

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



7

January 6, 2006

Mr. Scott Anderson
Dublin Toyota
6450 Dublin Ct.
Dublin, CA 94568

Mr. Nolan Davis
Nolan M. & Velia E. Davis Trust
50 Oak Court, Ste. 160
Danville, CA 94526-4039

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

Dear Messrs. Anderson and Davis:

Subject: Fuel Leak Case [REDACTED] Dublin Toyota/Pontiac, 6450 Dublin Ct.,
Dublin, CA 94568

Alameda County Environmental Health (ACEH) staff has reviewed the case file for the subject site including the June 20, 2005 *Soil and Water Investigation Summary of Findings* prepared by Gribi Associates. This report provides soil and groundwater sample results, used to determine the lateral and vertical extent of fuel contaminants and oxygenates at this site. The subsurface geology has also been determined through the logs of the borings. Your consultant concludes from the investigation that the fuel oxygenate, MTBE, has migrated laterally in the southwest direction in a shallow water bearing zone termed the "A" zone and then migrated further southwest in a deeper zone, termed the "B" zone. The extent of MTBE migration in the deeper zone was not able to be determined and is limited by the proximity of Interstate 580. The report also proposes a set of shallow and deep monitoring wells to monitor the two identified plumes. We generally concur with this recommendation. We request you address the following technical comments and submit the technical reports specified below.

TECHNICAL COMMENTS

1. The specific construction of the proposed wells has not been stated and should be determined based upon observations obtained during their installation. However, the following should be observed; the shallow wells should not extend beyond 20' bgs and the screen intervals should not exceed a maximum length of 10'.
2. The lateral and vertical extent of the MTBE plume has not been determined. After monitoring of the newly installed wells, a recommendation must be made to address this issue.
3. We request that you perform the Fluid/Vapor recovery from the extraction wells installed in the former tank pit. Please confirm your schedule for your extraction events. At the time of the extraction, we request that the other wells be monitored for water level and induced vacuum. Your extraction report should include tabulated data of vapor flow rates, water flow rates, water level measurements and induced vacuum in nearby wells. It should also include an estimated total mass removal,

removal rates at applied vacuums, drawdown in observation wells and estimated radius of influence.

4. The newly installed wells should be incorporated into the quarterly monitoring program for your site.

Please submit the technical reports according to the following schedule.

- March 15, 2006- 1st QMR 2006
- June 15, 2006- 2nd QMR 2006
- September 15, 2006- 3rd QMR 2006
- December 15, 2006- 4th QMR 2006
- January 15, 2006- Fluid/Vapor recovery schedule. Report should be included in the immediate following QMR.

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).

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 barney.chan@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.

UNDERGROUND STORAGE TANK CLEANUP FUND

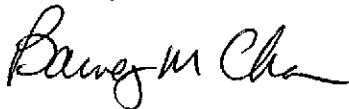
Please note that delays in investigation, later reports, or enforcement actions may result in your becoming ineligible to receive grant money from the state's Underground Storage Tank Cleanup Fund (Senate Bill 2004) to reimburse you for the cost of cleanup.

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) 567-6765.

Sincerely,



Barney M. Chan
Hazardous Materials Specialist

Enclosure: ACEH Electronic Report Upload (ftp) Instructions

cc: files, D. Drogos

Mr. Jim Gribi, Gribi Associates, 1350 Hayes St., Ste. C-7, Benicia, CA 94510
Shari Knieriem, SWRCB, P.O. Box 944212, Sacramento, CA 94244-2120
Matt Katen, Zone 7 Water District, QIC 80201



Alan C. Lloyd, Ph.D.
Agency Secretary

State Water Resources Control Board

Division of Financial Assistance

1001 I Street • Sacramento, California 95814
P.O. Box 944212 • Sacramento, California • 94244-2120
(916) 341-5714 • FAX (916) 341-5806 • www.waterboards.ca.gov/cwphome/ustcf



Arnold Schwarzenegger
Governor

NOV 24 2005

HAMCOR, INC.
SCOTT ANDERSON
6450 DUBLIN CT
DUBLIN, CA 94568

Alameda County
DEC 04 2005
Environmental Health

UNDERGROUND STORAGE TANK CLEANUP FUND (FUND), CLAIM NO. 016321, FOR
SITE ADDRESS: 6450 DUBLIN CT, DUBLIN

The State Water Resources Control Board (State Board) is able to issue, pursuant to applicable regulations, the enclosed Letter of Commitment (LOC) in an amount not to exceed \$86,500. This LOC is based upon our review of the corrective action costs you reported to have incurred to date. The LOC may be modified by the State Board.

It is very important that you read the terms and conditions listed in the enclosed LOC. Claims filed with the Underground Storage Tank Cleanup Fund far exceed the funding available and it is very important that you make use of the funding that has been committed to your cleanup in a timely manner.

You are reminded that you must comply with all regulatory agency time schedules and requirements and you must obtain three bids for any required corrective action. Only corrective action costs *required* by the regulatory agency to protect human health, safety and the environment can be claimed for reimbursement. If you have any questions about obtaining preapproval of your costs or the three bid requirement, please call Sunil Ramdass, our Technical Reviewer assigned to claims in your Region, at (916) 341-5757. Failure to obtain preapproval of your future costs may result in the costs not being reimbursed.

The following documents needed to submit your reimbursement request are enclosed:

Reimbursement Request Instructions and Information packages. **Retain these packages for future reimbursement requests.** These instructions must be followed when seeking reimbursement for corrective action costs incurred after January 1, 1988.

"Reimbursement Request" forms which you **must use to request reimbursement of costs incurred.**

"Spreadsheet" forms which you **must use in conjunction with your reimbursement request.**

* **THIS IS IMPORTANT TO YOU, PLEASE NOTE:**

Signature(s) on the application will be the signature(s) required for all future Fund documents.

You have 90 calendar days from the date of this letter to submit your first reimbursement request for incurred corrective action costs. **NO EXTENSIONS CAN BE GRANTED.** If you fail to do so, your LOC funds will automatically be reduced to zero (deobligated). Once this occurs, any future funds for this site are subject to availability when you submit your first reimbursement request. We continuously review the status of all active claims. You must continue to remain in compliance and submit a reimbursement request every 6 months. Failure to do so will result in the Fund taking steps to withdraw your LOC.

If you have any questions regarding the enclosed documents, please contact Toru Okamoto at (916) 341-5649.

Sincerely,



Ronald M. Duff, Manager
Underground Storage Tank Cleanup Fund

Enclosures

cc: Mr. Chuck Headlee
RWQCB, Region 2
1515 Clay Street, Ste. 1400
Oakland, CA 94612

Ms. Donna Drogos
Alameda County EHD
1131 Harbor Bay Pkway, 2nd Fl.
Alameda, CA 94502-6577

PO-333



State Water Resources Control Board

Division of Clean Water Programs

1001 I Street • Sacramento, California 95814

Mailing Address: P.O. Box 944212 • Sacramento, California • 94244-2120

FAX (916) 341-5806 • Internet Address: <http://www.swrcb.ca.gov/cwphome/ustcf>



Gray Davis
Governor

Winston H. Hickox
Secretary for
Environmental
Protection

FAX TRANSMITTAL

Alameda County

MAR 21 2005

Environmental Health

DATE:

~~11/10/04~~ MAR 21 2005

TO:

Robert Schultz

CLAIM NO.

16321

FAX NUMBER:

510 337 9335

FROM:

Shari Knieriem

UST CLEANUP FUND PROGRAM

FAX #: (916) 341-5806

PHONE #: (916) 341-5714

NUMBER OF PAGES (including this page): 4

- For your information
- Per your request
- For your review and comment
- Other

Faxed
3/23/05
@ 3:23 PM

Please sign + return Thank you
Also please ~~not~~ make any additional comments
as after my entry dates 3/9/05 - Thanks,
Shari

CLAIM NO.: 16321 CLAIMANT NAME: Hamcor, INC
 SITE ADDRESS: 6450 Dublin Court - Dublin Boys (Robert)
Scott Seery Schultz

DATE COMPLIANCE DOCUMENTATION

6/23/98	Signed URF - USTs removed - heavy odor
11/21/03	Cnty - Reviewed Report of GWM - prepared by Gribi Assoc - Requests a SWI + prepare a CAP - Date 3/17/03

PROVIDE A BRIEF DESCRIPTION, IN CHRONOLOGIC ORDER, OF ALL ACTIVITIES RELATED TO THE UNAUTHORIZED RELEASE, FROM DISCOVERY OF RELEASE TO PRESENT:

June 10, 1998: Scott Co.: Three USTs removed; soil samples indicated elevated levels of gasoline contamination.

June 18, 1998: Scott Co: Overexcavated the UST pit, collected soil samples; disposed of 92 tons of soil.

December 1998: Gribi Associates: Drilled & sampled 4 Geoprobe borings; drilled, installed & sampled 2 monitoring wells (MW-1 & MW-2); Elevated concentration of MTBE in groundwater from MW-1.

April 6, 1999: Gribi Associates: Conducted quarterly groundwater monitoring for wells MW-1 & MW-2.

July 14, 1999: Gribi Associates: Conducted quarterly groundwater monitoring for wells MW-1 & MW-2.

October 14, 1999: Gribi Associates: Conducted quarterly groundwater monitoring for wells MW-1 & MW-2.

August 2000: Gribi Associates: Drilled & sampled one Geoprobe boring (IB-5); drilled & installed well MW-3 further downgradient from MW-1; Surveyed three wellhead elevations; conducted monitoring of three site wells.

December 1, 2000: Gribi Associates: Conducted quarterly groundwater monitoring for wells MW-1, MW-2, & MW-3.

CONFIRMATION OF CORRECTIVE ACTION COMPLIANCE

PWS
3/23/05 Claimant in corrective action compliance

Claimant not in corrective action compliance (90 day letter required) Fund

Claimant not in corrective action compliance - rejection recommended

[Signature] Robert Schultz 5-12-03
LEAD AGENCY SIGNATURE DATE

[Signature] 3/23/04
CLAIMS REVIEWER SIGNATURE DATE

[Signature] 5/12/03
CLAIMS REVIEWER SIGNATURE DATE

CLAIM NO.: 16321 CLAIMANT NAME: Hameco INC - Dba Dublin Toyota

DATE	COMPLIANCE DOCUMENTATION (CONTINUED)
3/18/03	<p>Notice of Violation cnty Ltr - NOV - SWI due 3/7/03 has not been submitted - SWI is due 4/2/03</p>
10/22/03	<p>NOT in compliance w/ County - 3 week attention</p>
8/11/03	<p>cnty Ltr - work Plan addendum due within 30 days.</p>
9/21/04	<p> ^{Subject} Phone log Ed Cornelius, RO-333 ^{Company} Dublin Toyota + Scion - left detailed voice-mail message site is currently out of compliance require: 1) submit workplan addendum 2) perform + report quarterly monitoring 3) make geotracker uploads Robert Schultz, Env. Health </p>
	<p> ^{Subject} Phone log Jim Gribi, RO-333 ^{Company} Gribi Avoc Called Jim to request status: 1) SWI + CAP workplan addendum requested 8/11/03 ltr (due 9/11/03) not been prepared 2) QM Performed but not reported 3) no geotracker uploads Requested Jim inform client of need to stay in compliance - will contact RP also </p>

CLAIM NO.: 16321

CLAIMANT NAME: Hamcor, Inc.

DATE COMPLIANCE DOCUMENTATION (CONTINUED)

12/31/04 Only Ltr - Reviewed your 10/18/04 - Report of ERM + SWI WKPI Addendum prepared by Eribi Assoc - WK Plan Not approved - Request for Revised Work Plan - Due 1/3/05 - Other reports due - 1/18/05 - Interim Remedial Action Plan 90 days after revised WK plan approved - Soil + Water Investigation Report - JAN 31, 2005 - Oct 2005 Quarterly reports

3/19/05 Only Ltr - Reviewed the 1/3/05 - Revised SWI WK Plan - prepared by Eribi Assoc - concurs w/ conditions - no address of IRAP request

3/22/05 Workplan for IRM approved

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES

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

March 9, 2005

Scott Anderson
Dublin Toyota/Pontiac
6450 Dublin Ct.
Dublin, CA 94568

Nolan Davis
Nolan M. & Velia E. Davis Trust
50 Oak Court, Ste. 160
Danville, CA 94526-4039

Subject: Fuel Leak Case No. [REDACTED] Dublin Toyota/Pontiac, 6450 Dublin Court,
Dublin, California – Workplan Approval

Dear Msrs. Anderson and Davis:

Alameda County Environmental Health (ACEH) has reviewed your January 3, 2005, *Revised SWI Workplan* prepared by Gribi Associates for the above-referenced site. We concur with your workplan provided the following conditions are met:

1. The final report will include an isoconcentration map for each depth-interval evaluated in the investigation and two cross-sections (one along the plume axis and a second perpendicular to the apparent groundwater flow direction).
2. If deemed necessary by your geologist or engineer to fully define the vertical and lateral extent of contamination, additional soil or groundwater samples will be collected as part of the current investigation efforts. ACEH will be informed via telephone or email of any additions to the sampling and analysis plan. Any additional work will follow the workplan-specified procedures. Dynamic investigations are consistent with USEPA protocol for expedited site assessments, which are scientifically valid and offer a cost-effective approach to fully define a plume and to help progress a case toward closure.
3. 72-hr advance written notification (email preferred) will be provided to ACEH prior to field sampling activities.

Please implement the proposed investigation and submit technical reports following the schedule below. In addition, we request that you address the following technical comments in your report.

TECHNICAL COMMENTS

1. Final Soil and Water Investigation Report

Please compile summary figures and cumulative data tables presenting all historical sampling locations and analytical data. We request two tables, one for soil and one for groundwater, that present all data for the site including sample identification, sampling dates, sample depths, depth to water measurement, analytical results, etc. To simplify reporting, please report soil results in mg/kg (ppm) and groundwater results in ug/L (ppb). Please update your isoconcentration maps (depth and contaminant specific) and prepare cross-sections to include the data from the current investigation, as well as all historical site lithologic and contaminant distribution data. To substantiate interpretations made in your cross-sections, please compile and submit copies of all historical boring logs for the site. As part of your final investigation report, we request that you include recommendations for any necessary work to complete

characterization of the groundwater contamination, and other appropriate corrective action to progress this case towards regulatory closure. This request is made in the interest of minimizing the number of iterations of field work performed at leaking UST sites, and to thereby reduce both the time period and costs for a case to progress to closure. Please include the summary data tables, figures, boring logs and recommendations in the investigation report requested below.

