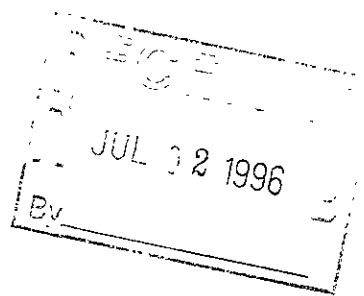




June 28, 1996

Alameda County Health Care Services Agency
Department of Environmental Health
Environmental Protection Division
1131 Harbor Bay Parkway, RM 250
Alameda, CA 94502-6577



Ref: Underground Tank Closure Plan

Dear Sir/Madam:

Please find enclosed the deposit, 3 copies of both the completed underground tank closure plan and the certification of the contractors. The Site Safety Plan along with the State Form A and State Form B is also submitted with this letter. The site is located at the Oakland Airport in Oakland, California at the north air traffic control tower.

If you have any questions, please contact me at (415) 347-1555, ext. 354 or by facsimile at (415) 347-5479.

Sincerely,

Harshad Rane
Environmental Engineer

1240
Bayshore Highway
Burlingame, CA
94010
TEL: (415) 347-1555
FAX: (415) 347-4571

Handwritten note:
x 757 B19

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 ENVIRONMENTAL PROTECTION DIVISION
 1131 HARBOR BAY PARKWAY, RM 250
 ALAMEDA, CA 94502-6577
 PHONE # 510/567-6700
 FAX # 510/337-9335

Barney Chan
 Project Specialist
 7/3/96
 15 pounds gasoline detectors
 to tank site

ACCEPTED

Underground Storage Tank Closure Permit Application
 Alameda County Division of Hazardous Materials
 1131 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, b) 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:

UNDERGROUND TANK CLOSURE PLAN

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

1. Name of Business Oakland RTR.
 Business Owner or Contact Person (PRINT) ALEX GULYAS
 2. Site Address Oakland International Airport, 8250 Earhart Road
 city Oakland zip 94614 Phone N/A
 3. Mailing Address FAA, 512 Central Ave.
 city Fremont zip 94536 Phone (510)745-3473
 4. Property Owner Port of Oakland
 Business Name (if applicable) _____
 Address _____
 City, State _____ Zip _____
 5. Generator name under which tank will be manifested
FAA
- EPA ID# under which tank will be manifested CA C001311104

6. Contractor ENVIRONMENTAL CHEMICAL CORP.
Address 1240 Bayshore Hwy.
City Burlingame, CA 94010 Phone (415)347-1555
License Type* A HAZ ASB ID# 652302

*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.

7. Consultant (if applicable) CH2M HILL
Address 3 Hutton Centre Drive, Suite 200
City, State Santa Ana, CA Phone (714)429-2000

8. Main Contact Person for Investigation (if applicable)
Name _____ Title _____
Company _____
Phone _____

9. Number of underground tanks being closed with this plan 1
Length of piping being removed under this plan Unknown
Total number of underground tanks at this facility (**confirmed with owner or operator) ~~1~~ 1

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 RAMOS ENVIRONMENTAL EPA I.D. No. CAD044003556
Hauler License No. 0518 License Exp. Date March 31, 1997
Address 1515 S. River Rd.
City W. Sacramento State CA Zip 95691

b) Product/Residual Sludge/Rinsate Disposal Site
Name ENVIROFOR WEST EPA ID# CAD083166728
Address 13331 North Hwy. 33
City Paterson State CA Zip 95363

c) Tank and Piping Transporter

Name RAMOS ENVIRONMENTAL EPA I.D. No. CAD044003566
Hauler License No. 0518 License Exp. Date March 31, 1997
Address 1515 S. River Rd.
city W. Sacramento state CA zip 95691

d) Tank and Piping Disposal Site

Name ERIKSON ENVIRONMENTAL EPA I.D. No. CAD009466392
Address 2555 Parr Blvd.
city Richmond state CA zip 94801

