

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



F

November 9, 2007

Mr. Ignacio Dayrit
City of Emeryville
1333 Park Ave.
Emeryville, CA 94608

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

Dear Mr. Dayrit:

Subject: Fuel Leak Case RO000453, Celis Service Station, 4000 San Pablo Ave.
Emeryville, CA 94608

Alameda County Environmental Health (ACEH) has reviewed the case file for the subject site including the August 29, 2007 Monitoring Well Installation at Former Celis' Alliance Service Station, 4000 San Pablo Avenue, Emeryville, California prepared by URS Corporation. This report provides the results from the installation of monitoring wells, URS-MW-1 through URS-MW-5 and also groundwater monitoring results from the prior existing well, LFMW-LF-4. The wells were approved in the County's 1/19/07 letter. URS notes that soil excavation and groundwater remediation associated with the Oak Walk Redevelopment project will address some of the contamination from the former Celis site. As you are aware, petroleum releases from this site and others have commingled and thus the regulatory status of the sites are dependent on each other. We, therefore, approve of initiating quarterly monitoring of the existing and newly installed wells. However, site closure can only be considered in co-ordination with the adjacent up-gradient sites. We believe that the Oak Walk Corrective Action Plan (CAP), which includes among other things, groundwater monitoring should be used when considering closure of the Celis and the other sites associated with the commingled plume. In addition, the quarterly monitoring should be scheduled to coincide with that done for the Oak Walk Redevelopment site once their wells have been installed.

TECHNICAL REPORT REQUEST

Please submit the following technical reports to our office according to the following schedule:

- Quarterly Groundwater Monitoring Reports should be submitted 45 days after sampling and scheduled to allow submittal by 12/15/07, 3/15/08, 6/15/08, 9/15/08 and 12/15/08. Should the Oak Walk wells be installed during this time, you should schedule monitoring to coincide closely with their sampling and continue quarterly monitoring accordingly.

ELECTRONIC SUBMITTAL OF REPORTS

Effective **January 31, 2006**, the Alameda County Environmental Cleanup Oversight Programs (LOP and SLIC) require submission of all reports in electronic form to the county's ftp site. Paper copies of reports will no longer be accepted. The electronic copy replaces the paper copy and will be used for all public information requests,

regulatory review, and compliance/enforcement activities. Please do not submit reports as attachments to electronic mail.

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In order to facilitate electronic correspondence, we request that you provide up to date electronic mail addresses for all responsible parties. Please provide current electronic mail addresses and notify us of future changes to electronic mail addresses by sending an electronic mail message to at barney.chan@acgov.org.

PERJURY STATEMENT

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

PROFESSIONAL CERTIFICATION & CONCLUSIONS/RECOMMENDATIONS

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

UNDERGROUND STORAGE TANK CLEANUP FUND

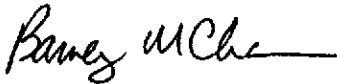
Please note that delays in investigation, later reports, or enforcement actions may result in your becoming ineligible to receive grant money from the state's Underground Storage Tank Cleanup Fund (Senate Bill 2004) to reimburse you for the cost of cleanup.

AGENCY OVERSIGHT

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If you have any questions, please call me at (510) 567-6765.

Sincerely,



Barney M. Chan
Sr Hazardous Materials Specialist

C: files, D. Drogos, A. Levi

Mr. George Muehleck, URS Corporation, 1333 Broadway, Suite 800, Oakland, 94612

All other interested parties to the commingled plumes are copied by way of an e mail attachment

11_9_07 4000 San Pablo Ave

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



F

January 19, 2007

Mr. Ignacio Dayrit
City of Emeryville
1333 Park Ave.
Emeryville, CA 94608

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

Dear Mr. Dayrit:

Subject: Fuel Leak Case RO000453, Celis Service Station, 4000 San Pablo Ave.
Emeryville, CA 94608

Alameda County Environmental Health (ACEH) has reviewed the case file for the subject site including the December 15, 2006 Monitoring Well Installation Work Plan, Former Celis' Alliance Service Station, 4000 San Pablo Avenue, Emeryville, California prepared by URS Corporation. This report responds to the County's 9/27/06 letter requesting installation and monitoring of additional monitoring wells to determine the site's plume extent and provide historic concentration trends. We approve your work plan for the installation of five (5) additional monitoring wells and the sampling of a total of six (6) wells. Please comply with the following technical comments when performing the proposed work.

TECHNICAL COMMENTS

1. Please analyze for the volatile fuel oxygenate constituents by EPA Method 8260.
2. Please monitor your wells in co-ordination with the other neighboring sites ie Oak Walk, Green City and McGrath Properties, presumed to be on a quarterly basis.

TECHNICAL REPORT REQUEST

Please submit the following technical reports to our office according to the following schedule:

- 60 days after completion of well installations- Well Construction Report
- 60 days after completion of well installations- Groundwater Monitoring Report and then similarly with the neighboring site submissions.

ELECTRONIC SUBMITTAL OF REPORTS

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PERJURY STATEMENT

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PROFESSIONAL CERTIFICATION & CONCLUSIONS/RECOMMENDATIONS

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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.

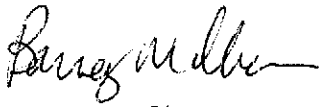
Mr. Ignacio Dayrit
January 19, 2007
Page 3 of 3

AGENCY OVERSIGHT

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If you have any questions, please call me at (510) 567-6765.

Sincerely,



Barney M. Chan
Hazardous Materials Specialist

C: files, D. Drogos

Mr. George Muehleck, URS Corporation, 1333 Broadway, Suite 800, Oakland, 94612

All other interested parties to the commingled plumes are copied by way of an e mail attachment

1_19_07 4000 San Pablo Ave

Chan, Barney, Env. Health

Re: 453

From: Chan, Barney, Env. Health
Sent: Monday, November 06, 2006 9:23 AM
To: 'George_Muehleck@URSCorp.com'
Cc: idayrit@ci.emeryville.ca.us; xtong@otgenv.com; daiw@sanjoco.com
Subject: RE: Celis site

Gentlemen: I have reviewed your e mail and voice message. Although the County is not adverse to meeting with you, at this time we do not have any additional information or work plans so unless you have your own work plan to discuss, there would be no benefit to meeting. We reiterate it is necessary for you to review the existing data, discuss your site with Dai Watkins (Oak Walk consultant), generate a site conceptual model and minimally install wells appropriate to confirm your model. We do believe that the releases of mineral spirits from up-gradient sites can be distinguished from your site, therefore, the real commingling is from the SFFBC site. Therefore, your discussion and co-operation with Mr. Dai Watkins appears critical and we urge you start this discussion. Since the November 1, 2006 date for work plan submittal has already passed, we will extend the work plan deadline to December 1, 2006.

Sincerely,

Barney M. Chan
Hazardous Materials Specialist
Alameda County Environmental Health
510-567-6765

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

From: George_Muehleck@URSCorp.com [mailto:George_Muehleck@URSCorp.com]
Sent: Monday, October 30, 2006 12:35 PM
To: Chan, Barney, Env. Health
Cc: idayrit@ci.emeryville.ca.us; xtong@otgenv.com
Subject:

Barney,

The City of Emeryville (City - Ignacio Dayrit) and its' consultants, URS Corporation (URS - George Muehleck) and OTG EnviroEngineering Solutions, Inc. (OTG - Xinggang Tong) have reviewed your letter dated, October 12, 2006 regarding Fuel Leak Case R000453, Celis Service Station, 4000 San Pablo Ave., Emeryville, CA 94608. Your October 12, 2006 letter also included letters dated October 12, 2006 to parties responsible for nearby sites: Oak Walk Property, the former Dunne Paint Company aka Green City Development, and the former Oakland National Engravers (ONE) site. Your letter to the City focuses on your review of the Former Celis' Alliance Service Station (Celis) case file and the May 31, 2006 Celis Additional Investigation Report, prepared by URS. Your letter indicates a need for the City and its' consultants to work cooperatively with the responsible parties and their consultants of the other sites. While the City is committed to working cooperatively with the other responsible parties, we note that, with respect to shallow groundwater flow, the Celis site is located down- or cross-gradient to other sites mentioned in the various letters, where various groundwater contamination plumes have commingled with that of the Celis site.

This email serves as the City's formal request for an extension of the November 1, 2006 submittal of a Work Plan for Monitoring Well Installations until after a meeting is held with you to discuss the Items of Concern you pose about the Celis Site as well as the need and ultimate objectives for the installation of additional Celis-specific monitoring wells (with a subsequent groundwater monitoring program). The City believes it necessary to discuss the issues in the context of nearby site investigations and remedial activities as well as those already completed at the Celis site and neighboring properties. From the various ACHS letters to other responsible parties we understand that additional soil and groundwater investigations as well as remedial activities (with subsequent groundwater

monitoring) are planned for the other sites. Some of these activities might include the installation of grout curtains which may affect local groundwater flow (and ultimately the accurate placement of Celis-specific monitoring wells) as well as the installation of monitoring wells to define plume extent (some of which may also serve to cover or be duplicative of any Celis-specific monitoring wells).

The City can meet with you at your earliest convenience. Please let me know when you are available to meet, regarding the above Items of Concern, the need, placement of, and ultimate objectives for additional Celis-specific monitoring wells. Ignacio Dayrit - City of Emeryville may also join in this meeting.

Regards,

G

George Muehleck, P.G.
Senior Hydrogeologist / Manager
URS Corporation
1333 Broadway, Suite 800
Oakland, CA 94612
george_muehleck@urscorp.com
510/874-3080 (Direct)
510/874-3268 (Fax)
707/795-6183 (Home Office)

This e-mail and any attachments are confidential. If you receive this message in error or are not the intended recipient, you should not retain, distribute, disclose or use any of this information and you should destroy the e-mail and any attachments or copies.

Chan, Barney, Env. Health

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George Muehleck, P.G.
Senior Hydrogeologist / Manager
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1333 Broadway, Suite 800
Oakland, CA 94612
george_muehleck@urscorp.com
510/874-3080 (Direct)
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707/795-6183 (Home Office)

This e-mail and any attachments are confidential. If you receive this message in error or are not the intended recipient, you should not retain, distribute, disclose or use any of this information and you should destroy the e-mail and any attachments or copies.

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



7

October 12, 2006

Mr. Ignacio Dayrit
City of Emeryville
1333 Park Ave.
Emeryville, CA 94608

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

Dear Mr. Dayrit:

Subject: Fuel Leak Case, R9-00-000000 Celis Service Station, 4000 San Pablo Ave.
Emeryville, CA 94608

Alameda County Environmental Health (ACEH) has reviewed the case file for the subject site including the May 31, 2006 Additional Investigation at Former Celis' Alliance Service Station, prepared by URS Corporation. We have also reviewed reports for the neighboring sites including the Oak Walk property, located between 40th, 41st and San Pablo Ave., Emeryville, former Oakland National Engravers (ONE) at 1001 42nd St., Oakland and the former Dunne Paint Company aka Green City development, located at 1007 41st St., Oakland. The URS report includes a summary of the releases from these and other sites plus an interpretation of the distribution of contaminants. It appears that the plume(s) from these sites have commingled via preferential pathways that include coarse-grained soils, buried stream channels, and utility conduits.

The Oak Walk property has proposed limited remediation and development of its site. This remediation, which includes soil and groundwater removal, will remove some of the contamination from the Celis release, but much contamination remains beneath 40th St. from both the Celis and San Francisco French Bread (SSFB) sites. Corrective actions and ultimately closure of your site is linked with corrective actions at the Oak Walk site, which is linked with corrective actions at the ONE and Green City sites. Therefore, it is critical that you and your consultants work co-operatively with these other sites to complete the investigation, cleanup, and/or monitoring of all the releases. Based upon the following technical comments, we do not concur with your recommendation for site closure once the Oak Walk site is completed. Please address the following technical comments and submit the technical report requested below.

TECHNICAL COMMENTS

1. **Items of concern-** The following outstanding issues exist at this site:

- MW-2 located on the 3999 San Pablo Ave. site reported elevated TPHg, BTEX likely from the Celis site and/or the SFFB site.
- Soil contamination was excavated only to the depth of groundwater, 9.5' bgs, therefore impacted saturated soil and groundwater remains beneath the site.
- The presence of utilities, storm drain and sewer main, not only prevented additional sampling but provides a preferential pathway, which has not been investigated.

- The apparent north-south migration of TPH contamination indicates additional potential of preferential pathway migration
- The initial scope of the investigation was to collect soil and groundwater samples from eight Geoprobe borings to 20', however, due to the presence of utilities only three of the borings were completed and only two yielded groundwater.
- High benzene in soil was left within 40th St., which is likely from both the Celis and SFFB site releases.
- There is a lack of groundwater monitoring data at the site and both adjacent and down-gradient of the site.

Based upon these issues, we request that additional monitoring wells be installed to determine the plume extent and provide a historic trend to support future trend conclusions. We request that your wells and monitoring schedule be coordinated with that of the Green City, ONE, and Oak Walk properties. This request is also made of the Green City, ONE, and Oak Walk properties by copy of this letter.

TECHNICAL REPORT REQUEST

- **November 1, 2006-** Work plan for monitoring well installation
- **45 days after approval of Work Plan –** SWI Report

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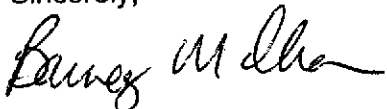
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Sincerely,



Barney M. Chan
Hazardous Materials Specialist

C: files, D. Drogos

Mr. Constantino Cellis, c/o Mr. Ignacio Dayrit, City of Emeryville, 1333 Park Ave.,
Emeryville, CA 94608

Mr. George Muehleck, URS Corporation, 1333 Broadway, Suite 800, Oakland, 94612

Mr. Martin Samuels, Green City Development Group, 3675 Del Monte Ave.,
Oakland, CA 94608

Mr. Terry Turner, Dunne Quality Paints, 707 Glenside Circle, Lafayette, CA 94599

Mr. Jon Rosso, Clayton Group Services, A Bureau Veritas Company, 6920 Koll Center
Parkway, Suite 216, Pleasanton, CA 94566

Mr. Edward Kozel, 20 Oak Knoll Drive, Healdsburg, CA, 95448-3108

Mr. David Russell, The Grow Group, Pan American Building, 200 Park Ave., New York,
NY 10166

Ms. Deborah Castles, AEGIS, 130 Webster St., Suite 200, Oakland, CA 94607

Mr. Peter Schellinger, Bay Rock Residential, LLC, 5801 Christie Ave., Suite 455
Emeryville, CA 94608

Mr. John Tibbetts, 4097 San Pablo Ave., Emeryville, CA 94608

Mr. Dave Ennis, P.O. Box 10985, South Lake Tahoe, CA 96158-3985

Mr. Dai Watkins, The San Joaquin Co. Inc., 1120 Hollywood Ave., Suite 3,
Oakland, CA 94602

Mr. Xingang Tong, 464 19th St., Suite 206, Oakland, CA 94612

Mr. Robert Kitay, ASE, 208 W. El Pintado Road, Danville, CA, 94526

Mr. John Cavanaugh, ERM, 1777 Botelho Drive, Suite 260, Walnut Creek,
CA, 94596

Mr. John Wolfenden, SFRWQCB



CITY OF EMERYVILLE

INCORPORATED 1896

1333 PARK AVENUE
EMERYVILLE, CALIFORNIA 94608-3517

TEL: (510) 596-4300 FAX: (510) 596-4389

Alameda County
MAR 28 2006
Environmental Health

March 13, 2006

Debbie Cheung
Payments Unit, UST Cleanup Fund
State Water Resources Control Board
P.O.Box 944212
Sacramento, CA 94244-2120

Dear Ms. Cheung:

re: Claim Number 008287, 4000 San Pablo Avenue

Please find enclosed a reimbursement request for the subject property covering the period October 27, 2004 to February 20, 2006. The total amount requested for this period is \$52,693.58.

Project Background

Levine-Fricke, consultants for a third party, conducted initial site investigation on the Celis Alliance gas station in 1993 and identified extensive soil and groundwater contamination beneath the site. Floating free-phase petroleum product was found up to 6.25 inches of thickness in one of three monitoring wells. The gas station was demolished and UST were removed in May 1994. Soil within the boundary of the 10,000 square foot site was excavated from the surface to the shallow zone water surface (approximately 9.5 feet below grade) in June 1994. Excavated soil was disposed off-site. Clean fill was imported as backfill and the 40th Street right-of-way was built in 1995. The site was bounded to the north, south and east by small light-industrial and residential properties, and to the west by San Pablo Avenue.

After the 40th Street right-of-way was built, a free-product recovery well was constructed on the northeast corner of the San Pablo and 40th Street intersection. The well was subjected to weekly product recovery and groundwater pumping from September to December 1997. On behalf of the City, Woodward-Clyde Consultants (now URS, with OTG Environmental Engineering as subconsultants) submitted a closure request to the Alameda County Environmental Health Services (ACEHS) in October 1998, but ACEHS did not respond to the closure request.

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



BA
7

August 22, 2005

Mr. Ignacio Dayrit
City of Emeryville
1333 Park Ave.
Emeryville, CA 94608

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

Dear Mr. Dayrit:

Subject: Fuel Leak Case [REDACTED], Former Celis Service Station,
4000 San Pablo Ave., Emeryville, CA 94608

Alameda County Environmental Health (ACEH) has reviewed the July 14, 2005 Work Plan Addendum to the *April 2005 Review of Investigation and Remediation Results and Workplan for Additional Investigation at Former Celis' Alliance Service Station* prepared by OTG EnviroEngineering Solutions, Inc. (OTG). The work plan proposes eight (8) soil borings in order to determine the down-gradient extent of petroleum contamination from the former USTs at the former Celis' Alliance Service Station. We request that you address the following technical comments when performing the proposed work.

TECHNICAL COMMENTS

Contaminant Plume Definition

1. Our office approves the proposed location of the (8) borings. The borings are to be advanced to a depth of 20'. Please extend the depth of the boring if needed to determine the vertical extent of contamination. Your groundwater sample should be collected from a slotted interval of no greater than 5' in length. Additional groundwater samples should be collected if more than one water-bearing zone is encountered. Samples should be analyzed for TPHg, TPHd, TPH as mineral spirits, BTEX, MTBE, TAME, ETBE, DIPE, TBA, EDB and EDC.

Conduit Study/Receptor Survey

2. In addition to the proposed borings in the potential preferential pathways of utilities and gravel streambeds, please identify utilities down-gradient of this site and determine their potential for preferential contaminant migration. In addition, please provide a detailed survey of all wells (monitoring and production wells: active, inactive, standby, destroyed (sealed with concrete), abandoned (improperly destroyed); and dewatering, drainage, and cathodic protection wells) within a ½ mile radius of the subject site.
3. Geotracker EDF Submittals - A review of the case file and the State Water Resources Control Board's (SWRCB) Geotracker website indicate that electronic copies of analytical data have not been submitted for your site. Pursuant to CCR Sections 2729 and 2729.1, beginning September 1, 2001, all analytical data, including monitoring well samples, submitted in a report to a regulatory agency as part of the LUFT program, must be transmitted electronically to the SWRCB Geotracker website via the internet. Additionally, beginning January 1, 2002, all permanent monitoring points utilized to collect groundwater samples (i.e. monitoring wells) and submitted in a report to a regulatory agency, must be surveyed (top of casing) to mean sea level and latitude and longitude accurate to within 1-meter accuracy, using NAD 83, and transmitted electronically to the SWRCB Geotracker website. Beginning July 1, 2005, electronic submittal of a complete copy of all reports (LUFT or SLIC) is required in Geotracker (in PDF format).

In order to remain in regulatory compliance, please upload all LUFT analytical data (collected on or after September 1, 2001), to the SWRCB's Geotracker database website in accordance with the above-cited regulation. Please perform the electronic submittals for applicable data and submit verification to this Agency.

TECHNICAL REPORT REQUEST

Please submit the following technical reports to our office according to the following schedule.

- 45 days after completion of investigation- Contaminant Plume Definition report and recommendation for monitoring well installation.
- September 30, 2005- Conduit and Receptor Survey

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) now request submission of reports in electronic form. The electronic copy is intended to replace the need for a paper copy 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 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, electronic submittal of a complete copy of all reports is required in Geotracker (in PDF format). Please visit the State Water Resources Control Board for more information on these requirements (http://www.swrcb.ca.gov/ust/cleanup/electronic_reporting).

PERJURY STATEMENT

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

PROFESSIONAL CERTIFICATION & CONCLUSIONS/RECOMMENDATIONS

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

UNDERGROUND STORAGE TANK CLEANUP FUND

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

AGENCY OVERSIGHT

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

If you have any questions, please call me at (510) 567-6765.

Sincerely,



Barney M. Chan
Hazardous Materials Specialist

Enclosure: ACEH Electronic Report Upload (ftp) Instructions

C: B. Chan, D. Drogos

Mr. Constantino Celis, 2200 Powell St., 12th Floor, Emeryville, CA 94608

Mr. Xingang Tong, URS Corp., 1333 Broadway, Suite 800, Oakland, CA 94612

Mr. Dai Watkins, The San Joaquin Company, 1120 Hollywood Ave., Suite 3,
Oakland, CA 94602-1459

Mr. Peter Schellinger, 5801 Christie Ave., Suite 455, Emeryville, CA 94608

Mr. Don Peterson, SNK Development, 185 Berry St., San Francisco, CA 94107

Chan, Barney, Env. Health

100453

To: Xinggang Tong
Cc: idayrit@ci.emeryville.ca.us
Subject: RE: former Celis Gas Station site in Emeryville

Xinggang and Ignacio:

The rationale for the request for a transect of borings downgradient and perpendicular to the anticipated plume is not to chase the buried streambed or to generate cross sections, which you correctly stated can be done with existing data. The requested data will help determine the likely extent and shape of the petroleum plume, laterally and vertically. By installing the two wells as proposed, we cannot generate this type of information. The proposed URS-MW-1 is south of the assumed gravel channel and may be biased since the channel may serve to limit the southerly migration of dissolved contaminants. It is anticipated that the strength of the residual plume is actually within 40th St., where no downgradient data exists. It is a big assumption to think that the groundwater data from LFMW-4 indicates that the entire plume has attenuated to these levels. So I believe that to close this site, we need to verify the shape and size of the plume and have data points along the down-gradient path of the plume which show natural attenuation. I don't think this can be done with the two MWs proposed.

Sincerely,

Barney Chan
510-567-6765

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

From: Xinggang Tong [mailto:xtong@otgenviroengineering.com]
Sent: Monday, July 11, 2005 1:56 PM
To: Chan, Barney, Env. Health
Cc: idayrit@ci.emeryville.ca.us
Subject: Re: former Celis Gas Station site in Emeryville

Barney,

Thank you for your review letter dated June 29, 2005 for the former Celis site. I am preparing a work plan addendum as you requested for the additional investigation.

I can take the two-step approach to the additional investigation as you suggested, i.e. put a series of borings along a transect perpendicular to the plume and then decide the best locations and depths for the wells based on the boring results. However, the site has been investigated several times and we had many borings and wells both on site and off site. We understand the area general soil stratigraphy reasonably well, except locations of the old streambed channels. As demonstrated by the San Joaquin company (SJC), we can hit or miss the old streambed channel through soil borings by as little as a few inches. Our purpose of the additional investigation is not to chase the old streambed channel, but to define the downgradient area of the groundwater plume through the two new proposed wells, URS-MW-1 and URS-MW-2. We have enough wells/borings to allow reasonably good cross-section drawings in the west-east direction along the 40th Street (Using wells LFMW-4, WCEW-1, MW-2, MW-3 and MW-4, all are active wells) and in the north-south direction along the San Pablo Avenue (Using wells MW-5, WCEW-1, JSC-MW-T4A and borings HEB-6, AEGP-2, AEGP-20, HEB-8 and AEGP-26). If we prepare these two cross-section drawings for your further review, do you think we still need to do a series of borings before deciding the two new wells (locations and well details)?

Regards,

Xinggang Tong
OTG EnviroEngineering
(510) 465-8982

Chan, Barney, Env. Health writes:

> Xinggang: I just wrote a letter, I have attached an unsigned copy. One
> was sent to URS to your attention.
> Barney
>
> -----Original Message-----
> From: Xinggang Tong [mailto:xtong@otgenviroengineering.com]
> Sent: Wednesday, June 29, 2005 10:08 AM
> To: Chan, Barney, Env. Health
> Subject: former Celis Gas Station site in Emeryville
>
> Barney,
>
> When you send your comments/approval letter to Ignacio for the report
> "Review of Investigation and Remediation Results and Workplan for
> Additional Investigation at Former Celis' Alliance Service Station"
> (URS, April 2005), can you please also send me a copy of your letter.
> My address is:
>
> OTG EnviroEngineering Solutions, Inc.
> Attention: Xinggang Tong
> 464 19th St., Suite 206
> Oakland, CA 94612
>
> Thank you, Barney.
>
> Xinggang
> OTG
> (510) 874-3060

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



BC

June 29, 2005

Mr. Ignacio Dayrit
City of Emeryville
1333 Park Ave.
Emeryville, CA 94608

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

Dear Mr. Dayrit:

Subject: Fuel Leak Case RO0000453, Former Celis Service Station,
4000 San Pablo Ave., Emeryville, CA 94608

Alameda County Environmental Health (ACEH) has reviewed the April 2005 Review of Investigation and Remediation Results and Workplan for Additional Investigation at Former Celis' Alliance Service Station. This report summarizes the existing data from prior reports and attempts to determine the likely extent of the petroleum release from the referenced site using MTBE and benzene detections at "markers" for the fuel release. A work plan for monitoring well installations is also provided in this report. We request that you address the following technical comments when performing the proposed work.

TECHNICAL COMMENTS

Contaminant Plume Definition

1. The evaluation of analytical data provided in this report is creditable. The use of MTBE and benzene to estimate the potential release from this site is a reasonable approach. As such, there appears to be distinct boundaries from the contamination identified on the Oak Walk and the SNK Andante Redevelopment Areas. As previously requested in our 10/5/04 letter, we recommend that a series of borings along a transect perpendicular to the plume be installed prior to installing permanent monitoring wells for the collection of depth discrete soil and groundwater samples. This will help with the proper location and construction of the wells. Please provide a work plan addendum, preferably electronically, as requested below. Your groundwater investigation and well construction should be consistent with the boring results.

Conduit Study

2. We concur with the proposal to perform a conduit study to identify potential preferential pathways. If pathways are identified, please evaluate the need and propose appropriate sampling within or along the pathways. Please provide your study as requested below.

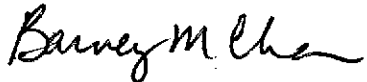
TECHNICAL REPORT REQUEST

Please submit your work plan addendum and conduit study to our office by July 29, 2005.

June 29, 2005
4000 San Pablo Ave., Emeryville, 94608
RO 453
Page 2

You may contact me at (510) 567-6765 if you have any questions.

Sincerely,



Barney M. Chan
Hazardous Materials Specialist

C: B. Chan, D. Drogos

Mr. Constantino Celis, 2200 Powell St., 12th Floor, Emeryville, CA 94608

Mr. Xingang Tong, URS Corp., 1333 Broadway, Suite 800, Oakland, CA 94612

Mr. Dai Watkins, The San Joaquin Company, 1120 Hollywood Ave., Suite 3,
Oakland, CA 94602-1459

Mr. Peter Schellinger, 5801 Christie Ave., Suite 455, Emeryville, CA 94608

Mr. Don Peterson, SNK Development, 185 Berry St., San Francisco, CA 94107

6_29_05 4000SanPabloAve

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



ENVIRONMENTAL HEALTH SERVICES

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

October 6, 2004

Mr. Ignacio Dayrit
City of Emeryville
1333 Park Ave.
Emeryville, CA 94608

Dear Mr. Dayrit:

Subject: Fuel Leak Case RO0000453, Former Celis Service Station,
4000 San Pablo Ave., Emeryville, CA 94608

Alameda County Environmental Health (ACEH) has reviewed the file for the subject site including the June 16, 2004 report from The San Joaquin Company. Data from this report was discussed during the August 12, 2004 meeting, which you attended, at the County offices. As you are aware, the petroleum release from the Celis property has been implicated in affecting neighboring properties surrounding the site, in particular to the south on the SNK Andante development and to the north on the proposed Oak Walk site. Contamination to the east, within 40th St. was also found. The petroleum contamination found is likely from the Celis site and the former San Francisco French Bread site located at 4070 San Pablo Ave. When the Celis site was originally investigated, surrounding sites were mainly commercial. Therefore, the risk evaluation performed evaluated the likely exposure pathways, ie residential outdoor air and commercial indoor air. With the newly constructed and proposed residential developments, residential indoor air exposure must also be examined. Our office has determined that additional information is needed to progress this site towards closure. Please address the following technical comments and submit the technical report requested.

TECHNICAL COMMENTS

Contaminant Plume Definition

1. It also appears that the full lateral and vertical extent of contamination from this site has not been determined. Although soil and groundwater data does exist from prior investigations, the completeness of the investigations has not been demonstrated. As previously stated, commingling of contamination from the former San Francisco Bread site is possible. In addition, The San Joaquin Company (SJC) investigations have named the Celis site as the source of much of the contamination found on the SNK Andante and Oak Walk sites. Therefore, additional investigation is required to characterize the lateral and vertical extent of the Celis property plume. Such an investigation would presumably include transects of borings and depth discrete soil and groundwater sampling within and surrounding the site. Off-site access permits and agreements should be initiated to expedite your investigation. You are encouraged to examine existing data. Please have your consultant comment on the alleged extent of contamination having originated from this site. Based upon the results of your investigation, additional recommendations

October 6, 2004
Mr. Ignacio Dayrit
RO0000453
4000 San Pablo Ave., Emeryville, CA 94608
Page 2

should be made ie resumption of monitoring, additional monitoring wells, interim remediation, risk assessment, etc.

Conduit Study

2. We request that you perform a conduit study that details the potential migration pathways and potential conduits (utilities, storm drains, stream beds, foundations, etc.) that may be in the vicinity of the site. Please provide a map showing the location and depths of the utilities. The conduit study should identify wells (of all types) within a ¼ mile radius of this site. Please comment on the preferential pathways and their ability to cause off-site contamination. As part of the conduit study, please review the historical site use of this and neighboring properties using historical (Sanborn) maps and aerial photos as appropriate.

Hydrogeology and Groundwater Flow Conditions

3. Please provide detailed cross sections and a rose diagram for the site. Please include depth to water and contaminant concentrations on the figures.

Please provide the requested technical reports and a work plan to define the lateral and vertical extent of the plume to our office by November 8, 2004.

You may contact me at (510) 567-6765 if you have any questions.

Sincerely,



Barney M. Chan
Hazardous Materials Specialist

C: B. Chan, D. Drogos ✓

Mr. Constantino Celis, 2200 Powell St., 12th Floor, Emeryville, CA 94608
Mr. Xingang Tong, URS Corp., 1333 Broadway, Suite 800, Oakland, CA 94612
Mr. Dai Watkins, The San Joaquin Company, 1120 Hollywood Ave., Suite 3,
Oakland, CA 94602-1459
Mr. Peter Schellinger, 5801 Christie Ave., Suite 455, Emeryville, CA 94608
Mr. Don Peterson, SNK Development, 185 Berry St., San Francisco, CA 94107

10_5_04 4000SanPabloAve



ENVIRONMENTAL HEALTH SERVICES

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

June 9, 1999

Mr. Ignacio Dayrit
City of Emeryville Redevelopment Agency
2200 Powell Street, 12th Floor
Emeryville, California 94608

**RE: Former Celis Service Station (STID # 567)
4000 San Pablo Avenue, Emeryville, California 94608**

LANDOWNER NOTIFICATION AND PARTICIPATION REQUIREMENTS

Dear Mr. Dayrit:

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

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

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

LANDOWNER NOTIFICATION

Re: 4000 San Pablo Avenue, Emeryville

June 9, 1999

Page 2 of 2

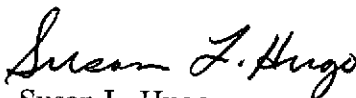
In accordance with Section 25297.15(a) of Ch. 6.7 of the Health & Safety Code, you must certify to the local agency that all current record owners of fee title to the site have been informed of the proposed action before the local agency may do any of the following:

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

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

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

Sincerely,



Susan L. Hugo
Hazardous Materials Specialist

Attachments

cc: Chuck Headlee, RWQCB
SH / files

SAMPLE LETTER (2): LIST OF LANDOWNERS FORM

Name of local agency
Street address
City

SUBJECT: CERTIFIED LIST OF RECORD FEE TITLE OWNERS FOR (*Site Name and Address*)

(Note: Fill out item 1 if there are multiple site landowners. If you are the sole site landowner, skip item 1 and fill out item 2.)

1. In accordance with section 25297.15(a) of Chapter 6.7 of the Health & Safety Code, I, (name of primary responsible party), certify that the following is a complete list of current record fee title owners and their mailing addresses for the above site:

2. In accordance with section 25297.15(a) of Chapter 6.7 of the Health & Safety Code, I, (name of primary responsible party), certify that I am the sole landowner for the above site.

Sincerely,

Signature of primary responsible party

Name of primary responsible party

SAMPLE LETTER 3: NOTICE OF PROPOSED ACTION SUBMITTED TO LOCAL AGENCY

Name of local agency
Street address
City

SUBJECT: NOTICE OF PROPOSED ACTION SUBMITTED TO LOCAL AGENCY FOR
(*Site Name and Address*)

In accordance with section 25297,15(a) of Chapter 6.7 of the Health & Safety Code, I, (*name of primary responsible party*), certify that I have notified all responsible landowners of the enclosed proposed action. Check space for applicable proposed action(s):

- cleanup proposal (corrective action plan)
- site closure proposal
- local agency intention to make a determination that no further action is required
- local agency intention to issue a closure letter

Sincerely,

Signature of primary responsible party

Name of primary responsible party

cc: Names and addresses of all record fee title owners

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



November 5, 1997

Mr. Ignacio Dayrit
City of Emeryville Redevelopment Agency
2200 Powell Street, Suite 1200
Emeryville, California 94608

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

RE: RBCA Evaluation Report (Development of Site-Specific Target Levels for Soil and Groundwater) 40th Street Right-of-Way, Emeryville, CA 94608 (STID# 567)

Dear Mr. Dayrit:

This agency has reviewed the "RBCA Evaluation Report" dated April 1997, prepared and submitted by Woodward-Clyde Consultants (WCC) for the above referenced site. The report provided the results of a risk-based evaluation to develop site-specific target levels (SSTLs) for chemicals detected in soil and groundwater at the subject site.

I have also received and reviewed the addendum to the report documenting changes made on pages 2-2 and 2-4 as discussed with Mr. Xinggang Tong and Mr. Marco Lobascio of WCC on October 31, 1997.

This office concurs with WCC's recommendations that no further action for soil is warranted and groundwater monitoring program should be implemented to demonstrate plume stability and chemical degradation. In addition, the site will be evaluated for closure as a low risk soil and groundwater case with the following conditions: free product is not present in any of the wells, the plume is stable, chemical degradation is present and benzene concentration in groundwater is below the site specific target level (SSTL).

It is my understanding that a replacement well for LF-1 (decommissioned during construction activities) has been installed and groundwater monitoring program for the site has been initiated. Please submit a copy of the monitoring well installation report and the groundwater data collected to date for the site.

If you have any questions regarding this letter, please contact me at (510) 567-6780.

Sincerely,

Susan L. Hugo
Susan L. Hugo

Hazardous Materials Specialist

c: Mee Ling Tung, Director, Environmental Health
Gordon Coleman, Chief, Environmental Protection Division / SH / files
Ravi Arunalantham, San Francisco Bay RWQCB
Kevin Graves, San Francisco Bay RWQCB
Xinggang Tong / Marco Lobascio, WCC, 500 12th St., Suite 100, Oakland, CA 94607

Woodward-Clyde



Engineering & sciences applied to the earth & its environment

FAX TRANSMITTAL

FAX ONLY

DATE: 10/31, 1997

ORIGINAL IN MAIL

TIME: 5:20 am pm

TO: Susan Hugo

FIRM: Alameda County Health Agency

FAX NUMBER (510) 337-9335

FROM: _____

TOTAL NUMBER OF PAGES INCLUDING COVER SHEET: 4

MESSAGE: Corrections as we discussed



Should you have any questions/problems with this transmittal.

Please Contact: Xinggang

Phone Numbers: (510) 874-3060 (510) _____

OUR FAX NUMBER IS (510) 874-3268

Woodward-Clyde Consultants • A subsidiary of Woodward-Clyde Group, Inc.
500 12th Street, Suite 200 • Oakland, California 94607-4014
(510) 893-3600 • Fax (510) 874-3268

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



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

December 12, 1996
STID # 567

Mr. Ignacio Dayrit
City of Emeryville, Redevelopment Agency
2200 Powell Street, 12th Floor
Emeryville, CA 94608

**RE: Closure Work Plan for the Former Celis Alliance Fuel Station
4000 San Pablo Avenue, Emeryville California 94608**

Dear Mr. Dayrit:

This agency has completed review of the "Closure Work Plan" dated September 26, 1996 and prepared by Woodward Clyde Consultants for the above referenced site. The work plan includes the following elements: installation of one groundwater extraction / monitoring well; free product removal if present; groundwater monitoring program for one year and RBCA risk evaluation.

The work plan is acceptable to this agency provided the items listed below are addressed:

- 1) Methyl tertiary butyl ether, lead and TPH as motor oil must be included as target analytes in soil and groundwater samples in addition to TPH gasoline, TPH diesel and BTEX. If TPH diesel is detected, the sample should be analyzed for polynuclear aromatic hydrocarbons (PAH's). If lead is not present during the initial sampling, it can be dropped from the monitoring program.
- 2) Free product up to 0.52 feet was present in the downgradient well (LF-1) near the property boundary along San Pablo Avenue. LF-1 was decommissioned during the excavation/ construction / demolition activities at the site. The presence of preferential pathways (i. e. utilities) acting as a conduit for the hydrocarbon plume to migrate along San Pablo Avenue should be evaluated.
- 3) An existing off - site downgradient monitoring well LF-4 and the proposed new well (EW-1) should be sampled quarterly for one year and existing off - site well MW-2 will be used to establish groundwater flow direction for the site. Additional sampling points (i. e. groundwater monitoring wells, borings /grab water sample) may be required in the future to adequately characterize the extent of the petroleum hydrocarbon plume.
- 4) Please provide our office at least 72 hours advance notice of any field activity at the site.

Mr. Ignacio Dayrit
RE: 4000 San Pablo Avenue, Emeryville, CA 94608
December 12, 1996
Page 2 of 2

If you have any questions concerning this letter or the subject site, please call me at (510) 567-6780.

Sincerely,



Susan L. Hugo
Senior Hazardous Materials Specialist

c: Mee Ling Tung, Director, Environmental Health
Gordon Coleman, Acting Chief, Environmental Protection Division
Kevin Graves, San Francisco Bay RWQCB
Xinggang Tong, WCC, 500 12th Street, Suite 100, Oakland, CA 94607
SH / files

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



Alameda County CC4580
Environmental Health Services
1131 Harbor Bay Pkwy., #250
Alameda CA 94502-6577
(510)567-6700 FAX(510)337-9335

May 17, 1996

Mr. Dave Deaner
State Water Resources Control Board
Division of Clean Water Programs
2014 T Street, Suite 130
Sacramento, CA 94244-2120

**RE: Underground Storage Tank Cleanup Fund Reimbursement
C.L. & R. Celis, 4000 San Pablo Avenue, Emeryville, CA 94608**

Dear Mr. Deaner:

It has come to our attention that a cleanup fund reimbursement request has been submitted to your office on behalf of Mr. Constantino Celis and Ms. Remedios Celis ("claimants") and City of Emeryville ("co-payee"), owners of the referenced site. We understand that an initial review of the applicants' reimbursement request have been determined to be ineligible costs.

Mr. Michael Brady, counsel for the applicants, informed this office that the reimbursement request was denied. One of the reasons cited for denying the requests was the lack of target clean up levels and that the soil excavation conducted at the site may not be the most cost-effective method of remediation.

