

PS  
DB# 2295

F-1

# Annual Hazardous Materials Business Plan Review and Certification

Non EPCRA Sites

RECEIVED

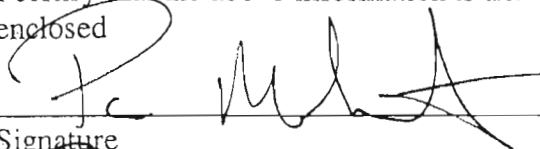
Facility Name: KEN'S TIRE SERVICE APR 17 2007  
1012A N. VASCO RD.

Facility Street Address: LIVERMORE, CA 94551-8784 City: FIRE PREVENTION

HMBP Section Statement	Circle Yes or No	Required Action if NO
The information contained in the Owner/Operator Page inventory most recently submitted to Fire Department is complete, accurate and up to date.	<input checked="" type="radio"/> Yes No	Submit a new Owner/Operator Page
The information contained in the hazardous materials inventory most recently submitted to Fire Department is complete, accurate, and up to date.	<input checked="" type="radio"/> Yes No	Submit a new hazardous materials inventory statement and a new Owner/Operator Page
There has been no change in the quantity of hazardous materials reported in the most recently submitted inventory.	<input checked="" type="radio"/> Yes No	Submit a new hazardous materials inventory statement and a new Owner/Operator Page
No hazardous materials subject to inventory requirements are being handled that are not listed on the most recently submitted inventory.	<input checked="" type="radio"/> Yes No	Submit a new hazardous materials inventory statement and a new Owner/Operator Page
The information contained in the Facility Map inventory most recently submitted to Fire Department is complete, accurate and up to date.	<input checked="" type="radio"/> Yes No	Submit a new Facility Map
The information contained in the Employee Training Plan inventory most recently submitted to Fire Department is complete, accurate and up to date.	<input checked="" type="radio"/> Yes No	Submit a new Employee Training Plan
The information contained in the Emergency Response Plan inventory most recently submitted to Fire Department is complete, accurate and up to date.	<input checked="" type="radio"/> Yes No	Submit a new Emergency Response Plan

If changes have been made to a section (i.e. Inventory Statement, Training Plan, etc.), please resubmit the entire section. We do not have the staff resources to replace individual pages within a section.

I certify that the above information is true and the required documents, if any, are enclosed

  
Signature

3-19-07  
Date

PAM McGinty  
Printed Name

Bookkeeper  
Title

UNIFIED PROGRAM CONSOLIDATED FORM

FACILITY INFORMATION

BUSINESS OWNER/OPERATOR IDENTIFICATION

Page \_\_\_ of \_\_\_

I. IDENTIFICATION

FACILITY ID#	2295	BEGINNING DATE	11-16-06	ENDING DATE	3-1-07
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)	Ken's Tire Service			BUSINESS PHONE	(925) 443-8473
BUSINESS SITE ADDRESS	1012-A N. Vasco Rd.				
CITY	Livermore	CA	ZIP CODE	94551-8784	
DUN & BRADSTREET	5952-004034-2		SIC CODE (4 digit #)		
COUNTY	Alameda				
BUSINESS OPERATOR NAME	Ken Limtiaco			BUSINESS OPERATOR PHONE	(925) 634-9411

II. BUSINESS OWNER

OWNER NAME	Joaquin Limtiaco			OWNER PHONE	(925) 634-9411
OWNER MAILING ADDRESS	1238 Exeter WY				
CITY	Brentwood	STATE	CA	ZIP CODE	94513

III. ENVIRONMENTAL CONTACT

CONTACT NAME	Same as owner			CONTACT PHONE	
CONTACT MAILING ADDRESS					
CITY		STATE		ZIP CODE	

-PRIMARY-

IV. EMERGENCY CONTACTS

-SECONDARY-

NAME	Joaquin (Ken) Limtiaco	NAME	Joseph Limtiaco
TITLE	owner	TITLE	V.P.
BUSINESS PHONE	(925) 443-8473	BUSINESS PHONE	(925) 443-8473
24-HOUR PHONE	(925) 634-9411	24-HOUR PHONE	(707) 644-6225
PAGER #	cell (925) 250-9777 or 250-7999	PAGER #	

ADDITIONAL LOCALLY COLLECTED INFORMATION:

- I have reviewed the Hazardous Materials Business Plan for my facility and hereby certify that to the best of my knowledge the Business Owner/Operator information, Site Map, Hazardous Materials Inventory, Emergency Response Plan, and Employee Training Plan are still accurate.

Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	NAME OF DOCUMENT PREPARER
<i>[Signature]</i>	11-16-06	Pamela A. McGinty
NAME OF SIGNER (print)	TITLE OF SIGNER	
Joaquin Limtiaco	owner	

# HAZARDOUS MATERIALS INVENTORY

KEN'S TIR: RVICE  
1012A N. VASCO RD.  
LIVERMORE, CA 94551-8784

NON - WASTE

TRADE SECRET (206)  CHEMICAL LOCATIONS CONFIDENTIAL (202)

Business Name: \_\_\_\_\_ Business Address: \_\_\_\_\_

Revise  Delete (200) Page 13 of 3

11-16-06

207	205, 226, 227	208	209	204	210	220	217	218	215	221	222	214	216	223	224, 225
Product Common Name	Chemical Names of Hazardous Components and % weight	EHS.	C.A.S. # for Each Component	map grid	Fire Code Classes (code below)	Waste Info - if waste	Ave Daily amount	Max. Daily amount	Largest Container	Units	Days on site	Physical State	SARA Class	Container (code below)	Pressure & Temp
Coolant	<input type="checkbox"/> Same as first column ethylene glycol - 80%	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	107-21-1	3A	OH CL IRR	State Code: 343 Annual Thru Put:	27	55	55	<input type="checkbox"/> lb <input checked="" type="checkbox"/> gal <input type="checkbox"/> cu. ft. <input type="checkbox"/> curie <input type="checkbox"/> other	<input checked="" type="checkbox"/> 365	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas ... <input checked="" type="checkbox"/> pure mixture <input type="checkbox"/> waste ... <input type="checkbox"/> radioact.	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Pressure <input type="checkbox"/> Reactive Health: <input checked="" type="checkbox"/> Acute <input type="checkbox"/> Delayed	PD	Pressure <input checked="" type="checkbox"/> Amb. <input type="checkbox"/> > Amb <input type="checkbox"/> < Amb Temp <input checked="" type="checkbox"/> Amb. <input type="checkbox"/> > Amb <input type="checkbox"/> < Amb <input type="checkbox"/> Cryo.
15W-40 oil	<input checked="" type="checkbox"/> Same as first column Petroleum oil	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8002-05-9	6A	CL	State Code: 221 Annual Thru Put:	175	350	350	<input type="checkbox"/> lb <input checked="" type="checkbox"/> gal <input type="checkbox"/> cu. ft. <input type="checkbox"/> curie <input type="checkbox"/> other	<input checked="" type="checkbox"/> 365	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas ... <input checked="" type="checkbox"/> pure mixture <input type="checkbox"/> waste ... <input type="checkbox"/> radioact.	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Pressure <input type="checkbox"/> Reactive Health: <input checked="" type="checkbox"/> Acute <input type="checkbox"/> Delayed		Pressure <input checked="" type="checkbox"/> Amb. <input type="checkbox"/> > Amb <input type="checkbox"/> < Amb Temp <input checked="" type="checkbox"/> Amb. <input type="checkbox"/> > Amb <input type="checkbox"/> < Amb <input type="checkbox"/> Cryo.
10W-30 oil	<input checked="" type="checkbox"/> Same as first column Petroleum oil	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8002-05-9	5A	CL	State Code: 221 Annual Thru Put:	175	350	350	<input type="checkbox"/> lb <input checked="" type="checkbox"/> gal <input type="checkbox"/> cu. ft. <input type="checkbox"/> curie <input type="checkbox"/> other	<input checked="" type="checkbox"/> 365	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas ... <input type="checkbox"/> pure mixture <input type="checkbox"/> waste ... <input type="checkbox"/> radioact.	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Pressure <input type="checkbox"/> Reactive Health: <input checked="" type="checkbox"/> Acute <input type="checkbox"/> Delayed		Pressure <input checked="" type="checkbox"/> Amb. <input type="checkbox"/> > Amb <input type="checkbox"/> < Amb Temp <input checked="" type="checkbox"/> Amb. <input type="checkbox"/> > Amb <input type="checkbox"/> < Amb <input type="checkbox"/> Cryo.
ATF oil	<input checked="" type="checkbox"/> Same as first column Petroleum oil	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8002-05-9	5A	CL	State Code: 221 Annual Thru Put:	24	48	48	<input type="checkbox"/> lb <input checked="" type="checkbox"/> gal <input type="checkbox"/> cu. ft. <input type="checkbox"/> curie <input type="checkbox"/> other	<input checked="" type="checkbox"/> 365	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas ... <input checked="" type="checkbox"/> pure mixture <input type="checkbox"/> waste ... <input type="checkbox"/> radioact.	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Pressure <input type="checkbox"/> Reactive Health: <input checked="" type="checkbox"/> Acute <input type="checkbox"/> Delayed		Pressure <input checked="" type="checkbox"/> Amb. <input type="checkbox"/> > Amb <input type="checkbox"/> < Amb Temp <input checked="" type="checkbox"/> Amb. <input type="checkbox"/> > Amb <input type="checkbox"/> < Amb <input type="checkbox"/> Cryo.

For Column 223 - Container Codes: AGT - Above ground tank; B - Bag; Bx - Box; C - Can; CB - Carboy; CYL - Cylinder; FD - Fiber drum; GB - Glass bottle; PB - Plastic Bottle; PD - Plastic/Nonmetallic drum; SD - Steel drum; S - Silo; RC - Rail Car; TB - Tote Bin; TW - Tank wagon; UST - Underground tank; O - Other

For Column 210 - Fire Code Classes: Car - Carcinogens; CL - Combustible liquid, Cor - Corrosive; Cry - Cryogenic; Ex - Explosive; FG - Flammable Gas; FL - Flammable liquid; FS - Flammable Solid; HT - Highly Toxic; Irr - Irritant; OP - Organic Peroxide; Ox - Oxidizer; Pyro - Pyrophoric; Sens - Sensitizer; TX - Toxic; UR - Unstable/Reactive; WR - Water Reactive;

# HAZARDOUS MATERIALS INVENTORY

KEN'S T. SERVICE  
1012A N. VASCO RD.  
LIVERMORE, CA 94551-8784

WASTE 11-16-06

TRADE SECRET (206)  CHEMICAL LOCATIONS CONFIDENTIAL (202)

Business Name: \_\_\_\_\_ Business Address: \_\_\_\_\_

dd  Revise  Delete (200) Page 3 of 3

207	205, 226, 227	208	209	204	210	220	217	218	213	221	222	214	216	223	224, 225
Product Common Name	Chemical Names of Hazardous Components and % weight	EHS. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	C.A.S. # for Each Component	map grid	Fire Code Classes (code below)	Waste Info - if waste State Code: Annual Thru Put:	Ave Daily amount	Max. Daily amount	Largest Con- tainer	Units	Days on site	Physical State	SARA Class	Conta incr  (code below)	Pressure & Temp
OIL	Petroleum oil Varies - Petroleum Hydrocarbons	<input checked="" type="checkbox"/> No	8002-05-9	3A	CL	221 Annual Thru Put:	175	500 500		<input type="checkbox"/> lbs <input checked="" type="checkbox"/> gal <input type="checkbox"/> cu. ft. <input type="checkbox"/> u curie <input type="checkbox"/> other	365	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas --- <input checked="" type="checkbox"/> pure mixture waste <input type="checkbox"/> radioact.	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Pressure <input type="checkbox"/> Reactive  Health: <input checked="" type="checkbox"/> Acute <input type="checkbox"/> Delayed		Pressure <input checked="" type="checkbox"/> Amb. <input type="checkbox"/> > Amb <input type="checkbox"/> < Amb  Temp <input checked="" type="checkbox"/> Amb. <input type="checkbox"/> > Amb <input type="checkbox"/> < Amb <input type="checkbox"/> Cryo.
Acrolein	Ethylene Glycol - 20% Water 80%	<input checked="" type="checkbox"/> No	167-241	3A	OH# CL IRR	343 Annual Thru Put:	27	55	55	<input type="checkbox"/> lbs <input checked="" type="checkbox"/> gal <input type="checkbox"/> cu. ft. <input type="checkbox"/> u curie <input type="checkbox"/> other	365	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas --- <input type="checkbox"/> pure mixture waste <input type="checkbox"/> radioact.	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Pressure <input type="checkbox"/> Reactive  Health: <input checked="" type="checkbox"/> Acute <input type="checkbox"/> Delayed		Pressure <input checked="" type="checkbox"/> Amb. <input type="checkbox"/> > Amb <input type="checkbox"/> < Amb <input type="checkbox"/> Cryo.  Temp <input checked="" type="checkbox"/> Amb. <input type="checkbox"/> > Amb <input type="checkbox"/> < Amb <input type="checkbox"/> Cryo.
OIL Filters		<input checked="" type="checkbox"/> No	-	3A	CL	Annual Thru Put:	27	55	55	<input type="checkbox"/> lbs <input checked="" type="checkbox"/> gal <input type="checkbox"/> cu. ft. <input type="checkbox"/> u curie <input type="checkbox"/> other	365	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas --- <input type="checkbox"/> pure mixture waste <input type="checkbox"/> radioact.	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Pressure <input type="checkbox"/> Reactive  Health: <input type="checkbox"/> Acute <input type="checkbox"/> Delayed		Pressure <input checked="" type="checkbox"/> Amb. <input type="checkbox"/> > Amb <input type="checkbox"/> < Amb <input type="checkbox"/> Cryo.  Temp <input checked="" type="checkbox"/> Amb. <input type="checkbox"/> > Amb <input type="checkbox"/> < Amb <input type="checkbox"/> Cryo.
		<input type="checkbox"/> Yes <input type="checkbox"/> No				State Code:  Annual Thru Put:				<input type="checkbox"/> lbs <input type="checkbox"/> gal <input type="checkbox"/> cu. ft. <input type="checkbox"/> u curie <input type="checkbox"/> other	365	<input type="checkbox"/> solid <input type="checkbox"/> liquid <input type="checkbox"/> gas --- <input type="checkbox"/> pure mixture waste <input type="checkbox"/> radioact.	<input type="checkbox"/> Fire <input type="checkbox"/> Pressure <input type="checkbox"/> Reactive  Health: <input type="checkbox"/> Acute <input type="checkbox"/> Delayed		Pressure <input type="checkbox"/> Amb. <input type="checkbox"/> > Amb <input type="checkbox"/> < Amb  Temp <input type="checkbox"/> Amb. <input type="checkbox"/> > Amb <input type="checkbox"/> < Amb <input type="checkbox"/> Cryo.

For Column 223 - Container Codes: AGT - Above ground tank; B - Bag; Bx - Box; C - Can; CB - Carboy; CYL - Cylinder; FD - Fiber drum; GB - Glass bottle; PB - Plastic Bottle; PD - Plastic/Nonmetallic drum; SD - Steel drum; S - Silo; RC - Rail Car; TB - Tote Bin; TW - Tank wagon; UST Underground tank; O - Other

For Column 210 - Fire Code Classes: Car - Carcinogens; CL - Combustible liquid, Cor - Corrosive; Cry - Cryogenic; Ex - Explosive; FG - Flammable Gas; FL - flammable liquid; FS - Flammable Solid; HT - Highly Toxic; Irr - Irritant; OP - Organic Peroxide; Ox - Oxydizer; Pyro - Pyrophoric; Sens - Sensitizer; TX - Toxic; UR - Unstable/Reactive; WR - Water Reactive;

# HAZARDOUS MATERIALS INVENTORY

KEN'S TIRE SERVICE  
1012A N. VASCO RD.  
LIVERMORE, CA 94551-8784

NON-HAZARDOUS

11-16-06

TRADE SECRET (206)  CHEMICAL LOCATIONS CONFIDENTIAL (207)

Business Name: \_\_\_\_\_ Business Address: \_\_\_\_\_

dd  Revise  Delete (200) Page 23 of 3

207	205, 226, 227	208	209	204	210	220	217	218	215	221	222	214	216	223	224, 225
Product Common Name	Chemical Names of Hazardous Components and % weight	EHS	C.A.S. # for Each Component	map grid	Fire Code Classes (code below)	Waste Info - If waste	Ave Daily amount	Max. Daily amount	Largest Container	Units	Days on site	Physical State	SARA Class	Container (code below)	Pressure & Temp
90wt. Gear OIL	Petroleum oil	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8002-05-9	5A	CL	State Code: 221 Annual Thru Put:	24	48	48	<input type="checkbox"/> lbs <input checked="" type="checkbox"/> gal <input type="checkbox"/> cu. ft. <input type="checkbox"/> u <input type="checkbox"/> curie <input type="checkbox"/> other	365	<input checked="" type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas <input type="checkbox"/> pure mixture <input type="checkbox"/> waste <input type="checkbox"/> radioact.	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Pressure <input type="checkbox"/> Reactive  Health: <input checked="" type="checkbox"/> Acute <input type="checkbox"/> Delayed		Pressure <input checked="" type="checkbox"/> Amb. <input type="checkbox"/> > Amb <input type="checkbox"/> < Amb  Temp <input type="checkbox"/> Amb. <input type="checkbox"/> > Amb <input type="checkbox"/> < Amb <input type="checkbox"/> Cryo.
X	Same as first column	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				State Code: N/A Annual Thru Put:				<input type="checkbox"/> lbs <input type="checkbox"/> gal <input type="checkbox"/> cu. ft. <input type="checkbox"/> u <input type="checkbox"/> curie <input type="checkbox"/> other	365	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input checked="" type="checkbox"/> gas <input type="checkbox"/> pure mixture <input type="checkbox"/> waste <input type="checkbox"/> radioact.	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Pressure <input type="checkbox"/> Reactive  Health: <input checked="" type="checkbox"/> Acute <input type="checkbox"/> Delayed		Pressure <input type="checkbox"/> Amb. <input checked="" type="checkbox"/> > Amb <input type="checkbox"/> < Amb <input type="checkbox"/> Cryo.
X	Same as first column	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				State Code: NA Annual Thru Put:				<input type="checkbox"/> lbs <input type="checkbox"/> gal <input type="checkbox"/> cu. ft. <input type="checkbox"/> u <input type="checkbox"/> curie <input type="checkbox"/> other	365	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input checked="" type="checkbox"/> gas <input type="checkbox"/> pure mixture <input type="checkbox"/> waste <input type="checkbox"/> radioact.	<input type="checkbox"/> Fire <input type="checkbox"/> Pressure <input type="checkbox"/> Reactive  Health: <input checked="" type="checkbox"/> Acute <input type="checkbox"/> Delayed		Pressure <input type="checkbox"/> Amb. <input checked="" type="checkbox"/> > Amb <input type="checkbox"/> < Amb <input type="checkbox"/> Cryo.
X	Same as first column	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	01-7			State Code: NA Annual Thru Put:				<input type="checkbox"/> lbs <input checked="" type="checkbox"/> gal <input type="checkbox"/> cu. ft. <input type="checkbox"/> u <input type="checkbox"/> curie <input type="checkbox"/> other	365	<input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input checked="" type="checkbox"/> gas <input type="checkbox"/> pure mixture <input type="checkbox"/> waste <input type="checkbox"/> radioact.	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Pressure <input type="checkbox"/> Reactive  Health: <input checked="" type="checkbox"/> Acute <input type="checkbox"/> Delayed		Pressure <input type="checkbox"/> Amb. <input checked="" type="checkbox"/> > Amb <input type="checkbox"/> < Amb <input type="checkbox"/> Cryo.

For Column 223 - Container Codes: AGT - Above ground tank; B - Bag; Bx - Box; C - Can; CB - Carboy; CYL - Cylinder; FD - Fiber drum; GB - Glass bottle; PB - Plastic Bottle; PD - Plastic/Nonmetallic drum; SD - Steel drum; S - Silo; RC - Rail Car; TB - Tote Bin; TW - Tank wagon; UST - Underground tank; O - Other

For Column 210 - Fire Code Classes: Car - Carcinogens; CL - Combustible liquid; Cor - Corrosive; Cry - Cryogenic; Ex - Explosive; FG - Flammable Gas; FL - Flammable liquid; FS - Flammable Solid; HT - Highly Toxic; Irr - Irritant; OP - Organic Peroxide; Ox - Oxydizer; Pyro - Pyrophoric; Sens - Sensitizer; TX - Toxic; UR - Unstable/Reactive; WR - Water Reactive;

### V. Emergency Equipment Inventory Table

Equipment Category	Equipment Type	Location	Description**
Personal Protective Equipment, Safety Equipment, First Aid Equipment	Chemical Protective Boots		
	Chemical Protective Gloves	Shop	
	Safety Glasses/Goggles/Face shields ✓	Office	Safety goggles
	Chemical Protective Clothing		
	Hard Hats		
	Chemical Monitoring Equipment (describe)		
	First Aid Kits ✓	Office	
	Eye Wash Stations ✓	Align	
	Safety Showers		
	Cartridge Respirators and Cartridges (describe)		
	Self-Contained Breathing Apparatus (SCBA)		
	Other (describe)		
Fire Extinguishing Systems	Fire Extinguishers ✓	Shop	
	Automatic Fire Systems		
	Fire Alarm Boxes ✓	Shop	
Spill Control Equipment, Decontamination Equipment	Absorbents, Neutralizers (describe) ✓	Shop by oil	Grease Swab
	Shovels/Brooms/Squeegees ✓	Shop	
	Overpack drum/Spill drum		
	Berms/Dikes (describe) ✓	Shop	Dikes
	Decontamination Equipment (describe)		
	Gas cylinder leak repair kits (describe)		
	Other (describe)		
Communications and Alarm Systems	Telephones ✓	Shop	
	Intercoms/PA systems ✓	Shop	
	Portable 2 way radios		
	UST leak detection monitors		
	Chemical alarms. (describe)		
Additional Equipment (Use additional pages if needed)			

\* If appropriate, use the location code(s) from your Hazardous Materials Business Plan.

