obtain the necessary instructions and forms.

Please note that section 25299 of the California Health and Safety Code states that any operator or owner of an underground storage tank is liable for a civil penalty of not less than five hundred dollars or more than five thousand dollars per day for failure to obtain a permit, or failing to properly close an underground storage tank, as required by section 25298.

If you have any questions concerning this matter, please contact this office at 271-4320.

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas F. Peacock".

Thomas F. Peacock, Senior HMS
Hazardous Materials Division

TFP:tfp

cc: Gil Jensen, Alameda County District Attorney, Consumer and
Environmental Protection Agency
Lester Feldman, RWQCB

Commonwealth Companies

— REAL ESTATE —

1407 Webster Street, Oakland, California 94612 (415) 832-5195

December 7, 1987

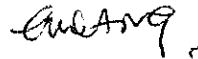
Rafat A. Shahid, Chief
Alameda County Health Care Services
Hazardous Materials Division
470 27th Street, Third Floor
Oakland, CA 94612

RE: Status of Underground Tanks located at 160 - 14th St., Oakland, CA 94612

Dear Mr. Shahid:

As we discussed on the phone, the underground tanks in the above referenced property were removed in May, 1986. The soil was clean, the lot was paved and is now used as a parking lot.

Very truly yours,



Ted W. Dang

TWD:cc

832-5195 ex. 202

7-1795
JFP

RECEIVED
DEC 10 1987
HAZARDOUS MATERIALS/
WASTE PROGRAM

REMOVED 5/86

STATE ID NUMBER 0000039598001

APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

<input type="checkbox"/> 01 NEW PERMIT	<input type="checkbox"/> 05 RENEWED PERMIT	<input type="checkbox"/> 07 TANK CLOSED	<input type="checkbox"/> 09 DELETE FROM FILE (NO FEE)
<input type="checkbox"/> 02 CONDITIONAL PERMIT	<input type="checkbox"/> 06 AMENDED PERMIT	<input type="checkbox"/> 08 MINOR CHANGE (NO SURCHARGE)	

I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) MOBIL OIL CORPORATION		PUBLIC AGENCY ONLY <input type="checkbox"/> 01 FED <input type="checkbox"/> 02 STATE <input type="checkbox"/> 03 LOCAL	
STREET ADDRESS 612 SO. FLOWER STREET	CITY LOS ANGELES	STATE CA	ZIP 90017

II FACILITY

FACILITY NAME MOBIL SERVICE STATION		DEALER/FOREMAN/SUPERVISOR RODNEY KWAN	
STREET ADDRESS 160-14TH ST.		NEAREST CROSS STREET MADISON	
CITY OAKLAND		COUNTY ALAMEDA	ZIP 94612
MAILING ADDRESS 160-14TH ST.		CITY OAKLAND	STATE CA ZIP 94612
PHONE W/AREA CODE 415-839-7264	TYPE OF BUSINESS <input checked="" type="checkbox"/> 01 GASOLINE STATION <input type="checkbox"/> 02 OTHER		
NUMBER OF CONTAINERS 4	RURAL AREAS ONLY :	TOWNSHIP	RANGE SECTION

III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE KWAN, ROD 415-839-7264	NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE ENGINEERING CENTER 213-583-6571
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COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV DESCRIPTION

A. <input checked="" type="checkbox"/> 01 TANK <input type="checkbox"/> 04 OTHER:	CONTAINER NUMBER 1
B. MANUFACTURER (IF APPROPRIATE): UNKNOWN	YEAR MFG: C. YEAR INSTALLED <input checked="" type="checkbox"/> UNKNOWN
D. CONTAINER CAPACITY: 10000 GALLONS <input type="checkbox"/> UNKNOWN	E. DOES THE CONTAINER STORE: <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	

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"/> 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
 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
 (CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

B. UNDERGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
 (CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

VII LEAK DETECTION

01 VISUAL 02 STOCK INVENTORY 04 VAPOR SNIFF WELLS 05 SENSOR INSTRUMENT
 06 GROUND WATER MONITORING WELLS 07 PRESSURE TEST 09 NONE 10 OTHER:

VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS
 IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CASH (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM? 01 YES 02 NO

