

Activities Report

[GEOTRACKER HOME](#) | [MANAGE PROJECTS](#) | [REPORTS](#) | [SEARCH](#) | [LOGOUT](#)

ALAMEDA COUNTY FAIRGROUNDS (T0600100039) - [MAP THIS SITE](#)

OPEN - SITE ASSESSMENT

4501 PLEASANTON AVE  
PLEASANTON , CA 94566  
ALAMEDA COUNTY  
[VIEW PRINTABLE CASE SUMMARY FOR THIS SITE](#)

[ACTIVITIES REPORT](#)  
[PUBLIC WEBPAGE](#)

**CLEANUP OVERSIGHT AGENCIES**  
ALAMEDA COUNTY LOP (*LEAD*) - CASE #: 01-0044  
SAN FRANCISCO BAY RWQCB (REGION 2) - CASE #: 01-0044

**ACTIVITIES REPORT**

ACTIVITY TYPE FILTER: Show All Activities

\* INDICATES A REVISED DUE DATE

[SCHEDULE NEW REGULATORY ACTION](#)

[SCHEDULE NEW COMPLIANCE RESPONSE](#) / [SCHEDULE RECURRING](#)

<a href="#">ACTION TYPE</a>	<a href="#">ACTION</a>	<a href="#">ACTION DATE</a>	<a href="#">RECEIVED / ISSUE DATE</a>	<a href="#">ACTION DESCRIPTION</a>
LEAK ACTION	<a href="#">Leak Stopped</a>	1/14/1987		
LEAK ACTION	<a href="#">Leak Reported</a>	8/12/1986		
LEAK ACTION	<a href="#">Leak Discovery</a>	8/12/1986		

LOGGED IN AS PKHATRI

[CONTACT GEOTRACKER HELP](#)

Facility / Site Address

[GEOTRACKER HOME](#) | [MANAGE PROJECTS](#) | [REPORTS](#) | [SEARCH](#) | [LOGOUT](#)

ALAMEDA COUNTY FAIRGROUNDS (T0600100039) - [MAP THIS SITE](#)

[OPEN - SITE ASSESSMENT](#)

4501 PLEASANTON AVE  
 PLEASANTON , CA 94566  
 ALAMEDA COUNTY

[ACTIVITIES REPORT](#)

[PUBLIC WEBPAGE](#)

[VIEW PRINTABLE CASE SUMMARY FOR THIS SITE](#)

**CLEANUP OVERSIGHT AGENCIES**

ALAMEDA COUNTY LOP (*LEAD*) - CASE #: 01-0044

SAN FRANCISCO BAY RWQCB (REGION 2) - CASE #: 01-0044

<b>FACILITY / SITE ADDRESS</b>				<input type="button" value="Save Changes"/>
THIS IS A "TEST PROJECT" (WILL BE EXCLUDED FROM PUBLIC SEARCH / REPORTS AND REGULATOR REPORTS)				
<b>PROJECT NAME</b>				
<input type="text" value="ALAMEDA COUNTY FAIRGROUNDS"/>			<input type="checkbox"/> THIS PROJECT IS A RESIDENCE	
<b>STREET #</b>	<b>STREET NAME / LOCATION</b>		<b>BUILDING #</b>	
<input type="text" value="4501"/>	<input type="text" value="PLEASANTON AVE"/>		<input type="text"/>	
<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>	<b>COUNTY</b>	
<input type="text" value="PLEASANTON"/>	<input type="text" value="CA"/>	<input type="text" value="94566"/>	<input type="text" value="Alameda"/>	
<b>CROSS STREET NAME</b>				
<input type="text" value="HOPYARD RD"/>				
<b>FIELDS CALCULATED BASED ON LATITUDE / LONGITUDE</b>				
<b>GW BASIN NAME</b>	<b>WATERSHED NAME</b>		<b>COUNTY</b>	
Livermore Valley (2-10)	South Bay - Alameda Creek (20430)		Alameda	
<a href="#">SPELL CHECK</a>				

LOGGED IN AS PKHATRI

[CONTACT GEOTRACKER HELP](#)

Project Information  Go

[GEOTRACKER HOME](#) | [MANAGE PROJECTS](#) | [REPORTS](#) | [SEARCH](#) | [LOGOUT](#)

