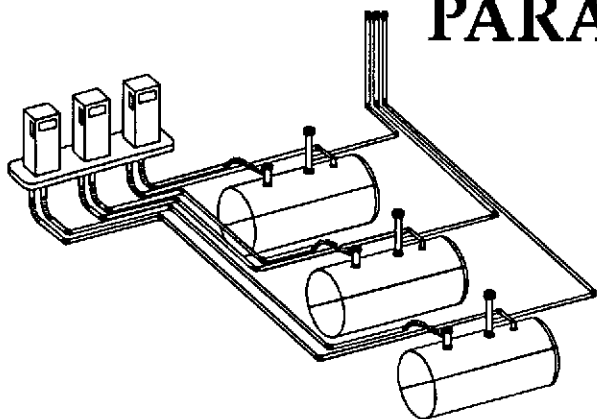


# PARADISO MECHANICAL, INC.

GENERAL & PETROLEUM CONTRACTORS  
and ENVIRONMENTAL SERVICES

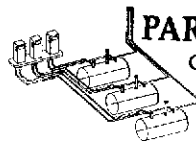
P.O. BOX 1836  
2600 WILLIAMS STREET  
SAN LEANDRO, CA 94577

LICENSE NO. 677909  
PHONE (510) 614-8390  
FAX (510) 614-8396



January 31, 1996

Mr. Don Hwang  
ALAMEDA COUNTY HEALTH AGENCY  
DIVISION OF HAZARDOUS MATERIALS  
DEPARTMENT OF ENVIRONMENTAL HEALTH  
1131 Harbor Bay Parkway, 2<sup>nd</sup> Floor  
Alameda, CA 94502



**PARADISO MECHANICAL, INC.**  
GENERAL & PETROLEUM CONTRACTORS  
and ENVIRONMENTAL SERVICES

RE: UST TANK MODIFICATIONS  
AC TRANSIT  
1100 ~~2100~~ SEMINARY AVENUE  
OAKLAND

**TRACY W. LUM**  
Project Manager

P.O. BOX 1836  
2600 WILLIAMS STREET  
SAN LEANDRO, CA 94577

LICENSE NO. 677909  
PHONE (510) 614-8390  
FAX (510) 614-8396

Mr. Hwang,

On behalf of AC Transit, we would like submit an application for permit to modify (13) existing underground storage tanks at the facility referenced above.

Enclosed are (3) sets of plans, applications with state A & B forms, manufacturers "cut sheets", a check for \$3840.00 (three thousand eight hundred forty dollars and 00/100) and our contractor information.

We have already submitted plans and an application to the City of Oakland Fire Department for their permit/approval.

Please contact me if any additional information and/or fees is required at this time.

Very truly yours,  
Paradiso Mechanical, Inc.

Tracy W. Lum  
Project Manager

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
DEPARTMENT OF ENVIRONMENTAL HEALTH  
HAZARDOUS MATERIALS DIVISION  
80 SWAN WAY, ROOM 200  
OAKLAND, CA 94621  
PHONE NO. 510/271-4320

Project Specialist:  
\_\_\_\_\_

UNDERGROUND TANK INSTALLATION PLAN

\* \* \* Complete according to attached instructions \* \* \*

1. Business Name AC TRANSIT  
Business Owner AC TRANSIT
2. Site Address 1100 ~~2100~~ SEMINARY AVENUE  
City OAKLAND Zip 94621 Phone N/A
3. Mailing Address 1600 FRANKLIN STREET  
City OAKLAND Zip 94612 Phone 510/ 891-4835
4. Land Owner AC TRANSIT

5. Tank Information: Note any special treatment to prevent corrosion, details of cathodic protection, piping coatings, and any special or unique equipment not otherwise noted. 15 gallon minimum overflow protection is required. Attach appropriate manufacturer brochures and instructions for clarity.

Manufacturer	Model	Size (gal.)	Material/Design	Contents
XERXES	DWT II	12,000	DOUBLE WALL FRP	DIESEL
"	"	"	"	"
"	"	"	"	"
"	"	"	"	"
"	"	8,000	"	ENGINE OIL
"	"	"	"	COOLANT
"	"	2,500	"	AUTO TRANS. FLUID
"	"	"	"	GASOLINE
"	"	4,000	"	WASTE OIL
"	"	8,000	"	ENGINE OIL
"	"	8,000	"	AUTO TRANS. FLUID
"	"	4,000	"	ENGINE OIL
Monitoring Eq*	Model	Manual/Auto	Line Leak Detect	Monitoring Method
VEEDER-ROOT	TLS-350 CSLD	AUTO	YES	ANNULAR SPACE SUMP MONITOR TANK LEVEL LINE LEAK OVERFILL ALARM

\* A copy of the manufacturer's brochure must be submitted with tank installation diagrams. It must show test methods and procedures.

6. Contractor PARADISO CONSTRUCTION CO.  
Address 2600 WILLIAMS ST.  
City SAN LEANDRO, 94577 Phone 510-614-8390  
License Type\* A, B, C-8, C10, ID# 259820  
C61/D23 & HAZ

\*Effective January 1, 1992, Business and Professional Code Section 7058.7 requires prime contractors to also hold Hazardous Waste Certification issued by the State Contractors License Board. Indicate that the certificate has been received, in addition, to holding the appropriate contractors license type.

7. Submit Worker's Compensation Certificate copy

Name of Insurer REPUBLIC INDEMNITY CO. OF AMERICA

8. Contact person for installation ERIC V. MONTESANO

Phone 510-614-8390 Title VICE-PRESIDENT

9. Submit 3 sets of scaled Blue Prints: consisting of detailed engineering descriptions of the installation and must include the following information:

- a) North Arrow, property lines, location of all structures;
- b) Plan views and elevations of tanks, piping runs, and dispensers, as well as schematics of all appurtenant equipment and monitoring devices to be installed, utilities;
- c) Existing wells (drinking, monitoring, etc.);
- d) Depth to ground water; and
- e) All existing tanks and piping in addition to the ones being installed/modified.
- f) Electrical and wiring diagrams, including emergency shutoff.
- g) Installation specifications and construction standards to be followed.

10. Enclose Deposit

A deposit, payable to Alameda County for the amount indicated on the Alameda County Underground Storage Tank Fee Schedule, must accompany the plans. The time spent on the project will be charged on an hourly basis at the current service rate. Any refund at the conclusion of the project will be refunded to the owner or his/her designee.

\* One complete copy of your approved plan must be at the construction site at all times; a copy of your approved plan must also be sent to the landowner.

11. Of the three sets of plans submitted, two will be returned after review and approval. Next you must contact the appropriate fire and building departments for any required permits. You must schedule at least 3 days in advance for the following inspections: piping inspection prior to covering, and final inspection prior to operating. A precision test will be required on the system to assure it does not leak. Any questions or problems should be referred directly to the specialist assigned to your project.

12. Blank Unauthorized Leak/Contamination Site Report forms may be obtained in limited quantities from our office and from the San Francisco Bay Regional Water Quality Control Board (415/464-1255). Larger quantities may be obtained directly from the State Water Resources Control Board at (916) 739-2421.
13. As-built plans are to be submitted within 30 days of completion. Permit Application Forms A and B ('s) are to be submitted and fees paid prior to operation of the tanks.
14. A written monitoring plan must be submitted prior to the operation of the tanks and prior to the issuance of a permit.
15. These instructions do not apply in the city limits of Fremont, Newark, Union City, Hayward, Pleasanton, Berkeley, or San Leandro as they enforce their own underground tank regulatory program.

I declare that to the best of my knowledge and belief the statements and information provided above are correct and true.

I understand that information in addition to that provided above may be needed in order to obtain an approval from the Department of Environmental Health and that no work is to begin on this project until this plan is approved.

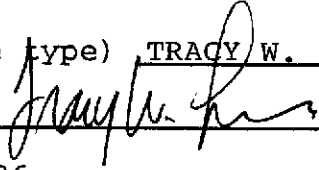
I understand that any changes in design, materials or equipment will void this plan if prior approval is not obtained.

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

Once I have received my stamped, accepted installation plan, I will contact the project Hazardous Materials Specialist at least three working days in advance of site work to schedule the required inspections.

Signature of Contractor

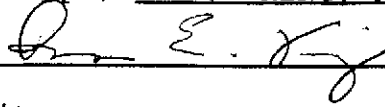
Name (please type) TRACY W. LUM, PARADISO MECHANICAL, INC.

Signature 

Date 1/31/96

Signature of Site Owner or Operator

Name (please type) BRUCE KING, AC TRANSIT

Signature 

Date 1/31/96

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



COMPLETE THIS FORM FOR EACH FACILITY/SITE

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

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

DBA OR FACILITY NAME <b>AC TRANSIT</b>		NAME OF OPERATOR <b>AC TRANSIT</b>		
ADDRESS <b>2100 SEMINARY AVE</b>		NEAREST CROSS STREET <b>SAN LEANDRO ST.</b>	PARCEL # (OPTIONAL)	
CITY NAME <b>OAKLAND</b>		STATE <b>CA</b>	ZIP CODE <b>94621</b>	SITE PHONE # WITH AREA CODE
<input checked="" type="checkbox"/> BOX TO INDICATE	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LOCAL-AGENCY DISTRICTS
		<input checked="" type="checkbox"/> COUNTY-AGENCY	<input type="checkbox"/> STATE-AGENCY	<input type="checkbox"/> FEDERAL-AGENCY
TYPE OF BUSINESS		<input type="checkbox"/> 1 GAS STATION	<input type="checkbox"/> 2 DISTRIBUTOR	<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS
		<input type="checkbox"/> 3 FARM	<input type="checkbox"/> 4 PROCESSOR	<input checked="" type="checkbox"/> 5 OTHER
		# OF TANKS AT SITE <b>13</b>	E. P. A. I. D. # (optional)	

**EMERGENCY CONTACT PERSON (PRIMARY)**

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

DAYS: NAME (LAST, FIRST) <b>KING, BRUCE</b>	PHONE # WITH AREA CODE <b>510/577-8869</b>	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST) <b>KING, BRUCE</b>	PHONE # WITH AREA CODE <b>510/523-0902</b>	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

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

NAME <b>AC TRANSIT</b>		CARE OF ADDRESS INFORMATION <b>BRUCE KING</b>		
MAILING OR STREET ADDRESS <b>1600 FRANKLIN ST.</b>		<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL-AGENCY
CITY NAME <b>OAKLAND</b>		<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input checked="" type="checkbox"/> COUNTY-AGENCY
	STATE <b>CA</b>	ZIP CODE <b>94612</b>	PHONE # WITH AREA CODE <b>510/891-4835</b>	

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

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

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

TY (TK) HQ **44-000416**

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

<input checked="" type="checkbox"/> box to indicate	<input checked="" type="checkbox"/> 1 SELF-INSURED	<input type="checkbox"/> 2 GUARANTEE	<input type="checkbox"/> 3 INSURANCE	<input type="checkbox"/> 4 SURETY BOND
	<input type="checkbox"/> 5 LETTER OF CREDIT	<input type="checkbox"/> 6 EXEMPTION	<input type="checkbox"/> 99 OTHER	

**VI. LEGAL NOTIFICATION AND BILLING ADDRESS**

Legal notification and billing will be sent to the tank owner unless box I or II is checked.

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

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <b>TRACY W. LUM</b>	APPLICANT'S TITLE <b>PROJ. MGR, PARADISO MECHANICAL</b>	DATE <b>1/31/96</b>
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**LOCAL AGENCY USE ONLY**

COUNTY # [ ] [ ]	JURISDICTION # [ ] [ ] [ ]	FACILITY # [ ] [ ] [ ] [ ] [ ]
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPVISOR - DISTRICT CODE - OPTIONAL

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

<b>MARK ONLY ONE ITEM</b>	<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 checked="" type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: AC TRANSIT - SEMINARY

<b>I. TANK DESCRIPTION</b> COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D.# <u>D4-1</u>	B. MANUFACTURED BY: <u>XERXES</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>8/6</u>	D. TANK CAPACITY IN GALLONS: <u>12,000</u>

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

<b>III. TANK CONSTRUCTION</b> 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 checked="" type="checkbox"/> 3 FIBERGLASS	<input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM	<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING	<input type="checkbox"/> 4 PHENOLIC LINING
	<input type="checkbox"/> 5 GLASS LINING	<input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___				
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP	<input checked="" type="checkbox"/> FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) <u>96</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>96</u>	

<b>IV. PIPING INFORMATION</b> 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 type="checkbox"/> 3 INTERSTITIAL MONITORING	<input type="checkbox"/> 99 OTHER

<b>V. TANK LEAK DETECTION</b>				
<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input checked="" 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

<b>VI. TANK CLOSURE INFORMATION</b>		
1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>N/A</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input type="checkbox"/>

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>TRACY LUM</u>	DATE <u>1/31/96</u>
---	---------------------

<b>LOCAL AGENCY USE ONLY</b> THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW				
STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
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 type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: AC TRANSIT - SEMINARY

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

A. OWNER'S TANK I.D. # <u>DA-2</u>	B. MANUFACTURED BY: <u>XERXES</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>96</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 checked="" type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC		
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) <u>96</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>96</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 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 checked="" 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>N/A</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input type="checkbox"/>
--	--	--

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

APPLICANT'S NAME (PRINTED & SIGNATURE) TRACT LUM *[Signature]* DATE 1/31/96

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

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE		



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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

<b>MARK ONLY ONE ITEM</b>	<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 type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: AC TRANSIT - SEMINARY

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

A. OWNER'S TANK I.D.# <u>D4-3</u>	B. MANUFACTURED BY: <u>VERVES</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>8/6</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 checked="" type="checkbox"/> 3 FIBERGLASS	<input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM	<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

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

IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES \_\_\_ NO \_\_\_

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

E. SPILL AND OVERFILL SPILL CONTAINMENT INSTALLED (YEAR) 96 OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) 96

**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**

<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input checked="" 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>N/A</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input type="checkbox"/>
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THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>TRACT LUM, Frank W. P.</u>	DATE <u>1/31/96</u>
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**LOCAL AGENCY USE ONLY** THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

<b>MARK ONLY ONE ITEM</b>	<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 type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: AC TRANSIT-SEMINARY

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

A. OWNER'S TANK I.D.# <u>DA-4</u>	B. MANUFACTURED BY: <u>XERXES</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>8/0</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 type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input checked="" type="checkbox"/> 3 DIESEL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 4 GASAHOL
			<input type="checkbox"/> 5 JET FUEL
			<input type="checkbox"/> 6 AVIATION GAS
			<input type="checkbox"/> 7 METHANOL
			<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)

D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED \_\_\_\_\_ C. A. S. #: \_\_\_\_\_

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

A. TYPE OF SYSTEM	<input 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 checked="" type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 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 checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
			<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) <u>96</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>96</u>

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

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

**V. TANK LEAK DETECTION**

<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input checked="" 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>N/A</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input type="checkbox"/>
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THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE) TRACY W. LUM *Tracy W. Lum* DATE 1/31/96

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

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input 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 type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: AC TRANSIT - SEMINARY