2. Interim Remedial Action

In your October 18, 2004 report, Gribi states that a workplan was submitted to conduct "Aggressive Fluid Vapor Recovery;" however, we did not receive the workplan. The December 9, 2002 *Report of Groundwater Monitoring Activities* recommends preparation of a workplan to complete the interim remediation. We concur with this recommendation. In our December 3, 2004 letter, we requested that you propose appropriate interim remediation tasks and a schedule for this work in an interim remedial action plan by January 18, 2005. We have not yet received any response to this request.

REPORT REQUEST

Please submit your *Soil and Water Investigation Report*, which addresses the comments above by **June 8 2005**. ACEH makes this request pursuant to California Health & Safety Code Section 25296.10. 23 CCR Sections 2652 through 2654, and 2721 through 2778 outline the responsibilities of a responsible party for an unauthorized release from an UST system, and require your compliance with this request.

Professional Certification and Conclusions/Recommendations

The California Business and Professions Code (Sections 6735 and 7835.1) requires that workplans 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.

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.

UNDERGROUND STORAGE TANK CLEANUP FUND

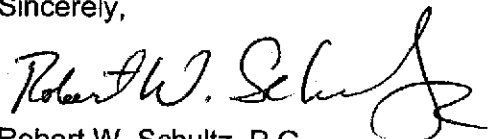
Please note that delays in investigation, late reports or enforcement actions by ACEH may result in you becoming ineligible to receive cleanup cost reimbursement from the state's Underground Storage Tank Cleanup Fund (senate Bill 2004).

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 County District Attorney or other appropriate agency, for enforcement. California Health and Safety Code, Section 25299.76 authorizes ACEH enforcement including administrative action or monetary penalties of up to \$10,000 per day for each day of violation.

Please call me at (510) 567-6719 with any questions regarding this case.

Sincerely,



Robert W. Schultz, P.G.
Hazardous Materials Specialist

cc: James Gribi, Gribi Associates, 1350 Hayes St., Ste. C-7, Benicia, CA 94510
Shari Knieriem, P.O. Box 944212, Sacramento, CA 94244-2120
Matt Katen, Zone 7 Water District, QIC 80201
Donna Drogos, ACEH
Robert W. Schultz, ACEH

Schultz, Robert, Env. Health

Subject: Jim Gribi, RO-333
Entry Type: Phone call
Company: Gribi Assoc.

Start: Tue 12/7/2004 4:00 PM
End: Tue 12/7/2004 4:00 PM
Duration: 0 hours

wants to talk with county

wants to agree on scope of work, then he will do the workplan and implement
he would like to move fwd on both corwood carwash and dublin toyota

corwood carwash - clarifiers on site, having to go to city to get depth of utilities
707-748-7743

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



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

December 3, 2004

Scott Anderson
Dublin Toyota/Pontiac
6450 Dublin Ct.
Dublin, CA 94568

Nolan Davis
Nolan M. & Velia E. Davis Trust
50 Oak Court, Ste. 160
Danville, CA 94526-4039

Subject: Fuel Leak Case No. RO0000333, Dublin Toyota/Pontiac, 6450 Dublin Court,
Dublin, California – Request for Revised Workplan

Dear Mssrs. Anderson and Davis:

Alameda County Environmental Health (ACEH) has reviewed your October 18, 2004 *Report of Groundwater Monitoring and SWI Workplan Addendum* prepared by Gribi Associates and the case file for the above-referenced site. Your revised workplan does not adequately respond to ACEH's January 21, 2003 or August 11, 2003 written requests. Accordingly you are out of compliance with ACEH directives. Pursuant to the UST Cleanup Fund's October 4, 2004 letter, you are being removed from the priority list as a result of your failure to comply with ACEH directives. To be eligible for cost reimbursement from the Fund, we encourage you to promptly comply with our directives and to contact the Fund as directed in the October 4, 2004 letter. Please submit a revised workplan for soil and groundwater investigation which addresses the technical comments below.

TECHNICAL COMMENTS

1. Soil and Water Investigation

We have repeatedly requested that you propose investigation tasks to define the lateral and vertical extent of contamination in groundwater. The site is located within an area designated for municipal water supply, and Gribi's October 18, 2004 well survey (Appendix C) identified 5 water supply wells within the site vicinity. Gribi proposes four CPT boring pairs and collection of two depth discrete groundwater samples from each location. Using the results from the CPT investigation, Gribi anticipates installation of two to three monitoring wells.

Based on i) the MTBE concentrations detected in the existing monitoring wells, ii) the locations proposed by Gribi in the May 7, 2003 workplan, and iii) active use of the groundwater basin for drinking water supply, the proposed scope of work is highly unlikely to be sufficient to adequately define the full lateral and vertical extent of contamination. Please revise your proposal for delineating the extent of MTBE in groundwater in the revised workplan requested below.

2. Well Survey

We require that you provide location addresses and copies of DWR driller's reports for all wells identified in your survey. Gribi's October 18, 2004 well survey map (Appendix C) did not include a legend identifying the types of wells denoted by the various symbols. Please provide this well survey information in the revised workplan requested below.

3. Final Soil and Water Investigation Report

Please compile summary figures and cumulative data tables presenting all historical sampling locations and analytical data. We request two tables, one for soil and one for groundwater, that present all data for the site including sample identification, sampling dates, sample depths, depth to water measurement, analytical results, etc. To simplify reporting, please report soil results in mg/kg (ppm) and groundwater results in ug/L (ppb). Please update your isoconcentration maps (depth and contaminant specific) and prepare cross-sections to include the data from the current investigation, as well as all historical site lithologic and contaminant distribution data. To substantiate interpretations made in your cross-sections, please compile and submit copies of all historical boring logs for the site. As part of your final investigation report, we request that you include recommendations for any necessary work to complete characterization of the groundwater contamination, and other appropriate corrective action to progress this case towards regulatory closure. This request is made in the interest of minimizing the number of iterations of field work performed at leaking UST sites, and to thereby reduce both the time period and costs for a case to progress to closure. Please include the summary data tables, figures, boring logs and recommendations in the investigation report requested below.

4. Interim Remedial Action

In your October 18, 2004 report, Gribi states that a workplan was submitted to conduct "Aggressive Fluid Vapor Recovery;" however, we did not receive the workplan. The December 9, 2002 *Report of Groundwater Monitoring Activities* recommends preparation of a workplan to complete the interim remediation. We concur with this recommendation. Please propose appropriate interim remediation tasks and a schedule for this work in the interim remedial action plan requested below.

5. Groundwater Monitoring

We request that you collect and analyze samples from your monitoring wells on a quarterly basis. All wells need to be sampled and analyzed for TPHg, BTEX and fuel oxygenates (MTBE, DIPE, TAME, ETBE, TBA) until sufficient baseline data is collected. No groundwater monitoring appears to have been performed during the Third Quarter 2004. Please submit your results in the quarterly reports requested below.

6. Quarterly Status Update

Pursuant to 23 CCR section 2652(d), until investigation and cleanup are complete, you are required to submit quarterly reports which include an update of the information required in section 2652(c), including current UST and property owner/operator contact information and the results of all investigation, monitoring or other corrective actions which have occurred during the reporting period. Updates are required every three months and need to include the results of the monitoring requested above (see Comment 5). Please submit your quarterly reports following the schedule specified below.

REPORT REQUEST

Please submit reports to ACEH according to the following schedule:

- January 3, 2005 - Revised SWI Workplan
- January 18, 2005 – Interim Remedial Action Plan
- 90 days following approval of revised workplan– Soil and Water Investigation Report
- January 31, 2005; April 30, 2005; July 31, 2005; October 31, 2005 - Quarterly Reports

ACEH makes this request pursuant to California Health & Safety Code Section 25296.10. CCR Title 23 Sections 2652 through 2654, and 2721 through 2728 outline the responsibilities of a responsible party in response to a reportable unauthorized release from a petroleum UST system, and require your compliance with this request.

Professional Certification and Conclusions/Recommendations

The California Business and Professions Code (Sections 6735, 6835, and 7835.1) requires that workplans 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.

Perjury Statement

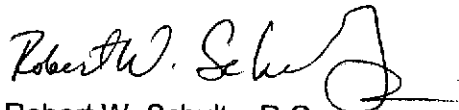
All workplans, technical reports, or technical documents submitted to ACEH must be accompanied by a cover letter from the responsible party that states, at a minimum, the following: "I declare, under penalty of perjury, that the information and/or recommendations contained in the attached document or 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.

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 County District Attorney or other appropriate agency, for enforcement. California Health and Safety Code, Section 25299.76 authorizes ACEH enforcement including administrative action or monetary penalties of up to \$10,000 per day for each day of violation.

Please call me at (510) 567-6719 or contact me via email at robert.schultz@acgov.org with any questions regarding this case.

Sincerely,



Robert W. Schultz, R.G.
Hazardous Materials Specialist

cc: James Gribi, Gribi Associates, 1350 Hayes St., Ste. C-7, Benicia, CA 94510
Shari Knieriem, P.O. Box 944212, Sacramento, CA 94244-2120
Matt Katen, Zone 7 Water District, QIC 80201
Donna Drogos, ACEH
Robert W. Schultz, ACEH

Schultz, Robert, Env. Health

From: Schultz, Robert, Env. Health
Sent: Wednesday, November 17, 2004 4:16 PM
To: 'SHARI KNIERIEM'
Cc: Levi, Ariu, Env. Health; Drogos, Donna, Env. Health
Subject: RO-333-Dublin Toyota--Fund's claim 16321



16321clm_det_int.d
oc

Hi Shari:

Thank you for forwarding a copy of the letter. I have reviewed the 10/18/04 workplan submitted by the RP following your 10/4/04 letter. The workplan does not adequately respond to ACEH's 1/21/03 or 8/11/03 letters. I have prepared a written response that requests additional revision of the workplan; it should be finalized in the next week or so.

Thank you,
Bob

Robert W. Schultz, R.G.
Hazardous Materials Specialist
Alameda County Environmental Health
1131 Harbor Bay Parkway
Alameda, CA 94502
510-567-6719 (direct)
510-337-9335 (facsimile)

-----Original Message-----

From: SHARI KNIERIEM [mailto:SKNIERIEM@waterboards.ca.gov]
Sent: Wednesday, November 17, 2004 12:42 PM
To: Schultz, Robert, Env. Health
Subject: RE: RO-333-Dublin Toyota--Fund's claim 16321

Shari Knieriem
UST Cleanup Fund
(916) 341-5714
Fax (916) 341-5806
sknierie@cwpswrcb.ca.gov

Schultz, Robert, Env. Health

To: SHARI KNIERIEM
Subject: RE: RO-333-Dublin Toyota--Fund's claim 16321

thanks shari, i will be in touch with you tomorrow re. status of compliance

-----Original Message-----

From: SHARI KNIERIEM [mailto:SKNIERIEM@waterboards.ca.gov]
Sent: Tuesday, November 16, 2004 3:14 PM
To: Schultz, Robert, Env. Health
Subject: RE: RO-333-Dublin Toyota--Fund's claim 16321

Here is a copy of the letter.

Shari Knieriem
UST Cleanup Fund
(916) 341-5714
Fax (916) 341-5806
sknierie@cwpswrcb.ca.gov



State Water Resources Control Board



Terry Tamminen
Secretary for
Environmental
Protection

Division of Financial Assistance
1001 I Street • Sacramento, California 95814
P.O. Box 944212 • Sacramento, California • 94244-2120
(916) 341-5714 • FAX (916) 341-5806 • www.swrcb.ca.gov/cwphome/ustcf

Arnold Schwarzenegger
Governor

October 4, 2004

Hamcor, Inc.
Scott Anderson
6450 Dublin Ct
Dublin, CA 94568

UNDERGROUND STORAGE TANK CLEANUP FUND (FUND), NOTICE OF INTENDED REMOVAL FROM PRIORITY LIST, CLAIM NUMBER 016321, SITE ADDRESS: 6450 DUBLIN CT, DUBLIN

This is to notify you that during the detailed review of your application, it has been determined that your claim for the subject site is not eligible for reimbursement in the Underground Storage Tank Cleanup Fund. Therefore, it is being proposed that your claim be removed from the Priority List based on the following reason:

The Petroleum Underground Storage Tank Cleanup Fund Regulations, Section 2813.3.(a)(1) reads in part...

" the claimant is not in compliance with any of the applicable requirements of this chapter the California Code of Regulations, title 23, division 3, chapter 16, Health and Safety Code..."

Background

On May 12, 2003, the Fund conducted a review of your claim at the Alameda County Environmental Health Services (ACEHS). At the time of the review, it was noted that you are not in compliance with the ACEHS's directives. On July 30, 2003, the sent you a 90-Day Compliance letter for you to come into compliance the ACEHS's letter dated January 21, 2003.

Subsequently, the Fund conducted a second file review in which you were still out of compliance with the ACEHS' directives. Therefore your claim will be removed from the Priority List.

If you disagree with this Staff Decision, you may appeal to the Division Chief pursuant to Section 2814.1 of the Petroleum Underground Storage Tank Cleanup Fund Regulations. If you would like review of the decision by the Fund Manager, please submit your request along with any additional documentation to:

Allan V. Patton, Fund Manager, Claim #016321
Underground Storage Tank Cleanup Fund
State Water Resources Control Board
Division of Financial Assistance
P. O. Box 944212
Sacramento, CA 94244-2120

A request to the Fund Manager must include, at a minimum: (1) a statement describing how the claimant is damaged by the prior Staff Decision; (2) a description of the remedy or outcome desired; and (3) an explanation of why the claimant believes the Staff Decision is erroneous, inappropriate or improper.

If you do not request a review by the Fund Manager within thirty (30) calendar days from the date of this letter, the Staff Decision will then become final and conclusive and your claim will be removed from the Priority List at the end of the 30 day period.

If you have any questions, please contact me at (916) 341-5714.

