

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



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ENVIRONMENTAL HEALTH SERVICES  
ENVIRONMENTAL PROTECTION  
1131 Harbor Bay Parkway, Suite 250  
Alameda, CA 94502-6577  
(510) 567-6700  
FAX (510) 337-9335

March 7, 2007

Mr. Ron Mooney  
California Syrup & Extract Company  
PO Box 8305  
Emeryville, CA 94608

Subject: Fuel Leak Case No. RO0000046, California Syrup & Extract Company, 1355 55<sup>th</sup> Street, Emeryville, CA 94608

Dear Mr. Mooney:

Alameda County Environmental Health (ACEH) staff has reviewed the fuel leak case file for the above-referenced site and the document entitled, "Report of Four Quarters of Groundwater Monitoring," dated May 4, 2001 and submitted on your behalf by Gribi Associates. Analytical results from the most recent groundwater monitoring and sampling conducted in 2000 indicate that dissolved petroleum hydrocarbon contamination remains in groundwater beneath the site at concentrations of up to 10,000 µg/L total petroleum hydrocarbon as gasoline (TPHg), 590 µg/L benzene and <250 µg/L MtBE. In addition, soil sampling conducted during monitoring well installation detected up to 650 mg/kg TPHg, 250 mg/kg TPHd and 1.2 mg/kg benzene.

Considering the length of time that has passed since the last groundwater monitoring and sampling event, and in the interest of moving your site through the regulatory process, ACEH requests that you perform groundwater monitoring and sampling for your site. Our request is based on the conclusion that the most recent groundwater monitoring data available in our files dates back to 2000. Additionally, considering groundwater sampling was not conducted in conjunction with the initial underground storage tank (UST) investigation, ACEH requests additional soil and grab groundwater sampling be completed at the site. We offer the following recommendations in the Technical Comments below.

Based on ACEH staff review of the case file, we request that you address the following technical comments and send us the reports described below. Please provide 72-hour advance written notification to this office (e-mail preferred to <mailto:steven.plunkett@acgov.org>) prior to the start of field activities.

#### **TECHNICAL COMMENTS**

1. **Site Characterization.** Soil sampling and field evidence collected during the UST closure and monitoring well installation detected elevated concentrations of TPHg, TPHd and benzene in soil. Soil borings IB-9, located at the western edge of the site showed visible evidence of hydrocarbon staining and strong hydrocarbon odor that may be related to the unauthorized release in the vicinity several up-gradient USTs. Soil samples collected from soil boring IB-9 tested below laboratory detection limits for TPHg; however, no groundwater samples were collected from this boring to determine the presence or absence of dissolved phase petroleum hydrocarbon contamination. In addition, no down gradient soil and groundwater data have been collected west or south of former UST # 8 to determine the extent of the petroleum hydrocarbon contamination.

In order to verify the extent of soil and groundwater contamination in the down gradient direction, ACEH request that you advance soil borings at locations that will evaluate the lateral extent of soil and groundwater contamination at your site. Please present your proposal to complete characterization of your site in the work plan requested below.

2. **Soil Sampling and Analysis.** All soil samples collected during the investigation are to be analyzed for TPHg and TPHd by EPA Method 8015M or 8260, BTEX, EDB, EDC, MIBE, TAME, ETBE, DIPE, TBA and EtOH by EPA Method 8260.
3. **Monitoring Well Rehabilitation and Redevelopment.** ACEH requests that prior to monitoring well sampling, all onsite monitoring wells should be rehabilitated and/or redeveloped; thus allowing the collection of a representative sample of formation groundwater. Note that well redevelopment may require additional well volumes may need to be removed to assure that water quality parameters are satisfied. Please describe and present the results of the well redevelopment and rehabilitation activities in the report requested below. Furthermore, our review of the October 1994 document, "Report on Groundwater Investigation" revealed the presence of an onsite water supply well that should be included in the well rehabilitation and sampling program.
4. **Groundwater Sampling and Analysis.** Groundwater monitoring has not been conducted at the site since 2000. Please sample the existing monitoring wells in order to determine current groundwater conditions throughout the site. The groundwater samples are to be analyzed for the following analytes; TPHg and TPHd by EPA Method 8015M or 8260, BTEX, EDB, EDC, MIBE, TAME, ETBE, DIPE, TBA and EtOH by EPA Method 8260 and total lead.

#### **TECHNICAL REPORT REQUEST**

Please submit technical reports to Alameda County Environmental Health (Attention: Mr. Steven Plunkett), according to the following schedule:

- **April 7, 2007 – Work Plan**

These reports are being requested pursuant to California Health and Safety Code Section 25296.10. 23 CCR Sections 2652 through 2654, and 2721 through 2728 outline the responsibilities of a responsible party in response to an unauthorized release from a petroleum UST system, and require your compliance with this request.

#### **ELECTRONIC SUBMITTAL OF REPORTS**

Effective **January 31, 2006**, the Alameda County Environmental Cleanup Oversight Programs (LOP and SLIC) require submission of all reports in electronic form to the county's ftp site. Paper copies of reports will no longer be accepted. The electronic copy replaces the paper copy and will be used for all public information requests, regulatory review, and compliance/enforcement activities. Instructions for submission of electronic documents to the Alameda County Environmental Cleanup Oversight Program ftp site are provided on the attached "Electronic Report Upload (ftp) Instructions." Please do not submit reports as attachments to electronic mail. Submission of reports to the Alameda County ftp site is an addition to existing requirements for

electronic submittal of information to the State Water Resources Control Board (SWRCB) Geotracker website.

Submission of reports to the Geotracker website does not fulfill the requirement to submit documents to the Alameda County ftp site. In September 2004, the SWRCB adopted regulations that require electronic submittal of information for groundwater cleanup programs. For several years, responsible parties for cleanup of leaks from underground storage tanks (USTs) have been required to submit groundwater analytical data, surveyed locations of monitor wells, and other data to the Geotracker database over the Internet. Beginning July 1, 2005, electronic submittal of a complete copy of all necessary reports was required in Geotracker (in PDF format). Please visit the SWRCB website for more information on these requirements ([http://www.swrcb.ca.gov/ust/cleanup/electronic reporting](http://www.swrcb.ca.gov/ust/cleanup/electronic_reporting)).

In order to facilitate electronic correspondence, we request that you provide up to date electronic mail addresses for all responsible and interested parties. Please provide current electronic mail addresses and notify us of future changes to electronic mail addresses by sending an electronic mail message to me at [steven.plunkett@acgov.org](mailto:steven.plunkett@acgov.org)

#### PERJURY STATEMENT

All work plans, technical reports, or technical documents submitted to ACEH must be accompanied by a cover letter from the responsible party that states, at a minimum, the following: "I declare, under penalty of perjury, that the information and/or recommendations contained in the attached document or report is true and correct to the best of my knowledge." This letter must be signed by an officer or legally authorized representative of your company. Please include a cover letter satisfying these requirements with all future reports and technical documents submitted for this fuel leak case.

#### PROFESSIONAL CERTIFICATION & CONCLUSIONS/RECOMMENDATIONS

The California Business and Professions Code (Sections 6735, 6835, and 7835.1) requires that work plans and technical or implementation reports containing geologic or engineering evaluations and/or judgments be performed under the direction of an appropriately registered or certified professional. For your submittal to be considered a valid technical report, you are to present site specific data, data interpretations, and recommendations prepared by an appropriately licensed professional and include the professional registration stamp, signature, and statement of professional certification. Please ensure all that all technical reports submitted for this fuel leak case meet this requirement.

#### LANDOWNER NOTIFICATION REQUIREMENTS

Pursuant to California Health & Safety Code Section 25297.15, the active or primary responsible party for a fuel leak case must inform all current property owners of the site of cleanup actions or requests for closure. Furthermore, ACEH may not consider any cleanup proposals or requests for case closure without assurance that this notification requirement has been met. Additionally, the active or primary responsible party is required to forward to ACEH a complete mailing list of all record fee title holders to the site.

#### UNDERGROUND STORAGE TANK CLEANUP FUND

Mr. Ron Mooney  
March 4, 2007  
Page 4

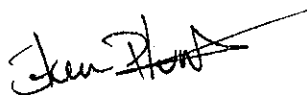
Please be aware that you may be eligible for reimbursement of the costs of investigation from the California Underground Storage Tank Cleanup Fund (Fund). In some cases, a deductible amount may apply. If you believe you meet the eligibility requirements, I strongly encourage you to call the Fund for an application.

AGENCY OVERSIGHT

If it appears as though significant delays are occurring or reports are not submitted as requested, we will consider referring your case to the Regional Board or other appropriate agency, including the County District Attorney, for possible enforcement actions. California Health and Safety Code, Section 25299.76 authorizes enforcement including administrative action or monetary penalties of up to \$10,000 per day for each day of violation.

If you have any questions, please call me at (510) 383-1767.

Sincerely,



Steven Plunkett  
Hazardous Materials Specialist

Enclosure: ACEH Electronic Report Upload (ftp) Instructions

cc: Jim Gribi  
Gribi Associates  
1090 Adams Street, Suite K  
Benicia, CA 94510

Donna Drogos, ACEH  
Steven Plunkett, ACEH  
File

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES  
ENVIRONMENTAL PROTECTION  
1131 Harbor Bay Parkway  
Alameda, CA 94502-6577  
(510) 567-6700  
(510) 337-9432

January 25, 2000

Mr. Ronald Mooney ✓  
California Syrup & Extract  
P.O. 8305  
Emeryville, California 94662

**RE: California Syrup & Extract (STID # 4592)**  
**1355 55<sup>th</sup> Street, Emeryville, California 94608**

**LANDOWNER NOTIFICATION AND PARTICIPATION REQUIREMENTS**

Dear Mr. Mooney:

This letter is to inform you of new legislative requirements pertaining to cleanup and closure of sites where an unauthorized release of hazardous substance, including petroleum, has occurred from an underground storage tank (UST). Section 25297.15(a) of Ch. 6.7 of the Health & Safety Code requires the primary or active responsible party to notify all current record owners of fee title to the site of: 1) a site cleanup proposal, 2) a site closure proposal, 3) a local agency intention to make a determination that no further action is required, and 4) a local agency intention to issue a closure letter. Section 25297.15(b) requires the local agency to take all reasonable steps to accommodate responsible landowners' participation in the cleanup or site closure process and to consider their input and recommendations.

For purposes of implementing these sections, you have been identified as the primary or active responsible party. Please provide to this agency, within twenty (20) calendar days of receipt of this notice, a complete mailing list of all current record owners of fee title to the site. You may use the enclosed "list of landowners" form (sample letter 2) as a template to comply with this requirement. If the list of current record owners of fee title to the site changes, you must notify the local agency of the change within 20 calendar days from when you are notified of the change.

If you are the sole landowner, please indicate that on the landowner list form. The following notice requirements do not apply to responsible parties who are the sole landowner for the site.

LANDOWNER NOTIFICATION  
Re: 1355 55<sup>th</sup> Street, Emeryville, CA  
January 25, 2000  
Page 2 of 2

In accordance with Section 25297.15(a) of Ch. 6.7 of the Health & Safety Code, you must certify to the local agency that all current record owners of fee title to the site have been informed of the proposed action before the local agency may do any of the following:

- 1) consider a cleanup proposal (corrective action plan)
- 2) consider a site closure proposal
- 3) make a determination that no further action is required
- 4) issue a closure letter

You may use the enclosed "notice of proposed action" form (sample letter 3) as a template to comply with this requirement. Before approving a cleanup proposal or site closure proposal, determining that no further action is required, or issuing a closure letter, the local agency will take all reasonable steps necessary to accommodate responsible landowner participation in the cleanup and site closure process and will consider all input and recommendations from any responsible landowner.

Please call me at (510) 567-6780 should you have any questions about the content of this letter.

Sincerely,



Susan L. Hugo  
Hazardous Materials Specialist

Attachments

cc: Chuck Headlee, RWQCB  
SH / files

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
 DEPARTMENT OF ENVIRONMENTAL HEALTH  
 HAZARDOUS MATERIALS DIVISION

80 SWAN WAY, ROOM 200  
 OAKLAND, CA 94621

ALCO  
 HAZMAT

415/4320

STID 4592

Reid Jr. BO  
 4/15/94

SUSAN K. HUGO

ACCEPTED

Underground Storage Tank Closure Permit Application  
 Alameda County Division of Hazardous Materials  
 80 Swan Way, Room 200,  
 Oakland, CA 94621  
 Telephone: (415) 432-4320

These closure/removal plans have been received and found to be acceptable and consistent with the requirements of State and Local Health laws. Close to your closure plans indicated by this Department are to assure compliance with State and local laws; the site work plan herein is now released for issuance of any required building permits for construction/destruction. One copy of the accepted plans must be on the job and available to all contractors and craftsmen involved with the removal. Any changes or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Inspections Department to determine if such changes meet the requirements of State and local laws.

Notify this Department at least 72 hours prior to the following required inspections:

- Removal of Tank(s) and Piping
- Sealing
- Final Inspection

Issuance of a) permit to operators, b) permanent site closure is dependent on compliance with accepted plans and all applicable laws and regulations.

\*THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS

Contact Specialist:

Susan J. Hugo  
 4/22/94

Mailed  
 6/22/94

UNDERGROUND TANK CLOSURE PLAN

(CLOSE IN PLACE)

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

1. Business Name CALIFORNIA SYRUP AND EXTRACT COMPANY, INC.  
 Business Owner \_\_\_\_\_
  2. Site Address 1355 55th Street  
 City Emeryville Zip CA Phone 510/420-7181
  3. Mailing Address PO Box 8305  
 City Emeryville Zip 94662 Phone 510/420-7181
  4. Land Owner -- same --  
 Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_
  5. Generator name under which tank will be manifested N/A
- EPA I.D. No. under which tank will be manifested CAC 001022000 / N/A

\* All pipings associated with the tanks & fuel dispenser (if any) must be properly removed & soil samples must be collected for verification.

5. Contractor ALLPRO ENVIRONMENTAL CORP.  
Address 1125-B ARNOLD DRIVE, SUITE #284  
City MARTINEZ, CA 94553 Phone 510/933-6133  
License Type\* Class A ID# 678469

\*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. Consultant Century West Engineering Corporation ✓  
Address 7950 Dublin Blvd., Suite 203  
City Dublin, CA Phone 510/551-7774

8. Contact Person for Investigation ✓  
Name Allen Mooney Title \_\_\_\_\_  
Phone 510/420-7181

9. Number of tanks being closed under this plan 8 ✓  
Length of piping being removed under this plan unknown  
Total number of tanks at facility 8

10. State Registered Hazardous Waste Transporters/Facilities (see instructions).

\*\* Underground tanks are hazardous waste and must be handled \*\*  
as hazardous waste

a) Product/Residual Sludge/Rinsate Transporter  
Name ERICKSON TRUCKING INC. EPA I.D. No. CAD982417560  
Hauler License No. 0019 License Exp. Date May 31, 1994  
Address 255 PARR BLVD.  
City RICHMOND State CA Zip 94801

b) Product/Residual Sludge/Rinsate Disposal Site  
Name GIBSON OIL AND REFINING EPA I.D. No. CAD 980883177  
Address 3121 STANDARD STREET  
City BAKERSFIELD State CA Zip 93308



State of California  
Contractors State License Board

Pursuant to Chapter 9 of Division 3 of the Business and Professions Code  
and the Rules and Regulations of the Contractors State License Board,  
the Registrar of Contractors does hereby issue this license to:

ALLPRO ENVIRONMENTAL CORPORATION



to engage in the business or act in the capacity of a contractor  
in the following classification(s):

A - GENERAL ENGINEERING CONTRACTOR  
HAZ - HAZARDOUS SUBSTANCES REMOVAL



Witness my hand and seal this day,  
October 7, 1993

Issued October 6, 1993

*William J. Falk*

Signature of Licensee

*James J. [Signature]*

Signature of License Qualifier

*David R. Phillips*

Registrar of Contractors

678469

License Number

This license 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. It becomes  
void if not renewed.

