# Office Of Emergency Services

Office Of Emergency Services
1605 Martin Luther King Jr. Way, Oakland, CA 94612

## Hazardous Materials Program

## Contaminated Site Case Transfer Form

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## Referral To:

Date	4/26/6
Agency	Alameda County Environmental Health, 1131 Harbor Bay Parkway, Alameda, CA 94502
Attention	Donna L. Drogos, LOP/SLIC Program Manager

## Site Information:

Site Responsible Party(s)	
Site Name	
Site Address	160 14th St Oak CA 94612
Site Phone	
Site Contractor/Consultant (if available)	ACC Env. Consultants
Site DBA	

## **Site Conditions:**

UST				
USTs removed? # removed: 20 Date removed: UNK	Yes	×	No	
Contents (circle): (gasoline) diesel waste oil heating oil solvents	Yes	. 🗆	No	
kerosene stoddard solvent other (specify)				
Observations of system (holes, leaks)?	Yes		No	
Observed contamination (free product, smell, soil/water discoloration)?	Yes		No	
Detectable concentrations of soil and/or groundwater contamination?	Yes		No No	
o Highest Concentration Detected in Soil			묹	
Contaminant (specify) Concentration ppm  o Highest Concentration Detected in Water us /			PS:	
Contaminant (specify) + PH(s) Concentration 18,000	4			
			2	
Unauthorized Release Form filed?	Yes		No	X
Future intended use if known? Specify	Yes		=No	
NON-UST			5	
Former industrial use?	Yes	×	ەلاپ	
Detectable concentrations of soil and/or groundwater contamination?	Yes		490	
o Highest Concentration Detected in Soil				
Contaminant (specify) Concentration ppm				
o Highest Concentration Detected in Water 44/				
Contaminant (specify) PCE Concentration 820	_			
Future intended use if known? Specify	Yes		No	
If available, attach pertinent reports				

Transferred as: (LOP)	SLIC		
Level of Update requested: d	listribution list all meetings	all site visits closure sign off all	the above
Transfer requested by Inspector	: H- Gomez	Date: 4/26/6	
Transfer accepted by (ACEH):		Date:	

## CITY OF OAKLAND



FIRE SERVICES AGENCY · 1605 MARTIN LUTHER KING JR. WAY · OAKLAND, CALIFORNIA 94612

Office of Emergency Services

(510) 238-3938 FAX (510) 238-7761 TDD (510) 839-6451

August 16, 2001

Mr. Benny Kwong, Project Manager Affordable Housing Associates 1250 Addison Street, Suite G Berkeley, CA 94702

RE:

**Soil Boring Investigation** 

160 14<sup>th</sup> Street Oakland, CA 94612

Mr. Kwong:

The City of Oakland Fire Department/Hazardous Materials Management Program (OFD/HMMP) staff has received and reviewed a copy of the soil boring investigation performed at the location above, dated August 6, 2001, prepared by ACC Environmental Consultants (ACC). This report documents the investigation performed by ACC to evaluate the potential effects to soil and groundwater from activities and use of existing facilities at the site.

Based on the available information and with the provision that the information provided to OFD/HMMP was accurate and representative of site conditions, no further action related to the above site is required at this time by this office.

Please be advised that this letter does not relieve you of any liability under the California Health and Safety Code or Water Code for past, present, or future operations at this site. Nor does it relieve you of the responsibility to clean up existing, additional or previously unidentified conditions at the site, which cause or threaten to cause pollution or nuisance or otherwise pose a threat to water quality or public health.

If you have any questions, please contact me at (510) 238-7253.

Sincerely.

Journ E. Gomez Hernán E. Gómez

Hazardous Materials Inspector

cc: Mr. John Hudson, CEDA

Mr. Odili Ojukwu, PWA-ESD

Mr. David R. Dement, ACC

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DEPARTMENT OF ENVIRONMENTAL HEALTH Hazardous Materials Program 5 80 Swen Way, Rm. 200 Oakland, CA 9:1921 (415)

November 30, 1989

Mobil Service Station 160 - 14th St. Oakland, CA 94612

RE: 160 - 14th St.

#### NOTICE OF LEGAL OBLIGATION

Dear owner/operator:

Our records indicate that there are underground tank(s) at your site at the above facility.

In accordance with the California Code of Regulations, Title 23, Chapter 3, Subchapter 16 Underground Tank Regulations you must perform one of the following actions:

- 1. Submit a tank closure plan to this Department as required by Article 7, 2670, or
- 2. Apply for a permit as required by Article 10, 2710.

Notify this Department within 10 days of your intentions and to obtain the necessary instructions and forms.

Please note that section 25299 of the California Health and Safety Code states that any operator or owner of an undergound storage tank is liable for a civil penalty of not less than five hundred dollars or more than five thousand dollars per day for failure to obtain a permit, or failing to properly close an undergound storage tank, as required by section 25298.

If you have any questions concerning this matter, please contact this office at 271-4320.

Sincerely,

Thomas F. Peacock, Senior HMS Hazardous Materials Division

TFP:tfp

cc: Gil Jensen, Alameda County District Attorney, Consumer and
Environmental Protection Agency
Lester Feldman, RWQCB

# **Commonwealth Companies**

- REAL ESTATE -

1407 Webster Street, Oakland, California 94612 (415) 832-5195

December 7, 1987

Rafat A. Shahid, Chief Alameda County Health Care Services Hazardous Materials Division 470 27th Street, Third Floor Oakland, CA 94612

Status of Underground Tanks located at 160 - 14th St., Oakland, CA 94612

Dear Mr. Shahid:

As we discussed on the phone, the underground tanks in the above referenced property were removed in May, 1986. The soil was clean, the lot was paved and is now used as a parking lot.

TWD:cc

Ted W. Dang

Ted W. Dang

Ted W. Tex.