Sincerely,

ORIGINAL SIGNED BY

Shari Knieriem
Claims Review Unit
Underground Storage Tank Cleanup Fund

cc: Ms. Donna Drogos
Alameda County EHD
1131 Harbor Bay Pkway, 2nd Fl.
Alameda, CA 94502-6577



State Water Resources Control Board



Winston H. Hickox
Secretary for
Environmental
Protection

Division of Clean Water Programs
1001 I Street • Sacramento, California 95814
Mailing Address: P.O. Box 944212 • Sacramento, California • 94244-2120
FAX (916) 341-5806 • Internet Address: <http://www.swrcb.ca.gov/cwphome/cwustcf>

Gray Davis
Governor

FAX TRANSMITTAL

DATE: 11/1/04
TO: Robert Schultz
CLAIM NO. 16321
FAX NUMBER: 510 337 9335
FROM: Shari Knieriem
UST CLEANUP FUND PROGRAM
FAX #: (916) 341-5806
PHONE #: (916) 341-5714

NUMBER OF PAGES (including this page): 2

- For your information
- Per your request
- For your review and comment
- Other

Please sign + return Thank you

CLAIM NO.: 16321 CLAIMANT NAME: KAMCOR, INC
 SITE ADDRESS: 6450 Dublin Court - Dublin Boors (Robert)
Scott Seery Schultz

DATE	COMPLIANCE DOCUMENTATION
<u>6/23/98</u>	<u>Signed URF - USTs removed - heavy odor</u>
<u>1/21/03</u>	<u>City - Reviewed Report of Gribi - prepared by Gribi Assoc - Requests a SWI + prepare a CAP - Due 3/7/03</u>

PROVIDE A BRIEF DESCRIPTION, IN CHRONOLOGIC ORDER, OF ALL ACTIVITIES RELATED TO THE UNAUTHORIZED RELEASE, FROM DISCOVERY OF RELEASE TO PRESENT:

June 10, 1998: Scott Co.: Three USTs removed; soil samples indicated elevated levels of gasoline contamination.

June 18, 1998: Scott Co: Overexcavated the UST pit, collected soil samples; disposed of 92 tons of soil.

December 1998: Gribi Associates: Drilled & sampled 4 Geoprobe borings; drilled, installed & sampled 2 monitoring wells (MW-1 & MW-2); Elevated concentration of MTBE in groundwater from MW-1.

April 6, 1999: Gribi Associates: Conducted quarterly groundwater monitoring for wells MW-1 & MW-2.

July 14, 1999: Gribi Associates: Conducted quarterly groundwater monitoring for wells MW-1 & MW-2.

October 14, 1999: Gribi Associates: Conducted quarterly groundwater monitoring for wells MW-1 & MW-2.

August 2000: Gribi Associates: Drilled & sampled one Geoprobe boring (IB-5); drilled & installed well MW-3 further downgradient from MW-1; Surveyed three wellhead elevations; conducted monitoring of three site wells.

December 1, 2000: Gribi Associates: Conducted quarterly groundwater monitoring for wells MW-1, MW-2, & MW-3.

CONFIRMATION OF CORRECTIVE ACTION COMPLIANCE

- Claimant in corrective action compliance
- Claimant not in corrective action compliance (90 day letter required) Fund
- Claimant not in corrective action compliance - rejection recommended

[Signature] 5-12-03
 LEAD AGENCY SIGNATURE DATE

[Signature] 5/12/03
 CLAIMS REVIEWER SIGNATURE DATE

Ro 333

GRIBI Associates*Geological and Environmental Consulting Services***FACSIMILE TRANSMITTAL****Date:** SEPTEMBER 11, 2003**To:** SCOTT SEERY
ALAMEDA COUNTY
ENVIRONMENTAL HEALTH**Fax No.:** (510)337-9335**From:** JIM GRIBI
Phone: (707)748-7743
Fax: (707)748-7763**Number of pages, including this transmittal page:** 2

Scott,

If possible, we need a little more time to complete the conduit/well survey for the Dublin Toyota SWI workplan. Accordingly, attached please find a letter requesting a time extension to complete the workplan.

Please give me a call if you have questions or comments.

Thanks!

Jim

GRIBI Associates*Geological and Environmental Consulting Services*

September 11, 2003

Alameda County Department of
Environmental Health
1131 Harbor Bay Parkway, 2nd Floor
Alameda, CA 94502

Attention: Scott Seery

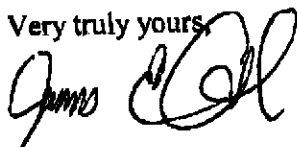
Subject: Request for Time Extension
Dublin Toyota UST Site, 6450 Dublin Court, Dublin, California
Alameda County LOP Site ID No. 699
GA Project No. 147-01-03

Ladies and Gentlemen:

In accordance with the August 11, 2003 letter from your office, Gribi Associates is currently preparing a Soil and Water Investigation (SWI) workplan on behalf of Dublin Toyota for the underground storage tank (UST) site located at 6450 Dublin Court in Dublin, California. This letter workplan seeks a three-week time extension, to October 2, 2003, to complete the workplan. This time extension is needed to complete the records review for the conduit study.

We appreciate this opportunity to provide this workplan for your review. Please contact us if there are questions or if additional information is required.

Very truly yours,



James E. Gribi
Registered Geologist
California No. 5843

Enclosure

cc: Mr. Scott Anderson, Dublin Toyota

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



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

RO0000333

August 11, 2003

Mr. Nolan Davis
Nolan M. & Velia E. Davis Trust
50 Oak Court, Ste. 160
Danville, CA 94526-4039

Mr. Scott Anderson
Dublin Toyota
6450 Dublin Court
Dublin, CA 94568

RE: SWI and CAP for Dublin Toyota, 6450 Dublin Court, Dublin, CA

Dear Messrs. Davis and Anderson:

This office is in receipt of the May 7, 2003 Gribi Associates groundwater monitoring report and integrated work plan for further assessment of the subject site. The Gribi work plan was submitted in response to a January 21, 2003 request from this office for a Soil and Water Investigation (SWI) work plan, as well as the completion of other associated tasks. The cited work plan was reviewed to determine if it satisfied the requested scope for the SWI work plan. Mr. Jim Gribi was contacted on August 8, 2003 to discuss the outcome of work plan review. A determination was made that a work plan addendum was necessary, as follows:

1. The SWI work plan was to have presented the results of both the requested conduit / well survey and Site Conceptual Model (SCM). The results of these tasks were not presented in the work plan, as requested, nor were these tasks used to justify the proposed scope of work and placement of sampling points. Completion of these preliminary tasks was required to appropriately scope the SWI work plan.

The conduit / well survey is intended to identify the presence of potential preferential flow pathways that may contribute to the migration of pollutants away from the source area, or to deeper water-bearing zones. This survey was to have included, among other elements, the submittal of map(s) showing the location and depth of all buried utility lines and trenches (sanitary sewers, storm sewer, water, etc.) identified in the study, and discuss how the presence of such may or may not affect plume migration.

An SCM is a set of working hypotheses pertaining to all aspects of the contaminant release, including site geology, hydrogeology, release history, residual and dissolved contamination, attenuation mechanisms, pathways to nearby receptors, and likely impacts to receptors. The SCM is used to identify data gaps that are subsequently filled as the investigation proceeds. As the data gaps are filled, the working hypotheses are modified, and the overall SCM is refined and strengthened. Subsurface investigations continue until the SCM no longer changes as new data are collected. At this point the SCM is considered "validated". The validated SCM forms the foundation for developing the most cost-effective final Corrective Action Plan (CAP).

Messrs. Davis and Anderson
Re: 6450 Dublin Court, Dublin
August 11, 2003
Page 2 of 2

Your attention is directed to "*Strategies for Characterizing Subsurface Releases of Gasoline Containing MtBE*", American Petroleum Institute Publication No. 4699 dated February 2000 as a resource for development of the SCM. Your attention is also directed to the State Water Resources Control Board (SWRCB) "*Guidelines for Investigation and Cleanup of MTBE and Other Ether-Based Oxygenates, Final Draft*", dated March 27, 2000, as well as the June 2002 ChevronTexaco Energy Research and Technology Company technical bulletin entitled "*Mass Flux Estimates to Assist Decision-Making*" to help in development and strategies for refinement of the SCM, among other related tasks.

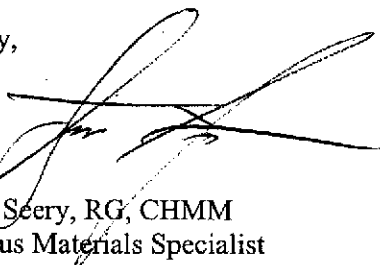
2. All reports and work plans are to be submitted under cover, signed under penalty of perjury, by the Responsible Party(ies) who have taken a lead role in compliance with corrective action directives. This work plan was not submitted in compliance with this request.

A SWI work plan addendum, containing the results of the conduit / well survey and SCM, and justification for the scope of work proposed, is to be submitted within 30 days of the date of this letter. This work plan addendum must be submitted under cover letter signed by the Responsible Parties, under penalty of perjury.

The requested work plan addendum, and all future technical reports and work plans, will be rejected absent the required cover letter.

If you have any questions, I can be reached at (510) 567-6783.

Sincerely,



Scott O. Seery, RG, CHMM
Hazardous Materials Specialist

c: Betty Graham, RWQCB
Shari Knieriem, SWRCB UST Fund
Matt Katen, Zone 7 Water Agency
James Gribi, Gribi Associates, 1350 Hayes St., Ste. C-14, Benicia, CA 94510
D.Drogos. R.Weston

Seery, Scott, Env. Health

From: Seery, Scott, Env. Health
Sent: Friday, August 08, 2003 4:34 PM
To: 'jegribi@msn.com'
Subject: Dublin Toyota, 6450 Dublin Ct.

Hi Jim

In follow-up to our telephone conversation today, I wanted to send you a couple of notes about the 5/7 work plan.

- 1/31/03 ACDEH letter requested the SWI work plan present the results of the conduit survey and Site Conceptual Model (SCM), using both the conduit study and SCM to justify the SWI scope of work and configuration of sampling points
- Reference documents for the SCM are:
 - 1) *"Strategies for Characterizing Subsurface Releases of Gasoline Containing MtBE"*, American Petroleum Institute Publication No. 4699, dated February 2000;
 - 2) SWRCB final DRAFT *"Guidelines for Investigation and Cleanup of MTBE and Other Ether-Based Oxygenates"*, dated March 27, 2000
- All work plans and reports are to be submitted under cover letter signed by the RP(s), under penalty of perjury

I'll follow-up with a request for a work plan addendum next week.

Scott



State Water Resources Control Board



Winston H. Hickox
Secretary for
Environmental
Protection

Division of Financial Assistance
1001 I Street • Sacramento, California 95814
P.O. Box 944212 • Sacramento, California • 94244-2120
(916) 341-5714 • FAX (916) 341-5806 • www.swrcb.ca.gov/cwphome/ustcf

Gray Davis
Governor

The energy challenge facing California is real. Every Californian needs to take immediate action to reduce energy consumption. For a list of simple ways you can reduce demand and cut your energy costs, see our website at www.swrcb.ca.gov.

APR - 1 2003
Hamcor, Inc. Dba Dublin Toyota
Scott Anderson
6450 Dublin Ct
Dublin, CA 94568

Alameda County
APR 04 2003
Environmental Health

UNDERGROUND STORAGE TANK CLEANUP FUND (FUND), NOTICE OF ELIGIBILITY DETERMINATION: CLAIM NUMBER 016321; FOR SITE ADDRESS: 6450 DUBLIN CT, DUBLIN

Your claim has been accepted for placement on the Priority List in Priority Class "C" with a deductible of \$5,000.

We have completed our initial review. The next step in the claim review process is to conduct a compliance review.

Compliance Review: Staff reviews, verifies, and processes claims based on the priority and rank within a priority class. After the Board adopts the Priority List, your claim will remain on the Priority List until your Priority Class and rank are reached. At that time, staff will conduct an extensive Compliance Review at the local regulatory agency or Regional Water Quality Control Board. During this Compliance Review, staff may request additional information needed to verify eligibility. Once the Compliance Review is completed, staff will determine if the claim is valid or must be rejected. If the claim is valid, a Letter of Commitment will be issued obligating funds toward the cleanup. If staff determine that you have not complied with regulations governing site cleanup, you have not supplied necessary information or documentation, or your claim application contains a material error, the claim will be rejected. In such event, you will be issued a Notice of Intended Removal from the Priority List, informed of the basis for the proposed removal of your claim, and provided an opportunity to correct the condition that is the basis for the proposed removal. Your claim will be barred from further participation in the Fund, if the claim application contains a material error resulting from fraud or intentional or negligent misrepresentation.

Record keeping: During your cleanup project you should keep complete and well organized records of all corrective action activity and payment transactions. If you are eventually issued a Letter of Commitment, you will be required to submit: (1) copies of detailed invoices for all corrective action activity performed (including subcontractor invoices), (2) copies of canceled checks used to pay for work shown on the invoices, (3) copies of technical documents (bids, narrative work description, reports), and (4) evidence that the claimant paid for the work performed (not paid by another party). These documents are necessary for reimbursement and failure to submit them could impact the amount of reimbursement made by the Fund. *It is not necessary to submit these documents at this time; however, they will definitely be required prior to reimbursement.*

Compliance with Corrective Action Requirements: In order to be reimbursed for your eligible costs of cleanup incurred after December 2, 1991, you must have complied with corrective action requirements of Article 11, Chapter 16, Division 3, Title 23, California Code of Regulations. Article 11 categorized the corrective action process into *phases*. In addition, Article 11 requires the responsible party to submit an

investigative workplan/Corrective Action Plan (CAP) before performing any work. This phasing process and the workplan/CAP requirements were intended to:

1. help the responsible party undertake the necessary corrective action in a cost-effective, efficient and timely manner;
2. enable the regulatory agency to review and approve the proposed cost-effective corrective action alternative before any corrective action work was performed; and
3. ensure the Fund will only reimburse the most cost-effective corrective action alternative required by the regulatory agency to achieve the minimum cleanup necessary to protect human health, safety and the environment.

