



FORM 'A':  
SITE

UNDERGROUND STORAGE TANK PROGRAM  
FACILITY/SITE, INFORMATION and/or PERMIT APPLICATION

COMPLETE THIS FORM FOR EACH FACILITY/SITE

Nº 3498

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)

FACILITY/SITE NAME <i>Frank Sanchez Trucking</i>		CARE OF ADDRESS INFORMATION <i>David Sanchez</i>		
ADDRESS <i>2100 Carden St.</i>		NEAREST CROSS STREET	<input checked="" type="checkbox"/> Box to indicate <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> COUNTY-AGENCY
CITY NAME <i>San Leandro</i>		STATE <b>CA</b>	ZIP CODE <i>94577</i>	SITE PHONE #, WITH AREA CODE <i>(415)794-5141</i>
TYPE OF BUSINESS: <input type="checkbox"/> 1 GAS STATION	<input type="checkbox"/> 2 DISTRIBUTOR	<input type="checkbox"/> 4 PROCESSOR	<input checked="" type="checkbox"/> Box if INDIAN RESERVATION or TRUST LANDS	EPA ID # <i>CAC000506208</i>
<input type="checkbox"/> 3 FARM	<input type="checkbox"/> 5 OTHER			# of TANK's AT THIS SITE <b>1</b>
EMERGENCY CONTACT PERSON (PRIMARY)		EMERGENCY CONTACT PERSON (SECONDARY)		
DAYS: NAME (LAST, FIRST) <i>Frank Sanchez</i>		PHONE # WITH AREA CODE <i>(415)562-1960</i>		DAYS: NAME (LAST, FIRST) <i>Linda Sanchez</i>
NIGHTS: NAME (LAST, FIRST) <i>Frank Sanchez</i>		PHONE # WITH AREA CODE <i>(415)683-8804</i>		NIGHTS: NAME (LAST, FIRST) <i>Linda Sanchez</i>
		PHONE # WITH AREA CODE <i>(415)683-8804</i>		PHONE # WITH AREA CODE <i>(415)683-8804</i>

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

NAME <i>Manual Senna</i>		CARE OF ADDRESS INFORMATION		
MAILING or STREET ADDRESS <i>15741 Via Arroya</i>		<input checked="" type="checkbox"/> Box to indicate <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> COUNTY-AGENCY	<input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> FEDERAL-AGENCY
CITY NAME <i>San Lorenzo</i>		STATE <b>Ca.</b>	ZIP CODE <i>94580</i>	PHONE #, WITH AREA CODE <i>(415)357-6282</i>

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

NAME <i>Manual Senna</i>		CARE OF ADDRESS INFORMATION		
MAILING or STREET ADDRESS <i>15741 Via Arroya</i>		<input checked="" type="checkbox"/> Box to indicate <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> COUNTY-AGENCY	<input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> FEDERAL-AGENCY
CITY NAME <i>San Lorenzo</i>		STATE <b>Ca.</b>	ZIP CODE <i>94580</i>	PHONE #, WITH AREA CODE <i>(415)357-6282</i>

IV. LEGAL NOTIFICATION AND BILLING ADDRESS

CHECK ONE (1) BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR BOTH LEGAL NOTIFICATION 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.

APPLICANT'S NAME (PRINTED & SIGNATURE) <i>JEFF FARHOOMAND Jeff Farhoomand</i>	DATE <i>8-14-90</i>
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LOCAL AGENCY USE ONLY

COUNTY # <b>01</b>	JURISDICTION # <b>007</b>	AGENCY #	FACILITY ID # <b>45746</b>	# of TANKS at SITE <b>1</b>
CURRENT LOCAL AGENCY FACILITY ID #		APPROVED BY NAME <i>M. Beholdi</i>		PHONE # WITH AREA CODE <i>(415)577-3331</i>
PERMIT NUMBER	PERMIT APPROVAL DATE	PERMIT EXPIRATION DATE		
LOCATION CODE	CENSUS TRACT #	SUPERVISOR-DISTRICT CODE	BUSINESS PLAN FILED YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE FILED
CHECK #	PERMIT AMOUNT	SURCHARGE AMOUNT	FEE CODE	RECEIPT # BY:

THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE TANK PERMIT FORM 'B' APPLICATION(S), UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY.  
FORM A (3-2-88)

LOCAL AGENCY COPY



FORM 'B':  
TANK

UNDERGROUND STORAGE TANK PROGRAM  
TANK PERMIT APPLICATION INFORMATION

COMPLETE A SEPARATE FORM WITH THE FOLLOWING INFORMATION FOR EACH TANK.

