

1993 removals

PLEASANTON FIRE DEPARTMENT

CLOSURE PLAN FOR UNDERGROUND STORAGE TANKS

Amount of fee due City of Pleasanton: 154⁰⁰ Paid 10-13-93 15
 Fire Permit number (Also functions as closure plan permit) 93006
 Date Closure Plan submitted: 10-18-93
 Tank Closure permit expires 1/12-93 days from the date of the Closure Plan approval
 Date fee paid: 10-13-93

Facility Name: EXXON SERVICE STATION

Phone: N/A

Facility Address: 349 MAIN ST , PLEASANTON

Contact Person: TIM DAHL

Tank Closure Contractor: GETTLER - RYAN INC

Address: 2150 W. WINTON AVE

City: HAYWARD, CA 94545

Contractor's Phone: (510) 783-7500

Name of the Firm Who Will Take Soil Samples: RESNA INDUSTRIES

Phone #: (408) 264 7723

Name of Laboratory That Will Analyze Soil Samples: PACE

Phone #: (405) 8836100

Approximate Date of the Tank Closure: 10-20-93

Method of Tank Closure:

1. Adding Dry Ice (3.0 lbs per 100 Gallon Capacity), Manifest and Remove As Hazardous Waste.

2. Other Procedure (Describe):

Tank Closure Plan continued...

Name of Tank Hauler: ERICKSON, INC

Destination Of Tank(s): RICHMOND, CA

Tanks to be Removed:

	SIZE	TANK CONTENTS	AGE	LAST TESTED	REASON FOR REMOVAL
Tank #1.	12,000 GAL	REG UNLEADED GASOLINE	5yr	UNK	NO LONGER IN USE
Tank #2.	10,000 GAL	PREM UNLEADED GASOLINE	5yr	UNK	NO LONGER IN USE
Tank #3.	10,000 GAL	MID UNLEADED GASOLINE	5yr	UNK	NO LONGER IN USE
Tank #4.	1,000 GAL	WASTE OIL	5yr	UNK	NO LONGER IN USE
Tank #5.					
Tank #6.					

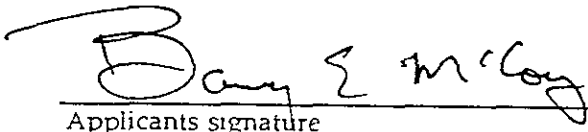
(Attach Extra Sheets as Necessary)

Plot Plan:

Attach a plot plan of the tanks to be closed. Indicate the nearest cross streets to the facility, the buildings immediately adjacent to the tanks and the location of the tanks to be closed.

(Note: Plot plan must be stamped and closure plan approved by the Fire Prevention Bureau before a permit can be issued.)