11. Sample Collector

Name Mark T. Fator, P.E
Company CH2M HILL
Address 3 Hutton Centre Drive, Suite 200
city Santa Ana state CA zip 92707 Phone (714) 429-2020
Ext. 2505

12. Laboratory

Name Superior Analytical Laboratory
Address 835 Arnold Drive, Suite 106
city Martinez state CA zip 94533
State Certification No. 1542

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

If yes, describe. _____

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

Dry Ice will be used to inert the tank. (Min. 20 lbs per 1000 gal.)
Tank* will be inerted such that the atms. is less than 5% of the LEL for diesel fuel and oxygen content is less than 8%.

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 permanently plugged.

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 bring a working combustible gas indicator on-site to verify that the tank is inert.

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)		
1,000 gallon diesel Tank	Installed - Volpe Supply information. Date last used - scheduled date of removal SEE ATTACHED SHEET.	Soil	One sample will be collected beneath each end of the tank at a max. depth of 2 feet below the native Soil/backfill interface.

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.

15. Tank History and Sampling Information

Site: Oakland ATCT

Tank Capacity: 500 gallon diesel tank

**Use History: Installed - Volpe supply information
Date last used - Scheduled date of removal**

Material to be sampled: Soil

Location and Depth of Samples: One sample will be collected beneath the center of the tank at a maximum depth of two feet below the native soil/backfill interface.

One sample will be collected two feet below piping at 20 foot intervals starting at the dispenser.

Analyses: EPA method 8015M for diesel and 8020 (BTEX)

If groundwater is encountered: One groundwater sample will be collected from the excavation and one soil sample will be collected at the high water mark on the sidewall.

**Analyses: Water - EPA method 8015M for diesel and 602 (BTEX)
Soil - EPA method 8015M for diesel and 8020 (BTEX)**

Site: Oakland RTR

Tank Capacity: 1,000 gallon diesel tank

**Use History: Installed - Volpe supply information
Date last used - Scheduled date of removal**

Material to be sampled: Soil

Location and Depth of Samples: One sample will be collected beneath each end of the tank at a maximum depth of two feet below the native soil/backfill interface.

One sample will be collected two feet below piping at 20 foot intervals starting at the dispenser.

Analyses: EPA method 8015M for diesel and 8020 (BTEX)

If groundwater is encountered: One groundwater sample will be collected from the excavation and one soil sample will be collected at the high water mark on each end wall.

**Analyses: Water - EPA method 8015M for diesel and 602 (BTEX)
Soil - EPA method 8015M for diesel and 8020 (BTEX)**

Excavated/Stockpiled Soil

Stockpiled Soil Volume (estimated) <p align="center">126 CY</p>	Sampling Plan If Soil is REUSED - one Soil Sample Per 20 CY. If Soil is DISPOSED - Sampling will be done according to landfill requirements.
--	---

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 [] no [X] 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 Alameda County. This means that the contractor, consultant, or responsible party must communicate with the Specialist IN ADVANCE of backfilling operations.

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.

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
Diesel	TPH - Diesel (Soil)	8015 M - Diesel	1.0 ppm
Diesel	TPH - Diesel (Water)	8015 M - Diesel	50.0 ppb
BTEX	Purgeable Aromatics (Soil)	8020	0.005 ppm
BTEX	Purgeable Aromatics (Water)	602	0.5 ppb

18. Submit Worker's Compensation Certificate copy Policy #
 Name of Insurer Liberty Mutual (WC2-161-037408-015)
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 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)

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 ENVIRONMENTAL CHEMICAL CORP.
 Name of Individual MICHAEL DELLA-ROCCO
 Signature Michael Della-Rocco Date 6/28/96

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business F.A.A.
 Name of Individual Alex Gulyas
 Signature Alex Gulyas Date 6-28-96

LOCATION OF 1,000 GALLON ABOVE GROUND STORAGE TANK (8 FT x 14 FT PAD) SEE DETAIL 1 ON DWG NO.WP-D-6260-1A

75'-0"

