

ALSO  
HAZMAT

94 SEP 28 PM 4:45

**UNOCAL 76**

September 28, 1994

~~Susan Hugo~~

Alameda County Health Agency  
131 Harbor Bay Parkway  
Alameda, California 94502

**RE: STATISTICAL INVENTORY RECONCILIATION  
TWO CONSECUTIVE FAILURES**

Dear Susan:

Enclosed, please find completed Underground Storage Tank Unauthorized Release Reports for the following Unocal service stations:

SS# 4625 3070 Fruitvale Avenue, Oakland 94602

DON HUANG } 10/20/94

SS# 3737 1400 Powell Street, Emeryville 94608

BRIAN OLIVA }

Each of the above referenced facilities had two consecutive SIR failures for the months of August and September 1994. Unocal Tank Testing Analyst, Mr. Lester Cheng has scheduled tank integrity tests for each of the failed tanks. Upon receipt, copies of the results will be forwarded to your office for review.

Should you have any questions, please call Mr. Scott Cerovac at (714) 572-7664 or myself at (714) 572-7653.

Your assistance is greatly appreciated.

Sincerely,



Lynda S. Chalom  
Leak Reporting Coordinator

LSC/lc

Enclosures

cc: S. Cerovac - SIR  
J.M. Tyson  
Leak Reporting File  
Territory Manager  
Unocal Dealer

STATE OF CALIFORNIA

PETE WILSON, Governor

STATE WATER RESOURCES CONTROL BOARD  
DIVISION OF CLEAN WATER PROGRAMS  
2014 T STREET, SUITE 130  
P.O. BOX 944212  
SACRAMENTO, CA 94244-2120



FAX (916) 739-2300

TRANSMITTAL OF FAX MATERIAL

DATE: 1-5-92

TO: Susan

FAX # (510) 569-6757

FROM: DIVISION OF CLEAN WATER PROGRAMS  
FAX # (916) 739-2300 400

Steve Paradise

(If you did not receive all your FAX,  
Please call (916) 739-423)

NO. OF PAGES 2 (including this sheet)

For Your Information

Per Your Request

For review & comments

REMARKS: Per our phone conversation  
Do you know what this is for?

5/15/91

**COUNTY OF ALAMEDA**  
**HEALTH CARE SERVICES AGENCY**  
 ENVIRONMENTAL HEALTH BILLING  
 P.O. BOX 28824 OAKLAND, CA 94604  
 PHONE: 288-2801

**STATEMENT**

REMITTANCE ADVICE

TO INSURE PROPER CREDIT, PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

CHECK THOSE ITEMS IN THE "V" COLUMN BEING PAID.

UNION OIL OF CALIFORNIA  
 2175 N CALIFORNIA BL #450  
 WALNUT CREEK  
 CA 94596  
 STATION #~~577~~ 5781

STATEMENT DUE  
 11/01/88

ACCOUNT NO.  
 TB1042

UNION OIL OF CALIFORNIA

STATEMENT DUE  
 11/01/88

ACCOUNT NO.  
 TB1042

ITEMS AFTER THIS DATE WILL APPEAR ON YOUR NEXT STATEMENT.

PLEASE REFER TO THIS ACCOUNT NO. WHEN MAKING INQUIRIES.

REFERENCE	DATE	DESCRIPTION	AMOUNT	BALANCE	REFERENCE	AMOUNT
13042	11/01/88	I UNDERGROUND TANK CONTAINER - 3	200.00	200.00	13042	200.00
<b>CODES:</b> I-INVOICE/STATEMENT C-CR MEMO P-PAYMENT D-DR MEMO F-FINANCE CHARGE			5% PENALTY - 30 DAYS FROM STATEMENT DUE	PLEASE PAY	<b>TOTAL</b>	200.00

Approved for Payment  
 Walter  
 NOV 17 1988  
 E. L. EOLDA

# Alameda County Health Care Services Agency

Department of Environmental Health



5987

This is to certify that \_\_\_\_\_  
doing business as \_\_\_\_\_ is permitted  
to operate at \_\_\_\_\_  
at \_\_\_\_\_ CA 94619

This permit is not valid and is good until  
6 MONTHS FROM DATE OF ISSUANCE

Issued this 27th day of MAY 19\_\_\_\_

**DORRIS / HAZMAT SPECIALIST**

By Authority of  
County Health Officer

**UNOCAL** 76

Northern California Division

90 APR 13 AM 11:31

April 6, 1990

Mr. Ariu Levi  
Alameda County Health Care Services  
80 Swan Way, Room 200  
Oakland, CA 94621

UNOCAL STATION #5781: 3535 Pierson

Dear Mr. Levi:

It has been brought to my attention that the you would not allow the backfilling of the former waste-oil hole until further excavation occurs or we submit a remediation plan to you.

In discussing this matter with my consultant (Kaprealian Engineering), I understand that further excavation is not feasible without severely undermining the station foundation. In addition, we have already excavated into the city sewer easement uncovering additional sewer, gas, electrical, and telephone lines causing very difficult and hazardous excavation.

As a result of these conditions, I have instructed Kaprealian & Paradiso to immediately backfill the former pit in accordance with my January letter to you under items #3 & #4. A conductor casing will be installed in the pit to accomodate future drilling to delineate the vertical extent of contamination.

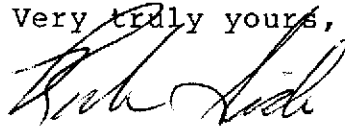
Pertaining to the issue of a remediation workplans, in accordance with KEI's workplan dated January 10, 1990, monitoring wells will be installed to further delineate and document contamination. It seems that until we can fully delineate the contamination, a remediation plan is impossible to accurately compile at this time.

Mr. Ariu Levi  
Alameda County Health Care Services  
April 6, 1990  
Page two

As I have stated to you in previous conversations, Unocal does not and will not avoid environmental clean-up or compliance for which it is responsible but will proceed in a responsible, safe, and efficient manner.

Should you have any questions or concerns, please contact Mardo Kaprealian (707) 746-6915 or myself.