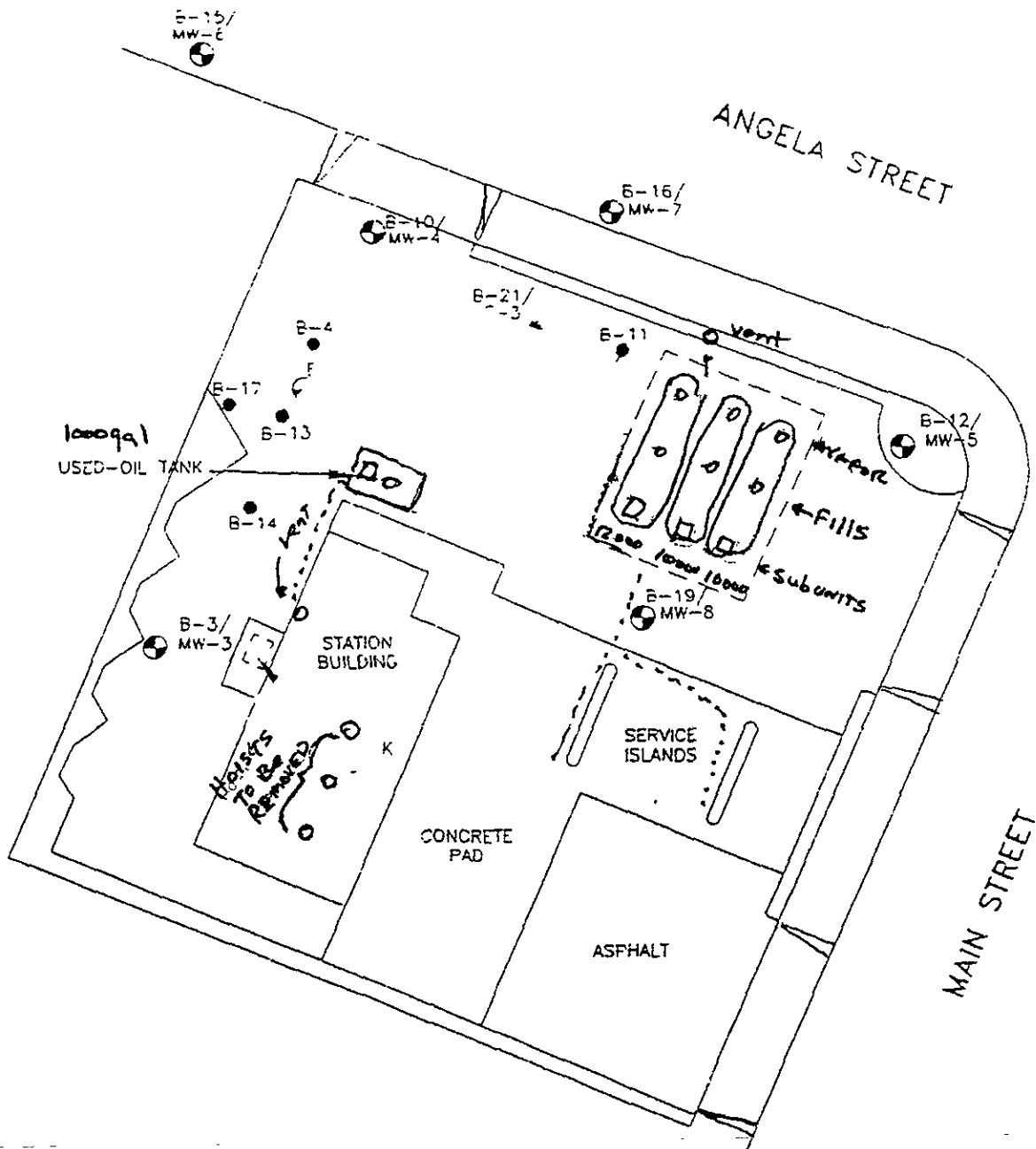
I Declare, under the penalty of perjury, that the aforementioned information and attached plot plan(s) are correct to the best of my knowledge. If there is any change which would materially affect the information submitted, I will notify the Pleasanton Fire Department, Hazardous Materials Specialist, or the Fire Chief.


Applicants signature

GETTLER-RYAN INC

10-15-93

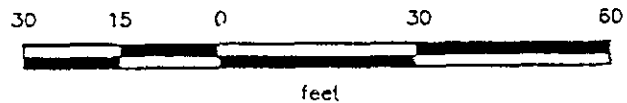
Date



EXPLANATION

- B-17 ● = Soil boring
- B-19/
MW-8 ⊕ = Monitoring well
- B-21/
VE-3 ⊕ = Vapor extraction well

Approximate Scale



Source: Surveyed by Ron Archer Civil Engineer, Inc., June 1990, April 1991 and May 1993.