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

PERSON FILING (SIGNATURE) _____ PHONE W/AREA CODE _____

FOR LOCAL AGENCY USE ONLY

ADMINISTRATING AGENCY		CITY CODE		COUNTY CODE
CONTACT PERSON			PHONE W/AREA CODE	
DATE OF LAST INSPECTION	IN COMPLIANCE <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	PERMIT APPROVAL DATE	TRANSACTION DATE	LOCAL PERMIT ID #

REMOVED 5/86

STATE ID NUMBER 00000039598002

APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

() 01 NEW PERMIT () 05 RENEWED PERMIT () 07 TANK CLOSED () 09 DELETE FROM FILE (NO FEE)
() 02 CONDITIONAL PERMIT () 06 AMENDED PERMIT () 08 MINOR CHANGE (NO SURCHARGE)

I OWNER

NAME(CORPORATION,INDIVIDUAL OR PUBLIC AGENCY) MOBIL OIL CORPORATION PUBLIC AGENCY ONLY () 01 FED () 02 STATE () 03 LOCAL
STREET ADDRESS 612 SO. FLOWER STREET CITY LOS ANGELES STATE CA ZIP 90017

II FACILITY

FACILITY NAME MOBIL SERVICE STATION DEALER/FOREMAN/SUPERVISOR RODNEY KWAN
STREET ADDRESS 160-14TH ST. NEAREST CROSS STREET MADISON
CITY OAKLAND COUNTY ALAMEDA ZIP 94612
MAILING ADDRESS 160-14TH ST. CITY OAKLAND STATE CA ZIP 94612
PHONE W/AREA CODE 415-839-7264 TYPE OF BUSINESS (X) 01 GASOLINE STATION () 02 OTHER
NUMBER OF CONTAINERS 4 RURAL AREAS ONLY : TOWNSHIP RANGE SECTION

III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME(LAST NAME FIRST) AND PHONE W/AREA CODE KWAN, ROD 415-839-7264
NIGHTS: NAME(LAST NAME FIRST) AND PHONE W/AREA CODE ENGINEERING CENTER 213-583-6571

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV DESCRIPTION

A. (X) 01 TANK () 04 OTHER: CONTAINER NUMBER 2
B. MANUFACTURER (IF APPROPRIATE): UNKNOWN YEAR MFG: C. YEAR INSTALLED (X) UNKNOWN
D. CONTAINER CAPACITY: 6000 GALLONS () UNKNOWN E. DOES THE CONTAINER STORE: () 01 WASTE (X) 02 PRODUCT
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? (X) 01 YES () 02 NO IF YES CHECK APPROPRIATE BOX(ES):
() 01 UNLEADED (X) 02 REGULAR () 03 PREMIUM () 04 DIESEL () 05 WASTE OIL () 06 OTHER

V CONTAINER CONSTRUCTION

A. THICKNESS OF PRIMARY CONTAINMENT: () GAUGE () INCHES () CM (X) UNKNOWN
B. () 01 VAULTED (LOCATED IN AN UNDERGROUND VAULT) (X) 02 NON-VAULTED () 03 UNKNOWN
C. () 01 DOUBLE WALLED (X) 02 SINGLE WALLED () 03 LINED
D. (X) 01 CARBON STEEL () 02 STAINLESS STEEL () 03 FIBERGLASS () 04 POLYVINYL CHLORIDE () 05 CONCRETE
() 06 ALUMINUM () 07 STEEL CLAD () 08 BRONZE () 09 COMPOSITE () 10 NON-METALLIC
() 12 UNKNOWN () 13 OTHER:

CONTAINER CONSTRUCTION

E. 01 RUBBER LINED 02 ALKYD LINING 03 EPOXY LINING 04 PHENOLIC LINING 05 GLASS 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
(CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

B. UNDERGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
(CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

VII LEAK DETECTION

01 VISUAL 02 STOCK INVENTORY 04 VAPOR SNIFF WELLS 05 SENSOR INSTRUMENT
 06 GROUND WATER MONITORING WELLS 07 PRESSURE TEST 09 NONE 10 OTHER:

VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS

IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CASH (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM? 01 YES 02 NO

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

PERSON FILING (SIGNATURE)