Very truly yours,



Rick Sisk  
Environmental Engineer

cc: R. L. Folda  
Mr. Mardo Kaprealian  
Mr. Paul Paradiso

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

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO		FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25180.7 OF THE HEALTH AND SAFETY CODE.	
REPORT DATE 0 <u>1</u> M 0 <u>8</u> D <u>9</u> Y <u>0</u>		CASE # _____			
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Christina Lecce		PHONE (707) 746-6915		SIGNATURE 
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER _____		COMPANY OR AGENCY NAME Kaprealian Engineering, Inc.		
	ADDRESS 638 1/2 First St. Benicia CA 94510				
RESPONSIBLE PARTY	NAME Unocal Corporation <input type="checkbox"/> UNKNOWN		CONTACT PERSON Tim Ross		PHONE (415)945-7676
	ADDRESS 2175 N. California Blvd #650 Walnut Creek CA 94596				
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Unocal Service Station #5781		OPERATOR Jack Chi Chan		PHONE (415)553-2439
	ADDRESS 3535 Pierson St. Oakland Alameda 94619				
	CROSS STREET MacArthur				
IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME Alameda County Health Agency		CONTACT PERSON Ariu Levi		PHONE (415)271-4320
	REGIONAL BOARD San Francisco Bay Region		PHONE (415)464-1255		
SUBSTANCES INVOLVED	(1) NAME Gasoline			QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN	
	(2) NAME Waste Oil			<input checked="" type="checkbox"/> UNKNOWN	
DISCOVERY/ABATEMENT	DATE DISCOVERED 1 <u>2</u> M 1 <u>0</u> D 4 <u>8</u> Y <u>9</u>		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER _____		
	DATE DISCHARGE BEGAN _____ M _____ D _____ Y <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> REMOVE CONTENTS <input checked="" type="checkbox"/> REPLACE TANK <input type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> OTHER _____		
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 1 <u>2</u> M 1 <u>0</u> D 4 <u>8</u> Y <u>9</u>				
SOURCE/ CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER _____		CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER _____		
	CHECK ONE ONLY <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 <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> LEAK BEING CONFIRMED <input checked="" type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY				
	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS)				
	<input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CAP SITE (CD) <input checked="" type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input checked="" type="checkbox"/> OTHER (OT) <u>Install Monitoring Wells</u>				
COMMENTS	_____ _____				
	_____ _____				

## INSTRUCTIONS

### EMERGENCY

Indicate whether emergency response personnel and equipment were involved at any time. If so, a Hazardous Material Incident Report should be filed with the State Office of Emergency Services (OES) at 2800 Meadowview Road, Sacramento, CA 95832. Copies of the OES report form may be obtained at your local underground storage tank permitting agency. Indicate whether the OES report has been filed as of the date of this report.

### LOCAL AGENCY ONLY

To avoid duplicate notification pursuant to Health and Safety code Section 25180.7, a designated government employee should sign and date the form in this block. A signature here does not mean that the leak has been determined to pose a significant threat to human health or safety, only that notification procedures have been followed if required.

### REPORTED BY

Enter your name, telephone number, and address. Indicate which party you represent and provide company or agency name.

### RESPONSIBLE PARTY

Enter name, telephone number, contact person, and address of the party responsible for the leak. The responsible party would normally be the tank owner.

### SITE LOCATION

Enter information regarding the tank facility. At a minimum, you must provide the facility name and full address.

### IMPLEMENTING AGENCIES

Enter names of the local agency and Regional Water Quality Control Board involved.

### SUBSTANCES INVOLVED

Enter the name and quantity lost of the hazardous substance involved. Room is provided for information on two substances if appropriate. If more than two substances leaked, list the two of most concern for cleanup.

### DISCOVERY/ABATEMENT

Provide information regarding the discovery and abatement of the leak.

### SOURCE/CAUSE

Indicate source(s) of leak. Check box(es) indicating cause of leak.

### CASE TYPE

Indicate the case type category for this leak. Check one box only. Case type is based on the most sensitive resource affected. For example, if both soil and ground water have been affected, case type will be "Ground Water". Indicate "Drinking Water" only if one or more municipal or domestic water wells have actually been affected. A "Ground Water" designation does not imply that the affected water cannot be, or is not, used for drinking water, but only that water wells have not yet been affected. It is understood that case type may change upon further investigation.

### CURRENT STATUS

Indicate the category which best describes the current status of the case. Check one box only. The response should be relative to the case type. For example, if case type is "Ground Water", then "Current Status" should refer to the status of the ground water investigation or cleanup, as opposed to that of soil. Descriptions of options follow:

No Action Taken - No action has been taken by responsible party beyond initial report of leak.

Leak Being Confirmed - Leak suspected at site, but has not been confirmed.

Preliminary Site Assessment Workplan Submitted - workplan/proposal requested of/submitted by responsible party to determine whether ground water has been, or will be, impacted as a result of the release.

Preliminary Site Assessment Underway - implementation of workplan.

Pollution Characterization - responsible party is in the process of fully defining the extent of contamination in soil and ground water and assessing impacts on surface and/or ground water.

Remediation Plan - remediation plan submitted evaluating long term remediation options. Proposal and implementation schedule for appropriate remediation options also submitted.

Cleanup Underway - implementation of remediation plan.

Post Cleanup Monitoring in Progress - periodic ground water or other monitoring at site, as necessary, to verify and/or evaluate effectiveness of remedial activities.

Case Closed - regional board and local agency in concurrence that no further work is necessary at the site.

IMPORTANT: THE INFORMATION PROVIDED ON THIS FORM IS INTENDED FOR GENERAL STATISTICAL PURPOSES ONLY AND IS NOT TO BE CONSTRUED AS REPRESENTING THE OFFICIAL POSITION OF ANY GOVERNMENTAL AGENCY

### REMEDIAL ACTION

Indicate which action have been used to cleanup or remediate the leak. Descriptions of options follow:

Cap Site - install horizontal impermeable layer to reduce rainfall infiltration.

Containment Barrier - install vertical dike to block horizontal movement of contaminant.

Excavate and Dispose - remove contaminated soil and dispose in approved site.

Excavate and Treat - remove contaminated soil and treat (includes spreading or land farming).

Remove Free Product - remove floating product from water table.

Pump and Treat Groundwater - generally employed to remove dissolved contaminants.

Enhanced Biodegradation - use of any available technology to promote bacterial decomposition of contaminants.

Replace Supply - provide alternative water supply to affected parties.

Treatment at Hookup - install water treatment devices at each dwelling or other place of use.

Vacuum Extract - use pumps or blowers to draw air through soil.

Vent Soil - bore holes in soil to allow volatilization of contaminants.

No Action Required - incident is minor, requiring no remedial action.

COMMENTS - Use this space to elaborate on any aspects of the incident.

SIGNATURE - Sign the form in the space provided.

### DISTRIBUTION

If the form is completed by the tank owner or his agent, retain the last copy and forward the remaining copies intact to your local tank permitting agency for distribution.

1. Original - Local Tank Permitting Agency
2. State Water Resources Control Board, Division of Loans and Grants, Underground Storage Tank Program, P.O. Box 944212, Sacramento, CA 94244-2120
3. Regional Water Quality Control Board
4. County Board of Supervisors or designee to receive Proposition 65 notifications.
5. Owner/responsible party.



ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY  
DAVID J. KEARS, Agency Director



DEPARTMENT OF ENVIRONMENTAL HEALTH  
Hazardous Materials Program  
30 Swan Way, Rm. 200  
Oakland, CA 94621  
(415) 271-4320

Certified Mail # 062 127 732

January 5, 1990

Mr. Rick Sisk  
Unocal Corp.  
P.O. Box 8175  
Walnut Creek, CA 94596

Subject: Unauthorized Release  
Removal of Underground Fuel and Waste Oil Tanks  
Unocal Service Station # 5781  
3535 Pierson  
Oakland, CA

Dear Mr. Sisk:

Thank you for submitting the results for analysis of subsurface soil samples taken in response to the underground tank removals from the above shown facility. Because of the degree of contamination found, this facility is considered to have experienced a confirmed release of petroleum hydrocarbons that has impacted subsurface soil and ground water. The extent of this contamination must be assessed and remediated.

Our office will be the lead agency overseeing both the soil and groundwater remediation of this site. The Regional Water Quality Control Board (RWQCB) is currently unable to oversee the large number of contamination cases within Alameda County and has delegated the handling of this case to our Division. We will be in contact with the RWQCB in order to provide you with guidance concerning the RWQCB's remediation requirements. However, please be aware that you are responsible for diligent actions to protect waters of the State.

To complete contaminant assessment and begin remediation, we require that you submit a work plan which, at a minimum, addresses the items listed below and presents a timetable for their completion. Please submit this workplan within 30 days of the date of this letter.

I. Introduction

- A. Statement of scope of work
- B. Site map showing location of existing and past underground storage tanks
- C. Site History
  - provide historical site use and ownership information. Include a description of types and locations of hazardous materials used on site.

II. Site Description

- A. Vicinity description including hydrogeologic setting
- B. Initial soil contamination and excavation results
  - provide sampling procedures used
  - indicate depth to ground water
  - describe soil strata encountered
  - provide soil sampling results, chain of custody forms, identity of sampler
  - describe methods for storing and disposal of all soils

III. Plan for determining extent of soil contamination on site

- A. Describe approach to determine extent of lateral and vertical contamination
  - identify subcontractors, if any
  - identify methods or techniques used for analysis
  - provide sampling map showing all lines of excavation and sampling points
  - if a step out procedure is used, define action level for determination of "clean" isopleth
  - provide chain of custody forms, lab analysis results, all receipts and manifests, & identity of sampler
- B. Describe method and criteria for screening clean versus contaminated soil. If onsite soil aeration/bioremediation is to be utilized, then provide a complete description of method that includes:
  - volume and rate of aeration/turning
  - method of containment and cover
  - wet weather contingency plans
  - permits obtained
- C. Describe security measures

IV. Plan for determining ground water contamination

- Construction and placement of wells should adhere to the requirements of the "Regional Board Staff Recommendations for Initial Evaluation and Investigation of Underground Tanks". Provide a description of placement and rationale for the location of monitoring wells including a map to scale.
- The placement and number of wells must be able to determine the extent and magnitude of the free product and dissolved product plumes.

A. Drilling method for construction of monitoring wells

- expected depth and diameter of monitoring wells
- date of expected drilling
- casing type, diameter, screen interval, and pack and slot sizing techniques
- depth and type of seal
- development method and criteria for adequacy of development
- plans for cuttings and development water

B. Ground water sampling plan

- method for free product measurement, observation of sheen
- well purging procedures
- sample collection procedures
- chain of custody procedures
- procedures for determining ground water gradient

D. Sampling schedule

- measure free product weekly for first month following well installation
- measure free product and dissolved constituents monthly for first three months.
- after first three months monitor quarterly.
- monitoring must occur a minimum of one year.

V. Provide a site safety plan

VI Development of a remediation Plan.

- A. The remediation plan is to include a time schedule for remediation, and, at minimum, must address the following issues:
- removal of all free product. Manual bailing is not acceptable as a recovery system. Actual amount of free product removed must be monitored and tabulated.
  - remediation of contaminated soils and dissolved constituents must follow RWQCB's resolution No. 68-16.
  - soils containing 1,000+ ppm of hydrocarbons must be remediated. Soils containing between 100 and 1,000 ppm must be remediated unless sufficient evidence is provided which indicates no adverse effects on groundwater will occur. Clean up of soils to 100 ppm is strongly recommended.
  - design of remedial action system should be based on a review of hydrogeologic and water quality data and on an evaluation of mitigation alternatives. The determination of probable capture zone(s) of extraction system(s) should be based on aquifer characteristics as determined by aquifer test data

VII Reporting

- A. Technical reports should be submitted with a cover letter from Unocal. The letter must be signed by an authorized representative.
- B. Monthly reports must be submitted for the next three months with the first report due 90 days from the above letter date.
- C. Quarterly reports must be submitted with the first report due 90 days after the final monthly report. These reports should describe the status of the investigation and cleanup.
- D. All reports and proposals must be signed by a California-Certified Engineering Geologist, California Registered Geologist or a California-Registered Civil Engineer (see page 2, 2 June 1988 RWQCB document). A statement of qualifications should be included in

Unocal  
January 5, 1990  
Page 5

all reports. Initial tank removal and soil sampling does not require such expertise; however, borehole and monitoring well installation and logging, and impact assessments do require such a professional.

All proposals, reports and analytical results pertaining to this investigation and remediation must be sent to our office and RWQCB. You should be aware that this Division is working in conjunction with the RWQCB and that this is a formal request for technical reports pursuant to California Water Code Section 13267 (b). Failure to respond or a late response may result in referral of this case to the RWQCB for enforcement and may subject Unocal to civil liabilities imposed by the RWQCB to a maximum amount of \$1,000 per day. Any extensions of agreed upon time deadlines must be confirmed in writing by either this Division or the RWQCB.

Should you have any questions concerning the contents of this letter or the status of this case please feel free to contact me.

Sincerely,



Ariu Levi, Senior Hazardous Materials Specialist  
Alameda County Hazardous Materials Program

cc: Gil Jensen, Alameda County District Attorney, Consumer &  
Environmental Protection  
Rafat Shahid, Assistant Agency Director  
Ed Howell, Chief HazMat Unit  
Lester Feldman, SFRWQCB  
Howard Hatayama, DOHS  
Inspector Dawson, OFD  
Tony Miller, Paradisco  
Files

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
 DEPARTMENT OF ENVIRONMENTAL HEALTH  
 HAZARDOUS MATERIALS DIVISION  
 470 - 27TH ST., RM. 322  
 OAKLAND, CA 94612  
 PHONE NO. 415/874-7237

ACCEPTED

DEPARTMENT OF ENVIRONMENTAL HEALTH  
 470 - 27th Street, Third Floor  
 Oakland, CA 94612  
 Telephone: (415) 574-7237



11/1/84

These plans have been reviewed and found to be acceptable and essentially meet the requirements of State and local health laws. Changes to your plans indicated by this Department are to assure compliance with State and local laws. The project proposed herein is now released for issuance of any required building permits for construction.