\*\* Describe the equipment and its capabilities. If applicable, specify any testing/maintenance procedures/intervals. Attach additional pages, numbered appropriately, if needed.

**VI. Evacuation Information:**

Evacuation Announcement	<input type="checkbox"/> Bell <input type="checkbox"/> Horn <input checked="" type="checkbox"/> PA System <input type="checkbox"/> Shouting Other _____
Evacuation Route	<input type="checkbox"/> Map Other <u>Out Bay Doors</u>
Assembly Area	Location: <u>Parking Lot</u>
Re-entry Procedures	<u>After thorough inspection</u>

**VII. Emergency Procedures:**

Emergency Coordinator Responsibilities:

1. Whenever there is an imminent or actual emergency situation such as an explosion, fire, or release, the emergency coordinator (or his/her designee when the emergency coordinator is on call) shall:
  - a. Identify the character, exact source, amount, and aerial extent of any released hazardous materials.
  - b. Assess possible hazards to human health or the environment that may result from the explosion, fire, or release. This assessment must consider both direct and indirect effects (e.g. the effects of any toxic, irritating, or asphyxiating gases that are generated, the effects of any hazardous surface water run-off from water or chemical agents used to control fire, etc.).
  - c. Activate internal facility alarms or communications systems, where applicable, to notify all facility personnel.
  - d. Notify appropriate local authorities (i.e., call 911).
  - e. Notify the State Office of Emergency Services at 1-800-852-7550.
  - f. Monitor for leaks, pressure build-up, gas generation, or ruptures in valves, pipes, or other equipment shut down in response to the incident.
  - g. Take all reasonable measures necessary to ensure that fires, explosions, and releases do not occur, recur, or spread to other hazardous materials at the facility.
  
2. Before facility operations are resumed in areas of the facility affected by the incident, the emergency coordinator shall:
  - a. Provide for proper storage and disposal of recovered waste, contaminated soil or surface water, or any other material that results from an explosion, fire, or release at the facility.
  - b. Ensure that no material that is incompatible with the released material is transferred, stored, or disposed of in areas of the facility affected by the incident until cleanup procedures are completed.
  - c. Ensure that all emergency equipment is cleaned, fit for its intended use, and available for use.
  - d. Notify the Cal/EPA's Department of Toxic Substances Control and the Livermore-Pleasanton Fire Department that the facility is in compliance with requirements 2-a and 2-b. above.

Special site specific procedures:

Emergency	Response Action
Hazardous Material & Hazardous Waste Spills/Releases:	Clean w/ grease sweep & Put in Container Block off Surrounding Area.
Fire	evacuate & call 911
Explosion	evacuate & call 911
Earthquake (identify areas requiring immediate inspection)	evacuate & Inspect Bld. for Leaking
Other	



**Livermore Pleasanton Fire Department  
3560 Nevada St., Pleasanton, CA 94566  
(925) 454-2362 fax (925) 454-2367**

**PERMIT TO  
TEMPORARILY CLOSE IN PLACE UNDERGROUND STORAGE TANKS**

h  
Facility : Geno's County Store

Address: 1000 N. Vasco

Contractor: Walton Engineering

Effective Dates: 7/17/2008 – 7/17/2009

**Size of Tank(s):**      12,000              12,000              12,000              \_\_\_\_\_

**Product Stored:**      Diesel              Gas              Gas              \_\_\_\_\_

**PERMIT CONDITIONS**

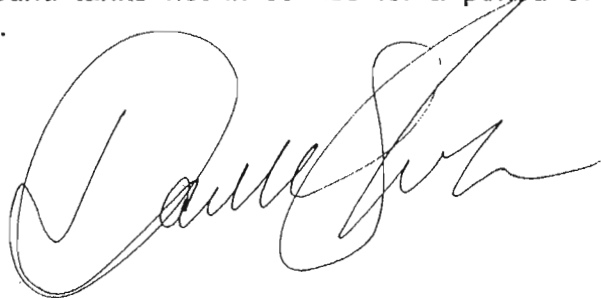
The owner or operator shall comply with all of the following:

(Based on Chapter 6.7 California Health & Safety Code, also see footnote)

1. Temporary closures shall be valid for 12 months. After this date the tank(s) must be placed back into operation or removed in accordance with CCR Title 23 Article 7.
2. Submit revised Tank Forms: one facility form and one tank form per tank.
3. All residual liquid, solids, or sludges shall be removed and handled pursuant to the applicable provisions of Chapter 6.5 of Division 20 of the Health and Safety Code. Provide copies of all receipts/manifests for cleanout of tanks/piping, disposal of waste(s).
4. If the underground storage tank contained a hazardous substance that could produce flammable vapors at standard temperature and pressure, it shall be inerted, as often as necessary, to levels that will preclude an explosion or to lower levels as required by the local agency. Site inspection will be conducted to verify that the Lower Explosive Level (LEL) of 20% or less and Oxygen levels of 5% or less using a combustible gas indicator calibrated at the site in the inspectors presence. The tank owner or operator shall document these activities in writing and keep a copy on-site.
5. Except for required venting, all fill and access locations and piping shall be

sealed utilizing locked caps or concrete plugs.

6. Power service shall be disconnected from all pumps associated with the use of the underground storage tank(s) except if the pump services some other equipment which is not being closed.
7. **Once the above conditions (Nos. 2-6) have been completed, contact the Livermore Pleasanton Fire Department, Fire Prevention Division, (LFPD) to schedule a compliance inspection. Failure to complete the required conditions and contact LFPD before expiration of the application (30 days beginning date application is received) will result in an expired application and no refund of application fee.**
8. The tank shall be inspected by the owner or operator at least once every 3 months to assure that the temporary closure measures are still in place. Inspection shall include visual inspection of all locked caps and concrete plugs, and the removal of at least one locked cap to determine if any water or other substance has entered the tank. A written record of these inspections shall be maintained on-site, and must be made available, upon request of LFPD.
9. The closure may be terminated only if reuse of the tank is approved by this office according to requirements specified in CCR Title 23 Article 6 Sections 2662, 2663 and 2664.
10. Any change in owner or operator for this tank and facility must be reported to this office within 30 days, pursuant to CCR title 23 Article 10 Section 2711(b).
11. Temporarily closed tanks are subject to **STATE** Surcharge fee, which may come due during the term of closure.
12. Underground tanks not in service for a period of more than 1 year shall be removed.

 7/17/08

**Livermore-Pleasanton Fire Department  
Underground Storage Tank Operating Permit**

**UST-98-51**

Upgrade Certificate Issue Date  
11/9/98

**Effective Date:** 11/9/98

Facility Name	<b>Geno's Country Store</b>	Tank Owner's Name	<b>Eugene &amp; Shirely Macedo</b>	Tank Owner's Phone	<b>634-8105</b>
UST Facility Address	<b>1000 N Vasco Rd</b>	Owner's Address	<b>1000 North Vasco</b>	Emergency Contact	<b>Eugene Macedo</b>
Facility City	<b>Livermore</b>			Emerg. Contact Phone	<b>634-8105</b>
Facility Phone	<b>449-3841</b>				

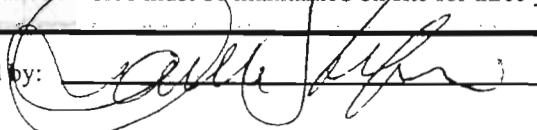
	<b>Tank #1</b>	<b>Tank #2</b>	<b>Tank #3</b>	<b>Tank #4</b>
<b>Local ID #</b>	<u>5</u>	<u>6</u>	<u>7</u>	
<b>Tank Info:</b>				
Tank Capacity	<u>15,000</u>	<u>15,000</u>	<u>12,000</u>	
Tank Contents	<u>unlead</u>	<u>premi</u>	<u>diesel</u>	
Single/Double Wall	<u>Double</u>	<u>Double</u>	<u>Double</u>	
Tank Materials	<u>FG wrapped steel</u>	<u>FG wrapped steel</u>	<u>FG wrapped steel</u>	
Monitoring Method	<u>Interstitial</u>	<u>Interstitial</u>	<u>Interstitial</u>	
Overfill	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	
Spill Container	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	
<b>Piping Info:</b>				
System Type	<u>Pressure</u>	<u>Pressure</u>	<u>Pressure</u>	
Single/Double Wall	<u>Double</u>	<u>Double</u>	<u>Double</u>	
Piping Materials	<u>Fiberglass</u>	<u>Fiberglass</u>	<u>Fiberglass</u>	
Monitoring Method	<u>Interstitial</u>	<u>Interstitial</u>	<u>Interstitial</u>	
<b>Installation Date</b>	<u>1994</u>	<u>1994</u>	<u>1994</u>	
<b>Financial Responsibility</b>	<u>State Fund</u>	<u>State Fund</u>	<u>State Fund</u>	

This permit is issued to the UST owner. This permit must be kept at the UST location at all times. This permit is valid until the system is modified, ownership is transferred, or the tanks are removed. The permit holder must notify the Livermore-Pleasanton Fire Department within 30 days of any changes to the permit or UST systems, unless required to obtain approval before making the change.

This operating permit is granted subject to the following conditions:

1. All applicable State UST requirements contained in the California Code of Regulations, Title 23, Division 3, Chapters 16 & 19, the California Health & Safety Code, Division 20, Chapters 6.7 and 6.75, and all applicable local requirements.
2. The owner or operator must report any unauthorized releases to the environment to the Livermore-Pleasanton Fire Department within 24 hours after the release has been detected or should have been detected.
3. The owner or operator must comply with the approved routine monitoring procedures and response plan which are attached to this permit.
4. Monitoring and maintenance records must be maintained on site for three years.

Issued by:



Date:

11/25/98

# LIVERMORE-PLEASANTON FIRE DEPARTMENT

## INSPECTION REPORT NARRATIVE

Name of Facility: Geno's	Address: 1000 North Vasco Rd Livermore
Inspector: Danielle Stefani	

The dispenser pans have been cemented.

The lines were flushed and the tanks were emptied and rinsed. Manifests will be submitted.

The annular spaces will continue to be monitored.

The product lines are disconnected from the pumps and the lines and the pumps are capped.

500 lbs per tank dry ice have been placed in each tank. Neither the two oxygen and LEL meters on-site appeared to be working. Within 5 working days demonstrate LEL and oxygen levels are within acceptable limits. Test gas must be on-site for oxygen and LEL and the proper function of the meter must be demonstrated to the fire inspector. After Monday, call John Rigger at 925.454.2337 to schedule the inspection.

All other tank openings have been capped. The ATG ports have locking caps that will be used to access the tank interiors.

	JESSICA D ANDERSON	7/24/08
Received by: Signature of Facility Representative	Printed Name	Date of Inspection

**LIVERMORE-PLEASANTON FIRE DEPARTMENT**  
 3560 Nevada Street, Pleasanton, CA 94566  
 925-454-2362

**INSPECTION REPORT SUMMARY**

Name of Facility: Geno's Country Store	Street Address: 1000 North Vasco Rd. Livermore
Contact Person: Matt Macado	Telephone: 925-449-3838
Inspector: Danielle Stefani	E-Mail:
Did a facility representative grant permission for this inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Database ID No: 328

UNIFIED PROGRAM SUMMARY	Program	Inspection	No. of Viol.	
Fire Code	X	<input checked="" type="checkbox"/>	0	
Hazardous Materials Business Plan	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	
Risk Management Plan / CalARP	<input type="checkbox"/>	<input type="checkbox"/>	<del>0</del>	
Underground Storage Tank	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12	
Aboveground Petroleum Storage Tank	<input type="checkbox"/>	<input type="checkbox"/>		Have SPCC Plan? <input type="checkbox"/> Y: <input type="checkbox"/> N
Hazardous Waste Generator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0	
Tiered Permit: Permit-by-Rule	<input type="checkbox"/>	<input type="checkbox"/>		
Conditionally Authorized	<input type="checkbox"/>	<input type="checkbox"/>		
Conditionally Exempt, Specified Waste Stream	<input type="checkbox"/>	<input type="checkbox"/>		
Conditionally Exempt, Small Quantity Treatment	<input type="checkbox"/>	<input type="checkbox"/>		
Conditionally Exempt, Limited	<input type="checkbox"/>	<input type="checkbox"/>		
Conditionally Exempt, Commercial Laundry	<input type="checkbox"/>	<input type="checkbox"/>		

<b>Comments</b>

<input type="checkbox"/> Submit the Certificate of Return to Compliance and other required documents by <input checked="" type="checkbox"/> A re-inspection to verify compliance will be scheduled by phone. <input type="checkbox"/> One or more violations must be corrected immediately. See page(s)                      of this inspection report. Compliance will be verified by a re-inspection on
--

<i>Failure to comply with requirements established in this inspection report and in all attachments to this report, or in subsequent correspondence may result in the issuance of a Notice of Noncompliance. Noncompliance is punishable by criminal and/or civil penalties under applicable local, state and/or federal laws or regulations.</i>		
_____ Received by: Signature of facility Representative	Matt Macado Printed Name	6/26/2007 Date of Inspection

# Livermore-Pleasanton Fire Department

## Fire Inspection Report

Facility Name: Geno's Country Store	Address: 1000 North Vasco Rd., Livermore
Inspector: Danielle Stefani	

	General Requirements	Viol	Fire Protection Systems	Viol
101	Provide address identification	<input type="checkbox"/>	401 Provide additional fire extinguishers	<input type="checkbox"/>
102	Provide current, tagged Knox box keys	<input type="checkbox"/>	402 Provide a K rated fire extinguisher in kitchen	<input type="checkbox"/>
103	Keep dumpster 5' from eaves, comb. walls, openings	<input type="checkbox"/>	403 Mount fire extinguisher	<input type="checkbox"/>
104	Keep oily rags in metal container with lid	<input type="checkbox"/>	404 Service fire extinguishers - last service	<input type="checkbox"/>
105	Keep comb. rubbish in approved location	<input type="checkbox"/>	405 Provide hood and duct system (kitchen)	<input type="checkbox"/>
106	Keep outside comb. storage 10' from property line (3' if < 6' high)	<input type="checkbox"/>	406 Extend fire protection system	<input type="checkbox"/>
107	Remove/treat drapes, decorations etc.	<input type="checkbox"/>	407 Make fire sprinkler valve accessible and lock	<input type="checkbox"/>
108	Provide max. occupancy sign (A Occ)	<input type="checkbox"/>	408 Maintain fire protection system (5 year cert. for water. Semi annual for other systems)	<input type="checkbox"/>
109	Maintain fire lane markings and signs	<input type="checkbox"/>	409 Maintain fire department connection	<input type="checkbox"/>
110	Clean Grease laden ducts (kitchen)	<input type="checkbox"/>	410 Every apt. unit and hotel/motel sleeping unit above 1 <sup>st</sup> floor shall have smoke detector	<input type="checkbox"/>
111	Post NFPA placards (if applicable)	<input type="checkbox"/>	411	<input type="checkbox"/>
112	Remove combustible rubbish	<input type="checkbox"/>	412 Maintain on-site fire hydrants	<input type="checkbox"/>
113	Maintain combustible materials in orderly fashion and away from exits	<input type="checkbox"/>	413 Repair fire alarm system	<input type="checkbox"/>
114	Remove non-compliant space heater	<input type="checkbox"/>	414 Provide spare fire sprinkler heads	<input type="checkbox"/>
115	Fire assemblies shall be maintained in working condition (Rated walls, doors, etc)	<input type="checkbox"/>	415 Maintain fire pumps	<input type="checkbox"/>
116	Provide stairway identification (≥ 4 stories)	<input type="checkbox"/>	416 Provide supervision for fire protection system control valves	<input type="checkbox"/>
117	Provided with info. re. Emergency Plans (Hotels, motels, office build. 2 or more stories in height, high-rises, Group I Division 1 & 2 Occupancies)	<input type="checkbox"/>	417 Maintain fire doors	<input type="checkbox"/>
	<b>Electrical</b>		<b>Storage</b>	
201	Comply with restrictions re. temp. wiring	<input type="checkbox"/>	601 Remove storage below stairs without 1 hr. rating	<input type="checkbox"/>
202	Remove cords affixed through walls etc.	<input type="checkbox"/>	602 Secure storage racks	<input type="checkbox"/>
203	Maintain 30" W and 78" H clearance at electrical panels	<input type="checkbox"/>	603 Keep storage > 18" below fire sprinklers	<input type="checkbox"/>
204	Label electrical panels	<input type="checkbox"/>	604 Keep storage > 24" from ceiling unsprinklered buildings	<input type="checkbox"/>
205	Cease using unapproved electrical equipment	<input type="checkbox"/>	605 Maintain aisle widths in storage areas	<input type="checkbox"/>
206	Maintain motors in good condition	<input type="checkbox"/>	<b>Other Comments</b>	<input type="checkbox"/>
207	Fix cover plates, outlets, other electrical	<input type="checkbox"/>		<input type="checkbox"/>
	<b>Exiting</b>			<input type="checkbox"/>
309	Remove deadbolts or similar devices	<input type="checkbox"/>		<input type="checkbox"/>
310	Provide/repair panic hardware (>50 A occ.)	<input type="checkbox"/>		<input type="checkbox"/>
311	Clear obstructed exit	<input type="checkbox"/>		<input type="checkbox"/>
315	Repair illuminated exit sign	<input type="checkbox"/>		<input type="checkbox"/>
316	Maintain exit way illumination	<input type="checkbox"/>		<input type="checkbox"/>

The following inspection lists were also used. Violations observed are noted on the attached Narrative page.

<input type="checkbox"/> Compressed Gases	<input type="checkbox"/> Medical Gases	<input type="checkbox"/> LPG
<input type="checkbox"/> Welding and Cutting	<input type="checkbox"/> Application of Flammable Finishes	<input type="checkbox"/> High Piled Combustible Storage
<input type="checkbox"/> Place of Assembly	<input type="checkbox"/> Repair Garage	<input type="checkbox"/> Motor Vehicle Fueling
<input type="checkbox"/> Dust Collection Systems	<input type="checkbox"/> Flammable and Combustible liquids	<input type="checkbox"/> Other:

Received by: Signature of Facility Representative	Printed Name	6/26/2007 Date of Inspection
---	--------------	---------------------------------

# Fire Inspection - Additional Comments

<b>General Requirements</b>

<b>Electrical</b>

<b>Exiting</b>
311 - Rear exit no longer obstructed.

