

ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION
DEPOSIT / REFUND ACCOUNT SHEET

printed 03/20/95

SITE INFORMATION

B A S F Corp.
1545 Willow St
Oakland 94607
Site Contact: Butch Madden
Site Phone : 451-3330

StID: 278 Site#: 761
PROJECT#: 761A
PROJECT TYPE: M
INSP: clerical
ACCT. SHEET PG #: _____

PROPERTY OWNER INFORMATION

PAYOR INFORMATION

Owner Contact:
Owner Phone :

Western Properties Broker
31285 San Clemente St.
Hayward CA 94544 #713
Payor Contact:
Payor Phone :

Date	Action Taken	Time		Hours Spent/Depstd	Hour Balnce	Money Spent/Depositd	Money Balance
		In	Out				
	Balance from Prev. Page	.....	.....	.....	.....	.....	.....
	Rcpt# 668939						
03/01/93	Deposit of \$1,000.00 @ \$90/hour			+11.11			
3-22-90	review, review ULR @ 56/hr			0.5			
3-26-90	review, file ULR @ 56/hr.			0.5			
10-2-92	review file, well, letter @ 56/hr.			1.0			
11-6-92	review file, lab notes @ 56/hr.			1.0			
2-22-93	Spoke w/ Mike Kuro @ 75/hr.			0.5			
2-25-93	review file, lab, notes @ 75/hr.			1.0			
3-5-93	review 2-26-93 workplan @ 75/hr.			1.0			
3-8-93	Admin @ 75/hr.			0.5			
	Zero balance the account & close						

UPON COMPLETION OF PROJECT

PROJ COMPLETED BY : Thomas Deane ATTACH: State Forms A, B & C
 Billing Adjustment*
DATE OF COMPLETION : 3-20-95 DATE SENT TO BILLING: _____
TOTAL COST OF PROJECT: _____ REFUND AMOUNT: _____ Rev. 1/93

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY

DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, Assistant Agency Director

Please contact me at 510.567.6781 if you have any questions regarding this issue.

Sincerely,

DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Division
80 Swan Way, Rm. 200
Oakland, CA 94621
(510) 271-4320

Robert Weston
Senior Hazardous Materials Specialist

cc: Bill Reynolds, East Team Manager
Larry Blazer, Alameda County District Attorney's Office

APPLIED REMEDIAL SERVICES
GENERAL ACCOUNT
7940 CAPWELL DR (510) 430-8709
OAKLAND, CA 94621

1131

11-35/1210

APR 27 1994

PAY TO THE ORDER OF Alameda County Dept. of ENV. Health \$ 750.00
Seven hundred & fifty DOLLARS

Bank of America
Oakland Industrial Center Branch 0562
P.O. Box 2589
Oakland, CA 94614

BASF - oversight fees

⑈001131⑈ ⑆21000358⑆ 05627⑈03562⑈

REF./ A/C NO. Mid

COUNTY OF ALAMEDA
OFFICE OF THE AUDITOR-CONTROLLER

DATE: 04/28/94

STID # 278
NO: 725593 M.L.

MISCELLANEOUS RECEIPT

\$ 750.00
DOLLARS

RECEIVED FROM: Applied Remedial Serv. 7940 Capwell Dr. (430-8709) Oakland 94621
FOR: BASF Corp.
1545 Willow St., Oakland CA 94607
RECEIVED BY: Juliette D'Arcy DEPT. NO.: 430-4530.

CASH PERSONAL/CASHIER'S CHECK/M. O. # 1131 OTHER:

BLMYER
ENGINEERS, INC.



June 7, 1993
BEI Job No. 93086

Mr. Don Hwang
Alameda County Department of Environmental Health
Hazardous Materials Division
Site Search
80 Swan Way #200
Oakland, CA 94621
VIA Facsimile

Subject: Request for file review
Zip Code 94607, Oakland, California

Dear Mr. Hwang:

Blymyer Engineers has been retained to perform an environmental site assessment of a property located at 1695 15th Street, in Oakland California. We are interested in reviewing files on the following sites for information pertaining to potential or existing soil and groundwater contamination:

1600 to 1800 15th Street
1300 to 1700 Campbell Street
1300 to 1700 Willow Street

94607
LOP
—
—
—
13671545
—
—
—
UST

Blymyer Engineers understands that there is an hourly charge for this service and authorizes up to \$200.00 in expenses. Please feel free to call me if you have any questions. Thank you for your assistance.