REM VED 5/86

STATE ID NUMBER 00000039598001

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I OWNER											
NAME(CORPORATION, INDIVIDUAL OR PUMOBIL OIL CORPORATION	BLIC /	(GENCY)			<del></del>			PUBLIC AGENCY			( ) 03 LOC/
STREET ADDRESS 612 SO. FLOWER STREET					,	CITY LOS AN	GELES		STAT	E	21P 90017
II FACILITY											
FACILITY NAME HOBIL SERVICE STATION					DEALER/ RODNEY		N/SUPERV	/ISOR	*****		
STREET ADDRESS 160-14TH ST.					NEAREST MADISON		STREET				
CITY DAKLAND					COUNTY ALAMEDA					21F 94612	2
MAILING ADDRESS 160-14th St.				CITY	Y LAND				STAT	1	IP 4612
PHONE W/AREA CODE 415-839-7264		TYPE OF BUSIN (X) 01 GASOL			TION (	) 02 0	THER		<del></del>		
NUMBER OF CONTAINERS 4	RURAL	AREAS ONLY :	TOP		IP		RANGE		SECTION		
III 24 HOUR EMERGENCY (	CONT	ACT PERSON	1			-			L		
DAYS: NAME(LAST NAME FIRST) AND PI KWAN, ROD 415-839		/AREA CODE			NIGHTS: ENGINEER	NAME(	AST NAM	E FIRST) AND 213-583-		W/AREA	CODE
COMPLETE THE FO	)LLO	VING ON A	SE	PAR	RATE F	ORM	FOR E	ACH CONTA	INE	R	
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B. HANUFACTURER (IF APPROPRIATE):	UNKN	ИМС			YE	AR MFG	:	C. YEAR INST	ILLED		(Х) ИНКНОИН
D. CONTAINER CAPACITY: 10000 6	JALLON!	( ) UNKNOWN	E.	DOE	S THE CO	NTAINE	R STORE	: ( ) 01 WASTE	E (X)	) 02 PR	ODUCT
F. DOES THE CONTAINER STORE MOTOR (X) 01 UNLEADED ( ) 02 REGULAR	VEHICI	E FUEL OR WAST	) 0	IL ? 14 DI	(X) 01 (ESEL (	YES (	) 02 NO	D IF YES CHE	CK AF	PROPRI	ATE BOX(ES):
CONTAINER CONSTRUCT	ION										
A. THICKNESS OF PRIMARY CONTAINMEN	IT:	( )	GAU	IGE	( ) INCH	E\$ (	) CH ()	() UNKNOWN	<del></del>		
B. ( ) 01 VAULTED (LOCATED IN AN U	ND ERGR	OUND VAULT) (	(X)	02 N	ON-VAULT	ED (	) 03 UNI	(NOHN	. <u> </u>		
C. ( ) 01 DOUBLE WALLED (X) 02 SI	NGLE I	IALLED ( ) 03	LIN	ED							
). (X) 01 CARBON STEEL ( ) 02 STA ( ) 06 ALUMINUM ( ) 07 STEE ( ) 12 UNKNOWN ( ) 13 OTHER:	INLESS L CLAD	STEEL ( ) 03	FII E	BERG	LASS ( 09 COMPO	) 04 P SITE	OLYVINYL	CHLORIDE (	) 05	CONCRET	re

ON ATTEN CONSTROOT TON
E. ( ) 01 RUBBER LINED ( ) 02 ALKYD LINING ( ) 03 EPOXY LINING ( ) 04 PHENOLIC LINING ( ) 05 GLASS LINING ( ) 07 UNLINED (X) 08 UNKNOWN ( ) 09 OTHER:
F. ( ) 01 POLYETHLENE WRAP ( ) 02 VINYL WRAPPING ( ) 03 CATHODIC PROTECTION ( ) 04 UNKNOWN (X) 05 NONE ( ) 06 TAR OR ASPHALT ( ) 09 OTHER:
VI PIPING
A. ABOVEGROUND PIPING: ( ) 01 DOUBLE-WALLED PIPE ( ) 02 CONCRETE-LINED TRENCH ( ) 03 GRAVITY (CHECK APPROPRIATE BOX(ES) ( ) 04 PRESSURE ( ) 05 SUCTION ( ) 06 UNKNOWN ( ) 07 NONE
B. UNDERGROUND PIPING: ( ) 01 DOUBLE-WALLED PIPE ( ) 02 CONCRETE-LINED TRENCH ( ) 03 GRAVITY (CHECK APPROPRIATE BOX(ES) (X) 04 PRESSURE ( ) 05 SUCTION ( ) 06 UNKNOWN ( ) 07 NONE
VII LEAK DETECTION
(X) 01 VISUAL (X) 02 STOCK INVENTORY ( ) 04 VAPOR SNIFF WELLS ( ) 05 SENSOR INSTRUMENT ( ) 06 GROUND WATER MONITORING WELLS (X) 07 PRESSURE TEST ( ) 09 NONE ( ) 10 OTHER:
VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS  IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION
CURPENTLY PREVIOUSLY DELETE CAS# (IF KNOWN) CHEMICAL (DO NOT USE COMMERCIAL NAME) STORED STORED
( ) 01 ( ) 02 ( ) 03
( ) 01 ( ) 02 ( ) 03
( ) 01 ( ) 02 ( ) 03
( ) 01 ( ) 02 ( ) 03
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( ) 01 ( ) 02 ( ) 03
()01 ()02 ()03
()01 ()02 ()03
( ) 01 ( ) 02 ( ) 03
()01 ()02 ()03
* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS
IS CONTAINER LOCATED ON AN AGRICULTURAL FARM? ( ) 01 YES (X) 02 NO
HIS FORM HAS BEEN COMPLETED UNDER THE PENALTY OF PERJURY AND, TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT.
PERSON FILING (SIGNATURE)  PHONE W/AREA CODE
FOR LOCAL AGENCY USE ONLY
ADMINISTRATING AGENCY CITY CODE COUNTY CODE
CONTACT PERSON PHONE W/AREA CODE
DATE OF LAST INSPECTION IN COMPLIANCE PERMIT APPROVAL DATE TRANSACTION DATE LOCAL PERMIT ID #

### STATE ID NUMBER 00000039598002

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( ) 01 NEW PERMIT ( ) 02 CONDITIONAL PERMIT		RENEWED PERMIT		07 TANK 08 MINO			( ) 09 SURCHARGE)	DELET	E FRO	M FILE (NO FEE)	
I OWNER											
NAME(CORPORATION, INDIVIDUAL MOBIL OIL CORPORATION	OR PUBLIC A	AGENCY)					PUBLIC AGENCY			E ( ) 03 LOCAL	
STREET ADDRESS 612 SO. FLOWER STREET					CITY LOS AN	GELES		STATE CA		ZIP 90017	
II FACILITY											
FACILITY NAME MOBIL SERVICE STATION				DEALER. RODNEY	FOREMA KHAN	N/SUPER	VISOR				
STREET ADDRESS 160-14TH ST.				NEARES'	r cross	STREET					
CITY DAKLAND					4			-	ZIP 946	12	
MAILING ADDRESS 160-14TH ST.			CIT	TY (LAND	<del></del>			STAT	- 1	ZIP 94612	
PHONE W/AREA CODE 415-839-7264		TYPE OF BUSINE (X) 01 GASOL		TION (	) 02 0	THER	•				
NUMBER OF CONTAINERS	RURAL	AREAS ONLY :	TOWNSH	DWNSHIP RANGE				SECTION			
III 24 HOUR EMERGEN	CY CONT.	ACT PERSON				<u> </u>		·			
DAYS: NAME(LAST NAME FIRST) KWAN, ROD 41	AND PHONE W 5-839-7264	/AREA CODE		NIGHTS:			ME FIRST) AND 213-583-		W/ARI	EA CODE	
COMPLETE TH	E FOLLO	WING ON A	SEPA	RATE I	ORM	FOR I	EACH CONTA	INE	R		
A. (X) 01 TANK ( ) 04 OTHER	:					СОНТА	INER NUMBER 2				
B. MANUFACTURER (IF APPROPRI	ATE): UNKN	OHN		YEAR MFG: C. Y			C. YEAR INST	. YEAR INSTALLED (X) UNKNOWN			
D. CONTAINER CAPACITY: 6	000 GALLON	S ( ) UNKNOWN	E. DO	ES THE C	ONTAINE	R STOR	E: ( ) 01 WAST	E (X	) 02 F	PRODUCT	
F. DOES THE CONTAINER STORE (  ) 01 UNLEADED (X) 02 R	MOTOR VEHIC EGULAR ( )	LE FUEL OR WAST 03 PREMIUM (	E OIL ) 04 D	? (X) 01 IESEL (	YES (	) 02 1 ASTE 0	NO IF YES CH	ECK AI	PPROPR	RIATE BOX(ES):	
CONTAINER CONST	RUCTION					<del> </del>		<u>.</u>			
A. THICKNESS OF PRIMARY CONT.	AINMENT:	( )	GAUGE	( ) INC	HES (	3 CH	(х) инкноми				
3. ( ) 01 VAULTED (LOCATED I	N AN UNDERG	ROUND VAULT) (	X) 02	NON-VAUL	TED (	) 03 U	NKNOWN				
C. ( ) 01 DOUBLE WALLED (X)	02 SINGLE I	HALLED ( ) 03	LINED								
). (X) 01 CARBON STEEL ( ) (	7 STEEL CLAI	S STEEL ( ) 03 ) ( ) 08 BRONZ	FIBER	GLASS ( 09 COMP	) 04 P OSITE	OLYVIN	YL CHLORIDE ( NON-METALLIC	) 05	CONCR	ETE	