In some limited situations *interim cleanup* will be necessary to mitigate a demonstrated immediate hazard to public health, or the environment. Program regulations allow the responsible party to undertake interim remedial action after: (1) notifying the regulatory agency of the proposed action, and; (2) complying with any requirements that the regulatory agency may set. Interim remedial action should only be proposed when necessary to mitigate an immediate demonstrated hazard. ***Implementing interim remedial action does not eliminate the requirement for a CAP and an evaluation of the most cost-effective corrective action alternative.***

Three bids and Cost Preapproval: Only corrective action costs required by the regulatory agency to protect human health, safety and the environment can be claimed for reimbursement. You must comply with all regulatory agency time schedules and requirements and you must obtain three bids for any required corrective action. Unless waived in writing, you are required to obtain preapproval of costs for all future corrective action work. ***If you do not obtain three bids or a waiver of the three bid requirement, reimbursement is not assured and costs may be rejected as ineligible.***

If you have any questions, please contact me at (916) 341-5714.

Sincerely,

ORIGINAL SIGNED BY

Shari Knieriem
Claims Review Unit
Underground Storage Tank Cleanup Fund

cc: Mr. Steve Morse
RWQCB, Region 2
1515 Clay Street, Ste. 1400
Oakland, CA 94612

Ms. Donna Drogos
Alameda County EHD
1131 Harbor Bay Pkway, 2nd Fl.
Alameda, CA 94502-6577

Seery, Scott, Env. Health

From: Seery, Scott, Env. Health
Sent: Tuesday, April 01, 2003 11:46 AM
To: 'jegribi@msn.com'
Subject: Dublin Toyota, 6450 Dublin Ct. - RO 333

Jim

As we discussed, the due date for the requested SWI work plan has been extended to Wednesday, April 9, 2003. Please give me a call at 510/567-6783 if you have any questions.

Scott

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



RO0000333

March 18, 2003

Mr. Nolan Davis
Nolan M. & Velia E. Davis Trust
50 Oak Court, Ste. 160
Danville, CA 94526-4039

Mr. Scott Anderson
Dublin Toyota
6450 Dublin Court
Dublin, CA 94568

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

NOTICE OF VIOLATION

RE: SWI and CAP for Dublin Toyota, 6450 Dublin Court, Dublin, CA

Dear Messrs. Davis and Anderson:

In correspondence from this office dated January 21, 2003, you were directed to submit a Soil and Water Investigation (SWI) workplan within 45 days, or by March 7, 2003. To date, the referenced SWI work plan has not been received.

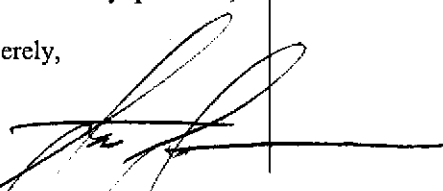
You are currently in violation of California Water Code Sec. 13267(b) and provisions of Article 11, Title 23, California Code of Regulations for failure to submit the requested SWI workplan.

Please be advised that California Health and Safety Code Sec. 25299 provides for civil penalties of up to \$5000 per day, per violation, for violations of this sort. In addition, failure to comply with directives from this office may result in your ineligibility to receive funding through the State Water Resources Control Board (SWRCB) Underground Storage Tank Trust Fund.

At this time, you are directed to submit the subject SWI workplan no later than April 2, 2003. Failure to do so will result in this case being referred to the Alameda County District Attorney's Office for potential enforcement action.

If you have any questions, I can be reached at (510) 567-6783.

Sincerely,


Scott O. Seery, CHMM
Hazardous Materials Specialist

c: Donna Drogos, ACDEH LOP
Roger Brewer, RWQCB
Shari Knieriem, SWRCB UST Fund
Matt Katen, Zone 7 Water Agency
James Gribi, Gribi Associates, 1350 Hayes St., Ste. C-14, Benicia, CA 94510

COM No.	REMOTE STATION	START TIME	DURATION	PAGES	RESULT	USER ID	REMARKS
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ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



Post-It™ brand fax transmittal memo 7671		# of pages ▶ 3
To Jim Gribi	From Scott Seery	
Co. Gribi Assoc	Co. ACDEM	
Dept.	Phone # 510/567-6783	
Fax # 707/748-7763	Fax #	

RO0000333

January 21, 2003

Mr. Nolan Davis
Nolan M. & Velia E. Davis Trust
50 Oak Court, Ste. 160
Danville, CA 94526-4039

Mr. Scott Anderson
Dublin Toyota
6450 Dublin Court
Dublin, CA 94568

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

RE: SWI and CAP for Dublin Toyota, 6450 Dublin Court, Dublin, CA

Dear Messrs. Davis and Anderson:

I have completed review of the fuel leak case file for the above referenced site, including the most recent report entitled *Report of Groundwater Monitoring Activities* prepared by Gribi Associates. I am concerned with the elevated levels of the gasoline oxygenate Methyl tert-Butyl Ether (MtBE) at the site, and the site's location within the recharge zone of the groundwater basin. This letter presents a request to complete a Soil and Water Investigation (SWI) and prepare a Corrective Action Plan (CAP) for the subject site in accordance with California Code of Regulations (CCR), Title 23, Division 3, Chapter 16, Article 11, "Corrective Action Requirements"; State Water Resources Control Board Resolution 9249, "Policies and Procedure for Investigation, Cleanup and Abatement of Discharges Under Water Code Section 13304"; and the Regional Water Quality Control Board (Regional Board) Water Quality Control Plan for the basin.

The following technical comments address investigation and cleanup performance objectives that shall be considered as part of the required SWI and CAP. We request that you prepare and submit a work plan for the SWI within 45 days of the date of this letter, or by March 7, 2003, that addresses each of the following comments.

TECHNICAL COMMENTS

1. Conduit Study

A conduit and well survey shall be prepared for the site. This survey will include, among other components, the submittal of map(s) showing the location of all wells (monitoring and production wells: active, inactive, standby, destroyed, abandoned), surface water (creeks, flood control channels), and location and depth of all utility lines and trenches (sewer and storm drain lines) identified in the study.

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



RO0000333

January 21, 2003

Mr. Nolan Davis
Nolan M. & Velia E. Davis Trust
50 Oak Court, Ste. 160
Danville, CA 94526-4039

Mr. Scott Anderson
Dublin Toyota
6450 Dublin Court
Dublin, CA 94568

ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION
1131 Harbor Bay Parkway, Suite 250
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RE: SWI and CAP for Dublin Toyota, 6450 Dublin Court, Dublin, CA

Dear Messrs. Davis and Anderson:

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TECHNICAL COMMENTS

1. Conduit Study

A conduit and well survey shall be prepared for the site. This survey will include, among other components, the submittal of map(s) showing the location of all wells (monitoring and production wells: active, inactive, standby, destroyed, abandoned), surface water (creeks, flood control channels), and location and depth of all utility lines and trenches (sewer and storm drain lines) identified in the study.

Using the results of the conduit study and data from previous investigations at the site, you are to develop the initial three-dimensional Site Conceptual Model (SCM) of site conditions. You are to use this initial SCM to determine the appropriate configuration for samplings points in the SWI phase of work at this site. Discuss your analysis and interpretation of the results of the conduit study and explain your rationale for the configuration of sampling points in the SWI work plan. **You shall also evaluate the probability of the MtBE plume encountering preferential pathways and conduits that could spread the contamination, particularly in the vertical direction to deeper drinking water aquifers, and discuss this in the work plan.**

2. Contaminant Plume Definition

The purpose of contaminant plume definition is to determine the three-dimensional extent of contamination in soil and groundwater. Up to 98,000 ppb MtBE was detected in groundwater in October 1999. However, complete definition of the MtBE plume has not yet occurred. As you may know, MtBE is more mobile in soil and groundwater than other petroleum hydrocarbon compounds, is highly soluble in groundwater, and is not readily biodegradable. MtBE plumes can be long, narrow, and erratic.

Because of these characteristics, conventional investigation techniques and monitoring well networks currently used at fuel leak sites are generally insufficient to adequately characterize MtBE contamination. Therefore, it is requested that you propose an investigation that will include depth-discrete soil and groundwater sampling. Soil and groundwater samples should be collected at 5 foot intervals, areas of obvious contamination, the soil/groundwater interface, and at each lithologic change noted during boring advancement, at a minimum. It is recommended that your investigation incorporate expedited site assessment techniques and borings installed along transects to define and quantify the full three-dimensional extent of MtBE impacts. The borings are to be continuously cored and logged. Detailed cross-sections, fence diagrams, structural contours and isopachs, and rose diagrams for groundwater flow, should be subsequently incorporated into the SWI completion report.

Discuss your proposal for performing this work in the SWI work plan. The results of the conduit study, and the initial SCM, are to be presented and discussed in the SWI work plan to justify the proposed scope of work.

Expedited site assessment tools and methods are a scientifically valid and cost-effective approach to fully define the three-dimensional extent of the plume. Technical protocol for expedited site assessments are provide in the US EPA "Expedited Site Assessment Tools for Underground Storage Tank Sites: A guide for Regulators" (EPA 510-B-97-001), dated March 1997.

3. Corrective Action Plan

The purpose of the CAP is to use the information obtained during investigation activities to propose cost-effective final cleanup objectives and remedial alternatives for both soil and groundwater impacts, including those caused by MtBE, that will adequately protect human health and safety, the environment, eliminate nuisance conditions, and protect water resources.

A final CAP for the soil and groundwater impacts caused by an unauthorized release at the site will be requested upon completion of the SWI in accordance with the schedule specified below. The CAP shall address at least two technically and economically feasible methods to restore and protect beneficial uses of water and to meet the cleanup objectives for each contaminant established in the CAP. The CAP must propose verification monitoring to confirm completion of corrective actions and evaluate CAP implementation effectiveness.

TECHINCAL REPORT REQUEST

Please submit technical reports according to, or otherwise comply with, the following schedule:

March 7, 2003 – Work plan for Soil and Water Investigation

45 Days from Work Plan Approval – Soil and Water Investigation field work initiated

60 Days from Completion of Soil and Water Investigation – Soil and Water Investigation Completion Report

90 Days after Submittal of Soil and Water Investigation Completion Report - Corrective Action Plan

May 30, 2003 – Quarterly Sampling and Monitoring Report for 1st Quarter 2003

August 30, 2003 – Quarterly Sampling and Monitoring Report for 2nd Quarter 2003

November 30, 2003 – Quarterly Sampling and Monitoring Report for 3rd Quarter 2003

February 30, 2004 - Quarterly Sampling and Monitoring Report for 4th Quarter 2003

Messrs. Davis and Anderson
RE: 6450 Dublin Ct., Dublin
January 31, 2003
Page 3 of 3

These reports and work plans are being requested pursuant to the Regional Board's authority under Section 13267(b) of the California Water Code. **Each technical report shall include conclusions and recommendations for the next phases of work required at the site.** We request that all required work be performed in a prompt and timely manner, as suggested by the noted schedule, above. Revisions to this schedule shall be requested in writing with appropriate justification for anticipated delays.

The California Business and Professions Code (Sections 6735, 6835, and 7835.1) requires that all work plans and technical reports containing professional geologic or engineering evaluations and/or judgments be completed under the direction of an appropriately-registered or certified professional. This registered or certified professional shall sign and wet stamp all such reports and work plans.

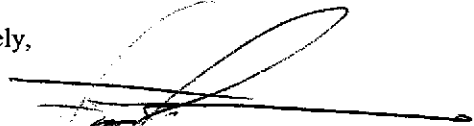
All reports and work plans are to be submitted under cover, signed under penalty of perjury, by the Responsible Party(ies) who have taken a lead role in compliance with corrective action directives.

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 Alameda County District Attorney, for possible enforcement follow up. Enforcement follow up may include administrative action or monetary penalties of up to \$10,000 per day for each day of violation of the California Health and Safety Code, Division 20, Chapter 6.76.

If you have any questions, I can be reached at (510) 567-6783.

Sincerely,



Scott O. Seery, CHMM
Hazardous Materials Specialist

c: Roger Brewer, RWQCB
Shari Knieriem, SWRCB UST Fund
Matt Katen, Zone 7 Water Agency
James Gribi, Gribi Associates, 1350 Hayes St., Ste. C-14, Benicia, CA 94510

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



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

RO0000333

December 7, 2001

Mr. Scott Anderson
Dublin Toyota
6450 Dublin Court
Dublin, CA 94568

RE: **QMR for 6450 Dublin Court, Dublin, CA**

Dear Mr. Anderson:

This office is not in receipt of any quarterly groundwater monitoring reports since 4th quarter 2000. Be advised that Title 23 of the California Code of Regulations (23CCR), Section 2652(d), requires the owner or operator of an UST facility to submit reports every three months, or at a more frequent interval as specified by the local agency or regional water board, until investigation and cleanup are complete. In addition, the California Health and Safety Code (CHSC), Section 25298, states that underground storage tank closure is incomplete until the responsible party characterizes and remediates the contamination resulting from product discharge.

At this time, you are directed to reinstate a quarterly schedule of well sampling and monitoring. Technical summary reports documenting each well sampling and monitoring episode are also due quarterly. This schedule shall continue until further notice.

Based on Gribi Associates' September 2000 *Report of Additional Soil and Groundwater Characterization* the full extent of the MTBE plume has not been delineated. It may be necessary to install additional groundwater monitoring wells in the near future to demonstrate that the plume will not impact potential sensitive receptors. You should have a sensitive receptor survey prepared for the site at this time. The survey is due within 60 days of the date of this letter, or by **February 14, 2002**.

If you have any questions, I can be reached at (510) 567-6762.

eva chu
Hazardous Materials Specialist

email: Jim Gribi

dublinto7



State Water Resources Control Board



Gray Davis
Governor

Winston H. Hickox
Secretary for
Environmental
Protection

Division of Clean Water Programs

1001 I Street • Sacramento, California 95814
P.O. Box 944212 • Sacramento, California • 94244-2120
(916) 341-5714 • FAX (916) 341-5806 • www.swrcb.ca.gov/cwphome/ustcf

The energy challenge facing California is real. Every Californian needs to take immediate action to reduce energy consumption. For a list of simple ways you can reduce demand and cut your energy costs, see our website at www.swrcb.ca.gov.

