BOB / ELVIA

PLS. MAKE SURE

Memorandum

UNOCAL 76

RECEIVED
JUN 14 1993

THIS GETS ON THE COMPUTER DATABASE
ALSO, COPY LUIS ON THIS TO ENSURE
OUR PERMITS REFLECT THE DISPENSER CHANGE.

BEA

San Ramon, California
June 9, 1993

RECEIVED
2:25 pm, Apr 21, 2009
Alameda County
Environmental Health

To: E. R. Brown

From: A. L. Quijalvo

Service Station # 0746
40th / Broadway
Oakland, California
Dispenser replacement

The dispenser replacement project at subject location was started on May 3, 1993, and was completed on May 14, 1993.

The project included the following changes to the facility:
- -removal of existing mechanical dispensers.
- -installation of four used wayne quads and two used wayne duals.
- -installation of a used wayne console.
- -installation of a 3M-D20 intercom system.
- -installation of a Shure pass thru tray.

R.A. MATSON
JUN 16 1993

Store #: 250746
Report Type Code: CAP
Description: CHANGES
Date: 6/9/93

Box 9494

cc: Ken Barton III
Bea Best
Karl Dixon

UNOCAL 76 STORAGE TANKS/PRODUCT LINES FACILITY PROFILE SURVEY FORM -- Page 1 (Tanks) of 4

Service Station # 0746 Address: 40th / BROADWAY, OAKLAND

	CAPACITY (gal.)	CONTENTS (circle one)	TYPE MONITORING (circle one)	FILL BOX	OVERFILL* PROTECTION	TAGS PROD.	TAGS CAP.
TANK 1	12,000	(87) 89 92 D2 E O W	I A W T U	(Y) N	Y N	Y N	Y N
TANK 2	12000	87 89 (92) D2 E O W	I A W T U	(Y) N	Y N	Y N	Y N
TANK 3		87 89 92 D2 E O W	I A W T U	Y N	Y N	Y N	Y N
TANK 4		87 89 92 D2 E O W	I A W T U	Y N	Y N	Y N	Y N
TANK 5		87 89 92 D2 E O W	I A W T U	Y N	Y N	Y N	Y N
TANK 6		87 89 92 D2 E O W	I A W T U	Y N	Y N	Y N	Y N
TANK 7		87 89 92 D2 E O W	I A W T U	Y N	Y N	Y N	Y N

Revised: 8/4/92

* High-level alarm or overfill prevention valve

Date of Survey: _____

E = Empty
O = Other
W = Waste-Oil

I = Inv. Reconcil.
A = Annular Probe
W = Vadose/GW Well
T = Tank Level Mon.
U = Unknown

COMMENTS (Include observations about the tank slab, permits, tank charts, dealer training/knowledge, etc.):

_____

_____

_____

ELECTRONIC MONITORING TANKS LINES

Monitoring System Brand(s): _____ _____

Monitoring System Model(s): _____ _____

UST Permit #: _____

Issued by: _____

_____

Issue Date: _____

Exp. Date: _____

A. L. QUINALVO

Site Survey Conducted by: JUN 29 1993

_____

Service Station # _____

	CONTENTS (circle one)	LINE TYPE	TYPE MONITORING (circle one)	SECONDARY CONTAINMENT
LINE 1	87 89 92 D2 W E O	P G	L P A U	Y-Pipe Y-Trench N U
LINE 2	87 89 92 D2 W E O	P G	L P A U	Y-Pipe Y-Trench N U
LINE 3	87 89 92 D2 W E O	P G	L P A U	Y-Pipe Y-Trench N U
LINE 4	87 89 92 D2 W E O	P G	L P A U	Y-Pipe Y-Trench N U
LINE 5	87 89 92 D2 W E O	P G	L P A U	Y-Pipe Y-Trench N U
LINE 6	87 89 92 D2 W E O	P G	L P A U	Y-Pipe Y-Trench N U
LINE 7	87 89 92 D2 W E O	P G	L P A U	Y-Pipe Y-Trench N U

