



BOARD OF DIRECTORS

Carol Severin
President
Ward 3

Edwin Sutter
Vice-President
Ward 2

Al Wieskamp
Treasurer
Ward 5

Ted Radke
Secretary
Ward 7

Beverly Lane
Ward 6

Doug Soden
Ward 4

Jean Sini
Ward 1

Pat O'Brien
General Manager

Mr. Scott Seery
Alameda County Environmental Health Services
Environmental Protection
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577

**SUBJECT: Contaminated Soil Pile
South County Corporation Yard
17930 Lake Chabot Road, Castro Valley, CA 94546**

Dear Mr. Seery:

This letter is to inform you that the East Bay Regional Park District has disposed of the fuel-contaminated soil generated by the removal and replacement of three underground fuel storage tanks. The soil came from two UST removal sites - the South County Corporation Yard and the Tilden Park Corporation Yard. Stellar Environmental Services, Berkeley, conducted an analysis of the soil at each site and once again after the soils were combined into one pile at South County. Based on those sampling results, the Altamont Landfill accepted the soil. I have enclosed copies of the weigh tickets which total 328.81 tons.

Please call me if you have any questions regarding this project. I want to thank you for all your help and guidance in this matter.

Sincerely,

Stephen Gehrett
Equipment Manager
(510) 544-2705

SG:rr



8/28/00 - 89.46 TONS -

YELLOW CLASS 2 COVER
QUAN OF JOB: 0.00 T QUAL:

ALTAMONT LANDFILL & RRF
10840 ALTAMONT PASS ROAD
LIVERMORE, CA 94550-9745

DATE: 08/28/2000 TICK: 215521 - 1
TIME IN: 09:06 I/D: I
TIME OUT: 09:06

STAGE TICKET 220973

CARRIER: BTTI
TRUCK#: T107
CUSTOMER: EBRP
GENERATOR: EBYRD
ORIGIN: CASTR

TRAILER#: 54881400
PROFILE: 54881400

MANIFEST	WASTE DES	CLASS	QUAN	PER	TAKE	AMOUNT	TAX	FEE	TOTAL
	C2C CLASS		501						Fees

GROSS: 44480 PB LBS
TARE: 21800 PT LBS
NET: 22680 LBS

CUSTOMER: Rogelio WashOut: AB
OffLoad: AB
Service: AB

WEIGH IN CLERK: ROGELIO, ROJAS

WEIGH OUT CLERK: ROGELIO, ROJAS

THIS IS TO CERTIFY THAT THE FOLLOWING DESCRIBED COMMODITY WAS WEIGHED, MEASURED, OR COUNTED BY A WEIGHMASTER WHOSE SIGNATURE IS ON THIS CERTIFICATE, WHO IS A RECOGNIZED AUTHORITY OF ACCURACY, AS PRESCRIBED BY CHAPTER 7 COMMENCING WITH SECTION 127001 OF DIVISION 5 OF THE CALIFORNIA BUSINESS AND PROFESSIONS CODE ADMINISTERED BY THE DIVISION OF MEASUREMENT STANDARDS OF THE CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE.

YELLOW CLASS 2 COVER
QUAN OF JOB: 0.00 T QUAL:

ALTAMONT LANDFILL & RRF
10840 ALTAMONT PASS ROAD
LIVERMORE, CA 94550-9745

DATE: 08/28/2000 TICK: 215570 - 1
TIME IN: 10:57 I/D: I
TIME OUT: 10:57

STAGE TICKET 221019

CARRIER: BTTI
TRUCK#: T107
CUSTOMER: EBRP
GENERATOR: EBYRD
ORIGIN: CASTR

TRAILER#: 54881400
PROFILE: 54881400

MANIFEST	WASTE DES	CLASS	QUAN	PER	TAKE	AMOUNT	TAX	FEE	TOTAL
	C2C CLASS		501						Fees

GROSS: 44460 PB LBS
TARE: 21800 PT LBS
NET: 22660 LBS

CUSTOMER: Rogelio WashOut: AB
OffLoad: AB
Service: AB

WEIGH IN CLERK: ROGELIO, ROJAS

WEIGH OUT CLERK: ROGELIO, ROJAS

THIS IS TO CERTIFY THAT THE FOLLOWING DESCRIBED COMMODITY WAS WEIGHED, MEASURED, OR COUNTED BY A WEIGHMASTER WHOSE SIGNATURE IS ON THIS CERTIFICATE, WHO IS A RECOGNIZED AUTHORITY OF ACCURACY, AS PRESCRIBED BY CHAPTER 7 COMMENCING WITH SECTION 127001 OF DIVISION 5 OF THE CALIFORNIA BUSINESS AND PROFESSIONS CODE ADMINISTERED BY THE DIVISION OF MEASUREMENT STANDARDS OF THE CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE.

YELLOW CLASS 2 COVER
QUAN OF JOB: 0.00 T QUAL:

ALTAMONT LANDFILL & RRF
10840 ALTAMONT PASS ROAD
LIVERMORE, CA 94550-9745

DATE: 08/28/2000 TICK: 215621 - 1
TIME IN: 12:55 I/O: I
TIME OUT: 12:55

STAGE TICKET 221075

CARRIER: BTTI
TRUCK#: T107
CUSTOMER: EBRP
GENERATOR: EBYRD
ORIGIN: CASTR

TRUCKER#: 1000
EAST BAY REGIONAL FOOD DISTRICT

PROFILE 54881400

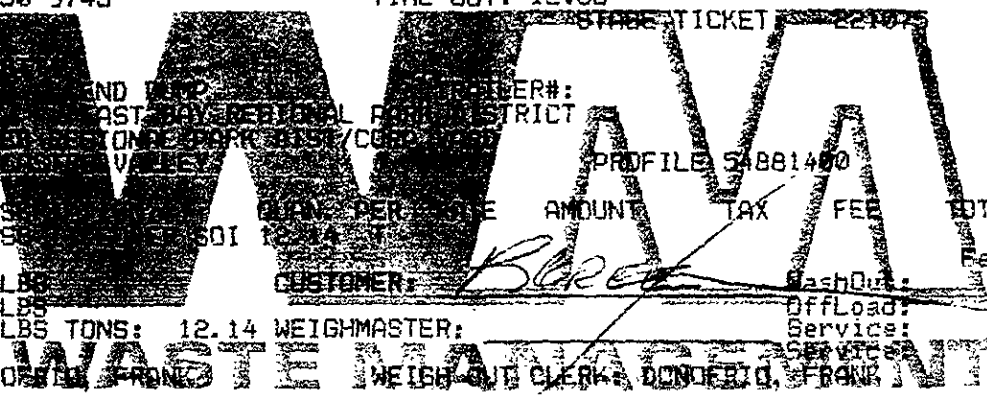
MANIFEST WASTE DESCRIPTION QUAN PER TONNE AMOUNT TAX FEE TOTAL
C2C CLASS SOI 12.14

GROSS: 46080 PB LBS
TARE: 21800 PT LBS
NET: 24280

CUSTOMER: *[Signature]*
WEIGHMASTER:

WashOut:
OffLoad:
Service:

WEIGH IN CLERK: DONOR... WEIGH OUT CLERK: DONOR...



THIS IS TO CERTIFY THAT THE FOLLOWING DESCRIBED COMMODITY WAS WEIGHED,
MEASURED, OR COUNTED BY A WEIGHMASTER WHOSE SIGNATURE IS ON THIS
CERTIFICATE, WHO IS A RECOGNIZED AUTHORITY OF ACCURACY, AS PRESCRIBED BY
CHAPTER 7 COMMENCING WITH SECTION 127001 OF DIVISION 5 OF THE CALIFORNIA
BUSINESS AND PROFESSIONS CODE ADMINISTERED BY THE DIVISION OF MEASUREMENT
STANDARDS OF THE CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE.

YELLOW CLASS 2 COVER
QUAN OF JOB: 0.00 T QUAL:

ALTAMONT LANDFILL & RRF
10840 ALTAMONT PASS ROAD
LIVERMORE, CA 94550-9745

DATE: 08/28/2000 TICK: 215531 - 1
TIME IN: 09:13 I/O: I
TIME OUT: 09:25

STAGE TICKET 220974

CARRIER: PCM
TRUCK#: 1832
CUSTOMER: EBRP
GENERATOR: EBYRD
ORIGIN: CASTR

TRUCKER#: 1000
EAST BAY REGIONAL FOOD DISTRICT

PROFILE 54881400

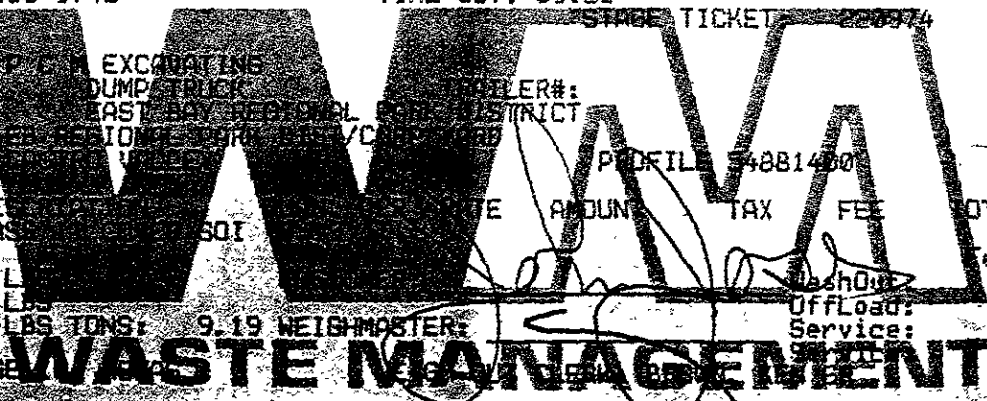
MANIFEST WASTE DESCRIPTION QUAN PER TONNE AMOUNT TAX FEE TOTAL
C2C CLASS SOI 9.19

GROSS: 39080 PB LBS
TARE: 20700 PB LBS
NET: 18380

CUSTOMER: *[Signature]*
WEIGHMASTER:

WashOut:
OffLoad:
Service:

WEIGH IN CLERK: ROGE... WEIGH OUT CLERK: ROGE...



THIS IS TO CERTIFY THAT THE FOLLOWING DESCRIBED COMMODITY WAS WEIGHED,
MEASURED, OR COUNTED BY A WEIGHMASTER WHOSE SIGNATURE IS ON THIS
CERTIFICATE, WHO IS A RECOGNIZED AUTHORITY OF ACCURACY, AS PRESCRIBED BY
CHAPTER 7 COMMENCING WITH SECTION 127001 OF DIVISION 5 OF THE CALIFORNIA
BUSINESS AND PROFESSIONS CODE ADMINISTERED BY THE DIVISION OF MEASUREMENT
STANDARDS OF THE CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE.

YELLOW CLASS 2 COVER
QUAN OF JOB: 0.00 T QUAL:

ALTAMONT LANDFILL & RRF
10840 ALTAMONT PASS ROAD
LIVERMORE, CA 94550-9745

DATE: 08/28/2000 TICK: 215575 - 1
TIME IN: 11:10 I/O: 1
TIME OUT: 11:10

STAGE TICKET: 221023

CARRIER: PCM EXCAVATING
TRUCK#: 1832 DUMP TRUCK
CUSTOMER: EBRP EAST BAY REGIONAL PARK DISTRICT
GENERATOR: EBYRD EAST BAY REGIONAL PARK DISTRICT
ORIGIN: CASTRO VALLEY

PROFILE 57881400

MANIFEST WASTE DESCRIPTION QUANTITY AMOUNT TAX FEE TOTAL
C2C CLASS 2 COVER 501 11.87

GROSS: 43240 PB LBS
TARE: 20700 PT LBS
NET: 22540 LBS

CUSTOMER:

WashOut:

OffLoad:

Service:

Service:

WEIGH IN CLERK: ROSELIO, ROJAS

WEIGH OUT CLERK: ROSELIO, ROJAS

THIS IS TO CERTIFY THAT THE FOLLOWING DESCRIBED COMMODITY WAS WEIGHED,
MEASURED, OR COUNTED BY A WEIGHMASTER WHOSE SIGNATURE IS ON THIS
CERTIFICATE, WHO IS A RECOGNIZED AUTHORITY OF ACCURACY, AS PRESCRIBED BY
CHAPTER 7 COMMENCING WITH SECTION 127001 OF DIVISION 5 OF THE CALIFORNIA
BUSINESS AND PROFESSIONS CODE ADMINISTERED BY THE DIVISION OF MEASUREMENT
STANDARDS OF THE CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE.

YELLOW CLASS 2 COVER
QUAN OF JOB: 0.00 T QUAL:

ALTAMONT LANDFILL & RRF
10840 ALTAMONT PASS ROAD
LIVERMORE, CA 94550-9745

DATE: 08/28/2000 TICK: 215624 - 1
TIME IN: 13:02 I/O: 1
TIME OUT: 13:02

STAGE TICKET: 221078

CARRIER: PCM EXCAVATING
TRUCK#: 1832 DUMP TRUCK
CUSTOMER: EBRP EAST BAY REGIONAL PARK DISTRICT
GENERATOR: EBYRD EAST BAY REGIONAL PARK DISTRICT
ORIGIN: CASTRO VALLEY

PROFILE 57881400

MANIFEST WASTE DESCRIPTION QUANTITY AMOUNT TAX FEE TOTAL
C2C CLASS 2 COVER 501 9.98

GROSS: 40660 PB LBS
TARE: 20700 PT LBS
NET: 19960 LBS

CUSTOMER:

WashOut:

OffLoad:

Service:

Service:

WEIGH IN CLERK: DONO

WEIGH OUT CLERK: DONO

WASTE MANAGEMENT

THIS IS TO CERTIFY THAT THE FOLLOWING DESCRIBED COMMODITY WAS WEIGHED,
MEASURED, OR COUNTED BY A WEIGHMASTER WHOSE SIGNATURE IS ON THIS
CERTIFICATE, WHO IS A RECOGNIZED AUTHORITY OF ACCURACY, AS PRESCRIBED BY
CHAPTER 7 COMMENCING WITH SECTION 127001 OF DIVISION 5 OF THE CALIFORNIA
BUSINESS AND PROFESSIONS CODE ADMINISTERED BY THE DIVISION OF MEASUREMENT
STANDARDS OF THE CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE.

YELLOW CLASS 2 COVER
QUAN-OF JOB: 0.00 T QUAL:

ALTAMONT LANDFILL & RRF
10840 ALTAMONT PASS ROAD
LIVERMORE, CA 94550-9745

DATE: 08/28/2000 TICK: 215665 - 1
TIME IN: 14:49 I/O: I
TIME OUT: 14:49
STAGE TICKET: 221109

CARRIER: BTTI
TRUCK#: T107
CUSTOMER: EBRP
GENERATOR: EBYRD
ORIGIN: CASTR

END DUMP
EAST BAY REGIONAL PARK DISTRICT
REGIONAL PARK DIST/CORP YARD

TRAILER#: 57881400
PROFILE: 57881400

MANIFEST	WASTE DESCRIPTION	CLASS	AMOUNT	TAX	FEE	TOTAL
	C2C CLASS	SOI				ees
GROSS:	46960	PB LBS				
TARE:	21800	PT LBS				
NET:	25160	LBS TONS: 12.58	WEIGHMASTER:			

WEIGH IN CLERK: DONOFRIO, FRANK WEIGH OUT CLERK: DONOFRIO, FRANK

WASTE MANAGEMENT

THIS IS TO CERTIFY THAT THE FOLLOWING DESCRIBED COMMODITY WAS WEIGHED, MEASURED, OR COUNTED BY A WEIGHMASTER WHOSE SIGNATURE IS ON THIS CERTIFICATE, WHO IS A RECOGNIZED AUTHORITY OF ACCURACY, AS PRESCRIBED BY CHAPTER 7 COMMENCING WITH SECTION 127001 OF DIVISION 5 OF THE CALIFORNIA BUSINESS AND PROFESSIONS CODE ADMINISTERED BY THE DIVISION OF MEASUREMENT STANDARDS OF THE CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE.

YELLOW CLASS 2 COVER
QUAN-OF JOB: 0.00 T QUAL:

ALTAMONT LANDFILL & RRF
10840 ALTAMONT PASS ROAD
LIVERMORE, CA 94550-9745

DATE: 08/28/2000 TICK: 215667 - 1
TIME IN: 14:56 I/O: I
TIME OUT: 14:56
STAGE TICKET: 221111

CARRIER: PCM
TRUCK#: 1832
CUSTOMER: EBRP
GENERATOR: EBYRD
ORIGIN: CASTR

EXCAVATING
DUMP TRUCK
EAST BAY REGIONAL PARK DISTRICT
REGIONAL PARK DIST/CORP YARD

TRAILER#: 57881400
PROFILE: 57881400

MANIFEST	WASTE DESCRIPTION	CLASS	AMOUNT	TAX	FEE	TOTAL
	C2C CLASS	SOI				ees
GROSS:	43960	PB LBS				
TARE:	20700	PT LBS				
NET:	23260	LBS TONS: 11.63	WEIGHMASTER:			

WEIGH IN CLERK: DONOFRIO, FRANK WEIGH OUT CLERK: DONOFRIO, FRANK

WASTE MANAGEMENT

THIS IS TO CERTIFY THAT THE FOLLOWING DESCRIBED COMMODITY WAS WEIGHED, MEASURED, OR COUNTED BY A WEIGHMASTER WHOSE SIGNATURE IS ON THIS CERTIFICATE, WHO IS A RECOGNIZED AUTHORITY OF ACCURACY, AS PRESCRIBED BY CHAPTER 7 COMMENCING WITH SECTION 127001 OF DIVISION 5 OF THE CALIFORNIA BUSINESS AND PROFESSIONS CODE ADMINISTERED BY THE DIVISION OF MEASUREMENT STANDARDS OF THE CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE.