Ms. Susan Hugo of my staff is overseeing the investigation and remediation of petroleum hydrocarbon contamination in soil and groundwater at the referenced site. In addition, she is responsible for overseeing almost all sites in Emeryville that are conducting soil / groundwater investigation and remediation related to both leaking underground storage tank (LUST cases) and spill / leak investigation and cleanup (SLIC cases). Her involvement with numerous sites in Emeryville provides her with considerable knowledge of on going investigation and remediation and the clean up goals established for the neighboring sites.

The subject site, relatively small in size (approximately 100 ft x 100 ft) has been an operating service station since 1936. Groundwater in the area is very shallow (between 5 ft to 10 ft deep). Six USTs ranging from 550 gallon to 7000 gallon in capacity were removed on May 1994. During the tank removals, holes were found in the USTs. Free product was present in all the three excavation pits and air monitoring had to be conducted due to the strong hydrocarbon odor coming from the site.

Prior to the tank removals, Catellus Development (owner of the East Bay Bridge Center Project which is across and directly downgradient of the referenced site) installed an upgradient well on their property and found dissolved petroleum hydrocarbon which appeared to be originating from the subject site. On August 1993,

Mr. Dave Deaner
RE: 4000 San Pablo Avenue, Emeryville, CA 94608
May 17, 1996
Page 2 of 3

Phase II (soil and groundwater investigation) was conducted at the subject site by Levine Fricke on behalf of Catellus Development. Fourteen soil borings were drilled and three groundwater monitoring wells were installed at the site. Results indicate that the soil and shallow groundwater beneath the site have been affected by petroleum hydrocarbon from the leaking tanks. The downgradient well (LF-1) along the western property boundary found free product (0.52 feet). On January 1994, monitoring well LF-4 was installed along the north side of 40th Street, approximately 160 feet west (downgradient) of well LF-1. Groundwater sample collected from LF-4 exhibited up to 21,000 ppb TPH gasoline, 2,200 ppb TPH diesel, 210 ppb TPH motor oil, 1100 ppb benzene, 2000 ppb toluene, 880 ppb ethyl benzene, and 4700 ppb xylene. It is apparent based on the data collected so far, that the petroleum hydrocarbon plume at the subject site had migrated off site and affecting the neighboring sites.

This agency has worked with the responsible parties and their consultants during all phases of the investigation conducted at the site to date, from the initial site characterization, identification that the USTs had leaked, removal of the leaking USTs, approval of soil excavation and the future groundwater monitoring program that needs to be implemented at the site.

Although no target cleanup goals has been submitted for the subject site, established cleanup goals for the neighboring site (East Bay Bridge Center Project) which is directly downgradient of the property were discussed during the numerous meetings with the responsible parties and their consultants. The soil cleanup goals established by this agency and the RWQCB for the East Bay Bridge Center Project are as follows: 1000 ppm TPH as oil and grease, 100 ppm TPH diesel, 10 ppm TPH gasoline and 1 ppm cumulative BTEX. These clean up levels may also be used for the subject site.

This agency believes that aggressive source removal (removing the leaking tanks and excavation of contaminated soil) should occur and have been implemented at the referenced site based on the following rationale:

- 1) Free product up to 0.52 feet was present in the downgradient well (LF-1) near the property boundary along San Pablo Avenue.
- 2) Petroleum hydrocarbon plume has migrated off site and affecting the neighboring site, East Bay Bridge Center Project which has an on-going groundwater investigation and remediation system. The upgradient well at the East Bay Bridge Center has been consistently detecting up to 7100 ppb

Mr. Dave Deaner
RE: 4000 San Pablo Avenue, Emeryville, CA 94608
May 17, 1996
Page 3 of 3

TPH gasoline, 300 ppb TPH diesel, 76 ppb benzene, 9.5 ppb toluene, 210 ppb ethyl benzene, and 620 ppb xylenes.

- 3) Utilities along San Pablo Avenue are present and may act as preferential pathways for the hydrocarbon plume (free product in LF-1) to migrate to neighboring sites.
- 4) The site is very limited and petroleum hydrocarbon has been identified in both soil and groundwater samples collected from sampling points all over the subject site. In addition shallow groundwater at 5 ft to 10 ft deep is present. During the removal of the tanks, free floating product was present in all the excavation pits.
- 5) The subject site was part of the 40th Street right of way extension and installing an in-situ remediation system in the street is not practical. In addition, leaving the contaminated soil and free product at the site for future roadway present a significant risk to future construction and utility workers.
- 6) Excavation of impacted material surrounding the leak is one of the best source removal technology for removing free product.

The soil excavation conducted at the site and approved by this agency appeared to be a very cost effective if not the most cost effective remediation for the site and may have shorten the time frame for both the remediation and future groundwater monitoring program.

In closing, we respectfully request that your office reconsider the reimbursement requests by the responsible parties and rule in their favor based on the information we have provided in this letter. Please feel free to contact me at (510) 567-6782, or Ms. Susan Hugo of my staff at (510) 567-6780, to discuss the case in more detail.

Sincerely,



Thomas Peacock, LOP Program Manager

c: Mee Ling Tung, Director, Environmental Health
Gordon Coleman, Chief, Environmental Protection Div / files
Michael Brady, 555 Capitol Mall, 9th Fl Sacramento CA 95814
Constantino Celis, 2319 Monte Vista Drive, Pinole, CA 94564
Ignacio Dayrit, City of Emeryville, 2200 Powell Street
12th Floor, Emeryville, CA 94608

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, DIRECTOR

DEPARTMENT OF ENVIRONMENTAL HEALTH
State Water Resources Control Board
Division of Clean Water Programs
UST Local Oversight Program
1131 Harbor Bay Parkway
Alameda, CA 94502-6577
(510) 567-6700

June 20, 1995

STID# 567

Mr. Ignacio Dayrit
City of Emeryville, Redevelopment Agency
2200 Powell Street, 12th Floor
Emeryville, CA 94608

**RE: Report on Soil Remediation at the Former Celis Alliance Fuel
Station - 4000 San Pablo Avenue, Emeryville, California 94608**

Dear Mr. Dayrit:

The Alameda County Department of Environmental Health, Environmental Protection Division has reviewed the "Report on Soil Remediation at the Former Celis Alliance Fuel Station" dated January 6, 1995 and prepared by Woodward Clyde Consultants for the referenced site. This report was received by our office on March 24, 1995.

The report documented the tasks conducted at the site as part of the "Work Plan for Additional Site Investigation and Limited Soil Excavation" (June 17, 1994) prepared by Woodward Clyde and approved by this office on August 24, 1994. Petroleum-affected soil was excavated across the entire site down to groundwater level and verification soil samples from the bottom and sidewalls were collected and analyzed for target compounds. Additionally, the three on-site monitoring wells were appropriately decommissioned.

Confirmatory soil samples indicated the presence of residual petroleum contamination at the subject site as high as 1,000 ppm TPH gasoline, 18,000 ppm TPH diesel, 15,000 ppm TPH oil and grease, 3.8 ppm benzene, 18 ppm toluene, 11 ppm ethyl benzene and 57 ppm xylenes.

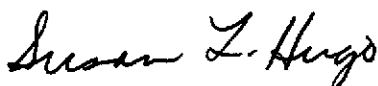
Three groundwater monitoring wells will be installed to replace the three wells that were decommissioned during the excavation of the contaminated soil. These three wells will be constructed after the completion of the 40th Street Right-of-Way extension through the site. Please provide our office with a time schedule for the 40th Street Right-of-Way extension activities and anticipated date of the installation of the three monitoring wells. The groundwater investigation must be implemented as soon as possible due to the free product found in the former monitoring well LF-1. Free product recovery activities must be initiated to prevent further migration of the contamination found at the site.

Mr. Ignacio Dayrit
RE: 4000 San Pablo Avenue, Emeryville, CA 94608
June 20, 1995
Page 2 of 2

Response to the issues discussed in this letter must be provided to this office **no later than July 24, 1995.**

Please contact me at (510) 567-6780 if you have any questions concerning this letter.

Sincerely,



Susan L. Hugo
Senior Hazardous Materials Specialist

cc: Rafat A. Shahid, Director, Environmental Health
Kevin Graves, San Francisco Bay RWQCB
Jun Makashima, Acting Chief, Environmental Protection
Division / files
Xinggang Tong, Woodward Clyde Consultants, 500 12th Street
Suite 100, Oakland, CA 94607



**CITY OF EMERYVILLE
REDEVELOPMENT AGENCY**

2200 POWELL STREET, SUITE 1200

EMERYVILLE, CALIFORNIA 94608

(510) 596-4350

March 22, 1995

Ms. Susan Hugo
Alameda County Health Care Services Agency
1131 Harbor Bay Parkway
Alameda, CA 94502

Susan
Dear Ms. Hugo:

This refers to the remediation that was conducted on 4000 San Pablo Avenue (Celis). Please find enclosed a copy of a memorandum from our office to the Public Works Department certifying that the remediation on that property was performed in accordance with a Work Plan approved by your office. If you have any concerns regarding this, please let me know immediately.

Sincerely,

IGNACIO DAYRIT
Projects Coordinator

cc. Juan Arreguin

MEMORANDUM

Date: March 22, 1995

To: Juan Arreguin, Public Works Inspector

From: Ignacio Dayrit, Projects Coordinator

Subject: Remediation on 4000 San Pablo Avenue

Please be advised that the remediation on 4000 San Pablo Avenue, which forms part of the 40th Street extension, was remediated in accordance with a Work Plan approved by the Alameda County Health Care Services Agency. Should anyone have questions regarding the Plan, please have them call Susan Hugo at (510)567-6780.

STATE WATER RESOURCES CONTROL BOARD

DIVISION OF CLEAN WATER PROGRAMS

2014 T STREET, SUITE 130

P.O. BOX 944212

SACRAMENTO, CALIFORNIA 94244-2120

(916) 227-4307

(916) 227-4530 FAX

A

STUD 567
SHSAN FRANCISCO
NOV 10 PM 3:15

NOV 09 1994

C. L. & R. Celis
4000 San Pablo Ave.
Emeryville, CA 94608**UNDERGROUND STORAGE TANK CLEANUP FUND, CLAIM NO. 008287, FOR SITE ADDRESS: 4000 San Pablo Ave., Emeryville 94608**

The State Water Resources Control Board (SWRCB) takes pleasure in issuing the attached Letter of Commitment in an amount not to exceed **\$175,000**. This Letter of Commitment is based upon our review of the corrective action costs incurred to date and your application received on January 13, 1994 and may be modified by the SWRCB in writing by an amended Letter of Commitment.

The SWRCB will take steps to withdraw this Letter of Commitment after 90 calendar days from the date of this transmittal letter unless you proceed with due diligence with your cleanup effort. This means that you must take positive, concrete steps to ensure that corrective action is proceeding with all due speed. For example, if you have not started your cleanup effort, you must obtain three bids and sign a contract with one of these bidders within 90 calendar days. If your cleanup effort has already started and was delayed, you must resume the expenditure of funds to ensure that your cleanup is proceeding in an expeditious manner. You are reminded that you must comply with all regulatory agency time schedules and requirements. We constantly review the status of all active claims, and failure to proceed with due diligence will be grounds for withdrawal of this Letter of Commitment.

You should read the terms and conditions listed in the Letter of Commitment. Also attached you will find:

- A "Reimbursement Request Instructions" package. You should retain this package for future reimbursement requests. Among other information, the package includes instructions for completion of the "Reimbursement Request" form and the "Spreadsheet". These instructions must be followed when seeking reimbursement for corrective action costs incurred after January 1, 1988. Included in these instructions are samples of Reimbursement Request forms and completed Spreadsheets. Within the package also included are:
 - A "Bid Summary Sheet" to document data on bids received.
 - Recommended Minimum Invoice Cost Breakdown.
 - A "Certification of Non-Recovery From Other Sources" which must be returned before any reimbursements can be made.
- "Reimbursement Request" forms which you must use to request reimbursement of costs incurred.
- "Spreadsheet" forms which you must use in conjunction with your Reimbursement Request.
- "Vendor Data Record" (Std. Form 204) which must be completed and returned with your first Reimbursement Request.

If you have any questions regarding the Letter of Commitment or the Reimbursement Request package, please contact Cheryl Gordon at (916) 227-4539.

Sincerely,

Dave Deaner, Manager
Underground Storage Tank
Cleanup Fund Program

Attachments

cc: California Regional Water Quality
Control Board, San Francisco Bay Region
Attn: Steve Morse
2101 Webster Street, Suite 500
Oakland, CA 94612

Alameda County EHD
Attn: ~~Ed Howell, Chief~~ Tom Peacock
1131 Harbor Bay Pkwy
Alameda, CA 94502

LETTER OF COMMITMENT FOR REIMBURSEMENT OF COSTS

CLAIM NO: 008287

AMENDMENT NO: 0

CLAIMANT: C. L. & R. Celis
CO-PAYEE: City of Emeryville

BALANCE FORWARD: \$0

THIS AMOUNT: \$175,000

CLAIMANT ADDRESS: 4000 San Pablo Ave.
Emeryville, CA 94608

NEW BALANCE: \$175,000


TAX ID / SSA NO.: C. Celis, 352-46-6217; R. Celis, 555-92-9711; Co-Payee, 94-2848992

Subject to availability of funds, the State Water Resources Control Board (SWRCB) agrees to reimburse C. L. & R. Celis (Claimant) for eligible corrective action costs at Alliance Gas Station 4000 San Pablo Ave., Emeryville 94608 (Site). The commitment reflected by this Letter is subject to all of the following terms and conditions:

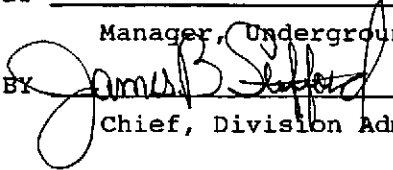
1. Reimbursement shall not exceed \$175,000 unless this amount is subsequently modified in writing by an amended Letter of Commitment.
2. The obligation to pay any sum under this Letter of Commitment is contingent upon availability of funds. In the event that sufficient funds are not available for reasons beyond the reasonable control of the SWRCB, the SWRCB shall not be obligated to make any disbursements hereunder. If any disbursements otherwise due under this Letter of Commitment are deferred because of unavailability of funds, such disbursements will promptly be made when sufficient funds do become available. Nothing herein shall be construed to provide the Claimant with a right of priority for disbursement over any other claimant who has a similar Letter of Commitment.
3. All costs for which reimbursement is sought must be eligible for reimbursement and the Claimant must be the person entitled to reimbursement thereof.
4. Claimant must at all times be in compliance with all applicable state laws, rules and regulations and with all terms, conditions, and commitments contained in the Claimant's Application and any supporting documents or in any payment requests submitted by the Claimant.
5. No disbursement under this Letter of Commitment will be made except upon receipt of acceptable Standard Form Payment Requests duly executed by or on behalf of the Claimant. All Payment Requests must be executed by the Claimant or a duly authorized representative who has been approved by the Division of Clean Water Programs.
6. Any and all disbursements payable under this Letter of Commitment may be withheld if the Claimant is not in compliance with the provisions of Paragraph 5 above.
7. Neither this Letter of Commitment nor any right thereunder is assignable by the Claimant without the written consent of the SWRCB. In the event of any such assignment, the rights of the assignee shall be subject to all terms and conditions set forth in this Letter of Commitment and the SWRCB's consent.
8. This Letter of Commitment may be withdrawn at any time by the SWRCB if completion of corrective action is not performed with reasonable diligence.

IN WITNESS WHEREOF, this Letter of Commitment has been issued by the SWRCB this 31st day of October, 1994.

STATE WATER RESOURCES CONTROL BOARD

BY 

Manager, Underground Storage Tank Cleanup Fund Program

BY 

Chief, Division Administrative Services

STATE USE :
CALSTARS CODING :
0550 - 569.02 - 30530

\$ _____



Engineering & Sciences applied to the earth & its environment

TELECOPY TRANSMITTAL

TO: Ms. Susan Hugo

DATE: 10/18/94

FIRM: Hazardous Materials Div. of ACHA

TIME: 3:30 pm

TELECOPY NO.: (510) 337-9335

NO. OF PAGES: 2

(including this page)

FROM: Xinggang Tong

SUBJECT: Due date of the final report,
Celis Alliance Fuel station, Emeryville

MESSAGE: _____

SHOULD YOU HAVE ANY QUESTIONS OR PROBLEMS WITH THIS
TRANSMITTAL, PLEASE CONTACT: Xinggang OR _____
PHONE NUMBERS: (510) 874-3060 (510) 874-_____

OUR TELECOPY NUMBER IS: (510) 874-3268

MEMORANDUM

To: **Ms. Susan Hugo**, Senior Hazardous Materials Specialist,
Alameda County Health Agency, phone (510)567-6780

From: **Xinggang Tong**, Project Manager,
Woodward-Clyde Consultants - Oakland Office

Date: **October 18, 1994**

Subject: **Due date for the final report documenting soil excavation, disposal, and confirmation sampling and analyses at the former Celis Alliance Service Station located at 4000 San Pablo Avenue, Emeryville, California.**

This memorandum is to confirm our telephone discussions today that you have granted a two-week extension for the due date of the final report documenting soil excavation, disposal, and confirmation sampling and analyses at the former Celis Alliance Service Station located at 4000 San Pablo Avenue, Emeryville, California. The new due date of this report in your office is November 4, 1994.

Thank you for your granting the two-week extension.

cc: **Ignacio Dayrit**
City of Emeryville Redevelopment Agency

R0433

453

ALCO
HAZMAT

MEMORANDUM

94 OCT -4 AM 9:15

To: Ms. Susan Hugo, Senior Hazardous Materials Specialist,
Alameda County Health Agency;

Mr. Ignacio Dayrit, Projects Coordinator,
City of Emeryville Redevelopment Agency.

From: Xinggang Tong, Project Manager,
Woodward-Clyde Consultants - Oakland Office

Date: September 19, 1994

Subject: Clarifications to the monitoring and reporting requirements contained in the
8/24/94 letter from the Alameda County Health Agency for the site of the
former Celis Alliance Service Station at 4000 San Pablo Avenue, Emeryville,
California.

This memorandum is to confirm the content of discussions in a meeting among Ms. Susan Hugo, Mr. Ignacio Dayrit, and myself held at Susan's office in September 8, 1994, between 10.00 am and 11.30 am. The main purpose of the meeting was to clarify the monitoring and reporting requirements by the Alameda County Health Agency (ACHA) on the former Celis Alliance Service Station located at 4000 San Pablo Avenue, Emeryville, California. The ACHA's requirements were listed in a letter of 8/24/94 addressed to Mr. Ignacio Dayrit of the City of Emeryville Redevelopment Agency. The participants all agreed in the meeting the following clarifications to the ACHA's letter.

A) Clarification to Item 1 of the ACHA's Letter Regarding Replacement Wells

Groundwater monitoring wells LF-1 through LF-3 have been closed due to soil excavation at the site. They will be replaced with two new wells. One will be located in the area near the closed LF-1 well, another will be located immediately outside the eastern boundary of the site near the southeastern corner. A third well, which is included in the original workplan developed by Woodward-Clyde in June 1994 and labeled as WCC-1, will be located approximately 20 feet west of the soil boring EB-1. These three wells will be constructed after the completion of the 40th Street Right-of-Way extension through the site. Woodward-Clyde understands that the road extension will be constructed by the end of October 1994. We thus plan to install the three new wells in November 1994. All the three wells will be 2 inches in diameter and 20 feet in depth.

B) Clarification to Item 4 of the ACHA's Letter Regarding Vertical Distribution of Contaminants:

During well installation, soil samples will be collected and analyzed in accordance with the requirement specified in Item 2 of the ACHA's letter. No other efforts will be made to delineate VERTICAL distribution of soil and groundwater contamination. Lateral extent of groundwater contamination will be monitored through quarterly groundwater sampling and analysis from monitoring wells.

C) Quarterly Groundwater Monitoring:

Quarterly groundwater monitoring will start after the installation of the three new wells as discussed above. If the wells are installed in November 1994 as planned, the first quarterly groundwater monitoring will be the fourth quarter of 1994.

D) Reporting

A report will be submitted to the ACHA by October 21, 1994, documenting soil excavation, disposal and confirmation sampling activities at the site. A separate report will be submitted to the ACHA documenting the construction of the three monitoring wells within 30 days of completion of well construction.

Quarterly groundwater monitoring report will be submitted to the ACHA by the end of the month following each quarter. The following will be included in the report:

- A cover letter from the City of Emeryville Redevelopment Agency stating the accuracy of the report and concurrence with the conclusions and recommendations in the report;
- A site map delineating groundwater contamination contours based on the latest monitoring results;
- A discussion of groundwater flow directions and changes;
- Proposed next quarterly investigation and cleanup activities;
- Tabulated records of all quarterly groundwater level measurement data;
- Tabulated data of all quarterly groundwater chemical analysis results;
- Laboratory analytical reports and chain-of-custody forms for all the analyses performed in the quarter the report is prepared for.

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

August 24, 1994
STID# 567

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

Mr. Ignacio Dayrit
City of Emeryville
Redevelopment Agency
2200 Powell Street, Suite 200
Emeryville, California 94608

**Subject: Former Celis Alliance Service Station /
40th Street Right of Way - 4000 San Pablo Avenue
Emeryville, California 94608**

Dear Mr. Dayrit:

This office has completed review of the "Report on Removal of Six Underground Fuel Storage Tanks and Associated Piping" (July 6, 1994) prepared by Levine Fricke and the "Workplan for Additional Site Investigation and Limited Soil Excavation" (June 17, 1994) prepared by Woodward-Clyde for the referenced site.

Soil samples collected following removal of the former tanks showed elevated concentration of petroleum hydrocarbon as high as 640 ppm TPH gasoline, 1300 ppm TPH diesel, 5.3 ppm benzene, 16 ppm toluene, 24 ppm ethyl benzene and 91 ppm xylene. Collection of groundwater from the excavation pit was waived due to the presence of three monitoring wells at the site. One of the wells (LF-1) detected 6 inches of free floating product.

Based on this review and telephone discussion with Xinggang Tong of Woodward-Clyde in July 15, 1994, the workplan was verbally approved for implementation with the following conditions:

- 1) Due to the proposed excavation of contaminated soil at the site, the three monitoring wells located on site will be properly closed. However, replacement wells must be installed to continue the investigation of the groundwater contamination beneath the site. Groundwater flow direction must be established at the site. One of the wells must be installed in the verified downgradient location of the referenced property.
- 2) During borehole advancement, soil samples should be collected at a minimum of every five feet in the unsaturated zone, significant changes in lithology, and where field screening identifies the presence of contaminants. The selection of samples chosen for laboratory analysis should be based primarily on field screening. At least one samples submitted for analysis from each boring must be from the saturated/unsaturated zone interface.

Mr. Ignacio Dayrit
RE: 4000 San Pablo Avenue, Emeryville, CA 94608
August 24, 1994
Page 2 of 3

- 3) Wells should be surveyed to an accuracy of 0.01 foot and referenced to mean sea level (MSL).
- 4) The vertical and lateral extent of soil and groundwater contamination must be delineated. The isoconcentration line of the contaminant plume must be determined.
- 5) Any waste (hazardous or non-hazardous) generated at the site must be characterized and disposed appropriately. Documents of all waste disposal must be provided to this office.
- 6) The summary of analyses for confirmation soil samples from the excavation pit is acceptable.

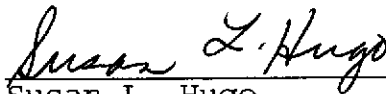
A report must be submitted within **30 days** after completion of this investigation. Until cleanup is complete, you will need to submit reports to this office every three months or at a more frequent interval, if specified at any time. In addition, the following items must be incorporated in your future reports or workplans:

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

Mr. Ignacio Dayrit
RE: 4000 San Pablo Avenue, Emeryville, CA 94608
August 24, 1994
Page 3 of 3

Please contact me at (510) 567-6780 if you have any questions concerning this letter.

Sincerely,



Susan L. Hugo
Senior Hazardous Materials Specialist

cc: Rafat A. Shahid, Asst. Agency Director, Environmental Health
Kevin Graves, San Francisco Bay RWQCB
Edgar B. Howell, Chief, Hazardous Materials Division - files
Xinggang Tong, Woodward Clyde- 500 12th Street, Suite 100
Oakland, CA 94607-4014
Constantino Celis, 2319 Monte Vista Drive, Pinole, CA 94564

6/30/94

Dear Susan:

I am here @ 12.30 pm & drop
the Levine-Fricke's data to you.

Please call me @ 874-3060
for questions.

Kingman

Woodward-Clyde

P.S. Your office is very nice
& has a good view!

BILLING ADJUSTMENT FORM

Billing Acct.#	
<input type="checkbox"/> Generator ...H	_____
<input type="checkbox"/> HMMP.....L	_____
<input checked="" type="checkbox"/> UST.....T	51067

Date: 5/26/94
HazMat-Std#: 567

Caller: _____ Phone: _____

Company Name: Celis Service Station

Site Address: 4000 San Pablo Ave. Emeryville 94608
City Zip

Requested Changes: Removed 6 usts 5/18/94; 0 left on site
Initials: _____

Rescind Bill with explanation and date (if available):

- Generator _____
- HMMP (AB2185) _____
- UST 6 usts removed

Continue Billing With Following Changes:

- | | | |
|--|----------|----------|
| | From : | To : |
| <input type="checkbox"/> Change number of EMPLOYEES | _____ | _____ |
| <input checked="" type="checkbox"/> Change number of TANKS | <u>6</u> | <u>0</u> |
| <input type="checkbox"/> HMMP (AB2185) | | |
| <input type="checkbox"/> Updated information | | |

Business Name _____

SITE Address _____

BILLING Address _____ City Zip

5/26/94
Susan
Please sign
& return to me.
(no) LS

Inspector: Susan L. Hugo Date: 5/31/94

Sent to Billing
on / /
Rev 12/91 Mac-BillAdj-2



LEVINE•FRICKE

ENGINEERS, HYDROGEOLOGISTS & APPLIED SCIENTISTS

Letter of Transmittal

Date 5/11/94

From Jules Gray

Project No. 3158

To Brian Hays

Subject Celis Alliance

Hewitt Station -

UST Removal

The following items are: Requested

Enclosed Sent separately

via hand delivery

Description	No. of Copies
<u>State Forms A & B</u>	<u>1</u>

These data are transmitted:

- At your request
- For your action
- For your approval
- For your files
- For your review
- For your information

Comments _____

ALCOAT
HAZMAT
MAY 11 1994 5:51

1900 Powell Street, 12th Floor
Emeryville, California 94608
(510) 652-4500
Fax (510) 652-2246

Jules Gray
(Signed)

TANK REMOVED 5/10/94

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD



UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B

COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED:

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D.#	<u>unknown</u>	B. MANUFACTURED BY:	<u>unknown</u>
C. DATE INSTALLED (MO/DAY/YEAR)	<u>approximately 1965</u>	D. TANK CAPACITY IN GALLONS:	<u>550</u>

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

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input checked="" type="checkbox"/> 4 OIL	B. <input type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input checked="" type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED				C. A. S. #:	
<u>waste oil</u>				<u>unknown</u>	

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

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input checked="" type="checkbox"/> 95 UNKNOWN
	<input type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank)	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 4 PHENOLIC LINING
			<input type="checkbox"/> 99 OTHER
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) _____		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____

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

A. SYSTEM TYPE	A U 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 99 OTHER	<u>unknown</u>
B. CONSTRUCTION	A U 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH	A U 95 UNKNOWN	A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A U 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE	
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING	A U 8 100% METHANOL COMPATIBLE W/FRP	
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A U 95 UNKNOWN	A U 99 OTHER	
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input type="checkbox"/> 99 OTHER	

V. TANK LEAK DETECTION

<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING
<input checked="" type="checkbox"/> 6 TANK TESTING	<input type="checkbox"/> 7 INTERSTITIAL MONITORING	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR)	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING	3. WAS TANK FILLED WITH INERT MATERIAL?
<u>4/15/94</u>	<u>< 50</u> GALLONS	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE)	DATE
<u>ENACIO DAURIT</u>	<u>4/18/94</u>

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

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE		

TANK REMOVED 5/1/94

STATE OF CALIFORNIA

STATE WATER RESOURCES CONTROL BOARD

UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED:

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

A. OWNER'S TANK I.D.#	<u>Unknown</u>	B. MANUFACTURED BY:	<u>Unknown</u>
C. DATE INSTALLED (MO/DAY/YEAR)	<u>approximately 1965</u>	D. TANK CAPACITY IN GALLONS:	<u>2,000</u>

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

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input checked="" type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)

D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED _____ C. A. S. #: _____

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

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input checked="" type="checkbox"/> 95 UNKNOWN
	<input type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER _____
B. TANK MATERIAL (Primary Tank)	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER _____
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
			<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER _____
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER _____
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) _____		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____

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

A. SYSTEM TYPE	A U 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 99 OTHER <u>unknown</u>
B. CONSTRUCTION	A U 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH	A (U) 95 UNKNOWN A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A U 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING	A U 8 100% METHANOL COMPATIBLE W/FRP
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A (U) 95 UNKNOWN	A U 99 OTHER
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input type="checkbox"/> 99 OTHER

V. TANK LEAK DETECTION

<input type="checkbox"/> 1 VISUAL CHECK	<input checked="" type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING
<input checked="" type="checkbox"/> 6 TANK TESTING	<input type="checkbox"/> 7 INTERSTITIAL MONITORING	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>4/15/94</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u><50</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>IGNACIO DAYRIT</u>	DATE <u>4/21/94</u>
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LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE		

TANK REMOVED 5/18/94

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM
1 NEW PERMIT
2 INTERIM PERMIT
3 RENEWAL PERMIT
4 AMENDED PERMIT
5 CHANGE OF INFORMATION
6 TEMPORARY TANK CLOSURE
7 PERMANENTLY CLOSED ON SITE
8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED:

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN
A. OWNER'S TANK I.D. #
B. MANUFACTURED BY:
C. DATE INSTALLED (MO/DAY/YEAR)
D. TANK CAPACITY IN GALLONS:

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.
A. 1 MOTOR VEHICLE FUEL
2 PETROLEUM
3 CHEMICAL PRODUCT
4 OIL
80 EMPTY
95 UNKNOWN
B. 1 PRODUCT
2 WASTE
C. 1a REGULAR UNLEADED
1b PREMIUM UNLEADED
2 LEADED
3 DIESEL
4 GASAHOL
5 JET FUEL
6 AVIATION GAS
7 METHANOL
99 OTHER (DESCRIBE IN ITEM D. BELOW)

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

A. TYPE OF SYSTEM
B. TANK MATERIAL (Primary Tank)
C. INTERIOR LINING
D. CORROSION PROTECTION
E. SPILL AND OVERFILL

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE
A. SYSTEM TYPE
B. CONSTRUCTION
C. MATERIAL AND CORROSION PROTECTION
D. LEAK DETECTION

V. TANK LEAK DETECTION
1 VISUAL CHECK
2 INVENTORY RECONCILIATION
3 VADOZE MONITORING
4 AUTOMATIC TANK GAUGING
5 GROUND WATER MONITORING
6 TANK TESTING
7 INTERSTITIAL MONITORING
91 NONE
95 UNKNOWN
99 OTHER

VI. TANK CLOSURE INFORMATION
1. ESTIMATED DATE LAST USED (MO/DAY/YR)
2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING
3. WAS TANK FILLED WITH INERT MATERIAL?

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT
APPLICANT'S NAME (PRINTED & SIGNATURE)
DATE

LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW
STATE I.D.#
COUNTY #
JURISDICTION #
FACILITY #
TANK #
PERMIT NUMBER
PERMIT APPROVED BY/DATE
PERMIT EXPIRATION DATE

TANK REMOVED 5/18/94

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD



UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B

COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED:

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

A. OWNER'S TANK I.D.#	<i>unknown</i>	B. MANUFACTURED BY:	<i>unknown</i>
C. DATE INSTALLED (MO/DAY/YEAR)	<i>approximately 1965</i>	D. TANK CAPACITY IN GALLONS:	<i>4,000</i>

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

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input checked="" type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)

D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED _____ C. A. S. #: _____

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

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input checked="" type="checkbox"/> 95 UNKNOWN
	<input type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank)	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input checked="" type="checkbox"/> 95 UNKNOWN
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		<input type="checkbox"/> 4 PHENOLIC LINING
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) _____		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____

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

A. SYSTEM TYPE	A U 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 99 OTHER	<i>unknown</i>
B. CONSTRUCTION	A U 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH	A U 95 UNKNOWN	A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A U 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE	
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING	A U 8 100% METHANOL COMPATIBLE W/FRP	
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A U 95 UNKNOWN	A U 99 OTHER	
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input type="checkbox"/> 99 OTHER	

V. TANK LEAK DETECTION

<input type="checkbox"/> 1 VISUAL CHECK	<input checked="" type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING
<input checked="" type="checkbox"/> 6 TANK TESTING	<input type="checkbox"/> 7 INTERSTITIAL MONITORING	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR)	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <i>< 50</i> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE)	DATE
<i>IGNACIO DAYRIT</i>	<i>4/28/94</i>

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

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE		

TANK REMOVED 5/1/94

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD

UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED:

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

A. OWNER'S TANK I. D. #	<i>unknown</i>	B. MANUFACTURED BY:	<i>unknown</i>
C. DATE INSTALLED (MO/DAY/YEAR)	<i>approximately 1975</i>	D. TANK CAPACITY IN GALLONS:	<i>6,000</i>

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

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input checked="" type="checkbox"/> 2 LEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED					C. A. S. #:

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

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input checked="" type="checkbox"/> 95 UNKNOWN
	<input type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank)	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 4 PHENOLIC LINING
			<input type="checkbox"/> 99 OTHER
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) _____		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____

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

A. SYSTEM TYPE	A U 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 99 OTHER	<i>unknown</i>
B. CONSTRUCTION	A U 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH	A (U) 95 UNKNOWN	A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A U 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE	
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING	A U 8 100% METHANOL COMPATIBLE W/FRP	
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A (U) 95 UNKNOWN	A U 99 OTHER	
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input type="checkbox"/> 99 OTHER	

V. TANK LEAK DETECTION

<input type="checkbox"/> 1 VISUAL CHECK	<input checked="" type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING
<input checked="" type="checkbox"/> 6 TANK TESTING	<input type="checkbox"/> 7 INTERSTITIAL MONITORING	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR)	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING	3. WAS TANK FILLED WITH INERT MATERIAL?
<i>4/15/94</i>	<i>< 50</i> GALLONS	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE)	DATE
<i>IGNACIO DAURIT</i>	<i>4/28/94</i>

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

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE		

TANK REMOVED 2/20/94

STATE OF CALIFORNIA

STATE WATER RESOURCES CONTROL BOARD

UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM B



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED:

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

A. OWNER'S TANK I.D.#	<i>unknown</i>	B. MANUFACTURED BY:	<i>unknown</i>
C. DATE INSTALLED (MO/DAY/YEAR)	<i>approximately 1964-65</i>	D. TANK CAPACITY IN GALLONS:	<i>7,500</i>

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

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED	<input checked="" type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)

D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED _____ C. A. S. #: _____

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

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input checked="" type="checkbox"/> 95 UNKNOWN
	<input type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank)	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
			<input type="checkbox"/> 99 OTHER
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 4 PHENOLIC LINING
			<input type="checkbox"/> 99 OTHER
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES _____ NO _____		
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) _____		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____

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

A. SYSTEM TYPE	A U 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 99 OTHER <i>unknown</i>
B. CONSTRUCTION	A U 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH	A U 95 UNKNOWN
C. MATERIAL AND CORROSION PROTECTION	A U 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING	A U 8 100% METHANOL COMPATIBLE W/FRP
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A U 95 UNKNOWN	A U 99 OTHER
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input type="checkbox"/> 99 OTHER

V. TANK LEAK DETECTION

<input type="checkbox"/> 1 VISUAL CHECK	<input checked="" type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING
<input checked="" type="checkbox"/> 6 TANK TESTING	<input type="checkbox"/> 7 INTERSTITIAL MONITORING	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR)	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <i><50</i> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---	--	---

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE) *IGNACCO DAYRIT* DATE *4/28/94*

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

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE		

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



COMPLETE THIS FORM FOR EACH FACILITY/SITE

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

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

DBA OR FACILITY NAME <i>Celis / Alliance</i>		NAME OF OPERATOR <i>Constantine Celis</i>		
ADDRESS <i>4000 San Pablo Ave</i>		NEAREST CROSS STREET <i>41st Street</i>	PARCEL # (OPTIONAL)	
CITY NAME <i>Emeryville</i>		STATE <i>CA</i>	ZIP CODE <i>94608</i>	SITE PHONE # WITH AREA CODE <i>N/A</i>
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY DISTRICTS <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> FEDERAL-AGENCY				
TYPE OF BUSINESS		<input checked="" type="checkbox"/> 1 GAS STATION	<input type="checkbox"/> 2 DISTRIBUTOR	<input type="checkbox"/> 3 FARM
		<input type="checkbox"/> 4 PROCESSOR	<input type="checkbox"/> 5 OTHER	
		<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE <i>6</i>	E. P. A. I. D. # (optional) <i>CAD053044053</i>

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) <i>Dayrit, Ignacio</i>	PHONE # WITH AREA CODE <i>(510) 596-4356</i>	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST) <i>Same</i>	PHONE # WITH AREA CODE	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME <i>Constantine Celis</i> <i>c/o City of Emeryville</i>		CARE OF ADDRESS INFORMATION <i>c/o Ignacio Dayrit</i>		
MAILING OR STREET ADDRESS <i>2200 Powell St., 12th Floor</i>		<input checked="" type="checkbox"/> box to indicate <input checked="" type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME <i>Emeryville</i>		STATE <i>CA</i>	ZIP CODE <i>94608</i>	PHONE # WITH AREA CODE <i>(510) 596-4356</i>

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER <i>Constantine Celis</i>		CARE OF ADDRESS INFORMATION <i>c/o Ignacio Dayrit, City of Emeryville</i>		
MAILING OR STREET ADDRESS <i>2200 Powell St., 12th Floor</i>		<input checked="" type="checkbox"/> box to indicate <input checked="" type="checkbox"/> INDIVIDUAL <input checked="" type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME <i>Emeryville</i>		STATE <i>CA</i>	ZIP CODE <i>94608</i>	PHONE # WITH AREA CODE <i>(510) 596-4356</i>

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 323-9555 if questions arise.

TY (TK) HQ -

V. PETROLEUM UST FINANCIAL RESPONSIBILITY - (MUST BE COMPLETED) - IDENTIFY THE METHOD(S) USED

<input checked="" type="checkbox"/> box to indicate	<input checked="" type="checkbox"/> 1 SELF-INSURED	<input type="checkbox"/> 2 GUARANTEE	<input type="checkbox"/> 3 INSURANCE	<input type="checkbox"/> 4 SURETY BOND
	<input type="checkbox"/> 5 LETTER OF CREDIT	<input type="checkbox"/> 6 EXEMPTION	<input type="checkbox"/> 99 OTHER	

VI. LEGAL NOTIFICATION AND BILLING ADDRESS

Legal notification and billing will be sent to the tank owner unless box I or II is checked.

CHECK ONE BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR LEGAL NOTIFICATIONS AND BILLING: I. II. III.

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

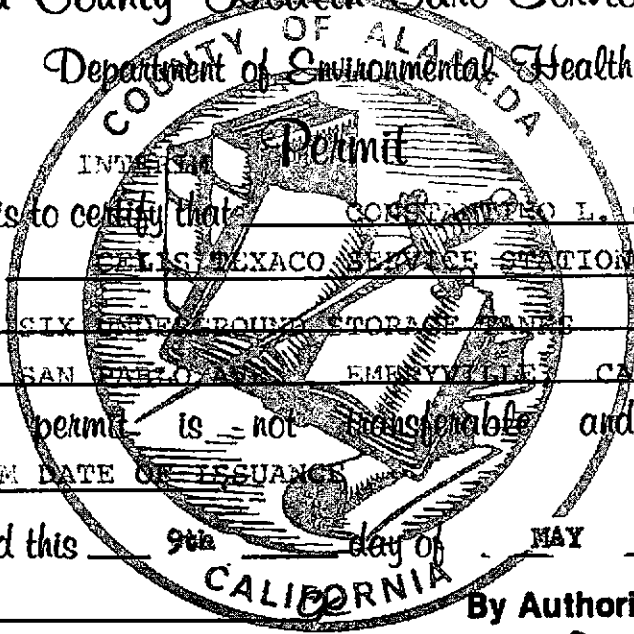
APPLICANT'S NAME (PRINTED & SIGNATURE) <i>IGNACIO DAYRIT</i>	APPLICANT'S TITLE <i>PROJECT COORDINATOR</i>	DATE MONTH/DAY/YEAR <i>4/28/94</i>
---	---	---------------------------------------

COUNTY # <input type="text" value="0"/> <input type="text" value="0"/>	JURISDICTION # <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/>	FACILITY # <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/>
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPVISOR - DISTRICT CODE - OPTIONAL

THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE PERMIT APPLICATION - FORM B, UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY.