CUNTAINER CUNSTRUCTION
E. ( ) 01 RUBBER LINED ( ) 02 ALKYD LINING ( ) 03 EPOXY LINING ( ) 04 PHENOLIC LINING ( ) 05 GLASS LINING ( ) 07 UNLINED (X) 08 UNKNOWN ( ) 09 OTHER:
F. ( ) 01 POLYETHLENE WRAP ( ) 02 VINYL WRAPPING ( ) 03 CATHODIC PROTECTION ( ) 04 UNKNOWN (X) 05 NONE ( ) 06 TAR OR ASPHALT ( ) 09 OTHER:
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B. UNDERGROUND PIPING: ( ) 01 DOUBLE-WALLED PIPE ( ) 02 CONCRETE-LINED TRENCH ( ) 03 GRAVITY (CHECK APPROPRIATE BOX(ES) (X) 04 PRESSURE ( ) 05 SUCTION ( ) 06 UNKNOWN ( ) 07 NONE
VII LEAK DETECTION
(X) 01 VISUAL (X) 02 STOCK INVENTORY ( ) 04 VAPOR SNIFF WELLS ( ) 05 SENSOR INSTRUMENT ( ) 06 GROUND WATER MONITORING WELLS (X) 07 PRESSURE TEST ( ) 09 NONE ( ) 10 OTHER:
VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION
CURRENTLY PREVIOUSLY DELETE CAS# (IF KNOWN) CHEMICAL (DO NOT USE COMMERCIAL NAME) STORED STORED
( ) 01 ( ) 02 ( ) 03
( ) 01 ( ) 02 ( ) 03
( ) 01 ( ) 02 ( ) 03   [
( ) 01 ( ) 02 ( ) 03
( ) 01 ( ) 02 ( ) 03
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( ) 01 ( ) 02 ( ) 03
( ) 01 ( ) 02 ( ) 03
( ) 01 ( ) 02 ( ) 03
* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS
IS CONTAINER LOCATED ON AN AGRICULTURAL FARM? ( ) 01 YES (X) 02 NO
THIS FORM HAS BEEN COMPLETED UNDER THE PENALTY OF PERJURY AND, TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT.
PERSON FILING (SIGNATURE) PHONE W/AREA CODE
FOR LOCAL AGENCY USE ONLY
ADMINISTRATING AGENCY CITY CODE COUNTY CODE
CONTACT PERSON PHONE W/AREA CODE
DATE OF LAST INSPECTION IN COMPLIANCE PERMIT APPROVAL DATE TRANSACTION DATE LOCAL PERMIT ID #

STATE ID NUMBER 00000039598003

1 7 7 7	D5 RENEWED PERMIT D6 AMENDED PERMIT		07 TANK 08 MINO			( ) 09 H	DELET	E FROM	FILE (NO FEE)
I OWNER									
NAME(CORPORATION, INDIVIDUAL OR PUBLE HOBIL OIL CORPORATION	(C AGENCY)					PUBLIC AGENCY			( ) 03 LOCAL
STREET ADDRESS 612 SO. FLOWER STREET				CITY LOS ANG	ELES		STAT	E	ZIP 90017
II FACILITY									
FACILITY NAME  HOBIL SERVICE STATION  DEALER/FOREMAN/SUPERVISOR RODNEY KWAN									
STREET ADDRESS NEAPEST CROSS STREET 160-14TH ST. MADISON									
CITY OAKLAND			COUNTY	١				21P 94612	2
MAILING ADDRESS 160-14TH ST.		CIT	TY (LAND				STATI		P 0612
PHONE W/AREA CODE 415-839-7264	TYPE OF BUSIN		) MOITA	) 02 OT	HER				
NUMBER OF CONTAINERS RU	PRAL AREAS ONLY :	TOWNSH	IIP	RANGE			SECTION		
III 24 HOUR EMERGENCY CO	NTACT PERSON	1							
DAYS: NAME(LAST NAME FIRST) AND PHON KWAN, ROD 415-839-72				NAME(L		1E FIRST) AND 1 213-583-		W/AREA	CODE
COMPLETE THE FOL	LOWING ON A	SEPA	RATE !	FORM I	FOR E	ACH CONTA	INE	R	
A. (X) 01 TANK ( ) 04 OTHER:					CONTAI	NER NUMBER 3			
B. MANUFACTURER (IF APPROPRIATE): L	NKNOHN	1		YEAR MFG: C. YEAR INSTALLED (X)			(X) UNKNOWN		
D. CONTAINER CAPACITY: 6000 GAL	LONS ( ) UNKNOWN	E. DO	ES THE (	ONTAINE	R STORE	: ( ) 01 WAST	E (	) 02 PR	ODUCT
F. DOES THE CONTAINER STORE MOTOR VE ( ) 01 UNLEADED ( ) 02 REGULAR								PROPRI	ATE BOX(ES):
V CONTAINER CONSTRUCTI	DN							,	
A. THICKNESS OF PRIMARY CONTAINMENT:	( )	GAUGE	( ) INC	HES (	) CM (	X) UNKNOWN			
B. ( ) 01 VAULTED (LOCATED IN AN UND	ERGROUND VAULT)	(X) 02	NON-VAUL	TED (	) 03 UN	IKNOWN			
C. ( ) 01 DOUBLE WALLED (X) 02 SING	LE WALLED ( ) 03	LINED							
D. (X) 01 CARBON STEEL ( ) 02 STAIN ( ) 06 ALUHINUM ( ) 07 STEEL ( ) 12 UNKHOWN ( ) 13 OTHER:							) 05	CONCRE	TE