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN	
A. OWNER'S TANK I. D. # <u>D4-5</u>	B. MANUFACTURED BY: <u>XERXES</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>96</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 type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input checked="" type="checkbox"/> 3 DIESEL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 4 GASAHOL
			<input type="checkbox"/> 5 JET FUEL
			<input type="checkbox"/> 6 AVIATION GAS
			<input type="checkbox"/> 7 METHANOL
			<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED			C. A. S. #:

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E			
A. TYPE OF SYSTEM	<input 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 checked="" type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
			<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) <u>96</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>96</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 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING
	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 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 checked="" 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>N/A</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input type="checkbox"/>

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>TRACT W. LUM, [Signature]</u>	DATE <u>1/31/96</u>
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LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW				
STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE		

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input 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 type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: AC TRANSIT - SEMINARY

I. TANK DESCRIPTION COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D.# <u>D4-6</u>	B. MANUFACTURED BY: <u>XERYAES</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>86</u>	D. TANK CAPACITY IN GALLONS: <u>2,500</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
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN	
C. <input checked="" type="checkbox"/> 1a REGULAR UNLEADED		<input type="checkbox"/> 3 DIESEL
<input type="checkbox"/> 1b PREMIUM UNLEADED		<input type="checkbox"/> 4 GASAHOL
<input type="checkbox"/> 2 LEADED		<input type="checkbox"/> 5 JET FUEL
		<input type="checkbox"/> 6 AVIATION GAS
		<input type="checkbox"/> 7 METHANOL
		<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED		C. A. S. #:

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E			
A. TYPE OF SYSTEM	<input 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 checked="" type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 95 UNKNOWN
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		<input type="checkbox"/> 4 PHENOLIC LINING
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 checked="" type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
		<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) <u>96</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>96</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
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 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 checked="" 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>N/A</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input type="checkbox"/>

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>TRACY W. LUM, Tracy W. Lum</u>	DATE <u>1/31/96</u>
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LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW				
STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

<b>MARK ONLY ONE ITEM</b>	<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 type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: AC TRANSIT - SEMINARY

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

A. OWNER'S TANK I. D. # <u>04-7</u>	B. MANUFACTURED BY: <u>XERXES</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>86</u>	D. TANK CAPACITY IN GALLONS: <u>2,500</u>

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

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL <input type="checkbox"/> 2 PETROLEUM <input type="checkbox"/> 3 CHEMICAL PRODUCT	<input checked="" type="checkbox"/> 4 OIL <input type="checkbox"/> 80 EMPTY <input type="checkbox"/> 95 UNKNOWN	B. <input checked="" type="checkbox"/> 1 PRODUCT <input type="checkbox"/> 2 WASTE
C. <input type="checkbox"/> 1a REGULAR UNLEADED <input type="checkbox"/> 1b PREMIUM UNLEADED <input type="checkbox"/> 2 LEADED		
<input type="checkbox"/> 3 DIESEL <input type="checkbox"/> 4 GASAHOL <input type="checkbox"/> 5 JET FUEL <input checked="" type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)		
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED <u>AUTO TRANS. FLUID</u>		
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"/> 2 SINGLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER <input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank) <input type="checkbox"/> 1 BARE STEEL <input type="checkbox"/> 5 CONCRETE <input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 2 STAINLESS STEEL <input type="checkbox"/> 6 POLYVINYL CHLORIDE <input type="checkbox"/> 10 GALVANIZED STEEL	<input checked="" type="checkbox"/> 3 FIBERGLASS <input type="checkbox"/> 7 ALUMINUM <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
C. INTERIOR LINING <input type="checkbox"/> 1 RUBBER LINED <input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 2 ALKYD LINING <input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 3 EPOXY LINING <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 4 PHENOLIC LINING <input type="checkbox"/> 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		
D. CORROSION PROTECTION <input type="checkbox"/> 1 POLYETHYLENE WRAP <input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 2 COATING <input type="checkbox"/> 91 NONE	<input type="checkbox"/> 3 VINYL WRAP <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>96</u> OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>96</u>		

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

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

**V. TANK LEAK DETECTION**

<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input checked="" 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>N/A</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input type="checkbox"/>
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THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>TRACY W. LUM, Tracy W. Lum</u>	DATE <u>1/31/96</u>
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**LOCAL AGENCY USE ONLY** THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM

MARK ONLY ONE ITEM	<input 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 type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: AC TRANSIT-SEMINARY

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

A. OWNER'S TANK I. D. # <u>DA-8</u>	B. MANUFACTURED BY: <u>XERXES</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>86</u>	D. TANK CAPACITY IN GALLONS: <u>4,000</u>

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

A. <input 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 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 checked="" type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED	<input checked="" type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)	
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED <u>COOLANT</u>					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 checked="" type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
		<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) <u>96</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>96</u>

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

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

**V. TANK LEAK DETECTION**

<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input checked="" 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>N/A</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input type="checkbox"/>
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THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>TRACY W. LUM</u>	DATE <u>1/31/96</u>
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**LOCAL AGENCY USE ONLY** THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE		

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

<b>MARK ONLY ONE ITEM</b>	<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 type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: AC TRANSIT - SEMINARY

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

A. OWNER'S TANK I.D.# <u>D4-9</u>	B. MANUFACTURED BY: <u>XERXES</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>8/6</u>	D. TANK CAPACITY IN GALLONS: <u>4,000</u>

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

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input checked="" type="checkbox"/> 4 OIL	B. <input type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 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 checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank)	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input checked="" type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		<input type="checkbox"/> 95 UNKNOWN
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 checked="" type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
		<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) <u>96</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>96</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
C. MATERIAL AND CORROSION PROTECTION	A U 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING	A U 8 100% METHANOL COMPATIBLE W/FRP
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A U 95 UNKNOWN	A U 99 OTHER
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input type="checkbox"/> 99 OTHER

**V. TANK LEAK DETECTION**

<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input checked="" 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>N/A</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input type="checkbox"/>
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THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>TRACY W. LUM, Tracy W. Lum</u>	DATE <u>1/31/96</u>
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**LOCAL AGENCY USE ONLY** THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input 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 type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: **AC TRANSIT - SEMINARY**

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

A. OWNER'S TANK I.D.# <b>DA-10</b>	B. MANUFACTURED BY: <b>XERXES</b>
C. DATE INSTALLED (MO/DAY/YEAR) <b>06</b>	D. TANK CAPACITY IN GALLONS: <b>8,000</b>

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

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input checked="" type="checkbox"/> 4 OIL	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input 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 checked="" type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
			<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES _____ NO _____		
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) <b>96</b>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <b>96</b>

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

A. SYSTEM TYPE	A <input checked="" type="checkbox"/> 1 SUCTION	A U <input type="checkbox"/> 2 PRESSURE	A U <input type="checkbox"/> 3 GRAVITY	A U <input type="checkbox"/> 99 OTHER
B. CONSTRUCTION	A U <input checked="" type="checkbox"/> 1 SINGLE WALL	A U <input type="checkbox"/> 2 DOUBLE WALL	A U <input checked="" type="checkbox"/> 3 LINED TRENCH	A U <input type="checkbox"/> 95 UNKNOWN
				A U <input type="checkbox"/> 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A U <input type="checkbox"/> 1 BARE STEEL	A U <input type="checkbox"/> 2 STAINLESS STEEL	A U <input type="checkbox"/> 3 POLYVINYL CHLORIDE (PVC)	A U <input type="checkbox"/> 4 FIBERGLASS PIPE
	A U <input type="checkbox"/> 5 ALUMINUM	A U <input type="checkbox"/> 6 CONCRETE	A U <input type="checkbox"/> 7 STEEL W/ COATING	A U <input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
	A U <input type="checkbox"/> 9 GALVANIZED STEEL	A U <input type="checkbox"/> 10 CATHODIC PROTECTION	A U <input type="checkbox"/> 95 UNKNOWN	A U <input type="checkbox"/> 99 OTHER
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input 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 checked="" 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) <b>N/A</b>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input type="checkbox"/>
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THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE) **TRACY W. WM.** DATE **1/31/96**

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

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE		



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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

<b>MARK ONLY ONE ITEM</b>	<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 type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: AC TRANSIT - SEMINARY

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

A. OWNER'S TANK I.D. # <u>D4-12</u>	B. MANUFACTURED BY: <u>XERXES</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>8/6</u>	D. TANK CAPACITY IN GALLONS: <u>4,000</u>

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

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input checked="" type="checkbox"/> 4 OIL	B. <input type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 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 checked="" type="checkbox"/> 3 FIBERGLASS	<input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM	<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

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

IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES \_\_\_ NO \_\_\_

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

E. SPILL AND OVERFILL SPILL CONTAINMENT INSTALLED (YEAR) 96 OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) 96

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

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

D. LEAK DETECTION  1 AUTOMATIC LINE LEAK DETECTOR  2 LINE TIGHTNESS TESTING  3 INTERSTITIAL MONITORING  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 checked="" 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>N/A</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input type="checkbox"/>
--	--	--

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>TRACY W. LUM</u>	DATE <u>1/31/96</u>
--	---------------------

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

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input 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 type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: AC TRANSIT - SEMINARY

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

A. OWNER'S TANK I.D. # <u>D4-13</u>	B. MANUFACTURED BY: <u>XEXERS</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>8/6</u>	D. TANK CAPACITY IN GALLONS: <u>8,000</u>

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

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input checked="" type="checkbox"/> OIL	B. <input type="checkbox"/> 1 PRODUCT	C. <input 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 checked="" type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)	

D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED AUTO TRANS - FLUID 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 checked="" type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		<input type="checkbox"/> 95 UNKNOWN
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input checked="" type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) <u>96</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>96</u>

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

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

**V. TANK LEAK DETECTION**

<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input checked="" 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>N/A</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input type="checkbox"/>
--	--	--

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

APPLICANT'S NAME (PRINTED & SIGNATURE) TRACY W. LUM *Tracy W. Lum* DATE 1/31/96

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

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input 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 type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: \_\_\_\_\_

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

A. OWNER'S TANK I.D.# <u>D4-14</u>	B. MANUFACTURED BY: <u>XERXES</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>8/6</u>	D. TANK CAPACITY IN GALLONS: <u>8,000</u>

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

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input checked="" type="checkbox"/> 4 OIL	B. <input type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 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 checked="" type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 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 checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
			<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER _____
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER _____
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) <u>96</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>96</u>

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

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

**V. TANK LEAK DETECTION**

<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input checked="" 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>N/A</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input type="checkbox"/>
--	--	--

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>TRACY W. LUM</u>	DATE <u>1/31/96</u>
--	---------------------

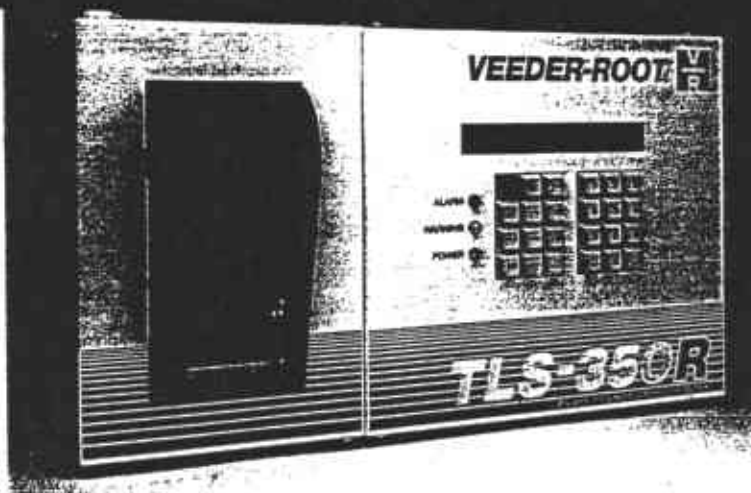
**LOCAL AGENCY USE ONLY** THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE		

# NEW! TLS-350R

Environmental & Inventory Management System

- ▶ *Accurate inventory reconciliation for improved business management and inventory control*
- ▶ *Automatic operation saves time and money*
- ▶ *Variances are quickly revealed so you can identify their source*
- ▶ *Reconciliation reports document compliance with federal, state and local requirements*
- ▶ *The tank gauge provides essential regulatory compliance, business management, and communication features — Business Inventory Reconciliation adds even more value to the system*
- ▶ *TLS-350R with CSLD improves profits for 24-hour operations — no lost fuel sales due to tank shutdown*



- ▶ *Automatic compliance reporting with CSLD — approved monthly monitoring with test evaluation results every 24 hours. No operator involvement. No need to schedule tests*

- ▶ *Accurate CSLD leak evaluations mean fewer false alarms — lower maintenance and service costs*
- ▶ *TLS-350R provides the opportunity to adapt to changing needs quickly and simply — without changing or adding systems*
- ▶ *TLS-350R keeps you competitive by allowing simple upgrades as advances in leak detection and management technologies become available*

The new TLS-350R Environmental & Inventory Management System adds even more business and compliance value to automatic tank gauging with a highly advanced, automatic inventory management capability — Business Inventory Reconciliation.

It saves you time and money and automatically delivers accurate, reliable reconciliation reports for improved business and compliance management.

### **Accurate, Automatic Business Inventory Reconciliation for Improved Business Management**

Business Inventory Reconciliation is a self-contained feature of the TLS-350R performing all the data gathering and processing functions necessary for accurate, automatic inventory reconciliation.

TLS-350R takes the time, cost and errors out of inventory reconciliation. It's a fully integrated system that automatically collects meter readings, in-tank inventories and deliveries, then reconciles the totals at the end of each shift, day and period. By taking the prime error sources out of the process, reconciliation is far more accurate and variances can be more positively identified.

TLS-350R continuously monitors fuel level in the tank to provide complete, up-to-date inventory data and information on bulk deliveries to the tank.

It also interfaces directly with electronic dispenser controllers or mechanical dispenser pulsers to automatically access metered sales information.

At the first idle time after the end of the shift, day or period, the TLS-350R takes metered sales and in-tank inventory readings for each product. Inventory and metered sales data are combined with delivery information and any manual adjustments that have been entered. The system then calculates and reports reconciliation.

The calculated inventory is compared to the physical inventory measured by the probe to identify any variances.

### **Choice of reports — from the TLS-350R or remote printer**

The TLS-350R is available with an integral printer, plus it has the ability to interface with a remote printer for even greater reporting capability. It can be programmed to provide reconciliation reports at the end of each of three shifts, daily or periodically.

*(continued)*

# SiteFax *TLS-350 Auto-Dial Fax Capability*

*Transmit inventory, leak test and alarm information from the TLS-350 to any Fax machine – improve business and regulatory compliance management!*



- ▶ *Automatic Fax reports from TLS-350.*
- ▶ *Up to 8 programmable phone numbers.*
- ▶ *Up to 16 reports can be transmitted to each number:*
  - *System status.*
  - *Inventory.*
  - *Deliveries.*
  - *Tank and line leak test results.*
  - *Sensor status.*
  - *Alarm histories.*
- ▶ *Programmable calling times for each number.*
- ▶ *Selectable calling schedule for each number:*
  - *Daily.*
  - *Weekly.*
  - *Monthly.*
  - *Yearly.*
  - *On a specified date.*
- ▶ *Selectable automatic dialing to report any alarm conditions immediately:*
  - *In-tank leak alarms.*
  - *Line leak alarms.*
  - *Leak sensor alarms.*
  - *External Inputs.*
- ▶ *Selectable Fax/Computer/Teletype compatibility.*

SiteFax, Veeder-Root's new programmable Auto-Dial Fax capability for the TLS-350, lets you transmit important inventory, alarm and status information from the TLS-350 directly to Fax machines — automatically, anytime, day or night.