One copy of these accepted plans must be on the job and available to all contractors and craftsmen involved with the removal.

Any change or alterations of these plans and specifications must be submitted to this Department and to the Field and Building Inspection Department to determine if such changes meet the requirements of State and local law.

Notify this Department at least 48 hours prior to the following required inspections:

Removal of Tank and Piping \_\_\_\_\_  
 Sampling \_\_\_\_\_  
 Final Inspection \_\_\_\_\_

Issuance of a permit to operate is dependent on compliance with accepted plans and all applicable laws and regulations.

THIS IS A FINANCIAL PENALTY FOR NOT COMPLYING WITH THE ABOVE REGULATIONS.

UNDERGROUND TANK CLOSURE/MODIFICATION PLANS

1. Business Name UNOCAL SERVICE STATION # 5781  
 Business Owner UNION OIL CO. OF CALIFORNIA, dba UNOCAL
2. Site Address 3535 PIERSON ST.  
 City OAKLAND Zip 94619 Phone (415) 533-2439
3. Mailing Address UNOCAL - 2175 NO. CALIFORNIA BLVD. #650  
 City WALNUT CREEK CA Zip 94596 Phone (415) 945-1676
4. Land Owner UNION OIL CO. OF CALIFORNIA  
 Address 2175 NO. CALIFORNIA BLVD #650 City, State WALNUT CREEK, CA Zip 94596
5. EPA I.D. No. CAD 982057481
6. Contractor \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Phone \_\_\_\_\_  
 License Type \_\_\_\_\_ ID# \_\_\_\_\_
7. Other (Specify) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Phone \_\_\_\_\_

8. Contact Person for Investigation

Name TIM ROSS Title FIELD ENGINEER  
Phone (415) 945-7676

9. Total No. of Tanks at facility 3

10. Have permit applications for all tanks been submitted to this office? Yes [] No []

11. State Registered Hazardous Waste Transporters/Facilities

a) Product/Waste Tranporter

Name H & H SHIP SERVICE EPA I.D. No. CAD 004771168  
Address 220 CHINA BASIN  
city SAN FRANCISCO State CA zip 94107

b) Rinsate Transporter

Name H & H SHIP SERVICE EPA I.D. No. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

c) Tank Transporter

Name H & H SHIP SERVICE EPA I.D. No. \_\_\_\_\_  
Address (SAME AS ABOVE)  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

d) Contaminated Soil Transporter

Name H & H SHIP SERVICE EPA I.D. No. \_\_\_\_\_  
Address (SAME AS ABOVE)  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

12. Sample Collector

Name KAPREALIAN ENGINEERING, INC.  
Company KAREALIAN ENGINEERING, INC.  
Address P.O. BOX 913  
City BENICIA State CA zip 94510 Phone (415) 676-9100

13. Sampling Information for each tank or area

Tank or Area		Material sampled	Location & Depth
Capacity	Historic Contents (past 5 years)		
10,000	GASOLINE	SOIL, GROUND WATER IF APPLICABLE	(2) CONFIRMATORY SAMPLES BENEATH EACH TANK, ONE SAMPLE FROM EACH END, AT NATIVE SOIL/BACK FILL INTERFACE. FOR SAMPLING PROTOCOL FOR SOIL/WATER SEE ATTACHMENT.  + 1/2' TRENCH NOW FOR PRODUCT PIPING
10,000	GASOLINE		
280	WASTE OIL		

14. Have tanks or pipes leaked in the past? Yes [ ] No [✓]

If yes, describe. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

15. NFPA methods used for rendering tank inert? Yes [X] No [ ]

If yes, describe. REFER TO DRAWING J-6  
SECTION II GAS FREEING & TANK REMOVAL.  
 \_\_\_\_\_  
 \_\_\_\_\_

16. Laboratories

Name APPLIED GEOSYSTEMS  
 Address 43255 MISSION BLVD.  
 City FREMONT State CA zip 94539  
 State Certification No. 153



17. Chemical Methods to be used for Analyzing Samples

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Number
soil GAS	soil 5030 / 8015 8020	WATS 5030 / GC TIA 602
WASTE oil	5030 / 8015 sonication / 8015 D 8240 503 E CAN METALS BY ICP	5030 / GC TIA 503 A & E 624

18. Submit Site Safety Plan

19. Workman's Compensation: Yes  No

Copy of Certificate enclosed? Yes  No

Name of Insurer Republic INDEMNITY CO

20. Plot Plan submitted? Yes  No

21. Deposit enclosed? Yes  No

22. Please forward to this office the following information within 60 days after receipt of sample results.

- a) Chain of Custody Sheets
- b) Original Signed Laboratory Reports
- c) TSD to Generator copies of wastes shipped and received
- d) Attachment A summarizing laboratory results

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 will notify the Department of Environmental Health at least two (2) working days (48 hours) in advance to schedule any required inspections. 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.

Signature of Contractor

Name (please type) Anthony Miller ANTHONY J. MILLER  
Signature Anthony Miller AN AGENT FOR PARADISE CONSTRUCTION  
Date 11/21/89

Signature of Site Owner or Operator

Name (please type) TRACY LUM, PROJECT DESIGNER, ROBERT H. LEE & ASSOCIATES  
(CONSULTANTS FOR UNOCAL)  
Signature Tracy Lum  
Date 6-30-89

NOTES:

1. Any changes in this document must be approved by this Department.
2. Any leaks discovered must be submitted to this office on an underground storage tank unauthorized leak/contamination site report form within 5 days of its discovery.
3. Three (3) copies of this plan must be submitted to this Department. One copy must be at the construction site at all times.
4. A copy of your approved plan must be sent to the landowner.