<b>Fire Protection Systems</b>
603 - Storage of materials in store room now at least 18" below fire sprinklers

<b>Storage</b>

<b>Other Comments</b>

# Livermore-Pleasanton Fire Department HMBP Inspection Checklist

Facility Name: Geno's Country Store	Address: 1000 North Vasco Rd.
Inspector: Danielle Stefani	City: Livermore

	Viol.	Comments
Submit an HMBP – no HMBP on file with LPFD (CCR 2729.2)	<input type="checkbox"/>	HMBP Code:
Submit a complete and current HMBP – information is incomplete and/or out of date (CCR 2729.2)	<input type="checkbox"/>	
Maintain a copy of current HMBP on site (CCR 2729.1)	<input type="checkbox"/>	
<b>A. BUSINESS INFORMATION (CCR 2729.1 – 2729.5)</b>		
1. Correct inaccurate information and/or supply missing information in Business Owner/Operator Identification Page.	<input type="checkbox"/>	
2. Sign certification statement	<input type="checkbox"/>	
<b>B. CHEMICAL INVENTORY (CCR 2729.1 – 2729.5)</b>		
1. Revise Inventory Statement to reflect actual inventory on site. Undisclosed chemicals over the reporting threshold 100% or more increase in quantity	<input type="checkbox"/>	
2. Correct inaccurate information and/or supply missing information regarding the hazardous materials listed	<input type="checkbox"/>	
<b>C. SITE MAPS (CCR 2729.2 and Appendix A)</b>		
1. Indicate location of chemicals on storage plan/map.	<input type="checkbox"/>	
2. Supply missing items on plan/map.	<input type="checkbox"/>	
3. Revise plan/map to reasonably reflect actual layout.	<input type="checkbox"/>	
<b>D. EMERGENCY RESPONSE PLAN (CCR 2731)</b>		
1. Establish a written Emergency Response Plan	<input type="checkbox"/>	
2. Maintain Emergency Response Plan on-site.	<input type="checkbox"/>	
3. Revise Plan to include all required elements – see back of this page for details.	<input type="checkbox"/>	
4. Correct inaccurate/out of date information	<input type="checkbox"/>	
<b>E. EMPLOYEE TRAINING (CCR 2732)</b>		
1. Establish a written Employee Training Plan.	<input type="checkbox"/>	
2. Maintain Employee Training Plan on-site	<input type="checkbox"/>	
3. Revise Plan to include all required elements – see back of this page for details.	<input type="checkbox"/>	
4. Correct inaccurate/out of date information	<input type="checkbox"/>	
5. Provide required training: new employees and annual refresher	<input type="checkbox"/>	
5. Maintain training records of employees.	<input type="checkbox"/>	

Received by: _____ Signature of Facility Representative	_____ Printed Name	6/26/2007 Date of Inspection
--	-----------------------	---------------------------------



# HAZARDOUS WASTE GENERATOR INSPECTION CHECKLIST

Notice to Comply (Minor Violations-Correct within 30 days) and Summary of Violations (Class I and II Violations)

Facility Name: Geno's Country Store	Address: 1000 North Vasco Rd., Livermore
Inspector: Danielle Stefani	EPA ID No.:

CESQG; 
  SQG; 
  RCRA LQG; 
  State Only LQG; 
  Recycler; 
  Consolidation Site

	Minor Viol.	Class II Viol.	Class I Viol.	Comments
<b>A. Identification Number (CCR-66262.12)</b>				
1. Obtain EPA ID number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Transporter and TSDF used have EPA ID number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>B. Pre-Transport Requirements (66262.11-34, 66265.171-199, 66266.130)</b>				
1. Have hazardous waste determination done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Label containers with required HW label	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Fill out labels properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Properly dispose of HW at > accumulation time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Replace containers not in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Replace containers incompatible with contents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Close open containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Provide required weekly storage area inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Provide and log required daily tank inspections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Separate incompatible wastes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Manage used oil filters properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Provide secondary containment for HW tanks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>C. Record keeping/HW Manifests (CCR 6626.20-42 and 66268.7)</b>				
1. Provide HW manifest TSDF copies for past 3 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Provide LDRs for past 5 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Provide HW analysis for past 3 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Submit Biennial report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Submit SB 14 reports (H&SC Section 25244.19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Keep milkrun receipts 3 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Send HW manifests to DTSC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Complete Recycling exemption form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>D. HW Personnel Training (CCR Sections 66265.16)</b>				
1. Provide employees with HW training/supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Provide annual refresher HW training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Submit/revise written employee training plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Provide written HW training records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Keep training records till closure or 3 years after employee leaves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>E. Contingency Plan (CCR Sections 66265.53-55)</b>				
1. Submit/revise written contingency plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Ensure emergency coordinator familiar with plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>F. Preparedness and Prevention (CCR 66265.14-35)</b>				
1. Provide spill control and decontamination equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Repair/replace missing/damaged equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Provide adequate aisle space in HW storage area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Waste Streams**

<input type="checkbox"/> Waste/Used Oil	<input type="checkbox"/> Oily Sludge	<input type="checkbox"/> Dry Cleaning Solvent
<input type="checkbox"/> Solvent/Parts Cleaner	<input type="checkbox"/> Used Oil Filters	<input type="checkbox"/> Universal Waste - Exempt
<input type="checkbox"/> Antifreeze/Coolant	<input type="checkbox"/> Photo Chemicals	<input type="checkbox"/> Universal Waste - SQG
<input type="checkbox"/> Silver	<input type="checkbox"/> Gluteraldehyde	<input checked="" type="checkbox"/> Other: Fuel filters, pads

_____ Received by Signature of Facility Representative	Matt Macado Printed Name	6/26/2007 Date of Inspection
---	-----------------------------	---------------------------------

# UNIVERSAL WASTE GENERATOR CHECKLIST

Notice to Comply (Minor Violations-Correct within 30 days) and Summary of Violations (Class I and II Violations)

Facility Name: Geno's Country Store	Address: 1000 North Vasco Rd. Livermore
Inspector: Danielle Stefani	

CESQH     
  Small Quantity Handler     
  Large Quantity Handler

Requirements for Small Quantity Universal Waste Handler				
	Minor Viol.	Class II Viol.	Class I Viol.	Comments
<b>A. Identification Number</b>				
1. Note: Do not need EPA ID No.				
2. Note: A hazardous waste hauler is not required				
<b>B. Pre-Transport Requirements</b>				
1. Do not accumulate >5.5 tons				
2. Do not hold UW for more than one year				
3. Document accumulation time for each item/groups of items. Several options allowed				
4. Label UW to ID types. Several labeling options allowed				
5. Do not treat UW, except when cleaning up releases or managing specific wastes listed in 66273.13				
6. Clean up releases				
7. Use applicable DOT marking requirements for off-site shipments				
<b>C. Recordkeeping/HW Manifests</b>				
1. Use proper shipping papers.				
2. Keep records of all shipments and receipts for three years				
<b>C. Disposal Method</b>				
1. Send all UW to either 1) another small or large quantity UW handler or 2) destination facility authorized to collect, recycle or dispose of universal waste.				
2. Do not dispose of UW to the trash (See back of page for exemptions)				
3. Ship to another small or large quantity UW handler or destination facility.				
4. Comply with rules for UW export if shipping out of the county.				
<b>D. HW Personnel Training (CCR Sections 66265.16)</b>				
1. Train employees in proper UW handling and emergency procedures. Can be done by giving written directions or posting directions in the UW management area of the building				

*Failure to comply with requirements established in this inspection report and in all attachments to this report, or in subsequent correspondence may result in the issuance of a Notice of Noncompliance. Noncompliance is punishable by criminal and/or civil penalties under applicable local, state and/or federal laws or regulations.*

6/26/2007

Received by: \_\_\_\_\_ Signature of facility Representative      Printed Name      Date of Inspection

**Return to Compliance:** I certify that all the above noted **Minor** violations have been corrected  
 Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# UNDERGROUND STORAGE TANK INSPECTION CHECKLIST

Facility Name: Geno's Country Store	Address: 1000 North Vasco Rd., Livermore
Inspector: Danielle Stefani	Were violations found? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> see below
<input type="checkbox"/> Inspector will mail copy of this inspection report to the tank owner at:	

## General Requirements

All Tanks, total number: 3

Tank:

	Viol.	Comments
<b>A. Site Administration</b>		
1. Submit/revise Facility and Tank UST forms	<input checked="" type="checkbox"/>	Page 2 of the tank form. Repeat viol.
2. Submit/revise Cert. of Compliance Form for Installation	<input type="checkbox"/>	
3. Submit/revise Financial Responsibility paperwork	<input checked="" type="checkbox"/>	Update. Repeat viol.
4. Submit written contract between owner and operator	<input type="checkbox"/>	
5. Obtain valid UST operating permit	<input type="checkbox"/>	
6. Submit/revise facility plot plan showing UST systems	<input checked="" type="checkbox"/>	Provide map with required features. Repeat viol.
7. Submit/revise routine Monitoring Procedure	<input checked="" type="checkbox"/>	Submit. Repeat viol.
8. Submit/revise Release Response Plan	<input checked="" type="checkbox"/>	Submit. Repeat viol.
9. Document alarms, releases, and maintenance records	<input checked="" type="checkbox"/>	See narrative below. Repeat viol.
10. Document tightness tests comply with state regs	<input type="checkbox"/>	
11. Provide annual calibration/testing records for leak detection equipment in required format	<input checked="" type="checkbox"/>	Records for 2004 and 2005 needed. Repeat violation.
12. Provide monitoring system annual certification tag	<input type="checkbox"/>	
13. Provide certificate of training for monitoring system tester	<input type="checkbox"/>	
14. W/in 1,000 ft. of well: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> , Date Notified: Provide enhanced leak detection	<input type="checkbox"/>	
<b>B. System Maintenance and Operation</b>		
1. Remove product from sumps, dispenser pans	<input type="checkbox"/>	
2. Find and repair leak(s)	<input type="checkbox"/>	
3. Provide cathodic protection sys. inspection documentation	<input type="checkbox"/>	
4. Provide required inspections for lined tanks	<input type="checkbox"/>	
5. Secure monitoring wells	<input type="checkbox"/>	
6. Repair monitoring system	<input checked="" type="checkbox"/>	Done 8/16/2006 but unresolved still violations exit. See report 8/16/2006. Repeat viol.
7. Cease placing panel in "silence" mode	<input checked="" type="checkbox"/>	Repeat viol.
8. Provide dispenser pans.	<input type="checkbox"/>	
9. Provide/repair dispenser pan monitoring	<input type="checkbox"/>	
10. Repair tank system	<input type="checkbox"/>	
11. Replace turbine sump gasket(s)	<input checked="" type="checkbox"/>	Repeat violation.
12. Provide required secondary containment testing	<input type="checkbox"/>	

Received by _____ Signature of Facility Representative	_____ Printed Name	6/26/2007 Date of Inspection
---	-----------------------	---------------------------------

# Underground Storage Tank Inspection - Additional Comments

## Site Administration

A.9. State regulations require that a written log be kept documenting all monitoring system alarms, tank and piping system repairs, etc. This log is not being maintained at this site. Repeat violation.

A.11. Monitoring system testing 8/16/2006 found problems with the monitoring system. Fix and retest the monitoring system. During last inspection monitoring system certification records for 2004 and 2005 were requested. To date they have not been submitted. Repeat violation.

Because automatic shut-down of the UST system is not provided (for alarms and monitoring system disconnection), annual tightness testing of piping is required. Documentation for 2003 - 2006 testing was requested during the 2005 inspection. No documentation has been provided to date. Repeat violation.

## System Maintenance and Operation

Spill container testing 8/16/2006 resulted in "Fail" for all three spill buckets. Fix and retest spill buckets. During last inspection spill bucket testing records for 2004 and 2005 were requested. To date they have not been submitted. Repeat violation.

Designated Operator reports prior to November 2005 were not available. In addition, our file does not contain the required notice identifying the Designated Operator nor the required Owner Certification regarding understanding of and compliance with the states underground tank laws and regulations. Please provide: Designater Operator Statement, Owner Certification, and Designated Operator reports for January thru October 2005. Repeat violation.

Facility Name: Geno's Country Rd.	Address: 1000 North Vasco, Livermore
Inspector: Danielle Stefani	Were violations found? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> see below

### Monitoring of Double Walled Tanks and Piping

All Tanks, total number:

Tank:

	Viol.	Comments
<b>C. Double Walled Tank and Pipe Monitors</b> (gravity, suction and pressure piping)		<input checked="" type="checkbox"/> Check if applicable
1. Provide continuous monitor with audible and visual alarms (annular space, sumps, dispenser pans)	<input type="checkbox"/>	
2. Relocate sump sensor to proper level	<input type="checkbox"/>	

	Viol.	Comments
----- Double-walled pressure piping ----- <b>In additional to secondary containment monitoring, one of the following three options must be provided</b>		
<b>D. Option 1</b>		<input checked="" type="checkbox"/> Check if applicable
1. Provide line leak detector at 3.0 gph at 10 psi	<input type="checkbox"/>	
2. Provide documentation of annual service of line leak detector	<input checked="" type="checkbox"/>	
3. Provide at least annual tightness test at 0.1 gph at 150% working pressure (electronic LLD or precision test)	<input checked="" type="checkbox"/>	
<b>E. Option 2</b>		<input type="checkbox"/> Check if applicable
1. Have secondary containment monitor shut off turbine on detection of leak (in addition to alarms)	<input type="checkbox"/>	
2. Provide at least annual tightness test at 0.1 gph at 150% working pressure. (electronic LLD or precision test)	<input type="checkbox"/>	
3. Provide documentation of annual service for line leak detector, if line leak detector used to provide 0.1 gph test	<input type="checkbox"/>	
<b>F. Option 3</b>		<input type="checkbox"/> Check if applicable
1. Have secondary containment monitor shut off turbine on detection of leak and if the monitoring system fails or is disconnected (in addition to alarms) Note: the turbine shut off feature is not required on emergency generators if the monitoring system is checked daily. (Can test this feature by shutting of breaker).	<input type="checkbox"/>	
2. Label breaker serving monitoring system (if breaker used to test failsafe feature).	<input type="checkbox"/>	

Note: see CCR Title 23 Section 2636 for a discussion when vent, riser, vapor recovery, and suction piping are exempt from secondary containment (and thus monitoring of secondary containment). For this piping see the monitoring requirements for single walled pipe.

	<u>Matt Macado</u>	<u>6/26/2007</u>
Received by: Signature of Facility Representative	Printed Name	Date of Inspection



Section B

September 21, 2006

Matt Macedo  
Geno's County Store  
1000 North Vasco Rd.  
Livermore, CA 94551

Subject: Annual Inspection of March 3, 2006 and Follow Up Inspection of August 16, 2006

Dear Mr. Macedo:

I have reviewed the documents you submitted in response to my March 3, 2006 inspection and the reports from Walton Engineering concerning the secondary containment testing, annual monitoring system certification, and spill bucket testing they performed a few months ago. I have summarized below the results of my re-inspection on August 16, 2006 and this document review.

Issue	Status based on 8/16/2006 re-inspection and documents submitted to date	Required Action
Spill bucket test for 2006	The test was conducted for 2006. All three spill buckets failed.	Repair/replace and retest buckets. Contractor to obtain any required permits and inspections.
Spill bucket tests for 2004 and 2005	Last prior year on file is 2003.	Submit documentation for 2004 and 2005
Annual monitoring system certification for 2006	Work was conducted for 2006. Two of the problems noted were not fixed during the certification.	See below.
Annual monitoring system certifications for 2004 and 2005	Last prior year on file is 2003.	Submit documentation for 2004 and 2005.
Sensor L4 is in alarm. It appears to be a wiring problem.	Unresolved.	Correct problem. Submit documentation of the correction and retest.
Turbine 87 appears to have an electrical problem related to activation of the line leak detector.	Unresolved.	Correct problem. Submit documentation of the correction and retest.
Annual 0.1 gallon per hour line test	No documentation on file.	Submit documentation for 2006 through 2003.
Chairs partially blocking exit	Were blocking exit during re-inspection.	Exits must be maintained clear at all times.
Storage closer than 18" to fire sprinkler head in storage room	Storage too close to fire sprinkler during re-inspection.	Storage must be maintained at least 18" below fire sprinkler heads.
HMBP certification	Received.	--
UST Tank forms	Not Received.	Submit.
UST Financial Responsibility Documentation	Not Received.	Submit.
UST site plan	Received, but incomplete. Must show "locations where	Submit complete map.

3560 Nevada Street, Pleasanton, CA 94566

Administration & Suppression  
(925) 454-2361  
Fax 249-2397

Fire Prevention Bureau  
(925) 454-2361  
Fax 454-2367

	monitoring will be performed.” Items needed but not shown include locations of monitoring panel, sensors, line leak detectors, dispensor pan detection, and piping.	
UST Monitoring Plan	Not Received	Submit.
UST Response Plan	Not Received	Submit.
UST Alarm log	No log existed at the time of the inspection	Obtain/create an alarm log and make available for inspection.
Designated Operator Notification	Not Received	Submit.
Owner Certification Statement	Not Received	Submit.
Designated Operator Reports	Not all required reports were available on-site	Submit copies for January 2005 through October 2005.

Please be aware that the above summary includes significant violations of state underground storage tank law and regulations. In order to ensure that our program is consistent with other programs through out the state, that there is a level playing field for all businesses in our community, and to increase the effectiveness of our program, the enforcement component has become more aggressive than in the past. I urge you to aggressively pursue compliance and the demonstration of that compliance.

Please do not hesitate to call me if you have any questions or need assistance.

Sincerely,

Danielle Stefani  
Hazardous Materials Coordinator

LIVERMORE-PLEASANTON FIRE DEPARTMENT

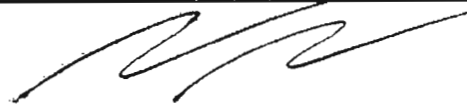
INSPECTION REPORT  
NARRATIVE

Name of Facility: <u>Geno's</u>	Address: <u>1000 N. VASCO</u>	<u>(Liv)</u> Pleas.
Inspector: <u>Detefani</u>		

Reinspection for March 3 2006 inspection and Site Visit. Observed Walton Engineering do annual monitoring system Certification and spill bucket testing

Walton's written Report will follow.

- Matt Macedo said that he had dropped off at the FPB office a package containing documentation required during March 2006 inspection. Paperwork is not in the file. I will check other places in the office.
- Bravo boxes - Several chains were loose. Also noted in March 2006 inspection
- Spill buckets failed - must be fixed as soon as possible
- Annular Space Sensor LH still in alarm. Wiring problem suspected. Must be fixed as soon as possible
- Line leak detectors passed ~~but~~ <sup>AS</sup> However, 87 Turbin contacts field open by what appears to be an electrical problem
- Annual lime test at 0.1 gph not done yet noted in March 2006 inspection
- Keep electrical panel accessible - was blocked by storage today
- Waste labels in place
- Exit still blocked by chairs
- Storage still < 18" from sprinklers in storage room

	Matt Macedo	8/16/06
Received by: Signature of Facility Representative	Printed Name	Date of Inspection



GENOS  
1000 N. VASCO RD  
②

**Stefani, Danielle**

---

**From:** Stefani, Danielle  
**Sent:** Monday, July 28, 2008 5:18 PM  
**To:** 'genosinc@pacbell.net'  
**Cc:** Deaver, Scott  
**Subject:** Canopy fire sprinkler supply lines

TAB C

Hi - I spoke to Scott Deaver, Fire Marshal, about this issue. He says that the requirements would be effected by the layout of the system. If you or your contractor can give Scott a diagram of the underground lines, including valves, then he can provide more direction. sdeaver@lfire.org 925-454-2330

*Danielle Stefani*

Hazardous Materials Coordinator  
Livermore-Pleasanton Fire Department  
3560 Nevada St.  
Pleasanton, CA 94566

925-454-2338 office  
925-454-2367 fax

**Stefani, Danielle**

---

**From:** Vanderheiden, Andy [aavanderheiden@ci.livermore.ca.us]  
**Sent:** Friday, July 25, 2008 9:09 AM  
**To:** Stefani, Danielle  
**Subject:** RE: 1000 N. Vasco Rd Geno's County Store

Danielle,

Matt is finalizing his plans...prior to obtaining his permit. He has been given a couple of courtesy inspections...I will ask Doug martin to stop by and check on status of his permit submittal.

Andy Vanderheiden  
Inspection and Neighborhood Preservation Manager  
Building/ Community Development  
City of Livermore  
(925) 960-4420  
[aavanderheiden@ci.livermore.ca.us](mailto:aavanderheiden@ci.livermore.ca.us)

<file:///C:/Documents%20and%20Settings/aavanderheiden/Application%20Data/Microsoft/Signatures/livermore-logo-RGB.gif>

---

**From:** Stefani, Danielle [<mailto:DStefani@lpfire.org>]  
**Sent:** Friday, July 25, 2008 9:06 AM  
**To:** Vanderheiden, Andy  
**Subject:** 1000 N. Vasco Rd Geno's County Store

Hi - Geno's has shut down their gas fueling facilities. They are expanding the restaurant into the mini-mart area and building a new bathroom. I asked Matt Machado if they had a building permit and his response was a little vague. I looked but did not see permits in the system. Also, regarding the fuel system, I told the owner and the contractor that they needed to meet all Building Dept. requirements, including permits. Thanks.

*Danielle Stefani*

Hazardous Materials Coordinator  
Livermore-Pleasanton Fire Department  
3560 Nevada St.  
Pleasanton, CA 94566

925-454-2338 office  
925-454-2367 fax



June 2, 2006

Matt Macedo  
Geno's Country Store  
1000 N Vasco Rd.  
Livermore CA 94550

**Subject: SECOND NOTICE of VIOLATION: Hazardous Materials Business Plan Review**  
1000 N. Vasco Rd., Livermore

Attention Matt Macedo:

A month ago I sent you a letter regarding the required review and update of your Hazardous Materials Business Plan.

As my first letter indicated, your facility has a Hazardous Materials Business Plans (HMBP) on file with the Fire Department. State law requires that HMBPs be reviewed periodically and kept current, including the annual submission of either an updated HMBP or a recertification statement.

Our records indicate that we have not yet received this documentation for 2006. The following actions are needed to bring your facility into compliance with the Hazardous Materials Business Plan updating requirements:

- 1) review your HMBP
- 2) complete a HMBP Review and Certification form (included in my first letter)
- 3) make any needed corrections/updates to your HMBP
- 4) submit to the Fire Department the signed copies of the HMBP Review and Certification form and any HMBP sections which need to be updated

If changes have been made to a section (i.e. Facility Contact Information, Inventory Statement, Training Plan, etc.), please resubmit the entire section. We do not have the staff resources to replace individual pages within sections.

**Please be aware that state law provides significant penalties - up to \$5,000.00 per day - for failure to comply with Hazardous Materials Business Plan requirements. Please submit the required documentation within 30 days of the date of this letter.**

If you have any questions or need any assistance, please contact me at 925-454-2338 or [dstefani@lpfire.org](mailto:dstefani@lpfire.org). If you would like Word versions of the forms, please send me an email.

Sincerely,



Danielle Stefani

Hazardous Materials Coordinator

3560 Nevada Street, Pleasanton, CA 94566

Administration & Suppression  
(925) 454-2361  
Fax 249-2397

Fire Prevention Bureau  
(925) 454-2361  
Fax 454-2367



March 15, 2006

Matt Macedo  
Geno's Country Store  
1000 N Vasco Rd.  
Livermore CA 94550

**Subject:** Hazardous Materials Business Plan Review  
1000 N Vasco Rd., Livermore

Attention Matt Macedo:

Your facility has a Hazardous Materials Business Plan (HMBP) on file with the Fire Department. State law requires that HMBPs be reviewed periodically and kept current, including the annual submission of either an updated HMBP or a recertification statement. This annual submission is due by March 1 of each year.