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: THOMAS JAY JOWDY

License No.: 678469

Business Name: ALLPRO ENVIRONMENTAL CORPORATION

WITNESS my hand and official seal this

6th day of OCTOBER 1993

*David R. Peltier*  
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.

02/01/94

**CERTIFICATE OF INSURANCE**

**PRODUCER**

Morgan Insurance Agency  
1977 O'Toole Avenue, Suite B-10  
San Jose, Ca 95131  
(408) 435-5422

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 LETTER <b>A</b> | TRUCK INSURANCE EXCHANGE   |
| COMPANY LETTER <b>B</b> | FARMERS INSURANCE EXCHANGE |
| COMPANY LETTER <b>C</b> | FIRST OAK BROOK INS. CO.   |
| COMPANY LETTER <b>D</b> |                            |
| COMPANY LETTER <b>E</b> |                            |

**INSURED**

Mike Falk  
ALLPRO ENVIRONMENTAL CORP.  
3233 Deerhill Road  
Lafayette CA 94549  
(510) 933-6133

**COVERAGE**

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.

| CD LTR  | TYPE OF INSURANCE   | POLICY NUMBER  | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS                                 |
|---|---|----------------|----------------------------------|-----------------------------------|--|
| C   | GENERAL LIABILITY   | DGC16269400550 | 02/12/94                         | 02/12/95                          | GENERAL AGGREGATE \$5,000,000          |
|   | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                |                |                                  |                                   | PRODUCTS-COMP/OP AGG. \$5,000,000      |
|   | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. |                |                                  |                                   | PERSONAL & ADV. INJURY \$5,000,000     |
|   | <input checked="" type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.                |                |                                  |                                   | EACH OCCURRENCE \$5,000,000            |
|   |   |                |                                  |                                   | FIRE DAMAGE (Any one fire) \$ 50,000   |
|   |   |                |                                  |                                   | MED. EXPENSE (Any one person) \$ 5,000 |
| B   | AUTOMOBILE LIABILITY  | 12690-93-17    | 12/14/93                         | 12/14/94                          | COMBINED SINGLE LIMIT \$1,000,000      |
|   | <input checked="" type="checkbox"/> ANY AUTO                                    |                |                                  |                                   | BODILY INJURY (Per person) \$          |
|   | <input checked="" type="checkbox"/> ALL OWNED AUTOS                             |                |                                  |                                   | BODILY INJURY (Per accident) \$        |
|   | <input checked="" type="checkbox"/> SCHEDULED AUTOS                             |                |                                  |                                   | PROPERTY DAMAGE \$                     |
|   | <input checked="" type="checkbox"/> HIRED AUTOS                                 |                |                                  |                                   |  |
| <input checked="" type="checkbox"/> NON-OWNED AUTOS |   |                |                                  |                                   |  |
| <input type="checkbox"/> GARAGE LIABILITY           |   |                |                                  |                                   |  |
|   | EXCESS LIABILITY  |                | / /                              | / /                               | EACH OCCURRENCE \$                     |
|   | <input type="checkbox"/> UMBRELLA FORM  |                |                                  |                                   | AGGREGATE \$                           |
|   | <input type="checkbox"/> OTHER THAN UMBRELLA FORM                               |                |                                  |                                   |  |
| A   | WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY                                  | N1909-71-14    | 12/14/93                         | 12/14/94                          | STATUTORY LIMITS                       |
|   |   |                |                                  |                                   | EACH ACCIDENT \$100,000                |
|   |   |                |                                  |                                   | DISEASE-POLICY LIMIT \$500,000         |
|   |   |                |                                  |                                   | DISEASE-EACH EMPLOYEE \$100,000        |
|   | OTHER   |                | / /                              | / /                               |  |

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. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Robert Morgan*



## HAZARDOUS MATERIALS CERTIFICATE OF REGISTRATION

Registrant: ERICKSON TRUCKING INC.  
Attn: Jerry Butler  
255 Parr Boulevard  
Richmond, CA 94801

This certifies that the registrant is registered with the U.S. Department of Transportation as required by 49 CFR Part 107, Subpart G.

This certificate is issued under the authority of Section 106(c)(1) of the Hazardous Materials Transportation Act, 49 App. U.S.C. 1801, et. seq. It is unlawful to alter or falsify this document.

Reg. No: 060793 700 0288 Issued: 06/10/93 Expires: 06/30/94

### Recordkeeping Requirements for the Registration Program

The following must be maintained at the principal place of business for a period of three years from the date of issuance of this Certificate of Registration:

- (1) A copy of the registration statement filed with RSPA; and
- (2) This Certificate of Registration.

Each person subject to the registration requirement must furnish that person's Certificate of Registration (or a copy) and all other records and information pertaining to the information contained in the registration statement to an authorized representative or special agent of the U.S. Department of Transportation upon request.

Each motor carrier (driver or for-hire) subject to the registration requirement must keep a copy of that carrier's current Certificate of Registration or another document bearing the registration number identified as the "U.S. DOT Hazard Reg. No." in each truck and truck tractor, trailers and some carriers not included used to transport hazardous materials, subject to the registration requirement. The Certificate of Registration or document bearing the registration number must be made available, upon request, to enforcement personnel.

For information, contact the Hazardous Materials Registration Manager, DMM-60 Research and Special Programs Administration, U.S. Department of Transportation, 400 Seventh Street, SW, Washington, DC 20590, telephone (202)366-4109.

STATE OF CALIFORNIA - ENVIRONMENTAL PROTECTION AGENCY

PETER WALFOX, Governor

## DEPARTMENT OF TOXIC SUBSTANCES CONTROL

400 P Street, 4th Floor

P.O. Box 806

Sacramento, CA 95812-0806

(916) 324-2430



MAY 05 1993

## \*\*\* HAZARDOUS WASTE TRANSPORTER REGISTRATION \*\*\*

NAME AND ADDRESS OF REGISTERED TRANSPORTER:

Erickson, Inc.  
255 Parr Blvd.  
Richmond, California 94801

TRANSPORTER REGISTRATION NO: 0019EXPIRATION DATE: May 31, 1994

THIS IS TO CERTIFY THAT THE FIRM NAMED ABOVE IS DULY REGISTERED TO TRANSPORT HAZARDOUS WASTE IN THE STATE OF CALIFORNIA IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 6.5, DIVISION 20 OF THE HEALTH AND SAFETY CODE AND DIVISION 4.5, TITLE 22 OF THE CALIFORNIA CODE OF REGULATIONS.

THIS REGISTRATION CERTIFICATE MUST BE USED IN CONJUNCTION WITH VEHICLES AND/OR CONTAINERS WHICH HAVE BEEN CERTIFIED PURSUANT TO SECTION 256169.1, HEALTH AND SAFETY CODE, OR A VARIANCE ISSUED BY THE DEPARTMENT OF TOXIC SUBSTANCES CONTROL FOR HIGHWAY TRANSPORT WITH THE EXCEPTIONS OF TRANSPORT SOLELY BY WATER, RAIL OR AIR.

THIS REGISTRATION CERTIFICATE MUST BE CARRIED IN THE VEHICLE USED TO TRANSPORT HAZARDOUS WASTE.

*Lloyd A. Bates*  
\_\_\_\_\_  
(AUTHORIZED SIGNATURE)

APR 29 1993  
\_\_\_\_\_  
(DATE)

cc: California Highway Patrol



California Environmental Protection Agency  
 DEPARTMENT OF TOXIC SUBSTANCES CONTROL  
**Hazardous Waste Facility Permit**

Facility: Erickson Treatment Transfer  
 Station  
 2565 Goodrick Avenue  
 Richmond, CA 94801

Operator: Erickson Treatment Transfer  
 Station  
 2565 Goodrick Avenue  
 Richmond, CA 94801

EPA ID Number: CAD 982 417 560

Effective Date: September 8, 1991

Modified: May 21, 1993

Expiration Date: September 8, 2001

*Pursuant to Section 25200 of the California Health and Safety Code, this Hazardous Waste Facility Permit is hereby issued to Erickson Treatment Transfer Station.*

*The issuance of this permit is subject to the conditions set forth in Attachment A which consists of 49 pages (and any other exhibits).*



*Charlene F. Williams*  
 Charlene F. Williams, Acting Chief  
 Facility Permitting Branch  
 Region 2

Date: *May 21, 1993*



**State of California**  
**CONTRACTORS STATE LICENSE BOARD**  
**ACTIVE LICENSE**

**License No: 168067**      **City: CORP**

**Licensee: OSCAR E ERICKSON**  
**INCORPORATED**

**Contractor: B A HAZ**

**Expiry Date: 07/31/98**

STATE OF CALIFORNIA - HEALTH AND SAFETY AGENCY

GEORGE DELMONTE, Director

## DEPARTMENT OF HEALTH SERVICES

7000 P STREET  
SACRAMENTO, CA 95834

|   |   |  |
|---|---|--|
| Facility: Gibson Oil and Refining Company, Inc. | ) | <u>HAZARDOUS WASTE FACILITY PERMIT</u> |
| End of Commercial Drive                         | ) |  |
| Bakersfield, CA 93308                           | ) | EPA ID Number: CAD 980883177           |
|   | ) | Effective Date: June 28, 1988          |
| Operator: Gibson Oil and Refining Company, Inc. | ) |  |
| 3121 Standard Street                            | ) | Expiration Date: June 28, 1993         |
| Bakersfield, CA 93308                           | ) |  |
|   | ) |  |

Pursuant to Section 25200 of the California Health and Safety Code, this Series A, Hazardous Waste Resource Recovery Permit is hereby issued to Gibson Oil and Refining Company, Inc. The issuing of this permit is subject to the conditions set forth in Attachment A which consists of 29 pages (and any other exhibits).

  
James T. Allen, Chief  
Northern California Section  
Toxic Substances Control Division

June 28, 1988  
Date



United States Environmental Protection Agency  
Washington, DC 20460

# Hazardous Waste Permit Application Part A

*Permits  
Reason  
SEP 24 1990  
Mike Jones  
by Lt*

|               |     |      |
|---------------|-----|------|
| Date Received |     |      |
| Month         | Day | Year |
|               |     |      |

(Read the Instructions before starting)

I. ID Number(s)

|                  |   |   |   |   |   |   |   |   |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|------------------|---|---|---|---|---|---|---|---|---|--|---|--|--|--|--|--|--|--|--|--|--|--|--|
| A. EPA ID Number |   |   |   |   |   |   |   |   |   | B. Secondary ID Number (if applicable) |   |  |  |  |  |  |  |  |  |  |  |  |  |
| C                | A | D | 0 | 4 | 3 | 2 | 6 | 0 | 7 | 0                                      | 2 |  |  |  |  |  |  |  |  |  |  |  |  |

II. Name of Facility

G I B S O N / P I L O T J O I N T V E N T U R E

III. Facility Location (Physical address not P.O. Box or Route Number)

A. Street

4 7 5 S E A P O R T B L V D

Street (continued)

City or Town

R E D W O O D C I T Y

State

C A

ZIP Code

9 4 6 0 3

County Code (if known)

County Name

S A N M A T E O

|              |   |                            |
|--------------|---|----------------------------|
| B. Land Type | C. Geographic Location                  | D. Facility Existence Date |
| (enter code) | LATITUDE (degrees, minutes, & seconds)  | Month Day Year             |
| M            | 3 6 3 0                                 | 0 9 2 0 1 9 9 0            |
|              | LONGITUDE (degrees, minutes, & seconds) |                            |
|              | 1 2 3 0                                 |                            |

IV. Facility Mailing Address

Street or P.O. Box

4 7 5 S E A P O R T B L V D

City or Town

R E D W O O D C I T Y

State

C A

ZIP Code

9 4 0 6 3

V. Facility Contact (Person to be contacted regarding waste activities at facility)

Name (last)

V A N L O B E N S E L S

(first)

P A G E

Job Title

C H I E F E X E C O P C R

Phone Number (area code and number)

4 1 5 - 4 4 6 - 7 7 7 7

VI. Facility Contact Address (See Instructions)

|                             |                           |
|-----------------------------|---------------------------|
| A. Contact Address Location | B. Street or P.O. Box     |
| X                           | 2 1 0 1 W E B S T E R S T |
| X                           | 1 5 0 0                   |
| City or Town                | State                     |
| O A X L A N D               | C A                       |
|                             | ZIP Code                  |
|                             | 9 4 6 1 2                 |

c) Tank and Piping Transporter

Name N/A EPA I.D. No. \_\_\_\_\_  
Hauler License No. \_\_\_\_\_ License Exp. Date \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

d) Tank and Piping Disposal Site

Name N/A EPA I.D. No. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

11. Experienced Sample Collector

Name Bob Bogar  
Company Century West Engineering  
Address 7950 Dublin Blvd, Suite 203  
City Dublin State CA Zip 94568 Phone 510/551-7774

12. Laboratory

Name Superior Precision Analytical, Inc.  
Address 825 Arnold Drive, Suite 114  
City Martinez State CA Zip 94553  
State Certification No. (DHS) 1332

13. Have tanks or pipes leaked in the past? Yes  No

If yes, describe. A soil boring investigation conducted in July 1993 indicated possible leakage from three tanks.

14. Describe methods to be used for rendering tank inert

A. Tanks will be triple rinsed.

B. Tanks will be filled completely.

C. Piping ends will be grouted.

Before tanks are pumped out and inerted, all associated piping must be flushed out into the tanks. All accessible associated piping must then be removed. Inaccessible piping must be plugged.

The Bay Area Air Quality Management District (771-6000), along with local Fire and Building Departments, must also be contacted for tank removal permits. Fire departments typically require the use of explosion proof combustible gas meters to verify tank inertness. It is the contractor's responsibility to bring a working combustible gas meter on site to verify tank inertness.