# CERTIFICATE OF INSURANCE

SET TAB STOPS AT ARROWS  
ISSUE DATE (MM/DD/YY)

PRODUCER

**R.C. FISCHER & COMPANY**  
INSURANCE—SURETY BONDS  
1220 Oakland Blvd., Suite #300 • P.O. Box 8101  
Walnut Creek, California 94596-8101  
Phone (415) 932-7823

If calling from Oakland - Phone (415) 839-3015

INSURED

**Paradiso Construction Co.**  
9220 "G" Street  
Oakland CA 94603

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 **A**

COMPANY LETTER **B**

COMPANY LETTER **C**

COMPANY LETTER **D**

REPUBLIC INDEMNITY COMPANY

COMPANY LETTER **E**

## COVERAGES

THIS IS TO CERTIFY THAT 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS	
					EACH OCCURRENCE	AGGREGATE
	<b>GENERAL LIABILITY</b>					
<input type="checkbox"/>	COMPREHENSIVE FORM				BODILY INJURY	\$
<input type="checkbox"/>	PREMISES/OPERATIONS				PROPERTY DAMAGE	\$
<input type="checkbox"/>	UNDERGROUND				BI & PD COMBINED	\$
<input type="checkbox"/>	EXPLOSION & COLLAPSE HAZARD				PERSONAL INJURY	\$
<input type="checkbox"/>	PRODUCTS/COMPLETED OPERATIONS					
<input type="checkbox"/>	CONTRACTUAL					
<input type="checkbox"/>	INDEPENDENT CONTRACTORS					
<input type="checkbox"/>	BROAD FORM PROPERTY DAMAGE					
<input type="checkbox"/>	PERSONAL INJURY					
	<b>AUTOMOBILE LIABILITY</b>					
<input type="checkbox"/>	ANY AUTO				BODILY INJURY (PER PERSON)	\$
<input type="checkbox"/>	ALL OWNED AUTOS (PRIV. PASS.)				BODILY INJURY (PER ACCIDENT)	\$
<input type="checkbox"/>	ALL OWNED AUTOS (OTHER THAN PRIV. PASS.)				PROPERTY DAMAGE	\$
<input type="checkbox"/>	HIRED AUTOS				BI & PD COMBINED	\$
<input type="checkbox"/>	NON-OWNED AUTOS					
<input type="checkbox"/>	GARAGE LIABILITY					
	<b>EXCESS LIABILITY</b>					
<input type="checkbox"/>	UMBRELLA FORM				BI & PD COMBINED	\$
<input type="checkbox"/>	OTHER THAN UMBRELLA FORM					
<b>D</b>	<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>	PC994559	4/01/89	4/01/90	STATUTORY	
					\$1000 (EACH ACCIDENT)	
					\$1000 (DISEASE-POLICY LIMIT)	
					\$1000 (DISEASE-EACH EMPLOYEE)	
	<b>OTHER</b>					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

**JOB: ALL CALIFORNIA OPERATIONS**

## CERTIFICATE HOLDER

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
DEPARTMENT OF ENVIRONMENTAL HEALTH  
HAZARDOUS MATERIALS DIVISION  
80 SWAN WAY  
OAKLAND, CA 94621

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL \_\_\_\_\_ 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

*Sally Robinson*

10-2

June 28, 1989

SITE SAFETY PLAN  
UNOCAL SERVICE STATION No. 5781  
3535 PIERSON STREET  
OAKLAND, CALIFORNIA  
RHL JOB No. 1469

SITE SAFETY PLAN - GASOLINE TANK REMOVAL

1. For underground gasoline tanks, arrange for disposal of remaining liquid contents with authorized disposal service.
2. Drain and flush all piping into tank or appropriate container.
3. Remove all flammable liquid from the tank. Use a hand pump to remove the bottom few inches of liquid.
4. uncover tank and disconnect attached piping.
5. Prior to complete excavation and tank removal the tanks must be res-purged by the following method.

Preferred method for conditioning tank:

Make vapors inert by adding 15 lbs. of dry ice (carbon dioxide) per 1000 gal. of tank capacity.

The vapors in the tank will be made inert by adding solid carbon dioxide (dry ice) in the amount of 15 lbs per 1000 gal. of tank capacity. The dry ice should be crushed and distributed evenly over the greatest possible area to secure rapid evaporation. As the dry ice vaporizes, flammable vapors will flow out of the tank and may surround the area. Hence, observe all normal safety precautions regarding flammable vapors. Make sure that all of the dry ice has vaporized.

After the tank has been freed of vapors and verified to below 10% of the lower explosive level using calibrate gas detector, and prior to moving t\from the site, plug or cap all holes. Use threaded (boiler) plugs to plug any corrosion leak holes. One tank fitting plug should have a 1/8" vent hole to prevent the tank from being subjected to an excessive pressure differential caused by extreme temperature changes.

6. Temporarily plug all tank openings, complete excavation and remove the tank; placing it in a secure location. Block the tank to prevent movement. USE EXTREME CAUTION DURING REMOVAL OPERATION.
7. Remove tanks and secure at grade.
8. No fiberglass or steel tank shall be reused. Render all tanks useless after removing from site.

9. As an added precaution, regardless of condition, the tanks shall be labeled adjacent to the fill opening in legible letters as follows:

"TANK HAVE CONTAINED FLAMMABLE LIQUIDS  
NOT GAS-FREE  
NOT SUITABLE FOR FOOD OR DRINKING WATER"

10. Assure tank disposal is in accordance with governing regulations.
11. Company Representative and Contractor shall inspect open excavation for evidence of product leakage.
12. The Contractor shall have the following items on site:
- a) Fire extinguishers
  - b) LEL meter
  - c) First Aid Kit
  - e) Hard hat and protective clothing for all personnel
  - f) Access to an Industrial Hygienist
13. When the site is left unattended, surround the excavation with a 6"-0" high removable chain link fence.

#### EMERGENCY PLAN

In the event of an accident, the Contractor shall proceed with the following steps:

- 1) Dial 911 and provide the following information:  

"THERE IS A (FIRE OR DANGEROUS SPILL) AT 3535 PIERSON STREET, OAKLAND, CA" If anyone is trapped or needs medical attention, tell the answering dispatcher. Stay on the phone and be prepared to answer any questions concerning the situation.
- 2) Attend any injured persons and direct incoming assistance to them.
- 3) Attempt to extinguish any fire if you can do so safely. Have the extinguisher ready to use in the event of any dangerous spill. Try to contain any spill, or use absorbent on smaller spills.
- 4) Report to arriving emergency response personnel to provide them any information or assistance they may need.
- 5) Notify the following:

UNOCAL Representative, Tim Ross  
Alameda County Environmental Health,  
State Office of Emergency Services,

415/945-7676  
415/874-0500  
800-852-7550  
(24 hrs)