Sincerely,

Blymyer Engineers, Inc.


Michael Katz
Environmental Specialist

**Alameda County Department of Environmental Health
Hazardous Materials Division**

80 Swan Way, Rm. 200, Oakland, CA 94621
Ph: 510-271-4320

BILLING FOR SERVICES

SHD#

A. Site Name GENSTAR BASE / INMONT BLYMYER Phone

Site Address 1367 WILLOW OAKLAND 94607
(If no address, description of area) 1545 WILLOW OAKLAND 94607
Number Street City Zip

Prior Business Name Prior Owner's Name

B. Service Requestor MINE KATZ BLYMYER ENGINEERS
Contact Person Company Name Phone

Billing Address 1829 CLEMENT AVE, ALAMEDA 94501-1396
Number Street City Zip

<u>Category of Service</u>		#Hours	x \$	=	\$
<input checked="" type="checkbox"/> Site Search		<u>1</u>	x \$ <u>75/Hr</u>	=	\$ <u>75</u>
<input type="checkbox"/> File Search		.....	x \$	=	\$
<input type="checkbox"/> Other .....		.....	x \$	=	\$
				TOTAL CHARGE: \$ <u>75</u>	

REMARKS:

.....

.....

.....

.....

.....

You will receive an invoice in accordance with Article 11 of Chapter 6, Title 3 of the Ordinance Code of Alameda County

Service Requestor Michael T. Katz Date 6/8/93
printed name signature

HazMat Specialist DON HUANG Date 6/8/93
printed name signature

6/2/97
left message for
Susan re: whether or not
to close out this project

4/3/97
Susan,
Since there are no
tank results/closure
report I left this case
open

P.

\$99 balance

UST REMOVAL
~~#~~ 727 PINE
⇒ TO OFD

white -env.health
yellow -facility
pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

1131 Harbor Bay Pkwy
Alameda CA 94502
510/567-6700

Hazardous Materials Inspection Form

II, III

Site ID # 4647 Site Name CAL TRANS / Former Fire Station #3 Today's Date 10/20/95

Site Address 727 PINE STREET

City OAKLAND Zip 94607 Phone _____

____ MAX AMT stored > 500 lbs, 55 gal., 200 cft.?

Inspection Categories:

____ I. Haz. Mat/Waste GENERATOR/TRANSPORTER

____ II. Hazardous Materials Business Plan, Acutely Hazardous Materials

III. Under ground Storage Tanks

* Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

Comments:

1 UST removed Junk's number = Erickson #616258495416

1000 gal fiberglass - dross Junk's manifest = 955 92442

LEL = 0.1% O2 = 7.0%

Oakland Fire Dept (Inspector William Cody) not present requested the ACEH to oversee tank's removal.

The tank appeared to be in good shape.

one soil sample collected fr. each end of the tank

a monitoring well was located near the tank area.

Stockpiled soil generated from the tank's removal must be characterized for disposal.

The dispenser was removed. One soil sample underneath the dispenser collected.

All piping associated with the tank must be removed, & samples collected (one per 20 linear ft).

North soil sample appeared to have strong discoloration

South soil sample appeared not to have strong discoloration, compared to north sample.

Contact OLA BALOGUN

Title Engineers

Signature [Signature]

Inspector SUSAN L. HUGO

Signature [Signature]

II, III

white - env. health
yellow - facility
pink - files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

1131 Harbor Bay Pkwy
Alameda CA 94502
510/567-6700

Hazardous Materials Inspection Form

II, III

Site ID # 4847 Site Name Oak Trans / Former Fire Station # 2 Today's Date 10/26/95

Site Address 727 PINE STREET

City OAKLAND Zip 94607 Phone _____

____ MAX AMT stored > 500 lbs, 55 gal., 200 cft.?

Inspection Categories:

- I. Haz. Mat/Waste GENERATOR/TRANSPORTER
 II. Hazardous Materials Business Plan, Acutely Hazardous Materials
 III. Under ground Storage Tanks

* Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

Comments:

1 UST removed Site's manifest = 955 924 42
1000 gal fiberglass - diesel
LER = 01% O2 = 7.0%
Oakland Fire Dept (Inspector Robert May) not present - required
the ACPH to remove tank's contents.
The tank appeared to be in good shape.
One soil sample collected for each end of the tank.
A protective wall was located near the tank.
toxicity self reported from the tank's contents must
be characterized for disposal.
The reservoir was removed. One soil sample collected with
the debris was collected.
All debris removed with the tank. 4 soil samples
collected (one from the tank)
North soil sample appeared to have heavy contamination
South soil sample appeared to have heavy contamination
Compared to north sample.