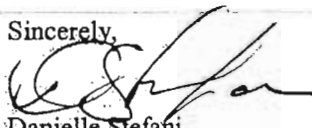
Our records indicate that we have not yet received this documentation for 2006. The following actions are needed to bring your facility into compliance with the Hazardous Materials Business Plan updating requirements:

- 1) review your HMBP
- 2) complete the enclosed HMBP Review and Certification form
- 3) submit to the Fire Department the HMBP Review and Certification form and any HMBP sections that need to be updated.

If changes have been made to a section (i.e. Training Plan or Emergency Response Plan or Maps) please resubmit the entire section. We do not have the staff resources to replace individual pages within sections.

If you have any questions or need any assistance, please call me at 925-454-2338 or [dstefani@lpfire.org](mailto:dstefani@lpfire.org). If you would like MS Word versions of the forms, please send me an email at [psmith@lpfire.org](mailto:psmith@lpfire.org).

Sincerely,

  
Danielle Stefani  
Hazardous Materials Coordinator

Encl.: HMBP Review and Certification Form

3560 Nevada Street, Pleasanton, CA 94566

Administration & Suppression  
(925) 454-2361  
Fax 249-2397

Fire Prevention Bureau  
(925) 454-2361  
Fax 454-2367



June 9, 2004

Matt Macedo  
Geno's Country Store  
1000 N Vasco Rd.  
Livermore, CA 94550

**Subject:** Designated Underground Storage Tank Operator  
1000 N Vasco Rd., Livermore

The enclosed flier explains the upcoming requirement for "Designated Underground Storage Tank Operator". Owners of underground storage tanks are responsible for complying with this requirement by January 1, 2005.

If you have any questions, or need additional assistance, please contact me directly at (925) 454-2338 or [dstefani@lpfire.org](mailto:dstefani@lpfire.org).

Sincerely,

A handwritten signature in black ink, appearing to read 'Danielle Stefani', is written over a horizontal line.

Danielle Stefani  
Hazardous Materials Coordinator

Enclosure: State Water Resources Control Board Flier

3560 Nevada Street, Pleasanton, CA 94566

Administration & Suppression  
(925) 454-2361  
Fax 249-2397

Fire Prevention Bureau  
(925) 454-2361  
Fax 454-2367

1000 N Vasco Rd  
Livermore

**Stefani, Danielle**

**From:** Stefani, Danielle  
**Sent:** Thursday, January 15, 2004 4:35 PM  
**To:** 'genosinc@pacbell.net'  
**Subject:** To Dave regarding the Fire/CUPA Inspection

Hi - Here are the inspection reports I will be using. We will do a walk through and will need to open the dispensers and sumps. I will review all the paperwork mentioned in the inspection reports: UST financial responsibility, HMBP, etc. Please



CM.5.1 CUPA Insp Report Summa... CM.5.10.CUPA Fire Inspection C... CM.5.2.1 HMBP Checklist.doc CM.5.2.2 HMBP Checklist Back P... CM.5.3 .1UST Checklists.doc

let me know if you have any questions.



CM.5.3.2 UST Checklist Back Pa... CM.5.4.1 HWChecklist.doc CM.5.4.2 /Checklist Back Pag

*Danielle Stefani*  
Hazardous Materials Coordinator  
Livermore-Pleasanton Fire Department  
3560 Nevada St.  
Pleasanton, CA 94566

925-454-2338 office  
925-454-2367 fax



April 22, 2003

Matt Macedo  
Geno's Country Store  
1000 N Vasco Rd.  
Livermore, CA 94550

**Subject:** SB 989 Underground Storage Tank Secondary Containment Testing  
1000 N Vasco Rd., Livermore

This letter follow up on secondary containment testing results that we received for this site. The test results indicate that one or more secondary containment component(s) failed the test. A review of our records indicates that we have no documentation concerning repair of the failed component(s).

Please follow up immediately with one on the following actions:

1. If the secondary containment component(s) have been repaired and re-tested, please submit a description of the repairs made and the associated test results.
2. If the secondary containment has not been repaired and retested or it cannot be repaired and retested, submit a workplan that outlines the repairs to be made and the proposed timeframes.
3. If the tank system(s) will be permanently closed, submit a closure plan application along with proposed timeframes.

If you have any questions, or need additional assistance, please contact me directly at (925) 454-2338 or [dstefani@lpfire.org](mailto:dstefani@lpfire.org).

Sincerely,

Danielle Stefani  
Hazardous Materials Coordinator

3560 Nevada Street, Pleasanton, CA 94566

Administration & Suppression  
(925) 454-2361  
Fax 249-2397

Fire Prevention Bureau  
(925) 454-2361  
Fax 454-2367



EUGENE MACEDO  
GENO'S COUNTRY STORE  
1000 N VASCO RD.  
LIVERMORE

March 3, 2000

Dear Underground Tank Owner:

Senate Bill 989 was recently signed into law in response to concerns regarding MTBE. This law contains a variety of provisions related to underground tanks.

The law contains several provisions, which will directly effect tank owners and operators. The purpose of this letter is to provide you with a summary of these provisions.

#### **Senate Bill 989 – Summary of Provisions**

1. Enhanced leak detection will be required for single wall components within 1,000 feet of a public drinking water well.
  - The SWQCB must develop regulations regarding the requirements for enhanced leak detection.
  - The SWQCB will notify the Fire Department and the tank owners as to which sites are subject to this requirement.
  - Tank owners must comply by 11/1/2000.
2. The SWQCB must adopt regulations which require:
  - periodic testing of under dispenser sumps and turbine sumps.
  - annual testing of release detection sensors and alarms.
  - owners, operators, service technicians, installers and inspectors to meet industry training standards and tank facilities to be operated following industry established best management practices.
3. Under dispenser containment must be installed on tanks installed after 7/1/87 by:
  - 7/1/2001 for tanks within 1,000 feet from a public drinking well
  - 12/31/2003 for all tanks
4. By 1/01/2002 anyone who installs, maintains, repairs or calibrates monitoring equipment must be trained according to specified standards and must have one of the following contractors licenses: Class A, C-16, C-34, C-36 or C-61. Owners are not prohibited from maintaining, repairing or replacing their own systems but if a third party is hired they must have the required license.

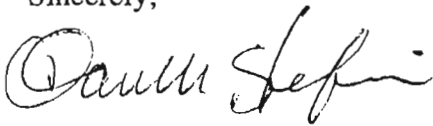


5. The Fire Department must inspect underground tank facilities annually.
6. The owner, permit holder, and the operator must all receive a copy of the Fire Department's inspection report.
7. Operators are now liable for penalties of \$500 - \$5,000 per day for tampering with or disabling a leak detection device or alarm.
8. Operators are now liable for penalties of \$5,000 - \$10,000 per day and/or one year in jail for tampering with or disabling a leak detection device or alarm in a manner that would prevent the system from detecting a leak or alerting the owner or operator of a leak .
9. Within 60 days of receiving a Fire Department inspection, the tank owner/operator must file a plan with the local agency explaining how the report's recommendations will be implemented or why they should not be.

We will continue to follow developments regarding these issues and to provide you with information concerning these topics as it becomes available.

If you have any questions, please call me at 925-454-2338.

Sincerely,



Danielle Stefani  
Hazardous Materials Coordinator

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  NEW PERMIT  3 RENEWAL PERMIT  5 CHANGE OF INFORMATION  7 PERMANENTLY CLOSED SITE  
 2 INTERIM PERMIT  4 AMENDED PERMIT  6 TEMPORARY SITE CLOSURE

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

DBA OR FACILITY NAME <i>Geno's Country Store</i>		NAME OF OPERATOR <i>Picerna + Shirley Macedo</i>			
ADDRESS <i>1000 N. Vasco Rd</i>		NEAREST CROSS STREET <i>Interstate 580</i>	PARCEL # (OPTIONAL) <i>(510) 449-3834</i>		
CITY NAME <i>Livermore</i>		STATE <i>CA</i>	ZIP CODE <i>94550</i>	SITE PHONE # WITH AREA CODE <i>(510) 449-3841</i>	
<input checked="" type="checkbox"/> BOX TO INDICATE <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL AGENCY DISTRICTS <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> FEDERAL AGENCY * If owner of UST is a public agency, complete the following: name of Supervisor of division, section, or office which operates the UST					
TYPE OF BUSINESS <input 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 <i>3</i>	E. P. A. I. D. # (optional)	

**EMERGENCY CONTACT PERSON (PRIMARY)**

**EMERGENCY CONTACT PERSON (SECONDARY) - optional**

DAYS: NAME (LAST, FIRST) <i>Same AS operator</i>	PHONE # WITH AREA CODE	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST) <i>Same AS operator</i>	PHONE # WITH AREA CODE	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

**II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)**

NAME <i>Eugene + Shirley Macedo</i>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <i>5470 Benuec Lane</i>		<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 <i>Yron</i>		STATE <i>CA</i>	ZIP CODE <i>94574</i>	PHONE # WITH AREA CODE <i>(510) 634-8105</i>

**III. TANK OWNER INFORMATION - (MUST BE COMPLETED)**

NAME OF OWNER <i>Same AS Above</i>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> STATE AGENCY	<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> FEDERAL AGENCY	
CITY NAME		STATE	ZIP CODE	PHONE # WITH AREA CODE

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

TY (TK) HQ *44-000426*

**V. PETROLEUM UST FINANCIAL RESPONSIBILITY - (MUST BE COMPLETED) - IDENTIFY THE METHOD(S) USED**

box to indicate  1 SELF-INSURED  2 GUARANTEE  3 INSURANCE  4 SURETY BOND  
 5 LETTER OF CREDIT  6 EXEMPTION  99 OTHER

**VI. LEGAL NOTIFICATION AND BILLING ADDRESS** Legal notification and billing will be sent to the tank owner unless box I or II is checked.

CHECK ONE BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR LEGAL NOTIFICATIONS AND BILLING: I.  II.  III.

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

OWNER'S NAME (PRINTED & SIGNED) <i>Eugene A. Macedo</i>	OWNER'S TITLE <i>Pres CEO</i>	DATE MONTH/DAY/YEAR <i>7/17/04</i>
--	----------------------------------	---------------------------------------

**LOCAL AGENCY USE ONLY**

COUNTY # <i>01</i>	JURISDICTION # <i>000</i>	FACILITY # <i>043283</i>
ON CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPERVISOR - DISTRICT CODE - OPTIONAL

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

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

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM

<input 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 checked="" type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Don's Country Store, Livermore

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

A. OWNER'S TANK I.D. #	B. MANUFACTURED BY: <u>TUUGLO</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>Oct 1994</u>	D. TANK CAPACITY IN GALLONS: <u>15000</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. <input checked="" 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 AND E

A. TYPE OF SYSTEM	<input checked="" type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER _____
B. TANK MATERIAL (Primary Tank)	<input 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 checked="" type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
			<input checked="" type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
			<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 type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 4 PHENOLIC LINING
			<input type="checkbox"/> 99 OTHER _____
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN
			<input checked="" type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 99 OTHER _____
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) <u>1994</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>1994</u>

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
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 checked="" type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input checked="" 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 checked="" type="checkbox"/> 7 INTERSTITIAL MONITORING	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER _____

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>Oct 1994</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>0</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) Ricky J. Harris DATE 7/17/08

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

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
	<u>011</u>	<u>0100</u>	<u>043283</u>	<u>000005</u>
FILE 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  1 NEW PERMIT  2 INTERIM PERMIT  3 RENEWAL PERMIT  4 AMENDED PERMIT  5 CHANGE OF INFORMATION  6 TEMPORARY TANK CLOSURE  7 PERMANENTLY CLOSED UN S  8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Genco Country Store, Livermore

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

A. OWNER'S TANK I. D. #                      B. MANUFACTURED BY: TRUSCO  
C. DATE INSTALLED (MO/DAY/YEAR) Oct 1994 D. TANK CAPACITY IN GALLONS: 15,000

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

A.  1 MOTOR VEHICLE FUEL  2 PETROLEUM  3 CHEMICAL PRODUCT  4 OIL  80 EMPTY  95 UNKNOWN  
B.  1 PRODUCT  2 WASTE  
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 AND E

A. TYPE OF SYSTEM  1 DOUBLE WALL  2 SINGLE WALL  3 SINGLE WALL WITH EXTERIOR LINER  4 SECONDARY CONTAINMENT (VAULTED TANK)  95 UNKNOWN  99 OTHER  
B. TANK MATERIAL (Primary Tank)  1 BARE STEEL  2 STAINLESS STEEL  3 FIBERGLASS  4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC  
 5 CONCRETE  6 POLYVINYL CHLORIDE  7 ALUMINUM  8 100% METHANOL COMPATIBLE W/FRP  
 9 BRONZE  10 GALVANIZED STEEL  95 UNKNOWN  99 OTHER  
C. INTERIOR LINING  1 RUBBER LINED  2 ALKYD LINING  3 EPOXY LINING  4 PHENOLIC LINING  
 5 GLASS LINING  6 UNLINED  95 UNKNOWN  99 OTHER  
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES  NO   
D. CORROSION PROTECTION  1 POLYETHYLENE WRAP  2 COATING  3 VINYL WRAP  4 FIBERGLASS REINFORCED PLASTIC  
 5 CATHODIC PROTECTION  91 NONE  95 UNKNOWN  99 OTHER  
E. SPILL AND OVERFILL SPILL CONTAINMENT INSTALLED (YEAR) 1994 OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) 1994

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  
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  1 AUTOMATIC LINE LEAK DETECTOR  2 LINE TIGHTNESS TESTING  3 INTERSTITIAL MONITORING  99 OTHER

V. TANK LEAK DETECTION

1 VISUAL CHECK  2 INVENTORY RECONCILIATION  3 VADOZE MONITORING  4 AUTOMATIC TANK GAUGING  5 GROUND WATER MONITORING  
 6 TANK TESTING  7 INTERSTITIAL MONITORING  91 NONE  95 UNKNOWN  99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) Oct 1994 2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING                      GALLONS 3. WAS TANK FILLED WITH INERT MATERIAL? YES  NO

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

APPLICANT'S NAME (PRINTED & SIGNATURE) Nicky J. Harris DATE 7/17/08

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

STATE I.D.# 011000 COUNTY # 011 JURISDICTION # 000 FACILITY # 043223 TANK # 000006  
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 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 ON SITE
<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input checked="" type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Gen's Country Store, Livermore

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

A. OWNER'S TANK I.D. #	B. MANUFACTURED BY: <u>TRUSSCO</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>Oct 1994</u>	D. TANK CAPACITY IN GALLONS: <u>12,000</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. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED	<input checked="" type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D BELOW)
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED					C. A.S.#

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 checked="" type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank)	<input 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 checked="" type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
			<input checked="" type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
			<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 type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 4 PHENOLIC LINING
			<input type="checkbox"/> 99 OTHER
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN
			<input checked="" type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) <u>1994</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>1994</u>

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

A. SYSTEM TYPE	A U 1 SUCTION	A <u>U</u> 2 PRESSURE	A U 3 GRAVITY	A U 99 OTHER
B. CONSTRUCTION	A U 1 SINGLE WALL	A <u>U</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>U</u> 4 FIBERGLASS PIPE
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING	A <u>U</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 checked="" type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input checked="" 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 checked="" type="checkbox"/> 7 INTERSTITIAL MONITORING	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>Oct 1994</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>0</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) Mark J Harris DATE 7/17/08

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

STATE I.D.#	COUNTY # <u>01</u>	JURISDICTION # <u>000</u>	FACILITY # <u>043283</u>	TANK # <u>000007</u>
MIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE		

# TRANSMITTAL OF MONITORING SYSTEM CERTIFICATION RESULTS

Test Date: September 6, 2007 at 9:30 a.m.

RECEIVED

OCT 01 2007

FIRE PREVENTION

<b>To: (CUPA)</b>
✓ Livermore-Pleasanton Fire Department Attn: UST Team 3560 Nevada Street Pleasanton, CA 94566

<b>Facility:</b>
Geno's Country Store Attn: Matt Macedo 1000 N. Vasco Road Livermore, CA 94551

<b>Category of Certification:</b>
<input checked="" type="checkbox"/> Monitoring System Certification
<input checked="" type="checkbox"/> Leak Detector Test
<input checked="" type="checkbox"/> Spill Container Test

<b>Owner:</b>
Geno's Country Stores, Inc. Attn: Matt Macedo 1000 North Vasco Road Livermore, CA 94551

<b>Comments:</b>
Enclosed are the results of the certification we performed in your district on the above date.
For questions regarding this report please contact: Dulcinea Webb 916-373-1166 Compliance@WaltonEngineering.Com
For technical questions please contact: Richard S. Walton 916-825-3203
cc: Geno's Country Stores, Inc.

# MONITORING SYSTEM CERTIFICATION

MAKE / MODEL OF MONITORING SYSTEM: Gilbarco EMC

CERTIFICATION / TEST DATE: September 6, 2007

## A1. FACILITY

Name: **Geno's Country Store**  
Address: **1000 N. Vasco Road, Livermore, CA 94551**  
Phone #: **925-449-3841**  
Contact: **Matt Macedo**

## A2. OWNER

Name: **Geno's Country Stores, Inc.**  
Address: **1000 North Vasco Road, Livermore, CA 94551**  
Phone #: **925-449-3841**  
Contact: **Matt Macedo**

## A3. C U P A

Name: **Livermore-Pleasanton Fire Department**  
Address: **3560 Nevada Street, Pleasanton, CA 94566**  
Notified: **August 31, 2007**  
Inspector: **None**  
Phone #: **925-454-2338**

## A4. TESTING CONTRACTOR

Name: **Walton Engineering, Inc.**  
Address: **P.O. Box 1025, W. Sacramento, CA 95691**  
Lic #: **617238 A, B, Haz**  
Contact: **Richard Walton**  
Phone #: **916-825-3203**

## B. INVENTORY OF EQUIPMENT TESTED/CERTIFIED (Check the appropriate boxes to indicate equipment inspected/serviced)

### B1: TANKS

#### Tank #1 (Product): Gasoline - 87

In-Tank Gauging Probe Model: **0847390-109**  
 Annular Space or Vault Sensor Model: **0794390-420**  
 Piping Sump / Trench Sensor(s) Model: **0794380-208**  
 Fill Sump Sensor(s) Model: \_\_\_\_\_  
 Mechanical Line Leak Detector Model: **Vaporless 99LD-2000**  
 Electronic Line Leak Detector Model: \_\_\_\_\_  
 Tank Overfill / High-Level Sensor Model: \_\_\_\_\_  
 Other (specify equipment in Section E) Model: \_\_\_\_\_

#### Tank #2 (Product): Gasoline - 91

In-Tank Gauging Probe Model: **0847390-109**  
 Annular Space or Vault Sensor Model: **0794390-420**  
 Piping Sump / Trench Sensor(s) Model: **0794380-208**  
 Fill Sump Sensor(s) Model: \_\_\_\_\_  
 Mechanical Line Leak Detector Model: **Vaporless 99LD-2000**  
 Electronic Line Leak Detector Model: \_\_\_\_\_  
 Tank Overfill / High-Level Sensor Model: \_\_\_\_\_  
 Other (specify equipment in Section E) Model: \_\_\_\_\_

#### Tank #3 (Product): Diesel

In-Tank Gauging Probe Model: **0847390-109**  
 Annular Space or Vault Sensor Model: **0794390-420**  
 Piping Sump / Trench Sensor(s) Model: **0794380-208**  
 Fill Sump Sensor(s) Model: \_\_\_\_\_  
 Mechanical Line Leak Detector Model: **Vaporless 99LD-2000**  
 Electronic Line Leak Detector Model: \_\_\_\_\_  
 Tank Overfill / High-Level Sensor Model: \_\_\_\_\_  
 Other (specify equipment in Section E) Model: \_\_\_\_\_

#### Tank #4 (Product):

In-Tank Gauging Probe Model: \_\_\_\_\_  
 Annular Space or Vault Sensor Model: \_\_\_\_\_  
 Piping Sump / Trench Sensor(s) Model: \_\_\_\_\_  
 Fill Sump Sensor(s) Model: \_\_\_\_\_  
 Mechanical Line Leak Detector Model: **Vaporless 99LD-2000**  
 Electronic Line Leak Detector Model: \_\_\_\_\_  
 Tank Overfill / High-Level Sensor Model: \_\_\_\_\_  
 Other (specify equipment in Section E) Model: \_\_\_\_\_

### B2: DISPENSERS/UDC's

#### Dispenser #: 1-2

Dispenser Containment Sensor(s) Model: \_\_\_\_\_  
 Shear Valves  
 Dispenser Containment Float(s) and Chain(s)

#### Dispenser #: 3-4

Dispenser Containment Sensor(s) Model: \_\_\_\_\_  
 Shear Valves  
 Dispenser Containment Float(s) and Chain(s)

#### Dispenser #: 5-6

Dispenser Containment Sensor(s) Model: \_\_\_\_\_  
 Shear Valves  
 Dispenser Containment Float(s) and Chain(s)