PHONE W/AREA CODE

FOR LOCAL AGENCY USE ONLY

ADMINISTRATING AGENCY		CITY CODE		COUNTY CODE	
CONTACT PERSON			PHONE W/AREA CODE		
DATE OF LAST INSPECTION	IN COMPLIANCE <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	PERMIT APPROVAL DATE	TRANSACTION DATE	LOCAL PERMIT ID #	

REMOVED 5/86

STATE ID NUMBER 0000039598003

APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

<input type="checkbox"/> 01 NEW PERMIT	<input type="checkbox"/> 05 RENEWED PERMIT	<input type="checkbox"/> 07 TANK CLOSED	<input type="checkbox"/> 09 DELETE FROM FILE (NO FEE)
<input type="checkbox"/> 02 CONDITIONAL PERMIT	<input type="checkbox"/> 06 AMENDED PERMIT	<input type="checkbox"/> 08 MINOR CHANGE (NO SURCHARGE)	

I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) MOBIL OIL CORPORATION		PUBLIC AGENCY ONLY <input type="checkbox"/> 01 FED <input type="checkbox"/> 02 STATE <input type="checkbox"/> 03 LOCAL	
STREET ADDRESS 612 SO. FLOWER STREET	CITY LOS ANGELES	STATE CA	ZIP 90017

II FACILITY

FACILITY NAME MOBIL SERVICE STATION		DEALER/FOREMAN/SUPERVISOR RODNEY KHAN	
STREET ADDRESS 160-14TH ST.		NEAREST CROSS STREET MADISON	
CITY OAKLAND		COUNTY ALAMEDA	ZIP 94612
MAILING ADDRESS 160-14TH ST.		CITY OAKLAND	STATE CA ZIP 94612
PHONE W/AREA CODE 415-839-7264	TYPE OF BUSINESS <input checked="" type="checkbox"/> 01 GASOLINE STATION <input type="checkbox"/> 02 OTHER		
NUMBER OF CONTAINERS 4	RURAL AREAS ONLY :	TOWNSHIP	RANGE SECTION

III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE KHAN, ROD 415-839-7264	NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE ENGINEERING CENTER 213-583-6571
------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV DESCRIPTION

A. <input checked="" type="checkbox"/> 01 TANK <input type="checkbox"/> 04 OTHER:	CONTAINER NUMBER 3
B. MANUFACTURER (IF APPROPRIATE): UNKNOWN	YEAR MFG: C. YEAR INSTALLED <input checked="" type="checkbox"/> UNKNOWN
D. CONTAINER CAPACITY: 6000 GALLONS <input type="checkbox"/> UNKNOWN	E. DOES THE CONTAINER STORE: <input type="checkbox"/> 01 WASTE <input type="checkbox"/> 02 PRODUCT
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? <input 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 type="checkbox"/> 04 DIESEL <input type="checkbox"/> 05 WASTE OIL <input type="checkbox"/> 06 OTHER	

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"/> 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
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(CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

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<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM? 01 YES 02 NO

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PERSON FILING (SIGNATURE)

PHONE W/AREA CODE

FOR LOCAL AGENCY USE ONLY

ADMINISTRATING AGENCY		CITY CODE		COUNTY CODE
CONTACT PERSON			PHONE W/AREA CODE	
DATE OF LAST INSPECTION	IN COMPLIANCE <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	PERMIT APPROVAL DATE	TRANSACTION DATE	LOCAL PERMIT ID #

REMOVED 5/86

STATE ID NUMBER 00000039598004

APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

<input type="checkbox"/> 01 NEW PERMIT	<input type="checkbox"/> 05 RENEWED PERMIT	<input type="checkbox"/> 07 TANK CLOSED	<input type="checkbox"/> 09 DELETE FROM FILE (NO FEE)
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I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) MOBIL OIL CORPORATION		PUBLIC AGENCY ONLY <input type="checkbox"/> 01 FED <input type="checkbox"/> 02 STATE <input type="checkbox"/> 03 LOCAL	
STREET ADDRESS 612 SO. FLOWER STREET	CITY LOS ANGELES	STATE CA	ZIP 90017