It speeds up and simplifies reporting, helps you keep a closer watch on your operation, and lets you respond more quickly to alarm conditions that may occur.

All you have to do is enter the Fax numbers you want called, select the reports to transmit to each number, enter the time and schedule for each call, and select which alarm conditions will trigger the immediate Auto-Dial Alarm. It's that simple.

And its redial feature makes sure the call gets through if the Fax is busy.

With the programming ability to select specific reports for each Fax number, you can tailor your Fax reporting to the specific needs of your operation. For example, you could send:

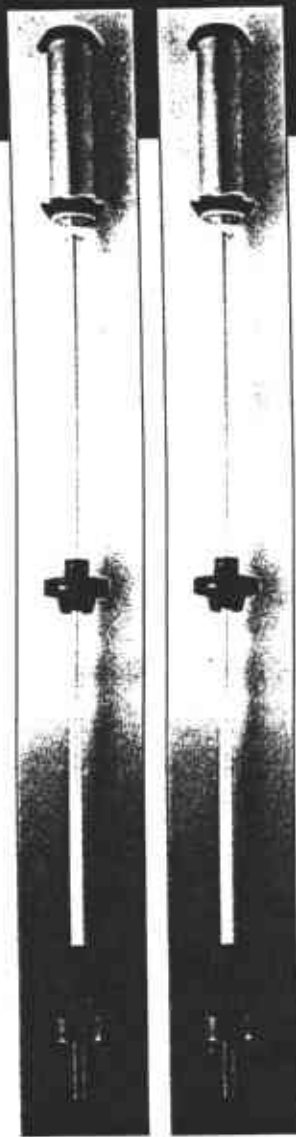
- ▶ Inventory, shift and delivery reports to a district sales office.
- ▶ Inventory reports to a delivery scheduler.
- ▶ System and sensor status reports to a maintenance or service office
- ▶ Alarm messages to a security monitoring service.
- ▶ All reports to a headquarters location.

In addition, SiteFax can be programmed to call computers and teletype machines, making it capable of transmitting data to the vast majority of industry-standard telecommunications devices.

SiteFax. The simplest, fastest, most efficient and effortless way to stay in touch with your fueling site.

# Magnetostrictive Probes for TLS Tank Monitoring Systems

**Certified performance for inventory control and in-tank leak detection in gasolines, diesel and a wide variety of other approved fluids.**



MAG 1

MAG 2

- ▶ **Highly accurate Magnetostrictive measurement technology**
- ▶ **Fast, accurate leak tests**
- ▶ **MAG 1 (0.1 GPH) and MAG 2 (0.2 GPH) probes available**
- ▶ **MAG 1 probe third-party certified to exceed U.S. E.P.A. performance standards for 0.1 GPH Volumetric Tank Tightness Testing**
- ▶ **Mag 1 probe compatible with TLS-350 and TLS-350R with CSLD for continuous statistical leak detection**
- ▶ **MAG 2 probe third-party certified to exceed U.S. E.P.A. performance standards for 0.2 GPH Automatic Tank Gauging**
- ▶ **Compatible with gasolines, diesel and other approved fluids**
- ▶ **Water measurement capability**

▶ **2" and 4" Float Kits available**

## **Series 8473 MAG 1 Probe**

The MAG 1 probe provides highly accurate, trouble-free performance in gasolines, diesel and a wide variety of approved fluids. Its magnetostrictive technology and five-point temperature sensing make it capable of extremely accurate inventory control and in-tank leak testing.

The MAG 1 probe has been third-party tested and certified to perform far better than the U.S. E.P.A. standards for both 0.1 GPH volumetric tank tightness testing and 0.2 GPH automatic tank gauging. See the summary of leak test performance on back or call us for a copy of the complete test results.

## **Series 8473 MAG 2 Probe**

The MAG 2 probe provides the same reliable inventory control features and fluid compatibility as the MAG 1 probe, but offers 0.2 GPH leak detection at a lower cost. It offers MAG probe performance with 0.2 GPH monthly monitoring capability.

The MAG 2 probe has also been third-party tested and certified to exceed U.S. E.P.A. standards for 0.2 G.P.H automatic tank gauging. See the summary of leak test performance on back or call us for a copy of the complete test results.

## **MAG 1 Probe and the TLS-350 with CSLD — Leak detection without shutting down your tanks!**

CSLD, Continuous Statistical Leak Detection, is a new, advanced tank testing technology that makes full use of the TLS-350 and TLS-350R's in-tank monitoring capabilities. CSLD eliminates the need for tank shutdown to perform a leak test — no lost business, no lost operating time!

The TLS-350 and TLS-350R equipped with CSLD use the MAG 1 probe to continuously monitor fuel height and temperature information to detect idle times in the tank. During each idle time, data are collected and combined with information from other idle periods to form a highly accurate leak detection database. Sophisticated statistical analysis techniques in CSLD constantly evaluate the database to discard invalid data and perform leak tests based on only high-quality information in the current database. In fact, a new leak test is performed every time new data from an idle period is added.

It's the next generation in leak detection technology made possible, in part, by the accuracy of the MAG 1 probe!

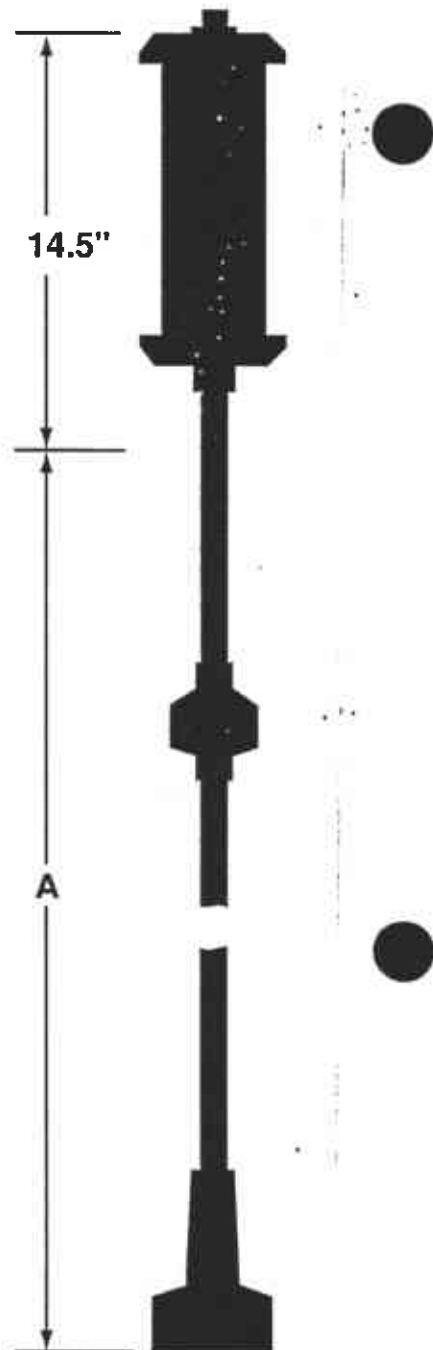
## **Approved for Aboveground Tank Applications**

Veeder-Root Magnetostrictive Probes are approved for use in aboveground storage tanks to monitor fuel inventory. An AST Installation Kit (Form Number 312020-984) is required for these applications and is available from Veeder-Root or your authorized Veeder-Root distributor.

## Standard Models

MAG 1 PROBE FORM NO.*	TANK I.D.**
847390-101	4'
847390-102	5'
847390-103	5'4"
847390-104	6'
847390-105	7'
847390-106	7'6"
847390-107	8'
847390-108	9'
847390-109	10'
847390-110	10'6"
847390-111	11'
847390-112	12'
847390-113	2.0M
847390-114	2.5M
847390-116	2.667M
847390-115	3.0M

MAG 2 PROBE FORM NO.*	TANK I.D.**
847390-201	4'
847390-202	5'
847390-203	5'4"
847390-204	6'
847390-205	7'
847390-206	7'6"
847390-207	8'
847390-208	9'
847390-209	10'
847390-210	10'6"
847390-211	11'
847390-212	12'
847390-213	2.0M
847390-214	2.5M
847390-216	2.667M
847390-215	3.0M



\* Float kits for the specific fuel application must be ordered separately. Kits are available for 4" and 2" floats. See the Veeder-Root Price List for availability.

\*\* Tank I.D. equals the "A" (Probe Length) dimension on the drawing to right of the chart. Probe length (A) must equal Tank I.D.

## Leak Test Performance — with 4" Floats (Third-Party Certified)

PROBE	TEST TYPE	P(D)	P(FA)	TEST TIME
MAG 1	0.1 GPH	99%	1%	3 Hours
MAG 1	0.2 GPH	99%	<.1%	2 Hours
MAG 1w/CSLD	0.2 GPH	99%	<.1%	Continuous
MAG 2	0.2 GPH	99%	<.1%	2 Hours

## Magnetostrictive Probe Console Compatibility

PROBE	TLS-350R*	TLS-350*	TLS-300	TLS-300I	TLS-300C	TLS-250	TLS-250I
MAG 1	.	.	.	.	.	.	.
MAG 2	.	.	.	.	.	.	.

\* A Four-Input Probe Interface Module is required for use of magnetostrictive probes with the TLS-350R or TLS-350 system.

† TLS-350R and TLS-350 systems equipped with the CSLD Software Enhancement are not compatible with 0.2 GPH Mag 2 probes. CSLD requires 0.1 GPH Mag 1 probes.

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## NEW! Direct Burial Cable for use with Veeder-Root Probes and Sensors

- *An alternative method to rigid conduit installations for probes and sensors.*
- *Complete instructions and installation tools provided to guide you through total direct burial cable installation.*
- *Premium 2-conductor cable, 3-conductor cable and filler lengths available from 100' to 2,000'.*

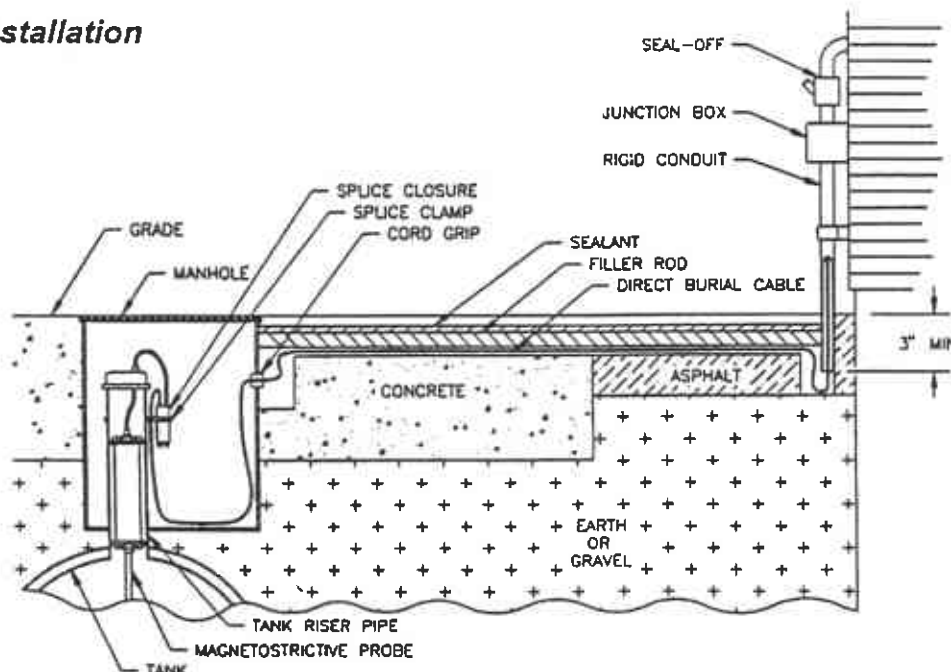
Veeder-Root offers the complete solution to direct burial cable installation. Everything from installation manuals to cables, filler rod, and installation tools are available through your Veeder-Root representative. All of Veeder-Root's premium direct burial cable components are time proven. All you have to supply is the saw.

### Direct Burial Cable Kits

To aid in direct burial cable ordering and installation, Veeder-Root offers the following kits:

- **Direct Burial Cable Site Preparation Kit, Part No. 848100-500**, available at no charge, helps you calculate the direct burial cable and filler rod lengths appropriate for your site. Includes sealant installation guide and Direct Burial Cable Installation Instructions. (One site preparation kit is needed for each site.)
- **Direct Burial Cable Splice Kit, Part No. 848100-501**, includes 12 wire nuts, splice, splice clamp, cord grip, and Direct Burial Cable Installation Instructions. (One splice kit is required for each probe or sensor installed.)
- **Direct Burial Cable Demonstration Kit, Part No. 848100-502**, includes splice sample, Direct Burial Cable Installation Instructions, sealant installation guide, concrete sample, 6" cable and filler rod.

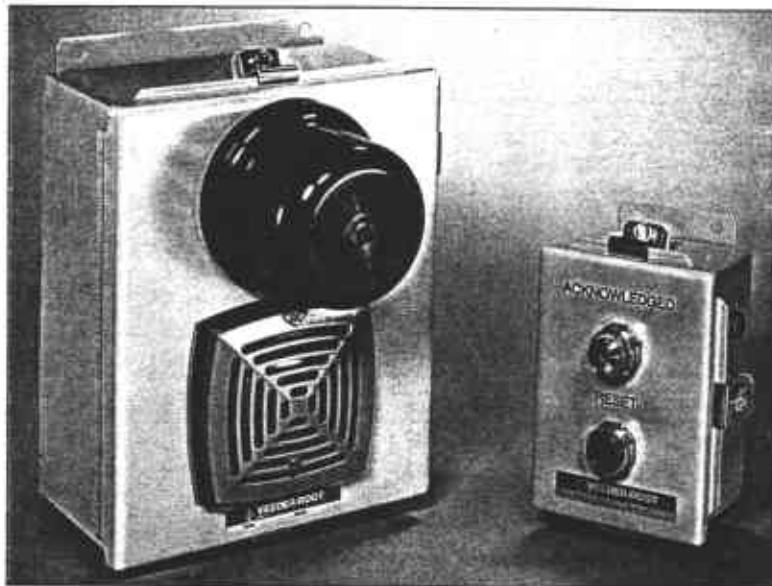
### Direct Burial Installation





# TLS Overfill Alarm and Alarm Acknowledgement Switch

for use with TLS-350, TLS-300, TLS-300i and TLS-250 Systems



relay in a TLS-350R, TLS-350, TLS-300, TLS-300i, TLS-250 or TLS-250i System, the alarm relay activates the TLS overfill alarm horn and light when a potential overfill is detected. All TLS systems have programmable overfill alarm limits that can be set for each tank at a location.

An optional Alarm Acknowledgement Switch is also available for locations where driver intervention is required by local codes. When the driver presses the acknowledgment button, the overfill alarm shuts off and the alarm acknowledgement light illuminates. This light will stay on until the TLS prints an inventory increase report.

▶ Audible horn and flashing light provide an early warning of potential tank bulk delivery overfills.