#### Dispenser #: 7-8

Dispenser Containment Sensor(s) Model: \_\_\_\_\_  
 Shear Valves  
 Dispenser Containment Float(s) and Chain(s)

#### Dispenser #: 9-10

Dispenser Containment Sensor(s) Model: \_\_\_\_\_  
 Shear Valves  
 Dispenser Containment Float(s) and Chain(s)

#### Dispenser #: 11-12A

Dispenser Containment Sensor(s) Model: \_\_\_\_\_  
 Shear Valves  
 Dispenser Containment Float(s) and Chain(s)

**C. CERTIFICATION** I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report; (check all that apply):

System set-up  Alarm History Report

Signature:



**WALTON**  
ENGINEERING, INC.

Technician / Cert #:

Bruce N. Stewart / A31131 5249892-UT

Date:

September 6, 2007

# MONITORING SYSTEM CERTIFICATION - Page 1 Continuation

MAKE / MODEL OF MONITORING SYSTEM: Gilbarco EMC

CERTIFICATION / TEST DATE: September 6, 2007

## A1. FACILITY

Name **Geno's Country Store**  
 Address **1000 N. Vasco Road, Livermore, CA 94551**  
 Phone # **925-449-3841**  
 Contact **Matt Macedo**

## A2. OWNER

Name **Geno's Country Stores, Inc.**  
 Address **1000 North Vasco Road, Livermore, CA 94551**  
 Phone # **925-449-3841**  
 Contact **Matt Macedo**

## B. INVENTORY OF EQUIPMENT TESTED/CERTIFIED (Check the appropriate boxes to indicate equipment inspected/serviced)

### B1 (Continued): TANKS

Tank #5 (Product): \_\_\_\_\_

- In-Tank Gauging Probe Model: \_\_\_\_\_
- Annular Space or Vault Sensor Model: \_\_\_\_\_
- Piping Sump / Trench Sensor(s) Model: \_\_\_\_\_
- Fill Sump Sensor(s) Model: \_\_\_\_\_
- Mechanical Line Leak Detector Model: \_\_\_\_\_
- Electronic Line Leak Detector Model: \_\_\_\_\_
- Tank Overfill / High-Level Sensor Model: \_\_\_\_\_
- Other (specify equipment in Section E) Model: \_\_\_\_\_

Tank #6 (Product): \_\_\_\_\_

- In-Tank Gauging Probe Model: \_\_\_\_\_
- Annular Space or Vault Sensor Model: \_\_\_\_\_
- Piping Sump / Trench Sensor(s) Model: \_\_\_\_\_
- Fill Sump Sensor(s) Model: \_\_\_\_\_
- Mechanical Line Leak Detector Model: \_\_\_\_\_
- Electronic Line Leak Detector Model: \_\_\_\_\_
- Tank Overfill / High-Level Sensor Model: \_\_\_\_\_
- Other (specify equipment in Section E) Model: \_\_\_\_\_

Tank #7 (Product): \_\_\_\_\_

- In-Tank Gauging Probe Model: \_\_\_\_\_
- Annular Space or Vault Sensor Model: \_\_\_\_\_
- Piping Sump / Trench Sensor(s) Model: \_\_\_\_\_
- Fill Sump Sensor(s) Model: \_\_\_\_\_
- Mechanical Line Leak Detector Model: \_\_\_\_\_
- Electronic Line Leak Detector Model: \_\_\_\_\_
- Tank Overfill / High-Level Sensor Model: \_\_\_\_\_
- Other (specify equipment in Section E) Model: \_\_\_\_\_

Tank #8 (Product): \_\_\_\_\_

- In-Tank Gauging Probe Model: \_\_\_\_\_
- Annular Space or Vault Sensor Model: \_\_\_\_\_
- Piping Sump / Trench Sensor(s) Model: \_\_\_\_\_
- Fill Sump Sensor(s) Model: \_\_\_\_\_
- Mechanical Line Leak Detector Model: \_\_\_\_\_
- Electronic Line Leak Detector Model: \_\_\_\_\_
- Tank Overfill / High-Level Sensor Model: \_\_\_\_\_
- Other (specify equipment in Section E) Model: \_\_\_\_\_

### B2: (Continued) DISPENSERS/UDC's

Dispenser # : **12-13A**

- Dispenser Containment Sensor(s) Model: \_\_\_\_\_
- Shear Valves
- Dispenser Containment Float(s) and Chain(s)

Dispenser # : **13-14A**

- Dispenser Containment Sensor(s) Model: \_\_\_\_\_
- Shear Valves
- Dispenser Containment Float(s) and Chain(s)

Dispenser # : **14-15**

- Dispenser Containment Sensor(s) Model: \_\_\_\_\_
- Shear Valves
- Dispenser Containment Float(s) and Chain(s)

Dispenser # : \_\_\_\_\_

- Dispenser Containment Sensor(s) Model: \_\_\_\_\_
- Shear Valves
- Dispenser Containment Float(s) and Chain(s)

Dispenser # : \_\_\_\_\_

- Dispenser Containment Sensor(s) Model: \_\_\_\_\_
- Shear Valves
- Dispenser Containment Float(s) and Chain(s)

Dispenser # : \_\_\_\_\_

- Dispenser Containment Sensor(s) Model: \_\_\_\_\_
- Shear Valves
- Dispenser Containment Float(s) and Chain(s)

Dispenser # : \_\_\_\_\_

- Dispenser Containment Sensor(s) Model: \_\_\_\_\_
- Shear Valves
- Dispenser Containment Float(s) and Chain(s)

Dispenser # : \_\_\_\_\_

- Dispenser Containment Sensor(s) Model: \_\_\_\_\_
- Shear Valves
- Dispenser Containment Float(s) and Chain(s)

Dispenser # : \_\_\_\_\_

- Dispenser Containment Sensor(s) Model: \_\_\_\_\_
- Shear Valves
- Dispenser Containment Float(s) and Chain(s)

Dispenser # : \_\_\_\_\_

- Dispenser Containment Sensor(s) Model: \_\_\_\_\_
- Shear Valves
- Dispenser Containment Float(s) and Chain(s)

Dispenser # : \_\_\_\_\_

- Dispenser Containment Sensor(s) Model: \_\_\_\_\_
- Shear Valves
- Dispenser Containment Float(s) and Chain(s)

Dispenser # : \_\_\_\_\_

- Dispenser Containment Sensor(s) Model: \_\_\_\_\_
- Shear Valves
- Dispenser Containment Float(s) and Chain(s)



# MONITORING SYSTEM CERTIFICATION

CERTIFICATION / TEST DATE: September 6, 2007

## A1. FACILITY

Name           Geno's Country Store  
 Address       1000 N. Vasco Road, Livermore, CA 94551  
 Phone #       925-449-3841  
 Contact       Matt Macedo

## A2. OWNER

Name           Geno's Country Stores, Inc.  
 Address       1000 North Vasco Road, Livermore, CA 94551  
 Phone #       925-449-3841  
 Contact       Matt Macedo

## D. RESULTS OF TESTING / SERVICING

Make / Model of Monitoring System: Gilbarco EMC

Software Version Installed:       121.00

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *	Is the audible alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *	Is the visual alarm operational?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No *	Were all sensors visually inspected, functionally tested, and confirmed operational?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No *	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No * <input checked="" type="checkbox"/> N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modems) operational?
<input type="checkbox"/> Yes	<input type="checkbox"/> No * <input checked="" type="checkbox"/> N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shutdown? (check all that apply) <input type="checkbox"/> Sump/Trench sensors; <input type="checkbox"/> Dispenser Containment Sensors.
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No *	Did you confirm positive shut-down due to leaks <u>and</u> sensor failure/disconnection?
<input type="checkbox"/> Yes	<input type="checkbox"/> No * <input checked="" type="checkbox"/> N/A	For tank systems that utilize the monitoring system as the primary tank overflow warning device (i.e. no mechanical overflow prevention valve is installed), is the overflow warning alarm visible and audible at the tank fill point(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger?    ___ %
<input checked="" type="checkbox"/> Yes *	<input type="checkbox"/> No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below.
<input checked="" type="checkbox"/> Yes *	<input type="checkbox"/> No	Was any liquid found inside any secondary containment systems designed as dry systems? (Check all that apply) <input checked="" type="checkbox"/> Product; <input checked="" type="checkbox"/> Water. If yes, describe causes in Section E, below.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *	Was monitoring system set-up reviewed to insure proper settings? Attach set-up reports, if applicable.
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No *	Is all monitoring equipment operational per manufacturer's specifications?

\* In Section E below, describe how and when these deficiencies were or will be corrected.

## E. COMMENTS

L-3 the 91 STP sump sensor had been raised from the low point to the top of tank.

L-4 the 91 annular has been in alarm since last year.

L-2 the 87 annular was full of rust and would not work. Cleaned the sensor and tested.

The 87 tank has 1" of water in the annular, the sensor is sitting on the bottom but requires 1.5" to go into alarm.

This is what caused the rust on the sensor.

Replaced the sensor on the 91 STP sump.

Replaced all three lamps on the EMC.

This site does not have positive shut-down.

# MONITORING SYSTEM CERTIFICATION

CERTIFICATION / TEST DATE: September 6, 2007

## A1. FACILITY

Name            Geno's Country Store  
 Address        1000 N. Vasco Road, Livermore, CA 94551  
 Phone #        925-449-3841  
 Contact        Matt Macedo

## A2. OWNER

Name            Geno's Country Stores, Inc.  
 Address        1000 North Vasco Road, Livermore, CA 94551  
 Phone #        925-449-3841  
 Contact        Matt Macedo

## F. IN-TANK GAUGING / SIR EQUIPMENT:

- Check this box if tank gauging is used only for inventory control.  
 Check this box if no tank gauging or SIR equipment is installed.

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

Complete the following checklist:

<input type="checkbox"/> Yes	<input type="checkbox"/> No *	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
<input type="checkbox"/> Yes	<input type="checkbox"/> No *	Were all tank gauging probes visually inspected for damage and residue buildup?
<input type="checkbox"/> Yes	<input type="checkbox"/> No *	Was accuracy of system product level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No *	Was accuracy of system water level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No *	Were all probes reinstalled properly?
<input type="checkbox"/> Yes	<input type="checkbox"/> No *	Were all items on the equipment manufacturer's maintenance checklist completed?

\* In Section H below, describe how and when these deficiencies were or will be corrected.

## G. LINE LEAK DETECTORS (LLD):

- Check this box if LLDs are not installed.

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No * <input type="checkbox"/> N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? (check all that apply) Simulated leak rate: <input checked="" type="checkbox"/> 3 g.p.h.; <input type="checkbox"/> 0.1 g.p.h.; <input type="checkbox"/> 0.2 g.p.h.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *	Were all LLDs confirmed operational and accurate within regulatory requirements?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *	Was the testing apparatus properly calibrated?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No * <input type="checkbox"/> N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No * <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No * <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
<input type="checkbox"/> Yes	<input type="checkbox"/> No * <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
<input type="checkbox"/> Yes	<input type="checkbox"/> No * <input checked="" type="checkbox"/> N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *	Were all items on the equipment manufacturer's maintenance checklist completed?

\* In Section H below, describe how and when these deficiencies were or will be corrected.

## H. COMMENTS

Replaced the 87 MLLD. Vaporless LD2000.

Adjusted the 91 MLLD.

# LINE LEAK DETECTOR (LLD) TEST REPORT

TEST DATE: September 6, 2007

## A1. FACILITY

Name: Geno's Country Store  
 Address: 1000 N. Vasco Road, Livermore, CA 94551  
 Phone #: 925-449-3841  
 Contact: Matt Macedo

## A2. OWNER

Name: Geno's Country Stores, Inc.  
 Address: 1000 North Vasco Road, Livermore, CA 94551  
 Phone #: 925-449-3841  
 Contact: Matt Macedo

## A3. C U P A

Name: Livermore-Pleasanton Fire Department  
 Address: 3560 Nevada Street, Pleasanton, CA 94566  
 Notified: August 31, 2007  
 Inspector: None  
 Phone #: 925-454-2338

## A4. TESTING CONTRACTOR

Name: Walton Engineering, Inc.  
 Address: P.O. Box 1025, W. Sacramento, CA 95691  
 Lic #: 617238 A, B, Haz  
 Contact: Richard Walton  
 Phone #: 916-825-3203


## I. MECHANICAL LINE LEAK DETECTOR TEST RESULTS

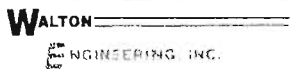
Test Equipment Used: Red Jacket FX Test System

Tank number	1	2	3	4
Product contained	Gasoline - 87	Gasoline - 91	Diesel	Truck Island
Leak Detector Type	MLLD	MLLD	MLLD	MLLD
Leak detector make/model	Vaporless 99LD-2000	Vaporless 99LD-2000	Vaporless 99LD-2000	Vaporless 99LD-2000
Serial number	7081421	605177	6061160	6061152
Functional Element Holding (psi)	18	18	18	20
Resiliency (ml)	50	75	50	100
Test leak rate (gph)	3.00	3.00	3.00	3.00
Pump pressure (psi)	28	28	28	38
Metering pressure (psi)	18	18	18	28
Pressure Restriction Reduction (psi)	10	10	10	10
Length of Restriction Test (seconds)	30	30	30	30
Full Flow Opening time (seconds)	5	5	5	7
<b>TEST RESULT</b>	<b>PASS</b>	<b>PASS</b>	<b>PASS</b>	<b>PASS</b>
Tank number				
Product contained				
Leak Detector Type				
Leak detector make/model				
Serial number				
Functional Element Holding (psi)				
Resiliency (ml)				
Test leak rate (gph)				
Pump pressure (psi)				
Metering pressure (psi)				
Pressure Restriction Reduction (psi)				
Length of Restriction Test (seconds)				
Full Flow Opening time (seconds)				
<b>TEST RESULT</b>				

## J. COMMENTS:

\_\_\_\_\_  
 \_\_\_\_\_

Signature:   
 Technician: Bruce N. Stewart / A31131 5249892-UT



Date: September 6, 2007

# ANNUAL SPILL CONTAINER TEST REPORT

TEST DATE: September 6, 2007

<b>A1. FACILITY</b> Name: Geno's Country Store Address: 1000 N. Vasco Road, Livermore, CA 94551 Phone #: 925-449-3841 Contact: Matt Macedo	<b>A2. OWNER</b> Name: Geno's Country Stores, Inc. Address: 1000 North Vasco Road, Livermore, CA 94551 Phone #: 925-449-3841 Contact: Matt Macedo
<b>A3. C U P A</b> Name: Livermore-Pleasanton Fire Department Address: 3560 Nevada Street, Pleasanton, CA 94566 Notified: August 31, 2007 Inspector: None Phone #: 925-454-2338	<b>A4. TESTING CONTRACTOR</b> Name: Walton Engineering, Inc. Address: P.O. Box 1025, W. Sacramento, CA 95691 Lic #: 617238 A, B, Haz Contact: Richard Walton Phone #: 916-825-3203

## K. SPILL CONTAINER TEST RESULTS

Measuring Equipment Used: Caldwell System 2001 / Walton Engineering (Level Change Indicator)

Tank Number	1	2	3	
Product contained	Gasoline - 87	Gasoline - 91	Diesel	
Spill container capacity (US gallons)	5	5	5	
Spill container manufacturer	OPW	OPW	OPW	
Spill container depth (inches)	14.00	14.00	13.50	
Is the spill container located in a sump?	No	No	No	
Does sump have a liquid sensor installed?	N/A	N/A	N/A	
Condition of spill container prior to testing	Wet	Wet	Wet	
Portion of spill container tested	Entire	Entire	Entire	
Depth of water level from bottom (inches)	12.50	12.50	12.00	
Wait time for water level to stabilize (hr:min)	0:10	0:10	0:01	
Test start time	10:31	10:35	13:50	
Test end time	11:01	11:04	13:51	
Test duration (hr:min)	0:30	0:29	0:01	
Change in water level (± 0.000 inches)	0.015	1.250	3.500	
Pass/Fail threshold (0.005 inches / ½ Hr.)	0.005	0.005	0.005	
<b>TEST RESULT</b>	<b>FAIL</b>	<b>FAIL</b>	<b>FAIL</b>	

## L. COMMENTS:

---

---

---

---

---


---

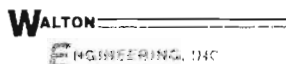
---

---

---

---

Signature:   
 Technician: Bruce N. Stewart / A31131 5249892-UT



Date: September 6, 2007

# SYSTEM SET-UP REPORT (Page 1)

**SYSTEM SETUP**

SEP 6 2007 9:00 AM

**SYSTEM UNITS**

U.S.  
 SYSTEM LANGUAGE  
 ENGLISH  
 SYSTEM DATE TIME FORMAT  
 MON DD YYYY HH:MM:SS AM

GENOS COUNTRY STORE  
 1000 VASCO RD.  
 LIVERMORE, CA 94550  
 WIC 20443801012

SHIFT TIME 1 : DISABLED  
 SHIFT TIME 2 : DISABLED  
 SHIFT TIME 3 : 10:00 PM  
 SHIFT TIME 4 : DISABLED

TANK PER TST NEEDED WRN  
 DISABLED  
 TANK ANN TST NEEDED WRN  
 DISABLED

LINE RE-ENABLE METHOD  
 PASS LINE TEST

LINE PER TST NEEDED WRN  
 DISABLED  
 LINE ANN TST NEEDED WRN  
 DISABLED

PRINT TO VOLUMES  
 ENABLED

TEMP COMPENSATION  
 VALUE (DEG F) : 80.0  
 STICK HEIGHT OFFSET  
 DISABLED

H-PROTOCOL DATA FORMAT  
 HEIGHT  
 DAYLIGHT SAVING TIME  
 ENABLED  
 START DATE  
 MAR WEEK 2 SUN  
 START TIME  
 2:00 AM  
 END DATE  
 NOV WEEK 1 SUN  
 END TIME  
 2:00 AM

RE-DIRECT LOCAL PRINTOUT  
 DISABLED

EURO PROTOCOL PREFI:  
 S

**COMMUNICATIONS SETUP**

**PORT SETTINGS:**

COMM BOARD : 5 (RS-485)  
 BAUD RATE : 9600  
 PARITY : NONE  
 STOP BIT : 2 STOP  
 DATA LENGTH: 7 DATA  
 RS-232 SECURITY  
 CODE : DISABLED

COMM BOARD : 6 (S-SAT)  
 BAUD RATE : 9600  
 PARITY : ODD  
 STOP BIT : 1 STOP  
 DATA LENGTH: 7 DATA  
 RS-232 SECURITY  
 CODE : DISABLED  
 DTR NORMAL STATE: HIGH

**RECEIVER SETUP:**

NONE

**IN-TANK SETUP**

T1:REGULAR 87  
 PRODUCT CODE : 1  
 THERMAL COEFF : 000700  
 TANK DIAMETER : 128.00  
 TANK PROFILE : 4 FTS  
 FULL VOL : 15115  
 96.0 INCH VOL : 12207  
 64.0 INCH VOL : 7616  
 32.0 INCH VOL : 3009

FLOAT SIZE: 4.0 IN.  
 WATER WARNING : 2.0  
 HIGH WATER LIMIT: 3.0

MAX OR LABEL VOL: 15115  
 OVERFILL LIMIT : 90%  
 : 13603  
 HIGH PRODUCT : 95%  
 : 14359  
 DELIVERY LIMIT : 10%  
 : 1511

LOW PRODUCT : 1000  
 LEAK ALARM LIMIT: 99  
 SUDDEN LOSS LIMIT: 99  
 TANK TILT : 0.50

MANIFOLDED TANKS  
 T#: NONE

LEAK MIN PERIODIC: 10%  
 : 1511  
 PERIODIC TEST TYPE  
 STANDARD

PERIODIC TEST FAIL  
 ALARM DISABLED

GROSS TEST FAIL  
 ALARM DISABLED

PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAKOFF

DELIVERY DELAY : 5 MIN

# SYSTEM SET-UP REPORT (Page 2)

T 3: PREMIUM 91  
 PRODUCT CODE : 2  
 THERMAL COEFF : .000700  
 TANK DIAMETER : 128.00  
 TANK PROFILE : 4 PTS  
     FULL VOL : 15115  
     96.0 INCH VOL : 12207  
     64.0 INCH VOL : 7816  
     32.0 INCH VOL : 3009

T 3: DIESEL  
 PRODUCT CODE : 3  
 THERMAL COEFF : .000450  
 TANK DIAMETER : 96.00  
 TANK PROFILE : 4 PTS  
     FULL VOL : 12145  
     72.0 INCH VOL : 9838  
     48.0 INCH VOL : 6153  
     24.0 INCH VOL : 3445

LEAK TEST METHOD  
 -----  
 TEST ON DATE : ALL TANK  
 JAN 1, 1996  
 START TIME : DISABLED  
 TEST RATE : 0.20 GAL HR  
 DURATION : 0 HOURS

FLOAT SIZE: 4.0 IN.  
 WATER WARNING : 2.0  
 HIGH WATER LIMIT: 3.0  
 MAX OR LABEL VOL: 15115  
 OVERFILL LIMIT : 90%  
                   : 13803  
 HIGH PRODUCT : 95%  
                   : 14359  
 DELIVERY LIMIT : 10%  
                   : 1511  
 LOW PRODUCT : 1000  
 LEAK ALARM LIMIT: 99  
 SUDDEN LOSS LIMIT: 99  
 TANK TILT : 1.85