8/25/00 - 131.89 TONS

YELLOW CLASS 2 COVER
QUAN OF JOB: 0.00 T QUAL:

ALTAMONT LANDFILL & RRF
10840 ALTAMONT PASS ROAD
LIVERMORE, CA 94550-9745

DATE: 08/25/2000 TICK: 215218 - 1
TIME IN: 09:18 I/O: I
TIME OUT: 09:45

STAGE TICKET: 220612

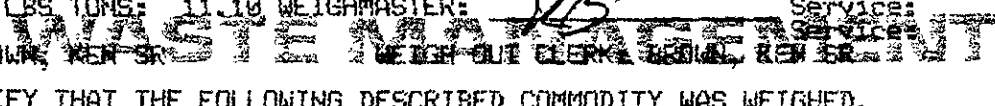
CARRIER: QMT
TRUCK#: T103
CUSTOMER: EBRP
GENERATOR: EBYRD
ORIGIN: CASTR

DUMP TRUCK
EAST BAY REGIONAL RRF DISTRICT
HIGHWAYS/COAST ROAD
PROFILE 54881400

MANIFEST	WASTE DESCRIPTION	CLASS	QUANTITY	WEIGHT	TAX	FEE	TOTAL
	C2C CLASS	601					
GROSS:	45040 PB LBS						
TARE:	22840 PB LBS						
NET:	22200 LBS TONS: 11.10						

CUSTOMER: WashOut: OffLoad: Service:

WEIGH IN CLERK: BROWN, REN SR WEIGH OUT CLERK: BROWN, REN SR



THIS IS TO CERTIFY THAT THE FOLLOWING DESCRIBED COMMODITY WAS WEIGHED, MEASURED, OR COUNTED BY A WEIGHMASTER WHOSE SIGNATURE IS ON THIS CERTIFICATE, WHO IS A RECOGNIZED AUTHORITY OF ACCURACY, AS PRESCRIBED BY CHAPTER 7 COMMENCING WITH SECTION 127001 OF DIVISION 5 OF THE CALIFORNIA BUSINESS AND PROFESSIONS CODE ADMINISTERED BY THE DIVISION OF MEASUREMENT STANDARDS OF THE CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE.

YELLOW CLASS 2 COVER
QUAN OF JOB: 0.00 T QUAL:

ALTAMONT LANDFILL & RRF
10840 ALTAMONT PASS ROAD
LIVERMORE, CA 94550-9745

DATE: 08/25/2000 TICK: 215294 - 1
TIME IN: 11:32 I/O: I
TIME OUT: 12:17

STAGE TICKET: 220700

CARRIER: QMT
TRUCK#: T103
CUSTOMER: EBRP
GENERATOR: EBYRD
ORIGIN: CASTR

DUMP TRUCK
EAST BAY REGIONAL RRF DISTRICT
HIGHWAYS/COAST ROAD
PROFILE 54881400

MANIFEST	WASTE DESCRIPTION	CLASS	QUANTITY	WEIGHT	TAX	FEE	TOTAL
	C2C CLASS	601					
GROSS:	42160 PB LBS						
TARE:	22700 PB LBS						
NET:	19460 LBS TONS: 9.73						

CUSTOMER: WashOut: OffLoad: Service:

WEIGH IN CLERK: BROWN, REN SR WEIGH OUT CLERK: BROWN, REN SR



THIS IS TO CERTIFY THAT THE FOLLOWING DESCRIBED COMMODITY WAS WEIGHED, MEASURED, OR COUNTED BY A WEIGHMASTER WHOSE SIGNATURE IS ON THIS CERTIFICATE, WHO IS A RECOGNIZED AUTHORITY OF ACCURACY, AS PRESCRIBED BY CHAPTER 7 COMMENCING WITH SECTION 127001 OF DIVISION 5 OF THE CALIFORNIA BUSINESS AND PROFESSIONS CODE ADMINISTERED BY THE DIVISION OF MEASUREMENT STANDARDS OF THE CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE.

YELLOW CLASS 2 COVER
QUAN. OF JOB: 0.00 T QUAL:

ALTAMONT LANDFILL & RRF
10840 ALTAMONT PASS ROAD
LIVERMORE, CA 94550-9745

DATE: 08/25/2000 TICK: 215381 - 1
TIME IN: 16:45 I/O: I
TIME OUT: 16:45

STAGE TICKET: 220801

CARRIER: GMT
TRUCK#: T103 DUMP TRUCK
CUSTOMER: EBRP EAST BAY REGIONAL PARK DISTRICT
GENERATOR: EBYRD EB REGIONAL PARK DIST/Corp YARD
ORIGIN: CASTR CASTRO VALLEY

TRAILER#: PROFILE 54881400

MANIFEST	WASTE DESCRIPTION	QUAN.	PER	RATE	AMOUNT	TAX	FEE	TOTAL
	C2C CLASS 2 COVER SOI	12.77						
GROSS:	48240 PB LBS							
TARE:	22700 PT LBS							
NET:	25540 LBS-TONS: 12.77							

WashOut:
OffLoad:
Service:
Service:

WEIGH IN CLERK: DONOFRIO, FRANK WEIGH OUT CLERK: DONOFRIO, FRANK

WASTE MANAGEMENT

THIS IS TO CERTIFY THAT THE FOLLOWING DESCRIBED COMMODITY WAS WEIGHED, MEASURED, OR COUNTED BY A WEIGHMASTER WHOSE SIGNATURE IS ON THIS CERTIFICATE, WHO IS A RECOGNIZED AUTHORITY OF ACCURACY, AS PRESCRIBED BY CHAPTER 7 COMMENCING WITH SECTION 127001 OF DIVISION 5 OF THE CALIFORNIA BUSINESS AND PROFESSIONS CODE ADMINISTERED BY THE DIVISION OF MEASUREMENT STANDARDS OF THE CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE.

YELLOW CLASS 2 COVER
QUAN. OF JOB: 0.00 T QUAL:

ALTAMONT LANDFILL & RRF
10840 ALTAMONT PASS ROAD
LIVERMORE, CA 94550-9745

DATE: 08/25/2000 TICK: 215386 - 1
TIME IN: 16:57 I/O: I
TIME OUT: 16:57

STAGE TICKET: 220808

CARRIER: A&D A&D TRUCKING
TRUCK#: 32000 DUMP TRUCK
CUSTOMER: EBRP EAST BAY REGIONAL PARK DISTRICT
GENERATOR: EBYRD EB REGIONAL PARK DIST/Corp YARD
ORIGIN: CASTR CASTRO VALLEY

TRAILER#: PROFILE 54881400

MANIFEST	WASTE DESCRIPTION	QUAN.	PER	RATE	AMOUNT	TAX	FEE	TOTAL
	C2C CLASS 2 COVER SOI	9.34						
GROSS:	37520 PB LBS							
TARE:	18840 PT LBS							
NET:	18680 LBS-TONS: 9.34							

WashOut:
OffLoad:
Service:
Service:

WEIGH IN CLERK: DONOFRIO, FRANK WEIGH OUT CLERK: DONOFRIO, FRANK

WASTE MANAGEMENT

THIS IS TO CERTIFY THAT THE FOLLOWING DESCRIBED COMMODITY WAS WEIGHED, MEASURED, OR COUNTED BY A WEIGHMASTER WHOSE SIGNATURE IS ON THIS CERTIFICATE, WHO IS A RECOGNIZED AUTHORITY OF ACCURACY, AS PRESCRIBED BY CHAPTER 7 COMMENCING WITH SECTION 127001 OF DIVISION 5 OF THE CALIFORNIA BUSINESS AND PROFESSIONS CODE ADMINISTERED BY THE DIVISION OF MEASUREMENT STANDARDS OF THE CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE.

A. Paris

YELLOW CLASS 2 COVER
QUAN OF JOB: 0.00 T QUAL:

ALTAMONT LANDFILL & RRF
10840 ALTAMONT PASS ROAD
LIVERMORE, CA 94550-9745

DATE: 08/25/2000 TICK: 215374 - 1
TIME IN: 16:15 I/O: I
TIME OUT: 16:15
STAGE TICKET: 220794

CARRIER: BTTI BTTI
TRUCK#: T107 END DUMP TRUCK
CUSTOMER: EBRP EAST BAY REGIONAL PARK DISTRICT
GENERATOR: EBYRD EAST BAY REGIONAL PARK DIST/COMP YARD
ORIGIN: CASTRO VALLEY

TRAILER#:
PROFILE 54881400

MANIFEST	WASTE DESCRIPTION	QUAN	PER	RATE	AMOUNT	TAX	FEE	TOTAL
	C2C CLASS							ees
GROSS:	48800 PB LBS							
TARE:	21800 PT LBS							
NET:	27000 LBS TONS: 13.50							

WashOut:
OffLoad:
Service:

WEIGH IN CLERK: DONOFRIO, FRANK WEIGH OUT CLERK: DONOFRIO, FRANK

THIS IS TO CERTIFY THAT THE FOLLOWING DESCRIBED COMMODITY WAS WEIGHED, MEASURED, OR COUNTED BY A WEIGHMASTER WHOSE SIGNATURE IS ON THIS CERTIFICATE, WHO IS A RECOGNIZED AUTHORITY OF ACCURACY, AS PRESCRIBED BY CHAPTER 7 COMMENCING WITH SECTION 127001 OF DIVISION 5 OF THE CALIFORNIA BUSINESS AND PROFESSIONS CODE ADMINISTERED BY THE DIVISION OF MEASUREMENT STANDARDS OF THE CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE.

YELLOW CLASS 2 COVER
QUAN OF JOB: 0.00 T QUAL:

ALTAMONT LANDFILL & RRF
10840 ALTAMONT PASS ROAD
LIVERMORE, CA 94550-9745

DATE: 08/25/2000 TICK: 215222 - 1
TIME IN: 09:38 I/O: I
TIME OUT: 09:48
STAGE TICKET: 220652

CARRIER: A&D TRUCKING
TRUCK#: 32000 DUMP TRUCK
CUSTOMER: EBRP EAST BAY REGIONAL PARK DISTRICT
GENERATOR: EBYRD EAST BAY REGIONAL PARK DIST/COMP YARD
ORIGIN: CASTRO VALLEY

TRAILER#:
PROFILE 54881400

MANIFEST	WASTE DESCRIPTION	QUAN	PER	RATE	AMOUNT	TAX	FEE	TOTAL
	C2C CLASS							ees
GROSS:	37300 PB LBS							
TARE:	18880 PB LBS							
NET:	18420 LBS TONS: 9.21							

WashOut:
OffLoad:
Service:

WEIGH IN CLERK: BROWN

THIS IS TO CERTIFY THAT THE FOLLOWING DESCRIBED COMMODITY WAS WEIGHED, MEASURED, OR COUNTED BY A WEIGHMASTER WHOSE SIGNATURE IS ON THIS CERTIFICATE, WHO IS A RECOGNIZED AUTHORITY OF ACCURACY, AS PRESCRIBED BY CHAPTER 7 COMMENCING WITH SECTION 127001 OF DIVISION 5 OF THE CALIFORNIA BUSINESS AND PROFESSIONS CODE ADMINISTERED BY THE DIVISION OF MEASUREMENT STANDARDS OF THE CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE.

Handwritten signature

YELLOW CLASS 2 COVER
QUAN OF JOB: 0.00 T QUAL:

ALTAMONT LANDFILL & RRF
10840 ALTAMONT PASS ROAD
LIVERMORE, CA 94550-9745

DATE: 08/25/2000 TICK: 215296 - 1
TIME IN: 11:33 I/O: I
TIME OUT: 12:19

STAGE TICKET: 220701

CARRIER: A&D TRUCKING
TRUCK#: 32000 DUMP TRUCK
CUSTOMER: EBRP EAST BAY REGIONAL PARK DISTRICT
GENERATOR: EBYRD EB REGIONAL PARK DIST/COOP YARD
ORIGIN: CASTR CASTRO VALLEY

TRAILER#:

PROFILE 54881400

MANIFEST	WASTE DESCRIPTION	QUAN	PER	RATE	AMOUNT	TAX	FEE	TOTAL
	C2C CLASS 2 COVER SOI	0.00	T					ees

GROSS: 36840 PB LBS
TARE: 18840 PB LBS
NET: 18000 LBS TONS: 9.00

WEIGHMASTER: *KB*

WashOut:
OffLoad:
Service:
Service:

WEIGH IN CLERK: BROWN, KEN SR WEIGH OUT CLERK: BROWN, KEN SR

THIS IS TO CERTIFY THAT THE FOLLOWING DESCRIBED COMMODITY WAS WEIGHED, MEASURED, OR COUNTED BY A WEIGHMASTER WHOSE SIGNATURE IS ON THIS CERTIFICATE, WHO IS A RECOGNIZED AUTHORITY OF ACCURACY, AS PRESCRIBED BY CHAPTER 7 COMMENCING WITH SECTION 127001 OF DIVISION 5 OF THE CALIFORNIA BUSINESS AND PROFESSIONS CODE ADMINISTERED BY THE DIVISION OF MEASUREMENT STANDARDS OF THE CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE.

B. Pena

YELLOW CLASS 2 COVER
QUAN OF JOB: 0.00 T QUAL:

ALTAMONT LANDFILL & RRF
10840 ALTAMONT PASS ROAD
LIVERMORE, CA 94550-9745

DATE: 08/25/2000 TICK: 215326 - 1
TIME IN: 13:52 I/O: I
TIME OUT: 13:52

STAGE TICKET: 220750

CARRIER: BTTI BTTI
TRUCK#: T107 END DUMP
CUSTOMER: EBRP EAST BAY REGIONAL PARK DISTRICT
GENERATOR: EBYRD EB REGIONAL PARK DIST/COOP YARD
ORIGIN: CASTR CASTRO VALLEY

TRAILER#:

PROFILE 54881400

MANIFEST	WASTE DESCRIPTION	QUAN	PER	RATE	AMOUNT	TAX	FEE	TOTAL
	C2C CLASS 2 COVER SOI	12.58	T					ees

GROSS: 46960 PB LBS
TARE: 21800 PT LBS
NET: 25160 LBS TONS: 12.58

WEIGHMASTER: *[Signature]*

WashOut:
FFLoad:
Service:
Service:

WEIGH IN CLERK: DONOR OF FRAM WEIGH OUT CLERK: DONOR OF FRAM

THIS IS TO CERTIFY THAT THE FOLLOWING DESCRIBED COMMODITY WAS WEIGHED, MEASURED, OR COUNTED BY A WEIGHMASTER WHOSE SIGNATURE IS ON THIS CERTIFICATE, WHO IS A RECOGNIZED AUTHORITY OF ACCURACY, AS PRESCRIBED BY CHAPTER 7 COMMENCING WITH SECTION 127001 OF DIVISION 5 OF THE CALIFORNIA BUSINESS AND PROFESSIONS CODE ADMINISTERED BY THE DIVISION OF MEASUREMENT STANDARDS OF THE CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE.

YELLOW CLASS 2 COVER
QUAN OF JOB: 0.00 T QUAL:

ALAMONT LANDFILL & RRF
10840 ALAMONT PASS ROAD
LIVERMORE, CA 94550-9745

DATE: 08/25/2000 TICK: 215206 - 1
TIME IN: 09:11 I/O: 1
TIME OUT: 09:11

CARRIER: BTTI
TRUCK#: T107
CUSTOMER: EBRP
GENERATOR: EBYRD
ORIGIN: CASTR

STAGE TICKET: 220637
TRAILER#: 10000000
PROFILE 54881400

MANIFEST WASTE DESCRIPTION QUANTITY WEIGHT AMOUNT TAX FEE TOTAL
C2C CLASS 2 COVER SOI 12.41

GROSS: 46620 PB LBS
TARE: 21800 PT LBS
NET: 24820 LBS

CUSTOMER: *[Signature]*
WEIGHMASTER: *[Signature]*

WashOut: 0
Offload: 0
Service: 0
Service: 0

WEIGH IN CLERK: BROWN, KEN SR WEIGH OUT CLERK: BROWN, KEN SR

THIS IS TO CERTIFY THAT THE FOLLOWING DESCRIBED COMMODITY WAS WEIGHED, MEASURED, OR COUNTED BY A WEIGHMASTER WHOSE SIGNATURE IS ON THIS CERTIFICATE, WHO IS A RECOGNIZED AUTHORITY OF ACCURACY, AS PRESCRIBED BY CHAPTER 7 COMMENCING WITH SECTION 127001 OF DIVISION 5 OF THE CALIFORNIA BUSINESS AND PROFESSIONS CODE ADMINISTERED BY THE DIVISION OF MEASUREMENT STANDARDS OF THE CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE.

YELLOW CLASS 2 COVER
QUAN OF JOB: 0.00 T QUAL:

ALAMONT LANDFILL & RRF
10840 ALAMONT PASS ROAD
LIVERMORE, CA 94550-9745

DATE: 08/25/2000 TICK: 215271 - 1
TIME IN: 11:25 I/O: 1
TIME OUT: 11:25

CARRIER: BTTI
TRUCK#: T107
CUSTOMER: EBRP
GENERATOR: EBYRD
ORIGIN: CASTR

STAGE TICKET: 220699
TRAILER#: 10000000
PROFILE 54881400

MANIFEST WASTE DESCRIPTION QUANTITY WEIGHT AMOUNT TAX FEE TOTAL
C2C CLASS 2 COVER SOI 12.41

GROSS: 47340 PB LBS
TARE: 21800 PT LBS
NET: 25540 LBS

CUSTOMER: *[Signature]*
WEIGHMASTER: *[Signature]*

WashOut: 0
Offload: 0
Service: 0
Service: 0

WEIGH IN CLERK: BROWN, KEN SR WEIGH OUT CLERK: BROWN, KEN SR

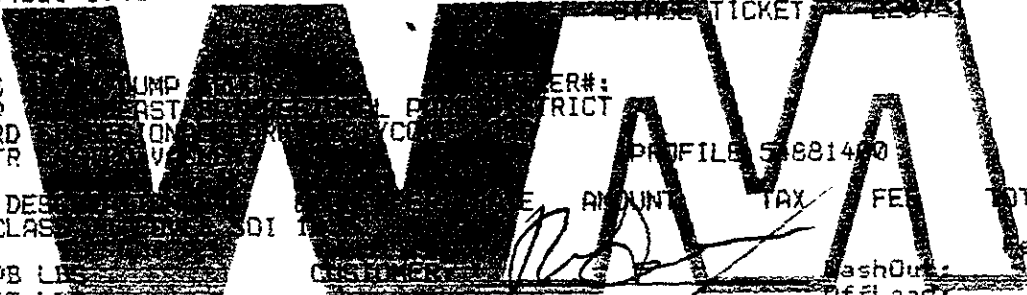
THIS IS TO CERTIFY THAT THE FOLLOWING DESCRIBED COMMODITY WAS WEIGHED, MEASURED, OR COUNTED BY A WEIGHMASTER WHOSE SIGNATURE IS ON THIS CERTIFICATE, WHO IS A RECOGNIZED AUTHORITY OF ACCURACY, AS PRESCRIBED BY CHAPTER 7 COMMENCING WITH SECTION 127001 OF DIVISION 5 OF THE CALIFORNIA BUSINESS AND PROFESSIONS CODE ADMINISTERED BY THE DIVISION OF MEASUREMENT STANDARDS OF THE CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE.