MAR 19 2001

Scott Anderson
Hamcor, Inc. dba Dublin Toyota
6450 Dublin Ct
Dublin, CA 94568

MAR 22

MAR 22 2001

UNDERGROUND STORAGE TANK CLEANUP FUND (FUND), REQUEST FOR FURTHER DOCUMENTATION DURING INITIAL REVIEW: CLAIM NUMBER 016321; FOR SITE ADDRESS: 6450 DUBLIN CT, DUBLIN

After reviewing your claim application to the Cleanup Fund, we find that the following additional information is needed to determine your eligibility for placement on the Priority List:

Claimant is required to have current financial responsibility documents on file. Enclosed is a Financial Responsibility Guide that explains the requirements. The Certification form is tabbed for your convenience and must be completed along with the applicable supporting documents. Please submit the original documents to the local regulatory agency and forward a copy to the Fund. If you have any questions regarding the requirements for financial responsibility, please contact Bill Griffiths of our office at (916) 341-5648.

Submit a removal permit for all underground storage tanks listed in claim application.

NOTE: Failure to respond to this request within thirty (30) calendar days from the date of this letter may result in an ineligibility determination of your claim.

If you have any questions, please contact me at (916) 341-5714.

Sincerely,

Shari Knieriem
Claims Review Unit
Underground Storage Tank Cleanup Fund

Enclosure

cc: Mr. Steve Morse
RWQCB, Region 2
1515 Clay Street, Ste. 1400
Oakland, CA 94612

✓ MS. SUSAN HUGO
ALAMEDA COUNTY EHD
1131 HARBOR BAY PKWAY, 2ND FL.
ALAMEDA, CA 94502-6577

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES

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

StID 699

February 28, 2000

Mr. Scott Anderson
Dublin Toyota
6450 Dublin Court
Dublin, CA 94568

RE: Monitoring Well Installation at 6450 Dublin Court, Dublin, CA

Dear Mr. Anderson:

In October 15, 1999, I approved the proposal to install a groundwater monitoring well approximately 50 feet south, southwest of Well MW-1. To date I have not received communication from you that the well has been installed.

According to Section 25298 of the California Health and Safety Code, underground storage tank closure is incomplete until the responsible party characterizes and remediates the contamination resulting from product discharge. Therefore, Dublin Toyota, as the responsible party is in violation of this section of the Code.

After further review of the case file and a recent quarterly monitoring report (dated January 2000), it is recommended that a soil boring also be installed inside the maintenance garage for the collection of a grab groundwater sample. Please submit a revised site plan indicating the proposed soil boring in the maintenance garage within 14 days of the date of this letter or **by March 15, 2000**. The groundwater monitoring well and soil boring should be installed no later than **April 28, 2000**.

If you have any questions, I can be reached at (510) 567-6762.

 Jeana Chu
Hazardous Materials Specialist

email: Jim Gribi (jegribi@email.msn.com)

dublinto6

ALAMEDA COUNTY
HEALTH CARE SERVICES



AGENCY
DAVID J. KEARS, Agency Director

ENVIRONMENTAL HEALTH SERVICES

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

StID 699

October 15, 1999

Mr. Scott Anderson
Dublin Toyota
6450 Dublin Court
Dublin, CA 94568

RE: Workplan Approval for 6450 Dublin Court, Dublin, CA

Dear Mr. Anderson:

I have completed review of Gribi Associates' October 11, 1999 report entitled *Report of Quarterly Groundwater Monitoring Conducted on July 14, 1999, and Workplan to Conduct Additional Investigative Activities* prepared for the above referenced site. Groundwater samples were collected from the onsite wells in July 1999. Elevated MTBE levels (65,000ppb) continue to be detected in groundwater from Well MW-1.

Due to the elevated levels of MTBE, an additional groundwater monitoring well is proposed approximately 50 feet further south, southwest from well MW-1. The proposal to install the additional well is acceptable. Please notify this office at least 72 hours prior to the start of field activities.

If you have any questions, I can be reached at (510) 567-6762.

eva chu
Hazardous Materials Specialist

email: Jim Gribi (jegribi@email.msn.com)

dublinto5

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES

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

StID 699

July 26, 1999

Mr. Scott Anderson
Dublin Toyota
6450 Dublin Court
Dublin, CA 94568

RE: Additional Investigations at 6450 Dublin Court, Dublin, CA

Dear Mr. Anderson:

I have completed review of Gribi Associates' July 1999 *Report of Soil and Groundwater Investigation* prepared for the above referenced site. Groundwater was sampled from the two onsite monitoring wells in April 1999. Analytical results identified elevated TPHg (45,000ppb) and MTBE (86,000ppb) levels in Well MW-1.

At this time, additional investigations are required to delineate the extent of the groundwater plume and to determine groundwater flow direction. A workplan for the next phase of investigation is due within 60 days of the date of this letter, or by **September 27, 1999**.

If you have any questions, I can be reached at (510) 567-6762.

eva chu
Hazardous Materials Specialist

C: James Gribi
1350 Hayes Street, Suite C-14
Benicia, CA 94510

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES

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

StID 699

June 3, 1999

Mr. Ed Cornelius
Dublin Toyota
6450 Dublin Court
Dublin, CA 94568

**SUBJECT: NEW LANDOWNER NOTIFICATION AND PARTICIPATION REQUIREMENTS
FOR 6450 DUBLIN BOULEVARD, DUBLIN, CA**

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 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) 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.

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

Ed Cornelius
re: 6450 Dublin Blvd, Dublin, CA
June 3, 1999
Page 2 of 2

You may use the enclosed "notice of proposed action" form (sample letter 3) 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.

If you have any questions, I can be reached at (510) 567-6762.



eva chu
Hazardous Materials Specialist

Attachments

c: Chuck Headlee, RWQCB

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES

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

StID 699

October 16, 1998

Mr. Scott Anderson
Dublin Toyota
6450 Dublin Court
Dublin, CA 94568

RE: Work Plan Approval for 6450 Dublin Court, Dublin, CA

Dear Mr. Anderson:

I have completed review of Gribi Associates' October 1, 1998 "Workplan to Conduct Soil and Groundwater Investigation" prepared for the above referenced site. The proposal to advance six exploratory soil borings and converting two of the borings into groundwater monitoring wells is acceptable. Soil and groundwater samples will be analyzed for TPHg, BTEX, MTBE, and TPH-D/MO. The following changes/additions should be incorporated into the workplan:

1. soil and groundwater samples collected after overexcavation of the former UST pit identified low levels of naphthalene. The initial groundwater sample from the southeasterly well should also be analyzed for PNAs, and,
2. if MTBE is reported using Method 8020, run a confirmation sample using Method 8260.

If you have any questions, I can be reached at (510) 567-6762.

eva chu
Hazardous Materials Specialist

C: James Gribi
884 Vintage Ave
Suisun, CA 94585

Dublinto2

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES

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

StID 699

July 8, 1998

Mr. Scott Anderson
Dublin Toyota
6450 Dublin Court
Dublin, CA 94568

Mr. Nolan Davis
50 Oak Court, Suite 160
Danville, CA 94526

RE: PSA for 6450 Dublin Blvd, Dublin, CA

Dear Messrs. Anderson and Davis:

I have completed review of Scott Co's June 1998 "Closure Report" for the above referenced site. This report included the analytical results of soil and groundwater samples collected when three underground storage tanks (UST) were removed in June 1998. Up to 2,000 parts per million total petroleum hydrocarbons as gasoline (ppm TPHg), 720 ppm TPH as diesel, 5.5 ppm benzene, and 30 ppm MTBE were detected in the soil samples. And groundwater samples contained up to 61,000 parts per billion (ppb) TPHg, 2,700 ppb benzene, and 120,000 ppb MTBE. Clearly, an unauthorized release of petroleum hydrocarbons has occurred at the site.

At this time, additional investigations are required to determine the extent and severity of soil and groundwater contamination at the site. Such an investigation shall be in the form of a **Preliminary Site Assessment**, or PSA. The information gathered by the PSA will be used to determine an appropriate course of action to remediate the site, if deemed necessary. The PSA must be conducted in accordance with the RWQCB Staff Recommendations for the Initial Evaluation and Investigation of Underground Tanks, and Article 11 of Title 23, California Code of Regulations. The major elements of such an investigation are summarized in the attached Appendix A.

The PSA proposal is due **within 60 days** of the date of this letter. Once the proposal is approved, field work should commence within 60 days. A report must be submitted within 45 days after the completion of this phase of work at the site. Subsequent reports are to be submitted quarterly until this site qualifies for RWQCB "sign off." All reports and proposals must be submitted under seal of a California Registered Geologist, Certified Engineering Geologist, or Registered Civil Engineer.

Messrs. Anderson and Davis
re: PSA for 6450 Dublin Blvd, Dublin
July 8, 1998
Page 2 of 2

Please be advised that this is a formal request for technical reports pursuant to Title 23, CCR, Section 2722(c). Any extensions of the stated deadlines, or modifications of the required tasks, must be confirmed in writing by this agency.

If you have any questions about the contents of this letter, I can be reached at (510) 567-6762.



eva chu
Hazardous Materials Specialist

enclosure

dublinto1

ALAMEDA COUNTY, DEPARTMENT OF
ENVIRONMENTAL HEALTH
Hazardous Materials Inspection Form

II, III

white -env.health
yellow -facility
pink -files

Site ID # _____ Site Name DUBUEN TOYOTA Today's Date 6/18/98

II.A BUSINESS PLANS (Title 19)

- ___ 1. Immediate Reporting 2703
- ___ 2. Bus. Plan Stds. 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)

Site Address DUBUEN CT

City DUBUEN Zip 94568 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

II.B ACUTELY HAZ. MATLS

- ___ 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

10:45

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

Comments:

ON THE JOB TODAY TO
WITNESS SITE INVESTIGATION AFTER
3 USTs REMOVED.

UPON ARRIVAL FOUND SOIL REMOVED
FROM TANK PIT. BILL FROM SCOTT CO.
INFORMED ME THAT SOIL WAS HAULED
DOWN TO MY ARRIVAL. WATER IN
PIT RECHARGING. PIT WATER TO BE
PUMPED FOR DISPOSAL OFF SITE.
ANOTHER VAC TRUCK ARRIVED TO CONTINUE
WATER EXTRACTION.

STRONG GASOLINE ODOR OBSERVED WHEN H₂O IN PIT
IS DISTURBED.

APPROX 350 GALLONS REMOVED
APPROX 50 TONS SOIL REMOVED

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
Semi-annual groundwater
One time soils
- 3) Daily Vadose
One time soils
Annual tank test
- 4) Monthly Gndwater
One time soils
- 5) Daily Inventory
Annual tank testing
Cont pipe leak def
Vadose/gndwater mon.
- 6) Daily Inventory
Annual tank testing
Cont pipe leak def
- 7) Weekly Tank Gauge
Annual tank testing
- 8) Annual Tank Testing
Daily Inventory
- 9) Other _____
- ___ 7. Precs Tank Test 2643
Date: _____
- ___ 8. Inventory Rec. 2644
- ___ 9. Soil Testing 2646
- ___ 10. Ground Water. 2647
- New Tanks**
- ___ 11. Monitor Plan 2632
- ___ 12. Access. Secure 2634
- ___ 13. Plans Submit 2711
Date: _____
- ___ 14. As Built 2635
Date: _____

Rev 6/88

Contact: _____

Title: _____

Signature: _____

Inspector: _____

Signature: _____

II, III
ROBERT WESTON
Robert Weston

STID 699

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 checked="" type="checkbox"/> NO		PROTECTION 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. <i>Paul Ferreira</i> 6-23-98 SIGNED: _____ DATE: _____	
REPORT DATE 06/17/98		CASE # _____			
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Paul Ferreira Scott Company		PHONE (510) 845-2333	SIGNATURE <i>Paul Ferreira</i>	
	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 Scott Company		
	ADDRESS 1717 Doolittle Dr San Leandro CA 94577				
RESPONSIBLE PARTY	NAME Dublin Toyota/Boltiac <input type="checkbox"/> UNKNOWN		CONTACT PERSON Dave Rocha		PHONE (510) 567-6762
	ADDRESS 6450 Dublin Ct <small>STREET</small>		Dublin CA <small>CITY</small>		94568 <small>STATE ZIP</small>
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Dublin Toyota		OPERATOR		PHONE (510) 567-6762
	ADDRESS 6450 Dublin Ct <small>STREET</small>		Dublin Alameda <small>CITY COUNTY</small>		94568 <small>STATE ZIP</small>
	CROSS STREET Dublin Blvd				
IMPLEMENTING AGENCIES	LOCAL AGENCY Alameda County Env. Health		AGENCY NAME		CONTACT PERSON Robert Weston
	REGIONAL BOARD		PHONE (510) 567-6700		PHONE ()
SUBSTANCES INVOLVED	(1) NAME Diesel & gasoline release			QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN	
	(2)			<input type="checkbox"/> UNKNOWN	
DISCOVERY/ABATEMENT	DATE DISCOVERED 06/10/98		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 <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input 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 checked="" type="checkbox"/> OTHER Tanks Removed		
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 06/10/98				
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 checked="" type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input checked="" type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER		
	CHECK ONE ONLY <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input checked="" 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 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 checked="" 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 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 type="checkbox"/> OTHER (OT)				
COMMENTS	Tanks removed on 6-10-98 revealing heavy odor of hydrocarbon. Tanks inspected o.k., suspect overspill and/or overfill. Soil & water impacted. dioxexcavation, soil disposal & pump & purge of H ₂ O underway.				
	HSC 05 (11/89)				

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.

BILLING ADJUSTMENT FORM

Date: 6/11/98

STID#: ~~888~~ 699

Caller: _____ Phone: _____

Business Name: Dublin Toyota Pontiac

Site Address: 6450 Dublin Ct. City Dublin Zip 94568

REQUESTED CHANGES: R. Weston oversaw removal of 3 usts
on 6/10/98.