Alameda County Health Care Services Agency

Department of Environmental Health



This is to certify that CONSTANTINO L. CELIS
doing business as CELIS DEXACO SERVICE STATION is permitted
to operate a SIX UNDERGROUND STORAGE TANKS
at 4000 SAN PABLO AVENUE, EMERYVILLE, CA 94608

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

Issued this 9th day of MAY, 1983

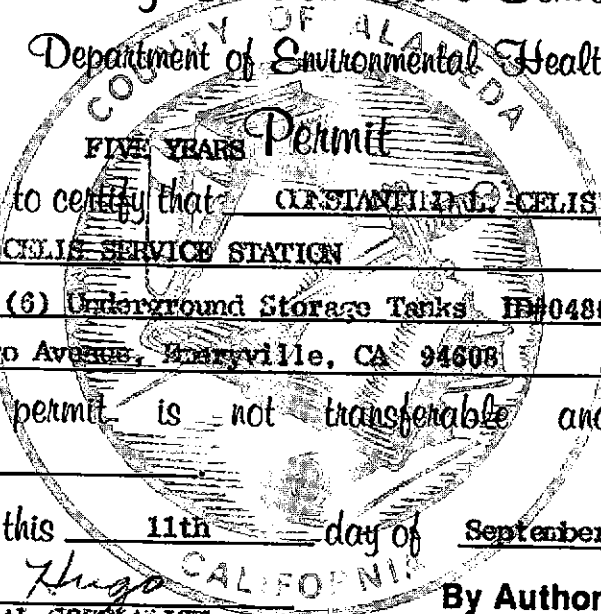
By Authority of
Sanitarian HAZMAT SPECIALIST
County Health Officer

400-WA-2-3/87

Alameda County Health Care Services Agency

T51067

Department of Environmental Health



This is to certify that CONSTANTINO L. CELIS
doing business as CELIS SERVICE STATION is permitted
to operate a Six (6) Underground Storage Tanks ID#048043
at 4000 San Pablo Avenue, Emeryville, CA 94608

This permit is not transferable and is good until
Sept 8, 1993

Issued this 11th day of September, 1991

By Authority of
Francisco L. Hugo HAZARDOUS MATERIAL SPECIALIST
Sanitarian
County Health Officer

400-WA-2-3/87

A

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

III, III

Site ID # _____ Site Name Furnace Celis Service Station Today's Date 5/20/94

Site Address 4000 San Pablo Ave.
City Emeryville Zip 94608 Phone _____

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

Inspection Categories:

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

George Warren - Emeryville Fire

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

Comments:
Removal of the last tank (7500 gal) diesel tank.

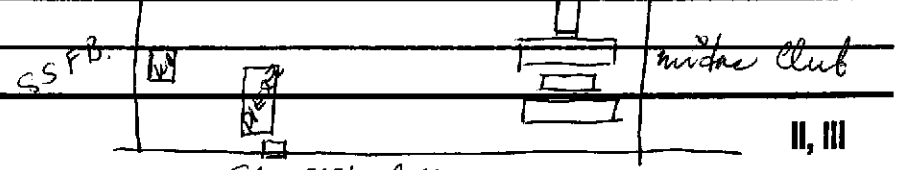
LEL = 4% UEL = 0
Steel tank no wrapping - noticed welding work done on top of UST. The UST appeared to be in good shape. Strong getting no obvious holes.

at one end of tank near sidewalk - found what appeared to be collection sump, may be 3 ft deep.

2 soil samples collected - one on each end at the soil surface in forebay.

Free product/water in all the pits
No groundwater sample taken - hard to hit on site.

Strong discoloration



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)

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(i)
- 18. Exemption Request? (Y/N) 25536(b)
- 19. Trade Secret Requested? 25538

III. UNDERGROUND TANKS (Title 23)

- | | |
|---|--|
| General | <input type="checkbox"/> 1. Permit Application 25284 (H&S) |
| | <input type="checkbox"/> 2. Pipeline Leak Detection 25292 (H&S) |
| | <input type="checkbox"/> 3. Records Maintenance 2712 |
| | <input type="checkbox"/> 4. Release Report 2651 |
| | <input type="checkbox"/> 5. Closure Plans 2670 |
| Monitoring for Existing Tanks | <input type="checkbox"/> 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 | <input type="checkbox"/> 7. Precs Tank Test 2643
Date: _____ |
| | <input type="checkbox"/> 8. Inventory Rec. 2644 |
| | <input type="checkbox"/> 9. Soil Testing 2646 |
| | <input type="checkbox"/> 10. Ground Water. 2647 |
| <input type="checkbox"/> 11. Monitor Plan 2632 | |
| <input type="checkbox"/> 12. Access. Secure 2634 | |
| <input type="checkbox"/> 13. Plans Submit 2711
Date: _____ | |
| <input type="checkbox"/> 14. As Built 2635
Date: _____ | |

Rev 8/88

All piping associated w/ the tanks must be removed.

Contact: _____
Title: _____
Signature: _____

Inspector: _____
Signature: Francis J. Hayes

III, III

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Hazardous Materials Inspection Form

II, III

Site ID # 567 Site Name Former Celis Service Station Today's Date 5/18/94

Site Address 4000 SAN PABLO AVE.

City Emeryville Zip 94608 Phone _____

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

Inspection Categories:

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

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

Comments:

On-site for removal of 6 USTs
 Erickson tanks & piping hauler. May 1995 #1030318
 Tank A LEL = 2.5% O2 = 0
 (10-15-70) 6,000 gal steel tank wrapped in tar; no obvious holes; free product in the excavation pit; very strong HC odor
 Tank B LEL = 6% O2 = 0
 Waste oil tank (500 gal) a hole found at the bottom near the end (steel tank); tank appeared rusty
 Tank C - (SUL) LEL = 9% O2 = 0
 (3000 g) steel tank, rusty around top of tank had some welding done no wrapping

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)

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

III. UNDERGROUND TANKS (Title 23)

- General
- 1. Permit Application 25284 (H&S)
 - 2. Pipeline Leak Detection 25292 (H&S)
 - 3. Records Maintenance 2712
 - 4. Release Report 2651
 - 5. Closure Plans 2670

Monitoring for Existing Tanks

- 6. Method
 - 1) Monthly Test
 - 2) Daily Vadose Semi-annual groundwater One time soils
 - 3) Daily Vadose One time soils Annual tank test
 - 4) Monthly Gndwater One time soils
 - 5) Daily Inventory Annual tank testing Cont pipe leak det Vadose/gndwater 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 _____

- 7. Precs Tank Test Date: 2643
- 8. Inventory Rec. 2644
- 9. Soil Testing . 2646
- 10. Ground Water. 2647

- New Tanks
- 11. Monitor Plan 2632
 - 12. Access. Secure 2634
 - 13. Plans Submit Date: 2711
 - 14. As Built Date: 2635

Rev 6/88

Contact: _____

Title: _____

Signature: _____

Inspector: _____

Signature: James L. Huggs

II, III

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Hazardous Materials Inspection Form

II, III

Site ID # 507 Site Name Yorba Linda Celis Service Station Today's Date 5/18/94

Site Address 4000 SAN PABLO AVE.

City Emeryville Zip 94608 Phone _____

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

Inspection Categories:

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

6 USTs to be removed

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

Comments:

Site Lay out

SSEFB Co

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)

II.B ACUTELY HAZ. MATLS

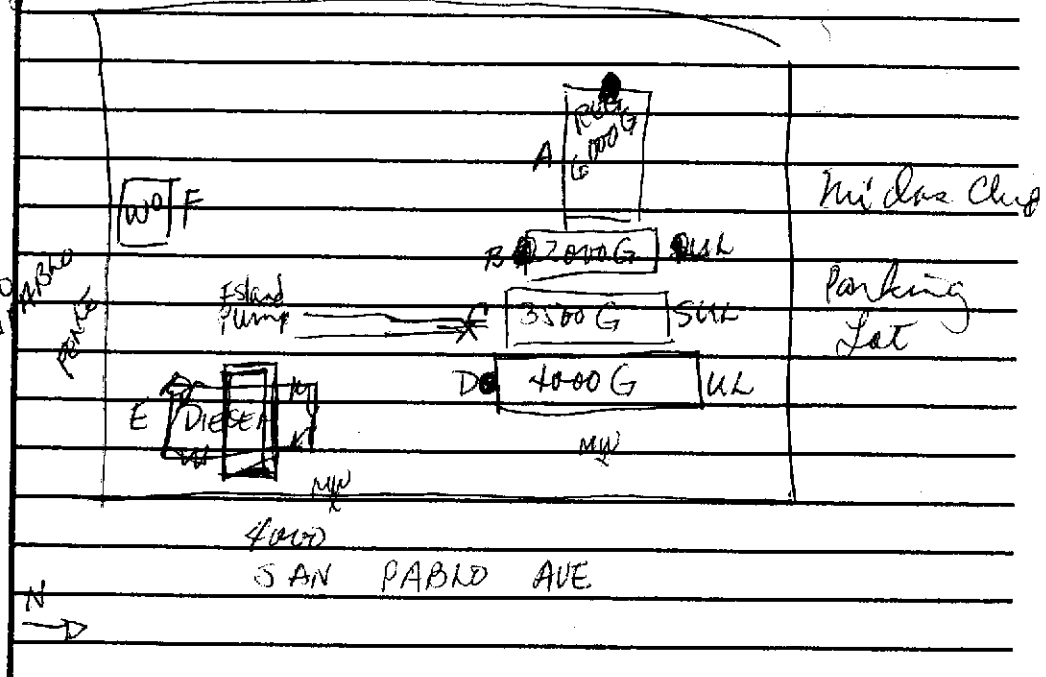
- 10. Registration Form Filed 25533(a)
- 11. Form Complete 25533(b)
- 12. RMPP Contents 25534(c)
- 13. Implement Sch. Req'd? (Y/N)
- 14. OnSite Conseq. Assess. 25524(c)
- 15. Probable Risk Assessment 25534(d)
- 16. Persons Responsible 25534(g)
- 17. Certification 25534(i)
- 18. Exemption Request? (Y/N)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

III. UNDERGROUND TANKS (Title 23)

- General**
- 1. Permit Application 25284 (H&S)
- 2. Pipeline Leak Detection 25292 (H&S)
- 3. Records Maintenance 2712
- 4. Release Report 2651
- 5. Closure Plans 2670
- 6. Method
- 1) Monthly Test
- 2) Daily Vadose
- Semi-annual groundwater
- One time soils
- 3) Daily Vadose
- One time soils
- Annual tank test
- 4) Monthly Gndwater
- One time soils
- 5) Daily inventory
- Annual tank testing
- Cont pipe leak det
- Vadose/gndwater mon.
- 6) Daily Inventory
- Annual tank testing
- Cont pipe leak det
- 7) Weekly Tank Gauge
- Annual tank test
- 8) Annual Tank Testing
- Daily inventory
- 9) Other _____
- 7. Precl Tank Test 2643
- Date: _____
- 8. Inventory Rec. 2644
- 9. Soil Testing 2646
- 10. Ground Water. 2647

Monitoring for Existing Tanks

New Tanks



On site to view exposed tanks, piping system lay out.

II, III

Contact: _____
 Title: _____
 Signature: _____

Inspector: _____
 Signature: Susan L. Hugg

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Hazardous Materials Inspection Form

II, III

Site ID # 567 Site Name Former Celis Service Station Today's Date 5/16/94

Site Address 4000 San Pablo Ave.

City Emeryville, CA Zip 94608 Phone _____

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

Inspection Categories:

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

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

Comments:

12:30 - 2:00 On site visit - preparing for GUSTs removal; building demolished. Met Julie Sharp (LF) at site. Start uncovering the tanks & piping; will be working on site till 5/17/94 (uncovered the USTs). Tanks will be removed 5/18/94.

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)

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. OnSite Conseq. Assess. 25524(c)
- ___ 15. Probable Risk Assessment 25534(d)
- ___ 16. Persons Responsible 25534(g)
- ___ 17. Certification 25534(f)
- ___ 18. Exemption Request? (Y/N) 25536(b)
- ___ 19. Trade Secret Requested? 25538

III. UNDERGROUND TANKS (Title 23)

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

Rev 8/88

II, III

Contact: _____

Title: _____

Signature: _____

Inspector: _____

Signature: Juan L. Hugo

**Alameda County Department of Environmental Health
Hazardous Materials Division**

80 Swan Way, Rm. 200, Oakland, CA 94621
Ph: 510-271-4320

BILLING FOR SERVICES

SID# _____

A. Site Name See list below Phone _____
Site Address _____
(If no address, description of area) Number Street City Zip
Prior Business Name _____ Prior Owner's Name _____

B. Service Requestor DONALD MOORE SEACOR Phone _____
Contact Person Company Name

Billing Address 90 NEW MONTGOMERY STREET Suite 620 City SAN FRANCISCO Zip 94105
Number Street City Zip

Category of Service	# Hours	x \$	/Hr	\$
<input checked="" type="checkbox"/> Site Search	1.0		75.00	\$ 75.00
<input type="checkbox"/> File Search	50		1.00	\$ 50.00
<input type="checkbox"/> Other				
				TOTAL CHARGE: \$ 125.00

REMARKS: 1) 4300 SAN PABLO AVE. EMERYVILLE 94608
2) 1001 - 42nd Street OAKLAND 94608
3) 1807 - 41st Street OAKLAND 94608

You will receive an invoice in accordance with Article 11 of Chapter 6, Title 3 of the Ordinance Code of Alameda County

Service Requestor DONALD MOORE *Donald Moore* Date 4/13/94
printed name signature
HazMat Specialist SUSAN HUGO *Susan L. Hugo* Date 4/13/94
printed name signature

**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**

ST 110 567

SUSAN L. HUGO

ALCOO
HAZMAT

51 APR 22 PM 12:25
Please note change on page 5

Susan L. Hugo
5/11/94

ACCEPTED

Underground Storage Tank Closure Permit Application

Alameda County Division of Hazardous Materials
80 Swan Way, Suite 200,
Oakland, CA 94621
Telephone: (510) 271-4320

These closure/removal plans have been received and found to be acceptable and essentially meet the requirements of State and Local Health Laws. Changes to your closure plans indicated by this Department are to assure compliance with State and local laws. The project proposed herein is now referred for issuance of any required building permits for construction/destruction.

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

Any changes or additions to these plans or specific actions must be submitted to this Division and to the Fire and Building Inspections Department to determine if such changes meet the requirements of State and local laws.

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

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

issuance of a) permit to operate, b) permanent site closure. is dependant on compliance with accepted plans and all applicable laws and regulations.

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

Contact Specialist:

UNDERGROUND TANK CLOSURE PLAN

* * * Complete according to attached instructions * * *

1. Business Name Celis Alliance Gas Station ✓
Business Owner Same as above
2. Site Address 4000 San Pablo Ave ✓
City Emeryville Zip 94608 Phone N/A
3. Mailing Address Constantino & Remedios Celis ✓
c/o City of Emeryville, 2200 Powell St. 12th Floor
City Emeryville Zip 94608 Phone (510) 596-4356
4. Land Owner Constantino & Remedios Celis ✓
c/o City of Emeryville
Address 2200 Powell St., 12th Floor City, State Emeryville, CA Zip 94608
5. Generator name under which tank will be manifested Celis ✓

EPA I.D. No. under which tank will be manifested CAD053044053 ✓

6. Contractor Trump Bros. Inc.
Address 1540 Industrial Ave
City San Jose, CA Phone (408) 292-0720
License Type* A, H ID# 77-0121947 and 646168
405/3198

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

7. Consultant Levin Fricka Inc.
Address 1900 Powell St., 12th Floor
City Emeryville, CA Phone (510) 652-4500

8. Contact Person for Investigation

Name Julie Sharp Title Senior Project Engineer
Phone (510) 652-4500

9. Number of tanks being closed under this plan 6
Length of piping being removed under this plan approx. 100 feet estimated
Total number of tanks at facility 6

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

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

a) Product/Residual Sludge/Rinsate Transporter

Name Evergreen Environmental Services EPA I.D. No. CAD 980695761
Hauler License No. 0242 License Exp. Date 7/31/94
Address 6880 Smith Ave
City Newark State CA Zip 94560

b) Product/Residual Sludge/Rinsate Disposal Site

Name Evergreen Environmental Services EPA I.D. No. CAD 980887418
Address 6880 Smith Ave.
City Newark State CA Zip 94560

c) Tank and Piping Transporter

Name Erickson, Inc. EPA I.D. No. CAD 089466392
Hauler License No. 0019 License Exp. Date 5/31/94
Address 255 Parr Blvd.
City Richmond State CA Zip 94801

d) Tank and Piping Disposal Site

Name Erickson, Inc. EPA I.D. No. CAD 009466392
Address 255 Parr Blvd.
City Richmond State CA Zip 94801

11. Experienced Sample Collector

Name Julie Sharp
Company Levine-Fricke Inc.
Address 1900 Powell St., 12th Floor
City Emeryville State CA Zip 94608 Phone (510) 652-4300

12. Laboratory

Name American Environmental Network (AEN)
Address 3440 Vincent Road
City Pleasant Hill State CA Zip 94523
State Certification No. 1172

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

If yes, describe. _____

14. Describe methods to be used for rendering tank inert

Residual liquids in tanks will be pumped out prior to excavation
and dry ice will be added to purge aromatic hydrocarbons ✓

A gas meter will be maintained on site throughout the excavation to ✓
ensure that tanks are inert.

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

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

15. Tank History and Sampling Information

Tank		Material to be sampled (tank contents, soil, ground-water, etc.) *	Location and Depth of Samples
Capacity	Use History (see instructions)		
7500 gal	Tank was used to store <u>diesel fuel</u>	Soil	No deeper than 2 feet beneath both ends of tank ↓ No deeper than 2 feet beneath tank
6000 gal	Tank used to store <u>regular gasoline</u>	Soil	
4000 gal	Tank used to store <u>unleaded gasoline</u>	Soil	
2000 gal	<u> " "</u>	Soil	
3500 gal	Tank used to store <u>super unleaded gasoline</u>	Soil	
550 gal	Tank used to store <u>waste oil</u>	Soil	

*or ground-water, if encountered ✓
 One soil sample must be collected for every 20 feet of piping that is removed. A ground water sample must be collected should any ground water be present in the excavation.

Tank installation dates unknown.

Date when tanks last used - approximately 4/15/94 ✓

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (Estimated)	Sampling Plan
50 cubic yards	4 discrete samples from the stockpile to be composited by the laboratory into 1 sample for analysis.

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

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

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

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Method Number	Method Detection Limit
TPH Diesel/oil	EPA 3550 soil 3580 water	GCFID, Mod EPA 8015 5820DEF	1 mg/kg soil diesel 5 mg/kg soil oil 0.05 mg/L water
TOG			
TPH Gasoline	EPA 5030 soil	GCFID, Mod EPA 8015 8010 or 8240	0.2 mg/kg soil 0.05 mg/L water
CHC		GCFID, EPA 8020	5 mg/kg soil 0.5 mg/L water
BTEX Metals Cd, Cr, Pb, Zn Ni	AA R I CAP		2 mg/L water BTEX X
Organic Lead PCBs PHAS		DOHS-LUFT	0.5 mg/kg soil

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

18. Submit Worker's Compensation Certificate copy

Name of Insurer Fremont Indemnity Co.

19. Submit Plot Plan (See Instructions)

20. Enclose Deposit (See Instructions)

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

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

I declare that to the best of my knowledge and belief the statements and information provided above are correct and true.

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

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

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

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

Signature of Contractor

Name (please type) Gary Trumpp

Signature [Handwritten Signature]

Date 4-28-94

Signature of Site Owner or Operator

Name (please type) Ignacio Dayrit , for Constantino Celis

Signature [Handwritten Signature]

Date 4-28-94

LEVINE•FRICKE, INC.

HSP APPROVAL REQUEST FORM

PROJECT AND SECTION NUMBER 3158

OFFICE NAME Emeryville, California

PACKAGE PREPARER NAME AND TITLE Julie Sharp,
Senior Project Engineer ✓

CLIENT NAME Catellus Development Corporation

CLIENT ADDRESS 201 Mission Street, San Francisco, CA ✓

CLIENT CONTACT Ms. Kimberly Brandt

START DATE OF PROJECT 5/9/94 DURATION OF PROJECT 1 to 2 weeks ✓

NAME AND TITLE OF PROJECT MANAGER Julie Sharp,
Senior Project Engineer ✓

COMMENTS This HSP is designed to address the following tasks scheduled at the Site: excavation and UST removal observation.

APPROVED BY (PRINT NAME AND TITLE) Irene S. Fanelli

Irene S. Fanelli, CIH

Title
APPROVAL SIGNATURE Health & Safety
Consultant

DATE 4/26/94



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FIGURE 1: HOSPITAL ROUTE MAP TO THE SUMMIT MEDICAL CENTER

April 21, 1994

LF 3158

REMOVAL OF SIX UNDERGROUND STORAGE TANKS
AND ASSOCIATED PIPING FROM CELI'S ALLIANCE FUELING STATION
4000 SAN PABLO AVENUE, EMERYVILLE, CALIFORNIA
HEALTH AND SAFETY PLAN

1.0 PURPOSE

This document defines the Health and Safety considerations for the possible management of hazardous substances by Levine-Fricke personnel and subcontractors. This document is required by Levine-Fricke policies and procedures and may be required by 8CCR5192. The basic requirements for the health and safety of the project workers are delineated in the Levine-Fricke Health and Safety Procedures. All personnel on site will be informed about the pertinent sections of the HSP.

2.0 PROJECT STAFFING

PROJECT MANAGER	Julie Sharp
SITE SAFETY OFFICER	Julie Sharp
EMERGENCY COORDINATOR	Julie Sharp

3.0 SCOPE OF WORK

CHECK OFF APPROPRIATE CATEGORIES (MORE THAN ONE MAY APPLY)

- | | | | |
|-------------------------------------|---|-------------------------------------|------------------|
| X | TANK EXCAVATION | <input checked="" type="checkbox"/> | SOIL SAMPLING |
| X | SOIL EXCAVATION | <input type="checkbox"/> | ASBESTOS |
| <input type="checkbox"/> | POND CLEANUP | <input type="checkbox"/> | ON-SITE STORAGE |
| <input type="checkbox"/> | BUILDING DECONTAMINATION | <input type="checkbox"/> | CONSTRUCTION |
| <input type="checkbox"/> | MONITORING WELL INSTALLATION | <input type="checkbox"/> | DEMOLITION |
| <input type="checkbox"/> | ON-SITE TREATMENT SOIL | <input type="checkbox"/> | VAPOR SAMPLING |
| <input checked="" type="checkbox"/> | GROUND-WATER SAMPLING <i>if present</i> | <input type="checkbox"/> | OTHER - tank |
| <input type="checkbox"/> | ON-SITE TREATMENT OF | | contents pumping |
| | GROUND WATER | | |

Field activities at the Site relate to the removal of six underground storage tanks. Levine-Fricke will observe the excavation of the tanks. The tanks will be removed by a subcontractor to Levine-Fricke using a backhoe and excavator.

3.1 Site Layout

The USTs are located north, west and south of the fueling station garage located at 4000 San Pablo Avenue, Emeryville, California.

4.0 HAZARD EVALUATION

A.

PHYSICAL HAZARDS (TRENCHES,
UTILITIES, TERRAIN, ETC.)

The use of heavy
equipment at the Site
poses potential physical
hazards. Excavations
pose a hazard for
personnel around and
entering the excavation.

B. CHEMICAL CONTAMINANTS AND HIGHEST CONCENTRATIONS DETECTED IN SOIL AT THE SITE

NAME OF MATERIAL	CONC. in ppm	TLV/PEL	CARCINOGEN	ABSORBED THROUGH SKIN?
TPH	2,910 /	300*	NO	NO
Benzene	9.7 /	1 /	YES	YES
Toluene	81	50	NO	YES
Ethylbenzene	82	100	NO	NO
Xylenes	290	100	NO	NO

notes:

- * The PEL listed is for gasoline, but is appropriate for other hydrocarbons. /
- 1. General symptoms of exposure to petroleum hydrocarbons and its constituents include: irritation of the eyes, nose, mucous membranes, and respiratory system; headache; nausea, vomiting, abdominal pain; giddiness, excitement, dizziness, staggered gait; fatigue, weakness, lassitude; anorexia; corneal vacuolization; dermatitis; and bone marrow depression.
- 2. Target organs include the central nervous system, eyes, skin, gastrointestinal tract, blood, liver, kidneys, and bone marrow.
- 3. Data is taken from the NIOSH Pocket Guide to Chemical Hazards, 1991, and the ACGIH Threshold Limit Values, 1993-1994.
- 4. The PEL/TLV is the lowest of the two values.

4.1 Task Specific Hazards

- TASK Soil Excavation and UST Removal Observation
1. Utilities. USA will be alerted at least two days prior to excavation. A safe distance of 10 feet will be maintained from overhead utilities.
 2. Noise and other hazards associated with the operation of heavy equipment. If conversation is difficult at 2 feet, then hearing protection will be worn.
 3. Getting struck by heavy equipment. Ground personnel will maintain visual contact with operators of heavy equipment.
 4. Deep excavations. Workers will not enter unsupported/non-sloped excavations deeper than 4 feet. All requirements pursuant to 8CCR1539, 8CCR1540, 8CCR1541 AND 8CCR1541.1 shall be observed. Excavations will be marked to reduce potential for inadvertent entry.

- TASK Pumping of Tanks
1. Fire and Explosion. Vacuum truck will be bonded to tank during pumping to reduce potential for fire and explosion.

5.0 PROJECT MANAGEMENT

CREW SIZE

PROJECT MANAGER	Julie Sharp
CHEMIST	Doug Lipton
SITE SAFETY OFFICER	Julie Sharp

5.1 Subcontractors

Excavation contractors (Trumpp Bros. General Contractors of San Jose, California) and their subcontractors (e.g. for pumping tanks) with 40 hour OSHA training will complete the

LEVINE·FRICKE

scheduled tasks. Subcontractors responsible for shipment of hazardous materials will follow DOT rules and regulations.

6.0 MATERIAL HANDLING EQUIPMENT

(PROVIDE DETAILS, E.G., QUANTITIES AND TYPES)

- | | | | |
|--------------|---|----------------|--|
| _____ | o | DRUM DOLLY | _____ |
| _____ | o | PUMPS | _____ |
| _____ | o | FORK LIFT | _____ |
| <u> 2 </u> | X | HEAVY EQUIP. | backhoe and excavator to
remove USTs and soil |
| _____ | o | CRANE | _____ |
| <u> 1 </u> | X | VACUUM TANKER | Licensed hauler for UST
contents |
| <u> 2 </u> | X | TRUCK | Licensed hauler for USTs |
| _____ | o | AIR COMPRESSOR | |

7.0 REPORTING AND RECORDKEEPING

7.1 General

Recordkeeping shall be consistent with OSHA regulations in all respects. The following records will be maintained in the Corporate Health and Safety Director's Office, the local Levine·Fricke Office and/or at the site:

- The Health and Safety Log--The log documents the Site Safety officer's daily activities pertaining to site health and safety compliance.
- OSHA 200 Log and Summary of Occupational Injuries and Illnesses--Current within 72 hours. Will be maintained in the appropriate local office and Health and Safety Director's office.
- Respirator Fit Test Records
- Training and Medical Certificates
- Tailgate Safety Meeting Records

8.0 ENVIRONMENTAL SAMPLING

SAMPLING REQUIRED

YES NO

9.0 TRAINING

LEVINE•FRICKE CREW RECEIVED INITIAL 40-HOUR TRAINING AND ANNUAL REFRESHER, AND SUPERVISOR TRAINING, AS APPROPRIATE

X YES NO

SUBCONTRACTOR RECEIVED REQUIRED TRAINING

X YES NO

Trumpp Bros. contractors have received the required training

SITE SPECIFIC TRAINING

Site specific training will be conducted at the beginning of the job, before field work begins. This training will include review of this HSP, discussion of possible chemical and physical hazards, worker protection, decontamination procedures and work zones.

SAFETY BRIEFINGS ARE HELD EACH SHIFT

WHO CONDUCTS MEETING? The
Levine•Fricke SSO

WHERE ARE RECORDS STORED?

Levine•Fricke project files

10.0 MEDICAL REQUIREMENTS

ENTIRE CREW RECEIVED BASELINE PHYSICAL EXAMINATIONS AND ANNUAL UPDATES

X YES NO

IF NO, WHY? _____

SPECIAL TESTS REQUIRED None

11.0 CONTAMINATION CONTROL

- The job site is partitioned into three distinct zones: clean zone, contamination reduction zone, and exclusion zone.
- Workers may only enter and exit from the exclusion zone via the contamination reduction zone.
- Only authorized personnel are allowed to enter the exclusion or the contamination reduction zone.
- Section 16 includes a site map defining the zones.
- Section 17 describes the personnel and equipment decontamination procedures.

12.0 WORKER PROTECTION

12.1 Personal Protective Equipment

- 1. WORK TASK DESCRIPTION UST and soil
excavation observation
- 2. LEVEL D
- 3. RESPIRATORY PROTECTION No
- 4. PROTECTIVE CLOTHING

X HARD HAT

EYE PROTECTION

- X SAFETY GLASSES WITH SIDE SHIELDS
 - CHEMICAL RESISTANT GOGGLES
 - FACE SHIELD
 - OTHER
-

BODY PROTECTION Not Applicable

GLOVES -when sampling

- | | | |
|---|-------------------|---------|
| ○ | LATEX | ○ |
| | | LEATHER |
| ○ | SURGICAL RUBBER | ○ |
| | | COTTON |
| ○ | VITON | ○ |
| | | OTHER |
| X | PVC | |
| ○ | NEOPRENE | |
| ○ | NEOPRENE (MILLED) | |
| ○ | SILVERSHIELD | |
-

BOOTS

- X LEATHER - STEEL TOED
- PVC - STEEL TOED
- NEOPRENE - STEEL TOED
- PVC BOOTIES
- TYVEK BOOTIES

OTHER

HEARING PROTECTION

- EAR MUFFS
- EAR PLUGS
- OTHER

12.2 General Safety Equipment

- | | | | |
|------------------|---|---|----------------------|
| LIFELINE/HARNESS | ○ | SAFETY SHOWER | ○ |
| | ○ | EYEWASH | ○ |
| | X | BARRIERS | EXTRACTION
DEVICE |
| | ○ | WARNING SIGNS | ○ |
| | X | BARRIER TAPE | AIR HORNS |
| | ○ | WATER/GATORADE | |
| | ○ | DECON BARRELS | |
| | ○ | LIGHTING | |
| <hr/> | | | |
| | X | FIRE EXTINGUISHERS --to be supplied
by the contractor and Levine•Fricke. | |

COMMUNICATION SYSTEMS-- Mobile cellular telephone on site for emergency use and pagers for Levine•Fricke personnel

SANITARY FACILITIES --Potable water will be brought to the site by Levine•Fricke personnel. Toilets are available at nearby Levine•Fricke sites or at the Levine•Fricke maintenance facility.

13.0 PERSONNEL MONITORING PLAN

AIR MONITORING REQUIRED X Yes o NO

EXPLAIN STRATEGY Air monitoring is required utilizing a Photoionization detector to monitor volatile organic chemical concentrations in the breathing zone. If ambient air concentrations of VOCs in the breathing zone reach 25 parts per million (ppm) or greater, personnel shall upgrade to Level C using half-face air-purifying respirators equipped with NIOSH-approved high efficiency particulate/organic vapor combination cartridges.

Personnel exposure monitoring is required for benzene in accordance with 8CCR5218.

SAMPLING EQUIPMENT

- X COMBUSTIBLE GAS/OXYGEN METER
- o DRAEGER TUBES
- X PHOTOIONIZATION DETECTOR
- o FLAME IONIZATION DETECTOR
- o INFRARED DETECTOR
- o AEROSOL MONITOR
- o SAMPLING PUMPS
- o AND MEDIA

OTHER

—

HEAT STRESS MONITORING YES

NAMES OF MONITORING TECHNICIANS

Julie Sharp, Shellie Fletcher or designated alternate

LOCATION OF MONITORING RECORDS

Levine-Fricke project files

14.0 SITE SAFETY OFFICER RESPONSIBILITIES

The Site Safety Officer (SSO) or Designee will enter before any work begins and will verify that the established zones are identified and escape routes are clear.

The daily site entry procedure will include the following:

- Determine the wind direction and stay apprised of it throughout the stay. Identify the direction during the tailgate safety meeting or informally with each affected employee.
- Confirm the proper placement of emergency information and operational status of equipment and the decontamination facility.
- Monitor the air as necessary for conditions that may cause injury or exposure and record all data.
- Visually observe for signs of actual or potential life- or health-threatening hazards.
- Note physical conditions of the site. Determine potential exposure pathways.
- Use survey tape or markers to identify new boundaries of the zones.
- Document site activities in a daily log. Record observations related to field conditions and the site.

15.0 GENERAL SAFE WORK PRACTICES

- All accidents and incidents must be reported to the supervisor immediately.
- All defects/malfunctions which appear during the course of the work shift must be reported to the supervisor.
- No smoking is allowed in the exclusion or contamination reduction zones, because of possible explosion hazards.
- Other sources of combustion such as welding or torch cutting will be eliminated from the area.
- No eating, drinking, chewing tobacco or gum is allowed in the exclusion or contamination reduction zones.
- Employees shall inform their supervisors of any prescription medications they are using while at work that can affect their abilities.
- Employees shall not show up for work under the influence or in possession of alcohol or illicit drugs.
- Only Levine·Fricke-approved personal protective equipment shall be used by Levine·Fricke employees.
- Employees shall not remove or disturb any covering, guards, or safety devices placed on vehicles, gears, or other moving equipment or machinery, except to perform maintenance or repairs. Work on the equipment shall not commence until the equipment has been deactivated, sources of energy are removed, and controls are locked and tagged out.
- Before starting any vehicle or machinery, or turning on electricity, gas, steam, or air, employees will check the entire area to ensure that it is safe to proceed with the work. Out of service or locked out equipment is not to be started by anyone unless authorized by a supervisor.
- Employees shall maintain good housekeeping of the facilities and remove or dispose of all unnecessary materials.
- Special operations, including confined space entry, hot work, and decommissioning of equipment for repairs, require permits to be signed by authorized personnel. A

description of the procedures will be included as an appendix.

- Trenching or excavations must be shored or sloped or appropriately prepared as required by OSHA standards.

16.0 WORK ZONE MAP

(Can be completed on site during the first working day.)

17.0 DECONTAMINATION PROCEDURES

PERSONNEL DECONTAMINATION PROCEDURES-- Disposable gloves, sampling equipment and other disposable clothing or equipment worn by Levine·Fricke personnel will be placed in a suitable disposal container on site at the end of each work day. Protective clothing will be replaced if its protective function is compromised through holes or tears.

EQUIPMENT DECONTAMINATION PROCEDURES-- Equipment that comes in contact with on-site soils or groundwater that apparently contain chemicals identified at the site will be brushed off before removal from the site area.

LAUNDERING PROCEDURE FOR WORK CLOTHES-- Wash separately.

18.0 LEVINE·FRICKE INTERNAL CALL LIST

IN THE EVENT OF INJURY, FIRE, EXPLOSION, SPILL, RELEASE, OR OTHER NONROUTINE EVENTS, IMMEDIATELY CONTACT ONE OF THE FOLLOWING PEOPLE, IN THIS ORDER:

1. Julie Sharp (510)652-4500
2. Shellie Fletcher (510)652-4500
3. John Sturman (510)652-4500

19.0 HAZARDOUS WASTE OPERATIONS CONTINGENCY PLAN

GENERATOR'S NAME: C. Celis

OWNER'S NAME: City of Emeryville

WORK LOCATION: 4000 San Pablo Avenue
Emeryville, California

CONTACT: Mr. Ignacio Dayrit PHONE #(510) 596-4356
(City of Emeryville)

LEVINE·FRICKE PROJECT MANAGER: Julie Sharp

19.1 General Injury

- Step 1: Use first-aid kit on site, if appropriate.
- Step 2: Use off-site medical help and/or assistance if appropriate.
- Step 3: Notify SSO, On-Site Project Manager, and Health and Safety Director.

19.2 Specific Treatments

- Eye Exposure: Flush eye with eye wash, contact ambulance.
- Skin Exposure: Wash immediately with soap and water; contact ambulance, if appropriate.
- Fire (localized): Use fire extinguisher and activate alarm system, if appropriate.
- Fire (uncontrolled): Call Fire Department.
- Chemical Spill: Contact Fire Department and National Response Center for Toxic Chemical and Oil Spills.
- Explosion: Contact Fire Department if potential for additional explosions or fire danger exists.
- Inhalation: Move person to clean air and cover source of chemicals, if possible.
- Swallowing: Contact ambulance service.

EMERGENCY PHONE NUMBERS:

- POLICE 911
- FIRE 911

Hazardous Materials Release Response/Reporting

- National Response Center 1-800-424-8802
- California Office of Emergency Services 1-800-852-7550

Toxics Information

- CHEMTREK 1-800-424-6699
- Poison Control Center 1-415-476-6600
- AMBULANCE 911
- HOSPITAL

Emergency Room
Alta Bates Hospital
2450 Ashby Avenue
Berkeley, California

1-510-204-1303

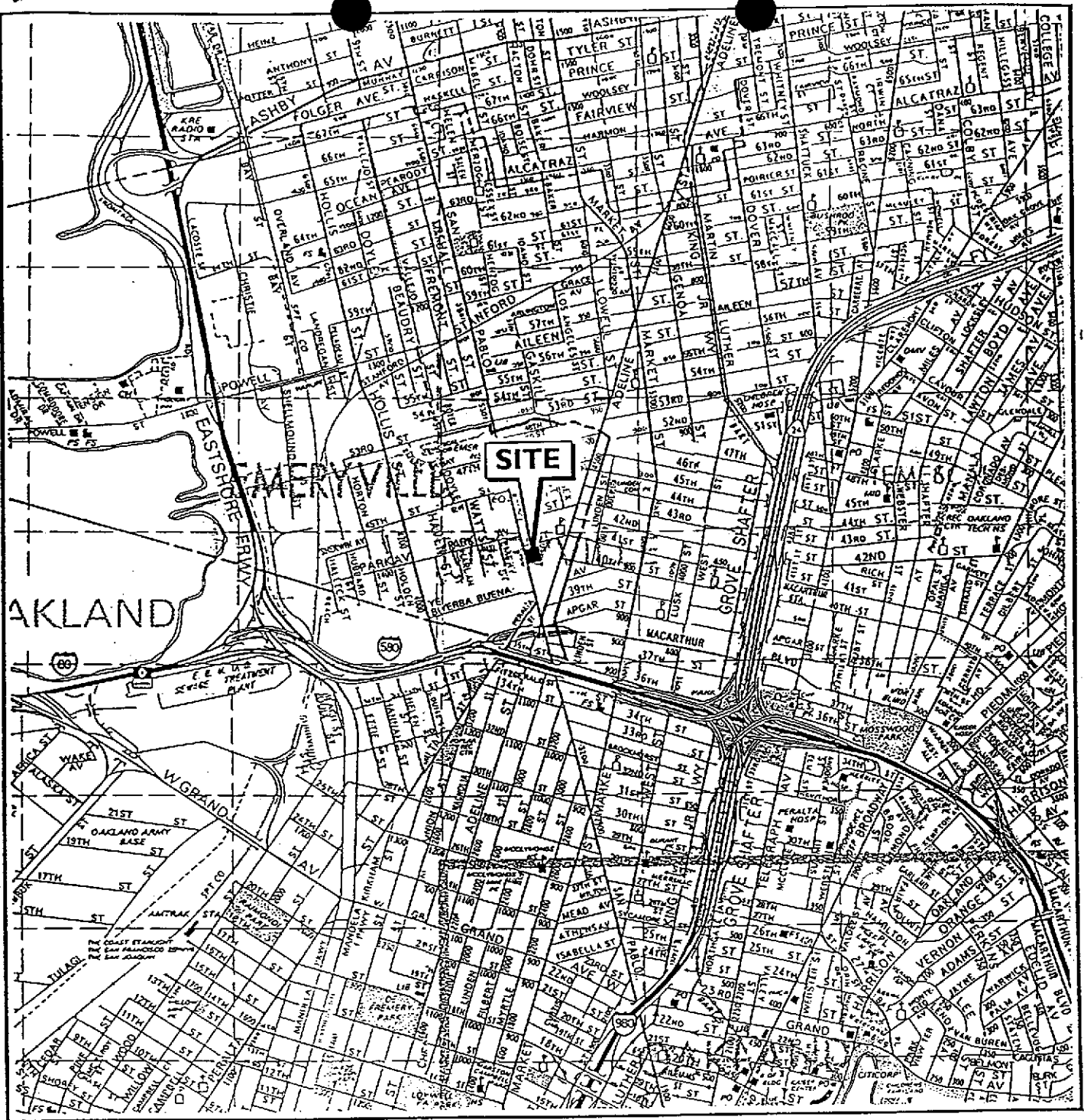
See attached map for route to hospital.