▶ Wired to one of the built-in alarm relays in a TLS-300, TLS-300i, TLS-250 or TLS-250i System or to an I/O Combination Module or a Four-Relay Output Module in the TLS-350 or TLS-350R.

▶ Programmable overfill alarm limits can be set for each tank at a TLS System location.

\* ▶ Built-in timer lets you adjust length of time that the audible alarm will stay on from 0 to 60 seconds.

▶ Adjust noise level from 78 to 103 dB (at 10 feet).

\* ▶ Optional alarm acknowledgment switch is available for locations where driver intervention is required by local codes.

## Audible and Visual Warnings of Potential Overfills

Veeder-Root's TLS Overfill Alarm provides an early warning of potential tank bulk delivery overfills as required by the Federal regulations governing underground storage tanks. Wired to an alarm

## SPECIFICATIONS

### General

- ▶ Enclosure: Painted steel; NEMA 4; 1/2" conduit connector at bottom of alarm and at left side of, acknowledgement switch.
- ▶ Operating Temperature Range: -40° to +150° F.
- ▶ Supply Voltage: 120 VAC, 50/60 Hz.

### Alarm Unit

- ▶ Actuation: From TLS alarm contact.
- ▶ Audible Alarm:
  - Output: Adjustable "Time On" from 0 to 60 seconds.
- ▶ Visual Alarm:
  - Lamp Rating 25 watt., 120 VAC.
  - Lens: Red Polycarbonate.
  - Flashing Rate: 75 per minute.
- ▶ Dimensions: 11" long, 7" wide, 4" deep.

### Alarm Acknowledgement Switch

- ▶ Function: Turns off alarm unit while actuating acknowledgement lamp.
- ▶ Acknowledgement Lamp: 120 VAC. Amber lens.
- ▶ Dimensions: 7" long, 3" deep.

## Standard Models

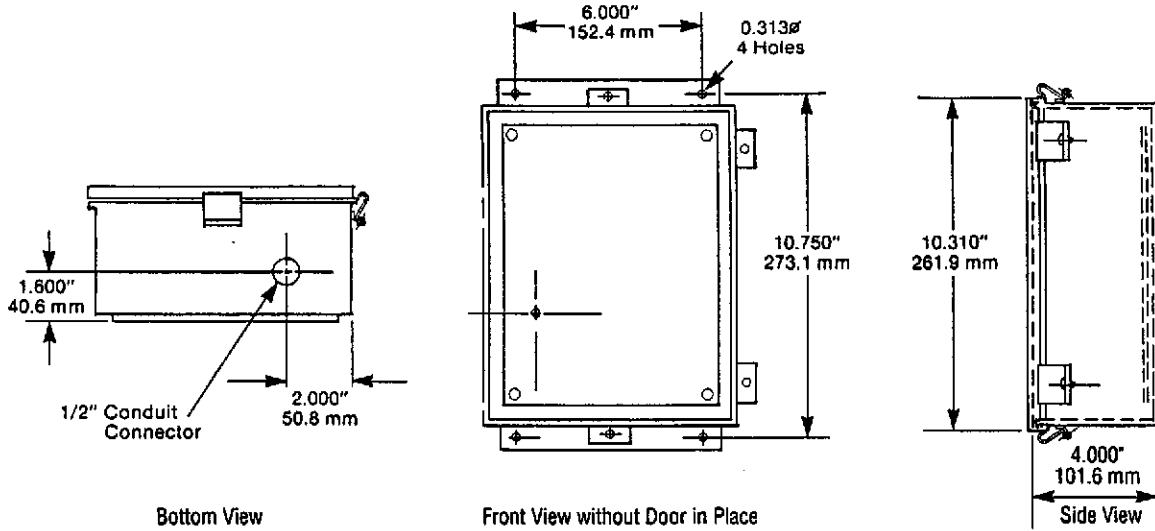
FORM NO.	DESCRIPTION
790091-001	Overfill Alarm
790095-001	Alarm Acknowledgement Switch

## Console Compatibility

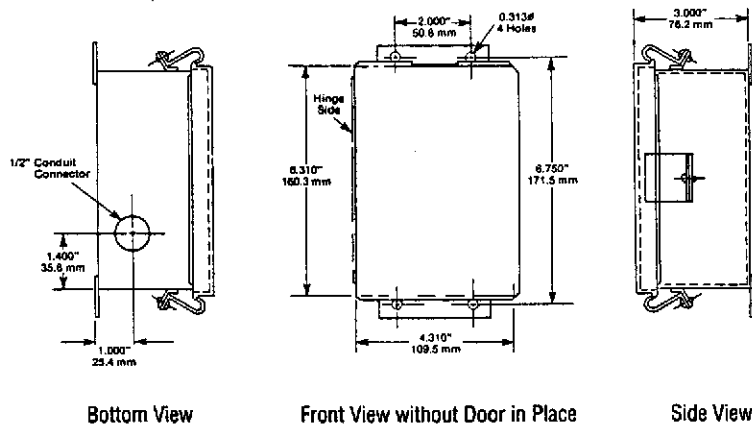
TLS-350R*	TLS-350*	TLS-300	TLS-300i	TLS-250	TLS-250I
Series 8482	Series 8470	Series 8485	Series 8485	Series 7841	Series 7941

\*NOTE: An I/O Combination Module (Form No. 329360-001) or a Four-Relay Output Module (Form No. 329359-001) is required for use of the Overfill Alarm and Alarm Acknowledgement Switch with the TLS-350 or TLS-350R system.

### DIMENSIONS Overfill Alarm



### Alarm Acknowledgement Switch



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## Specifications

<b>Operating Temp.:</b>	-25° to +130°F.
<b>Compatible fuels:</b>	Unleaded gasoline Leaded gasoline 5% methanol/95% unleaded 10% ethanol/90% unleaded 15% MTBE/85% unleaded Diesel Kerosene Jet Fuel Aviation gasoline
<b>Line flow rate:</b>	70 gal./min. max.
<b>Flow restriction:</b>	2.2 psi @ 40 gal./min.

<b>Power requirement:</b>	115 VAC, ± 10%
<b>Piping Length:</b>	875' max. 2" steel; 775' max. 2" fiberglass; 350' max. 3" fiberglass; 500' max. 2" flexible
<b>Housing design:</b>	Explosion-proof
<b>Valve weight:</b>	10 lbs.
<b>Controller weight:</b>	18 lbs.
<b>Dimensions:</b>	Valve: 7.0" L
<b>Controller:</b>	8.0"L x 5.5"W x 6.5"H

\* Contact Veeder Root for approved piping systems

## Typical Installations

Installation of the volumetric Line Leak Detector depends on the size of manhole and the location of the submersible pump and pipeline within the manhole.

The check valve is threaded at both ends for a 2" NPT fitting, and it may be installed in a horizontal or vertical position or at any angle. However, be sure that the two flexible control line fittings are on the side of the check valve closest to the intended location of the controller. Avoid mounting the check valve with flexible fuel line fittings directly on top or bottom of the valve. Be sure the arrow(→) on the check valve housing points in the direction of the fuel flow, and install a shutoff valve between the check valve and product pipeline.

A dielectric union **must** be installed between the check valve and metal product piping. A standard union may be installed if the piping is fiberglass.

If necessary, a flexible piping element can be used as part of the connection between the check valve and product piping.

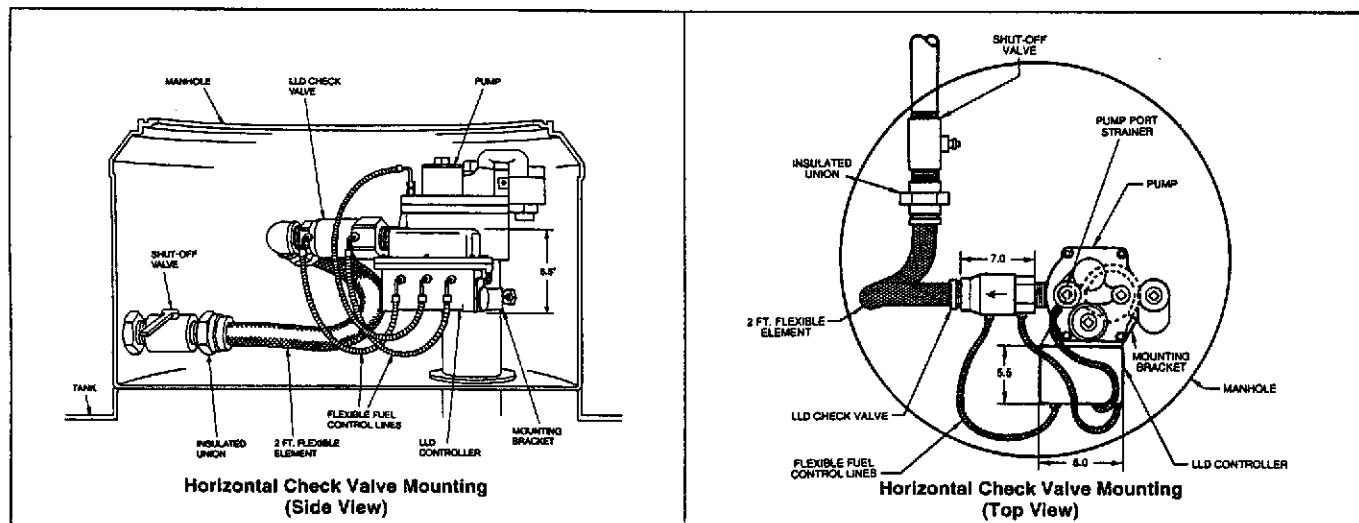
## Line Leak Detector Installation Cable

Installation cable is available to ensure the volumetric Line Leak Detector is installed according to Veeder-Root specifications. The nylon-spiral wrapped wire bundles can be easily pulled through wiring conduit. Color-coded conductors ensure correct interface between the Line Leak Detector controller and the TLS-350 or TLS-350R console module.

FORM NO.	DESCRIPTION
330221-001	250 ft. 8-Conductor Installation Cable**
330221-002	500 ft. 8-Conductor Installation Cable**
330221-101	250 ft. 11-Conductor Installation Cable***
330221-102	500 ft. 11-Conductor Installation Cable***

\*\* 8-conductor cable includes eight #18 AWG conductors.

\*\*\* 11-conductor cable includes, three #12 AWG conductors (for pump power), and eight #18 AWG conductors.



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### Standard Models

FORM NO.	DESCRIPTION
330020-031	Manifold Siphon Break Valve

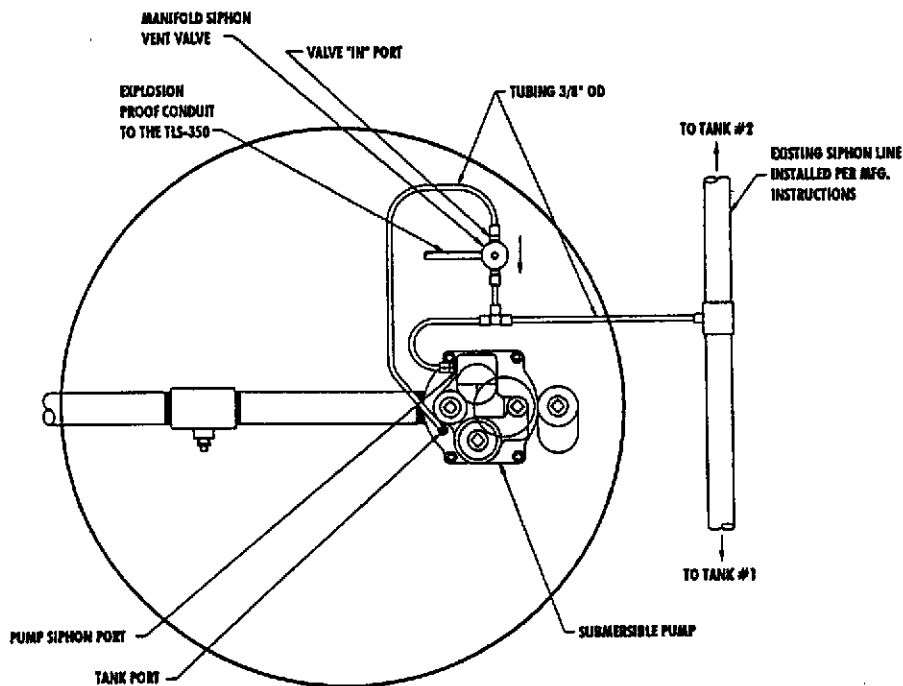
### Console Compatibility

The Manifold Siphon Vent Valve is compatible with the following standard TLS-350 consoles, equipped with either a 4-Relay Interface Module or Two-Input/Two-Relay Output Interface Module:

CONSOLE FORM NO.	DESCRIPTION
847090-002	TLS-350 Monitoring Console without Integral Printer*
847090-022	TLS-350 Monitoring Console with Integral Printer*
848290-102	TLS-350R Management Console without Integral Printer*
848290-122	TLS-350R Management Console with Integral Printer*

\*TLS-350 must be equipped with Version 5 or above software. Manifold Siphon Vent Valve is not compatible with TLS-350 with CSLD or TLS-350R with CSLD.

### TYPICAL INSTALLATION DIAGRAM



### Probe Compatibility

Each manifolded tank must be equipped with one of the following in-tank probe:

PROBE FORM NO.**	DESCRIPTION
847390-1XX	Mag 1 (0.1 GPH) Magnetostrictive Probe
847390-2XX	Mag2 (0.2 GPH) Magnetostrictive Probe

\*\* Refer to Veeder-Root price list for probe lengths and corresponding 3-digit Form Number suffix.

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## Specifications

<b>Operating Temp.:</b>	-25° to +130°F.
<b>Compatible fuels:</b>	Unleaded gasoline Leaded gasoline 5% methanol/95% unleaded 10% ethanol/90% unleaded 15% MTBE/85% unleaded Diesel Kerosene Jet Fuel Aviation gasoline
<b>Line flow rate:</b>	70 gal./min. max.
<b>Flow restriction</b>	
<b>SwiftCheck™:</b>	TBD
<b>In-Line Check:</b>	TBD

<b>Approved Piping*:</b>	2" fiberglass, up to 350' max. length 3" fiberglass, up to 150' max. length
<b>Design:</b>	Intrinsically safe
<b>Operating Range:</b>	0-50 psi.
<b>Proof Pressure:</b>	200 psi.

\* Contact Veeder Root for approved piping systems

## Typical Installations

### SwiftCheck™

The SwiftCheck™ valve installs into the 2" leak detector port on the Red Jacket submersible pump. The Veeder-Root line leak sensor is then screwed into the SwiftCheck™ valve.

Disable the pump's functional element by removing its spring and piston.