ALAMEDA COUNTY FAIRGROUNDS (T0600100039) - [MAP THIS SITE](#)

OPEN - SITE ASSESSMENT

4501 PLEASANTON AVE  
PLEASANTON , CA 94566  
ALAMEDA COUNTY  
[VIEW PRINTABLE CASE SUMMARY FOR THIS SITE](#)

[ACTIVITIES REPORT](#)  
[PUBLIC WEBPAGE](#)

**CLEANUP OVERSIGHT AGENCIES**  
ALAMEDA COUNTY LOP (*LEAD*) - CASE #: 01-0044  
SAN FRANCISCO BAY RWQCB (REGION 2) - CASE #: 01-0044

PROJECT INFORMATION

PROJECT STATUS HISTORY

<b>SITE TYPE</b> <input type="text" value="LUST Cleanup Site"/>		<b>STATUS</b> <input type="text" value="Open - Site Assessment"/>		<b>STATUS DATE</b> <input type="text" value="4/17/1995"/>	
<b>FUNDING FOR CLEANUP</b> <input type="text"/>		<b>FILE LOCATION</b> <input type="text"/>		<b>RP IDENTIFICATION</b> <input type="text"/>	
<b>HUMAN HEALTH EXPOSURE - INFO</b>		<b>GROUNDWATER MIGRATION - INFO</b>		<b>FINAL REMEDY FOR CLEANUP</b>	
<b>CONTROLLED?</b> <input type="text"/>	<b>DATE</b> <input type="text"/>	<b>CONTROLLED?</b> <input type="text"/>	<b>DATE</b> <input type="text"/>	<b>SELECTED?</b> <input type="text"/>	<b>DATE</b> <input type="text"/>
				<b>IMPLEMENTED?</b> <input type="text"/>	<b>DATE</b> <input type="text"/>

**STAFF NOTES (INTERNAL)**

**SITE HISTORY (PUBLIC)**

CLEANUP OVERSIGHT AGENCIES

CASE NUMBER	CLEANUP OVERSIGHT AGENCY	LEAD	LEAD DATE	END DATE
<input type="text" value="01-0044"/>	ALAMEDA COUNTY LOP		<input type="text" value="8/12/1986"/>	<input type="text"/>
<input type="text" value="01-0044"/>	SAN FRANCISCO BAY RWQCB (REGION 2)		<input type="text"/>	<input type="text"/>
<input type="text"/>			<input type="text"/>	<input type="text"/>

**LATITUDE/LONGITUDE INFORMATION MUST BE IN THE GEOGRAPHIC NAD83 COORDINATE SYSTEM:**

<b>LATITUDE</b> <input type="text" value="37.66154"/>	<b>LONGITUDE</b> <input type="text" value="-121.87937"/>	<b>BUFFER (IN FEET)</b> <input type="text" value="50"/>
--	---	--

[CLICK HERE TO RE-POSITION THIS PROJECT ON THE MAP](#)

[SPELL CHECK](#)

Project Summary

Go

[GEOTRACKER HOME](#) | [MANAGE PROJECTS](#) | [REPORTS](#) | [SEARCH](#) | [LOGOUT](#)

ALAMEDA COUNTY FAIRGROUNDS (T0600100039) - [MAP THIS SITE](#)

OPEN - SITE ASSESSMENT

4501 PLEASANTON AVE  
PLEASANTON , CA 94566  
ALAMEDA COUNTY

[ACTIVITIES REPORT](#)

[PUBLIC WEBPAGE](#)

[VIEW PRINTABLE CASE SUMMARY FOR THIS SITE](#)

**CLEANUP OVERSIGHT AGENCIES**

ALAMEDA COUNTY LOP (*LEAD*) - CASE #: 01-0044

SAN FRANCISCO BAY RWQCB (REGION 2) - CASE #: 01-0044

[PROJECT INFO](#)

<b>SITE TYPE</b>	<b>STATUS</b>	<b>STATUS DATE</b>
LUST CLEANUP SITE	OPEN - SITE ASSESSMENT	4/17/1995

[CONTACTS](#)

THERE ARE CURRENTLY NO CONTACTS ASSOCIATED WITH THIS PROJECT

LOGGED IN AS PKHATRI

[CONTACT GEOTRACKER HELP](#)



# REINHOLDT ENGINEERING CONSTRUCTION

California State Contractor #671177 • Storage Tank & Environmental Services

August 22, 2003

Alameda County Health Services Dept.  
1131 Harbor Bay Pkwy.  
Alameda, CA 94502

Alameda County  
Environmental Health

Attn: Robert Weston

Re: Alameda County Fairgrounds, 4501 Pleasanton Ave.,  
Pleasanton, Ca.