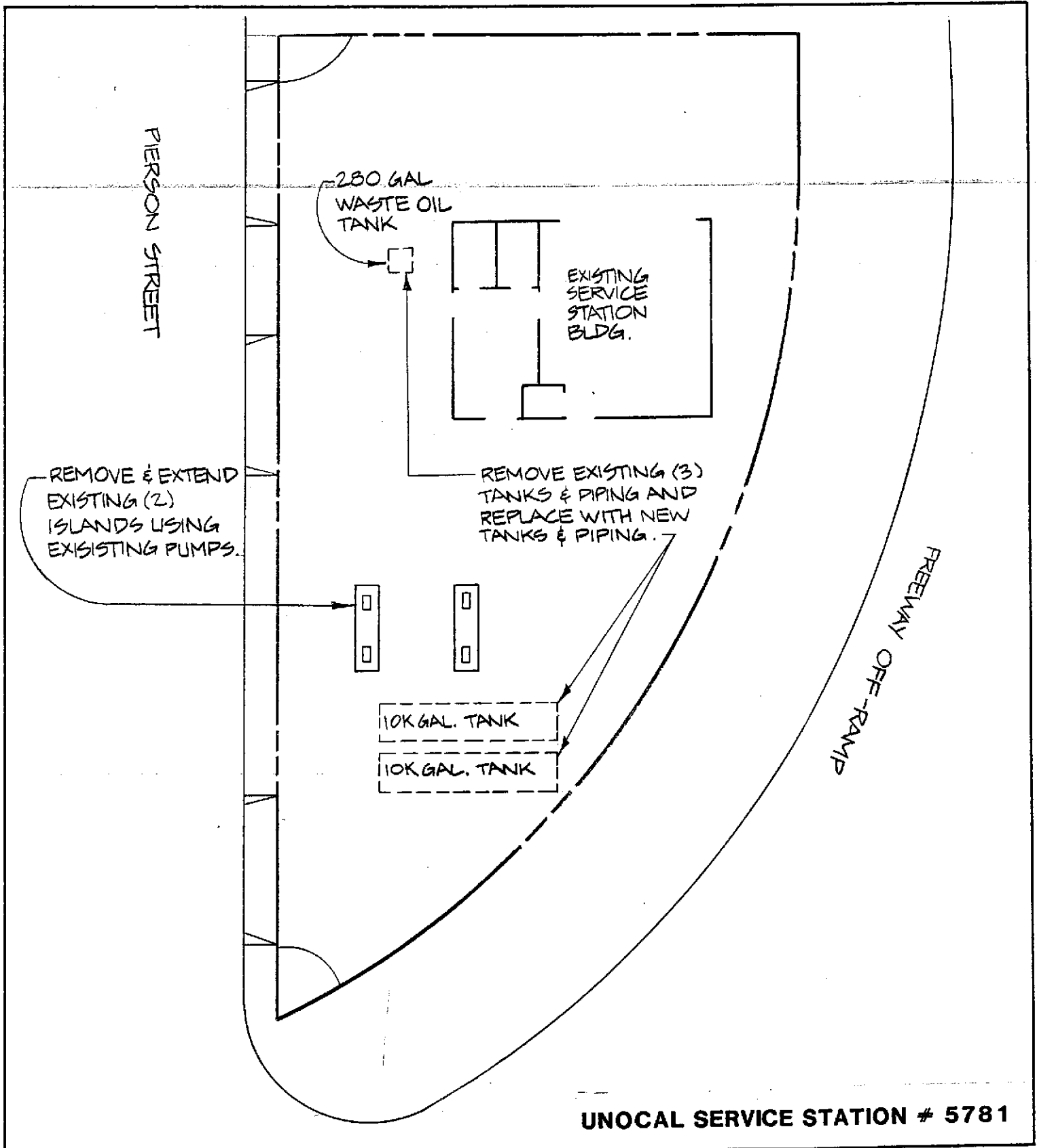
# ROBERT H. LEE & ASSOCIATES, INC.

ARCHITECTURE

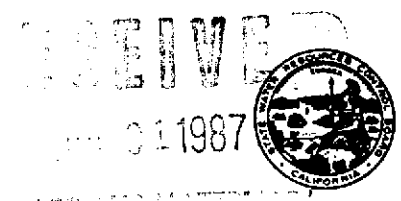
PLANNING

ENGINEERING

900 LARKSPUR LANDING CIRCLE, #125, LARKSPUR, CA 94939 - (415) 461-8890



# Permit Application



<input type="checkbox"/> 01 New Permit	<input type="checkbox"/> 03 Installed before July 1, 1984	<input type="checkbox"/> 05 Renewed Permit
<input type="checkbox"/> 02 Provisional Permit	<input type="checkbox"/> 04 Installed after July 1, 1984	<input checked="" type="checkbox"/> 06 Amended Permit

## I Owner

Name (Corporation, Individual or Public Agency) <b>UNION OIL COMPANY OF CALIFORNIA (UNOCAL)</b>			
Street Address <b>2175 North California Blvd. Suite # 650</b>	City <b>Walnut Creek</b>	State <b>CA</b>	ZIP <b>94596</b>

## II Facility

Facility Name <b>UNOCAL SERVICE STATION #5701</b>		Dealer/Foreman/Supervisor <b>JACK CHI CHAN</b>	
Street Address <b>3535 PIERSON STREET</b>		Nearest Cross Street <b>MacARTHUR BLVD.</b>	
City <b>OAKLAND</b>		County <b>Alameda</b>	ZIP <b>94619</b>
Mailing Address <b>3535 PIERSON STREET</b>		City <b>OAKLAND</b>	State <b>CA</b>
Phone w/area code <b>(415) 533-2439</b>		Type of Business <input checked="" type="checkbox"/> 01 Gasoline Station <input type="checkbox"/> 02 Other: _____	
NUMBER OF CONTAINERS AT THIS FACILITY <b>3</b>	Rural Areas Only:	Township	Range
		Section	

## III 24 Hour Emergency Contact Person

Days Name (last name first) and Phone w/area code <b>Jaurigui, L.J. (415) 945-7676</b>	Nights Name (last name first) and Phone w/area code <b>UNOCAL (415) 561-9322</b>
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**COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER**

## IV Description

A. <input checked="" type="checkbox"/> 01 Tank <input type="checkbox"/> 02 Other: _____		Container Number (if there is no number, assign one) <b>5701-1-1</b>
B. Manufacturer (if appropriate): _____	Year of Mfg.: <b>1967</b>	C. Year Installed: <b>1967</b> <input type="checkbox"/> Unknown
D. Container Capacity: <b>10,000</b> gallons <input type="checkbox"/> Unknown	E. Does the Container Store (Check One): <input type="checkbox"/> 01 Waste <input checked="" type="checkbox"/> 02 Product	
F. Does the Container Store Motor Vehicle Fuel or Waste Oil? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No    If Yes, Check appropriate box(es): <input checked="" type="checkbox"/> 01 Unleaded <input type="checkbox"/> 02 Regular <input type="checkbox"/> 03 Premium <input type="checkbox"/> 04 Diesel <input type="checkbox"/> 05 Waste Oil <input type="checkbox"/> 06 Other (List): _____ If you answered yes; do not complete Part VIII.		

