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March 19, 2012
Cardno ERI 2229C.T08

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Barbara Jakub, P.G.
Alameda County Health Care Services Agency
Environmental Health Services – Environmental Protection
1131 Harbor Bay Parkway, Suite 250
Alameda, California 94502-6577

SUBJECT **Transmittal Package**
Former Exxon Service Station 70235
2225 Telegraph Avenue
Oakland, California

Copies	Dated	Description
1		UST Forms from Property Owner
1	January 12, 2012	Request Letter from ACEH

Cardno ERI is submitting the enclosed UST forms on behalf of Mr. Lam Truong as requested by the Alameda County Health Care Services Agency. Please contact Mr. Truong with questions regarding this submittal.

Paula Siine, Project Manager

cc: ERI Project File 2229C
Ms. Jennifer C. Sedlachek, ExxonMobil Environmental Services Company

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY
ALEX BRISCOE, Agency Director

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

January 12, 2012

Ms. Jennifer Sedlachek
ExxonMobil
4096 Piedmont Ave., #194
Oakland, CA 94611
(*Sent via E-mail to:*
jennifer.c.sedlachek@exxonmobil.com)

Lam Truong
2225 Telegraph Avenue
Oakland, CA 94612

Subject: Fuel Leak Case No. RO0000358 and Geotracker Global ID T0600101354, Exxon 7-0235, 2225 Telegraph Ave., Oakland, CA 94612

Dear Ms. Sedlachek:

Thank you for the recently submitted documents entitled, *Site Assessment Report* dated December 12, 2008 and *Semi-Annual Groundwater Monitoring Report, Third Quarter 2011* dated October 10, 2011 which were prepared by Cardno ERI for the subject site. Alameda County Environmental Health (ACEH) staff has reviewed the case file including the above-mentioned reports for the above-referenced site. The site assessment report presents data collected from three cone penetrometer test borings at the site. The maximum concentrations were 20,000 micrograms per liter (µg/L) total petroleum hydrocarbons as gasoline (TPHg), 26,000 µg/L TPH as gasoline (TPHd), and 4,200 µg/L benzene in the first water encountered. Deeper water samples collected from between 38 and 41 feet below ground surface contained maximum concentrations of 670 µg/L TPHg, 470 ppb TPHd, 65 µg/L benzene, and 1.9 µg/L methyl tertiary butyl ether (MTBE). The most recent groundwater monitoring report indicates that TPHg concentrations have increased since 2006 in the northeast portion of the site and that elevated petroleum hydrocarbon concentrations remain in this vicinity.

ACEH requests that you address the following technical comments and send us the technical report described below.

TECHNICAL COMMENTS

1. **Remaining contamination in the Northeastern Portion of the Site.** – Maximum concentrations of 38,000 µg/L TPHg and 15,000 µg/L benzene were detected in groundwater in boring B-9 in 2007 and 26,000 µg/L TPHd were detected in CPT-1 in 2008. In addition, it appears that TPHg concentrations have increased in well MW-6B since 2006 and remain elevated in the northeast corner of the site. At this time, it appears necessary to prepare a Draft Feasibility Study/Corrective Action Plan (FS/CAP) prepared in accordance with Title 23, California Code of Regulations, Section 2725 appears warranted. The FS/CAP must include a concise background of soil and groundwater investigations performed in connection with this case and an assessment of the residual impacts of the chemicals of concern (COCs) for the site and the surrounding area where the unauthorized release has migrated or may migrate. The FS/CAP should

also include, but is not limited to, a detailed description of site lithology, including soil permeability, and most importantly, contamination cleanup levels and cleanup goals, in accordance with the San Francisco Regional Water Quality Control Board (SFRWQCB) Basin Plan and appropriate ESL guidance for all COCs and for the appropriate groundwater designation. Please note that soil cleanup levels should ultimately (within a reasonable timeframe) achieve water quality objectives (cleanup goals) for groundwater in accordance with the SFRWQCB Basin Plan. Please specify appropriate cleanup levels and cleanup goals in accordance with 23 CCR Section 2725, 2726, and 2727 in the FS/CAP.

The FS/CAP must evaluate at least three viable alternatives for remedying or mitigating the actual or potential adverse affects of the unauthorized release(s) besides the 'no action' and 'monitored natural attenuation' remedial alternatives. Each alternative shall be evaluated not only for cost-effectiveness but also its timeframe to reach cleanup levels and cleanup goals, and ultimately the Responsible Party must propose the most cost-effective corrective action.

2. **Tank and System Documentation and Testing** – As detailed above, petroleum hydrocarbon concentrations have been increasing in the area generally downgradient of the dispensers since 2006. This indicates a potential for a new release. Please submit the Form B for the system so we can evaluate the current tank system, submit the previous secondary containment reports for the dispensers, conduct tank and system tightness testing on the current UST system and submit the dispenser upgrade report.

TECHNICAL REPORT REQUEST

Please submit technical reports to ACEH (Attention: Barbara Jakub), according to the following schedule:

- **March 20, 2012** – Form B, secondary containment reports, System Tightness Testing Results and upload Dispenser Upgrade Report
- **April 16, 2012** – Draft Feasibility Study/ Corrective Action Plan

Thank you for your cooperation. Should you have any questions or concerns regarding this correspondence or your case, please call me at (510) 639-1287 or send me an electronic mail message at barbara.jakub@acgov.org.

Sincerely,

Digitally signed by Barbara J. Jakub
DN: cn=Barbara J. Jakub, o, ou, email=barbara.jakub@acgov.org, c=US
Date: 2012.01.12 15:23:03 -08'00'

Barbara J. Jakub, P.G.
Hazardous Materials Specialist

Enclosure: Responsible Party(ies) Legal Requirements/Obligations
ACEH Electronic Report Upload (ftp) Instructions

cc: Paula Sime, Environmental Resolutions, Inc., 601 North McDowell Blvd. Petaluma, CA 94954 (*Sent via E-mail to:* psime@ERI-US.com)
Leroy Griffin, Oakland Fire Department, 250 Frank H. Ogawa Plaza, Ste. 3341, Oakland, CA 94612-2032 (*Sent via E-mail to: lgriffin@oaklandnet.com*)
Donna Drogos, ACEH (*Sent via E-mail to: donna.drogos@acgov.org*)
Barbara Jakub, ACEH (*Sent via E-mail to: barbara.jakub@acgov.org*)
GeoTracker, file

Attachment 1

Responsible Party(ies) Legal Requirements/Obligations

REPORT REQUESTS

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

ELECTRONIC SUBMITTAL OF REPORTS

ACEH's Environmental Cleanup Oversight Programs (LOP and SLIC) require submission of reports in electronic form. The electronic copy replaces paper copies and is expected to 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 Instructions." 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. In September 2004, the SWRCB adopted regulations that require electronic submittal of information for all 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 monitoring wells, and other data to the GeoTracker database over the Internet. Beginning July 1, 2005, these same reporting requirements were added to Spills, Leaks, Investigations, and Cleanup (SLIC) sites. Beginning July 1, 2005, electronic submittal of a complete copy of all reports for all sites is required in GeoTracker (in PDF format). Please visit the SWRCB website for more information on these requirements (http://www.waterboards.ca.gov/water_issues/programs/ust/electronic_submittal/).

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.

Alameda County Environmental Cleanup Oversight Programs (LOP and SLIC)	**REVISION DATE:** July 20, 2010
	ISSUE DATE: July 5, 2005
	PREVIOUS REVISIONS: October 31, 2005; December 16, 2005; March 27, 2009; July 8, 2010
SECTION: Miscellaneous Administrative Topics & Procedures	**SUBJECT:** Electronic Report Upload (ftp) Instructions

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.

REQUIREMENTS

- **Please do not submit reports as attachments to electronic mail.**
- Entire report including cover letter must be submitted to the ftp site as **a single portable document format (PDF) with no password protection**.
- It is **preferable** that reports be converted to PDF format from their original format, (e.g., Microsoft Word) rather than scanned.
- **Signature pages and perjury statements must be included and have either original or electronic signature.**
- **Do not password protect the document**. Once indexed and inserted into the correct electronic case file, the document will be secured in compliance with the County's current security standards and a password. **Documents with password protection will not be accepted**.
- Each page in the PDF document should be rotated in the direction that will make it easiest to read on a computer monitor.
- Reports must be named and saved using the following naming convention:

  RO#_Report Name_Year-Month-Date (e.g., RO#5555_WorkPlan_2005-06-14)

Submission Instructions

1) Obtain User Name and Password
   a) Contact the Alameda County Environmental Health Department to obtain a User Name and Password to upload files to the ftp site.
      i) Send an e-mail to deh.loptoxic@acgov.org
   b) In the subject line of your request, be sure to include **"ftp PASSWORD REQUEST"** and in the body of your request, include the **Contact Information, Site Addresses**, and the **Case Numbers (RO# available in Geotracker) you will be posting for**.

2) Upload Files to the ftp Site
   a) Using Internet Explorer (IE4+), go to ftp://alcoftp1.acgov.org
      (i) Note: Netscape, Safari, and Firefox browsers will not open the FTP site as they are NOT being supported at this time.
   b) Click on Page located on the Command bar on upper right side of window, and then scroll down to Open FTP Site in Windows Explorer.
   c) Enter your User Name and Password. (Note: Both are Case Sensitive.)
   d) Open "My Computer" on your computer and navigate to the file(s) you wish to upload to the ftp site.
   e) With both "My Computer" and the ftp site open in separate windows, drag and drop the file(s) from "My Computer" to the ftp window.

3) Send E-mail Notifications to the Environmental Cleanup Oversight Programs
   a) Send email to deh.loptoxic@acgov.org notify us that you have placed a report on our ftp site.
   b) Copy your Caseworker on the e-mail. Your Caseworker's e-mail address is the entire first name then a period and entire last name @acgov.org. (e.g., firstname.lastname@acgov.org)
   c) The subject line of the e-mail must start with the RO# followed by **Report Upload**. (e.g., Subject: RO1234 Report Upload) If site is a new case without an RO#, use the street address instead.
   d) If your document meets the above requirements and you follow the submission instructions, you will receive a notification by email indicating that your document was successfully uploaded to the ftp site.

9-21-07

MONITORING SYSTEM CERTIFICATION

For Use By All Jurisdictions Within the State of California
Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

This form must be used to document testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

A. General Information

Facility Name: Oakland Valero Bldg. No.:
Site Address: 2225 Telegraph Ave City: Oakland Zip: 94612
Facility Contact Person: Sam Contact Phone No.: (510) 832-4000
Make/Model of Monitoring System: VEEDER ROOT TLS-350 Date of Testing/Servicing: 9/21/07

B. Inventory of Equipment Tested/Certified

Check the appropriate boxes to indicate specific equipment inspected/serviced:

Tank ID: T-2 Diesel 10K	Tank ID: T-3 Supreme 10K
☑ In-Tank Gauging Probe. Model: M4 T	☑ In-Tank Gauging Probe. Model: M4 T
☑ Annular Space or Vault Sensor. Model: 794390-408	☑ Annular Space or Vault Sensor. Model: 794390-408
☑ Piping Sump / Trench Sensor(s). Model: 794380-208	☑ Piping Sump / Trench Sensor(s). Model: 794380-208
☐ Fill Sump Sensor(s). Model:	☐ Fill Sump Sensor(s). Model:
☐ Mechanical Line Leak Detector. Model:	☐ Mechanical Line Leak Detector. Model:
☑ Electronic Line Leak Detector. Model: PLLD	☑ Electronic Line Leak Detector. Model: PLLD
☐ Tank Overfill / High-Level Sensor. Model:	☐ Tank Overfill / High-Level Sensor. Model:
☐ Other (specify equipment type and model in Section E on Page 2).	☐ Other (specify equipment type and model in Section E on Page 2).
Tank ID: T-1 Reg 10K	Tank ID:
☑ In-Tank Gauging Probe. Model: M4 T	☐ In-Tank Gauging Probe. Model:
☑ Annular Space or Vault Sensor. Model: 794390-408	☐ Annular Space or Vault Sensor. Model:
☑ Piping Sump / Trench Sensor(s). Model: 794380-208	☐ Piping Sump / Trench Sensor(s). Model:
☐ Fill Sump Sensor(s). Model:	☐ Fill Sump Sensor(s). Model:
☐ Mechanical Line Leak Detector. Model:	☐ Mechanical Line Leak Detector. Model:
☑ Electronic Line Leak Detector. Model: PLLD	☐ Electronic Line Leak Detector. Model:
☐ Tank Overfill / High-Level Sensor. Model:	☐ Tank Overfill / High-Level Sensor. Model:
☐ Other (specify equipment type and model in Section E on Page 2).	☐ Other (specify equipment type and model in Section E on Page 2).
Dispenser ID: #1 & #2	Dispenser ID: #7 & #8
☑ Dispenser Containment Sensor(s). Model: Veeder Root Stand Alone	☑ Dispenser Containment Sensor(s). Model: Veeder Root Stand Alone
☑ Shear Valve(s).	☑ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s).	☐ Dispenser Containment Float(s) and Chain(s).
Dispenser ID: #3 & #4	Dispenser ID:
☐ Dispenser Containment Sensor(s). Model: Veeder Root Stand Alone	☐ Dispenser Containment Sensor(s). Model:
☐ Shear Valve(s).	☐ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s).	☐ Dispenser Containment Float(s) and Chain(s).
Dispenser ID: #5 & #6	Dispenser ID:
☐ Dispenser Containment Sensor(s). Model: Veeder Root Stand Alone	☐ Dispenser Containment Sensor(s). Model:
☐ Shear Valve(s).	☐ Shear Valve(s).
☐ Dispenser Containment Float(s) and Chain(s).	☐ Dispenser Containment Float(s) and Chain(s).

*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

C. Certification - I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report; (check all that apply): ☐ System set-up ☑ Alarm history report

Technician Name (print): Bill Mundy Signature:
Certification No.: A-27483 Veeder Root License. No.: A-846288
Testing Company Name: U.S.T. Compliance Testing Phone No.: (925) 522-5401
Site Address: 2225 Telegraph Ave Date of Testing/Servicing: 9/21/07
CA REG. # 532786-CT

9-21-07

F. In-Tank Gauging / SIR Equipment:

☑ Check this box if tank gauging is used only for inventory control.
☐ Check this box if no tank gauging or SIR equipment is installed.

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

Complete the following checklist:

☐ Yes	☐ No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
☐ Yes	☐ No*	Were all tank gauging probes visually inspected for damage and residue buildup?
☐ Yes	☐ No*	Was accuracy of system product level readings tested?
☐ Yes	☐ No*	Was accuracy of system water level readings tested?
☐ Yes	☐ No*	Were all probes reinstalled properly?
☐ Yes	☐ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

* In the Section H, below, describe how and when these deficiencies were or will be corrected.

G. Line Leak Detectors (LLD): ☐ Check this box if LLDs are not installed.

Complete the following checklist:

☑ Yes	☐ No* ☐ N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? *(Check all that apply)* Simulated leak rate: ☑ 3 g.p.h.; ☐ 0.1 g.p.h ; ☐ 0.2 g.p.h.
☑ Yes	☐ No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
☑ Yes	☐ No*	Was the testing apparatus properly calibrated?
☐ Yes	☐ No* ☑ N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
☑ Yes	☐ No* ☐ N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
☑ Yes	☐ No* ☐ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
☑ Yes	☐ No* ☐ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
☑ Yes	☐ No* ☐ N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
☑ Yes	☐ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

* In the Section H, below, describe how and when these deficiencies were or will be corrected.

H. Comments: P.L.L.D. Electronic Line Leak Detector

9-21 07

D. Results of Testing/Servicing

Software Version Installed: _____

Complete the following checklist:

☒ Yes	☐ No*	Is the audible alarm operational?
☒ Yes	☐ No*	Is the visual alarm operational?
☒ Yes	☐ No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
☒ Yes	☐ No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
☐ Yes	☐ No* ☒ N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?
☒ Yes	☐ No* ☐ N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shut-down? *(Check all that apply)* ☒ Sump/Trench Sensors; ☐ Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? ☒ Yes; ☐ No.
☐ Yes	☐ No* ☒ N/A	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e. no mechanical overfill prevention valve is installed), is the overfill warning alarm visible and audible at the tank fill point(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger? _____ %
☐ Yes*	☒ No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below.
☐ Yes*	☒ No	Was liquid found inside any secondary containment systems designed as dry systems? *(Check all that apply)* ☐ Product; ☐ Water. If yes, describe causes in Section E, below.
☒ Yes	☐ No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
☒ Yes	☐ No*	Is all monitoring equipment operational per manufacturer's specifications?

* In Section E below, describe how and when these deficiencies were or will be corrected.

E. Comments:

_____

4.

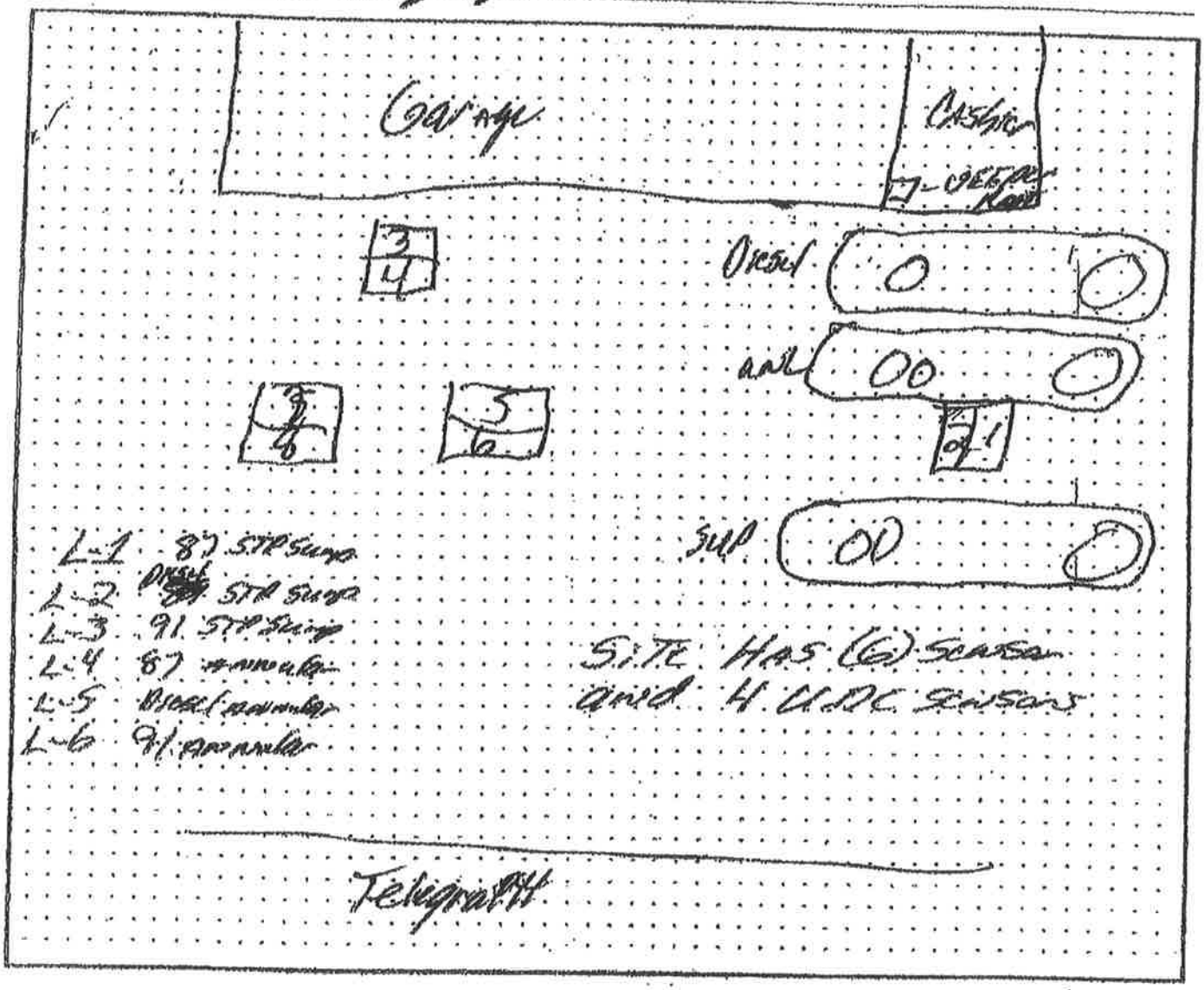
9-21-07

Oakland Clarion

Monitoring System Certification

UST Monitoring Site Plan

Site Address: 2225 Telegraph



Date map was drawn: ___/___/___.