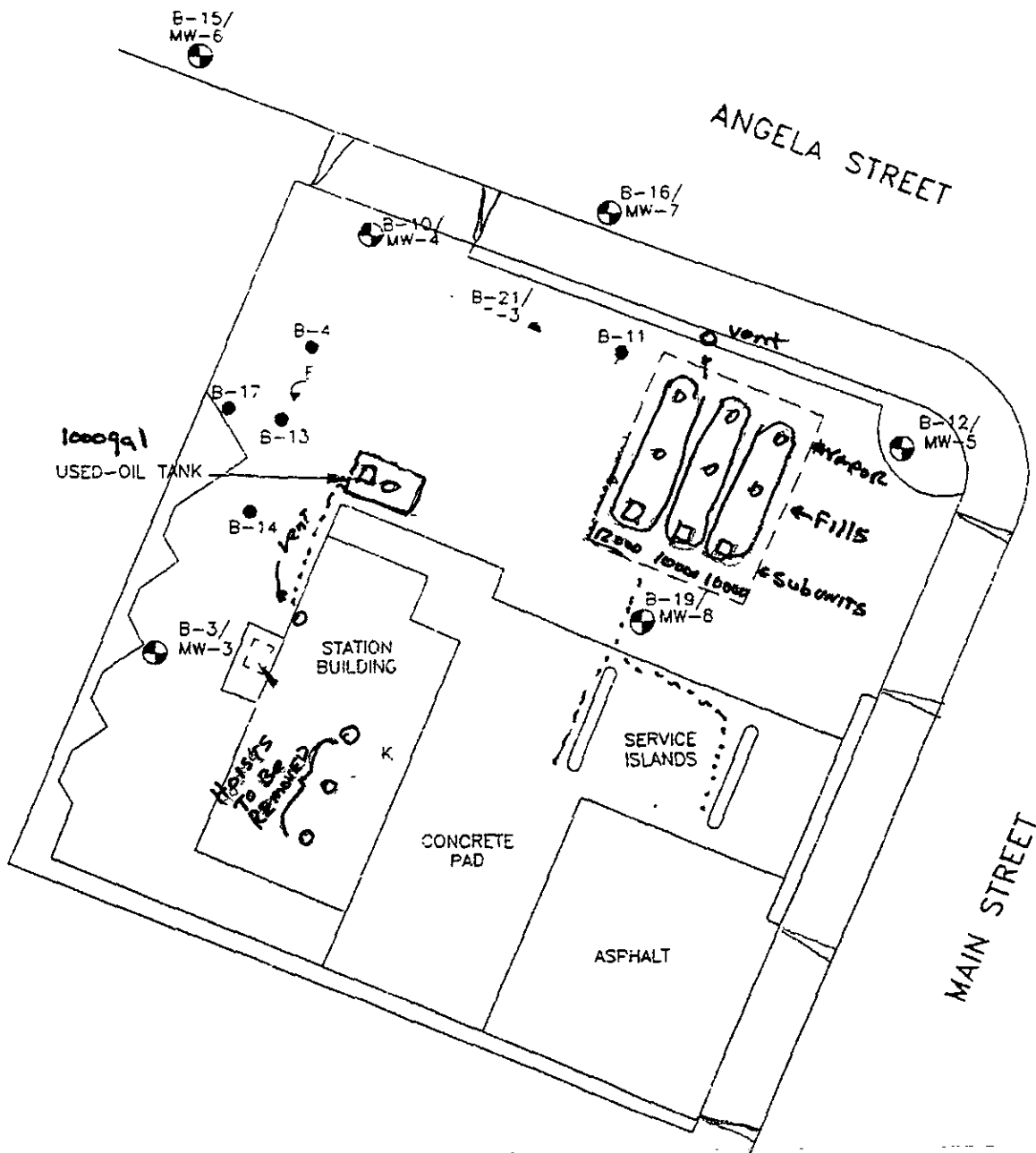
PROJECT

130015.01

GENERALIZED SITE PLAN
Exxon Station 7-7003
349 Main Street
Pleasanton, California

PLATE

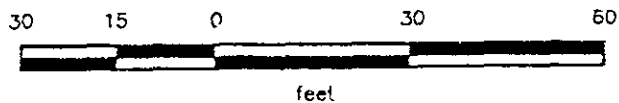
2



EXPLANATION

- B-17 ● = Soil boring
- B-19/
MW-8 ● = Monitoring well
- B-21/
VE-3 ● = Vapor extraction well

Approximate Scale



Source: Surveyed by Ron Archer Civil Engineer, Inc.,
June 1990, April 1991 and May 1993.



PROJECT 130015.01

GENERALIZED SITE PLAN
Exxon Station 7-7003
349 Main Street
Pleasanton, California

PLATE

2



**CITY OF PLEASANTON
FIRE DEPARTMENT**

DIVISION of PREVENTION and INVESTIGATION
4444 Railroad Street P.O. Box 520
Pleasanton, California 94566-0802
(510) 484 8114

Permit Certificate

This permit is issued in accordance with Article 4.101 of the Pleasanton Fire Code, (PMC 20.24) and is non-transferable nor does it take place of any license required by law. Any violations of the provisions of the fire code may be grounds for the revocation of this permit. This permit must be kept posted at all times on the premises listed below.