YELLOW CLASS 2 COVER
QUAN OF JOB: 0.00 T QUAL:

ALTAMONT LANDFILL & RRF
10840 ALTAMONT PASS ROAD
LIVERMORE, CA 94550-9745

DATE:08/25/2000 TICK: 215327 - 1
TIME IN: 13:57 I/O: I
TIME OUT: 13:57

CARRIER: QMT
TRUCK#: T103
CUSTOMER: EBRP
GENERATOR: EBYRD
ORIGIN: CASTR



MANIFEST	WASTE DESCRIPTION	AMOUNT	TAX	FEE	TOTAL
	C2C CLASS				ees
GROSS:	43720 PB LBS				
TARE:	22700 PT LBS				
NET:	21020 LBS TONS: 10.51	WEIGHMASTER:			

WEIGH IN CLERK: DONOR

WASTE MANAGEMENT

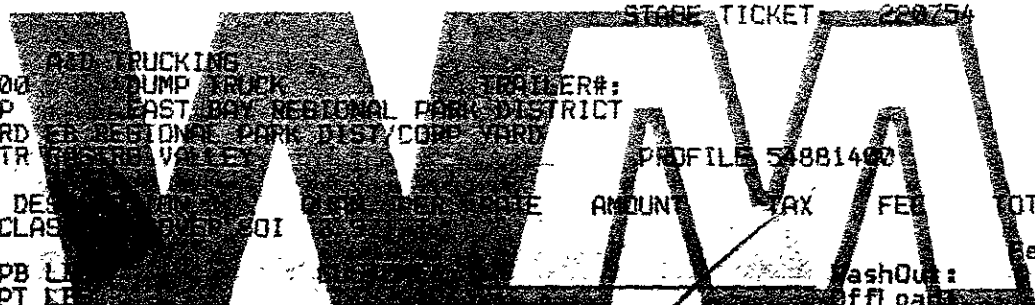
THIS IS TO CERTIFY THAT THE FOLLOWING DESCRIBED COMMODITY WAS WEIGHED, MEASURED, OR COUNTED BY A WEIGHMASTER WHOSE SIGNATURE IS ON THIS CERTIFICATE, WHO IS A RECOGNIZED AUTHORITY OF ACCURACY, AS PRESCRIBED BY CHAPTER 7 COMMENCING WITH SECTION 127001 OF DIVISION 5 OF THE CALIFORNIA BUSINESS AND PROFESSIONS CODE ADMINISTERED BY THE DIVISION OF MEASUREMENT STANDARDS OF THE CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE.

YELLOW CLASS 2 COVER
QUAN OF JOB: 0.00 T QUAL:

ALTAMONT LANDFILL & RRF
10840 ALTAMONT PASS ROAD
LIVERMORE, CA 94550-9745

DATE:08/25/2000 TICK: 215334 - 1
TIME IN: 14:09 I/O: I
TIME OUT: 14:09

CARRIER: A&D TRUCKING
TRUCK#: 32000 DUMP TRUCK
CUSTOMER: EBRP
GENERATOR: EBYRD
ORIGIN: CASTR



MANIFEST	WASTE DESCRIPTION	AMOUNT	TAX	FEE	TOTAL
	C2C CLASS				ees
GROSS:	136780 PB LBS				
TARE:	18840 PT LBS				
NET:	117940 LBS TONS: 8.97	WEIGHMASTER:			

WEIGH IN CLERK: DONOR

WASTE MANAGEMENT

THIS IS TO CERTIFY THAT THE FOLLOWING DESCRIBED COMMODITY WAS WEIGHED, MEASURED, OR COUNTED BY A WEIGHMASTER WHOSE SIGNATURE IS ON THIS CERTIFICATE, WHO IS A RECOGNIZED AUTHORITY OF ACCURACY, AS PRESCRIBED BY CHAPTER 7 COMMENCING WITH SECTION 127001 OF DIVISION 5 OF THE CALIFORNIA BUSINESS AND PROFESSIONS CODE ADMINISTERED BY THE DIVISION OF MEASUREMENT STANDARDS OF THE CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE.

YELLOW CLASS 2 COVER
QUAN OF JOB: 0.00 T QUAL:

ALTAMONT LANDFILL & RRF
10840 ALTAMONT PASS ROAD
LIVERMORE, CA 94550-9745

DATE: 08/24/2000 TICK: 214976 - 1
TIME IN: 12:02 I/O: 1
TIME OUT: 12:02
STAGE TICKET: 220388

CARRIER: PCM EXCAVATION
TRUCK#: 1632 DUMP TRUCK TRAILER#:
CUSTOMER: EBRP EAST BAY REGIONAL PARK DISTRICT
GENERATOR: EBYRD EAST BAY REGIONAL PARK DIST/CORP YARD
ORIGIN: CASTR CASTRO VALLEY

PROFILE 54881400

MANIFEST WASTE DESCRIPTION QUANTITY RATE AMOUNT TAX FEE TOTAL
C2C CLASS 2 COVER 501 10.71

GROSS: 43460 PB LBS
TARE: 22040 PT LBS
NET: 21420 LBS

WEIGHMASTER: [Signature]

WashOut:
OffLoad:
Service:

WEIGH IN CLERK: BROWN, KEN SR

WEIGH OUT CLERK: BROWN, KEN SR

THIS IS TO CERTIFY THAT THE FOLLOWING DESCRIBED COMMODITY WAS WEIGHED,
MEASURED, OR COUNTED BY A WEIGHMASTER WHOSE SIGNATURE IS ON THIS
CERTIFICATE, WHO IS A RECOGNIZED AUTHORITY OF ACCURACY, AS PRESCRIBED BY
CHAPTER 7 COMMENCING WITH SECTION 127001 OF DIVISION 5 OF THE CALIFORNIA
BUSINESS AND PROFESSIONS CODE ADMINISTERED BY THE DIVISION OF MEASUREMENT
STANDARDS OF THE CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE.

YELLOW CLASS 2 COVER
QUAN OF JOB: 0.00 T QUAL:

ALTAMONT LANDFILL & RRF
10840 ALTAMONT PASS ROAD
LIVERMORE, CA 94550-9745

DATE: 08/24/2000 TICK: 215037 - 1
TIME IN: 14:08 I/O: 1
TIME OUT: 14:08
STAGE TICKET: 220454

CARRIER: PCM EXCAVATION
TRUCK#: 1632 DUMP TRUCK TRAILER#:
CUSTOMER: EBRP EAST BAY REGIONAL PARK DISTRICT
GENERATOR: EBYRD EAST BAY REGIONAL PARK DIST/CORP YARD
ORIGIN: CASTR CASTRO VALLEY

PROFILE 54881400

MANIFEST WASTE DESCRIPTION QUANTITY RATE AMOUNT TAX FEE TOTAL
C2C CLASS 2 COVER 501 10.71

GROSS: 44620 PB LBS
TARE: 22040 PT LBS
NET: 22580 LBS

WEIGHMASTER: [Signature]

WashOut:
OffLoad:
Service:

WEIGH IN CLERK: DONORAO, FRANK

WEIGH OUT CLERK: DONORAO, FRANK

THIS IS TO CERTIFY THAT THE FOLLOWING DESCRIBED COMMODITY WAS WEIGHED,
MEASURED, OR COUNTED BY A WEIGHMASTER WHOSE SIGNATURE IS ON THIS
CERTIFICATE, WHO IS A RECOGNIZED AUTHORITY OF ACCURACY, AS PRESCRIBED BY
CHAPTER 7 COMMENCING WITH SECTION 127001 OF DIVISION 5 OF THE CALIFORNIA
BUSINESS AND PROFESSIONS CODE ADMINISTERED BY THE DIVISION OF MEASUREMENT
STANDARDS OF THE CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE.

YELLOW - CLASS 2 COVER
QUAN OF JOB: 0.00 T QUAL:

ALTAMONT LANDFILL & RRF
10840 ALTAMONT PASS ROAD
LIVERMORE, CA 94550-9745

DATE: 08/24/2000 TICK: 214996 - 1
TIME IN: 12:31 I/O: I
TIME OUT: 12:31

STAGE TICKET: 220412

CARRIER: BTTI
TRUCK#: T107
CUSTOMER: EBRP
GENERATOR: EBYRD
ORIGIN: CASTR

EAST BAY REGIONAL PARK DISTRICT

PROFILE: 54881400

MANIFEST	WASTE DESCRIPTION	QUANTITY	WEIGHT	AMOUNT	TAX	FEE	TOTAL
	C2C CLASS 2 COVER	501	13.58				

GROSS: 48960 PB LBS
TARE: 21800 PT LBS
NET: 27160 LBS TONS: 13.58

WEIGHMASTER: *[Signature]*

WashOut:
OffLoad:
Service:
Service:

WEIGH IN CLERK: DONOFRIE, FRANK

WEIGH OUT CLERK: DONOFRIE, FRANK

THIS IS TO CERTIFY THAT THE FOLLOWING DESCRIBED COMMODITY WAS WEIGHED, MEASURED, OR COUNTED BY A WEIGHMASTER WHOSE SIGNATURE IS ON THIS CERTIFICATE, WHO IS A RECOGNIZED AUTHORITY OF ACCURACY, AS PRESCRIBED BY CHAPTER 7 COMMENCING WITH SECTION 127001 OF DIVISION 5 OF THE CALIFORNIA BUSINESS AND PROFESSIONS CODE ADMINISTERED BY THE DIVISION OF MEASUREMENT STANDARDS OF THE CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE.

YELLOW CLASS 2 COVER
QUAN OF JOB: 0.00 T QUAL:

ALTAMONT LANDFILL & RRF
10840 ALTAMONT PASS ROAD
LIVERMORE, CA 94550-9745

DATE: 08/24/2000 TICK: 215050 - 1
TIME IN: 14:27 I/O: I
TIME OUT: 14:27

STAGE TICKET: 220455

CARRIER: GMT
TRUCK#: Q114
CUSTOMER: EBRP
GENERATOR: EBYRD
ORIGIN: CASTR

EAST BAY REGIONAL PARK DISTRICT

PROFILE: 54881400

MANIFEST	WASTE DESCRIPTION	QUANTITY	WEIGHT	AMOUNT	TAX	FEE	TOTAL
	C2C CLASS 2 COVER	501	13.38				

GROSS: 50880 PB LBS
TARE: 24120 PT LBS
NET: 26760 LBS TONS: 13.38

WEIGHMASTER: *[Signature]*

WashOut:
OffLoad:
Service:
Service:

WEIGH IN CLERK: DONOFRIE, FRANK

WEIGH OUT CLERK: DONOFRIE, FRANK

THIS IS TO CERTIFY THAT THE FOLLOWING DESCRIBED COMMODITY WAS WEIGHED, MEASURED, OR COUNTED BY A WEIGHMASTER WHOSE SIGNATURE IS ON THIS CERTIFICATE, WHO IS A RECOGNIZED AUTHORITY OF ACCURACY, AS PRESCRIBED BY CHAPTER 7 COMMENCING WITH SECTION 127001 OF DIVISION 5 OF THE CALIFORNIA BUSINESS AND PROFESSIONS CODE ADMINISTERED BY THE DIVISION OF MEASUREMENT STANDARDS OF THE CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE.

YELLOW CLASS 2 COVER
QUAN OF JOB: 0.00 T QUAL:

ALTAMONT LANDFILL & RRF
10840 ALTAMONT PASS ROAD
LIVERMORE, CA 94550-9745

DATE: 08/24/2000 TICK: 214932 - 1
TIME IN: 09:56 I/O: I
TIME OUT: 10:24

STAGE TICKET: 220335

CARRIER: QMT
TRUCK#: Q114
CUSTOMER: EBRP
GENERATOR: EBYRD
ORIGIN: CASTR

END DUMP
EAST BAY REGIONAL PARK DISTRICT
EAST BAY REGIONAL PARK DISTRICT/CORP YARD

TRAILER#: 54881400
PROFILE 54881400

MANIFEST WASTE DESCRIPTION QUANTITY DATE AMOUNT TAX FEE TOTAL
C2C CLASS 2 COVER SOI 12

GROSS: 48540 PB LBS
TARE: 24120 PB LBS
NET: 24420 LBS TONS: 12.21 WEIGHMASTER: *[Signature]*

WashOut:
OffLoad:
Services:
Services:

WEIGH IN CLERK: BROWN, KEN SR WEIGH OUT CLERK: BROWN, KEN SR

THIS IS TO CERTIFY THAT THE FOLLOWING DESCRIBED COMMODITY WAS WEIGHED, MEASURED, OR COUNTED BY A WEIGHMASTER WHOSE SIGNATURE IS ON THIS CERTIFICATE, WHO IS A RECOGNIZED AUTHORITY OF ACCURACY, AS PRESCRIBED BY CHAPTER 7 COMMENCING WITH SECTION 127001 OF DIVISION 5 OF THE CALIFORNIA BUSINESS AND PROFESSIONS CODE ADMINISTERED BY THE DIVISION OF MEASUREMENT STANDARDS OF THE CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE.

YELLOW CLASS 2 COVER
QUAN OF JOB: 0.00 T QUAL:

ALTAMONT LANDFILL & RRF
10840 ALTAMONT PASS ROAD
LIVERMORE, CA 94550-9745

DATE: 08/24/2000 TICK: 214979 - 1
TIME IN: 12:07 I/O: I
TIME OUT: 12:07

STAGE TICKET: 220390

CARRIER: QMT
TRUCK#: Q114
CUSTOMER: EBRP
GENERATOR: EBYRD
ORIGIN: CASTR

END DUMP
EAST BAY REGIONAL PARK DISTRICT
EAST BAY REGIONAL PARK DISTRICT/CORP YARD

TRAILER#: 54881400
PROFILE 54881400

MANIFEST WASTE DESCRIPTION QUANTITY DATE AMOUNT TAX FEE TOTAL
C2C CLASS 2 COVER SOI 12

GROSS: 46820 PB LBS
TARE: 24120 PT LBS
NET: 22700 LBS TONS: 11.35 WEIGHMASTER: *[Signature]*

WashOut:
OffLoad:
Services:
Services:

WEIGH IN CLERK: DONO... WEIGH OUT CLERK: DONO...

THIS IS TO CERTIFY THAT THE FOLLOWING DESCRIBED COMMODITY WAS WEIGHED, MEASURED, OR COUNTED BY A WEIGHMASTER WHOSE SIGNATURE IS ON THIS CERTIFICATE, WHO IS A RECOGNIZED AUTHORITY OF ACCURACY, AS PRESCRIBED BY CHAPTER 7 COMMENCING WITH SECTION 127001 OF DIVISION 5 OF THE CALIFORNIA BUSINESS AND PROFESSIONS CODE ADMINISTERED BY THE DIVISION OF MEASUREMENT STANDARDS OF THE CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE.

YELLOW CLASS 2 COVER
QUAN OF JOB: 0.00 T QUAL:

ALTAMONT LANDFILL & RRF
10840 ALTAMONT PASS ROAD
LIVERMORE, CA 94550-9745

DATE: 08/24/2000 TICK: 214930 - 1
TIME IN: 09:52 T/O: 1
TIME OUT: 10:21

CARRIER: BTTI
TRUCK#: 1107
CUSTOMER: EORP
GENERATOR: EBYRD
ORIGIN: CASTR

DUMP EAST BAY REGIONAL PARK DISTRICT
STONEMAN COURT BASE/LOSP YARD

STAGE TICKET 2035.13
PROFILE 54881 00
APPLI TAX FEES TOTL

MANIFEST WASTE DES
CBO CLAS

WGT: 45340 LB LBS
TARE: 21200 LB LBS
NET: 24140 LB LBS

CUSTOMER: *[Signature]*
WEIGHMASTER: *[Signature]*

Wash/Dub
0 Loads
Services
Set Voids

WEIGH IN CLERK: BROWN, ALM DE

WEIGH OUT CLERK: *[Signature]*

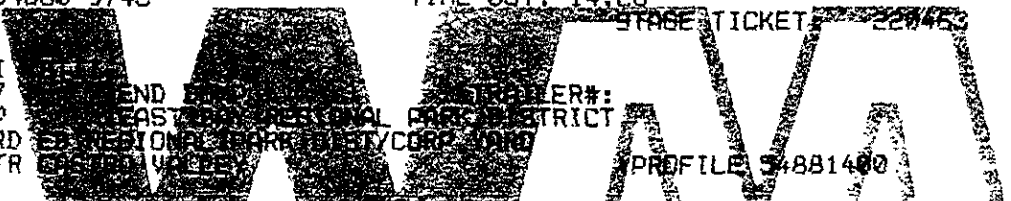
THIS IS TO CERTIFY THAT THE FOLLOWING DESCRIBED COMMODITY WAS MEASURED,
MEASURED OR COUNTED BY A WEIGHMASTER WHOSE SIGNATURE IS ON THIS
CERTIFICATE, WHO IS A RECOGNIZED AUTHORITY OF ACCURACY, AS PRESENTED BY
ARTICLE 7, CHAPTER 12, SECTION 127001 OF DIVISION 2 OF THE CALIFORNIA
BUSINESS AND PROFESSIONS CODE, ADMINISTERED BY THE DEPARTMENT OF
INDUSTRY WEIGHTS AND MEASUREMENTS, DEPARTMENT OF FOOD AND AGRICULTURE

8/24/00 - 106.75 TONS
 8/25/00 - 131.89 "
 8/28/00 - 89.46 "
 328.1 TOTAL TONS

YELLOW QUAN OF JOB: 0.00 CLASS 2 COVER T QUAL:

ALTAMONT LANDFILL & RRF
 10840 ALTAMONT PASS ROAD
 LIVERMORE, CA 94550-9745

DATE: 08/24/2000 TICK: 219049 - 1
 TIME IN: 14:26 I/O: I
 TIME OUT: 14:26



CARRIER: BTTI
 TRUCK#: T107
 CUSTOMER: EBRP
 GENERATOR: EBYRD
 ORIGIN: CASTR

STAGE TICKET: 220453
 TRAILER#: 54881400
 PROFILE: 54881400

MANIFEST	WASTE DESCRIPTION	QUANTITY	UNIT	WEIGHT	TAX	FEE	TOTAL
	C2C CLASS 2 COVER	12.50	TONS				
GROSS:	46800 PB LBS						
TARE:	21800 PT LBS						
NET:	25000 LBS TONS: 12.50						

WEIGH IN CLERK: DONOFRIO, FRANK

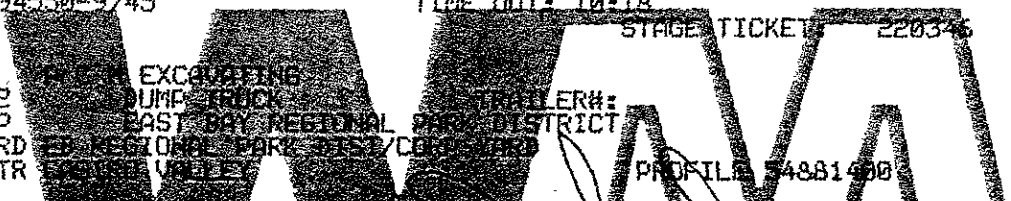
WEIGH OUT CLERK: DONOFRIO, FRANK

THIS IS TO CERTIFY THAT THE FOLLOWING DESCRIBED COMMODITY WAS WEIGHED, MEASURED, OR COUNTED BY A WEIGHMASTER WHOSE SIGNATURE IS ON THIS CERTIFICATE, WHO IS A RECOGNIZED AUTHORITY OF ACCURACY, AS PRESCRIBED BY CHAPTER 7 COMMENCING WITH SECTION 127001 OF DIVISION 5 OF THE CALIFORNIA BUSINESS AND PROFESSIONS CODE ADMINISTERED BY THE DIVISION OF MEASUREMENT STANDARDS OF THE CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE.