### In-Line Check Valve.

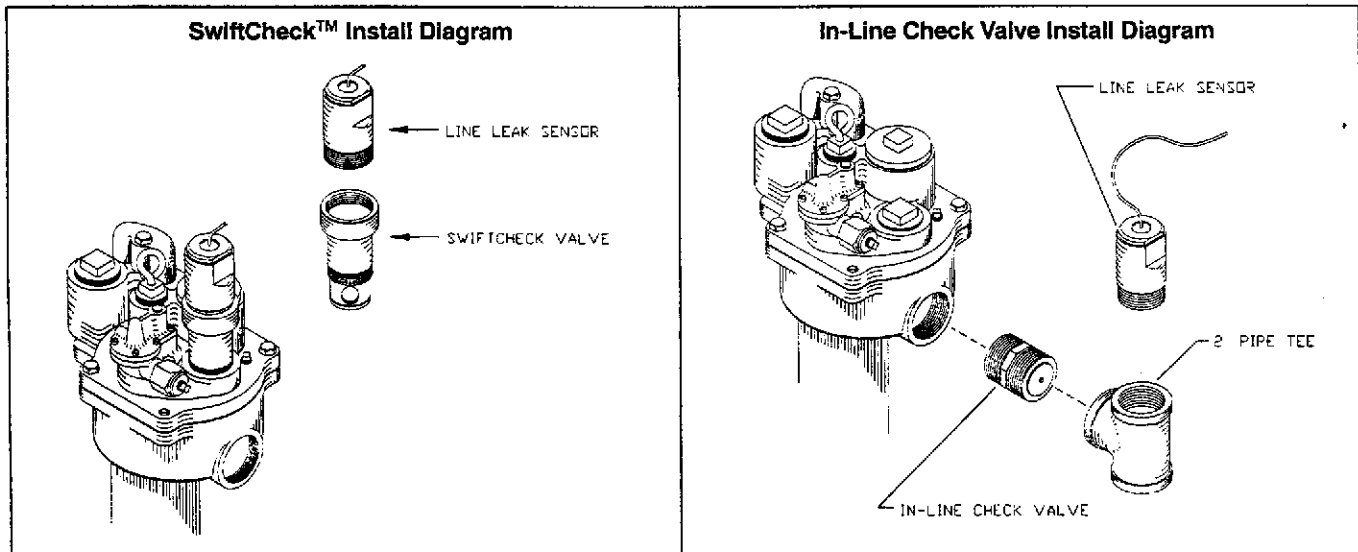
The in-line check valve is threaded at both ends for a 2" NPT fitting and should be installed into the submersible pump discharge. Downstream from the check valve, install a 2" tee, and mount the Veeder-Root line leak sensor into the Tee.

Disable the pump's functional element by removing its spring and piston.

### Pressurized Line Leak Detector Installation Cable

The line leak sensor requires 18 AWG 2 conductor shielded cable such as a Belden 8760. The cable is to be installed in dedicated conduit in accordance with intrinsic safety guidelines.

Veeder-Root also offers direct burial cable for locations where conduit does not exist.



SwiftCheck™ is a trademark of Veeder-Root

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## Standard Models

FORM NUMBER	DESCRIPTION
794390-401	Sensor for 4', 5' Diameter Fiberglass Tank
794390-404	Sensor for 5'4" to 7' Diameter Fiberglass Tank
794390-407	Sensor for 7'6" to 9' Diameter Fiberglass Tank
794390-409	Sensor for 10' to 12' Diameter Fiberglass Tank

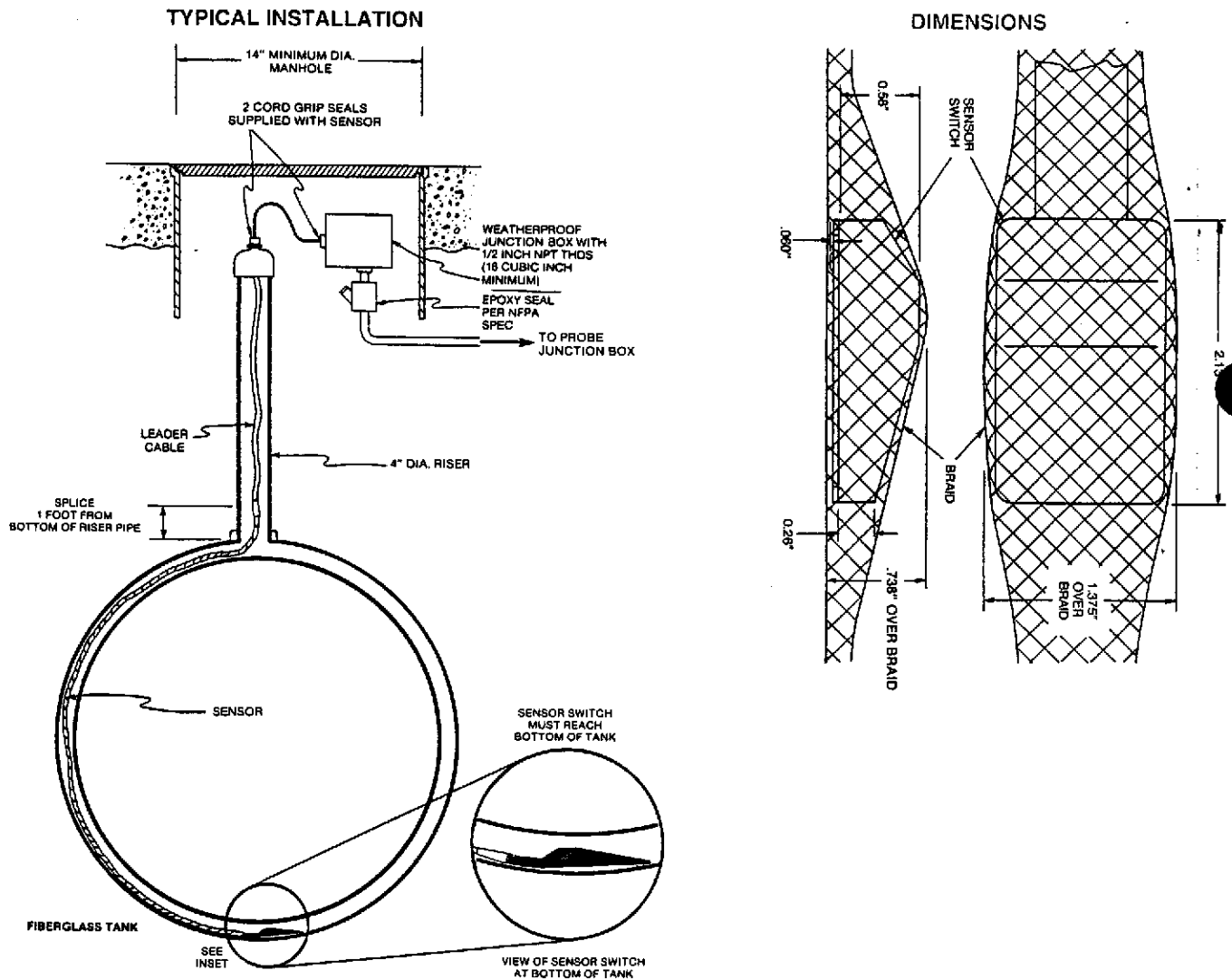
## Interstitial Fiberglass Tank Sensor Console Capability

The Series 7943 Interstitial Fiberglass Tank Sensor is compatible with the following consoles:

TLS-350*	ILS-350**	TLS-300I	TLS-250I	ILS-250
Series 8470	Series 8450	Series 8485	Series 7941	Series 7942

\* NOTE: An Interstitial Sensor Interface Module is required for use of the Interstitial Fiberglass Tank Sensor with the TLS-350 Console.

\*\* NOTE: A Two-Wire Module is required for use of the Interstitial Fiberglass Tank Sensor with the ILS-350 Console.



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## Standard Models

FORM NO.	DESCRIPTION
794300-320	Dispenser Pan Sensor
794300-350	Containment Sump Sensor

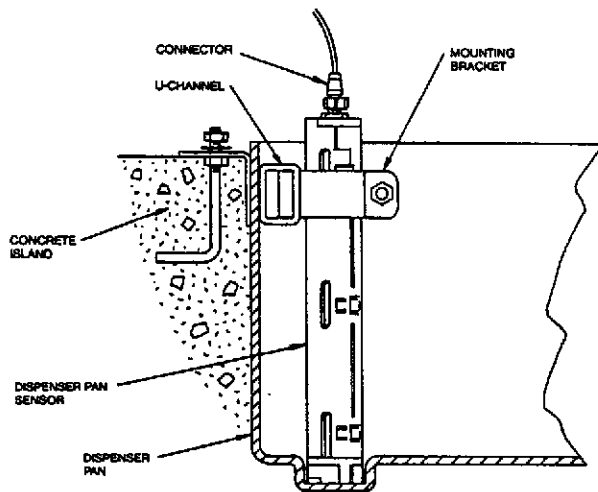
## Dispenser Pan and Containment Sump Sensor Console Compatibility

The Series 7943 Dispenser Pan and Containment Sump Sensors are compatible with the following consoles:

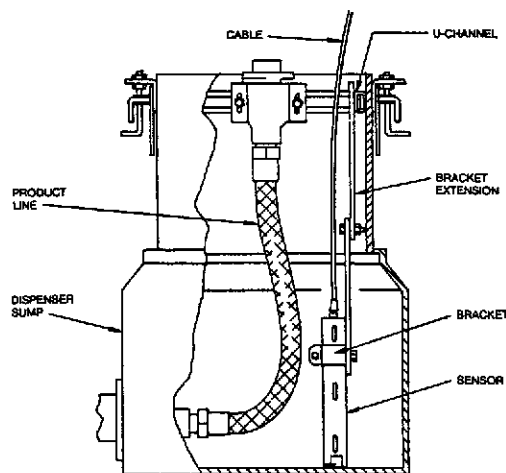
<b>TL5-350 Consoles*</b>
<b>Series 8470</b>

\*Type B Interface Module, Form No. 847490-106, required for Dispenser Pan and Containment Sump Sensors.

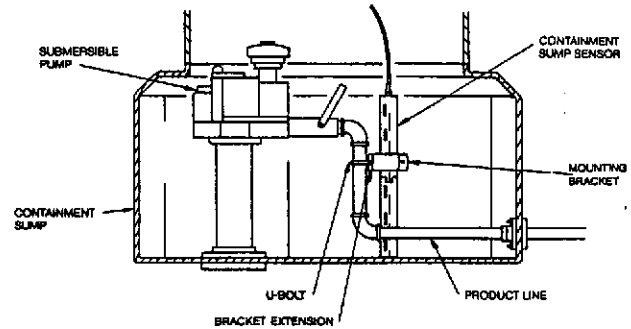
### TYPICAL DISPENSER PAN SENSOR INSTALLATION



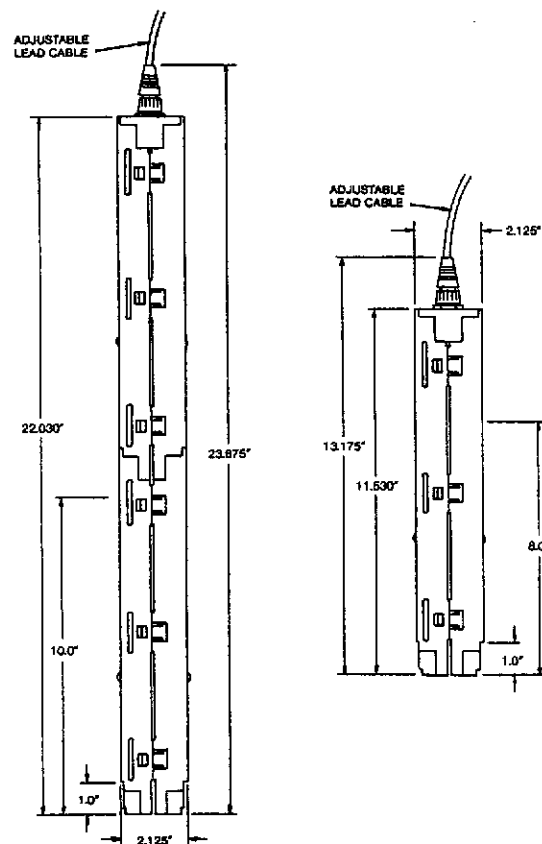
### TYPICAL DISPENSER PAN INSTALLATION IN A DISPENSER CONTAINMENT SUMP



### OPTIONAL CONTAINMENT SUMP SENSOR INSTALLATION



### CONTAINMENT SUMP AND DISPENSER PAN SENSORS DIMENSIONS



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## Standard Models

FORM NO.	DESCRIPTION
794380-341	Discriminating Interstitial Sensor

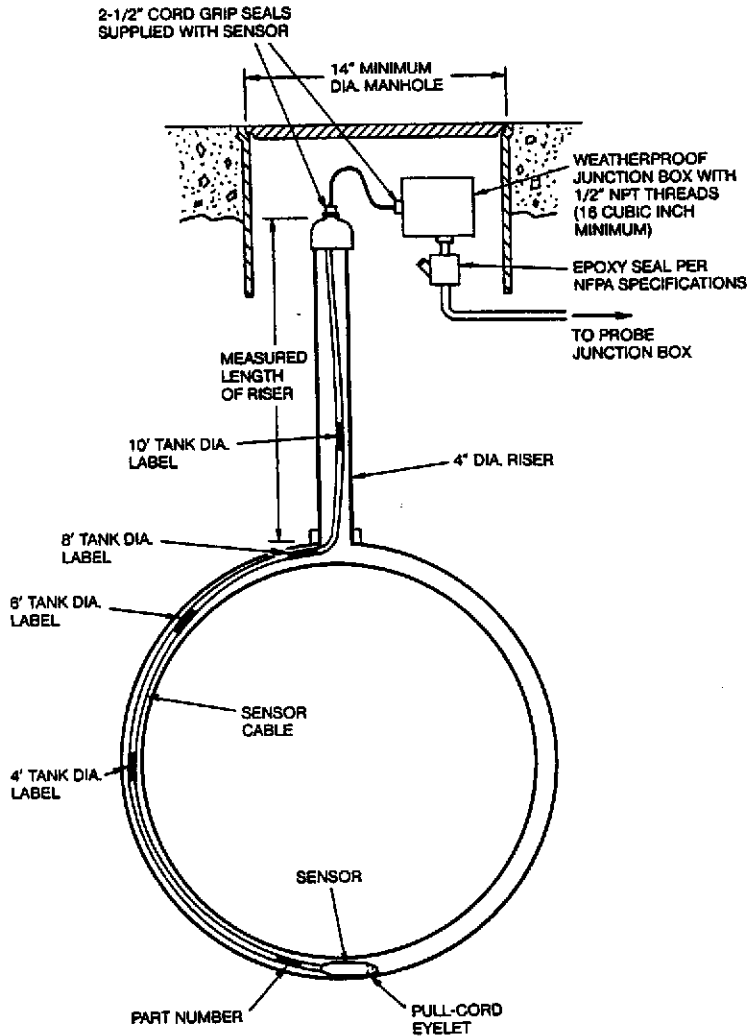
## Discriminating Interstitial Sensor Console Compatibility

The Series 7943 Discriminating Interstitial Sensors are compatible with the following consoles:

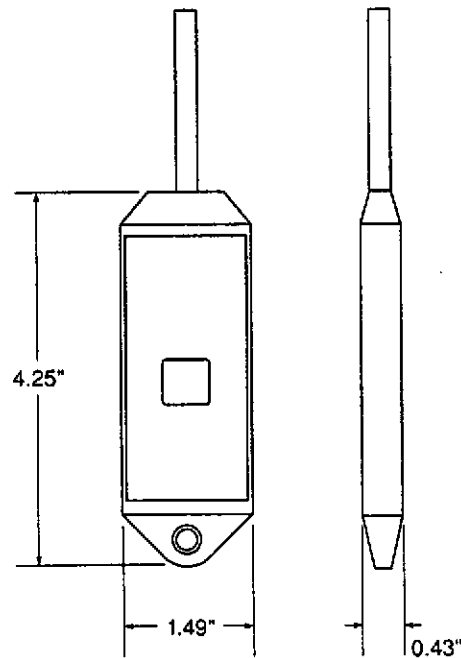
<b>TLS-350 CONSOLES*</b>
Series 8470

\* Type A Interface Module, Form No. 847490-105 required for Discriminating Interstitial Sensors.