Mr. Weston:

The following report outlines recent work performed for the Alameda County Fairgrounds Association at the above-referenced address. The scope of the work included the removal of an underground storage tank system (UST) and the collection of soil samples from the UST location.

### Introduction / Use History

On August 5, 2003 Reinholdt Engineering Construction removed a 2,000 gallon gasoline double-wall steel UST. The removal of the tank was witnessed by Larry Seeto of the Alameda County Health Services Department and Bob Alcantor of the Alameda County Fire Department.

The UST was installed in the 1980's for maintenance equipment refueling. In 1998 a new overspill container and overflow-preventive device were installed. In January 1999, the supply piping was converted to a safe suction system and the supply containment piping was upgraded to make water-tight. No repairs or modifications to the tank or piping were known to have been made.

### Tank Removal Procedures

Prior to removal, the tank was emptied and back-flushed with water. The tank was then triple rinsed with water and pumped dry. Approximately 55 gallons of rinseate was removed and transported by Clearwater Environmental, Inc. of Fremont, California and disposed at the Alviso Independent Oil Co. facility in Alviso, California (EPA manifest is provided in Addendum A). The tank atmosphere was then rendered inert by the introduction of approximately 100 lbs. of dry ice.



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

COMPLETE THIS FORM FOR EACH FACILITY/SITE

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input checked="" type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY SITE CLOSURE	

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

DBA OR FACILITY NAME <b>ALAMEDA COUNTY FAIR ASSOCIATION</b>		NAME OF OPERATOR <b>7599</b>		
ADDRESS <b>4501 PLEASANTON AVENUE</b>		NEAREST CROSS STREET	PARCEL # (OPTIONAL)	
CITY NAME <b>PLEASANTON</b>		STATE <b>CA</b>	ZIP CODE <b>94566</b>	SITE PHONE # WITH AREA CODE <b>(510)426-7600</b>
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY DISTRICTS <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> FEDERAL-AGENCY				
TYPE OF BUSINESS		<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS		# OF TANKS AT SITE <b>X 4</b>
<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
E. P. A. I. D. # (optional)				

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) <b>ED JOHNSON</b>	PHONE # WITH AREA CODE <b>(510)426-7624</b>	DAYS: NAME (LAST, FIRST) <b>CHRIS HALL</b>	<b>(510)426-7516</b> PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST) <b>ED JOHNSON</b>	PHONE # WITH AREA CODE <b>(510)462-0602</b>	NIGHTS: NAME (LAST, FIRST) <b>CHRIS HALL</b>	<b>(510)625-4487</b> PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME <b>COUNTY OF ALAMEDA</b>	CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <b>4501 PLEASANTON AVENUE</b>	<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME <b>PLEASANTON</b>	STATE <b>CA</b>	ZIP CODE <b>94566</b>	PHONE # WITH AREA CODE <b>(510)426-7600</b>

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER <b>COUNTY OF ALAMEDA</b>	CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <b>4501 PLEASANTON AVENUE</b>	<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME <b>PLEASANTON</b>	STATE <b>CA</b>	ZIP CODE <b>94566</b>	PHONE # WITH AREA CODE <b>(510)426-7600</b>

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

TY (TK) HQ **44-001005**

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 checked="" 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

APPLICANT'S NAME (PRINTED & SIGNATURE) <b>PETER BAILEY</b> <i>Peter Bailey</i>	APPLICANT'S TITLE <b>SECRETARY-MANAGER</b>	DATE MONTH/DAY/YEAR <b>1/19/95</b>
---	---	---------------------------------------