Revised: 8/4/92

W = Waste-Oil
E = Empty
O = Other

P = Pressure
G = Gravity

L = Mechanical Leak Detector
P = Pressure Line Sensor
A = Annular Probe
U = Unknown

Y = Yes
N = No
U = Unknown

COMMENTS (Include observations about presence or lack of turbine and fill manways, condition of trenches, fuel dispensing problems, etc.):

UNOCAL 76 FACILITY PROFILE SURVEY FORM -- Page 2 (Product Dispensers) of 4

Service Station # _____

	MAKE	MODEL NO.	NO. OF NOZZLES	PRODUCT (circle which apply)	FACING STREET NAME	WHICH ISLAND?	SHEAR VALVE
DISPENSER 1	WAYNE	DLI-379	4	87 (89) (92) D2 E O	40th	(I) M O	(S) R
DISPENSER 2	-"-	-"-	4	(87) (89) 92 D2 E O	-"-	(I) M O	(S) R
DISPENSER 3	-"-	-"-	4	(87) (89) 92 D2 E O	-"-	I M (O)	(S) R
DISPENSER 4	-"-	-"-	4	(87) 89 (92) D2 E O	-"-	I M (O)	(S) R
DISPENSER 5	-"-	DLI-377	2	(87) 89 92 D2 E O	-"-	(I) M O	(S) R
DISPENSER 6	-"-	-"-	2	87 89 (92) D2 E O	-"-	(I) M O	(S) R
DISPENSER 7				87 89 92 D2 E O		I M O	S R
DISPENSER 8				87 89 92 D2 E O		I M O	S R
DISPENSER 9				87 89 92 D2 E O		I M O	S R
DISPENSER 10				87 89 92 D2 E O		I M O	S R
DISPENSER 11				87 89 92 D2 E O		I M O	S R
DISPENSER 12				87 89 92 D2 E O		I M O	S R
DISPENSER 13				87 89 92 D2 E O		I M O	S R
DISPENSER 14				87 89 92 D2 E O		I M O	S R
DISPENSER 15				87 89 92 D2 E O		I M O	S R
DISPENSER 16				87 89 92 D2 E O		I M O	S R

Revised: 8/4/92

DISPENSER CODES:
I = Inside Island
M = Middle Island *
O = Outside Island

S = Secure -- OK
R = Repair Necessary (Called into Maintenance Dispatch)

* Note: If only one island, designate as M.

UNOCAL 76 FACILITY PROFILE SURVEY FORM -- Page 4 (Product Dispensers) of 4

STATION OBSERVATIONS: Is station operating with Phase II VR?: ✓ YES ___ NO

If so, which type of Phase II equipment is being used? (circle one):

Balance Hassleman Hastech Healy Other

Which type of Phase I equipment is being used? (circle one):

None Coaxial (single drop) Two point (dual drop)

Does number of nozzles present at station correspond exactly to number of nozzles noted on air quality permit to operate for station?:

✓ YES ___ NO (explain in comments)

[redacted]

ATC:

COMMENTS (Include observations about the condition of hose retractors, presence of console connections, presence or lack of secondary containment for glycol and solvent drums, etc.):

Air Quality Permit #: GDF 618

Issued by: BAAQMD

Issue Date: _____

Exp. Date: _____

LUBE-BAY CLARIFIER

Does station possess a clarifier?:

___ Yes ___ No

Date of last pump-out: _____

Clarifier condition (circle one):

Clean Fair Poor Sealed

BAY AREA AIR QUALITY MANAGEMENT DISTRICT

ALAMEDA COUNTY
Edward R. Campbell
Loni Hancock
Greg Harper
Frank H. Ogawa

CONTRA COSTA COUNTY
Paul L. Cooper
Sunne Wright McPeak
Tom Powers

MARIN COUNTY
Al Aramburu

NAPA COUNTY
Paul Battisti
(Secretary)