15. Tank History and Sampling Information

| Tank     |                                   | Material to be sampled<br>(tank contents, soil, ground-water, etc.) | Location and Depth of Samples |
|----------|-----------------------------------|---|-------------------------------|
| Capacity | Use History<br>(see instructions) |   |                               |
|          |                                   | -- SEE ATTACHED --<br>(Pg. 1, 2 and map)                            |                               |

One soil sample must be collected for every 20 feet of piping that is removed. A ground water sample must be collected should any ground water be present in the excavation.

## 1.0 INTRODUCTION

This report documents the recent soil boring investigation conducted at the subject site in Emeryville, California (see Figure 1 for site location). The purpose of these soil borings was to sample soils adjacent to each end of eight unused underground storage tanks (USTs) in order to meet UST closure-in-place requirements pursuant to Section 2672 of CCR Title 23 Waters, Chapter 16. The reason California Syrup and Extract is pursuing closure-in-place of the eight USTs is the potential risk to the adjacent California Syrup and Extract building posed by attempting to remove the USTs.

### 1.1 Brief Site Background

The California Syrup and Extract Company facility comprises a large brick and mortar building which faces the 55th Street sidewalk. California Syrup and Extract Company began operations in the building in about 1910, producing and bottling syrup and vinegar for commercial sales. Syrup and vinegar was produced and bottled at the facility up until the mid 1980s, and in the 1960s, bulk ammonia was also bottled at the facility. The east portion of the facility was rented out in the 1970s, and the west portion has been used for storage since the mid 1980s.

The eight USTs are located beneath the sidewalk adjacent to the California Syrup and Extract facility (see Figure 2 for location of USTs). These USTs were installed at various times throughout the life of the facility, and were used to store vehicle fuels, such as gasoline and diesel, and for bulk storage of aqueous ammonia and denatured alcohol for use in California Syrup and Extract's business. All of the USTs were installed prior to current Federal and State UST permitting and closure regulations. Thus, as each UST outlived its usefulness, it was simply taken out of use. UST construction and usage details for the eight USTs are summarized in Table 1.

| <i>Tank ID</i> | <i>Capacity (gal)</i> | <i>Product Stored</i> | <i>Construction Material</i> | <i>Depth to Bottom of Tank</i> | <i>Installation Date</i> | <i>Last Used</i> |
|----------------|-----------------------|-----------------------|------------------------------|--------------------------------|--------------------------|------------------|
| 1 (east)       | 10,000                | Diesel                | Single wall steel            | 12.0 ft                        | 1953                     | 1973             |
| 2              | 550-1,000             | Fuel oil/Waste oil    | Single wall steel            | 6.25 ft                        | 1930                     | 1981             |
| 3              | 1,000                 | Diesel                | Single wall steel            | 7.25 ft                        | 1948                     | 1981             |
| 4              | 1,000                 | Aqueous ammonia       | Single wall steel            | 9.5 ft                         | 1960                     | 1965             |
| 5              | 1,000                 | Gasoline              | Single wall steel            | 7.5 ft                         | 1930                     | 1965             |

**Table 1  
UST CONSTRUCTION & USE  
California Syrup & Extract Site**

| <i>Tank ID</i> | <i>Capacity (gal)</i> | <i>Product Stored</i> | <i>Construction Material</i> | <i>Depth to Bottom of Tank</i> | <i>Installation Date</i> | <i>Last Used</i> |
|----------------|-----------------------|-----------------------|------------------------------|--------------------------------|--------------------------|------------------|
| 6              | 6,000-10,300          | Denatured alcohol     | Single wall black iron       | 11.0 ft                        | 1955                     | 1985             |
| 7              | 10,000                | Denatured alcohol     | Single wall fiberglass       | 10.5 ft                        | 1965                     | 1985             |
| 8 (west)       | 10,000                | Denatured alcohol     | Single wall fiberglass       | 10.5 ft                        | 1965                     | 1985             |

Recently, California Syrup & Extract became aware of the need to close these USTs pursuant to State and local UST regulations. However, upon consulting a structural engineer, it was determined that removal of the USTs is not possible without seriously compromising the adjoining California Syrup and Extract building foundation. Thus, it is the desire of California Syrup and Extract to close these USTs in place in accordance with Section 2672 of CCR Title 23 Waters, Chapter 16. These regulations require that *"The owner of an underground storage tank being closed pursuant to this section shall demonstrate to the satisfaction of the local agency that no unauthorized release has occurred."* These regulations indicate that soil sampling is required to demonstrate that no releases have occurred. Furthermore, these regulations state that if ground water depth is less than 20 feet, then ground water monitoring will be required. This report documents verification soil sampling activities conducted at the project site.

## 1.2 Scope of Work

In phone discussions with Ms. Susan Hugo of Alameda County UST Local Oversight Program (LOP), it was determined that verification soil samples for each UST could be obtained by drilling and sampling vertical borings directly adjacent to either end of each of the USTs. This was achieved through the combined efforts of California Syrup and Extract Company and Century West Engineering. Activities conducted by California Syrup and Extract included:

- Providing historical information about the USTs and the subject facility.
- Providing UST specifications (where available).
- Providing sampling and laboratory analysis of fluids contained in each of the USTs.

| Excavated/Stockpiled Soil   |  |
|---|--|
| Stockpiled Soil Volume<br>(Estimated)<br>10 drums<br>(27 cubic yards) | Sampling Plan<br>Soil from borings was disposed at BFI<br>Landfill in Livermore. |

Stockpiled soil must be placed on bermed plastic and must be completely covered by plastic sheeting.

16. Chemical methods and associated detection limits to be used for analyzing samples

The Tri-Regional Board recommended minimum verification analyses and practical quantitation reporting limits should be followed. See attached Table 2.

| Contaminant Sought | EPA, DHS, or Other Sample Preparation Method Number   | EPA, DHS, or Other Analysis Method Number  | Method Detection Limit   |
|--------------------|---|--|--|
| DIESEL             | EPA SW-846 Method 8015<br>EPA SW-846 Method 8020  | (TPH-Diesel/Motor Oil)<br>BTXE   | 1.0 mg/kg<br>0.003 mg/kg   |
| FUEL/WASTE OIL     | EPA SW-846 Method 8015<br>EPA SW-846 Method 8015<br>EPA SW-846 Method 8020<br>STANDARD Method 5520F<br>EPA SW-846 Method 8240 | 5030 (TPH Gasoline)<br>(TPH-Diesel/Motor Oil)<br>BTXE<br>(Oil & Grease)<br>(Volatile Organics) | 1.0 mg/kg<br>1.0 mg/kg<br>0.003 mg/kg<br>50 mg/kg<br>0.015 mg/kg |
| GASOLINE           | EPA SW-846 Method 8015<br>EPA SW-846 Method 8020<br>EPA SW-846 Method 6010  | 5030 (TPH-Gasoline)<br>BTXE<br>(Total Lead)  | 1.0 mg/kg<br>0.003 mg/kg<br>5 mg/kg                              |
| AMMONIA            | EPA 350.3 (Modified)  | (Total Ammonia)  | 0.5 mg/kg  |
| ALCOHOL            | EPA Method 8015 Modified<br>EPA SW-846 Method 8020  | (Alcohols & Ketones)<br>BTXE   | 2 mg/kg<br>0.003 mg/kg   |

17. Submit Site Health and Safety Plan (See Instructions)

## INSTRUCTIONS

### General Instructions

- \* Three (3) copies of this plan plus attachments and deposit must be submitted to this Department.
- \* Any cutting into tanks requires local fire department approval.
- \* 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.

### Item Specific Instructions

2. SITE ADDRESS  
Address at which closure is taking place.
5. EPA I.D. NO. under which the tanks will be manifested  
EPA I.D. numbers may be obtained from the State Department of Health Services, 916/324-1781.
6. CONTRACTOR  
Prime contractor for the project.
10. STATE REGISTERED HAZARDOUS WASTE TRANSPORTERS/FACILITIES
  - a) All residual liquids and sludges are to be removed from tanks before tanks are inerted.
  - c) Tanks must be hauled as hazardous waste.
  - d) This is the place where tanks will be taken for cleaning.
15. TANK HISTORY AND SAMPLING INFORMATION  
Use History - This information is essential and must be accurate. Include tank installation date, products stored in the tank, and the date when the tank was last used.  
  
Material to be sampled - e.g. water, oil, sludge, soil, etc.  
  
Location and depth of samples - e.g. beneath the tank a maximum of two feet below the native soil/backfill interface, side wall at the high water mark, etc.

16. CHEMICAL METHODS AND ASSOCIATED DETECTION LIMITS  
See attached Table 2.

17. SITE HEALTH AND SAFETY PLAN

A site specific Health and Safety plan must be submitted. We advocate the site health and safety plan include the following items, at a minimum:

- a) The name and responsibilities of the site health and safety officer;
- b) An outline of briefings to be held before work each day to appraise employees of site health and safety hazards;
- c) Identification of health and safety hazards of each work task. Include potential fire, explosion, physical, and chemical hazards;
- d) For each hazard, identify the action levels (contaminant concentrations in air) or physical conditions which will trigger changes in work habits to ensure workers are not exposed to unsafe chemical levels or physical conditions;
- e) Description of the work habit changes triggered by the above action levels or physical conditions;
- f) Frequency and types of air and personnel monitoring - along with the environmental sampling techniques and instrumentation - to be used to detect the above action levels. Include instrumentation maintenance and calibration methods and frequencies;
- g) Confined space entry procedures (if applicable);
- h) Decontamination procedures;
- i) Measures to be taken to secure the site, excavation and stockpiled soil during and after work hours (e.g. barricades, caution tape, fencing, trench plates, plastic sheeting, security guards, etc.);
- j) Spill containment/emergency/contingency plan. Be sure to include emergency phone numbers, the location of the phone nearest the site, and directions to the hospital nearest the site;
- k) Documentation that all site workers have received the appropriate OSHA approved trainings and participate in appropriate medical surveillance per 29 CFR 1910.120; and
- l) Page for employees to sign indicating they have read and will comply with the site health and safety plan.

The safety plan must be distributed to all employees and contractors working in hazardous waste operations on site. A complete copy of the site health and safety plan along with any standard operating procedures shall be on site and accessible at all times.



NOTE: These requirements are excerpts from 29 CFR Part 1910.120(b)(4) Hazardous Waste Operation and Emergency Response; Final Rule, March 6, 1989. Safety plans of certain underground tank sites may need to meet the complete requirements of this Rule.

19. PLOT PLAN

The plan should consist of a scaled view of the facility at which the tank(s) are located and should include the following information:

- a) Scale;
- b) North Arrow;
- c) Property Lines;
- d) Location of all Structures;
- e) Location of all relevant existing equipment including tanks and piping to be removed and dispensers;
- f) Streets;
- g) Underground conduits, sewers, water lines, utilities;
- h) Existing wells (drinking, monitoring, etc.);
- i) Depth to ground water; and
- j) All existing tanks and piping in addition to the ones being pulled.

20. DEPOSIT

A deposit, payable to Alameda County for the amount indicated on the Alameda County Underground Storage Tank Fee Schedule, must accompany the plans.

21. 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.

22. TANK CLOSURE REPORT

The tank closure report should contain the following information:

- a) General description of the closure activities;
- b) Description of tank, fittings and piping conditions. Indicate tank size and former contents; note any corrosion, pitting, holes, etc.;

- c) Description of the excavation itself. Include the tank and excavation depth, a log of the stratigraphic units encountered within the excavation, a description of root holes or other potential contaminant pathways, the depth to any observed ground water, descriptions and locations of stained or odor-bearing soil, and descriptions of any observed free product or sheen;
- d) Description of sampling methods;
- e) Description of any remedial measures conducted at the time of tank removal;
- f) To-scale figures showing the excavation size and depth, nearby buildings, sample locations and depths, and tank and piping locations. Include a copy of the plot plan prepared for the Tank Closure Plan under item 19;
- g) Chain of custody records;
- h) Copies of signed laboratory reports;
- i) Copies of "TSDf to Generator" Manifests for all hazardous wastes hauled offsite (sludge, rinsate, tanks and piping, contaminated soil, etc.); and
- j) Tabulation of the volume and final destination of all non-manifested contaminated soil hauled offsite.

TABLE #2  
RECOMMENDED MINIMUM VERIFICATION ANALYSES FOR  
UNDERGROUND TANK LEAKS

| <u>HYDROCARBON LEAK</u>   | <u>SOIL ANALYSIS</u>   | <u>WATER ANALYSIS</u>  |
|---|--|--|
| Unknown Fuel  | TPH G GCFID(5030)<br>TPH D GCFID(3550)<br>BTX&E 8020 or 8240<br>TPH AND BTX&E 8260   | TPH G GCFID(5030)<br>TPH D GCFID(3510)<br>BTX&E 602, 624 or 8260   |
| Leaded Gas  | TPH G GCFID(5030)<br>BTX&E 8020 OR 8240<br>TPH AND BTX&E 8260<br>TOTAL LEAD AA<br>-----Optional-----<br>TEL DHS-LUFT<br>EDB DHS-AB1803 | TPH G GCFID(5030)<br>BTX&E 602 or 624<br>TOTAL LEAD AA<br><br>TEL DHS-LUFT<br>EDB DHS-AB1803                     |
| Unleaded Gas  | TPH G GCFID(5030)<br>BTX&E 8020 or 8240<br>TPH AND BTX&E 8260  | TPH G GCFID(5030)<br>BTX&E 602, 624 or 8260  |
| Diesel, Jet Fuel and Kerosene   | TPH D GCFID(3550)<br>BTX&E 8020 or 8240<br>TPH AND BTX&E 8260  | TPH D GCFID(3510)<br>BTX&E 602, 624 or 8260  |
| Fuel/Heating Oil  | TPH D GCFID(3550)<br>BTX&E 8020 or 8240<br>TPH AND BTX&E 8260  | TPH D GCFID(3510)<br>BTX&E 602, 624 or 8260  |
| Chlorinated Solvents  | CL HC 8010 or 8240<br>BTX&E 8020 or 8240<br>CL HC AND BTX&E 8260   | CL HC 601 or 624<br>BTX&E 602 or 624<br>CL HC AND BTX&E 8260   |
| Non-chlorinated Solvents  | TPH D GCFID(3550)<br>BTX&E 8020 or 8240<br>TPH AND BTX&E 8260  | TPH D GCFID(3510)<br>BTX&E 602 or 624<br>TPH and BTX&E 8260  |
| Waste and Used Oil or Unknown<br>(All analyses must be completed and submitted) | TPH G GCFID(5030)<br>TPH D GCFID(3550)<br>TPH AND BTX&E 8260<br>O & G 5520 D & F<br>BTX&E 8020 or 8240<br><br>CL HC 8010 or 8240       | TPH G GCFID(5030)<br>TPH D GCFID(3510)<br><br>O & G 5520 C & F<br>BTX&E 602, 624 or 8260<br><br>CL HC 601 or 624 |

ICAP or AA TO DETECT METALS: Cd, Cr, Pb, Zn, Ni  
METHOD 8270 FOR SOIL OR WATER TO DETECT:  
PCB\*  
PCP\*  
PNA  
CREOSOTE

\* If found, analyze for dibenzofurans (PCBs) or dioxins (PCP)