20.0 CONTRACTOR AND SUBCONTRACTOR AGREEMENTS

Contractor and Subcontractor Agreements:

1. Contractor certifies that the following personnel to be employed on the Site located at 4000 San Pablo Avenue, Emeryville, California have met the Hazards and Protection requirements of 8CCR5192 and other applicable standards.
2. Contractor certifies that, in addition to meeting the OSHA requirements, she/he has received a copy of this HSP and will insure that the employees and subcontractors of the Contractor are informed, and will comply with both OSHA requirements and the guidelines in this HSP.
3. Contractor further certifies that she/he has read, understands, and will comply with all provisions of this HSP and will not hold Levine•Fricke responsible or liable for any injury or health problems that may occur.

Contractor Personnel	Training/ Certification/ Medical Examination	Signature	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

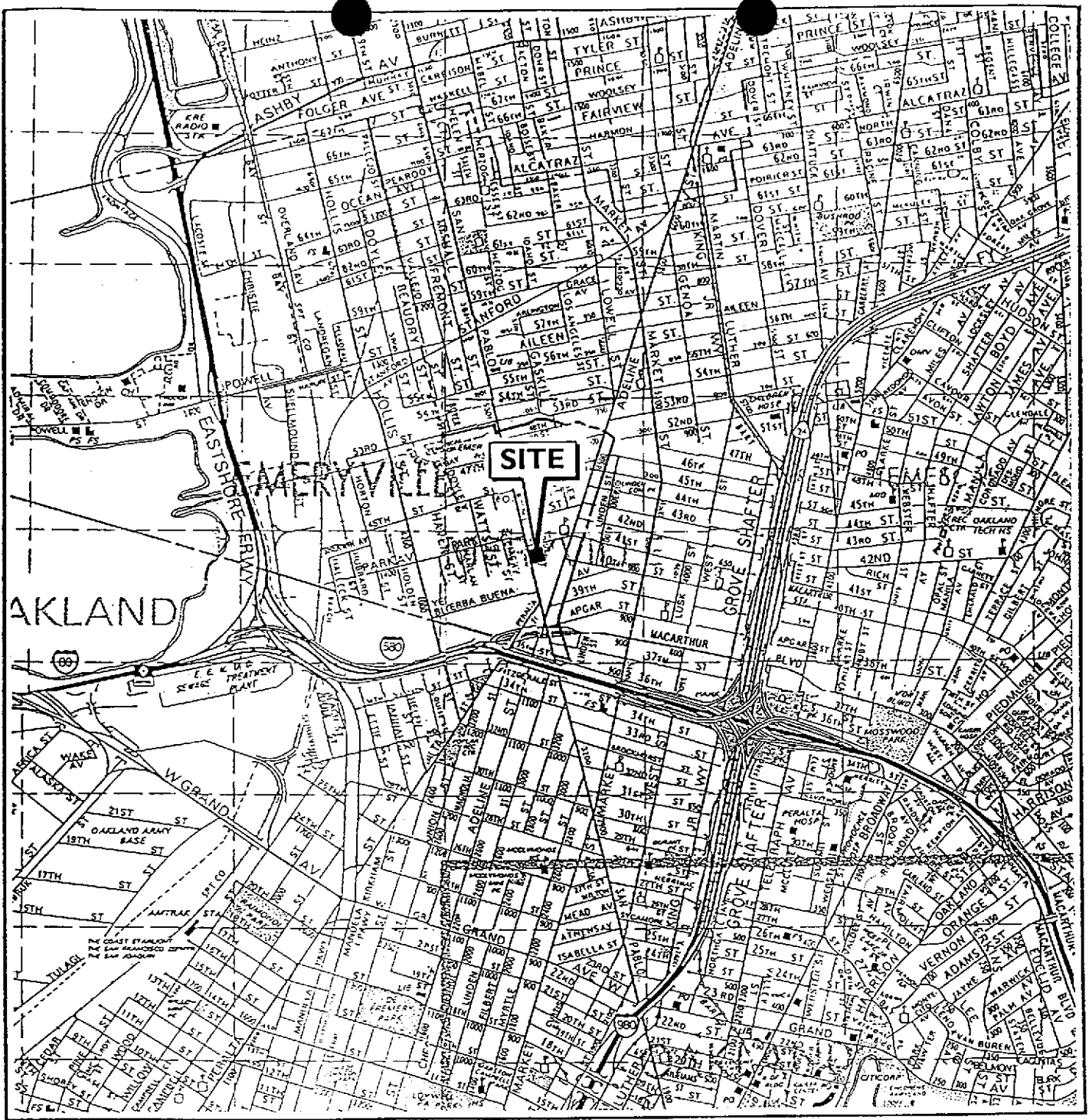


MAP SOURCE:
 Thomas Bros. Map
 Alameda and Contra Costa Counties
 1992 Edition

Figure 1: SITE LOCATION MAP



Figure 2 : HOSPITAL ROUTE MAP



MAP SOURCE:-
 Thomas Bros. Map
 Alameda and Contra Costa Counties
 1992 Edition

Figure 1: SITE LOCATION MAP

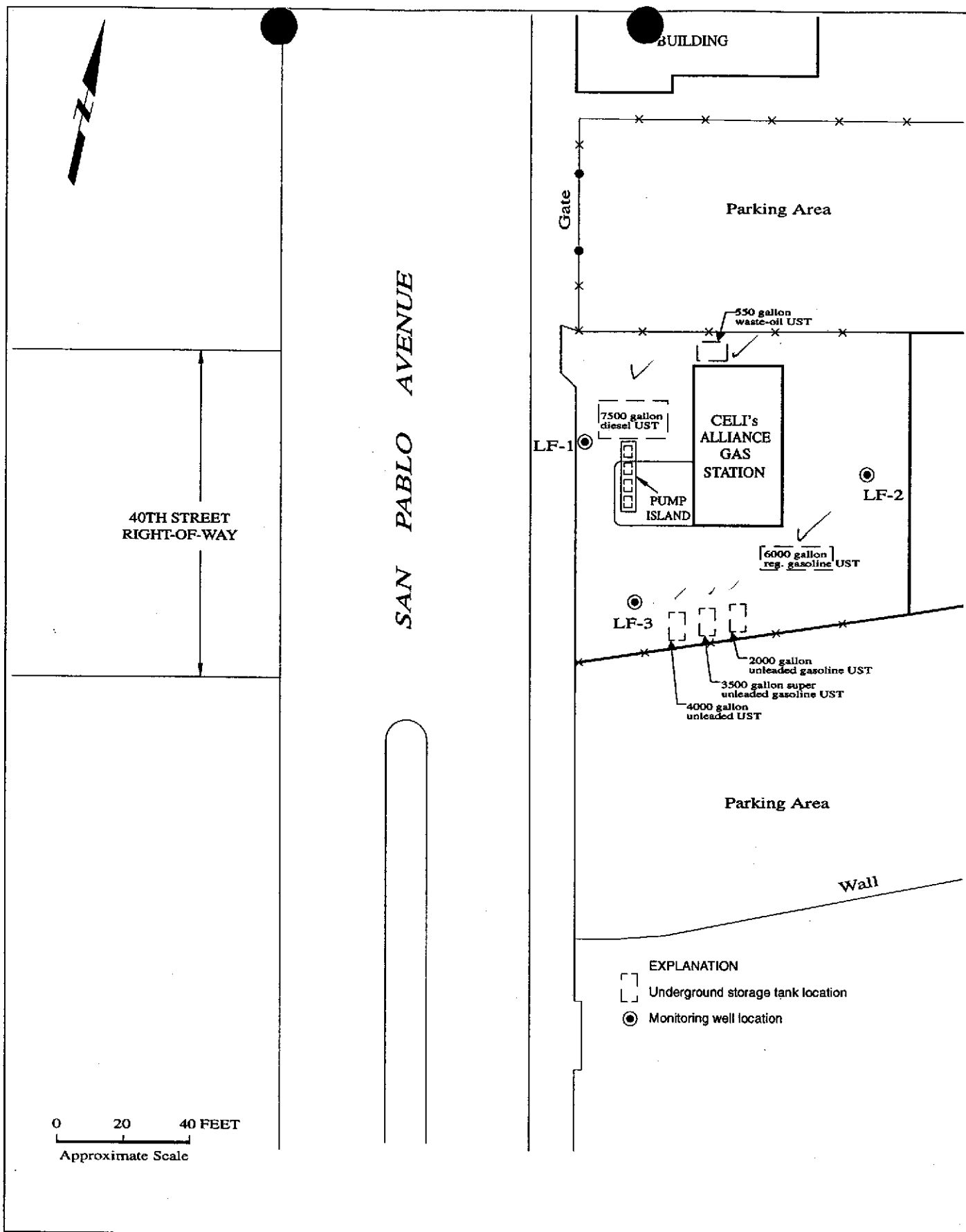


Figure 2 : SITE PLAN, 4000 SAN PABLO AVENUE

State of California
Contractors State License Board

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

TRUMPP BROS INC



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

A - GENERAL ENGINEERING CONTRACTOR
HAZ - HAZARDOUS SUBSTANCES REMOVAL



Witness my hand and seal this day,

May 28, 1992

Issued May 26, 1992

Walter C. Trumpp
Signature of Licensee

David R Phillips
Registrar of Contractors

Signature of License Qualifier

This license is the property of the Registrar of Contractors, is not
transferable, and shall be returned to the Registrar upon demand
when suspended, revoked, or invalidated for any reason. It becomes
void if not renewed.

646168

License Number

AGORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY) **8/30/93**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

PRODUCER
 Rollins Hudig Hall
 1737 N. First St., Ste. 400
 San Jose, CA 95112
 Carlyn Eaton/Jeff Aber
 408-438-7180

INSURED
 Trumpp Brothers Inc.
 1840 Industrial Avenue
 San Jose
 CA 95112

COMPANIES AFFORDING COVERAGE	
COMPANY LETTER A	Transcontinental
COMPANY LETTER B	Transportation
COMPANY LETTER C	Fremont Indemnity Co.
COMPANY LETTER D	
COMPANY LETTER E	

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

OS LTY	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. <input checked="" type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.	CO121630102	7/01/93	7/01/94	GENERAL AGGREGATE \$ 2000000
					PRODUCTS-COMP/OP AGG. \$ 1000000
					PERSONAL & ADV. INJURY \$ 1000000
					EACH OCCURRENCE \$ 1000000
					FIRE DAMAGE (Any one fire) \$ 50000
					MED. EXPENSE (Any one person) \$ 5000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL-OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY	121630133	7/01/93	7/01/94	COMBINED SINGLE LIMIT \$ 1000000
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE \$
					EACH OCCURRENCE \$
					AGGREGATE \$
	<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				STATUTORY LIMITS
C	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY	WP9253353301	7/01/93	7/01/94	EACH ACCIDENT \$ 1000000
					DISEASE-POLICY LIMIT \$ 1000000
					DISEASE-EACH EMPLOYEE \$ 1000000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER
 01 Alameda County Health Care
 Dept Environmental Health
 80 Swan Way, Rm. 200
 Oakland, CA 94621

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE **001037000**



ALCO
HAZMAT

LEVINE-FRICKE

ENGINEERS, HYDROGEOLOGISTS & APPLIED SCIENTISTS

94 APR 32 PM 12: 25

Letter of Transmittal *may 2*

Date April 28, 1994

From Julie Sharp

Project No. 3158

To Susan Hugo
Alameda County Health Agency
Dept. of Environmental Health
80 Swan Way, Room 200
Oakland, CA 94621

Subject Tank closure plan for
Alliance Service Station

STIP

The following items are: Requested Enclosed Sent Separately
via mail

Description	No. of Copies
Underground tank closure plan	3
Site health & safety plan	3
Site location map and plan	3
Contractor's hazardous materials license & worker's comp.insr. cert.	3

These data are transmitted:

- At your request
- For your approval
- For your review
- For your action
- For your files
- For your information

Comments

Susan - enclosed you will find 3 copies of the underground tank closure plan and above-mentioned attachments. Per our telephone conversation on April 21, no check is included because no fees are required at this time. Please call me if you have any questions or wish to discuss the upcoming activities. The current estimated start date is May 16.

Julie Sharp

(Signed)

1900 Powell Street, 12th Floor
Emeryville, California 94608
(510) 652-4500
Fax (510) 652-2246

RP: ~~Constantin~~

Mr. CONSTANTIN L. CELIS

2319 Monte Vista Drive

Pinole, CA 94564

DATE: 1/21/94

TO : Local Oversight Program

FROM: SUSAN

STID 567

SUBJ: Transfer of Eligible Oversight Case

Site name: Celis Service Station

Address: 4000 San Pablo Ave. city Emeryville zip 94608

Closure plan attached? Y N DepRef remaining \$ _____

DepRef Project # _____ STID #(if any) _____

Number of Tanks: _____ removed? Y N Date of removal Tanks still on site

Leak Report filed? Y N Date of Discovery 1/17/94

Samples received? Y N Contamination: Gasoline

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

Monitoring wells on site 3 Monitoring schedule? Y N

LUFT category 1 2 3 * H S C A R W G O

Briefly describe the following:

Preliminary Assessment _____

Remedial Action _____

Post Remedial Action Monitoring _____

Enforcement Action _____

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

EMERGENCY YES NO HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? YES NO

FOR LOCAL AGENCY USE ONLY
 I HEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25100.7 OF THE HEALTH AND SAFETY CODE.
 SIGNED: [Signature] DATE: 1-21-94

REPORT DATE: 1/14/94 CASE #

REPORTED BY: NAME OF INDIVIDUAL FILING REPORT: Michael V. Brady PHONE: (916) 444-3900 SIGNATURE: [Signature]
 REPRESENTING: OWNER/OPERATOR REGIONAL BOARD COMPANY OR AGENCY NAME: Co-Payee, City of Emeryville Redevelopment Agency
 LOCAL AGENCY OTHER ADDRESS: 4000 San Pablo Avenue CITY: Emeryville STATE: CA

RESPONSIBLE PARTY: NAME: Constantino L. and Remedios C. Celis CONTACT PERSON: Michael V. Brady PHONE: (916) 444-3900
 UNKNOWN ADDRESS: 2319 Monte Vista Drive CITY: Pinole STATE: CA ZIP: 94564

SITE LOCATION: FACILITY NAME (IF APPLICABLE): Celis Alliance Gas Station OPERATOR: Constantino and Remedios Celis PHONE: (510) 658-0744
 ADDRESS: 4000 San Pablo Avenue CITY: Emeryville COUNTY: CA ZIP: 94608
 CROSS STREET: Adeline Street TYPE OF AREA: COMMERCIAL INDUSTRIAL RURAL RESIDENTIAL OTHER TYPE OF BUSINESS: METAL FUEL STATION FARM OTHER

IDENTIFYING AGENCIES: LOCAL AGENCY: Alameda County Health Agency AGENCY NAME: San Francisco Bay Region CONTACT PERSON: Brian Oliva PHONE: (510) 271-4320
 REGIONAL BOARD: San Francisco Bay Region PHONE: ()

SUBSTANCE(S) INVOLVED: (1) NAME: QUANTITY LOST (GALLONS): UNKNOWN
 (2) NAME: QUANTITY LOST (GALLONS): UNKNOWN

DISCOVERY/ABATEMENT: HOW DISCOVERED: INVENTORY CONTROL SUBSURFACE MONITORING TANK TEST TANK REMOVAL MISMANAGE CONDITIONS OTHER
 DATE DISCHARGE BEGAN: UNKNOWN METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY): REMOVE CONTENTS REPLACE TANK CLOSE TANK REPAIR TANK REPAIR PIPING CHANGE PROCEDURE OTHER
 HAS DISCHARGE BEEN STOPPED? YES NO IF YES, DATE: UNKNOWN

SOURCE/CAUSE: SOURCE OF DISCHARGE: TANK LEAK UNKNOWN PIPING LEAK OTHER TANKS ONLY CAPACITY: (See Attached List) YRS: UNKNOWN MATERIAL: FIBERGLASS STEEL OTHER CAUSE(S): OVERFILL RUPTURE/FAILURE CORROSION UNKNOWN SPILL OTHER

CASE TYPE: CHECK ONE ONLY: UNDETERMINED SOIL ONLY GROUNDWATER DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)

CURRENT STATUS: CHECK ONE ONLY: SITE INVESTIGATION IN PROGRESS (DEFINING EXTENT OF PROBLEM) CLEANUP IN PROGRESS SIGNED OFF (CLEANUP COMPLETED OR UNNECESSARY) NO ACTION TAKEN POST CLEANUP MONITORING IN PROGRESS NO FUNDS AVAILABLE TO PROCEED EVALUATING CLEANUP ALTERNATIVES

RECOMMENDED ACTION: CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS): CAP SITE (CD) EXCAVATE & DISPOSE (ED) REMOVE FREE PRODUCT (FP) ENHANCED BIO DEGRADATION (IT) CONTAINMENT BARRIER (CB) EXCAVATE & TREAT (ET) PUMP & TREAT GROUNDWATER (GT) REPLACE SUPPLY (RS) TREATMENT AT HOOKUP (AU) NO ACTION REQUIRED (NA) OTHER (OT)

COMMENTS:

McDONOUGH, HOLLAND & ALLEN
A PROFESSIONAL CORPORATION
ATTORNEYS

555 CAPITOL MALL, SUITE 950
SACRAMENTO, CALIFORNIA 95814
(916) 444-3900
TELECOPIER: (916) 444-8334

ALCO
HAZMAT

94 JAN 18 PM 3:11

YUBA CITY OFFICE
1535 BUTTE HOUSE ROAD
YUBA CITY, CALIFORNIA 95991
(916) 674-9761
TELECOPIER: (916) 671-0990

BAY AREA OFFICE
1999 HARRISON STREET, SUITE 1300
OAKLAND, CALIFORNIA 94612
(415) 444-7372
TELECOPIER: (415) 839-9104

MICHAEL V. BRADY

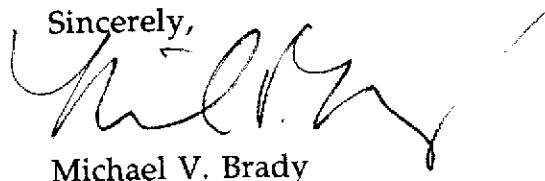
January 14, 1994

Mr. Brian Oliva
Alameda County Health Care Services Agency
Department of Environmental Health
80 Swan Way, Room 200
Oakland, California 94621

Dear Mr. Oliva,

I am assuming that you are the correct recipient of this unauthorized release form. Should further notification be required, please do not hesitate to contact me.

Sincerely,



Michael V. Brady

QUARTERLY SUMMARY

When Utilizing Underground Storage Tank Monitoring Alternative # 5
Section 2641(c)(5)(A-D) Title 23, C.C.R.

Facility Name: Celis Service Station
Facility Address: 4000 San Pablo Ave.
Contact Person : Toni Celis 94608
Phone Number : (415) 7658-0714

Tank #	Size	Product
1	7,500 gal	Diesel
2	6,000	Regular
3	4,000 "	Unleaded
4	2,000 "	Unleaded
5	3,500 "	Super Unleaded

Preparer's Signature: [Signature] Date: 4/16/92

I hereby certify under penalty of perjury, that all product level variations for the above mentioned facility were within allowable limits for this quarter. See section 2644(e&f) Title 23, CA Code of Regulations.

Inventory variations exceeded the allowable limits for this quarter. I hereby certify under penalty of perjury, that the source for the variation was not due to an unauthorized release (leak). See section 2644(e,f) Title 23, CA Code of Regulations.

List date, tank # and amount for all variations that exceeded the allowable limits:

	DATE	TANK #	AMOUNT	REASON FOR DISPARITY
1.	<u>1/13/92</u>	<u>3</u>	<u>1g</u>	<u>Mistake in recording info.</u>
2.	<u>4/18/92</u>	<u>5</u>	<u>10g</u>	<u>unknown</u>
3.	<u>2/14/92</u>	<u>3</u>	<u>20g</u>	<u>was not struck accurately</u>
4.	<u>2/18/92</u>	<u>2</u>	<u>15g</u>	<u>-</u>
5.	<u>2/28/92</u>	<u>3</u>	<u>5g</u>	<u>(calculations)</u>
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

Additional dates/amounts shall be continued on a separate sheet of paper and attached.

Inventory variations exceed the allowable limits due to an unauthorized release (leak). Attach list of investigative/mitigation measures which have been taken. (See attached page)

All unauthorized releases shall be reported to Alameda County Environmental Health within twenty-four (24) hours at (415) 271-4320. An Unauthorized Release Report (#HSC 05) shall be submitted to the Alameda County Environmental Health Department within five (5) working days of the discovery of the leak.

A quarterly summary report shall be submitted within 15 days of the end of each quarter. Indicate below the quarter which this report summarizes.

- Quarter 1 - January thru March 1992
- _____ Quarter 2 - April thru June
- _____ Quarter 3 - July thru September
- _____ Quarter 4 - October thru December

SEND TO: ALAMEDA COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
80 SWAN WAY, SUITE 200
OAKLAND, CA 94621

QUARTERLY SUMMARY

When Utilizing Underground Storage Tank Monitoring Alternative # 5
Section 2641(c)(5)(A-D) Title 23, C.C.R.

Facility Name: Celis Service Station
 Facility Address: 4000 San Pablo Ave
 Contact Person : Toni Celis
 Phone Number : (415) 7658-0744

Tank #	Size	Product
1	7,500 gal	Diesel
2	6,000 "	Regular
3	4,000 "	Unleaded
4	2,000 "	Unleaded
5	3,500 "	Super Unleaded

Preparer's Signature: [Signature] Date: 1/10/92

I hereby certify under penalty of perjury, that all product level variations for the above mentioned facility were within allowable limits for this quarter. See section 2644(e&f) Title 23, CA Code of Regulations.

Inventory variations exceeded the allowable limits for this quarter. I hereby certify under penalty of perjury, that the source for the variation was not due to an unauthorized release (leak). See section 2644(e,f) Title 23, CA Code of Regulations.

List date, tank # and amount for all variations that exceeded the allowable limits:

	<u>DATE</u>	<u>TANK #</u>	<u>AMOUNT</u>	<u>REASON FOR DISPARITY</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

Additional dates/amounts shall be continued on a separate sheet of paper and attached.

Inventory variations exceed the allowable limits due to an unauthorized release (leak). Attach list of investigative/mitigation measures which have been taken. (See attached page)

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- _____ Quarter 1 - January thru March 1991
- _____ Quarter 2 - April thru June
- _____ Quarter 3 - July thru September
- _____ Quarter 4 - October thru December

SEND TO: **ALAMEDA COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
 HAZARDOUS MATERIALS DIVISION
 80 SWAN WAY, SUITE 200
 OAKLAND, CA 94621**

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



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

September 11, 1991

Toni Celis
4000 San Pablo Avenue
Emeryville, CA 94608
Attn: Toni Celis

SUBJ: FIVE-YEAR UNDERGROUND STORAGE TANK OPERATING PERMIT

Dear Mr. Celis:

Please find enclosed a five-year underground storage tank operating permit for the subject facility. To operate under a valid permit, you are required to comply with the conditions as described in the revised Title 23, California Code of Regulations (CCR) which was adopted effective August 9, 1991. These conditions are summarized below:

- 1) The owner or operator shall comply with the reporting and recording requirements for unauthorized releases specified in Article 5;
- 2) Written records of all monitoring and maintenance performed shall be maintained on-site or off-site at a readily available location, for a period of at least three (3) years. These records must be made available, upon request within 36 hours, to a representative of our office;
- 3) Permits may be transferred to new underground storage tank owners if the new underground storage tank owner does not change any conditions of the permit, the transfer is registered with our office within 30 days of the change in ownership, and the tank permit application forms are completed to show the changes. Our office may review, modify, or terminate the permit to operate the underground storage tank upon receiving the ownership transfer request;

Also, per amended Title 23, you may utilize the following monitoring requirements according to the following sections:

1. Section 2643 - Non-Visual Monitoring/Quantitative Release Detection Method

- a) FOR UNDERGROUND STORAGE TANKS, Section 2643(c)(2)(a & B)
 - **annual** tank integrity test, AND
 - **monthly** inventory reconciliation (see Item #2 for specifics)

- b) FOR SUCTION PIPINGS, Section 2643(e)
 - **triannual** line tightness test, AND
 - **daily** monitoring (see Appendix II)

You may utilize other release detection methods for tanks and pipeline as outlined in Appendix IV of the revised Title 23, CCR. Enclosed is a copy of Appendix IV for your reference. Please send a letter to this office notifying us of any changes in the monitoring methods.

2. Section 2646 - Inventory Reconciliation

- a) The daily variation in inventory reconciliation shall be the difference between physically measured inventory in storage and the calculated inventory in storage. Daily variations shall be summed for a period of one month. Monthly variations exceeding a variation of **1% of the monthly tank delivery plus 130 gallons** must be investigated in accordance with this section. You may use the inventory reconciliation worksheet provided to you during the inspection.

- b) Submit on an **ANNUAL** basis, a statement to our office which states that all inventory reconciliation data are within allowable variations or which includes a list of the period of times and corresponding variations which exceed the allowable variations. Said statement shall be executed under penalty of perjury.

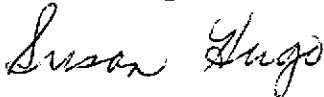
4000 San Pablo Ave. Emeryville, CA
September 11, 1991
Page 3 of 3

Please note that **after January 1, 1993**, inventory reconciliation, and any other leak detection method that utilizes manual stick readings, shall NOT be used as part of non-visual monitoring for existing underground storage tanks containing hazardous substances including motor vehicle fuel, where the existing ground water level or the highest anticipated ground water level is less than 20 feet below the bottom of the tank. You may then choose other release detection method(s) for tanks and pipeline as outlined in Appendix IV.

Consult the revised Title 23, CCR for additional requirements. To obtain a copy of the amended regulations, you may contact State Water Resources Control Board at (916) 324-1262.

Should you have any questions or concerns regarding the contents of this letter, please don't hesitate to contact Young Fong or myself at (510) 271-4320.

Sincerely,



Susan Hugo, Hazmat Specialist
Hazardous Materials Division

FYF:fyf

cc: Young Fong, Alameda County Dept. of Environmental Health
Files

Talked to Mr. Celis 8/3/90 he said that TTT Co. has performed P tests on 4 of the 6 tanks on the property and that he is in the process of filling up the waste oil tank so a P test can be performed on it and also a deisel tank, next week. I asked him to send me the test results ASAP.

August 3, 1990

Mr. Tony Celis
Celis Service Station
4000 San Pablo Avenue
Emeryville, CA 94608

***** Notice of Violation *****

RE: Underground Storage Tank Permit Requirements

Dear Mr Celis,

This letter is a followup to the inspection performed at your facility on July 20th, 1990. The following violations were noted:

No annual tank integrity test has been performed on the six underground storage tanks at your facility. You are required to have precision tests performed on each of these tanks at your facility.

Inventory monitoring records need to be maintained onsite. Upon inspection records of daily inventory are being kept but the computations between the gallonage recorded from the tank level monitoring device and the pump registers are not available. These need to be available for a period of three years.

No quarterly inventory reports are being sent to this office. The quarterly should address excessive inventory disparities which occur when monitoring the underground tanks.

*I didn't send this letter
out... see above*

*Paul
talked w/ mr celis today*

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



COMPLETE THIS FORM FOR EACH FACILITY/SITE

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

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

DBA OR FACILITY NAME Celis Service Station (Alliance)		NAME OF OPERATOR Toni Celis		
ADDRESS 4000 San Pablo Ave		NEAREST CROSS STREET 41 St. Street	PARCEL # (OPTIONAL)	
CITY NAME Emeryville		STATE CA	ZIP CODE 94608	SITE PHONE # WITH AREA CODE (415) 658-0744
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL AGENCY DISTRICTS <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> FEDERAL AGENCY				
TYPE OF BUSINESS		<input checked="" type="checkbox"/> 1 GAS STATION	<input type="checkbox"/> 2 DISTRIBUTOR	<input type="checkbox"/> 3 FARM
		<input type="checkbox"/> 4 PROCESSOR	<input type="checkbox"/> 5 OTHER	<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS # OF TANKS AT SITE: 6 E. P. A. I. D. # (optional)

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) Celis Remedios	PHONE # WITH AREA CODE (415) 540-1453	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST) Celis Toni	PHONE # WITH AREA CODE (415) 758-9235	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME Celis Service Station		CARE OF ADDRESS INFORMATION same		
MAILING OR STREET ADDRESS 4000 San Pablo Ave.		<input checked="" type="checkbox"/> box to indicate <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> FEDERAL AGENCY		
CITY NAME Emeryville		STATE CA	ZIP CODE 94608	PHONE # WITH AREA CODE (415) 658-0744

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER Toni Celis		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS same as above		<input checked="" type="checkbox"/> box to indicate <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> FEDERAL AGENCY		
CITY NAME		STATE	ZIP CODE	PHONE # WITH AREA CODE

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 739-2582 if questions arise.

TY(TK) HQ **44-000455** *Not Available*

V. LEGAL NOTIFICATION AND BILLING ADDRESS Legal notification and billing will be sent to the tank owner unless box I or II is checked.

CHECK ONE BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR LEGAL NOTIFICATIONS AND BILLING:
 I.
 II.
 III.

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE) Constancia Celis	APPLICANT'S TITLE owner	DATE MONTH/DAY/YEAR 7/25/91
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LOCAL AGENCY USE ONLY

COUNTY # 01	JURISDICTION # 060	FACILITY # 048043
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPVISOR - DISTRICT CODE - OPTIONAL

THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE PERMIT APPLICATION - FORM B, UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY.

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED:

I. TANK DESCRIPTION COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D.#	B. MANUFACTURED BY: <i>unknown refer to Texas</i>
C. DATE INSTALLED (MO/DAY/YEAR) <i>Some 2003</i>	D. TANK CAPACITY IN GALLONS: <i>7,500</i>

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.		
A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL <input type="checkbox"/> 2 PETROLEUM <input type="checkbox"/> 3 CHEMICAL PRODUCT	B. <input checked="" type="checkbox"/> 1 PRODUCT <input type="checkbox"/> 2 WASTE	C. <input type="checkbox"/> 1a REGULAR UNLEADED <input type="checkbox"/> 1b PREMIUM UNLEADED <input type="checkbox"/> 2 LEADED <input checked="" type="checkbox"/> 3 DIESEL <input type="checkbox"/> 4 GASAHOL <input type="checkbox"/> 5 JET FUEL <input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED		C. A. S. #:

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D		
A. TYPE OF SYSTEM <input type="checkbox"/> 1 DOUBLE WALL <input type="checkbox"/> 2 SINGLE WALL	<input checked="" type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER <input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank) <input type="checkbox"/> 1 BARE STEEL <input type="checkbox"/> 5 CONCRETE <input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 2 STAINLESS STEEL <input type="checkbox"/> 6 POLYVINYL CHLORIDE <input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 3 FIBERGLASS <input type="checkbox"/> 7 ALUMINUM <input type="checkbox"/> 95 UNKNOWN <input checked="" type="checkbox"/> 99 OTHER <i>3/4 steel + concrete</i>
C. INTERIOR LINING <input type="checkbox"/> 1 RUBBER LINED <input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 2 ALKYD LINING <input type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 3 EPOXY LINING <input type="checkbox"/> 4 PHENOLIC LINING <input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		
D. CORROSION PROTECTION <input type="checkbox"/> 1 POLYETHYLENE WRAP <input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 2 COATING <input type="checkbox"/> 91 NONE	<input type="checkbox"/> 3 VINYL WRAP <input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 99 OTHER

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE				
A. SYSTEM TYPE	A U 1 <u>SUCTION</u>	A U 2 PRESSURE	A U 3 GRAVITY	A U 99 OTHER
B. CONSTRUCTION	A U 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH	A U 95 UNKNOWN
C. MATERIAL AND CORROSION PROTECTION	A U 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING	A U 8 100% METHANOL COMPATIBLE W/FRP
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A U 95 UNKNOWN	A U 99 OTHER
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input checked="" type="checkbox"/> 99 OTHER <i>12/2/03</i>

V. TANK LEAK DETECTION				
<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VAPOR MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING
<input checked="" type="checkbox"/> 6 TANK TESTING	<input type="checkbox"/> 7 INTERSTITIAL MONITORING	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION		
1. ESTIMATED DATE LAST USED (MO/DAY/YR)	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input type="checkbox"/>

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE) <i>Constantino Celis</i>	DATE <i>7/12/01</i>
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LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW				
STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
	01	000	048043	000002
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: _____

I. TANK DESCRIPTION COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN	
A. OWNER'S TANK I. D. # _____	B. MANUFACTURED BY: <i>unknown refer to T. record</i>
C. DATE INSTALLED (MO/DAY/YEAR) <i>same as B</i>	D. TANK CAPACITY IN GALLONS: <i>6,000</i>

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.					
A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input checked="" type="checkbox"/> 2 LEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED _____			C. A. S. #: _____		

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D					
A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input checked="" type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINING	<input type="checkbox"/> 95 UNKNOWN		
	<input type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER		
B. TANK MATERIAL (Primary Tank)	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS	<input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC	
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM	<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP	
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN	<input checked="" type="checkbox"/> 99 OTHER <i>3/4 steel + coated</i>	
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING	<input type="checkbox"/> 4 PHENOLIC LINING	
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER	
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___					
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC	
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER	

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE					
A. SYSTEM TYPE	A <input checked="" type="checkbox"/> 1 SUCTION	A U <input type="checkbox"/> 2 PRESSURE	A U <input type="checkbox"/> 3 GRAVITY	A U <input type="checkbox"/> 99 OTHER	
B. CONSTRUCTION	A U <input type="checkbox"/> 1 SINGLE WALL	A U <input type="checkbox"/> 2 DOUBLE WALL	A U <input type="checkbox"/> 3 LINED TRENCH	A <input checked="" type="checkbox"/> U <input type="checkbox"/> 95 UNKNOWN	A U <input type="checkbox"/> 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A U <input type="checkbox"/> 1 BARE STEEL	A U <input type="checkbox"/> 2 STAINLESS STEEL	A U <input type="checkbox"/> 3 POLYVINYL CHLORIDE (PVC)	A U <input type="checkbox"/> 4 FIBERGLASS PIPE	
	A U <input type="checkbox"/> 5 ALUMINUM	A U <input type="checkbox"/> 6 CONCRETE	A U <input type="checkbox"/> 7 STEEL W/ COATING	A U <input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP	
	A U <input type="checkbox"/> 9 GALVANIZED STEEL	A U <input type="checkbox"/> 10 CATHODIC PROTECTION	A <input checked="" type="checkbox"/> U <input type="checkbox"/> 95 UNKNOWN	A U <input type="checkbox"/> 99 OTHER	
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input checked="" type="checkbox"/> 99 OTHER <i>tank empty</i>	

V. TANK LEAK DETECTION					
<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VAPOR MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING	
<input checked="" type="checkbox"/> 6 TANK TESTING	<input type="checkbox"/> 7 INTERSTITIAL MONITORING	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER	

VI. TANK CLOSURE INFORMATION		
1. ESTIMATED DATE LAST USED (MO/DAY/YR) _____	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input type="checkbox"/>

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE) <i>Constantino Celis</i>	DATE <i>7/25/19</i>
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LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY # <i>01</i>	JURISDICTION # <i>000</i>	FACILITY # <i>048043</i>	TANK # <i>000001</i>
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE		

FORM B (9-90) THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED.