### TYPICAL INSTALLATION



### SENSOR DIMENSIONS



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# OPW 1-2100 SERIES SLIP-ON SPILL CONTAINERS

## Economic Slip-On Spill Containers Provide Quick, Easy Installation

The OPW 1-2100 Spill Container Series represents the new standard for spill containment technology, today and into the 21st Century. Designed to be installed onto new or existing UST riser pipes, 2100 Series Slip-On Spill Containers provide a fast, economical way to replace manholes or fill boxes or to install quality spill containment for new sites.

### OPW 1-2100 Series Slip-On Spill Containers feature:

- ◆ **Optional Suction Hand Pump** - Available in an 8 oz. capacity for high-speed evacuation of excess liquid. Allows user to pump product back into tank or properly dispose of product.
- ◆ **Capacity** - Available in a true 5-gallon capacity and an all-new 15-gallon capacity.
- ◆ **Newly Designed Cover** - Available in either cast aluminum or cast iron, this new design incorporates a seal in the cover to help prevent water from entering the spill container.
- ◆ **Fuel Compatibility** - Designed to accommodate the fuels of the future, including methanol, ethanol and fuels with MTBE additives.
- ◆ **Easy Installation** - Mounts directly onto a 4" riser pipe. Reduces job-site time and installation costs: no need to remove, cut or thread riser pipe.
- ◆ **Adapts to 3" Riser Pipe** - Can be adapted to a 3" riser pipe using the OPW 1SK-2105 seal kit.
- ◆ **New and Improved Mounting Ring** - This new design offers better protection against snow plows and provides for easier concrete sloping.
- ◆ **Highway 20 Rated (H20)** - All OPW spill containers and manholes are Highway 20 rated.
- ◆ **CARB Certified**



OPW 1-2105, 5-Gallon



OPW 1-2155, 15-Gallon

# OPW 1-2100 SERIES SLIP-ON SPILL CONTAINERS

Cover: cast aluminum or cast iron  
 Mounting ring: Duragard® coated cast iron  
 Bellows: high density polyethylene  
 Base: Duratuff®  
 Clamps: stainless steel  
 Seals: buna-N

## Ordering Specifications

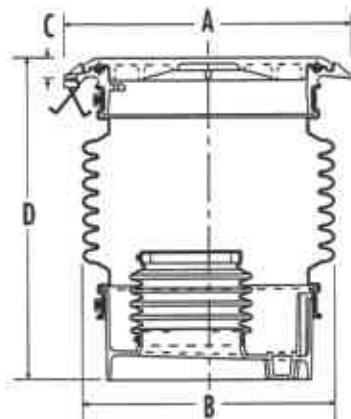
Model	Gal.	Litre	Cover
1-2105	5	18.9	Cast Aluminum
1C-2105	5	18.9	Cast Iron
1-2155	15	56.7	Cast Aluminum
1C-2155	15	56.7	Cast Iron

## Replacement Parts

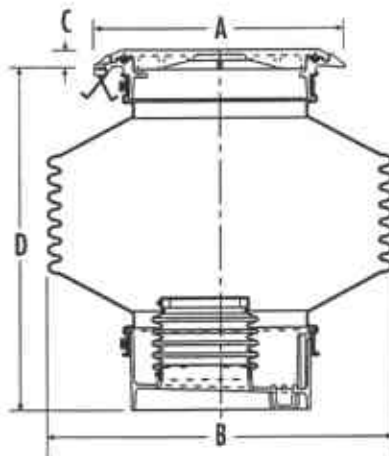
Part No.	Description
H-11295M	Bellow Seal
IP-2105	Pump Kit
ISK-2105	3" Kit
1-21AC	Aluminum Cover w/ Seal
1-21CC	Cast Iron Cover w/ Seal
H-12269M	Cover Seal

## Dimensions

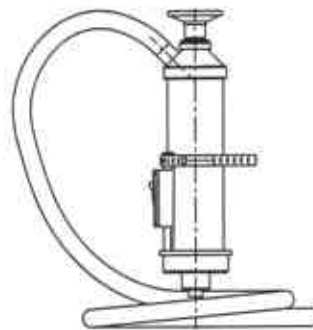
	1-2105		1-2155	
	in.	mm.	in.	mm.
A	16"	406.4	16"	406.4
B	14"	355.6	22"	558.8
C	1 1/8"	28.6	1 1/8"	28.6
D	16 3/4"	425.4	21 1/4"	552.4



OPW 1-2105, 5-Gallon



OPW 1-2155, 15-Gallon



OPW 1P-2100 Suction Hand Pump

# OPW 61SO OVERFILL PREVENTION VALVES

## 61SO Two Point

The OPW 61SO is available in two styles for two point fill, separate product and vapor connection applications. The OPW 61SO replaces the standard tight fill tube in the 4" tank riser pipe. In addition, the 61SOM is available and designed for compatibility with M-85 and M-100 methanol fuels.



## 61SOC Coaxial

The OPW 61SOC is available for coaxial fill, single product/vapor connection applications. This member of the series replaces the standard coaxial tight fill drop tube in the 4" tank riser pipe.



## 61SOP Poppeted Coaxial

The OPW 61SOP is available for poppeted coaxial fill applications and is CARB certified for gasoline vapor recovery systems. Executive order G-70-52AN.



## 61SOR Remote

The OPW 61SOR is designed for two point remote fill applications, where the fill point is not directly over the UST. The 61SOR enables sticking of the tank.



## 61SO-3" Two Point

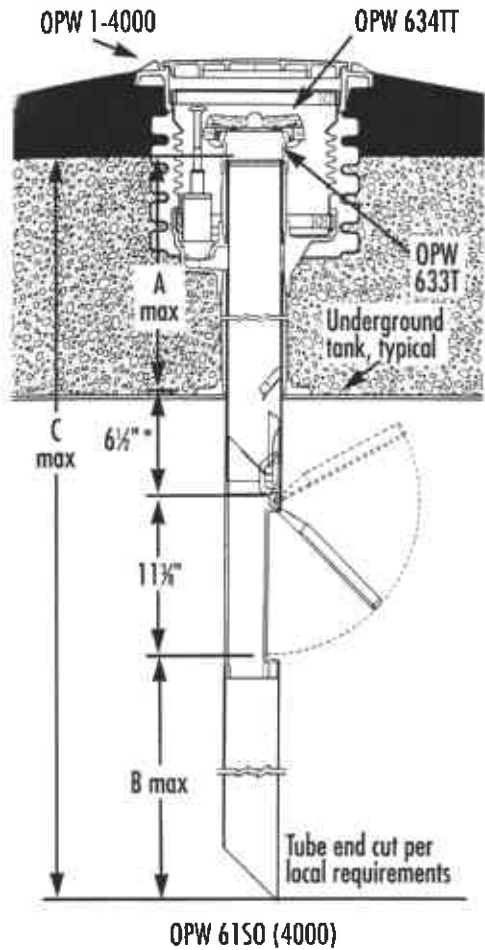
Designed for use with two point fill applications, the OPW 61SO-3000 replaces the tight fill drop tube in 3" tank riser pipes.



# OPW 6150 OVERFILL PREVENTION VALVES

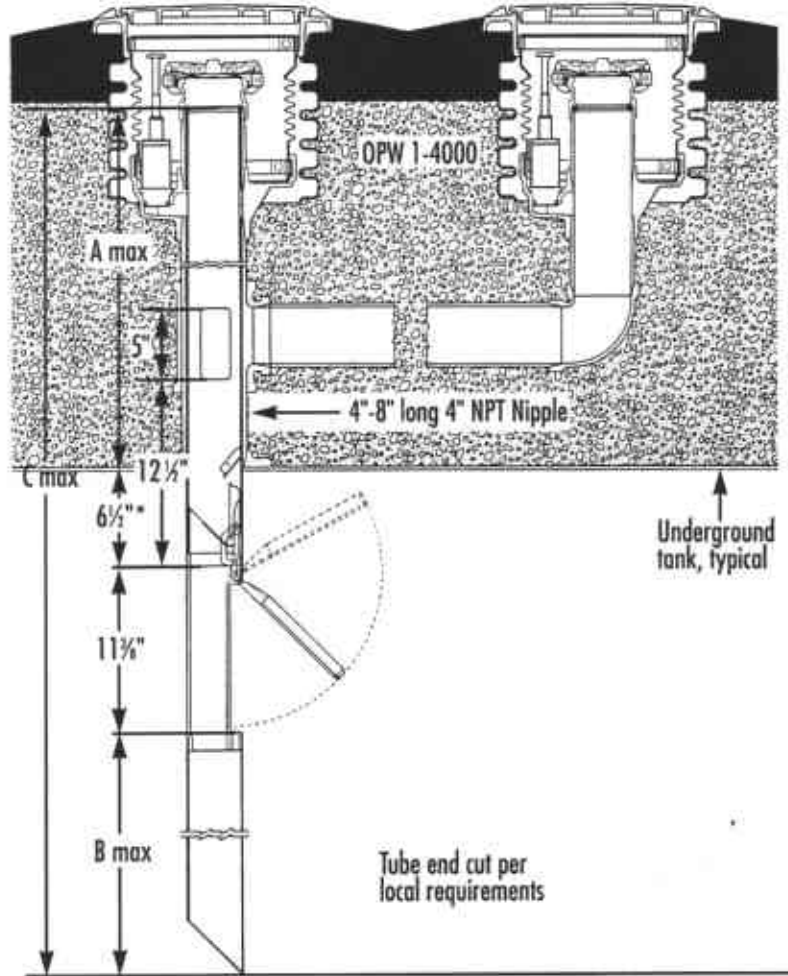
## Typical Application Assembly

Installation schematic typical; exact dimensions will vary with tank configuration.



OPW 6150 (4000)

\* from inside wall of tank to bottom of upper tube



OPW 6150R (4000)

### Ordering Specifications and Dimensions

Product/Suffix Number	Description	A-Upper Tube Length		B-Lower Tube Length		C-Overall Length		Max. Tank Riser Length		Max. Nominal Tank Dia.		Max. Actual Tank Dia.	
		in	mm	in	mm	in	mm	in	mm	in	mm	in	mm
6150-3000	3" two-point	60"	1.5	83"	2.1	155 1/2"	4.0	53 1/2"	1.4	96"	2.5	108"	2.7
6150-4000	Std. two-point	60"	1.5	83"	2.1	154 3/4"	3.9	53 1/2"	1.4	96"	2.4	107"	2.7
6150-4010	Std. two-point	120"	3.1	102"	2.6	233 3/4"	5.9	113 1/2"	2.9	120"	3.1	126"	3.2
6150C-4001	Coaxial	60"	1.5	83"	2.1	154 3/4"	3.9	53 1/2"	1.4	96"	2.4	107"	2.7
6150C-4011	Coaxial	120"	3.1	102"	2.6	233 3/4"	5.9	113 1/2"	2.9	120"	3.1	126"	3.2
6150CM-4000	Coaxial Methanol	120"	3.1	102"	2.6	233 3/4"	5.9	113 1/2"	2.9	120"	3.1	126"	3.2
6150M-4121*	Methanol two-point	120"	3.1	102"	2.6	233 3/4"	5.9	113 1/2"	2.9	120"	3.1	126"	3.2
6150P-4002	Pop. Coaxial	60"	1.5	83"	2.1	154 3/4"	3.9	53 1/2"	1.4	96"	2.4	107"	2.7
6150P-4012	Pop. Coaxial	108"	2.7	102"	2.6	221 1/2"	5.6	101 1/2"	2.6	120"	3.1	126"	3.2
6150R-4000**	Remote	72"	1.8	83"	2.1	166 3/4"	4.2	65 1/2"	1.7	96"	2.4	107"	2.7
6150RM-4000***	Remote Methanol	72"	1.8	102"	2.6	185 1/4"	4.7	65 1/2"	1.7	120"	3.1	126"	3.2

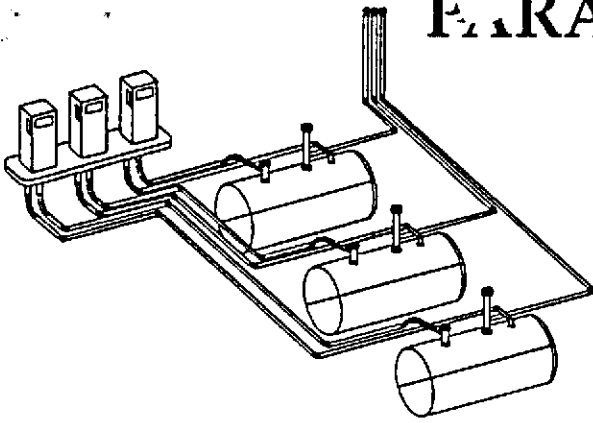
\*For use with M85 & M100 methanol fuels \*\*Remote fill applications (Allows sticking of tank) \*\*\*Remote fill, methanol