Permit # 93006

Starts October 13, 1993

Business Gettler & Ryan

Applicant Barry McCoy

Location 349 Main St Pleasanton, California 94566

Permitted Activity(ies) Undergrund Tank Pull

Fee \$154.00

Issued By Ghilardi

Expires * November 12, 1993

** Note: You are responsible for submitting an application for the renewal of this permit in advance of the expiration.*

1600.01 File



gettler — ryan inc.

SITE SAFETY PLAN 1600.01

GENERAL INFORMATION

SITE: Company: Exxon Corporation

Location: 349 Main Street
City: Pleasanton, CA

PLAN PREPARED BY: Gettler-Ryan Inc. DATE: 10/08/93

OBJECTIVES: To provide a plan for the safe completion of the site work.

PROPOSED DATE OF SITE WORK: 10/18/93

DOCUMENTATION/
SUMMARY:

Hazardous material is present, caution is advised. Site work includes removal of four UGST, one 12,000 gallon, two 10,000 gallon and one 10,000 gallon former waste oil tank and excavation of associated soils. Work also includes removal of two hydraulic hoists and backfill compaction of excavations.

SITE/WASTE CHARACTERISTICS

WASTE TYPE(S): Liquid Solid

CHARACTERISTIC(S): Volatile, Petroleum Hydrocarbons at concentrations less than 1,000.

FACILITY DESCRIPTION: Former gasoline service station with underground utilities.

STATUS: Closed.

1600.01

HAZARD EVALUATION

PARAMETER: TLV 300 ppm THC

HEALTH: ingestion, inhalation, absorption

LEL 10% Gastechtor max.

SPECIAL PRECAUTIONS

AND COMMENTS:

Correct safety procedures must be followed, per section 9.2 of the Gettler-Ryan Inc. Health and Safety Plan.

SITE SAFETY WORKPLAN:

PERIMETER ESTABLISHMENT:

Site will be fenced. Use barricades and flagging to secure work areas as needed. Tank excavations to be protected with barricades and flagging.

PERSONAL PROTECTION:

Level of Protection EPA Level D:

Modifications: Hard hats & red vests required

Surveillance Equipment and Material: Gastech and/or OVM

SITE ENTRY PROCEDURES:

Unauthorized personnel not permitted in the work zone.

DECONTAMINATION PROCEDURES:

Personnel: Wash thoroughly with detergent solution and water

Equipment: Steam clean if necessary

FIRST AID:

As applicable

WORK LIMITATIONS (time of day, weather, heat/cold stress): NONE

INVESTIGATION-DERIVED MATERIAL DISPOSAL:

Contaminated soils to be placed on visqueen, covered and disposed of at appropriate Class site. All rinsates to be drummed and disposed of by Erickson, Inc. Tank to be hauled off by Erickson, Inc.

TEAM COMPOSITION:

Barry McCoy - Foreman and site safety officer
Helper - Tank Excavators Crew
Field Tech from Resna Industries Inc.
Erickson Inc. - Tank hauler

EMERGENCY INFORMATION

LOCAL RESOURCES:

Ambulance/Hospital	Dial 911
Police/Sheriff/Hwy Patrol	Dial 911
Fire Department	Dial 911

SITE RESOURCES: Water Supply
 Telephone
 Visqueen
 Fire Extinguisher
 First Aid Kit
 Sorbant Pads

EMERGENCY CONTACT:

Gettler-Ryan Inc. 1-510-783-7500

EMERGENCY ROUTES: Nearest emergency hospital is:

Valley Memorial
111 E. Stanley Blvd.
Livermore, CA
510-447-7000

Map Attached

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: F X X O N SERVICE STATION

I. TANK DESCRIPTION COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D.# <u>UNK</u>	B. MANUFACTURED BY: <u>UNK</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>7 88</u>	D. TANK CAPACITY IN GALLONS: <u>10,000</u>