CONTAINER CON	STRUCTION				
	( ) 02 ALKYD LINING ( ) ) 08 UNKNOWN ( ) 09 OTHE		( ) 04 F	HENOLIC LINING ( ) 05	GLASS LINING
	RAP ( ) 02 VINYL WRAPPING HALT ( ) 09 OTHER:	; ( ) 03 CATHOD	IC PROTECT	ION ( ) 04 UNKNOWN (	X) 05 NONE
VI PIPING					
	( ) 01 DOUBLE-WALLE DX(ES) ( ) 04 PRESSURE				AVITY
B. UNDERGROUND PIPING: (CHECK APPROPRIATE BO	( ) 01 DOUBLE-WALLE DX(ES) (X) 04 PRESSURE				AVITY
VII LEAK DETECTI	ON				
	STOCK INVENTORY ( ) 04 VA				
	MPOSITION OF MATE DIV-F YOU ARE NOT REQUIRE				TAINERS
CURRENTLY PREVIOUSLY DEL STORED STORED	ETE CASH (IF KNOWN)	CHEM	ICAL (DO N	OT USE COMMERCIAL NAME	)
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()01 ()02 ()	03				
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() 01 () 02 ()	03				
* CHECK STATE BOARD CHE	MICAL CODE LISTING FOR POS	SSIBLE SYNONYMS			
IS CONTAINER LOCATED ON	AN AGRICULTURAL FARM? (	) 01 YES (X) 02	2 NO		
THIS FORM HAS BEEN COMPLE	TED UNDER THE PENALTY OF I	PERJURY AND, TO	THE BEST (	OF MY KNOWLEDGE, IS TRU	E AND CORRECT.
PERSON FILING (SIGNATURE	)		PHONE	W/AREA CODE	
FOR LOCAL AGENCY	USE ONLY			,	
ADMINISTRATING AGENCY			CITY CODE		COUNTY CODE
CONTACT PERSON			PHONE	W/AREA CODE	
DATE OF LAST INSPECTION	IN COMPLIANCE	PERMIT APPROVAL	DATE	TRANSACTION DATE	LOCAL PERMIT ID #

REMOVED 5/86

STATE ID NUMBER 00000039598004

( ) 01 NEW PERMIT ( ) 02 CONDITIONAL PERMIT ( )	05 RENEWED PERMIT 06 AMENDED PERMIT		07 TANK CLOSE 08 MINOR CHAN		-	DELET	E FROM	FILE (NO FEE)
I OWNER								
NAME(CORPORATION, INDIVIDUAL OR PUB MOBIL OIL CORPORATION	LIC AGENCY)				PUBLIC AGENCY			( ) 03 LOCAL
STREET ADDRESS 612 SO. FLOWER STREET	CITY LOS A	NGELES		STATI CA	E	ZIP 90017		
II FACILITY								
FACILITY NAME  MOBIL SERVICE STATION  DEALER/FOREMAN/SUPERVISOR  RODNEY KHAN								
STREET ADDRESS 160-14TH ST.			NEAREST CROS	S STREET				
CITY OAKLAND			COUNTY ALAMEDA				ZIP 94612	2
MAILING ADDRESS 160-14TH ST.		CIT	Y LAND			STATI CA		(P +612
PHONE W/AREA CODE 415-839-7264	TYPE OF BUSING (X) 01 GASOL		TION ( ) 02	OTHER				
NUMBER OF CONTAINERS	RURAL AREAS ONLY :	нгишот	IÞ	RANGE		SECT:	EON	
III 24 HOUR EMERGENCY C	ONTACT PERSON							
DAYS: NAME(LAST NAME FIRST) AND PH KWAN, ROD 415-839-			NIGHTS: NAME ENGINEERING		ME FIRST) AND F 213-583-6		W/AREA	CODE
COMPLETE THE FO	LLOWING ON A	SEPAI	RATE FORM	FOR	EACH CONTA	INE	R	
A. (X) 01 TANK ( ) 04 OTHER:			CONTAINER NUMBER 4					
B. MANUFACTURER (IF APPROPRIATE):	UNKNOWN		YEAR M	YEAR MFG: C. YEAR INSTALLED (X)			(X) UNKNOWN	
D. CONTAINER CAPACITY: G	ALLONS (X) UNKNOWN	E. DO	ES THE CONTAI	NER STOR	E: (X) 01 WASTE	E ( )	) 02 PR	ODUCT
F. DOES THE CONTAINER STORE MOTOR ( ) 01 UNLEADED ( ) 02 REGULAR							PROPRI	ATE BOX(ES):
CONTAINER CONSTRUCT	ION							
A. THICKNESS OF PRIMARY CONTAINMEN	т: ()	GAUGE	( ) INCHES	( ) CM	(X) UNKNOWN			
B. ( ) 01 VAULTED (LOCATED IN AN U	NDERGROUND VAULT) (	X) 02	NON-VAULTED	( ) 03 U	NKNONN	·		
C. ( ) 01 DOUBLE WALLED (X) 02 SI	NGLE WALLED ( ) 03	LINED			·			
D. (X) O1 CARBON STEEL ( ) O2 STA ( ) O6 ALUMINUM ( ) O7 STEE ( ) 12 UNKNOWN ( ) 13 OTHER:						) 05	CONCRE	TE

CONTAINER CONSTRUCTION
E. ( ) 01 RUBBER LINED ( ) 02 ALKYD LINING ( ) 03 EPOXY LINING ( ) 04 PHENOLIC LINING ( ) 05 GLASS LINING ( ) 07 UNLINED (X) 08 UNKNOWN ( ) 09 OTHER:
F. ( ) 01 POLYETHLENE WRAP ( ) 02 VINYL WRAPPING ( ) 03 CATHODIC PROTECTION ( ) 04 UNKNOWN (X) 05 NONE ( ) 06 TAR OR ASPHALT ( ) 09 OTHER:
VI PIPING
A. ABOVEGROUND PIPING: ( ) 01 DOUBLE-WALLED PIPE ( ) 02 CONCRETE-LINED TRENCH ( ) 03 GRAVITY (CHECK APPROPRIATE BOX(ES) ( ) 04 PRESSURE ( ) 05 SUCTION ( ) 06 UNKNOWN ( ) 07 NONE
B. UNDERGROUND PIPING: ( ) 01 DOUBLE-WALLED PIPE ( ) 02 CONCRETE-LINED TRENCH ( ) 03 GRAVITY (CHECK APPROPRIATE BOX(ES) (X) 04 PRESSURE ( ) 05 SUCTION ( ) 06 UNKNOWN ( ) 07 NONE
VII LEAK DETECTION
(X) 01 VISUAL ( ) 02 STOCK INVENTORY ( ) 04 VAPOR SNIFF WELLS ( ) 05 SENSOR INSTRUMENT ( ) 06 GROUND WATER MONITORING WELLS ( ) 07 PRESSURE TEST ( ) 09 NONE ( ) 10 OTHER:
VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS  IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION
CURRENTLY PREVIOUSLY DELETE CASH (IF KNOWN) CHEMICAL (DO NOT USE COMMERCIAL NAME) STORED STORED
( ) 01 ( ) 02 ( ) 03
( ) 01 ( ) 02 ( ) 03
()01 ()02 ()03
( ) 01 ( ) 02 ( ) 03
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()01 ()02 ()03
() 01 () 02 () 03
()01 ()02 ()03
()01 ()02 ()03
()01 ()02 ()03
* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS
* Check STATE BOARD CHETICAL CODE LISTING FOR POSSIBLE STRONTINS
IS CONTAINER LOCATED ON AN AGRICULTURAL FARM? ( ) 01 YES (X) 02 NO
HIS FORM HAS BEEN COMPLETED UNDER THE PENALTY OF PERJURY AND, TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT.
PERSON FILING (SIGNATURE)  PHONE W/AREA CODE
FOR LOCAL AGENCY USE ONLY
ADMINISTRATING AGENCY CITY CODE COUNTY CODE
CONTACT PERSON PHONE W/AREA CODE
DATE OF LAST INSPECTION IN COMPLIANCE PERMIT APPROVAL DATE TRANSACTION DATE LOCAL PERMIT ID #