II FACILITY

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STREET ADDRESS 160-14TH ST.		NEAREST CROSS STREET MADISON	
CITY OAKLAND		COUNTY ALAMEDA	ZIP 94612
MAILING ADDRESS 160-14TH ST.		CITY OAKLAND	STATE CA ZIP 94612
PHONE W/AREA CODE 415-839-7264	TYPE OF BUSINESS <input checked="" type="checkbox"/> 01 GASOLINE STATION <input type="checkbox"/> 02 OTHER		
NUMBER OF CONTAINERS 4	RURAL AREAS ONLY :	TOWNSHIP	RANGE SECTION

III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE KWAN, ROD 415-839-7264	NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE ENGINEERING CENTER 213-583-6571
------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV DESCRIPTION

A. <input checked="" type="checkbox"/> 01 TANK <input type="checkbox"/> 04 OTHER:	CONTAINER NUMBER 4
B. MANUFACTURER (IF APPROPRIATE): UNKNOWN	YEAR MFG: C. YEAR INSTALLED <input checked="" type="checkbox"/> UNKNOWN
D. CONTAINER CAPACITY: GALLONS <input checked="" type="checkbox"/> UNKNOWN	E. DOES THE CONTAINER STORE: <input checked="" type="checkbox"/> 01 WASTE <input 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 type="checkbox"/> 04 DIESEL <input checked="" type="checkbox"/> 05 WASTE OIL <input type="checkbox"/> 06 OTHER	

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"/> 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
 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
(CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

B. UNDERGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
(CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

VII LEAK DETECTION

01 VISUAL 02 STOCK INVENTORY 04 VAPOR SNIFF WELLS 05 SENSOR INSTRUMENT
 06 GROUND WATER MONITORING WELLS 07 PRESSURE TEST 09 NONE 10 OTHER:

VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS

IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CASH (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM? 01 YES 02 NO

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

PERSON FILING (SIGNATURE) _____ PHONE W/AREA CODE _____

FOR LOCAL AGENCY USE ONLY

ADMINISTRATING AGENCY		CITY CODE	COUNTY CODE	
CONTACT PERSON			PHONE W/AREA CODE	
DATE OF LAST INSPECTION	IN COMPLIANCE <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	PERMIT APPROVAL DATE	TRANSACTION DATE	LOCAL PERMIT ID #



SECTION A
 MASTER FILE RECORD

470-27th Street, Third Floor
 Oakland, California 94612
 (415) 874-7237

A1. ESTABLISHMENT NAME
 RICHIE'S AUTOBODY 7 36

A2. MAILING ADDRESS
 STREET NUMBER: 11610 37 44
 STREET DIRECTION (N,S,E,W,ETC.): 114 45 46
 STREET NAME OR P.O. BOX NUMBER: 15TH 47 66
 CITY: OAKLAND 67 81
 STATE: CA 82 83
 ZIP CODE: 94612 84 88
 BLDG/PLANT NO: 93 96

A3. ESTABLISHMENT PHONE: 813191712614 97 103

A4. CONTACT PERSON: RICHIE 1012151014 104 123

A5. ESTABLISHMENT ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)
 STREET NUMBER: 7 14
 STREET DIRECTION (N,S,E,W,ETC.): 15 16
 STREET NAME: 17 36
 CITY: 37 51
 STATE: 52 53
 ZIP CODE: 54 58
 BLDG/PLANT NO: 63 66

A6. OWNER NAME: 67 86

A7. OWNER PHONE: 87 96

A8. NAME OF PREVIOUS OWNER: 97 116

A9. DATE YOU STARTED OR ASSUMED BUSINESS
 MO: 117 DAY: 122 YR: 122

A10. SIC 1: 55411 52 55

A11. TOTAL NUMBER OF EMPLOYEES: 8 11

A12. DO YOU HAVE PERMITS FOR ANY OF THE FOLLOWING:

AIR POLLUTION CONTROL DISTRICT	<input type="checkbox"/> Y <input type="checkbox"/> N	HAZARDOUS WASTE HAULER REGISTRATION	<input type="checkbox"/> Y <input type="checkbox"/> N
SEWER DISTRICT (FOR INDUSTRIAL WASTES)	<input type="checkbox"/> Y <input type="checkbox"/> N	REGIONAL WATER QUALITY CONTROL BOARD	<input type="checkbox"/> Y <input type="checkbox"/> N
HAZARDOUS WASTE FACILITY	<input type="checkbox"/> Y <input type="checkbox"/> N		

SECTION B
 UNDERGROUND TANKS CONTAINING HAZARDOUS SUBSTANCES

Identify the type, number and total volume of underground tanks in your firm.