FLOAT SIZE: 4.0 IN.  
 WATER WARNING : 2.0  
 HIGH WATER LIMIT: 3.0  
 MAX OR LABEL VOL: 12145  
 OVERFILL LIMIT : 90%  
                   : 10930  
 HIGH PRODUCT : 95%  
                   : 11537  
 DELIVERY LIMIT : 10%  
                   : 1214  
 LOW PRODUCT : 1000  
 LEAK ALARM LIMIT: 99  
 SUDDEN LOSS LIMIT: 99  
 TANK TILT : 0.00

TST EARLY STOP: DISABLED  
 LEAK TEST REPORT FORMAT  
                           NORMAL  
 LIQUID SENSOR SETUP  
 -----

MANIFOLDED TANKS  
 TA: NONE

MANIFOLDED TANKS  
 TA: NONE

L 2:87 ANNULAR  
 TRI-STATE (SINGLE FLOAT)  
 CATEGORY : ANNULAR SPACE

LEAK MIN PERIODIC: 10%  
                   : 1511  
 PERIODIC TEST TYPE  
                           STANDARD

LEAK MIN PERIODIC: 10%  
                   : 1214  
 PERIODIC TEST TYPE  
                           STANDARD

L 3:92 STP  
 TRI-STATE (SINGLE FLOAT)  
 CATEGORY : STP SUMP

PERIODIC TEST FAIL  
                           ALARM DISABLED

PERIODIC TEST FAIL  
                           ALARM DISABLED

L 4:92 ANNULAR  
 TRI-STATE (SINGLE FLOAT)  
 CATEGORY : ANNULAR SPACE

GROSS TEST FAIL  
                           ALARM DISABLED

GROSS TEST FAIL  
                           ALARM DISABLED

L 5:5HF DIESEL SUMP  
 TRI-STATE (SINGLE FLOAT)  
 CATEGORY : STP SUMP

PER TEST AVERAGING: OFF

PER TEST AVERAGING: OFF

L 6:1HF DIESEL SUMP  
 TRI-STATE (SINGLE FLOAT)  
 CATEGORY : STP SUMP

TANK TEST NOTIFY: OFF

TANK TEST NOTIFY: OFF

L 7: DIESEL ANNULAR  
 TRI-STATE (SINGLE FLOAT)  
 CATEGORY : ANNULAR SPACE

TNK TST SIPHON BREAK: OFF

TNK TST SIPHON BREAK: OFF

L 8:87 STP  
 TRI-STATE (SINGLE FLOAT)  
 CATEGORY : STP SUMP

DELIVERY DELAY : 5 MIN

DELIVERY DELAY : 5 MIN

## RECONCILIATION SETUP

AUTOMATIC DAILY CLOSING  
 TIME: 2:00 AM

PERIODIC RECONCILIATION  
 MODE: MONTHLY

TEMP COMPENSATION  
 STANDARD

BUS SLOT FUEL METER TANK

TANK MAP EMPTY

SOFTWARE REVISION LEVEL  
 VERSION 121.00  
 SOFTWARE# 348121-100-A  
 CREATED - 00.11.15.13.23

NO SOFTWARE MODULE  
 SYSTEM FEATURES:  
     PERIODIC IN-TANK TESTS  
     ANNUAL IN-TANK TESTS

# ALARM HISTORY REPORT (Page 1)

*Before*  
ALARM HISTORY REPORT  
---- IN-TANK ALARM ----  
T 1:REGULAR 87  
OVERFILL ALARM  
DEC 26, 2006 1:32 PM  
NOV 12, 2005 7:01 PM  
JUL 4, 2005 6:18 AM  
LOW PRODUCT ALARM  
NOV 1, 2006 6:34 PM  
DEC 16, 2005 4:29 PM  
AUG 1, 2003 6:38 PM  
INVALID FUEL LEVEL  
SEP 10, 2001 7:52 PM  
SEP 7, 2001 10:41 AM  
PROBE OUT  
JUN 9, 2003 10:13 AM

DELIVERY NEEDED  
AUG 4, 2007 6:55 PM  
JUN 8, 2007 8:52 PM  
MAY 13, 2007 6:32 PM

ALARM HISTORY REPORT  
---- IN-TANK ALARM ----  
T 2:PREMIUM 91  
LOW PRODUCT ALARM  
AUG 9, 2002 11:55 PM  
SEP 9, 2001 1:55 PM  
SEP 7, 2001 9:17 AM

INVALID FUEL LEVEL  
SEP 9, 2001 5:55 PM  
SEP 7, 2001 4:26 PM  
PROBE OUT  
JUN 11, 2003 1:16 PM

DELIVERY NEEDED  
AUG 31, 2007 7:48 PM  
AUG 20, 2007 7:41 PM  
JUL 18, 2007 12:23 AM

ALARM HISTORY REPORT  
---- IN-TANK ALARM ----  
T 3:DIESEL  
OVERFILL ALARM  
JUL 25, 2007 11:44 AM  
JUN 9, 2007 1:11 AM  
MAY 18, 2007 2:02 PM  
LOW PRODUCT ALARM  
NOV 30, 2006 4:03 PM  
JUN 21, 2006 11:08 AM  
SEP 2, 2005 5:24 AM  
HIGH PRODUCT ALARM  
MAR 11, 2007 11:01 AM  
NOV 13, 2006 12:28 PM  
JAN 7, 2006 7:30 AM  
INVALID FUEL LEVEL  
NOV 30, 2006 7:19 PM  
SEP 2, 2005 6:45 AM  
AUG 2, 2005 4:54 PM

DELIVERY NEEDED  
NOV 30, 2006 3:23 PM  
AUG 28, 2006 4:49 PM  
AUG 15, 2006 1:17 PM

ALARM HISTORY REPORT  
---- SENSOR ALARM ----  
L 11  
OTHER SENSORS

ALARM HISTORY REPORT  
---- SENSOR ALARM ----  
L 2:87 ANNULAR  
ANNULAR SPACE  
SENSOR OUT ALARM  
AUG 16, 2006 12:05 PM

FUEL ALARM  
AUG 16, 2006 11:57 AM  
FUEL ALARM  
OCT 15, 2003 12:02 PM

ALARM HISTORY REPORT  
---- SENSOR ALARM ----  
L 3:92 STP  
STP SUMP  
FUEL ALARM  
APR 14, 2007 9:04 PM  
FUEL ALARM  
FEB 26, 2007 2:10 PM  
FUEL ALARM  
FEB 10, 2007 6:28 AM

ALARM HISTORY REPORT  
---- SENSOR ALARM ----  
L 4:92 ANNULAR  
ANNULAR SPACE  
FUEL ALARM  
AUG 16, 2006 12:05 PM  
SENSOR OUT ALARM  
AUG 16, 2006 12:05 PM  
FUEL ALARM  
JUN 23, 2006 7:14 PM

ALARM HISTORY REPORT  
---- SENSOR ALARM ----  
L 5:5HP DIESEL SUMP  
STP SUMP  
FUEL ALARM  
MAR 3, 2007 2:47 PM  
FUEL ALARM  
NOV 1, 2006 8:34 PM  
SENSOR OUT ALARM  
AUG 16, 2006 12:04 PM

ALARM HISTORY REPORT  
---- SENSOR ALARM ----  
L 6:1HP DIESEL SUMP  
STP SUMP  
FUEL ALARM  
JUN 26, 2007 1:52 PM  
FUEL ALARM  
MAR 23, 2007 2:48 AM

FUEL ALARM  
FEB 26, 2007 10:24 PM  
ALARM HISTORY REPORT

---- SENSOR ALARM ----  
L 7:DIESEL ANNULAR  
ANNULAR SPACE  
FUEL ALARM  
AUG 16, 2006 12:23 PM  
SENSOR OUT ALARM  
AUG 16, 2006 12:16 PM  
SENSOR OUT ALARM  
AUG 16, 2006 12:04 PM

ALARM HISTORY REPORT  
---- SENSOR ALARM ----  
L 8:87 STP  
STP SUMP  
FUEL ALARM  
FEB 26, 2007 5:00 PM  
SENSOR OUT ALARM  
AUG 16, 2006 12:04 PM  
FUEL ALARM  
AUG 16, 2006 11:54 AM

After

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
L 11:  
OTHER SENSORS

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
L 2:87 ANNULAR  
ANNULAR SPACE  
SENSOR OUT ALARM  
SEP 6, 2007 12:41 PM

FUEL ALARM  
SEP 6, 2007 10:41 AM

FUEL ALARM  
SEP 6, 2007 10:38 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
L 3:92 STP  
STP SUMP  
SENSOR OUT ALARM  
SEP 6, 2007 12:41 PM

FUEL ALARM  
SEP 6, 2007 10:21 AM

SENSOR OUT ALARM  
SEP 6, 2007 10:16 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
L 4:92 ANNULAR  
ANNULAR SPACE  
FUEL ALARM  
SEP 6, 2007 12:42 PM

SENSOR OUT ALARM  
SEP 6, 2007 12:41 PM

FUEL ALARM  
AUG 16, 2006 12:05 PM

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
L 5:5HP DIESEL SUMP  
STP SUMP  
SENSOR OUT ALARM  
SEP 6, 2007 12:41 PM

FUEL ALARM  
SEP 6, 2007 10:44 AM

FUEL ALARM  
MAR 3, 2007 2:47 PM

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
L 6:1HP DIESEL SUMP  
STP SUMP  
SENSOR OUT ALARM  
SEP 6, 2007 12:41 PM

FUEL ALARM  
SEP 6, 2007 10:43 AM

FUEL ALARM  
JUN 26, 2007 1:52 PM

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
L 7: DIESEL ANNULAR  
ANNULAR SPACE  
SENSOR OUT ALARM  
SEP 6, 2007 12:41 PM

FUEL ALARM  
SEP 6, 2007 10:47 AM

FUEL ALARM  
AUG 16, 2006 12:23 PM

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
L 8:87 STP  
STP SUMP  
SENSOR OUT ALARM  
SEP 6, 2007 12:41 PM

FUEL ALARM  
SEP 6, 2007 10:07 AM

FUEL ALARM  
FEB 26, 2007 5:00 PM



# MONITORING SYSTEM STATUS REPORT

(Page 1)

GENOS COUNTRY STORE  
1000 VASCO RD.  
LIVERMORE, CA 94550  
MTC 20443801012

GENOS COUNTRY STORE  
1000 VASCO RD.  
LIVERMORE, CA 94550  
MTC 20443801012

SEP 6, 2007 8:59 AM

SEP 6, 2007 1:58 PM

## SYSTEM STATUS REPORT

## SYSTEM STATUS REPORT

L 4:FUEL ALARM

L 4:FUEL ALARM

## INVENTORY REPORT

## INVENTORY REPORT

T 1:REGULAR 87  
VOLUME = 4027 GALS  
ULLAGE = 11088 GALS  
90% ULLAGE= 9576 GALS  
TC VOLUME = 3981 GALS  
HEIGHT = 39.55 INCHES  
WATER VOL = 19 GALS  
WATER = 0.97 INCHES  
TEMP = 76.1 DEG F

T 1:REGULAR 87  
VOLUME = 3775 GALS  
ULLAGE = 11340 GALS  
90% ULLAGE= 9828 GALS  
TC VOLUME = 3733 GALS  
HEIGHT = 37.72 INCHES  
WATER VOL = 19 GALS  
WATER = 0.97 INCHES  
TEMP = 75.5 DEG F

T 2:PREMIUM 91  
VOLUME = 3404 GALS  
ULLAGE = 12711 GALS  
90% ULLAGE= 11199 GALS  
TC VOLUME = 2379 GALS  
HEIGHT = 27.24 INCHES  
WATER VOL = 0 GALS  
WATER = 0.00 INCHES  
TEMP = 74.3 DEG F

T 2:PREMIUM 91  
VOLUME = 2376 GALS  
ULLAGE = 12739 GALS  
90% ULLAGE= 11227 GALS  
TC VOLUME = 2352 GALS  
HEIGHT = 27.01 INCHES  
WATER VOL = 0 GALS  
WATER = 0.00 INCHES  
TEMP = 74.2 DEG F

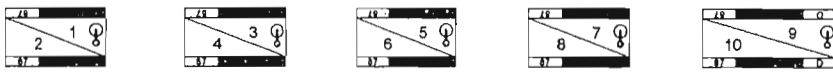
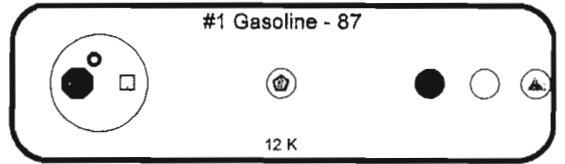
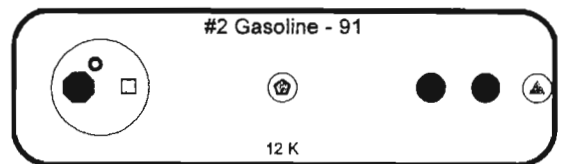
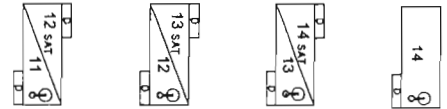
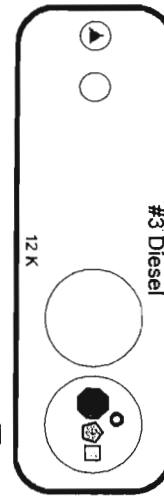
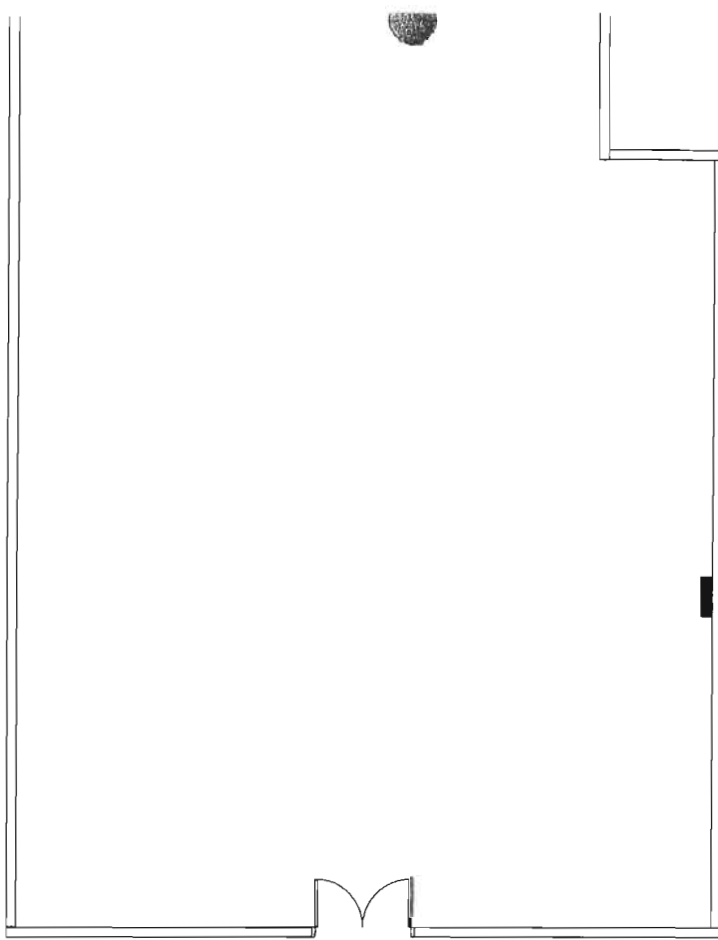
T 3:DIESEL  
VOLUME = 8984 GALS  
ULLAGE = 3161 GALS  
90% ULLAGE= 1946 GALS  
TC VOLUME = 8894 GALS  
HEIGHT = 66.09 INCHES  
WATER VOL = 23 GALS  
WATER = 0.91 INCHES  
TEMP = 82.1 DEG F

T 3:DIESEL  
VOLUME = 8616 GALS  
ULLAGE = 3529 GALS  
90% ULLAGE= 2314 GALS  
TC VOLUME = 8532 GALS  
HEIGHT = 63.65 INCHES  
WATER VOL = 23 GALS  
WATER = 0.91 INCHES  
TEMP = 81.7 DEG F

\* \* \* \* \* END \* \* \* \* \*

\* \* \* \* \* END \* \* \* \* \*

Marking Lot



N. Vasco Rd.

Geno's Country Store

**WALTON**  
ENGINEERING, INC.

Not To Scale

1000 N. Vasco Road  
Livermore, CA 94551

Drawing  
Drawn by: DW  
Date: 06/20/07

Revisions  
Revised by:  
Date:

- Legend**
- Gasoline - 87
  - Gasoline - 89
  - Gasoline - 91
  - Diesel
  - Vapor
  - Annular
  - Submersible Turbine Pump
  - TLM Probe
  - Monitoring System Panel
  - Emergency Shut-Off Switch
  - Overfill Alarm
  - Float & Chain
  - Sump/UJC Sensor
  - ▲ Interstitial Sensor
  - Vacuum Sensor
  - Line Leak Detector
  - ISD Flow Meter
  - ISD Pressure Sensor
  - Spill Containment Kit

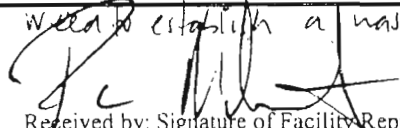
# LIVERMORE-PLEASANTON FIRE DEPARTMENT

## Third Notice of Violation

Date of Initial Inspection: 10/16/06, 11/16/06

Name of Facility: <u>Ken's Tire Service</u>	Address: <u>1012 N Vasco Rd.</u>
Inspector: <u>Paul Smith 454-2339 psmith@lptire.org</u>	

Some or all of the violations noted during the initial inspection of this facility have not been corrected. See the narrative below of a list of these violations. Call for a re-inspection when all of these items have been corrected. Failure to comply will result in the referral of this case for formal enforcement after 11/16/07. Please refer "Program Penalties" on the back of this page to determine the penalties associated with non-compliance.

Follow up inspection to correct previously noted on the above referenced inspection reports.		
1)	Tires stored > 6' along rear wall. Need to lower stacks to < 6' and reduce # of tires if possible. These tires are used tires for resale.	
2)	Need annual training for all employees handling hazardous materials and hazardous waste. Training should include safe handling of hazardous materials, waste, spill/leak clean up procedures, Emergency response Plan. written records must be available on an annual basis for all applicable staff.	
3)	waste filter container noted open - need to keep lid on	
4)	Label on waste oil lacking waste description and accumulation start/pickup dates. Need to indicate both of these. Also waste coolant label doesn't have any more room for additional dates. I provided 2 additional labels	
5)	The 1 significant spill noted beneath a vehicle in the parking area need to clean up spillage	
6)	Uses absorbent to manage leaks/spills. we discussed using waste minimization techniques such as dust pan/squeegee, rags. waste absorbent is currently used many times. once waste absorbent is highly contaminated it should be returned in a labeled waste container for proper management of hazardous waste.	
Need to establish a waste absorbent container - none available.		
Received by: 	Printed Name: <u>Pam McGinty</u>	Date of Inspection: <u>10-29-07</u>

Complete each of the above requirements within 14 days and provide a written response/email documenting resolution of each so that I can close out the 10/06 inspection. Page 1 of 1

# LIVERMORE-PLEASANTON FIRE DEPARTMENT

## Second Notice of Violation

Date of Initial Inspection: 10/16/06

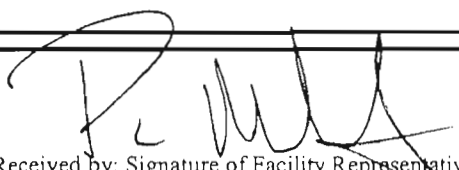
Name of Facility: <u>Ken's Tire Service</u>	Address: <u>1012 N. Vasco Rd., Livermore</u>
Inspector: <u>Pam Smith</u>	

Some or all of the violations noted during the initial inspection of this facility have not been corrected. See the narrative below of a list of these violations. A second re-inspection will occur \_\_\_\_\_.

- Follow up inspection to issues noted on previous inspection report
- 1) Housekeeping spillage has improved. one oil spill with absorbent noted outside onto the ground. need to clean up. residual alkylated enamel
  - 2) the (9) 5 gal cans noted still onsite. an employee plans to take the material for use at home. Please confirm when permit is no longer here
  - 3) Hazardous waste <sup>labels</sup> still unreadable on waste oil and waste coolant drums. I again provided labels and discussed where to apply them, away from fill port to prevent labels from getting obscured. ~~fill~~ <sup>fill</sup> of label completely with name, address, waste type, accumulation start date, EPA ID#.
  - 4) provide a lid (missing) on waste oil filter drum
  - 5) Tire storage in rear yard and inside tire storage has improved. Tires noted stored against south side of building need to move/stored away from building. Tire storage racks on south end of building needs to have aisle clear so that access to walk through is achieved.
  - 6) Tire storage outside southside still has a pile to get rid of. Please have these removed ASAP.
  - 7) Need to conduct annual written worker training on all applicable staff a minimum of 1x/yr.

Complete each of the above within 14 days and provide a written response regarding each.