Billing Acct#	
<input type="checkbox"/> Generator....	<u>H</u>
<input type="checkbox"/> HMMP.....	<u>L</u>
<input checked="" type="checkbox"/> UST.....	<u>T 61054</u>

Received by: na

Discontinue billing with explanation and date:

- Generator _____
- HMMP (AB2185) _____
- UST Removed 3 usts; 0 left onsite

Continue billing with following changes:

- | | | |
|--|-------------|-----------|
| <input type="checkbox"/> Change number of EMPLOYEES | From: _____ | To: _____ |
| <input checked="" type="checkbox"/> Change number of TANKS | <u>3</u> | <u>0</u> |
| <input type="checkbox"/> HMMP (AB2185) - See Attachment | | |
| <input type="checkbox"/> Updated information below: | | |

Business Name _____ Phone _____

Site address _____ City _____ Zip _____

Business Owner _____ Phone _____

BILLING address _____ City _____ Zip _____

Specialist: Robert Weston

Date: 6-11-98

Sent to billing
on 6/11/98 na

STIP
699

REMOVED 6-10-98
TW

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



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

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

DBA OR FACILITY NAME Dublin Toyota		NAME OF OPERATOR Dublin Toyota		
ADDRESS 6450 Dublin Ct		NEAREST CROSS STREET Dublin Blvd	PARCEL # (OPTIONAL)	
CITY NAME Dublin Ca	STATE CA	ZIP CODE 94568	SITE PHONE # WITH AREA CODE 510 829-7700	
<input checked="" type="checkbox"/> BOX TO INDICATE <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL AGENCY DISTRICTS <input type="checkbox"/> COUNTY AGENCY * <input type="checkbox"/> STATE AGENCY * <input type="checkbox"/> FEDERAL AGENCY *				
* If owner of UST is a public agency, complete the following: name of supervisor of division, section or office which operates the UST				
TYPE OF BUSINESS		<input type="checkbox"/> 1 GAS STATION	<input type="checkbox"/> 2 DISTRIBUTOR	<input type="checkbox"/> 3 FARM
		<input type="checkbox"/> 4 PROCESSOR	<input checked="" type="checkbox"/> 5 OTHER	
		<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE 3	E. P. A. I. D. # (optional) CAD 982 336 945

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) Rocha David	PHONE # WITH AREA CODE 925 551-0620	DAYS: NAME (LAST, FIRST) Ferreira Paul	PHONE # WITH AREA CODE 50 845-2333
NIGHTS: NAME (LAST, FIRST) Rocha David	PHONE # WITH AREA CODE 209 836-2737	NIGHTS: NAME (LAST, FIRST) "	PHONE # WITH AREA CODE 800 822-2333

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME Nolan Davis	CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 50 Oak Court #160	<input checked="" type="checkbox"/> box to indicate	<input checked="" type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL AGENCY
CITY NAME Danville Ca	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> STATE AGENCY
	<input type="checkbox"/> COUNTY AGENCY	<input type="checkbox"/> FEDERAL AGENCY	
	STATE CA	ZIP CODE 94526	PHONE # WITH AREA CODE 820-2632

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER Nolan Davis	CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 50 Oak Court #160	<input checked="" type="checkbox"/> box to indicate	<input checked="" type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL AGENCY
CITY NAME Danville	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> STATE AGENCY
	<input type="checkbox"/> COUNTY AGENCY	<input type="checkbox"/> FEDERAL AGENCY	
	STATE CA	ZIP CODE 94526	PHONE # WITH AREA CODE 820-2632

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

TY(TK) HQ 44-000689

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"/> 7 STATE FUND
	<input type="checkbox"/> 8 STATE FUND & CHIEF FINANCIAL OFFICER LETTER	<input type="checkbox"/> 9 STATE FUND & CERTIFICATE OF DEPOSIT	<input type="checkbox"/> 10 LOCAL GOVT. MECHANISM	<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

TANK OWNER'S NAME (PRINTED & SIGNATURE) Nolan Davis Paul Scott Co. For Dublin Toyota Owner	TANK OWNER'S TITLE	DATE MONTH/DAY/YEAR 4/16/98
---	--------------------	--------------------------------

LOCAL AGENCY USE ONLY

COUNTY # 01	JURISDICTION # 000	FACILITY # 063914	NA 6/11/98
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPVISOR - DISTRICT CODE - OPTIONAL	

THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE PERMIT APPLICATION - FORM B, UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY.
OWNER MUST FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

INSTRUCTIONS FOR COMPLETING FORM "A"

GENERAL INSTRUCTIONS:

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

1. One FORM "A" shall be completed for all NEW PERMIT CHANGES or any FACILITY/SITE INFORMATION CHANGES.
2. SUBMIT ONLY ONE (1) FORM "A" for a Facility/Site, regardless of the number of tanks located at the site.
3. This form should be completed by either the PERMIT APPLICANT or the LOCAL AGENCY UNDERGROUND TANK INSPECTOR.
4. Please type or print clearly all requested information.
5. Use a hard point writing instrument, you are making 3 copies.
6. Tank owner must submit a facility plot plan to the local agency as part of the application showing the location of the USTs with respect to buildings and landmarks [Section 2711 (a)(8), CCR].
7. Tank owner must submit documentation showing compliance with state financial responsibility requirements to the local agency as part of the application for petroleum USTs [Section 2711 (a)(11), CCR].

TOP OF FORM: "MARK ONLY ONE ITEM"

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

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

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

NOTE: Address MUST have a valid physical location including city, state, and zip code.

P.O. BOX NUMBERS ARE NOT ACCEPTABLE.

Include nearest cross street and name of the operator.

2. Phone number must have an area code. If the night number is the same, write "SAME" in proper location.
3. Check the appropriate box for TYPE OF BUSINESS OWNERSHIP (ex. CORPORATION, INDIVIDUAL, etc.).
4. Check the appropriate box for TYPE OF BUSINESS.
5. If Facility/Site is located within an Indian reservation or other Indian trust lands, check the box marked "YES".
6. Indicate the NUMBER of TANKS at this SITE.
7. Record the E.P.A. ID # or write "NONE" in the space provided.

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

Complete all items in this section, unless all items are the same as SECTION I; If the same, write "SAME AS SITE" across this section. Be sure to check PROPERTY OWNERSHIP TYPE box.

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

Complete all items in this section, unless all items are the same as SECTION I; If the same, write "SAME AS SITE" across this section. Be sure to check TANK OWNERS TYPE box.

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER (MUST BE COMPLETED. SEE ARTICLE 5, CHAPTER 6.75, DIVISION 20, CALIFORNIA HEALTH AND SAFETY CODE.)

Enter your Board of Equalization (BOE) UST storage fee account number which is required before your permit application can be processed.

Registration with the BOE will ensure that you will receive a quarterly storage fee return in reporting the per gallon fee due on the number of gallons placed in your USTs. The BOE will code persons exempt from paying the storage fee so returns will not be sent. If you do not have an account number with the BOE or if you have any questions regarding the fee or exemptions, please call the BOE at 916-322-9669 or write to the BOE at the following address Board of Equalization, Fuel Taxes Division, P.O. Box 942879, Sacramento, CA 94279-0001.

V. PETROLEUM UST FINANCIAL RESPONSIBILITY (MUST BE COMPLETED FOR PETROLEUM USTs ONLY, SEE SECTIONS 2711 (a)(11) OF TITLE 23, CHAPTER 16, CALIFORNIA CODE OF REGULATIONS.)

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

VI. LEGAL NOTIFICATION AND BILLING ADDRESS

Check ONE BOX for the address that will be used for BOTH LEGAL AND BILLING NOTIFICATIONS.

TANK OWNER OR AUTHORIZED REPRESENTATIVE MUST SIGN AND DATE THE FORM AS INDICATED. [SEE SECTIONS 2711 (a)(13) OF TITLE 23 CHAPTER 16, CALIFORNIA CODE OF REGULATIONS.]

INSTRUCTION FOR THE LOCAL AGENCIES

The county and jurisdiction numbers are predetermined and can be obtained by calling the State Board (916) 227-4303. The facility number may be assigned by the local agency; however, this number must be numerical and cannot contain any alphabetical characters. If the local agency prefers the State Board to assign the facility number, please leave it blank.

IT IS THE RESPONSIBILITY OF THE LOCAL AGENCY THAT INSPECTS THE FACILITY TO VERIFY THE ACCURACY OF THE INFORMATION. THIS APPLICATION CANNOT BE PROCESSED IF THE BOE ACCOUNT NUMBER IS NOT FILLED IN. THE LOCAL AGENCY IS RESPONSIBLE FOR THE COMPLETION OF THE "LOCAL AGENCY USE ONLY" INFORMATION BOX. THE LOCAL AGENCY SHOULD RETAIN THE ORIGINAL AND YELLOW COPIES. THE PINK COPY SHOULD BE RETAINED BY THE TANK OWNER.

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B
Removed 6-10-98; RW
COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.



#699

MARK ONLY ONE ITEM

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Dublin Toyota/Pontiac 6450 Dublin Blvd Dublin

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I. D. # <u>12</u>	B. MANUFACTURED BY: <u>Unknown</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>1981</u>	D. TANK CAPACITY IN GALLONS: <u>2000</u>

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

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input checked="" 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"/> 1c MIDGRADE UNLEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 8 M85
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"/> 5 INTERNAL BLADDER SYSTEM	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SINGLE WALL IN A VAULT	<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"/> 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 OR COATING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING	<input type="checkbox"/> 4 PHENOLIC LINING
	<input type="checkbox"/> 5 GLASS LINING	<input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___				
D. EXTERIOR 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 checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL, etc.	SPILL CONTAINMENT INSTALLED (YEAR) <u>YES</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>NO</u>	
	DROP TUBE YES <input checked="" type="checkbox"/> NO ___		STRIKER PLATE YES ___ NO <input checked="" type="checkbox"/>	
			DISPENSER CONTAINMENT YES ___ NO <input checked="" type="checkbox"/>	

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 4 FLEXIBLE PIPING	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 MECHANICAL LINE LEAK DETECTOR	<input checked="" type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 4 ELECTRONIC LINE LEAK DETECTOR	<input type="checkbox"/> 5 AUTOMATIC PUMP SHUTDOWN
	<input type="checkbox"/> 99 OTHER				

V. TANK LEAK DETECTION

<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 MANUAL INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING	<input checked="" type="checkbox"/> 6 ANNUAL TANK TESTING
<input type="checkbox"/> 7 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 8 SIR	<input type="checkbox"/> 9 WEEKLY MANUAL TANK GAUGING	<input type="checkbox"/> 10 MONTHLY TANK TESTING	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION (PERMANENT CLOSURE IN-PLACE)

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>In use</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>6</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

TANK OWNERS NAME (PRINTED & SIGNATURE) Scott Lee For: Dublin Toyota Pontiac DATE 4/14/98

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

STATE I.D.#	COUNTY # <u>01</u>	JURISDICTION # <u>000</u>	FACILITY # <u>0639114</u>	TANK # <u>0100001</u>	<u>6/11/98</u>
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. FORM C MUST BE COMPLETED FOR INSTALLATIONS. THIS FORM SHOULD BE ACCOMPANIED BY A PLOT PLAN. FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

INSTRUCTIONS FOR COMPLETING FORM "B"

GENERAL INSTRUCTIONS

Section 2711 of Title 23, Division 3, Chapter 16, California Code of Regulations and sections 25286, 25287, and 25289 of Chapter 6.7, Division 20, Health and Safety Code require tank owners to apply for an UST operating permit.

1. One FORM "B" shall be completed for each tank for all NEW PERMITS, PERMIT CHANGES, REMOVALS and/or any other TANK INFORMATION CHANGE.
2. This form should be completed by either the PERMIT APPLICANT or the LOCAL AGENCY UNDERGROUND TANK INSPECTOR.
3. Please type or print clearly all requested information.
4. Use a hard point writing instrument, you are making 3 copies.
5. Tank owners must submit a plot plan to the local agency showing the location of the USTs with respect to buildings and landmarks [2711 (a)(8) CCR].
6. Tank owners must submit documentation showing compliance with state financial responsibility requirements to the local agency for petroleum USTs [2711 (a)(11) CCR].

TOP OF FORM: MARK ONLY ONE ITEM

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

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

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

II. TANK CONTENTS

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

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

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

IV. PIPING INFORMATION

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

V. TANK LEAK DETECTION

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

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

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

TANK OWNER OR AUTHORIZED REPRESENTATIVE MUST SIGN AND DATE THE FORM AS INDICATED [see section 2711 (a)(13) CCR]

INSTRUCTION FOR THE LOCAL AGENCIES

The state underground storage tank identification number is composed of the two digit county number, the three digit jurisdiction number, the six digit facility number and the six digit tank number. The county and jurisdiction numbers are predetermined and can be obtained by calling the State Board (916) 227-4303. The facility number must be the same as shown in form "A". The tank number may be assigned by the local agency, however, this number must be numerical and cannot contain an alphabet. If the local agency prefers the State Board to assign the tank number, please leave it blank.

IT IS THE RESPONSIBILITY OF THE LOCAL AGENCY THAT INSPECTS THE FACILITY TO VERIFY THE ACCURACY OF THE INFORMATION. THE LOCAL AGENCY IS RESPONSIBLE FOR THE COMPLETION OF THE "LOCAL AGENCY USE ONLY" INFORMATION BOX. THE LOCAL AGENCY SHOULD RETAIN THE ORIGINAL AND YELLOW COPIES. THE PINK COPY SHOULD BE RETAINED BY THE TANK OWNER.

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STATE OF CALIFORNIA

STATE WATER RESOURCES CONTROL BOARD

UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B

Removed 6-10-98; RW
COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.