YELLOW QUAN OF JOB: 0.00 CLASS 2 COVER T QUAL:

ALTAMONT LANDFILL & RRF
 10840 ALTAMONT PASS ROAD
 LIVERMORE, CA 94550-9745

DATE: 08/24/2000 TICK: 214929 - 1
 TIME IN: 10:18 I/O: I
 TIME OUT: 10:18



CARRIER: PCM
 TRUCK#: 1632
 CUSTOMER: EBRP
 GENERATOR: EBYRD
 ORIGIN: CASTR

STAGE TICKET: 220346
 TRAILER#: 54881400
 PROFILE: 54881400

MANIFEST	WASTE DESCRIPTION	QUANTITY	UNIT	WEIGHT	TAX	FEE	TOTAL
	C2C CLASS 2 COVER	9.96	TONS				
GROSS:	41960 KB LBS						
TARE:	22040 PB LBS						
NET:	19920 LBS TONS: 9.96						

WEIGH IN CLERK: BROWN, REN SR

WEIGH OUT CLERK: BROWN, REN SR

THIS IS TO CERTIFY THAT THE FOLLOWING DESCRIBED COMMODITY WAS WEIGHED, MEASURED, OR COUNTED BY A WEIGHMASTER WHOSE SIGNATURE IS ON THIS CERTIFICATE, WHO IS A RECOGNIZED AUTHORITY OF ACCURACY, AS PRESCRIBED BY CHAPTER 7 COMMENCING WITH SECTION 127001 OF DIVISION 5 OF THE CALIFORNIA BUSINESS AND PROFESSIONS CODE ADMINISTERED BY THE DIVISION OF MEASUREMENT STANDARDS OF THE CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE.

Please transfer to LOP -
not sure what S/R
status is yet.

ALAMEDA COUNTY - ENVIRONMENTAL HEALTH

Transfer of Eligible Local Oversight Case

STID 1813 Date of input/By: 5/22/99 *APL*

Date: 5/21/99 From: Scott

Site Name: ~~EBRD~~ EBRPD Maintenance Yard

Address: 17930 Lk. Chabot Rd. City: C. Valley Zip: 94546

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

1. Y N Tanks Removed? # of removed? 3 Date removed: 12/98

2. Y N Samples received? Contamination level: 1800 ppm
Type of test TPH
Contamination should be over 100 ppm TPH to qualify for LOP

3. Y N Petroleum? Circle Type(s): • Avgas • leaded • unleaded • fuel oil • jet
diesel • waste oil • kerosene • solvents

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

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

Remaining DepRef \$'s: UNIC
DepRef Case Closed with Candyce/Leslie? Y N (If no, explain why below.)

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



State Water Resources Control Board



Division of Clean Water Programs

2014 T Street • Sacramento, California 95814 • (916) 227-4539
Mailing Address: P.O. Box 944212 • Sacramento, California • 94244-2120
FAX (916) 227-4530 • Internet Address: <http://www.swrcb.ca.gov/~cwphome/ustcf>

Winston H. Hickox
Secretary for
Environmental
Protection

PROCESSED
99 MAR 30
Gray Davis
Governor 27

ST 10 1 813

March 26, 1999

Stephen Gehrett
East Bay Regional Park District
P O Box 5381
Oakland, CA 94605-0381

UNDERGROUND STORAGE TANK CLEANUP FUND PROGRAM, REQUEST FOR FURTHER DOCUMENTATION DURING INITIAL REVIEW: CLAIM NUMBER 013931; FOR SITE ADDRESS: 17930 LAKE CHABOT RD, CASTRO VALLEY

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

- 1) Verification from the local agency that an unauthorized release of petroleum from the UST was discovered on a specified date.
- 2) Copy of a letter from the local regulatory agency naming you a responsible party and directing you to clean up the contamination at the subject site.
- 3) A copy of the permit to own or operate the UST from the local implementing agency dated between January 1, 1984 and January 1, 1990 (pursuant to Chapter 6.7 of the Health and Safety Code).

If you were not subject to the permit requirement, submit documentation to confirm this claim. Situations where the permit was not required by January 1, 1990, can include: a) you removed all USTs prior to January 1, 1990; and not replaced; b) you decommissioned all USTs pursuant to the direction of the regulatory agency prior to January 1, 1984; c) you sold the property and tanks by January 1, 1990.

If you were subject to the permit requirement but failed to comply by January 1, 1990, you can request the State Board to waive the requirement as a condition for eligibility. To request a waiver, complete the enclosed "Permit Waiver Request" form and return with any additional information requested below.

Verification of compliance with federal financial responsibility requirements.

A copy of your certification for compliance with the December 22, 1998 UST upgrade requirements.

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

If you have any questions, please contact me at (916) 227-4539.

Sincerely,



Cheryl Gordon
Claims Review Unit
Underground Storage Tank Cleanup Fund

cc: Mr. Thomas Peacock
Alameda County EHD
1131 Harbor Bay Pkway, 2nd Fl.
Alameda, CA 94502-6577



ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
 ENVIRONMENTAL HEALTH SERVICES
 1131 HARBOR BAY PARKWAY, RM 250
 ALAMEDA, CA 94502-6577
 PHONE # 510/567-6700

ACCEPTED

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

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

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

Any changes or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building 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, by permanent site closure, is dependent on compliance with accepted plans and all applicable laws and regulations.

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS:

Contact Specialist:

ROBERT WESTON
 11-18-98

STATE SPECIFIC SAFETY PLAN
 REQUIRED PRIOR TO START
 OF WORK.

USE TABLE 2 ANALYSES
 FOR GASOLINE + DIESEL
 INCLUDING MTBE.

UNDERGROUND TANK CLOSURE PLAN

* * * Complete plan according to attached instructions * * *

1. Name of Business EAST BAY REGIONAL PARK DISTRICT
 Business Owner or Contact Person (PRINT) STEPHEN GEHRETT
 2. Site Address 17930 LAKE CHABOT RD
 City CASTRO VALLEY Zip 94546 Phone 635-0135
 3. Mailing Address PO BOX 5381
 City OAKLAND Zip CA Phone 510 635-0135
 4. Property Owner EAST BAY REGIONAL PARK DISTRICT
 Business Name (if applicable) _____
 Address 2950 PERALTA OAKS CT.
 City, State OAKLAND, CA Zip 94605-0381
 5. Generator name under which tank will be manifested
EAST BAY REGIONAL PARK DISTRICT
- EPA ID# under which tank will be manifested C A C 0 0 1 3 8 0 7 4 4

6. Contractor V. C. I. OF CALIFORNIA
Address 2484 BAUMANN AVE
City SAN LORENZO, CA 94580 Phone (510) 276-6266
License Type A, B, HAZ. ID# 487537

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

8. Main Contact Person for Investigation (if applicable)
Name STEPHEN GEHRETT Title EQUIPMENT MANAGER
Company EAST BAY REGIONAL PARK DISTRICT
Phone (510) 843-8314

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

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

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

a) Product/Residual Sludge/Rinsate Transporter
Name EVERGREEN OIL EPA I.D. No. CAD 98241326Z
Hauler License No. 0242 License Exp. Date JULY, '99
Address 6880 SMITH AVE
City NEWARK State CA Zip 94560

b) Product/Residual Sludge/Rinsate Disposal Site
Name EVERGREEN OIL EPA ID# CAD 98088418
Address 6880 SMITH AVE
City NEWARK State CA Zip 94560

c) Tank and Piping Transporter

Name ECOLOGY CONTROL INDUSTRIES EPA I.D. No. CAD 982030173
Hauler License No. 1533 License Exp. Date 3/99
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. Sample Collector RICHARD S. MAKDISI, R.G.

Name STELLAR ENVIRONMENTAL SOLUTIONS

Company _____

Address 2110 SIXTH ST

City BERKELEY State CA Zip 94710 Phone 510 644-3123

12. Laboratory

Name SEQUOIA ANALYTICAL OF REDWOOD CITY

Address 680 CHESAPEAKE DR.

City REDWOOD CITY State CA Zip 94601

State Certification No. ELAP #1210

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

If yes, describe. DIESEL PIPING

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

DRY ICE

Before tanks are pumped out and inerted, all associated piping must be flushed back into the tank(s). All accessible piping must then be removed. Inaccessible piping must be permanently plugged using grout.

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

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

Tank		Material to be sampled (tank contents, soil, groundwater)	Location and Depth of Samples
Capacity	Use History include date last used (estimated)		
8,000 qL LEADED UNLEADED GAS	1978 - 11/3/98	SOIL	2 From EACH UST UNDER TANK AREA 2'-4" DEEP INTO NATIVE SOIL
8,000 qL LEADED UNLEADED GAS	1978 - 11/3/98	SOIL	"
2,200 qL DIESEL GAS	1978 - 11/3/98	SOIL	"

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

Excavated/Stockpiled Soil

Stockpiled Soil Volume
(estimated)

25 cubic YARDS

Sampling Plan

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

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

If yes, explain reasoning _____

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

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.

TPH G GCFID (5030)

TPHD GCFID (3550)

BTX & E 8020

TPH AND BTX & E 8260

LEAD AA

MTBE

TABLE 2 ANALYSES

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

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit
<p>USE TABLE 2 w/ MTEC</p>			

18. Submit Worker's Compensation Certificate copy

Name of Insurer STATE FUND Policy #1340531-98

19. Submit Plot Plan ***** (See Instructions) *****

20. Enclose Deposit (See Instructions)

21. Report all leaks or contamination to this office within 5 days of discovery.

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

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

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

CHANGE ORDER

Contract No.: 98039.00
Project Name: Lake Chabot UFST Soil Sampling
Location: 17930 Lake Chabot Road, Castro Valley, California

Change Order No.: 01
Date: November 16, 1998
SES Project: 98039

This document is intended for use in implementing changes in the Work agreed to by East Bay Regional Park District (District) and Stellar Environmental Solutions (SES).

Description of the changed Work or conditions:

Expanded scope of work associated with the underground fuel storage tank (UFST) removal project at the District's South County Corporation Yard. Original scope of work, schedule and cost were discussed in the SES November 1, 1998 proposal to the District. Tasks include: 1) Additional analytical costs for the November 10, 1998 soil sampling; 2) Additional level-of-effort for field activities and reporting for the November 10, 1998 soil sampling; 3) Assist the District's contractor in removing the three UFSTs (estimated one field day), including collecting excavation confirmation soil samples and sampling the excavated soil for soil disposal options (estimated three soil samples for TPHg, TPHd and BTEX; and 4) preparing a UFST closure report. At your request, all laboratory analyses will be conducted on rapid (24 to 48 hour) turnaround. The District and/or your tank removal contractor will be responsible for transport and disposal of the UFST and any contaminated soil and for backfilling the excavation.

Describe any other impacts to the contract as a result of this change in Work:

The UFST closure report will be submitted to the District within two weeks following the UFST removals.

Original Contract Value (Fixed Fee)	\$1,600
Net change by previous Change Orders	30
Contract Value before this Change Order	\$1,600
Increase or decrease in the Contract Value as a result of this Change Order (Fixed Fee)	\$4,800
New Contract Value (Fixed Fee)	\$6,400

Unless provided otherwise, SES and Client agree: 1) Client has requested the changed work and/or acknowledges the changed condition giving rise to this Change Order and any required resultant contract modification; 2) this Change Order may impact the scope, schedule and cost to SES; 3) this change incorporates the terms of the "Change Orders" clause of the above referenced contract; and 4) Client will pay SES for the additional services of this change in accordance with the terms of the contract or as modified hereunder.

Stellar Environmental Solutions:

Bruce M. Reilly for RSM

Richard S. Makdisi
Name

Principal
Title

November 16, 1998
Date

Client Authorized Representative:

S.G.
STEPHEN GEHLETT
Name

EQUIPMENT MGR.
Title

11-17-98
Date

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

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

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

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

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

CONTRACTOR INFORMATION

Name of Business VCI OF CALIFORNIA
Name of Individual VERLY K. ROTHLSBERGER
Signature George K. Schaw ^{for Verly} Date 11-17-98

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business EAST BAY REGIONAL PARK DISTRICT
Name of Individual STEPHEN GERRETT
Signature Stephen Gerritt Date 11/13/98

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:

V C I OF CALIFORNIA * VERL'S CONSTRUCTION INC



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

- A - General Engineering Contractor
- B - General Building Contractor
- HAZ - Hazardous Substances Removal

Witness my hand and seal this day,

October 10, 1990

Issued February 25, 1986
CERTIFIED COPY

[Handwritten Signature]
Signature of Licensee

[Handwritten Signature]
Signature of License Qualifier

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

David R Phillips
Registrar of Contractors

487537

License Number





State of California
CONTRACTORS STATE LICENSE BOARD
ACTIVE LICENSE



License Number **487537**

Entity **CORP**

Business Name **V C I OF CALIFORNIA**

Classification(s) **A B HAZ C21**

Expiration Date **02/29/2000**



**STATE
COMPENSATION
INSURANCE
FUND**

P.O. BOX 807, SAN FRANCISCO, CA 94101-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE 04-01-98

POLICY NUMBER: 1340531 - 98
CERTIFICATE EXPIRES: 04-01-99

COUNTY OF ALAMEDA
DEPT. OF HEALTH - HAZARDOUS MATERIALS
1131 HARBOR BAY PKWY., STE. 240
ALAMEDA CA 94502

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 30 days' advance written notice to the employer.

We will also give you 30 days' advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term, or condition of any contract or other document with respect to which this certificate of insurance 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.

Kenneth C. Bollier
PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000.00 PER OCCURRENCE.

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 04/01/98 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

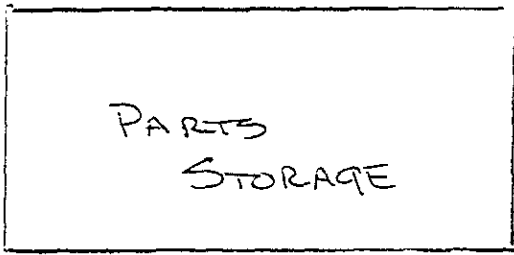
EMPLOYER

LEGAL NAME

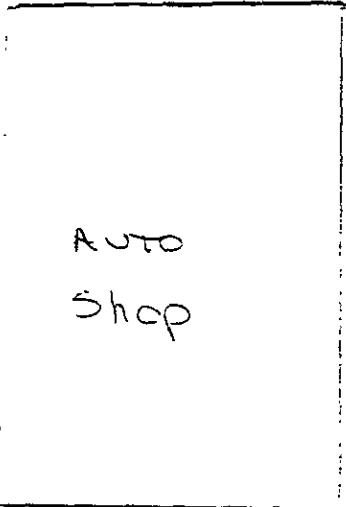
VCI OF CALIFORNIA
2484 BAUMANN AVE
SAN LORENZO CA 94580

VERL CONSTRUCTION, INC.

CORPORATION YARD
LAKE CHABOT
CASTRO VALLEY

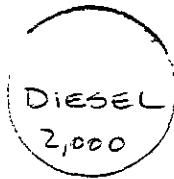
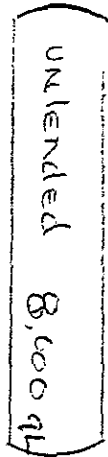
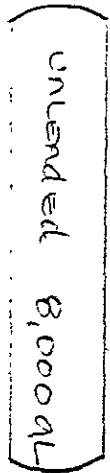


WASTE OIL, 500 qL
AST



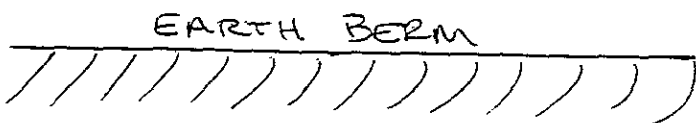
PARKING
ASPHALT

SEWER



Site
1" = 16'
SCALE

GROUNDFWATER
+ 25 DEEP.



ENTRANCE
GATE

white - env. health
 yellow - facility
 pink - files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

1131 Harbor Bay Pkwy
 Alameda CA 94502
 510/567-6700

Hazardous Materials Inspection Form

II, III

Site ID # 1813 Site Name EBRPD S. COUNTY YARD Today's Date 11/18/98

Site Address 17930 LAKE CITABOT ROAD

City CASTRO VALLEY Zip 94546 Phone _____

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

Inspection Categories:

____ I. Haz. Mat/Waste GENERATOR/TRANSPORTER

____ II. Hazardous Materials Business Plan, Acutely Hazardous Materials

III. Under ground Storage Tanks

* Calif. Administration Code (CAC) or the Health & Safety Code (HS&C) 945-

Comments: LA 0, 02100 LA 2, 0213 ON SITE TODAY TO WITNESS
THE REMOVAL OF THREE SW FFP
USTS. TANK 1 DAMAGED DURING
EXCAVATION. TANK 3 SHOWS SIGNS
OF DIESEL FUEL RELEASE W/ STAINING OF
TANK AND BACKFILL.

<u>(3)</u>	<u>(4)</u>	<u>(1)</u>
<u>(1)</u>	<u>(2)</u>	<u>(1)</u>
	<u>(6)</u>	<u>(6)</u>
	<u>(x)</u>	<u>(x)</u>

TANK 2 LAST TO BE REMOVED.

4:30 PM STOP

BEARING TANKS TRANSPORTED BY
TRIDENT TRUCKING.

SAMPLING PERFORMED BY RICHARD MALDISI
OF STELLAR ENVIRONMENTAL
REACHED H₂O IN THE EXCAVATION FROM RAINFALL
ON 11-17-98. FRACTURED BED ROCK COMPOSES
EXTERIOR PERIMETER OF THE EXCAVATION.
H₂O SAMPLE TAKEN FROM EXCAVATION.

Contact STEPHEN GEHRETT
 Title EQUIPMENT MANAGER
 Signature Stephen Gehrett

Inspector ROBERT WESTON II, III
 Signature Robert Weston

white - env. health
 yellow - facility
 pink - files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

1131 Harbor Bay Pkwy
 Alameda CA 94502
 510/567-6700

Hazardous Materials Inspection Form

II, III

Site ID # 1813 Site Name EBRPD S. COUNTY YARD Today's Date 11/18/98

Site Address 17930 LAKE CHARLOT ROAD

City CASTRO VALLEY Zip 94546 Phone _____

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

Inspection Categories:

I. Haz. Mat/Waste GENERATOR/TRANSPORTER

II. Hazardous Materials Business Plan, Acutely Hazardous Materials

III. Under ground Storage Tanks

* Calif. Administration Code (CAC) or the Health & Safety Code (HS&C) 945 -

Comments: LA 01, 02 LA 2, 0213 ON SITE TODAY TO WITNESS THE REMOVAL OF THREE SW FFP USTS. TANK 1 DAMAGED DURING EXCAVATION. TANK 3 SHOWS SIGNS OF DIESEL FUEL RELEASE W/ STAINING OF TANK AND BACKFILL.