# PARADISO MECHANICAL, INC.

GENERAL & PETROLEUM CONTRACTORS  
and ENVIRONMENTAL SERVICES

P.O. BOX 1836  
2600 WILLIAMS STREET  
SAN LEANDRO, CA 94577

LICENSE NO. 677909  
PHONE (510) 614-8390  
FAX (510) 614-8396



S I T E   H E A L T H  
&  
S A F E T Y   P L A N

AC TRANSIT  
EAST OAKLAND MAINTENANCE FACILITY  
2100 SEMINARY DRIVE  
OAKLAND

PARADISO PROJECT #95-380

NOVEMBER, 1995

**EMERGENCY INFORMATION**

**IN CASE OF AN EMERGENCY, USE THIS SHEET**

**EMERGENCY PHONE NO:**

**911**

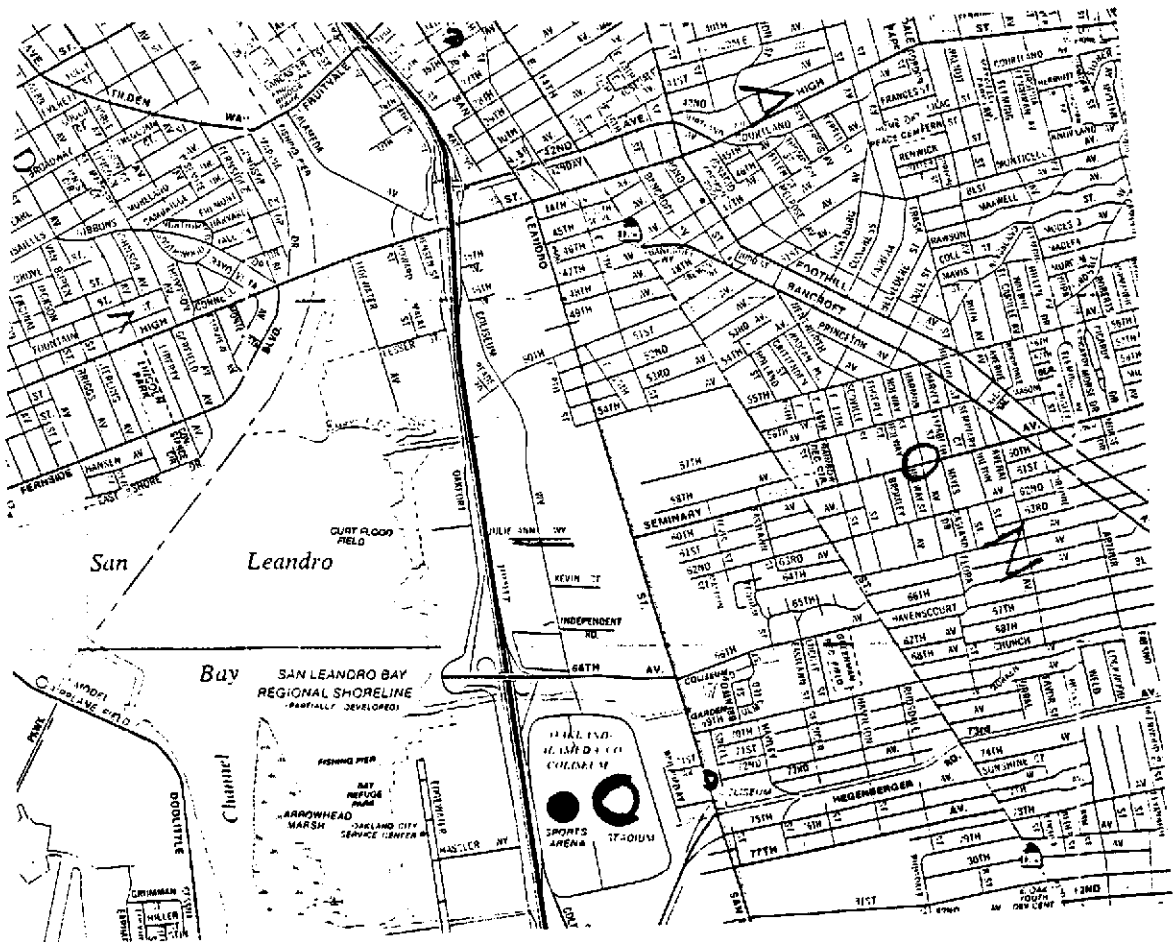
**SITE ADDRESS:**

**2100 SEMINARY AVENUE  
OAKLAND**

**NEAREST INTERSECTION:**

**HARMON**

**SITE LOCATION**



C O N T E N T S

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## 1.0 INTRODUCTION

Paradiso Mechanical will furnish labor and equipment to upgrade underground storage tank monitoring system.

This Health & Safety Plan is based on the work plan activities and the requirements of Title 29 of the Code of Federal Regulations, Section 1910.120 (29 CFR 1910.120).

## 2.0 WORK ACTIVITIES

The following subsections provide a description of the various work performed at the site, as well as health and safety hazards associated with each task.

### 2.1 SITE SECURITY

Access during all on-site activities will be restricted to authorized personnel. All personnel and authorized visitors must contact the Site Foreman/Safety Coordinator prior to entering and exiting the site.

## 3.0 ON-SITE ORGANIZATION

Each person shall be responsible for following the Health and Safety Plan's guidelines at the site. The Safety Officer is the appointed Foreman and his duties are as follows:

- Ensure that the Health and Safety Plan is implemented;
- Conduct "tailgate" meetings on a weekly basis and document items discussed;
- Conditions may change on site. Determine extent and conduct "tailgate" meetings on a basis that relates to conditions on site. Document items discussed.
- Stop work if the health and safety of workers is in question;
- Observe workers for signs and symptoms of exposure or heat stress;
- Evaluate the effectiveness of the personal protective equipment program on an ongoing basis and upgrade the program as needed;
- Inform the Field Supervisor of any deficiencies or changes in health and safety practices;



- Perform daily review of the work practices and compliances with this Health and Safety Plan;
- Determine exclusion zones and assign personnel duties at each zone in case of an emergency;
- Prevent unauthorized personnel or equipment from entering the exclusion zones;

All essential and nonessential personnel entering or exiting any of the exclusion zones must comply with health and safety practices and procedures described in this Health and Safety Plan.

### 3.1 PROJECT CONTACTS

Unanticipated occurrences at the site must be reported to the following personnel as soon as possible:

- |   |   |              |
|---|---|--------------|
| - | ERIC V. MONTESANO, Safety Coordinator<br>Paradiso Mechanical, Inc.<br>San Leandro, CA 94577 | 510-614-8390 |
| - | PAUL PARADISO, Project Manager<br>Paradiso Mechanical, Inc.<br>San Leandro, CA 94577        | 510-614-8390 |
| - | BRUCE KING, Engineer<br>AC Transit Company<br>Oakland, Ca. 94603                            | 510 577-8869 |

### 3.2 HEALTH AND SAFETY HAZARDS

Health and safety concerns on site may consist of:

- Chemical hazards:
  - Diesel, Gasoline, Benzene, Toluene, Ethyl Benzene and Xylenes.
- Physical hazards:
  - Operation of heavy equipment;
  - Semi-Trucks/Automobiles and other vehicle traffic;
  - Excavation pits/trenches;
  - Underground electrical, water and sewer lines.

### 3.3 HAZARD ANALYSIS

To the best of our knowledge, the property previously operated gasoline, diesel, and waste oil tanks. Historic data and evaluation of subsurface data indicates the presence of elevated levels of petroleum hydrocarbons.

### 3.4 EXPOSURE PREVENTION AND SAFETY REQUIREMENTS

This section describes the hazard and danger of exposure to chemicals and physical hazards present at the site. Possible contingency plans and safety requirements are also presented on this section.

#### 3.4.1 HAZARD EXPOSURE GUIDELINES

Substances	CAL OSHA PEL	1990-91 ZSVHOJ/ TLV
Benzene	1 ppm (TWA) 25 ppm (Ceiling)	1 ppm (TWA)
Toluene	100 ppm (TWA) 150 ppm (STEL)	100 ppm (TWA) 150 ppm (STEL)
Ethylbenzene	100 ppm (TWA) 125 ppm (STEL)	100 ppm (TWA) 125 ppm (STEL)
Xylene	100 ppm (TWA) 150 ppm (STEL)	100 ppm (TWA) 150 ppm (STEL)
Gasoline	300 ppm (TWA) 500 ppm (STEL)	300 ppm (TWA) 500 ppm (STEL)

Oil Mist	5 mg/m <sup>3</sup> (TWA) 10 mg/m <sup>3</sup> (STEL)	5 mg/m <sup>3</sup> (TWA) 10 mg/m <sup>3</sup> (STEL)
Petroleum Distillates	400 ppm (TWA)	400 ppm (TWA)

### 3.4.2 DIESEL & GASOLINE FUEL HAZARDS

A. Eye and skin exposure hazards: irritant

In case of exposure:

- Remove contaminated clothing and shoes;
- Flush affected areas with plenty of water for a minimum of 15 minutes;
- IF IN EYE, hold eyelids open and flush with plenty of water for a minimum of 15 minutes;
- If irritation or discomfort continues, seek medical aid immediately.

B. Internal exposure hazards: Harmful if swallowed.

In case of exposure:

- Seek medical attention;
- If victim is CONSCIOUS have victim drink water or milk;
- DO NOT INDUCE VOMITING.

C. Fire hazards: Combustible

Since flammable or combustible vapors are likely to be present, all potential sources of ignition must be eliminated. Caution must be taken to prevent the discharge of static electricity and to prevent accumulations of vapor at ground level. A combustible gas indicator should be used continuously to check hazardous vapor concentrations, lower explosive limit (LEL). Alarm of the combustible gas indicator should be set at 20% of LEL. Under alarm conditions, all work activities will cease and the area will be evacuated until the combustible vapor concentration can be controlled below 20% of the LEL. All open flame or spark-producing equipment in the area should be shut down and any electrical equipment used must be explosion proof.

In case of fire:

- Extinguish with dry chemical, foam or carbon dioxide.
- If fire cannot be extinguished within 30 seconds, call Fire Department immediately.
- Water may be ineffective on fire.

#### 3.4.3 TRAFFIC HAZARDS

Stay at least 10 feet away from moving equipment. If closer than 10 feet:

- 1) Keep equipment in sight at all times;
- 2) Inform the operator of your location at all times.

The working area will be closed to traffic with barricades, caution tape, cones and other traffic control equipment. If the area cannot be barricaded, a flagperson will be assigned to direct traffic.

No unauthorized or unessential vehicles will be allowed to enter the barricaded area.

#### 3.4.4 OPEN EXCAVATION PIT HAZARDS

Open excavation pits shall be clearly marked and barricaded. No confined space entry will be allowed. If a person falls into an open pit:

- DO NOT ENTER THE EXCAVATION PIT.
- If the person is conscious and can move, lower a ladder into the pit so that the person can climb out.
- If the person is unconscious, call the Fire Department.

#### 3.4.5 UNDERGROUND POWER LINE HAZARDS

Call U.S. Alert at least 3 days before commencing excavation work. The owner will identify aboveground structures and utilities and will provide as-built blueprints for contractor use prior to start of project. If the location of underground utilities such as water, sewer or electrical lines is still unclear, the contractor will obtain the service of a utility location company before beginning any excavation. An area for excavated soil stockpile will be provided adjacent to the excavation.

If a power line is discovered or damaged during the work:

- Stop all activities.
- Stop all engines, mechanical and electrical equipment.
- Call Utility Company/U.S. Alert immediately.  
(U.S. Alert - 1-800-642-2444)

In case of electrical injury:

- Shut off the source of electrical power before attempting rescue or treatment.
- Seek professional electrical personnel (Fire Department) to assist in rescue.
- Beware of, and expect, live electrical currents.

#### 3.4.6 PERSONNEL SAFETY EQUIPMENT

The following personal protective equipment will be required AT ALL TIMES:

- Hard Hat
- Steel-toed shoes
- Safety glasses
- Nitrile gloves (required for personnel who will come in contact with soil or groundwater).

The following personal protective equipment will be optional or required as the need arises:

- Hearing protection equipment
- Coveralls - disposable (Tyvek), or fabric (any chemical protective needs).
- Gloves

Additional protection requirements are described in Section 6.0.

### 3.4.7 GENERAL SAFETY EQUIPMENT

The following equipment must be available and easily accessible for use:

- First Aid Kit
- Fire extinguishers (Foam, dry chemical or carbon dioxide)

Each company vehicle is equipped with the following items:

- First Aid Kit
- Fire Extinguisher
- "Stop/Slow" traffic signs
- Warning Triangle/Flair Kit

### 4.0 TRAINING

All personnel who may be exposed to onsite contaminants must provide documentation of the following:

- Current certification of 40 hours of (OSHA) classroom instruction/hands-on training to include:
  - Three days of field experience under the supervision of an experienced supervisor.
  - Eight hours of annual classroom refresher training.
- Eight hours of supervisory training if a team member is a designated supervisor.
- Hazard communications training.

### 5.0 PROJECT-SPECIFIC TRAINING

Project-specific training and information will be provided either before traveling to the site or at the site before entry into the exclusion zone. The information and training will be documented and will include the following:

- The contents of this Health and Safety Plan
- A discussion of the health and safety hazards; protective measures and work practices for handling contaminated soil, water or equipment.

## 6.0 LEVELS OF PROTECTION FOR EACH WORK ZONE

Protective equipment has been selected for use in each work zone based on anticipated hazards. Specific protective equipment requirements are as follows:

- Exclusion zone - Level D protection will be required within the exclusion zone for any workers engaged in sample collection or other activities on site. Level D protection will include a hard hat, steel-toed boots, safety glasses, hearing protection, and Nitrile gloves. Coveralls are optional but recommended.
- Level C protection will be required if PID readings exceeding 100 ppm total volatile organics over background concentration are recorded in the workers breathing zone. Level C protection will consist of disposable Tyvek coveralls, steel-toed boots, chemical resistant boot covers, splash goggles, chemical resistant disposable gloves (inner) and chemical resistant outer gloves. MSHA/NIOSH approved half-face or full face air-purifying respirator with dual organic vapor cartridges.
- Support Zone - No specific requirements.

### 6.0.1 ASBESTOS

Protective Clothing: Whenever there is a need for removing material containing asbestos, Contractor shall provide the following protective clothing or equipment and respirators.

- Full body disposable coveralls;
- Disposable shoe covers & hood;
- Impermeable gloves;
- Approved half mask or full face respirator with HEPA filter cartridge as a minimum;
- All protective clothing shall be handled and disposed in accordance with the applicable laws.

Asbestos Caution signs shall be displayed at all entrances to the work area in accordance with applicable laws.

## 7.0 WASTE HANDLING AND DISPOSAL

The waste handling procedures discussed in the work plan will be followed. Waste generated by implementation of this Health and Safety program may include spent protective clothing such as Tyvek suits, gloves and wash and rinse solutions. Protective clothing will be collected in a lined container. Liquid wastes will be collected and pumped or poured into holding tanks with equipment decontamination rinsate.

## 8.0 PERSONAL INJURY

In case of a minor personal injury, general first aid procedures should be implemented. A first aid kit will be available at the site at all times. More serious injuries may require assistance from paramedics. The Field Foreman or another designated person will contact the appropriate emergency personnel by dialing 911. Field Foreman or another designated person will contact the Safety Coordinator immediately following contact of medical personnel.