Contact OLA BALDWIN
Title Engineers
Signature [Signature]

Inspector BRIAN L. HENNING
Signature [Signature]

II, III

SUSAN L. AUGO

Project Specialist

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
DEPARTMENT OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL PROTECTION DIVISION
1131 HARBOR BAY PARKWAY, RM 250
ALAMEDA, CA 94502-6577
PHONE # 510/567-6700
FAX # 510/337-9335

R

ACCEPTED
Underground Storage Tank Closure Permit Application
Alameda County Division of Hazardous Materials
80 Swan Way, Suite 200,
Oakland, CA 94621
Telephone: (510) 271-2339

These plans/operational plans have been received and found to comply with all applicable laws and regulations of State and Federal Health Laws. Closure to your closure plans indicated by the Department are to assure compliance with State and Federal laws and regulations. A copy of the permit is now retained for signature of any other building permits for construction/alteration.

It is the Department's policy that all contractors and craftsmen involved with the removal of tanks and/or operations of these plans and specific plans must be approved by this Department and to the Fire and Building Inspections Department to determine if such changes meet the requirements of State and local laws.

RECEIVED
JUN 28 1995

KASLER CORPORATION

Alberte
7-21-95

*THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS

*Please note
Changes made
on pages 1 to 5
8/22/95

UNDERGROUND TANK CLOSURE PLAN

*** Complete according to attached instructions ***

- Name of Business Fire Station No. 3
Business Owner or Contact Person (PRINT) Victor Salazar
- Site Address 727 Pine Street.
City Oakland Zip CA 94607 Phone _____
- Mailing Address 1545 Willow Street
City Oakland Zip CA 94607 Phone (510) 286-1366
- Property Owner California Department of Transportation
Business Name (if applicable) _____
Address 1545 Willow Street
City, State Oakland Zip CA 94607
- Generator name under which tank will be manifested
CALTRANS

EPA ID# under which tank will be manifested CA 4000121633

CAE 001105 040

rev 4/6/95

* Fire extinguishers to be at the site at all times.

* A copy of the Health & Safety Plan must be at the site at all times

6. Contractor CECON CAL - ENZIR
 Address 1517 PALMETTO AVENUE, SUITE 4
 City Pacifica, CA 94044 Phone (415) 738-1115
 License Type* A ✓, Haz ID# 589926 Exp 3/21/96 ✓
CALIFORNIA ENVIRONMENTAL ENGINEER
 *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. Contractor

7. Consultant (if applicable) OGISO Environmental - Ola Balogun
 Address 387 17th Street, Suite 210
 City, State Oakland, CA 94612 Phone (510) 452-0246

8. Main Contact Person for Investigation (if applicable)
 Name OLA BALOGUN Title _____
 Company _____
 Phone _____

9. Number of underground tanks being closed with this plan 1
 Length of piping being removed under this plan →
 Total number of underground tanks at this facility (**confirmed with owner or operator) 1

10. State Registered Hazardous Waste Transporters/Facilities (see instructions).

**** Underground storage tanks must be handled as hazardous waste ****

a) Product/Residual Sludge/Rinsate Transporter
 Name Loyal Moore Trucking EPA I.D. No. 0AR 000001859
 Hauler License No. 182124 License Exp. Date Feb 1996
 Address 410 Kennedy Street
 City Oakland State CA Zip 94606

b) Product/Residual Sludge/Rinsate Disposal Site
 Name ECDC Landfill Emergreen EPA ID# _____
 Address Emergreen?
 City _____ State Utah Zip _____

c) Tank and Piping Transporter

Name Loyal Moore Trucking ✓ EPA I.D. No. _____
Hauler License No. 182124 License Exp. Date Feb 1996
Address 410 Kennedy Street
City Oakland State CA Zip 94606

d) Tank and Piping Disposal Site

Name ~~ECDC Landfill~~ HEH ? Erickson EPA I.D. No. _____
Address ~~not Schwitzer Steel?~~ 444-3919 Steve Blackman
City _____ State Utah Zip _____

11. Sample Collector

Name Ola balogun ✓
Company OGI/ISO Environmental
Address 387 17th Street, Suite 210
City Oakland State CA Zip 94612 Phone (510) 452-0246

12. Laboratory

Name Sparger Technology, Inc.
Address 3050 Fite Circle, Suite 112
City Sacramento State CA Zip 95827
State Certification No. 1614

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

If yes, describe. _____

14. Describe methods to be used for rendering tank(s) inert.

15 lb dry ice per 1000 gal UST.