3	4	5
1	2	1
	6	6
	1	1

8302 TANK 2 LAST TO BE REMOVED.

4001 SHOP BUILDING TANKS TRANSPORTED BY TRIDENT TRUCKING.

SAMPLING PERFORMED BY RICHARD MARDISI OF STELLAR ENVIRONMENTAL RECOVERED H₂O IN THE EXCAVATION FROM RAINFALL ON 11-17-98. FRACTURED BED ROCK COMPOSES EXTERIOR PERIMETER OF THE EXCAVATION. H₂O SAMPLE TAKEN FROM EXCAVATION.

Contact STEPHAN GETHREY Inspector ROBERT WESTON

Title EQUIPMENT MANAGER Signature _____

Signature Stephan Gethrey Signature _____

II, III

REF. / ACCT. # K

COUNTY OF ALAMEDA
OFFICE OF THE AUDITOR-CONTROLLER

MISCELLANEOUS RECEIPT

No 787774

\$ 1,320.00

One Thousand three hundred twenty 00/100 DOLLARS

CASH PERSONAL/CASHIER'S CHECK/M. O. # 69308 OTHER:

RECEIVED FROM: E.B.R.P.D 2950 Peralta Oaks Ct. Oakland, CA 94605

FOR: South Co. Corp. Yard 17930 Lake Chabot Rd. Castro Valley 94546

DATE: 11/18/98 RECEIVED BY: A. Battie DEPT. NO.: 430-4530

110-1 (Rev 10/83) 0123E (08)

Distribution: White - Payor Yellow & Pink - Depart.

Castro Valley		CA	94540	410 601 1033 x 5422
<input checked="" type="checkbox"/> BOX TO INDICATE	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP	<input checked="" type="checkbox"/> LOCAL AGENCY DISTRICTS
* If owner of UST is a public agency, complete the following: name of supervisor of division, section or office which operates the UST <u>Stephen Gehrett, Maint. Div.</u>				
TYPE OF BUSINESS		<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS		# OF TANKS AT SITE
<input type="checkbox"/> 1 GAS STATION	<input type="checkbox"/> 2 DISTRIBUTOR	<input checked="" type="checkbox"/> 5 OTHER		3
<input type="checkbox"/> 3 FARM	<input type="checkbox"/> 4 PROCESSOR	E. P. A. I. D. # (optional)		

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) <u>Gehrett, Stephen</u>	PHONE # WITH AREA CODE <u>510-843-8314</u>	DAYS: NAME (LAST, FIRST) <u>Lopez, Gil</u>	PHONE # WITH AREA CODE <u>510-881-1833 x-3212</u>
NIGHTS: NAME (LAST, FIRST) <u>Public Safety Dispatch</u>	PHONE # WITH AREA CODE <u>510 881-1833</u>	NIGHTS: NAME (LAST, FIRST) <u>Public Safety Dispatch</u>	PHONE # WITH AREA CODE <u>881-1833</u>

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME <u>East Bay Regional Park District</u>	CARE OF ADDRESS INFORMATION <u>Stephen Gehrett</u>		
MAILING OR STREET ADDRESS <u>P.O. Box 5381</u>	<input checked="" type="checkbox"/> box to indicate		
CITY NAME <u>Oakland</u>	STATE <u>CA</u>	ZIP CODE <u>94605</u>	PHONE # WITH AREA CODE <u>510 635-0135</u>

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER <u>East Bay Regional Park District</u>	CARE OF ADDRESS INFORMATION <u>Stephen Gehrett</u>		
MAILING OR STREET ADDRESS <u>P.O. Box 5381</u>	<input checked="" type="checkbox"/> box to indicate		
CITY NAME <u>Oakland</u>	STATE <u>CA</u>	ZIP CODE <u>94605</u>	PHONE # WITH AREA CODE <u>510 635-0135</u>

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

TY(TK) HQ 44-001511

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

box to indicate 1 SELF-INSURED 2 GUARANTEE 3 INSURANCE 4 SURETY BOND 5 LETTER OF CREDIT 6 EXEMPTION 7 STATE FUND 8 STATE FUND & CHIEF FINANCIAL OFFICER LETTER 9 STATE FUND & CERTIFICATE OF DEPOSIT 10 LOCAL GOVT. MECHANISM 99 OTHER

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

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

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

TANK OWNER'S NAME (PRINTED & SIGNATURE) <u>Stephen Gehrett For EBPRD</u>	TANK OWNER'S TITLE <u>Equipment Manager</u>	DATE MONTH/DAY/YEAR <u>Nov. 16, 1998</u>
-----------------------------------------------------------------------------	------------------------------------------------	---------------------------------------------

LOCAL AGENCY USE ONLY

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

11-18-98. REMOVED

#1813

rw



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 type="checkbox"/> 7 PERMANENTLY CLOSED SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input checked="" type="checkbox"/> 6 TEMPORARY SITE CLOSURE	

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

DBA OR FACILITY NAME South County Corporation Yard		NAME OF OPERATOR East Bay Regional Park District		
ADDRESS 17930 Lake Chabot Road		NEAREST CROSS STREET Arcadian Drive	PARCEL # (OPTIONAL)	
CITY NAME Castro Valley		STATE CA	ZIP CODE 94546	SITE PHONE # WITH AREA CODE 510-881-1833 x-3212
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> LOCAL-AGENCY DISTRICTS <input type="checkbox"/> COUNTY-AGENCY* <input type="checkbox"/> STATE-AGENCY* <input type="checkbox"/> FEDERAL-AGENCY*				
* If owner of UST is a public agency, complete the following: name of supervisor of division, section or office which operates the UST Stephen Gehrett, Maint. Div.				
TYPE OF BUSINESS		<input type="checkbox"/> 1 GAS STATION	<input type="checkbox"/> 2 DISTRIBUTOR	<input type="checkbox"/> 3 FARM
		<input type="checkbox"/> 4 PROCESSOR	<input checked="" type="checkbox"/> 5 OTHER	
		<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE 3	E. P. A. I. D. # (optional)

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) Gehrett, Stephen	PHONE # WITH AREA CODE 510-843 8314	DAYS: NAME (LAST, FIRST) Lopez Gil	PHONE # WITH AREA CODE 510 881 1833 x 3212
NIGHTS: NAME (LAST, FIRST) Public Safety Dispatch	PHONE # WITH AREA CODE 510 881 1833	NIGHTS: NAME (LAST, FIRST) Public Safety Dispatch	PHONE # WITH AREA CODE 881 1833

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME East Bay Regional Park District	CARE OF ADDRESS INFORMATION Stephen Gehrett		
MAILING OR STREET ADDRESS P O Box 5381	<input checked="" type="checkbox"/> box to indicate <input 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 Oakland	STATE CA	ZIP CODE 94605	PHONE # WITH AREA CODE 510 635 0135

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER East Bay Regional Park District	CARE OF ADDRESS INFORMATION Stephen Gehrett		
MAILING OR STREET ADDRESS P.O. Box 5381	<input checked="" type="checkbox"/> box to indicate <input 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 Oakland	STATE CA	ZIP CODE 94605	PHONE # WITH AREA CODE 510 635-0135

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

TY (TK) HQ 44-001511

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

<input checked="" type="checkbox"/> box to indicate	<input checked="" type="checkbox"/> 1 SELF-INSURED	<input type="checkbox"/> 2 GUARANTEE	<input type="checkbox"/> 3 INSURANCE	<input type="checkbox"/> 4 SURETY BOND	<input type="checkbox"/> 5 LETTER OF CREDIT	<input type="checkbox"/> 6 EXEMPTION	<input type="checkbox"/> 7 STATE FUND
	<input type="checkbox"/> 8 STATE FUND & CHIEF FINANCIAL OFFICER LETTER	<input type="checkbox"/> 9 STATE FUND & CERTIFICATE OF DEPOSIT	<input type="checkbox"/> 10 LOCAL GOVT. MECHANISM	<input type="checkbox"/> 99 OTHER			

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

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

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

TANK OWNER'S NAME (PRINTED & SIGNATURE) Stephen Gehrett For EBRPD <i>Stephen Gehrett</i>	TANK OWNER'S TITLE Equipment Manager	DATE MONTH/DAY/YEAR Nov. 16, 1998
---------------------------------------------------------------------------------------------	-----------------------------------------	--------------------------------------

LOCAL AGENCY USE ONLY

COUNTY # 011	JURISDICTION # 000	FACILITY # 048606 <i>Puls</i>
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPVISOR - DISTRICT CODE - OPTIONAL

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

OWNER MUST FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

#1813

11-18-98. REMOVED

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 checked="" type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input checked="" type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: South County Corporation Yard, Lake Chabot

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D.# 2	B. MANUFACTURED BY: Century Fiberglass
C. DATE INSTALLED (MO/DAY/YEAR) 1978	D. TANK CAPACITY IN GALLONS: 8,000

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

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input checked="" type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 1c MIDGRADE UNLEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 8 M85
			<input type="checkbox"/> 2 LEADED	<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 type="checkbox"/> 5 INTERNAL BLADDER SYSTEM	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SINGLE WALL IN A VAULT	<input type="checkbox"/> 99 OTHER	
B. TANK MATERIAL (Primary Tank)	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input checked="" type="checkbox"/> 3 FIBERGLASS	<input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM	<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
C. INTERIOR LINING OR COATING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING	<input type="checkbox"/> 4 PHENOLIC LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 95 UNKNOWN	<input checked="" type="checkbox"/> 99 OTHER FIBERGLASS
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___			
D. EXTERIOR CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP	<input checked="" type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL, etc.	SPILL CONTAINMENT INSTALLED (YEAR) 95		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) 95	
	DROPTUBE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		DISPENSER CONTAINMENT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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

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

V. TANK LEAK DETECTION

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

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

1. ESTIMATED DATE LAST USED (MO/DAY/YR) 11-02-98	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING 0 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

TANK OWNER'S NAME (PRINTED & SIGNATURE) Stephen Gehrett	DATE Nov. 16, 1998
Stephen Gehrett for EBRPD	

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

STATE I.D.#	COUNTY # 011	JURISDICTION # 000	FACILITY # 048606	TANK # 000001
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE		

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED. FORM C MUST BE COMPLETED FOR INSTALLATIONS. THIS FORM SHOULD BE ACCOMPANIED BY A PLOT PLAN. FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

#1813

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 checked="" type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input checked="" type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: South County Corporation Yard, Lake Chabot

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I. D. # <u>1</u>	B. MANUFACTURED BY: <u>Century Fiberglass</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>1978</u>	D. TANK CAPACITY IN GALLONS: <u>8,000</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"/> 1c MIDGRADE UNLEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 8 M85
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED			C. A. S. #:		

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

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

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

A. SYSTEM TYPE	A <u>U</u> 1 SUCTION	A <u>U</u> 2 PRESSURE	A <u>U</u> 3 GRAVITY	A <u>U</u> 4 FLEXIBLE PIPING	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	A <u>U</u> 99 OTHER
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 MECHANICAL LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 CONTINUOUS INTERSTITIAL MONITORING	<input type="checkbox"/> 4 ELECTRONIC LINE LEAK DETECTOR	<input checked="" type="checkbox"/> 5 AUTOMATIC PUMP SHUTDOWN
					<input checked="" type="checkbox"/> 99 OTHER <u>LOSS OF SUCTION</u>

V. TANK LEAK DETECTION

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

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

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>11-02-98</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>0</u> 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

TANK OWNER'S NAME (PRINTED & SIGNATURE) <u>Stephen Gehrett</u>	DATE <u>Nov. 16, 1998</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>048606</u>	TANK # <u>000002</u>
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE		

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED. FORM C MUST BE COMPLETED FOR INSTALLATIONS. THIS FORM SHOULD BE ACCOMPANIED BY A PLOT PLAN. FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

#1813

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 checked="" type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input checked="" type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: South County Corporation Yard

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I. D. # <u>3</u>	B. MANUFACTURED BY: <u>Centumy Fiberglass</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>1978</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 type="checkbox"/> 1a REGULAR UNLEADED
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input checked="" type="checkbox"/> 3 DIESEL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<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"/> 8 M85
			<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 type="checkbox"/> 5 INTERNAL BLADDER SYSTEM
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SINGLE WALL IN A VAULT	<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER _____
B. TANK MATERIAL (Primary Tank)	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input checked="" type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 7 ALUMINUM
			<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
			<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER _____
C. INTERIOR LINING OR COATING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
			<input checked="" type="checkbox"/> 99 OTHER <u>fiberglass</u>
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		
D. EXTERIOR CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER _____
E. SPILL AND OVERFILL, etc.	SPILL CONTAINMENT INSTALLED (YEAR) _____		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____
	DROP TUBE YES <input checked="" type="checkbox"/> NO _____		DISPENSER CONTAINMENT YES _____ NO <input checked="" type="checkbox"/>
	STRIKER PLATE YES _____ NO _____		

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

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

V. TANK LEAK DETECTION

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

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

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>11-02-98</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>0</u> 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

TANK OWNER'S NAME (PRINTED & SIGNATURE) <u>Stephen Gehrett for EBRPD</u>	DATE <u>Nov. 16, 1998</u>
-----------------------------------------------------------------------------	------------------------------

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

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
	<u>07</u>	<u>000</u>	<u>048606</u>	<u>000003</u>
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	
			<u>11/16/98</u>	

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED. FORM C MUST BE COMPLETED FOR INSTALLATIONS. THIS FORM SHOULD BE ACCOMPANIED BY A PLOT PLAN. FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

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

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM.	
REPORT DATE 10/28/98		CASE #		SIGNED: Robert Weston DATE: 10-28-98	
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT ROBERT WESTON		PHONE (510) 5676781	SIGNATURE Robert Weston	
	REPRESENTING <input checked="" type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME COUNTY OF ALAMEDA ENV HEALTH		
	ADDRESS 1131 HARBOR BAY PARKWAY AVAMEDA CA 94502				
RESPONSIBLE PARTY	NAME EAST BAY REGIONAL PARK DIST <input type="checkbox"/> UNKNOWN		CONTACT PERSON STEPHEN GEMRETT	PHONE (510) 881-1833	
	ADDRESS 2501 GRIZZLY PEARL BLVD BERKELEY CA 94618				
SITE LOCATION	FACILITY NAME (IF APPLICABLE) SOUTH COUNTY YARD		OPERATOR EBRPD	PHONE (510) 881-1833-3212	
	ADDRESS 17930 LANE CATBOT ROAD CASTROVILLE AVAMEDA 94546				
	CROSS STREET				
IMPLEMENTING AGENCIES	LOCAL AGENCY COUNTY OF ALAMEDA ENV HLT		CONTACT PERSON ROBERT WESTON	PHONE (510) 5676781	
	REGIONAL BOARD SF RWQCB		CONTACT PERSON CHUCK HEADLEY	PHONE (510) 6222433	
SUBSTANCES INVOLVED	(1) NAME DIESEL			QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN	
	(2) <input type="checkbox"/> UNKNOWN				
DISCOVERY/ABATEMENT	DATE DISCOVERED 10/28/98		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input type="checkbox"/> TANK REMOVAL <input checked="" type="checkbox"/> OTHER UST MODIFICATION		
	DATE DISCHARGE BEGAN <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> CLOSE TANK & REMOVE <input checked="" type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER		
	HAS DISCHARGE BEEN STOPPED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE				
SOURCE/ CAUSE	SOURCE OF DISCHARGE <input checked="" type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		CAUSE(S) <input type="checkbox"/> OVERFILL <input checked="" type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER		
	CHECK ONE ONLY <input checked="" type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)				
CURRENT STATUS	CHECK ONE ONLY <input checked="" type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY				
	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> OTHER (OT)				
	COMMENTS SUCTION PIPING FOR DIESEL DISPENSER FOUND LEAKING INTO BACKFILL AT UNION.				

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
 DEPARTMENT OF ENVIRONMENTAL HEALTH

ACCEPTED

HAZARDOUS MATERIALS DIVISION
 80 SWAN WAY, ROOM 200
 OAKLAND, CA 94621
 PHONE NO. 415/271-4320

DEPARTMENT OF ENVIRONMENTAL HEALTH
 470 - 27th Street, Third Floor
 Oakland, CA 94612
 Telephone: (415) 874-7237

APPROVAL SUBJECT TO THE FOLLOWING:

LAB ANALYSIS OF SOIL & WATER (IF
 ENCOUNTERED) SHOULD INCLUDE
 TPHG, TPHD, BTEX AS WELL
 AS O&G REFER TO
 TABLE 2 TRI-REGIONAL
 GUIDELINES. (PL) 11/3/92

ADDITIONALY: REMOVE
 UNDERGROUND PIPING IF UNACCESSIBLE
 CAP PROPERLY.
 SAMPLING UNDER PIPING MUST BE DONE BY ONE
 EVERY 20 FEET.

UNDERGROUND TANK CLOSURE PLAN

* * * Complete according to attached instructions * .

These plans have been reviewed and found to be acceptable and essentially meet the requirements of State and local health laws. Changes to your plans indicated by this Department are to assure compliance with State and local laws. The project proposed herein is now released for issuance of any required building permits for construction.

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

Any change or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Inspection Department to determine if such changes meet the requirements of State and local laws. Notify this Department at least 48 hours prior to the following required inspections:

- Removal of Tank and Piping
- Sampling
- Final Inspection

Issuance of a permit to operate is dependent on compliance with accepted plans and all applicable laws and regulations.

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS.