LOCAL AGENCY USE ONLY

COUNTY # <b>01</b>	JURISDICTION # <b>006</b>	FACILITY # <b>02497</b>
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPVISOR - DISTRICT CODE - OPTIONAL

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input checked="" type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: **ALAMEDA COUNTY FAIR MAINTENANCE YARD**

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

A. OWNER'S TANK I.D.#	B. MANUFACTURED BY:
C. DATE INSTALLED (MO/DAY/YEAR) <b>1986</b>	D. TANK CAPACITY IN GALLONS: <b>2,000</b>

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

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL <input type="checkbox"/> 2 PETROLEUM <input type="checkbox"/> 3 CHEMICAL PRODUCT	<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 checked="" type="checkbox"/> 1a REGULAR UNLEADED <input type="checkbox"/> 1b PREMIUM UNLEADED <input type="checkbox"/> 2 LEADED
		<input type="checkbox"/> 3 DIESEL <input type="checkbox"/> 4 GASAHOL <input type="checkbox"/> 5 JET FUEL <input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED		C. A. S. #:

**III. TANK CONSTRUCTION** MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D

A. TYPE OF SYSTEM <input checked="" type="checkbox"/> 1 DOUBLE WALL <input type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER <input checked="" 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"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP <input type="checkbox"/> 99 OTHER
C. INTERIOR LINING <input type="checkbox"/> 1 RUBBER LINED <input checked="" type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 2 ALKYD LINING <input type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 3 EPOXY LINING <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 4 PHENOLIC LINING <input type="checkbox"/> 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
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

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

A. SYSTEM TYPE	A <input checked="" type="checkbox"/> 1 SUCTION	A U <input type="checkbox"/> 2 PRESSURE	A U <input type="checkbox"/> 3 GRAVITY	A U <input type="checkbox"/> 99 OTHER
B. CONSTRUCTION	A U <input type="checkbox"/> 1 SINGLE WALL	A <input checked="" type="checkbox"/> 2 DOUBLE WALL	A U <input type="checkbox"/> 3 LINED TRENCH	A U <input type="checkbox"/> 95 UNKNOWN A U <input type="checkbox"/> 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A <input checked="" type="checkbox"/> 1 BARE STEEL	A U <input type="checkbox"/> 2 STAINLESS STEEL	A U <input type="checkbox"/> 3 POLYVINYL CHLORIDE (PVC)	A U <input type="checkbox"/> 4 FIBERGLASS PIPE A U <input type="checkbox"/> 5 ALUMINUM A U <input type="checkbox"/> 6 CONCRETE A U <input type="checkbox"/> 7 STEEL W/ COATING A U <input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP A U <input type="checkbox"/> 9 GALVANIZED STEEL A U <input type="checkbox"/> 10 CATHODIC PROTECTION A U <input type="checkbox"/> 95 UNKNOWN A U <input type="checkbox"/> 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 checked="" type="checkbox"/> 99 OTHER <b>Electrical</b>

**V. TANK LEAK DETECTION**

<input checked="" type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VAPOR MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input checked="" type="checkbox"/> 5 GROUND WATER MONITORING
<input type="checkbox"/> 6 TANK TESTING	<input type="checkbox"/> 7 INTERSTITIAL MONITORING	<input type="checkbox"/> 91 NONE	<input 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) <b>PETER BAILEY</b> <i>Peter Bailey</i>	DATE <b>1/19/95</b>
---	------------------------

**LOCAL AGENCY USE ONLY** THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
<b>95-006</b>	<b>01</b>	<b>006</b>	<b>024971</b>	<b>000001</b>
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	
<b>95-006</b>	<b>1/1/95</b>		<b>12/31/99</b>	





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

COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERM 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: **ALAMEDA COUNTY FAIRGROUNDS**

<b>I. TANK DESCRIPTION</b> 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: <b>1000</b>

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

<b>III. TANK CONSTRUCTION</b> MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D			
A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank)	<input checked="" type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 95 UNKNOWN
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 99 OTHER