HAZOP provided today

 Received by: Signature of Facility Representative	Pam McGinty Printed Name	11/16/06 Date of Inspection
--	-----------------------------	--------------------------------

# LIVERMORE-PLEASANTON FIRE DEPARTMENT

3560 Nevada Street, Pleasanton, CA 94566  
925-454-2362

## INSPECTION REPORT SUMMARY

Name of Facility: <u>Ken's Tire</u>	Street Address: <u>1012 N Vasco Rd.</u> <span style="float: right;">(Liv)/Pl.</span>
Contact Person: <u>Ken, Jason, Pam</u>	Telephone: <u>443-8473</u>
Inspector: <u>Paul Smith</u>	E-Mail:
Did a facility representative grant permission for this inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Database ID No:	

UNIFIED PROGRAM SUMMARY	Program	Inspection	No. of Viol.	
Fire Code	X	X	5	
Hazardous Materials Business Plan	X	X	4	
Risk Management Plan / CalARP				
Underground Storage Tank				
Aboveground Petroleum Storage Tank				
Does the facility have an SPCC Plan?				
Hazardous Waste Generator	X	X	4	
Tiered Permit: Permit-by-Rule				
Conditionally Authorized				
Conditionally Exempt, Specified Waste Stream				
Conditionally Exempt, Small Quantity Treatment				
Conditionally Exempt, Limited				
Conditionally Exempt, Commercial Laundry				
CAD Note and (if applicable) Tactical Plan Checked	X			<input type="checkbox"/> Gave Emergency Contact Sheet

**Comments**

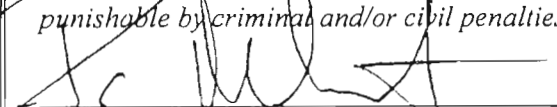
Site inspection associated with citizen complaint regarding spilled fluids from vehicles improperly managed. Spillage noted some with absorbent beneath some, without. According to Ken many of the vehicles noted leaking are abandoned vehicles which are awaiting the red tag/lien sale process. I informed this facility that all water from vehicles on this premises must be managed properly by using drain pans, absorbent which is cleaned up after use in a timely fashion.

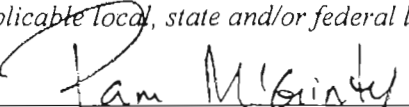
Submit the Certificate of Return to Compliance and other required documents within 30 days.

A re-inspection to verify compliance has been scheduled for 11-16-06 9am.

One or more violations must be corrected immediately. See page(s) \_\_\_\_\_ of this inspection report. Compliance will be verified by a re-inspection.

*Failure to comply with requirements established in this inspection report and in all attachments to this report, or in subsequent correspondence may result in the issuance of a Notice of Noncompliance. Noncompliance is punishable by criminal and/or civil penalties under applicable local, state and/or federal laws or regulations.*

  
 Received by: Signature of Facility Representative
 

  
 Printed Name: Pam McGinty
 

 Date of Inspection: 10/14/06

# Livermore-Pleasanton Fire Department

## Fire Inspection Report

Facility Name: <u>Ken's Tire</u>	Address: <u>1017 N. Vasco Rd.</u> <span style="float: right; border: 1px solid black; border-radius: 50%; padding: 2px;">Liv./Pleas.</span>
Inspector: <u>Pam Smith</u>	

		Viol		Viol
	<b>General Requirements</b>		<b>Exiting</b>	
101	Provide address identification		309	Remove deadbolts or similar devices
✓ 102	Provide current, tagged Knox box keys		310	Provide/repair panic hardware (>50 A occ.)
103	Keep dumpster 5' from eaves, comb. Walls, openings		311	Clear obstructed exit
104	Keep oily rags in metal container with lid	✓	315	Repair illuminated exit sign
105	Keep comb. rubbish in approved location		316	Maintain exit way illumination
106	Keep outside comb. storage 10' from property line (3' if < 6' high)			<b>Fire Protection Systems</b>
107	Remove/treat drapes, decorations etc.		401	Provide additional fire extinguishers
108	Provide max. occupancy sign (A Occ)		402	Provide a K rated fire extinguisher in kitchen
109	Maintain fire lane markings and signs		403	Mount fire extinguisher
110	Clean Grease laden ducts (kitchen)	✓	404	Service fire extinguishers
111	Post NFPA placards (if applicable)		405	Provide hood and duct system (kitchen)
112	Remove combustible rubbish		406	Extend fire protection system
113	Maintain combustible materials in orderly fashion and away from exits		407	Make fire sprinkler valve accessible and lock
114	Remove non-compliant space heater		408	Maintain fire protection system (5 year cert. for water. Semi annual for other systems)
115	Fire assemblies shall be maintained in working condition (Rated walls, doors, etc)		409	Maintain fire department connection
116	Provide stairway identification (≥ 4 stories)		410	Every apt. unit and hotel/motel sleeping unit above 1 <sup>st</sup> floor shall have smoke detector
117	Provided with info. re. Emergency Plans (Hotels, motels, office buildings 2 or more stories in height, all high-rises, Group 1 Division 1 and 2 Occupancies)		411	Maintain on-site fire hydrants
	<b>Electrical</b>		412	Repair fire alarm system
201	Comply with restrictions re. temp. wiring		413	Provide spare fire sprinkler heads
202	Remove cords affixed through walls etc.	<input type="checkbox"/>	414	Maintain fire pumps
203	Maintain 30" W and 78" H clearance at electrical panels		415	Provide supervision for fire protection system control valves
204	Label electrical panels		416	Maintain fire doors
205	Cease using unapproved electrical equipment			<b>Storage</b>
206	Maintain motors in good condition		601	Remove storage below stairs without 1 hour construction
207	Fix cover plates, outlets, other electrical		602	Secure storage racks
	<i>Fire storage on west &amp; south side yards excessive, need to reduce</i>	✓	601	Remove storage below stairs without 1 hour construction
	<i>Has (9) 5 gal flammable paint illegally dumped off at this facility. Need to properly manage</i>	✓	603	Keep storage > 18" below fire sprinklers
			604	Keep storage > 24" from ceiling in unsprinklered buildings
			605	Maintain aisle widths in storage areas

The following inspection lists were also used. Violations observed are noted on the attached Narrative page.

<input type="checkbox"/> Compressed Gases	<input type="checkbox"/> Medical Gases	<input type="checkbox"/> LPG
<input type="checkbox"/> Welding and Cutting	<input type="checkbox"/> Application of Flammable Finishes	<input type="checkbox"/> High Piled Combustible Storage
<input type="checkbox"/> Place of Assembly	<input type="checkbox"/> Repair Garage	<input type="checkbox"/> Motor Vehicle Fueling
<input type="checkbox"/> Dust Collection Systems	<input type="checkbox"/> Flammable and Combustible liquids	<input type="checkbox"/> Other

Received by:  Signature of Facility Representative	Printed Name	Date of Inspection: <u>10/16/06</u>
--	--------------	-------------------------------------

# HAZARDOUS WASTE GENERATOR INSPECTION CHECKLIST

Notice to Comply (Minor Violations-Correct within 30 days) and Summary of Violations (Class I and II Violations)

Facility Name: <u>Kon's Fire Service</u>	Address: <u>1012 N Wilson Rd</u> <span style="float: right; border: 1px solid black; border-radius: 50%; padding: 2px;">Liv/Plas.</span>
Inspector: <u>Paul Smith</u>	EPA ID No.: <u>CAL000159734</u>

- CESQG   
  SQG   
  RCRA LQG   
  State Only LQG   
  Recycler   
  Consolidation Site

	Minor Viol.	Class II Viol.	Class I Viol.	Comments
<b>A. Identification Number (CCR 66262.12)</b>				
<input checked="" type="checkbox"/> 1. Obtain EPA ID number				
<input checked="" type="checkbox"/> 2. Transporter and TSDf used have EPA ID number				
<b>B. Pre-Transport Requirements (66262.11-34, 66265.171-199, 66266.130)</b>				
1. Have hazardous waste determination done				
2. Label containers with required HW label		✓		
3. Fill out labels properly		✓		
4. Properly dispose of HW at > accumulation time				
5. Replace containers not in good condition				
6. Replace containers incompatible with contents				
7. Close open containers		✓		
8. Provide required weekly storage area inspection				
9. Provide and log required daily tank inspections				
10. Separate incompatible wastes				
<input checked="" type="checkbox"/> 11. Manage used oil filters properly				
12. Provide secondary containment for HW tanks				
<b>C. Recordkeeping/HW Manifests (CCR 6626.20-42 and 66268.7)</b>				
1. Provide HW manifest TSDf copies for past 3 years				
2. Provide LDRs for past 5 years				
3. Provide HW analysis for past 3 years				
4. Submit Biennial report				
5. Submit SB 14 reports (H&SC Section 25244.19)				
6. Keep milkrun receipts 3 years				
7. Send HW manifests to DTSC				
8. Complete Recycling exemption form				
<b>D. HW Personnel Training (CCR Sections 66265.16)</b>				
1. Provide employees with HW training/supervision				
2. Provide annual refresher HW training				
3. Submit/revise written employee training plan				
4. Provide written HW training records				
5. Keep training records till closure or 3 years after employee leaves				
<b>E. Contingency Plan (CCR Sections 66265.53-55)</b>				
1. Submit/revise written contingency plan				
2. Ensure emergency coordinator familiar with plan				
<b>F. Preparedness and Prevention (CCR 66265.14-35)</b>				
1. Provide spill control and decontamination equipment				
2. Repair/replace missing/damaged equipment				
3. Provide adequate aisle space in HW storage area				

Waste Streams			
<input checked="" type="checkbox"/> Waste/Used Oil <u>Exempt 8/24/06</u>	Oily Sludge	Dry Cleaning Solvent	
<input checked="" type="checkbox"/> Solvent/Parts Cleaner	Used Oil Filters <u>9/14/06</u>	Universal Waste - exempt	
<input checked="" type="checkbox"/> Antifreeze/Coolant <u>8/5/06</u>	Photo Chemicals	Universal Waste - SQH	
Silver	Gluteraldehyde	Other:	

		<u>10/16/06</u>
Received by: Signature of Facility Representative	Printed Name	Date of Inspection

**Return to Compliance:** I certify that all the above noted **Minor** violations have been corrected  
 Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**UNIVERSAL WASTE GENERATOR CHECKLIST**

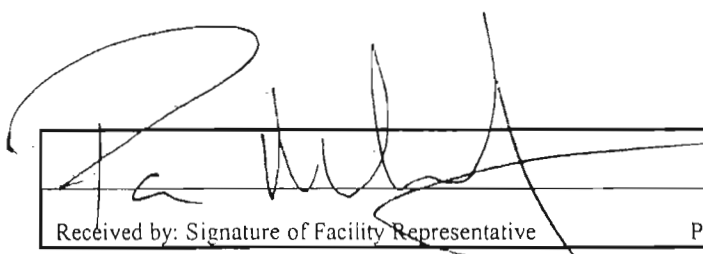
Notice to Comply (Minor Violations-Correct within 30 days) and Summary of Violations (Class I and II Violations)

*well se to within a list of recyclers stop waste. or*

Facility Name: <i>Ken's Tire Service</i>	Address: <i>1012 N. US 90 Rd</i>	<i>(Liv./Pleas.)</i>
Inspector: <i>Paul Smith</i>	<i>CA LDD00159234</i>	

Small Quantity Handler       Large Quantity Handler

Requirements for Small Quantity Universal Waste Handler				
	Minor Viol.	Class II Viol.	Class I Viol.	Comments
<b>A. Identification Number</b>				
1. Note: Do not need EPA ID No.				
2. Note: A hazardous waste hauler is not required				
<b>B. Pre-Transport Requirements</b>				
1. Do not accumulate >5.5 tons				
2. Do not hold UW for more than one year				
3. Document accumulation time for each item/groups of items. Several options allowed				<i>Need to retain, label and properly manage waste fluorescent bulbs &amp; batteries - NiCd, alkaline containing mercury</i>
4. Label UW to ID types. Several labeling options allowed				
5. Do not treat UW, except when cleaning up releases or managing specific wastes listed in 66273.13				
6. Clean up releases				
7. Use applicable DOT marking requirements for off-site shipments				
<b>C. Recordkeeping/HW Manifests</b>				
1. Use proper shipping papers.				
2. Keep records of all shipments and receipts for three years				<i>retain records documenting proper disposal</i>
<b>C. Disposal Method</b>				
1. Send all UW to either 1) another small or large quantity UW handler or 2) destination facility authorized to collect, recycle or dispose of universal waste.				
2. Do not dispose of UW to the trash (See back of page for exemptions)				
3. Ship to another small or large quantity UW handler or destination facility.				
4. Comply with rules for UW export if shipping out of the county.				
<b>D. HW Personnel Training (CCR Sections 66265.16)</b>				
1. Train employees in proper UW handling and emergency procedures. Can be done by giving written directions or posting directions in the UW management area of the building				

		<i>10/16/06</i>
Received by: Signature of Facility Representative	Printed Name	Date of Inspection

**Return to Compliance:** I certify that all the above noted **Minor** violations have been corrected

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# LIVERMORE-PLEASANTON FIRE DEPARTMENT

## INSPECTION REPORT NARRATIVE

Name of Facility: <u>Ken's Tire</u>	Address: <u>1012 N. Vasco Rd.</u>	(Liv./Pleas.)
Inspector: <u>Paul Smith</u>		

Fire Code issues:

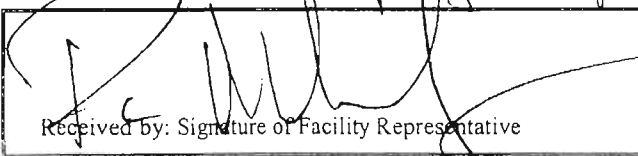
- 2) Need to obtain and use an oily metal rag bin for spent rags
- 3) Tire storage of auto and truck tires at west and south outside areas excessive. Need to reduce ASAP
- 4) Tire storage of used tires in side fenced enclosure attached to the rear of the shop is poor. Need to establish 40" egress and reduce # of tires if possible in this enclosure.
- 5) Has (9) 5 gal container labeled Interior enamel flammable alkylid resin. These have been dumped off at this site and are being stored inside the shop area. Need to dispose of this waste. Since this waste (only) since it was abandoned I recommended to Ken, after checking with Bill Pollock of Alameda Co Household Hazardous waste, that he complete an application as a conditionally exempt small quantity generator for abandoned waste only. This will allow you to dispose of waste paint only. I provided an application. A CESQG is a designation that less than 27 gal/waste/month is generated by this shop and applies only to abandoned waste, not all other wastes generated onsite.

hazmat issues:

- 6) Need to update hazmat to reflect inventory changes noted on the inspection report.
- 7) No current worker training records available regarding handling leaks/spills MSDS, hazardous waste management - labeling, PPE for all applicable staff. Need to retain records in ~~writing~~ writing each year.

Hazardous waste issues:

- 8) waste absorbent noted on north side and west yards illegally dumped by a previous employee. Need to remove all of this waste ASAP - properly manage
- 9) Need to label waste oil, waste coolant, filters all noted unlabeled
- 10) Fill out labels completely I provided several labels

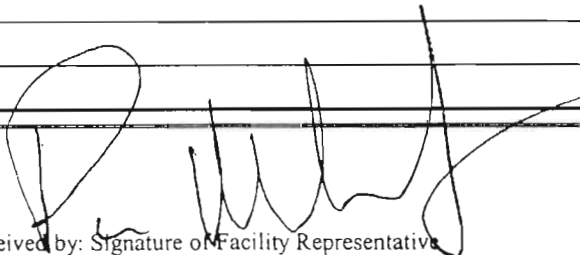
 Received by: Signature of Facility Representative	Printed Name	Date of Inspection <u>10/16/06</u>
--	--------------	---------------------------------------

# LIVERMORE-PLEASANTON FIRE DEPARTMENT

## INSPECTION REPORT NARRATIVE

Name of Facility: <u>Kens Tire</u>	Address: <u>1012 N. Vasco Rd</u>	<u>Liv/Pleas.</u>
Inspector: <u>Paul Smith</u>		

- 11 Hazardous waste - continued:  
No lids available for new coolant, waste coolant or waste oil vessels. The law requires that ~~labels be provided~~ for all lids be kept closed whenever not in putting or withdrawing wastes. Keep drums closed.
- 12 Universal waste compliance:  
waste fluorescent bulbs are generated. These must be retained, labeled and managed as U.W. Retain receipts - vendors to pick up waste halogens alkaline, NiCd and bulbs can be referenced by contacting [stepwaste.org](http://stepwaste.org)
- 13 waste oil spillage noted in front of building from overflow of waste oil tank. I recommend obtaining an overflow limit switch tied in to an alarm to prevent future overfills. Need to clean up this spill and all other conspicuous leaks/spills to parking area ASAP
- 14 Also the fill port to the waste oil is approximately 6' above the ground surface. Need to obtain a step or stair that will allow the employee to safely pour waste oil and minimize spillage.
- Complete each of the above within 30 days. A follow up inspection is scheduled for 11/16/06 at 9am - Monday

	Printed Name	Date of Inspection <u>10/14/06</u>
Received by: Signature of Facility Representative		

B

Livermore-Pleasanton Fire Department  
Fire Inspection Report - Cover Page

Business Name: KENS TIRE Type of Business: AUTOMOTIVE  
 Address: 1012 N. VASCO Suite: \_\_\_\_\_ Livermore / Pleasanton  
 Contact Person: DAM MCGINTY Phone: 443-8473  
 Permission to inspect obtained

Emergency Contact Information Sheet:  Update given to contact person  
 Still current  
 Permit Status:  No changes  
 Changes: \_\_\_\_\_  
 Pre-Plan needs to be updated (forward to pre-plan specialist)

	Date	Letter	Inspector Initials
Initial Inspection	<u>2-17-05</u>	<input type="checkbox"/>	
1 <sup>st</sup> Re-inspection / Letter		<input type="checkbox"/>	
2 <sup>nd</sup> Re-inspection / Letter		<input type="checkbox"/>	
3 <sup>rd</sup> Re-inspection / Letter		<input type="checkbox"/>	
4 <sup>th</sup> Re-inspection / Letter		<input type="checkbox"/>	
Additional Inspections		<input type="checkbox"/>	

No violations noted  
 Violations noted - see attached Notice of Violation. Date cleared: \_\_\_\_\_  
 Technical issues referred to the FPB. Date referred: \_\_\_\_\_. See referral form.  
 Failure to correct violations referred to DC. Date referred: \_\_\_\_\_.  
 Failure to correct violations referred to FPB. Date referred: \_\_\_\_\_. See referral form.

Verification of compliance (re-inspection or compliance certification) due:  
 Comments:

Acknowledgement of receipt of inspection forms and re-inspection fee notice  
 Inspector's Name (print): PARKER Phone: \_\_\_\_\_  
 Responsible Party Signature: [Signature]  
 Title: \_\_\_\_\_ Date: \_\_\_\_\_

# Livermore-Pleasanton Fire Department

## Fire Inspection Report

Facility Name: <b>KENS TIRE</b>	Address: <b>1012 N. VASCO</b>	(Liv. Pleas.)
Inspector: <b>PARKER</b>		

Viol.		Viol.	
	<b>General Requirements</b>		<b>Exiting</b>
101	Provide address identification	309	Remove deadbolts or similar devices
102	Provide current, tagged Knox box keys	310	Provide/repair panic hardware (>50 A occ.)
103	Keep dumpster 5' from eaves, comb. Walls, openings	311	Clear obstructed exit
104	Keep oily rags in metal container with lid	315	Repair illuminated exit sign
105	Keep comb. rubbish in approved location	316	Maintain exit way illumination
106	Keep outside comb. storage 10' from property line (3' if < 6' high)		<b>Fire Protection Systems</b>
107	Remove/treat drapes, decorations etc.	401	Provide additional fire extinguishers
108	Provide max. occupancy sign (A Occ)	402	Provide a K rated fire extinguisher in kitchen
109	Maintain fire lane markings and signs	403	Mount fire extinguisher
110	Clean Grease laden ducts (kitchen)	404	Service fire extinguishers
111	Post NFPA placards (if applicable)	405	Provide hood and duct system (kitchen)
112	Remove combustible rubbish	406	Extend fire protection system
113	Maintain combustible materials in orderly fashion and away from exits	407	Make fire sprinkler valve accessible and lock
114	Remove non-compliant space heater	408	Maintain fire protection system (5 year cert. for water. Semi annual for other systems)
115	Fire assemblies shall be maintained in working condition (Rated walls, doors, etc)	409	Maintain fire department connection
116	Provide stairway identification (≥ 4 stories)	410	Every apt. unit and hotel/motel sleeping unit above 1 <sup>st</sup> floor shall have smoke detector
117	Provided with info. re. Emergency Plans (Hotels, motels, office buildings 2 or more stories in height, all high-rises, Group 1 Division 1 and 2 Occupancies)	411	Maintain on-site fire hydrants
	<b>Electrical</b>	412	Repair fire alarm system
201	Comply with restrictions re. temp. wiring	413	Provide spare fire sprinkler heads
✓ 202	Remove cords affixed through walls etc. <input type="checkbox"/>	414	Maintain fire pumps
✓ 203	Maintain 30" W and 78" H clearance at electrical panels	415	Provide supervision for fire protection system control valves
204	Label electrical panels	416	Maintain fire doors
205	Cease using unapproved electrical equipment		<b>Storage</b>
206	Maintain motors in good condition	601	Remove storage below stairs without 1 hour construction
✓ 207	Fix cover plates, outlets, other electrical	602	Secure storage racks
		601	Remove storage below stairs without 1 hour construction
		603	Keep storage > 18" below fire sprinklers
		604	Keep storage > 24" from ceiling in unsprinklered buildings
		605	Maintain aisle widths in storage areas

The following inspection lists were also used. Violations observed are noted on the attached Narrative page.

