

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 HAZARDOUS MATERIALS DIVISION
 80 SWAN WAY, ROOM 200
 OAKLAND, CA 94621
 PHONE NO. 510/271-4320

Project Specialist

ACCEPTED

Underground Storage Tank Installation Permit Application

Alameda County Department of Environmental Health
 80 Swan Way, Room 200
 Oakland, CA 94621
 Phone: (510) 271-4320

The undersigned hereby certifies that the information provided in this application is accurate and complete to the best of my knowledge and belief, and that I am not aware of any facts or circumstances which would render this information false or misleading. I understand that providing false or misleading information is a violation of the Health Care Services Agency's rules and regulations, and may result in the denial of this application and the imposition of civil penalties.

[Signature]
 3/16/94
 Paul Inspektor
 Public Health Officer
 Department of Environmental Health
 80 Swan Way, Room 200
 Oakland, CA 94621
 Phone: (510) 271-4320
 I hereby certify that the applicant is in compliance with all applicable laws and regulations.
VIOLATION IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS
 Contact Specialist

Tiping & Dispenser Modification

UNDERGROUND TANK INSTALLATION PLAN

*** Complete according to attached instructions ***

- Business Name UNOCAL
 Business Owner THAN HUYNH (Tom)
- Site Address 845 66TH AVE
 city OAKLAND CA zip 94621 Phone 510-638-4740
- Mailing Address UNOCAL % TAIT & ASSOCIATES 2880 Sunrise Blvd #206
 city PANCHO CORDOVA CA zip 95742 Phone 916 635-2444
 CHESTER
- Land Owner UNOCAL CORPORATION
 Address 2000 Crow Canyon Place #400
 city, state SAN RAMON CA zip 94583

5. Tank Information: Note: any special treatment to prevent corrosion, details of cathodic protection, piping coatings, and any special or unique equipment not otherwise noted. 15 gallon minimum overfill protection is required. Attach appropriate manufacturer brochures and instructions for clarity.

Manufacturer	Model	Size(gal.)	Material/Design	Contents
EXISTING TO REMAIN		12,000 12,000	? ASBESTOS ?	87 unleaded Gasoline 92 unleaded Gasoline
Monitoring Eq*	Model	Manual/Auto	line leak Detect	Monitoring Meth
EXISTING TO REMAIN				

* a copy of the manufacturer's brochure must be submitted with tank installation diagrams. It must show test methods and procedures.

To Be Determined (contractor will pull permit)

6. Contractor

Address _____

City _____ Phone _____

License Type* _____ ID# _____

*Effective January 1, 1992, Business and Professional Code Section 7058.7 requires prime contractors to also hold Hazardous Waste Certification issued by the State Contractors License Board. Indicate that the certificate has been received, in addition, to holding the appropriate contractors license type.

7. Submit Worker's Compensation Certificate copy

Name of Insurer _____

8. Contact person for installation _____

Phone _____ Title _____

9. Submit 3 set of scaled Blue Prints: consisting of detailed engineering descriptions of the installation and must include the following information:

- a) North Arrow, property Lines, location of all structures;
- b) plan views and elevations of tanks, piping runs, and dispensers, as well as schematics of all appurtenant equipment and monitoring devices to be installed, utilities;
- c) Existing wells (drinking, monitoring, etc.);
- d) Depth to ground water; and
- e) All existing tanks and piping in addition to the ones being installed/modified.
- f) electrical and wiring diagrams, including emergency shutoff.
- g) installation specifications and construction standards to be followed.

10. Enclose Deposit:

A deposit, payable to Alameda County for the amount indicated on the Alameda County Underground Storage Tank Fee Schedule, must accompany the plans. The time spent on the project will be charged on an hourly basis at the current service rate. Any refund at the conclusion of the project will be refunded to the owner or his/her designee.

* One complete copy of your approved plan must be at the construction site at all times; a copy of your approved plan must also be sent to the landowner.

11. Of the three sets of plans submitted, two will be returned after review and approval. Next you must contact the appropriate fire and building departments for any required permits. You must schedule at least 3 days in advance for the following inspections: piping inspection prior to covering, and final inspection prior to operating. A precision test will be required on the system to assure it does not leak. Any questions or problems should be referred directly to the specialist assigned to your project.

12. Blank Unauthorized Leak/Contamination Site Report forms may be obtained in limited quantities from our office and from the San Francisco Bay Regional Water Quality Control Board (510/464-1255). Larger quantities may be obtained directly from the State Water Resources Control Board at (916) 739-2421.

13. As-built plans are to be submitted within 30 days of completion. Permit Application Forms A, B('s), and C('s) are to be submitted and fees paid prior to operation of the tanks.

14. A written monitoring plan must be submitted prior to the operation of the tank and prior to the issuance of a permit. I declare that to the best of my knowledge and belief the statements and information provided above are correct and true.

15. These instructions do not apply in the city limits of Fremont, Newark, Union City, Hayward, Pleasanton, Berkeley, or San Leandro as they enforce their own underground tank regulatory program.

I understand that information in addition to that provided above may be needed in order to obtain an approval from the Department of Environmental Health and that no work is to begin on this project until this plan is approved.

I understand that any changes in design, materials or equipment will void this plan if prior approval is not obtained.

I understand that all work performed during this project will be done in compliance with all applicable OSHA (Occupational Safety and Health Administration) requirements concerning personnel health and safety. I understand that site and worker safety are solely the responsibility of the property owner or his agent and that this responsibility is not shared nor assumed by the County of Alameda.

Once I have received my stamped, accepted installation plan, I will contact the project Hazardous Materials Specialist at least three working days in advance of site work to schedule the required inspections.