B1. Type	B2. No. of Tanks	B3. Total Volume/Gals.
1. Tank 2 gas tank	<input type="text"/>	16000
2. Sump 1 sump	4 gals <input type="text"/>	<input type="text"/>
3. Lagoon, pit or pond	<input type="text"/>	<input type="text"/>
4. Other	<input type="text"/>	<input type="text"/>

SECTION C
HAZARDOUS SUBSTANCES

C1. Please check if any of the following categories of hazardous substances is used or handled by your firm:

TOXIC CORROSIVE
FLAMMABLE OR IGNITABLE REACTIVE

C2. Please check the attached list for any of the chemical substances you receive, store, mix, treat, formulate, generate, manufacture, transport or dispose of, and enter each by the number identified on the list in the spaces below:

Sample:

11311	860	355	813				

CERTIFICATION

I hereby certify that the information on this form is to the best of my knowledge, true and complete

Rodney Kwan
Signature

RODNEY KWAN
Typed or Printed Name

OWNER
Title

11/30/86
Date

Please return completed form to:

Alameda County Division of Environmental Health
470-27th Street, Room 322
Oakland, CA 94612
(415) 874-7237

APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

01 NEW PERMIT 05 RENEWED PERMIT 07 TANK CLOSED 09 DELETE FROM FILE (NO FEE)
 02 CONDITIONAL PERMIT 06 AMENDED PERMIT 08 MINOR CHANGE (NO SURCHARGE)

I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) MOBIL OIL CORPORATION		PUBLIC AGENCY ONLY <input type="checkbox"/> 01 FED <input type="checkbox"/> 02 STATE <input type="checkbox"/> 03 LOCAL	
STREET ADDRESS 612 SO. FLOWER STREET	CITY LOS ANGELES	STATE CA	ZIP 90017

II FACILITY

FACILITY NAME MOBIL SERVICE STATION		DEALER/FOREMAN/SUPERVISOR RODNEY KWAN	
STREET ADDRESS 160-14TH ST.		NEAREST CROSS STREET MADISON	
CITY OAKLAND		COUNTY ALAMEDA	ZIP 94612
MAILING ADDRESS 160-14TH ST.	CITY OAKLAND	STATE CA	ZIP 94612
PHONE W/AREA CODE 415-839-7264	TYPE OF BUSINESS <input checked="" type="checkbox"/> 01 GASOLINE STATION <input type="checkbox"/> 02 OTHER		
NUMBER OF CONTAINERS 4	RURAL AREAS ONLY :	TOWNSHIP	RANGE
SECTION			

III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE KWAN, ROO 415-839-7264	NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE ENGINEERING CENTER 213-583-6571
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COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV DESCRIPTION

A. <input checked="" type="checkbox"/> 01 TANK <input type="checkbox"/> 04 OTHER:		CONTAINER NUMBER 2	
B. MANUFACTURER (IF APPROPRIATE): UNKNOWN		YEAR MFG:	C. YEAR INSTALLED <input checked="" type="checkbox"/> UNKNOWN
D. CONTAINER CAPACITY: 6000 GALLONS <input type="checkbox"/> UNKNOWN	E. DOES THE CONTAINER STORE: <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			

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"/> 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
 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
 (CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

B. UNDERGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
 (CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

VII LEAK DETECTION

01 VISUAL 02 STOCK INVENTORY 04 VAPOR SNIFF WELLS 05 SENSOR INSTRUMENT
 06 GROUND WATER MONITORING WELLS 07 PRESSURE TEST 09 NONE 10 OTHER:

VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS

IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CASH (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM? 01 YES 02 NO

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

PERSON FILING (SIGNATURE) _____ PHONE W/AREA CODE _____

FOR LOCAL AGENCY USE ONLY

ADMINISTRATING AGENCY		CITY CODE		COUNTY CODE
CONTACT PERSON			PHONE W/AREA CODE	
DATE OF LAST INSPECTION	IN COMPLIANCE <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	PERMIT APPROVAL DATE	TRANSACTION DATE	LOCAL PERMIT ID #

APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

() 01 NEW PERMIT () 05 RENEWED PERMIT () 07 TANK CLOSED () 09 DELETE FROM FILE (NO FEE)
 () 02 CONDITIONAL PERMIT () 06 AMENDED PERMIT () 08 MINOR CHANGE (NO SURCHARGE)

I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) MOBIL OIL CORPORATION		PUBLIC AGENCY ONLY () 01 FED () 02 STATE () 03 LOCAL	
STREET ADDRESS 612 SO. FLOWER STREET	CITY LOS ANGELES	STATE CA	ZIP 90017

II FACILITY

FACILITY NAME MOBIL SERVICE STATION		DEALER/FOREMAN/SUPERVISOR RODNEY KHAN	
STREET ADDRESS 160-14TH ST.		NEAREST CROSS STREET MADISON	
CITY OAKLAND		COUNTY ALAMEDA	ZIP 94612
MAILING ADDRESS 160-14TH ST.		CITY OAKLAND	STATE CA ZIP 94612
PHONE W/AREA CODE 415-839-7264	TYPE OF BUSINESS (X) 01 GASOLINE STATION () 02 OTHER		
NUMBER OF CONTAINERS 4	RURAL AREAS ONLY :	TOWNSHIP	RANGE SECTION

III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE KWAN, ROD 415-839-7264	NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE ENGINEERING CENTER 213-583-6571
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COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV DESCRIPTION

A. (X) 01 TANK () 04 OTHER:	CONTAINER NUMBER 4
B. MANUFACTURER (IF APPROPRIATE): UNKNOWN	YEAR MFG: C. YEAR INSTALLED (X) UNKNOWN
D. CONTAINER CAPACITY: GALLONS (X) UNKNOWN	E. DOES THE CONTAINER STORE: (X) 01 WASTE () 02 PRODUCT
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? (X) 01 YES () 02 NO IF YES CHECK APPROPRIATE BOX(ES): () 01 UNLEADED () 02 REGULAR () 03 PREMIUM () 04 DIESEL (X) 05 WASTE OIL () 06 OTHER	

V CONTAINER CONSTRUCTION

A. THICKNESS OF PRIMARY CONTAINMENT: () GAUGE () INCHES () CM (X) UNKNOWN
B. () 01 VAULTED (LOCATED IN AN UNDERGROUND VAULT) (X) 02 NON-VAULTED () 03 UNKNOWN
C. () 01 DOUBLE WALLED (X) 02 SINGLE WALLED () 03 LINED
D. (X) 01 CARBON STEEL () 02 STAINLESS STEEL () 03 FIBERGLASS () 04 POLYVINYL CHLORIDE () 05 CONCRETE () 06 ALUMINUM () 07 STEEL CLAD () 08 BRONZE () 09 COMPOSITE () 10 NON-METALLIC () 12 UNKNOWN () 13 OTHER:

CONTAINER CONSTRUCTION

E. 01 RUBBER LINED 02 ALKYD LINING 03 EPOXY LINING 04 PHENOLIC LINING 05 GLASS 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
 (CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

B. UNDERGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
 (CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

VII LEAK DETECTION

01 VISUAL 02 STOCK INVENTORY 04 VAPOR SNIFF WELLS 05 SENSOR INSTRUMENT
 06 GROUND WATER MONITORING WELLS 07 PRESSURE TEST 09 NONE 10 OTHER:

VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS

IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CAS# (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM? 01 YES 02 NO

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

PERSON FILING (SIGNATURE) _____ PHONE W/AREA CODE _____

FOR LOCAL AGENCY USE ONLY

ADMINISTRATING AGENCY		CITY CODE	COUNTY CODE	
CONTACT PERSON			PHONE W/AREA CODE	
DATE OF LAST INSPECTION	IN COMPLIANCE <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	PERMIT APPROVAL DATE	TRANSACTION DATE	LOCAL PERMIT ID #

APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

() 01 NEW PERMIT () 05 RENEWED PERMIT () 07 TANK CLOSED () 09 DELETE FROM FILE (NO FEE)
 () 02 CONDITIONAL PERMIT () 06 AMENDED PERMIT () 08 MINOR CHANGE (NO SURCHARGE)