<b>IV. PIPING INFORMATION</b> CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE				
A. SYSTEM TYPE	A <input checked="" type="checkbox"/> 1 SUCTION	A U <input type="checkbox"/> 2 PRESSURE	A U <input type="checkbox"/> 3 GRAVITY	A U <input type="checkbox"/> 99 OTHER
B. CONSTRUCTION	A <input checked="" type="checkbox"/> 1 SINGLE WALL	A U <input type="checkbox"/> 2 DOUBLE WALL	A U <input type="checkbox"/> 3 LINED TRENCH	A U <input type="checkbox"/> 95 UNKNOWN
				A U <input type="checkbox"/> 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A <input checked="" type="checkbox"/> 1 BARE STEEL	A U <input type="checkbox"/> 2 STAINLESS STEEL	A U <input type="checkbox"/> 3 POLYVINYL CHLORIDE (PVC)	A U <input type="checkbox"/> 4 FIBERGLASS PIPE
	A U <input type="checkbox"/> 5 ALUMINUM	A U <input type="checkbox"/> 6 CONCRETE	A U <input type="checkbox"/> 7 STEEL W/ COATING	A U <input type="checkbox"/> 8 100% METHANOL COMPATIBLE WFRP
	A U <input type="checkbox"/> 9 GALVANIZED STEEL	A U <input type="checkbox"/> 10 CATHODIC PROTECTION	A U <input type="checkbox"/> 95 UNKNOWN	A U <input type="checkbox"/> 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

<b>V. TANK LEAK DETECTION</b>				
<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VAPOR 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 type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

<b>VI. TANK CLOSURE INFORMATION</b>		
1. ESTIMATED DATE LAST USED (MO/DAY/YR) <b>1-1-91</b>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <b>&gt; 100</b> 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) <i>Christina R. Hill</i>	DATE <b>1-27-95</b>
--	------------------------

<b>LOCAL AGENCY USE ONLY</b> THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW				
STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
	<b>01</b>	<b>006</b>	<b>024971</b>	<b>000002</b>
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE		

STATE OF CALIFORNIA

WATER RESOURCES CONTROL BOARD



FORM 'A':  
SITE

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

COMPLETE THIS FORM FOR EACH FACILITY/SITE

No 38669

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"/> 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 Alameda County Fair Association		CARE OF ADDRESS INFORMATION		
ADDRESS 4501 Pleasanton Avenue		NEAREST CROSS STREET	<input checked="" type="checkbox"/> Box to indicate CORPORATION INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP LOCAL-AGENCY COUNTY-AGENCY
CITY NAME Pleasanton		STATE CA	ZIP CODE 94566	SITE PHONE #, WITH AREA CODE (415) 847-7500
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"/> 6 OTHER		EPA ID #		# of TANKs AT THIS SITE 2
EMERGENCY CONTACT PERSON (PRIMARY)		EMERGENCY CONTACT PERSON (SECONDARY)		
DAYS: NAME (LAST, FIRST) Ed Johnson		PHONE # WITH AREA CODE (415) 857-7516		DAYS: NAME (LAST, FIRST) Dave Freeman
NIGHTS: NAME (LAST, FIRST) Ed Johnson		PHONE # WITH AREA CODE (415) 462-0602		NIGHTS: NAME (LAST, FIRST) Dave Freeman
		PHONE # WITH AREA CODE (415) 847-7518		PHONE # WITH AREA CODE (415) 449-0215

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

NAME County of Alameda		CARE OF ADDRESS INFORMATION		
MAILING or STREET ADDRESS 4501 Pleasanton Avenue		<input checked="" type="checkbox"/> Box to indicate CORPORATION INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP LOCAL-AGENCY COUNTY-AGENCY	<input type="checkbox"/> STATE-AGENCY FEDERAL-AGENCY
CITY NAME Pleasanton		STATE CA	ZIP CODE 94566	PHONE #, WITH AREA CODE (415) 847-7500

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

NAME County of Alameda		CARE OF ADDRESS INFORMATION		
MAILING or STREET ADDRESS 4501 Pleasanton Avenue		<input checked="" type="checkbox"/> Box to indicate CORPORATION INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP LOCAL-AGENCY COUNTY-AGENCY	<input type="checkbox"/> STATE-AGENCY FEDERAL-AGENCY
CITY NAME Pleasanton		STATE CA	ZIP CODE 94566	PHONE #, WITH AREA CODE (415) 847-7500

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>Ken Bailey</i>	DATE 11/11/91
---	------------------