5'-0"

FUEL SUPPLY AND RETURN LINES

CRASH POLES

TRANS TO BLDG MAIN SWITCH

TRANSFORMER PAD/SUBSTATION

CONCRETE ANCHORING PAD

FUEL SUPPLY & RETURN LINES

1,000 GALLON U/G STORAGE TANK

25'-0"

14'-0"

8'-0"

EQUIPMENT ROOM

ENG/GEN ROOM

CRASH POLES

POWER CABLE

COAXIAL CABLE

GRAVEL PARKING AREA

ASBESTOS CEMENT DUCTS

POWER HANDHOLE

COMMUNICATIONS HANDHOLE

COAXIAL CABLE

POWER CABLE

50'-0"

ANTENNA SUPPORT STRUCTURE W/LIGHTS (TYP)

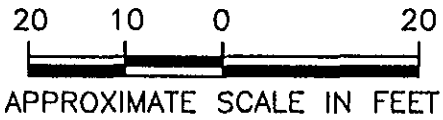


FIGURE: OAK RTR 1,000 GALLON UST REMOVAL AND AST INSTALLATION METROPOLITAN OAKLAND INTERNATIONAL AIRPORT ATCT/RT #2 PLOT PLAN

17

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

10/25/95

PRODUCER

Marsh & McLennan, Incorporated
 Three Embarcadero Center
 P. O. Box 193880
 San Francisco, CA 94119-3880
 Regina M. Carter

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	COMMERCE AND INDUSTRY INS CO
COMPANY LETTER	B	LIBERTY MUTUAL FIRE INS CO
COMPANY LETTER	C	PHOENIX ASSURANCE CO. PLC
COMPANY LETTER	D	
COMPANY LETTER	E	

INSURED

ENVIRONMENTAL CHEMICAL CORP
 1240 Bayshore Highway Suite 300
 Burlingame, CA 94010

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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	GLCM3406400	10/01/95	10/01/96	GENERAL AGGREGATE \$ 1000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$ 1000000
	<input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR.				PERSONAL & ADV. INJURY \$ 1000000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$ 1000000
					FIRE DAMAGE (Any one fire) \$ 50000
					MED. EXPENSE (Any one person) \$ 5000
A	AUTOMOBILE LIABILITY	CA5051252	10/01/95	10/01/96	COMBINED SINGLE LIMIT \$ 1000000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input type="checkbox"/> HIRED AUTOS				EACH OCCURRENCE \$
	<input type="checkbox"/> NON-OWNED AUTOS	AGGREGATE \$			
	<input type="checkbox"/> GARAGE LIABILITY				
	EXCESS LIABILITY				
	<input type="checkbox"/> UMBRELLA FORM				
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
B B	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	WC2-161-037408-015	10/01/95	10/01/96	<input checked="" type="checkbox"/> STATUTORY LIMITS
		WC7-161-037408-025	10/01/95	10/01/96	EACH ACCIDENT \$ 1000000
					DISEASE-POLICY LIMIT \$ 1000000
					DISEASE-EACH EMPLOYEE \$ 1000000
C	OTHER FIRE & ALLIED "All Risk" Excluding Earthquake and Flood Replacement Cost	ECIPP70075	10/01/95	10/01/96	Deductible: \$ 1,000

SAMPLE

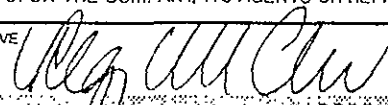
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

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





State of California
CONTRACTORS STATE LICENSE BOARD
ACTIVE LICENSE



License Number **652302** Entity **CORP**

Business Name **ENVIRONMENTAL CHEMICAL
CORPORATION DBA ECC
REMEDATION SERVICES**

Classification(s) **A HAZ ASB**

Expiration Date **08/31/96**



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:

RAMOS ENVIRONMENTAL ENGINEERING INC



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

A - GENERAL ENGINEERING CONTRACTOR
HAZ - HAZARDOUS SUBSTANCES REMOVAL



Witness my hand and seal this day,

February 8, 1995

Issued April 2, 1992

CERTIFIED COPY

R. H. [Signature]
Signature of Licensee

R. H. [Signature]
Signature of License Qualifier

[Signature]
Registrar of Contractors

641469

License Number

This license is the property of the Registrar of Contractors, is not
transferable, and shall be returned to the Registrar upon demand
when suspended, revoked, or invalidated for any reason. It has no
value if not renewed.

