

white -env.health
yellow -facility
pink -files

ALAMEDA COUNTY, DEPARTMENT OF
ENVIRONMENTAL HEALTH
Hazardous Materials Inspection Form

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

II, III

Site ID # 4087 Site Name SHILOH WEST Today's Date 11/9/95

Site Address 10250 CROW CANYON RD

City CASTRO VALLEY Zip 94546 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:

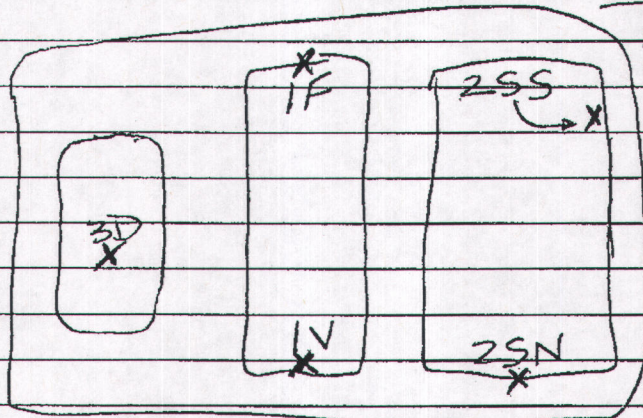
STANDING H₂O AT @ 9' bgs

SAMPLE 3D - BENEATH 500G DIESEL TANK (NO ODOR)
8-9' bgs CLAYEY SILT

SAMPLE IV - VENT END OF 1000 GAL GASOLINE
8-9 1/2 bgs
TRAILER

SAMPLE IF - FILL
END
9-10' bgs OF 1000G

BUILDING



SAMPLE 2SN SIDEWALL
NORTH
END

SAMPLE 2SS SIDEWALL
SOUTH END

CMP-1 COMPOSITE NORTH

CMP-2 COMPOSITE WEST

PIT-1 H₂O SAMPLE

Contact Tom Reese ACCESS ROAD
Title Proj Manager
Signature Tom

Inspector DAVE KUESTKE
Signature Dave Kuestke

II, III

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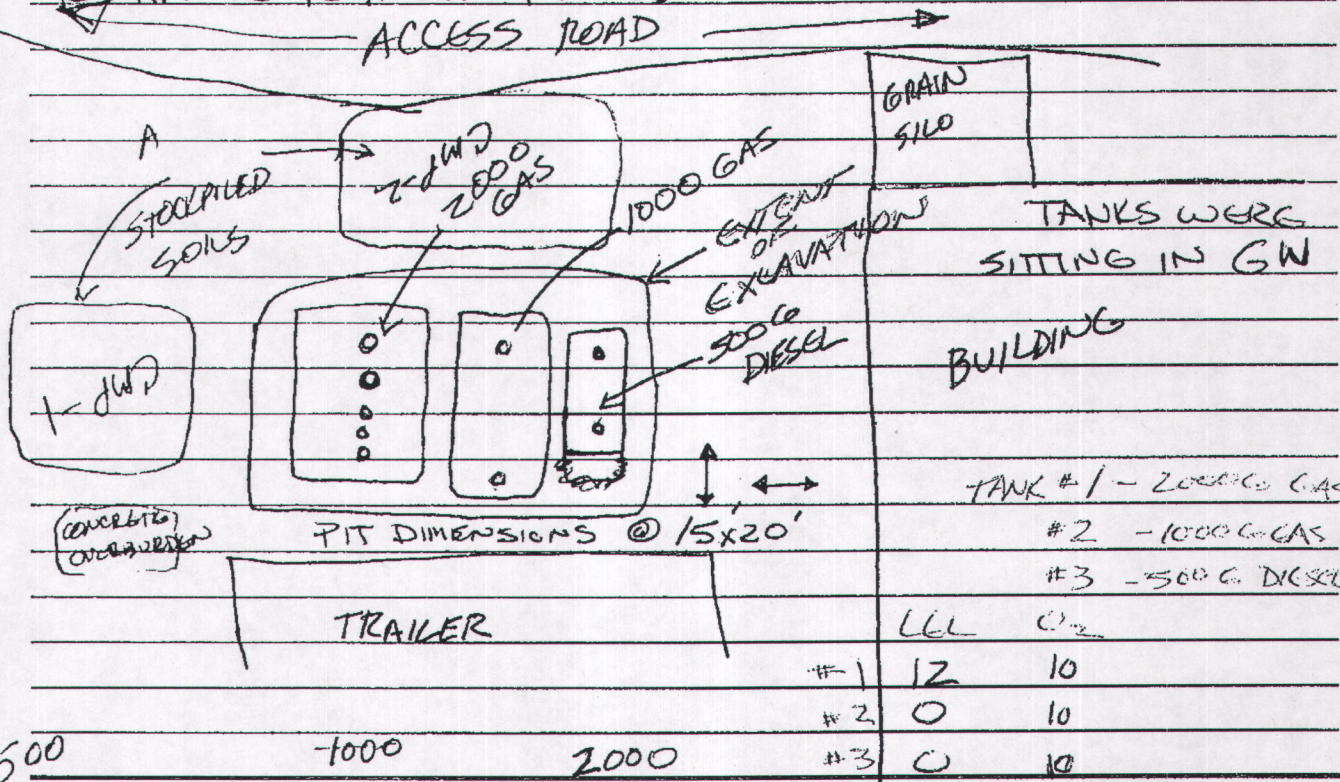
MAX AMT stored > 500 lbs, 55 gal., 200 cft.?
 Inspection Categories:
 I. Haz. Mat/Waste GENERATOR/TRANSPORTER
 II. Hazardous Materials Business Plan, Acutely Hazardous Materials
 III. Under ground Storage Tanks

TANK # 1 - GOOD CONDITION
 # 2 - GOOD CONDITION
 # 3 - GOOD CONDITION

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

Comments:

ON SITE @ 8:50 A.M. TO WITNESS SAMPLING OF 3 USTS BEING REMOVED TODAY. WAITING FOR DRY ICE TO ARRIVE TO INERT TANKS. CLVD ON SITE @ 9:10 A.M.



II, III

Contact Tom Reese
 Title Proj Manager
 Signature Tom Reese

Inspector DALE KLETTEKE
 Signature Dale Kletteke

PIPE (10' DIAMETER FEET) AND USTS => ERICKSON AND RICHMOND LEFT SITE @ 1:00 P.M.

4087

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 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)

DBA OR FACILITY NAME <i>Shiloh West Ranch</i>		NAME OF OPERATOR <i>Paul Hanson</i>		
ADDRESS <i>10250 Crow Canyon Road</i>		NEAREST CROSS STREET <i>N/A</i>	PARCEL # (OPTIONAL)	
CITY NAME <i>Castro Valley</i>		STATE <i>CA</i>	ZIP CODE <i>94546</i>	SITE PHONE # WITH AREA CODE
<input checked="" type="checkbox"/> BOX TO INDICATE	<input checked="" 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
* If owner of UST is a public agency, complete the following: name of Supervisor of division, section, or office which operates the UST _____				
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 <i>3</i>	E. P. A. I. D. # (optional)	

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) <i>Reese Tom</i>	PHONE # WITH AREA CODE <i>(510) 732-6444</i>	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST) <i>Reese Tom</i>	PHONE # WITH AREA CODE <i>(510) 247-1295</i>	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME <i>Paul G. Hanson - Shiloh West</i>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <i>2491 San Ramon Valley Blvd.</i>		<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL AGENCY
CITY NAME <i>San Ramon</i>		<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> COUNTY AGENCY
		<input type="checkbox"/> STATE AGENCY	<input type="checkbox"/> FEDERAL AGENCY	
		STATE <i>CA</i>	ZIP CODE <i>94583</i>	PHONE # WITH AREA CODE <i>(510) 733-0312</i>

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER <i>Paul G. Hanson - Shiloh West</i>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <i>2491 San Ramon Valley Blvd.</i>		<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL AGENCY
CITY NAME <i>Castro Valley</i>		<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> COUNTY AGENCY
		<input type="checkbox"/> STATE AGENCY	<input type="checkbox"/> FEDERAL AGENCY	
		STATE <i>CA</i>	ZIP CODE <i>94546</i>	PHONE # WITH AREA CODE <i>(510) 733-0312</i>

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

TY (TK) HQ -

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) <i>Paul Hanson (Act. St. Agent)</i>	OWNER'S TITLE <i>Kurt Stb. (Agent for owner)</i>	DATE <i>11/3/95</i>
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LOCAL AGENCY USE ONLY

COUNTY # <input type="text" value="01"/>	JURISDICTION # <input type="text" value="000"/>	FACILITY # <input type="text" value="000215"/>
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



Permit Application

<input type="checkbox"/> 01 New Permit	<input checked="" 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 (C. Application, Individual or Public Agency) PAUL G. HANSON			
Street Address 10250 CROW CANYON ROAD		City CASTRO VALLEY	State ZIP CALIF 94552

RECEIVED
AUG 26 1988

II Facility

Facility Name SHILOH WEST HORSE RANCH		Hazardous Materials/Waste Program HAZARDOUS MATERIALS/ WASTE PROGRAM		Dealer Foreman/Supervisor JOHN JESSUP	
Street Address 10250 CROW CANYON ROAD			Nearest Cross Street BOLLINGER CANYON		
City CASTRO VALLEY, CALIF			County ALAMEDA		ZIP 94552
Type of Facility SAME			City		State ZIP
Phone Number (415) 889-0117		Type of Business <input type="checkbox"/> 01 Gasoline Station <input type="checkbox"/> 02 Other: HORSE RANCH			
Number of Containers at this Facility THREE	Rural Areas Only: Only:	Township	Range RANCH	Section	