LOCAL AGENCY USE ONLY

COUNTY #	JURISDICTION #	AGENCY #	FACILITY ID #	# of TANKS at SITE
CURRENT LOCAL AGENCY FACILITY ID #		APPROVED BY NAME		PHONE # WITH AREA CODE
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)

STATE OF CALIFORNIA WATER RESOURCES CONTROL BOARD



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

- 1 NEW PERMIT
- 2 INTERIM PERMIT
- 3 RENEWAL PERMIT
- 4 AMENDED PERMIT
- 5 CHANGE OF INFORMATION
- 6 TEMPORARY TANK CLOSURE
- 7 PERMANENTLY CLOSED TANK
- 8 TANK REMOVED

FACILITY/SITE NAME WHERE TANK IS INSTALLED:

FARM TANK - YES  NO

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

A. OWNERS TANK ID #	B. MANUFACTURED BY:
C. YEAR INSTALLED 1986	D. TANK CAPACITY IN GALLONS: 2000

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"/> 3 CHEMICAL PRODUCT <input type="checkbox"/> 5 HAZARDOUS	2 PETROLEUM 4 OIL 80 EMPTY 95 UNKNOWN	B. <input type="checkbox"/> 1 PRODUCT <input type="checkbox"/> 2 WASTE	C. <input type="checkbox"/> 1 UNLEADED <input type="checkbox"/> 4 GASAHOL <input type="checkbox"/> 7 METHANOL	<input checked="" type="checkbox"/> 2 LEADED <input type="checkbox"/> 6 JET FUEL <input type="checkbox"/> 8 AVIATION GAS <input type="checkbox"/> 3 DIESEL <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 checked="" type="checkbox"/> 1 DOUBLE WALLED <input type="checkbox"/> 2 SINGLE WALLED	<input type="checkbox"/> 3 SINGLE WALLED WITH EXTERIOR LINER <input type="checkbox"/> 4 SECONDARY CONTAINMENT	<input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER	
B. TANK MATERIAL <input checked="" type="checkbox"/> 1 STEEL/IRON <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"/> 4 STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 8 100% METHANOL COMPATIBLE FRP <input type="checkbox"/> 99 OTHER
C. INTERIOR LINING <input type="checkbox"/> 1 RUBBER LINED <input type="checkbox"/> 5 GLASS LINING <input type="checkbox"/> IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL?	<input type="checkbox"/> 2 ALKYD LINING <input type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 3 EPOXY LINING <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER	<input type="checkbox"/> 4 PHENOLIC LINING <input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
D. CORROSION PROTECTION <input type="checkbox"/> 1 POLYETHYLENE WRAP <input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 2 TAR OR ASPHALT <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

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

A. SYSTEM TYPE	A <input checked="" type="checkbox"/> 1 SUCTION	A U <input type="checkbox"/> 2 PRESSURE	A U <input type="checkbox"/> 3 GRAVITY	A U <input type="checkbox"/> 99 OTHER
B. CONSTRUCTION	A U <input checked="" type="checkbox"/> 1 SINGLE WALLED	A U <input type="checkbox"/> 2 DOUBLE WALLED	A U <input type="checkbox"/> 3 LINED TRENCH	A <input checked="" type="checkbox"/> 95 UNKNOWN A U <input type="checkbox"/> 99 OTHER
C. MATERIAL	A U <input checked="" type="checkbox"/> 1 STEEL/IRON	A U <input type="checkbox"/> 2 STAINLESS STEEL	A U <input type="checkbox"/> 3 POLYVINYL CHLORIDE (PVC)	A U <input type="checkbox"/> 4 FIBERGLASS PIPE
	A U <input type="checkbox"/> 5 ALUMINUM	A U <input type="checkbox"/> 6 CONCRETE	A U <input type="checkbox"/> 7 STEEL CLAD W/FRP	A U <input type="checkbox"/> 8 100% METHANOL COMPATIBLE FRP
	A U <input type="checkbox"/> 9 GALVANIZED STEEL	A U <input type="checkbox"/> 95 UNKNOWN	A U <input type="checkbox"/> 99 OTHER	

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

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

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

1. ESTIMATED DATE LAST USED (MO/YR) X	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO
--	---	--

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)