Instructions

If you already have a diagram that shows all required information, you may include it, rather than this page, with your Monitoring System Certification. On your site plan, show the general layout of tanks and piping. Clearly identify locations of the following equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pans, spill containers, or other secondary containment areas; mechanical or electronic line leak detectors; and in-tank liquid level probes (if used for leak detection). In the space provided, note the date this Site Plan was prepared.

SWRCB, January 2006

Spill Bucket Testing Report Form

This form is intended for use by contractors performing annual testing of UST spill containment structures. The completed form and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION

Facility Name: Oakland Parks	Date of Testing: 9-21-07
Facility Address: 2225 Fitzgerald St	
Facility Contact: Lam	Phone: 510-832-9000
Date Local Agency Was Notified of Testing: 9-17-07	
Name of Local Agency Inspector *(if present during testing)*: Keith Mathews	

2. TESTING CONTRACTOR INFORMATION

Company Name:	U.S.T. Compliance Testing Inc.
Technician Conducting Test:	Tony Fontana
Credentials[1]:	☑ CSLB Contractor ☑ IEC Service Tech. ☐ SWRCB Tank Tester ☐ Other *(Specify)*
License Number(s):	846288. 1064273-UT

3. SPILL BUCKET TESTING INFORMATION

Test Method Used: ☐ Hydrostatic ☐ Vacuum ☐ Other

Test Equipment Used: IN-CON TS-STS — Equipment Resolution:

Identify Spill Bucket *(By Tank Number, Stored Product, etc.)*	1 Diesel	2 87	3 91	4
Bucket Installation Type:	☐ Direct Bury ☐ Contained in Sump	☐ Direct Bury ☐ Contained in Sump	☐ Direct Bury ☐ Contained in Sump	☐ Direct Bury ☐ Contained in Sump
Bucket Diameter:	10	10	10	
Bucket Depth:	13	13	13	
Wait time between applying vacuum/water and start of test:	5	Minutes		
Test Start Time (T_I):	12:01 pm	12:01 pm	12:21	
Initial Reading (R_I):	6.0254	5.9762	6.2110	
Test End Time (T_F):	12:16 pm	12:16 pm	12:36	
Final Reading (R_F):	6.0785	5.9755	6.2099	
Test Duration ($T_F - T_I$):	15 minutes	15 minutes	15 minutes	
Change in Reading ($R_F - R_I$):	.0009	.0007	.0011	
Pass/Fail Threshold or Criteria:	±.002	±.002	±.002	
Test Result:	☑ Pass ☐ Fail	☑ Pass ☐ Fail	☑ Pass ☐ Fail	☐ Pass ☐ Fail

Comments — *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

Good Tests

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements.

Technician's Signature: Bill Mc [illegible] Date: 9-21-07

[1] State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements may be more stringent.

9-17-08

MONITORING SYSTEM CERTIFICATION

For Use By All Jurisdictions Within the State of California
Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

This form must be used to document testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

A. General Information

Facility Name: Valero
Site Address: 2205 Telegraph Ave. City: Oakland Bldg. No.: ____ Zip: ____
Facility Contact Person: Lam Truong Contact Phone No.: (510) 832-4004
Make/Model of Monitoring System: Veeder Root TLS-350 Date of Testing/Servicing: 9/17/08

B. Inventory of Equipment Tested/Certified

Check the appropriate boxes to indicate specific equipment inspected/serviced:

Tank ID: 87
- ☐ In-Tank Gauging Probe. Model:
- ☒ Annular Space or Vault Sensor. Model: 794390-407
- ☒ Piping Sump / Trench Sensor(s). Model: 794380-206
- ☐ Fill Sump Sensor(s). Model:
- ☐ Mechanical Line Leak Detector. Model:
- ☒ Electronic Line Leak Detector. Model: V.R. PLLD
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID: 91
- ☐ In-Tank Gauging Probe. Model:
- ☒ Annular Space or Vault Sensor. Model: 794390-407
- ☒ Piping Sump / Trench Sensor(s). Model: 794380-208
- ☐ Fill Sump Sensor(s). Model:
- ☐ Mechanical Line Leak Detector. Model:
- ☒ Electronic Line Leak Detector. Model: V.R. PLLD
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID: Diesel
- ☐ In-Tank Gauging Probe. Model:
- ☒ Annular Space or Vault Sensor. Model:
- ☒ Piping Sump / Trench Sensor(s). Model:
- ☐ Fill Sump Sensor(s). Model:
- ☐ Mechanical Line Leak Detector. Model:
- ☒ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID:
- ☐ In-Tank Gauging Probe. Model:
- ☐ Annular Space or Vault Sensor. Model:
- ☐ Piping Sump / Trench Sensor(s). Model:
- ☐ Fill Sump Sensor(s). Model:
- ☐ Mechanical Line Leak Detector. Model:
- ☐ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Dispenser ID: 1-2
- ☒ Dispenser Containment Sensor(s). Model: 330212-001
- ☐ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 3-4
- ☒ Dispenser Containment Sensor(s). Model: 330212-001
- ☐ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 5-6
- ☒ Dispenser Containment Sensor(s). Model: 330212-001
- ☐ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 7-8
- ☒ Dispenser Containment Sensor(s). Model: 330212-001
- ☐ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID:
- ☐ Dispenser Containment Sensor(s). Model:
- ☐ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID:
- ☐ Dispenser Containment Sensor(s). Model:
- ☐ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

C. Certification

- I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report; *(check all that apply)*: ☒ System set-up ☒ ~~Alarm history~~ report Given to inspector

Technician Name (print): Tony Fontana Signature: [signature]
Certification No.: A23686 5069207-UT License. No.: 846208
Testing Company Name: U.S.T. Compliance Testing Inc Phone No.: (209) 555-4489
Site Address: 2205 Telegraph Ave Date of Testing/Servicing: 9/17/08

D. Results of Testing/Servicing

Software Version Installed: _____

Complete the following checklist:

☒ Yes	☐ No*	Is the audible alarm operational?
☒ Yes	☐ No*	Is the visual alarm operational?
☒ Yes	☐ No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
☒ Yes	☐ No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
☐ Yes	☐ No* ☒ N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?
☒ Yes	☐ No* ☐ N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shut-down? *(Check all that apply)* ☒ Sump/Trench Sensors; ☐ Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? ☒ Yes; ☐ No.
☐ Yes	☐ No* ☒ N/A	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e. no mechanical overfill prevention valve is installed), is the overfill warning alarm visible and audible at the tank fill point(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger? _____ %
☐ Yes*	☒ No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below.
☐ Yes*	☒ No	Was liquid found inside any secondary containment systems designed as dry systems? *(Check all that apply)* ☐ Product; ☐ Water. If yes, describe causes in Section E, below.
☒ Yes	☐ No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
☒ Yes	☐ No*	Is all monitoring equipment operational per manufacturer's specifications?

*** In Section E below, describe how and when these deficiencies were or will be corrected.**

E. Comments: _____

F. In-Tank Gauging / SIR Equipment:

☒ Check this box if tank gauging is used only for inventory control.
☐ Check this box if no tank gauging or SIR equipment is installed.

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

Complete the following checklist:

☐ Yes	☐ No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
☐ Yes	☐ No*	Were all tank gauging probes visually inspected for damage and residue buildup?
☐ Yes	☐ No*	Was accuracy of system product level readings tested?
☐ Yes	☐ No*	Was accuracy of system water level readings tested?
☐ Yes	☐ No*	Were all probes reinstalled properly?
☐ Yes	☐ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

*** In the Section H, below, describe how and when these deficiencies were or will be corrected.**

G. Line Leak Detectors (LLD):

☐ Check this box if LLDs are not installed.

Complete the following checklist:

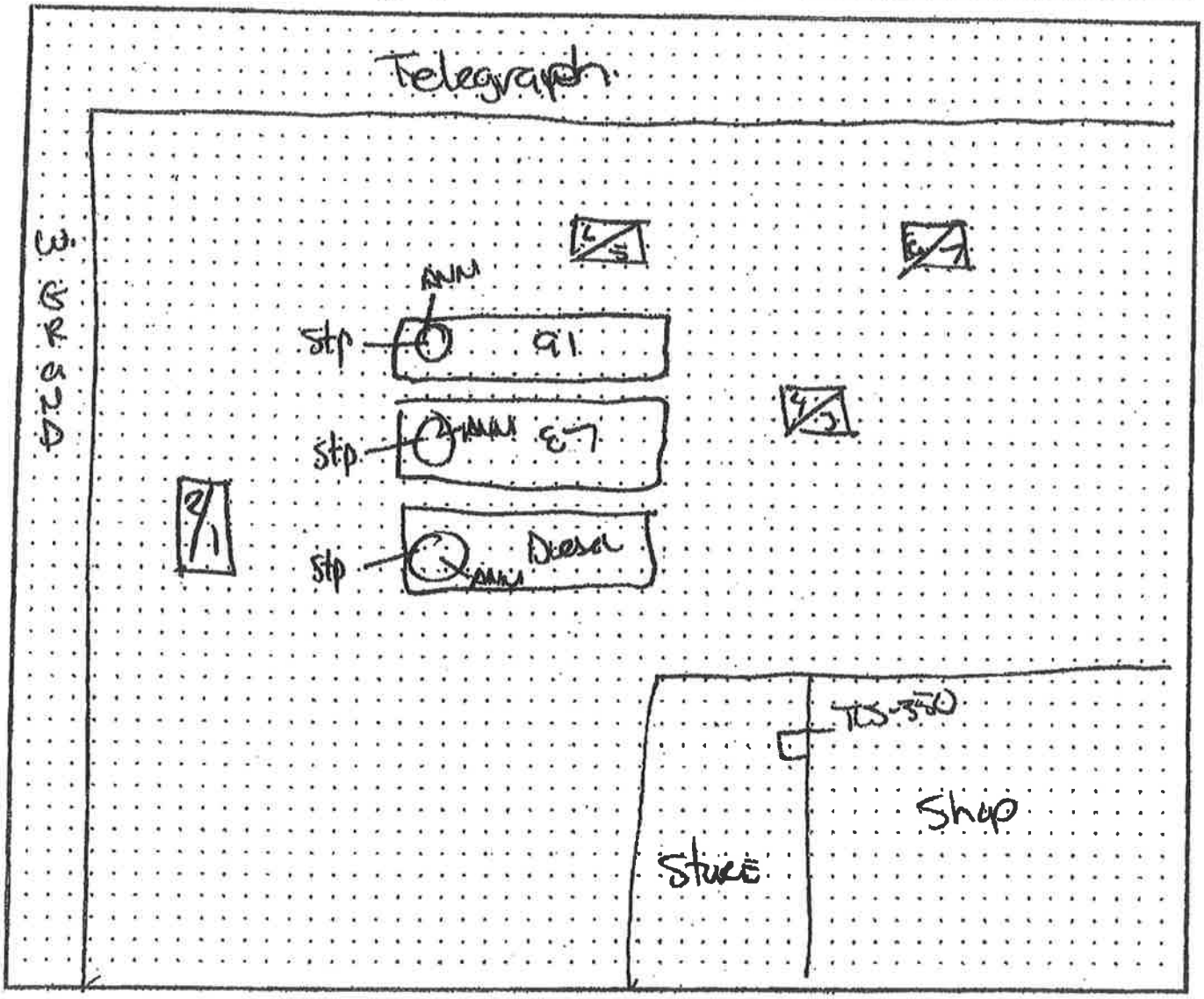
☒ Yes	☐ No* ☐ N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? *(Check all that apply)* Simulated leak rate: ☒ 3 g.p.h.; ☐ 0.1 g.p.h ; ☐ 0.2 g.p.h.
☒ Yes	☐ No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
☒ Yes	☐ No*	Was the testing apparatus properly calibrated?
☐ Yes	☐ No* ☒ N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
☒ Yes	☐ No* ☐ N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
☒ Yes	☐ No* ☐ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
☒ Yes	☐ No* ☐ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
☒ Yes	☐ No* ☐ N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
☒ Yes	☐ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

*** In the Section H, below, describe how and when these deficiencies were or will be corrected.**

H. Comments:

UST Monitoring Site Plan

Site Address: 3325 Telegraph



Date map was drawn: 9/17/08

Instructions

If you already have a diagram that shows all required information, you may include it, rather than this page, with your Monitoring System Certification. On your site plan, show the general layout of tanks and piping. Clearly identify locations of the following equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pans, spill containers, or other secondary containment areas; mechanical or electronic line leak detectors; and in-tank liquid level probes (if used for leak detection). In the space provided, note the date this Site Plan was prepared.

Spill Bucket Testing Report Form

This form is intended for use by contractors performing annual testing of UST spill containment structures. The completed form and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION

Facility Name: Valero	Date of Testing: 9-17-08
Facility Address: 2005 Telegraph	
Facility Contact: Cam Truong	Phone:
Date Local Agency Was Notified of Testing :	
Name of Local Agency Inspector *(if present during testing)*: Keith Mathews	

2. TESTING CONTRACTOR INFORMATION

Company Name:	U.S.T. Compliance Testing Inc.
Technician Conducting Test:	Tony Fontana
Credentials[1]:	☒ CSLB Contractor ☒ ICC Service Tech. ☐ SWRCB Tank Tester ☐ Other *(Specify)*
License Number(s): 846288	~~1064273~~-UT 5065227-UT

3. SPILL BUCKET TESTING INFORMATION

Test Method Used: ☒ Hydrostatic ☐ Vacuum ☐ Other

Test Equipment Used: ~~IN-CON TS-STS~~ Tape Measure — Equipment Resolution:

Identify Spill Bucket *(By Tank Number, Stored Product, etc.)*	1 87	2 91	3 Diesel	4
Bucket Installation Type:	☒ Direct Bury ☐ Contained in Sump	☒ Direct Bury ☐ Contained in Sump	☒ Direct Bury ☐ Contained in Sump	☐ Direct Bury ☐ Contained in Sump
Bucket Diameter:	12"	12"	12"	
Bucket Depth:	14"	14"	14"	
Wait time between applying vacuum/water and start of test:	0	0	0	
Test Start Time (T_I):	935	935	935	
Initial Reading (R_I):	4 1/2"	5 1/4	5"	
Test End Time (T_F):	1035	1035	1035	
Final Reading (R_F):	4 1/2"	5 1/4	5"	
Test Duration ($T_F - T_I$):	1hour	1hour	1hour	
Change in Reading ($R_F - R_I$):	-0	-0	-0	
Pass/Fail Threshold or Criteria:	-0	-0	-0	
Test Result:	☒ Pass ☐ Fail	☒ Pass ☐ Fail	☒ Pass ☐ Fail	☐ Pass ☐ Fail

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements.

Technician's Signature:  Date: 9-17-08

[1] State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements may be more stringent.

4-20-2009

MONITORING SYSTEM CERTIFICATION

For Use By All Jurisdictions Within the State of California

Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

This form must be used to document testing and servicing of monitoring equipment. ~~If more than one monitoring system control panel is installed at the facility, a~~ A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date. ~~Instructions are printed on the back of this page.~~

A. General Information

Facility Name: Valero

Site Address: 2885 Telegraph Ave Bldg. No.:

City: Oakland Zip: 94612

Facility Contact Person: Cam Truong Contact Phone No.: (510) 832-4000

Make/Model of Monitoring System: V.R. TLS-350 Date of Testing/Servicing: 4-20-09

B. Inventory of Equipment Tested/Certified

Check the appropriate boxes to indicate specific equipment inspected/serviced:

Tank ID: 87

- ☐ In-Tank Gauging Probe. Model:
- ☒ Annular Space or Vault Sensor. Model: 794390-407
- ☒ Piping Sump / Trench Sensor(s). Model: 794580-208
- ☐ Fill Sump Sensor(s). Model:
- ☐ Mechanical Line Leak Detector. Model:
- ☒ Electronic Line Leak Detector. Model: V.R. PLLD
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID: 91

- ☐ In-Tank Gauging Probe. Model:
- ☒ Annular Space or Vault Sensor. Model: 794390-407
- ☒ Piping Sump / Trench Sensor(s). Model: 794580-208
- ☐ Fill Sump Sensor(s). Model:
- ☐ Mechanical Line Leak Detector. Model:
- ☒ Electronic Line Leak Detector. Model: V.R. PLLD
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID: Diesel

- ☐ In-Tank Gauging Probe. Model:
- ☒ Annular Space or Vault Sensor. Model: 794390-407
- ☒ Piping Sump / Trench Sensor(s). Model: 794380-208
- ☐ Fill Sump Sensor(s). Model:
- ☐ Mechanical Line Leak Detector. Model:
- ☒ Electronic Line Leak Detector. Model: V.R. PLLD
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID:

- ☐ In-Tank Gauging Probe. Model:
- ☐ Annular Space or Vault Sensor. Model:
- ☐ Piping Sump / Trench Sensor(s). Model:
- ☐ Fill Sump Sensor(s). Model:
- ☐ Mechanical Line Leak Detector. Model:
- ☒ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Dispenser ID: 1-2

- ☒ Dispenser Containment Sensor(s). Model: V.R. 330226-001
- ☐ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

V.R. Standalone

Dispenser ID: 3-4

- ☒ Dispenser Containment Sensor(s). Model: -001
- ☐ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 5-6

- ☒ Dispenser Containment Sensor(s). Model: -001
- ☐ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 7-8

- ☒ Dispenser Containment Sensor(s). Model: -001
- ☐ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID:

- ☐ Dispenser Containment Sensor(s). Model:
- ☐ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID:

- ☐ Dispenser Containment Sensor(s). Model:
- ☐ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

C. Certification

I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Site Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report; *(check all that apply)*: ☐ System set-up ☐ Alarm history report

Technician Name (print): Tony Fontana Signature:

Certification No.: V.R. A23686 ICC 5289227-UT License No.: A-648288

Testing Company Name: U.S.T. Compliance Testing Inc. Phone No.: (209) 595-4489

Testing Company Address: P.O. Box 590 Ceres, CA 95307 Date of Testing/Servicing: 4-20-09

D. Results of Testing/Servicing

Software Version Installed: _____

Complete the following checklist:

☒ Yes	☐ No*	Is the audible alarm operational?
☒ Yes	☐ No*	Is the visual alarm operational?
☒ Yes	☐ No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
☒ Yes	☐ No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
☐ Yes	☐ No* ☒ N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g., modem) operational?
☒ Yes	☐ No* ☐ N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: -which sensors initiate positive shut-down? *(Check all that apply)* ☒ Sump/Trench Sensors; ☐ Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? ☒ Yes; ☐ No.
☐ Yes	☐ No* ☒ N/A	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e., no mechanical overfill prevention valve is installed), is the overfill warning alarm visible and audible at the tank fill point(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger? %
☐ Yes*	☒ No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below.
☐ Yes*	☒ No	Was liquid found inside any secondary containment systems designed as dry systems? *(Check all that apply)* ☐ Product; ☐ Water. If yes, describe causes in Section E, below.
☒ Yes	☐ No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
☒ Yes	☐ No*	Is all monitoring equipment operational per manufacturer's specifications?