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: _____

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

A. OWNER'S TANK I. D. # _____	B. MANUFACTURED BY: <u>Unknown refer to TEXACO</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>same as B</u>	D. TANK CAPACITY IN GALLONS: <u>3,500</u>

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

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input checked="" type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED _____			C. A. S. #: _____		

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

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input checked="" type="checkbox"/> 3 SINGLE WALL WITH <u>INTERNAL</u> LINER	<input type="checkbox"/> 95 UNKNOWN
	<input type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER _____
B. TANK MATERIAL (Primary Tank)	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
			<input type="checkbox"/> 99 OTHER <u>3/4 steel + coated</u>
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
			<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER _____
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER _____

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

A. SYSTEM TYPE	A <u>U</u> 1 SUCTION	A <u>U</u> 2 PRESSURE	A <u>U</u> 3 GRAVITY	A <u>U</u> 99 OTHER
B. CONSTRUCTION	A <u>U</u> 1 SINGLE WALL	A <u>U</u> 2 DOUBLE WALL	A <u>U</u> 3 LINED TRENCH	A <u>U</u> 95 UNKNOWN
C. MATERIAL AND CORROSION PROTECTION	A <u>U</u> 1 BARE STEEL	A <u>U</u> 2 STAINLESS STEEL	A <u>U</u> 3 POLYVINYL CHLORIDE (PVC)	A <u>U</u> 4 FIBERGLASS PIPE
	A <u>U</u> 5 ALUMINUM	A <u>U</u> 6 CONCRETE	A <u>U</u> 7 STEEL W/ COATING	A <u>U</u> 8 100% METHANOL COMPATIBLE W/FRP
	A <u>U</u> 9 GALVANIZED STEEL	A <u>U</u> 10 CATHODIC PROTECTION	A <u>U</u> 95 UNKNOWN	A <u>U</u> 99 OTHER _____
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input checked="" type="checkbox"/> 99 OTHER <u>tank testing</u>

V. TANK LEAK DETECTION

<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VAPOR MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING
<input checked="" type="checkbox"/> 6 TANK TESTING	<input type="checkbox"/> 7 INTERSTITIAL MONITORING	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) _____	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input type="checkbox"/>
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THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>Constantino Celis</u>	DATE <u>7/1/89</u>
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LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
	01	000	048043	000003
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED:

I. TANK DESCRIPTION COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN	
A. OWNER'S TANK I. D. #	B. MANUFACTURED BY: <u>UNKNOWN PER TO TANK</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>same as B</u>	D. TANK CAPACITY IN GALLONS: <u>4000</u>

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.			
A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input checked="" type="checkbox"/> 1a REGULAR UNLEADED
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED			C. A. S. #:

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D			
A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH <u>interior</u> EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank)	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input checked="" type="checkbox"/> 95 UNKNOWN
			<input checked="" type="checkbox"/> 99 OTHER <u>3/4 steel + coated</u>
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL ?		<input type="checkbox"/> 4 PHENOLIC LINING
	YES ___ NO ___		<input type="checkbox"/> 99 OTHER
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 99 OTHER

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE			
A. SYSTEM TYPE	A <input checked="" type="checkbox"/> 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY
			A U 99 OTHER
B. CONSTRUCTION	A U 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH
			A U 95 UNKNOWN
			A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A U 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A <input checked="" type="checkbox"/> 95 UNKNOWN
			A U 4 FIBERGLASS PIPE
			A U 8 100% METHANOL COMPATIBLE W/FRP
			A U 99 OTHER
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING
			<input checked="" type="checkbox"/> 99 OTHER <u>Transmitter</u>

V. TANK LEAK DETECTION				
<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VAPOR MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING
<input checked="" type="checkbox"/> 6 TANK TESTING	<input type="checkbox"/> 7 INTERSTITIAL MONITORING	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION		
1. ESTIMATED DATE LAST USED (MO/DAY/YR)	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL ? YES <input type="checkbox"/> NO <input type="checkbox"/>

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>Constantino Celis</u>	DATE <u>7/25/91</u>
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LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW				
STATE I.D.#	COUNTY # <u>01</u>	JURISDICTION # <u>000</u>	FACILITY # <u>048043</u>	TANK # <u>000004</u>
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE		

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED:

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D.#	B. MANUFACTURED BY: <u>Unknown refer to Texaco</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>same as B</u>	D. TANK CAPACITY IN GALLONS: <u>2000</u>

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.					
A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input checked="" type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED					C. A. S. #:

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D			
A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input checked="" type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank)	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
			<input checked="" type="checkbox"/> 99 OTHER <u>3/4 steel 1-coated</u>
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
		<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
		<input checked="" type="checkbox"/> 95 UNKNOWN	<input checked="" type="checkbox"/> 99 OTHER

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE				
A. SYSTEM TYPE	A <u>U</u> 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 99 OTHER
B. CONSTRUCTION	A U 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH	A <u>U</u> 95 UNKNOWN
C. MATERIAL AND CORROSION PROTECTION	A U 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING	A U 8 100% METHANOL COMPATIBLE W/FRP
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A <u>U</u> 95 UNKNOWN	A U 99 OTHER
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input checked="" type="checkbox"/> 99 OTHER <u>tank testing</u>

V. TANK LEAK DETECTION				
<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VAPOR MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING
<input checked="" type="checkbox"/> 6 TANK TESTING	<input type="checkbox"/> 7 INTERSTITIAL MONITORING	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION		
1. ESTIMATED DATE LAST USED (MO/DAY/YR)	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input type="checkbox"/>

THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>Constantino Cois</u>	DATE <u>7/25/91</u>
--	---------------------

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

STATE I.D.#	COUNTY # <u>01</u>	JURISDICTION # <u>000</u>	FACILITY # <u>048043</u>	TANK # <u>000005</u>
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE		

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: _____

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D.#	B. MANUFACTURED BY: <i>unknown refer to TCX210</i>
C. DATE INSTALLED (MO/DAY/YEAR) <i>same as B</i>	D. TANK CAPACITY IN GALLONS: <i>550 gal</i>

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

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input checked="" type="checkbox"/> 4 OIL	B. <input type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input checked="" type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED					C. A. S. #:

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

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input checked="" type="checkbox"/> 95 UNKNOWN
	<input type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank)	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input checked="" type="checkbox"/> 95 UNKNOWN
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		<input type="checkbox"/> 4 PHENOLIC LINING
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 99 OTHER

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

A. SYSTEM TYPE	A U <input type="checkbox"/> 1 SUCTION	A U <input type="checkbox"/> 2 PRESSURE	A U <input type="checkbox"/> 3 GRAVITY	A U <input checked="" type="checkbox"/> 99 OTHER <i>no piping system</i>
B. CONSTRUCTION	A U <input type="checkbox"/> 1 SINGLE WALL	A U <input type="checkbox"/> 2 DOUBLE WALL	A U <input type="checkbox"/> 3 LINED TRENCH	A U <input checked="" type="checkbox"/> 95 UNKNOWN
C. MATERIAL AND CORROSION PROTECTION	A U <input type="checkbox"/> 1 BARE STEEL	A U <input type="checkbox"/> 2 STAINLESS STEEL	A U <input type="checkbox"/> 3 POLYVINYL CHLORIDE (PVC)	A U <input type="checkbox"/> 4 FIBERGLASS PIPE
	A U <input type="checkbox"/> 5 ALUMINUM	A U <input type="checkbox"/> 6 CONCRETE	A U <input type="checkbox"/> 7 STEEL W/ COATING	A U <input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
	A U <input type="checkbox"/> 9 GALVANIZED STEEL	A U <input type="checkbox"/> 10 CATHODIC PROTECTION	A U <input checked="" type="checkbox"/> 95 UNKNOWN	A U <input type="checkbox"/> 99 OTHER
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input checked="" type="checkbox"/> 99 OTHER <i>interstitial monitoring</i>

V. TANK LEAK DETECTION

<input type="checkbox"/> 1 VISUAL CHECK	<input checked="" type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VAPOR MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING
<input type="checkbox"/> 6 TANK TESTING	<input type="checkbox"/> 7 INTERSTITIAL MONITORING	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR)	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input type="checkbox"/>
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THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE) <i>Constantino Celis</i>	DATE <i>7/25/91</i>
---	---------------------

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

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
	<i>01</i>	<i>000</i>	<i>048043</i>	<i>000006</i>
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	

QUARTERLY SUMMARY

When Utilizing Underground Storage Tank Monitoring Alternative # 5
Section 2641(c)(5)(A-D) Title 23, C.C.R.

Facility Name: Celis Service Station
 Facility Address: 4000 San Pablo Ave
 Contact Person : Toni Celis
 Phone Number : (415) 7658-0744

Tank #	Size	Product
1	7,500 gal	Diesel
2	6,000 "	Regular
3	4,000 "	Unleaded
4	2,000 "	Unleaded
5	3,500 "	Super Unleaded

Preparer's Signature: _____ Date: _____

I hereby certify under penalty of perjury, that all product level variations for the above mentioned facility were within allowable limits for this quarter. See section 2644(e&f) Title 23, CA Code of Regulations.

Inventory variations exceeded the allowable limits for this quarter. I hereby certify under penalty of perjury, that the source for the variation was not due to an unauthorized release (leak). See section 2644(e,f) Title 23, CA Code of Regulations.

List date, tank # and amount for all variations that exceeded the allowable limits:

	<u>DATE</u>	<u>TANK #</u>	<u>AMOUNT</u>	<u>REASON FOR DISPARITY</u>
1.	<u>1/9/91</u>	<u>2</u>	<u>25 gal</u>	<u>Spill from tank</u>
2.	<u>1/22/91</u>	<u>2</u>	<u>27 gal</u>	<u>unknown</u>
3.	<u>2/15/91</u>	<u>5</u>	<u>7.3 gal</u>	<u>"</u>
4.	<u>2/21/91</u>	<u>2</u>	<u>3.2 gal</u>	<u>"</u>
5.	<u>1/25/91</u>	<u>2</u>	<u>13.3 gal</u>	<u>mistake in pump reading</u>
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

Additional dates/amounts shall be continued on a separate sheet of paper and attached.

Inventory variations exceed the allowable limits due to an unauthorized release (leak). Attach list of investigative/mitigation measures which have been taken. (See attached page)

All unauthorized releases shall be reported to Alameda County Environmental Health within twenty-four (24) hours at (415) 271-4320. An Unauthorized Release Report (#HSC 05) shall be submitted to the Alameda County Environmental Health Department within five (5) working days of the discovery of the leak.

A quarterly summary report shall be submitted within 15 days of the end of each quarter. Indicate below the quarter which this report summarizes.

- Quarter 1 - January thru March 1991
- Quarter 2 - April thru June
- Quarter 3 - July thru September
- Quarter 4 - October thru December

SEND TO: **ALAMEDA COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
 HAZARDOUS MATERIALS DIVISION
 80 SWAN WAY, SUITE 200
 OAKLAND, CA 94621**

THESE REGULATIONS APPLY TO SINGLE-WALL TANKS ONLY

Inventory Reconciliation, Underground Storage Tank Testing, and Pipeline Leak Detectors. Section 2641(c) (5) (A-D)

- (A) This monitoring alternative shall, at a minimum, utilize inventory reconciliation, underground storage tank testing, and pipeline leak detectors. The use of this alternative is limited to those underground storage tanks which contain motor vehicle fuels.
- (B) Inventory reconciliation shall be performed according to the procedures specified in Section 2644 of this article. The owner or operator of an underground storage tank that experiences an inventory reconciliation in excess of allowable variation(s) shall implement the evaluation procedures specified in Subsection (F) of Section 2644 of this article within the times specified.
- (i) The daily variation in inventory reconciliation shall be the difference between the calculated volume in storage and the actual volume in storage.
- (ii) If the variation is based on the previous day's physically measured inventory, the daily variation shall not exceed the allowable variation described in Subsection (iv) of this subsection.
- (iii) If the variation is based on the previous day's calculated inventory, then the daily variation shall not exceed the allowable variation described in Subsection (iv) of this subsection. The calculated inventory on any given day shall be based on continuous calculations from the day on which the physical inventory was used. The period of continuous calculations shall be no greater than 1 month.
- (iv) The allowable variation shall be the sum of the measurement error from Table 4.2 of this article and the throughput error calculated in accordance with Subsection (v) of this subsection.

Table 4.2

Tank Size (Gallons)	Allowable Measurement Error (Gallons)
less than 4,000	25
4,000 to less than 8,000	50
8,000 to less than 12,000	75
12,000 or greater	100

- (v) The throughput error shall be 0.15 percent (0.0015) of the measured throughput during the period under consideration as described in either Subsection (ii) of Subsection (iii) of this subsection.

QUARTERLY SUMMARY

When Utilizing Underground Storage Tank Monitoring Alternative # 5
Section 2641(c)(5)(A-D) Title 23, C.C.R.

Facility Name: Celis Service Station

Facility Address: 4000 San Pablo Ave

Contact Person : Toni Celis

Phone Number : (415) 7658-0744

Tank #	Size	Product
1	7,500 gal	Diesel
2	6,000 "	Regular
3	4,000 "	Unleaded
4	2,000 "	Unleaded
5	3,500 "	Super Unleaded

Preparer's Signature: _____ Date: _____

I hereby certify under penalty of perjury, that all product level variations for the above mentioned facility were within allowable limits for this quarter. See section 2644(e&f) Title 23, CA Code of Regulations.

Inventory variations exceeded the allowable limits for this quarter. I hereby certify under penalty of perjury, that the source for the variation was not due to an unauthorized release (leak). See section 2644(e,f) Title 23, CA Code of Regulations.

List date, tank # and amount for all variations that exceeded the allowable limits:

	<u>DATE</u>	<u>TANK #</u>	<u>AMOUNT</u>	<u>REASON FOR DISPARITY</u>
1.	<u>10/24/90</u>	<u>3</u>	<u>24 gal</u>	<u>delivered</u>
2.	<u>9/25/90</u>	<u>2</u>	<u>30 gal</u>	<u>unknown</u>
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

Additional dates/amounts shall be continued on a separate sheet of paper and attached.

Inventory variations exceed the allowable limits due to an unauthorized release (leak). Attach list of investigative/mitigation measures which have been taken. (See attached page)

All unauthorized releases shall be reported to Alameda County Environmental Health within twenty-four (24) hours at (415) 271-4320. An Unauthorized Release Report (#HSC 05) shall be submitted to the Alameda County Environmental Health Department within five (5) working days of the discovery of the leak.

A quarterly summary report shall be submitted within 15 days of the end of each quarter. Indicate below the quarter which this report summarizes.

- Quarter 1 - January thru March 1991
- Quarter 2 - April thru June
- Quarter 3 - July thru September
- Quarter 4 - October thru December

SEND TO: **ALAMEDA COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
80 SWAN WAY, SUITE 200
OAKLAND, CA 94621**

QUARTERLY SUMMARY

When Utilizing Underground Storage Tank Monitoring Alternative # 5
Section 2641(c)(5)(A-D) Title 23, C.C.R.

Facility Name: Celis Service Station

Facility Address: 4000 San Pablo Ave

Contact Person : Toni Celis

Phone Number : (415) 7658-0744

Tank #	Size	Product
1	7,500 gal	Diesel
2	6,000 "	Regular
3	4,000 "	Unleaded
4	2,000 "	Unleaded
5	3,500 "	Super Unleaded

Preparer's Signature: _____ Date: _____

I hereby certify under penalty of perjury, that all product level variations for the above mentioned facility were within allowable limits for this quarter. See section 2644(e&f) Title 23, CA Code of Regulations.

Inventory variations exceeded the allowable limits for this quarter. I hereby certify under penalty of perjury, that the source for the variation was not due to an unauthorized release (leak). See section 2644(e,f) Title 23, CA Code of Regulations.

List date, tank # and amount for all variations that exceeded the allowable limits:

	DATE	TANK #	AMOUNT	REASON FOR DISPARITY
1.	<u>9/17/90</u>	<u>5</u>	<u>23.5 gal</u>	<u>delivery</u>
2.	<u>8/21/90</u>	<u>4</u>	<u>21.8 gal</u>	<u>small leak early</u>
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

Additional dates/amounts shall be continued on a separate sheet of paper and attached.

Inventory variations exceed the allowable limits due to an unauthorized release (leak). Attach list of investigative/mitigation measures which have been taken. (See attached page)

All unauthorized releases shall be reported to Alameda County Environmental Health within twenty-four (24) hours at (415) 271-4320. An Unauthorized Release Report (#HSC 05) shall be submitted to the Alameda County Environmental Health Department within five (5) working days of the discovery of the leak.

A quarterly summary report shall be submitted within 15 days of the end of each quarter. Indicate below the quarter which this report summarizes.

- Quarter 1 - January thru March 1991
- Quarter 2 - April thru June
- Quarter 3 - July thru September 1990
- Quarter 4 - October thru December

SEND TO: **ALAMEDA COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
80 SWAN WAY, SUITE 200
OAKLAND, CA 94621**

QUARTERLY SUMMARY

When Utilizing Underground Storage Tank Monitoring Alternative # 5
Section 2641(c)(5)(A-D) Title 23, C.C.R.

Facility Name: Celis Service Station
Facility Address: 4000 San Pablo Ave
Contact Person : Toni Celis
Phone Number : (415) 7658-0744

Tank #	Size	Product
1	7500 gal	Diesel
2	6,000 "	Regular
3	4000 "	Unleaded
4	2000 "	Unleaded
5	3,500 "	Super Unleaded

Preparer's Signature: _____ Date: _____

I hereby certify under penalty of perjury, that all product level variations for the above mentioned facility were within allowable limits for this quarter. See section 2644(e&f) Title 23, CA Code of Regulations.

Inventory variations exceeded the allowable limits for this quarter. I hereby certify under penalty of perjury, that the source for the variation was not due to an unauthorized release (leak). See section 2644(e,f) Title 23, CA Code of Regulations.

List date, tank # and amount for all variations that exceeded the allowable limits:

	DATE	TANK #	AMOUNT	REASON FOR DISPARITY
1.	<u>4/18/91</u>	<u>1</u>	<u>7,500</u>	<u>unknown</u>
2.	<u>2/19/91</u>	<u>5</u>	<u>20,000</u>	<u>stick broken only</u>
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

Additional dates/amounts shall be continued on a separate sheet of paper and attached.

Inventory variations exceed the allowable limits due to an unauthorized release (leak). Attach list of investigative/mitigation measures which have been taken. (See attached page)

All unauthorized releases shall be reported to Alameda County Environmental Health within twenty-four (24) hours at (415) 271-4320. An Unauthorized Release Report (#HSC 05) shall be submitted to the Alameda County Environmental Health Department within five (5) working days of the discovery of the leak.

A quarterly summary report shall be submitted within 15 days of the end of each quarter. Indicate below the quarter which this report summarizes.

Quarter 1 - January thru March 1991
 Quarter 2 - April thru June 1991
 Quarter 3 - July thru September
 Quarter 4 - October thru December

SEND TO: ALAMEDA COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
80 SWAN WAY, SUITE 200
OAKLAND, CA 94621

DATA BASE
ID NUMBER ←

567

STATION NAME/NUMBER: Celis Alliance Exxon (formerly Tappan)

ADDRESS: 4000 San Pablo Blvd., Emeryville

Dennis ✓

PROGRAMS AFFECTED: X UST X AB2185 X Generator

LAST INSPECTED: April 29, 1986

VIOLATIONS:

- none cited during this inspection -

From file review: Sec. 2644 (23) - Failure to submit qtrly. monitoring results.
↓
Sec. 25505 (HASC) - Failure to submit Business Plan
Sec. 2641 (c)/2643 (23), Sec. 25292 (HASC) - Failure to submit tank integrity results and/or perform tank integrity tests.

OUTSTANDING VIOLATIONS:

- as above -

CONTAMINATED SITE? UNK

STATUS OF REMEDIATION/ASSESSMENT: ON SCHEDULE?

—

Data Chart for Tank System Tightness Test

petro title
TANK TESTER

Aug 12, 1991
Aug 11, 1991

PLEASE PRINT

1. OWNER Property Tank(s)

Celis Service Station
Name: **4000 SAN PABLO AVE** Address: _____ Telephone: **(415) 658-0744**

2. OPERATOR
Name: **Toni Celis** Address: _____ Telephone: _____

3. REASON FOR TEST (Explain Fully)
ANNUAL Certification Test-Tanks

4. WHO REQUESTED TEST AND WHEN
Name: **Toni Celis** Title: **Owner** Company or Address: _____ Telephone: **658 0744**

5. WHO IS PAYING FOR THIS TEST?
Company, Agency or Individual: **" " "** Person Authorizing: _____ Title: _____ Telephone: _____
Billing Address: _____ City: _____ State: _____ Zip: _____
Attention of: _____ Order No: _____ Other Instructions: _____

Identify by Direction	Capacity	Brand/Supplier	Grade	Approx Age	Steel/Fiberglass
Front Bay	7,500		Diesel	26	Steel Coated inside
Middle	3,500		Super	26	" "
Rear-Tank	6,000		Regular	26	NEWEST-TANK " "
Front-END	4,000-2,000		Un.-Un.	26-26	" "
Rear-END	Cover				" "

7. INSTALLATION DATA
Mark inside driveway, Rear of station, etc.
Cover: **asphalt & concrete**
Fill: **4" o.p.w. 3" Vapor**
Vents: **2"**
Signs: **Un. 4,000 Un. 2,000**
Pumps: **all suction's WAYNE**
Suction Remote: **Make known**

8. UNDERGROUND WATER
Depth to the Water table: **below TANK-BOTTOM**
Is the water over the tank? Yes No

9. FILL-UP ARRANGEMENTS
Tanks to be filled: _____ No. _____ Date: _____ Arranged by: _____
Extra product to "top off" and run TSTT. How and who to provide? _____ Consider NO Lead.
Terminal or other contact for notice or inquiry: _____ Company: _____ Name: _____ Telephone: _____

10. CONTRACTOR, MECHANICS, any other contractor involved

11. OTHER INFORMATION OR REMARKS
Tested - Two UnLeaded - TANKS Together. (MANIFOLDED)
Additional information on any items above. Officials or others to be advised when testing is in progress or completed. Visitors or observers present during test etc.

12. TEST RESULTS
Tests were made on the above tank systems in accordance with test procedures prescribed for **petro title** as detailed on attached test charts with results as follows:

Tank Identification	Tight	Leakage Indicated	Date Tested
1. Diesel	YES	NONE	8-11-91
2. SUPER	YES	NONE	8-11-91
3. Regular	YES	NONE	8-11-91
4. UnLeaded	YES	NONE	8-11-91
5. UnLeaded	YES	NONE	8-11-91

13. CERTIFICATION
STATE License: **90-1354**
652-977
Serial No. of Thermal Sensor: _____

This is to certify that these tank systems were tested on the date(s) shown. Those indicated as "Tight" meet the criteria established by the National Fire Protection Association Pamphlet 229.

414811373 **TRIPLE T COMPANY** **Lawrence P. Timmerman**
4430 DAM ROAD
RICHMOND, CA. 94803
(415) 222-9271
Taping Contractor or Company: _____ Signature: _____
Address: _____

1. 14. Colis SS.
Name of Supplier, Owner or Dealer

Address No. and Street(s)

EMERYVILLE
City

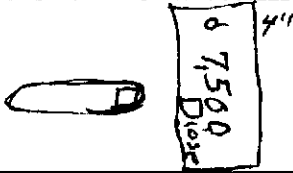
State

Aug. 11, 1991
Date of Test

15. TANK TO TEST

FRONT-BAYS drive-new
Identify by position SAN PABLO ST.
Diesel
Brand and Grade

15a. BRIEF DIAGRAM OF TANK FIELD



16. CAPACITY

Nominal Capacity 7500
Gallons
By most accurate capacity chart available _____
Gallons

- From
 Station Chart
 Tank Manufacturer's Chart
 Company Engineering Data
 Charts supplied with
 Other _____

17. FILL-UP FOR TEST

Slush Water Bottom before Fill-up 0 in. 0 Gallons 96 in. Tank Diameter

Inventory

Gallons	Total Gallons as Reading
	<u>7550</u>
	<u>10</u>
	<u>7560</u>

Transfer total to line 20b

18. SPECIAL CONDITIONS AND PROCEDURES TO TEST THIS TANK

- Water in tank Lines being tested with LVLLT
 High water table in tank excavation

See manual sections applicable. Check below and record procedure in log (27).

Use maximum allowable test pressure for all tests. Four pound rule does not apply to doublewalled tanks.

Complete section below:

1. Is four pound rule required? Yes No
2. Height to 12" mark from bottom of tank 140 in.
3. Pressure at bottom of tank 4.34 P.S.I.
4. Pressure at top of tank 1.5 P.S.I.

CERTIFIED TANK-TESTS

(415) 222-9271



TRIPLE T COMPANY

Larry Zimmerman

4430 Dan Road
Richmond, CA 94803

22. Thermal-Sensor reading after circulation 15318
Digits
68-69 °F
Between
23. Digits per °F in range of expected change 326
Digits

COEFFICIENT OF EXPANSION (Complete after circulation)

24a. Corrected A.P.I. Gravity
Observed A.P.I. Gravity _____
Hydrometer employed _____ H
Observed Sample Temperature _____ °F
Corrected A.P.I. Gravity @ 60°F. From Table A _____
Coefficient of Expansion for Involved Product From Table B _____
Transfer COE to Line 25b.

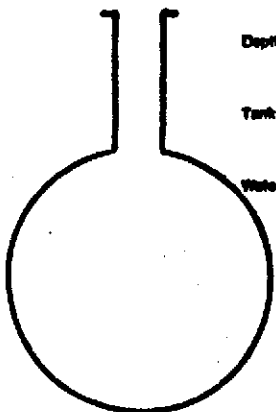
21. VAPOR RECOVERY SYSTEM Stage I Stage II

24b. COEFFICIENT OF EXPANSION RECIPROCAL METHOD

Type of Product Diesel
Hydrometer Employed 4 H
Temperature in Tank After Circulation 68 °F
Temperature of Sample 71 °F
Difference (+/-) +3 °F
Observed A.P.I. Gravity 33.8
Reciprocal 2188 Page # 37
7560 · 2188 · 34552
Total quantity in full tank (16 or 17) Reciprocal Volume change in this tank per °F
Transfer to Line 25b.

24c. FOR TESTING WITH WATER see Table C & D

Water Temperature after Circulation Table C _____ °F
Coefficient of Water Table D _____
Added Surfactant? Yes No Transfer COE to Line 25b.



NOTES:

The above calculations are to be used for dry soil conditions to establish a positive pressure advantage, or when using the four pound rule to compensate for the presence of subsurface water in the tank area.

Refer to N.F.P.A. 30, Sections 2-3.2.4 and 2-7.2 and the tank manufacturer regarding allowable system test pressures.

25. (a) _____ x (b) _____ = (c) _____ gallons
Total quantity in full tank (16 or 17) Coefficient of expansion for involved product Volume change in this tank per °F
26. (a) 3.4552 · (b) 326 = (c) .0106
Volume change per °F (25 or 24b) Digits per °F in test Range (23) Volume change per digit Compute to 4 decimal places. This is test factor (a)

27. Sample Collection _____ / _____ Diesel LOG OF TEST PROCEDURES 7500			28. OVERSTAKE PRESSURE CONTROL		31. VOLUME MEASUREMENTS OR RECORD TO 201 GAL.			34. TEMPERATURE COMPENSATION USE FACTOR 0.0106			35. NET VOLUME CHANGES EACH READING		36. ACCUMULATED CHANGE
28. DATE	29. Based details of setting up and running test. (Also fill length of line if needed.)	29. Reading No.	30. Sample Level in inches		32. Product in (Gallons)		33. Product Received (+)	35. Thermal Expansion Reading	36. Change Higher - Lower - 0	37. Correction (H - 0) + Expansion - Correction -	Temperature Adjustment Volume (Gross Expansion (+) or Contraction (-) (20°F - 60°F))	At Low Level compute Change per Hour (20°F - 60°F)	
			Beginning of Reading	Level to which Reduced	Before Reading	After Reading							
8:30	ARRIVED on site			48"									
8:30	Set-up & running circulation	Base		48"									
10:00	High - Level Test	1.	42.2	48"	.51	.50	+0.010	15318					
10:15	"	2.	42.2	48"	.52		+0.020	324	+6	.060	-.040		
10:30	"	3.	42.4	48"	.53		+0.030	330	+6	.06	-.030		
10:45	"	4.	42.5	48"	.53		+0.030	335	+5	.05	-.020		
11:00	"	5.	42.5	48"	.53		+0.030	340	+5	.05	-.020		
11:15	"	6.	42.6	48"	.54		+0.040	345	+5	.05	-.016		
11:30	"	7.	42.6	48"	.54		+0.046	350	+5	.05	-.016		
11:45	"	8.	42.8	48"	.55		+0.050	554	+4	.04	+0.010		
12:00	Drop To Low-Level	9.	42.8	48"	.56		+0.060	558	+4	.04	+0.020		
12:15	Spring back	10.	13.1	12"	.58		+0.080	562	+4	.04	+0.040		
12:30	Low Level- Test	11.	12.8	12"	.55	.50	+0.050	566	+4	.04	+0.010		
12:40	"	1.	12.6	12"	.54		+0.040	570	+4	.04	+0.006		
12:50	"	2.	12.5	12"	.53		+0.036	573	+3	.03	+0.000		
1:00	"	3.	12.5	12"	.53		+0.030	576	+3	.03	+0.000		
1:10	"	4.	12.5	12"	.53		+0.030	578	+2	.02	+0.016		
1:20	"	5.	12.4	12"	.53		+0.030	580	+2	.02	+0.010		
1:30	"	6.	12.3	12"	.52		+0.020	582	+2	.02	+0.000		
1:40	"	7.	12.3	12"	.52		+0.020	584	+2	.02	+0.000		
1:50	"	8.	12.3	12"	.52		+0.020	586	+2	.02	+0.000		
2:00	"	9.	12.3	12"	.52		+0.020	588	+2	.02	+0.000		
2:10	"	10.	12.3	12"	.52		+0.020	590	+2	.02	+0.000		
2:20	"	11.	12.3	12"	.52		+0.020	591	+1	.01	+0.010		
2:30	"	12.	12.3	12"	.52		+0.020	593	+2	.02	+0.000	+0.030	
END- Test													+0.015

Tank and product handling system has failed the tank tightness test according to the Precision Test Criteria as established by N.F.P.A. publication 308.

Tank and product handling system has been tested tight according to the Precision Test Criteria as established by N.F.P.A. publication 308. This is not intended to indicate perfection of a test.

1. Net Volume Change at Conclusion of Precision Test

Signature of Tester:

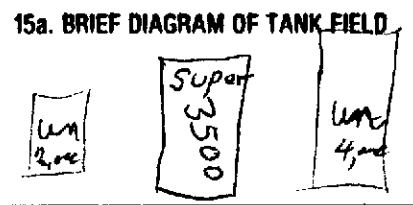
2-11-91

Larry Zimmerman

21

14. Colix SS EMERYVILLE Aug. 11, 1991
Name of Supplier, Owner or Dealer City State Date of Test

15. TANK TO TEST
Middle
Identify by position
Super
Brand and Grade



16. CAPACITY
Nominal Capacity 3500 Gallons
By most accurate capacity chart available _____ Gallons

From
 Station Chart
 Tank Manufacturer's Chart
 Company Engineering Data
 Charts supplied with _____
 Other _____

17. FILL-UP FOR TEST

Stick Water Bottom before Fill-up 0 in. 0 Gallons 72 in. Tank Diameter

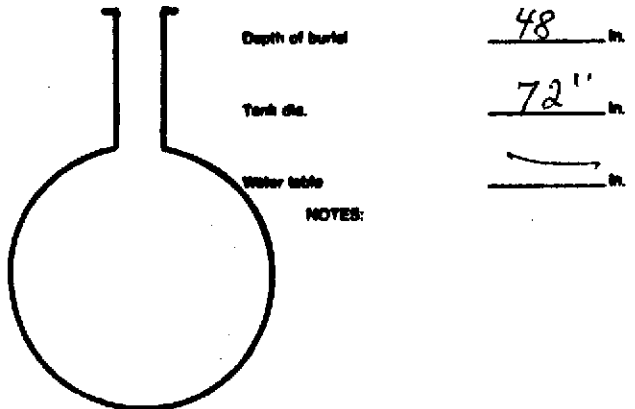
Total Gallons ee. Reading
3510
10
3520
Transfer total to line 20a

18. SPECIAL CONDITIONS AND PROCEDURES TO TEST THIS TANK

Water in tank Linets being tested with LVLTT
 High water table in tank excavation

See manual sections applicable. Check below and record procedure in log (27).
Use maximum allowable test pressure for all tests. Four pound rule does not apply to doublewalled tanks.
Complete section below:

- 1. Is four pound rule required? Yes No
- 2. Height to 40 12" mark from bottom of tank 174 in.
- 3. Pressure at bottom of tank 4.5 P.S.I.
- 4. Pressure at top of tank 2.6 P.S.I.



NOTES:

The above calculations are to be used for dry soil conditions to establish a positive pressure advantage, or when using the four pound rule to compensate for the presence of subsurface water in the tank area.

Refer to N.F.P.A. 30, Sections 9-3.2.4 and 9-7.2 and the tank manufacturer regarding allowable system test pressures.

CERTIFIED TANK-TESTS (415) 222-9271



TRIPLE T COMPANY

Larry Zimmerman 4430 Dam Road Richmond, CA 94803

22. Thermal-Sensor reading after circulation 14448 digits
66-67 °F Between
23. Digits per °F in range of expected change 326 digits

COEFFICIENT OF EXPANSION (Complete after circulation)

24a. Corrected A.P.I. Gravity
Observed A.P.I. Gravity _____
Hydrometer employed _____ M
Observed Sample Temperature _____ °F
Corrected A.P.I. Gravity @ 60°F, From Table A _____
Coefficient of Expansion for Involved Product From Table B _____
Transfer COE to Line 25b.

21. VAPOR RECOVERY SYSTEM Stage I Stage II

24b. COEFFICIENT OF EXPANSION RECIPROCAL METHOD

Type of Product un Super
Hydrometer Employed 6 M
Temperature in Tank After Circulation 66 °F
Temperature of Sample 7.0 °F
Difference (+/-) +4 °F
Observed A.P.I. Gravity 59.8
Reciprocal 1497 Page # 61
3520 . 1497 . 2.351
Total quantity in full tank (16 or 17) Reciprocal Volume change in this tank per °F
Transfer to Line 20a.

24c. FOR TESTING WITH WATER see Table C & D

Water Temperature after Circulation Table C _____ °F
Coefficient of Water Table D _____
Added Surfactant? Yes No Transfer COE to Line 25b.

25. (a) _____ × (b) _____ = (c) _____ gallons
Total quantity in full tank (16 or 17) Coefficient of expansion for involved product Volume change in this tank per °F
26. (a) 2.351 × (b) 326 = (c) .0072
Volume change per °F (25 or 24b) Digits per °F in test Range (23) Volume change per digit Compute to 4 decimal places. This is test factor (a)

9:00 AM

27. 3500 Snow Calibration _____ Middle		38. HYDRASTATIC PRESSURE CONTROL		31. VOLUME MEASUREMENTS (AS REQUIRED IN 297 GAL.)		34. TEMPERATURE COMPENSATION (SEE FACTOR ON .0072)			36. NET VOLUME CHANGE EACH READING		39. ACCUMULATED CHANGE
LOG OF TEST PROCEDURES		Standpipe Level as Indicated		Product in Container		Product Returned (+)	Barrel Number Reading	Change Sight - Lower - (+)	Correction (+) or Expansion - (-) Contraction - (-)	Temperature Adjustment	At Low Level complete Change per Hour (297A column)
28. DATE	29. Reading No.	Beginning of Reading	Level to which Refilled	Before Reading	After Reading	Product Returned (+)					
Super											
ARRIVED on site											
9:00	1	—	48"		.50		Plugged	Air	eliminators		
9:30	2	—	48"		.50						
10:00	3	41.6	42"	.46	.50	-.040	14448				
10:15	4	41.8	42"	.48	.50	-.020	456	+8	.060	-.086	
10:30	5	42.0	42"	.50	.50	+0.000	464	+8	.060	-.066	
10:45	6	42.2	42"	.51	.50	+0.010	470	+6	.040	-.036	
11:00	7	42.3	42"	.52	.50	+0.020	475	+5	.040	-.020	
11:15	8	42.3	42"	.52	.50	+0.020	475	+5	.040	-.020	
11:30	9	12.8	12"	.55	.50	+0.050	480	+5	.040	+0.010	
11:30	10	12.5	12"	.53	.50	+0.030	484	+4	.030	+0.000	
11:40	11	12.4	12"	.52	.50	+0.020	482	+2	.015	+0.005	
11:50	12	12.4	12"	.52	.50	+0.020	485	+3	.020	+0.000	
12:00	13	12.3	12"	.52	.50	+0.020	488	+3	.020	+0.000	
12:10	14	12.3	12"	.52	.50	+0.020	490	+2	.015	+0.005	
12:20	15	12.3	12"	.52	.50	+0.020	493	+3	.020	+0.000	
12:30	16	12.3	12"	.52	.50	+0.020	496	+3	.020	+0.000	
12:40	17	12.3	12"	.52	.50	+0.020	498	+2	.015	+0.005	
12:50	18	12.2	12"	.51	.50	+0.010	500	+2	.015	-.005	
1:00	19	12.3	12"	.52	.50	+0.020	503	+3	.020	+0.000	
1:10	20	12.3	12"	.52	.50	+0.020	506	+3	.020	+0.000	
1:20	21	12.2	12"	.51	.50	+0.010	508	+2	.015	-.005	
1:30	22	12.2	12"	.51	.50	+0.010	510	+2	.015	-.005	
END TEST											

Tank and product handling system has failed the tank tightness test according to the Precision Test Criteria as established by N.F.P.A. publication 322.

Tank and product handling system has been tested tight according to the Precision Test Criteria as established by N.F.P.A. publication 322. This is not intended to indicate perfection of a test.

1. Net Volume Change at Conclusion of Precision Test 7.000 gph
 Signature of Tester: Larry Zimmerman
 Date: 8-11-91

3.

14. Celis SS EMERYVILLE Aug. 11, 1991
Name of Supplier, Owner or Dealer Address No. and Street(s) City State Date of Test

15. TANK TO TEST
Rear
Identify by position
Regular
Brand and Grade

15a. BRIEF DIAGRAM OF TANK FIELD
6,000 00 reg.
rear

16. CAPACITY
Nominal Capacity 6,000 Gallons
By most accurate capacity chart available _____ Gallons

From
 Station Chart
 Tank Manufacturer's Chart
 Company Engineering Data
 Charts supplied with _____
 Other _____

17. FILL-UP FOR TEST

Stick Water Bottom before Fill-up 0 in. 0 Gallons 96 in. Tank Diameter

Inventory _____ Gallons
Total Gallons as Reading 6130
20
6150
Transfer total to line 23a

18. SPECIAL CONDITIONS AND PROCEDURES TO TEST THIS TANK

Water in tank Linets being tested with LVLTT
 High water table in tank excavation

See manual sections applicable. Check below and record procedure in log (27).
Use maximum allowable test pressure for all tests. Four pound rule does not apply to doublewalled tanks.
Complete section below:

- 1. Is four pound rule required? Yes No
- 2. Height to ⁴⁰ "12" mark from bottom of tank 192 in.
- 3. Pressure at bottom of tank 5.0 P.S.I.
- 4. Pressure at top of tank 2.5 P.S.I.

CERTIFIED TANK-TESTS (415) 222-9271



TRIPLE T COMPANY

Larry Zimmerman 4430 Dam Road Richmond, CA 94803

22. Thermal-Sensor reading after circulation 14980
1700 digits
68-69 °F
23. Digits per °F in range of expected change 326 digits

COEFFICIENT OF EXPANSION (Complete after circulation)

24a. Corrected A.P.I. Gravity
Observed A.P.I. Gravity _____
Hydrometer employed _____ H
Observed Sample Temperature _____ °F
Corrected A.P.I. Gravity @ 60°F, From Table A _____
Coefficient of Expansion for Involved Product From Table B _____
Transfer COE to Line 25b.

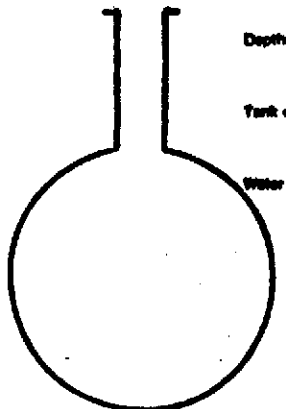
21. VAPOR RECOVERY SYSTEM Stage I Stage II

24b. COEFFICIENT OF EXPANSION RECIPROCAL METHOD

Type of Product Regular
Hydrometer Employed 6 H
Temperature in Tank After Circulation 68 °F
Temperature of Sample 71 °F
Difference (+/-) +3 °F
Observed A.P.I. Gravity 57.6
Reciprocal 1496 Page # 61
6.150 · 1496 · 4.111
Total quantity in full tank (16 or 17) Reciprocal Volume change in this tank per °F
Transfer to Line 25a.

24c. FOR TESTING WITH WATER see Table C & D

Water Temperature after Circulation _____ °F
Table C _____
Coefficient of Water Table D _____
Added Surfactant? Yes No Transfer COE to Line 25b.



NOTES:

The above calculations are to be used for dry soil conditions to establish a positive pressure advantage, or when using the four pound rule to compensate for the presence of subsurface water in the tank area.

Refer to N.F.P.A. 30, Sections 2-3.2.4 and 2-7.2 and the tank manufacturer regarding allowable system test pressures.

25. (a) _____ × (b) _____ = (c) _____ gallons
Total quantity in full tank (16 or 17) Coefficient of expansion for involved product Volume change in this tank per °F
26. (a) 4.111 · (b) 326 · (c) .0130
Volume change per °F (25 or 24b) Digits per °F in test Range (23) Volume change per digit Compute to 4 decimal places. This is test factor (e) .0130

3.
AM
8:00
PM

27. Error Collection _____ Year		28. Details of setting up and running test. (See last page of form if needed.)		29. Reading in		30. STATORIC PRESSURE CONTROL		31. VOLUME MEASUREMENTS (NO RECORD TO 200 GAL.)		34. TEMPERATURE COMPENSATION USE FACTOR (0)			35. NET VOLUME CHANGES EACH READING	36. ACCUMULATED CHANGE
Regular LOG OF TEST PROCEDURES 6,000				Baseline Level on Outlet						.0130				
TIME				Beginning of Reading	Level to which Restored	Before Reading	After Reading	Product Received (+)	Product Returned (-)	Reading Error Reading	Change Higher - Lower - (0)	Correction (0 - (0) + Expansion - Contraction -)	Volume Change Expansion (+) or Contraction (-) (0.01% - 0.05%)	Low Level except Change per Hour (0.01% - 0.05%)
	ARRIVED on site													
2:00	Set up + running													
2:30	circulation	Base			48"									
3:00	High - Level Test	"		40"	42"	.38	.50	-.120		14980				
3:15	"	"		40.2"	48"	.40	.50	-.100		15018	+8	.16	-.22	
3:30	"	"		40.5"	48"	.42	.50	-.080		15026	+8	.10	-.18	
4:45	"	"		40.8"	42"	.43	.50	-.070		15034	+8	.10	-.17	
4:00	"	"		41.2"	42"	.44	.50	-.060		15042	+8	.10	-.16	
4:15	"	"		41.5"	42"	.46	.50	-.040		15050	+8	.10	-.14	
4:30	"	"		41.8"	42"	.48	.50	-.020		15056	+6	.080	-.10	
4:45	"	"		42.1"	42"	.50	.50	+0.000		15062	+6	.080	-.08	
5:00	drop to Low-Level	8.		42.2"	42"	.51	.50	+0.010		15068	+6	.080	-.07	
5:15	Spring Back	9.		12.8"	12"	.56	.50	+0.060		15074	+6	.080	-.020	
5:30	Low - Level - Test	10.		12.6"	12"	.54		+0.040		15080	+6	.080	-.040	
5:40	"	1.		12.4"	12"	.53		+0.030		15084	+4	.050	-.020	
5:50	"	2.		12.4"	12"	.53		+0.030		15088	+4	.050	-.020	
6:00	"	3.		12.4"	12"	.53		+0.030		15090	+2	.025	+0.005	
6:10	"	4.		12.4"	12"	.53		+0.030		15092	+2	.025	+0.005	
6:20	"	5.		12.4"	12"	.53		+0.030		15094	+2	.025	+0.005	
6:30	"	6.		12.4"	12"	.53		+0.030		15096	+2	.025	+0.005	
6:40	"	7.		12.4"	12"	.53		+0.030		15098	+2	.025	+0.005	
6:50	"	8.		12.4"	12"	.53		+0.030		15100	+2	.025	+0.005	
7:00	"	9.		12.4"	12"	.53		+0.030		15102	+2	.025	+0.005	
7:10	"	10.		12.4"	12"	.53		+0.030		15104	+2	.025	+0.005	
7:20	"	11.		12.4"	12"	.53		+0.030		15106	+2	.025	+0.005	
7:30	"	12.		12.4"	12"	.53		+0.030		15108	+2	.025	+0.005	+0.010
	END - TEST													

Tank and product handling system has failed the tank tightness test according to the Precision Test Criteria as established by N.F.P.A. publication 308.