I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) MOBIL OIL CORPORATION			PUBLIC AGENCY ONLY () 01 FED () 02 STATE () 03 LOCAL	
STREET ADDRESS 612 SO. FLOWER STREET		CITY LOS ANGELES	STATE CA	ZIP 90017

II FACILITY

FACILITY NAME MOBIL SERVICE STATION		DEALER/FOREMAN/SUPERVISOR RODNEY KWAN		
STREET ADDRESS 160-14TH ST.		NEAREST CROSS STREET MADISON		
CITY OAKLAND		COUNTY ALAMEDA	ZIP 94612	
MAILING ADDRESS 160-14TH ST.		CITY OAKLAND	STATE CA	ZIP 94612
PHONE W/AREA CODE 415-839-7264		TYPE OF BUSINESS (X) 01 GASOLINE STATION () 02 OTHER		
NUMBER OF CONTAINERS 4	RURAL AREAS ONLY :	TOWNSHIP	RANGE	SECTION

III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE KWAN, ROD 415-839-7264	NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE ENGINEERING CENTER 213-583-6571
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COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV DESCRIPTION

A. (X) 01 TANK () 04 OTHER:		CONTAINER NUMBER 1	
B. MANUFACTURER (IF APPROPRIATE): UNKNOWN		YEAR MFG:	C. YEAR INSTALLED (X) UNKNOWN
D. CONTAINER CAPACITY: 10000 GALLONS () UNKNOWN	E. DOES THE CONTAINER STORE: () 01 WASTE (X) 02 PRODUCT		
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? (X) 01 YES () 02 NO IF YES CHECK APPROPRIATE BOX(ES): (X) 01 UNLEADED () 02 REGULAR () 03 PREMIUM () 04 DIESEL () 05 WASTE OIL () 06 OTHER			

V CONTAINER CONSTRUCTION

A. THICKNESS OF PRIMARY CONTAINMENT: () GAUGE () INCHES () CM (X) UNKNOWN			
B. () 01 VAULTED (LOCATED IN AN UNDERGROUND VAULT) (X) 02 NON-VAULTED () 03 UNKNOWN			
C. () 01 DOUBLE WALLED (X) 02 SINGLE WALLED () 03 LINED			
D. (X) 01 CARBON STEEL () 02 STAINLESS STEEL () 03 FIBERGLASS () 04 POLYVINYL CHLORIDE () 05 CONCRETE () 06 ALUMINUM () 07 STEEL CLAD () 08 BRONZE () 09 COMPOSITE () 10 NON-METALLIC () 12 UNKNOWN () 13 OTHER:			

CONTAINER CONSTRUCTION

E. 01 RUBBER LINED 02 ALKYD LINING 03 EPOXY LINING 04 PHENOLIC LINING 05 GLASS 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
(CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

B. UNDERGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
(CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

VII LEAK DETECTION

01 VISUAL 02 STOCK INVENTORY 04 VAPOR SNIFF WELLS 05 SENSOR INSTRUMENT
 06 GROUND WATER MONITORING WELLS 07 PRESSURE TEST 09 NONE 10 OTHER:

VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS

IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CAS# (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM? 01 YES 02 NO

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

PERSON FILING (SIGNATURE)

PHONE W/AREA CODE

FOR LOCAL AGENCY USE ONLY

ADMINISTRATING AGENCY		CITY CODE		COUNTY CODE	
CONTACT PERSON			PHONE W/AREA CODE		
DATE OF LAST INSPECTION	IN COMPLIANCE <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	PERMIT APPROVAL DATE	TRANSACTION DATE	LOCAL PERMIT ID #	

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) <i>14th & MADISON ASSOCIATES</i>			
Street Address <i>160 14th ST</i>	City <i>OAKLAND</i>	State <i>CA</i>	ZIP <i>94612</i>

II Facility

Facility Name <i>REMOVED</i>		Dealer/Foreman/Supervisor	
Street Address <i>5/86 BY MOBIL OIL CORP (Previous owner)</i>		Nearest Cross Street	
City		County	ZIP
Mailing Address			
Phone w/area code		Type of Business <input type="checkbox"/> 01 Gasoline Station	
NUMBER OF CONTAINERS AT THIS FACILITY	Rural Areas Only:	Township	Range