## V Container Construction

A. Thickness of Primary Containment: <b>P.C.S.</b> <input type="checkbox"/> Gauge <input type="checkbox"/> Inches <input type="checkbox"/> cm <input type="checkbox"/> Unknown
B. <input type="checkbox"/> 01 Vaulted (Located in an underground Vault) <input checked="" type="checkbox"/> 02 Non-vaulted <input type="checkbox"/> 03 Unknown
C. <input type="checkbox"/> 01 Double Walled <input checked="" type="checkbox"/> 02 Single Walled <input type="checkbox"/> 03 Lined
D. <input checked="" type="checkbox"/> 01 Carbon Steel <input type="checkbox"/> 02 Stainless Steel <input type="checkbox"/> 03 Fiberglass <input type="checkbox"/> 04 Polyvinyl Chloride <input type="checkbox"/> 05 Concrete <input type="checkbox"/> 06 Aluminum <input type="checkbox"/> 07 Steel Clad <input type="checkbox"/> 08 Bronze <input type="checkbox"/> 09 Composite <input type="checkbox"/> 10 Non-metallic <input type="checkbox"/> 11 Earthen Walls <input type="checkbox"/> 12 Unknown <input type="checkbox"/> 13 Other: _____

**Container Construction**

E.  01 Rubber Lined     02 Alkyd Lining     03 Epoxy Lining     04 Phenolic Lining     05 Glass Lining     06 Clay Lining

07 Unlined     08 Unknown     09 Other: \_\_\_\_\_

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F.  01 Polyethylene Wrap     02 Vinyl Wrapping     03 Cathodic Protection

04 Unknown     05 None     06 tar or asphalt     09 Other

**VI Piping**

A. Aboveground Piping:  01 Double-walled pipe     02 Concrete-lined trench     03 Gravity     04 Pressure     05 Suction  
 [(Check) appropriate box(es)]     06 Unknown     07 None

B. Underground Piping:  01 Double-walled pipe     02 Concrete-lined trench     03 Gravity     04 Pressure     05 Suction  
 [(Check) appropriate box(es)]     06 Unknown     07 None

**VII Leak Detection**

01 Visual     02 Stock Inventory     03 Tile Drain     04 Vapor Sniff Wells     05 Sensor Instrument

06 Ground Water Monitoring Wells     07 Pressure Test     08 Internal Inspection     09 None

10 Other: PIPING - RED JACKET LEAK DETECTOR - INSTALLED 1980

**VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers**  
 If you checked yes to IV-F you are not required to complete this section.

currently stored	previously stored	CAS # (if known)	Chemical Do Not Use Commercial Name (Use additional paper for more room)
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		

Is Container located on an Agricultural Farm?  01 Yes     02 No

Person Filing (Signature) *J. Sawyer*    Phone w/area code (415) 945-7676

**For Local Agency Use Only**

AGENCY NAME	CITY	COUNTY
CONTACT PERSON	PHONE W/AREA CODE	
INSPECTION DATE (1ST INSPECTION)	PERMIT APPROVAL DATE	PERMIT ID. NUMBER

**FOR STATE USE ONLY**

STATE ID. NUMBER	Accounting Number	County Number
Date Received	<input type="checkbox"/> 01	<input type="checkbox"/> 02 <input type="checkbox"/> 03



# Permit Application



<input type="checkbox"/> 01 New Permit	<input type="checkbox"/> 03 Installed before July 1, 1984	<input type="checkbox"/> 05 Renewed Permit	<input type="checkbox"/> 06 Amended Permit
<input type="checkbox"/> 02 Provisional Permit	<input type="checkbox"/> 04 Installed after July 1, 1984		

## I Owner

Name (Corporation Individual or Public Agency)			
Street Address	City	State	ZIP

## II Facility

Facility Name		Dealer/Foreman/Supervisor	
Street Address			Nearest Cross Street
City		County	ZIP
Mailing Address		City	State ZIP
Phone w/area code		Type of Business <input type="checkbox"/> 01 Gasoline Station <input type="checkbox"/> 02 Other: _____	
NUMBER OF CONTAINERS AT THIS FACILITY	Rural Areas Only:	Township	Range Section

## III 24 Hour Emergency Contact Person

Days Name (last name first) and Phone w/area code	Nights Name (last name first) and Phone w/area code
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**COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER**

## IV Description

A. <input checked="" type="checkbox"/> 01 Tank <input type="checkbox"/> 02 Other: _____		Container Number (if there is no number, assign one): <b>5781-2-1</b>
B. Manufacturer (if appropriate): _____	Year of Mfg.: <u>1967</u>	C. Year Installed: <u>1967</u> <input type="checkbox"/> Unknown
D. Container Capacity: <u>10 000</u> gallons <input type="checkbox"/> Unknown	E. Does the Container Store (Check One): <input type="checkbox"/> 01 Waste <input checked="" type="checkbox"/> 02 Product	
F. Does the Container Store Motor Vehicle Fuel or Waste Oil? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No    If Yes, Check appropriate box(es): <input type="checkbox"/> 01 Unleaded <input type="checkbox"/> 02 Regular <input checked="" type="checkbox"/> 03 Premium <input type="checkbox"/> 04 Diesel <input type="checkbox"/> 05 Waste Oil <input type="checkbox"/> 06 Other (List): _____ If you answered yes; do not complete Part VIII.		

## V Container Construction

A. Thickness of Primary Containment: <u>P.C.S.</u> <input type="checkbox"/> Gauge <input type="checkbox"/> Inches <input type="checkbox"/> cm <input type="checkbox"/> Unknown	
B. <input type="checkbox"/> 01 Vaulted (Located in an underground Vault.) <input checked="" type="checkbox"/> 02 Non-vaulted <input type="checkbox"/> 03 Unknown	
C. <input type="checkbox"/> 01 Double Walled <input checked="" type="checkbox"/> 02 Single Walled <input type="checkbox"/> 03 Lined	
D. <input checked="" type="checkbox"/> 01 Carbon Steel <input type="checkbox"/> 02 Stainless Steel <input type="checkbox"/> 03 Fiberglass <input type="checkbox"/> 04 Polyvinyl Chloride <input type="checkbox"/> 05 Concrete <input type="checkbox"/> 06 Aluminum	
<input type="checkbox"/> 07 Steel Clad <input type="checkbox"/> 08 Bronze <input type="checkbox"/> 09 Composite <input type="checkbox"/> 10 Non-metallic <input type="checkbox"/> 11 Earthen Walls <input type="checkbox"/> 12 Unknown <input type="checkbox"/> 13 Other: _____	

**Container Construction**

E.  01 Rubber Lined     02 Alkyd Lining     03 Epoxy Lining     04 Phenolic Lining     05 Glass Lining     06 Clay Lining

07 Unlined     08 Unknown     09 Other: \_\_\_\_\_

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F.  01 Polyethylene Wrap     02 Vinyl Wrapping     03 Cathodic Protection

04 Unknown     05 None     06 tar or asphalt     09 Other

**VI Piping**

A. Aboveground Piping:  01 Double-walled pipe     02 Concrete-lined trench     03 Gravity     04 Pressure     05 Suction

(Check) appropriate box(es)     06 Unknown     07 None

---

B. Underground Piping:  01 Double-walled pipe     02 Concrete-lined trench     03 Gravity     04 Pressure     05 Suction

(Check) appropriate box(es)     06 Unknown     07 None

**VII Leak Detection**

01 Visual     02 Stock Inventory     03 Tile Drain     04 Vapor Sniff Wells     05 Sensor Instrument

06 Ground Water Monitoring Wells     07 Pressure Test     08 Internal Inspection     09 None

10 Other: PIPING - RED JACKET LEAK DETECTOR - INSTALLED 1980

**VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers**  
 If you checked yes to IV -F you are not required to complete this section.