SAN FRANCISCO COUNTY
Roberta Achtenberg
Harry G. Britt

SAN MATEO COUNTY
Anna Eshoo
(Chairperson)
Janet Fogarty

SANTA CLARA COUNTY
Marge Bruno
Rod Diridon
Joe Head
Dianne McKenna

SOLANO COUNTY
Osby Davis

SONOMA COUNTY
Jim Harberson
Patricia Hilligoss
(Vice-Chairperson)

March 15, 1993

Unocal 76
Attn: Tony Quijalvo
P.O. Box 5155
San Ramon, CA 94583

Application Number: 23076
BAAQMD GDF Number: 618
Equipment Location:
Unocal 76
3943 Broadway
Oakland, CA 94611

Dear Mr. Quijalvo:

This is your Authority to Construct the following:

Dispenser Replacement - Dispenser and Nozzle Addition

Resulting in:

Two(2) 12,000 Gallon Gasoline Tank with 20 Gasoline Dispensing Nozzles.

Vapor Recovery Equipment

Phase I	**Two-Point System, pursuant to California Air Resources Board (CARB) Executive Order(s) G-70-97A.**
Phase II	**Balance System pursuant to CARB Executive Order G-70-49AA using OPW 11VF or equivalent CARB certified nozzles.**

Please notify us by letter about three days before you are ready to operate so that we may observe your equipment in operation before we issue a Permit to Operate. This Authority to Construct authorizes operation during the start-up period from the first date of operation until the Permit to Operate is issued, up to a maximum of 60 days. Operation of equipment beyond the start-up period without a Permit to Operate may result in enforcement action.

This Authority to Construct (and the Permit to Operate, when issued, is subject to the following conditions:

1. **The Phase I equipment shall be installed in accordance with California Air Resources Board (CARB) Executive Order G-70-97A. The nominal inside diameter of the vapor side of the two-point system shall be no less than four(4) inches anywhere between the storage tank and the vapor poppet.**

2. All vapor recovery system components shall be installed in accordance with CARB Executive Order G-70-52-AM and CARB Executive Order G-70-49AA.

3. Vapor Recovery nozzles which contain a built-in vapor check valve may not be used in conjunction with any remote vapor check valve.

   Vapor Recovery nozzles which do not contain a built-in check valve must be used in conjunction with a remote vapor check valve.

4. Vapors from the blended product shall be returned via vapor recovery piping to each tank from which the blend stock is drawn. The vapor recovery piping shall be manifolded at the tanks or at the dispenser.

5. Each grade of gasoline shall have separate 2" diameter (minimum) vapor recovery piping and shall slope back to the tank a minimum of 1/8" per linear foot (minimum).

6. Within ten(10) days of start-up, a Leak Test on all new and/or modified nozzle systems shall be performed in accordance with the District's Manual of Procedures Source Test Procedure ST-30. If the tank size is 500 gallons or less, the test shall be performed on an empty tank.

7. Within ten(10) days of start-up a Dynamic Back Pressure Test on all and/or modified nozzle systems shall be performed in accordance with the District's Source Test Procedure ST-27. The test shall be conducted at nitrogen flowrates of 20, 60, and 100 CFH. If a remote vapor check valve is used, the test shall be conducted using Alternate Method II or III.

8. Submit all test results on the District reporting form for the applicable test procedure within twenty(20) days of start-up.

9. *Pursuant to BAAQMD Toxic Section policy, this facility's annual* throughout shall not exceed 1.3 million gallons in any consecutive 12 month period.

In the absence of specific permit conditions to the contrary, the throughputs, fuel and material consumptions capacities, and hours of operation described in your permit application will be considered maximum allowable limits. A new permit will be required before any increase in these parameters, or change in raw material handled, may be made.

Please include your application number with any correspondence with the District. If you have any questions on this matter, please call **Irma C. Salinas of Permit Services at (415)749-5110.**

Very truly yours,

Milton Feldstein
Air Pollution Control Officer

by
Permit Services Division

SAO/ICS/bak

SEND
TO: Area Inspector ____

VIA: (1) Jack Bean, Inspection Mgr.

