

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 ENVIRONMENTAL PROTECTION DIVISION
 1131 HARBOR BAY PARKWAY RM250
 ALAMEDA, CALIFORNIA 94502-6577
 PHONE # 510/567-6700
 FAX # 510/337-9335

Plan approved
 SEE ATTACHMENT
 DATED APRIL 20, 1995

ACCEPTED

DEPARTMENT OF ENVIRONMENTAL HEALTH

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These plans have been reviewed and found to be acceptable and essentially meet the requirements of State and local health laws. Changes to your plans indicated by this Department are to assure compliance with State and local laws. The permit approval has been released for issuance of a permit for the proposed permits for construction.

It is the responsibility of the contractor on the job and the contractor's superintendent and craftsmen involved with the project to follow these instructions.

As plans and specifications of these plans and specifications must be submitted to this Department and to the Fire and Building Department to determine if such plans meet the requirements of State and local laws. Notify the Department at least 48 hours prior to the following required inspections:

- Pressure Test
- Pre-Covering of Tank and Piping
- Final Inspection

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

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS.

Project Specialist: _____

UNDERGROUND TANK INSTALLATION PLAN

* * * Complete according to attached instructions * * *

1. Business Name PACIFIC GAS + Electric Co. Oak Point Service Center
 Business Owner PACIFIC GAS + Electric Co.
2. Site Address 4801 OAK POINT ST.
 City OAKLAND CA Zip 94601 Phone (510) 437-2099
3. Mailing Address 4801 OAK POINT ST
 City OAKLAND CA. Zip 94601 Phone 510-437-2099
4. Land Owner PACIFIC GAS + Electric Co.
 Address 123 Mission St
 City, State SAN FRANCISCO CA. Zip 94177

5. Tank Information: Note: any special treatment to prevent corrosion, details of cathodic protection, piping coatings, and any special or unique equipment not otherwise noted. 15 gallon minimum overflow protection is required. Attach appropriate manufacturer brochures and instructions for clarity.

Manufacturer	Model	Size (gal.)	Material/Design	Contents
EBW	71547101	15 GAL		
EmcoWhentco	A1003008	5 GAL		
Monitoring Eq*	Model	Manual/Auto	line leak Detect	Monitoring Meth
Veeder Root	725350	Auto		

* a copy of the manufacturer's brochure must be submitted with tank installation diagrams. It must show test methods and procedures.

6. Contractor ALLWASTE TRANSPORTATION & REMEDIATION INC.
Address P.O. Box 2327
City DASO ROBLES CA. Phone (408) 627-2595
License Type* A ID# 534002

*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. Submit Worker's Compensation Certificate copy

Name of Insurer ALEXANDER & ALEXANDER OF TEXAS INC.

8. Contact person for installation STAN SABLISKY

Phone (408) 627-2595 Title PROJECT MAN.

9. Submit 3 set of scaled Blue Prints: consisting of detailed engineering descriptions of the installation and must include the following information:

- a) North Arrow, property Lines, location of all structures;
- b) plan views and elevations of tanks, piping runs, and dispensers, as well as schematics of all appurtenant equipment and monitoring devices to be installed, utilities;
- c) Existing wells (drinking, monitoring, etc.);
- d) Depth to ground water; and
- e) All existing tanks and piping in addition to the ones being installed/modified.
- f) electrical and wiring diagrams, including emergency shutoff.
- g) installation specifications and construction standards to be followed.

10. Enclose Deposit:

A deposit, payable to "County of Alameda" for the amount indicated on the Alameda County Underground Storage Tank Fee Schedule, must accompany the plans. The time spent on the project will be charged on an hourly basis at the current service rate. Any refund at the conclusion of the project will be refunded to the owner or his/her designee.

* One complete copy of your approved plan must be at the construction site at all times; a copy of your approved plan must also be sent to the landowner.

11. Of the three sets of plans submitted, two will be returned after review and approval. Next you must contact the appropriate fire and building departments for any required permits. You must schedule at least 3 days in advance for the following inspections: piping inspection prior to covering, and final inspection prior to operating. A precision test will be required on the system to assure it does not leak. Any questions or problems should be referred directly to the specialist assigned to your project.

12. Blank Unauthorized Leak/Contamination Site Report forms may be obtained in limited quantities from our office and from the San Francisco Bay Regional Water Quality Control Board (510/286-1255). Larger quantities may be obtained directly from the State Water Resources Control Board at (916) 227-4352.
13. As-built plans are to be submitted within 30 days of completion. Permit Application Forms A, B, and C are to be submitted and fees paid prior to operation of the tank(s).
14. A written monitoring plan must be submitted prior to the operation of the tank(s) and prior to the issuance of a permit.

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

15. These instructions do not apply in the city limits of Fremont, Newark, Union City, Hayward, Pleasanton, Berkeley, or San Leandro as they are the Local Implementing Agencies for the underground storage tank regulatory program.

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 installation 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) AHLEWASTE TRANS + Remediation INC

Signature John DeBorja (Project Manager)

Date 8-4-95

Signature of Site Owner or Operator

Name (please type) _____

Signature _____

Date _____