Reference: Tri-Regional Board Staff Recommendations for Preliminary Evaluation and Investigation of Underground Tank Sites, 10 August 1990

**EXPLANATION FOR TABLE #2: MINIMUM VERIFICATION ANALYSIS**

1. OTHER METHODOLOGIES are continually being developed and as methods are accepted by EPA or DHS, they also can be used.
2. For DRINKING WATER SOURCES, EPA recommends that the 500 series for volatile organics be used in preference to the 600 series because the detection limits are lower and the QA/QC is better.
3. APPROPRIATE STANDARDS for the materials stored in the tank are to be used for all analyses on Table #2. For instance, seasonally, there may be five different jet fuel mixtures to be considered.
4. To AVOID FALSE POSITIVE detection of benzene, benzene-free solvents are to be used.
5. TOTAL PETROLEUM HYDROCARBONS (TPH) as gasoline (G) and diesel (D) ranges (volatile and extractible, respectively) are to be analyzed and characterized by GCFID with a fused capillary column and prepared by EPA method 5030 (purge and trap) for volatile hydrocarbons, or extracted by sonication using 3550 methodology for extractable hydrocarbons. Fused capillary columns are preferred to packed columns; a packed column may be used as a "first cut" with "dirty" samples or once the hydrocarbons have been characterized and proper QA/QC is followed.
6. TETRAETHYL LEAD (TEL) analysis may be required if total lead is detected unless the determination is made that the total lead concentration is geogenic (naturally occurring).
7. CHLORINATED HYDROCARBONS (CL HC) AND BENZENE, TOLUENE, XYLENE AND ETHYLBENZENE (BTX&E) are analyzed in soil by EPA methods 8010 and 8020 respectively, (or 8240) and in water, 601 and 602, respectively (or 624).
8. OIL AND GREASE (O & G) may be used when heavy, straight chain hydrocarbons may be present. Infrared analysis by method 418.1 may also be acceptable for O & G if proper standards are used. Standard Methods" 17th Edition, 1989, has changed the 503 series to 5520.
9. PRACTICAL QUANTITATION REPORTING LIMITS are influenced by matrix problems and laboratory QA/QC procedures. Following are the Practical Quantitation Reporting Limits:

|       | <u>SOIL PPM</u> | <u>WATER PPB</u> |
|-------|-----------------|------------------|
| TPH G | 1.0             | 50.0             |
| TPH D | 1.0             | 50.0             |
| BTX&E | 0.005           | 0.5              |
| O & G | 50.0            | 5,000.0          |

Based upon a Regional Board survey of Department of Health Services Certified Laboratories, the Practical Quantitation Reporting Limits are attainable by a majority of laboratories with the exception of diesel fuel in soils. The Diesel Practical Quantitation Reporting Limits, shown by the survey, are:

| ROUTINE        | MODIFIED PROTOCOL |
|----------------|-------------------|
| ≤ 10 ppm (42%) | ≤ 10 ppm (10%)    |
| ≤ 5 ppm (19%)  | ≤ 5 ppm (21%)     |
| ≤ 1 ppm (35%)  | ≤ 1 ppm (60%)     |

When the Practical Quantitation Reporting Limits are not achievable, an explanation of the problem is to be submitted on the laboratory data sheets.

10. LABORATORY DATA SHEETS are to be signed and submitted and include the laboratory's assessment of the condition of the samples on receipt including temperature, suitable container type, air bubbles present/absent in VOA bottles, proper preservation, etc. The sheets are to include the dates sampled, submitted, prepared for analysis, and analyzed.

11. IF PEAKS ARE FOUND, when running samples, that do not conform to the standard, laboratories are to report the peaks, including any unknown complex mixtures that elute at times varying from the standards. Recognizing that these mixtures may be contrary to the standard, they may not be readily identified; however, they are to be reported. At the discretion of the LIA or Regional Board the following information is to be contained in the laboratory report:

The relative retention time for the unknown peak(s) relative to the reference peak in the standard, copies of the chromatogram(s), the type of column used, initial temperature, temperature program is C/minute, and the final temperature.

12. REPORTING LIMITS FOR TPH are: gasoline standard ≤ 20 carbon atoms, diesel and jet fuel (kerosene) standard ≤ 50 carbon atoms. It is not necessary to continue the chromatography beyond the limit, standard, or EPA/DHS method protocol (whichever time is greater).

#### EPILOGUE

ADDITIVES: Major oil companies are being encouraged or required by the federal government to reformulate gasoline as cleaner burning fuels to reduce air emissions. MTBE (Methyl-tertiary butyl ether), ETHANOL (ethyl alcohol), and other chemicals may be added to reformulate gasolines to increase the oxygen content in the fuel and thereby decrease undesirable emissions (about four percent with MTBE). MTBE and ethanol are, for practical purposes, soluble in water. The removal from the water column will be difficult. Other compounds are being added by the oil companies for various purposes. The refinements for detection and analysis for all of these additives are still being worked out. If you have any questions about the methodology, please call your Regional Board representative.

18. Submit Worker's Compensation Certificate copy

Name of Insurer TRUCK INSURANCE EXCHANGE

19. Submit Plot Plan (See Instructions)

20. Enclose Deposit (See Instructions)

21. Report any leaks or contamination to this office within 5 days of discovery. The report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report form. (see Instructions)

22. Submit a closure report to this office within 60 days of the tank removal. This report must contain all the information listed in item 22 of the instructions.

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 closure 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) Patrick J. Falk, AllPro Corporation

Signature *Patrick J. Falk*

Date 3-29-94

Signature of Site Owner or Operator

Name (please type) Ronald W. Mooney, California Syrup & Extract Co., Inc.

Signature *Ronald W. Mooney, President*

Date 3-29-94

ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY

DAVID J. KEARS, Agency Director



RO46 EC

RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

January 13, 1994  
STID# 4592

DEPARTMENT OF ENVIRONMENTAL HEALTH  
State Water Resources Control Board  
Division of Clean Water Programs  
UST Local Oversight Program  
80 Swan Way, Rm 200  
Oakland, CA 94621  
(510) 271-4530

Mr. Alan Mooney  
California Syrup and Extract Co.  
P.O. Box 8305  
Emeryville, California 94662

**RE: Status of the Investigation for Eight Underground Storage  
Tanks to be Closed In Place at California Syrup and Extract  
4355 55th Street, Emeryville, CA 94608**

Dear Mr. Mooney:

The Alameda County Department of Environmental Health, Hazardous Materials Division has recently reviewed the "Report of Soil Boring Investigation for UST Closure-In Place" dated November 10, 1993 and submitted by Century West Engineering Corporation for the referenced site.

Soil samples collected from the borings placed near the underground storage tanks exhibited the following contaminants: 16 ppm TPH gasoline, 84 ppm TPH diesel, 150 ppm TPH motor oil, 230 ppm ammonia and 0.11 ppm benzene.

The proposed closure in place of the eight underground storage tanks which are located underneath the sidewalk along 55th Street is acceptable provided the following items are addressed:

- 1) Please complete the enclosed "Underground Tank Closure Plan" and submit the completed form in triplicates.
- 2) All phases of the work at the site must be performed by qualified environmental professionals.
- 3) A notice must be placed in the deed to the property. The notice should describe the exact vertical and areal location of the closed underground storage tanks, the hazardous substances it contained and the closure method.
- 4) The extent of the soil and/or groundwater contamination must be determined. Verified downgradient direction must be established at the site using data from three monitoring wells. One groundwater monitoring well must be installed within ten feet of the tank that exhibited an unauthorized release. Groundwater elevation readings must be performed every quarter and all monitoring wells must be surveyed to an accuracy of 0.01 foot and referenced to mean sea level (MSL). Monitoring well sampling frequency must occur every quarter. A workplan must be submitted to delineate the vertical and lateral extent of the contaminant plume.

Mr. Alan Mooney  
RE: 1355 55th Street, Emeryville CA 94608  
January 13, 1994  
Page 2 of 3

- 5) Please submit a time schedule for all phases of the investigation and remediation activities at the site.

Response to items # 1,4, and 5 must be provided to this office **no later than February 13, 1994**. For item # 3 , a copy of the notice in the deed must be provided to this office upon completion of the in place closure of the eight underground storage tanks.

An underground storage tank unauthorized leak report (ULR) has not been submitted to this office. Enclosed is a blank copy of the ULR which must be completed and submitted to this office **within five working days upon receipt of this letter**.

Until cleanup is complete, you will need to submit reports to this office every three months (or at a more frequent interval, if specified at any time by this agency). In addition, the following items must be incorporated in your future reports or workplans:

- a cover letter from the responsible party or tank owner stating the accuracy of the report and whether he/she concurs with the conclusions and recommendations in the report or workplan
- site map delineating contamination contours for soil and groundwater based on recent data should be included and the status of the investigation and cleanup must be identified
- proposed continuing or next phase of investigation / cleanup activities must be included to inform this department of the responsible party or tank owner's intention
- any changes in the groundwater flow direction and gradient based on the measured data since the last sampling event must be explained
- historical records of groundwater level in each well must be tabulated to indicate the fluctuation in water levels
- tabulate analytical results from all previous sampling events; provide laboratory reports (including quality control/quality assurance) and chain of custody documentation



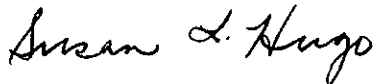
Mr. Alan Mooney  
RE: 1355 55th Street, Emeryville CA 94608  
January 13, 1994  
Page 3 of 3

All reports and proposals must be submitted under seal of a California Registered Geologist or Registered Civil Engineer with a statement of qualifications for each lead professionals involved with the project.

Because we are overseeing this site under the designated authority of the Regional Water Quality Control Board, this letter constitutes a formal requests for technical reports pursuant to California Water Code Section 13267 (b). Any extensions of stated deadlines or changes in the workplan must be confirmed in writing and approved by this agency.

Please contact me at (510) 271-4530 if you have any questions concerning this letter.

Sincerely,



Susan L. Hugo  
Senior Hazardous Materials Specialist

enclosures

cc: Rafat A. Shahid, Asst. Agency Director, Environmental Health  
Rich Hiett, San Francisco Bay RWQCB  
Gil Jensen, Alameda County District Attorney's Office  
Edgar B. Howell, Chief, Hazardous Materials Division - files  
Jim Gribi, Century West Engineering Corporation  
7950 Dublin Blvd., Suite 203, Dublin, CA 94268

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



COMPLETE THIS FORM FOR EACH FACILITY/SITE

|                           |   |   |   |   |
|---------------------------|---|---|---|---|
| <b>MARK ONLY ONE ITEM</b> | <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 | 8/15/94   |

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

|   |  |   |                                |
|---|--|---|--------------------------------|
| DBA OR FACILITY NAME<br><b>California Syrup and Extract Co., Inc.</b>   |  | NAME OF OPERATOR<br><b>California Syrup and Extract Co., Inc.</b> |                                |
| ADDRESS<br><b>1355 55th Street</b>  |  | NEAREST CROSS STREET<br><b>Beaudry</b>                            | PARCEL # (OPTIONAL)            |
| CITY NAME<br><b>Emeryville</b>  |  | STATE<br><b>CA</b>  | ZIP CODE                       |
| <input checked="" type="checkbox"/> BOX TO INDICATE<br><input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY DISTRICTS<br><input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> FEDERAL-AGENCY |  | SITE PHONE # WITH AREA CODE<br>---                                |                                |
| TYPE OF BUSINESS<br><input type="checkbox"/> 1 GAS STATION <input type="checkbox"/> 2 DISTRIBUTOR<br><input type="checkbox"/> 3 FARM <input type="checkbox"/> 4 PROCESSOR <input type="checkbox"/> 5 OTHER  |  | <input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS     | # OF TANKS AT SITE<br><b>8</b> |
| E. P. A. I. D. # (optional)   |  |   |                                |

**EMERGENCY CONTACT PERSON (PRIMARY)**

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

|   |   |  |   |
|---|---|--|---|
| DAYS: NAME (LAST, FIRST)<br><b>Mooney, Ronald</b>   | PHONE # WITH AREA CODE<br><b>510/420-7176</b> | DAYS: NAME (LAST, FIRST)<br><b>Oja, Jon</b>        | PHONE # WITH AREA CODE<br><b>510/420-7163</b> |
| NIGHTS: NAME (LAST, FIRST)<br><b>Mooney, Ronald</b> | PHONE # WITH AREA CODE<br><b>510/547-0422</b> | NIGHTS: NAME (LAST, FIRST)<br><b>Mooney, Steve</b> | PHONE # WITH AREA CODE<br><b>510/652-1336</b> |

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

|   |  |   |                          |
|---|--|---|--------------------------|
| NAME<br><b>California Syrup and Extract Co., Inc.</b> |  | CARE OF ADDRESS INFORMATION   |                          |
| MAILING OR STREET ADDRESS<br><b>PO Box 8305</b>       |  | <input checked="" type="checkbox"/> box to indicate<br><input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY<br><input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY |                          |
| CITY NAME<br><b>Emeryville</b>                        |  | STATE<br><b>CA</b>  | ZIP CODE<br><b>94608</b> |
|   |  | PHONE # WITH AREA CODE<br><b>510/420-7181</b>   |                          |

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

|  |  |   |                          |
|--|--|---|--------------------------|
| NAME OF OWNER<br><b>California Syrup and Extract Co., Inc.</b> |  | CARE OF ADDRESS INFORMATION   |                          |
| MAILING OR STREET ADDRESS<br><b>PO Box 8305</b>                |  | <input checked="" type="checkbox"/> box to indicate<br><input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY<br><input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY |                          |
| CITY NAME<br><b>Emeryville,</b>                                |  | STATE<br><b>CA</b>  | ZIP CODE<br><b>94608</b> |
|  |  | PHONE # WITH AREA CODE<br><b>510/420-7181</b>   |                          |

**IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 323-9555 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.     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)<br><b>Ronald Mooney</b> <i>Ronald Mooney</i> | APPLICANT'S TITLE<br><b>President</b> | DATE MONTH/DAY/YEAR<br><b>05/17/93</b> |
|---|---------------------------------------|--|

**LOCAL AGENCY USE ONLY**

|                          |                               |                                       |
|--------------------------|-------------------------------|---------------------------------------|
| COUNTY #<br>[ ] [ ]      | JURISDICTION #<br>[ ] [ ] [ ] | FACILITY #<br>[ ] [ ] [ ] [ ] [ ] [ ] |
| 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.

|                    |   |   |   |  |
|--------------------|---|---|---|--|
| 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 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: **California Syrup and Extract Company, Inc.**

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

|   |  |
|---|--|
| A. OWNER'S TANK I.D.# <b>Tank 8</b>         | B. MANUFACTURED BY <b>Rheems</b>           |
| C. DATE INSTALLED (MO/DAY/YEAR) <b>1965</b> | D. TANK CAPACITY IN GALLONS <b>110,000</b> |