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 permanently plugged.

The Bay Area Air Quality Management District, 415/771-6000, along with local Fire and Building Departments, must also be contacted for tank removal permits. Fire departments typically require the use of a combustible gas indicator to verify tank inertness. It is the contractor's responsibility to bring a working combustible gas indicator on-site to verify that the tank is inert.

15. Tank History and Sampling Information *** (see instructions) ***

Tank		Material to be sampled (tank contents, soil, groundwater)	Location and Depth of Samples
Capacity	Use History include date last used (estimated)		
1000 gal	Unknown diesel	soil (+ gw if encountered)	2' below bottom of USTs.

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

Soil sample must be collected underneath the dispenser.

Excavated/Stockpiled Soil

<p>Stockpiled Soil Volume (estimated)</p>	<p align="center">Sampling Plan</p> <p><i>1 discrete sample per 50 yd³ if soil is to be reused OR as per landfill</i></p>
--------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------

Stockpiled soil must be placed on bermed plastic and must be completely covered by plastic sheeting.

Will the excavated soil be returned to the excavation immediately after tank removal? [] yes [] no [~~X~~] unknown

If yes, explain reasoning *wait for lab results*

If unknown at this point in time, please be aware that excavated soil may not be returned to the excavation without prior approval from Alameda County. This means that the contractor, consultant, or responsible party must communicate with the Specialist IN ADVANCE of backfilling operations.

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.

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

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit
<p><i>TPH d</i> <i>BTEX</i></p>	<p><i>3550</i></p>	<p><i>GCPLD</i> <i>8020 or 8240</i></p>	

18. Submit Worker's Compensation Certificate copy

Name of Insurer State 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 written report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report (ULR) form.

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

23. Submit State (Underground Storage Tank Permit Application) Forms A and B (one B form for each UST to be removed) (mark box 8 for "tank removed" in the upper right hand corner)

I declare that to the best of my knowledge and belief that 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 approval from the Environmental Protection Division 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.

CONTRACTOR INFORMATION

Name of Business OGISO Environmental

Name of Individual Dr. Ola Balogun

Signature *[Signature]* Date June 27, 1995

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business CALTRANS

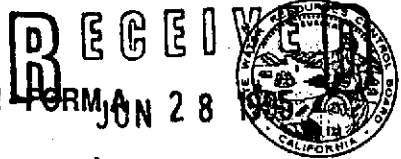
Name of Individual VICTOR SALAZAR

Signature *Victor Salazar* Date 7-5-95

TANK REMOVED 10/20/95

Stacy

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
UNDERGROUND STORAGE TANK PERMIT APPLICATION FORM



COMPLETE THIS FORM FOR EACH FACILITY/SITE

MARK ONLY ONE ITEM	<input checked="" type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY SITE CLOSURE

KASLER CORPORATION

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

DRA OR FACILITY NAME FIRE STATION		NAME OF OPERATOR	
ADDRESS 727 Pine Street		NEAREST CROSS STREET	PARCEL # (OPTIONAL)
CITY NAME Oakland		STATE CA	ZIP CODE 94607
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> LOCAL-AGENCY DISTRICTS* <input type="checkbox"/> COUNTY-AGENCY* <input checked="" type="checkbox"/> STATE-AGENCY* <input type="checkbox"/> FEDERAL-AGENCY*		* If owner of UST is a public agency, complete the following: name of Supervisor of division, section, or office which operates the UST Abandoned Fire Station	
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 1
		E. P. A. I. D. # (optional)	

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) Clement Okoh	PHONE # WITH AREA CODE (408) 245-9801	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST) OKOH, Clement	PHONE # WITH AREA CODE (408) 245-9801	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME Caltrans/City of Oakland		CARE OF ADDRESS INFORMATION	
MAILING OR STREET ADDRESS 1545 Willow Street		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY <input checked="" type="checkbox"/> STATE-AGENCY <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY	
CITY NAME Oakland		STATE CA	ZIP CODE 94607
		PHONE # WITH AREA CODE (510) 286-1431	

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER Fire station		CARE OF ADDRESS INFORMATION	
MAILING OR STREET ADDRESS 727 Pine street		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY	
CITY NAME Oakland		STATE CA	ZIP CODE 94607
		PHONE # WITH AREA CODE	

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 322-9669 if questions arise.