*** In Section E below, describe how and when these deficiencies were or will be corrected.**

E. Comments:

F. In-Tank Gauging / SIR Equipment:

☒ Check this box if tank gauging is used only for inventory control.
☐ Check this box if no tank gauging or SIR equipment is installed.

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

Complete the following checklist:

☐ Yes	☐ No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
☐ Yes	☐ No*	Were all tank gauging probes visually inspected for damage and residue buildup?
☐ Yes	☐ No*	Was accuracy of system product level readings tested?
☐ Yes	☐ No*	Was accuracy of system water level readings tested?
☐ Yes	☐ No*	Were all probes reinstalled properly?
☐ Yes	☐ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

*** In Section H, below, describe how and when these deficiencies were or will be corrected.**

G. Line Leak Detectors (LLD):

☐ Check this box if LLDs are not installed.

Complete the following checklist:

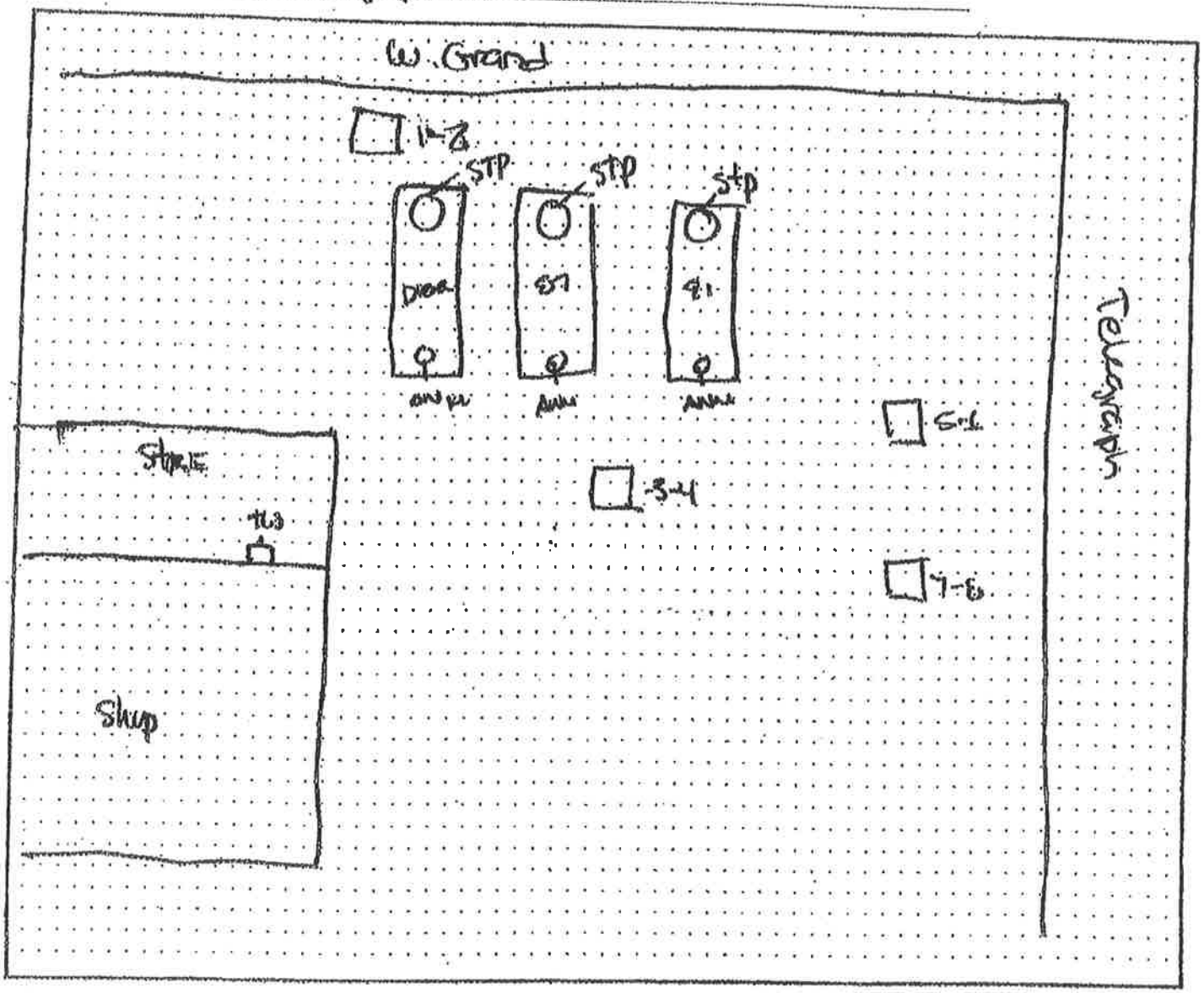
☒ Yes	☐ No* ☐ N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? *(Check all that apply)* Simulated leak rate: ☒ 3 g.p.h.; ☐ 0.1 g.p.h ; ☐ 0.2 g.p.h.
☒ Yes	☐ No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
☒ Yes	☐ No*	Was the testing apparatus properly calibrated?
☐ Yes	☐ No* ☒ N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
☒ Yes	☐ No* ☐ N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
☒ Yes	☐ No* ☐ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
☒ Yes	☐ No* ☐ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
☒ Yes	☐ No* ☐ N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
☒ Yes	☐ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

*** In Section H, below, describe how and when these deficiencies were or will be corrected.**

H. Comments:

UST Monitoring Site Plan

Site Address: 2005 Telegraph Ave.



Date map was drawn: 4/20/09

Instructions

If you already have a diagram that shows all required information, you may include it, rather than this page, with your Monitoring System Certification. On your site plan, show the general layout of tanks and piping. Clearly identify locations of the following equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pans, spill containers, or other secondary containment areas; mechanical or electronic line leak detectors; and in-tank liquid level probes (if used for leak detection). In the space provided, note the date this Site Plan was prepared.

SWRCB, January 2006

Spill Bucket Testing Report Form

This form is intended for use by contractors performing annual testing of UST spill containment structures. The completed form and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION

Facility Name: Valero	Date of Testing: 4-20-09
Facility Address: 2005 Telegraph	
Facility Contact: Lan Truong	Phone:
Date Local Agency Was Notified of Testing: 4-17-09	
Name of Local Agency Inspector *(if present during testing)*:	

2. TESTING CONTRACTOR INFORMATION

Company Name:	U.S.T. Compliance Testing Inc.
Technician Conducting Test:	Tony Fontana
Credentials[1]:	☒ CSLB Contractor ☒ ICC Service Tech. ☐ SWRCB Tank Tester ☐ Other *(Specify)*
License Number(s): 846288	~~1064273~~-UT 526221-UT

3. SPILL BUCKET TESTING INFORMATION

Test Method Used: ☒ Hydrostatic ☐ Vacuum ☐ Other

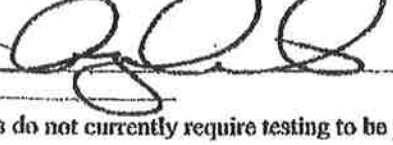
Test Equipment Used: ~~IN-CON TS-STS~~ Tape measure Equipment Resolution:

Identify Spill Bucket *(By Tank Number, Stored Product, etc.)*	1 87	2 91	3 Diesel	4
Bucket Installation Type:	☐ Direct Bury ☐ Contained in Sump	☒ Direct Bury ☐ Contained in Sump	☒ Direct Bury ☐ Contained in Sump	☐ Direct Bury ☐ Contained in Sump
Bucket Diameter:	12"	12"	12"	
Bucket Depth:	14"	14"	14"	
Wait time between applying vacuum/water and start of test:	0	0	0	
Test Start Time (T_I):	1030	1050	1050	
Initial Reading (R_I):	7 1/2	7 3/4	7 3/4	
Test End Time (T_F):	1130	1130	1130	
Final Reading (R_F):	7 1/2	7 3/4	7 3/4	
Test Duration ($T_F - T_I$):	1hour	1hour	1hour	
Change in Reading ($R_F - R_I$):	-0	-0	-0	
Pass/Fail Threshold or Criteria:	-0	-0	-0	
Test Result:	☒ Pass ☐ Fail	☒ Pass ☐ Fail	☒ Pass ☐ Fail	☐ Pass ☐ Fail

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements.

Technician's Signature:  Date: 4-20-09

[1] State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements may be more stringent.

4-19-10

MONITORING SYSTEM CERTIFICATION

For Use By All Jurisdictions Within the State of California
Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

This form must be used to document testing and servicing of monitoring equipment. ~~If more than one monitoring system control panel is installed at the facility, a~~ A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date. ~~Instructions are printed on the back of this page.~~

A. General Information

Facility Name: Valero Bldg. No.:
Site Address: 2225 Telegraph Ave City: Oakland Zip:
Facility Contact Person: Lam Truong Contact Phone No.: (510) 832-4000
Make/Model of Monitoring System: Veeder Root TLS-350 Date of Testing/Servicing: 4-19-2010

B. Inventory of Equipment Tested/Certified

Check the appropriate boxes to indicate specific equipment inspected/serviced:

Tank ID: 87

- [ ] In-Tank Gauging Probe. Model:
- [x] Annular Space or Vault Sensor. Model: 794390-409
- [x] Piping Sump / Trench Sensor(s). Model: 794380-208
- [ ] Fill Sump Sensor(s). Model:
- [ ] Mechanical Line Leak Detector. Model:
- [x] Electronic Line Leak Detector. Model: PLLD
- [ ] Tank Overfill / High-Level Sensor. Model:
- [ ] Other (specify equipment type and model in Section E on Page 2).

Tank ID: 91

- [ ] In-Tank Gauging Probe. Model:
- [x] Annular Space or Vault Sensor. Model: 794390-409
- [x] Piping Sump / Trench Sensor(s). Model: 794380-208
- [ ] Fill Sump Sensor(s). Model:
- [ ] Mechanical Line Leak Detector. Model:
- [x] Electronic Line Leak Detector. Model: PLLD
- [ ] Tank Overfill / High-Level Sensor. Model:
- [ ] Other (specify equipment type and model in Section E on Page 2).

Tank ID: Diesel

- [ ] In-Tank Gauging Probe. Model:
- [x] Annular Space or Vault Sensor. Model: 794390-409
- [x] Piping Sump / Trench Sensor(s). Model: 794380-208
- [ ] Fill Sump Sensor(s). Model:
- [ ] Mechanical Line Leak Detector. Model:
- [x] Electronic Line Leak Detector. Model: PLLD
- [ ] Tank Overfill / High-Level Sensor. Model:
- [ ] Other (specify equipment type and model in Section E on Page 2).

Tank ID:

- [ ] In-Tank Gauging Probe. Model:
- [ ] Annular Space or Vault Sensor. Model:
- [ ] Piping Sump / Trench Sensor(s). Model:
- [ ] Fill Sump Sensor(s). Model:
- [ ] Mechanical Line Leak Detector. Model:
- [ ] Electronic Line Leak Detector. Model:
- [ ] Tank Overfill / High-Level Sensor. Model:
- [ ] Other (specify equipment type and model in Section E on Page 2).

Dispenser ID: 1-2

- [x] Dispenser Containment Sensor(s). Model: V.R. 330212-001
- [ ] Shear Valve(s).
- [ ] Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 3-4

- [x] Dispenser Containment Sensor(s). Model: V.R. 330212-001
- [ ] Shear Valve(s).
- [ ] Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 5-6

- [x] Dispenser Containment Sensor(s). Model: V.R. 330212-001
- [ ] Shear Valve(s).
- [ ] Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 7-8

- [x] Dispenser Containment Sensor(s). Model: V.R. 330212-001
- [ ] Shear Valve(s).
- [ ] Dispenser Containment Float(s) and Chain(s).

Dispenser ID:

- [ ] Dispenser Containment Sensor(s). Model:
- [ ] Shear Valve(s).
- [ ] Dispenser Containment Float(s) and Chain(s).

Dispenser ID:

- [ ] Dispenser Containment Sensor(s). Model:
- [ ] Shear Valve(s).
- [ ] Dispenser Containment Float(s) and Chain(s).

*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

C. Certification

I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Site Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report; *(check all that apply)*: [x] System set-up [x] Alarm history report given to inspector

Technician Name (print): Tony Fontana Signature:
Certification No.: V.R. A23686 ICC 5289227-UT License No.: A-846286
Testing Company Name: U.S.T. Compliance Testing Inc. Phone No.: (209) 595-4489
Testing Company Address: P.O. Box 680 Ceres, CA 95307 Date of Testing/Servicing: 4-19-2010

D. Results of Testing/Servicing

Software Version Installed: _____

Complete the following checklist:

☒ Yes	☐ No*	Is the audible alarm operational?
☒ Yes	☐ No*	Is the visual alarm operational?
☒ Yes	☐ No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
☒ Yes	☐ No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
☐ Yes	☐ No* ☒ N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g., modem) operational?
☒ Yes	☐ No* ☐ N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: -which sensors initiate positive shut-down? *(Check all that apply)* ☒ Sump/Trench Sensors; ☐ Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? ☒ Yes; ☐ No.
☐ Yes	☐ No* ☒ N/A	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e., no mechanical overfill prevention valve is installed), is the overfill warning alarm visible and audible at the tank fill point(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger? %
☐ Yes*	☒ No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below.
☐ Yes*	☒ No	Was liquid found inside any secondary containment systems designed as dry systems? *(Check all that apply)* ☐ Product; ☐ Water. If yes, describe causes in Section E, below.
☒ Yes	☐ No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
☒ Yes	☐ No*	Is all monitoring equipment operational per manufacturer's specifications?

*** In Section E below, describe how and when these deficiencies were or will be corrected.**

E. Comments:

F. In-Tank Gauging / SIR Equipment: ☒ Check this box if tank gauging is used only for inventory control. ☐ Check this box if no tank gauging or SIR equipment is installed.

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

Complete the following checklist:

☐ Yes	☐ No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
☐ Yes	☐ No*	Were all tank gauging probes visually inspected for damage and residue buildup?
☐ Yes	☐ No*	Was accuracy of system product level readings tested?
☐ Yes	☐ No*	Was accuracy of system water level readings tested?
☐ Yes	☐ No*	Were all probes reinstalled properly?
☐ Yes	☐ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

*** In Section H, below, describe how and when these deficiencies were or will be corrected.**

G. Line Leak Detectors (LLD): ☐ Check this box if LLDs are not installed.

Complete the following checklist:

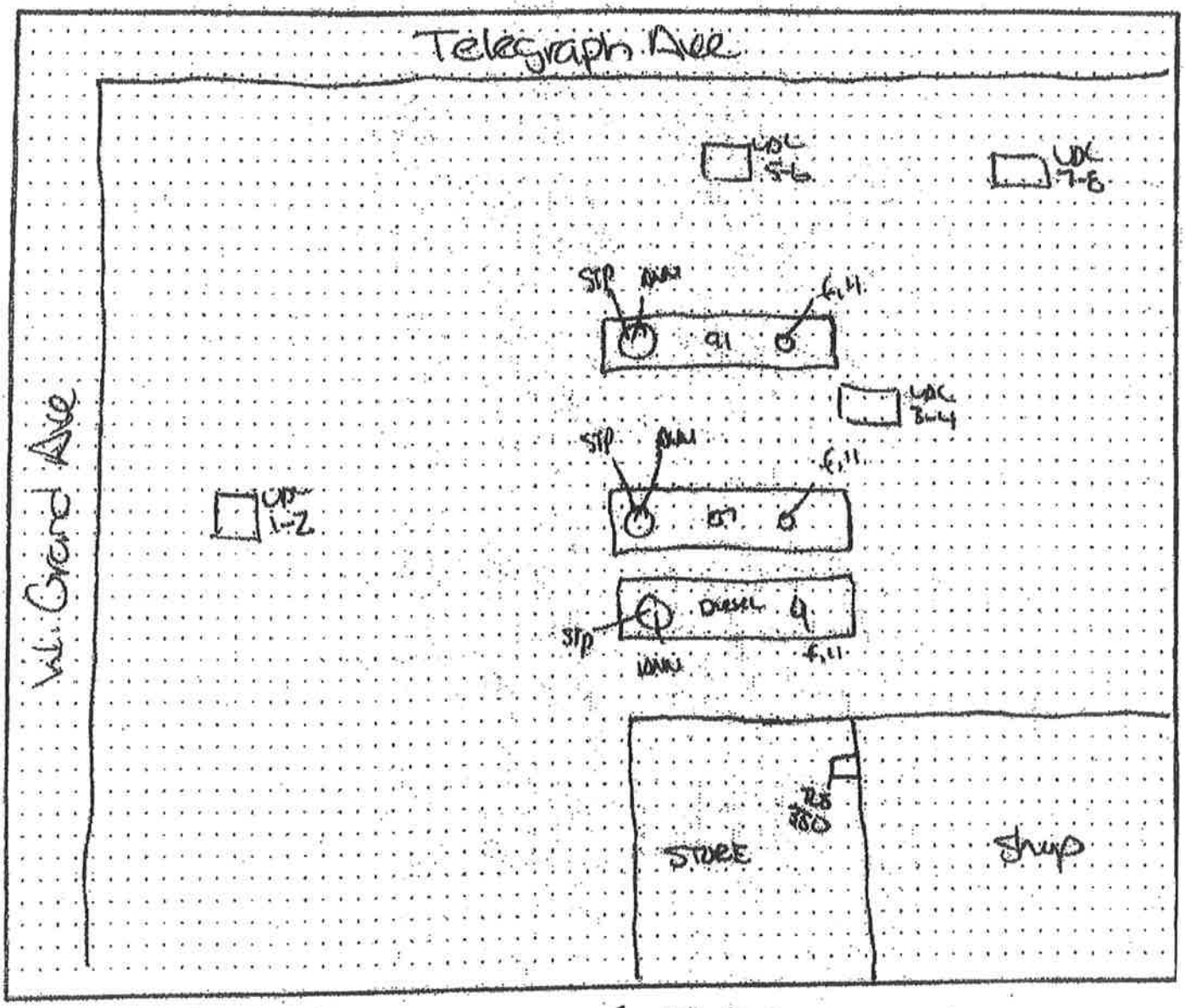
☒ Yes	☐ No* ☐ N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? *(Check all that apply)* Simulated leak rate: ☒ 3 g.p.h.; ☐ 0.1 g.p.h ; ☐ 0.2 g.p.h.
☒ Yes	☐ No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
☒ Yes	☐ No*	Was the testing apparatus properly calibrated?
☐ Yes	☐ No* ☒ N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
☒ Yes	☐ No* ☐ N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
☒ Yes	☐ No* ☐ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
☒ Yes	☐ No* ☐ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
☒ Yes	☐ No* ☐ N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
☒ Yes	☐ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

*** In Section H, below, describe how and when these deficiencies were or will be corrected.**

H. Comments:

UST Monitoring Site Plan

Site Address: Valero 3805 Telegraph Ave



Date map was drawn: 4/19/2010

Instructions

If you already have a diagram that shows all required information, you may include it, rather than this page, with your Monitoring System Certification. On your site plan, show the general layout of tanks and piping. Clearly identify locations of the following equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pans, spill containers, or other secondary containment areas; mechanical or electronic line leak detectors; and in-tank liquid level probes (if used for leak detection). In the space provided, note the date this Site Plan was prepared.