Project Specialist (print)

1. Business Name EAST BAY REGIONAL PARK DISTRICT
- Business Owner EAST BAY REGIONAL PARK DISTRICT
2. Site Address SOUTH COUNTY CORPORATION YARD
 City OFF ACCESS RD, OFF LAKE CHABOT RD OAKLAND CA. Zip 94546 Phone
3. Mailing Address EAST BAY REGIONAL PARK DISTRICT
 City 2950 PERALTA OAKLAND CA Zip 94605 Phone 510 635-0135
4. Land Owner EAST BAY REGIONAL PARK DISTRICT
 Address 2950 PERALTA OAKLAND CA
5. Generator

6. Contractor PETROLEUM ENGINEERING INC
Address 11 WEST 9TH ST
City SANTA ROSA CA 95401 Phone 707 545 0360
License Type A/B-1/SC-61 ID# 224358
SC-45/SC-10
HAZARDOUS SUBSTANCES REMOVAL AND REMEDIAL ACTIONS CERTIFICATION
LICENSE NO. 224358

7. Consultant _____
Address _____
City _____ Phone _____

8. Contact Person for Investigation
Name HAROLD DYE Title OPERATIONS
Phone 707 545 0360

9. Number of tanks being closed under this plan 1-250GAL WASTE OIL.
Length of piping being removed under this plan UNKN.
Total number of tanks at facility ONE

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 H&H ENVIRIOMENTAL SERVICES EPA I.D. No. CA.004771168
Hauler License No. 0334 License Exp. Date 1 31 93
Address 220 CHINA BASIN
City SAN FRANCISCO State CA Zip 94107

b) Product/Residual Sludge/Rinsate Disposal Site
Name H&H ENVIRIOMENTAL SERVICES EPA I.D. No. CA.004771168
Address 220 CHINA BASIN
City SAN FRANCISCO State CA Zip 94107

c) Tank and Piping Transporter

Name H&H ENVIROMENTAL SERVICES EPA I.D. No. CAD.00471168
Hauler License No. 0334 License Exp. Date 1/31/93
Address 220 CHINA BASIN
City SAN FRANCISCO State CA zip 94107

d) Tank and Piping Disposal Site

Name H&H ENVIROMENTAL SERVICES EPA I.D. No. CAD.00471168
Address 220 CHINA BASIN
City SAN FRANCISCO State CA zip 94107

11. Experienced Sample Collector

Name NEAL SILER
Company ENGINEERING - SCIENCE, INC.
Address 1301 MARINA VILLAGE PARKWAY, SUITE 200
City ALAMEDA State CA zip 94501 phone (510)769-3100

12. Laboratory

Name CHROMALAB, INC.
Address 2239 OMEGA ROAD, NO.1
City SAN RAMON State CA zip 94583
State Certification No. E 694 (1094)

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

If yes, describe. _____

14. Describe methods to be used for rendering tank inert

30# OF DRY ICE WILL BE USED FOR EVERY 1000 GAL. CAPACITY

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)		
250 GAL.	WASTE OIL	SOIL	IF SOIL APPEARS TO BE ABOVE GROUND WATER TABLES, COLLECT SAMPLES 1 FOOT INTO NATIVE SOIL.
		GROUND WATER	IF WATER IS PRESENT THEN COLLECT ONE OR TWO SAMPLES OF THE WATER USING A BAILER

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.

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (Estimated) 10YARDS	Sampling Plan 1 SOIL SAMPLE PER TANK FROM FORWARD OR PUMP END

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
O & G	SOIL..... STANDARD METHOD 5520 D & F	MODIFIED 8015	.005PPM 50 PPM
O & G	WATER... 5529C & F	5520 C & F	5,000PPB

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

* ANALYSES
MUST ALSO
INCLUDE

BTX E 3,
TPHC & TPHD
FOR BOTH soil &
WATER IF ENCOUNTERED

AG

REFER TO TABLE 2 TRI-REGIONAL BOARD RECOMMENDATIONS

18. Submit Worker's Compensation Certificate copy

220 BUSH ST
7TH FLOOR

Name of Insurer FAIRMONT INSURANCE

SAN FRANCISCO
CA.94104

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) PETROLEUM ENGINEERING INC. HAROLD DYE

Signature Harold Dye

Date 1-08-92

Signature of Site Owner or Operator

Name (please type) EAST BAY REGIONAL PARK DISTRICT

Signature Warren Lee

Date 6-08-92

INSTRUCTIONS

General Instructions

- * Three (3) copies of this plan plus attachments and deposit must be submitted to this Department.
- * Any cutting into tanks requires local fire department approval.
- * One complete copy of your approved plan must be at the construction site at all times; a copy of your approved plan must also be sent to the landowner.

Item Specific Instructions

2. SITE ADDRESS
Address at which closure is taking place.
5. EPA I.D. NO. under which the tanks will be manifested
EPA I.D. numbers may be obtained from the State Department of Health Services, 916/324-1781.
6. CONTRACTOR
Prime contractor for the project.
10. STATE REGISTERED HAZARDOUS WASTE TRANSPORTERS/FACILITIES
 - a) All residual liquids and sludges are to be removed from tanks before tanks are inerted.
 - c) Tanks must be hauled as hazardous waste.
 - d) This is the place where tanks will be taken for cleaning.
15. TANK HISTORY AND SAMPLING INFORMATION

Use History - This information is essential and must be accurate. Include tank installation date, products stored in the tank, and the date when the tank was last used.

Material to be sampled - e.g. water, oil, sludge, soil, etc.

Location and depth of samples - e.g. beneath the tank a maximum of two feet below the native soil/backfill interface, side wall at the high water mark, etc.

17. SITE HEALTH AND SAFETY PLAN

A site specific Health and Safety plan must be submitted. We advocate the site health and safety plan include the following items, at a minimum:

- a) The name and responsibilities of the site health and safety officer;
- b) Identification of health and safety hazards of each work task. Include potential fire, explosion, physical, and chemical hazards;
- c) An outline of briefings to be held before work each day to appraise employees of site health and safety hazards;
- d) Frequency and types of air and personnel monitoring to be used - along with the environmental sampling techniques and instrumentation. Include instrumentation maintenance and calibration methods and frequencies;
- e) Specific personal protective equipment and procedures to be used by workers to protect themselves from the identified hazards. Also state the contaminant concentrations in air - or other conditions - which will trigger changes in work or work habits to ensure workers are not exposed to high levels of hazardous chemicals or to other unsafe conditions;
- f) Confined space entry procedures (if applicable);
- g) Decontamination procedures;
- h) Measures to be taken to secure the site, excavation and stockpiled soil during and after work hours (e.g. barricades, caution tape, fencing, trench plates, security guards, etc.);
- i) Spill containment and emergency/contingency plan. Be sure to include emergency phone numbers, the location of the phone nearest the site, and directions to the hospital nearest the site;
- j) Documentation that all site workers have received the appropriate OSHA approved trainings and participate in appropriate medical surveillance per 29 CFR 1910.120; and
- k) Page for employees to sign indicating they have read and will comply with the site health and safety plan.

The safety plan must be distributed to all employees and contractors working in hazardous waste operations on site. A complete copy of the site health and safety plan along with any standard operating procedures shall be on site and accessible at all times.

NOTE: These requirements are excerpts from 29 CFR Part 1910.120, Hazardous Waste Operations and Emergency Response; Final Rule, March 6, 1989. Safety plans of certain underground tank sites may need to meet the complete requirements of this Rule.

19. PLOT PLAN

The plan should consist of a scaled view of the facility at which the tank(s) are located and should include the following information:

- a) Scale;
- b) North Arrow;
- c) Property Lines;
- d) Location of all Structures;
- e) Location of all relevant existing equipment including tanks and piping to be removed and dispensers;
- f) Streets;
- g) Underground conduits, sewers, water lines, utilities;
- h) Existing wells (drinking, monitoring, etc.);
- i) Depth to ground water; and
- j) All existing tanks and piping in addition to the ones being pulled.

20. DEPOSIT

A deposit, payable to Alameda County for the amount indicated on the Alameda County Underground Storage Tank Fee Schedule, must accompany the plans.

21. Blank Unauthorized Leak/Contamination Site Report forms may be obtained in limited quantities from our office and from the San Francisco Bay Regional Water Quality Control Board (415/464-1255). Larger quantities may be obtained directly from the State Water Resources Control Board at (916) 739-2421.

22. TANK CLOSURE REPORT

The tank closure report should contain the following information:

- a) General description of the closure activities;
- b) Description of tank, fittings and piping conditions. Indicate tank size and former contents; note any corrosion, pitting, holes, etc.;

- c) Description of the excavation itself. Include the tank and excavation depth, a log of the stratigraphic units encountered within the excavation, a description of root holes or other potential contaminant pathways, the depth to any observed ground water, descriptions and locations of stained or odor-bearing soil, and descriptions of any observed free product or sheen;
- d) Description of sampling methods;
- e) Description of any remedial measures conducted at the time of tank removal;
- f) To-scale figures showing the excavation size and depth, nearby buildings, sample locations and depths, and tank and piping locations. Include a copy of the plot plan prepared for the Tank Closure Plan under item 19;
- g) Chain of custody records;
- h) Copies of signed laboratory reports;
- i) Copies of "TSDF to Generator" Manifests for all hazardous wastes hauled offsite (sludge, rinsate, tanks and piping, contaminated soil, etc.); and
- j) Tabulation of the volume and final destination of all non-manifested contaminated soil hauled offsite.

TABLE #2
RECOMMENDED MINIMUM VERIFICATION ANALYSES FOR
UNDERGROUND TANK LEAKS

<u>HYDROCARBON LEAK</u>	<u>SOIL ANALYSIS</u>		<u>WATER ANALYSIS</u>	
Unknown Fuel	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E	8260		
Leaded Gas	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	BTX&E	8020 OR 8240	BTX&E	602 or 624
	TPH AND BTX&E	8260	TOTAL LEAD AA	
	TOTAL LEAD AA			
	-----Optional-----			
	TEL	DHS-LUFT	TEL	DHS-LUFT
	EDB	DHS-AB1803	EDB	DHS-AB1803
Unleaded Gas	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E	8260		
Diesel, Jet Fuel and Kerosene	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E	8260		
Fuel/Heating Oil	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E	8260		
Chlorinated Solvents	CL HC	8010 or 8240	CL HC	601 or 624
	BTX&E	8020 or 8240	BTX&E	602 or 624
	CL HC AND BTX&E	8260	CL HC AND BTX&E	8260
Non-chlorinated Solvents	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602 or 624
	TPH AND BTX&E	8260	TPH and BTX&E	8260
Waste and Used Oil or Unknown (All analyses must be completed and submitted)	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	TPH AND BTX&E	8260		
	O & G	5520 D & F	O & G	5520 C & F
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	CL HC	8010 or 8240	CL HC	601 or 624
	ICAP or AA TO DETECT METALS: Cd, Cr, Pb, Zn, Ni			
	METHOD 8270 FOR SOIL OR WATER TO DETECT:			
	PCB*		PCB	
	PCP*		PCP	
	PNA		PNA	
	CREOSOTE		CREOSOTE.	

* If found, analyze for dibenzofurans (PCBs) or dioxins (PCP)

Reference: Tri-Regional Board Staff Recommendations for Preliminary Evaluation and Investigation of Underground Tank Sites, 10 August 1990

Based upon a Regional Board survey of Department of Health Services Certified Laboratories, the Practical Quantitation Reporting Limits are attainable by a majority of laboratories with the exception of diesel fuel in soils. The Diesel Practical Quantitation Reporting Limits, shown by the survey, are:

ROUTINE	MODIFIED PROTOCOL
≤ 10 ppm (42%)	≤ 10 ppm (10%)
≤ 5 ppm (19%)	≤ 5 ppm (21%)
≤ 1 ppm (35%)	≤ 1 ppm (60%)

When the Practical Quantitation Reporting Limits are not achievable, an explanation of the problem is to be submitted on the laboratory data sheets.

10. LABORATORY DATA SHEETS are to be signed and submitted and include the laboratory's assessment of the condition of the samples on receipt including temperature, suitable container type, air bubbles present/absent in VOA bottles, proper preservation, etc. The sheets are to include the dates sampled, submitted, prepared for analysis, and analyzed.
11. IF PEAKS ARE FOUND, when running samples, that do not conform to the standard, laboratories are to report the peaks, including any unknown complex mixtures that elute at times varying from the standards. Recognizing that these mixtures may be contrary to the standard, they may not be readily identified; however, they are to be reported. At the discretion of the LIA or Regional Board the following information is to be contained in the laboratory report:

The relative retention time for the unknown peak(s) relative to the reference peak in the standard, copies of the chromatogram(s), the type of column used, initial temperature, temperature program is C/minute, and the final temperature.

12. REPORTING LIMITS FOR TPH are: gasoline standard ≤ 20 carbon atoms, diesel and jet fuel (kerosene) standard ≤ 50 carbon atoms. It is not necessary to continue the chromatography beyond the limit, standard, or EPA/DHS method protocol (whichever time is greater).

EPILOGUE

ADDITIVES: Major oil companies are being encouraged or required by the federal government to reformulate gasoline as cleaner burning fuels to reduce air emissions. MTBE (Methyl-tertiary butyl ether), ETHANOL (ethyl alcohol), and other chemicals may be added to reformulate gasolines to increase the oxygen content in the fuel and thereby decrease undesirable emissions (about four percent with MTBE). MTBE and ethanol are, for practical purposes, soluble in water. The removal

EXPLANATION FOR TABLE #2: MINIMUM VERIFICATION ANALYSIS

1. OTHER METHODOLOGIES are continually being developed and as methods are accepted by EPA or DHS, they also can be used.
2. For DRINKING WATER SOURCES, EPA recommends that the 500 series for volatile organics be used in preference to the 600 series because the detection limits are lower and the QA/QC is better.
3. APPROPRIATE STANDARDS for the materials stored in the tank are to be used for all analyses on Table #2. For instance, seasonally, there may be five different jet fuel mixtures to be considered.
4. To AVOID FALSE POSITIVE detection of benzene, benzene-free solvents are to be used.
5. TOTAL PETROLEUM HYDROCARBONS (TPH) as gasoline (G) and diesel (D) ranges (volatile and extractible, respectively) are to be analyzed and characterized by GCFID with a fused capillary column and prepared by EPA method 5030 (purge and trap) for volatile hydrocarbons, or extracted by sonication using 3550 methodology for extractable hydrocarbons. Fused capillary columns are preferred to packed columns; a packed column may be used as a "first cut" with "dirty" samples or once the hydrocarbons have been characterized and proper QA/QC is followed.
6. TETRAETHYL LEAD (TEL) analysis may be required if total lead is detected unless the determination is made that the total lead concentration is geogenic (naturally occurring).
7. CHLORINATED HYDROCARBONS (CL HC) AND BENZENE, TOLUENE, XYLENE AND ETHYLBENZENE (BTX&E) are analyzed in soil by EPA methods 8010 and 8020 respectively, (or 8240) and in water, 601 and 602, respectively (or 624).
8. OIL AND GREASE (O & G) may be used when heavy, straight chain hydrocarbons may be present. Infrared analysis by method 418.1 may also be acceptable for O & G if proper standards are used. "Standard Methods" 17th Edition, 1989, has changed the 503 series to 5520.
9. PRACTICAL QUANTITATION REPORTING LIMITS are influenced by matrix problems and laboratory QA/QC procedures. Following are the Practical Quantitation Reporting Limits:

	<u>SOIL PPM</u>	<u>WATER PPB</u>
TPH G	1.0	50.0
TPH D	1.0	50.0
BTX&E	0.005	0.5
O & G	50.0	5,000.0

Regional Board Staff Recommendations
Preliminary Site Investigation

10 August 1990

from the water column will be difficult. Other compounds are being added by the oil companies for various purposes. The refinements for detection and analysis for all of these additives are still being worked out. If you have any questions about the methodology, please call your Regional Board representative.

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

APPROVAL is SUBJECT to the following:
1- UST is REMOVED & CLOSED PROPERLY FIRST.
~~AND~~ SINCE ABOVE GROUND TANK is BEING
INSTALLED WHERE UST IS LOCATED PRESENTLY.

2- ATTACHMENTS PROVIDED IN REGARD TO
COUNT REGULATIONS & MANUFACTURER'S
SPEC.

Project Specialist:

Alex

11/3/92

ACCEPTED

DEPARTMENT OF ENVIRONMENTAL HEALTH
470 - 27th Street, Third Floor
Oakland, CA 94612
Telephone: (415) 874-7237

These plans have been reviewed and found to be acceptable and essentially meet the requirements of State and local health laws. Changes to your plans indicated by this Department are to assure compliance with State and local laws. The project proposed herein is now released for issuance of any required building permits for construction.

One copy of these accepted plans must be on the job and available to all contractors and craftsmen involved with the construction and installation.

Any change or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Inspection Department to determine if such changes meet the requirements of State and local laws. Notify this Department at least 48 hours prior to the following required inspections:

- Pressure Test
- Pre-Covering of Tank and Piping
- Final Inspection

Issuance of a permit to operate is dependent on compliance with accepted plans and all applicable laws and regulations.

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS.

UNDERGROUND TANK INSTALLATION PLAN

* * * Complete according to attached instructions * * *

1. Business Name EAST BAY REGIONAL PARK DISTRICT
Business Owner EAST BAY REGIONAL PARK DISTRICT
SOUTH COUNTY CORPORATION YARD

2. Site Address 17930 LAKE CHABOT ROAD
City CASTRO VALLEY CA Zip 94546 Phone 510 635 0135

3. Mailing Address EAST BAY REGIONAL PARK DISTRICT
City 2950 PERALTA OAKS CT., OAKLAND CA Zip 94605 Phone 510 635 0135

4. Land Owner EAST BAY REGIONAL PARK DISTRICT
Address 2950 PERALTA OAKS CT.
City, State OAKLAND CA Zip 94605

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

Manufacturer	Model	Size(gal.)	Material/Design	Contents
CONVAULT	0500	500	INSIDE STEEL TANK ENCASED IN 6 INCHES OF CONCRETE WITH OUTSIDE EPOXY COATING. MOUNTED ON A 6 IN PAD OF CONCRETE	
Monitoring Eq*	Model	Manual/Auto	line leak Detect	Monitoring Meth
CAPABLE OF MONITORING PRIMARY AND SECONDARY CONTAINMENT.			N/A	

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

6. Contractor

Address PETROLEUM ENGINEERING INC 11 W 9TH ST

City SANTA ROSA CA 94501 Phone 707 54 0360

License Type* A,B-1,SC61,SC34,D23 ID# 224358

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

7. Submit Worker's Compensation Certificate copy

Name of Insurer FAIRMONT INSUREANCE

8. Contact person for installation HAROLD DYE

Phone 707 545 0360 Title OPERATIONS

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

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

10. Enclose Deposit:

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

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

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

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

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

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

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

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

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

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

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

Signature of Contractor

Name (please type) PETROLEUM ENGINEERING

Signature HAROLD DYE *Harold Dye*

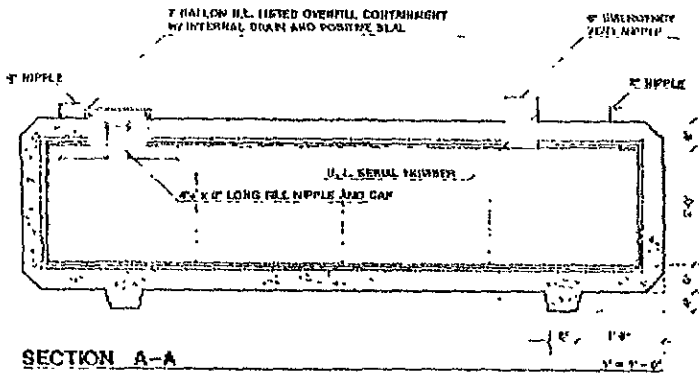
Date 6 9 92

Signature of Site Owner or Operator

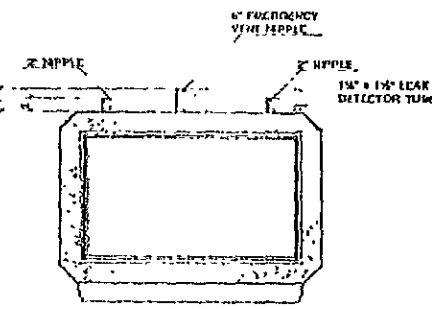
Name (please type)