**II. TANK CONTENTS** (IF A IS MARKED, COMPLETE ITEM C.)

|  |                                     |                                       |  |                                     |   |
|--|-------------------------------------|---------------------------------------|--|-------------------------------------|---|
| A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL | 4 OIL                               | B. <input type="checkbox"/> 1 PRODUCT | C. <input checked="" type="checkbox"/> 1a REGULAR UNLEADED | 3 DIESEL                            | 8 AVIATION GAS  |
| <input type="checkbox"/> 2 PETROLEUM             | <input type="checkbox"/> 90 EMPTY   | <input type="checkbox"/> 2 WASTE      | <input type="checkbox"/> 1b PREMIUM UNLEADED               | <input type="checkbox"/> 4 GASOLINE | <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 **Alcohol, Food Grade** C.A.S.#:

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

|                   |   |   |                                   |
|-------------------|---|---|-----------------------------------|
| A. TYPE OF SYSTEM | 1 DOUBLE WALL                                     | 3 SINGLE WALL WITH EXTERIOR LINER                               | 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) | 1 BARE STEEL                        | 2 STAINLESS STEEL                             | 3 FIBERGLASS                        | 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 | 1 RUBBER LINED                          | 2 ALKYD LINING                     | 3 EPOXY LINING                      | 4 PHENOLIC LINING                 |
|                    | <input type="checkbox"/> 5 GLASS LINING | <input 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 | 1 POLYETHYLENE WRAP                            | 2 COATING                        | 3 VINYL WRAP                                   | 4 FIBERGLASS REINFORCED PLASTIC   |
|                         | <input type="checkbox"/> 5 CATHODIC PROTECTION | <input type="checkbox"/> 91 NONE | <input checked="" type="checkbox"/> 95 UNKNOWN | <input type="checkbox"/> 99 OTHER |

E. SPILL AND OVERFILL: SPILL CONTAINMENT INSTALLED (YEAR) None OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) None

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

|                                      |  |                            |                                |                                      |
|--------------------------------------|--|----------------------------|--------------------------------|--------------------------------------|
| A. SYSTEM TYPE                       | A <input checked="" type="radio"/> U 1 SUCTION     | A U 2 PRESSURE             | A U 3 GRAVITY                  | A U 99 OTHER                         |
| B. CONSTRUCTION                      | A <input checked="" type="radio"/> 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 <input checked="" type="radio"/> 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 **None**

**V. TANK LEAK DETECTION**

|  |   |  |   |  |
|--|---|--|---|--|
| <input checked="" 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 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>1985</b> | 2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <b>0</b> GALLONS | 3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" 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) <b>Ronald Mooney</b> | DATE <b>05/17/93</b> |
|---|----------------------|

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

|               |                         |                        |                      |                      |
|---------------|-------------------------|------------------------|----------------------|----------------------|
| STATE I.D.#   | COUNTY #                | JURISDICTION #         | FACILITY #           | TANK #               |
|               | <input type="text"/>    | <input type="text"/>   | <input type="text"/> | <input type="text"/> |
| 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

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 checked="" 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: California Syrup and Extract Company, Inc.

|   |  |
|---|--|
| <b>I. TANK DESCRIPTION</b> COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN |  |
| A. OWNER'S TANK I.D.# <u>Tank 7</u>                                 | B. MANUFACTURED BY: <u>Rheems</u>          |
| C. DATE INSTALLED (MO/DAY/YEAR) <u>1965</u>                         | D. TANK CAPACITY IN GALLONS: <u>10,000</u> |

|   |                                     |                                    |   |
|---|-------------------------------------|------------------------------------|---|
| <b>II. TANK CONTENTS</b> (FA-1 IS MARKED, COMPLETE ITEM C.)                           |                                     |                                    |   |
| A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL                                      | <input type="checkbox"/> 4 OIL      | <input type="checkbox"/> 1 PRODUCT | <input type="checkbox"/> 3 DIESEL GASAHOL |
| <input type="checkbox"/> 2 PETROLEUM  | <input type="checkbox"/> 60 EMPTY   | <input type="checkbox"/> 2 WASTE   | <input type="checkbox"/> 7 METHANOL       |
| <input type="checkbox"/> 3 CHEMICAL PRODUCT   | <input type="checkbox"/> 95 UNKNOWN |                                    | <input type="checkbox"/> 5 JET FUEL       |
| D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED: <u>Alcohol, Food Grade</u> |                                     | G.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 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"/> 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 type="checkbox"/> 6 UNLINED                              | <input checked="" type="checkbox"/> 95 UNKNOWN             | <input type="checkbox"/> 99 OTHER                                      |
| IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |   |   |  |  |
| D. CORROSION PROTECTION   | <input type="checkbox"/> 1 POLYETHYLENE WRAP      | <input type="checkbox"/> 2 COATING                              | <input type="checkbox"/> 3 VINYL WRAP                      | <input type="checkbox"/> 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) <u>None</u>    |   | OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>None</u> |  |

|  |   |   |  |   |
|--|---|---|--|---|
| <b>IV. PIPING INFORMATION</b> CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE |   |   |  |   |
| A. SYSTEM TYPE   | A <input checked="" type="radio"/> SUCTION              | A U 2 PRESSURE                                    | A U 3 GRAVITY                                      | A U 99 OTHER                                  |
| B. CONSTRUCTION  | A <input checked="" type="radio"/> 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 <input checked="" type="radio"/> 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 <u>None</u> |

|  |   |  |   |  |
|--|---|--|---|--|
| <b>V. TANK LEAK DETECTION</b>                      |   |  |   |  |
| <input checked="" 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 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>1985</u> | 2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>0</u> GALLONS | 3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" 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)<br><u>Ronald Mooney</u> | DATE<br><u>05/17/93</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 |            |        |

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

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 checked="" 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: California Syrup and Extract Company, Inc.

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

|   |                                    |
|---|------------------------------------|
| A. OWNER'S TANK I. D. # <u>Tank 6</u>       | B. MANUFACTURED BY: <u>Unknown</u> |
| C. DATE INSTALLED (MO/DAY/YEAR) <u>1955</u> | D. TANK CAPACITY IN GALLONS:       |

**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 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 Alcohol, Food Grade 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 type="checkbox"/> 6 UNLINED                              | <input checked="" 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"/> 6 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) <u>None</u> |

**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 2 PRESSURE                                    | A U 3 GRAVITY                                      | A U 99 OTHER                                  |
| B. CONSTRUCTION                      | A <u>U</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>U</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 <u>None</u> |

**V. TANK LEAK DETECTION**

|  |   |  |   |  |
|--|---|--|---|--|
| <input checked="" 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 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>1965</u> | 2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>0</u> GALLONS | 3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" 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>Ronald Mooney</u> | DATE <u>5/17/93</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 |        |

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

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 checked="" 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: California Syrup and Extract Company, Inc.

|   |  |
|---|--|
| <b>I. TANK DESCRIPTION</b> COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN |  |
| A. OWNER'S TANK I.D.# <u>Tank 5</u>                                 | B. MANUFACTURED BY: <u>Unknown</u>       |
| C. DATE INSTALLED (MO/DAY/YEAR) <u>1930</u>                         | D. TANK CAPACITY IN GALLONS: <u>1000</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"/> 4 OIL      | B. <input 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 type="checkbox"/> 1b PREMIUM UNLEADED                  |
| <input type="checkbox"/> 3 CHEMICAL PRODUCT                 | <input type="checkbox"/> 95 UNKNOWN |                                       | <input checked="" type="checkbox"/> 2 LEADED                  |
|   |                                     |                                       | <input type="checkbox"/> 3 DIESEL                             |
|   |                                     |                                       | <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. #:   |

|  |  |   |  |
|--|--|---|--|
| <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 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                        |
|  |  |   | <input type="checkbox"/> 99 OTHER                          |
| C. INTERIOR LINING   | <input type="checkbox"/> 1 RUBBER LINED                          | <input type="checkbox"/> 2 ALKYD LINING                         | <input type="checkbox"/> 3 EPOXY LINING                    |
|  | <input type="checkbox"/> 5 GLASS LINING                          | <input type="checkbox"/> 6 UNLINED                              | <input checked="" 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"/> 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) <u>None</u> |

|  |   |   |   |
|--|---|---|---|
| <b>IV. PIPING INFORMATION</b> 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 <input checked="" type="checkbox"/> 1 SINGLE WALL     | A U <input type="checkbox"/> 2 DOUBLE WALL          | A U <input 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 <input checked="" 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"/> 5 ALUMINUM                 | A U <input type="checkbox"/> 6 CONCRETE             | A U <input type="checkbox"/> 4 FIBERGLASS PIPE                |
|  | A U <input type="checkbox"/> 9 GALVANIZED STEEL         | A U <input type="checkbox"/> 10 CATHODIC PROTECTION | A U <input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP |
|  |   |   | 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                             |
|  |   |   | <u>None</u>   |

|  |   |  |   |  |
|--|---|--|---|--|
| <b>V. TANK LEAK DETECTION</b>                      |   |  |   |  |
| <input checked="" 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 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>1965</u> | 2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>0</u> GALLONS | 3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" 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>Ronald Mooney</u> | DATE <u>05/17/93</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 |        |

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

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 checked="" 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: California Syrup and Extract Company, Inc.

|   |  |
|---|--|
| <b>I. TANK DESCRIPTION</b> COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN |  |
| A. OWNER'S TANK I. D. #: <u>Tank 4</u>                              | B. MANUFACTURED BY: <u>Unknown</u>       |
| C. DATE INSTALLED (MO/DAY/YEAR) <u>1960</u>                         | D. TANK CAPACITY IN GALLONS: <u>1000</u> |

|  |                                     |                                       |  |
|--|-------------------------------------|---------------------------------------|--|
| <b>II. TANK CONTENTS</b> IFA-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"/> 2 PETROLEUM   | <input type="checkbox"/> 80 EMPTY   | <input type="checkbox"/> 2 WASTE      | <input type="checkbox"/> 1b PREMIUM UNLEADED                             |
| <input type="checkbox"/> 3 CHEMICAL PRODUCT                                      | <input type="checkbox"/> 95 UNKNOWN |                                       | <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>Aqueous Ammonia</u> |                                     |                                       | 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 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                        |
|  |  |   | <input type="checkbox"/> 99 OTHER                          |
| C. INTERIOR LINING   | <input type="checkbox"/> 1 RUBBER LINED                          | <input type="checkbox"/> 2 ALKYD LINING                         | <input type="checkbox"/> 3 EPOXY LINING                    |
|  | <input type="checkbox"/> 5 GLASS LINING                          | <input type="checkbox"/> 6 UNLINED                              | <input type="checkbox"/> 4 PHENOLIC LINING                 |
|  |  |   | <input checked="" 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 checked="" type="checkbox"/> 2 COATING                   | <input type="checkbox"/> 3 VINYL WRAP                      |
|  | <input type="checkbox"/> 5 CATHODIC PROTECTION                   | <input 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) <u>None</u> |

|  |   |   |  |   |
|--|---|---|--|---|
| <b>IV. PIPING INFORMATION</b> CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE |   |   |  |   |
| A. SYSTEM TYPE   | A <u>U</u> 1 <u>SUCTION</u>                             | A U 2 PRESSURE                                    | A U 3 GRAVITY                                      | A U 99 OTHER                                  |
| B. CONSTRUCTION  | A <u>U</u> 1 <u>SINGLE WALL</u>                         | 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>U</u> 7 <u>STEEL W/ COATING</u>               | 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 <u>None</u> |

|  |   |  |   |  |
|--|---|--|---|--|
| <b>V. TANK LEAK DETECTION</b>                      |   |  |   |  |
| <input checked="" 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 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>1965</u> | 2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>0</u> GALLONS | 3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" 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>Ronald Mooney</u> | DATE <u>5/17/93</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 |        |

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

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 checked="" 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: California Syrup and Extract Company, Inc.

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

|   |  |
|---|--|
| A. OWNER'S TANK I.D.# <u>Tank 3</u>         | B. MANUFACTURED BY: <u>Unknown</u>       |
| C. DATE INSTALLED (MO/DAY/YEAR) <u>1948</u> | D. TANK CAPACITY IN GALLONS: <u>1000</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 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 Diesel fuel for boiler 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   | B. TANK MATERIAL (Primary Tank)   | C. INTERIOR LINING   |  |
| <input type="checkbox"/> 1 DOUBLE WALL                          | <input checked="" type="checkbox"/> 1 BARE STEEL                        | <input type="checkbox"/> 1 RUBBER LINED                          |  |
| <input checked="" type="checkbox"/> 2 SINGLE WALL               | <input type="checkbox"/> 2 STAINLESS STEEL                              | <input type="checkbox"/> 5 GLASS LINING                          |  |
| <input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER      | <input type="checkbox"/> 3 FIBERGLASS                                   | <input type="checkbox"/> 2 ALKYD LINING                          |  |
| <input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK) | <input type="checkbox"/> 4 STEEL CLAD, W/ FIBERGLASS REINFORCED PLASTIC | <input type="checkbox"/> 6 UNLINED                               |  |
| <input type="checkbox"/> 95 UNKNOWN                             | <input type="checkbox"/> 5 CONCRETE                                     | <input type="checkbox"/> 3 EPOXY LINING                          |  |
| <input type="checkbox"/> 99 OTHER                               | <input type="checkbox"/> 6 POLYVINYL CHLORIDE                           | <input checked="" type="checkbox"/> 95 UNKNOWN                   |  |
|   | <input type="checkbox"/> 7 ALUMINUM                                     | <input type="checkbox"/> 4 PHENOLIC LINING                       |  |
|   | <input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP               | <input type="checkbox"/> 99 OTHER                                |  |
|   | <input type="checkbox"/> 9 BRONZE                                       | IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___ |  |
|   | <input type="checkbox"/> 10 GALVANIZED STEEL                            |  |  |
|   | <input type="checkbox"/> 95 UNKNOWN                                     |  |  |
|   | <input type="checkbox"/> 99 OTHER                                       |  |  |
| D. CORROSION PROTECTION   | E. SPILL AND OVERFILL   |  |  |
| <input type="checkbox"/> 1 POLYETHYLENE WRAP                    | 1. SPILL CONTAINMENT INSTALLED (YEAR) <u>None</u>                       |  |  |
| <input type="checkbox"/> 2 COATING                              | OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>None</u>              |  |  |
| <input type="checkbox"/> 3 VINYL WRAP                           |   |  |  |
| <input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC        |   |  |  |
| <input checked="" type="checkbox"/> 95 UNKNOWN                  |   |  |  |
| <input type="checkbox"/> 99 OTHER                               |   |  |  |

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

|                      |                          |                                      |   |
|----------------------|--------------------------|--------------------------------------|---|
| A. SYSTEM TYPE       | B. CONSTRUCTION          | C. MATERIAL AND CORROSION PROTECTION | D. LEAK DETECTION                                       |
| A <u>U</u> 1 SUCTION | A <u>U</u> 1 SINGLE WALL | A <u>U</u> 1 BARE STEEL              | <input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR |
| A U 2 PRESSURE       | A U 2 DOUBLE WALL        | A U 2 STAINLESS STEEL                | <input type="checkbox"/> 2 LINE TIGHTNESS TESTING       |
| A U 3 GRAVITY        | A U 3 LINED TRENCH       | A U 3 POLYVINYL CHLORIDE (PVC)       | <input type="checkbox"/> 3 INTERSTITIAL MONITORING      |
| A U 99 OTHER         | A U 95 UNKNOWN           | A U 4 FIBERGLASS PIPE                | <input type="checkbox"/> 99 OTHER <u>None</u>           |
|                      | A U 99 OTHER             | 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                         |   |

**V. TANK LEAK DETECTION**

|  |   |  |   |  |
|--|---|--|---|--|
| <input checked="" 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 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>12/77</u> | 2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>-0-</u> GALLONS | 3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" 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>Ronald Mooney</u> | DATE <u>5/17/93</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 |        |

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



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 checked="" 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: California Syrup and Extract Company, Inc.