SWRCB, January 2006

Spill Bucket Testing Report Form

This form is intended for use by contractors performing annual testing of UST spill containment structures. The completed form and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION

Facility Name: Valero	Date of Testing: 4-19-2010
Facility Address: 7005 Telegraph Ave.	
Facility Contact: Lam Truong	Phone:
Date Local Agency Was Notified of Testing:	
Name of Local Agency Inspector *(If present during testing)*: Jesse Kuyers	

2. TESTING CONTRACTOR INFORMATION

Company Name:	U.S.T. Compliance Testing Inc.
Technician Conducting Test:	Tony Fontana
Credentials[1]:	x CSLB Contractor x ICC Service Tech. ☐ SWRCB Tank Tester ☐ Other *(Specify)*
License Number(s):	846288 ~~1064273-UT~~ 580227-UT

3. SPILL BUCKET TESTING INFORMATION

Test Method Used: x Hydrostatic ☐ Vacuum ☐ Other

Test Equipment Used: ~~INCON TS-STS~~ Tape Measure Equipment Resolution:

Identify Spill Bucket *(By Tank Number, Stored Product, etc.)*	1 87	2 91	3 Diesel	4
Bucket Installation Type:	☒ Direct Bury ☐ Contained in Sump	☒ Direct Bury ☐ Contained in Sump	☒ Direct Bury ☐ Contained in Sump	☐ Direct Bury ☐ Contained in Sump
Bucket Diameter:	12"	12"	12"	
Bucket Depth:	14"	14"	14"	
Wait time between applying vacuum/water and start of test:	0	0	0	
Test Start Time (T_I):	1200pm	1200pm	1200pm	
Initial Reading (R_I):	7 1/4"	7 1/2"	6 3/4"	
Test End Time (T_F):	200pm	200pm	200pm	
Final Reading (R_F):	7 1/4"	7 1/2"	6 3/4"	
Test Duration ($T_F - T_I$):	1hour	1hour	1hour	
Change in Reading ($R_F - R_I$):	-0	-0	-0	
Pass/Fail Threshold or Criteria:	-6	-0	-6	
Test Result:	☒ Pass ☐ Fail	☒ Pass ☐ Fail	☒ Pass ☐ Fail	☐ Pass ☐ Fail

Comments – *(Include information on repairs made prior to testing, and recommended follow-up for failed tests)*

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requiremen

Technician's Signature: _____ Date: 4-19-2010

[1] State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements may be more stringent.

4-13-11

MONITORING SYSTEM CERTIFICATION

For Use By All Jurisdictions Within the State of California

Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

This form must be used to document testing and servicing of monitoring equipment. ~~If more than one monitoring system control panel is installed at the facility, a separate certification or report must be prepared for each monitoring system control panel~~ by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date. ~~Instructions are printed on the back of this page.~~

A. General Information

Facility Name: Valero

Site Address: 2005 Telegraph Ave City: Oakland. Zip:

Facility Contact Person: Leon Trevino Contact Phone No.: (510) 652-4000

Make/Model of Monitoring System: Veeder Root TLS-350 Date of Testing/Servicing: 4-13-11

B. Inventory of Equipment Tested/Certified

Check the appropriate boxes to indicate specific equipment inspected/serviced:

Tank ID: 87

- ☐ In-Tank Gauging Probe. Model:
- ☒ Annular Space or Vault Sensor. Model: -409
- ☒ Piping Sump / Trench Sensor(s). Model: -208
- ☐ Fill Sump Sensor(s). Model:
- ☐ Mechanical Line Leak Detector. Model:
- ☒ Electronic Line Leak Detector. Model: PLLD
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID: 91

- ☐ In-Tank Gauging Probe. Model:
- ☒ Annular Space or Vault Sensor. Model: -409
- ☒ Piping Sump / Trench Sensor(s). Model: -208
- ☐ Fill Sump Sensor(s). Model:
- ☐ Mechanical Line Leak Detector. Model:
- ☒ Electronic Line Leak Detector. Model: PLLD
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID: Diesel

- ☐ In-Tank Gauging Probe. Model:
- ☒ Annular Space or Vault Sensor. Model: -409
- ☒ Piping Sump / Trench Sensor(s). Model: -208
- ☐ Fill Sump Sensor(s). Model:
- ☐ Mechanical Line Leak Detector. Model:
- ☒ Electronic Line Leak Detector. Model: PLLD
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Tank ID:

- ☐ In-Tank Gauging Probe. Model:
- ☐ Annular Space or Vault Sensor. Model:
- ☐ Piping Sump / Trench Sensor(s). Model:
- ☐ Fill Sump Sensor(s). Model:
- ☐ Mechanical Line Leak Detector. Model:
- ☐ Electronic Line Leak Detector. Model:
- ☐ Tank Overfill / High-Level Sensor. Model:
- ☐ Other (specify equipment type and model in Section E on Page 2).

Dispenser ID: 1-2

- ☒ Dispenser Containment Sensor(s). Model: 330392-001 V.2, STANDALONE
- ☐ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 3-4

- ☒ Dispenser Containment Sensor(s). Model: 330392-001
- ☐ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 5-6

- ☒ Dispenser Containment Sensor(s). Model: 330392-001
- ☐ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID: 7-8

- ☒ Dispenser Containment Sensor(s). Model: 330392-001
- ☐ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID:

- ☐ Dispenser Containment Sensor(s). Model:
- ☐ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

Dispenser ID:

- ☐ Dispenser Containment Sensor(s). Model:
- ☐ Shear Valve(s).
- ☐ Dispenser Containment Float(s) and Chain(s).

*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

C. Certification

I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Site Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report; *(check all that apply)*: ☒ System set-up ☒ Alarm history report

Technician Name (print): Tony Fontana Signature:

Certification No.: V.R. A23688 ICC 5289227-UT License No.: A-846288

Testing Company Name: U.S.T. Compliance Testing Inc. Phone No.: (209) 595-4489

Testing Company Address: P.O. Box 580 Ceres, CA 95307 Date of Testing/Servicing: 4-13-11

UN-036 – 1/6

D. Results of Testing/Servicing

Software Version Installed: _____

Complete the following checklist:

☒ Yes	☐ No*	Is the audible alarm operational?
☒ Yes	☐ No*	Is the visual alarm operational?
☒ Yes	☐ No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
☒ Yes	☐ No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
☐ Yes	☐ No* ☒ N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g., modem) operational?
☒ Yes	☐ No* ☐ N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: -which sensors initiate positive shut-down? *(Check all that apply)* ☒ Sump/Trench Sensors; ☐ Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? ☒ Yes; ☐ No.
☐ Yes	☐ No* ☒ N/A	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e., no mechanical overfill prevention valve is installed), is the overfill warning alarm visible and audible at the tank fill point(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger? %
☐ Yes*	☒ No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below.
☐ Yes*	☒ No	Was liquid found inside any secondary containment systems designed as dry systems? *(Check all that apply)* ☐ Product; ☐ Water. If yes, describe causes in Section E, below.
☒ Yes	☐ No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
☒ Yes	☐ No*	Is all monitoring equipment operational per manufacturer's specifications?

*** In Section E below, describe how and when these deficiencies were or will be corrected.**

E. Comments:

F. In-Tank Gauging / SIR Equipment:

☒ Check this box if tank gauging is used only for inventory control.
☐ Check this box if no tank gauging or SIR equipment is installed.

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

Complete the following checklist:

☐ Yes	☐ No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
☐ Yes	☐ No*	Were all tank gauging probes visually inspected for damage and residue buildup?
☐ Yes	☐ No*	Was accuracy of system product level readings tested?
☐ Yes	☐ No*	Was accuracy of system water level readings tested?
☐ Yes	☐ No*	Were all probes reinstalled properly?
☐ Yes	☐ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

*** In Section H, below, describe how and when these deficiencies were or will be corrected.**

G. Line Leak Detectors (LLD):

☐ Check this box if LLDs are not installed.

Complete the following checklist:

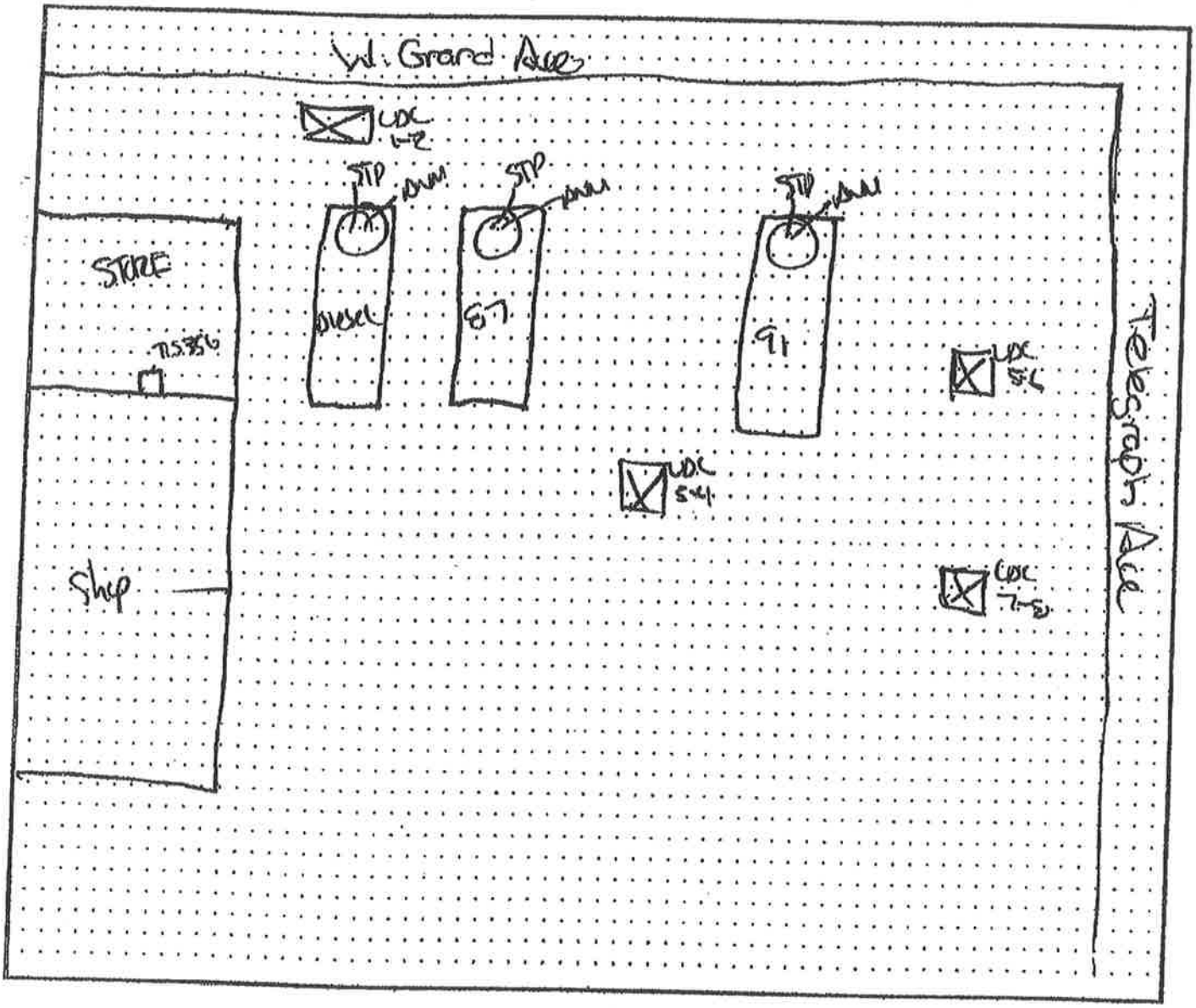
☒ Yes	☐ No* ☐ N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? *(Check all that apply)* Simulated leak rate: ☒ 3 g.p.h.; ☐ 0.1 g.p.h ; ☐ 0.2 g.p.h.
☒ Yes	☐ No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
☒ Yes	☐ No*	Was the testing apparatus properly calibrated?
☐ Yes	☐ No* ☒ N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
☒ Yes	☐ No* ☐ N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
☒ Yes	☐ No* ☐ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
☒ Yes	☐ No* ☐ N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
☒ Yes	☐ No* ☐ N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
☒ Yes	☐ No*	Were all items on the equipment manufacturer's maintenance checklist completed?

*** In Section H, below, describe how and when these deficiencies were or will be corrected.**

H. Comments:

UST Monitoring Site Plan

Site Address: 3305 Telegraph Ave. Oakland.



Date map was drawn: 4/13/11

Instructions

If you already have a diagram that shows all required information, you may include it, rather than this page, with your Monitoring System Certification. On your site plan, show the general layout of tanks and piping. Clearly identify locations of the following equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pans, spill containers, or other secondary containment areas; mechanical or electronic line leak detectors; and in-tank liquid level probes (if used for leak detection). In the space provided, note the date this Site Plan was prepared.

Spill Bucket Testing Report Form

This form is intended for use by contractors performing annual testing of UST spill containment structures. The completed form and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION

Facility Name: Valero	Date of Testing: 4-13-11
Facility Address: 2005 Telegraph Ave	
Facility Contact: Lam Truong.	Phone:
Date Local Agency Was Notified of Testing: 4-8-11	Email To Leroy Griffin
Name of Local Agency Inspector *(if present during testing)*:	

2. TESTING CONTRACTOR INFORMATION

Company Name:	U.S.T. Compliance Testing Inc.
Technician Conducting Test:	Tony Fontana
Credentials[1]:	x CSLB Contractor x ICC Service Tech. ☐ SWRCB Tank Tester ☐ Other *(Specify)*
License Number(s):	846288 1064273-UT

3. SPILL BUCKET TESTING INFORMATION

Test Method Used: x Hydrostatic ☐ Vacuum ☐ Other

Test Equipment Used: [redacted] Tape Measure — Equipment Resolution:

Identify Spill Bucket *(By Tank Number, Stored Product, etc.)*	1 87	2 91	3 Diesel	4
Bucket Installation Type:	x Direct Bury ☐ Contained in Sump	x Direct Bury ☐ Contained in Sump	x Direct Bury ☐ Contained in Sump	☐ Direct Bury ☐ Contained in Sump
Bucket Diameter:	12"	12"	12"	
Bucket Depth:	14"	14"	14"	
Wait time between applying vacuum/water and start of test:	0	0	0	
Test Start Time (T_I):	915	915	915	
Initial Reading (R_I):	7 3/4"	7 7/8"	7 3/4	
Test End Time (T_F):	1015	1015	1015	
Final Reading (R_F):	7 3/4"	7 7/8"	7 3/4	
Test Duration ($T_F - T_I$):	1hour	1hour	1hour	
Change in Reading ($R_F - R_I$):	-0	-0	-0	
Pass/Fail Threshold or Criteria:	-0	-0	-0	
Test Result:	x Pass ☐ Fail	x Pass ☐ Fail	x Pass ☐ Fail	☐ Pass ☐ Fail

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements.

Technician's Signature: _____ Date: 4-13-11

[1] State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements may be more stringent.

12 - 16 — 20 10

Secondary Containment Testing Report

This form is intended for use by inspection staff performing testing during installation of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed forms, written test procedures, and printouts from tests (if applicable), shall be used in evaluating the installation of new equipment and repairs to existing equipment.

1. FACILITY INFORMATION

Facility Name: Valero	Date of Testing: 12-16-10
Facility Address: 2805 Telegraph Ave.	
Facility Contact: Lam Truong	Phone:
Date Local Agency Was Notified of Testing: 12-13-10	
Name of Local Agency Inspector *(present during testing)*:	

2. TESTING CONTRACTOR INFORMATION

Company: U.S.T. Compliance Testing Inc.	
Technician Conducting Test: Tony Fontana / Bill McCarthy	
Credentials: x CSLB Licensed Contractor	x SWRCB Licensed Tank Tester
License Type: A Gen. Eng. #846288	License Number:

Contractor's Manufacturer Training

Manufacturer	Component(s)	Date Training Expires
In-Con	TS- STS	1-23-2012
ICC	TECH #5289227-UT	

3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
87 Stp Sump	☒	☐	☐	☐	UDC 1-2	☒	☐	☐	☐
91 STP Sump	☒	☐	☐	☐	UDC 3-4	☒	☐	☐	☐
Diesel Stp Sump	☒	☐	☐	☐	UDC 5-6	☒	☐	☐	☐
87 #1 prodline	☒	☐	☐	☐	UDC 7-8	☒	☐	☐	☐
87 #2 prodline	☒	☐	☐	☐		☐	☐	☐	☐
91 #1 prodline	☒	☐	☐	☐		☐	☐	☐	☐
91 #2 prodline	☒	☐	☐	☐		☐	☐	☐	☐
Diesel #1 prodline	☒	☐	☐	☐		☐	☐	☐	☐
Diesel #2 prodline	☒	☐	☐	☐		☐	☐	☐	☐
87 Annular	☒	☐	☐	☐		☐	☐	☐	☐
91 Annular	☒	☐	☐	☐		☐	☐	☐	☐
Diesel Annular	☒	☐	☐	☐		☐	☐	☐	☐

If hydrostatic testing was performed, describe what was done with the water after completion of tests:

Testing Solution tested with UST to reset test.