Signature EAST BAY REGIONAL PARKS DISTRICT *Walter Wilson*

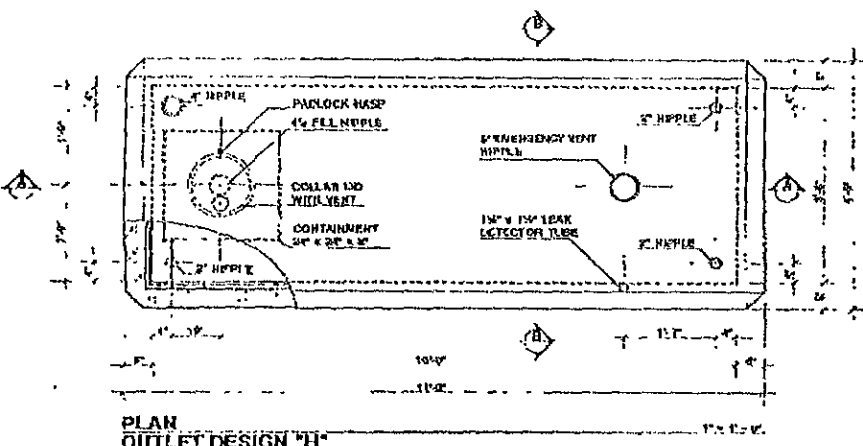
Date 6 20 92



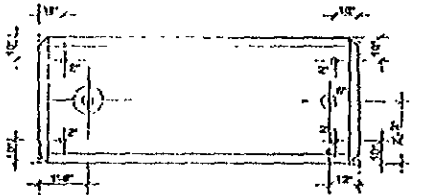
SECTION A-A



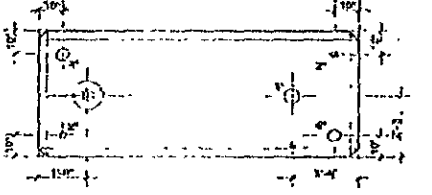
SECTION B-B



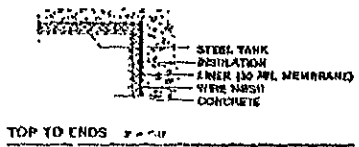
PLAN OUTLET DESIGN 'H'



OUTLET DESIGN 'P'



OUTLET DESIGN 'O'



TOP TO ENDS



BOTTOM TO ENDS / CORNERS

OUTLET CONFIGURATIONS

SEE TOP ELEVATIONS FOR DIMENSIONS AND SIZES

- OUTLET DESIGN H
 - OUTLET DESIGN O
 - OUTLET DESIGN P
- ALL UNDRIBN INLET NIPPLES SHALL BE SECURELY CAPPED

GENERAL SPECIFICATIONS

1. STEEL TANK SHALL BE MANUFACTURED IN ACCORDANCE WITH U.L. 141.
2. STEEL TANK SHALL HAVE EMERGENCY VENT AS REQUIRED BY N.E.P.A. 35.
3. STEEL TANK OPENINGS SHALL BE THREADED, EXCEPT VENT DETECTOR TUBE. ALL 2\"/>

ACCESSORY PACKAGES

- 20 YEAR WARRANTY
- 10 YEAR WARRANTY
- 7 GALLON U.L. LISTED OVERFILL CONTAINMENT (OPTIONAL)

THE FOLLOWING PACKAGES CONTAIN PUMPS

- #PK01500L DIESEL PACKAGE
- #PK01500L GAS PACKAGE (LEADED)
- #PK01500L GAS PACKAGE (UNLEADED)
- #PK01501L PHASE I PACKAGE VAPOR RECOVERY (LEADED)
- #PK01501P PHASE I PACKAGE VAPOR RECOVERY (UNLEADED)
- #PK01502P PHASE I PACKAGE VAPOR RECOVERY-BALANCE SYSTEM

THE FOLLOWING PACKAGES DO NOT CONTAIN PUMPS

- #PK02000L OIL PACKAGE
- #PK02000L DIESEL PACKAGE
- #PK02000B DIESEL PACKAGE WITH SUCTION TUBE
- #PK02000L GAS PACKAGE
- #PK02000S GAS PACKAGE WITH SUCTION TUBE
- #PK02000I PHASE I VAPOR RECOVERY GAS PACKAGE
- #PK02000IS PHASE I VAPOR RECOVERY GAS PKG. WITH SUCTION TUBE
- #RC02000L WASTE OIL RECEPTACLE 500 AND 1,000 GALLON
- #PLT2 STEPS AND HANDRAIL (20) AND 300 GALLON
- #PLT2 STEPS AND HANDRAIL (20) AND 1,000 GALLON
- #PMP0010L PUMP (DIAPHRAGM) U.L. LISTED
- #PMP0010S PUMP (DIAPHRAGM) U.L. LISTED

PATENT NUMBERS: #4034137
#4011205
#3224444

OTHER U.S. AND FOREIGN PATENTS PENDING



SALES & SERVICE

1037A First Championship,
Concord, CA 94520
Phone (925) 375-8288

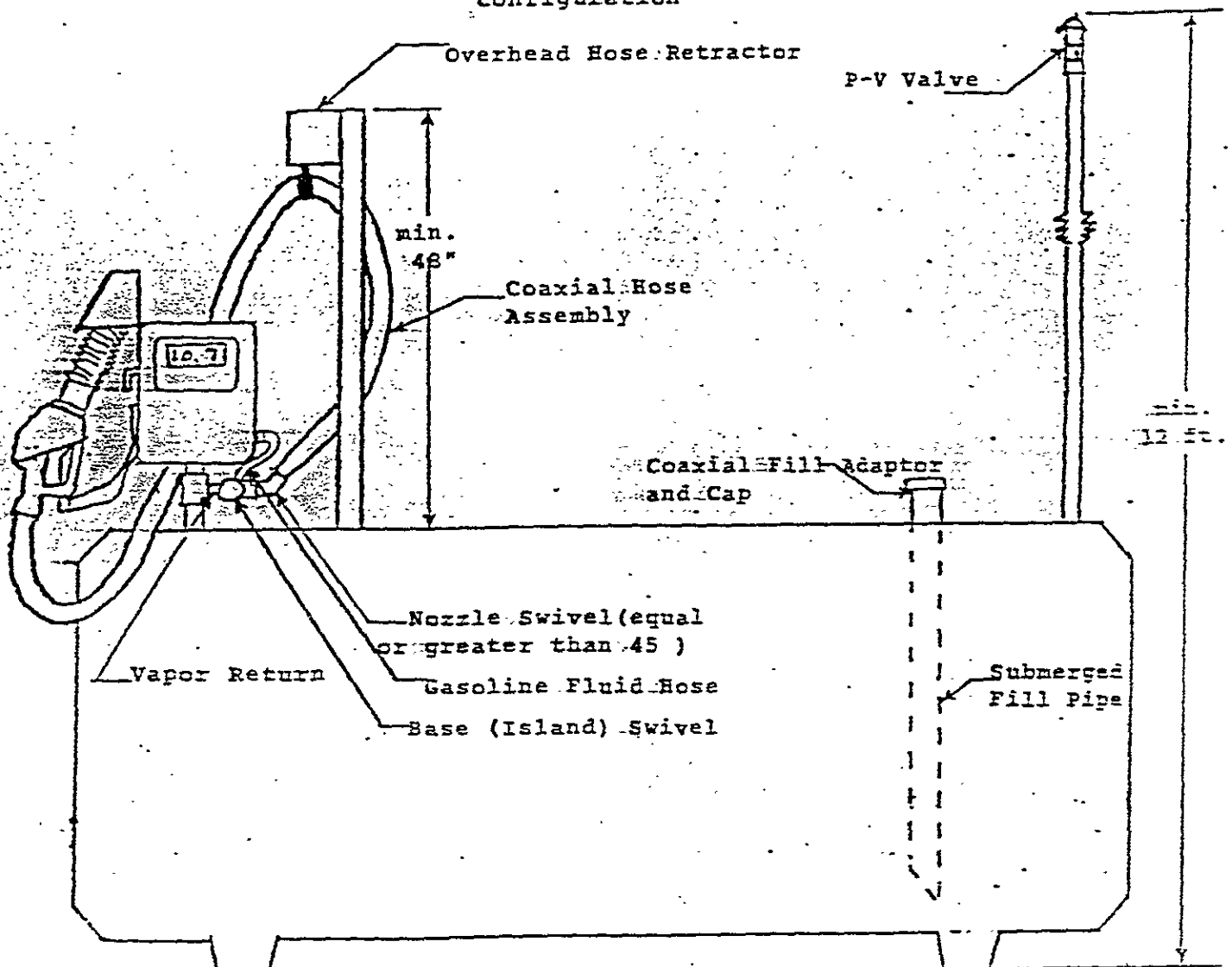


500 GALLON

Model	Serial	Date

Exhibit I

Executive Order G-70-116
Convault Inc. Vaulted Above Ground Gasoline Tank
Configuration



- NOTES:
1. Specific components are listed in Exhibit 2 of this Executive Order.
 2. A flow limiter is required on all gasoline dispensers that have a maximum flowrate in excess of 10 gpm.
 3. The Emco Wheaton Model A 4000 Series nozzles are permitted only when used in conjunction with approved vapor check valves.
 4. The maximum hose length is 9 1/2 feet.
 5. Drawing shows a 1000 gallon tank, 500 gallon tanks are approved with the same dimension requirement as shown.
 6. If a remote dispenser (not located on top of tank) is used, the requirements of Executive Order G-70-52 AI, Exhibit 5 must be met. In addition, a vapor tight, local Fire Marshal approved liquid trap, installed at the low point in the vapor return piping must be installed. The trap must either include a pump to pump liquid back to the tank or must be easily accessible for liquid removal.
 7. Requirements of Executive Order G-70-102 relating to Phase I components must be met, if applicable. The PV valve specified herein



4109 Zeering Rd., Denair, CA 95316
800-222-7099 209-632-7571
AXIOM FAX 209-632-4711

THE CONVAULT ALTERNATIVE
A POLLUTION SOLUTION

- * CONVAULT is a steel tank double contained in a concrete vault that rests 4" above the ground on a concrete slab for easy monitoring and visual inspection.
- * Virtual elimination of potential unseen leakage resulting in ground water contamination as often experienced with underground tanks.
- * Approved in most locations by Fire Officials for installations at Schools, Fire Departments, Utilities, Government facilities and other businesses who demand environmentally clean and safe fuel and waste oil systems.
- * Complies with local Hazardous Materials Storage Ordinances and has monitorable secondary containment and labeling space.
- * Six inch thick reinforced concrete shell of monolithic design provides physical and ballistic protection and a 2 hour fire wall around the tank. The thermal mass formed by the concrete exterior minimizes temperature change and vaporization of the tank contents.
- * 30 year warranty option available on primary tank.
- * Approved by Fire Chief and Environmental Agencies and can be placed to meet or exceed minimum distances for above ground storage and dispensing.
- * Designed with low center of gravity to withstand tipping during earthquakes and other natural disasters. Earthquake restraint hardware available.
- * No State registering required as with underground tanks. Eliminates sur-charge fees and annual testing costs.

- * CONVAULT is certified by the State Of California Air Resources Board for Balance Phase 2 Vapor Recovery. Executive Order G-70-116.
- * Underground tank system design engineering is not needed to bid and install CONVAULTS. This savings alone will usually pay for CONVAULT, which is a complete fueling system equipped with pump and other accessories when delivered.
- * CONVAULT tanks are architecturally pleasing and fit in with other modern or contemporary design. Exterior surfaces can be renewed or made to match other structures simply by painting.

FINALLY

- * CONVAULT installations cost LESS THAN ONE HALF as much as UNDERGROUND installations. REMEMBER when the underground hydrocarbon alarm system required for underground tanks goes off, its probably time to dig up your tanks again.

EAST BAY REGIONAL PARK DISTRICT

LETTER OF TRANSMITTAL

To: Amir Gholami Date: October 23, 1992
Department of Environmental Health
80 Swan Way, Room 200
Oakland, CA 94621

BOARD OF DIRECTORS
 James H. Duncan *President*
 Jocelyn Combs *Vice President*
 Ted Radke *Treasurer*
 Oliver Holmes *Secretary*
 Harlan Kessel
 John O'Donnell
 Carol Williams
 Pat O'Brien
General Manager

Subject: South County Corporation Yard Zip 94546
Above Ground Fuel Tank Work

We are sending you herewith:

Prints, Tracings, Working drawings,
 Specifications, Correspondence, Photographs,
 Alameda County Regulations: Responding to Items No. 1 through 20

For the following action:

For your information, For your records, For your review,
 For your action, Please return, Please retain one copy and return the others with corrections and comments,

Comments: If you have any questions, please call me at 635-0135, Ext. 2311.
Thank you.

Drawing Number	Date of original or revision	Copies	Description

Parkland Design Department

BY: WARREN GEE
 Warren Gee



Alameda County Fire Code Requirements for Above-Ground Flammable
Liquid Storage Vaults

Regulations

Subject: Installation for South County Corporation Yard one (1)
500 gallons waste oil tank, Castro Valley, CA Zip Code
94546

1. State of California Air Resources Board Executive Order G-70-116D Gravity Certification of the ConVault Fuel Vapor Recovery System. Double wall waste oil tank manufactured by ConVault. Interior of steel tank shall be U.L. 142 listed and meet the requirements of NFPA 30 for above-ground tanks. Steel tank and secondary containment is encased in six (6) inches of reinforced concrete. Tank will rest on a six (6) inch thick precast concrete pad furnished by ConVault.
2. Capacity of the individual tank is 500 gallons. The tank is located in this area to better serve Redwood County Fire Protection District Fire Emergency Vehicles and Equipment, operated and maintained by East Bay Regional Park District.
3. Emergency pump shut-off switches - not applicable.
4. Vents shall comply with Uniform Fire Code, Section 79.604. A 2" diameter vent will discharge upwardly and terminate 12 feet above the ground.
5. Pumps - not applicable.
6. Tank openings for filling and gauging is vapor-tight.
7. The Park District request a variance of Section 79.404 of the Uniform Fire Code, approved by the Park District Fire Marshal. Storage area will be kept free of weeds, debris and combustibile materials.
8. The grade of the land is level and poses no danger of a spill entering a building.
9. Vault will be protected by 6" diameter concrete filled pipes; 2' below ground in concrete, 4' above ground.
10. Storage vault will be marked with the words "Flammable Liquids, keep fire and flames away" lettering minimum 4" high. Also posted "No Smoking".

11/2/92
written
approved
from fire
marshal
not within
your
office.
DG

October 23, 1992

Page 2

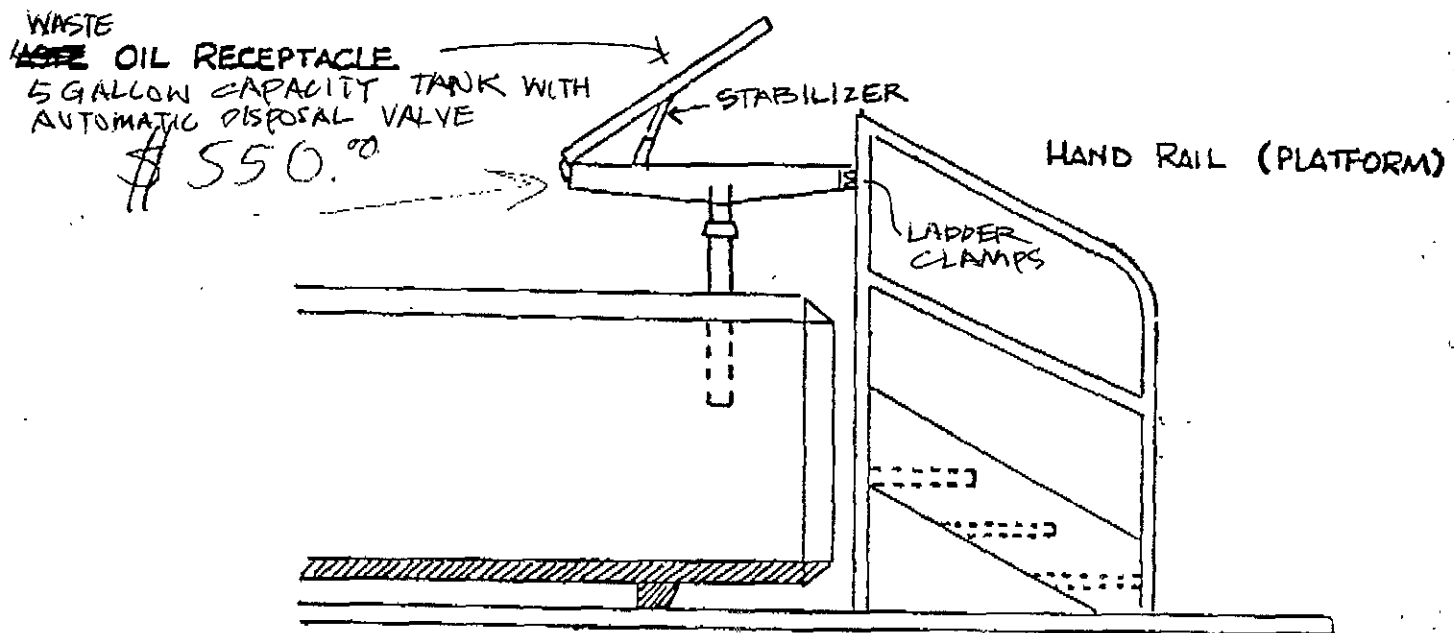
11. Two fire extinguishers will be located 10 feet from storage vault.
12. A berm around the storage vault will not be installed. This is a double wall tank with containment within the tank structure. The District requests waiving this condition.
13. The Park District will have the Contractor install a waste oil lockable 5 gallon capacity metal tank with automatic disposal valve. Metal tank mounted on top of storage vault. Enclosed please find drawings.
14. Dispensing equipment - not applicable.
15. Static protection - not applicable.
16. Surrounding area will be free of combustible materials no less than 25 feet in all directions.
17. No fencing will be installed.
18. Vapor recover system - not applicable.
19. No roof covering will be installed.
20. a. Initial training of employees will be the responsibility of the Chief of Park Operations or designate and the District's Fire Marshal. Training will be annual and shall include use and care of the tank, emergency spill procedures, and the use of firefighting equipment.
b. Inventory and Business Plan as mandated by California State Assembly Bills 2185-2187 are currently being completed by the Fire Marshal of the East Bay Regional Park District. Enclosed, please find a business card of the Park District Fire Marshal, whom will address any questions you might have.