Tank and product handling system has been tested tight according to the Precision Test Criteria as established by N.F.P.A. publication 308. This is not intended to indicate permission of a test.

1. Net Volume Change at Conclusion of Precision Test +0.005
 Signature of Tester: Lawrence Zimmerman
8-11-91

1.

14. Toni Celis S.S.

Emeryville

Aug 11, 1991

Name of Supplier, Owner or Dealer

Address No. and Street(s)

City

State

Date of Test

I.A.

15. TANK TO TEST

San Pablo Street - Side
UnLeaded

15a. BRIEF DIAGRAM OF TANK FIELD



16. CAPACITY

Nominal Capacity 4,000 Gallons
By most accurate capacity chart available Gallons

- From Station Chart, Tank Manufacturer's Chart, Company Engineering Data, Charts supplied with, Other

17. FILL-UP FOR TEST

Slit Water Bottom before Fill-up 0 to 12" ft. 0 Gallons 76 Tank Diameter in.

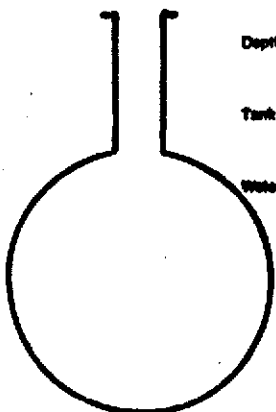
Inventory table with columns for Gallons and Total Gallons ea. Reading. Values: 4,050, 10, 4,060.

18. SPECIAL CONDITIONS AND PROCEDURES TO TEST THIS TANK

- Water in tank, Lines being tested with LVLLT, High water table in tank excavation

See manual sections applicable. Check below and record procedure in log (27). Use minimum allowable test pressure for all tests. Four pound rule does not apply to doublewalled tanks. Complete section below:

- 1. Is four pound rule required? Yes No [X]
2. Height to 1/2" mark from bottom of tank 176 in.
3. Pressure at bottom of tank 46 P.S.I.
4. Pressure at top of tank 2.6 P.S.I.



Depth of burial 48 in. Tank dia. 76 in. Water table in.

NOTES:

The above calculations are to be used for dry soil conditions to establish a positive pressure advantage...

Refer to N.F.P.A. 30, Sections 9-3.2.4 and 9-7.2 and the tank manufacturer regarding allowable system test pressures.

CERTIFIED TANK-TESTS

(415) 222-9271



TRIPLE T COMPANY

Larry Zimmerman

4430 Dam Road Richmond, CA 94803

22. Thermal-Sensor reading after circulation 147.22 Digits 67-68 Between
23. Digits per °F in range of expected change 32.6 Digits

COEFFICIENT OF EXPANSION (Complete after circulation)

24a. Corrected A.P.I. Gravity, Observed A.P.I. Gravity, Hydrometer employed, Observed Sample Temperature, Corrected A.P.I. Gravity @ 60°F, Coefficient of Expansion for Involved Product From Table B

25. (a) Total quantity in full tank (16 or 17) x (b) Coefficient of expansion for involved product = (c) Volume change in this tank per °F
26. (a) 2.721 Volume change per °F (25 or 24b) + (b) 32.6 Digits per °F in test Range (23) = (c) .0083 Volume change per digit Compute to 4 decimal places. This is test factor (a)

21. VAPOR RECOVERY SYSTEM [X] Stage I [X] Stage II

24b. COEFFICIENT OF EXPANSION RECIPROCAL METHOD

Type of Product UnLeaded, Hydrometer Employed 6 H, Temperature in Tank After Circulation 67 °F, Temperature of Sample 6.9 °F, Difference (+/-) +2 °F, Observed A.P.I. Gravity 57.8

Reciprocal 1492 Page 61, 4060 Total quantity in full tank (16 or 17), 1492 Reciprocal, 2.721 Volume change in this tank per °F

24c. FOR TESTING WITH WATER see Table C & D

Water Temperature after Circulation Table C, Coefficient of Water Table D, Added Surfactant? Yes No Transfer COE to Line 25b.

27. Sample Collection _____ / _____ 4,000 LBS OF TEST PROCEDURES UnLeaded			30. HYDRASTATIC PRESSURE CONTROL		31. VOLUME MEASUREMENTS (AS RECEIVED TO BSI GAL)			34. TEMPERATURE COMPENSATION USE FACTOR (2) .0083			35. NET VOLUME CHANGE EACH READING		36. ACCUMULATED CHANGE
28. DATE	29. Running No.	32. Product % Recovery	33. Product Replaced (+)		35. Thermal Sensor Reading	36. Change Higher - Lower - (2)	37. Compensation (+) - (-) Expansion - Contraction -		Temperature Adjustment Volume Must Expand (+) or Contract (-) (2000 - 2000)		36. NET VOLUME CHANGE EACH READING	36. ACCUMULATED CHANGE	
			Before Reading	After Reading			Product Recovered (+)	Product Replaced (+)	Temperature Adjustment	Volume Must Expand (+) or Contract (-) (2000 - 2000)			
ARRIVED on SITE													
3:00	1A	MANIFOLD			TWO TANKS								
3:30	1	48"	40	.50	-10	14722							
3:45	2	41"	42	.50	-08	730	+8	.007	.04				
4:00	3	41.4"	44	.50	-06	738	+8	.07	.05				
4:15	4	41.6"	46	.50	-05	746	+8	.07	.04				
4:30	5	41.8"	48	.50	-04	754	+8	.07	.03				
4:45	6	42"	50	.50	+00	762	+8	.07	.03				
5:00	7	42.2"	52	.50	+02	770	+8	.07	.03				
5:15	8	42.5"	55	.50	+05	776	+6	.05	.03				
5:30	9	42.8"	58	.50	+08	782	+6	.05	.03				
5:45	10	13"	60	.50	+10	788	+6	.05	.03				
6:00	11	13"	60	.50	+10	794	+6	.05	.02				
6:16	1	12.8"	58	.50	+08	800	+6	.05	.02				
6:26	2	12.8"	58	.50	+08	805	+5	.04	.02				
6:30	3	12.8"	58	.50	+08	810	+5	.04	.02				
6:40	4	12.6"	56	.50	+06	815	+5	.04	.02				
6:50	5	12.6"	56	.50	+06	820	+5	.04	.02				
7:00	6	12.6"	56	.50	+06	825	+5	.04	.02				
7:10	7	12.6"	56	.50	+06	830	+5	.04	.02				
7:20	8	12.6"	56	.50	+06	835	+5	.04	.02				
7:30	9	12.6"	56	.50	+06	840	+5	.04	.02				
7:40	10	12.6"	56	.50	+06	845	+5	.04	.02				
7:50	11	12.6"	56	.50	+06	850	+5	.04	.02				
8:00	12	12.6"	56	.50	+06	855	+5	.04	.02				
END - TEST												+2	+020

TWO TANKS

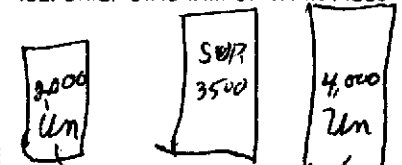
7010

Tank and product handling system has failed the tank tightness test according to the Precision Test Criteria as established by N.F.P.A. publication 328.

Tank and product handling system has been tested tight according to the Precision Test Criteria as established by N.F.P.A. publication 328. This is not intended to indicate permission of a test.

1. Net Volume Change at Conclusion of Precision Test
Signature of Tester: Larry J. Jermier
8-11-91

15. TANK TO TEST
Rear end
 Identify by position
UnLeaded
 Brand and Grade

15a. BRIEF DIAGRAM OF TANK FIELD


16. CAPACITY
 Nominal Capacity 2,000 Gallons
 By most accurate capacity chart available _____ Gallons

From
 Station Chart
 Tank Manufacturer's Chart
 Company Engineering Data
 Charts supplied with _____
 Other _____

17. FILL-UP FOR TEST

Slit Water Bottom before Fill-up	to _____ in.	_____ Gallons	_____ Tank Diameter in.	Inventory	Gallons	Total Gallons as Reading
<u>0</u>	<u>0</u>	<u>0</u>	<u>64</u>			<u>2050</u>
						<u>10</u>
						<u>2060</u>

18. SPECIAL CONDITIONS AND PROCEDURES TO TEST THIS TANK

See manual sections applicable. Check below and record procedure in log (27).
 Use maximum allowable test pressure for all tests. Four pound rule does not apply to doublewalled tanks.
 Complete section below:

1. Is four pound rule required? Yes No

2. Height to Y² mark from bottom of tank 16 ft in.

3. Pressure at bottom of tank 4.300 P.S.I.


4. Pressure at top of tank 2.6 P.S.I.

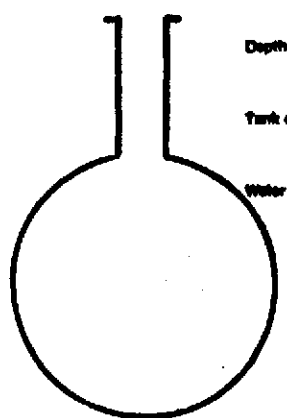
5. Depth of burial 48 in.

6. Tank dia. 64 in.

7. Water table _____ in.

NOTES:

CERTIFIED TANK-TESTS (415) 222-9271

 TRIPLE T COMPANY
 Larry Zimmerman 4430 Dam Road Richmond, CA 94803



The above calculations are to be used for dry soil conditions to establish a positive pressure advantage, or when using the four pound rule to compensate for the presence of subsurface water in the tank area.
 Refer to N.F.P.A. 38, Sections 9-2.2.4 and 2-7.2 and the tank manufacturer regarding allowable system test pressures.

22. Thermal-Sensor reading after circulation 14684 digits

23. Digits per °F in range of expected change 67-68 °F
326 digits

COEFFICIENT OF EXPANSION (Complete after circulation)
 24a. Corrected A.P.I. Gravity
 Observed A.P.I. Gravity _____
 Hydrometer employed _____ H
 Observed Sample Temperature _____ °F
 Corrected A.P.I. Gravity @ 60°F, From Table A _____
 Coefficient of Expansion for Involved Product From Table B _____
 Transfer COE to Line 26b.

Gallons	Total Gallons as Reading
	<u>2050</u>
	<u>10</u>
	<u>2060</u>

Transfer total to line 25a

21. VAPOR RECOVERY SYSTEM Stage I Stage II

24b. COEFFICIENT OF EXPANSION RECIPROCAL METHOD

Type of Product UnLeaded

Hydrometer Employed 6 H

Temperature in Tank After Circulation 67 °F

Temperature of Sample 69 °F

Difference (+/-) +2 °F

Observed A.P.I. Gravity 57.8

Reciprocal 1492 Page # 61

Total quantity in full tank (16 or 17) 2,060 Reciprocal 1492 Volume change in this tank per °F 1.381
 Transfer to Line 26b.

24c. FOR TESTING WITH WATER see Table C & D

Water Temperature after Circulation Table C _____ °F

Coefficient of Water Table D _____

Added Barbitant? Yes No Transfer COE to Line 26b.

25. (a) _____ x (b) _____ = (c) _____ gallons
 Total quantity in full tank (16 or 17) _____ Coefficient of expansion for involved product _____ Volume change in this tank per °F _____

26. (a) 1.381 x (b) 326 = (c) .0042
 Volume change per °F (25 or 24b) _____ Digits per °F in test Range (23) _____ Volume change per digit Compute to 4 decimal places. This is test factor (a)

AM
3:00
P.M.

27. Error Collection _____ / _____			30. HYDROSTATIC PRESSURE CONTROL		31. VOLUME MEASUREMENTS (N) REFER TO 20 GAL.			34. TEMPERATURE COMPENSATION USE FACTOR IN .0042			35. NET VOLUME CHANGE EACH READING		36. ACCUMULATED CHANGE
2,000 LBS OF TEST PROCEDURES UnLeaded			28. Sample Level in Tank		32. Product in Cask		33. Product Replaced (-)	35. Weight Error Reading	36. Change Higher - Lower - 10	37. Correction 66 - 68 - Expansion - Contraction -	Temperature Adjustment Volume Meas Expansion (-) or Contraction (-) 66% - 68%	40 Low Level comp. Change per Hour (20% error)	
28. DATE	28. TIME	28. Record details of setting up and running test. (Also fill length of line if needed)	29. Reading No.	Beginning of Reading	Level to which Refilled	Before Reading	After Reading	Product Received (+)					
		ARRIVED on site											
	3:00	SET UP + running	Base	-	48"		MANIFOLDED						
	3:30	circulation	v	-	48"		TEST-TWO TANK						
	3:30	High-Level Test	1.		42"		as one system		14684			carry over	
	3:45	"	2.		42"				694	+10	.042	to 1/4 page 1A.	
	4:00	"	3.		42"				706	+12	.05	To - 1A	
	4:15	"	4.		42"				716	+10	.042	To - 1A	
	4:30	"	5.		42"				724	+8	.034	"	
	4:45	"	6.		42"				732	+8	.034	"	
	5:00	"	7.		42"				740	+8	.034	"	
	5:15	"	8.		42"				748	+8	.034	"	
	5:30	1. Drop into Low Level	9.		12"				756	+8	.034	"	
	5:45	Spring Back	10.		12"				764	+8	.034	"	
	6:00	Low-Level-Test	11.		12"				770	+6	.025	To-page TANK 1A	
	6:10	"	1.		12"				776	+6	.025	"	
	6:20	"	2.		12"				780	+4	.017	"	
	6:30	"	3.		12"				785	+5	.020	"	
	6:40	"	4.		12"				790	+5	.020	"	
	6:56	"	5.		12"				795	+5	.020	"	
	7:00	"	6.		12"				800	+5	.020	"	
	7:10	"	7.		12"				805	+5	.020	"	
	7:20	"	8.		12"				810	+5	.020	"	
	7:30	"	9.		12"				815	+5	.020	"	
	7:40	"	10.		12"				820	+5	.020	"	
	7:50	"	11.		12"				825	+5	.020	"	
	8:00	"	12.		12"				830	+5	.020	"	

END - TEST

Tank and product handling system has failed the tank tightness test according to the Precision Test Criteria as established by N.F.P.A. publication 220.

Tank and product handling system has been tested tight according to the Precision Test Criteria as established by N.F.P.A. publication 220. This is not intended to indicate permission of a leak.

Net Volume Change at Conclusion of Precision Test **7.010**
 Signature of Tester: Larry Zimmerman
 2-11-91

TONI'S SERVICE
4010 SAN PABLO
LINDSEY CA

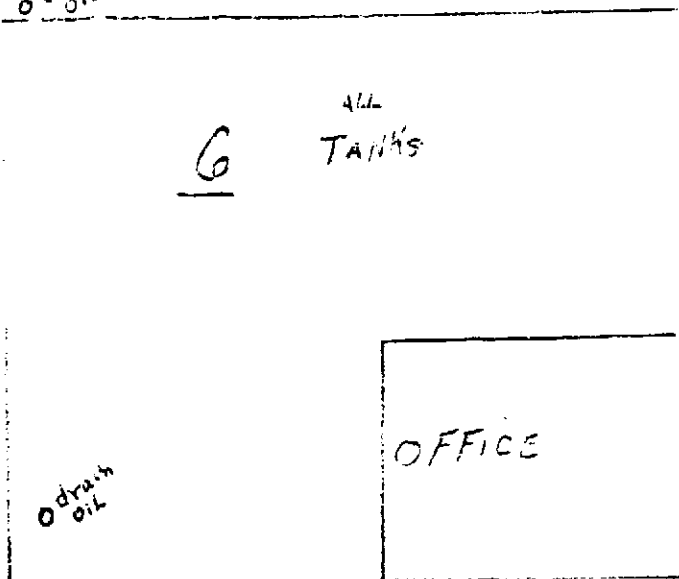
5 TANKS

2 - UNLEADED
MANIFOLDED
(1-2000 1-4000)

3500
600
7500

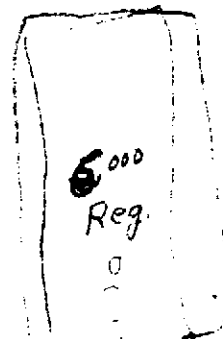
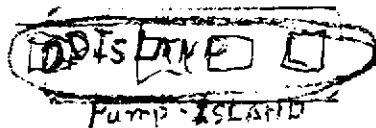
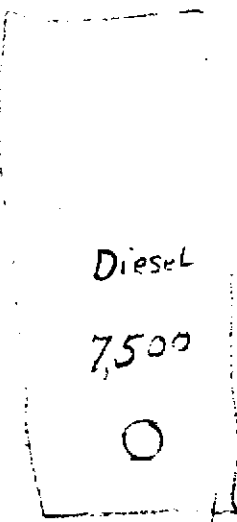
Toni's - ^{Tire} Service

over T-pipe
oil

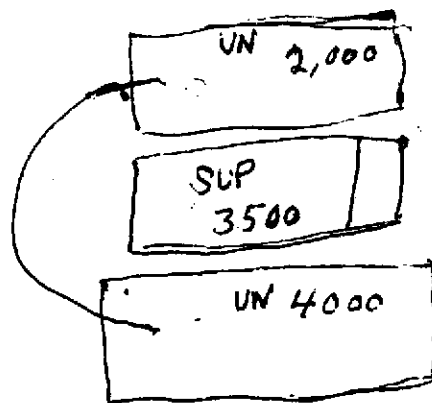


550

XXXXX diesel



6,000



PHONE BOOTH

SIDE WALK

NOT TO SCALE

1" = 10 FT.

FENCE

1991

Data Chart for Tank System Tightness Test

petro title
TANK TESTER

Certified Test
4430 Dam Road
Richmond, CA 94803
August, 1991 222 0271

PLEASE PRINT

EMERYVILLE

1. OWNER Property Tank(s)

Name: Celia Service Station Address: EMERYVILLE Representative: 658-0744 Telephone: 658-0744

Name: 4000 San Pablo AVE. Address: _____ Representative: _____ Telephone: _____

2. OPERATOR

Name: Toni Celia Address: _____ Telephone: _____

3. REASON FOR TEST (Explain Fully)

ANNUAL - TEST

4. WHO REQUESTED TEST AND WHEN

Name: _____ Title: _____ Company or Affiliation: _____ Date: _____

Address: _____ Telephone: _____

5. WHO IS PAYING FOR THIS TEST?

Company, Agency or Individual: _____ Person Authorizing: _____ Title: _____ Telephone: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Attention of: _____ Order No.: _____ Other Instructions: _____

6. TANK(S) INVOLVED

Identify by Direction	Capacity	Brand/Supplier	Grade	Approx. Age	Steel/Fiberglass
<u>side</u>	<u>550</u>	<u>waste oil</u>	<u>Waste Oil</u>	<u>26 years</u>	<u>Steel</u>

7. INSTALLATION DATA

Location	Cover	Fills	Vents	Siphones	Pumps
<u>side corner</u> <small>North inside driveway, Rear of station, etc.</small>	<u>asphalt</u> <small>Concrete, Black Top, Earth, etc.</small>	<u>2"</u> <small>Size, Titfill make, Drop tubes, Remote Fills</small>	<u>1 1/2</u> <small>Size, Manifoldeed</small>	<u>NONE</u> <small>Which tanks?</small>	<u>NONE</u> <small>Suction, Remote, Make if known</small>

8. UNDERGROUND WATER

Depth to the Water table _____ " Is the water over the tank? Yes No

9. FILL-UP ARRANGEMENTS

Tanks to be filled _____ hr. _____ Date Arranged by _____ Name _____ Telephone _____

Extra product to "top off" and run TSTT. How and who to provide? Consider NO Lead.

Terminal or other contact for notice or inquiry _____ Company _____ Name _____ Telephone _____

10. CONTRACTOR, MECHANICS, any other contractor involved

11. OTHER INFORMATION OR REMARKS

Topped off with Diesel oil

Additional information on any items above. Officials or others to be advised when testing is in progress or completed. Visitors or observers present during test etc.

12. TEST RESULTS

Tests were made on the above tank systems in accordance with test procedures prescribed for **petro title** as detailed on attached test charts with results as follows:

Tank Identification	Tight	Leakage Indicated	Date Tested
<u>550 WASTE OIL</u>	<u>YES</u>	<u>NONE</u>	<u>8-26-91</u>

STATE License
13. CERTIFICATION
90-1354
652
Serial No. of Thermal Sensor

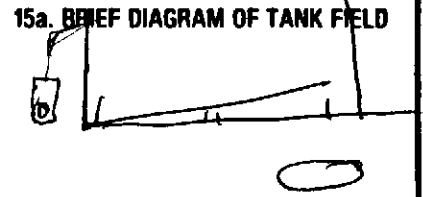
This is to certify that these tank systems were tested on the date(s) shown. Those indicated as "Tight" meet the criteria established by the National Fire Protection Association Pamphlet 905.

414811373 Larry Technicians

Certified Test Lawrence R Zimmerman Testing Contractor or Company By: Signature
4430 Dam Road Richmond, CA 94803 Address
222 0271

14. Lekis Service Station EMERYVILLE Aug 26, 1991
 Name of Supplier, Owner or Dealer Address No. and Street(s) City State Date of Test

15. TANK TO TEST
side
 Identity by position
Waste Oil
 Brand and Grade



16. CAPACITY
 Nominal Capacity 550 Gallons
 By most accurate capacity chart available _____ Gallons

- From
- Station Chart
 - Tank Manufacturer's Chart
 - Company Engineering Data
 - Charts supplied with _____
 - Other _____

17. FILL-UP FOR TEST

Slick Water Bottom before Fill-up _____ in. to _____ in. _____ Gallons Tank Diameter 48 in. Inventory _____

Gallons Total Gallons ea. Reading

550
5
555

Transfer total to line 23a

18. SPECIAL CONDITIONS AND PROCEDURES TO TEST THIS TANK

See manual sections applicable. Check below and record procedure in log (27).
 Use maximum allowable test pressure for all tests. Four pound rule does not apply to doublewalled tanks.
 Complete section below:

- Water in tank
- Lines being tested with LVLTT
- High water table in tank excavation

- 1. Is four pound rule required? Yes No
- 2. Height to 12" mark from bottom of tank 136 in.
- 3. Pressure at bottom of tank 4.2 P.S.I.
- 4. Pressure at top of tank 2.8 P.S.I.

CERTIFIED TANK-TESTS (415) 222-9271

TRIPLE T COMPANY

Larry Zimmerman 4430 Dam Road
 Richmond, CA 94803



NOTES:

The above calculations are to be used for dry soil conditions to establish a positive pressure advantage, or when using the four pound rule to compensate for the presence of subsurface water in the tank area.
 Refer to N.F.P.A. 30, Sections 2-3.2.4 and 2-7.2 and the tank manufacturer regarding allowable system test pressures.

22. Thermal-Sensor reading after circulation 14804
67.68 °F
 between

23. Digits per °F in range of expected change 326

COEFFICIENT OF EXPANSION (Complete after circulation)

24a. Corrected A.P.I. Gravity

Observed A.P.I. Gravity _____
 Hydrometer employed _____ H
 Observed Sample Temperature _____ °F

Corrected A.P.I. Gravity @ 60°F. From Table A _____

Coefficient of Expansion for Involved Product From Table B _____

Transfer COE to Line 25b.

21. VAPOR RECOVERY SYSTEM Stage I Stage II

24b. COEFFICIENT OF EXPANSION RECIPROCAL METHOD

Type of Product WASTE OIL

Hydrometer Employed 3 H
 Temperature in Tank After Circulation 67 °F
 Temperature of Sample 71 °F
 Difference (+/-) +4 °F

Observed A.P.I. Gravity 30.4

Reciprocal 2249 Page # 34
555 . 2249 . 24.763

Total quantity in full tank (16 or 17) _____ Reciprocal _____ Volume change in this tank per °F _____
 Transfer to Line 26a.

24c. FOR TESTING WITH WATER see Table C & D

Water Temperature after Circulation _____ °F
 Table C _____ °F

Coefficient of Water Table D _____

Added Surfactant? Yes No Transfer COE to Line 25b.

25. (a) _____ = (b) _____ = (c) _____ gallons
 Total quantity in full tank (16 or 17) Coefficient of expansion for involved product Volume change in this tank per °F

26. (a) 2467763 = (b) 326 = (c) .0008
 Volume change per °F (25 or 26b) Digits per °F in test range (23) Volume change per digit Compute to 4 decimal places. This is test factor (a)

7:30

27. 550 Waste oil LOG OF TEST PROCEDURES EMERYVILLE			28. Standpipe Level in Inches		31. VOLUME MEASUREMENTS (IN RECORD TO 0.01 GAL.)			34. TEMPERATURE CORRECTIONS USE FACTOR IN .0008			35. NET VOLUME CHANGE(S) EACH READING	36. ACCUMULATED CHANGE
29. TIME (H:M)	30. Record details of setting up and running test. (Show full length of line if needed.)	30. Reading in	28. Standpipe Level in Inches		31. Product in Standpipe		32. Product Received (+)	35. Initial Standpipe Reading	36. Change (Height - Level - 10)	37. Correction (H - 100 + Expansion - Contraction - 1000)	35. Temperature Adjustment Volume (H - Expansion (+) or Contraction (-) - 1000)	36. Low Level compensation Change per Hour (MPA column)
			Beginning of Reading	Level to which Restored	Before Reading	After Reading	Product Restored (+)					
	ARRIVED on site											
8:00	Set-up Tester											
9:00	Filled Tester Base		—	48"	PLUGGED	1 1/2" pipe						
10:00	START High-Level TEST		—	48"		.600		14804		.016		
10:15	High-Level-TEST		47.4	48"		.060	.000	824	.016	+20	-.056	
10:30	" " "		47.8	48"		.090	.000	840	+16	.013	-.023	
10:45	" " "		47.9	48"		.095	.000	852	+12	.010	-.015	
11:00	" " "		48"	48"		.000	.000	864	+12	.016	-.010	
11:15	" " "		48.2	48"		.110	.000	876	+12	.010	+0.000	
11:30	drop to "Low level		47.4	48"		.020	.000	888	+12	.010	+0.010	
11:45	" Low Level " TEST		12.8	12"		.040	.000	900	+12	.010	+0.030	
12:00	" Low " Level " TEST		12.6	12"		.030	.000	912	+12	.010	+0.020	
12:10	" Low Level TEST	1.	12.3	12"		.020	.000	920	+8	.006	+0.014	
12:20	" " " "	2.	12.2	12"		.010	.000	930	+10	.008	+0.002	
12:30	" " " "	3.	12.2	12"		.010	.000	940	+10	.008	+0.002	
12:40	" " " "	4.	12.1	12"		.005	.000	948	+8	.006	-.001	
12:50	" " " "	5.	12.1	12"		.005	.000	956	+8	.006	-.001	
1:00	" " " "	6.	12.1	12"		.005	.000	964	+8	.006	-.001	+0.015
	END TEST											

Tank and product handling system has failed the tank tightness test according to the Precision Test Criteria as established by N.F.P.A. publication 288.

Tank and product handling system has been tested tight according to the Precision Test Criteria as established by N.F.P.A. publication 288. This is not intended to indicate permission of a leak.

1. Net Volume Change at Conclusion of Precision Test +0.015 gal.
 Signature of Tester: Larry Zimmerman
 Date: 8-26-91

QUARTERLY SUMMARY

When Utilizing Underground Storage Tank Monitoring Alternative # 5
Section 2641(c)(5)(A-D) Title 23, C.C.R.

875 Facility Name: Celis Service Station
Facility Address: 4000 San Pablo Ave
Contact Person : Toni Celis
Phone Number : (415) 7658-0744

Tank #	Size	Product
1	7,500 gal	Diesel
2	6,000 "	Regular
3	4,000 "	Unleaded
4	2,000 "	Unleaded
5	3,500 "	Super Unleaded

Preparer's Signature: _____ Date: _____

I hereby certify under penalty of perjury, that all product level variations for the above mentioned facility were within allowable limits for this quarter. See section 2644(e&f) Title 23, CA Code of Regulations.

Inventory variations exceeded the allowable limits for this quarter. I hereby certify under penalty of perjury, that the source for the variation was not due to an unauthorized release (leak). See section 2644(e,f) Title 23, CA Code of Regulations.

List date, tank # and amount for all variations that exceeded the allowable limits:

	DATE	TANK #	AMOUNT	REASON FOR DISPARITY
1.	<u>7/14/91</u>	<u>3</u>	<u>4.2</u>	<u>Sold gas meter reading</u>
2.	<u>7/14/91</u>	<u>4</u>	<u>7.6</u>	<u>" " " "</u>
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____

Additional dates/amounts shall be continued on a separate sheet of paper and attached.

Inventory variations exceed the allowable limits due to an unauthorized release (leak). Attach list of investigative/mitigation measures which have been taken. (See attached page)

All unauthorized releases shall be reported to Alameda County Environmental Health within twenty-four (24) hours at (415) 271-4320. An Unauthorized Release Report (#HSC 05) shall be submitted to the Alameda County Environmental Health Department within five (5) working days of the discovery of the leak.

A quarterly summary report shall be submitted within 15 days of the end of each quarter. Indicate below the quarter which this report summarizes.

- Quarter 1 - January thru March (A+)
- Quarter 2 - April thru June
- Quarter 3 - July thru September
- Quarter 4 - October thru December

SEND TO: ALAMEDA COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
80 SWAN WAY, SUITE 200
OAKLAND, CA 94621

EMERYville

Data Chart for Tank System Tightness Test

petro title
TANK TESTER

July 28-29-1990

PLEASE PRINT

CELIS

1. OWNER Property
Tank(s)

TONI SERVICE STATION
Name: 4000 SAN PABLO AVE. OAKLAND
Address: EMERYVILLE
Telephone: 658-0744

2. OPERATOR

Name: _____ Address: _____ Telephone: _____

3. REASON FOR TEST (Explain Fully)

Check-for-Tightness Certification

4. WHO REQUESTED TEST AND WHEN

TONI OWNER-MANAGER
Name: _____ Title: _____ Company or Affiliation: _____ Date: _____
Address: _____ Telephone: _____

5. WHO IS PAYING FOR THIS TEST?

Company, Agency or Individual: _____ Person Authorizing: _____ Type: _____ Telephone: _____
Billing Address: _____ City: _____ State: _____ Zip: _____
Attention of: _____ Order No: _____ Other Instructions: _____

6. TANK(S) INVOLVED

Identify by Direction	Capacity	Brand/Supplier	Grade	Approx Age	Steel/Fiberglass
END-END	4,000-2,000		UN.-UN.	25 years	Steel-Coated
Middle	3,500		Sup.	25 "	Steel-Coated
Rear	6,000		Reg.	85 "	" "
Side	7,500		Diesel	25 "	" "

7. INSTALLATION DATA

Location: ^{State} side & side side
Cover: 560 asphalt
Fill: Waste Oil 4" vapor 3" OPW
Vents: Diesel 2"
Type: UN.-4000 UN.-2,000
Steel/Fiberglass: Steel Pumps
all suction WAYNE
Suction Remote MERRY known

8. UNDERGROUND WATER

Depth to the Water table _____ Is the water over the tank? Yes No

9. FILL-UP ARRANGEMENTS

Tanks to be filled _____ fr. _____ Date _____ Arranged by _____
Extra product to "top off" and run TSTT. How and who to provide? Consider NO Lead.
Terminal or other contact for notice or inquiry: _____ Company: _____ Name: _____ Telephone: _____

10. CONTRACTOR, MECHANICS, any other contractor involved

11. OTHER INFORMATION OR REMARKS

Tested Two unleaded tanks together (MANIFOLD)
TESTED WASTE OIL with diesel oil.
Additional information on any items above. Officials or others to be advised when testing is in progress or completed. Visitors or observers present during test etc.

12. TEST RESULTS

Tests were made on the above tank systems in accordance with test procedures prescribed for **petro title** as detailed on attached test charts with results as follows:

Tank Identification	Tight	Leakage Indicated	Date Tested
1. A → 4,000 Unleaded	YES-	NONE	7-28-90
2. B → 2,000 Unleaded	YES-	NONE	7-28-90
3. → 3,500 SUPER	YES	NONE	7-28-90
4. → 6,000 Regular	YES	NONE	7-28-90
5. → 7,500 Diesel	YES	NONE	8-25-90
STATE-LICENSE 250 WASTES-OIL	YES	NONE	8-25-90

13. CERTIFICATION

This is to certify that these tank systems were tested on the date(s) shown. Those indicated as "Tight" meet the criteria established by the National Fire Protection Association Pamphlet 329.

90-1354
652-972
Serial No of Tanker

414 811373
LARRY
TRIPLE T COMPANY
4430 DAM ROAD
RICHMOND, CA. 94803
(415) 222-9271
Signature: Lawrence R. Zimmerman
Address: _____

L.A.

14. Tom's Service 4000 Santa Fe Ave OAKLAND July 28, 1990

15. TANK TO TEST outside end-street Unleaded



16. CAPACITY 4,000 Gallons

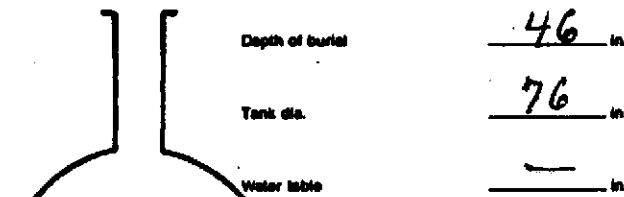
- From Station Chart, Tank Manufacturer's Chart, Company Engineering Data, Charts supplied with, Other

17. FILL-UP FOR TEST 0 to 12" 0 Gallons 76 Tank Diameter 4,060 Total Gallons ea. Reading 20 4,080

18. SPECIAL CONDITIONS AND PROCEDURES TO TEST THIS TANK

See manual sections applicable. Check below and record procedure in log (27). Use maximum allowable test pressure for all tests. Four pound rule does not apply to doublewalled tanks. Complete section below:

- 1. Is four pound rule required? Yes No
2. Height to 12" mark from bottom of tank 42 176 in.
3. Pressure at bottom of tank 4.576 P.S.I.
4. Pressure at top of tank 2.6 P.S.I.



NOTES:

The above calculations are to be used for dry soil conditions to establish a positive pressure advantage...

Refer to M.F.P.A. 30, Sections 2-3.2.4 and 2-7.2 and the tank manufacturer regarding allowable system test pressures.

19. TANK MEASUREMENTS FOR TSTT ASSEMBLY Bottom of tank to grade 30 in. Total tubing to assemble - approximate

20. EXTENSION HOSE SETTING Tank top to grade Extend hose on suction tube 6" or more below tank top

22. Thermal-Sensor reading after circulation 15110 digits 68/69 F 23. Digits per F in range of expected change 326

COEFFICIENT OF EXPANSION (Complete after circulation) 24a. Corrected A.P.I. Gravity Observed A.P.I. Gravity Hydrometer employed Observed Sample Temperature Corrected A.P.I. Gravity @ 60°F From Table A Coefficient of Expansion for Involved Product From Table B Transfer COE to Line 25b.

21. VAPOR RECOVERY SYSTEM Stage I Stage II

24b. COEFFICIENT OF EXPANSION RECIPROCAL METHOD Type of Product Unleaded Hydrometer Employed 6 H Temperature in Tank After Circulation 68 F Temperature of Sample 70 F Difference (+/-) +2 F Observed A.P.I. Gravity 57.2 Reciprocal 1499 Page 61 4,080 1499 2.7218145 Total quantity in full tank (16 or 17) Reciprocal Volume change in this tank per F Transfer to Line 25b.

24c. FOR TESTING WITH WATER see Table C & D Water Temperature after Circulation Table C Coefficient of Water Table D Added Surfactant? Yes No Transfer COE to Line 25b.

25. (a) Total quantity in full tank (16 or 17) (b) Coefficient of expansion for involved product (c) Volume change in this tank per F 26. (a) 2.7218145 Volume change per F (25 or 24b) (b) 326 Digits per F in test Range (23) (c) .0087 Volume change per digit Compute to 4 decimal places. This is test factor (a) .0084

LA)
A.M.
7:30

Suction

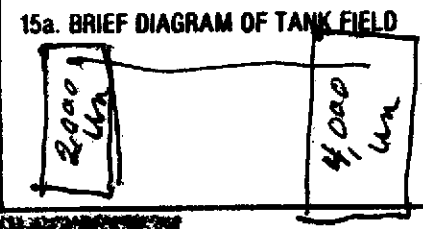
27. Sensor Calibration _____ / _____ UnLeaded LOG OF TEST PROCEDURES 4,000				30. HYDROSTATIC PRESSURE CONTROL		31. VOLUME MEASUREMENTS (V) RECORD TO .001 GAL.			34. TEMPERATURE COMPENSATION USE FACTOR (1000) 0084			38. NET VOLUME CHANGING EACH READING	39. ACCUMULATED CHANGE	
28. DATE TIME (24 Hr.)	Record details of setting up and running test. (Use full length of line if needed.)	29. Reading No.	Standpipe Level in inches		32. Product in Graduate		33. Product Replaced (-)	35. Thermal Sensor Reading	36. Change Higher + Lower - (c)	37. Computation (c) - (a) - Expansion - Contraction -	Temperature Adjustment Volume Minus Expansion (+) or Contraction (-) (33(V) - 43(T))	All Low Level compute Change per Hour (NFA criteria)		
			Beginning of Reading	Level to which Restored	Before Reading	After Reading	Product Recovered (+)							
8:30	ARRIVED on site		Base	48"										
8:30	Set-up-Tester & running Circulation	-	-	48"			Bled air eliminators & Ran gas thru pumps					Plugged Both Tanks		
9:00	High-Level-Test	1.	-	42"			.50			95110		Total		
9:15	" " "	2.	42"	42"			.50	+0		15120	+10	.084	.134	-.134
9:30	" " "	3.	42.2"	42"	.51			+0.10		130	+10	.084	.120	-.124
9:45	" " "	4.	42.5"	42"	.54			+0.40		138	+8	.070	.122	-.082
10:00	" " "	5.	42.8"	42"	.58			+0.80		146	+8	.070	.112	-.032
10:15	" " "	6.	43"	42"	.60			+1.0		154	+8	.070	.112	-.012
10:30	Drop-To-Low-Level	7.	43.2"	42"	.60			+1.0		162	+8	.070	.112	-.012
10:45	" " "	8.	13"	12"	.60			+1.0		170	+8	.070	.112	-.012
11:00	Low-Level Test	9.	13"	12"	.60			+1.0		178	+8	.070	.112	-.012
11:10	"	10.	12.8"	12"	.58			+0.80		184	+6	.050	.083	+0.00
11:20	"	11.	12.8"	12"	.58			+0.80		190	+6	.050	.083	+0.00
11:30	"	12.	12.8"	12"	.58			+0.80		196	+6	.050	.08	+0.00
11:40	"	13.	12.8"	12"	.58			+0.80		202	+6	.050	.083	+0.00
11:50	"	14.	12.8"	12"	.58			+0.80		208	+6	.050	.080	+0.00
12:00	"	15.	12.8"	12"	.58			+0.80		214	+6	.050	.070	+0.010
12:10	"	16.	12.8"	12"	.58			+0.80		220	+6	.050	.070	+0.010
12:20	"	17.	12.8"	12"	.58			+0.80		226	+6	.050	.07	+0.010
12:30	"	18.	12.8"	12"	.58			+0.80		232	+6	.050	.07	+0.010
12:40	"	19.	12.8"	12"	.58			+0.80		238	+6	.050	.07	+0.010
12:50	"	20.	12.8"	12"	.58			+0.80		244	+6	.050	.07	+0.010
1:00	"	21.	12.8"	12"	.58			+0.80		250	+6	.050	.07	+0.010
	END-TEST	22.	12"	12"	.58			+0.80		256	+6	.050	.07	+0.010
													Two Hours	+0.80
														Total of Both Tanks +0.40

Tank and product handling system has failed the tank tightness test according to the Precision Test Criteria as established by N.F.P.A. publication 329.