## ALAMEDA COUNTY

# HEALTH CARE SERVICES

GENCY



DIVISION OF ENVIRONMENTAL HEALTH

	CARL N. LESTER, Agency Director		TRANS PATER	CIAIS MANAGEMENT ONLY
		SECTION A MASTER FILE RECORD	·	470-27th Street, Third Floor Oakland, California 94612
<b>A1</b> •	ESTABLISHMENT NAME RIOIDIST 1 1710101114	1111111		(415) 874–7237 1 1
	7			36
λ2.		DIRECTION E,W,ETC.) STREET NAME (	OR P.O. BOX NUMBER	
	116101 1 1 1 1 1 4 45	1   S T  46 47	111111	1 1 1 1 1 1 1 6
	CITY CINKILIAINIDI I I I	1 1 1   STATE   C A   81 82 83	21P CODE   C  U  G  U  E  B8	PLDG <sup>P</sup> PLANT NO 1 1 1 93 96
A3-	\$ 131917121614 97 103 104	<del></del>	5101-1111	1 1 1
A5.		FROM MAILING ADDRESS) T DIRECTION STREET NAME ,E,W,ETC.)		
	7 14 15	16 17		1 1 1 1 1 1 1 3
	CITY	STATE 21 51 52 53 54	IP CODE	SLDG/PLANT N         63 6
<b>A</b> 6.	GANER NAME 1   1   1   1   1   1   67	1 1 1 1 1 1 1 86	A7. OWN	ER PHONE
.8A	NAME OF PREVIOUS OWNER	,	A9. DATE YOU STARTED	OR ASSUMED BUSINESS
	97	111111111111111111111111111111111111111	MQ DAY YR	27
A10-	SIC 1  SISIYI    S2			
A12.	DO YOU HAVE PERMITS FOR ANY OF THE	FOLL OW I NG		
	AIR POLLUTION CONTROL DISTRICT	Y N	WASTE HAULER REGISTR	ATION Y N
	SEMER DISTRICT (FOR INDUSTRIAL WAST		WATER QUALITY CONTROL	hand the state of
•	HAZARDOUS WASTE FACILITY	SECTION B	÷	
	UNDERGROUND TAN	IKS CONTAINING HAZARDO	US SUESTANCES	•
Iden	tify the type, number and tot	al volume of undergro	und tanks in your	firm.
	Bl. Type	B2. No. of Tanks	B3. Total V	/olume/Gals.
	1. Tank 2 gois lowk 2. Sump 1 sump		1600	
:	2. Sump I smip	ionyd [		
:	3. Lagoon, pit or pond			
4	1. Other			

## SECTION C FAZARDOUS SUBSTANCES

Cl.	Please check if any of to or handled by your firm;	he following	g categories of	hazardous substances is used
	TOXIC	Ø	CORROSIVE	
	FLAMMABLE OR IGNITABLE	20	REACTIVE	
C2.	Please check the attache store, mix, treat, formu and enter each by the nu	late, genera	ate, manufactur	ical substances you receive, e, transport or dispose of, t in the spaces below:
	Sample:			
	1/13/1 RGQ 35	3 313	<u> </u>	
		<u> </u>	1 1 1 1	
		1 111		
		1 [ ] 1		
		1 1 1 1		
		1 111		
	CERTIFICATION			
	I hereby certify that the knowledge, true and compl	information ete	n on this form	is to the best of my
	Signature	tie_	Typed or Pr	NEY KWA W inted Name
	Title		Date Date	186

Please return completed form to:

Alameda County Division of Environmental Health 470-27th Street, Room 322 Oakland, CA 94612 (415) 874-7237

• • •= • •		ENEWED PERMIT MENDED PERMIT		07 TANK 08 MINOR		(NO St	( ) 09 I URCHARGE)	DELET	E FROM	FILE (NO FEE)
I OWNER										
NAME(CORPORATION, INDIVIDUAL OR PUB MOBIL OIL CORPORATION	LIC A	GENCY)					PUBLIC AGENCY		STATE	( ) 03 LOCAL
STREET ADDRESS 612 SO. FLOWER STREET								STATI CA	E	21P 90017
II FACILITY										
FACILITY NAME MOBIL SERVICE STATION	DEALER/FOREMAN/SUPERVISOR RODNEY KWAN									
STREET ADDRESS 160-14TH ST.	NEAREST MADISON	CROSS	STREET							
CITY . OAKLAND								• • • • • • • • • • • • • • • • • • • •	ZIP 9461	2
MAILING ADDRESS 160-14TH ST.			CI	TY KLAND				STATI C <b>a</b>		1P 4612
PHONE W/AREA CODE 415-839-7264		TYPE OF BUSING		) MOITA	) 02 OT	HER				
NUMBER OF CONTAINERS	RURAL	AREAS ONLY :	TOWNS	HIP		RANGE		SECTION		
III 24 HOUR EMERGENCY C	ONTA	ACT PERSON								
DAYS: NAME(LAST NAME FIRST) AND PHO KWAN, ROD 415-839-		AREA CODE		1	NAME(L		1E FIRST) AND 8 213-583-6		W/ARE	A CODE
COMPLETE THE FO	LLOI	NING ON A	SEPA	RATE	ORM	FOR E	EACH CONTA	INE	R	
A. (X) 01 TANK ( ) 04 OTHER:				CONTAINER NUMBER 2						
B. MANUFACTURER (IF APPROPRIATE):	UNKN	DWN		Y	YEAR MFG: C. YEAR INSTALLED				(х) инкноми	
D. CONTAINER CAPACITY: 6000 G	ALLONS	S ( ) UNKNOWN	E. D	OES THE C	ONTAINE	R STORE	E: ( ) 01 WASTE	E (X	) 02 P	RODUCT
F. DOES THE CONTAINER STORE MOTOR ( ) 01 UNLEADED (X) 02 REGULAR									PPROPR	IATE BOX(ES):
V CONTAINER CONSTRUCT	ION									
A. THICKNESS OF PRIMARY CONTAINMENT	r: 	( )	GAUGE	( ) INC	HES (	) CM (	X) UNKNOWN			
B. ( ) 01 VAULTED (LOCATED IN AN UP	DERG	ROUND VAULT) (	X) 02	NON-VAUL	TED (	) 03 UN				
C. ( ) 01 DOUBLE WALLED (X) 02 SI	GLE I	NALLED ( ) 03	LINED							
D. (X) 01 CARBON STEEL ( ) 02 STAT ( ) 06 ALUMINUM ( ) 07 STEEL ( ) 12 UNKNOWN ( ) 13 OTHER:								) 05	CONCR	ETE