Inspector's Signature: [signature]

Date: 12-16-10

4. TANK ANNULAR TESTING

Test Method Developed By:	☐ Tank Manufacturer	☒ Industry Standard	☐ Professional Engineer	☐ Other *(Specify)*
Test Method Used:	☐ Pressure	☒ Vacuum	Hydrostatic	☐ Other *(Specify)*
Test Equipment Used: 0-30" Hg Vacuum Gauge			Equipment Resolution:	

	Tank # 1 -	Tank # 2 -	Tank # 3 -	Tank #
Is Tank Exempt From Testing?[1]	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No
Tank Capacity:	10K	10K	10K	
Tank Material:	DWF	DWF	DWF	
Tank Manufacturer:	?	?	?	
Product Stored:	87	91	Diesel	
Wait time between applying pressure/vacuum/water and starting test:	0	0	0	
Test Start Time:	940	1015	920	
Initial Reading (R_I):	10" Hg	10" Hg	10" Hg	
Test End Time:	1040	1115	1020	
Final Reading (R_F):	10" Hg	10" Hg	10" Hg	
Test Duration:	1 hour	1 hour	1 hour	
Change in Reading (R_F-R_I):	-0	-0	-0	
Pass/Fail Threshold or Criteria:	-0	-0	-0	
Test Result:	☒ Pass ☐ Fail	☒ Pass ☐ Fail	☒ Pass ☐ Fail	☐ Pass ☐ Fail
Was sensor removed for testing?	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Was sensor properly replaced and verified functional after testing?	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

[1] Secondary containment systems where the continuous monitoring automatically monitors both the primary and secondary containment, such as systems that are hydrostatically monitored or under constant vacuum, are exempt from periodic containment testing. {California Code of Regulations, Title 23, Section 2637(a)(6)}

5. SECONDARY PIPE TESTING

Test Method Developed By:	☐ Piping Manufacturer	☒ Industry Standard	☐ Professional Engineer	☐ Other *(Specify)*
Test Method Used:	☒ Pressure	☐ Vacuum	☐ Hydrostatic	☐ Other *(Specify)*
Test Equipment Used: 0-15 PSI Gauge			Equipment Resolution:	

	Piping Run # 1	Piping Run # 2	Piping Run # 3	Piping Run # 4
Piping Material:	Flex	Flex	Flex	Flex
Piping Manufacturer:	APT	APT	APT	APT
Piping Diameter:	1 1/2"	1 1/2"	1 1/2"	1 1/2"
Length of Piping Run: approx	150'	50'	150'	50'
Product Stored:	87	87	91	91
Method and location of piping-run isolation:	Reducing test boots in Sumps & UDC			
Wait time between applying pressure/vacuum/water and starting test:	0	0	0	0
Test Start Time:	850	850	900	900
Initial Reading (R_I):	5psi	5psi	5psi	5psi
Test End Time:	950	950	1000	1000
Final Reading (R_F):	5psi	5psi	5psi	5psi
Test Duration:	1hour	1hour	1hour	1hour
Change in Reading (R_F-R_I):	-0	-0	-0	-0
Pass/Fail Threshold or Criteria:	-0	-0	-0	-0
Test Result:	☒ Pass ☐ Fail	☒ Pass ☐ Fail	☒ Pass ☐ Fail	☒ Pass ☐ Fail

Comments – *(Include information on repairs made prior to testing, and recommended follow-up for failed tests)*

5. SECONDARY PIPE TESTING

Test Method Developed By:	☐ Piping Manufacturer	☒ Industry Standard	☐ Professional Engineer
	☐ Other *(Specify)*		
Test Method Used:	☒ Pressure	☐ Vacuum	☐ Hydrostatic
	☐ Other *(Specify)*		
Test Equipment Used: 0-15 PSI Gauge		Equipment Resolution:	

	Piping Run # 5	Piping Run # 6	Piping Run #	Piping Run #
Piping Material:	Flex	Flex		
Piping Manufacturer:	APT	APT		
Piping Diameter:	1½"	1½"		
Length of Piping Run:	100'	50'		
Product Stored:	Diesel	Diesel		
Method and location of piping-run isolation:	@ Reducers	test boots in Sumps + UDC's		
Wait time between applying pressure/vacuum/water and starting test:	0	0		
Test Start Time:	845	845		
Initial Reading (R_I):	5psi	5psi		
Test End Time:	945	945		
Final Reading (R_F):	5psi	5psi		
Test Duration:	1hour	1hour		
Change in Reading (R_F-R_I):	-0	-0		
Pass/Fail Threshold or Criteria:	-0	-0		
Test Result:	☒ Pass ☐ Fail	☒ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

6. PIPING SUMP TESTING

Test Method Developed By:	☐ Sump Manufacturer ☐ Other *(Specify)*	☐ Industry Standard	☒ Professional Engineer
Test Method Used:	☐ Pressure ☐ Other *(Specify)*	☐ Vacuum	☒ Hydrostatic
Test Equipment Used: In-Con TS-STS			Equipment Resolution:

	Sump # 1 - 87	Sump # 2 - 91	Sump # 3 - Desc	Sump #
Sump Diameter:	46"	46"	46"	
Sump Depth:	30"	29"	29"	
Sump Material:	Plastic	Plastic	Plastic	
Height from Tank Top to Top of Highest Piping Penetration:	7 1/2"	7 1/2"	7 1/2"	
Height from Tank Top to Lowest Electrical Penetration:	20"	20"	20"	
Condition of sump prior to testing:	OK	OK	OK	
Depth of Sump Tested	12"	12"	12"	
Does turbine shut down when sump sensor detects liquid (both product and water)?	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Turbine shutdown response time	5sec	5sec	5sec	
Is system programmed for fail-safe shutdown?	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Was fail-safe verified to be operational?	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Wait time between applying pressure/vacuum/water and starting test:	0	0	0	
Test Start Time:	941	1024	916	
Initial Reading (R_I):	2.6456	4.4174	2.1761	
Test End Time:	1001	1039	931	
Final Reading (R_F):	2.6447	4.4173	2.1752	
Test Duration:	15min	15min	15min	
Change in Reading (R_F-R_I):	-.0009	-.0001	-.0012	
Pass/Fail Threshold or Criteria:	-.002	-.002	-.002	
Test Result:	☒ Pass ☐ Fail	☒ Pass ☐ Fail	☒ Pass ☐ Fail	☐ Pass ☐ Fail
Was sensor removed for testing?	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Was sensor properly replaced and verified functional after testing?	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

P.S.D. and Fail safe verified at annual monitor cert.

7. UNDER-DISPENSER CONTAINMENT (UDC) TESTING

Test Method Developed By:	☐ UDC Manufacturer	☐ Industry Standard	☒ Professional Engineer
	☐ Other *(Specify)*		
Test Method Used:	☐ Pressure	☐ Vacuum	☒ Hydrostatic
	☐ Other *(Specify)*		
Test Equipment Used: In-Con TS-STS			Equipment Resolution:

	UDC # 1-2	UDC # 3-4	UDC # 5-6	UDC # 7-8
UDC Manufacturer:	Environ	Environ	Environ	Environ
UDC Material:	Plastic	Plastic	Plastic	Plastic
UDC Total Depth:	30"	30"	30"	30"
Height from UDC Bottom to Top of Highest Piping Penetration:	10"	10"	10"	10"
Height from UDC Bottom to Lowest Electrical Penetration:	12"	12"	12"	12"
Condition of UDC prior to testing:	O.K.	O.K	O.K	O.K
Depth of UDC Tested	12"	12"	12"	12"
Does turbine shut down when UDC sensor detects liquid (both product and water)?*	☐ Yes ☒ No ☐ NA	☐ Yes ☒ No ☐ NA	☐ Yes ☒ No ☐ NA	☐ Yes ☒ No ☐ NA
Turbine shutdown response time	Sensors in UDC's shut down Dispenser power.			
Is system programmed for fail-safe shutdown?*	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA
Was fail-safe verified to be operational?*	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA	☐ Yes ☐ No ☒ NA
Wait time between applying pressure/vacuum/water and starting test	0	0	0	0
Test Start Time:	1245	1245	1209	1209
Initial Reading (R_I):	2.9680	3.5376	2.4326	.3107
Test End Time:	100	100	1224	1224
Final Reading (R_F):	2.9685	3.5361	2.4310	.3112
Test Duration:	15 MIN	15 MIN	15 MIN	15 MIN
Change in Reading (R_F-R_I):	-.0005	-.0017	-.0016	+.0005
Pass/Fail Threshold or Criteria:	-.002	-.002	-.002	-.002
Test Result:	☒ Pass ☐ Fail	☒ Pass ☐ Fail	☒ Pass ☐ Fail	☒ Pass ☐ Fail
Was sensor removed for testing?	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA
Was sensor properly replaced ~~and verified functional~~ after testing?	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA	☒ Yes ☐ No ☐ NA

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

8. FILL RISER CONTAINMENT SUMP TESTING

Facility is Not Equipped With Fill Riser Containment Sumps ☒			
Test Method Developed By:	☐ Sump Manufacturer	☐ Industry Standard	☐ Professional Engineer
	☐ Other *(Specify)*		
Test Method Used:	☐ Pressure	☐ Vacuum	☐ Hydrostatic
	☐ Other *(Specify)*		
Test Equipment Used: In-Con TS-STS		Equipment Resolution:	

	Fill Sump #	Fill Sump #	Fill Sump #	Fill Sump #
Sump Diameter:				
Sump Depth:				
Height from Tank Top to Top of Highest Piping Penetration:				
Height from Tank Top to Lowest Electrical Penetration:				
Condition of sump prior to testing:				
Depth of Sump Tested				
Sump Material:				
Wait time between applying pressure/vacuum/water and starting test:				
Test Start Time:				
Initial Reading (R_I):				
Test End Time:				
Final Reading (R_F):				
Test Duration:				
Change in Reading (R_F-R_I):				
Pass/Fail Threshold or Criteria:				
Test Result:	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail
Is there a sensor in the sump?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Does the sensor alarm when either product or water is detected?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Was sensor removed for testing?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Was sensor properly replaced and verified functional after testing?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

No-fill Sumps

12-17-07

SWRCB, January 2002 Page ____ of ____

Secondary Containment Testing Report Form

This form is intended for use by contractors performing periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION

Facility Name:	Oakland Union	Date of Testing:	12-17-07
Facility Address:	2225 Telegraph Ave	Oakland	CA 94612
Facility Contact:	Lam Thuong	Phone:	510-832-4800
Date Local Agency Was Notified of Testing:	12-14-07	Ke. Ha Matthews	
Name of Local Agency Inspector (*if present during testing*):	N/A		

2. TESTING CONTRACTOR INFORMATION

Company Name:	U.S.T. Compliance Testing		
Technician Conducting Test:	Bill McCarthy		
Credentials:	☑ CSLB Licensed Contractor	☐ SWRCB Licensed Tank Tester	
License Type:	A-346288	License Number:	Test #5302786-07

Manufacturer Training

Manufacturer	Component(s)	Date Training Expires
JM Cow	75-575 System	8-15-08

3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
Diesel Annular	☑	☐	☐	☐	U.D.C #1 & #2	☑	☐	☐	☐
Diesel Piping Sump	☑	☐	☐	☐	U.D.C #3 & #4	☐	☐	☑	☐
Diesel Secondary Line #1	☑	☐	☐	☐	U.D.C #5 & #6	☑	☐	☐	☐
Diesel Secondary Line #2	☑	☐	☐	☐	U.D.C #7 & #8	☑	☐	☐	☐
Unleaded Annular	☑	☐	☐	☐		☐	☐	☐	☐
Unl. Piping Sump	☑	☐	☐	☐		☐	☐	☐	☐
Unl. Secondary Line #1	☑	☐	☐	☐		☐	☐	☐	☐
Unl. Secondary Line #2	☐	☑	☐	☐		☐	☐	☐	☐
Supreme Annular	☑	☐	☐	☐		☐	☐	☐	☐
Supreme Piping Sump	☑	☐	☐	☐		☐	☐	☐	☐
Supreme Secondary Line #2	☑	☐	☐	☐		☐	☐	☐	☐
Supreme Secondary Line #2	☑	☐	☐	☐		☐	☐	☐	☐

If hydrostatic testing was performed, describe what was done with the water after completion of tests:

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements

Technician's Signature: William A McCarthy Date: 12-17-07

Secondary Containment Testing Report Form

This form is intended for use by contractors performing periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

1. FACILITY INFORMATION

Facility Name:	Oakland Waters	Date of Testing:	12-17-07
Facility Address:	2225 Telegraph Ave	Oakland	CA 94612
Facility Contact:	Lam Truong	Phone:	510-832-4888
Date Local Agency Was Notified of Testing:	12-14-07	Ke. Ha	Matthews
Name of Local Agency Inspector *(if present during testing)*:	N/A		

2. TESTING CONTRACTOR INFORMATION

Company Name:	U.S.T. Compliance Testing		
Technician Conducting Test:	Bill McCabe	Tony Fontana	
Credentials:	☐ CSLB Licensed Contractor	☐ SWRCB Licensed Tank Tester	
License Type:	A-946288	License Number:	Ref #530278647

Manufacturer Training

Manufacturer	Component(s)	Date Training Expires
Incon	TS-STS Sensor	8-15-08

3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
Diesel Annular	☑	☐	☐	☐	U.D.C #2 #2	☑	☐	☐	☐
Diesel Piping Sump	☑	☐	☐	☐	U.D.C #3 #4	☐	☐	☑	☐
Diesel Secondary Line #2	☑	☐	☐	☐	U.D.C #5 #6	☑	☐	☐	☐
Diesel Secondary Line #2	☑	☐	☐	☐	U.D.C #7 #8	☑	☐	☐	☐
Unleaded Annular	☑	☐	☐	☐		☐	☐	☐	☐
Unl. Piping Sump	☑	☐	☐	☐	* Repair & Retest	☐	☐	☐	☐
Unl Secondary Line #1	☑	☐	☐	☐	ON 12-21-07	☐	☐	☐	☐
Unl Secondary Line #2	☐	☑	☐	☐	K	☐	☐	☐	☐
Supreme Annular	☑	☐	☐	☐	Unl Secondary Line #2	☑	☐	☐	☑ RST 12-27
Supreme Piping Sump	☑	☐	☐	☐	U.D.C #3 #4	☑	☐	☐	☐
Supreme Secondary Line #2	☑	☐	☐	☐		☐	☐	☐	☐
Supreme Secondary Line #2	☑	☐	☐	☐		☐	☐	☐	☐

If hydrostatic testing was performed, describe what was done with the water after completion of tests:

CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements

Technician's Signature: William A Mc Cabe Date: 12-17-07

4. TANK ANNULAR TESTING

Test Method Developed By:	☐ Tank Manufacturer ☑ Industry Standard ☐ Professional Engineer ☐ Other *(Specify)*		
Test Method Used:	☐ Pressure ☑ Vacuum ☐ Hydrostatic ☐ Other *(Specify)*		
Test Equipment Used: 0 to 15 Vacuum Gauge		Equipment Resolution:	

	Tank # Diesel	Tank # unl	Tank # Supreme	Tank #
Is Tank Exempt From Testing?[1]	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Tank Capacity:	10K	10K	10K	
Tank Material:	Fiberglass	Fiberglass	Fiberglass	
Tank Manufacturer:	Owens	Owens	Owens	
Product Stored:	Diesel	unl	Supreme	
Wait time between applying pressure/vacuum/water and starting test:	5 minutes			
Test Start Time:	10:00 am	12:30 pm	12:30 pm	
Initial Reading (R_I):	10.0 Hg	10.0 Hg	10.0 Hg	
Test End Time:	11:00 am	1:30 pm	1:30 pm	
Final Reading (R_F):	10.0 Hg	10.0 Hg	10.0 Hg	
Test Duration:	1-Hour	1-Hour	1-Hour	
Change in Reading (R_F-R_I):	0	0	0	
Pass/Fail Threshold or Criteria:	0	0	0	
Test Result:	☑ Pass ☐ Fail	☑ Pass ☐ Fail	☑ Pass ☐ Fail	☐ Pass ☐ Fail
Was sensor removed for testing?	☐ Yes ☑ No ☐ NA	☐ Yes ☑ No ☐ NA	☐ Yes ☑ No ☐ NA	☐ Yes ☐ No ☐ NA
Was sensor properly replaced and verified functional after testing?	☐ Yes ☐ No ☑ NA	☐ Yes ☐ No ☑ NA	☐ Yes ☐ No ☑ NA	☐ Yes ☐ No ☐ NA

Comments — *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

Good Tests

[1] Secondary containment systems where the continuous monitoring automatically monitors both the primary and secondary containment, such as systems that are hydrostatically monitored or under constant vacuum, are exempt from periodic containment testing. {California Code of Regulations, Title 23, Section 2637(a)(6)}

5. SECONDARY PIPE TESTING

Test Method Developed By:	☒ Piping Manufacturer	☐ Industry Standard	☐ Professional Engineer
	☐ Other *(Specify)*		
Test Method Used:	☒ Pressure	☐ Vacuum	☐ Hydrostatic
	☐ Other *(Specify)*		
Test Equipment Used:		Equipment Resolution:	

	Piping Run #Sump #2	Piping Run #Sump #2	Piping Run #	Piping Run #
Piping Material:	Plastic	Plastic		
Piping Manufacturer:	Environ	Environ		
Piping Diameter:	1½"	1½"		
Length of Piping Run:	20'	60'		
Product Stored:	Supreme	Supreme		
Method and location of piping-run isolation:	Test Boots	Test Boots		
Wait time between applying pressure/vacuum/water and starting test:	5 minutes	5 minutes		
Test Start Time:	1:10 pm	1:10 pm		
Initial Reading (R_I):	5.0 PSI	5.0 PSI		
Test End Time:	2:10 pm	2:10 pm		
Final Reading (R_F):	5.0 PSI	5.0 PSI		
Test Duration:	1 Hour	1 Hour		
Change in Reading (R_F-R_I):	0	0		
Pass/Fail Threshold or Criteria:	0	0		
Test Result:	☒ Pass ☐ Fail	☒ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail

Comments — *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

5. SECONDARY PIPE TESTING

Test Method Developed By:	☑ Piping Manufacturer	☐ Industry Standard	☐ Professional Engineer
	☐ Other *(Specify)*		
Test Method Used:	☑ Pressure	☐ Vacuum	☐ Hydrostatic
	☐ Other *(Specify)*		
Test Equipment Used:		Equipment Resolution:	12-21-07

	Piping Run #Sup #2	Piping Run #Sup #2	Piping Run #	Piping Run #Unl #2
Piping Material:	Plastic	Plastic		Plastic
Piping Manufacturer:	Environ	Environ	Boot Repair	Environ
Piping Diameter:	1½"	1½"	& Retest	1½"
Length of Piping Run:	20'	60'	12-21-07→	60'
Product Stored:	Supreme	Supreme		Unl
Method and location of piping-run isolation:	Test Boots	Test Boots		Test Boots
Wait time between applying pressure/vacuum/water and starting test:	5 minutes	5 minutes		5 minutes
Test Start Time:	1:10 pm	1:10 pm		9:15 am
Initial Reading (R_I):	5.0 PSI	5.0 PSI		5.0 PSI
Test End Time:	2:10 pm	2:10 pm		10:15 am
Final Reading (R_F):	5.0 PSI	5.0 PSI		5.0 PSI
Test Duration:	1-Hour	1-Hour		1-Hour
Change in Reading (R_F-R_I):	0	0		0
Pass/Fail Threshold or Criteria:	0	0		0
Test Result:	☑ Pass ☐ Fail	☑ Pass ☐ Fail	☐ Pass ☐ Fail	☑ Pass ☐ Fail

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

Note – on December 21st we Installed new Test Boot in U.D.C #3 #4 & Retested Unl #2 Line – Test Passed.