(2) _____ Supervising Inspector

Routing		
TO	INIT	DATE
Supv.		
Copy to Luna, Permits		
File		

EQUIPMENT START - UP FOR PERMIT TO OPERATE
Gasoline Dispensing Facility

GDF No._____ Authority to Construct# _____ Date:_____

Company_____

Equipment Address_____

City, Zip_____

Contact/Title _____ Telephone #(___)_____

Project Description:_____

EQUIPMENT DESCRIPTION:- See Attached A/C ( )

Phase I _____

Phase II _____

Please conduct compliance inspection	( ) Phase I	( ) Phase II	
Is the installation complete?	( ) Yes	( ) NO	
Is the installation in accordance with the above A/C description?	( ) Yes	( ) NO	
Was facility operating?	( ) Yes	( ) NO	
Are all components CARB certified?	( ) Yes	( ) NO	( ) N/A
Please perform back pressure test!	___Yes	___NO	
If applicable, is back pressure acceptable?	( ) Yes	( ) NO	( ) N/A

Distance of submerged fillpipe from bottom of tanks:

____Inches; ____Inches; ____Inches; ____Inches; ____Inches; ____Inches.

COMMENT_____

_____

_____

_____

_____

Inspection conducted by:_____ I#_____ Date: _____

ATTACH PHASE II VAPOR RECOVERY INSPECTION SHEET
and return to Luna, Permit Operations, BEFORE_____

SUMMARY OF SOURCE TEST RESULTS

Test Times
Run A: _____
Run B: _____
Run C: _____

SOURCE INFORMATION

Firm Name and Address

Firm Representative and Title

Phone No.

Source:
Vapor Recovery System

Plant No. Permit No. 23076

Operates hr/day & 365 days/yr

Permit Conditions

FACILITY PARAMETERS

PHASE II SYSTEM TYPE
(Check One)

Balance ____
Hirt ____
Red Jacket ____
Hasstech ____
Healy ____

Manifolded? (Y or N) ____

Operating Parameters:

Tank #	Capacity	Gallons Present
1		
2		
3		

Applicable Regulations:

VN Recommended:

Source Test Results and Comments:

Tank #:	1	2	3
Product Grade:			
Actual Tank Capacity, gallons			
Gasoline Volume, gallons			
Ullage, gallons			
Initial Pressure, inches H_2O			
Pressure After 1 Minute, inches H_2O			
Pressure After 2 Minutes, inches H_2O			
Pressure After 3 Minutes, inches H_2O			
Pressure After 4 Minutes, inches H_2O			
Final Pressure After 5 Minutes, inches H_2O			

NO COMMERCIAL USE OF THESE RESULTS IS AUTHORIZED

Test Conducted by

Test Team

Date of Test

Job File
Job # 1203.01

May 10, 1993

Bay Area Air Quality Management District
939 Ellis Street
San Francisco, California 94109

Reference: Unocal Service Station
3943 Broadway
Oakland, California
Application #23076

Gentlemen:

Enclosed please find a copy of the dynamic back pressure and the leak tests performed at the above referenced location, upon completion of the dispenser change.

Please feel free to contact me should you have any questions or comments.

Very truly yours,

Dennis Gan

DG/dc

cc: Tony Quijalvo - Unocal Corporation

SUMMARY OF SOURCE TEST RESULTS

Test Times
Run A: AM
Run B: AM
Run C:

SOURCE INFORMATION

Firm Name and Address
Unocal
3943 Broadway
Oakland

Firm Representative and Title

Phone No.