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.			
A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL <input type="checkbox"/> 2 PETROLEUM <input type="checkbox"/> 3 CHEMICAL PRODUCT.	<input type="checkbox"/> 4 OIL <input type="checkbox"/> 80 EMPTY <input type="checkbox"/> 95 UNKNOWN	B. <input checked="" type="checkbox"/> 1 PRODUCT <input type="checkbox"/> 2 WASTE	C. <input checked="" type="checkbox"/> 1a REGULAR UNLEADED <input type="checkbox"/> 1b PREMIUM UNLEADED <input type="checkbox"/> 2 LEADED <input type="checkbox"/> 3 DIESEL <input type="checkbox"/> 4 GASAHOL. <input type="checkbox"/> 5 JET FUEL <input type="checkbox"/> 6 AVIATION GAS <input type="checkbox"/> 7 METHANOL <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 checked="" type="checkbox"/> 1 DOUBLE WALL <input type="checkbox"/> 2 SINGLE WALL	<input 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"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC <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"/> 5 GLASS LINING	<input type="checkbox"/> 2 ALKYD LINING <input type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 3 EPOXY LINING <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"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 2 COATING <input type="checkbox"/> 91 NONE	<input type="checkbox"/> 3 VINYL WRAP <input type="checkbox"/> 95 UNKNOWN	<input checked="" type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL SPILL CONTAINMENT INSTALLED (YEAR) <u>UNK</u> OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>UNK</u>			

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE			
A. SYSTEM TYPE A U 1 SUCTION <input checked="" type="radio"/> U 2 PRESSURE A U 3 GRAVITY	A U 99 OTHER		
B. CONSTRUCTION A U 1 SINGLE WALL <input checked="" type="radio"/> 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 5 ALUMINUM A U 9 GALVANIZED STEEL	A U 2 STAINLESS STEEL A U 6 CONCRETE A U 10 CATHODIC PROTECTION	A U 3 POLYVINYL CHLORIDE (PVC) A U 7 STEEL W/ COATING A U 95 UNKNOWN	A U 4 FIBERGLASS PIPE A U 8 100% METHANOL COMPATIBLE W/FRP A U 99 OTHER
D. LEAK DETECTION <input checked="" type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR <input type="checkbox"/> 2 LINE TIGHTNESS TESTING <input checked="" 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 type="checkbox"/> 99 OTHER
<input type="checkbox"/> 6 TANK TESTING	<input checked="" type="checkbox"/> 7 INTERSTITIAL MONITORING	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN		

VI. TANK CLOSURE INFORMATION		
1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>10-1-93</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>0</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input checked="" 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>Barry E McCoy</u>	DATE <u>10-14-93</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		

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: EXXON SERVICE STATION

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D.# <u>UNK</u>	B. MANUFACTURED BY: <u>UNK</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>~ 88</u>	D. TANK CAPACITY IN GALLONS: <u>10000</u>

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 checked="" type="checkbox"/> 1b PREMIUM UNLEADED <input type="checkbox"/> 2 LEADED <input 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 AND E		
A. TYPE OF SYSTEM <input checked="" type="checkbox"/> 1 DOUBLE WALL <input type="checkbox"/> 2 SINGLE WALL	<input 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"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC <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"/> 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 type="checkbox"/> 95 UNKNOWN <input checked="" type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL SPILL CONTAINMENT INSTALLED (YEAR) <u>UNK</u> OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>UNK</u>		

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

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

VI. TANK CLOSURE INFORMATION		
1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>10-1-93</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>0</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input checked="" 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>Barry E McCoy</u>	DATE <u>10-14-93</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	

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: EXXON SERVICE STATION

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

A. OWNER'S TANK I.D.# <u>UNK</u>	B. MANUFACTURED BY: <u>UNK</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>≈ 88</u>	D. TANK CAPACITY IN GALLONS: <u>12000</u>

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	<input type="checkbox"/> 4 OIL <input type="checkbox"/> 80 EMPTY <input type="checkbox"/> 95 UNKNOWN	B. <input checked="" type="checkbox"/> 1 PRODUCT <input type="checkbox"/> 2 WASTE
C. <input checked="" type="checkbox"/> 1a REGULAR UNLEADED <input type="checkbox"/> 1b PREMIUM UNLEADED <input type="checkbox"/> 2 LEADED		
<input 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 AND E

A. TYPE OF SYSTEM <input checked="" type="checkbox"/> 1 DOUBLE WALL <input type="checkbox"/> 2 SINGLE WALL	<input 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"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC <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"/> 5 GLASS LINING	<input type="checkbox"/> 2 ALKYD LINING <input type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 3 EPOXY LINING <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"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 2 COATING <input type="checkbox"/> 91 NONE	<input type="checkbox"/> 3 VINYL WRAP <input type="checkbox"/> 95 UNKNOWN <input checked="" type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL SPILL CONTAINMENT INSTALLED (YEAR) <u>UNK</u> OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>UNK</u>		