<input type="checkbox"/> Compressed Gases	<input type="checkbox"/> Medical Gases	<input type="checkbox"/> LPG
<input type="checkbox"/> Welding and Cutting	<input type="checkbox"/> Application of Flammable Finishes	<input type="checkbox"/> High Piled Combustible Storage
<input type="checkbox"/> Place of Assembly	<input type="checkbox"/> Repair Garage	<input type="checkbox"/> Motor Vehicle Fueling
<input type="checkbox"/> Dust Collection Systems	<input type="checkbox"/> Flammable and Combustible liquids	<input type="checkbox"/> Other

Received by: Signature of Facility Representative	Printed Name _____	Date of Inspection _____
---	--------------------	--------------------------

Livermore-Pleasanton Fire Department  
Fire Inspection Notice of Violation

Business Name: KENS TIRE  
Address: 1012 N. VASCO Suite: \_\_\_\_\_ Liver./Pleas.

Supplemental Information

- ① Remove STORAGE from elec panel in STORAGE
- ② Relocate TIRES (WASTE) FROM REAR of Build  
TO FENCE LINE
- ③ SWITCH COVERS, INSTALL PLATES IN BATHROOM,  
PARTS dept.
- ④ Remove EXT cond going FROM Build TO Build  
FIND FIXED SOURCE.

Acknowledgement of Receipt  
Inspectors Name (print): PARKER  
Responsible Party Signature [Signature] Date: \_\_\_\_\_

All Violations Corrected. Date 6/10/05 FD Inspector: PARKER, CHRIS

We will accept a compliance certification of correction statement in lieu of re-inspection. When all corrections are completed sign the below statement and return to the attention of the inspector at the Livermore-Pleasanton Fire Department, 4550 East Avenue, Livermore, California 94550

**I certify that all of the above noted corrections have been completed. I understand that this certification may be verified through a spot check program.**

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Livermore-Pleasanton Fire Department

RECEIVED  
MAR 09 2004  
FIRE PREVENTION

Certificate of Return to Compliance

KEN'S TIRE SERVICE  
1012A N. VASCO RD.

LIVERMORE, CA 94554-8784

Liv/Pleas.

Facility Name:

Inspector

During the Fire and Unified Program inspection of your facility conducted on 12/2/03, one or more violations were noted.

The Fire Department will accept this Certification of Return to Compliance in lieu of a re-inspection.

Attachments Required (listed below):

- Hazardous Materials Business Plan
- UST Site Plan
- UST Response Plan
- Other Secondary Containment
- Other worker training
- UST annual monitoring certification
- UST Monitoring Plan
- UST Financial Responsibility Documentation
- Other retain waste absorbent
- Other placards NFPA posted

No Attachments Required

When all corrections have been completed, sign the below statement and return this form along with the documents noted about to my attention at the Livermore-Pleasanton Fire Department, 4550 East Avenue, Livermore, California 94550.

If you have any questions, please call me at 925-454-2339

I certify that all of the violations noted during the Fire and Unified Program on 12-2-03 have been corrected.. I understand that this certification may be verified through a spot check program.

Signature: Pam M. McInty Printed Name: Pam McInty Date: 1-31-04

Title: Bookkeeper

LIVERMORE-PLEASANTON FIRE DEPARTMENT

INSPECTION REPORT  
NARRATIVE

Name of Facility: <u>Ken's Tire Service</u>	Address: <u>1012 N Vasco Rd #A, Livermore</u>
Inspector: <u>Paul Smith</u>	

Follow up inspection to compliance issues noted in 7/30/02 inspection report

we discussed preparation of the HMSP. Need to complete & submit within 10 days by 12/13/03

Need labels - haz waste legible placarded on waste oil, waste coolant and waste oil filters

Need secondary containment for waste & new coolant stored next to roll up door.

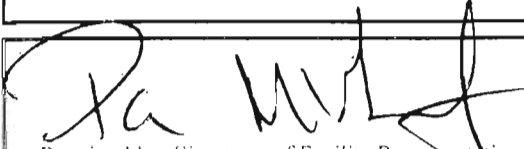
Need to perform worker training to all applicable staff regarding handling leaks/spills.

Waste absorbent still currently used and disposed of into trash, no reg service. I informed this shop that contaminated absorbent will likely contain levels of oil/grease which would render this waste hazardous. Need to retain this waste in appropriate drum w/ label & lid and manage as hazardous waste. Need to profile this wastestream to determine whether it's hazardous waste.

I will provide you with the appropriate #'s to label on your NFPA placard. Need to post two placards.

Complete each of the above issues and fill out the Certificate of Compliance and include with your HMSP

Complete the emergency contact sheet.

	<u>Pam McEnby</u>	<u>12/2/03</u>
Received by: Signature of Facility Representative	Printed Name	Date of Inspection

# LIVERMORE-PLEASANTON FIRE DEPARTMENT

4550 East Avenue, Livermore, CA 94550

925-454-2362

x/1/02  
 Called Ken  
 - gave him a FAT # 1,4,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,33,34,35,36,37,38,39,40,41,42,43,44,45,46,47,48,49,50,51,52,53,54,55,56,57,58,59,60,61,62,63,64,65,66,67,68,69,70,71,72,73,74,75,76,77,78,79,80,81,82,83,84,85,86,87,88,89,90,91,92,93,94,95,96,97,98,99,100  
 - found him waste hauler.

## INSPECTION REPORT SUMMARY

Name of Facility: <u>Kens Tire Service</u>	Street Address: <u>1012 N Vasco Rd, #A</u>
Contact Person: <u>Jovani (Ken) Lintiaico</u>	Telephone: <u>925 443-8473</u>
Inspector: <u>Paul Smith</u>	E-Mail:

UNIFIED PROGRAM SUMMARY	Program	Inspection	COMMENTS
Fire Code	X	X	
Hazardous Materials Business Plan	X	X	
Risk Management Plan / CalARP			
Underground Storage Tank			
Aboveground Petroleum Storage Tank			
Does the facility have an SPCC Plan?			
Hazardous Waste Generator	X	X	
Tiered Permit: Permit-by-Rule			
Conditionally Authorized			
Conditionally Exempt, Specified Waste Stream			
Conditionally Exempt, Small Quantity Treatment			
Conditionally Exempt, Limited			
Conditionally Exempt, Commercial Laundry			
CAD Note and (if applicable) Tactical Plan Checked	X		<input type="checkbox"/> Gave Emergency Contact Sheet

INSPECTION CHECKLISTS COMPLETED AND ATTACHED
<input checked="" type="checkbox"/> HMBP Inspection Checklist
<input checked="" type="checkbox"/> Hazardous Waste Generator Inspection Checklist
<input type="checkbox"/> Tiered Permit Inspection Checklist
<input checked="" type="checkbox"/> Uniform Fire Code Checklist
<input type="checkbox"/> Underground Storage Tank Checklist(s)
<input checked="" type="checkbox"/> Inspection Narrative
<input type="checkbox"/> Other :

Did a facility representative grant permission for this inspection?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
---	---	-----------------------------

Submit all required documents, reports and/or plans (including Corrective Action Plan) within 30 days.

All violations noted are to be corrected immediately. Compliance will be verified on or after \_\_\_\_\_.

Failure to comply with requirements established in this inspection report and in all attachments to this report, or in subsequent correspondence may result in the issuance of a Notice of Noncompliance. Noncompliance is punishable by criminal and/or civil penalties under applicable local, state and/or federal laws or regulations.

	<u>Jovani Lintiaico</u>	<u>7-30-02</u>
Received by: Signature of Facility Representative	Printed Name	Date of Inspection



# HAZARDOUS WASTE GENERATOR INSPECTION CHECKLIST

Notice to Comply (Minor Violations) and Summary of Violations (Class I and II Violations)

Facility Name: <i>Ken's Tire Service</i>	Address: <i>1012 N Vasco Rd A</i> <span style="float: right;">(Liv) Pleas.</span>
Inspector: <i>Paul Smith</i>	EPA ID No.: <i>CA L000 159234</i>

Conditionally Exempt SQG     
  Small Quantity Generator     
  Large Quantity Generator

	Minor Viol.	Class II Viol.	Class I Viol.	Comments
<b>A. Identification Number (CCR 66262.12)</b>				
<input checked="" type="checkbox"/> 1. Obtain EPA ID number				
<input checked="" type="checkbox"/> 2. Transporter and TSD used have EPA ID number				
<b>B. Pre-Transport Requirements (66262.11-34, 66265.171-199, 66266.130)</b>				
<input checked="" type="checkbox"/> 1. Have hazardous waste determination done				
2. Label containers with required HW label	✓			<i>Need to label all haz wastes -- labels provide EPA ID#, accumulation start date etc.</i>
3. Fill out labels properly	✓			
4. Properly dispose of HW present > accumulation time				
5. Replace containers not in good condition	✓			<i>some drums have holes on lids - get rid of</i>
6. Replace containers incompatible with contents				
7. Close open containers	✓			<i>Keep lids closed whenever not inputting or withdrawing waste</i>
8. Provide required weekly storage area inspection	✓			
<input checked="" type="checkbox"/> 9. Provide and log required daily tank inspections				
<input checked="" type="checkbox"/> 10. Separate incompatible wastes				
<input checked="" type="checkbox"/> 11. Manage used oil filters properly				
12. Provide secondary containment for HW tanks	✓			<i>Need secondary containment for oil hw.</i>
<b>C. Recordkeeping/HW Manifests (CCR 6626.20-42 and 66268.7)</b>				
<input checked="" type="checkbox"/> 1. Provide HW manifests (TSDF copies) for past 3 years				
2. Provide LDRs for past 5 years				
3. Provide HW analysis for past 3 years				
4. Submit Biennial report				
5. Submit SB 14 reports (H&SC Section 25244.19)				
<input checked="" type="checkbox"/> 6. Keep milkrun receipts 3 years				
7. Send HW manifests to DTSC				
8. Complete Recycling exemption form				
<b>D. HW Personnel Training (CCR Sections 66265.16)</b>				
1. Provide employees with HW training/supervision	✓			<i>need to provide training for all employees handling haz wastes. perform annually.</i>
2. Provide annual refresher HW training	✓			
3. Submit/revise written employee training plan				
4. Provide written HW training records				
5. Keep training records till closure or 3 years after employee leaves				
<b>E. Contingency Plan (CCR Sections 66265.53-55)</b>				
1. Submit/revise written contingency plan	✓			<i>need written contingency plan addressing spills/releases</i>
2. Ensure emergency coordinator familiar with plan	✓			
<b>F. Preparedness and Prevention (CCR 66265.14-35)</b>				
1. Provide spill control and decontamination equipment				
2. Repair/replace missing/damaged equipment				
3. Provide adequate aisle space in HW storage area				
<b>Waste Streams</b>				
<input checked="" type="checkbox"/> Waste/Used Oil <i>450 gal</i> <i>Excl 5/3/02</i>		Oily Sludge		Dry Cleaning Solvent
<input checked="" type="checkbox"/> Solvent/Parts Cleaner <i>1/1/02</i>		Used Oil Filters <i>7/29/02</i>		Other:
<input checked="" type="checkbox"/> Antifreeze/Coolant <i>6/21/02</i> <i>4 gal</i>		Photo Chemicals		Other:

Received by: <i>[Signature]</i> Signature of Facility Representative	Printed Name: <i>JOAQUIN BOUTALLO</i>	Date of Inspection: <i>7-30-02</i>
---	---------------------------------------	------------------------------------

# Livermore-Pleasanton Fire Department

## Fire Inspection Notice of Violation

Facility Name: <i>Ken's Fire Service</i>	Address: <i>1012 N. Vasco Rd unit A</i> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">Liv/Pleas.</span>
Inspector: <i>Paul Smith</i>	

Viol.	General Requirements	Viol.	Exiting
	101 Provide address identification	309	Remove deadbolts or similar devices
	102 Provide current, tagged Knox box keys	310	Provide/repair panic hardware (>50 A occ.)
	103 Keep dumpster 5' from eaves, comb. Walls, openings	311	Clear obstructed exit
	104 Keep oily rags in metal container with lid	315	Repair illuminated exit sign
	105 Keep comb. rubbish in approved location	316	Maintain exit way illumination
	106 Keep outside comb. storage 10' from property line (3' if < 6' high)		<b>Fire Protection Systems</b>
	107 Remove/treat drapes, decorations etc.	<del>401</del>	Provide additional fire extinguishers
	108 Provide max. occupancy sign (A Occ)	402	Provide a K rated fire extinguisher in kitchen
	109 Maintain fire lane markings and signs	403	Mount fire extinguisher
	110 Clean Grease laden ducts (kitchen)	✓ 404	Service fire extinguishers
✓	111 Post NFPA placards (if applicable)	405	Provide hood and duct system (kitchen)
✓	112 Remove combustible rubbish	406	Extend fire protection system
	113 Maintain combustible materials in orderly fashion and away from exits	407	Make fire sprinkler valve accessible and lock
	114 Remove non-compliant space heater	408	Maintain fire protection system (5 year cert. for water. Semi annual for other systems)
	115 Fire assemblies shall be maintained in working condition (Rated walls, doors, etc)	409	Maintain fire department connection
	116 Provide stairway identification (≥ 4 stories)	410	Every apt. unit and hotel/motel sleeping unit above 1 <sup>st</sup> floor shall have smoke detector
	117 Provided with info. re. Emergency Plans (Hotels, motels, office buildings 2 or more stories in height, all high-rises, Group I Division 1 and 2 Occupancies)	411	Maintain on-site fire hydrants
		412	
	<b>Electrical</b>	413	Repair fire alarm system
	201 Comply with restrictions re. temp. wiring	414	Provide spare fire sprinkler heads
	202 Remove cords affixed through walls etc. <input type="checkbox"/>	415	Maintain fire pumps
	203 Maintain 30" W and 78" H clearance at electrical panels	416	Provide supervision for fire protection system control valves
	204 Label electrical panels	417	Maintain fire doors
	205 Cease using unapproved electrical equipment		<b>Storage</b>
	206 Maintain motors in good condition	601	Remove storage below stairs without 1 hour construction
	207 Fix cover plates, outlets, other electrical	602	Secure storage racks
		601	Remove storage below stairs without 1 hour construction
		603	Keep storage > 18" below fire sprinklers
		604	Keep storage > 24" from ceiling in unsprinklered buildings
		605	Maintain aisle widths in storage areas

*on pms*

\* *Knox box building key replaced today*

The following inspection lists were also used. Violations observed are noted on the attached Narrative page.

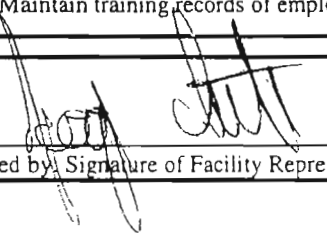
<input type="checkbox"/> Compressed Gases	<input type="checkbox"/> Medical Gases	<input type="checkbox"/> LPG
<input type="checkbox"/> Welding and Cutting	<input type="checkbox"/> Application of Flammable Finishes	<input type="checkbox"/> High Piled Combustible Storage
<input type="checkbox"/> Place of Assembly	<input type="checkbox"/> Repair Garage	<input type="checkbox"/> Motor Vehicle Fueling
<input type="checkbox"/> Dust Collection Systems	<input type="checkbox"/> Flammable and Combustible liquids	<input type="checkbox"/> Other _____

Received by: <i>[Signature]</i>	Printed Name: <i>JACQUES BARTOLO</i>	Date of Inspection: <i>7-30-02</i>
---------------------------------	--------------------------------------	------------------------------------

## HMBP Inspection Checklist

Facility Name: <u>Ken's Tire Service</u>	Address: <u>Liv./sPleas. 1012 N. Vasco Rd, A</u>
Inspector: <u>Paul Smith</u>	

	Viol.	Comments
Submit an HMBP – no HMBP on file with LPPD (CCR 2729.2)		HMMP Code:
Submit a complete and current HMBP – information is incomplete and/or out of date (CCR 2729.2)	✓	need to complete - Submit a <sup>Hazardous</sup> Business Pl
Maintain a copy of current HMBP on site (CCR 2729.1)	✓	
<b>A. BUSINESS INFORMATION (CCR 2729.1 – 2729.5)</b>		
1. Correct inaccurate information and/or supply missing information in Business Owner/Operator Identification Page.		
2. Sign certification statement		
<b>B. CHEMICAL INVENTORY (CCR 2729.1 – 2729.5)</b>		
1. Revise Inventory Statement to reflect actual inventory on site. Undisclosed chemicals over the reporting threshold 100% or more increase in quantity		
2. Correct inaccurate information and/or supply missing information regarding the hazardous materials listed		
<b>C. SITE MAPS (CCR 2729.2 and Appedndix A)</b>		
1. Indicate location of chemicals on storage plan/map.		
2. Supply missing items on plan/map.		
3. Revise plan/map to reasonably reflect actual layout.		
<b>D. EMERGENCY RESPONSE PLAN (CCR 2731)</b>		
1. Establish a written Emergency Response Plan		
2. Maintain Emergency Response Plan on-site.		
3. Revise Plan to include all required elements – see back of this page for details.		
4. Correct inaccurate/out of date information		
<b>E. EMPLOYEE TRAINING (CCR 2732)</b>		
1. Establish a written Employee Training Plan.		
2. Mainatin Employee Training Plan on-site		
3. Revise Plan to include all required elements – see back of this page for details.		
4. Correct inaccurate/out of date information		
5. Maintain training records of employees.		

 Received by: <u>Signature of Facility Representative</u>	<u>Paul Smith</u> Printed Name	<u>7-30-01</u> Date of Inspection
---	-----------------------------------	--------------------------------------

# LIVERMORE-PLEASANTON FIRE DEPARTMENT

## INSPECTION REPORT SUMMARY NARRATIVE

Name of Facility: <u>Kon's Tire Service</u>	Address: <u>1012 N Vasco Rd, A, Livermore</u>
Inspector: <u>Paul Smith</u>	

Site inspection regarding hazardous waste management, Hazardous Materials Business Plan and Fire Code Compliance.

Hazardous waste issues:

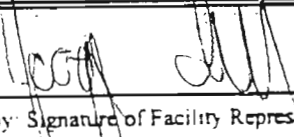


- Need to label all hazardous waste stored onsite, some unlabelled including waste glycol, oil, absorbent - Fill out labels completely.
- One 16 gal oil drum full has lid with holes drilled on top ~~rest~~ stored in back on dirt.
- Need to store properly and dispose of this drum / lid
- Has (4) empty / <sup>partial</sup> ethylene drums stored without bung plugs. Need to evacuate these and if not needed dispose.
- Has (3) full / partial drums stored out back containing what appears to be waste oil, moved <sup>off</sup> for
- Need to store / dispose of properly.
- need to conduct a weekly inspection of all hazardous waste storage areas to assure that labels, lids, housekeeping is other Form provided
- need secondary containment for all liquid hazardous materials / waste, currently not contain <sup>red</sup>
- 55 gal new - used antifreeze and all full / partial drums stored out back.
- Need to provide annual training + document for all ~~hazardous~~ workers handling hazardous waste - form provided. Currently no records available.
- need a written plan addressing measures this facility will take in the event of a spill / release
- provide a copy to this office as part of HMBP.
- Currently waste absorbent is disposed of into the trash. I informed this facility that it should be used many times until ineffective then retained, labeled and managed as hazardous waste. I will provide you with a list of disposal companies.

Hazardous materials Business Plan issues:

Need to complete a Hazardous materials Business Plan (HMBP) indicating all materials/waste stored over 55 gal - liquid, 200 ft<sup>3</sup> - compressed gases or 500 lbs - solids. Items identified over these thresholds are new oil, waste oil, new antifreeze, waste antifreeze

Fire Code issues

Two extinguishers noted onsite expired or discharged 1 - yesterday. need to have serviced.  
 • extinguisher next to water cooler needs to be more accessible.

 Received by: <u>Signature of Facility Representative</u>	 Printed Name	 Date of Inspection
---	--	---

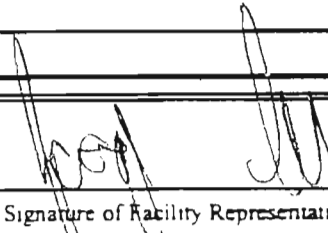
# LIVERMORE-PLEASANTON FIRE DEPARTMENT

## INSPECTION REPORT SUMMARY NARRATIVE

Name of Facility: <u>Kens Tire Service</u>	Address: <u>1012 N. Vasco<sup>PA</sup>, A, Livermore</u>
Inspector: <u>P. Smith</u>	

Fire code issues continued  
Need to have NFPA placards posted outside front of the building. I will let you know hazard numbers.  
There are some combustible materials stored next to building including (1) 55 gal polyethylene trash can at NW corner of repair shop building and 30 gal zip absorbent stored along S side of building, need to get rid of. There are many tires stored on west and south sides - some for re-sale. If possible reduce inventories due to fire hazard.

Please complete each of the above requirements within 30 days, including HMBP and submit with ~~copy~~ a copy with a completed certificate of completion provided. Contact me if you have any questions at 925 454-2336

	<u>Jonathan Martinez</u>	<u>7/30/02</u>
Received by: Signature of Facility Representative	Printed Name	Date of Inspection