Currently stored	Previously stored	CAS # (if known)	Chemical Do Not Use Commercial Name (Use additional paper for more room)
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		

Is Container located on an Agricultural Farm?  01 Yes     02 No

Person Filing (Signature) *J. Amey*    Phone w/area code (415) 945-7676

**For Local Agency Use Only**

AGENCY NAME	CITY	COUNTY
CONTACT PERSON		PHONE W/AREA CODE
INSPECTION DATE (1ST INSPECTION)	PERMIT APPROVAL DATE	PERMIT ID. NUMBER

**FOR STATE USE ONLY**

STATE ID. NUMBER	Accounting Number	County Number
Date Received	<input type="checkbox"/> 01	<input type="checkbox"/> 02 <input type="checkbox"/> 03

# Permit Application



<input type="checkbox"/> 01 New Permit	<input type="checkbox"/> 03 Installed before July 1, 1984	<input type="checkbox"/> 05 Renewed Permit	<input type="checkbox"/> 06 Amended Permit
<input type="checkbox"/> 02 Provisional Permit	<input type="checkbox"/> 04 Installed after July 1, 1984		

### I Owner

Name (Corporation Individual or Public Agency)			
Street Address	City	State	ZIP

### II Facility

Facility Name		Dealer/Foreman/Supervisor	
Street Address			Nearest Cross Street
City		County	ZIP
Mailing Address		City	State ZIP
Phone w/area code		Type of Business <input type="checkbox"/> 01 Gasoline Station <input type="checkbox"/> 02 Other: _____	
NUMBER OF CONTAINERS AT THIS FACILITY	Rural Areas Only:	Township	Range Section

### III 24 Hour Emergency Contact Person

Days Name (last name first) and Phone w/area code	Nights Name (last name first) and Phone w/area code
---	---

**COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER**

### IV Description

A. <input checked="" type="checkbox"/> 01 Tank <input type="checkbox"/> 02 Other: _____		Container Number (if there is no number assign one) <u>5781-4-1</u>
B. Manufacturer (if appropriate): _____ Year of Mfg.: <u>1967</u>		C. Year Installed: <u>1967</u> <input type="checkbox"/> Unknown
D. Container Capacity: <u>200</u> gallons <input type="checkbox"/> Unknown	E. Does the Container Store (Check One): <input checked="" type="checkbox"/> 01 Waste <input type="checkbox"/> 02 Product	
F. Does the Container Store Motor Vehicle Fuel or Waste Oil? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No    If Yes, Check appropriate box(es): <input type="checkbox"/> 01 Unleaded <input type="checkbox"/> 02 Regular <input type="checkbox"/> 03 Premium <input type="checkbox"/> 04 Diesel <input checked="" type="checkbox"/> 05 Waste Oil <input type="checkbox"/> 06 Other (List): _____ If you answered yes; do not complete Part VIII.		

### V Container Construction

A. Thickness of Primary Containment: <u>P.C.S.</u> <input type="checkbox"/> Gauge <input type="checkbox"/> Inches <input type="checkbox"/> cm <input type="checkbox"/> Unknown
B. <input type="checkbox"/> 01 Vaulted (Located in an underground Vault.) <input checked="" type="checkbox"/> 02 Non-vaulted <input type="checkbox"/> 03 Unknown
C. <input type="checkbox"/> 01 Double Walled <input checked="" type="checkbox"/> 02 Single Walled <input type="checkbox"/> 03 Lined
D. <input checked="" type="checkbox"/> 01 Carbon Steel <input type="checkbox"/> 02 Stainless Steel <input type="checkbox"/> 03 Fiberglass <input type="checkbox"/> 04 Polyvinyl Chloride <input type="checkbox"/> 05 Concrete <input type="checkbox"/> 06 Aluminum <input type="checkbox"/> 07 Steel Clad <input type="checkbox"/> 08 Bronze <input type="checkbox"/> 09 Composite <input type="checkbox"/> 10 Non-metallic <input type="checkbox"/> 11 Earthen Walls <input type="checkbox"/> 12 Unknown <input type="checkbox"/> 13 Other: _____

**Container Construction**

E.  01 Rubber Lined     02 Alkyd Lining     03 Epoxy Lining     04 Phenolic Lining     05 Glass Lining     06 Clay Lining

07 Unlined     08 Unknown     09 Other: \_\_\_\_\_

F.  01 Polyethylene Wrap     02 Vinyl Wrapping     03 Cathodic Protection

04 Unknown     05 None     06 tar or asphalt     09 Other

**VI Piping**

A. Aboveground Piping:  01 Double-walled pipe     02 Concrete-lined trench     03 Gravity     04 Pressure     05 Suction

(Check) appropriate box(es)     06 Unknown     07 None

B. Underground Piping:  01 Double-walled pipe     02 Concrete-lined trench     03 Gravity     04 Pressure     05 Suction

(Check) appropriate box(es)     06 Unknown     07 None

**VII Leak Detection**

01 Visual     02 Stock Inventory     03 Tile Drain     04 Vapor Sniff Wells     05 Sensor Instrument

06 Ground Water Monitoring Wells     07 Pressure Test     08 Internal Inspection     09 None

10 Other: \_\_\_\_\_

**VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers**  
If you checked yes to IV-F you are not required to complete this section.

currently stored	previously stored	CAS # (if known)	Chemical Do Not Use Commercial Name (Use additional paper for more room)
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		

Is Container located on an Agricultural Farm?  01 Yes     02 No

Person Filing (Signature) *[Signature]*    Phone w/area code (415) 945-7676

**For Local Agency Use Only**

AGENCY NAME	CITY	COUNTY
CONTACT PERSON	PHONE W/AREA CODE	
INSPECTION DATE (1ST INSPECTION)	PERMIT APPROVAL DATE	PERMIT ID. NUMBER

**FOR STATE USE ONLY**

STATE ID. NUMBER	Accounting Number	County Number
Date Received	<input type="checkbox"/> 01	<input type="checkbox"/> 02 <input type="checkbox"/> 03