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

A. SYSTEM TYPE	A U 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 99 OTHER
B. CONSTRUCTION	A U 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH	A U 95 UNKNOWN A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A U 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING	A U 8 100% METHANOL COMPATIBLE W/FRP
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A U 95 UNKNOWN	A U 99 OTHER
D. LEAK DETECTION	<input checked="" type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input checked="" 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 type="checkbox"/> 6 TANK TESTING	<input checked="" 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>10-1-93</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>0</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input checked="" 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>Barry E. McCoy</u> BARRY E. MCCOY	DATE <u>10-14-93</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		

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 EXXON SERVICE STATION		NAME OF OPERATOR N/A		
ADDRESS 349 MAIN ST		NEAREST CROSS STREET ANGELA	PARCEL # (OPTIONAL)	
CITY NAME PLEASANTON		STATE CA	ZIP CODE 94566	SITE PHONE # WITH AREA CODE N/A
<input checked="" type="checkbox"/> BOX TO INDICATE <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY DISTRICTS <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> FEDERAL-AGENCY				
TYPE OF BUSINESS		<input checked="" type="checkbox"/> 1 GAS STATION	<input type="checkbox"/> 2 DISTRIBUTOR	# OF TANKS AT SITE
		<input type="checkbox"/> 3 FARM	<input type="checkbox"/> 4 PROCESSOR	
		<input type="checkbox"/> 5 OTHER	<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) GOODRAM DAVID	PHONE # WITH AREA CODE (510) 246 8700	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST) Goodram, David	PHONE # WITH AREA CODE (510) 246 8700	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME EXXON CORP		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 2300 CLAYTON RD		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME CONCORD		STATE CA	ZIP CODE 94524	PHONE # WITH AREA CODE (510) 246 8700

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER EXXON CORP		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 2300 CLAYTON RD		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME CONCORD		STATE CA	ZIP CODE 94524	PHONE # WITH AREA CODE (510) 246 8700

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

TY (TK) HQ **44-000285**

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) Barry E McCoy	APPLICANT'S TITLE SAFETY MANAGER	DATE 10/14/93
ON BEHALF OF EXXON GETTLER-RYAN INC		

LOCAL AGENCY USE ONLY

COUNTY # <input type="text"/>	JURISDICTION # <input type="text"/>	FACILITY # <input type="text"/>
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 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: EXXON SERVICE STATION

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D.# <u>UNK</u>	B. MANUFACTURED BY: <u>UNK</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>≈ 88</u>	D. TANK CAPACITY IN GALLONS: <u>1,000</u>

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.		
<input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL <input type="checkbox"/> 2 PETROLEUM <input type="checkbox"/> 3 CHEMICAL PRODUCT	<input checked="" type="checkbox"/> 4 OIL <input type="checkbox"/> 80 EMPTY <input type="checkbox"/> 95 UNKNOWN	B. <input checked="" type="checkbox"/> 1 PRODUCT <input checked="" type="checkbox"/> 2 WASTE
C. <input type="checkbox"/> 1a REGULAR UNLEADED <input type="checkbox"/> 1b PREMIUM UNLEADED <input type="checkbox"/> 2 LEADED		<input type="checkbox"/> 3 DIESEL <input type="checkbox"/> 4 GASAHOL <input type="checkbox"/> 5 JET FUEL <input checked="" type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED <u>WASTE OIL</u>		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 checked="" type="checkbox"/> 1 DOUBLE WALL <input type="checkbox"/> 2 SINGLE WALL	<input 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"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC <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"/> 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 type="checkbox"/> 95 UNKNOWN <input checked="" type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL SPILL CONTAINMENT INSTALLED (YEAR) <u>UNK</u> OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>UNK</u>		

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

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

VI. TANK CLOSURE INFORMATION		
1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>10-1-93</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>0</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input checked="" 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