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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Dublin Toyota/Pontiac 6450 Dublin Blvd Dublin

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D.# <u>13</u>	B. MANUFACTURED BY: <u>Unknown</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>Unknown 1981</u>	D. TANK CAPACITY IN GALLONS: <u>2000</u>

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

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input checked="" 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"/> 1c MIDGRADE UNLEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 8 M85
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"/> 5 INTERNAL BLADDER SYSTEM	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SINGLE WALL IN A VAULT	<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"/> 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 OR COATING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING	<input type="checkbox"/> 4 PHENOLIC LINING
	<input type="checkbox"/> 5 GLASS LINING	<input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___				
D. EXTERIOR 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 checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL, etc.	SPILL CONTAINMENT INSTALLED (YEAR) <u>yes</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>no</u>	
	DROP TUBE YES <input checked="" type="checkbox"/> NO ___		STRIKER PLATE YES ___ NO <input checked="" type="checkbox"/>	
			DISPENSER CONTAINMENT YES ___ NO <input checked="" type="checkbox"/>	

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

A. SYSTEM TYPE	A(U) 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 4 FLEXIBLE PIPING	A U 99 OTHER
B. CONSTRUCTION	A(U) 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH	A U 95 UNKNOWN	A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A(U) 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE	
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING	A U 9 100% 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 MECHANICAL LINE LEAK DETECTOR	<input checked="" type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 4 ELECTRONIC LINE LEAK DETECTOR	<input type="checkbox"/> 5 AUTOMATIC PUMP SHUTDOWN
	<input type="checkbox"/> 99 OTHER				

V. TANK LEAK DETECTION

<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 MANUAL INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING	<input checked="" type="checkbox"/> 6 ANNUAL TANK TESTING
<input type="checkbox"/> 7 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 8 SIR	<input type="checkbox"/> 9 WEEKLY MANUAL TANK GAUGING	<input type="checkbox"/> 10 MONTHLY TANK TESTING	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION (PERMANENT CLOSURE IN-PLACE)

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>1/05/81</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

TANK OWNER'S NAME (PRINTED SIGNATURE) <u>Scott Co. For: Dublin Toyota/Pontiac</u>	DATE <u>4/4/98</u>
--	-----------------------

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

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
	<u>01</u>	<u>000</u>	<u>063914</u>	<u>000002</u>
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. FORM C MUST BE COMPLETED FOR INSTALLATIONS. THIS FORM SHOULD BE ACCOMPANIED BY A PLOT PLAN. FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

INSTRUCTIONS FOR COMPLETING FORM "B"

GENERAL INSTRUCTIONS

Section 2711 of Title 23, Division 3, Chapter 16, California Code of Regulations and sections 25286, 25287, and 25289 of Chapter 6.7, Division 20, Health and Safety Code require tank owners to apply for an UST operating permit.

1. One FORM "B" shall be completed for each tank for all NEW PERMITS, PERMIT CHANGES, REMOVALS and/or any other TANK INFORMATION CHANGE.
2. This form should be completed by either the PERMIT APPLICANT or the LOCAL AGENCY UNDERGROUND TANK INSPECTOR.
3. Please type or print clearly all requested information.
4. Use a hard point writing instrument, you are making 3 copies.
5. Tank owners must submit a plot plan to the local agency showing the location of the USTs with respect to buildings and landmarks [2711 (a)(8) CCR].
6. Tank owners must submit documentation showing compliance with state financial responsibility requirements to the local agency for petroleum USTs [2711 (a)(11) CCR].

TOP OF FORM: MARK ONLY ONE ITEM

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

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

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

II. TANK CONTENTS

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

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

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

IV. PIPING INFORMATION

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

V. TANK LEAK DETECTION

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

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

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

TANK OWNER OR AUTHORIZED REPRESENTATIVE MUST SIGN AND DATE THE FORM AS INDICATED [see section 2711 (a)(13) CCR]

INSTRUCTION FOR THE LOCAL AGENCIES

The state underground storage tank identification number is composed of the two digit county number, the three digit jurisdiction number, the six digit facility number and the six digit tank number. The county and jurisdiction numbers are predetermined and can be obtained by calling the State Board (916) 227-4303. The facility number must be the same as shown in form "A". The tank number may be assigned by the local agency, however, this number must be numerical and cannot contain an alphabet. If the local agency prefers the State Board to assign the tank number, please leave it blank.

IT IS THE RESPONSIBILITY OF THE LOCAL AGENCY THAT INSPECTS THE FACILITY TO VERIFY THE ACCURACY OF THE INFORMATION. THE LOCAL AGENCY IS RESPONSIBLE FOR THE COMPLETION OF THE "LOCAL AGENCY USE ONLY" INFORMATION BOX. THE LOCAL AGENCY SHOULD RETAIN THE ORIGINAL AND YELLOW COPIES. THE PINK COPY SHOULD BE RETAINED BY THE TANK OWNER.

REMOVED 6-10-18 RW

STID
699

#699

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B
COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.



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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED:

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

A. OWNER'S TANK I.D.# #1	B. MANUFACTURED BY: Unknown
C. DATE INSTALLED (MO/DAY/YEAR) 1981	D. TANK CAPACITY IN GALLONS: waste oil 1000

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

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input checked="" type="checkbox"/> 4 OIL	B. <input type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input checked="" type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASOLIN	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED	<input checked="" type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)	
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED waste oil			C.A.S.#:		

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

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank)	<input checked="" type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ 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) NO		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) NO

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

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

V. TANK LEAK DETECTION

<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING
<input checked="" 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) In Use	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING 100 GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE) Scott Co. for Dublin Toyota	DATE 4/6/98
--	-------------

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

STATE I.D.#	COUNTY # 01	JURISDICTION # 000	FACILITY # 063914	TANK # 000003
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE	6/10/98	

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

INSTRUCTIONS FOR COMPLETING FORM "B"

GENERAL INSTRUCTIONS:

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

TOP OF FORM: "MARK ONLY ONE ITEM"

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

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

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

II. TANK CONTENTS

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

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

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

IV. PIPING INFORMATION

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

V. TANK LEAK DETECTION

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

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

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

APPLICANT MUST SIGN AND DATE THIS FORM AS INDICATED.

INSTRUCTION FOR THE LOCAL AGENCIES

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

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

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

Alameda County Fire Department
Fire Prevention Bureau

AM
Wen

INSPECTION REQUEST

Inspection Location: 6450 DUBLIN BL

Job Name: DUBLIN TOYOTA PM/Tract #: _____

Contact Person: PAUL FERRERA Phone #: (510) 895-2333 Pager #: _____

Type of Inspection: UST REMOVAL

Date Request Received: _____ Requested Inspection Date: _____

Scheduled Inspection Date: 6-10-98 Time: 1030 hrs

Inspection Status: Passed Failed Canceled No Show Missed/Rescheduled

File Status: Sign-Offs/Comments Completed File Returned to: Open Closed

Inspector: R Reid Comments on Back

*ADDITIONAL STANDBY FEES ARE REQUIRED FOR IHR
TOTAL OF \$80.00.

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 checked="" type="checkbox"/> NO	FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I AM A DESIGNATED COVERED PERSON AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS IN ACCORDANCE WITH THE HEALTH AND SAFETY CODE. SIGNED: _____
REPORT DATE 06/10/98	CASE #	

REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Paul Ferreira Scott Company	PHONE (510) 845-2333	SIGNATURE 	
	REPRESENTING <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER	COMPANY OR AGENCY NAME Scott Company		
	ADDRESS 1717 Doolittle Dr San Leandro CA 94577			

RESPONSIBLE PARTY	NAME Dublin Toyota / Pontiac <input type="checkbox"/> UNKNOWN	CONTACT PERSON Dave Rocha	PHONE (510) 567-6762
	ADDRESS 6450 Dublin Ct Dublin CA 94568		

SITE LOCATION	FACILITY NAME (IF APPLICABLE) Dublin Toyota	OPERATOR	PHONE (510) 567-6762	
	ADDRESS 6450 Dublin Ct Dublin Alameda 94568			
	CROSS STREET Dublin Blvd			

IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME Alameda County Env. Health	CONTACT PERSON Robert Weston	PHONE (510) 567-6700
	REGIONAL BOARD		

SUBSTANCES INVOLVED	(1) Diesel & gasoline release	QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN
	(2)	

DISCOVERY/ABATEMENT	DATE DISCOVERED 06/10/98	HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input checked="" type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER	
	DATE DISCHARGE BEGAN UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input checked="" type="checkbox"/> CHANGE PROCEDURE <input checked="" type="checkbox"/> OTHER Tanks Removed
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 06/10/98		

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 checked="" type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input checked="" type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER
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CASE TYPE	CHECK ONE ONLY <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input checked="" 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 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 checked="" type="checkbox"/> CLEANUP UNDERWAY		
----------------	--	--	--

REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS)		
	<input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> VACUUM EXTRACT (VE)	<input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> OTHER (OT)	<input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS)

COMMENTS: Tanks removed on 6-10-98 revealing heavy odor of hydrocarbon. Tanks inspected o.k., suspect overspill and/or overfills. Soil & water impacted. dunnexcavation, soil disposal & pump & purge of H₂O underway.

Transfer of Eligible Local Oversight Case

STID 699 Date of input/By: 6/24/98 ^{rec'd & input}

Date: 6-10-98 From: ROB WESTON
 Site Name: DUBLIN TOYOTA PONTIAC
 Address: 6450 DUBLIN BLVD City: DUBLIN Zip: 94568

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

1. N Tanks Removed? # of removed? 3 Date removed: 6-10-98
2. N Samples received? Contamination level: HIGH ppm PENDING
 Type of test _____
 Contamination should be over 100 ppm TPH to qualify for LOP
3. N Petroleum? Circle Type(s): • Avgas • leaded • unleaded • fuel oil • jet
 • diesel • waste oil • kerosene • solvents

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

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

Remaining DepRef \$'s: _____

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

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

**ALAMEDA COUNTY HEALTH CARE SERVICE AGENCY
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 ENVIRONMENTAL PROTECTION DIVISION
 1131 HARBOR BAY PARKWAY, RM 250
 ALAMEDA, CA 94502-6577
 PHONE # 510/567-6700
 FAX # 510/337-9335**

Project Specialist

4-20-98

ACCEPTED

Underground Storage Tank Closure Permit Application
 Alameda County Division of Hazardous Materials
 1131 Harbor Bay Parkway, Suite 250
 Alameda, CA 94502-6577

These closure/removal plans have been received and found to be acceptable and essentially meet the requirements of State and Local Health Laws. Changes to your closure 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/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 Inspectors 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
- Sampling
- Final Inspection

Issuance of a) permit to operate, 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

ROBERT WESTON
 510 567-6781

UNDERGROUND TANK CLOSURE PLAN

* * * Complete according to attached instructions * * *

1. Name of Business Dublin Toyota / Pontiac
 Business Owner or Contact Person (PRINT) David Rocha
2. Site Address 6450 Dublin Blvd
 City Dublin Zip 94568 Phone (510) 551-0620
3. Mailing Address Same
 City — Zip — Phone —
4. Property Owner Nolan Davis
 Business Name (if applicable) — # (510) 820-2632
 Address 50 Oak Court #160
 City, State Danville Ca Zip 94526
5. Generator name under which tank will be manifested
NOLAN DAVIS

EPA ID# under which tank will be manifested CA 1202121110

6497

6. Contractor Scott Company
Address 1717 Dealittle Dr.
City San Leandro Ca 94577 Phone (510) 895-2333
License Type* A GEN ID# 184480

*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.

7. Consultant (if applicable) N/A
Address _____
City, State _____ Phone _____

8. Main Contact Person for Investigation (if applicable)
Name Paul Ferreira Title Project Manager
Company Scott Co.
Phone (510) 895-2333 X 305

9. Number of underground tanks being closed with this plan 3
Length of piping being removed under this plan less 20'
Total number of underground tanks at this facility (**confirmed with owner or operator) 3

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

**** Underground storage tanks must be handled as hazardous waste ****

a) Product/Residual Sludge/Rinsate Transporter

Name ECI EPA I.D. No. CAD 009 466 392
Hauler License No. 6019 License Exp. Date ~~2000~~ 4-2000
Address 235 Parr Blvd.
City Richmond State Ca Zip 94801

b) Product/Residual Sludge/Rinsate Disposal Site

Name ECI EPA ID# CAD 009 466 392
Address 235 Parr Blvd
City Richmond State Ca Zip 94801

c) Tank and Piping Transporter

Name ECI EPA I.D. No. CAD 009 4663R
Hauler License No. 0019 License Exp. Date 4-2000
Address 235 Parr Blvd
City Richmond State _____ Zip _____

d) Tank and Piping Disposal Site

Name Same AS LAST EPA I.D. No. (3) three abc
Address _____
City _____ State _____ Zip _____

11. Sample Collector

Name Representative of North State Environmental
Company NSE
Address PO Box 5624
City SSF State CA Zip 94083 Phone (650) 266-4583

12. Laboratory

Name _____
Address _____
City _____ State _____ Zip _____
State Certification No. _____ # 1753

13. Have tanks or pipes leaked in the past? Yes [] No [] Unknown [X]

If yes, describe. _____

14. Describe methods to be used for rendering tank(s) inert:

- ~~1~~ - (2) Gasoline tanks to be washed & rinsate
- then addition of 30 lbs of dry ice
- (1) waste oil addition of 30 lbs of dry ice

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 permanently plugged.

The Bay Area Air Quality Management District, 415/771-6000, along with local Fire and Building Departments, must also be contacted for tank removal permits. Fire departments typically require the use of a combustible gas indicator to verify tank inertness. It is the contractor's responsibility to bring a working combustible gas indicator on-site to verify that the tank is inert.

15. Tank History and Sampling Information *** (see instructions) ***

Tank		Material to be sampled (tank contents, soil, groundwater)	Location and Depth of Samples
Capacity	Use History include date last used (estimated)		
2000 gallon	Gasoline Dispensing In use	Soil	One from each tank end & composite of stockpile
2000 gallon	" "	Soil	"
1000 gallon	Waste Oil Disposal	Soil	One from the bottom of tank & comp of stockpile

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

Excavated/Stockpiled Soil

Stockpiled Soil Volume (estimated)

less than 40 cubic yds

Sampling Plan

4 Point Comp of
every 20 cubic yd.

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

Will the excavated soil be returned to the excavation immediately after tank removal? [] yes [X] no [] unknown

If yes, explain reasoning _____

If unknown at this point in time, please be aware that excavated soil may not be returned to the excavation without prior approval from Alameda County. This means that the contractor, consultant, or responsible party must communicate with the Specialist **IN ADVANCE** of backfilling operations.

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.

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

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit
Gasoline			
TPH Gasoline	8015 M		
Total Pb			
BTEX	8020		
MTBE	"		
WASTE OIL			
TPH Gasoline	8015 M		
TPH Diesel	"		
BTEX	8020		
MTBE	"		
Sweet Oils	Veris		
O&G	SM 5520		
PCB's	8080		
PAH's	8270		
HVOC's	8010		

18. Submit Worker's Compensation Certificate copy

Name of Insurer _____

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 written report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report (ULR) form.