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

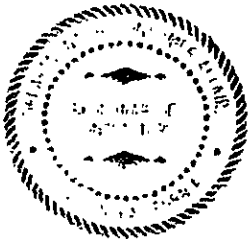


Building Quality



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: RICHARD FRANKLYN NICKERSON III

License No.: 641469

Business Name: RAMOS ENVIRONMENTAL ENGINEERING INC.

WITNESS my hand and official seal this
23RD day of JANUARY 1995

David R. Phillips
Registrar of Contractors

131-36112-911

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 6448



State of California
CONTRACTORS STATE LICENSE BOARD
ACTIVE LICENSE



License Number

641469

Entity

CORP

Business Name

RANGS ENVIRONMENTAL
ENGINEERING INC

Classification

A HAZ

Expiration Date

04/30/98



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



COMPLETE THIS FORM FOR EACH FACILITY/SITE

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

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

DBA OR FACILITY NAME <i>Oakland RTB ATCT</i>		NAME OF OPERATOR		
ADDRESS <i>8250 Earhart Road</i>		NEAREST CROSS STREET <i>Oakland Int. Airport</i>	PARCEL # (OPTIONAL)	
CITY NAME <i>Oakland</i>		STATE <i>CA</i>	ZIP CODE <i>94614</i>	SITE PHONE # WITH AREA CODE <i>N/A</i>
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL AGENCY DISTRICTS* <input type="checkbox"/> COUNTY AGENCY* <input type="checkbox"/> STATE AGENCY* <input checked="" 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 _____				
TYPE OF BUSINESS		IF INDIAN RESERVATION OR TRUST LANDS		E. P. A. I. D. # (optional)
<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"/> <input checked="" type="checkbox"/>		<i>1</i> <i>CAC00131112</i>

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) <i>LEANE ROBERT</i>		PHONE # WITH AREA CODE <i>(510) 273-6288</i>		DAYS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE	
NIGHTS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE		NIGHTS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE	

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME <i>Port of Oakland</i>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <i>530 Water St. PO Box 2064</i>		<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 <i>Oakland</i>		STATE	ZIP CODE <i>94607-2064</i>	PHONE # WITH AREA CODE

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER <i>FAA</i>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <i>5125 Central Ave.</i>		<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 type="checkbox"/> COUNTY AGENCY <input checked="" type="checkbox"/> FEDERAL AGENCY		
CITY NAME <i>Fremont</i>		STATE <i>CA</i>	ZIP CODE <i>94536</i>	PHONE # WITH AREA CODE <i>(510) 745-3473</i>

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

TY (TK) HQ -

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

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

VI. LEGAL NOTIFICATION AND BILLING ADDRESS

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

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

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

OWNER'S NAME (PRINTED & SIGNED) <i>Alex Gerleas Alex Gueyas</i>	OWNER'S TITLE <i>Env. Campo Mar.</i>	DATE MONTH/DAY/YEAR <i>6-28-96</i>
--	---	---------------------------------------

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=""/>
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

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Oakland ATCT

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN	
A. OWNER'S TANK I. D. #	B. MANUFACTURED BY: <u>Unknown</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>Unknown</u>	D. TANK CAPACITY IN GALLONS: <u>500 US Gallons</u>