CONTAINER CONSTRUCTION							
E. ( ) 01 RUBBER LINED ( ) 02 ALKYD LINING ( ) 03 EPOXY LINING ( ) 04 PHENOLIC LINING ( ) 05 GLASS LINING ( ) 07 UNLINED (X) 08 UNKNOWN ( ) 09 OTHER:							
F. ( ) 01 POLYETHLENE WRAP ( ) 02 VINYL WRAPPING ( ) 03 CATHODIC PROTECTION ( ) 04 UNKNOWN (X) 05 NONE ( ) 06 TAR OR ASPHALT ( ) 09 OTHER:							
VI PIPING							
A. ABOVEGROUND PIPING: ( ) 01 DOUBLE-WALLED PIPE ( ) 02 CONCRETE-LINED TRENCH ( ) 03 GRAVITY (CHECK APPROPRIATE BOX(ES) ( ) 04 PRESSURE ( ) 05 SUCTION ( ) 06 UNKNOWN ( ) 07 NONE							
B. UNDERGROUND PIPING: ( ) 01 DOUBLE-WALLED PIPE ( ) 02 CONCRETE-LINED TRENCH ( ) 03 GRAVITY (CHECK APPROPRIATE BOX(ES) (X) 04 PRESSURE ( ) 05 SUCTION ( ) 06 UNKNOWN ( ) 07 NONE							
VII LEAK DETECTION							
(X) 01 VISUAL (X) 02 STOCK INVENTORY ( ) 04 VAPOR SNIFF WELLS ( ) 05 SENSOR INSTRUMENT ( ) 06 GROUND WATER MONITORING WELLS (X) 07 PRESSURE TEST ( ) 09 NONE ( ) 10 OTHER:							
VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS  IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION							
CURRENTLY PREVIOUSLY DELETE CASH (IF KNOWN) CHEMICAL (DO NOT USE COMMERCIAL NAME) STORED STORED							
( ) 01 ( ) 02 ( ) 03							
( ) 01 ( ) 02 ( ) 03							
( ) 01 ( ) 02 ( ) 03							
( ) 01 ( ) 02 ( ) 03							
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()01 ()02 ()03							
( ) 01 ( ) 02 ( ) 03							
()01 ()02 ()03							
()01 ()02 ()03							
* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS							
IS CONTAINER LOCATED ON AN AGRICULTURAL FARM? ( ) 01 YES (X) 02 NO							
HIS FORM HAS BEEN COMPLETED UNDER THE PENALTY OF PERJURY AND, TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT.							
PERSON FILING (SIGNATURE) PHONE W/AREA CODE							
FOR LOCAL AGENCY USE ONLY							
ADMINISTRATING AGENCY CITY CODE COUNTY CODE							
CONTACT PERSON PHONE W/AREA CODE							
DATE OF LAST INSPECTION IN COMPLIANCE PERMIT APPROVAL DATE TRANSACTION DATE LOCAL PERMIT ID #							

	) 05 R	ENEWED PERMIT	( )	07 TANK	CLOSED					OM FILE (NO FEE)	
	, 00 A	CHENDED PERILL			- CHANG		ORCHARGE)				
I OWNER  NAME(CORPORATION, INDIVIDUAL OR PU HOBIL OIL CORPORATION	BLIC A	GENCY)					PUBLIC AGENCY			TE ( ) 03 LOCAL	
STREET ADDRESS 612 SO. FLOWER STREET			CITY LOS ANGELES			STATE CA		21P 90017			
II FACILITY											
FACILITY NAME MOBIL SERVICE STATION	DEALER. RODNEY		N/SUPER	VISOR							
STREET ADDRESS 160-14TH ST.				NEARES MADISO	T CROSS	STREET					
CITY DAKLAND				COUNTY	4				ZIP 946	512	
MAILING ADDRESS 160-14TH ST.			CI	TY K <b>LAND</b>				STAT	E	ZIP 94612	
PHONE W/AREA CODE 415-839-7264		TYPE OF BUSINE		ATION (	) 02 0	THER					
NUMBER OF CONTAINERS	RURAL	AREAS ONLY :	ТОШИСТ	нір	IIP RANGE			SECTION			
III 24 HOUR EMERGENCY (	CONT	ACT PERSON									
DAYS: NAME(LAST NAME FIRST) AND PE KWAN, ROD 415-839		/AREA CODE			NAME()		ME FIRST) AND 1 213-583-1		W/AF	PEA CODE	
COMPLETE THE FO	OLLOI	AING ON A	SEPA	RATE	FORM	FOR E	EACH CONTA	INE	R		
A. (X) 01 TANK ( ) 04 OTHER:						CONTA	INER NUMBER 4				
B. MANUFACTURER (IF APPROPRIATE):	UNKN	ОМИ		YEAR MFG: C. YEAR INSTALLED				(X) UNKNOWN			
D. CONTAINER CAPACITY:	GALLON	S (X) UNKNOWN	E. DO	DES THE (	CONTAIN	ER STORE	E: (X) Ol WAST	Ε (	02	PRODUCT	
F. DOES THE CONTAINER STORE MOTOR ( ) 01 UNLEADED ( ) 02 REGULAR									PPROF	PRIATE BOX(ES):	
V CONTAINER CONSTRUCT	ION						· · · · · · · · · · · · · · · · · · ·				
A. THICKNESS OF PRIMARY CONTAINMEN	<b>ντ</b> :	( )	GAUGE	( ) INC	CHES (	) CM (	(х) инкноми				
B. ( ) 01 VAULTED (LOCATED IN AN E	NOERG	ROUND VAULT) (	X) 05	NON-VAUI	TED (	) 03 UI	чкиоми				
C. ( ) 01 DOUBLE WALLED (X) 02 S	ENGLE !	WALLED ( ) 03	LINED								
D. (X) 01 CARBON STEEL ( ) 02 ST/ ( ) 06 ALUMINUM ( ) 07 STEE ( ) 12 UNKNOWN ( ) 13 OTHER:								) 05	CONC	RETE	