TY (TK) HQ **44-** [] [] [] [] [] [] [] []

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. II. III.

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

OWNER'S NAME (PRINTED & SIGNED) CALTRANS Victor Salgan	OWNER'S TITLE R.E.	DATE MONTH/DAY/YEAR 7-5-95
------------------------------------------------------------------	------------------------------	--------------------------------------

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.
OWNER MUST FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

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 checked="" 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 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: _____

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: 1,000 G

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

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL <input checked="" type="checkbox"/> 2 PETROLEUM <input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 4 OIL <input type="checkbox"/> 80 EMPTY <input type="checkbox"/> 95 UNKNOWN	B. <input 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)	<input type="checkbox"/> 6 AVIATION GAS <input type="checkbox"/> 7 METHANOL
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	A U 1 SUCTION	A <u>U</u> 2 PRESSURE	A U 3 GRAVITY	A U 99 OTHER
B. CONSTRUCTION	A <u>U</u> 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH	A U 95 UNKNOWN A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A U 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING	A U 8 100% METHANOL COMPATIBLE W/FRP
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A U 95 UNKNOWN	A U 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"/>
-----------------------------------------------	------------------------------------------------------------	--------------------------------------------------------------------------------------------------

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) VICTOR SALAZAR <i>Victor Salazar</i> FOR CALTRANS	DATE 7-5-95
-------------------------------------------------------------------------------------------------	--------------------

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	

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED.
FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

ALAMEDA COUNTY ENVIRONMENTAL PROTECTION DIVISION

DECLARATION OF SITE ACCOUNT REFUND RECIPIENT

There may be excess funds remaining in the Site Account at the completion of this project. The PAYOR (person or company that issues the check) will use this form to predesignate another party to receive any funds refunded at the completion of this project. In the absence of this form, the PAYOR will receive the refund.

SITE INFORMATION:

Site ID Number
(if known)

Fire Station No. 3

Name of Site

727 Pine Street

Street Address

Oakland, CA 94607

City, State & Zip Code

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

OGISO REnvironmental

Name

387 17th Street, Suite 210

Street Address

Oakland, CA 94612

City, State & Zip Code


Signature of Payor

June 27, 1995
Date

O/A BALOGUN
Name of Payor
(PLEASE PRINT CLEARLY)

Company Name of Payor

RETURN FORM TO:

County of Alameda, Environmental Protection
1131 Harbor Bay Parkway, Rm 250
Alameda CA 94502-6577
Phone#(510) 567-6700

SH
FILE OR

PER NO.]

2

ENVELOPE

No. of

PLAN REVIEW

\$ 603.00

Rec'd.

By

Date

7-7-95

No.

Plans Rec'd.

Plans Approved

Layout Made

Rejected

Applicant Notified

Plans Returned

Permit Issued

CONSTRUCTION PROGRESS ACCEPTANCE

Pre-Plaster/drywall

Pre-Final

Final

POOL

EXCAVATION

FINAL

OTHER

By

Date

Pre-Concrete/Gunite

Pre-Plaster

Final

Septic Tank

Absorption Field

Absorption Bed

House Sewer

Septic Tank

Absorption Field

Absorption Bed

U.G. TANKS

Pre-Covering

Final

OWNER Fire Station #3

Address 727 Pine St

Call Home 94607 Phone

Contractor

Address

Phone

OTHER (Specify) Victor Salazar

Address 286-1366 Cal Trase

Phone

CONTACT FOR INVESTIGATION

XR

REMARKS

LOCATION

Date

By

REMARKS

Date

By

Vicinity Map

Stid ~~727~~ 4047

Receipt 759446

#603.00

6/2/97 PSmith

Project 3446A debited voice mail to Susan as to whether to close out dep/ref acct or not.



10/20/95

727 PINE ST.

Diesel tank