Source:
Vapor Recovery System

Permit Conditions

Plant No. Permit No. 23076

Operates hr/day & 365 days/yr

FACILITY PARAMETE

PHASE II SYSTEM TYPE
(Check One)

Balance
Hirt
Red Jacket
Hasstech
Healy

Manifolded? (Y or N)

Operating Parameters:

Tank #	Capacity	Gallons Present
1	12000	1694
2	12000	5494
3		

Applicable Regulations:

VN Recommended:

Source Test Results and Comments:

Tank #:	1	2	3
Product Grade:	92	87	
Actual Tank Capacity, gallons	12120	12120	
Gasoline Volume, gallons	1694	5494	
Ullage, gallons	10426 +	6626 =	17052
Initial Pressure, inches H_2O	10.0	10.0	
Pressure After 1 Minute, inches H_2O	10.0	10.0	
Pressure After 2 Minutes, inches H_2O	10.0	10.0	
Pressure After 3 Minutes, inches H_2O	9.9	9.9	
Pressure After 4 Minutes, inches H_2O	9.9	9.9	
Final Pressure After 5 Minutes, inches H_2O	9.8	9.8	

Leak Rate Criteria 9.8

NO COMMERCIAL USE OF THESE RESULTS IS AUTHORIZED

Test Conducted by	Test Co.	Date of Test
L.C. Moore	Gettler Ryan Inc.	5-7-93

Form: Summary of Source Test Results

PLOT

SUMMARY OF SOURCE TEST RESULTS

BAAQMD APPLICATION NUMBER
20855

Firm Name and Address
Unocal
3943 Broadway
Oakland, Ca.

Testing Company Name and Address
Gettler Ryan Inc.
2150 W. Winton
Hayward, Ca. 94545

PUMP #	GASOLINE GRADE	NOZZLE MFG.& MODEL NUMBER	DYNAMIC BACK PRESSURE, INS. W.C. 20 CFH	60 CFH	100 CFH	COMMENTS
1	87	OPW 11-V mod F22	.04	.20	.42	
1	89	" "	.04	.19	.43	
2	87	OPW-111V	.05	.21	.50	
2	89	OPW 11V F22	.04	.20	.43	
3	92	" " "	.04	.17	.40	
4	92	" " "	.05	.19	.41	
5	87	OPW 11V-F47	.05	.20	.40	
6	87	OPW 11V-F47	.05	.22	.50	
7	89	" " "	.05	.18	.40	
7	92	" " "	.04	.17	.38	
8	89	" " "	.04	.18	.39	
8	92	" " "	.04	.19	.42	
9	89	OPW 11 VF	.05	.20	.40	
9	87	OPW 11 VF	.03	.19	.41	
10	89	OPW11 VF	.05	.22	.47	
10	87	OPW11 VF	.05	.19	.39	
11	87	" " " VF	.07	.21	.41	
11	92	" " " "	.06	.20	.40	
			20	60	100	
12	87	" " " "	.07	.28	.48	
12	92	" " " "	.07	.22	.41	

Test Conducted By: Scott Moore

Date: 5-7-93

DATE
TO: Area Inspector
VIA: (1) Jack Bean, Inspection Mgr.
(2) Supervising Inspector

TO	INIT	DATE
Supv.		
Copy to Luna, Permits		
File		

EQUIPMENT START - UP FOR PERMIT TO OPERATE
Gasoline Dispensing Facility

GDF No._____ Authority to Construct#_____ Date:_____

Company_____

Equipment Address_____

City, Zip_____

Contact/Title_____ Telephone #(___)_____

Project Description: Dispenser change - Additional Nozzles 8 -

EQUIPMENT DESCRIPTION: See Attached A/C ( )

Phase I _____

Phase II ✓_____

Please conduct compliance inspection	( ) Phase I	(X) Phase II
Is the installation complete?	(X) Yes	( ) NO
Is the installation in accordance with the above A/C description?	(X) Yes	( ) NO
Was facility operating?	( ) Yes	(X) NO
Are all components CARB certified?	(X) Yes	( ) NO ( ) N/A
Please perform back pressure test!	X Yes	___NO
If applicable, is back pressure acceptable?	(X) Yes	( ) NO ( ) N/A

Distance of submerged fillpipe from bottom of tanks:

____Inches; ____Inches; ____Inches; ____Inches; ____Inches; ____Inches.

COMMENT_____

_____

_____

_____

_____

Inspection conducted by: R.C. Moore Id_____ Date: 5-7-93

ATTACH PHASE II VAPOR RECOVERY INSPECTION SHEET
and return to Luna, Permit Operations, BEFORE_____