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

23. Submit State (Underground Storage Tank Permit Application) Forms A and B (one B form for each UST to be removed) (mark box 8 for "tank removed" in the upper right hand corner)

I declare that to the best of my knowledge and belief that 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 approval from the Environmental Protection Division 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.

CONTRACTOR INFORMATION

Name of Business SCOTT Company

Name of Individual Paul Ferreira

Signature [Signature] Date 4-6-98

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business Dublin Toyota / Pontiac

Name of Individual David Rocha

Signature [Signature] Date 4-6-98

INSTRUCTIONS

General Instructions

- * Three (3) copies of this plan plus attachments and a 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.
- * State of California Permit Application Forms A and B are to be submitted to this office. One Form A per site, one Form B for each removed tank.

Line 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 Toxic Substances Control, 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) A page for employees to sign acknowledging that 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 Operations 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 tank(s) and piping in addition to the tank(s) being removed.

20. DEPOSIT

A deposit, payable to "County of Alameda" 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 this office or from the San Francisco Bay Regional Water Quality Control Board (510/286-1255). 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) Detailed description of sampling methods; i.e. backhoe bucket, drive sampler, bailer, bottle(s), sleeves
- 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) Documentation of the disposal of/and volume and final destination of all non-manifested contaminated soil disposed offsite.

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

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

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.

- 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.
- 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.

- 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.

ALAMEDA COUNTY ENVIRONMENTAL PROTECTION DIVISION

DECLARATION OF SITE ACCOUNT REFUND RECIPIENT

There may be excess funds remaining in the Site Account at the completion of this project. The PAYOR (person or company that issues the check) will use this form to predesignate another party to receive any funds refunded at the completion of this project. In the absence of this form, the PAYOR will receive the refund.

SITE INFORMATION:

Site ID Number
(if known)

Dublin Toyota / Pontiac
Name of Site

6450 Dublin Blvd
Street Address

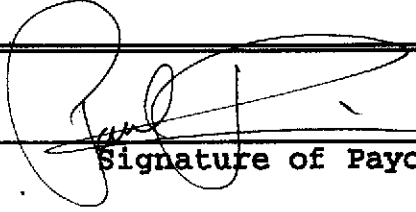
Dublin Ca 94568
City, State & Zip Code

I designate the following person or business to receive any refund due at the completion of all deposit/refund projects:

Scott Co.
Name

1717 Doolittle Dr
Street Address

San Leandro Ca 94577
City, State & Zip Code


Signature of Payor

4/6/98
Date

Name of Payor
(PLEASE PRINT CLEARLY)

Scott Co.
Company Name of Payor

RETURN FORM TO:

County of Alameda, Environmental Protection
1131 Harbor Bay Parkway, Rm 250
Alameda CA 94502-6577
Phone#(510) 567-6700



CONTRACTORS STATE LICENSE BOARD
 9835 GOETHE ROAD, SACRAMENTO, CALIFORNIA
 MAILING ADDRESS: P.O. BOX 26000
 SACRAMENTO, CALIFORNIA 95826
 1/916/255-3900
 1/800/321-CSLB
 Automated Phone System



License Number: 184480

Entity: CORP

SCOTT CO OF CALIFORNIA
 1717 DOOLITTLE DRIVE
 SAN LEANDRO, CA 94577



State of California
 CONTRACTORS STATE LICENSE BOARD
 ACTIVE LICENSE

License Number: 184480

Business Name: SCOTT CO OF CALIFORNIA

Entity: CORP

Classification: A B C-4 C12 C16 C20 C34
 C36 C38 C42 C43 C60

Expiration Date: 04/30/1999

ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR CL
SCOTTCL

DATE (MM/DD/YY)
05/02/97

PRODUCER
Lamberson Koster & Company
100 California St., Suite 1100
San Francisco CA 94104-1032

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.

Lamberson Koster & Company/n
Phone No. 415-391-1500 Fax No.

COMPANIES AFFORDING COVERAGE

- COMPANY A Underwriters Insurance Co.
- COMPANY B Continental Casualty Co. (CNA)
- COMPANY C American Casualty Company
- COMPANY D

Scott Co. of California
P.O. Box 5555
San Leandro, CA 94577

COVERAGES

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

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTOR'S PROT	00104	05/01/97	05/01/98	GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - CCMP/CP AGG \$ 1,000,000 PERSONAL & ADV INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 100,000 MED EXP (Any one person) \$
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	BUA66796457	05/01/97	05/01/98	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: \$ EACH ACCIDENT \$ AGGREGATE \$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	WC 166796331	05/01/97	05/01/98	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000
OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
 Certificate Holder can be named Additional Insured per document CG20101185
 as required per contract if project is awarded.

CERTIFICATE HOLDER
 SPECIMEN
 FOR BID PURPOSES ONLY

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
 Lamberson Koster & Company *Thelma Rogan*



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: STEVEN DALE SANDKOHIL

License No.: 587817

Namestyle: SCOTT CO. ENVIRONMENTAL, DIVISION OF SCOTT CO. OF CALIFORNIA

WITNESS my hand and official seal this
20TH day of JUNE, 1990

David R. Bellis
Registrar of Contractors

191-30 (7/88)

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.

A3495

ACFD Form FP-30
(Revised 8/97)

PERMIT # _____

ALAMEDA COUNTY FIRE DEPARTMENT

FIRE CODE REGULATED ACTIVITIES

Application and Permit

[] City of San Leandro [] City of Dublin [] Unincorporated Alameda County

TYPE OF PERMIT: Tank Removal Permit

APPLICATION DATE: 4-16-98 ACTIVITY DATE(S): Unknown @ this time

LOCATION WHERE ACTIVITY TO BE CONDUCTED: Dublin Toyota/Pontiac

NAME OF ORGANIZATION OR INDIVIDUAL MAKING APPLICATION:

NAME: Paul Ferreira For: Dublin Toyota PHONE: (415) 551-0560 CONTACT PERSON: David Rocha

ADDRESS: 6450 Dublin Blvd. CITY: Dublin Ca ZIP: 94568

CONTRACTOR INFORMATION (IF REQUIRED) - ATTACH COPY OF WORKERS COMP AND BUSINESS LICENSE

COMPANY NAME: SCOTT Company PHONE: 510 895-2333

ADDRESS: 1717 Doolittle Dr CITY: San Leandro

LICENSE #: A Gen 184480 CONTACT PERSON: Paul Ferreira

DESCRIPTION OF ACTIVITY TO BE PERFORMED: - ATTACH COPIES OF REQUIRED LISTINGS, CERTIFICATES, ETC. TO FULLY EXPLAIN PROJECT. INSUFFICIENT INFORMATION OR DETAIL MAY DELAY APPROVAL OF PERMIT.

Remove (1) 500 gallon waste oil & (2) 2000 gallon gasoline
underground storage tanks

ALL PERMITS ISSUED BY THE FIRE DEPARTMENT SHALL BE PRESUMED TO CONTAIN THE PROVISIO THAT THE APPLICANT, HIS AGENTS AND EMPLOYEES SHALL CARRY OUT THE PROPOSED ACTIVITY IN COMPLIANCE WITH ALL THE REQUIREMENTS OF THE FIRE CODE AND ANY OTHER LAWS OR REGULATIONS APPLICABLE THERETO. WHETHER SPECIFIED OR NOT, AND IN COMPLETE ACCORDANCE WITH THE APPROVED PLANS AND SPECIFICATIONS. THIS PERMIT SHALL NOT BE CONSTRUED AS AUTHORITY TO CANCEL, VIOLATE OR SET ASIDE ANY PROVISIONS OF THE FIRE CODE AND SHALL NOT TAKE THE PLACE OF ANY LICENSE REQUIRED BY LAW. PERMITS ARE NOT TRANSFERABLE AND ANY CHANGE IN USE, OCCUPANCY, OR OPERATION OR OWNERSHIP SHALL REQUIRE A NEW PERMIT. PERMITS MAY BE SUSPENDED OR REVOKED FOR CAUSE AT ANY TIME.

I HEREBY AFFIRM ALL INFORMATION PROVIDED AS A PART OF THIS PERMIT APPLICATION IS TRUE AND CORRECT

[Signature]
SIGNATURE OF APPLICANT

4/16/98
DATE

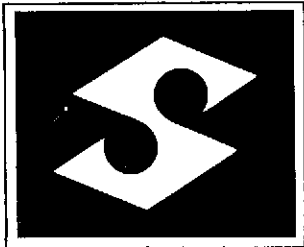
SPECIAL PERMIT REQUIRMENTS MAY BE LISTED ON THE REVERSE SIDE.
COMPLIANCE WITH THESE REQUIREMENTS IS A CONDITION OF THIS PERMIT.

APPROVAL DATE: _____ Rejection Date: _____ Reviewed By: _____

EXPIRATION DATE: _____ Permit Fees Due: _____ Date Paid: _____

SIGNATURE OF INSPECTOR: _____ DATE: _____

(PERMIT NOT VALID WITHOUT APPROVED SIGNATURE)



SCOTT CO.

MECHANICAL CONTRACTORS
1717 Doolittle Drive
P.O. Box 5555
San Leandro, California 94577-0655
(510) 895-2333

Contractors License No. 184480

SAFETY PLAN

TANK REMOVAL AT:

Dublin Toyota/Pontiac
6450 Dublin Boulevard
Dublin, California 94568

GENERAL CONTRACTOR:

Scott Co. of California
1717 Doolittle Drive
San Leandro, CA 94577
(510) 895-2333

PROJECT MANAGER:

Paul Ferreira

PROJECT FORMAN:

William McCarthy

ALTERNATES:

Patrick O'Mara

Mr. McCarthy will have in his possession two A:B:C: rated fire extinguishers and Type C protective clothing. Also, he will have a first aid kit and telephone numbers of the nearest medical facilities. Scott Co. personnel will have respirators on site should an emergency occur.

Upon arrival at the site, Scott Co. personnel will set up physical barriers around the trench. Fire extinguishers and the first aid kit will be set out in an appropriate, accessible spot.

The explosion meter that can detect the level of oxygen and hydrocarbon will be supplied by the contractor and operated by Mr. McCarthy. Thirty pounds of dry ice per 1,000 gallons of tank capacity will be applied to render the tank inert.

All Scott Co. Environmental personnel have received 40 hours of OSHA training, thus providing them with the knowledge and skills necessary to perform hazardous waste operations with minimal risk to their safety and health.

Scott Co. has a policy in which all State certified Environmental personnel are required to have annual physicals to certify them for use of respirators. These records are maintained in our office.

Page 2

**SCOTT CO. OF CALIFORNIA
SAFETY PLAN**

The site will be controlled to reduce the possibility of environmental incidents involving hazardous substances by:

- Setting up security and physical barriers to exclude un-necessary personnel from the general area.
- Minimizing the number of personnel and equipment on-site consistent with effective operations.

All tools used at the underground storage tank removal are cleaned on site by tapping and/or scraping excess dirt and/or petroleum product onto the spoils pile.

If any questions should arise in reference to this safety plan, please contact Paul Ferreira at (510) 895-2333, extension 385.

CHEMICAL HAZARDS

Diesel/Gasoline/Waste Oil

- Materials that contain constituents such as Benzene, Toluene, and Xylene which are known or suspected carcinogens and have caused cancer in laboratory animals.
- Exposure to concentrations of materials should be avoided.
- Avoid contact with skin where personal protective equipment such as gloves and eye protection are not used.
- Prolonged exposure can cause dizziness, nausea, shortness of breath, headaches and/or all of the above.

TEMPERATURE HAZARDS

Heat Stress:

- When temperatures exceed 70 degrees F, take frequent breaks in a shaded area. Unzip or remove coveralls during breaks.
- Have cool water or electrolyte replenishment solution available. Drink small amounts frequently to avoid dehydration.
- Count the pulse rate for 30 seconds as early as possible in the rest period. If the pulse rate exceeds 110 beats per minute at the beginning of the rest period, shorten the work cycle by one-third.

Cold Stress:

- Wear multi-layer cold weather outfits. The outer layer should be of wind resistant fabric.
- In temperatures 0 degrees F to 30 degrees F total work time is 4 hours. Alternate 1 hour in and 1 hour out of the low temperature area. Below 30 degrees F, consult an Industrial Hygienist.
- Drink warm fluid. Provide shelter for resting. Use buddy system. Avoid heavy sweating.

ACOUSTICAL HAZARDS

- Use earplugs or earmuffs when noise level prevents conversation in a normal voice at a distance of three (3) feet.

O2 DEFICIENCY - CONFINED SPACE HAZARDS

- Confined spaces include trenches, pits, sumps, elevator shafts, tunnels, or any other area where circulation of fresh air is restricted or the ability to readily escape from the area is restricted.
- Obtain permit for confined space entry.
- At least one person must be on standby outside of the confined space who is capable of pulling workers from a confined space in an emergency.
- Work involving the use of a flame, arc, spark, or other source of ignition is prohibited within a confined space.
- Consult DHSO and the Corporate Health and Safety Policy prior to entering a confined space.

SCOTT CO. OF CALIFORNIA

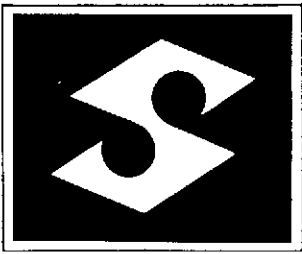
SAFETY & HEALTH RISK ANALYSIS

Mechanical Hazards	<u> X </u>
Electrical Hazards	<u> </u>
Chemical Hazards	<u> X </u>
Temperature Hazards	<u> X </u>
Acoustical Hazards	<u> X </u>
Confined Space Hazards	<u> X </u>
Radiation Hazards	<u> </u>
Bio Hazards	<u> </u>

Should any of the above hazards exist, the following procedures to mitigate hazards will take effect.

MECHANICAL HAZARDS

- Do not stand near backhoe buckets and moving equipment.
- Verify that all equipment is in good condition.
- Do not stand or work under elevated loads or ladders.
- Do not stand near unguarded excavation and trenches.
- Do not enter excavation or trenches over 5 feet deep that are not properly guarded, shored or sloped.
- Consult DHSO if other mechanical hazards exist.



DUBLIN TOYOTA/PONAC
6450 DUBLIN CT
DUBLIN

SCOTT CO.

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(510) 895-2333

Contractors License No. 184480

Dublin COURT

DUBLIN TOYOTA
GARAGE