Tank and product handling system has been tested tight according to the Precision Test Criteria as established by N.F.P.A. publication 329. This is not intended to indicate permission of a leak.

1. Net Volume Change at Conclusion of Precision Test _____ gph
Signature of Tester: *Lawrence J. ...*
Date: 7-28-90

15. TANK TO TEST
 END - Rear - inside
 Identify by position
 UnLeaded
 Brand and Grade



16. CAPACITY
 Nominal Capacity 2,000 Gallons
 By most accurate capacity chart available _____ Gallons

- From
- Station Chart
 - Tank Manufacturer's Chart
 - Company Engineering Data
 - Charts supplied with _____
 - Other _____

17. FILL-UP FOR TEST

Stick Water Bottom before Fill-up	<u>0</u> in.	<u>0</u> Gallons	<u>64</u> in.	Inventory	<u>2,040</u>
					<u>20</u>
					<u>2,060</u>

Total Gallons ea. Reading

Transfer total to line 25a

18. SPECIAL CONDITIONS AND PROCEDURES TO TEST THIS TANK

Water in tank Line(s) being tested with LVLLT

High water table in tank excavation

See manual sections applicable. Check below and record procedure in log (27).

Use maximum allowable test pressure for all tests. Four pound rule does not apply to doublewalled tanks.

Complete section below:

1. Is four pound rule required? Yes No
2. Height to ⁴⁰⁰⁰TC mark from bottom of tank 164 in.
3. Pressure at bottom of tank 4.264 P.S.I.
4. Pressure at top of tank 2.6 P.S.I.

19. TANK MEASUREMENTS FOR TSTT ASSEMBLY

Bottom of tank to grade* _____ in.

Add 30" for "T" probe assy. _____ 30 in.

Total tubing to assemble - approximate _____ in.

20. EXTENSION HOSE SETTING

Tank top to grade* _____ in.

Extend hose on suction tube 8" or more below tank top _____ in.

*If fill pipe extends above grade, use top of fill.

22. Thermal-Sensor reading after circulation 15228

23. Digits per °F in range of expected change 326

COEFFICIENT OF EXPANSION (Complete after circulation)

24a. Corrected A.P.I. Gravity

Observed A.P.I. Gravity _____

Hydrometer employed _____ H

Observed Sample Temperature _____ °F

Corrected A.P.I. Gravity @ 60°F, From Table A _____

Coefficient of Expansion for Involved Product From Table B _____

Transfer COE to Line 25b.

21. VAPOR RECOVERY SYSTEM Stage I Stage II

24b. COEFFICIENT OF EXPANSION RECIPROCAL METHOD

Type of Product UnLeaded

Hydrometer Employed 6 H

Temperature in Tank After Circulation 68 °F

Temperature of Sample 70 °F

Difference (+/-) +2 °F

Observed A.P.I. Gravity 57.2

Reciprocal 1499 Page # 61

Total quantity in full tank (16 or 17) 2,060 Reciprocal 1499 Volume change in this tank per °F 1.3742494

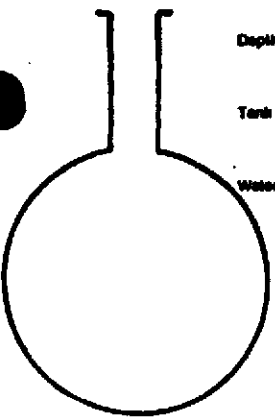
Transfer to Line 25b.

24c. FOR TESTING WITH WATER see Table C & D

Water Temperature after Circulation Table C _____ °F

Coefficient of Water Table D _____

Added Surfactant? Yes No Transfer COE to Line 25b.



NOTES:

The above calculations are to be used for dry soil conditions to establish a positive pressure advantage, or when using the four pound rule to compensate for the presence of subsurface water in the tank area.

Refer to N.F.P.A. 30, Sections 2-3.2.4 and 2-7.2 and the tank manufacturer regarding allowable system test pressures.

25. (a) _____ x (b) _____ = (c) _____ gallons

Total quantity in full tank (16 or 17) _____ Coefficient of expansion for involved product _____ Volume change in this tank per °F _____

26. (a) 1.3742494 x (b) 326 = (c) .0042

Volume change per °F (25 or 24b) _____ Digits per °F in test Range (23) _____ Volume change per digit Compute to 4 decimal places. _____ This is test factor (a) .0042

LB)

2

AM
7:30

Section

27. Sensor Calibration _____ / _____		30. HYDROSTATIC PRESSURE CONTROL		31. VOLUME MEASUREMENTS (V) RECORD TO .01 GAL.		34. TEMPERATURE COMPENSATION USE FACTOR (u) .0042		38. NET VOLUME CHANGING EACH READING		39. ACCUMULATED CHANGE							
28. DATE		29. Reading No.		32. Product in Graduate		33. Product Replaced (-) Product Recovered (+)		35. Thermal Sensor Reading		36. Change Higher - Lower - (u)		37. Computation (C) - (B) - Expansion (+) - Contraction -		Temperature Adjustment Volume Minus Expansion (+) or Contraction (-) (33(V) - (37(T))		At Low Level compute Change per Hour (N.F.P.A. criteria)	
TIME (24 hr.)		Record details of setting up and running test. (Use full length of line if needed.)		Standpipe Level in Inches		Before Reading After Reading											
				Beginning of Reading Level to which Restored													
		UnLeaded LOG OF TEST PROCEDURES 2,000															
ARRIVED on site				Base 48"													
8:30		Set-up-tester & running		48"													
8:30		Circulation		48"													
9:00		High-Level-Test		42"		.50		15228		15228						NEXT Page	
9:15		" " "		42"				240		+12		.050					
9:30		" " "		42"				252		+12		.050					
9:45		" " "		42"				264		+12		.050					
10:00		" " "		42"				274		+10		.042					
10:15		" " "		42"				284		+10		.042					
10:30		" Drop-To-Low-Level		42"				294		+10		.042					
10:45		" " "		12"				304		+10		.042					
11:00		Low-Level-Test		12"				314		+10		.042					
11:10		" "		12"				322		+8		.033					
11:20		" "		12"				330		+8		.033					
11:30		" "		12"				336		+6		.025					
11:40		" "		12"				344		+8		.033					
11:50		" "		12"				350		+6		.025					
12:00		" "		12"				355		+5		.021					
12:10		" "		12"				360		+5		.021					
12:20		" "		12"				365		+5		.02					
12:30		" "		12"				370		+5		.02					
12:40		" "		12"				375		+5		.02					
12:50		" "		12"				380		+5		.02					
1:00		" "		12"				385		+5		.02					
END-TEST				12"													
See		TEST															

Page 1A

TOTAL on NEXT Page

11040

Tank and product handling system has failed the tank tightness test according to the Precision Test Criteria as established by N.F.P.A. publication 328.

Tank and product handling system has been tested tight according to the Precision Test Criteria as established by N.F.P.A. publication 328. This is not intended to indicate permission of a leak.

1. Net Volume Change at Conclusion of Precision Test _____ gph
Signature of Tester: Larry Zimmerman
Date: 7-28-90

31

14. Toni's Collins Service STATION San Pablo Ave Emeryville, Ca. July, 28, 1990

Name of Supplier, Owner or Dealer

Address No. and Street(s)

City

State

Date of Test

15. TANK TO TEST

Middle - TANK
Identify by position

Super
Brand and Grade

15a. BRIEF DIAGRAM OF TANK FIELD

16. CAPACITY

Nominal Capacity 3500
Gallons

By most accurate capacity chart available _____
Gallons

- From
- Station Chart
 - Tank Manufacturer's Chart
 - Company Engineering Data
 - Charts supplied with _____
 - Other _____

17. FILL-UP FOR TEST

Stick Water Bottom before Fill-up 0 in. 0 Gallons 72 Tank Diameter in.

	Gallons	Total Gallons ea. Reading
Inventory		<u>3500</u>
		<u>15</u>
		<u>3515</u>

Transfer total to line 26a

18. SPECIAL CONDITIONS AND PROCEDURES TO TEST THIS TANK

- Water in tank
- Line(s) being tested with LVLTT
- High water table in tank excavation

See manual sections applicable. Check below and record procedure in log (27).

Use maximum allowable test pressure for all tests. Four pound rule does not apply to doublewalled tanks.

Complete section below:

1. Is four pound rule required? Yes No
2. Height to ⁴² mark from bottom of tank 174 in.
3. Pressure at bottom of tank 4.524 P.S.I.
4. Pressure at top of tank 2652 P.S.I.

19. TANK MEASUREMENTS FOR TSTT ASSEMBLY

Bottom of tank to grade* _____ in.
 Add 30" for "T" probe assembly _____ 30 in.
 Total tubing to assemble - approximate _____ in.

20. EXTENSION HOSE SETTING

Tank top to grade* _____ in.
 Extend hose on suction tube 6" or more below tank top _____ in.

*If fill pipe extends above grade, use top of fill.

22. Thermal-Sensor reading after circulation 14.746
67-68 °F
 Between

23. Digits per °F in range of expected change _____ digits

COEFFICIENT OF EXPANSION (Complete after circulation)

24a. Corrected A.P.I. Gravity

Observed A.P.I. Gravity _____

Hydrometer employed _____ H

Observed Sample Temperature _____ °F

Corrected A.P.I. Gravity @ 60°F, From Table A _____

Coefficient of Expansion for Involved Product From Table B _____

Transfer COE to Line 26b.

21. VAPOR RECOVERY SYSTEM Stage I Stage II

24b. COEFFICIENT OF EXPANSION RECIPROCAL METHOD

Type of Product Super
 Hydrometer Employed 6 H
 Temperature in Tank After Circulation 67 °F
 Temperature of Sample 70 °F
 Difference (+/-) +3 °F
 Observed A.P.I. Gravity 57.8

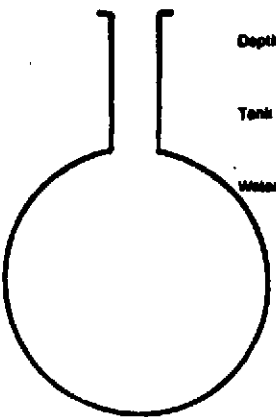
Reciprocal 1494 Page # 61
3515 , 1494 , 2.3527443
 Total quantity in full tank (16 or 17) Reciprocal Volume change in this tank per °F
 Transfer to Line 26a.

24c. FOR TESTING WITH WATER see Table C & D

Water Temperature after Circulation Table C _____ °F

Coefficient of Water Table D _____

Added Surfactant? Yes No Transfer COE to Line 26b.



Depth of burial 48 in.
 Tank dia. 72 in.
 Water table _____ in.

NOTES:

The above calculations are to be used for dry soil conditions to establish a positive pressure advantage, or when using the four pound rule to compensate for the presence of subsurface water in the tank area.

Refer to N.F.P.A. 30, Sections 3-3.2.4 and 3-7.2 and the tank manufacturer regarding allowable system test pressures.

25. (a) _____ x (b) _____ = (c) _____ gallons

Total quantity in full tank (16 or 17) Coefficient of expansion for involved product Volume change in this tank per °F

26. (a) 2.3527443 , 326 = .0072 This is .0072
 Volume change per °F (25 or 24b) Digits per °F in test Range (23) Volume change per digit Compute to 4 decimal places. factor (1)

3.1
7:30 AM.
P.M.

27. 3500 Sensor Calibration — Middle		30. HYDROSTATIC PRESSURE CONTROL		31. VOLUME MEASUREMENTS (V) RECORD TO .001 GAL.		34. TEMPERATURE COMPENSATION USE FACTOR (u) .0072			38. NET VOLUME CHANGING EACH READING		39. ACCUMULATED CHANGE	
SUPER LOG OF TEST PROCEDURES												
28. DATE	Record details of setting up and running test. (Use full length of line if needed.)	29. Reading No.	30. Standpipe Level in Inches		32. Product in Grains		33. Product Replaced (-)	35. Thermal Sensor Reading	36. Change Higher - Lower - (c)	37. Computation (c) - (a) = Expansion - Contraction -	38. Temperature Adjustment Volume Minus Expansion (+) or Contraction (-) (33V) - (37I)	39. At Low Level compute Change per Hour (NFA criteria)
			Beginning of Reading	Level to which Restored	Before Reading	After Reading	Product Recovered (+)					
8:00	ARRIVED on SITE											
1:05	SET up + Running	Bas	—	48"								
1:30	Circulation	"	—	48"								
1:45	High-Level-Test	1.	41.3	42"	.45	.50	-.050	14746			-.050	
2:00	"	2.	41.5	42"	.48	.50	-.040	758	+12	.086	-.126	
2:15	"	3.	41.5	42"	.47	.50	-.030	766	+8	.060	-.090	
2:30	"	4.	41.8	42"	.48	.50	-.020	774	+8	.060	-.080	
2:45	"	5.	42"	42"	.50	.50	+0.000	780	+6	.040	-.040	
3:00	"	6.	42.3	42"	.52	.50	+0.020	788	+8	.060	-.040	
3:15	"	7.	42.8	42"	.55	.50	+0.050	794	+6	.040	+0.010	
3:30	"Drop - To Low-Level	8.	43"	42"	.56	.50	+0.060	800	+6	.040	+0.020	
3:40	"	9.	12.8	12"	.55	.50	+0.050	804	+4	.030	+0.020	
3:50	"	10.	12.5	12"	.53	.50	+0.030	808	+4	.030	+0.000	
4:00	Low-Level-Test	11.	12.3	12"	.52	.50	+0.020	810	+2	.015	+0.005	
4:10	"	12.	12.3	12"	.52	.50	+0.020	813	+3	.020	+0.000	
4:20	"	13.	12.3	12"	.52	.50	+0.020	816	+3	.020	+0.000	
4:30	"	14.	12.3	12"	.52	.50	+0.020	818	+2	.015	+0.005	
4:40	"	15.	12.2	12"	.51	.50	+0.010	820	+2	.015	-.005	
4:50	"	16.	12.3	12"	.52	.50	+0.020	823	+3	.020	+0.000	
5:00	"	17.	12.3	12"	.52	.50	+0.020	826	+3	.020	+0.000	
5:10	"	18.	12.2	12"	.51	.50	+0.010	828	+2	.015	-.005	
5:20	"	19.	12.3	12"	.52	.50	+0.020	830	+2	.015	+0.005	
5:30	"	20.	12.3	12"	.52	.50	+0.020	832	+2	.015	+0.005	
5:40	"	21.	12.3	12"	.52	.50	+0.020	834	+2	.015	+0.005	Two-Hours
5:50	"	22.	12.2	12"	.51	.50	+0.010	836	+2	.015	-.005	+0.010
6:00	END TEST	23.	12.3	12"	.52	.50	+0.020	838	+2	.015	+0.005	

Tank and product handling system has failed the tank tightness test according to the Precision Test Criteria as established by N.F.P.A. publication 328.

Tank and product handling system has been tested tight according to the Precision Test Criteria as established by N.F.P.A. publication 328. This is not intended to indicate permission of a leak.

1. Net Volume Change at Conclusion of Precision Test +.005 gph
 Signature of Tester: Larry Zimmerman
 Date: 7-28-90

4.)

14. Tonis Celia Service Station 4000 SantaKla Ave Emeryville, Ga. July 28, 1990

15. TANK TO TEST
Rear
Identify by position
Regular
Brand and Grade

15a. BRIEF DIAGRAM OF TANK FIELD

16. CAPACITY
Nominal Capacity 6,000 Gallons
By most accurate capacity chart available _____ Gallons

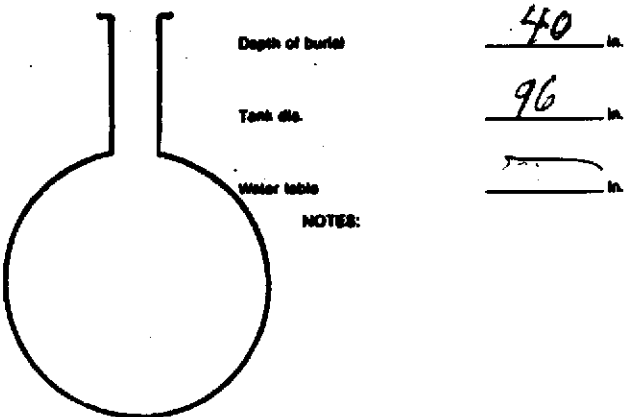
From
 Station Chart
 Tank Manufacturer's Chart
 Company Engineering Data
 Charts supplied with
 Other _____

17. FILL-UP FOR TEST
Stick Water Bottom before Fill-up 0 in. 0 Gallons 96 in. Tank Diameter
Inventory _____ Gallons
Total Gallons as Reading 6125
15
6,140
Transfer total to line 25a

18. SPECIAL CONDITIONS AND PROCEDURES TO TEST THIS TANK
 Water in tank Line(s) being tested with LVLVT
 High water table in tank excavation

See manual sections applicable. Check below and record procedure in log (27).
Use maximum allowable test pressure for all tests. Four pound rule does not apply to doublewalled tanks.
Complete section below:

- 1. Is four pound rule required? Yes No
- 2. Height to 42" mark from bottom of tank 190 in.
- 3. Pressure at bottom of tank 4.94 P.S.I.
- 4. Pressure at top of tank 2.5 P.S.I.



NOTES:

The above calculations are to be used for dry soil conditions to establish a positive pressure advantage, or when using the four pound rule to compensate for the presence of subsurface water in the tank area.
Refer to N.F.P.A. 30, Sections 3-3.2.4 and 3-7.2 and the tank manufacturer regarding allowable system test pressures.

19. TANK MEASUREMENTS FOR TSTT ASSEMBLY
Bottom of tank to grade* _____ in.
Add 30" for "T" probe assembly _____ 30 in.
Total tubing to assemble - approximate _____ in.

20. EXTENSION HOSE SETTING
Tank top to grade* _____ in.
Extend hose on suction tube 6" or more below tank top _____ in.
*If fill pipe extends above grade, use top of fill.

22. Thermal-Sensor reading after circulation 15,266 digits
68-69 Between
23. Digits per °F in range of expected change 326 digits

COEFFICIENT OF EXPANSION (Complete after circulation)
24a. Corrected A.P.I. Gravity
Observed A.P.I. Gravity _____
Hydrometer employed _____ H
Observed Sample Temperature _____ °F
Corrected A.P.I. Gravity @ 60°F. From Table A _____
Coefficient of Expansion for involved Product From Table B _____
Transfer COE to Line 25b.

21. VAPOR RECOVERY SYSTEM Stage I Stage II

24b. COEFFICIENT OF EXPANSION RECIPROCAL METHOD
Type of Product Regular
Hydrometer Employed 6 H
Temperature in Tank After Circulation 68 °F
Temperature of Sample 71 °F
Difference (+/-) +3 °F
Observed A.P.I. Gravity 57.5
Reciprocal 1497 Page B 61
6,140 Total quantity in full tank (16 or 17) Reciprocal 1497 Volume change in this tank per °F 4.1015364
Transfer to Line 25a.

24c. FOR TESTING WITH WATER see Table C & D
Water Temperature after Circulation Table C _____ °F
Coefficient of Water Table D _____
Added Surfactant? Yes No Transfer COE to Line 25b.

25. (a) _____ x (b) _____ = (c) _____ gallons
Total quantity in full tank (16 or 17) Coefficient of expansion for involved product Volume change in this tank per °F
26. (a) 4.1015364 Volume change per °F (25 or 24b) (b) 326 Digits per °F in test Range (23) = (c) .0126 This is a 01258 test factor (a) Compute to 4 decimal places.

41/ AM 7:30 AM P.M.

27. Rear Sensor Calibration _____ / _____ LOG OF TEST PROCEDURES 6,000				29. Standpipe Level in inches		32. Product in Gasoline		33. Product Replaced (-)	35. Thermal Sensor Reading	36. Change Higher - Lower - (cc)	37. Computation (cc) - (cc) = Expansion - Contraction -	38. NET VOLUME CHANGING EACH READING	39. ACCUMULATED CHANGE
DATE	TIME (G.M.T.)	Record details of setting up and running test. (Also full length of line if needed.)	Reading No.	Beginning of Reading	Level to which Restored	Before Reading	After Reading	Product Recovered (+)				Temperature Adjustment	At Low Level compute Change per Hour (M.F.P.A. criteria)
		ARRIVED on site											
	8:00	Set-up - Tester			48"								
	1:00	Set-up + running CiBase			48"								
	1:30	High-Level-Test	1.	40"	42"	.38	.50	-.120	15266				
	1:45	"	2.	41.2	42"	.42	.50	-.080	274	+8	.10		- .120
	2:00	"	3.	41.5	42"	.46	.50	-.040	282	+8	.10		- .080
	2:15	"	4.	41.8	42"	.48	.50	-.020	290	+8	.10		- .040
	2:30	"	5.	42"	42"	.50	.50	+0.000	296	+6	.075		- .020
	2:45	"	6.	42.3	42"	.52	.50	+0.020	302	+6	.075		- .075
	3:00	"	7.	42.5	42"	.54	.50	+0.040	308	+6	.075		- .055
	3:15	"	8.	42.8	42"	.56	.50	+0.060	314	+6	.075		- .035
	3:30	" drop to Low-Level	9.	43.2	42"	.58	.50	+0.080	320	+6	.075		- .015
	3:45	"	10.	12.2	12"	.58	.50	+0.080	325	+5	.06		+ .005
	4:00	Low-Level-Test	11.	12.8	12"	.56	.50	+0.060	330	+5	.06		+ .020
	4:10	"	12.	12.4	12"	.53	.50	+0.030	333	+3	.04		+ .000
	4:20	"	13.	12.4	12"	.53	.50	+0.030	336	+3	.04		- .010
	4:30	"	14.	12.4	12"	.53	.50	+0.030	338	+2	.025		- .010
	4:40	"	15.	12.4	12"	.53	.50	+0.030	340	+2	.025		+ .005
	4:50	"	16.	12.4	12"	.53	.50	+0.030	342	+2	.025		+ .005
	5:00	"	17.	12.3	12"	.52	.50	+0.020	344	+2	.025		- .005
	5:10	"	18.	12.3	12"	.52	.50	+0.020	346	+2	.025		- .005
	5:20	"	19.	12.3	12"	.52	.50	+0.020	348	+2	.025		- .005
	5:30	"	20.	12.3	12"	.52	.50	+0.020	350	+2	.025		- .005
	5:40	"	21.	12.3	12"	.52	.50	+0.020	351	+1	.013		+ .007
	5:50	"	22.	12.3	12"	.52	.50	+0.020	352	+1	.013		+ .007
	6:00	"	23.	12.3	12"	.52	.50	+0.020	354	+2	.025		- .005
		END-TEST											

Tank and product handling system has failed the tank tightness test according to the Precision Test Criteria as established by N.F.P.A. publication 328.

Tank and product handling system has been tested tight according to the Precision Test Criteria as established by N.F.P.A. publication 328. This is not intended to indicate permission of a test.

1. Net Volume Change at Conclusion of Precision Test
 Signature of Tester Larry Zimmerman
 Date 7-28-90

-.008
- .008

51

14. COOLIS SERVICE STATION 4000 SAN PABLO AVE Emeryville Ca. 8-25-90

Name of Supplier, Owner or Dealer

Address No. and Street(s)

City

State

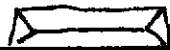
Date of Test

15. TANK TO TEST

Identify by position

Diesel System
Brand and Grade

15a. BRIEF DIAGRAM OF TANK FIELD



16. CAPACITY

Nominal Capacity 7500 Gallons
By most accurate capacity chart available 7500 Gallons

From

- Station Chart
- Tank Manufacturer's Chart
- Company Engineering Data
- Charts supplied with
- Other

17. FILL-UP FOR TEST

Stick Water Bottom Before Fill-up



10 in



Gallons

96 in

Tank Diameter

Inventory 7500

Gallons

Total Gallons ea. Reading

18. SPECIAL CONDITIONS AND PROCEDURES TO TEST THIS TANK

Water in tank Lines being tested with LULLT

High water table in tank excavation

See manual sections applicable. Check below and record procedure in log (27).

Use maximum allowable test pressure for all tests. Four pound rule does not apply to double-walled tanks.

Complete section below:

1. Is four pound rule required? Yes No

2. Height to 12" mark from bottom of tank

138 in

3. Pressure at bottom of tank

4.278 P.S.I.

4. Pressure at top of tank

1.302 P.S.I.

Depth of burial

24 in

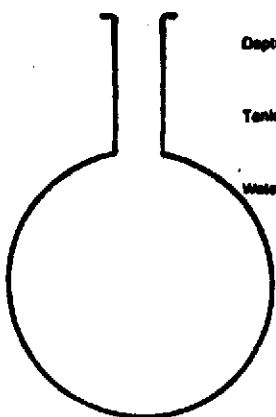
Tank dia.

96 in

Water table

N/A in

NOTES:



The above calculations are to be used for dry soil conditions to establish a positive pressure advantage, or when using the four pound rule to compensate for the presence of subsurface water in the tank area.

Refer to N.F.P.A. 30, Sections 2-3.2.4 and 2-7.2 and the tank manufacturer regarding allowable system test pressures.

19. TANK MEASUREMENTS FOR TSTT ASSEMBLY

Bottom of tank to grade* in.
Add 30" for "T" probe assembly 30 in.
Total tubing to assemble - approximate in.

20. EXTENSION HOSE SETTING

Tank top to grade* in.
Extend hose on suction tube 6" or more below tank top in.

*If fill pipe extends above grade, use top of fill.

22. Thermal-Sensor reading after circulation 15328 digits

68-69 °F

23. Digits per °F in range of expected change 326 digits

COEFFICIENT OF EXPANSION (Complete after circulation)

24a. Corrected A.P.I. Gravity

Observed A.P.I. Gravity

Hydrometer employed

Observed Sample Temperature

Corrected A.P.I. Gravity @ 60°F. From Table A

Coefficient of Expansion for Involved Product From Table B

Transfer COE to Line 25b.

21. VAPOR RECOVERY SYSTEM Stage I Stage II

none

24b. COEFFICIENT OF EXPANSION RECIPROCAL METHOD

Type of Product Diesel

Hydrometer Employed 4 H

Temperature in Tank After Circulation 69 °F

Temperature of Sample 72 °F

Difference (+/-) +3 °F

Observed A.P.I. Gravity 38.7

Reciprocal 2094 Page # 42

7515 , 2094 , 3.5888252

Total quantity in full tank (16 or 17)

Reciprocal

Volume change in this tank per °F

Transfer to Line 25a.

24c. FOR TESTING WITH WATER see Table C & D

Water Temperature after Circulation Table C

Coefficient of Water Table D

Added Detergent? Yes No Transfer COE to Line 25b.

25. (a) _____ x (b) _____ = (c) _____ gallons

Total quantity in full tank (16 or 17)

Coefficient of expansion for involved product

Volume change in this tank per °F

26. (a) 3.5888252

326

1.0110086

(.0110)

Volume change per °F (25 or 24b)

Digits per °F in test Range (23)

Volume change per digit Corrected to 4 decimal places.

This is test factor (a)

27. Sensor Calibration _____ / _____					30. HYDROSTATIC PRESSURE CONTROL		31. VOLUME MEASUREMENTS (V) RECORD TO .001 GAL.			34. TEMPERATURE COMPENSATION USE FACTOR (u) 0.110			38. NET VOLUME CHANGING EACH READING	39. ACCUMULATED CHANGE	
LOG OF TEST PROCEDURES															
28. DATE	Record details of setting up and running test. (Use full length of line if needed.)				29. Reading No.	30. Standpipe Level in inches		32. Product in Graduate		33. Product Replaced (-)	35. Thermal Sensor Reading	36. Change Higher + Lower - (c)	37. Computation (c) = (a) + Expansion + Contraction -	Temperature Adjustment Volume Minus Expansion (+) or Contraction (-) (33)(V) - (37)(T)	At Low Level compute Change per Hour (MFA criteria)
						Beginning of Reading	Level to which Restored	Before Reading	After Reading	Product Recovered (+)					
TIME (24 Hr.)	7500 Diesel Tank														
0900	ARRIVED AT LOCATION							Prepared		FOR					
0930	Set up & Running Test						48.0				15				
1030	START High Level Test				Base		42.0				15328				
1045	Cont	"	"	"	1	40.9	42.0	1,500	1,430	-0.070	332	+4	+0.044	-0.114	
1100	"	"	"	"	2	41.3	42.0	1,430	1,385	-0.045	336	+4	+0.044	-0.089	
1115	"	"	"	"	3	41.5	42.0	1,385	1,355	-0.030	339	+3	+0.033	-0.063	
1130	"	"	"	"	4	41.8	42.0	1,355	1,340	-0.015	343	+4	+0.044	-0.059	
1145	"	"	"	"	5	42.3	42.0	1,340	1,360	+0.020	348	+5	+0.055	-0.035	
1200	"	"	"	"	6	42.8	42.0	1,360	1,410	+0.050	352	+4	+0.044	+0.006	
1215	"	"	"	"	7	43.0	42.0	1,410	1,470	+0.060	356	+4	+0.044	+0.016	
1230	"	"	"	"	8	43.2	42.0	1,470	1,540	+0.070	361	+5	+0.055	+0.015	
1235	DRAIN TO Low Level						12.0								
1245	Low Level Spring Back						12.0								
1255	"	"	"	"			12.0				372				
1300	START Low Level Test				1	12.6	12.0	1,500	1,535	+0.035	374	+2	+0.022	+0.013	+0.013
1305	Cont	"	"	"	2	12.5	12.0	1,535	1,565	+0.030	376	+2	+0.022	+0.008	+0.021
1310	"	"	"	"	3	12.5	12.0	1,565	1,595	+0.030	378	+2	+0.022	+0.008	+0.029
1315	"	"	"	"	4	12.4	12.0	1,595	1,620	+0.025	381	+3	+0.033	-0.008	+0.021
1320	"	"	"	"	5	12.3	12.0	1,620	1,640	+0.020	383	+2	+0.022	-0.002	+0.019
1325	"	"	"	"	6	12.4	12.0	1,640	1,665	+0.025	385	+2	+0.022	+0.003	+0.022
1330	"	"	"	"	7	12.3	12.0	1,665	1,685	+0.020	386	+1	+0.011	+0.009	+0.031
1335	"	"	"	"	8	12.3	12.0	1,685	1,705	+0.020	389	+3	+0.033	-0.013	+0.018
1340	"	"	"	"	9	12.3	12.0	1,705	1,725	+0.020	391	+2	+0.022	-0.002	+0.016
1345	"	"	"	"	10	12.3	12.0	1,725	1,745	+0.020	392	+1	+0.011	+0.009	+0.025
1350	"	"	"	"	11	12.4	12.0	1,745	1,770	+0.025	394	+2	+0.022	+0.003	+0.028

Tank and product handling system has failed the tank tightness test according to the Precision Test Criteria as established by N.F.P.A. publication 328.

Tank and product handling system has been tested tight according to the Precision Test Criteria as established by N.F.P.A. publication 328. This is not intended to indicate permission of a leak.

1. Net Volume Change at Conclusion of Precision Test _____ gph

Signature of Tester: _____

Date: _____

5/

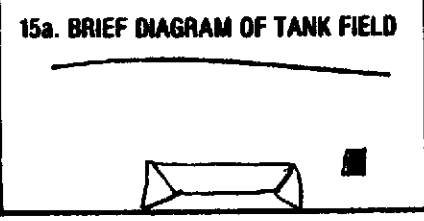
27. Diesel Sensor Calibration _____ / _____				30. HYDROSTATIC PRESSURE CONTROL		31. VOLUME MEASUREMENTS (V) RECORD TO .001 GAL.			34. TEMPERATURE COMPENSATION USE FACTOR (M) <i>.0110</i>			38. NET VOLUME CHANGING EACH READING	39. ACCUMULATED CHANGE
LOG OF TEST PROCEDURES													
28. DATE	Record details of setting up and running test. (Use full length of line if needed.)	29. Reading No.	30. Standpipe Level in inches		32. Product in Graduate		33. Product Replaced (-)	35. Thermal Sensor Reading	36. Change Higher - Lower - (C)	37. Computation (C) - (A) = Expansion - Contraction -	38. Temperature Adjustment Volume Minus Expansion (+) or Contraction (-) (K31V) - (K31I)	39. At Low Level compute Change per Hour (NFA criteria)	
			Beginning of Reading	Level to which Restored	Before Reading	After Reading	Product Recovered (+)						
1355	Cont Low Level Test	12	12.3	12.0	.770	.790	+0.020	396	+2	+0.022	-0.002	+0.026	
1400	" " " "	13	12.3	12.0	.790	.810	+0.020	398	+2	+0.022	-0.002	+0.024	
1405	" " " "	14	12.4	12.0	.810	.835	+0.025	399	+1	+0.011	+0.014	+0.038	
1410	" " " "	15	12.3	12.0	.835	.855	+0.020	401	+2	+0.022	-0.002	+0.036	
1415	" " " "	16	12.3	12.0	.855	.875	+0.020	403	+2	+0.022	-0.002	+0.034	
1420	" " " "	17	12.3	12.0	.875	.895	+0.020	404	+1	+0.011	+0.009	+0.043	
1425	" " " "	18	12.2	12.0	.895	.910	+0.015	405	+1	+0.011	+0.004	+0.047	
1430	" " " "	19	12.3	12.0	.910	.930	+0.020	407	+2	+0.022	-0.002	+0.045	
1435	" " " "	20	12.2	12.0	.930	.945	+0.015	408	+1	+0.011	+0.004	+0.049	
1440	" " " "	21	12.2	12.0	.945	.960	+0.015	410	+2	+0.022	-0.007	+0.042	
1445	" " " "	22	12.3	12.0	.960	.980	+0.020	412	+2	+0.022	-0.002	+0.040	
1450	" " " "	23	12.2	12.0	.500	.515	+0.015	413	+1	+0.011	+0.004	+0.044	
1455	" " " "	24	12.2	12.0	.515	.530	+0.015	414	+1	+0.011	+0.004	+0.048	
END TEST											÷ 2 =	+0.024 ←	
												G. A. H.	

Tank and product handling system has failed the tank tightness test according to the Precision Test Criteria as established by N.F.P.A. publication 328.

Tank and product handling system has been tested tight according to the Precision Test Criteria as established by N.F.P.A. publication 328. This is not intended to indicate permission of a leak.

1. Net Volume Change at Conclusion of Precision Test +0.024 gph
 Signature of Tester: [Signature]
 Date: 414813153

15. TANK TO TEST
other side
 Identify by position
Waste oil-DIESEL OIL
 Brand and Grade
TESTING WITH Diesel



16. CAPACITY
 Nominal Capacity 550 Gallons
 By most accurate capacity chart available 550 Gallons

- From
 Station Chart
 Tank Manufacturer's Chart
 Company Engineering Data
 Charts supplied with
 Other

17. FILL-UP FOR TEST
 Back Water Bottom before Fill-up 0 to 12" in. 0 Gallons 48 Tank Diameter in.
 Inventory Full 550 Gallons
Top off 5 Gallons
555 Gallons
 Total Gallons as Reading

18. SPECIAL CONDITIONS AND PROCEDURES TO TEST THIS TANK
 Water in tank (Line) being tested with LVLLT
 High water table in tank excavation
 See manual sections applicable. Check below and record procedure in log (27).
 Use maximum allowable test pressure for all tests. Four pound rule does not apply to doublewalled tanks.
 Complete section below:

1. Is four pound rule required? Yes No
 2. Height to 12" mark from bottom of tank 120 in.
 3. Pressure at bottom of tank 3.720 P.S.I.
 4. Pressure at top of tank 2.232 P.S.I.

19. TANK MEASUREMENTS FOR TST ASSEMBLY
 Bottom of tank to grade* / in.
 Add 30" for "T" probe assy. 30 in.
 Total tubing to assemble - approximate / in.

20. EXTENSION HOSE SETTING
 Tank top to grade* / in.
 Extend hose on suction tube 6" or more below tank top / in.
 *If fill pipe extends above grade, use top of fill.

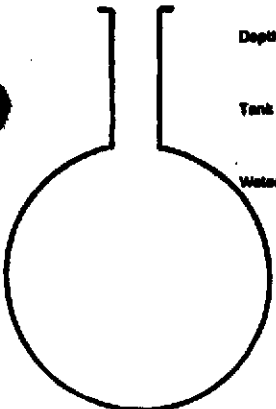
22. Thermal-Sensor reading after circulation 15331 digits
68-69 °F
 Between 326 digits
 23. Digits per °F in range of expected change

COEFFICIENT OF EXPANSION (Complete after circulation)
 24a. Corrected A.P.I. Gravity
 Observed A.P.I. Gravity /
 Hydrometer employed / H
 Observed Sample Temperature / °F
 Corrected A.P.I. Gravity @ 60°F. From Table A /
 Coefficient of Expansion for involved Product From Table B /
 Transfer COE to Line 25b.

21. VAPOR RECOVERY SYSTEM Stage I Stage II
None

24b. COEFFICIENT OF EXPANSION RECIPROCAL METHOD
 Type of Product Diesel
 Hydrometer Employed 4 H
 Temperature in Tank After Circulation 69 °F
 Temperature of Sample 72 °F
 Difference (+/-) +3 °F
 Observed A.P.I. Gravity 38.7
 Reciprocal 2094 Page # 42
555 , 2094 , 2650429
 Total quantity in full tank (18 or 17) Reciprocal Volume change in this tank per °F
 Transfer to Line 25a.

24c. FOR TESTING WITH WATER see Table C & D
 Water Temperature after Circulation Table C / °F
 Coefficient of Water Table D /
 Added Surfactant? Yes No Transfer COE to Line 25b.



Depth of burial 24 in.
 Tank dia. 48 in.
 Water table N/A in.

NOTES:

The above calculations are to be used for dry soil conditions to establish a positive pressure advantage, or when using the four pound rule to compensate for the presence of subsurface water in the tank area.
 Refer to N.F.P.A. 30, Sections 2-3.2.4 and 3-7.2 and the tank manufacturer regarding allowable system test pressures.

