

Transfer of Eligible Local Oversight Case

UGT file
20460STID SS11 Date of input/By: na 12/4/95Date: 12/4/95 From: WaelhwSite Name: Vacant BldgAddress: 1347 Park St City: Alameda Zip: 94501

To be eligible for LOP, case must meet 3 qualifications:

1. ☒ N Tanks Removed? # of removed? 1 Date removed: 11/21/95
2. ☒ N Samples received? Contamination level: 15,000 ppm
Type of test Diesel
Contamination should be over 100 ppm TPH to qualify for LOP
3. ☒ N Petroleum? Circle Type(s): • Avgas • leaded • unleaded • fuel oil • jet
• diesel • waste oil • kerosene • solvents

Procedure to follow should your site meet all the above qualifications:

1.
 - a. ☒ Close the deposit refund case.
 - b. ☒ Account for **ALL** time you have spent on the case.
 - c. ☒ Turn in account sheet to Leslie.
If there are funds still remaining it is still better to transfer the case to LOP as the rate for LOP allows more overhead. **DO NOT** attempt to continue to oversee the site simply because there are funds remaining!

Remaining DepRef \$'s: _____

DepRef Case Closed with Candyce/Leslie? **Y N** (If no, explain why below.)

2. Submit the completed **A** and **B** permit application forms to **NORMA**.
3. Give the entire case to the proper LOP staff.

#5511

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM A
COMPLETE THIS FORM FOR EACH FACILITY/SITE



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

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

DBA OR FACILITY NAME VACANT BLDG.		NAME OF OPERATOR	
ADDRESS 1347 PARK ST		NEAREST CROSS STREET CENTRAL AVE	PARCEL # (OPTIONAL)
CITY NAME ALAMEDA		STATE CA	ZIP CODE 94501
<input checked="" type="checkbox"/> BOX TO INDICATE		PHONE # WITH AREA CODE (510) 523-748-1798	
<input type="checkbox"/> CORPORATION		<input checked="" type="checkbox"/> INDIVIDUAL	
<input type="checkbox"/> PARTNERSHIP		<input type="checkbox"/> LOCAL AGENCY DISTRICTS	
<input type="checkbox"/> COUNTY AGENCY		<input type="checkbox"/> STATE AGENCY	
<input type="checkbox"/> FEDERAL AGENCY			
* If owner of UST is a public agency, complete the following: name of Supervisor of division, section, or office which operates the UST			
TYPE OF BUSINESS		<input type="checkbox"/> 1 GAS STATION	<input type="checkbox"/> 2 DISTRIBUTOR
<input type="checkbox"/> 3 FARM		<input type="checkbox"/> 4 PROCESSOR	<input checked="" type="checkbox"/> 5 OTHER
<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS		# OF TANKS AT SITE 1	E. P. A. I. D. # (optional) CAC 000754624

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) STEVE SIMI	PHONE # WITH AREA CODE (510) 748-1798	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME STEVE SIMI		CARE OF ADDRESS INFORMATION	
MAILING OR STREET ADDRESS 60 GALLAGHER & LINDSAY, INC. 2424 CENTRAL AV		<input checked="" type="checkbox"/> box to indicate	
CITY NAME ALAMEDA		<input checked="" type="checkbox"/> INDIVIDUAL	
		<input type="checkbox"/> CORPORATION	
		<input type="checkbox"/> PARTNERSHIP	
		<input type="checkbox"/> LOCAL AGENCY	
		<input type="checkbox"/> COUNTY AGENCY	
		<input type="checkbox"/> STATE AGENCY	
		<input type="checkbox"/> FEDERAL AGENCY	
STATE CA		ZIP CODE 94501	PHONE # WITH AREA CODE (510) 748-1798

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER STEVE SIMI		CARE OF ADDRESS INFORMATION	
MAILING OR STREET ADDRESS 60 GALLAGHER & LINDSAY, INC. 2424 CENTRAL AV		<input checked="" type="checkbox"/> box to indicate	
CITY NAME ALAMEDA		<input checked="" type="checkbox"/> INDIVIDUAL	
		<input type="checkbox"/> CORPORATION	
		<input type="checkbox"/> PARTNERSHIP	
		<input type="checkbox"/> LOCAL AGENCY	
		<input type="checkbox"/> COUNTY AGENCY	
		<input type="checkbox"/> STATE AGENCY	
		<input type="checkbox"/> FEDERAL AGENCY	
STATE CA		ZIP CODE 94501	PHONE # WITH AREA CODE (510) 748-1798