5. SECONDARY PIPE TESTING

Test Method Developed By:	☒ Piping Manufacturer	☐ Industry Standard	☐ Professional Engineer	
	☐ Other *(Specify)*			
Test Method Used:	☒ Pressure	☐ Vacuum	☐ Hydrostatic	
	☐ Other *(Specify)*			
Test Equipment Used:	0 TO 15 PSI Gauges		Equipment Resolution:	

	Piping Run # OSL #1	Piping Run # OSL #2	Piping Run # Unl #1	Piping Run # Unl #2
Piping Material:	Plastic	Plastic	Plastic	Plastic
Piping Manufacturer:	Environ	Environ	Environ	Environ
Piping Diameter:	1½"	1½"		
Length of Piping Run:	15'	60'	15'	60'
Product Stored:	Diesel #1	Diesel #2	Unl #1	Unl #2
Method and location of piping-run isolation:	Test Boots	Test Boots	Test Boots	Test Boots
Wait time between applying pressure/vacuum/water and starting test:	5 minutes	5 minutes	5 minutes	5 minutes
Test Start Time:	9:45 am	9:45 am	11:15 am	11:15 am
Initial Reading (R_I):	5.0 PSI	5.0 PSI	5.0 PSI	5.0 PSI
Test End Time:	10:45 am	10:45 am	12:15 pm	12:15 pm
Final Reading (R_F):	5.0 PSI	5.0 PSI	5.0 PSI	0
Test Duration:	1-Hour	1-Hour	1-Hour	10 minutes
Change in Reading (R_F-R_I):	0	0	0	5 PSI
Pass/Fail Threshold or Criteria:	0	0	0	±0
Test Result:	☒ Pass ☐ Fail	☒ Pass ☐ Fail	☒ Pass ☐ Fail	☐ Pass ☒ Fail *

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

Lines → OSL #1 TO Dispenser #2 #2
OSL #2 TO Dispensers #3 #4, #5 #6, #7 #8
Unl #1 TO Dispenser #2 #2
Unl #2 TO Dispensers #3 #4 #5 #6 #7 #8
Supreme #2 TO Dispenser #1 #2
Supreme #2 TO Dispenser #3 #4 #5 #6 #7 #8

TOTAL Six Lines at Facility

NOTE – Unleaded #2 Failed Due TO Test Boot in Dispenser #3 #4 (Need to Replace)

6. PIPING SUMP TESTING

Test Method Developed By:	☐ Sump Manufacturer	☐ Industry Standard	☑ Professional Engineer	
	☐ Other *(Specify)*			
Test Method Used:	☐ Pressure	☐ Vacuum	☑ Hydrostatic	
	☐ Other *(Specify)*			
Test Equipment Used:	Tri-Con TS-STS System		Equipment Resolution:	

	Sump # RSL	Sump # UNC	Sump # Sump	Sump #
Sump Diameter:	48"	48"	48"	
Sump Depth:	28"	29"	29"	
Sump Material:	Plastic	Plastic	Plastic	
Height from Tank Top to Top of Highest Piping Penetration:	6"	5"	6½"	
Height from Tank Top to Lowest Electrical Penetration:	18"	19"	20"	
Condition of sump prior to testing:	Good	Good	Good	
Portion of Sump Tested[1]	12"	12½"	12"	
Does turbine shut down when sump sensor detects liquid (both product and water)?*	☑ Yes ☐ No ☐ NA	☑ Yes ☐ No ☐ NA	☑ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Turbine shutdown response time	2 Seconds	2 Seconds	2 Seconds	
Is system programmed for fail-safe shutdown?*	☑ Yes ☐ No ☐ NA	☑ Yes ☐ No ☐ NA	☑ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Was fail-safe verified to be operational?*	☐ Yes ☑ No ☐ NA	☐ Yes ☑ No ☐ NA	☐ Yes ☑ No ☐ NA	☐ Yes ☐ No ☐ NA
Wait time between applying pressure/vacuum/water and starting test:	5 minutes	5 minutes	5 minutes	
Test Start Time:	10:10 AM	11:05	12:01	
Initial Reading (R_I):	4.3278	3.1217	5.9873	
Test End Time:	10:25 AM	11:20	12:16	
Final Reading (R_F):	4.3267	3.1210	5.9870	
Test Duration:	15 minutes	15 minutes	15 minutes	
Change in Reading (R_F-R_I):	-.0011	-.0007	-.0003	
Pass/Fail Threshold or Criteria:	±.002	±.002	±.002	
Test Result:	☑ Pass ☐ Fail	☑ Pass ☐ Fail	☑ Pass ☐ Fail	☐ Pass ☐ Fail
Was sensor removed for testing?	☑ Yes ☐ No ☐ NA	☑ Yes ☐ No ☐ NA	☑ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Was sensor properly replaced and verified functional after testing?	☐ Yes ☐ No ☑ NA	☐ Yes ☐ No ☑ NA	☐ Yes ☐ No ☑ NA	☐ Yes ☐ No ☐ NA

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

All Test were performed at Original Point Lines in Sumps

[1] If the entire depth of the sump is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire sump must be tested. (See SWRCB LG-160)

7. UNDER-DISPENSER CONTAINMENT (UDC) TESTING

Test Method Developed By:	☐ UDC Manufacturer	☐ Industry Standard	☑ Professional Engineer	
	☐ Other *(Specify)*			
Test Method Used:	☐ Pressure	☐ Vacuum	☑ Hydrostatic	
	☐ Other *(Specify)*			
Test Equipment Used: Tru-Com TS-575 System			Equipment Resolution:	

	UDC # 1&2	UDC # 3&4	UDC # 5&6	UDC # 7&8
UDC Manufacturer:	Environ	Environ	Environ	Environ
UDC Material:	Plastic	Plastic	Plastic	Plastic
UDC Depth:	24"	24"	24"	24"
Height from UDC Bottom to Top of Highest Piping Penetration:	7"		8"	6½"
Height from UDC Bottom to Lowest Electrical Penetration:	9		8	7½"
Condition of UDC prior to testing:	Good		Good	Good
Portion of UDC Tested[1]	13"	N/A		
Does turbine shut down when UDC sensor detects liquid (both product and water)?*	☐ Yes ☑ No ☐ NA	☐ Yes ☑ No ☐ NA	☐ Yes ☑ No ☐ NA	☐ Yes ☑ No ☐ NA
Turbine shutdown response time	N/A	N/A	N/A	N/A
Is system programmed for fail-safe shutdown?*	☐ Yes ☐ No ☑ NA	☐ Yes ☐ No ☑ NA	☐ Yes ☐ No ☑ NA	☐ Yes ☐ No ☑ NA
Was fail-safe verified to be operational?*	☐ Yes ☐ No ☑ NA	☐ Yes ☐ No ☑ NA	☐ Yes ☐ No ☑ NA	☐ Yes ☐ No ☑ NA
Wait time between applying pressure/vacuum/water and starting test	5 minutes		5 minutes	5 minutes
Test Start Time:	12:49		1:46	2:48
Initial Reading (R_I):	2.6791		3.3563	2.1474
Test End Time:	1:04		2:01	3:03
Final Reading (R_F):	2.6781		3.3560	2.1460
Test Duration:	15 minutes		15 minutes	15 minutes
Change in Reading (R_F-R_I):	-.001		-.0003	-.0014
Pass/Fail Threshold or Criteria:	±.002		±.002	±.002
Test Result:	☑ Pass ☐ Fail	☐ Pass ☐ Fail	☑ Pass ☐ Fail	☑ Pass ☐ Fail
Was sensor removed for testing?	☑ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☑ Yes ☐ No ☐ NA	☑ Yes ☐ No ☐ NA
Was sensor properly replaced and verified functional after testing?	☑ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☑ Yes ☐ No ☐ NA	☑ Yes ☐ No ☐ NA

Comments – *(Include information on repairs made prior to testing, and recommended follow-up for failed tests)*

Note- Did not test UDC #3&4 due to Turn Boot- Need to Replace Boot

[1] If the entire depth of the UDC is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire UDC must be tested. (See SWRCB LG-160)

7. UNDER-DISPENSER CONTAINMENT (UDC) TESTING

Test Method Developed By:	☐ UDC Manufacturer	☐ Industry Standard	☑ Professional Engineer	
	☐ Other *(Specify)*			
Test Method Used:	☐ Pressure	☐ Vacuum	☑ Hydrostatic	
	☐ Other *(Specify)*			
Test Equipment Used: Tan-Con TS-STS Sonic		Equipment Resolution:		

	UDC # 1 & 2	UDC # 3 & 4	UDC # 5 & 6	UDC # 7 & 8
UDC Manufacturer:	Environ	Environ	Environ	Environ
UDC Material:	Plastic	Plastic	Plastic	Plastic
UDC Depth:	24"	24"	24"	24"
Height from UDC Bottom to Top of Highest Piping Penetration:	7"	7	8"	6½"
Height from UDC Bottom to Lowest Electrical Penetration:	9	8½"	8	7½"
Condition of UDC prior to testing:	Good		Good	Good
Portion of UDC Tested[1]	13"	[illegible]	13	12"
Does turbine shut down when UDC sensor detects liquid (both product and water)?*	☐ Yes ☑ No ☐ NA	☐ Yes ☑ No ☐ NA	☐ Yes ☑ No ☐ NA	☐ Yes ☑ No ☐ NA
Turbine shutdown response time	N/A	N/A	N/A	N/A
Is system programmed for fail-safe shutdown?*	☐ Yes ☐ No ☑ NA	☐ Yes ☐ No ☑ NA	☐ Yes ☐ No ☑ NA	☐ Yes ☐ No ☑ NA
Was fail-safe verified to be operational?*	☐ Yes ☐ No ☑ NA	☐ Yes ☐ No ☑ NA	☐ Yes ☐ No ☑ NA	☐ Yes ☐ No ☑ NA
Wait time between applying pressure/vacuum/water and starting test	5 minutes	5 minutes	5 minutes	5 minutes
Test Start Time:	12:49	9:39	1:46	2:48
Initial Reading (R_I):	2.6791	2.2148	3.3563	2.1404
Test End Time:	1:04	9:54	2:01	3:03
Final Reading (R_F):	2.6781	2.2147	3.3560	2.1460
Test Duration:	15 minutes	15 minutes	15 minutes	15 minutes
Change in Reading (R_F-R_I):	-.0010	-.0001	-.0003	+.0014
Pass/Fail Threshold or Criteria:	±.0020	±.002	±.002	±.002
Test Result:	☑ Pass ☐ Fail	☑ Pass ☐ Fail	☑ Pass ☐ Fail	☑ Pass ☐ Fail
Was sensor removed for testing?	☑ Yes ☐ No ☐ NA	☑ Yes ☐ No ☐ NA	☑ Yes ☐ No ☐ NA	☑ Yes ☐ No ☐ NA
Was sensor properly replaced and verified functional after testing?	☑ Yes ☐ No ☐ NA	☑ Yes ☐ No ☐ NA	☑ Yes ☐ No ☐ NA	☑ Yes ☐ No ☐ NA

Comments -- *(Include information on repairs made prior to testing, and recommended follow-up for failed tests)*

NOTE- Did not test UDC #3 & #4 due to Turn Boot- Need to Replace Boot

* Boot was Replaced on 12-21-07 and performed Test on UDC #3 & #4

[1] If the entire depth of the UDC is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (*) is "NO" or "NA", the entire UDC must be tested. (See SWRCB LG-160)

8. FILL RISER CONTAINMENT SUMP TESTING

Facility is Not Equipped With Fill Riser Containment Sumps ☒			
Fill Riser Containment Sumps are Present, but were Not Tested ☐			
Test Method Developed By:	☐ Sump Manufacturer	☐ Industry Standard	☐ Professional Engineer
	☐ Other *(Specify)*		
Test Method Used:	☐ Pressure	☐ Vacuum	☐ Hydrostatic
	☐ Other *(Specify)*		
Test Equipment Used:		Equipment Resolution:	

	Fill Sump #	Fill Sump #	Fill Sump #	Fill Sump #
Sump Diameter:				
Sump Depth:				
Height from Tank Top to Top of Highest Piping Penetration:				
Height from Tank Top to Lowest Electrical Penetration:	NO Fill Sumps			
Condition of sump prior to testing:				
Portion of Sump Tested				
Sump Material:				
Wait time between applying pressure/vacuum/water and starting test:				
Test Start Time:				
Initial Reading (R_I):				
Test End Time:				
Final Reading (R_F):				
Test Duration:				
Change in Reading (R_F-R_I):				
Pass/Fail Threshold or Criteria:				
Test Result:	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail
Is there a sensor in the sump?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Does the sensor alarm when either product or water is detected?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Was sensor removed for testing?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA
Was sensor properly replaced and verified functional after testing?	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA	☐ Yes ☐ No ☐ NA

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

9. SPILL/OVERFILL CONTAINMENT BOXES

Facility Is Not Equipped With Spill/Overfill Containment Boxes ☐			
Spill/Overfill Containment Boxes are Present, but were Not Tested ☑			
Test Method Developed By:	☐ Spill Bucket Manufacturer	☐ Industry Standard	☐ Professional Engineer
	☐ Other *(Specify)*		
Test Method Used:	☐ Pressure	☐ Vacuum	☐ Hydrostatic
	☐ Other *(Specify)*		
Test Equipment Used:		Equipment Resolution:	

	Spill Box #	Spill Box #	Spill Box #	Spill Box #
Bucket Diameter:				
Bucket Depth:				
Wait time between applying pressure/vacuum/water and starting test:	Spill Buckets Tested with Manufacturer			
Test Start Time:				
Initial Reading (R_I):				
Test End Time:				
Final Reading (R_F):				
Test Duration:				
Change in Reading (R_F-R_I):				
Pass/Fail Threshold or Criteria:				
Test Result:	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail	☐ Pass ☐ Fail

Comments – *(include information on repairs made prior to testing, and recommended follow-up for failed tests)*

Form - B

UNIFIED PROGRAM CONSOLIDATED FORM

UNDERGROUND STORAGE TANKS – TANK PAGE 1

TANKS

(two pages per tank)

Page ___ of ___

TYPE OF ACTION (Check one item only)
☐ 1 NEW SITE PERMIT ☐ 4 AMENDED PERMIT ☐ 5 CHANGE OF INFORMATION ☐ 6 TEMPORARY SITE CLOSURE
☒ 3 RENEWAL PERMIT (Specify reason - for local use only) (Specify reason – for local use only) ☐ 7 PERMANENTLY CLOSED ON SITE
☐ 8 TANK REMOVED

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3
Oakland Water Service Center

FACILITY ID: 430

LOCATION WITHIN SITE (Optional) 431

I. TANK DESCRIPTION (A scaled plot plan with the location of the UST system including buildings and landmarks shall be submitted to the local agency.)

TANK ID # 432	TANK MANUFACTURER 433	COMPARTMENTALIZED TANK ☐ Yes ☒ No 434
1 B	Owen / Corning	If "Yes", complete one page for each compartment
DATE INSTALLED (YEAR/MO) 435	TANK CAPACITY IN GALLONS 436	NUMBER OF COMPARTMENTS 437
12 / 91	10,000 Gallons	1

ADDITIONAL DESCRIPTION (For local use only) 438

II. TANK CONTENTS

TANK USE 439
☒ 1. MOTOR VEHICLE FUEL (If marked complete Petroleum Type)
☐ 2. NON-FUEL PETROLEUM
☐ 3. CHEMICAL PRODUCT
☐ 4. HAZARDOUS WASTE (Includes Used Oil)
☐ 95. UNKNOWN

PETROLEUM TYPE 440
☐ 1a. REGULAR UNLEADED ☐ 2. LEADED ☐ 5. JET FUEL
☐ 1b. PREMIUM UNLEADED ☒ 3. DIESEL ☐ 6. AVIATION FUEL
☐ 1c. MIDGRADE UNLEADED ☐ 4. GASOHOL ☐ 99. OTHER

COMMON NAME (from Hazardous Materials Inventory page) 441

CAS# (from Hazardous Materials Inventory page) 442

III. TANK CONSTRUCTION

TYPE OF TANK (Check one item only) 443
☐ 1. SINGLE WALL ☐ 3. SINGLE WALL WITH EXTERIOR MEMBRANE LINER ☐ 5. SINGLE WALL WITH INTERNAL BLADDER SYSTEM ☐ 95. UNKNOWN
☒ 2. DOUBLE WALL ☐ 4. SIGNLE WALL IN VAULT ☐ 99. OTHER

TANK MATERIAL – primary tank (Check one item only) 444
☐ 1. BARE STEEL ☒ 3. FIBEROLASS / PLASTIC ☐ 5. CONCRETE ☐ 95. UNKNOWN
☐ 2. STAINLESS STEEL ☐ 4 STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) ☐ 8. FRP COMPTIBLE W/100% METHANOL ☐ 99. OTHER

TANK MATERIAL – secondary tank (Check one item only) 445
☐ 1. BARE STEEL ☒ 3. FIBEROLASS / PLASTIC ☐ 5. CONCRETE ☐ 95. UNKNOWN
☐ 2. STAINLESS STEEL ☐ 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) ☐ 8. FRP COMPTIBLE W/100% METHANOL ☐ 99. OTHER ☐ 10. COATED STEEL
☐ 5. CONCRETE

TANK INTERIOR LINING OR COATING (Check one item only) 446 DATE INSTALLED 447
☐ 1. RUBBER LINED ☐ 3. EPOXY LINING ☐ 5. GLASS LINING ☐ 95. UNKNOWN
☐ 2 ALKYD LINING ☐ 4 PHENOLIC LINING ☒ 6 UNLINED ☐ 99 OTHER
(For local use only)

OTHER CORROSION PROTECTION IF APPLICABLE (Check one item only) 448 DATE INSTALLED 449
☐ 1 MANUFACTURED CATHODIC PROTECTION ☒ 3 FIBERGLASS REINFORCED PLASTIC ☐ 95 UNKNOWN
☐ 2 SACRIFICIAL ANODE ☐ 4 IMPRESSED CURRENT ☐ 99 OTHER
(For local use only)

SPILL AND OVERFILL (Check all that apply) YEAR INSTALLED 450 TYPE (local use only) 451
☒ 1 SPILL CONTAINMENT 1991
☒ 2 DROP TUBE 1991
☒ 3 STRIKER PLATE 1991

OVERFILL PROTECTION EQUIPMENT: YEAR INSTALLED 452
☐ 1 ALARM ☒ 3 FILL TUBE SHUT OFF VALVE
☐ 2 BALL FLOAT ☐ 4 EXEMPT

IV. TANK LEAK DETECTION (A description of the monitoring program shall be submitted to the local agency.)

IF SINGLE WALL TANK (Check all that apply) 453
☐ 1 VISUAL (EXPOSED PORTION ONLY)
☐ 2 AUTOMATIC TANK GAUGING (ATG)
☐ 3 CONTINUOUS ATG
☐ 4 STATISTICAL INVENTORY RECONCILIATION (SIR) BIENNIAL TANK TESTING
☐ 5 MANUAL TANK GAUGING (MTG)
☐ 6 VADOSE ZONE
☐ 7 GROUNDWATER
☐ 8 TANK TESTING
☐ 99 OTHER

IF DOUBLE WALL TANK OR TANK WITH BLADDER (Check one item only) 454
☐ 1 VISUAL (SINGLE WALL IN VAULT ONLY)
☒ 2 CONTINUOUS INTERSTITIAL MONITORING
☐ 3 MANUAL MONITORING

IV. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE

ESTIMATED DATE LAST USED (YR/MO/DAY) 455	ESTIMATED QUANTITY OF SUBSTANCE REMAINING 456	TANK FILLED WITH INERT MATERIAL? 457
	_____ gallons	☐ Yes ☐ No

UNIFIED PROGRAM CONSOLIDATED FORM

TANKS

UNDERGROUND STORAGE TANKS – TANK PAGE 2

Page __ of __

VI. PIPING CONSTRUCTION (Check all that apply)

UNDERGROUND PIPING

SYSTEM TYPE [x] 1. PRESSURE [ ] 2. SUCTION [ ] 3. GRAVITY 458

CONSTRUCTION [ ] 1. SINGLE WALL [ ] 3. LINED TRENCH [ ] 99. OTHER 460

MANUFACTURER [x] 2. DOUBLE WALL [ ] 95. UNKNOWN

MANUFACTURER

461

- [ ] 1. BARE STEEL
- [ ] 2. STAINLESS STEEL
- [ ] 3. PLASTIC COMPATIBLE W/ CONTENTS
- [x] 4. FIBERGLASS
- [ ] 5. STEEL W/COATING
- [ ] 6. FRP COMPATIBLE W/100% METHANOL
- [ ] 7. GALVANIZED STEEL
- [ ] 8 FLEXIBLE (HDPE)
- [ ] 9. CATHODIC PROTECTION
- [ ] Unknown
- [ ] 99. Other

464

ABOVEGROUND PIPING

[ ] 1. PRESSURE [ ] 2. SUCTION [ ] 3. GRAVITY 459

[ ] 1. SINGLE WALL [ ] 95. UNKNOWN

[ ] 2. DOUBLE WALL [ ] 99. OTHER 462

MANUFACTURER

463

- [ ] 1. BARE STEEL
- [ ] 2. STAINLESS STEEL
- [ ] 3. PLASTIC COMPATIBLE W/ CONTENTS
- [ ] 4. FIBERGLASS
- [ ] 5. STEEL W/COATING
- [ ] 6. FRP COMPATIBLE W/100% METHANOL
- [ ] 7. GALVANIZED STEEL
- [ ] 8. FLEXIBLE (HDPE) [ ] 99. OTHER
- [ ] 9. CATHODIC PROTECTION
- [ ] 95. UNKNOWN

465

VII. PIPING LEAK DETECTION (Check all that apply) (A description of the monitoring program shall be submitted to the local agency.)