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

|   |   |
|---|---|
| A. OWNER'S TANK I.D.# <u>Tank 2</u>         | B. MANUFACTURED BY: <u>Unknown</u>                |
| C. DATE INSTALLED (MO/DAY/YEAR) <u>1930</u> | D. TANK CAPACITY IN GALLONS: <u>550-1000 gals</u> |

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

|   |  |   |  |   |
|---|--|---|--|---|
| A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL<br><input type="checkbox"/> 2 PETROLEUM<br><input type="checkbox"/> 3 CHEMICAL PRODUCT | <input type="checkbox"/> 4 OIL<br><input type="checkbox"/> 80 EMPTY<br><input type="checkbox"/> 95 UNKNOWN | B. <input type="checkbox"/> 1 PRODUCT<br><input type="checkbox"/> 2 WASTE | C. <input type="checkbox"/> 1a REGULAR UNLEADED<br><input type="checkbox"/> 1b PREMIUM UNLEADED<br><input type="checkbox"/> 2 LEADED | <input type="checkbox"/> 3 DIESEL<br><input type="checkbox"/> 4 GASAHOL<br><input type="checkbox"/> 5 JET FUEL<br><input type="checkbox"/> 6 AVIATION GAS<br><input type="checkbox"/> 7 METHANOL<br><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</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<br><input type="checkbox"/> 1 DOUBLE WALL<br><input checked="" type="checkbox"/> 2 SINGLE WALL  | <input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER<br><input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)               | <input type="checkbox"/> 95 UNKNOWN<br><input type="checkbox"/> 99 OTHER  |
| B. TANK MATERIAL (Primary Tank)<br><input checked="" type="checkbox"/> 1 BARE STEEL<br><input type="checkbox"/> 5 CONCRETE<br><input type="checkbox"/> 9 BRONZE | <input type="checkbox"/> 2 STAINLESS STEEL<br><input type="checkbox"/> 6 POLYVINYL CHLORIDE<br><input type="checkbox"/> 10 GALVANIZED STEEL | <input type="checkbox"/> 3 FIBERGLASS<br><input type="checkbox"/> 7 ALUMINUM<br><input type="checkbox"/> 95 UNKNOWN<br><input type="checkbox"/> 99 OTHER                      |
| C. INTERIOR LINING<br><input type="checkbox"/> 1 RUBBER LINED<br><input type="checkbox"/> 5 GLASS LINING  | <input type="checkbox"/> 2 ALKYD LINING<br><input type="checkbox"/> 6 UNLINED   | <input type="checkbox"/> 3 EPOXY LINING<br><input checked="" type="checkbox"/> 95 UNKNOWN<br><input type="checkbox"/> 4 PHENOLIC LINING<br><input type="checkbox"/> 99 OTHER  |
| IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___  |   |   |
| D. CORROSION PROTECTION<br><input type="checkbox"/> 1 POLYETHYLENE WRAP<br><input type="checkbox"/> 5 CATHODIC PROTECTION                                       | <input type="checkbox"/> 2 COATING<br><input type="checkbox"/> 91 NONE  | <input type="checkbox"/> 3 VINYL WRAP<br><input type="checkbox"/> 95 UNKNOWN<br><input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC<br><input type="checkbox"/> 99 OTHER |
| E. SPILL AND OVERFILL SPILL CONTAINMENT INSTALLED (YEAR) <u>None</u> OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>None</u>                                 |   |   |

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

|                                      |   |   |  |                                      |
|--------------------------------------|---|---|--|--------------------------------------|
| A. SYSTEM TYPE                       | A <u>U</u> 1 <u>SUCTION</u>                             | A U 2 PRESSURE                                    | A U 3 GRAVITY                                      | A U 99 OTHER                         |
| B. CONSTRUCTION                      | A <u>U</u> 1 <u>SINGLE WALL</u>                         | 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>U</u> 1 <u>BARE STEEL</u>                          | 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 checked="" 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 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>12/77</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>Ronald Mooney</u> <i>Ronald Mooney</i> | DATE <u>05/17/93</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 |        |

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

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 checked="" 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: California Syrup and Extract Co., Inc.

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

|   |  |
|---|--|
| A. OWNER'S TANK I.D.# <u>Tank 1</u>         | B. MANUFACTURED BY: <u>-- Unknown --</u>   |
| C. DATE INSTALLED (MO/DAY/YEAR) <u>1953</u> | D. TANK CAPACITY IN GALLONS: <u>10,000</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 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 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                                    |
|                                 |  |   | <input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC |
|                                 |  |   | <input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP              |
| C. INTERIOR LINING              | <input type="checkbox"/> 1 RUBBER LINED                          | <input type="checkbox"/> 2 ALKYD LINING                         | <input type="checkbox"/> 3 EPOXY LINING                                |
|                                 | <input type="checkbox"/> 5 GLASS LINING                          | <input type="checkbox"/> 6 UNLINED                              | <input checked="" 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"/> 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>N/A</u>                    |   | OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>N/A</u>              |

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

|                                      |   |   |  |  |
|--------------------------------------|---|---|--|--|
| A. SYSTEM TYPE                       | A <input checked="" type="radio"/> 1 SUCTION            | A U 2 PRESSURE                                    | A U 3 GRAVITY                                      | A U 99 OTHER   |
| B. CONSTRUCTION                      | A <input checked="" type="radio"/> 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 <input checked="" type="radio"/> 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 checked="" type="checkbox"/> 99 OTHER <u>None</u> |

**V. TANK LEAK DETECTION**

|  |   |  |   |  |
|--|---|--|---|--|
| <input checked="" 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 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>12/77</u> | 2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>0</u> GALLONS | 3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" 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>Ronald Mooney</u> | DATE <u>05/17/93</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  |                                 |

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

# UNDERGROUND STORAGE TANK UNAUTHORIZED RELEASE (LEAK) / CONTAMINATION SITE REPORT

|  |   |  |  |  |  |  |
|--|---|--|--|--|--|--|
| EMERGENCY<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |   | HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  | FOR LOCAL AGENCY USE ONLY<br>I HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM. |  |  |
| REPORT DATE<br>01/20/94  |   | CASE #<br>94 JAN 21 PM 2:49  |  | SIGNED: <i>Susan L. Hugo</i> DATE: 1/22/94   |  |  |
| REPORTED BY  | NAME OF INDIVIDUAL FILING REPORT<br>Ronald W. Mooney  |  | PHONE<br>(510) 420-7176  |  | SIGNATURE<br><i>Ronald W. Mooney</i>                                   |  |
|  | REPRESENTING <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD<br><input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER   |  | COMPANY OR AGENCY NAME<br>California Syrup and Extract Co., Inc.   |  |  |  |
| ADDRESS<br>PO Box 8305, Emeryville, CA 94662                                     |   |  |  |  |  |  |
| RESPONSIBLE PARTY  | NAME<br>California Syrup & Extract <input type="checkbox"/> UNKNOWN   |  | CONTACT PERSON<br>Ronald W. Mooney   |  | PHONE<br>510 420-7175  |  |
|  | ADDRESS<br>PO Box 8305, Emeryville, CA 94662  |  |  |  |  |  |
| SITE LOCATION  | FACILITY NAME (IF APPLICABLE)   |  | OPERATOR   |  | PHONE<br>( )   |  |
|  | ADDRESS<br>1355 55th Street, Emeryville, Alameda Co., 94608   |  |  |  |  |  |
|  | CROSS STREET<br>Beaudry   |  |  |  |  |  |
| IMPLEMENTING AGENCIES  | LOCAL AGENCY<br>Alameda County Health Dept.   |  | CONTACT PERSON<br>Susan Hugo   |  | PHONE<br>(510) 271-4530  |  |
|  | REGIONAL BOARD<br>S.F. Bay RIDGCB   |  | CONTACT PERSON<br>RICH HIETT   |  | PHONE<br>(510) 286-4359  |  |
| SUBSTANCES INVOLVED  | (1) NAME<br>Motor Oil   |  |  |  | QUANTITY LOST (GALLONS)<br><input checked="" type="checkbox"/> UNKNOWN |  |
|  | (2) NAME<br>Ammonia   |  |  |  | <input checked="" type="checkbox"/> UNKNOWN                            |  |
| DISCOVERY/ABATEMENT  | DATE DISCOVERED<br>1/11/94  |  | HOW DISCOVERED<br><input type="checkbox"/> INVENTORY CONTROL <input checked="" type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS<br><input type="checkbox"/> TANK TEST <input type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER   |  |  |  |
|  | DATE DISCHARGE BEGAN<br><input checked="" type="checkbox"/> UNKNOWN   |  | METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY)<br><input checked="" type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING<br><input type="checkbox"/> REPAIR TANK <input checked="" type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE<br><input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER |  |  |  |
|  | HAS DISCHARGE BEEN STOPPED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE  |  |  |  |  |  |
| SOURCE/CAUSE   | SOURCE OF DISCHARGE<br><input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN<br><input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER  |  | CAUSE(S)<br><input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL<br><input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER   |  |  |  |
|  | CASE TYPE<br><input checked="" type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)   |  |  |  |  |  |
| CURRENT STATUS   | CHECK ONE ONLY<br><input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION<br><input type="checkbox"/> LEAK BEING CONFIRMED <input checked="" type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS<br><input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY  |  |  |  |  |  |
|  | CHECK APPROPRIATE ACTION(S)<br><input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT)<br><input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS)<br><input type="checkbox"/> CONTAINMENT BARRIER (CB) <input checked="" type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS)<br><input type="checkbox"/> VACUUM EXTRACT (VE) <input checked="" type="checkbox"/> OTHER (OT) <u>To Be Determined</u> |  |  |  |  |  |
| COMMENTS   | Soil boring investigation prior to closer in place of 8 USTS revealed possible release from 3 USTS.   |  |  |  |  |  |
|  | COMMENTS  |  |  |  |  |  |

ALCO  
HAZMAT

CSEEC

91 JAN 21 PM 2:48

**CALIFORNIA SYRUP AND EXTRACT COMPANY**  
INCORPORATED

P O BOX 8305  
EMERYVILLE, CALIFORNIA 94662  
TELEPHONE (510) 420-7181

January 20, 1994

Susan Hugo  
Alameda County  
Department of Environmental Health  
80 Swan Way, Suite 200  
Oakland, CA 94621

RE: STID #4592

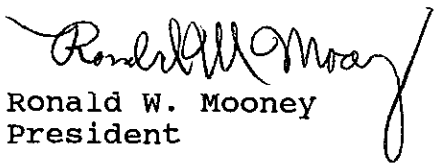
Dear Mrs. Hugo:

Enclosed is the **UNDERGROUND STORAGE TANK UNAUTHORIZED RELEASE (LEAK)/CONTAMINATION SITE REPORT** per your letter of January 13, 1994.

If there is any other information you need or further clarification, please do not hesitate to contact me.

Very truly yours,

CALIFORNIA SYRUP AND EXTRACT COMPANY, INC.

  
Ronald W. Mooney  
President

RWM:sto  
Enc.

ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY



DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, ASST AGENCY DIRECTOR

January 13, 1994  
STID# 4592

DEPARTMENT OF ENVIRONMENTAL HEALTH  
State Water Resources Control Board  
Division of Clean Water Programs  
UST Local Oversight Program  
80 Swan Way, Rm 200  
Oakland, CA 94621  
(510) 271-4530

Mr. Alan Mooney  
California Syrup and Extract Co.  
P.O. Box 8305  
Emeryville, California 94662

**RE: Status of the Investigation for Eight Underground Storage  
Tanks to be Closed In Place at California Syrup and Extract  
1355 55th Street, Emeryville, CA 94608**

Dear Mr. Mooney:

The Alameda County Department of Environmental Health, Hazardous Materials Division has recently reviewed the "Report of Soil Boring Investigation for UST Closure-In Place" dated November 10, 1993 and submitted by Century West Engineering Corporation for the referenced site.

Soil samples collected from the borings placed near the underground storage tanks exhibited the following contaminants: 16 ppm TPH gasoline, 84 ppm TPH diesel, 150 ppm TPH motor oil, 230 ppm ammonia and 0.11 ppm benzene.

The proposed closure in place of the eight underground storage tanks which are located underneath the sidewalk along 55th Street is acceptable provided the following items are addressed:

- 1) Please complete the enclosed "Underground Tank Closure Plan" and submit the completed form in triplicates.
- 2) All phases of the work at the site must be performed by qualified environmental professionals.
- 3) A notice must be placed in the deed to the property. The notice should describe the exact vertical and areal location of the closed underground storage tanks, the hazardous substances it contained and the closure method.
- 4) The extent of the soil and/or groundwater contamination must be determined. Verified downgradient direction must be established at the site using data from three monitoring wells. One groundwater monitoring well must be installed within ten feet of the tank that exhibited an unauthorized release. Groundwater elevation readings must be performed every quarter and all monitoring wells must be surveyed to an accuracy of 0.01 foot and referenced to mean sea level (MSL). Monitoring well sampling frequency must occur every quarter. A workplan must be submitted to delineate the vertical and lateral extent of the contaminant plume.

Mr. Alan Mooney  
RE: 1355 55th Street, Emeryville CA 94608  
January 13, 1994  
Page 2 of 3

- 5) Please submit a time schedule for all phases of the investigation and remediation activities at the site.

Response to items # 1,4, and 5 must be provided to this office **no later than February 13, 1994**. For item # 3 , a copy of the notice in the deed must be provided to this office upon completion of the in place closure of the eight underground storage tanks.

An underground storage tank unauthorized leak report (ULR) has not been submitted to this office. Enclosed is a blank copy of the ULR which must be completed and submitted to this office **within five working days upon receipt of this letter**.