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

TY(TK) HQ 44- [] [] [] [] [] []

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

<input checked="" type="checkbox"/> box to indicate	<input 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. <input type="checkbox"/>	II. <input checked="" type="checkbox"/>	III. <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

OWNER'S NAME (PRINTED & SIGNED) JACK McLAIN	OWNER'S TITLE AGENT FOR OWNER	DATE MONTH/DAY/YEAR 10/24/95
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LOCAL AGENCY USE ONLY ~ NOT REGISTERED WITH STATE - NO STATE ID#

COUNTY # [] []	JURISDICTION # [] [] []	FACILITY # [] [] [] [] [] []	12/19/95 Ka
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPVISOR - DISTRICT CODE - OPTIONAL	

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

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

INSTRUCTIONS FOR COMPLETING FORM "A"

GENERAL INSTRUCTIONS:

SECTION 2711 OF TITLE 23, CHAPTER 16, CALIFORNIA CODE OF REGULATIONS AND SECTIONS 25286, 25287, AND 25289 OF CHAPTER 6.7, DIVISION 20, CALIFORNIA HEALTH AND SAFETY CODE REQUIRE OWNERS TO APPLY FOR AN UST OPERATING PERMIT.

1. One FORM "A" shall be completed for all NEW PERMIT APPLICANCES or any FACILITY/SITE INFORMATION CHANGES.
2. SUBMIT ONLY ONE (1) FORM "A" for a Facility/Site, regardless of the number of tanks located at the site.
3. This form should be completed by either the PERMIT APPLICANT or the LOCAL AGENCY UNDERGROUND TANK INSPECTOR.
4. Please type or print clearly all requested information.
5. Use a hard point writing instrument; you are making 3 copies.
6. Tank owner must submit a facility plot plan to the local agency as part of the application showing the location of the USTs with respect to buildings and landmarks (Section 2711 (a)(6), CCR).
7. Tank owner must submit documentation showing compliance with state financial responsibility requirements to the local agency as part of the application for petroleum USTs (Section 2711 (e)(1), CCR).

TOP OF FORM: "MARK ONLY ONE ITEM"

Mark an (X) in a box next to the item that best describes the nature the form is being completed.

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

1. Record name and address (physical location) of the underground tank(s).

NOTE: Address MUST have a valid physical location including city, state, and zip code.
P.O. BOX NUMBERS ARE NOT ACCEPTABLE.

Include nearest cross street and name of the operation.

2. Phone number must have an area code. If the night number is the same, write "SAME" in proper location.
3. Check the appropriate box for TYPE OF BUSINESS OWNED (Sole, CORP, PARTNERSHIP, INDIVIDUAL, etc.).
4. Check the appropriate box for TYPE OF BUSINESS.
5. If Facility/Site is located within an Indian reservation or on an Indian reservation, check the box that says "YES".
6. Indicate the NUMBER OF TANKS at the SITE.
7. Record the UST ID or write "NONE" in the space provided.

II. PROPERTY OWNER INFORMATION & ADDRESS (MUST BE COMPLETED)

Complete all items in this section, unless all items are the same as SECTION I. If the same, write "SAME" above this section. Be sure to check PROPERTY OWNER'S TYPE box.

III. TANK OWNER INFORMATION & ADDRESS (MUST BE COMPLETED)

Complete all items in this section, unless all items are the same as SECTION I. If the same, write "SAME" above this section. Be sure to check TANK OWNER'S TYPE box.