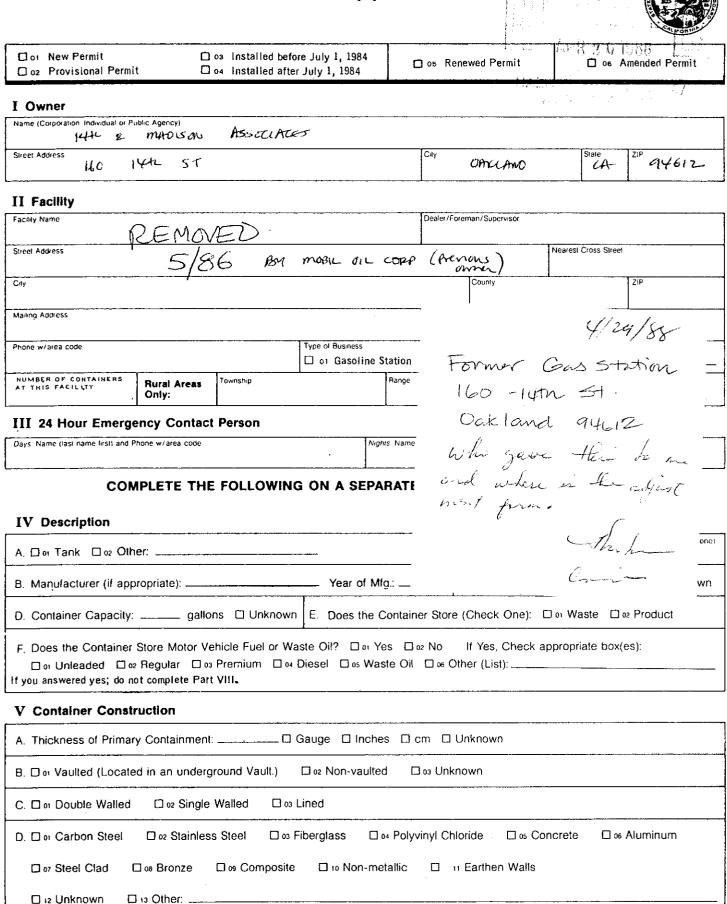
E. ( ) 01 RUBBER LINED ( ) 02 ALKYD LINING ( ) 03 EPOXY LINING ( ) 07 UNLINED (X) 08 UNKNOWN ( ) 09 OTHER:	) 04 PHENOLIC LINING ( ) 05 GLASS LINING
F. ( ) 01 POLYETHLENE WRAP ( ) 02 VINYL WRAPPING ( ) 03 CATHODIC ( ) 06 TAR OR ASPHALT ( ) 09 OTHER:	PROTECTION ( ) 04 UNKNOWN (X) 05 NONE
VI PIPING	
A. ABOVEGROUND PIPING: ( ) 01 DOUBLE-WALLED PIPE ( ) 02 CON (CHECK APPROPRIATE BOX(ES) ( ) 04 PRESSURE ( ) 05 SUCTION (	CRETE-LINED TRENCH ( ) 03 GRAVITY ) 06 UNKNOWN ( ) 07 NONE
B. UNDERGROUND PIPING: ( ) 01 DOUBLE-WALLED PIPE ( ) 02 CON (CHECK APPROPRIATE BOX(ES) (X) 04 PRESSURE ( ) 05 SUCTION (	CRETE-LINED TRENCH ( ) 03 GRAVITY ) 06 UNKNOWN ( ) 07 NONE
VII LEAK DETECTION	
(X) 01 VISUAL ( ) 02 STOCK INVENTORY ( ) 04 VAPOR SNIFF WELLS ( ) 06 GROUND WATER MONITORING WELLS ( ) 07 PRESSURE TEST ( )	
VIII CHEMICAL COMPOSITION OF MATERIALS STORED IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS	
CURPENTLY PREVIOUSLY DELETE CAS# (IF KNOWN) CHEMICA STORED STORED	L (DO NOT USE COMMERCIAL NAME)
( ) 01 ( ) 02 ( ) 03	
( ) 01 ( ) 02 ( ) 03	
( ) 01 ( ) 02 ( ) 03	
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()01 ()02 ()03	
() 01 () 02 () 03	
( ) 01 ( ) 02 ( ) 03	
( ) 01 ( ) 02 ( ) 03	
( ) 01 ( ) 02 ( ) 03	
* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS	
IS CONTAINER LOCATED ON AN AGRICULTURAL FARM? ( ) 01 YES (X) 02 N	)
HIS FORM HAS BEEN COMPLETED UNDER THE PENALTY OF PERJURY AND, TO TH	BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT.
PERSON FILING (SIGNATURE)	PHONE W/AREA CODE
FOR LOCAL AGENCY USE ONLY	
ADMINISTRATING AGENCY CI	Y CODE COUNTY CODE
CONTACT PERSON	PHONE W/AREA CODE
DATE OF LAST INSPECTION IN COMPLIANCE PERMIT APPROVAL DA	TE TRANSACTION DATE LOCAL PERMIT ID #

		ENEWED PERMIT MENDED PERMIT		) 07 TANK ) 08 MINOR				DELET	E FROM	FILE (NO FEE)	
I OWNER											
NAME(CORPORATION, INDIVIDUAL OR PUB MOBIL OIL CORPORATION	SLIC A	GENCY)					PUBLIC AGENCY		STATE	( ) 03 LOCAL	
STREET ADDRESS 612 SO. FLOWER STREET								STATI	Ē	ZIP 90017	
II FACILITY											
FACILITY NAME MOBIL SERVICE STATION					FOREMAN KWAN	/SUPER\	/ISOR				
STREET ADDRESS 160-14TH ST.				NEAREST MADISON	CROSS	STREET					
CITY DAKLAND				COUNTY					21P 94612		
MAILING ADDRESS 160-14TH ST.				ITY AKLAND				STATI	- 1	₽ 612	
PHONE W/AREA CODE 415-839-7264		TYPE OF BUSING		) MOITAT	) 02 OT	HER					
NUMBER OF CONTAINERS	RURAL	AREAS ONLY :	TOWN	SHIP		RANGE	:		SECTION		
III 24 HOUR EMERGENCY C	ONT	ACT PERSON									
DAYS: NAME(LAST NAME FIRST) AND PH KWAN, ROD 415-839-		AREA CODE		1	NAME(L RING CE		ME FIRST) AND   213-583-		W/AREA	CODE	
COMPLETE THE FO	LLOI	NING ON A	SEP	ARATE I	ORM	FOR E	EACH CONTA	INE	R		
A. (X) 01 TANK ( ) 04 OTHER:					CONTAINER NUMBER 1						
B. MANUFACTURER (IF APPROPRIATE):	UNKN	OWN	<b></b>		YEAR MFG: C. YEAR INST			ALLED		(х) инкноин	
D. CONTAINER CAPACITY: 10000 6	SALLON	s ( ) UNKNOWN	Ε.	DOES THE C	ONTAINE	R STORE	E: ( ) 01 WAST!	E (X	) 02 PR	ODUCT	
F. DOES THE CONTAINER STORE MOTOR (X) 01 UNLEADED ( ) 02 REGULAR	VEHIC	LE FUEL OR WAS 03 PREMIUM (	TE OI ) 04	L ? (X) 01	YES (	) 02 l ASTE 0	VO IF YES CH	ECK A	PPROPRI	ATE BOX(ES):	
V CONTAINER CONSTRUCT	ION				. = =						
A. THICKNESS OF PRIMARY CONTAINMEN	<b>1</b> T:	( )	GAUG	E ( ) INC	HES (	) CM =	(X) UNKNOWN				
B. ( ) 01 VAULTED (LOCATED IN AN L	NDERG	ROUND VAULT)	(X) 0	2 NON-VAUI	TED (	) 03 UR	NK NOWN	<del></del>			
C. ( ) 01 DOUBLE WALLED (X) 02 ST	NGLE	WALLED ( ) 03	LINE	D							
D. (X) 01 CARBON STEEL ( ) 02 STA ( ) 06 ALUMINUM ( ) 07 STEE ( ) 12 UNKNOWN ( ) 13 OTHER:								) 05	CONCRE	TE ·	