*Steve Bradley*

DATE

1/11/91

LOCAL AGENCY USE ONLY

COUNTY #	JURISDICTION #	AGENCY #	FACILITY ID #	TANK ID #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CURRENT LOCAL AGENCY FACILITY ID #			APPROVED BY NAME	PHONE # WITH AREA CODE
PERMIT NUMBER		PERMIT APPROVAL DATE	PERMIT EXPIRATION DATE	
CHECK #	PERMIT AMOUNT	SURCHARGE AMT.	FEE CODE	RECEIPT #
				BY:

NO 11874

STATE OF CALIFORNIA WATER RESOURCES CONTROL BOARD



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

- 1 NEW PERMIT
- 2 INTERIM PERMIT
- 3 RENEWAL PERMIT
- 4 AMENDED PERMIT
- 5 CHANGE OF INFORMATION
- 6 TEMPORARY TANK CLOSURE
- 7 PERMANENTLY CLOSED TANK
- 8 TANK REMOVED

FACILITY/SITE NAME WHERE TANK IS INSTALLED: Alameda County Fairgrounds FARM TANK - YES  NO

NO 11874

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

A. OWNERS TANK ID #	B. MANUFACTURED BY:
C. YEAR INSTALLED <u>1986</u>	D. TANK CAPACITY IN GALLONS: <u>1000</u>

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"/> 3 CHEMICAL PRODUCT <input type="checkbox"/> 5 HAZARDOUS	B. <input type="checkbox"/> 1 PRODUCT <input type="checkbox"/> 2 WASTE	C. <input type="checkbox"/> 1 UNLEADED <input type="checkbox"/> 4 GASAHOL <input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 2 PETROLEUM <input type="checkbox"/> 4 OIL <input type="checkbox"/> 80 EMPTY <input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED <input type="checkbox"/> 5 JET FUEL <input type="checkbox"/> 89 OTHER (DESCRIBE IN ITEM D, BELOW)
D. IF NOT MOTOR VEHICLE FUEL ENTER NAME OF HAZARDOUS SUBSTANCE STORED & C.A.S. #		

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

A. TYPE OF SYSTEM <input checked="" type="checkbox"/> 1 DOUBLE WALLED <input type="checkbox"/> 2 SINGLE WALLED	<input type="checkbox"/> 3 SINGLE WALLED WITH EXTERIOR LINER <input type="checkbox"/> 4 SECONDARY CONTAINMENT	<input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
B. TANK MATERIAL <input checked="" type="checkbox"/> 1 STEEL/IRON <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"/> IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL?	<input type="checkbox"/> 2 ALKYD LINING <input type="checkbox"/> 6 UNLINED <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> 3 EPOXY LINING <input type="checkbox"/> 4 PHENOLIC LINING <input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
D. CORROSION PROTECTION <input type="checkbox"/> 1 POLYETHYLENE WRAP <input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 2 TAR OR ASPHALT <input type="checkbox"/> 91 NONE	<input type="checkbox"/> 3 VINYL WRAP <input checked="" 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="checkbox"/> 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 99 OTHER
B. CONSTRUCTION	<input checked="" type="checkbox"/> U 1 SINGLE WALLED	A U 2 DOUBLE WALLED	A U 3 LINED TRENCH	A <input checked="" type="checkbox"/> 95 UNKNOWN A U 99 OTHER
C. MATERIAL	A <input checked="" type="checkbox"/> 1 STEEL/IRON	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 CLAD W/FRP	A U 8 100% METHANOL COMPATIBLE FRP
	A U 9 GALVANIZED STEEL	A U 95 UNKNOWN	A U 99 OTHER	

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

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

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) X Peter Bailey DATE 1/11/91

LOCAL AGENCY USE ONLY

COUNTY #	JURISDICTION #	AGENCY #	FACILITY ID #	TANK ID #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CURRENT LOCAL AGENCY FACILITY ID #			APPROVED BY NAME	PHONE # WITH AREA CODE
PERMIT NUMBER		PERMIT APPROVAL DATE	PERMIT EXPIRATION DATE	
CHECK #	PERMIT AMOUNT	SURCHARGE AMT.	PER CODE	RECEIPT #
				BY: