

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 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)

DBA OR FACILITY NAME Al Maples Auto Service		NAME OF OPERATOR Al Maples		
ADDRESS 790 Bockman Road		NEAREST CROSS STREET Hesperian Blvd.	PARCEL # (OPTIONAL)	
CITY NAME San Lorenzo		STATE CA	ZIP CODE 94580	SITE PHONE # WITH AREA CODE 510-278-7871
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input checked="" 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 checked="" type="checkbox"/> 1 GAS STATION	<input type="checkbox"/> 2 DISTRIBUTOR	<input type="checkbox"/> 3 FARM
		<input type="checkbox"/> 4 PROCESSOR	<input type="checkbox"/> 5 OTHER	
		<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE 6	E. P. A. I. D. # (optional) CAC000864960

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) Razi, Abolghassem	PHONE # WITH AREA CODE 510-222-0854	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST) Razi, Abolghassem	PHONE # WITH AREA CODE 510-222-0854	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME Abolghassem Razi		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 3261 Ramona Street		<input checked="" type="checkbox"/> box to indicate <input checked="" 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 Pinole		STATE CA	ZIP CODE 94564	PHONE # WITH AREA CODE 510-222-0854

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER Abolghassem Razi		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 3261 Ramona Street		<input checked="" type="checkbox"/> box to indicate <input checked="" 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 Pinole		STATE CA	ZIP CODE 94564	PHONE # WITH AREA CODE 510-222-0854

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

APPLICANT'S NAME (PRINTED & SIGNATURE) Frank Hamedi-Fard	APPLICANT'S TITLE General Manager	DATE MONTH/DAY/YEAR 6/22/92
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LOCAL AGENCY USE ONLY

COUNTY # <input type="text"/> <input type="text"/>	JURISDICTION # <input type="text"/> <input type="text"/>	FACILITY # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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.
FORM A (5-91) FOR0033A-5

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 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: Al Maples Auto Service

I. TANK DESCRIPTION COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D. # <u>1</u>	B. MANUFACTURED BY: <u>N/A</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>N/A</u>	D. TANK CAPACITY IN GALLONS: <u>500</u>

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.			
A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input checked="" type="checkbox"/> 4 OIL	B. <input type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input checked="" type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED
			<input type="checkbox"/> 3 DIESEL
			<input type="checkbox"/> 4 GASAHOL
			<input type="checkbox"/> 5 JET FUEL
			<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			
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
			<input type="checkbox"/> 99 OTHER
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 checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
			<input type="checkbox"/> 95 UNKNOWN
			<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"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input checked="" 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 OR U IF UNDERGROUND, BOTH IF APPLICABLE					
A. SYSTEM TYPE	A U 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 99 OTHER	Unknown
B. CONSTRUCTION	A 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 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 checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER	

VI. TANK CLOSURE INFORMATION		
1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>N/A</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>N/A</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input checked="" 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) <u>Frank Hamedi-Fard</u>	DATE <u>6/22/92</u>
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LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	

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 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: **Al Maples Auto Service**

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

A. OWNER'S TANK I.D.# 2	B. MANUFACTURED BY: N/A
C. DATE INSTALLED (MO/DAY/YEAR) N/A	D. TANK CAPACITY IN GALLONS: 4,000

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

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input type="checkbox"/> 1 PRODUCT	C. <input checked="" type="checkbox"/> 1a REGULAR UNLEADED	<input 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. #:

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 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 checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
	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 checked="" 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 OR U IF UNDERGROUND, BOTH IF APPLICABLE

A. SYSTEM TYPE	A U 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 99 OTHER Unknown
B. CONSTRUCTION	A 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 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 checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) N/A	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING N/A GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) Frank Hamedi-Fard	DATE 6/22/92
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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	

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 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: Al Maples Auto Service

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

A. OWNER'S TANK I.D. # <u>3</u>	B. MANUFACTURED BY: <u>N/A</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>N/A</u>	D. TANK CAPACITY IN GALLONS: <u>4,000</u>

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"/> 6 AVIATION GAS <input type="checkbox"/> 7 METHANOL <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 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 checked="" 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 ___ NO ___		
D. CORROSION PROTECTION <input type="checkbox"/> 1 POLYETHYLENE WRAP <input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 2 COATING <input checked="" type="checkbox"/> 91 NONE	<input type="checkbox"/> 3 VINYL WRAP <input 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 2 PRESSURE	A U 3 GRAVITY	A (U) 99 OTHER <u>Unknown</u>
B. CONSTRUCTION	A (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) <u>N/A</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>N/A</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) <u>Frank Hamedi-Fard</u>	DATE <u>6/22/92</u>
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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	

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 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: Al Maples Auto Service

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

A. OWNER'S TANK I.D. # <u>4</u>	B. MANUFACTURED BY: <u>N/A</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>N/A</u>	D. TANK CAPACITY IN GALLONS: <u>4,000</u>

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

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	4 OIL	B. <input type="checkbox"/> 1 PRODUCT
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN	

C. 1a REGULAR UNLEADED 3 DIESEL 6 AVIATION GAS
 1b PREMIUM UNLEADED 4 GASAHOL 7 METHANOL
 2 LEADED 5 JET FUEL 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 type="checkbox"/> 1 DOUBLE WALL	3 SINGLE WALL WITH EXTERIOR LINER	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	2 STAINLESS STEEL	3 FIBERGLASS	4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM	<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

C. INTERIOR LINING <input type="checkbox"/> 1 RUBBER LINED	2 ALKYD LINING	3 EPOXY LINING	4 PHENOLIC LINING
<input type="checkbox"/> 5 GLASS LINING	<input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES _____ NO _____

D. CORROSION PROTECTION <input type="checkbox"/> 1 POLYETHYLENE WRAP	2 COATING	3 VINYL WRAP	4 FIBERGLASS REINFORCED PLASTIC
<input type="checkbox"/> 5 CATHODIC PROTECTION	<input checked="" type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

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

A. SYSTEM TYPE A U 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A <u>U</u> 99 OTHER <u>Unknown</u>
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 A <u>U</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	2 LINE TIGHTNESS TESTING	3 INTERSTITIAL MONITORING	99 OTHER
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V. TANK LEAK DETECTION

1 VISUAL CHECK	2 INVENTORY RECONCILIATION	3 VAPOR MONITORING	4 AUTOMATIC TANK GAUGING	5 GROUND WATER MONITORING
<input type="checkbox"/> 6 TANK TESTING	<input type="checkbox"/> 7 INTERSTITIAL MONITORING	<input checked="" 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) <u>N/A</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>N/A</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input checked="" 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) <u>Frank Hamedi-Fard</u>	DATE <u>6/22/92</u>
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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	

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 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: Al Maples Auto Service

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

A. OWNER'S TANK I.D.# <u>5</u>	B. MANUFACTURED BY: <u>N/A</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>N/A</u>	D. TANK CAPACITY IN GALLONS: <u>4,000</u>

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"/> 6 AVIATION GAS <input type="checkbox"/> 7 METHANOL <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 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"/> 2 STAINLESS STEEL <input type="checkbox"/> 3 FIBERGLASS <input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 5 CONCRETE <input type="checkbox"/> 6 POLYVINYL CHLORIDE <input type="checkbox"/> 7 ALUMINUM <input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP <input type="checkbox"/> 9 BRONZE <input type="checkbox"/> 10 GALVANIZED STEEL <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER		
C. INTERIOR LINING <input type="checkbox"/> 1 RUBBER LINED <input type="checkbox"/> 2 ALKYD LINING <input type="checkbox"/> 3 EPOXY LINING <input type="checkbox"/> 4 PHENOLIC LINING <input type="checkbox"/> 5 GLASS LINING <input checked="" type="checkbox"/> 6 UNLINED <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER		
D. CORROSION PROTECTION <input type="checkbox"/> 1 POLYETHYLENE WRAP <input type="checkbox"/> 2 COATING <input type="checkbox"/> 3 VINYL WRAP <input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 5 CATHODIC PROTECTION <input checked="" type="checkbox"/> 91 NONE <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER		

IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___

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

A. SYSTEM TYPE	A U 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A (U) 99 OTHER <u>Unknown</u>
B. CONSTRUCTION	A (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 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 checked="" 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) <u>N/A</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>N/A</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input checked="" 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) <u>Frank Hamedi-Fard</u>	DATE <u>6/22/92</u>
---	---------------------

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	

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 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: Al Maples Auto Service

I. TANK DESCRIPTION COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D.# <u>6</u>	B. MANUFACTURED BY: <u>N/A</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>N/A</u>	D. TANK CAPACITY IN GALLONS: <u>4,000</u>

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.			
A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B.	C. <input checked="" type="checkbox"/> 1a REGULAR UNLEADED
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 1 PRODUCT	<input type="checkbox"/> 3 DIESEL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN	<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"/> 7 METHANOL
			<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 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 CONCRTE	<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
			<input type="checkbox"/> 99 OTHER
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 checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
		<input type="checkbox"/> 95 UNKNOWN	<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"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input checked="" 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 OR U IF UNDERGROUND, BOTH IF APPLICABLE					
A. SYSTEM TYPE	A U 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 99 OTHER	<u>Unknown</u>
B. CONSTRUCTION	A 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 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 checked="" 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) <u>N/A</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>N/A</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input checked="" 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) <u>Frank Hamedi-Fard</u>	DATE <u>6/22/92</u>
--	------------------------

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			

Panela J. Evans

Project Specialist (print)

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 HAZARDOUS MATERIALS DIVISION
 80 SWAN WAY, ROOM 200
 OAKLAND, CA 94621
 PHONE NO. 415/271-4320

ACCEPTED

DEPARTMENT OF ENVIRONMENTAL HEALTH
 470 - 27th Street, Third Floor
 Oakland, CA 94612
 Telephone: (415) 874-7237

This plan has been reviewed and found to be acceptable. Changes to this plan must be on the job and approved by the Department and to the Fire and Public Health Departments to determine if such changes are in compliance with State and local laws. The Department of Health and local laws require that all building permits for construction of underground tanks must be on the job and approved by the Department and to the Fire and Public Health Departments to determine if such changes are in compliance with State and local laws. The Department of Health and local laws require that all building permits for construction of underground tanks must be on the job and approved by the Department and to the Fire and Public Health Departments to determine if such changes are in compliance with State and local laws.

- Removal of Tank and Piping
- Sampling
- Final Inspection

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

JE THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS. *6-25-92*

UNDERGROUND TANK CLOSURE PLAN

* * * Complete according to attached instructions * * *

1. Business Name Al Maples Auto Service
 Business Owner Al Maples
 2. Site Address 790 Bockman Road
 City San Lorenzo, CA Zip 94580 Phone 510-278-7871
 3. Mailing Address 790 Bockman Road
 City San Lorenzo, CA Zip 94580 Phone 51-278-7871
 4. Land Owner Abolghassem Razi
 Address 3261 Ramona Street City, State Pinole, CA Zip 94564
 5. Generator name under which tank will be manifested Mr. Abolghassem Razi
- EPA I.D. No. under which tank will be manifested CAC000864960

6. Contractor Alpha Geo Services
Address 298 Brokaw Road
City Santa Clara, CA 95050 Phone 408-988-1032
License Type General "A" & C57 ID# 507520

*
7. Consultant Soil Tech Engineering, Inc.
Address 298 Brokaw Road
City Santa Clara, CA 95050 Phone 408-496-0265

8. Contact Person for Investigation

Name Noori Ameli Title Project Engineer
Phone 408-496-0265

9. Number of tanks being closed under this plan 6
Length of piping being removed under this plan unknown
Total number of tanks at facility 6

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

** Underground tanks are hazardous waste and must be handled **
as hazardous waste

a) Product/Residual Sludge/Rinsate Transporter

Name Trident Truck Line, Inc. EPA I.D. No. CAD982484370
Hauler License No. 2773 License Exp. Date 6/30/93
Address 23422 Clawiter Road
City Hayward State CA Zip 94545

b) Product/Residual Sludge/Rinsate Disposal Site

Name Erickson, Inc. EPA I.D. No. CAD0009466392
Address 255 Parr Boulevard
City Richmond State CA Zip 94801

c) Tank and Piping Transporter

Name Erickoson, Inc. EPA I.D. No. CAD0009466392
Hauler License No. 0019 License Exp. Date _____
Address 255 Parr Boulevard
City Richmond State CA Zip 94801

d) Tank and Piping Disposal Site

Name Erickson, Inc. EPA I.D. No. CAD0009466392
Address 255 Parr Boulevard
City Richmond State CA Zip 94801

11. Experienced Sample Collector

Name Noori Ameli
Company Soil Tech Engineering, Inc.
Address 298 Brokaw Road
City Santa Clara State CA Zip 95050 Phone 408-496-0265

12. Laboratory

Name Priority Environmental Labs
Address 1764 Houret Court
City Milpitas State CA Zip 95035
State Certification No. 1708

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

If yes, describe. _____

14. Describe methods to be used for rendering tank inert

Dry ice: 20 pounds of dry ice per 1,000 gallons.

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 plugged.

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

15. Tank History and Sampling Information

Tank		Material to be sampled (tank contents, soil, groundwater, etc.)	Location and Depth of Samples
Capacity	Use History (see instructions)		
500	waste oil	soil and groundwater if present	If no groundwater in pit: 1. beneath tank @ fill end 2. beneath each tank at both ends Soil samples to be taken w/in 2 ft. of native soil/back fill interface If groundwater is present take minimum of: -one groundwater sample / tank pit area - two soil samples / tank from pit sidewalls at soil/groundwater interface
4,000	gasoline	soil and groundwater if present	
4,000	gasoline	soil and groundwater if present	
4,000	gasoline	soil and groundwater if present	
4,000	gasoline	soil and groundwater if present	
4,000	gasoline	soil and groundwater if present	

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

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (Estimated)	Minimum: Sampling Plan 1/50 yd ³ if soil is to be hauled away 1/20 yd ³ if soil is to be replaced in pits

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

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.

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Method Number	Method Detection Limit
TPHg	5030	GCFID	
BTEX	8020 or 8240 OR 602 or 624		
TPHd	3550 or 3510	GCFID	
O&G	5520 D&F or 5520 C&F		
Other req'd tests:			
• beneath gasoline tanks (+ stockpiles)			
Total Lead	AA		
• beneath waste oil tanks (+ stock piles)			
either:	5030	GCFID	
① TPHg	3550	GCFID	
TPHd	8020 or 8240 (soil)	602 or 624 (water)	
BTEX	8260		
or			
② TPH + BTEX			
③ Chlorinated hydrocarbons	8010 or 8240 (soil)	601 or 624 (water)	

③ Heavy metals: Pb, Cd, Cr, Zn, Ni; ICAP or AA

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

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (Estimated)	Sampling Plan

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

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.

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Method Number	Method Detection Limit
TPHg	5030	GCFID	
BTEX	8020 or 8240 OR 602 or 624		
TPHd	3550 or 3510	GCFID	
O&G	5520 D&F or 5520 C&F		
CL HC	8010 or 8240 OR 601 or 624		
ICAP or AA	Cd, Cr, Pb, Zn, Ni		

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

18. Submit Worker's Compensation Certificate copy

Name of Insurer State Compensation Insurance 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 report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report form. (see Instructions)

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

I declare that to the best of my knowledge and belief 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 an approval from the Department of Environmental Health and that no work is to begin on this project until this plan is approved.

I understand that any changes in design, materials or equipment will void this plan if prior approval is not obtained.

I understand that all work performed during this project will be done in compliance with all applicable OSHA (Occupational Safety and Health Administration) requirements concerning personnel health and safety. I understand that site and worker safety are solely the responsibility of the property owner or his agent and that this responsibility is not shared nor assumed by the County of Alameda.

Once I have received my stamped, accepted 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.

Signature of Contractor

Name (please type) Frank Hamedi-Fard

Signature 

Date 6/22/92

Signature of Site Owner or Operator

Name (please type) Abolghassem Razi 

Signature _____

Date 6/22/92

INSTRUCTIONS

General Instructions

- * Three (3) copies of this plan plus attachments and deposit must be submitted to this Department.
- * Any cutting into tanks requires local fire department approval.
- * One complete copy of your approved plan must be at the construction site at all times; a copy of your approved plan must also be sent to the landowner.

Item Specific Instructions

2. SITE ADDRESS
Address at which closure is taking place.
5. EPA I.D. NO. under which the tanks will be manifested
EPA I.D. numbers may be obtained from the State Department of Health Services, 916/324-1781.
6. CONTRACTOR
Prime contractor for the project.
10. STATE REGISTERED HAZARDOUS WASTE TRANSPORTERS/FACILITIES
 - a) All residual liquids and sludges are to be removed from tanks before tanks are inerted.
 - c) Tanks must be hauled as hazardous waste.
 - d) This is the place where tanks will be taken for cleaning.
15. TANK HISTORY AND SAMPLING INFORMATION
Use History - This information is essential and must be accurate. Include tank installation date, products stored in the tank, and the date when the tank was last used.

Material to be sampled - e.g. water, oil, sludge, soil, etc.

Location and depth of samples - e.g. beneath the tank a maximum of two feet below the native soil/backfill interface, side wall at the high water mark, etc.

17. SITE HEALTH AND SAFETY PLAN

A site specific Health and Safety plan must be submitted. We advocate the site health and safety plan include the following items, at a minimum:

- a) The name and responsibilities of the site health and safety officer;
- b) Identification of health and safety hazards of each work task. Include potential fire, explosion, physical, and chemical hazards;
- c) An outline of briefings to be held before work each day to appraise employees of site health and safety hazards;
- d) Frequency and types of air and personnel monitoring to be used - along with the environmental sampling techniques and instrumentation. Include instrumentation maintenance and calibration methods and frequencies;
- e) Specific personal protective equipment and procedures to be used by workers to protect themselves from the identified hazards. Also state the contaminant concentrations in air - or other conditions - which will trigger changes in work or work habits to ensure workers are not exposed to high levels of hazardous chemicals or to other unsafe conditions;
- f) Confined space entry procedures (if applicable);
- g) Decontamination procedures;
- h) Measures to be taken to secure the site, excavation and stockpiled soil during and after work hours (e.g. barricades, caution tape, fencing, trench plates, security guards, etc.);
- i) Spill containment and emergency/contingency plan. Be sure to include emergency phone numbers, the location of the phone nearest the site, and directions to the hospital nearest the site;
- j) Documentation that all site workers have received the appropriate OSHA approved trainings and participate in appropriate medical surveillance per 29 CFR 1910.120; and
- k) Page for employees to sign indicating they have read and will comply with the site health and safety plan.

The safety plan must be distributed to all employees and contractors working in hazardous waste operations on site. A complete copy of the site health and safety plan along with any standard operating procedures shall be on site and accessible at all times.

NOTE: These requirements are excerpts from 29 CFR Part 1910.120, Hazardous Waste Operations and Emergency Response; Final Rule, March 6, 1989. Safety plans of certain underground tank sites may need to meet the complete requirements of this Rule.

19. PLOT PLAN

The plan should consist of a scaled view of the facility at which the tank(s) are located and should include the following information:

- a) Scale;
- b) North Arrow;
- c) Property Lines;
- d) Location of all Structures;
- e) Location of all relevant existing equipment including tanks and piping to be removed and dispensers;
- f) Streets;
- g) Underground conduits, sewers, water lines, utilities;
- h) Existing wells (drinking, monitoring, etc.);
- i) Depth to ground water; and
- j) All existing tanks and piping in addition to the ones being pulled.

20. DEPOSIT

A deposit, payable to Alameda County for the amount indicated on the Alameda County Underground Storage Tank Fee Schedule, must accompany the plans.

21. Blank Unauthorized Leak/Contamination Site Report forms may be obtained in limited quantities from our office and from the San Francisco Bay Regional Water Quality Control Board (415/464-1255). Larger quantities may be obtained directly from the State Water Resources Control Board at (916) 739-2421.

22. TANK CLOSURE REPORT

The tank closure report should contain the following information:

- a) General description of the closure activities;
- b) Description of tank, fittings and piping conditions. Indicate tank size and former contents; note any corrosion, pitting, holes, etc.;

- c) Description of the excavation itself. Include the tank and excavation depth, a log of the stratigraphic units encountered within the excavation, a description of root holes or other potential contaminant pathways, the depth to any observed ground water, descriptions and locations of stained or odor-bearing soil, and descriptions of any observed free product or sheen;
- d) Description of sampling methods;
- e) Description of any remedial measures conducted at the time of tank removal;
- f) To-scale figures showing the excavation size and depth, nearby buildings, sample locations and depths, and tank and piping locations. Include a copy of the plot plan prepared for the Tank Closure Plan under item 19;
- g) Chain of custody records;
- h) Copies of signed laboratory reports;
- i) Copies of "TSDF to Generator" Manifests for all hazardous wastes hauled offsite (sludge, rinsate, tanks and piping, contaminated soil, etc.); and
- j) Tabulation of the volume and final destination of all non-manifested contaminated soil hauled offsite.

TABLE #2
RECOMMENDED MINIMUM VERIFICATION ANALYSES FOR
UNDERGROUND TANK LEAKS

<u>HYDROCARBON LEAK</u>	<u>SOIL ANALYSIS</u>		<u>WATER ANALYSIS</u>	
Unknown Fuel	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E	8260		
Leaded Gas	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	BTX&E	8020 OR 8240	BTX&E	602 or 624
	TPH AND BTX&E	8260	TOTAL LEAD AA	
	TOTAL LEAD AA			
	-----Optional-----			
	TEL	DHS-LUFT	TEL	DHS-LUFT
	EDB	DHS-AB1803	EDB	DHS-AB1803
Unleaded Gas	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E	8260		
Diesel, Jet Fuel and Kerosene	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E	8260		
Fuel/Heating Oil	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E	8260		
Chlorinated Solvents	CL HC	8010 or 8240	CL HC	601 or 624
	BTX&E	8020 or 8240	BTX&E	602 or 624
	CL HC AND BTX&E	8260	CL HC AND BTX&E	8260
Non-chlorinated Solvents	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602 or 624
	TPH AND BTX&E	8260	TPH and BTX&E	8260
Waste and Used Oil or Unknown (All analyses must be completed and submitted)	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	TPH AND BTX&E	8260		
	O & G	5520 D & F	O & G	5520 C & F
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	CL HC	8010 or 8240	CL HC	601 or 624
	ICAP or AA TO DETECT METALS: Cd, Cr, Pb, Zn, Ni			
	METHOD 8270 FOR SOIL OR WATER TO DETECT:			
	PCB*		PCB	
	PCP*		PCP	
	PNA		PNA	
	CREOSOTE		CREOSOTE.	

* If found, analyze for dibenzofurans (PCBs) or dioxins (PCP)

Reference: Tri-Regional Board Staff Recommendations for Preliminary Evaluation and Investigation of Underground Tank Sites, 10 August 1990

EXPLANATION FOR TABLE #2: MINIMUM VERIFICATION ANALYSIS

1. OTHER METHODOLOGIES are continually being developed and as methods are accepted by EPA or DHS, they also can be used.
2. For DRINKING WATER SOURCES, EPA recommends that the 500 series for volatile organics be used in preference to the 600 series because the detection limits are lower and the QA/QC is better.
3. APPROPRIATE STANDARDS for the materials stored in the tank are to be used for all analyses on Table #2. For instance, seasonally, there may be five different jet fuel mixtures to be considered.
4. To AVOID FALSE POSITIVE detection of benzene, benzene-free solvents are to be used.
5. TOTAL PETROLEUM HYDROCARBONS (TPH) as gasoline (G) and diesel (D) ranges (volatile and extractable, respectively) are to be analyzed and characterized by GCFID with a fused capillary column and prepared by EPA method 5030 (purge and trap) for volatile hydrocarbons, or extracted by sonication using 3550 methodology for extractable hydrocarbons. Fused capillary columns are preferred to packed columns; a packed column may be used as a "first cut" with "dirty" samples or once the hydrocarbons have been characterized and proper QA/QC is followed.
6. TETRAETHYL LEAD (TEL) analysis may be required if total lead is detected unless the determination is made that the total lead concentration is geogenic (naturally occurring).
7. CHLORINATED HYDROCARBONS (CL HC) AND BENZENE, TOLUENE, XYLENE AND ETHYLBENZENE (BTX&E) are analyzed in soil by EPA methods 8010 and 8020 respectively, (or 8240) and in water, 601 and 602, respectively (or 624).
8. OIL AND GREASE (O & G) may be used when heavy, straight chain hydrocarbons may be present. Infrared analysis by method 418.1 may also be acceptable for O & G if proper standards are used. "Standard Methods" 17th Edition, 1989, has changed the 503 series to 5520.
9. PRACTICAL QUANTITATION REPORTING LIMITS are influenced by matrix problems and laboratory QA/QC procedures. Following are the Practical Quantitation Reporting Limits:

	<u>SOIL PPM</u>	<u>WATER PPB</u>
TPH G	1.0	50.0
TPH D	1.0	50.0
BTX&E	0.005	0.5
O & G	50.0	5,000.0

10 August 1990

Based upon a Regional Board survey of Department of Health Services Certified Laboratories, the Practical Quantitation Reporting Limits are attainable by a majority of laboratories with the exception of diesel fuel in soils. The Diesel Practical Quantitation Reporting Limits, shown by the survey, are:

ROUTINE	MODIFIED PROTOCOL
≤ 10 ppm (42%)	≤ 10 ppm (10%)
≤ 5 ppm (19%)	≤ 5 ppm (21%)
≤ 1 ppm (35%)	≤ 1 ppm (60%)

When the Practical Quantitation Reporting Limits are not achievable, an explanation of the problem is to be submitted on the laboratory data sheets.

- LABORATORY DATA SHEETS are to be signed and submitted and include the laboratory's assessment of the condition of the samples on receipt including temperature, suitable container type, air bubbles present/absent in VOA bottles, proper preservation, etc. The sheets are to include the dates sampled, submitted, prepared for analysis, and analyzed.
- IF PEAKS ARE FOUND, when running samples, that do not conform to the standard, laboratories are to report the peaks, including any unknown complex mixtures that elute at times varying from the standards. Recognizing that these mixtures may be contrary to the standard, they may not be readily identified; however, they are to be reported. At the discretion of the LIA or Regional Board the following information is to be contained in the laboratory report:

The relative retention time for the unknown peak(s) relative to the reference peak in the standard, copies of the chromatogram(s), the type of column used, initial temperature, temperature program is C/minute, and the final temperature.
- REPORTING LIMITS FOR TPH are: gasoline standard ≤ 20 carbon atoms, diesel and jet fuel (kerosene) standard ≤ 50 carbon atoms. It is not necessary to continue the chromatography beyond the limit, standard, or EPA/DHS method protocol (whichever time is greater).

EPILOGUE

ADDITIVES: Major oil companies are being encouraged or required by the federal government to reformulate gasoline as cleaner burning fuels to reduce air emissions. MTBE (Methyl-tertiary butyl ether), ETHANOL (ethyl alcohol), and other chemicals may be added to reformulate gasolines to increase the oxygen content in the fuel and thereby decrease undesirable emissions (about four percent with MTBE). MTBE and ethanol are, for practical purposes, soluble in water. The removal

Regional Board Staff Recommendations
Preliminary Site Investigation

10 August 1990

from the water column will be difficult. Other compounds are being added by the oil companies for various purposes. The refinements for detection and analysis for all of these additives are still being worked out. If you have any questions about the methodology, please call your Regional Board representative.

HEALTH AND SAFETY PLAN
FOR
AL MAPLES AUTO SERVICE'S PROPERTY
LOCATED AT 790 BOCKMAN ROAD
SAN LORENZO, CALIFORNIA

General:

This Health and Safety Plan (HSP) contains the minimum requirements for the subject site and tanks removal. The field activities include: removal of product, excavation, product lines, triple washing the tanks, sampling rinsate, removing rinsate with vactruck, removing the tanks and proper disposal. All personnel and contractors will be required to strictly adhere to these HSP requirements.

The objective of the HSP plan is to describe procedures and actions to protect the worker, as well as unauthorized person, from inhalation and ingestion of, and direct skin contact with potentially hazardous materials that may be encountered at the site. The plan describes (1) personnel responsibilities and (2) protective equipment to be used as deemed when working on the site. At a minimum, all personnel working at the site must read and understand the requirements of this HSP. A copy of this HSP will be on-site, easily accessible to all staff and government field representative.

ALPHA GEO SERVICES

Personnel Responsibilities:

Key personnel directly involved in the investigation will be responsible for monitoring the implementation of safe work practices and the provisions of this plan are (1) Alpha Geo Services (AGS) supervisor, Mr. Richard Manley and (2) Soil Tech Engineering, Inc. (STE) project field engineer, site safety officer, Mr. Noori Ameli. These personnel are responsible for knowing the provisions of the plan, communicating plan requirements to workers under their supervision and regulatory agencies inspectors and for enforcing the plan.

The personnel-protective equipment will be selected to prevent field personnel from exposure to fuel hydrocarbons that may be present at the site. To prevent direct skin contact, the following protective clothing will be worn as appropriate while working at the site:

1. Tyvek coveralls.
2. Butyl rubber or disposable vinyl gloves.
3. Hard hat with optional face shield.
4. Steel toe boots.
5. Goggles or safety glasses.

The type of gloves used will be determined by the type of work being performed. Excavation and tank removal personnel will be

required to wear butyl rubber gloves because they may have long duration contact with the subsurface materials. The triple washing (decontaminated) and vactruck crews shall wear butyl rubber gloves as they may have long duration contact with the rinsate. STE sampling staff will wear disposable gloves when handling any sample. These gloves will be changed between each sample.

Tank destruction and removal personnel will be required to wear hard hats and when appropriate wear a protective face shield.

Personnel protective equipment shall be put on before entering the immediate work area. The sleeves of the overalls shall be outside of the cuffs of the gloves to facilitate removal of clothing with the least potential contamination of personnel. If at any time protective clothing (coveralls, boots or gloves) become torn, wet or excessively soiled, it will be replaced immediately.

Total organic vapors will be monitored at the site with a portable PID and portable LEL meter. Should the total organic vapor content approach that of the threshold limit value (TLV) for any of the substances listed in Table 1, appropriate safety measures will be implemented under the supervision of the site project engineer. These precautions include, but are not limited to, the following: (1) Donning of respirators (with appropriate cartridges) by site personnel, (2) forced ventilation of the site, (3) shutdown of work until such time as appropriate safety measures sufficient to insure the health and safety of site personnel can be implemented.

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**TABLE 1
THRESHOLD LIMIT VALUES
FOR
COMMON GASOLINE CONSTITUENTS**

Benzene	10 ppm
Toluene	100 ppm
Ethylbenzene	100 ppm
Xylenes	100 ppm

No eating, drinking or smoking will be allowed in the vicinity of the drilling operations. AGS will designate a separate area on site for eating and drinking. Smoking will not allowed at the vicinity of the site except in designated areas. No contact lenses will be worn by field personnel.

WORK ZONES AND SECURITY MEASURES:

The Project Engineer will call Underground Service Alert (USA) and the utilities will be marked before any excavation is conducted on-site, and excavation will be at safe distances from the utilities. The client will also be advised to have a representative on-site to advise us in selecting locations of piping trenches with respect to utilities, underground or above ground structures. AGS assumes no responsibility to utilities not so located. The excavation will be hand dig or using small power tools. Each of the areas where the tank or piping will be excavated will be designated as exclusion zones. Only essential personnel will be

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allowed into an exclusion zone. When it is practical and local topography allows, approximately 25 to 75 feet of space surrounding those exclusion zones will be designated as contamination reduction zones.

Cones, wooden barricades or a suitable alternative will be used to deny public access to these Contamination Reduction Zones excavation area. The general public will not be allowed close to the work area under any conditions. If for any reason the safety of a member of the public (e.g. motorist or pedestrian) may be endangered, work will cease until the situation is remedied. Cones and warning signs will be used when necessary to redirect motorists or pedestrians.

Location and Phone Numbers of Emergency Facilities:

The fire department and hospital addresses and phone number are listed below:

City of San Lorenzo Fire Department 911
427 Paseo Grande, San Lorenzo

Saint Rose Hospital (510) 782-6200
27200 Calaroga Avenue, Hayward

Additional Contingency Telephone Numbers:

Poison Control Center (800) 523-2222
Alpha Geo Services (408) 988-1032
CHEMTREC (800) 424-9300

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Note: Only call CHEMTREC stands for Chemical Transportation Emergency Center, a public service of the Chemical Manufacturer's Association. CHEMTREC can usually provide hazard information, warnings and guidance when given the identification number or the name of the product and the nature of the problem. CHEMTREC can also contact the appropriate experts.

ALPHA GEO SERVICES

TYPES OF PROTECTIVE CLOTHING AND RESPIRATION THAT
SHOULD BE USED AT HAZARDOUS WASTE SITES

AL MAPLES AUTO SERVICE
790 BOCKMAN ROAD
SAN LORENZO, CALIFORNIA

The degree of hazard is based on the waste material's physical, chemical, and biological properties and anticipated concentrations of the waste. The level of protective clothing and equipment worn must be sufficient to safeguard the individual. A four category system is described below.

LEVEL A

Level A consists of a pressure-demand SCBA (air supplying respirator with back mounted cylinders), fully encapsulated resistant suit, inner and outer chemical resistant gloves, chemical resistant steel safety boots (toe, shank, and metatarsal protection), and hard hat. Optional equipment might include cooling systems, abrasive resistant gloves, disposal oversuit and boot covers, communication equipment, and safety line. Level A is worn when the highest level of respiratory, skin, and eye protection is required. Most samplers will never wear Level A protection.

LEVEL B

Level B protection is utilized in areas where full respiratory protection is warranted, but a lower level of skin and eye protection is sufficient (only a small area of head and neck

ALPHA GEO SERVICES

is exposed). Level B consists of SCBA, splash suite (one or two piece) or disposal chemical resistant coveralls, inner and outer chemical resistant gloves, chemical resistant safety boots, and hard hat with face shield. Optional items include glove and boot covers and inner chemical resistant fabric coveralls.

LEVEL C

Level C permits the utilization of air-purifying respirators. Level B body, foot, and hand protection is normally maintained. Many organizations will permit only the use of approved full-face masks equipped with a chin or harness-mounted canister. However, many sites are visited by personnel wearing a half-mask cartridge respirator.

LEVEL D

Level D protection consists of a standard work uniform of coveralls, gloves, safety shoes or boots, hard hat, and goggles or safety glasses.

Respirators are of two basic types, air-purifying and air-supplying. Air-purifying respirators are designed to remove specific contaminants by means of filters and/or sorbents. Air-purifying respirators come in various sizes, shapes, and models and can be outfitted with a variety of filters, cartridges, and canisters. Each mask and cartridge or canister is designed for

protection against certain contaminant concentrations. Just because a cartridge says it is for use against organic vapors does not mean that it is good for all organic vapors.

Air-supplying respirators are utilized in oxygen-deficient atmospheres (less than 19.5 percent) or when an air-purifying device is not sufficient. Air is supplied to a face-mask from an uncontaminated source of air via an air line from stationary tanks, from a compressor, or from air cylinders worn on the back (SCBA). Rated capacities of the SCBA's are normally between 30 and 60 minutes. Only positive pressure (pressure demand) respirators should be used in high concentration hazardous environments.

Contact lenses are not permitted for use with any respirator. Contact lenses should not be worn at any site since they tend to concentrate organic materials around the eyes; soft plastic contact lenses can absorb chemicals directly. In addition, rapid removal of contact lenses may be difficult in an emergency. Although eye glasses can prevent a good seal around the temple when wearing goggles or full face masks, spectacle adapters are available for masks and goggles. Respirators often malfunction during cold weather or after continued use. Only NIOSH (National Institute for Occupational Safety and Health) MSHA (Mine Safety and Health Administration) approved respirators should be used.

ALPHA GEO SERVICES

ACKNOWLEDGMENT

Bay Area Air Quality Management District
acknowledges receipt of your Tank
Removal/Contaminated Soil Excavation
Notification Form received on
6/22/92 fly.

REGULATION 8, RULE 40 *n. Lew*
Aeration of Contaminated Soil and
Removal of Underground Storage Tanks

NOTIFICATION FORM
 Removal or Replacement of Tanks
 Excavation of Contaminated Soil

FORMATION

ZIP 94580

OWNER NAME Mr. Abolghassem Razi

SPECIFIC LOCATION OF PROJECT southeast Bockman Road next to Via Rosas Jr. High School.

TANK REMOVAL

SCHEDULED STARTUP DATE 6/26/92

VAPORS REMOVED BY:

- WATER WASH
 VAPOR FREEING (CO²)
 VENTILATION

CONTAMINATED SOIL EXCAVATION

SCHEDULED STARTUP DATE _____

STOCKPILES WILL BE COVERED? YES _____ NO _____

ALTERNATIVE METHOD OF AERATION (DESCRIBE BELOW):

(MAY REQUIRE PERMIT)

CONTRACTOR INFORMATION

NAME Alpha Geo Services CONTACT Frank Hamedi-Fard
ADDRESS 298 Brokaw Road PHONE (408) 988-1032
CITY, STATE, ZIP Santa Clara, CA 95050

CONSULTANT INFORMATION (IF APPLICABLE)

NAME Soil Tech Engineering, Inc. CONTACT Frank Hamedi-Fard
ADDRESS 298 Brokaw Road PHONE (408) 496-0255
CITY, STATE, ZIP Santa Clara, CA 95050

FOR OFFICE USE ONLY

DATE RECEIVED FAX 6/22/92

BY fly (init.)

DATE POSTMARKED _____

BY _____ (init.)

CC: INSPECTOR NO. 555

DATE 6/25/92

BY fly (init.)

UPDATE: CONTACT NAME _____

DATE _____

BY _____ (init.)

BAAQMD N # _____

DATA ENTRY 6/25/92



EDEN CONSOLIDATED

FIRE PROTECTION DISTRICT

427 PASEO GRANDE • SAN LORENZO, CALIFORNIA 94580
(415) 670-5853

FIRE PERMIT APPLICATION

INSTRUCTIONS

The Fire Code of Alameda County requires a Permit from the Fire Prevention Bureau be obtained by individuals or businesses engaged in operations listed on the reverse side of this application. Please complete this application as required and submit it to above address.

BUSINESS NAME Al Maples Auto Service		BUSINESS PHONE NO. 510-278-7871	
BUSINESS ADDRESS 790 Bockman Road, San Lorenzo, CA		ZIP CODE 94580	
MAILING ADDRESS 790 Bockman Road, San Lorenzo, CA		ZIP CODE 94580	
OWNER OR AUTHORIZED REPRESENTATIVE Alpha Cdo Services			

The above named Business/Individual hereby makes application for a Permit in accordance with applicable Codes and Ordinances for the following type of operation (refer to reverse side for appropriate category):

ENTER ITEM NUMBER • DESCRIPTION • FIRE CODE ARTICLE NO.

ITEM NO 18	DESCRIPTION REMOVE MULTIPLE UST FROM 790 BOCKMAN RD	FIRE CODE ARTICLE NO. 79
COMMENTS AL MAPLES AUTO SERVICE		

NOTE

Once issued, this Permit must be kept on the premises, and shall not take the place of any License required by law. Permits must be renewed on or before the expiration date, and shall not be transferable and any change in use, occupancy, operation, or ownership shall require a new Permit. Upon acceptance of a Permit, the Permittee agrees to comply with all Ordinance provisions now adopted or that may be hereafter adopted.

SIGNATURE OF APPLICANT 	DATE 6/22/92
----------------------------	-----------------

DO NOT FILL IN BELOW — FOR FIRE DEPARTMENT USE ONLY

PERMIT NUMBER 92-605	EXPIRATION DATE July 25	PERMIT APPROVED <input checked="" type="checkbox"/>	PERMIT DENIED <input type="checkbox"/>
COMMENTS: DATE & TIME TO BE CONFIRMED			
PERMIT ISSUED BY 		DATE JUNE 25, 1992	



EDEN CONSOLIDATED

FIRE PROTECTION DISTRICT

427 PASEO GRANDE • SAN LORENZO, CALIFORNIA 94580
(415) 670-5853

FIRE PERMIT

NO: 92-625

ISSUE DATE

June 25, 1992

EXPIRATION DATE

July 25, 1992

NAME OF BUSINESS

Alpha Geo Services

BUSINESS ADDRESS

298 Brokaw Road, Santa Clara, Ca 95050

THE BUSINESS (AND ITS LOCATION, LISTED ABOVE) PURSUANT TO THE PROVISIONS OF THE ALAMEDA COUNTY FIRE CODE, HAVING MADE APPLICATION IN DUE FORM AND BEING IN COMPLIANCE WITH APPLICABLE CODES, AND ORDINANCES, IS HEREBY GRANTED PERMISSION FOR THE FOLLOWING TYPES OF OPERATIONS:

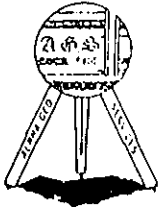
To remove underground flammable liquid tanks from property located at 790 Bockman Rd

San Lorenzo, Ca 94580

UPON ACCEPTANCE OF THIS PERMIT, THE PERMITTEE AGREES TO COMPLY WITH ALL ORDINANCE PROVISIONS NOW ADOPTED OR THAT MAY BE HEREAFTER ADOPTED.

**THIS PERMIT MUST BE KEPT ON
THE PREMISES AT ALL TIMES**

FIRE PREVENTION BUREAU



ALPHA GEO SERVICES INC.

GENERAL ENGINEERING CONTRACTOR LICENSE NO. 507520

298 BROKAW Rd.
SANTA CLARA, Ca. 95050

Phone (408) 988-1055
Fax (408) 988-3343

June 25, 1992

Ms. Pam Evans
Alameda County Health
Care Service Agency
80 Swan Way, Room 200
Oakland, California 94612

Dear Ms. Evans:

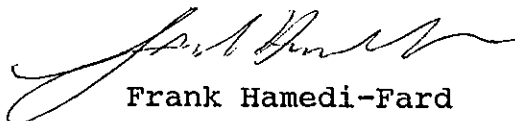
Per our phone conversation, the followings are the addendum to the permit application for tank removal located at 790 Bockman Road, in San Lorenzo, California.

1. Fire extinguisher will be available at the site at the front of the garage.
2. All soil samples will be collected by backhoe in brass tube liners.
3. All the samples will be collected and analyzed per California Regional Water Quality Control Board (CRWQCB), or analyses may be alternated or modified per your request.

If you have any questions, please feel free to contact our office at your convenience.

Sincerely,

ALPHA GEO SERVICES



Frank Hamedi-Fard

TABLE #2
RECOMMENDED MINIMUM VERIFICATION ANALYSES FOR
UNDERGROUND TANK LEAKS

<u>HYDROCARBON LEAK</u>	<u>SOIL ANALYSIS</u>	<u>WATER ANALYSIS</u>
Unknown Fuel	TPH G GCFID(5030)	TPH G GCFID(5030)
	TPH D GCFID(3550)	TPH D GCFID(3510)
	BTX&E 8020 or 8240	BTX&E 602, 624 or 8260
	TPH AND BTX&E 8260	
Leaded Gas	TPH G GCFID(5030)	TPH G GCFID(5030)
	BTX&E 8020 OR 8240	BTX&E 602 or 624
	TPH AND BTX&E 8260	TOTAL LEAD AA
	TOTAL LEAD AA	
-----Optional-----		
	TEL DHS-LUFT	TEL DHS-LUFT
	EDB DHS-AB1803	EDB DHS-AB1803
Unleaded Gas	TPH G GCFID(5030)	TPH G GCFID(5030)
	BTX&E 8020 or 8240	BTX&E 602, 624 or 8260
	TPH AND BTX&E 8260	
Diesel, Jet Fuel and Kerosene	TPH D GCFID(3550)	TPH D GCFID(3510)
	BTX&E 8020 or 8240	BTX&E 602, 624 or 8260
	TPH AND BTX&E 8260	
Fuel/Heating Oil	TPH D GCFID(3550)	TPH D GCFID(3510)
	BTX&E 8020 or 8240	BTX&E 602, 624 or 8260
	TPH AND BTX&E 8260	
Chlorinated Solvents	CL HC 8010 or 8240	CL HC 601 or 624
	BTX&E 8020 or 8240	BTX&E 602 or 624
	CL HC AND BTX&E 8260	CL HC AND BTX&E 8260
Non-chlorinated Solvents	TPH D GCFID(3550)	TPH D GCFID(3510)
	BTX&E 8020 or 8240	BTX&E 602 or 624
	TPH AND BTX&E 8260	TPH and BTX&E 8260
Waste and Used Oil or Unknown (All analyses must be completed and submitted)	TPH G GCFID(5030)	TPH G GCFID(5030)
	TPH D GCFID(3550)	TPH D GCFID(3510)
	TPH AND BTX&E 8260	
	O & G 5520 D & F	O & G 5520 C & F
	BTX&E 8020 or 8240	BTX&E 602, 624 or 8260
	CL HC 8010 or 8240	CL HC 601 or 624
ICAP or AA TO DETECT METALS: Cd, Cr, Pb, Zn, Ni METHOD 8270 FOR SOIL OR WATER TO DETECT: PCB* PCB PCP* PCP PNA PNA CREOSOTE CREOSOTE.		

* If found, analyze for dibenzofurans (PCBs) or dioxins (PCP)

Reference: Tri-Regional Board Staff Recommendations for Preliminary Evaluation and Investigation of Underground Tank Sites, 10 August 1990

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (Estimated)	Sampling Plan

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

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.

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Method Number	Method Detection Limit
TPHg	5030	GCFID	
BTEX	8020 or 8240 OR 602 or 624		
TPHd	3550 or 3510	GCFID	
O&G	5520 D&F or 5520 C&F		
CL HC	8010 or 8240 OR 601 or 624		
ICAP or AA	Cd, Cr, Pb, Zn, Ni		

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

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH
 Hazardous Materials Inspection Form

80 Swan Way, #200
 Oakland, CA 94621
 (415) 271-4320

II, III

Site ID # _____ Site Name _____ Today's Date ____/____/____

II.A BUSINESS PLANS (Title 19)

- ___ 1. Immediate Reporting 2703
- ___ 2. Bus. Plan Sids. 25503(b)
- ___ 3. RR Cars > 30 days 25503.7
- ___ 4. Inventory Information 25504(a)
- ___ 5. Inventory Complete 2730
- ___ 6. Emergency Response 25504(b)
- ___ 7. Training 25504(c)
- ___ 8. Delicency 25505(a)
- ___ 9. Modification 25505(b)

Site Address 790 Bockman Rd

City San Lorenzo Zip 94580 Phone _____

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

Inspection Categories:

- ___ I. Haz. Mat/Waste GENERATOR/TRANSPORTER
- ___ II. Business Plans, Acute Hazardous Materials
- III. Underground Tanks

Page 2

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

II.B ACUTELY HAZ. MAT'L S

- ___ 10. Registration Form Filed 25533(a)
- ___ 11. Form Complete 25533(b)
- ___ 12. RMPP Contents 25533(c)
- ___ 13. Implement Sch. Req'd? (Y/N) _____
- ___ 14. OffSite Conseq. Assess. 25524(c)
- ___ 15. Probable Risk Assessment 25534(d)
- ___ 16. Persons Responsible 25534(g)
- ___ 17. Certification 25534(f)
- ___ 18. Exemption Request? (Y/N) 25536(b)
- ___ 19. Trade Secret Requested? 25538

III. UNDERGROUND TANKS (Title 23)

- | | |
|-------------------------------|--|
| General | ___ 1. Permit Application 25284 (H&S) |
| | ___ 2. Pipeline Leak Detection 25292 (H&S) |
| | ___ 3. Records Maintenance 2712 |
| | ___ 4. Release Report 2651 |
| | ___ 5. Closure Plans 2670 |
| Monitoring for Existing Tanks | ___ 6. Method |
| | 1) Monthly Test |
| | 2) Daily Vadose |
| | Semi-annual groundwater |
| | One time sals |
| | 3) Daily Vadose |
| | One time sals |
| | Annual tank test |
| | 4) Monthly Gndwater |
| | One time sals |
| 5) Daily Inventory | |
| Annual tank testing | |
| Cont pipe leak det | |
| Vadose/gndwater mon. | |
| 6) Daily Inventory | |
| Annual tank testing | |
| Cont pipe leak det | |
| 7) Weekly Tank Gauge | |
| Annual tank tsg | |
| 8) Annual Tank Testing | |
| Daily Inventory | |
| 9) Other _____ | |
| New Tanks | ___ 7. Precs Tank Test 2643 |
| | Date: _____ |
| | ___ 8. Inventory Rec. 2644 |
| | ___ 9. Soil Testing 2646 |
| ___ 10. Ground Water 2647 | |
| ___ 11. Monitor Plan 2632 | |
| ___ 12. Access, Secure 2634 | |
| ___ 13. Plans Submit 2711 | |
| Date: _____ | |
| ___ 14. As Built 2635 | |
| Date: _____ | |

C) North tank pit held 3 tanks - one ~1000 gal + two ~6000 gal. #4 (1000 gal) appeared intact. #5 had a ^{crack} hole in west end. Liquid leaked into pit. #6 looked corroded especially along west end of tank.

3) samples taken at ~11 1/2 - 12' deep in native soil beneath tanks 5 & 6, west ends.

I did not witness east & south side samples in this pit. Stockpiles were not intended to go back into pits. Volume ~ 40-50 cubic yds - 1 sample taken.

E) Waste oil from tank 3 + other tank liquids were hauled by Gibson Oil to Redwood City.

F) Tanks 6+4 hauled by Trident to Erickson's Richmond facility. Tanks 1,2,3 hauled by Erickson to its Brown yard.

G) Also present: Jim Cox of Erickson, Jim Ferdinand of Eden Fire (~30 minutes only)

3 II, III

Contact: _____
 Title: _____
 Signature: _____

Inspector: _____
 Signature: Pamela J. Evans

92052617
 IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA, CALL 1-800-852-7550
 GENERATOR
 FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.		Manifest Document No.		2. Page 1 of		Information in the shaded areas is not required by Federal law.			
3. Generator's Name and Mailing Address ABOLGHASSEM RAZI 3261 RAMONA ST, PINOLE, CA 94564		CA 9000864 860		011748		A. State Manifest Document Number 92052617					
4. Generator's Phone (510) 278-7871		5. Transporter 1 Company Name PRC PATTERSON		6. US EPA ID Number CA109816964210		C. State Transporter's ID 306001		D. Transporter's Phone (209) 892-6742			
7. Transporter 2 Company Name		8. US EPA ID Number		9. Designated Facility Name and Site Address PRC PATTERSON 13331 N. HWY 33 PATTERSON CA 95363		10. US EPA ID Number CA1083166728		G. State Facility's ID CA1083166728			
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity		14. Unit		15. Waste Number			
a. NON RCRA HAZARDOUS WASTE LIQUID		No. Type		091 TT 021010 G		G		State 223			
b.								EPA/Other			
c.								State			
d.								EPA/Other			
J. Additional Descriptions for Materials Listed Above OIL WATER		K. Handling Codes for Wastes Listed Above		a.		b.		c.			
15. Special Handling Instructions and Additional Information											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of the consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable federal, state and international laws. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.											
Printed/Typed Name FRAN HAMIDI				Signature 		Month 07		Day 31		Year 92	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name JEROME R. VOSS				Signature 		Month 07		Day 31		Year 92	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name				Signature		Month		Day		Year	
19. Discrepancy Indication Space											
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name				Signature		Month		Day		Year	

DO NOT WRITE BELOW THIS LINE.

Please print or type. Form designed for use on *olita* (12-pitch typewriter).

UNIFORM HAZARDOUS WASTE MANIFEST		Generator's US EPA ID No. CA10000864960480119	Manifest Document No. 1	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ABDOLHASEN RAZI 3261 Kamona Street PINOLE, CALIFORNIA 94564			A. State Manifest Document Number 90648279		B. State Generator's ID	
4. Generator's Phone (510) 278-7871			C. State Transporter's ID 309164		D. Transporter's Phone (510) 235-1393	
5. Transporter 1 Company Name Erickson, Inc.			6. US EPA ID Number 104000946639		E. State Transporter's ID	
7. Transporter 2 Company Name			8. US EPA ID Number		F. Transporter's Phone	
9. Designated Facility Name and Site Address Gibson Oil / Pilot Petroleum 475 Sea Port Blvd. Redwood City, Ca. 94604			10. US EPA ID Number 1040043260702		G. State Facility's ID	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) a. RQ Hazardous Waste Liquids NOS ORM E NA9189 D018			12. Containers No. Type 001TT02000G		13. Total Quantity	
					14. Unit Wt/Vol	
					I. Waste No. State 223 EPA/Other D018	
					State EPA/Other	
					State EPA/Other	
					State EPA/Other	
J. Additional Descriptions for Materials Listed Above Hydrocarbon Mixture With Water (99% Water, 1% Hydrocarbons)			K. Handling Codes for Wastes Listed Above a. b. c. d.			
15. Special Handling Instructions and Additional Information Gibson Oil Waste Stream Profile # 10,001 ERG 31 24 Hr. Contact MR. RAZI 24 Hr. Phone # (510) 278-7871						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name NOORI AMELI (AGENT)			Signature <i>N. Ameli</i>		Month Day Year 06 25 92	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name ROBERT CANERA			Signature <i>Robert Canera</i>		Month Day Year 06 25 92	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name			Signature		Month Day Year	
19. Discrepancy Indication Space						
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name						
			Signature		Month Day Year	

90648279
 IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR
 TRANSPORTER
 FACILITY

Do Not Write Below This Line

78930

See Instructions on back of page 6.

78930

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. **CA0000864960180970** Manifest Document No. **1 of 1** 2. Page 1
 Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
**ABOLGHASSEM RAZI 3261 RAINONA Street
 PINOLE, CALIFORNIA 94564**

A. State Manifest Document Number
92080970

4. Generator's Phone **510 278-7871**

B. State Generator's ID

5. Transporter 1 Company Name
ERICKSON TRUCKING INC 6. US EPA ID Number
CA0009466392

C. State Transporter's ID
309107

D. Transporter's Phone
(510) 235-1393

7. Transporter 2 Company Name 8. US EPA ID Number

E. State Transporter's ID

9. Designated Facility Name and Site Address
**Erickson, Inc.
 255 Parr Blvd.
 Richmond, Ca. 94801** 10. US EPA ID Number
CA0009466392

G. State Facility ID
CA0009466392

H. Facility Phone

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers		13. Total Quantity	14. Unit Wt/Vol	15. Waste Number
	No.	Type			
a. Waste Empty Storage Tank NON-RCRA Hazardous Waste Solid	002	T P	12500	P	150
b.					
c.					
d.					

Additional Descriptions (to be used only if necessary):
 Two Empty Storage Tanks have been inserted with 150 lbs. Day December 1000 Gallon Capacity.

15. Special Handling Instructions and Additional Information
 Keep away from sources of ignition. Always wear hardhats when working around U.S.T.'s 24 Hr. Contact Name **MR. RAZI** & Phone **(510) 278-7871**

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of the consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable federal, state and international laws.
 If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name **NOORI AMELI (AGENT)** Signature *[Signature]* Month **06** Day **26** Year **92**

17. Transporter 1 Acknowledgement of Receipt of Materials
 Printed/Typed Name **ROBERT CANEPA** Signature *[Signature]* Month **06** Day **26** Year **92**

18. Transporter 2 Acknowledgement of Receipt of Materials
 Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
 Printed/Typed Name **Donald A. Loderer** Signature *[Signature]* Month **06** Day **26** Year **92**

DO NOT WRITE BELOW THIS LINE.

92080970
 IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-7550
 GENERATOR FACILITY

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92080971
 IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-9802; WITHIN CALIFORNIA, CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CAL00086496080971	Manifest Document No. 1 of 1	2. Page 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ABOLGHASSEM RAZI 326 RAMONA Street PINOLE, CALIFORNIA 94564			A. State Manifest Document Number 92080971		
4. Generator's Phone (510) 278-7871			B. State Generator's ID		
5. Transporter 1 Company Name TRIDENT TRUCK LINES		6. US EPA ID Number CAD982484370		C. State Transporter ID 309973	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter Phone (510) 783-2881	
9. Designated Facility Name and Site Address Erickson, Inc. 255 Parr Blvd. Richmond, Cal 94801		10. US EPA ID Number CAD009466392		E. State Facility ID (510) 255-255	
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	15. Waste Number
a. Waste Empty Storage Tank NON-RCRA Hazardous Waste Solid:		002	T P	30000	P
b.					
c.					
d.					
15. Special Handling Instructions and Additional Information Keep away from sources of ignition. Always wear hardhats when working around U.S.T.'s 24 Hr. Contact Name MR. Razi & Phone (510) 278-7871		16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of the consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable federal, state and international laws. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.			
Printed/Typed Name FAMIL HANTEL		Signature <i>[Signature]</i>		Month Day Year 06 26 92	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Jim Wise		Signature <i>[Signature]</i>		Month Day Year 06 26 92	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name DAVID SATO					
Signature DAVE SATO				Month Day Year 06 26 92	

DO NOT WRITE BELOW THIS LINE.

07 01 92

10:30 - 2 PM

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92080972
 IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA0000864960810972	Manifest Document No.	2. Page 1 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address ABOLGHASSEM RAZI 3261 RAMONA STREET PINDLE, CALIFORNIA 94564			A. State Manifest Document Number 92080972		
4. Generator's Phone (510) 278-7871			B. State Generator's ID		
5. Transporter 1 Company Name ERICKSON INC		6. US EPA ID Number CA0009466392		C. State Transporter's ID 309176	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (510) 235-1313	
9. Designated Facility Name and Site Address Erickson, Inc: 255 Parr Blvd. Richmond, Ca. 94801		10. US EPA ID Number CA0009466392		E. State Facility's ID CA0009466392	
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	15. Waste Number
a. Waste Empty Storage Tank NON-RCRA Hazardous Waste Solid:		001	TP	12000	P
b.					
c.					
d.					
Additional Descriptions for Materials Listed Above ONE Empty Storage Tank (S) 9000 Gals. Tank (S) have been increased with 15 lbs. Dry Ice per 1000 Gal. Capacity.		Handling Capacity Wastes Listed Above			
15. Special Handling Instructions and Additional Information Keep away from sources of ignition. Always wear hardhat when working around U.S.T.'s 24 Hr. Contact Name <u>MR. RAZI</u> & Phone <u>(510) 278-7871</u>					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of the consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable federal, state and international laws. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name NOOL AMELI (AGENT)		Signature 		Month Day Year 06 26 92	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name DAVID BUNCE		Signature 		Month Day Year 06 26 92	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Donald H. Larson					
Signature 		Month Day Year 06 29 92			

DO NOT WRITE BELOW THIS LINE.

Please print or type. Form designed for use on elite (12-pitch typewriter).

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IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA, C, 0, 0, 8, 6, 4, 9, 6, 0	Manifest Document No. 0, 0, 0, 0, 3	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address ABOLGHASSEM RAZI 3261 Ramonastreet PINOLE, CALIFORNIA 94564			A. State Manifest Document Number 91489038			
4. Generator's Phone (510) 278-7871		6. US EPA ID Number CA, D, 9, 8, 2, 4, 8, 4, 3, 7, 0		B. State Generator's ID		
5. Transporter 1 Company Name TRIDENT TRUCK LINE, INC.		7. US EPA ID Number CA, D, 9, 8, 2, 4, 8, 4, 3, 7, 0		C. State Transporter's ID 307973		
7. Transporter 2 Company Name Trident Truck Line Inc		8. US EPA ID Number CA, D, 9, 8, 2, 4, 8, 4, 3, 7, 0		D. Transporter's Phone (510) 783-2881		
9. Designated Facility Name and Site Address ERICKSON INCORPORATED 255 PARR BLVD. RICHMOND, CA 94801		10. US EPA ID Number CA, D, 0, 0, 9, 4, 6, 6, 3, 9, 2		E. State Transporter's ID 209336		
				F. Transporter's Phone (510) 783-2881		
				G. State Facility's ID CA, D, 0, 0, 9, 4, 6, 6, 3, 9, 2		
				H. Facility's Phone (510) 235-1393		
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number) waste EMPTY TANK NON-RCRA HAZARDOUS WASTE SOLID		12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	1. Waste Number State 512 EPA/Other NONE	
		0, 0, 1 T, P	42000	P		
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above QUANTITY ONE EMPTY STORAGE TANK(S) 9026 HAVE BEEN INERTED WITH 15 LBS. DRY ICE PER 1000 GAL CAPACITY			K. Handling Codes for Wastes Listed Above a. b. c. d.			
15. Special Handling Instructions and Additional Information KEEP AWAY FROM SOURCES OF IGNITION. ALWAYS WEAR HARDHATS AND GLASSES WHEN WORKING AROUND UNDERGROUND STORAGE TANKS. 24 HR. CONTACT NAME: MR. RAZI AND PHONE (510) 278-7871						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name NOORI AMELI (AGENT)		Signature 		Month Day Year 06 12 19 92		
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name BOB SGAMA		Signature 		Month Day Year 06 12 19 92		
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Jim Wise		Signature 		Month Day Year 06 26 19 92		
19. Discrepancy Indication Space						
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name Donald H. P... 68802		Signature 		Month Day Year 06 29 19 92		

DO NOT WRITE BELOW THIS LINE.

DAY OR NIGHT
TELEPHONE
(510) 235-1393

CERTIFICATE CERTIFIED SERVICES COMPANY

255 Parr Boulevard • Richmond, California 94801

NO. 10650

CUSTOMER	ALPHA GEO
JOB NO.	78930

FOR: Erickson, Inc. TANK NO. 9021

LOCATION: Richmond DATE: 07/07/92 TIME: 08:35:55

TEST METHOD Visual Gastech/1314 SMPN LAST PRODUCT LG

This is to certify that I have personally determined that this tank is in accordance with the American Petroleum Institute and have found the condition to be in accordance with its assigned designation. This certificate is based on conditions existing at the time the inspection herein set forth was completed and is issued subject to compliance with all qualifications and instructions.

TANK SIZE 12000 Gallon Tank CONDITION SAFE FOR FIRE

REMARKS: OXYGEN 20.9%
LOWER EXPLOSIVE LIMIT LESS THAN 0.1%

"ERICKSON INC. HEREBY CERTIFIES THAT THE ABOVE NUMBERED TANK HAS BEEN
CUT OPEN, PROCESSED, AND THEREFORE DESTROYED AT OUR PERMITTED HAZARDOUS
WASTE FACILITY."

In the event of any physical or atmospheric changes affecting the gas-free conditions of the above tanks, or if in any doubt, immediately stop all hot work and contact the undersigned. This permit is valid for 24 hours if no physical or atmospheric changes occur.

STANDARD SAFETY DESIGNATION

SAFE FOR MEN: Means that in the compartment or space so designated (a) The oxygen content of the atmosphere is at least 19.5 percent by volume; and that (b) Toxic materials in the atmosphere are within permissible concentrations; and (c) In the judgment of the inspector, the residues are not capable of producing toxic materials under existing atmospheric conditions while maintained as directed on the Inspector's certificate.

SAFE FOR FIRE: Means that in the compartment so designated (a) The concentration of flammable materials in the atmosphere is below 10 percent of the lower explosive limit; and that (b) In the judgment of the inspector, the residues are not capable of producing a higher concentration than permitted under existing atmospheric conditions in the presence of fire and while maintained as directed on the Inspector's certificate, and further, (c) All adjacent spaces have either been cleaned sufficiently to prevent the spread of fire, are satisfactorily inerted, or in the case of fuel tanks, have been treated as deemed necessary by the inspector.

The undersigned representative acknowledges receipt of this certificate and understands the conditions and limitations under which it was issued.

REPRESENTATIVE

TITLE

INSPECTOR

DAY OR NIGHT
TELEPHONE
(510) 235-1393

CERTIFICATE CERTIFIED SERVICES COMPANY

255 Parr Boulevard • Richmond, California 94801

NO. 10762

CUSTOMER	ALPHA GEO
JOB NO.	78930

FOR: Erickson, Inc. TANK NO. 9022

LOCATION: Richmond DATE: 06/30/92 TIME: 09:51:33

TEST METHOD Visual Gastech/1314 SMPN LAST PRODUCT UO

This is to certify that I have personally determined that this tank is in accordance with the American Petroleum Institute and have found the condition to be in accordance with its assigned designation. This certificate is based on conditions existing at the time the inspection herein set forth was completed and is issued subject to compliance with all qualifications and instructions.

TANK SIZE 550 Gallon Tank CONDITION SAFE FOR FIRE

REMARKS: OXYGEN 20.9%
LOWER EXPLOSIVE LIMIT LESS THAN 0.1%

"ERICKSON INC. HEREBY CERTIFIES THAT THE ABOVE NUMBERED TANK HAS BEEN
CUT OPEN, PROCESSED, AND THEREFORE DESTROYED AT OUR PERMITTED HAZARDOUS
WASTE FACILITY."

In the event of any physical or atmospheric changes affecting the gas-free conditions of the above tanks, or if in any doubt, immediately stop all hot work and contact the undersigned. This permit is valid for 24 hours if no physical or atmospheric changes occur.

STANDARD SAFETY DESIGNATION

SAFE FOR MEN: Means that in the compartment or space so designated (a) The oxygen content of the atmosphere is at least 19.5 percent by volume; and that (b) Toxic materials in the atmosphere are within permissible concentrations; and (c) In the judgment of the Inspector, the residues are not capable of producing toxic materials under existing atmospheric conditions while maintained as directed on the Inspector's certificate.

SAFE FOR FIRE: Means that in the compartment so designated (a) The concentration of flammable materials in the atmosphere is below 10 percent of the lower explosive limit; and that (b) In the judgment of the Inspector, the residues are not capable of producing a higher concentration than permitted under existing atmospheric conditions in the presence of fire and while maintained as directed on the Inspector's certificate, and further, (c) All adjacent spaces have either been cleaned sufficiently to prevent the spread of fire, are satisfactorily inerted, or in the case of fuel tanks, have been treated as deemed necessary by the Inspector.

The undersigned representative acknowledges receipt of this certificate and understands the conditions and limitations under which it was issued.

K. Hughes REPRESENTATIVE TITLE DL INSPECTOR

DAY OR NIGHT
TELEPHONE
(510) 235-1393

CERTIFICATE CERTIFIED SERVICES COMPANY

255 Parr Boulevard • Richmond, California 94801

NO. 10651

CUSTOMER
ALPHA GEO
JOB NO. 78930

FOR: Erickson, Inc. TANK NO. 9023

LOCATION: Richmond DATE: 07/07/92 TIME: 08:35:55

TEST METHOD Visual Gastech/1314 SMPN LAST PRODUCT LG

This is to certify that I have personally determined that this tank is in accordance with the American Petroleum Institute and have found the condition to be in accordance with its assigned designation. This certificate is based on conditions existing at the time the inspection herein set forth was completed and is issued subject to compliance with all qualifications and instructions.

TANK SIZE 12000 Gallon Tank CONDITION SAFE FOR FIRE

REMARKS: OXYGEN 20.9%
LOWER EXPLOSIVE LIMIT LESS THAN 0.1%

"ERICKSON INC. HEREBY CERTIFIES THAT THE ABOVE NUMBERED TANK HAS BEEN
CUT OPEN, PROCESSED, AND THEREFORE DESTROYED AT OUR PERMITTED HAZARDOUS
WASTE FACILITY."

In the event of any physical or atmospheric changes affecting the gas-free conditions of the above tanks, or if in any doubt, immediately stop all hot work and contact the undersigned. This permit is valid for 24 hours if no physical or atmospheric changes occur.

STANDARD SAFETY DESIGNATION

SAFE FOR MEN: Means that in the compartment or space so designated (a) The oxygen content of the atmosphere is at least 19.5 percent by volume; and that (b) Toxic materials in the atmosphere are within permissible concentrations; and (c) In the judgment of the Inspector, the residues are not capable of producing toxic materials under existing atmospheric conditions while maintained as directed on the Inspector's certificate.

SAFE FOR FIRE: Means that in the compartment so designated (a) The concentration of flammable materials in the atmosphere is below 10 percent of the lower explosive limit; and that (b) In the judgment of the Inspector, the residues are not capable of producing a higher concentration that permitted under existing atmospheric conditions in the presence of fire and while maintained as directed on the Inspector's certificate, and further, (c) All adjacent spaces have either been cleaned sufficiently to prevent the spread of fire, are satisfactorily inerted, or in the case of fuel tanks, have been treated as deemed necessary by the Inspector.

The undersigned representative acknowledges receipt of this certificate and understands the conditions and limitations under which it was issued.

REPRESENTATIVE

K. Deegher

TITLE

INSPECTOR

DR

DAY OR NIGHT
TELEPHONE
(510) 235-1393

CERTIFICATE
CERTIFIED SERVICES COMPANY
255 Parr Boulevard • Richmond, California 94801

NO. 10605

CUSTOMER ALPHA GEO	
JOB NO.	78930

Erickson, Inc. 9024
FOR: _____ TANK NO. _____

Richmond 07/02/92 06:21:04
LOCATION: _____ DATE: _____ TIME: _____

Visual Gastech/1314 SMPN LG
TEST METHOD _____ LAST PRODUCT _____

This is to certify that I have personally determined that this tank is in accordance with the American Petroleum Institute and have found the condition to be in accordance with its assigned designation. This certificate is based on conditions existing at the time the inspection herein set forth was completed and is issued subject to compliance with all qualifications and instructions.

2000 Gallon Tank SAFE FOR FIRE
TANK SIZE _____ CONDITION _____

REMARKS: OXYGEN 20.9%
LOWER EXPLOSIVE LIMIT LESS THAN 0.1%
"ERICKSON INC. HEREBY CERTIFIES THAT THE ABOVE NUMBERED TANK HAS BEEN
CUT OPEN, PROCESSED, AND THEREFORE DESTROYED AT OUR PERMITTED HAZARDOUS
WASTE FACILITY."

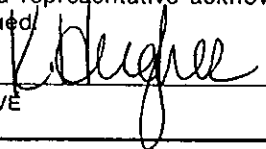
In the event of any physical or atmospheric changes affecting the gas-free conditions of the above tanks, or if in any doubt, immediately stop all hot work and contact the undersigned. This permit is valid for 24 hours if no physical or atmospheric changes occur.

STANDARD SAFETY DESIGNATION

SAFE FOR MEN: Means that in the compartment or space so designated (a) The oxygen content of the atmosphere is at least 19.5 percent by volume; and that (b) Toxic materials in the atmosphere are within permissible concentrations; and (c) In the judgment of the Inspector, the residues are not capable of producing toxic materials under existing atmospheric conditions while maintained as directed on the Inspector's certificate.

SAFE FOR FIRE: Means that in the compartment so designated (a) The concentration of flammable materials in the atmosphere is below 10 percent of the lower explosive limit; and that (b) In the judgment of the Inspector, the residues are not capable of producing a higher concentration than permitted under existing atmospheric conditions in the presence of fire and while maintained as directed on the Inspector's certificate, and further, (c) All adjacent spaces have either been cleaned sufficiently to prevent the spread of fire, are satisfactorily inerted, or in the case of fuel tanks, have been treated as deemed necessary by the Inspector.

The undersigned representative acknowledges receipt of this certificate and understands the conditions and limitations under which it was issued.


REPRESENTATIVE

TITLE


INSPECTOR

DAY OR NIGHT
TELEPHONE
(510) 235-1393

CERTIFICATE CERTIFIED SERVICES COMPANY

255 Parr Boulevard • Richmond, California 94801

NO. 10611

CUSTOMER	ALPHA GEO
JOB NO.	78930

FOR: Erickson, Inc. TANK NO. 9025

LOCATION: Richmond DATE: 07/02/92 TIME: 09:57:01

TEST METHOD Visual Gastech/1314 SMPN LAST PRODUCT LG

This is to certify that I have personally determined that this tank is in accordance with the American Petroleum Institute and have found the condition to be in accordance with its assigned designation. This certificate is based on conditions existing at the time the inspection herein set forth was completed and is issued subject to compliance with all qualifications and instructions.

TANK SIZE 1000 Gallon Tank CONDITION SAFE FOR FIRE

REMARKS: OXYGEN 20.9%
LOWER EXPLOSIVE LIMIT LESS THAN 0.1%

"ERICKSON INC. HEREBY CERTIFIES THAT THE ABOVE NUMBERED TANK HAS BEEN
CUT OPEN, PROCESSED, AND THEREFORE DESTROYED AT OUR PERMITTED HAZARDOUS
WASTE FACILITY."

In the event of any physical or atmospheric changes affecting the gas-free conditions of the above tanks, or if in any doubt, immediately stop all hot work and contact the undersigned. This permit is valid for 24 hours if no physical or atmospheric changes occur.

STANDARD SAFETY DESIGNATION

SAFE FOR MEN: Means that in the compartment or space so designated (a) The oxygen content of the atmosphere is at least 19.5 percent by volume; and that (b) Toxic materials in the atmosphere are within permissible concentrations; and (c) In the judgment of the Inspector, the residues are not capable of producing toxic materials under existing atmospheric conditions while maintained as directed on the Inspector's certificate.

SAFE FOR FIRE: Means that in the compartment so designated (a) The concentration of flammable materials in the atmosphere is below 10 percent of the lower explosive limit; and that (b) In the judgment of the Inspector, the residues are not capable of producing a higher concentration that permitted under existing atmospheric conditions in the presence of fire and while maintained as directed on the Inspector's certificate, and further, (c) All adjacent spaces have either been cleaned sufficiently to prevent the spread of fire, are satisfactorily inerted, or in the case of fuel tanks, have been treated as deemed necessary by the Inspector.

The undersigned representative acknowledges receipt of this certificate and understands the conditions and limitations under which it was issued.

<u>[Signature]</u>		<u>[Signature]</u>
REPRESENTATIVE	TITLE	INSPECTOR