AG
will use probe
if needed
no berm

will use
static
protection

if
will use
roof covering

WASTE OIL RECEPTACLE: A pan designed similar to the overfill protection to prevent spills of waste oil during the filling process. (DRAWING)



GENERAL CONTRACTORS LICENSE NO. 224358 PHONE (707) 545-0360
11 WEST NINTH STREET SANTA ROSA, CA. 95401 FAX (707) 545-7068

DATE	10 2 92	JOB NO.	B4964
ATTENTION	AMIR GHOLAMI		
RE:	PERMIT APPLICATION		
	SITE: E. BAY REGIONAL PARKS DISTRICT		
	SO COUNTY YARD		
	CASTRO VALLEY CA		

TO ALAMEDA COUNTY HEALTH
HAZARDOUS MATERIALS SECTION
80 SWAN WAY ROOM 200
OAKLAND CA 94621

WE ARE SENDING YOU Attached Under separate cover via _____ the following items:

- Shop drawings Prints Plans Samples Specifications
 Copy of letter Change order _____

COPIES	DATE	NO.	DESCRIPTION
3			PAGES OF ABOVE GROUND CONVAULT TANK WASTE OIL RECEPTACLE.

THESE ARE TRANSMITTED as checked below:

- For approval Approved as submitted Resubmit _____ copies for approval
 For your use Approved as noted Submit _____ copies for distribution
 As requested Returned for corrections Return _____ corrected prints
 For review and comment _____
 FOR BIDS DUE _____ 19 _____ PRINTS RETURNED AFTER LOAN TO US

REMARKS THIS SHOWS CORRECT ACCESSORYIES, WITH WASTE OIL RECEPTABLE ON TOP OF TANK.

I UNDERSTAND THE CLOSURE AND INSTALLATION PERMIT IS APPROVED AND WILL BE ISSUED SOON AS THE REQUIREMENTS OF THE ALAMEDA COUNTY FIRE CODE ARE ADDRESSED.

COPY TO _____

SIGNED: Harold Dye

GENERAL CONTRACTORS LICENSE NO. 224358 PHONE (707) 545-0360
11 WEST NINTH STREET SANTA ROSA, CA. 95401 FAX (707) 545-7068

DATE	9 23 92	JOB NO.	B4964
ATTENTION	AMIR GHOLAMI		
RE:	PERMIT APPLICATION		
SITE: E.BAY REGIONAL PARK DISTR.			
SO. COUNTY CORP YARD			
CASTRO VALLEY CA 94546			

TO ALAMEDA COUNTY HEALTH
HARZARDOUS MATERIALS SECTION
80 SWAN WAY RM 200
OAKLAND CA 94621

WE ARE SENDING YOU Attached Under separate cover via _____ the following items:

- Shop drawings
- Prints
- Plans
- Samples
- Specifications
- Copy of letter
- Change order

COPIES	DATE	NO.	DESCRIPTION
3			COPIES INSTALLATION PLAN
3			CONVAULT SUBMITTALS
3			PRINTS OF INSTALLATION, SEPERATE
3			PRINTS OF CLOSURE, SEPERATE

THESE ARE TRANSMITTED as checked below:

- For approval
- For your use
- As requested
- For review and comment
- FOR BIDS DUE _____ 19 _____
- Approved as submitted
- Approved as noted
- Returned for corrections
- _____
- Resubmit _____ copies for approval
- Submit _____ copies for distribution
- Return _____ corrected prints
- PRINTS RETURNED AFTER LOAN TO US

REMARKS E.BAY PARSKS ENGINEERING WHO ORGINALLY SUBMITTED THE CHECK FOR 918.00 BACK IN FEBR, HAS BEEN CONTACTED TO SUPPLY YOU THE ADDITIONAL 459.00 INSTALLATION FEE.

AS BY MY PAST CORRESPONDENCE WITH YOU FROM JULY 15,1992 WE AS THE CONTRACTOR AS WELL AS E.BAY PARK DISTRICT ARE ANXIOUS TOGET THIS TANK REMOVAL AND INSTALLION STARTED.

COPY TO _____

SIGNED: *[Signature]*

GENERAL CONTRACTORS LICENSE NO. 224358 PHONE (707) 545-0360
WEST NINTH STREET SANTA ROSA, CA. 95401 FAX (707) 545-7068

DATE	8 20 92	JOB NO.	B4964
ATTENTION	AMIR GHALAMI		
RE:	PERMIT APPLICATION		
	SITE E.BAY REGIONAL PARK DISTR.		
	SO. COUNTY CORP YD.		
	OAKLAND CA. 94546		

TO ALAMEDA COUNTY HEALTH
HARARDOUS MATERIALS SECTION
80 SWAN WAY RM 200
OAKLAND CA 94621

WE ARE SENDING YOU Attached Under separate cover via _____ the following items:

- Shop drawings
- Prints
- Plans
- Samples
- Specifications
- Copy of letter
- Change order
- _____

COPIES	DATE	NO.	DESCRIPTION
3			CLOSURE PLAN
3			SETS OF PRINTS
1			TANK FORM A
1			TANK FORM B
1			HAZARDOUS SUBSTANCES CERTIFICATION
1			WORKMANS COMP AND OSHA ANNUAL PERMIT
3			BOOKLETS OF HEALTH & SAFTY PLAN WITH ENCLOSURES.
1			COPY OF CANCELLED CHECK SHOWING PAID RECPT.

THESE ARE TRANSMITTED as checked below:

- For approval
- For your use
- As requested
- For review and comment
- FOR BIDS DUE _____ 19 _____
- Approved as submitted
- Approved as noted
- Returned for corrections
- _____
- Resubmit _____ copies for approval
- Submit _____ copies for distribution
- Return _____ corrected prints
- PRINTS RETURNED AFTER LOAN TO US

REMARKS _____

NOTE, AS WE DISCUSSED ON PHONE YOU WERE UNABLE TO FIND THE ORIGINAL APPLICATION ECT THAT WAS LEFT AT YOUR OFFICE BY E.BAY PARK DISTRICT ON 7 17 92. SO, WE WOULD APPRECIATE YOUR PROMPT REVIEW. PLEASE GIVE ME A CALL IF ANY QUESTIONS OR WHEN APPROVED.

COPY TO _____

SIGNED: Harold Dye

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



COMPLETE THIS FORM FOR EACH FACILITY/SITE

MARK ONLY ONE ITEM	<input checked="" type="checkbox"/> 1 NEW PERMIT	<input 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 EAST BAY REGIONAL PARK DISTRICT		NAME OF OPERATOR			
ADDRESS SOUTH COUNTY CORPORATION YARD OFF ACCESS RD. OFF LAKE CHABOT RD.		NEAREST CROSS STREET		PARCEL # (OPTIONAL)	
CITY NAME OAKLAND	STATE CA	ZIP CODE 94546	SITE PHONE # WITH AREA CODE		
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> LOCAL-AGENCY DISTRICTS <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> FEDERAL-AGENCY					
TYPE OF BUSINESS <input type="checkbox"/> 1 GAS STATION <input type="checkbox"/> 2 DISTRIBUTOR <input type="checkbox"/> 3 FARM <input type="checkbox"/> 4 PROCESSOR <input checked="" type="checkbox"/> 5 OTHER		<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE 1	E. P. A. I. D. # (optional) CAC00864920	

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) GEE, WARREN		PHONE # WITH AREA CODE 510 635 0135	DAYS: NAME (LAST, FIRST) REARDON, CHRIS		PHONE # WITH AREA CODE 510 635 0135
NIGHTS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE	NIGHTS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME EAST BAY REGIONAL PARK DISTRICT		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 2950 PERALTA OAKS CT.		<input checked="" type="checkbox"/> box to indicate <input 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 OAKLAND	STATE CA.	ZIP CODE 94546	PHONE # WITH AREA CODE 510 635 0135	

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER EAST BAY REGIONAL PARK DISTRICT		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 2950 PERALTA OAKS CT.		<input checked="" type="checkbox"/> box to indicate <input 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 OAKLAND	STATE CA	ZIP CODE 94546	PHONE # WITH AREA CODE 510 635 0135	

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 checked="" 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. <input type="checkbox"/>	II. <input checked="" type="checkbox"/>	III. <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) HAROLD DYE <i>Harold Dye</i>	APPLICANT'S TITLE OPERATIONS	DATE MONTH/DAY/YEAR 8 19 92
-------------------------------------------------------------------------------	----------------------------------------	---------------------------------------

LOCAL AGENCY USE ONLY

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

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: **EAST BAY REGIONAL PARK DIST. SO COUNTY CORP. YARD**

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN **OFF ACCESS RD OFF LAKE CHOBOT RD OAKLAND, CA**

A. OWNER'S TANK I.D.# 1	B. MANUFACTURED BY:
C. DATE INSTALLED (MO/DAY/YEAR)	D. TANK CAPACITY IN GALLONS: 250GAL.

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 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	
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"/> 2 SINGLE WALL <input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER <input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input checked="" 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
C. INTERIOR LINING	<input type="checkbox"/> 3 FIBERGLASS <input type="checkbox"/> 7 ALUMINUM <input checked="" 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
D. CORROSION PROTECTION	<input type="checkbox"/> 1 RUBBER LINED <input type="checkbox"/> 5 GLASS LINING IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___	<input type="checkbox"/> 2 ALKYD LINING <input type="checkbox"/> 6 UNLINED <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL	<input type="checkbox"/> 1 POLYETHYLENE WRAP <input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 2 COATING <input type="checkbox"/> 91 NONE <input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
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
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 5 ALUMINUM A U 9 GALVANIZED STEEL	A U 2 STAINLESS STEEL A U 6 CONCRETE A U 10 CATHODIC PROTECTION
D. LEAK DETECTION	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
<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 type="checkbox"/> 6 TANK TESTING	<input type="checkbox"/> 7 INTERSTITIAL MONITORING	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) UNKNOWN	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ 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) HAROLD DYE	DATE 8 19 92
-------------------------------------------------------------	------------------------

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: **EAST BAY REGIONAL PARK DIST., SO., COUNTY CORP.**

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

YARD, OFF ACCESS RD. OFF LAKE CHABOT RD OAKLAND CA.

A. OWNER'S TANK I.D.#	B. MANUFACTURED BY:
C. DATE INSTALLED (MO/DAY/YEAR)	D. TANK CAPACITY IN GALLONS: 250GAL.

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 **250GAL. WASTE OIL TANK.** 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 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 <input type="checkbox"/> 1 SUCTION	A U <input checked="" type="checkbox"/> 2 PRESSURE	A U <input type="checkbox"/> 3 GRAVITY	A U <input type="checkbox"/> 99 OTHER
B. CONSTRUCTION	A U <input checked="" type="checkbox"/> 1 SINGLE WALL	A U <input type="checkbox"/> 2 DOUBLE WALL	A U <input type="checkbox"/> 3 LINED TRENCH	A U <input type="checkbox"/> 95 UNKNOWN
				A U <input type="checkbox"/> 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A U <input checked="" 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 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 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 type="checkbox"/> 7 INTERSTITIAL MONITORING	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) UNKN.	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING 0 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) HAROLD DYE <i>Harold Dye</i>	DATE 6-08-92
-------------------------------------------------------------------------------	------------------------

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 checked="" type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED 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 EAST BAY REGIONAL PARK DISTRICT		NAME OF OPERATOR		
ADDRESS SOUTH COUNTY CORPORATION YARD OFF ACCESS RD. OFF LAKE CHABOT RD		NEAREST CROSS STREET	PARCEL # (OPTIONAL)	
CITY NAME OAKLAND		STATE CA	ZIP CODE	SITE PHONE # WITH AREA CODE
<input checked="" type="checkbox"/> BOX TO INDICATE		<input type="checkbox"/> CORPORATION	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP
		<input checked="" type="checkbox"/> LOCAL-AGENCY DISTRICTS	<input checked="" type="checkbox"/> COUNTY-AGENCY	<input type="checkbox"/> STATE-AGENCY
		<input type="checkbox"/> FEDERAL-AGENCY		
TYPE OF BUSINESS		<input type="checkbox"/> 1 GAS STATION	<input type="checkbox"/> 2 DISTRIBUTOR	<input type="checkbox"/> 3 FARM
		<input type="checkbox"/> 4 PROCESSOR	<input checked="" type="checkbox"/> 5 OTHER	<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS
		# OF TANKS AT SITE 1	E. P. A. I. D. # (optional) CAC000864920	

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) Cee Warren		PHONE # WITH AREA CODE 510-635-0135		DAYS: NAME (LAST, FIRST) Reardon, Chris		PHONE # WITH AREA CODE 510-635-0135	
NIGHTS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE		NIGHTS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE	

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME EAST BAY REGIONAL PARK DISTRICT		CARE OF ADDRESS INFORMATION			
MAILING OR STREET ADDRESS 2950 PERALTA OAKS CT		<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL-AGENCY	<input type="checkbox"/> STATE-AGENCY
		<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input checked="" type="checkbox"/> COUNTY-AGENCY	<input type="checkbox"/> FEDERAL-AGENCY
CITY NAME OAKLAND		STATE CA	ZIP CODE 94605	PHONE # WITH AREA CODE 510 635 0135	

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER EAST BAY REGIONAL PARK DISTRICT		CARE OF ADDRESS INFORMATION			
MAILING OR STREET ADDRESS 2950 PERALTA OAKS CT		<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL-AGENCY	<input type="checkbox"/> STATE-AGENCY
		<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input checked="" type="checkbox"/> COUNTY-AGENCY	<input type="checkbox"/> FEDERAL-AGENCY
CITY NAME OAKLAND		STATE CA	ZIP CODE 94605	PHONE # WITH AREA CODE 510 635 0135	

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

TY (TK) HQ **44** - [] [] [] [] [] [] [] []

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 checked="" 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) HAROLD DYE <i>Harold Dye</i>	APPLICANT'S TITLE OPERATIONS	DATE MONTH/DAY/YEAR 6-08-92
-------------------------------------------------------------------------------	----------------------------------------	---------------------------------------

LOCAL AGENCY USE ONLY

COUNTY # [] []	JURISDICTION # [] [] []	FACILITY # [] [] [] [] [] []
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPVISOR - DISTRICT CODE - OPTIONAL

No-0549724

ANNUAL
 PERMIT

Permit Issued To
 (Insert Employer's Name, Address and Telephone No.)

Petroleum Engineering, Inc.
 11 West Ninth Street
 Santa Rosa CA 95401

No. _____
 Date January 14, 1992
 Region 1 - San Francisco
 District 5 - Santa Rosa
 Tel. _____

Type of Permit Trenching and Excavation

Pursuant to Labor Code Sections 6500 and 6502, this Permit is issued to the above-named employer for the projects described below.

State Contractor's License Number 224358		Permit Valid through December 31, 1992		
Description of Project	Location Address	City and County	Anticipated Date	
			Starting	Completion
various	various	various	various	various

This Permit is issued upon the following conditions:

1. That the work is performed by the same employer. If this is an annual permit the appropriate District Office shall be notified, in writing, of dates and location of job site prior to commencement.
2. That employer will comply with all occupational safety and health standards or orders applicable to the above projects, and any other lawful orders of the Division.
3. That if any unforeseen condition causes deviation from the plans or statements contained in the Permit Application Form the employer will notify the Division immediately.
4. Any variation from the specification and assertions of the Permit Application Form or violation of safety orders may be cause to revoke the permit.
5. This permit shall be posted at or near each place of employment as provided in 8 CAC 341.4.

Issued From Dye		Received By Bethel	
Cash	Amount	Check	Date
	100		1-14-92

Investigated by _____
 Approved by Paul S. Bethel 1/14/92
 Safety Insp. Date
 Dist. Manager Date

STATE OF CALIFORNIA
STATE AND CONSUMER SERVICES AGENCY (CONTRACTORS STATE LICENSE BOARD)



Building Quality



HAZARDOUS SUBSTANCES REMOVAL AND REMEDIAL ACTIONS CERTIFICATION

Pursuant to the provisions of Section 7058.7 of the Business and Professions Code, the Registrar of Contractors does hereby certify that the following qualifying person has successfully completed the hazardous substances removal and remedial actions examination.



Qualifier: DAVID LEWIS LAMPI

License No: 224358

Namestyle: PETROLEUM ENGINEERING INC

WITNESS my hand and official seal this

24th day of DECEMBER 1991

David R. Bell
Registrar of Contractors

131.36 (2/81)

This certification is the property of the Registrar of Contractors, is not transferable, and shall be returned to the Registrar upon demand when suspended, revoked, or invalidated for any reason.

A 4308

<p>PRODUCER</p> <p>Woodruff-Sawyer & Co. 220 Bush Street 7th Floor San Francisco, CA 94104</p> <p style="text-align: right;">F2</p> <p>INSURED</p> <p>Petroleum Engineering, Inc. 11 West 9th Street Santa Rosa, CA 95401</p>	<p style="text-align: right;">ISSUE DATE (MM/DD/YY) <input type="checkbox"/> 01/07/92</p> <p>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.</p> <p style="text-align: center;">COMPANIES AFFORDING COVERAGE</p> <p>COMPANY LETTER A Fairmont Insurance Co.</p> <p>COMPANY LETTER B</p> <p>COMPANY LETTER C</p> <p>COMPANY LETTER D</p> <p>COMPANY LETTER E</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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.

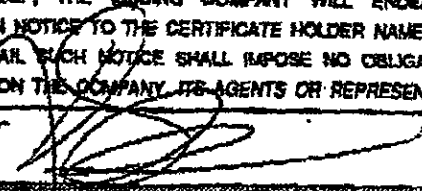
NO	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<input type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS & CONTRACTORS PROFIT				GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG. \$ PERSONAL & ADV. INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED. EXPENSE (Any one person) \$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	WCP80563920	01/01/92	01/01/93	STATUTORY LIMITS EACH ACCIDENT \$ 1,000,000 DISEASE-POLICY LIMIT \$ 1,000,000 DISEASE-EACH EMPLOYEE \$ 1,000,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATION(S)/VEHICLE(S)/SPECIAL ITEMS
 As respects: All California Operations

County of Alameda
 130 Swan Way
 Oakland, CA 94621

NOTICE

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: 

CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

01/07/92

PRODUCER

Woodruff-Sawyer & Co.
 220 Bush Street
 7th Floor
 San Francisco, CA 94104

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.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER **A** Fairmont Insurance Co.

COMPANY LETTER **B**

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

F2

INSURED

Petroleum Engineering, Inc.
 11 West 9th Street
 Santa Rosa, CA 95401

COVERAGES

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

CO. TR.	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG. \$ PERSONAL & ADV. INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED. EXPENSE (Any one person) \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	EXCESS LIABILITY <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	WCP80563920	01/01/92	01/01/93	STATUTORY LIMITS EACH ACCIDENT \$ 1,000,000 DISEASE-POLICY LIMIT \$ 1,000,000 DISEASE-EACH EMPLOYEE \$ 1,000,000
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

As respects: All California Operations

CERTIFICATE HOLDER

County of Alameda
 30 Swan Way
 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-