III 24 Hour Emergency Contact Person

Name (last, first and middle initials) and Phone w. area code HANSON, PAUL (415) 889-0119	Name (last, first and middle initials) and Phone w. area code JESSUP, JOHN (415) 462-2126
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COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A. <input checked="" type="checkbox"/> Tank <input type="checkbox"/> Other: _____	Container Number (if there is no number, assign one) THREE
B. Manufacturer (if appropriate): PERKIN'S WELDING Year of Mfg.: 1980	C. Year Installed: 1980 <input type="checkbox"/> Unknown
D. Container Capacity: 500 gallons <input type="checkbox"/> Unknown	E. Does the Container Store (Check One): <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 type="checkbox"/> 02 Regular <input type="checkbox"/> 03 Premium <input checked="" 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: 1/4 IN. <input type="checkbox"/> Gauge <input checked="" type="checkbox"/> Inches <input type="checkbox"/> cm <input 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 DOUBLE ASPHALT WRAPPED
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"/> 11 Earthen Walls <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 06 Clay 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: **DOUBLE ASPHALT WRAPPED**

VI Piping

A. Aboveground Piping: 01 Double-walled pipe 02 Concrete-lined trench 03 Gravity 04 Pressure 05 Suction

[(Check) appropriate box(es)] 06 Unknown 07 None

B. Underground Piping: 01 Double-walled pipe 02 Concrete-lined trench 03 Gravity 04 Pressure 05 Suction

[(Check) appropriate box(es)] 06 Unknown 07 None

VII Leak Detection

01 Visual 02 Stock Inventory 03 Tile Drain 04 Vapor Sniff Wells 05 Sensor Instrument

06 Ground Water Monitoring Wells 07 Pressure Test 08 Internal Inspection 09 None

10 Other: _____

VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers
 If you checked yes to IV-F you are not required to complete this section

currently stored	previously stored	CAS # (if known)	Chemical Do Not Use Commercial Name (Use additional paper for more room)
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		

Is Container located on an Agricultural Farm? 01 Yes 02 No

Person Filing (Signature): Saul S. Hanson Phone w/ area code: (415) 889-0117

For Local Agency Use Only

AGENCY NAME	CITY	COUNTY
CONTACT PERSON	PHONE W/AREA CODE	
INSPECTION DATE (1ST INSPECTION)	PERMIT APPROVAL DATE	PERMIT #, NUMBER

FOR STATE USE ONLY

STATE ID. NUMBER	Accounting Number	County Number
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03

Permit Application



<input type="checkbox"/> 01 New Permit	<input checked="" 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) PAUL G. HANSON			
Street Address 10250 CROW CANYON ROAD	City CASTRO VALLEY	State CALIF	ZIP 94552

II Facility

Facility Name SHILOH WEST HORSE RANCH		Dealer / Foreman / Supervisor JOHN JESSUP	
Street Address 10250 CROW CANYON ROAD		Nearest Cross Street BOLLINGER CANYON	
City CASTRO VALLEY, CALIF		County ALAMEDA	ZIP 94552
Mailing Address SAME		City	State ZIP
Phone w. area code (415) 889-0117		Type of Business <input type="checkbox"/> 01 Gasoline Station <input type="checkbox"/> 02 Other: HORSE RANCH	
NUMBER OF CONTAINERS AT THIS FACILITY THREE	Rural Areas Only:	Township	Range RANCH

III 24 Hour Emergency Contact Person

Days Name (last name first) and Phone w. area code HANSON/ PAUL (415) 889-0119	Nights Name (last name first) and Phone w. area code JESSUP/ JOHN (415) 462-2126
---	---

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A <input checked="" type="checkbox"/> 01 Tank <input type="checkbox"/> 02 Other: _____		Container Number (if there is no number assign one) TWO
B Manufacturer (if appropriate): PERKIN'S WELDING Year of Mfg.: 1980		C. Year Installed: 1980 <input type="checkbox"/> Unknown
D Container Capacity: 1000 gallons <input type="checkbox"/> Unknown	E. Does the Container Store (Check One): <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 (List): _____ If you answered yes; do not complete Part VIII.		