Until cleanup is complete, you will need to submit reports to this office every three months (or at a more frequent interval, if specified at any time by this agency). In addition, the following items must be incorporated in your future reports or workplans:

- a cover letter from the responsible party or tank owner stating the accuracy of the report and whether he/she concurs with the conclusions and recommendations in the report or workplan
- site map delineating contamination contours for soil and groundwater based on recent data should be included and the status of the investigation and cleanup must be identified
- proposed continuing or next phase of investigation / cleanup activities must be included to inform this department of the responsible party or tank owner's intention
- any changes in the groundwater flow direction and gradient based on the measured data since the last sampling event must be explained
- historical records of groundwater level in each well must be tabulated to indicate the fluctuation in water levels
- tabulate analytical results from all previous sampling events; provide laboratory reports (including quality control/quality assurance) and chain of custody documentation

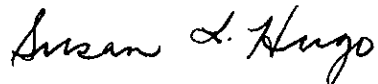
Mr. Alan Mooney  
RE: 1355 55th Street, Emeryville CA 94608  
January 13, 1994  
Page 3 of 3

All reports and proposals must be submitted under seal of a California Registered Geologist or Registered Civil Engineer with a statement of qualifications for each lead professionals involved with the project.

Because we are overseeing this site under the designated authority of the Regional Water Quality Control Board, this letter constitutes a formal requests for technical reports pursuant to California Water Code Section 13267 (b). Any extensions of stated deadlines or changes in the workplan must be confirmed in writing and approved by this agency.

Please contact me at (510) 271-4530 if you have any questions concerning this letter.

Sincerely,



Susan L. Hugo  
Senior Hazardous Materials Specialist

enclosures

cc: Rafat A. Shahid, Asst. Agency Director, Environmental Health  
Rich Hiett, San Francisco Bay RWQCB  
Gil Jensen, Alameda County District Attorney's Office  
Edgar B. Howell, Chief, Hazardous Materials Division - files  
Jim Gribi, Century West Engineering Corporation  
7950 Dublin Blvd., Suite 203, Dublin, CA 94268

# UNDERGROUND STORAGE TANK UNAUTHORIZED RELEASE (LEAK) / CONTAMINATION SITE REPORT

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| EMERGENCY<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |   | HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |  | FOR LOCAL AGENCY USE ONLY<br>THEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM |  |
| REPORT DATE<br>07/22/93  |   | CASE #   |  | SIGNED: Susan L Hugo DATE: 8/9/93  |  |
| REPORTED BY  | NAME OF INDIVIDUAL FILING REPORT<br>BOB BOGAR   |  | PHONE<br>(510) 551-7774  | SIGNATURE<br>Bob Bogar   |  |
|  | REPRESENTING<br><input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OTHER   |  | COMPANY OR AGENCY NAME<br>CENTURY WEST ENGINEERING   |  |  |
| RESPONSIBLE PARTY  | ADDRESS<br>7958 STREET Dublin Blvd CITY Dublin STATE Ca ZIP 94568   |  |  |  |  |
|  | NAME<br>CALIFORNIA SYRUP & EXTRACT <input type="checkbox"/> UNKNOWN   |  | CONTACT PERSON<br>RON MOONEY   |  | PHONE<br>(510) 420-7165  |
| SITE LOCATION  | ADDRESS<br>PO. BOX 8305 STREET CITY EMERYVILLE STATE CA ZIP 94662   |  |  |  |  |
|  | FACILITY NAME (IF APPLICABLE)<br>CALIFORNIA SYRUP & EXTRACT   |  | OPERATOR   |  | PHONE<br>( )   |
| IMPLEMENTING AGENCIES  | LOCAL AGENCY AGENCY NAME<br>ALAMEDA CO. UST LOP   |  | CONTACT PERSON<br>SUSAN HUGO   |  | PHONE<br>(510) 271-4530  |
|  | REGIONAL BOARD<br>SF Bay  |  | CONTACT PERSON<br>RICH HIETT   |  | PHONE<br>( )   |
| SUBSTANCES INVOLVED  | (1) NAME<br>FUEL HYDROCARBONS & AMMONIA   |  |  |  | QUANTITY LOST (GALLONS)<br><input checked="" type="checkbox"/> UNKNOWN |
|  | (2) <input type="checkbox"/> UNKNOWN  |  |  |  |  |
| DISCOVERY/ABATEMENT  | DATE DISCOVERED<br>07/21/93   |  | HOW DISCOVERED<br><input type="checkbox"/> TANK TEST <input type="checkbox"/> INVENTORY CONTROL <input checked="" type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS   |  |  |
|  | DATE DISCHARGE BEGAN<br>M M D D Y Y <input checked="" type="checkbox"/> UNKNOWN   |  | METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY)<br><input checked="" type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING  |  |  |
| SOURCE/CAUSE   | HAS DISCHARGE BEEN STOPPED?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE   |  | USTs Not in use  |  |  |
|  | SOURCE OF DISCHARGE<br><input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER   |  | CAUSE(S)<br><input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input checked="" type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER |  |  |
| CASE TYPE  | CHECK ONE ONLY<br><input checked="" type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)  |  |  |  |  |
| CURRENT STATUS   | CHECK ONE ONLY<br><input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION<br><input checked="" type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS<br><input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY  |  |  |  |  |
| REMEDIAL ACTION  | CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS)<br><input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT)<br><input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS)<br><input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS)<br><input checked="" type="checkbox"/> OTHER (OT) TANKS will be closed. |  |  |  |  |
| COMMENTS   |   |  |  |  |  |



RP: Mr. Ronald Mooney  
California Syrup & Extract Co. Inc  
P.O. Box 8305  
Emeryville, CA 94608

DATE: 4/21/93

TO : Local Oversight Program

FROM: SUSAN

SUBJ: Transfer of Eligible Local Oversight case

ST104592

Site name: California Syrup & Extract Co.  
Address: 1355 - 55th Street city Emeryville zip 94608

TO BE ELIGIBLE FOR LOP A CASE MUST MEET 3 QUALIFICATIONS:

1. Number of Tanks: 8 removed? Y  N Date of removal \_\_\_\_\_
2. Samples received? Y N Contamination level: \_\_\_\_\_  
(ppm and type of test)

Contamination should be over 100 ppm TPH to qualify for LOP

3. Petroleum  N Types: Avgas Jet leaded unleaded Diesel  
fuel oil waste oil kerosene solvents

DepRef remaining \$ \_\_\_\_\_ Closed with Candace/Leslie? Y N  
(If no explain why?)

IF YOUR SITE MEETS ALL OF THE ABOVE QUALIFICATIONS YOU SHOULD DO THE FOLLOWING TO TRANSFER THE SITE:

1. YOU MUST CLOSE THE DEPOSIT REFUND CASE AT THIS TIME. YOU MUST ACCOUNT FOR ALL TIME YOU HAVE SPENT ON THE CASE AND TURN IN THE 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 THE ADDITION OF MANAGEMENT AND CLERICAL TIME. DO NOT ATTEMPT TO CONTINUE TO OVERSEE THE SITE SIMPLY BECAUSE THERE ARE FUNDS REMAINING!
2. COMPLETE THE A AND B PERMIT APPLICATION FORMS AND GIVE TO CONNIE/ELAINE
3. GIVE THE ENTIRE CASE TO THE PROPER LOP STAFF UPSTAIRS FOR THEM TO DO THE REST OF THE TRANSFER AND YOU ARE DONE!

white -env.health  
 yellow -facility  
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

80 Swan Way, #200  
 Oakland, CA 94621  
 (415) 271-4320

Hazardous Materials Inspection Form

II, III

Site ID # \_\_\_\_\_ Site Name Liquid Sugars Today's Date 7/19/93

Site Address 1355 - 55th Street

City Emeryville Zip 94608 Phone \_\_\_\_\_

MAX AMT stored > 500 lbs, 55 gal., 200 cft.?

Inspection Categories:

- I. Haz. Mat/Waste GENERATOR/TRANSPORTER
- II. Business Plans, Acute Hazardous Materials
- III. Underground Tanks

\* Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

Comments:

On Site:  
Exposing the ends of the tanks  
met with Allen Rooney, Jim Kiki  
- trying to locate the ends of all tanks.  
Work will be advanced - tomorrow  
7/20/93

II.A BUSINESS PLANS (Title 19)

- \_\_\_ 1. Immediate Reporting 2703
- \_\_\_ 2. Bus Plan Slids. 25503(b)
- \_\_\_ 3. RR Cars > 30 days 25503.7
- \_\_\_ 4. Inventory Information 25504(a)
- \_\_\_ 5. Inventory Complete 2730
- \_\_\_ 6. Emergency Response 25504(b)
- \_\_\_ 7. Training 25504(c)
- \_\_\_ 8. Deficiency 25505(a)
- \_\_\_ 9. Modification 25505(b)

II.B ACUTELY HAZ. MAT'L'S

- \_\_\_ 10. Registration Form Filed 25533(a)
- \_\_\_ 11. Form Complete 25533(b)
- \_\_\_ 12. RMPP Contents 25534(c)
- \_\_\_ 13. Implement Sch. Req'd? (Y/N) \_\_\_\_\_
- \_\_\_ 14. OffSite Conseq. Assess. 25524(c)
- \_\_\_ 15. Probable Risk Assessment 25534(d)
- \_\_\_ 16. Persons Responsible 25534(g)
- \_\_\_ 17. Certification 25534(f)
- \_\_\_ 18. Exemption Request? (Y/N) 25536(b)
- \_\_\_ 19. Trade Secret Requested? 25538

III. UNDERGROUND TANKS (Title 23)

- |                               |   |
|-------------------------------|---|
| General                       | ___ 1. Permit Application 25284 (H&S)   |
|                               | ___ 2. Pipeline Leak Detection 25292 (H&S)  |
|                               | ___ 3. Records Maintenance 2712   |
|                               | ___ 4. Release Report 2651  |
|                               | ___ 5. Closure Plans 2670   |
| Monitoring for Existing Tanks | ___ 6. Method   |
|                               | 1) Monthly Test   |
|                               | 2) Daily Vadose<br>Semi-annual groundwater<br>One time soils                            |
|                               | 3) Daily Vadose<br>One time soils<br>Annual tank test                                   |
|                               | 4) Monthly Gndwater<br>One time soils   |
|                               | 5) Daily Inventory<br>Annual tank testing<br>Cont pipe leak det<br>Vadose/gndwater mon. |
|                               | 6) Daily Inventory<br>Annual tank testing<br>Cont pipe leak det                         |
|                               | 7) Weekly Tank Gauge<br>Annual tank testing   |
|                               | 8) Annual Tank Testing<br>Daily Inventory   |
|                               | 9) Other _____  |
| New Tanks                     | ___ 7. Precs Tank Test 2643   |
|                               | Date: _____   |
|                               | ___ 8. Inventory Rec. 2644  |
|                               | ___ 9. Soil Testing . 2646  |
|                               | ___ 10. Ground Water. 2647  |
|                               | ___ 11. Monitor Plan 2632   |
|                               | ___ 12. Access Secure 2634  |
|                               | ___ 13. Plans Submit 2711   |
|                               | Date: _____   |
|                               | ___ 14. As Built 2635   |
| Date: _____                   |   |

Rev 8/88

II, III

Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Inspector: \_\_\_\_\_

Signature: \_\_\_\_\_



# Emeryville Fire Department

2333 POWELL STREET EMERYVILLE, CALIFORNIA 94608

RAMON VITTORI, FIRE CHIEF

TELEPHONE (510) 596-3750

FAX (510) 420-1785

May 17, 1993

FRANK ALHINO  
FIRE MARSHAL

GERALD ANTHONY  
OPERATIONS OFFICER

Mr. Jon Oja  
Liquid Sugars, Inc.  
P.O. Box 96  
Oakland, CA., 94604

RECEIVED MAY 19 1993

Re: 1355-55th Street  
Underground Tanks

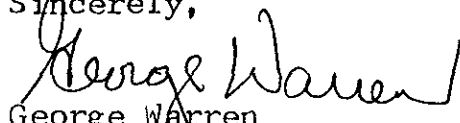
Mr. Oja:

This letter refers to our on-site meeting on May 14, regarding the request to close in-place the underground tanks (8 total) at the above referenced address. The conditions of this department are as follows;

- 1) Provide this department a copy of the Professional Civil Engineer's certification (including statement of their qualifications) as to the claim that the removal process of the tanks would significantly affect the structural integrity of the building.
- 2) Requirements of the Alameda County Department of Environmental Health must be satisfied, with regards to the removal/disposal of the liquid contents of the tanks, removal/disposal of any related piping, installation of monitoring well(s), soil samples, site remediation (if any), etc. Please submit to this office a copy of the Closure Plan for this site, as Approved by the County.
- 3) In-place closure of Underground tanks is addressed in Article 79, Section 79.116(e) of the 1991 Uniform Fire Code, a copy of which is attached for your reference. The inert material approved by this department is a concrete-slurry mix.

If you have any questions regarding these requirements, please do not hesitate to call me.

Sincerely,

  
George Warren  
Inspector

file:lsi

ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

April 23, 1993

DEPARTMENT OF ENVIRONMENTAL HEALTH  
State Water Resources Control Board  
Division of Clean Water Programs  
UST Local Oversight Program  
80 Swan Way, Rm 200  
Oakland, CA 94621  
(510) 271-4530

Mr. Jon A. Oja  
Liquid Sugars, Inc.  
P.O. Box 96  
Oakland, California 94604

**RE: CALIFORNIA SYRUP & EXTRACT  
1375 - 55th Street, Emeryville, California 94608**

Dear Mr. Oja:

This letter documents the discussion we had during the on-site visit on April 13, 1993 at the referenced site. It is my understanding that all the eight underground storage tanks at the site are proposed to be closed in-place.

The underground storage tanks on site are subject to permanent closure requirements as stated in Title 23 of the California Code of Regulations Section 2670 (c). Underground storage tanks in which the storage of hazardous substances has ceased and the tanks will not be used, or are not intended for use for storage of hazardous substances within the next 12 consecutive months must be properly closed.

An underground storage tank closure plan must be submitted which must address the following items:

- 1) Provide this office with a copy of the Professional Civil Engineer's (must include a statement of their qualification) certification that all the eight underground storage tanks can not be removed due to physical barriers (such as utility lines) and removal will affect the integrity of the building.
- 2) The liquid contents must be removed and properly disposed. Provide this office with the name of the contractor and the disposal site. Are all the 8 tanks empty? Please provide us with a copy of the manifest for the disposal of tank contents.
- 3) Provide this office with documentation from the Emeryville Fire Department approving the in-place closure of the eight tanks. The tanks must be filled with inert material per Emeryville Fire Department's requirements.

Mr. Jon Oja  
RE: 1375 55th Street, Emeryville, California 94608  
April 23, 1993  
Page 2 of 3

- 4) All piping associated with the underground storage tanks must be removed and disposed of unless removal might damage structures or other pipes that are being used and that are contained in a common trench, in which case the piping to be closed should be emptied of all contents and capped.
- 5) A notice must be placed in the deed to the property. The notice should describe the exact vertical and areal location of the closed underground storage tanks, the hazardous substances it contained and the closure method.
- 6) A groundwater monitoring well must be installed adjacent to the tank and/or piping in the verified downgradient direction. Soil samples must be analyzed for all constituents of the previously stored hazardous substances and their breakdown or transformation products.
- 7) Provide this office with documentation that the tanks have not leaked. The integrity of the tanks must be tested and results of the precision tank tightness test must be submitted.
- 8) Provide this office with documentation that **no unauthorized release** has occurred at the site. Slant soil borings must be collected within one foot of the tank. Soil samples must be analyzed for all target compounds mentioned in item 6.
- 9) Tanks must be rinsed and rinsate analyzed to verify that acceptable standards are met prior to filling the tanks.