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER (MUST BE COMPLETED SEE NOTICE 85, 1994, TDCPS, DIVISION 20, CALIFORNIA HEALTH AND SAFETY CODE)

Enter your Board of Equalization (BOE) UST storage fee account number which is required to file your permit application (see Notice 85, 1994, TDCPS). Registration with the BOE will ensure that you will receive a quarterly storage fee statement paying the BOE (or SHST) your share of the cost. If you do not have an account number with the BOE or if you have any questions regarding the fee, contact the BOE at the following address: Board of Equalization, Fuel Tax Division, P.O. Box 94879, Sacramento, CA 95834-0879.

V. PETROLEUM UST FINANCIAL RESPONSIBILITY (MUST BE COMPLETED FOR PETROLEUM UST ONLY SEE SECTION 2711 (e)(1) OF TITLE 23, CHAPTER 16, CALIFORNIA CODE OF REGULATIONS)

Identify the method(s) used by the owner and/or operator in meeting the Federal and State financial responsibility requirements. USTs exempt by any Federal or State agency as well as non-petroleum USTs are exempt from this requirement.

VI. LEGAL NOTIFICATION AND BILLING ADDRESS

Check ONE BOX for the address that will be used for BOTH LEGAL AND BILLING NOTIFICATIONS.
TANK OWNER OR AUTHORIZED REPRESENTATIVE MUST SIGN AND DATE THE FORM AS INDICATED. (SECTION 25289 (a)(13) OF TITLE 23, CHAPTER 16, CALIFORNIA CODE OF REGULATIONS)

INSTRUCTION FOR THE LOCAL AGENCIES

The county jurisdiction numbers are predetermined and can be obtained by calling the State Board (916) 227-4362. The facility number may be assigned by the local agency; however, this number must be numerical and cannot contain any alphabetical characters. If the local agency prefers the State Board to assign the facility number, please leave it blank.

IT IS THE RESPONSIBILITY OF THE LOCAL AGENCY THAT INSPECTS THE FACILITY TO VERIFY THE ACCURACY OF THE INFORMATION. THIS APPLICATION CANNOT BE PROCESSED UNTIL THE ACCOUNT NUMBER IS NOTIFIED IN THE LOCAL AGENCY IS RESPONSIBLE FOR THE COMPLETION OF THE LOCAL AGENCY USE ONLY INFORMATION BOX AND FOR FORWARDING ONE FORM "A" AND ASSOCIATED FORM "B" TO THE FOLLOWING ADDRESS. THE LOCAL AGENCY SHOULD RETAIN THE ORIGINALS AND FORWARD THE YELLOW COPIES TO THE FOLLOWING ADDRESS. THE WHITE COPY SHOULD BE RETAINED BY THE TANK OWNER.

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
C/O JIM LARSEN
DATA PROCESSING CENTER
P.O. BOX 527
PARAMOUNT, CA 90723

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input checked="" type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: VACANT BLDG.

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D.# <u>UNK</u>	B. MANUFACTURED BY: <u>UNK</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>UNK</u>	D. TANK CAPACITY IN GALLONS: <u>1500</u>

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

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

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

A. SYSTEM TYPE	<input checked="" type="radio"/> 1 SUCTION	<input type="radio"/> 2 PRESSURE	<input type="radio"/> 3 GRAVITY
B. CONSTRUCTION	<input checked="" type="radio"/> 1 SINGLE WALL	<input type="radio"/> 2 DOUBLE WALL	<input type="radio"/> 3 LINED TRENCH
	<input type="radio"/> 95 UNKNOWN	<input type="radio"/> 99 OTHER	
C. MATERIAL AND CORROSION PROTECTION	<input checked="" type="radio"/> 1 BARE STEEL	<input type="radio"/> 2 STAINLESS STEEL	<input type="radio"/> 3 POLYVINYL CHLORIDE (PVC)
	<input type="radio"/> 5 ALUMINUM	<input type="radio"/> 6 CONCRETE	<input type="radio"/> 7 STEEL W/ COATING
	<input type="radio"/> 9 GALVANIZED STEEL	<input type="radio"/> 10 CATHODIC PROTECTION	<input type="radio"/> 95 UNKNOWN
		<input type="radio"/> 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 checked="" type="checkbox"/> 99 OTHER <u>NONE</u>

V. TANK LEAK DETECTION

<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING
<input type="checkbox"/> 6 TANK TESTING	<input type="checkbox"/> 7 INTERSTITIAL MONITORING	<input checked="" type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>UNK</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>5</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" 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)

JACK McLAIN

DATE

10/24/95

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		

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED.
FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

NOT REGISTERED WITH STATE

INSTRUCTIONS FOR COMPLETING FORM "B"

GENERAL INSTRUCTIONS:

1. One FORM "B" shall be completed for each tank for all **NEW PERMITS, PERMIT CHANGES, REMOVALS** and/or any other **TANK INFORMATION CHANGE**.
2. This form should be completed by either the **PERMIT APPLICANT** or the **LOCAL AGENCY UNDERGROUND TANK INSPECTOR**.
3. Please type or print clearly all requested information.
4. Use a hard point writing instrument, you are making 3 copies.

TOP OF FORM: "MARK ONLY ONE ITEM"

1. Mark an (X) in the box next to the item that best describes the reason the form is being completed.
2. Indicate the DBA or Facility name where the tank is installed.

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

- A. Indicate owners tank ID # - If there is a tank number that is used by the owner to identify the tank (ex. AB70789).
- B. Indicate the name of the company that manufactured the tank (ex. ACME TANK MFG.).
- C. Indicate the year the tank was installed (ex. 1987).
- D. Indicate the tank capacity in gallons (ex. 25,000 or 10,000 etc.).

II. TANK CONTENTS

- A. 1. If **MOTOR VEHICLE FUEL**, check box 1 and complete items B & C.
2. If not **MOTOR VEHICLE FUEL**, check the appropriate box in section A and complete items B & D.
- B. Check the appropriate box.
- C. Check the type of **MOTOR VEHICLE FUEL** (if box 1 is checked in A).
- D. Print the chemical name of the hazardous substance stored in the tank and the C.A.S.#. (Chemical Abstract Service number), if box 1 is NOT checked in A.

III. TANK CONSTRUCTION - MARK ONE ITEM ONLY IN BOX A, B, C & D

1. Check only one item in **TYPE OF SYSTEM, TANK MATERIAL, INTERIOR LINING** and **CORROSION PROTECTION**.
2. If **OTHER**, print in the space provided.

IV. PIPING INFORMATION

1. Circle **A** if above ground; circle **U** if underground; and circle both if applicable.
2. If **UNKNOWN**, circle; or if **OTHER**, print in space provided.
3. Indicate the **LEAK DETECTION** system(s) used to comply with the monitoring requirement for the piping.

V. TANK LEAK DETECTION

1. Indicate the **LEAK DETECTION** system(s) used to comply with the monitoring requirements for the tank.

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

1. **ESTIMATED DATE LAST USED** - MONTH/YEAR (January, 1988 or 01/88).
2. **ESTIMATED QUANTITY** of **HAZARDOUS SUBSTANCE** remaining in the tank (in Gallons).
3. **WAS TANK FILLED WITH INERT MATERIAL?** Check 'Yes' or 'NO'.

APPLICANT MUST SIGN AND DATE THE FORM AS INDICATED.

INSTRUCTION FOR THE LOCAL AGENCIES

The state underground storage tank identification number is composed of the two digit county number, the three digit jurisdiction number, the six digit facility number and the six digit tank number. The county and jurisdiction numbers are predetermined and can be obtained by calling the State Board (916)739-2421. The facility number must be the same as shown in form "A". The tank number may be assigned by the local agency; however, this number must be numerical and cannot contain an alphabet. If the local agency prefers the State Board to assign the tank number, please leave it blank.

IT IS THE RESPONSIBILITY OF THE LOCAL AGENCY THAT INSPECTS THE FACILITY TO VERIFY THE ACCURACY OF THE INFORMATION. THE LOCAL AGENCY IS RESPONSIBLE FOR THE COMPLETION OF THE "LOCAL AGENCY USE ONLY" INFORMATION BOX AND FOR FORWARDING ONE FORM "A" AND ASSOCIATED FORM "B"(s) TO THE FOLLOWING ADDRESS.

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
C/O S.W.R.F.S.
DATA PROCESSING CENTER
P.O. BOX 527
PARAMOUNT, CA 90723