E. ( ) 01 RUBBER LINED ( ) 02 ALKYD LINING ( ) 03 EPOXY LINING ( ) 04 PHENOLIC LINING ( ) 05 GLASS LINING ( ) 07 UNLINED (X) 08 UNKNOWN ( ) 09 OTHER:
F. ( ) 01 POLYETHLENE WRAP ( ) 02 VINYL WRAPPING ( ) 03 CATHODIC PROTECTION ( ) 04 UNKNOWN (X) 05 NONE ( ) 06 TAR OR ASPHALT ( ) 09 OTHER:
VI PIPING
A. ABOVEGROUND PIPING: ( ) 01 DOUBLE-WALLED PIPE ( ) 02 CONCRETE-LINED TRENCH ( ) 03 GRAVITY (CHECK APPROPRIATE BOX(ES) ( ) 04 PRESSURE ( ) 05 SUCTION ( ) 06 UNKNOWN ( ) 07 NONE
B. UNDERGROUND PIPING: ( ) 01 DOUBLE-WALLED PIPE ( ) 02 CONCRETE-LINED TRENCH ( ) 03 GRAVITY (CHECK APPROPRIATE BOX(ES) (X) 04 PRESSURE ( ) 05 SUCTION ( ) 06 UNKNOWN ( ) 07 NONE
VII LEAK DETECTION
(X) 01 VISUAL (X) 02 STOCK INVENTORY ( ) 04 VAPOR SNIFF WELLS ( ) 05 SENSOR INSTRUMENT ( ) 06 GROUND WATER MONITORING WELLS (X) 07 PRESSURE TEST ( ) 09 NONE ( ) 10 OTHER:
VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS  IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION
CURRENTLY PREVIOUSLY DELETE CAS# (IF KNOWN) CHEMICAL (DO NOT USE COMMERCIAL NAME) STORED STORED
()01 ()02 ()03
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() 01 () 02 () 03
() 01 () 02 () 03
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() 01 () 02 () 03
( ) 01 ( ) 02 ( ) 03
( ) 01 ( ) 02 ( ) 03
* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS
IS CONTAINER LOCATED ON AN AGRICULTURAL FARM? ( ) 01 YES (X) 02 NO
RIS FORM HAS BEEN COMPLETED UNDER THE PENALTY OF PERJURY AND, TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT.
PHONE W/AREA CODE
OR LOCAL AGENCY USE ONLY
DMINISTRATING AGENCY CITY CODE COUNTY CODE
ONTACT PERSON PHONE W/AREA CODE
ATE OF LAST INSPECTION IN COMPLIANCE PERMIT APPROVAL DATE TRANSACTION DATE LOCAL PERMIT ID #

J 185

## Permit Application



( ) 01 NEW PERMIT ( ( ) 02 CONDITIONAL PERMIT (	) 05 [	RENEWED PERMIT	(	) 07 TANK ) 08 MINOR	CLOSED			······································	E FRO	OM FILE (NO FEE)
I OWNER										
NAME(CORPORATION.INDIVIDUAL OR PUMOBIL OIL CORPORATION	JBLIC /	AGENCY)	·				PUBLIC AGENCY			TE ( ) 03 LOCAL
STREET ADDRESS 612 SO. FLOWER STREET		CITY LOS ANGELES			1 1		ZIP 90017			
II FACILITY										
FACILITY NAME MOBIL SERVICE STATION					FOREMAN KWAN	N/SUPER	VISOR			
STREET ADDRESS 160-14TH ST.				NEAREST MADISON	CROSS	STREET			•	
CITY OAKLAND				COUNTY				<b></b>	ZIP 946	512
MAILING ADDRESS 160-14TH ST.			1	DAKLAND				STAT CA	E	ZIP 94612
PHONE W/AREA CODE 415-839-7264		TYPE OF BUSING		) MOITATO	) 02 01	THER	·			
NUMBER OF CONTAINERS 4	RURAL	. AREAS ONLY :	TOWN	SHIP	SHIP			SECTION		
III 24 HOUR EMERGENCY	CONT	ACT PERSON	l							·
DAYS: NAME(LAST NAME FIRST) AND F KWAN, ROD 415-83		I/AREA CODE		1	NAME(1		ME FIRST) AND (213-583-		W/AF	REA CODE
COMPLETE THE F  IV DESCRIPTION	OLLO	WING ON A	SEP	ARATE	FORM	FOR I	EACH CONTA	INE	R	
A. (X) 01 TANK ( ) 04 OTHER:						CONTA	INER NUMBER 3			
B. MANUFACTURER (IF APPROPRIATE):	UNKN	ЮМИ			YEAR MFG: C. YEAR INSTALLED (X)					(х) инкнонн
D. CONTAINER CAPACITY: 6000	GALLON	IS ( ) UNKNOWN	E.	DOES THE C	ONTAINE	er stor	E: ( ) 01 WAST	E (	) 02	PRODUCT
F. DOES THE CONTAINER STORE MOTOR ( ) 01 UNLEADED ( ) 02 REGULA									PPROF	PRIATE BOX(ES):
V CONTAINER CONSTRUC	TION									
A. THICKNESS OF PRIMARY CONTAINME	:NT:	( )	GAUG	SE ( ) INC	HES (	) CM	(X) UNKNOWN			
B. ( ) 01 VAULTED (LOCATED IN AN	UNDERG	SROUND VAULT)	(X) 0	2 NON-VAUI	TED (	) 03 U	NKNOWN			
C. ( ) 01 DOUBLE WALLED (X) 02 5	INGLE	WALLED ( ) 03	LINE	D						
D. (X) 01 CARBON STEEL ( ) 02 ST ( ) 06 ALUMINUM ( ) 07 STE ( ) 12 UNKNOWN ( ) 13 OTHER:								) 05	CONC	CRETE

CONTAINER CONSTRUCTION
E. ( ) 01 RUBBER LINED ( ) 02 ALKYD LINING ( ) 03 EPOXY LINING ( ) 04 PHENOLIC LINING ( ) 05 GLASS LINING ( ) 07 UNLINED ( ) 08 UNKNOWN ( ) 09 OTHER:
F. ( ) 01 POLYETHLENE MRAP ( ) 02 VINYL MRAPPING ( ) 03 CATHODIC PROTECTION ( ) 04 UNKNOWN (X) 05 NONE ( ) 06 TAR OR ASPHALT ( ) 09 OTHER:
VI PIPING
A. ABOVEGROUND PIPING: ( ) 01 DOUBLE-WALLED PIPE ( ) 02 CONCRETE-LINED TRENCH ( ) 03 GRAVITY (CHECK APPROPRIATE BOX(ES) ( ) 04 PRESSURE ( ) 05 SUCTION ( ) 06 UNKNOWN ( ) 07 NONE
B. UNDERGROUND PIPING: ( ) 01 DOUBLE-WALLED PIPE ( ) 02 CONCRETE-LINED TRENCH ( ) 03 GRAVITY (CHECK APPROPRIATE BOX(ES) (X) 04 PRESSURE ( ) 05 SUCTION ( ) 06 UNKNOWN ( ) 07 NONE
VII LEAK DETECTION
(X) 01 VISUAL (X) 02 STOCK INVENTORY ( ) 04 VAPOR SNIFF WELLS ( ) 05 SENSOR INSTRUMENT ( ) 06 GROUND WATER MONITORING WELLS (X) 07 PRESSURE TEST ( ) 09 NONE ( ) 10 OTHER:
VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS  IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION
CURRENTLY PREVIOUSLY DELETE CAS# (IF KNOWN) CHEMICAL (DO NOT USE COMMERCIAL NAME) STORED STORED
( ) 01 ( ) 02 ( ) 03
( ) 01 ( ) 02 ( ) 03
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()01 ()02 ()03
() 01 () 02 () 03
() 01 () 02 () 03
* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS
IS CONTAINER LOCATED ON AN AGRICULTURAL FARM? ( ) 01 YES (X) 02 NO
HIS FORM HAS BEEN COMPLETED UNDER THE PENALTY OF PERJURY AND, TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT.
PERSON FILING (SIGNATURE) PHONE W/AREA CODE
FOR LOCAL AGENCY USE ONLY
ADMINISTRATING AGENCY CITY CODE COUNTY CODE
CONTACT PERSON PHONE W/AREA CODE
DATE OF LAST INSPECTION IN COMPLIANCE PERMIT APPROVAL DATE TRANSACTION DATE LOCAL PERMIT ID #