In the event that **significant contamination** which pose a threat to water quality be discovered at the site, compliance with the reporting requirements must be followed and a plan of correction must be submitted which may modify the proposed closure plan.

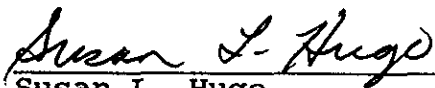
Enclosed are copies of the "Underground Tank Closure Plan" and "Forms A and B" which must be completed and submitted to this office for approval. In addition, please remit \$2,073.00 payable to County of Alameda. This deposit, authorized by Section 3-141.6 of the Alameda County Ordinance Code, is for the oversight time spent on the tank closure. Any unused deposit money will be refunded to the property owner or his/her designee at the close of the project.

The underground storage tank closure plan must be submitted to this office **no later than May 24, 1993.**

Mr. Jon Oja  
RE: 1375 55th Street, Emeryville, California 94608  
April 23, 1993  
Page 3 of 3

Should you have any questions concerning this letter, please  
contact me at (510) 271-4530.

Sincerely,



---

Susan L. Hugo  
Senior Hazardous Materials Specialist

enclosures

cc: Rafat A. Shahid, Asst. Agency Director, Environmental Health  
Edgar B. Howell, Chief, Hazardous Material Division / Files  
Gil Jensen, Alameda County District Attorney's Office  
George Warren, Emeryville Fire Department  
Rich Hiatt, San Francisco Bay RWQCB

January 25, 1993

CA. Syrup and Extract  
1375 55th St.,  
Emeryville, CA 94608

**Re: FIVE-YEAR PERMITS FOR OPERATION OF FOUR  
UNDERGROUND STORAGE TANKS (UST's) AT  
1375 55th St., Emeryville, CA 94608**

According to our records the above mentioned facility has not received a five-year permit to operate UST's. Please complete the following items marked below and return them to me within 30 days. The example plans enclosed should be used only as guidelines and may not meet your requirements under Title 23.

- ✓ 1. Complete UST PERMIT FORM A - one per facility. (enclosed)
- ✓ 2. Complete UST PERMIT FORM B - one per tank. (enclosed)
- 3. Complete UST PERMIT FORM C - one per tank if information is available. (enclosed)
- ✓ 4. A written tank monitoring plan. (enclosed)
- ✓ 5. Results of precision tank test(s) (initial and annual).
- ✓ 6. Results of precision pipeline leak detector tests (initial and annual).
- ✓ 7. An accurate and complete plot plan. (enclosed)
- ✓ 8. A written spill response plan. (enclosed)

**Title 23 of the California Code of Regulation prohibits the operation of ANY UST without a permit.** Please feel free to contact Brian P. Oliva at 510/271-4320 if you have any questions which may arise in completing the mandatory five year permit process.

Sincerely,

Brian P. Oliva, REHS, REA  
Hazardous Materials Specialist

cc: Gil Jensen, Alameda County District Attorney  
Rafat Shahid, Assistant Agency Director, Alameda County  
Department of Environmental Health  
Ed Howell/files

CSEEC

**CALIFORNIA SYRUP AND EXTRACT COMPANY**  
INCORPORATED

*Manufacturers and Packers of Syrups and Vinegars*

P O BOX 8305

EMERYVILLE, CALIFORNIA 94608

TELEPHONE (415) 420-7181

January 8, 1993

Mr. Brian P. Oliva, REHS, REA  
Alameda County  
Department of Environmental Health  
Hazardous Materials Division  
80 Swan Way, Room 200  
Oakland, CA 94621

Dear Mr. Oliva:

We received your letter of January 25, 1993 regarding four underground storage tanks at 1375 55th Street, Emeryville.

We are not "operating" any of these tanks. We have previously been working Susan Hugo of your department. However, this seems to have stopped in January of 1992, as we were inquiring about a "close in place" program.

I left a message at the phone number given, however, have not received a response.

We're very interested in making sure we comply with applicable laws and if you have taken over for Ms. Hugo, or are going to take over this site, then I would either like to talk with you or meet with you to go over what in your view we need to do.

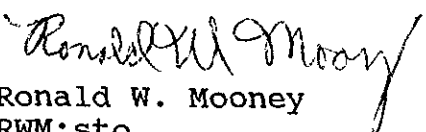
If Ms. Hugo is to continue to oversee the site, I also would like to meet with her.

I look forward to your earliest response. Please send all correspondence to PO Box 8305, Emeryville, CA 94662 as this will not cause any delay in us receiving any information from you.

Thank you for your help in this matter. I look forward to working with you in the near future.

Very truly yours,

CALIFORNIA SYRUP AND EXTRACT COMPANY, INC.

  
Ronald W. Mooney  
RWM:sto



*ZM*

C S E C

**CALIFORNIA SYRUP AND EXTRACT COMPANY**  
INCORPORATED

*Manufacturers and Packers of Syrups and Vinegars*

P O. BOX 8305

EMERYVILLE, CALIFORNIA 94608

TELEPHONE (415) 420-7181

February 8, 1993

Mr. Brian P. Oliva, REHS, REA  
Alameda County  
Department of Environmental Health  
Hazardous Materials Division  
80 Swan Way, Room 200  
Oakland, CA 94621

**SECOND REQUEST**

Dear Mr. Oliva:

We received your letter of January 25, 1993 regarding four underground storage tanks at 1375 55th Street, Emeryville.

We are not "operating" any of these tanks. We have previously been working Susan Hugo of your department. However, this seems to have stopped in January of 1992, as we were inquiring about a "close in place" program.

I left a message at the phone number given, however, have not received a response.

We're very interested in making sure we comply with applicable laws and if you have taken over for Ms. Hugo, or are going to take over this site, then I would either like to talk with you or meet with you to go over what in your view we need to do.

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Very truly yours,

CALIFORNIA SYRUP AND EXTRACT COMPANY, INC.

*Ronald W. Mooney*  
Ronald W. Mooney  
RWM:sto

STEVE CHRISTIAN, A.I.A.

ARCHITECT

267 FOURTH STREET • OAKLAND, CALIFORNIA 94607 • (415) 893-1093

February 26, 1992

Liquid Sugars Inc.  
P.O. Box 96  
Oakland, CA 94604  
Att: Taylor Partch

RE: Removal of Underground Storage Tanks  
Adjacent to Existing Building  
1355 - 55th Street  
Emeryville, CA

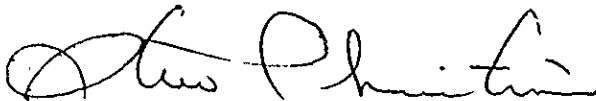
Dear Mr. Partch:

Field observation was made to explore excavating and removing three 7'6" diameter by 30' long, approximately 10,000 gallon underground tanks under the sidewalk. The face of the tanks are approximately 3'-9" from the building wall and the bottom of the tank is approximately 10'-9" below the sidewalk.

The building setback is not adequate from the excavation to provide vertical and lateral support for the building footing without detrimental settlement.

If there is any further information that you need, please do not hesitate to call.

Very truly yours,



Steve Christian, A.I.A.

SC/cn

TECH/ENG DEPT.

APR 1 1993

ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



March 21, 1991

DEPARTMENT OF ENVIRONMENTAL HEALTH  
Hazardous Materials Program  
80 Swan Way, Rm. 200  
Oakland, CA 94621  
(415)

Mr. Ron Mooney  
Liquid Sugars, Inc.  
P.O. Box 96  
Oakland, California 94604

**RE: California Syrup and Extract - 1375 55th Street  
Emeryville 94608**

**NOTICE OF LEGAL OBLIGATION**

Dear Mr. Mooney:

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.

You are directed to 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 underground 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 underground storage tank, as required by section 25298.

If you have any questions concerning this matter, please contact this office at (415) 271-4320.

Sincerely,

A handwritten signature in cursive script that reads "Susan L. Hugo".

Susan L. Hugo  
Hazardous Materials Specialist

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

L.S.

white -env.health  
 yellow -facility  
 pink -files

# ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

80 Swan Way, #200  
 Oakland, CA 94621  
 (415) 271-4320

## Hazardous Materials Division Inspection Form

Site ID# \_\_\_\_\_ Site Name California Syrup & Extract Today's Date 3/18/91  
 Site Address 1375 55th St. EPA ID# \_\_\_\_\_  
 City Emeryville Zip 94608 Phone \_\_\_\_\_

MAX Amt. Stored > 500lbs/55g/200cf?  Y  N  
 Hazardous Waste generated per month? \_\_\_\_\_

- Inspection Categories:**
- I. Haz. Mat/Waste GENERATOR/TRANSPORTER
  - II. Business Plans, Acute Hazardous Materials
  - III. Underground Tanks

The marked items represent violations of the Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

- I.A GENERATOR (Title 22)**
- \_\_\_ 1. Waste ID \* 66471
  - \_\_\_ 2. EPA ID 66472
  - \_\_\_ 3. > 90 days 66508
  - \_\_\_ 4. Label dates 66508
  - \_\_\_ 5. Biennial 66493
- 
- Manifest**
- \_\_\_ 6. Records 66492
  - \_\_\_ 7. Correct 66484
  - \_\_\_ 8. Copy sent 66492
  - \_\_\_ 9. Exception 66484
  - \_\_\_ 10. Copies Rec'd 66492
- 
- Misc.**
- \_\_\_ 11. Treatment 66371
  - \_\_\_ 12. On-site Disp. (H.S.&C.) 26189.5
  - \_\_\_ 13. Ex Haz. Waste 66570
- 
- Prevention**
- \_\_\_ 14. Communications 67121
  - \_\_\_ 15. Aisle Space 67124
  - \_\_\_ 16. Local Authority 67126
  - \_\_\_ 17. Maintenance 67120
  - \_\_\_ 18. Training 67105
- 
- Contn. gency**
- \_\_\_ 19. Prepared 67140
  - \_\_\_ 20. Name List 67141
  - \_\_\_ 21. Copies 67141
  - \_\_\_ 22. Emg. Coord. Trng. 67144
- 
- Containers, Tanks**
- \_\_\_ 23. Condition 67241
  - \_\_\_ 24. Compatibility 67242
  - \_\_\_ 25. Maintenance 67243
  - \_\_\_ 26. Inspection 67244
  - \_\_\_ 27. Buffer Zone 67246
  - \_\_\_ 28. Tank Inspection 67259
  - \_\_\_ 29. Containment 67245
  - \_\_\_ 30. Safe Storage 67261
  - \_\_\_ 31. Freeboard 67257
- 
- I.B TRANSPORTER (Title 22)**
- \_\_\_ 32. Applic./Insurance 66428
  - \_\_\_ 33. Comp. Cert./CHP Insp. 66448
  - \_\_\_ 34. Containers 66465
- 
- Manifest**
- \_\_\_ 35. Vehicles 66465
  - \_\_\_ 36. EPA ID #s 66531
  - \_\_\_ 37. Correct 66541
  - \_\_\_ 38. HW Delivery 66543
  - \_\_\_ 39. Records 66544
- 
- Cont'rs**
- \_\_\_ 40. Name/ Covers 66545
  - \_\_\_ 41. Recyclables 66800

**Comments:**  
 UGT inspections:  
 3- underground tanks without permits.  
 No business activity at the site. Shut-down.  
 Called California Syrup & Extract listed in Telephone Directory at 1285-66th St. Emeryville 420-7186.  
 Talked to Taylor Parich of Liquid Sugars Inc. (LSI). Found out they owned the business at 1375-55th St.  
 Acknowledged that there are tanks at that site used to contain solvents or alcohol for making the vinegar. Have not been operating for years. Told him to close tanks.

Rev 6/88

Contact: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Inspector: \_\_\_\_\_  
 Signature: James P. Hugo

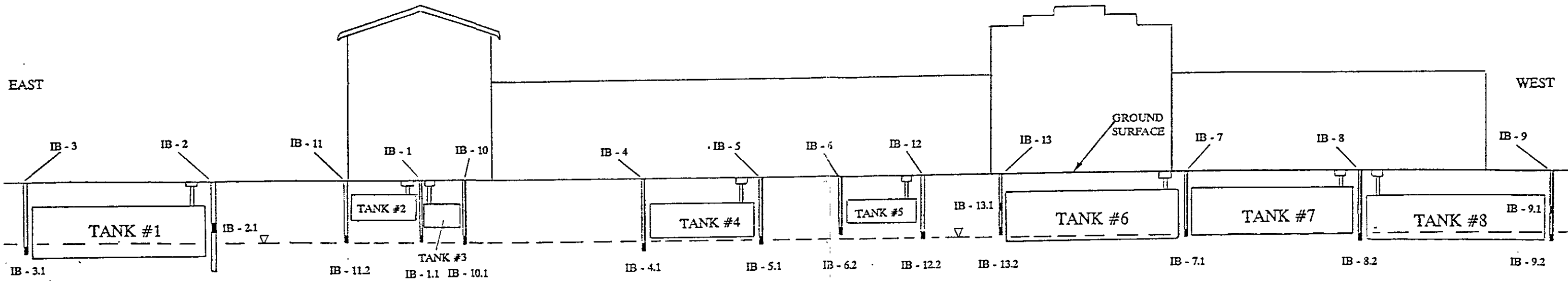
ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
MEMORANDUM

TO File FROM Jessan DATE 3-21-91  
SUBJECT California Syrup & Extract - 1375 - 55th St  
Emeryville, 94608

I called California Syrup & Extract listed in the telephone directory at 1285 - 66th St. Emeryville (425-7181). Talked to Taylor Patch of Liquid Sugar, Inc (LSI) found out that LSI owns part of business at 1375 - 55th St.

According to Taylor Patch, Ron Mooney acknowledged that there are tanks at that site used to contain solvents or alcohol for processing vinegar. That business is shut down for years. Told him to properly closed these tanks.

**PROFILE VIEW**



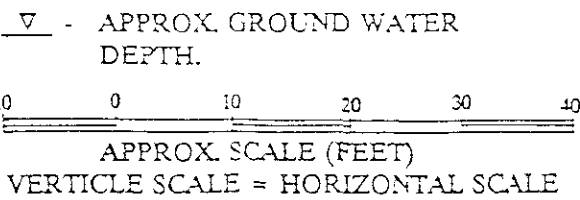
California Syrup & Extract  
BUILDING

sidewalk

55th STREET

**PLAN VIEW**

**LEGEND**



|           |            |
|-----------|------------|
| DESIGN BY | CHECKED BY |
| SURVEY BY | SCALE      |
| DRAWN BY  | DWG NO     |

FIGURE 2  
SITE PLAN  
CWEC 20539-001-01

APPROVED  
DATE