9.0            EMERGENCY PHONE NUMBERS

HOSPITAL LOCATIONS ON NEXT PAGE

Highland Hospital  
1411 E. 31st/14th Ave.  
Oakland, Ca. 94602  
510 534-8055

ReadiCare  
7817 Oakport Street  
Oakland, Ca 94621  
510 638-0701  
X St: Roland

AMBULANCE

CALL 911

FIRE DEPARTMENT

CALL 911

POLICE DEPARTMENT

CALL 911

AGENCY TELEPHONE NUMBERS:

National Response Center  
800-424-8802

California Department of Health Services  
510 271-4320

Regional Water Quality Control Board  
510 286-1255

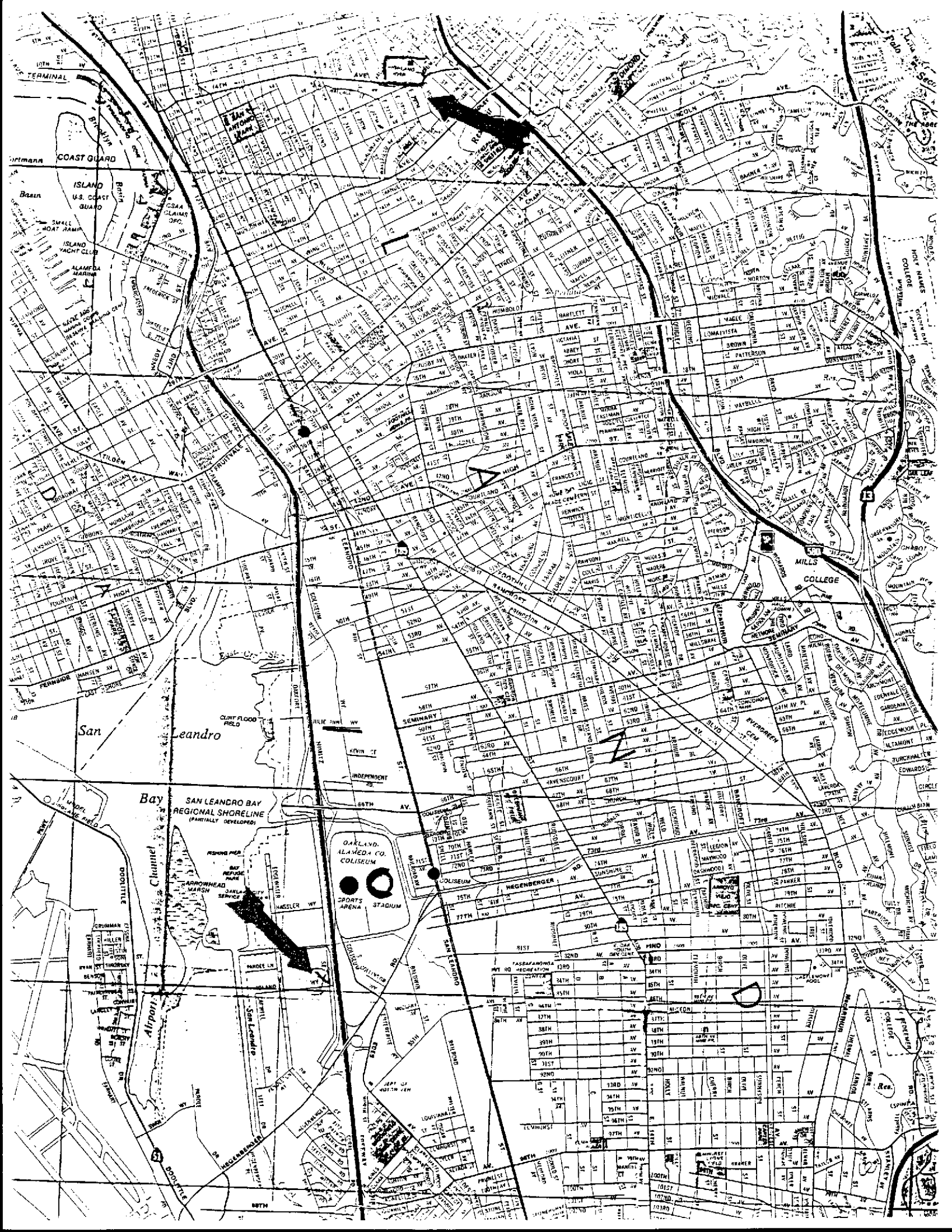
Bay Area Air Quality Management District  
415-771-6000

Environmental Protection Agency  
415-974-8076

Chemtrec  
800-424-9300

Department of Transportation  
510 286-4444

U.S. Alert Services  
800-642-2444



TO WHOM IT MAY CONCERN:

PARADISO MECHANICAL, INC. FIELD EMPLOYEES HAVE RECEIVED THE 40 HOUR TRAINING REQUIREMENT UNDER OSHA STANDARD 29CFR1910.120 HAZARDOUS WASTE OPERATIONS AND EMERGENCY RESPONSE TRAINING. ALL FIELD EMPLOYEES COMPLETED SUCH TRAINING FROM THE OCCUPATIONAL HEALTH AND SAFETY GROUP, INC., SANTA CLARA, CALIFORNIA, AND RECEIVED CERTIFICATES FOR COMPLETION OF SUCH TRAINING. CERTIFICATES ARE LOCATED AT THE HEAD OFFICE. FIELD EMPLOYEES HAVE IN THEIR POSSESSION AT ALL TIMES THE 40 HOUR OSHA TRAINING WALLET CARD.

MAY 1991

JOB: AC TRANSIT DIST.  
2100 Seminary Avenue  
Oakland, Ca.

#380

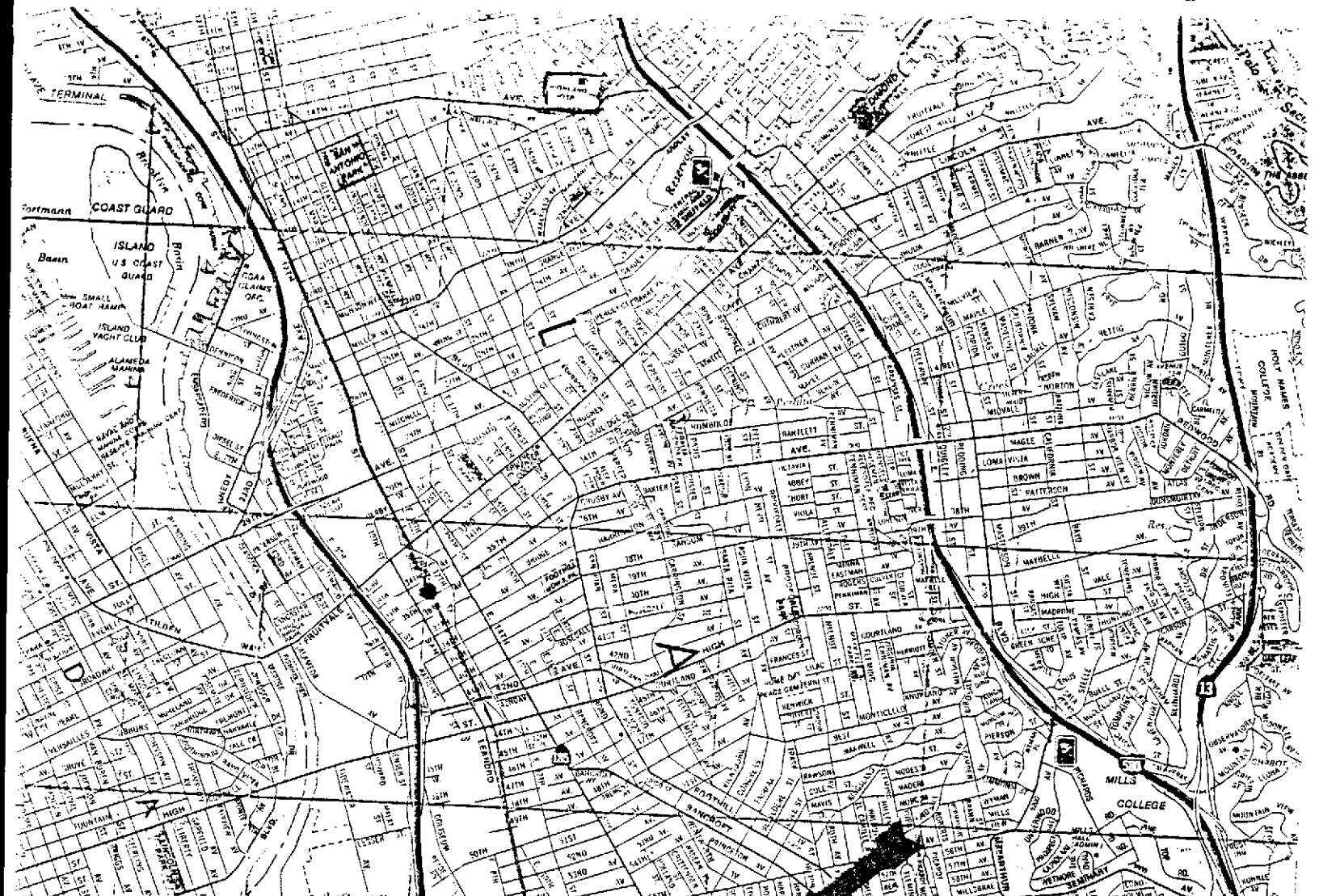
SIGNATURE SHEET

I have read the attached Site Health and Safety Plan for  
this project and understand the contents therein.

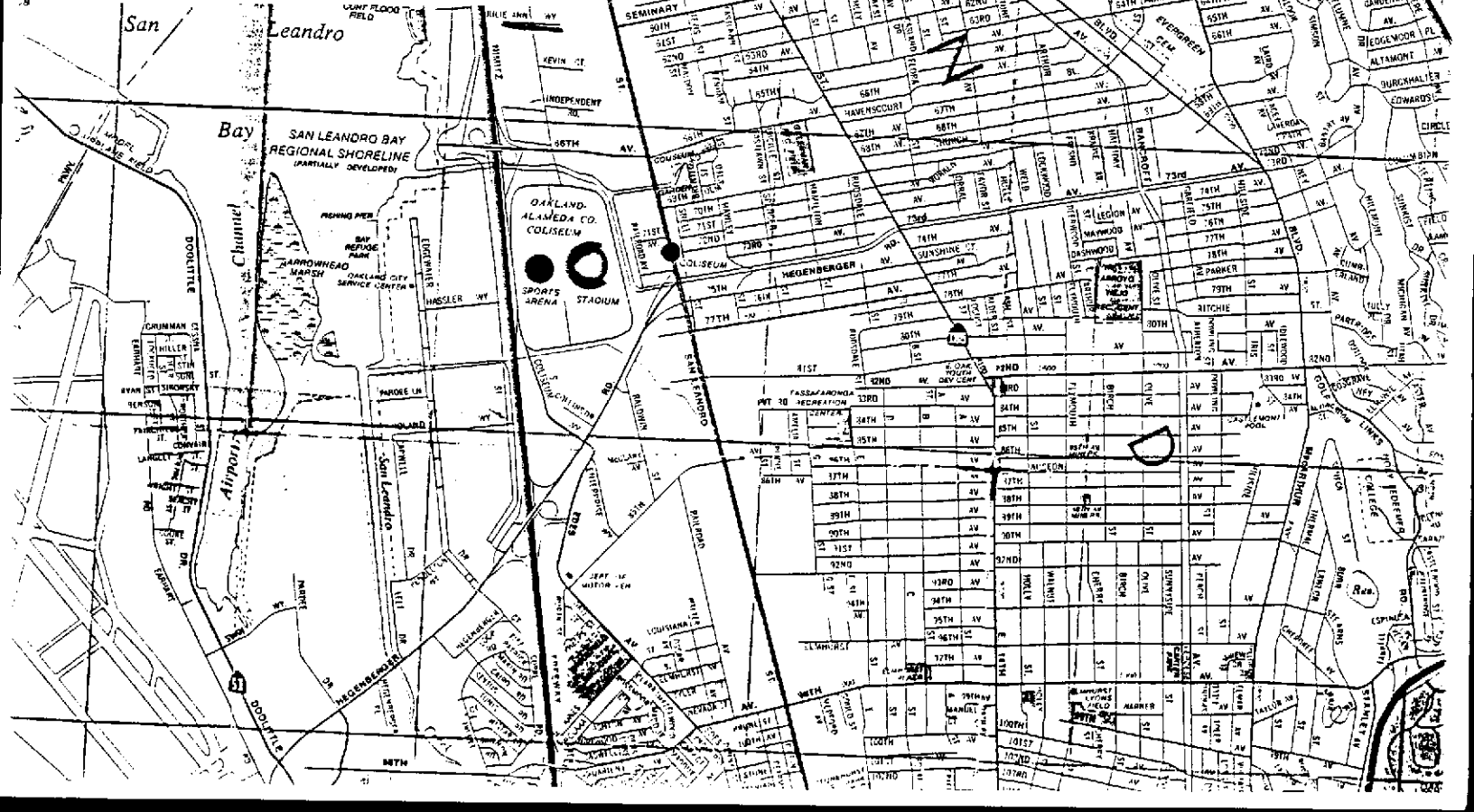
NAME

DATE

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AC TRANSIT  
2100 Seminary Drive  
Oakland





State of California  
CONTRACTORS STATE LICENSE BOARD  
ACTIVE LICENSE



License Number **677909** Entity **CORP**

Business Name **PARADISO MECHANICAL INC**

Classification(s) **B C-8 C10 C61/D23 HAZ A**

Expiration Date **09/30/97**



STATE OF CALIFORNIA

STATE AND CONSUMER SERVICES AGENCY CONTRACTORS STATE LICENSE BOARD



*Building Quality*



## HAZARDOUS SUBSTANCES REMOVAL AND REMEDIAL ACTIONS CERTIFICATION

Pursuant to the provisions of Section 7058.7 of the Business and Professions Code, the Registrar of Contractors does hereby certify that the following qualifying person has successfully completed the hazardous substances removal and remedial actions examination.



Qualifier: Paul Anthony Paradiso

License No.: 677909

Business Name: Paradiso Mechanical, Inc.

WITNESS my hand and official seal this  
4th day of November, 1993

*David R. Bellin*  
Registrar of Contractors

13L-36 (12/91)

This certification is the property of the Registrar of Contractors, is not transferable, and shall be returned to the Registrar upon demand when suspended, revoked, or invalidated for any reason.

A 5933

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
01/03/1996

PRODUCER **1**  
**BONE ROBERTSON & MCBRIDE, INC.**  
P O BOX 232004  
PLEASANT HILL, CA 94523

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**COMPANIES AFFORDING COVERAGE**

- COMPANY **A** **GOLDEN EAGLE INSURANCE CO**
- COMPANY **B**
- COMPANY **C**
- COMPANY **D**

INSURED  
**PARADISO MECHANICAL INC**  
P.O. BOX 1836  
SAN LEANDRO, CA 94577

**PARM01**

**COVERAGES**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<b>A</b>	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	CCP370831-00	12/30/1995	12/30/1996	GENERAL AGGREGATE \$ <b>2000000</b>
					PRODUCTS - COMP/OP AGG \$ <b>1000000</b>
					PERSONAL & ADV INJURY \$ <b>1000000</b>
					EACH OCCURRENCE \$ <b>1000000</b>
					FIRE DAMAGE (Any one fire) \$ <b>50000</b>
					MED EXP (Any one person) \$ <b>5000</b>
					<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS
<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$	
<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$	
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATUTORY LIMITS   OTHER EL EACH ACCIDENT \$ EL DISEASE - POLICY LIMIT \$ EL DISEASE - EA EMPLOYEE \$	
<b>OTHER</b>					

**JAN 04 1996**

**PARADISO MECHANICAL INC**

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

**RE: ALL CALIFORNIA OPERATIONS. PLEASE SEE SPECIAL CONDITIONS ON REVERSE SIDE.**

**CERTIFICATE HOLDER** **VAC**

**CANCELLATION 10-DAY NOTICE FOR NON-PAYMENT OF PREMIUM**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

HS





# CERTIFICATE OF INSURANCE

DATE (MM/DD/YY)

1/1/96

## PRODUCER

MEIER COMMERCIAL INSURANCE  
11 EMBARCADERO WEST, STE. 133  
OAKLAND, CALIFORNIA 94607  
(510) 893-1222

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

## COMPANIES AFFORDING COVERAGE

COMPANY

A

COMPANY

B

COMPANY

C

COMPANY

D

REPUBLIC INDEMNITY CO OF AMERICA

## INSURED

PARADISO MECHANICAL INC  
PARADISO CONSTRUCTION CO  
P.O. BOX 1836  
SAN LEANDRO CA 94577

## COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$ \$
D	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	3516634	1/01/96	1/01/97	<input checked="" type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT \$ 1,000,000 DISEASE - POLICY LIMIT \$ 1,000,000 DISEASE - EACH EMPLOYEE \$ 1,000,000
	<b>OTHER</b>				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

## CERTIFICATE HOLDER

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. ~~BY FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.~~

AUTHORIZED REPRESENTATIVE