Signature of Contractor

Name (please type) _____

Signature _____

Date _____

Signature of Site Owner or Operator

Name (please type) CHESTER BENNETT

Signature CHESTER Bennett

Date 2.7.94

ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION
Acknowledgement of Refund Recipient for Site Account
DEPOSITOR FILLS OUT PER SITE
-- REQUIRED --

The depositor will use this form to acknowledge that the property owner or his or her designee will receive any refund due at the completion of all deposit/refund projects at the site listed below.

SITE NUMBER/ADDRESS:

REFUND RECIPIENT-PROPERTY OWNER

Site Number
UNOCAL
Company Name
845 66TH AVE
Street Address
OAKLAND, CA 94621
City Zip Code

UNOCAL
Owner's Name
ATTN: Tony Quijano
2000 CROW CANYON PLACE # 400
Owner's Address
SAN RAMON, CA 94583
Owner's City State Zip

I have read the description of the project Deposit/Refund Procedure, and have had an opportunity to ask questions about it. I understand that regardless of who deposits money into the site account, any deposit money remaining at the completion of all projects being conducted at this site will be refunded solely to the property owner or his or her designee.

Chester Bennett
Signature of Depositor
2.7.94
Date

CHESTER BENNETT
Depositor Name

TAIT & ASSOCIATES
Company Name

2880 SUNRISE BLVD # 200
Street Address

RANCHO CORDOVA, CA 95742
City / Zip

ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION
Declaration of Site Account Refund Recipient

SITE OWNER FILLS OUT PER SITE

-- OPTIONAL --

The property owner will use this form to designate someone other than him- or her- self to receive any refund due at the completion of all deposit/refund projects at the site listed below. In the absence of this form, the property owner will receive any refund. Only one person at any one time may be designated to receive any refund.

SITE NUMBER/ADDRESS:

PROPERTY OWNER

Site Number			
<u>UNOCAL</u>		<u>Unocal</u>	
Company Name		ATTN: Tony Quijales	Owner's Name
<u>845 66TH AVE</u>		<u>2000 Crow Canyon Place # 400</u>	Owner's Address
Street Address		Owner's Address	
<u>OAKLAND CA 94621</u>		<u>SAN RAMON, CA. 94583</u>	
City	Zip Code	Owner's City	State Zip

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

UNOCAL % TAIT & ASSOCIATES
Name

2 2880 SUNRISE BLVD # 206
Street Address

RANCHO CONDOVA, CA. 95742
City / Zip

Chester Bennett
Property Owner Signature

2.7.94
Date

AGENT CHESTER Bennett
Property Owner Name

RETURN FORM TO: Alameda County, Hazardous Materials Div.
80 Swan Way, Rm 200
Oakland, CA 94621-1439
Phone: (510) 271-4320

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH
 Hazardous Materials Inspection Form

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

II, III

Site ID # _____ Site Name UNOCAL 76 Today's Date 1/7/94

II.A BUSINESS PLANS (Title 19)

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

Site Address 845 66th Avenue

City Oakland Zip 94 Phone 638-4740

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

Inspection Categories:

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

II.B ACUTELY HAZ. MATLS

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

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

Comments:

There are 2, 12000 tanks (Underground Storage tanks for gasoline). The primary testing was done by Fire Dept. A copy of the Inspection Form will be sent to me by Michael. I was ~~going to~~ tested for the secondaries - only the vapor lines. The vapor lines were pressurized with 10 pounds for 1 1/2 hours according to Michael. There was a leak in the secondary fuel lines (product line), so it will be fixed & needs to be tested later.

There was no leak detected in the vapor lines though the product lines have to be tested.

III. UNDERGROUND TANKS (Title 23)

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

Rev 6/88

Contact: Gertie Ryan
 Title: Owner
 Signature: [Signature]

Inspector: [Signature]
 Signature: _____

II, III

ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION
DEPOSIT / REFUND ACCOUNT SHEET

SITE INFORMATION

Unocal Station #3135
845 66th Ave
Oakland 94621
Site Contact: Johnson C S Chow
Site Phone : 430-8999

StID: 3693 Site#: 86
PROJECT#: 86C
PROJECT TYPE: MOD
INSP: Madhulla Logan
ACCT. SHEET PG #: _____

PROPERTY OWNER INFORMATION

Unocal Corporation
2000 Crow Canyon Place #400
San Ramon Ca 94583
Owner Contact: Tony Quijalvo
Owner Phone :

CONTRACTOR INFORMATION

Tait & Associates Inc
2880 Sunrise Blvd Ste 206
Rancho Cordova CA 95742 #785
Contr. Contact: Chester Bennett
Contr. Phone : 916-635-2444

Date	Action Taken	Time		Hours Spent/ Depstd	Hour Balnce	Money Spent/ Depositd	Money Balance
		In	Out				
	Balance from Prev. Page
	Rcpt# 725532						
02/07/94	Deposit of \$714.00 @ \$75/hour			+9.52			714.00
2/18/94	Project Review - Plan			1.5		112.50	
3/16/94	Phone conversations mailing papers			1.0		75.00	
4/7/94	Site installations			2.0		150.00	
6/17/94	Phone conversations			1.0		75.00	

UPON COMPLETION OF PROJECT

PROJ COMPLETED BY : _____ ATTACH: State Forms A, B & C
 Billing Adjustment*

DATE OF COMPLETION : _____ DATE SENT TO BILLING: _____

TOTAL COST OF PROJECT: _____ REFUND AMOUNT: _____ Rev. 1/93

* Billing adjustment forms needed when site is in our UST program.