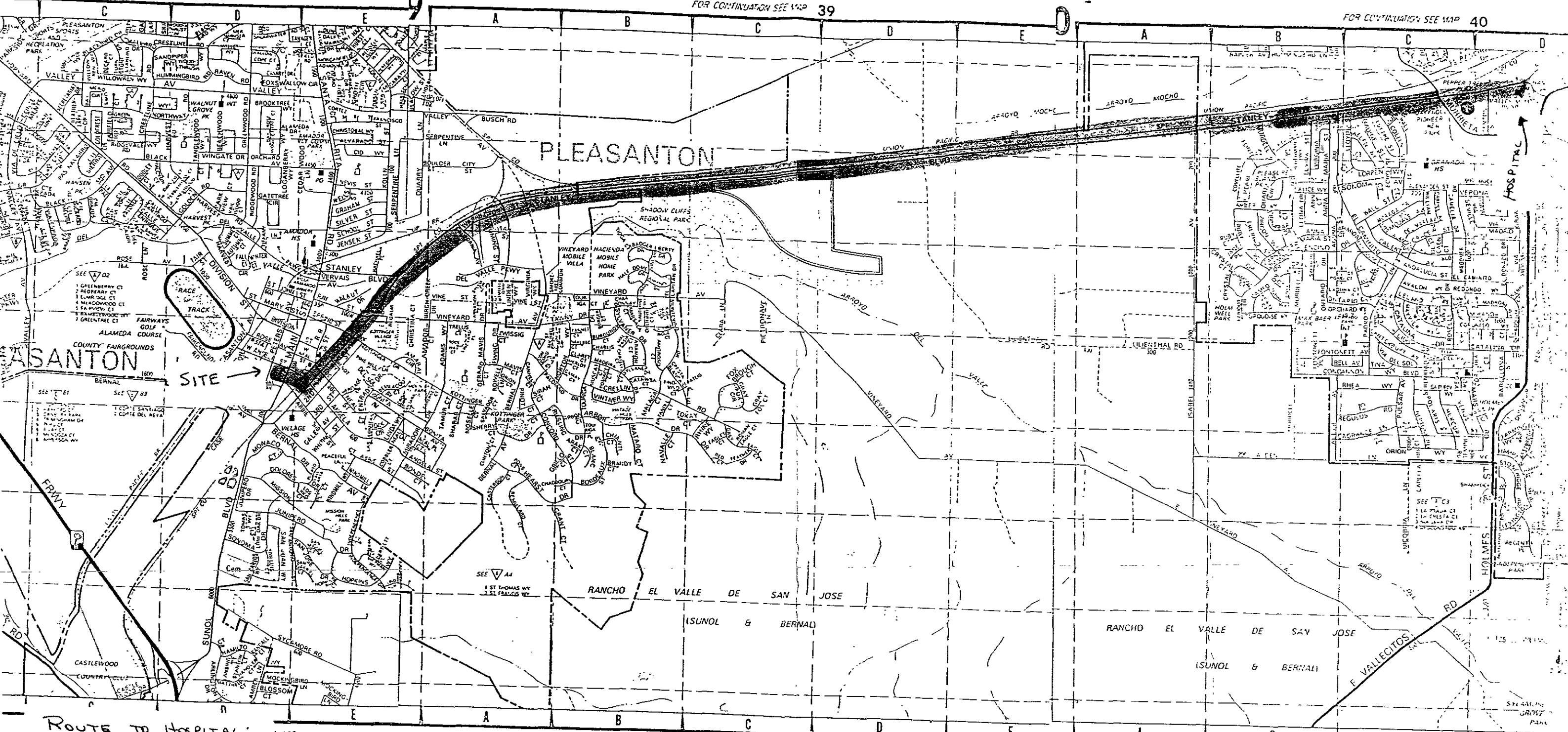
APPLICANT'S NAME (PRINTED & SIGNATURE) <u>Barry E McCoy</u>	DATE <u>10-14-93</u>
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LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW			
STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE	

FOR CONTINUATION SEE MAP 36

FOR CONTINUATION SEE MAP 39

FOR CONTINUATION SEE MAP 40



ROUTE TO HOSPITAL:
 VALLEY MEMORIAL
 111 E STANLEY BLVD
 LIVERMORE
 (SR) 447-7000

FOR CONTINUATION SEE MAP 71

FOR CONTINUATION SEE MAP 72