UNDERGROUND PIPING

SINGLE WALL PIPING

466

PRESSURIZED PIPING (Check all that apply):

- [ ] 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.
- [ ] 2. MONTHLY 0.2 GPH TEST
- [ ] 3. ANNUAL INTEGRITY TEST (0.1GPH)

CONVENTIONAL SUCTION SYSTEMS

- [ ] 5. DAILY VISUAL MONITORING OF PUMPING SYSTEM + TRIENNIAL PIPING INTEGRITY TEST (0.1 GPH)

SAFE SUCTION SYSTEMS (NO VALUES IN BELOW GROUNDPIPING):

- [ ] 7. SELF MONITORING

GRAVITY FLOW

- [ ] 9. BIENNIAL INTEGRITY TEST (0.1 GPH)

SECONDARILY CONTAINED PIPING

PRESSURIZED PIPING (Check all that apply).

10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (Check one)
    - [ ] a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS
    - [x] b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION
    - [ ] c. NO AUTO PUMP SHUT OFF

- [x] 11. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) WITH FLOW SHUT OFF OR RESTRICTION
- [ ] 12. ANNUAL INTEGRITY TEST (0.1 GPH)

SUCTION/GRAVITY SYSTEM

- [ ] 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS

EMERGENCY GENERATORS ONLY (Check all that apply)

- [ ] 14 CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF + AUDIBLE AND VISUAL ALARMS
- [ ] 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) WITHOUT FLOW SHUT OFF OR RESTRICTION
- [ ] 16. ANNUAL INTEGRITY TEST (0.1 GPH)
- [ ] 17. DAILY VISUAL CHECK

ABOVEGROUND PIPING

SINGLE WALL PIPING

467

PRESSURIZED PIPING (Check all that apply)

- [ ] 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.
- [ ] 2. MONTHLY 0.2 GPH TEST
- [ ] 3 ANNUAL INTEGRITY TEST (0.1GPH)
- [ ] 4. DAILY VISUAL CHECK

CONVENTIONAL SUCTION SYSTEMS (Check all that apply)

- [ ] 5. DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM
- [ ] 6. TRIENNIAL INTEGRITY TEST (0.1 GPH)

SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):

- [ ] 7. SELF MONITORING

GRAVITY FLOW (Check all that apply)

- [ ] 8. DAILY VISUAL MONITORING
- [ ] 9. BIENNIAL INTEGRITY TEST (0.1 GPH)

SECONDARILY CONTAINED PIPING

PRESSURIZED PIPING (Check all that apply):

10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (Check one)
    - [ ] a AUTO PUMP SHUT OFF WHEN A LEAK OCCURS
    - [ ] b AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION
    - [ ] c NO AUTO PUMP SHUT OFF

- [ ] 11. AUTOMATIC LEAK DETECTOR
- [ ] 12. ANNUAL INTEGRITY TEST (0.1 GPH)

SUCTION/GRAVITY SYSTEM

- [ ] 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS

EMERGENCY GENERATORS ONLY (Check all that apply)

- [ ] 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF + AUDIBLE AND VISUAL ALARMS
- [ ] 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST)
- [ ] 16. ANNUAL INTEGRITY TEST (0.1 GPH)
- [ ] 17. DAILY VISUAL CHECK

VIII. DISPENSER CONTAINMENT

DISPENSER CONTAINMENT

DATE INSTALLED 468: 1991

- [ ] 1. FLOAT MECHANISM THAT SHUTS OFF SHEAR VALVE
- [ ] 2. CONTINUOUS DISPENSER PAN SENSOR + AUDIBLE AND VISUAL ALARMS
- [x] 3. CONTINUOUS DISPENSER PAN SENSOR WITH AUTO SHUT OFF FOR DISPENSER + AUDIBLE AND VISUAL ALARMS
- [ ] 4. DAILY VISUAL CHECK
- [ ] 5. TRENCH LINER / MONITORING
- [ ] 6. NONE

469

IX. OWNER/OPERATOR SIGNATURE

I certify that the information provided herein is true and accurate to the best of my knowledge.

SIGNATURE OF OWNER/OPERATOR: [signature]	DATE 470: 2/6/12
NAME OF OWNER/OPRATOR (print) 471: Yam Hong Tomaso	TITLE OF OWNER/OPERATOR 472: Manager
Permit Number (For local use only) 473	Permit Approved (For local use only) 474
Permit Expiration Date (For local use only) 475	

UNIFIED PROGRAM CONSOLIDATED FORM

UNDERGROUND STORAGE TANKS – TANK PAGE 1

TANKS

(two pages per tank)

Page ___ of ___

TYPE OF ACTION (Check one item only) ☐ 1 NEW SITE PERMIT ☐ 4 AMENDED PERMIT ☐ 5 CHANGE OF INFORMATION ☐ 6 TEMPORARY SITE CLOSURE ☒ 3 RENEWAL PERMIT (Specify reason – for local use only) (Specify reason – for local use only) ☐ 7 PERMANENTLY CLOSED ON SITE ☐ 8 TANK REMOVED

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3 — Oakland Valero Service Center

FACILITY ID: 430

LOCATION WITHIN SITE (Optional) 431

I. TANK DESCRIPTION (A scaled plot plan with the location of the UST system including buildings and landmarks shall be submitted to the local agency.)

TANK ID # 432	TANK MANUFACTURER 433	COMPARTMENTALIZED TANK ☐ Yes ☒ No 434
2 B	Owens / Corning	If "Yes", complete one page for each compartment.
DATE INSTALLED (YEAR/MO) 435	TANK CAPACITY IN GALLONS 436	NUMBER OF COMPARTMENTS 437
10 / 91	10,000 Gallons	1

ADDITIONAL DESCRIPTION (For local use only) 438

II. TANK CONTENTS

TANK USE 439
☒ 1. MOTOR VEHICLE FUEL (If marked complete Petroleum Type)
☐ 2. NON-FUEL PETROLEUM
☐ 3. CHEMICAL PRODUCT
☐ 4. HAZARDOUS WASTE (Includes Used Oil)
☐ 95. UNKNOWN

PETROLEUM TYPE 440
☒ 1a. REGULAR UNLEADED ☐ 2. LEADED ☐ 5. JET FUEL
☐ 1b. PREMIUM UNLEADED ☐ 3. DIESEL ☐ 6. AVIATION FUEL
☐ 1c. MIDGRADE UNLEADED ☐ 4. GASOHOL ☐ 99. OTHER

COMMON NAME (from Hazardous Materials Inventory page) 441

CAS# (from Hazardous Materials Inventory page) 442

III. TANK CONSTRUCTION

TYPE OF TANK (Check one item only) ☐ 1. SINGLE WALL ☐ 3. SINGLE WALL WITH EXTERIOR MEMBRANE LINER ☐ 5. SINGLE WALL WITH INTERNAL BLADDER SYSTEM ☐ 95. UNKNOWN ☐ 99. OTHER 443
☒ 2. DOUBLE WALL ☐ 4. SIGNLE WALL IN VAULT

TANK MATERIAL – primary tank (Check one item only) ☐ 1. BARE STEEL ☒ 3. FIBERGLASS / PLASTIC ☐ 5. CONCRETE ☐ 95. UNKNOWN 444
☐ 2. STAINLESS STEEL ☐ 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) ☐ 8. FRP COMPTIBLE W/100% METHANOL ☐ 99. OTHER

TANK MATERIAL – secondary tank (Check one item only) ☐ 1. BARE STEEL ☒ 3. FIBERGLASS / PLASTIC ☐ 5. CONCRETE ☐ 95. UNKNOWN 445
☐ 2. STAINLESS STEEL ☐ 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) ☐ 8. FRP COMPTIBLE W/100% METHANOL ☐ 99. OTHER
☐ 5. CONCRETE ☐ 10. COATED STEEL

TANK INTERIOR LINING OR COATING (Check one item only) ☐ 1. RUBBER LINED ☐ 3. EPOXY LINING ☐ 5. GLASS LINING ☐ 95. UNKNOWN 446 DATE INSTALLED 447
☐ 2 ALKYD LINING ☐ 4 PHENOLIC LINING ☒ 6 UNLINED ☐ 99 OTHER
(For local use only)

OTHER CORROSION PROTECTION IF APPLICABLE (Check one item only) ☐ 1 MANUFACTURED CATHODIC PROTECTION ☒ 3 FIBERGLASS REINFORCED PLASTIC ☐ 95 UNKNOWN 448 DATE INSTALLED 449
☐ 2 SACRIFICIAL ANODE ☐ 4 IMPRESSED CURRENT ☐ 99 OTHER
(For local use only)

SPILL AND OVERFILL (Check all that apply) YEAR INSTALLED 450 TYPE (local use only) 451
☒ 1 SPILL CONTAINMENT 1991
☒ 2 DROP TUBE 1991
☒ 3 STRIKER PLATE 1991

OVERFILL PROTECTION EQUIPMENT: YEAR INSTALLED 452
☐ 1 ALARM ☒ 3 FILL TUBE SHUT OFF VALVE
☐ 2 BALL FLOAT ☐ 4 EXEMPT

IV. TANK LEAK DETECTION (A description of the monitoring program shall be submitted to the local agency)

IF SINGLE WALL TANK (Check all that apply) 453
☐ 1 VISUAL (EXPOSED PORTION ONLY)
☐ 2 AUTOMATIC TANK GAUGING (ATG)
☐ 3 CONTINUOUS ATG
☐ 4 STATISTICAL INVENTORY RECONCILIATION (SIR) BIENNIAL TANK TESTING
☐ 5 MANUAL TANK GAUGING (MTG)
☐ 6 VADOSE ZONE
☐ 7 GROUNDWATER
☐ 8 TANK TESTING
☐ 99 OTHER

IF DOUBLE WALL TANK OR TANK WITH BLADDER (Check one item only) 454
☐ 1 VISUAL (SINGLE WALL IN VAULT ONLY)
☒ 2 CONTINUOUS INTERSTITIAL MONITORING
☐ 3 MANUAL MONITORING

IV. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE

ESTIMATED DATE LAST USED (YR/MO/DAY) 455	ESTIMATED QUANTITY OF SUBSTANCE REMAINING 456	TANK FILLED WITH INERT MATERIAL? 457
	_____ gallons	☐ Yes ☐ No

UNIFIED PROGRAM CONSOLIDATED FORM

UNDERGROUND STORAGE TANKS – TANK PAGE 2

TANKS

Page ___ of ___

VI. PIPING CONSTRUCTION (Check all that apply)

UNDERGROUND PIPING				ABOVEGROUND PIPING			
SYSTEM TYPE	☒ 1. PRESSURE	☐ 2. SUCTION	☐ 3. GRAVITY 458	☐ 1. PRESSURE	☐ 2. SUCTION	☐ 3. GRAVITY	459
CONSTRUCTION	☐ 1. SINGLE WALL	☐ 3. LINED TRENCH	☐ 99. OTHER 460	☐ 1. SINGLE WALL	☐ 95. UNKNOWN		462
MANUFACTURER	☒ 2. DOUBLE WALL	☐ 95. UNKNOWN		☐ 2. DOUBLE WALL	☐ 99. OTHER		
MANUFACTURER			461	MANUFACTURER			463
☐ 1. BARE STEEL	☐ 6. FRP COMPATIBLE W/100% METHANOL			☐ 1. BARE STEEL	☐ 6. FRP COMPATIBLE W/100% METHANOL		
☐ 2. STAINLESS STEEL	☐ 7. GALVANIZED STEEL	☐ Unknown		☐ 2. STAINLESS STEEL	☐ 7. GALVANIZED STEEL		
☐ 3. PLASTIC COMPATIBLE W/ CONTENTS		☐ 99. Other		☐ 3. PLASTIC COMPATIBLE W/ CONTENTS	☐ 8. FLEXIBLE (HDPE)	☐ 99. OTHER	
☒ 4. FIBERGLASS	☐ 8 FLEXIBLE (HDPE)			☐ 4. FIBERGLASS	☐ 9. CATHODIC PROTECTION		
☐ 5. STEEL W/COATING	☐ 9. CATHODIC PROTECTION		464	☐ 5. STEEL W/COATING	☐ 95. UNKNOWN		465

VII. PIPING LEAK DETECTION (Check all that apply) (A description of the monitoring program shall be submitted to the local agency.)

UNDERGROUND PIPING	ABOVEGROUND PIPING
SINGLE WALL PIPING 466	**SINGLE WALL PIPING** 467
PRESSURIZED PIPING (Check all that apply):	PRESSURIZED PIPING (Check all that apply):
☐ 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.	☐ 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.
☐ 2. MONTHLY 0.2 GPH TEST	☐ 2. MONTHLY 0.2 GPH TEST
☐ 3. ANNUAL INTEGRITY TEST (0.1GPH)	☐ 3. ANNUAL INTEGRITY TEST (0.1GPH)
	☐ 4. DAILY VISUAL CHECK
CONVENTIONAL SUCTION SYSTEMS	CONVENTIONAL SUCTION SYSTEMS (Check all that apply)
☐ 5. DAILY VISUAL MONITORING OF PUMPING SYSTEM + TRIENNIAL PIPING INTEGRITY TEST (0.1 GPH)	☐ 5. DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM
	☐ 6. TRIENNIAL INTEGRITY TEST (0.1 GPH)
SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUNDPIPING):	SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):
☐ 7. SELF MONITORING	☐ 7. SELF MONITORING
GRAVITY FLOW	GRAVITY FLOW (Check all that apply):
☐ 9. BIENNIAL INTEGRITY TEST (0.1 GPH)	☐ 8. DAILY VISUAL MONITORING
	☐ 9. BIENNIAL INTEGRITY TEST (0.1 GPH)
SECONDARILY CONTAINED PIPING	**SECONDARILY CONTAINED PIPING**
PRESSURIZED PIPING (Check all that apply):	PRESSURIZED PIPING (Check all that apply)
10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (Check one)	10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (Check one)
☐ a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS	☐ a AUTO PUMP SHUT OFF WHEN A LEAK OCCURS
☒ b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION	☐ b AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION
☐ c. NO AUTO PUMP SHUT OFF	☐ c NO AUTO PUMP SHUT OFF
☒ 11. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) WITH FLOW SHUT OFF OR RESTRICTION	☐ 11. AUTOMATIC LEAK DETECTOR
☐ 12 ANNUAL INTEGRITY TEST (0.1 GPH)	☐ 12. ANNUAL INTEGRITY TEST (0.1 GPH)
SUCTION/GRAVITY SYSTEM	SUCTION/GRAVITY SYSTEM
☐ 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS	☐ 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS
EMERGENCY GENERATORS ONLY (Check all that apply)	**EMERGENCY GENERATORS ONLY** (Check all that apply)
☐ 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF + AUDIBLE AND VISUAL ALARMS	☐ 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF + AUDIBLE AND VISUAL ALARMS
☐ 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) WITHOUT FLOW SHUT OFF OR RESTRICTION	☐ 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST)
☐ 16. ANNUAL INTEGRITY TEST (0.1 GPH)	☐ 16. ANNUAL INTEGRITY TEST (0.1 GPH)
☐ 17. DAILY VISUAL CHECK	☐ 17. DAILY VISUAL CHECK

VIII. DISPENSER CONTAINMENT

DISPENSER CONTAINMENT	☐ 1. FLOAT MECHANISM THAT SHUTS OFF SHEAR VALVE	☐ 4. DAILY VISUAL CHECK
DATE INSTALLED 468	☐ 2. CONTINUOUS DISPENSER PAN SENSOR + AUDIBLE AND VISUAL ALARMS	☐ 5. TRENCH LINER / MONITORING
1991	☒ 3. CONTINUOUS DISPENSER PAN SENSOR WITH AUTO SHUT OFF FOR DISPENSER + AUDIBLE AND VISUAL ALARMS	☐ 6. NONE 469

IX. OWNER/OPERATOR SIGNATURE

I certify that the information provided herein is true and accurate to the best of my knowledge.

SIGNATURE OF OWNER/OPERATOR	DATE 2/6/12 470
NAME OF OWNER/OPRATOR (print) Sam Hama 471	TITLE OF OWNER/OPERATOR Manager 472

Permit Number (For local use only) 473 | Permit Approved (For local use only) 474 | Permit Expiration Date (For local use only) 475

UNIFIED PROGRAM CONSOLIDATED FORM

UNDERGROUND STORAGE TANKS – TANK PAGE 1

TANKS

(two pages per tank)

Page ___ of ___

TYPE OF ACTION (Check one item only) ☐ 1 NEW SITE PERMIT ☐ 4 AMENDED PERMIT ☐ 5 CHANGE OF INFORMATION ☐ 6 TEMPORARY SITE CLOSURE ☐ 7 PERMANENTLY CLOSED ON SITE ☒ 3 RENEWAL PERMIT (Specify reason – for local use only) (Specify reason – for local use only) ☐ 8 TANK REMOVED

430

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As): Oakland Valero Service Center | 3 | FACILITY ID: | 1

LOCATION WITHIN SITE (Optional)

431

I. TANK DESCRIPTION (A scaled plot plan with the location of the UST system including buildings and landmarks shall be submitted to the local agency.)