25. (a) 555 Total quantity in full tank (18 or 17) × (b) 2094 Coefficient of expansion for involved product = (c) 1,162,020 gallons Volume change in this tank per °F
 26. (a) 2650429 Volume change per °F (25 or 24b) × (b) 326 Digits per °F in test Range (23) = (c) 869,960 Volume change per digit Compute to 4 decimal places. This is test factor (s)

27. Sensor Calibration _____ / _____		30. HYDROSTATIC PRESSURE CONTROL		31. VOLUME MEASUREMENTS (V) RECORD TO .001 GAL.			34. TEMPERATURE COMPENSATION USE FACTOR (u) .0008			38. NET VOLUME CHANGING EACH READING	39. ACCUMULATED CHANGE	
LOG OF TEST PROCEDURES												
28. DATE	Record details of setting up and running test. (Use full length of line if needed.)	29. Reading No.	30. Standpipe Level in inches		32. Product in Graduate		33. Product Replaced (-)	35. Thermal Sensor Reading	36. Change Higher - Lower - (u)	37. Computation (C) - (u) + Expansion - Contraction -	Temperature Adjustment Volume Minus Expansion (+) or Contraction (-) (K2IV) - (K2VI)	At Low Level compute Change per Hour (N.F.P.A. criteria)
			Beginning of Reading	Level to which Restored	Before Reading	After Reading	Product Recovered (+)					
	550 WASTE OIL											
0900	ARRIVED AT LOCATION											
0915	SET UP + RUNNING TESTER			48.0								
0930	START HIGH LEVEL TEST	BASE		42.0				15331				
0945	CONT " " " "	1	41.0	42.0	1500	1460	-040	349	+18	+014	-054	
1000	" " " "	2	41.5	42.0	1460	1490	-020	369	+20	+016	-036	
1015	" " " "	3	41.9	42.0	1440	1435	-005	391	+22	+018	-023	
1030	" " " "	4	42.1	42.0	1435	1440	+005	410	+19	+015	-010	
1035	DRAINED TO LOW LEVEL			12.0								
1045	LOW LEVEL SPRING BACK			12.0								
1055	" " " "			12.0				447				
1100	START LOW LEVEL TEST	1	12.2	12.0	1500	1510	+010	454	+7	+006	+004	+004
1105	CONT " " " "	2	12.2	12.0	1510	1520	+010	460	+6	+005	+005	+009
1110	" " " "	3	12.2	12.0	1520	1530	+010	467	+7	+006	+004	+013
1115	" " " "	4	12.1	12.0	1530	1535	+005	472	+5	+004	+001	+014
1120	" " " "	5	12.2	12.0	1535	1545	+010	479	+7	+006	+004	+018
1125	" " " "	6	12.1	12.0	1545	1550	+005	484	+5	+004	+001	+019
1130	" " " "	7	12.2	12.0	1555	1565	+010	490	+6	+005	+005	+024
1135	" " " "	8	12.1	12.0	1565	1570	+005	493	+6	+005	+000	+024
1140	" " " "	9	12.1	12.0	1570	1575	+005	498	+5	+004	+001	+025
1145	" " " "	10	12.2	12.0	1575	1585	+010	505	+7	+006	+004	+029
1150	" " " "	11	12.1	12.0	1585	1590	+005	511	+6	+005	+000	+029
1155	" " " "	12	12.1	12.0	1590	1595	+005	516	+5	+004	+001	+030
1200	" " " "	13	12.1	12.0	1595	1600	+005	521	+5	+004	+001	+031
1205	" " " "	14	12.2	12.0	1600	1610	+010	528	+7	+006	+004	+035
1210	" " " "	15	12.1	12.0	1610	1615	+005	534	+6	+005	+000	+035

Tank and product handling system has failed the tank tightness test according to the Precision Test Criteria as established by N.F.P.A. publication 328.

Tank and product handling system has been tested tight according to the Precision Test Criteria as established by N.F.P.A. publication 328. This is not intended to indicate permission of a leak.

1. Net Volume Change at Conclusion of Precision Test _____ gph

Signature of Tester: _____

6)

27. Sensor Calibration _____ / _____				30. HYDROSTATIC PRESSURE CONTROL		31. VOLUME MEASUREMENTS (V) RECORD TO .001 GAL.			34. TEMPERATURE COMPENSATION USE FACTOR (U)			38. NET VOLUME CHANGING EACH READING	39. ACCUMULATED CHANGE	
LOG OF TEST PROCEDURES				29. Standpipe Level in inches		32. Product in Graduate		33. Product Replaced (-)	35. Thermal Sensor Reading	36. Change Higher - Lower - (C)	37. Computation (C) - (A) = Expansion + Contraction -	Temperature Adjustment Volume (MUS) Expansion (+) or Contraction (-) (33)(V) - (37)(I)	At Low Level compute Change per Hour (N.F.P.A. criteria)	
28. DATE	Record details of setting up and running test. (Use full length of line if needed.)			29. Reading No.	Beginning of Reading	Level to which Restored	Before Reading	After Reading	Product Recovered (+)	Thermal Sensor Reading	Change Higher - Lower - (C)	Computation (C) - (A) = Expansion + Contraction -	Temperature Adjustment Volume (MUS) Expansion (+) or Contraction (-) (33)(V) - (37)(I)	At Low Level compute Change per Hour (N.F.P.A. criteria)
TIME (24 Hr.)														
	WATER OIL													
1215	Can't Low Level Test			16	12.1	12.0	.615	.620	+1.005	539	+5	+1.004	+1.001	+1.036
1220	"	"	"	17	12.1	12.0	.620	.625	+1.005	544	+5	+1.004	+1.001	+1.037
1225	"	"	"	18	12.1	12.0	.625	.630	+1.005	550	+6	+1.005	+1.000	+1.037
1230	"	"	"	19	12.1	12.0	.630	.635	+1.005	556	+6	+1.005	+1.000	+1.037
1235	"	"	"	20	12.0	12.0	.635	.635	+1.000	561	+5	+1.004	-1.004	+1.033
1240	"	"	"	21	12.1	12.0	.635	.640	+1.005	567	+6	+1.005	+1.000	+1.033
1245	"	"	"	22	12.0	12.0	.640	.640	+1.000	574	+7	+1.006	-1.006	+1.027
1250	"	"	"	23	12.0	12.0	.640	.640	+1.000	580	+6	+1.005	-1.005	+1.022
1255	"	"	"	24	12.0	12.0	.640	.640	+1.000	586	+6	+1.005	-1.005	+1.017
	END TEST												÷ 2 =	+1.0085
														G.P.H.

Tank and product handling system has failed the tank tightness test according to the Precision Test Criteria as established by N.F.P.A. publication 328.

Tank and product handling system has been tested tight according to the Precision Test Criteria as established by N.F.P.A. publication 328. This is not intended to indicate permission of a leak.

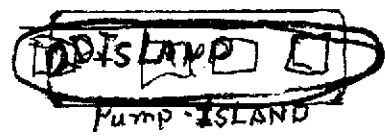
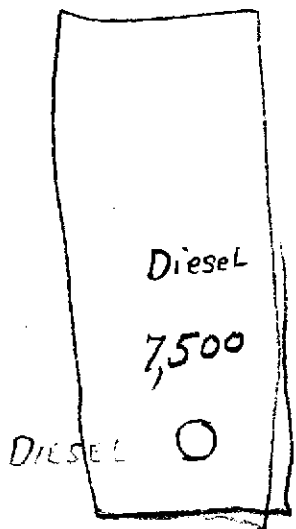
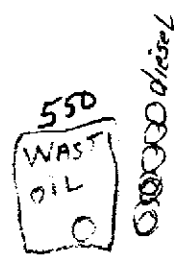
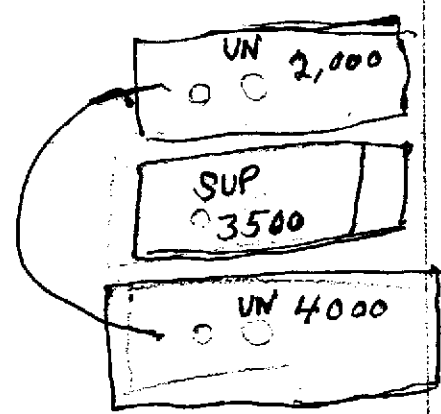
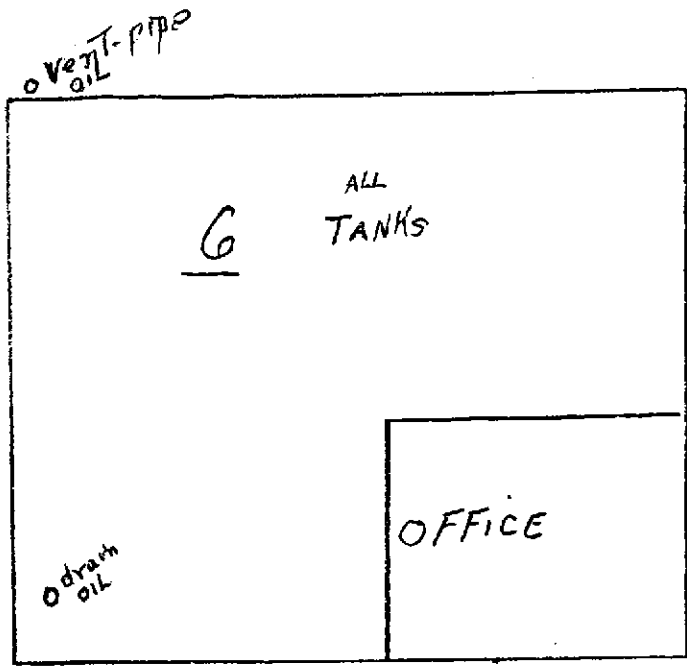
1. Net Volume Change at Conclusion of Precision Test ^{+1.0085} gph
 Signature of Tester: *James J...*
 Date: 8-25-90

TONI'S SERVICE
4000 SAN PABLO
EMERYVILL, CA

5 TANKS
2 - UNLEADED
MANIFOLDED
(1-2,000 1-4,000)
3500 SUPER
6000 REG
9500 DIESEL

1 (WASTE OIL)
(550) 550

Toni's - Service



PHONE BOOTH

SIDE WALK

SAN PABLO AVE

NOT TO SCALE

1" = 10 FT.

APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

() 01 NEW PERMIT () 05 RENEWED PERMIT () 07 TANK CLOSED () 09 DELETE FROM FILE (NO FEE)
 () 02 CONDITIONAL PERMIT () 06 AMENDED PERMIT () 08 MINOR CHANGE (NO SURCHARGE)

I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) CONSTANTINO L. CELIS		PUBLIC AGENCY ONLY () 01 FED () 02 STATE () 03 LOCAL	
STREET ADDRESS 4000 SAN PABLO AVE.	CITY EMERYVILLE	STATE CA	ZIP 94608

II FACILITY

FACILITY NAME CELIS TEXACO SERVICE STATION		DEALER/FOREMAN/SUPERVISOR C.L. CELIS	
STREET ADDRESS 4000 SAN PABLO AVE.		NEAREST CROSS STREET	
CITY EMERYVILLE		COUNTY ALAMEDA	ZIP 94608
MAILING ADDRESS 4000 SAN PABLO AVE.		CITY EMERYVILLE	STATE CA ZIP 94608
PHONE W/AREA CODE 415-658-0744	TYPE OF BUSINESS (X) 01 GASOLINE STATION () 02 OTHER		
NUMBER OF CONTAINERS 6	RURAL AREAS ONLY :	TOWNSHIP	RANGE SECTION

III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE CONSTANTINO CELIS 415-658-0744	NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE CELIS, C. 415-658-0744
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COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV DESCRIPTION

A. (X) 01 TANK () 04 OTHER:		CONTAINER NUMBER 001
B. MANUFACTURER (IF APPROPRIATE):	YEAR MFG:	C. YEAR INSTALLED (X) UNKNOWN
D. CONTAINER CAPACITY: 7500 GALLONS () UNKNOWN	E. DOES THE CONTAINER STORE: () 01 WASTE (X) 02 PRODUCT	
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? (X) 01 YES () 02 NO IF YES CHECK APPROPRIATE BOX(ES): () 01 UNLEADED () 02 REGULAR () 03 PREMIUM (X) 04 DIESEL () 05 WASTE OIL () 06 OTHER		

V CONTAINER CONSTRUCTION

A. THICKNESS OF PRIMARY CONTAINMENT:	() GAUGE () INCHES () CM (X) UNKNOWN
B. () 01 VAULTED (LOCATED IN AN UNDERGROUND VAULT) () 02 NON-VAULTED (X) 03 UNKNOWN	
C. () 01 DOUBLE WALLED () 02 SINGLE WALLED () 03 LINED	
D. (X) 01 CARBON STEEL () 02 STAINLESS STEEL () 03 FIBERGLASS () 04 POLYVINYL CHLORIDE () 05 CONCRETE () 06 ALUMINUM () 07 STEEL CLAD () 08 BRONZE () 09 COMPOSITE () 10 NON-METALLIC (X) 12 UNKNOWN () 13 OTHER:	

CONTAINER CONSTRUCTION

E. 01 RUBBER LINED 02 ALKYD LINING 03 EPOXY LINING 04 PHENOLIC LINING 05 GLASS LINING
 07 UNLINED 08 UNKNOWN 09 OTHER: GLASS FLAKE ARMOR INSIDE LINING

F. 01 POLYETHYLENE WRAP 02 VINYL WRAPPING 03 CATHODIC PROTECTION 04 UNKNOWN 05 NONE
 06 TAR OR ASPHALT 09 OTHER:

VI PIPING

A. ABOVEGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

B. UNDERGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

VII LEAK DETECTION

01 VISUAL 02 STOCK INVENTORY 04 VAPOR SNIFF WELLS 05 SENSOR INSTRUMENT
 06 GROUND WATER MONITORING WELLS 07 PRESSURE TEST 09 NONE 10 OTHER:

VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS

IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CAS# (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		N/A
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM? 01 YES 02 NO

THIS FORM HAS BEEN COMPLETED UNDER THE PENALTY OF PERJURY AND, TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT.

PERSON FILING (SIGNATURE): Renee C. Celis PHONE W/AREA CODE: (415) 658-0744

FOR LOCAL AGENCY USE ONLY

ADMINISTRATING AGENCY		CITY CODE		COUNTY CODE	
CONTACT PERSON			PHONE W/AREA CODE		
DATE OF LAST INSPECTION	IN COMPLIANCE <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	PERMIT APPROVAL DATE	TRANSACTION DATE	LOCAL PERMIT ID #	

APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

() 01 NEW PERMIT () 05 RENEWED PERMIT () 07 TANK CLOSED () 09 DELETE FROM FILE (NO FEE)
 () 02 CONDITIONAL PERMIT () 06 AMENDED PERMIT () 08 MINOR CHANGE (NO SURCHARGE)

I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) CONSTANTINO L. CELIS			PUBLIC AGENCY ONLY () 01 FED () 02 STATE () 03 LOCAL	
STREET ADDRESS 4000 SAN PABLO AVE.		CITY EMERYVILLE	STATE CA	ZIP 94608

II FACILITY

FACILITY NAME CELIS TEXACO SERVICE STATION		DEALER/FOREMAN/SUPERVISOR C.L. CELIS		
STREET ADDRESS 4000 SAN PABLO AVE.		NEAREST CROSS STREET		
CITY EMERYVILLE		COUNTY ALAMEDA	ZIP 94608	
MAILING ADDRESS 4000 SAN PABLO AVE.		CITY EMERYVILLE	STATE CA	ZIP 94608
PHONE W/AREA CODE 415-658-0744		TYPE OF BUSINESS (X) 01 GASOLINE STATION () 02 OTHER		
NUMBER OF CONTAINERS 6	RURAL AREAS ONLY :	TOWNSHIP	RANGE	SECTION

III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE CONSTANTINO CELIS 415-658-0744	NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE CELIS, C. 415-658-0744
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COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV DESCRIPTION

A. (X) 01 TANK () 04 OTHER:		CONTAINER NUMBER 002
B. MANUFACTURER (IF APPROPRIATE):	YEAR MFG:	C. YEAR INSTALLED (X) UNKNOWN
D. CONTAINER CAPACITY: 6000 GALLONS () UNKNOWN	E. DOES THE CONTAINER STORE: () 01 WASTE (X) 02 PRODUCT	
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? (X) 01 YES () 02 NO IF YES CHECK APPROPRIATE BOX(ES): () 01 UNLEADED (X) 02 REGULAR () 03 PREMIUM () 04 DIESEL () 05 WASTE OIL () 06 OTHER		

V CONTAINER CONSTRUCTION

A. THICKNESS OF PRIMARY CONTAINMENT: () GAUGE ^{1/2"} INCHES () CM (X) UNKNOWN
B. () 01 VAULTED (LOCATED IN AN UNDERGROUND VAULT) () 02 NON-VAULTED (X) 03 UNKNOWN
C. () 01 DOUBLE WALLED (X) 02 SINGLE WALLED (X) 03 LINED
D. (X) 01 CARBON STEEL () 02 STAINLESS STEEL () 03 FIBERGLASS () 04 POLYVINYL CHLORIDE () 05 CONCRETE () 06 ALUMINUM () 07 STEEL CLAD () 08 BRONZE () 09 COMPOSITE () 10 NON-METALLIC (X) 12 UNKNOWN () 13 OTHER:

CONTAINER CONSTRUCTION

E. 01 RUBBER LINED 02 ALKYD LINING 03 EPOXY LINING 04 PHENOLIC LINING 05 GLASS LINING
 07 UNLINED 08 UNKNOWN 09 OTHER: *GLASS FLAKE ARMOR INSIDE LINING*

F. 01 POLYETHYLENE WRAP 02 VINYL WRAPPING 03 CATHODIC PROTECTION 04 UNKNOWN 05 NONE
 06 TAR OR ASPHALT 09 OTHER:

VI PIPING

A. ABOVEGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
 (CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

B. UNDERGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
 (CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

VII LEAK DETECTION

01 VISUAL 02 STOCK INVENTORY 04 VAPOR SNIFF WELLS 05 SENSOR INSTRUMENT
 06 GROUND WATER MONITORING WELLS 07 PRESSURE TEST 09 NONE 10 OTHER:

VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS

IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CASH (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		N/A
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM? 01 YES 02 NO

THIS FORM HAS BEEN COMPLETED UNDER THE PENALTY OF PERJURY AND, TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT.

PERSON FILING (SIGNATURE)

PHONE W/AREA CODE

FOR LOCAL AGENCY USE ONLY

ADMINISTRATING AGENCY		CITY CODE	COUNTY CODE	
CONTACT PERSON			PHONE W/AREA CODE	
DATE OF LAST INSPECTION	IN COMPLIANCE <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	PERMIT APPROVAL DATE	TRANSACTION DATE	LOCAL PERMIT ID #

APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

() 01 NEW PERMIT () 05 RENEWED PERMIT () 07 TANK CLOSED () 09 DELETE FROM FILE (NO FEE)
 () 02 CONDITIONAL PERMIT () 06 AMENDED PERMIT () 08 MINOR CHANGE (NO SURCHARGE)

I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) CONSTANTINO L. CELIS			PUBLIC AGENCY ONLY () 01 FED () 02 STATE () 03 LOCAL		
STREET ADDRESS 4000 SAN PABLO AVE.		CITY EMERYVILLE		STATE CA	ZIP 94608

II FACILITY

FACILITY NAME CELIS TEXACO SERVICE STATION		DEALER/FOREMAN/SUPERVISOR C.L. CELIS			
STREET ADDRESS 4000 SAN PABLO AVE.		NEAREST CROSS STREET			
CITY EMERYVILLE		COUNTY ALAMEDA		ZIP 94608	
MAILING ADDRESS 4000 SAN PABLO AVE.		CITY EMERYVILLE		STATE CA	ZIP 94608
PHONE W/AREA CODE 415-658-0744		TYPE OF BUSINESS (X) 01 GASOLINE STATION () 02 OTHER			
NUMBER OF CONTAINERS 6	RURAL AREAS ONLY :	TOWNSHIP	RANGE	SECTION	

III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE CONSTANTINO CELIS 415-658-0744	NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE CELIS, C. 415-658-0744
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COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV DESCRIPTION

A. (X) 01 TANK () 04 OTHER:		CONTAINER NUMBER 003
B. MANUFACTURER (IF APPROPRIATE):	YEAR MFG:	C. YEAR INSTALLED (X) UNKNOWN
D. CONTAINER CAPACITY: 3500 GALLONS () UNKNOWN	E. DOES THE CONTAINER STORE: () 01 WASTE (X) 02 PRODUCT	
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? (X) 01 YES () 02 NO IF YES CHECK APPROPRIATE BOX(ES): () 01 UNLEADED () 02 REGULAR (X) 03 PREMIUM () 04 DIESEL () 05 WASTE OIL () 06 OTHER		

V CONTAINER CONSTRUCTION

A. THICKNESS OF PRIMARY CONTAINMENT: () GAUGE () INCHES () CM (X) UNKNOWN	
B. () 01 VAULTED (LOCATED IN AN UNDERGROUND VAULT) () 02 NON-VAULTED (X) 03 UNKNOWN	
C. () 01 DOUBLE WALLED () 02 SINGLE WALLED () 03 LINED	
D. <input checked="" type="checkbox"/> 01 CARBON STEEL () 02 STAINLESS STEEL () 03 FIBERGLASS () 04 POLYVINYL CHLORIDE () 05 CONCRETE () 06 ALUMINUM () 07 STEEL CLAD () 08 BRONZE () 09 COMPOSITE () 10 NON-METALLIC (X) 12 UNKNOWN () 13 OTHER:	

CONTAINER CONSTRUCTION

- E. 01 RUBBER LINED 02 ALKYD LINING 03 EPOXY LINING 04 PHENOLIC LINING 05 GLASS LINING
 07 UNLINED 08 UNKNOWN 09 OTHER: *GLASS FLAKE ARMOR INSIDE LINING*
- F. 01 POLYETHYLENE WRAP 02 VINYL WRAPPING 03 CATHODIC PROTECTION 04 UNKNOWN 05 NONE
 06 TAR OR ASPHALT 09 OTHER:

VI PIPING

- A. ABOVEGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
(CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE
- B. UNDERGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
(CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

VII LEAK DETECTION

- 01 VISUAL 02 STOCK INVENTORY 04 VAPOR SNIFF WELLS 05 SENSOR INSTRUMENT
 06 GROUND WATER MONITORING WELLS 07 PRESSURE TEST 09 NONE 10 OTHER:

VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS

IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CASH (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM? 01 YES 02 NO

THIS FORM HAS BEEN COMPLETED UNDER THE PENALTY OF PERJURY AND, TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT.

PERSON FILING (SIGNATURE) *Rosemary C. Ellis* PHONE W/AREA CODE *(414) 658-0744*

FOR LOCAL AGENCY USE ONLY

ADMINISTRATING AGENCY		CITY CODE		COUNTY CODE	
CONTACT PERSON			PHONE W/AREA CODE		
DATE OF LAST INSPECTION	IN COMPLIANCE <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	PERMIT APPROVAL DATE	TRANSACTION DATE	LOCAL PERMIT ID #	

APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

() 01 NEW PERMIT () 05 RENEWED PERMIT () 07 TANK CLOSED () 09 DELETE FROM FILE (NO FEE)
 () 02 CONDITIONAL PERMIT () 06 AMENDED PERMIT () 08 MINOR CHANGE (NO SURCHARGE)

I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) CONSTANTINO L. CELIS		PUBLIC AGENCY ONLY () 01 FED () 02 STATE () 03 LOCAL	
STREET ADDRESS 4000 SAN PABLO AVE.	CITY EMERYVILLE	STATE CA	ZIP 94608

II FACILITY

FACILITY NAME CELIS TEXACO SERVICE STATION		DEALER/FOREMAN/SUPERVISOR C.L. CELIS	
STREET ADDRESS 4000 SAN PABLO AVE.		NEAREST CROSS STREET	
CITY EMERYVILLE		COUNTY ALAMEDA	ZIP 94608
MAILING ADDRESS 4000 SAN PABLO AVE.		CITY EMERYVILLE	STATE CA ZIP 94608
PHONE W/AREA CODE 415-658-0744	TYPE OF BUSINESS (X) 01 GASOLINE STATION () 02 OTHER		
NUMBER OF CONTAINERS 6	RURAL AREAS ONLY :	TOWNSHIP	RANGE SECTION

III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE CONSTANTINO CELIS 415-658-0744	NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE CELIS, C. 415-658-0744
--	--

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV DESCRIPTION

A. (X) 01 TANK () 04 OTHER:	CONTAINER NUMBER 004
B. MANUFACTURER (IF APPROPRIATE):	YEAR MFG: C. YEAR INSTALLED (X) UNKNOWN
D. CONTAINER CAPACITY: 4000 GALLONS () UNKNOWN	E. DOES THE CONTAINER STORE: () 01 WASTE (X) 02 PRODUCT
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? (X) 01 YES () 02 NO IF YES CHECK APPROPRIATE BOX(ES): (X) 01 UNLEADED () 02 REGULAR () 03 PREMIUM () 04 DIESEL () 05 WASTE OIL () 06 OTHER	

V CONTAINER CONSTRUCTION

A. THICKNESS OF PRIMARY CONTAINMENT: () GAUGE () INCHES () CM (X) UNKNOWN
B. () 01 VAULTED (LOCATED IN AN UNDERGROUND VAULT) () 02 NON-VAULTED (X) 03 UNKNOWN
C. () 01 DOUBLE WALLED () 02 SINGLE WALLED () 03 LINED
D. <input checked="" type="checkbox"/> 01 CARBON STEEL () 02 STAINLESS STEEL () 03 FIBERGLASS () 04 POLYVINYL CHLORIDE () 05 CONCRETE () 06 ALUMINUM () 07 STEEL CLAD () 08 BRONZE () 09 COMPOSITE () 10 NON-METALLIC (X) 12 UNKNOWN () 13 OTHER:

CONTAINER CONSTRUCTION

E. 01 RUBBER LINED 02 ALKYD LINING 03 EPOXY LINING 04 PHENOLIC LINING 05 GLASS LINING
 07 UNLINED 08 UNKNOWN 09 OTHER: GLASS FLAKE ARMOR INSIDE LINING

F. 01 POLYETHYLENE WRAP 02 VINYL WRAPPING 03 CATHODIC PROTECTION 04 UNKNOWN 05 NONE
 06 TAR OR ASPHALT 09 OTHER:

VI PIPING

A. ABOVEGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
 (CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

B. UNDERGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
 (CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

VII LEAK DETECTION

01 VISUAL 02 STOCK INVENTORY 04 VAPOR SNIFF WELLS 05 SENSOR INSTRUMENT
 06 GROUND WATER MONITORING WELLS 07 PRESSURE TEST 09 NONE 10 OTHER:

VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS
 IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CAS# (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		N/A
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM? 01 YES 02 NO

THIS FORM HAS BEEN COMPLETED UNDER THE PENALTY OF PERJURY AND, TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT.

PERSON FILING (SIGNATURE) Remedios C. Celis PHONE W/AREA CODE (415) 653-0744

FOR LOCAL AGENCY USE ONLY

ADMINISTRATING AGENCY		CITY CODE		COUNTY CODE	
CONTACT PERSON			PHONE W/AREA CODE		
DATE OF LAST INSPECTION	IN COMPLIANCE <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	PERMIT APPROVAL DATE	TRANSACTION DATE	LOCAL PERMIT ID #	

APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

() 01 NEW PERMIT () 05 RENEWED PERMIT () 07 TANK CLOSED () 09 DELETE FROM FILE (NO FEE)
 () 02 CONDITIONAL PERMIT () 06 AMENDED PERMIT () 08 MINOR CHANGE (NO SURCHARGE)

I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) CONSTANTINO L. CELIS			PUBLIC AGENCY ONLY () 01 FED () 02 STATE () 03 LOCAL		
STREET ADDRESS 4000 SAN PABLO AVE.		CITY EMERYVILLE	STATE CA	ZIP 94608	

II FACILITY

FACILITY NAME CELIS TEXACO SERVICE STATION		DEALER/FOREMAN/SUPERVISOR C.L. CELIS			
STREET ADDRESS 4000 SAN PABLO AVE.		NEAREST CROSS STREET			
CITY EMERYVILLE		COUNTY ALAMEDA		ZIP 94608	
MAILING ADDRESS 4000 SAN PABLO AVE.		CITY EMERYVILLE		STATE CA	ZIP 94608
PHONE W/AREA CODE 415-658-0744		TYPE OF BUSINESS (X) 01 GASOLINE STATION () 02 OTHER			
NUMBER OF CONTAINERS 6	RURAL AREAS ONLY :	TOWNSHIP	RANGE	SECTION	

III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE CONSTANTINO CELIS 415-658-0744	NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE CELIS, C. 415-658-0744
--	--

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV DESCRIPTION

A. (X) 01 TANK () 04 OTHER:		CONTAINER NUMBER 005
B. MANUFACTURER (IF APPROPRIATE):		YEAR MFG: C. YEAR INSTALLED (X) UNKNOWN
D. CONTAINER CAPACITY: 2000 GALLONS () UNKNOWN	E. DOES THE CONTAINER STORE: () 01 WASTE (X) 02 PRODUCT	
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? (X) 01 YES () 02 NO IF YES CHECK APPROPRIATE BOX(ES): (X) 01 UNLEADED () 02 REGULAR () 03 PREMIUM () 04 DIESEL () 05 WASTE OIL () 06 OTHER		

V CONTAINER CONSTRUCTION

A. THICKNESS OF PRIMARY CONTAINMENT: () GAUGE () INCHES () CM (X) UNKNOWN	
B. () 01 VAULTED (LOCATED IN AN UNDERGROUND VAULT) () 02 NON-VAULTED (X) 03 UNKNOWN	
C. () 01 DOUBLE WALLED () 02 SINGLE WALLED () 03 LINED	
D. (X) 01 CARBON STEEL () 02 STAINLESS STEEL () 03 FIBERGLASS () 04 POLYVINYL CHLORIDE () 05 CONCRETE () 06 ALUMINUM () 07 STEEL CLAD () 08 BRONZE () 09 COMPOSITE () 10 NON-METALLIC () 12 UNKNOWN () 13 OTHER:	

CONTAINER CONSTRUCTION

E. 01 RUBBER LINED 02 ALKYD LINING 03 EPOXY LINING 04 PHENOLIC LINING 05 GLASS LINING
 07 UNLINED 08 UNKNOWN 09 OTHER: *GLASS FLAKE ARMOR INSIDE LINING*

F. 01 POLYETHYLENE WRAP 02 VINYL WRAPPING 03 CATHODIC PROTECTION 04 UNKNOWN 05 NONE
 06 TAR OR ASPHALT 09 OTHER:

VI PIPING

A. ABOVEGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

B. UNDERGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

VII LEAK DETECTION

01 VISUAL 02 STOCK INVENTORY 04 VAPOR SNIFF WELLS 05 SENSOR INSTRUMENT
 06 GROUND WATER MONITORING WELLS 07 PRESSURE TEST 09 NONE 10 OTHER:

VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS
 IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CAS# (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		<i>N/A</i>
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM? 01 YES 02 NO

THIS FORM HAS BEEN COMPLETED UNDER THE PENALTY OF PERJURY AND, TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT.

PERSON FILING (SIGNATURE) *Remedios C. Celis* PHONE N/AREA CODE *(415) 658-0744*

FOR LOCAL AGENCY USE ONLY

ADMINISTRATING AGENCY		CITY CODE	COUNTY CODE	
CONTACT PERSON			PHONE N/AREA CODE	
DATE OF LAST INSPECTION	IN COMPLIANCE <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	PERMIT APPROVAL DATE	TRANSACTION DATE	LOCAL PERMIT ID #

APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

() 01 NEW PERMIT () 05 RENEWED PERMIT () 07 TANK CLOSED () 09 DELETE FROM FILE (NO FEE)
 () 02 CONDITIONAL PERMIT () 06 AMENDED PERMIT () 08 MINOR CHANGE (NO SURCHARGE)

I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) CONSTANTINO L. CELIS		PUBLIC AGENCY ONLY () 01 FED () 02 STATE () 03 LOCAL	
STREET ADDRESS 4000 SAN PABLO AVE.	CITY EMERYVILLE	STATE CA	ZIP 94608

II FACILITY

FACILITY NAME CELIS TEXACO SERVICE STATION		DEALER/FOREMAN/SUPERVISOR C.L. CELIS	
STREET ADDRESS 4000 SAN PABLO AVE.		NEAREST CROSS STREET	
CITY EMERYVILLE		COUNTY ALAMEDA	ZIP 94608
MAILING ADDRESS 4000 SAN PABLO AVE.		CITY EMERYVILLE	STATE CA ZIP 94608
PHONE W/AREA CODE 415-658-0744	TYPE OF BUSINESS (X) 01 GASOLINE STATION () 02 OTHER		
NUMBER OF CONTAINERS 6	RURAL AREAS ONLY :	TOWNSHIP	RANGE SECTION

III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE CONSTANTINO CELIS 415-658-0744	NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE CELIS, C. 415-658-0744
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COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV DESCRIPTION

A. (X) 01 TANK () 04 OTHER:	CONTAINER NUMBER 006
B. MANUFACTURER (IF APPROPRIATE):	YEAR MFG: C. YEAR INSTALLED (X) UNKNOWN
D. CONTAINER CAPACITY: 500 GALLONS () UNKNOWN	E. DOES THE CONTAINER STORE: (X) 01 WASTE () 02 PRODUCT
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? (X) 01 YES () 02 NO IF YES CHECK APPROPRIATE BOX(ES): () 01 UNLEADED () 02 REGULAR () 03 PREMIUM () 04 DIESEL (X) 05 WASTE OIL () 06 OTHER	

V CONTAINER CONSTRUCTION

A. THICKNESS OF PRIMARY CONTAINMENT: () GAUGE () INCHES () CM (X) UNKNOWN
B. () 01 VAULTED (LOCATED IN AN UNDERGROUND VAULT) () 02 NON-VAULTED (X) 03 UNKNOWN
C. () 01 DOUBLE WALLED () 02 SINGLE WALLED () 03 LINED
D. () 01 CARBON STEEL () 02 STAINLESS STEEL () 03 FIBERGLASS () 04 POLYVINYL CHLORIDE () 05 CONCRETE () 06 ALUMINUM () 07 STEEL CLAD () 08 BRONZE () 09 COMPOSITE () 10 NON-METALLIC (X) 12 UNKNOWN () 13 OTHER:

CONTAINER CONSTRUCTION

E. 01 RUBBER LINED 02 ALKYD LINING 03 EPOXY LINING 04 PHENOLIC LINING 05 GLASS LINING
 07 UNLINED 08 UNKNOWN 09 OTHER: GLASS PLATE ARMOR INSIDE LINING

F. 01 POLYETHYLENE WRAP 02 VINYL WRAPPING 03 CATHODIC PROTECTION 04 UNKNOWN 05 NONE
 06 TAR OR ASPHALT 09 OTHER:

VI PIPING

A. ABOVEGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

B. UNDERGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

VII LEAK DETECTION

01 VISUAL 02 STOCK INVENTORY 04 VAPOR SNIFF WELLS 05 SENSOR INSTRUMENT
 06 GROUND WATER MONITORING WELLS 07 PRESSURE TEST 09 NONE 10 OTHER:

VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS

IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CAS# (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		D/A
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM? 01 YES 02 NO

THIS FORM HAS BEEN COMPLETED UNDER THE PENALTY OF PERJURY AND, TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT.

PERSON FILING (SIGNATURE) Renee C. Calin PHONE W/AREA CODE (415) 658-0744

FOR LOCAL AGENCY USE ONLY

ADMINISTRATING AGENCY	CITY CODE	COUNTY CODE
CONTACT PERSON	PHONE W/AREA CODE	
DATE OF LAST INSPECTION	IN COMPLIANCE <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	PERMIT APPROVAL DATE
		TRANSACTION DATE
		LOCAL PERMIT ID #

19
061

D. I. CHADBOURNE, INC.
P. O. BOX 2524
OAKLAND, CALIFORNIA
94614

TANK LINING EVALUATION REPORT

TO: Alameda County - Health Services
Division of Environmental Health
470 - 27th Street, Room 324
Oakland, California 94612
ATTN: Mr. Ted M. Gerow

DATE: 9-2-87
LOCATION: 4000 San Pablo Ave.
Emeryville, Calif.

TANK INFORMATION

Number	Sizes (000's gallons)
1	2.0
1	3.5
1	4.0
1	6.0

RECEIVED
OCT 1 1987
ENVIRONMENTAL HEALTH
ADMINISTRATION

1) VISUAL INSPECTION:

COMMENTS: Tanks were in excellent condition. No pitting observed.

PERFORATION (S)

Number	Size	Sq. Foot Area
NA		1 Sq. Foot 500 Sq. Foot

2) ULTRASONIC TEST RESULTS

Thickness in Thousandths of an Inch

Tank Size (000's gallons)	Low Value	Median Value	High Value
2.0 reg	.241	.251	.273
3.5 sul	.240	.253	.269
4.0 ul	.248	.259	.261
6.0 reg	.249	.258	.262

3) PRESSURE TESTING:

Tank Size (000's gallons)	Pressure	Time	Satisfactory	Unsatisfactory
All Tanks	5 psi	20 min	XX	

4) FINDINGS

	YES	NO
A) Did a serious corrosion problem exist?		XX
B) If a serious corrosion problem existed does it threaten the structural integrity of the tank or its ability for containment?	NA	
C) Does the tank exceed repairable limits? (per California Code Title 23, Chapter 3, Subchapter 16, Article 6, 2661.c.)	NA	
D) Will repair (if necessary) and lining provide continued safe containment?	XX	

F03: J. Ward
RWB: D. Chadbourne

RECEIVED
OCT 11 1987
ENVIRONMENTAL HEALTH
ADMINISTRATION

D. I. CHADBOURNE, INC.
P. O. BOX 2514
OAKLAND, CALIFORNIA
94614

RECEIVED

SEP 10 1987

filed

ENVIRONMENTAL HEALTH
ADMINISTRATION

TANK LINING EVALUATION REPORT

TO: Alameda County
Department of Health Services
Division of Environmental Health
470 - 27th Street, Room 324
ATTN: Mr. Ted M. Gerow

DATE: 9-2-87

LOCATION: 4000 San Pablo Ave.
Emeryville, Calif.

TANK INFORMATION

Number	Sizes (000's gallons)
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1	3.5
1	4.0
1	6.0

1) VISUAL INSPECTION:

COMMENTS: Tanks were in excellent condition. No pitting observed.

PERFORATION (S)

Number	Size	Sq. Foot Area
NA		1 Sq. Foot 500 Sq. Foot
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

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Thickness in Thousandths of an Inch

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3) PRESSURE TESTING:

Tank Size (000's gallons)	Pressure	Time	Satisfactory	Unsatisfactory
All Tanks	5 psi	20 min	XX	

4) FINDINGS

	YES	NO
A) Did a serious corrosion problem exist?		XX
B) If a serious corrosion problem existed does it threaten the structural integrity of the tank or its ability for containment?	NA	
C) Does the tank exceed repairable limits? (per California Code Title 23, Chapter 3, Subchapter 16, Article 6, 2661.c.)	NA	
D) Will repair (if necessary) and lining provide continued safe containment?	XX	

FOJ: J. Ward
 RWB: D. Chadbourne

D. I. CHADBOURNE ENTERPRISES, INC.

2851 California St.
San Francisco, California 94115
(415) 931-7208

Mailing Address:
P. O. Box 2524
Oakland, California 94614

12822 Rose Avenue
Los Angeles, California 90066
(213) 398-0508

Mr. Tony Celis
4000 San Pablo Avenue
Emeryville, California

6-27-87

Re: Underground Tank Lining - Emeryville

Dear Mr. Celis,

As per our telephone conversation of last week the following is a payment schedule reflecting the reduction of \$2,000.00 for doing all the tanks at one time including cathodic protection which brings the total to \$ 22,480.00:

Type of Payment	With Cathodic
1) Downpayment of	\$ 4,480.00
2) Payment after two tanks completed	6,500.00
3) Payment after # three tank is completed	5,000.00
4) Payment after last two tanks completed	6,500.00

Concerning the ground well requiremnet of the County, I have spoken with a Mr. Gurow who is the director of the County program and he has assured me that if you install a electronic monitoring system which keeps hard copy inventory for daily reconciliation and does tank test (on the back side of the clock - 12am to 3am) to his satisfaction then you will be relieved of all well requirements and yearly tank testing. The cost to install a monitoring system to accomplish all these requirements would be \$ 8,740.00. ~~There would be no payments due for this system until it was installed.~~

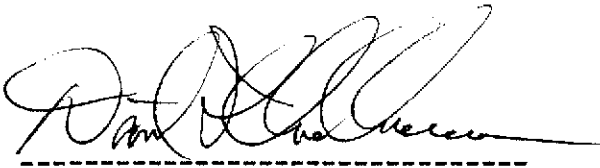
If you want us to install the monitoring system let me know right a way or if you have any questions please call me at 670-3210, if I am unavailable at this number leave a message at 931-7208 and I will contact you as soon as possible.

Page 2

To help my timing please send the down payment of \$4,480.00 to P.O. Box 342, San Mateo, Ca. so that we are square up to date.

Yours truly,

D. I. CHADBOURNE, INC.

A handwritten signature in cursive script, appearing to read "Daniel I. Chadbourne", is written over a horizontal dashed line.

Daniel I. Chadbourne

DC/cc

35,000 gal/mc 0.00

4,480.00

6,500.00

5,000.00

6,500.00

8,740.00

31,220.00

31,220.00

~~31,220.00~~