4/29/88

*Former Gas station
160 - 14th St.
Oakland 94612
who gave them to me
and when is the subject
went from.*

III 24 Hour Emergency Contact Person

Days Name (last name first) and Phone w/area code	Nights Name
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COMPLETE THE FOLLOWING ON A SEPARATE

IV Description

A. <input type="checkbox"/> 01 Tank <input type="checkbox"/> 02 Other: _____	
B. Manufacturer (if appropriate): _____ Year of Mfg.: _____	
D. Container Capacity: _____ gallons <input type="checkbox"/> Unknown	E. Does the Container Store (Check One): <input type="checkbox"/> 01 Waste <input type="checkbox"/> 02 Product
F. Does the Container Store Motor Vehicle Fuel or Waste Oil? <input 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 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 type="checkbox"/> Unknown
B. <input type="checkbox"/> 01 Vaulted (Located in an underground Vault.) <input 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 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: _____

APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

01 NEW PERMIT 05 RENEWED PERMIT 07 TANK CLOSED 09 DELETE FROM FILE (NO FEE)
 02 CONDITIONAL PERMIT 06 AMENDED PERMIT 08 MINOR CHANGE (NO SURCHARGE)

I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) MOBIL OIL CORPORATION			PUBLIC AGENCY ONLY <input type="checkbox"/> 01 FED <input type="checkbox"/> 02 STATE <input type="checkbox"/> 03 LOCAL		
STREET ADDRESS 612 SO. FLOWER STREET		CITY LOS ANGELES		STATE CA	ZIP 90017

II FACILITY

FACILITY NAME MOBIL SERVICE STATION		DEALER/FOREMAN/SUPERVISOR RODNEY KWAN			
STREET ADDRESS 160-14TH ST.		NEAREST CROSS STREET MADISON			
CITY OAKLAND		COUNTY ALAMEDA		ZIP 94612	
MAILING ADDRESS 160-14TH ST.		CITY OAKLAND		STATE CA	ZIP 94612
PHONE W/AREA CODE 415-839-7264		TYPE OF BUSINESS <input checked="" type="checkbox"/> 01 GASOLINE STATION <input type="checkbox"/> 02 OTHER			
NUMBER OF CONTAINERS 4	RURAL AREAS ONLY :	TOWNSHIP	RANGE	SECTION	

III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE KWAN, ROD 415-839-7264		NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE ENGINEERING CENTER 213-583-6571	
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COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV DESCRIPTION

A. <input checked="" type="checkbox"/> 01 TANK <input type="checkbox"/> 04 OTHER:		CONTAINER NUMBER 3	
B. MANUFACTURER (IF APPROPRIATE): UNKNOWN		YEAR MFG:	C. YEAR INSTALLED <input checked="" type="checkbox"/> UNKNOWN
D. CONTAINER CAPACITY: 6000 GALLONS <input type="checkbox"/> UNKNOWN	E. DOES THE CONTAINER STORE: <input type="checkbox"/> 01 WASTE <input type="checkbox"/> 02 PRODUCT		
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? <input 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 type="checkbox"/> 04 DIESEL <input type="checkbox"/> 05 WASTE OIL <input type="checkbox"/> 06 OTHER			

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"/> 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
 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
 (CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

B. UNDERGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
 (CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

VII LEAK DETECTION

01 VISUAL 02 STOCK INVENTORY 04 VAPOR SNIFF WELLS 05 SENSOR INSTRUMENT
 06 GROUND WATER MONITORING WELLS 07 PRESSURE TEST 09 NONE 10 OTHER:

VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS

IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CAS# (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM? 01 YES 02 NO

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

PERSON FILING (SIGNATURE) _____ PHONE W/AREA CODE _____

FOR LOCAL AGENCY USE ONLY

ADMINISTRATING AGENCY		CITY CODE	COUNTY CODE
CONTACT PERSON		PHONE W/AREA CODE	
DATE OF LAST INSPECTION	IN COMPLIANCE <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	PERMIT APPROVAL DATE	TRANSACTION DATE
			LOCAL PERMIT ID #