V Container Construction

A. Thickness of Primary Containment: 1/4 INCH <input type="checkbox"/> Gauge <input checked="" type="checkbox"/> Inches <input type="checkbox"/> cm <input 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"/> 11 Earthen Walls	
<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 06 Clay 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: **DOUBLE ASPHALT WRAPPED**

VI Piping

A. Aboveground Piping: 01 Double-walled pipe 02 Concrete-lined trench 03 Gravity 04 Pressure 05 Suction
 [(Check) appropriate box(es)] 06 Unknown 07 None

B. Underground Piping: 01 Double-walled pipe 02 Concrete-lined trench 03 Gravity 04 Pressure 05 Suction
 [(Check) appropriate box(es)] 06 Unknown 07 None

VII Leak Detection

01 Visual 02 Stock Inventory 03 Tile Drain 04 Vapor Sniff Wells 05 Sensor Instrument

06 Ground Water Monitoring Wells 07 Pressure Test 08 Internal Inspection 09 None

10 Other: _____

VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers
 If you checked yes to IV-F you are not required to complete this section.

currently stored	previously stored	CAS # (if known)	Chemical Do Not Use Commercial Name (Use additional paper for more room)
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		

Is Container located on an Agricultural Farm? 01 Yes 02 No

Person Filing (Signature) *Saul S. Hanson* Phone w/area code (415) 889-0117

For Local Agency Use Only

AGENCY NAME	CITY	COUNTY
CONTACT PERSON		PHONE W/AREA CODE
INSPECTION DATE (1ST INSPECTION)	PERMIT APPROVAL DATE	PERMIT ID. NUMBER

FOR STATE USE ONLY

STATE ID. NUMBER	Accounting Number	County Number
Date Received	<input type="checkbox"/> 01	<input type="checkbox"/> 02 <input type="checkbox"/> 03

Permit Application



<input type="checkbox"/> 01 New Permit	<input checked="" type="checkbox"/> 03 Installed before July 1, 1984	<input type="checkbox"/> 05 Renewed Permit	<input type="checkbox"/> 06 Amended Permit
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I Owner

Name (Corporation, Individual or Public Agency) PAUL G. HANSON			
Street Address 10250 CROW CANYON ROAD	City CASTRO VALLEY	State CALIF	ZIP 94552

II Facility

Facility Name SHILOH WEST HORSE RANCH		Dealer, Foreman, Supervisor JOHN JESSUP	
Street Address 10250 CROW CANYON ROAD		Nearest Cross Street BOLLINGER CANYON	
City, State, ZIP CASTRO VALLEY, CALIF 94552		County ALAMEDA	ZIP 94552
Mailing Address SAME		City	State, ZIP
Phone w/ area code (415) 889-0117	Type of Business <input type="checkbox"/> 01 Gasoline Station <input type="checkbox"/> 02 Other: HORSE RANCH		
NUMBER OF CONTAINERS AT THIS SITE THREE	Rural Area Only:	Township	Range RANCH
			Section

III 24 Hour Emergency Contact Person

Name, last name, first and Phone w/ area code HANSON/ PAUL (415) 889-0119	Name, last name, first and Phone w/ area code JESSUP, JOHN (415) 462-2126
---	---

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A <input checked="" type="checkbox"/> Tank <input type="checkbox"/> 02 Other: _____		Container Number (if there is no number, assign one) ONE
B Manufacturer (if appropriate): <u>PERKIN'S WELDING</u> Year of Mfg.: <u>1980</u>		C Year Installed: <u>1980</u> <input type="checkbox"/> Unknown
D Container Capacity: <u>2000</u> gallons <input type="checkbox"/> Unknown	E. Does the Container Store (Check One): <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 (List): _____ If you answered yes; do not complete Part VIII.		

V Container Construction

A Thickness of Primary Containment: <u>1/4</u> INCH <input type="checkbox"/> Gauge <input checked="" type="checkbox"/> Inches <input type="checkbox"/> cm <input 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"/> 11 Earthen Walls
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Container Construction

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 (Check) appropriate box(es) 06 Unknown 07 None

B. Underground Piping: 01 Double-walled pipe 02 Concrete-lined trench 03 Gravity 04 Pressure 05 Suction
 (Check) appropriate box(es) 06 Unknown 07 None

VII Leak Detection

01 Visual 02 Stock Inventory 03 Tile Drain 04 Vapor Sniff Wells 05 Sensor Instrument

04 Ground Water Monitoring Wells 07 Pressure Test 08 Internal Inspection 09 None

10 Other: _____

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currently stored	previously stored	CAS # (if known)	Chemical Do Not Use Commercial Name (Use additional paper for more room)
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		

Is Container located on an Agricultural Farm? 01 Yes 02 No

Person Filing (Signature) Saul S. Dawson Phone w/ area code (415) 889-0117

For Local Agency Use Only

AGENCY NAME	CITY	COUNTY
CONTACT PERSON		PHONE W/AREA CODE
INSPECTION DATE (1ST INSPECTION)	PERMIT APPROVAL DATE	PERMIT ID. NUMBER

FOR STATE USE ONLY

STATE ID. NUMBER	Accounting Number	County Number
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03