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 TANK
	<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
FACILITY/SITE NAME WHERE TANK IS INSTALLED:				FARM TANK - YES <input type="checkbox"/> NO <input type="checkbox"/>

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

A. OWNERS TANK ID #	B. MANUFACTURED BY:
C. YEAR INSTALLED	D. TANK CAPACITY IN GALLONS: 10000gallon

II. TANK CONTENTS IF (A.1), IS MARKED, COMPLETE ITEM C. IF (A.1), IS NOT MARKED, COMPLETE ITEM D.

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 2 PETROLEUM	B. <input type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1 UNLEADED	<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 3 DIESEL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 4 OIL	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 5 HAZARDOUS	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 7 METHANOL	<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D, BELOW)	
D. IF NOT MOTOR VEHICLE FUEL, ENTER NAME OF HAZARDOUS SUBSTANCE STORED & C.A.S. #					C.A.S. #:

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

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALLED	<input type="checkbox"/> 3 SINGLE WALLED WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALLED	<input type="checkbox"/> 4 SECONDARY CONTAINMENT	<input type="checkbox"/> 99 OTHER
B. TANK MATERIAL	<input checked="" type="checkbox"/> 1 STEEL/IRON	<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"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
C. INTERIOR LINING	<input checked="" 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 type="checkbox"/> 4 PHENOLIC LINING
	<input type="checkbox"/> IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL?		<input type="checkbox"/> YES <input type="checkbox"/> NO
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input checked="" type="checkbox"/> 2 TAR OR ASPHALT	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
		<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND, U IF UNDERGROUND, BOTH IF APPLICABLE

A. SYSTEM TYPE	A <input checked="" type="radio"/> 1 SUCTION	A U <input type="radio"/> 2 PRESSURE	A U <input type="radio"/> 3 GRAVITY	A U <input type="radio"/> 91 NONE	A U <input type="radio"/> 95 UNKNOWN	A U <input type="radio"/> 99 OTHER
B. CONSTRUCTION	A <input checked="" type="radio"/> 1 SINGLE WALLED	A U <input type="radio"/> 2 DOUBLE WALLED	A U <input type="radio"/> 3 LINED TRENCH	A U <input type="radio"/> 91 NONE	A U <input type="radio"/> 95 UNKNOWN	A U <input type="radio"/> 99 OTHER
C. MATERIAL	A <input checked="" type="radio"/> 1 STEEL/IRON	A U <input type="radio"/> 2 STAINLESS STEEL	A U <input type="radio"/> 3 POLYVINYL CHLORIDE (PVC)	A U <input type="radio"/> 4 FIBERGLASS PIPE	A U <input type="radio"/> 91 NONE	
	A U <input type="radio"/> 5 ALUMINUM	A U <input type="radio"/> 6 CONCRETE	A U <input type="radio"/> 7 STEEL CLAD W/FRP	A U <input type="radio"/> 8 100% METHANOL COMPATIBLE FRP		
	A U <input type="radio"/> 9 GALVANIZED STEEL	A U <input type="radio"/> 95 UNKNOWN	A U <input type="radio"/> 99 OTHER			

V. LEAK DETECTION SYSTEM CIRCLE P FOR PRIMARY, OR S FOR SECONDARY, A PRIMARY LEAK DETECTION SYSTEM MUST BE CIRCLED.

P S <input type="checkbox"/> 1 VISUAL CHECK	P S <input type="checkbox"/> 2 INVENTORY RECONCILIATION	P S <input type="checkbox"/> 3 VADOSE WELLS	P S <input type="checkbox"/> 4 ELECTRONIC MONITOR	P S <input type="checkbox"/> 5 GROUND WATER MONITORING WELLS
P S <input type="checkbox"/> 6 PRECISION TESTING	P S <input type="checkbox"/> 7 PRESSURE TESTING	P S <input type="checkbox"/> 91 NONE	<input checked="" type="radio"/> S <input type="checkbox"/> 95 UNKNOWN	P S <input type="checkbox"/> 99 OTHER

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

1. ESTIMATED DATE LAST USED (MO/YR)	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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) TERR FARHOMAND	DATE 6-27-90
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LOCAL AGENCY USE ONLY

COUNTY # 01	JURISDICTION # 007	AGENCY #	FACILITY ID # 45746	TANK ID # 1
CURRENT LOCAL AGENCY FACILITY ID #		APPROVED BY NAME T. Sabal	PHONE # WITH AREA CODE (415) 577-3331	
PERMIT NUMBER	PERMIT APPROVAL DATE	PERMIT EXPIRATION DATE		
CHECK #	PERMIT AMOUNT	SURCHARGE AMT.	FEE CODE	RECEIPT #
BY:				

No 64825

## 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) FRANK SANCHEZ TRUCKING, INC.			PUBLIC AGENCY ONLY ( ) 01 FED ( ) 02 STATE ( ) 03 LOCAL		
STREET ADDRESS 2100 GARDEN STREET		CITY SAN LEANDRO	STATE CA	ZIP 94577	

## II FACILITY

FACILITY NAME FRANK SANCHEZ TRUCKING, INC.		DEALER/FOREMAN/SUPERVISOR			
STREET ADDRESS 1280 DOOLITTLE DRIVE		NEAREST CROSS STREET DAVIS STREET			
CITY SAN LEANDRO		COUNTY ALAMEDA		ZIP 94577	
MAILING ADDRESS 2100 GARDEN STREET		CITY SAN LEANDRO		STATE CA	ZIP 94577
PHONE W/AREA CODE 415-562-1960		TYPE OF BUSINESS ( ) 01 GASOLINE STATION (X) 02 OTHER TRUCKING CO.			
NUMBER OF CONTAINERS 1	RURAL AREAS ONLY :	TOWNSHIP	RANGE	SECTION	

## III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE SANCHEZ, DAVID A. 415-562-1960	NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE SANCHEZ, DAVID A. 415-562-1960 657-8489
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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):	YEAR MFG:	C. YEAR INSTALLED 1981 ( ) 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): ( ) 01 UNLEADED ( ) 02 REGULAR ( ) 03 PREMIUM (X) 04 DIESEL ( ) 05 WASTE OIL ( ) 06 OTHER		

## V CONTAINER CONSTRUCTION

A. THICKNESS OF PRIMARY CONTAINMENT: ( ) GAUGE ( ) INCHES ( ) CM (X) UNKNOWN		
B. (X) 01 VAULTED (LOCATED IN AN UNDERGROUND VAULT) ( ) 02 NON-VAULTED ( ) 03 UNKNOWN		
C. ( ) 01 DOUBLE WALLED ( ) 02 SINGLE WALLED ( ) 03 LINED		
D. ( ) 01 CARBON STEEL (X) 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 (X) 08 UNKNOWN ( ) 09 OTHER:

F. ( ) 01 POLYETHYLENE WRAP ( ) 02 VINYL WRAPPING ( ) 03 CATHODIC PROTECTION (X) 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 (X) 06 UNKNOWN ( ) 07 NONE

VII LEAK DETECTION

(X) 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)
( ) 01	( ) 02	( ) 03		
( ) 01	( ) 02	( ) 03		
( ) 01	( ) 02	( ) 03		
( ) 01	( ) 02	( ) 03		
( ) 01	( ) 02	( ) 03		
( ) 01	( ) 02	( ) 03		
( ) 01	( ) 02	( ) 03		
( ) 01	( ) 02	( ) 03		
( ) 01	( ) 02	( ) 03		
( ) 01	( ) 02	( ) 03		
( ) 01	( ) 02	( ) 03		
( ) 01	( ) 02	( ) 03		
( ) 01	( ) 02	( ) 03		
( ) 01	( ) 02	( ) 03		
( ) 01	( ) 02	( ) 03		

\* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM? ( ) 01 YES (X) 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) *[Signature]* PHONE W/AREA CODE 415-542-1968

FOR LOCAL AGENCY USE ONLY

ADMINISTRATING AGENCY <b>SAN LEANDRO FIRE DEPT.</b>		CITY CODE 01007	COUNTY CODE	
CONTACT PERSON <i>Joseph Ferrera/ma</i>		PHONE W/AREA CODE (415) 577-3318		
DATE OF LAST INSPECTION	IN COMPLIANCE ( ) 01 YES ( ) 02 NO	PERMIT APPROVAL DATE 4-14-86	TRANSACTION DATE 4-14-86	LOCAL PERMIT ID #

SAN LEANDRO FIRE DEPARTMENT  
Inspection Procedure Regarding  
UNDERGROUND TANK INSTALLATIONS  
(ABOVE-GROUND PUMP)

First Inspection:

1. Tank or tanks will be inspected by the Fire Department before any back filling operations are started.
2. For the purpose of lifting and handling, "cat eyes" must be welded to tanks.
3. Inspection of condition of tanks:
  - a. Damage to tanks
  - b. Any scaling or damage to protective covering of tank
4. Back fill to be sand, firmly tamped, which shall extend one (1) foot beyond the tank in all directions.
5. Fiber glass tanks of pea gravel shall be the back fill for this type of installation.

Second Inspection:

1. Inspection of piping is required before covering. A notification shall be given to the Fire Chief, who shall, himself, or through an authorized member of the department, inspect and give his approval or disapproval thereof.
2. Tank and piping to be given a hydrostatic test or a pressure test using a Mercury gauge. (Mercury gauge to be furnished by installer)

----- Contract: ASLE MAINTENANCE, INC. -----  
 DATE: SEPT. 4, 1981 NAME: FRANK SANCHEZ TRUCKING  
 LOCATION: 1280 DOOLITTLE DR.

Remarks in regards to this installation: *(notes are also added to the plans received)*

1. Full buoyancy of completely empty tanks should be calculated to see if anchorage or weight is needed to hold the tanks securely in place at the high-water table of this area.
2. Vent piping shall not terminate less than 3 feet measuring horizontally or vertically in any window or other building opening or header, and 18" above wall or highest part of building.
3. "NO SMOKING" - "STOP MOTOR" signs, of contrasting color, shall be located so that they are visible from either side of the island.
4. Where vehicular traffic over tank is expected, as a measure of safety, tanks are to be covered with reinforced concrete at least 6" in thickness which shall extend one foot beyond the outline of tanks in all directions.
5. We recommend one 15# CO<sup>2</sup> fire extinguisher, or equal, at island.
6. In order to expedite this installation, we request the representative of the company doing the work to notify the San Leandro Fire Department before starting the job and to go over the underground storage regulations.
7. Plumbing permit for tanks at Public Works Office.
8. All tanks shall be installed in accordance to the N.F.P.A. Standard No. 30, and the San Leandro Uniform Fire Code.

*10,000 gal tanks  
UL # H-843689*

Harold L. Hamilton, Fire Chief  
by  
*S. Mikinka by [signature]*  
Stephen V. Mikinka, Battalion Chief  
SAN LEANDRO FIRE PREVENTION BUREAU

1280 Doolittle Dr.

gate

Work Shop

ALL Fenced

APPROX 200'

Contractor Able MAINT. INC.  
~~gasoline~~ INSTALLATION  
 1280 Doolittle Dr  
 FRANK Sanchez Trucking  
 Diesel FUEL TANK  
 Double ASPALT WRAPPED  
 10,000 gallon TANK  
 4'x2' Pump Island Stee  
 8" Concrete SLAB with No.3  
 Rebar over tank hole. We  
 Will extend the tank SLAB 1'  
 Over hole in ALL Direction  
 We Will Provide Bumber  
 Poles For Protection of  
 Diesel Pump at Island

Able MAINT. INC. 51 Foley  
 St. Santa Rosa CA. 95401  
 General Contractor No. 312844