TANK ID # (432)	TANK MANUFACTURER (433)	COMPARTMENTALIZED TANK ☐ Yes ☒ No (434) (If "Yes", complete one page for each compartment.)
3 - B	Owen / Corning	
DATE INSTALLED (YEAR/MO) (435)	TANK CAPACITY IN GALLONS (436)	NUMBER OF COMPARTMENTS (437)
12/91	10,000 Gallons	1

ADDITIONAL DESCRIPTION (For local use only) (438)

II. TANK CONTENTS

TANK USE (439)
☒ 1. MOTOR VEHICLE FUEL (If marked complete Petroleum Type)
☐ 2. NON-FUEL PETROLEUM
☐ 3. CHEMICAL PRODUCT
☐ 4. HAZARDOUS WASTE (Includes Used Oil)
☐ 95. UNKNOWN

PETROLEUM TYPE (440)
☐ 1a. REGULAR UNLEADED ☐ 2. LEADED ☐ 5. JET FUEL
☒ 1b. PREMIUM UNLEADED ☐ 3. DIESEL ☐ 6. AVIATION FUEL
☐ 1c. MIDGRADE UNLEADED ☐ 4. GASOHOL ☐ 99. OTHER

COMMON NAME (from Hazardous Materials Inventory page) (441)

CAS# (from Hazardous Materials Inventory page) (442)

III. TANK CONSTRUCTION

TYPE OF TANK (Check one item only) (443)
☐ 1. SINGLE WALL ☐ 3. SINGLE WALL WITH EXTERIOR MEMBRANE LINER ☐ 5. SINGLE WALL WITH INTERNAL BLADDER SYSTEM ☐ 95. UNKNOWN
☒ 2. DOUBLE WALL ☐ 4. SIGNLE WALL IN VAULT ☐ 99. OTHER

TANK MATERIAL – primary tank (Check one item only) (444)
☐ 1. BARE STEEL ☒ 3. FIBERGLASS / PLASTIC ☐ 5. CONCRETE ☐ 95. UNKNOWN
☐ 2. STAINLESS STEEL ☐ 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) ☐ 8. FRP COMPTIBLE W/100% METHANOL ☐ 99. OTHER

TANK MATERIAL – secondary tank (Check one item only) (445)
☐ 1. BARE STEEL ☒ 3. FIBERGLASS / PLASTIC ☐ 5. CONCRETE ☐ 95. UNKNOWN
☐ 2. STAINLESS STEEL ☐ 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) ☐ 8. FRP COMPTIBLE W/100% METHANOL ☐ 99. OTHER
☐ 5. CONCRETE ☐ 10. COATED STEEL

TANK INTERIOR LINING OR COATING (Check one item only) (446)
☐ 1. RUBBER LINED ☐ 3. EPOXY LINING ☐ 5. GLASS LINING ☐ 95. UNKNOWN
☐ 2 ALKYD LINING ☐ 4 PHENOLIC LINING ☒ 6 UNLINED ☐ 99 OTHER
DATE INSTALLED (447) ___ (For local use only)

OTHER CORROSION PROTECTION IF APPLICABLE (Check one item only) (448)
☐ 1 MANUFACTURED CATHODIC PROTECTION ☒ 3 FIBERGLASS REINFORCED PLASTIC ☐ 95 UNKNOWN
☐ 2 SACRIFICIAL ANODE ☐ 4 IMPRESSED CURRENT ☐ 99 OTHER
DATE INSTALLED (449) ___ (For local use only)

SPILL AND OVERFILL (Check all that apply) YEAR INSTALLED (450) TYPE (local use only) (451)
☒ 1 SPILL CONTAINMENT 1991
☒ 2 DROP TUBE 1991
☒ 3 STRIKER PLATE 1991

OVERFILL PROTECTION EQUIPMENT: YEAR INSTALLED (452)
☐ 1 ALARM ☒ 3 FILL TUBE SHUT OFF VALVE
☐ 2 BALL FLOAT ☐ 4 EXEMPT

IV. TANK LEAK DETECTION (A description of the monitoring program shall be submitted to the local agency.)

IF SINGLE WALL TANK (Check all that apply) (453)
☐ 1 VISUAL (EXPOSED PORTION ONLY)
☐ 2 AUTOMATIC TANK GAUGING (ATG)
☐ 3 CONTINUOUS ATG
☐ 4 STATISTICAL INVENTORY RECONCILIATION (SIR) BIENNIAL TANK TESTING
☐ 5 MANUAL TANK GAUGING (MTG)
☐ 6 VADOSE ZONE
☐ 7 GROUNDWATER
☐ 8 TANK TESTING
☐ 99 OTHER

IF DOUBLE WALL TANK OR TANK WITH BLADDER (Check one item only) (454)
☐ 1 VISUAL (SINGLE WALL IN VAULT ONLY)
☒ 2 CONTINUOUS INTERSTITIAL MONITORING
☐ 3 MANUAL MONITORING

IV. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE

ESTIMATED DATE LAST USED (YR/MO/DAY) (455)	ESTIMATED QUANTITY OF SUBSTANCE REMAINING (456)	TANK FILLED WITH INERT MATERIAL? (457)
	___ gallons	☐ Yes ☐ No

UNIFIED PROGRAM CONSOLIDATED FORM

TANKS

UNDERGROUND STORAGE TANKS – TANK PAGE 2

VI. PIPING CONSTRUCTION (Check all that apply)

Page __ of __

UNDERGROUND PIPING				ABOVEGROUND PIPING			
SYSTEM TYPE	☒ 1. PRESSURE	☐ 2. SUCTION	☐ 3. GRAVITY 458	☐ 1. PRESSURE	☐ 2. SUCTION	☐ 3. GRAVITY	459
CONSTRUCTION	☐ 1. SINGLE WALL	☐ 3. LINED TRENCH	☐ 99. OTHER 460	☐ 1. SINGLE WALL	☐ 95. UNKNOWN		462
MANUFACTURER	☒ 2. DOUBLE WALL	☐ 95. UNKNOWN		☐ 2. DOUBLE WALL	☐ 99. OTHER		
MANUFACTURER			461	MANUFACTURER			463
☐ 1. BARE STEEL	☐ 6. FRP COMPATIBLE w/100% METHANOL			☐ 1. BARE STEEL	☐ 6. FRP COMPATIBLE W/100% METHANOL		
☐ 2. STAINLESS STEEL	☐ 7. GALVANIZED STEEL	☐ Unknown		☐ 2. STAINLESS STEEL	☐ 7. GALVANIZED STEEL		
☐ 3. PLASTIC COMPATIBLE W/ CONTENTS		☐ 99. Other		☐ 3. PLASTIC COMPATIBLE W/ CONTENTS	☐ 8. FLEXIBLE (HDPE)	☐ 99. OTHER	
☒ 4. FIBERGLASS	☐ 8. FLEXIBLE (HDPE)			☐ 4. FIBERGLASS	☐ 9. CATHODIC PROTECTION		
☐ 5. STEEL W/COATING	☐ 9. CATHODIC PROTECTION		464	☐ 5. STEEL W/COATING	☐ 95. UNKNOWN		465

VII. PIPING LEAK DETECTION (Check all that apply) (A description of the monitoring program shall be submitted to the local agency.)

UNDERGROUND PIPING

SINGLE WALL PIPING 466

PRESSURIZED PIPING (Check all that apply)

☐ 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.

☐ 2. MONTHLY 0.2 GPH TEST

☐ 3. ANNUAL INTEGRITY TEST (0.1GPH)

CONVENTIONAL SUCTION SYSTEMS

☐ 5. DAILY VISUAL MONITORING OF PUMPING SYSTEM + TRIENNIAL PIPING INTEGRITY TEST (0.1 GPH)

SAFE SUCTION SYSTEMS (NO VALUES IN BELOW GROUNDPIPING):

☐ 7. SELF MONITORING

GRAVITY FLOW

☐ 9. BIENNIAL INTEGRITY TEST (0.1 GPH)

SECONDARILY CONTAINED PIPING

PRESSURIZED PIPING (Check all that apply):

10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (Check one)
  - ☐ a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS
  - ☒ b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION
  - ☐ c. NO AUTO PUMP SHUT OFF

☒ 11. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) WITH FLOW SHUT OFF OR RESTRICTION

☐ 12. ANNUAL INTEGRITY TEST (0.1 GPH)

SUCTION/GRAVITY SYSTEM

☐ 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS

EMERGENCY GENERATORS ONLY (Check all that apply)

☐ 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF + AUDIBLE AND VISUAL ALARMS

☐ 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) WITHOUT FLOW SHUT OFF OR RESTRICTION

☐ 16. ANNUAL INTEGRITY TEST (0.1 GPH)

☐ 17. DAILY VISUAL CHECK

ABOVEGROUND PIPING

SINGLE WALL PIPING 467

PRESSURIZED PIPING (Check all that apply):

☐ 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS.

☐ 2. MONTHLY 0.2 GPH TEST

☐ 3. ANNUAL INTEGRITY TEST (0.1GPH)

☐ 4. DAILY VISUAL CHECK

CONVENTIONAL SUCTION SYSTEMS (Check all that apply)

☐ 5. DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM

☐ 6. TRIENNIAL INTEGRITY TEST (0.1 GPH)

SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):

☐ 7. SELF MONITORING

GRAVITY FLOW (Check all that apply):

☐ 8. DAILY VISUAL MONITORING

☐ 9. BIENNIAL INTEGRITY TEST (0.1 GPH)

SECONDARILY CONTAINED PIPING

PRESSURIZED PIPING (Check all that apply):

10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (Check one)
  - ☐ a AUTO PUMP SHUT OFF WHEN A LEAK OCCURS
  - ☐ b AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION
  - ☐ c NO AUTO PUMP SHUT OFF

☐ 11. AUTOMATIC LEAK DETECTOR

☐ 12. ANNUAL INTEGRITY TEST (0.1 GPH)

SUCTION/GRAVITY SYSTEM

☐ 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS

EMERGENCY GENERATORS ONLY (Check all that apply)

☐ 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF + AUDIBLE AND VISUAL ALARMS

☐ 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST)

☐ 16. ANNUAL INTEGRITY TEST (0.1 GPH)

☐ 17. DAILY VISUAL CHECK

VIII. DISPENSER CONTAINMENT

DISPENSER CONTAINMENT

DATE INSTALLED 468: 1991

- ☐ 1. FLOAT MECHANISM THAT SHUTS OFF SHEAR VALVE
- ☐ 2. CONTINUOUS DISPENSER PAN SENSOR + AUDIBLE AND VISUAL ALARMS
- ☒ 3. CONTINUOUS DISPENSER PAN SENSOR WITH AUTO SHUT OFF FOR DISPENSER + AUDIBLE AND VISUAL ALARMS
- ☐ 4. DAILY VISUAL CHECK
- ☐ 5. TRENCH LINER / MONITORING
- ☐ 6. NONE

469

IX. OWNER/OPERATOR SIGNATURE

I certify that the information provided herein is true and accurate to the best of my knowledge.

SIGNATURE OF OWNER/OPERATOR: [signature]

DATE: 2/6/12 470

NAME OF OWNER/OPERATOR (print): Lam Hong Tamone 471

TITLE OF OWNER/OPERATOR: Manager 472

Permit Number (For local use only) 473 | Permit Approved (For local use only) 474 | Permit Expiration Date (For local use only) 475

Formerly SWRCB Form B

UST - Tank Page 1

Complete the UST - Tank pages for each tank for all new permits, permit changes, closures and/or any other tank information change. This page must be submitted within 30 days of permit or facility information changes, unless approval is required before making any changes. For compartmentalized tanks, each compartment is considered a separate tank and requires completion of separate tank pages.

Refer to 23 CCR §2711 for state UST information and permit application requirements.

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or local agency identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - Leave this blank. This number is assigned by the CUPA. This is the unique number which identifies your facility.
3. BUSINESS NAME - Enter the full legal name of the business.
430. TYPE OF ACTION - Check the reason the page is being completed. For amended permits and change of information, include a short statement to direct the inspector to the amendment or changed information.
431. LOCATION WITHIN SITE - Enter the location of the tank within the site.
432. TANK ID NUMBER - Enter the owner=s tank ID number. This is a unique number used to identify the tank. It may be assigned by the owner or by the CUPA.
433. TANK MANUFACTURER - Enter the name of the company that manufactured the tank.
434. COMPARTMENTALIZED TANK - Check whether or not the tank is compartmentalized. Each compartment is considered a separate tank and requires the completion of separate tank pages.
435. DATE TANK INSTALLED - Enter the year and month the tank was installed.
436. TANK CAPACITY - Enter the tank capacity in gallons.
437. NUMBER OF TANK COMPARTMENTS - If the tank is compartmentalized, enter the number of compartments.
438. ADDITIONAL DESCRIPTION - Use this space for additional tank or location description.
439. TANK USE - Check the substance stored. If MOTOR VEHICLE FUEL, check box 1 and complete item 440, PETROLEUM TYPE.
440. PETROLEUM TYPE - If box 1 is checked in item 439, check the type of fuel.
441. COMMON NAME - For substances that are not motor vehicle fuels (box 1 is NOT checked in item 439), enter the common name of the substance stored in the tank.
442. CAS # - For substances that are not motor vehicle fuels (box 1 is NOT checked in item 439), enter the CAS (Chemical Abstract Service) number. This is the same as the CAS # in item 209 on the Hazardous Materials Inventory - Chemical Description page.
443. TYPE OF TANK - Check the type of tank construction. If type of tank is not listed, check Aother= and enter type.
444. TANK MATERIAL (PRIMARY TANK) - Check the construction material of the tank that comes into immediate contact on its inner surface with the hazardous substance being contained. If the tank is lined do not reference the lining material in this item. Indicate the type of lining material in item 446. If type of tank material is not listed, check Aother= and enter material.
445. TANK MATERIAL (SECONDARY TANK) - Check the construction material of the tank that provides the level of containment external to, and separate from, the primary containment. If type of tank material is not listed, check Aother= and enter material.
446. TANK INTERIOR LINING OR COATING - If applicable, check the construction material of the interior lining or coating of the tank. If type of interior lining or coating is not listed, check Aother= and enter type.
447. DATE TANK INTERIOR LINING INSTALLED - If applicable, enter the date the tank interior lining was installed. This is to assist the CUPA to develop an inspection schedule.
448. OTHER TANK CORROSION PROTECTION - If applicable, check the other tank corrosion protection method used. If other corrosion protection method is not listed, check Aother= and enter method.
449. DATE TANK CORROSION PROTECTION INSTALLED - If applicable, enter the date the tank corrosion protection method was installed. This is to assist the CUPA to develop an inspection schedule.
450. YEAR SPILL AND OVERFILL INSTALLED - Check the appropriate box and enter the year in which spill containment, drop tube, and/or striker plate was installed. CHECK ALL THAT APPLY.
451. TYPE OF SPILL PROTECTION - Enter the type of spill containment, drop tube, and/or striker plate. FOR CUPA USE ONLY.
452. YEAR OVERFILL PROTECTION EQUIPMENT INSTALLED - Check the appropriate box and enter the year in which overfill protection was installed or whether there is an exemption from overfill protection. CHECK ALL THAT APPLY, unless tank is exempt.
453. TANK LEAK DETECTION (SINGLE WALL) - For single walled tanks, check the leak detection system(s) used to comply with the monitoring requirements for the tank. CHECK ALL THAT APPLY. If leak detection system is not listed, check Aother= and enter system.
454. TANK LEAK DETECTION (DOUBLE WALL) - For double walled tanks or tanks with bladder, check the leak detection system(s) used to comply with the monitoring requirements for the tank. CHECK ONE ITEM ONLY.
455. ESTIMATED DATE LAST USED - For closure in place, enter the date the tank was last used.
456. ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN TANK - For closure in place, enter the estimated quantity of hazardous substance remaining in the tank (in gallons).
457. TANK FILLED WITH INERT MATERIAL - For closure in place, check whether or not the tank was filled with an inert material prior to closure.

ATTACHMENTS -

1. Provide a scaled plot plan with the location of the UST system, including buildings and landmarks.
2. Provide a description of the monitoring program.

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or local agency identify whether the submittal is complete and if any pages are separated.

458. PIPING SYSTEM TYPE (UNDERGROUND) -
459. PIPING SYSTEM TYPE (ABOVEGROUND)

For items 458 and 459, check the tank=s piping system information. CHECK ALL THAT APPLY.

460. PIPING CONSTRUCTION (UNDERGROUND) - Check the tank=s piping construction information. CHECK ALL THAT APPLY.

461. PIPING MANUFACTURER (UNDERGROUND) - Enter the name of the piping manufacturer.

462. PIPING CONSTRUCTION (ABOVEGROUND) - Check the tank=s piping construction information. CHECK ALL THAT APPLY.

463. PIPING MANUFACTURER (ABOVEGROUND) - Enter the name of the piping manufacturer.

464. PIPING MATERIAL AND CORROSION PROTECTION (UNDERGROUND) -
465. PIPING MATERIAL AND CORROSION PROTECTION (ABOVEGROUND)

For items 464 and 465, check the tank=s piping material and corrosion protection.

466. PIPING LEAK DETECTION (UNDERGROUND) -
467. PIPING LEAK DETECTION (ABOVEGROUND)

For items 466 and 467, check the leak detection system(s) used to comply with the monitoring requirements for the piping.

468. DATE DISPENSER CONTAINMENT INSTALLED - If applicable, enter the date that dispenser containment was installed.

469. DISPENSER CONTAINMENT TYPE - Check the type of dispenser containment monitoring system.

SIGNATURE OF OWNER/OPERATOR - The owner or agent of the owner shall sign in the space provided. This signature certifies that the signer believes that all the information submitted is true and accurate.

470. DATE CERTIFIED - Enter the date the page was signed.

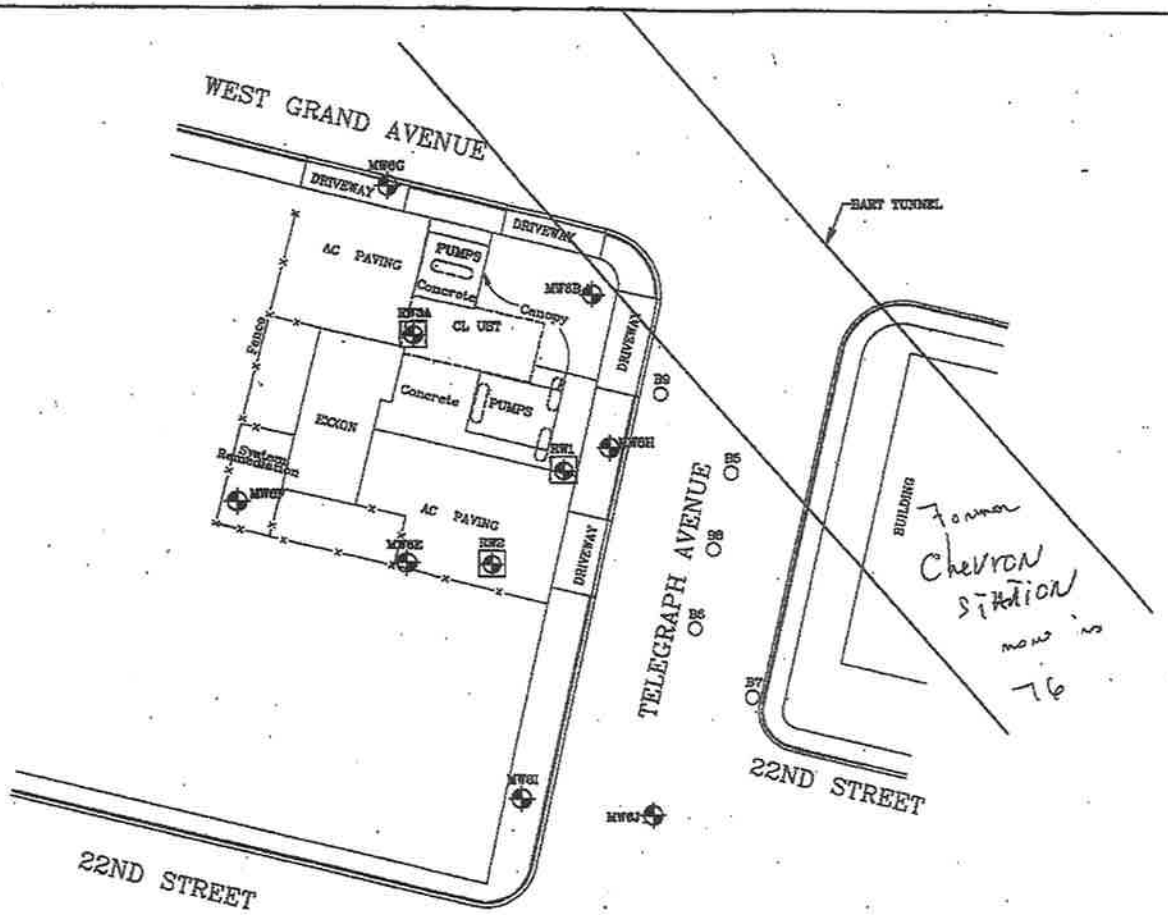
471. OWNER/ OPERATOR NAME - Print the name of signatory.

472. OWNER/ OPERATOR TITLE - Enter the title of the person signing the page.

473. PERMIT NUMBER - Leave this blank, this number is assigned by the CUPA.

474. PERMIT APPROVED BY - Leave this blank, this is the name of the person approving the permit.

475. PERMIT EXPIRATION DATE - Leave this blank, this is completed by the CUPA.



FN 2229004a_SP

ENVIRONMENTAL RESOLUTIONS, INC.

GENERALIZED SITE PLAN

FORMER
EXXON SERVICE STATION 7-0235
2225 Telegraph Avenue
Oakland, California

EXPLANATION

MW5J — Groundwater Monitoring Well

B7 — Proposed Soil Boring

RW3A — Recovery Groundwater Monitoring Well

PROJECT NO. 2229

PLATE 2