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

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

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE	
A. SYSTEM TYPE A <input checked="" type="checkbox"/> 1 SUCTION A U <input type="checkbox"/> 2 PRESSURE A U <input type="checkbox"/> 3 GRAVITY A U <input type="checkbox"/> 4 FLEXIBLE PIPING A U <input type="checkbox"/> 99 OTHER	B. CONSTRUCTION A <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 type="checkbox"/> 1 BARE STEEL A U <input type="checkbox"/> 5 ALUMINUM A U <input type="checkbox"/> 9 GALVANIZED STEEL	<input type="checkbox"/> 2 STAINLESS STEEL <input type="checkbox"/> 6 CONCRETE <input type="checkbox"/> 10 CATHODIC PROTECTION
D. LEAK DETECTION <input checked="" 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 checked="" type="checkbox"/> 1 VISUAL CHECK <input type="checkbox"/> 7 CONTINUOUS INTERSTITIAL MONITORING	<input checked="" type="checkbox"/> 2 MANUAL INVENTORY RECONCILIATION <input type="checkbox"/> 8 SIR	<input type="checkbox"/> 3 VADOZE MONITORING <input type="checkbox"/> 9 WEEKLY MANUAL TANK GAUGING
<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING <input type="checkbox"/> 10 MONTHLY TANK TESTING	<input type="checkbox"/> 5 GROUND WATER MONITORING <input type="checkbox"/> 95 UNKNOWN	<input checked="" type="checkbox"/> 6 ANNUAL TANK TESTING <input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION (PERMANENT CLOSURE IN-PLACE)		
1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>In Use</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>500</u> 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

TANK OWNER'S NAME (PRINTED & SIGNATURE) <u>Alex Gulyas Alex Gulyas</u>	DATE <u>6-28-96</u>
--	---------------------

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

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



COMPLETE THIS FORM FOR EACH FACILITY/SITE

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

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

DBA OR FACILITY NAME OAKLAND RTR		NAME OF OPERATOR FAA		
ADDRESS 8250 Earhart Road		NEAREST CROSS STREET Oakland Int. Airport	PARCEL # (OPTIONAL)	
CITY NAME OAKLAND		STATE CA	ZIP CODE 94614	SITE PHONE # WITH AREA CODE N/A
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY DISTRICTS* <input type="checkbox"/> COUNTY-AGENCY* <input type="checkbox"/> STATE-AGENCY* <input checked="" 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 _____				
TYPE OF BUSINESS		<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE	E. P. A. I. D. # (optional)
<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			1	CAC001311104

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) LEANE ROBERT		PHONE # WITH AREA CODE (510)273-6288		DAYS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE	
NIGHTS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE		NIGHTS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE	

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME PORT OF OAKLAND		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 530 Water St. PO Box 2064		<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 CA 94607-2064		STATE	ZIP CODE	PHONE # WITH AREA CODE
		CA	94607	2064

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER FAA		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 5125 Central Ave.		<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 type="checkbox"/> COUNTY-AGENCY <input checked="" type="checkbox"/> FEDERAL-AGENCY		
CITY NAME Fremont		STATE	ZIP CODE	PHONE # WITH AREA CODE
		CA	94536	(510)745-3473

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

OWNER'S NAME (PRINTED & SIGNED) Alex Gulyas	OWNER'S TITLE Env. Camp Manager	DATE MONTH/DAY/YEAR 6-28-96
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LOCAL AGENCY USE ONLY

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

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

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Oakland RTR

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D. # <u>00108888 OR 0011426</u>	B. MANUFACTURED BY: <u>Unknown</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>Unknown</u>	D. TANK CAPACITY IN GALLONS: <u>1000 US Gallons</u>

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

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL <input type="checkbox"/> 2 PETROLEUM <input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 4 OIL <input type="checkbox"/> 80 EMPTY <input type="checkbox"/> 95 UNKNOWN	B. <input checked="" type="checkbox"/> 1 PRODUCT <input type="checkbox"/> 2 WASTE
C. <input type="checkbox"/> 1a REGULAR UNLEADED <input checked="" type="checkbox"/> 3 DIESEL <input type="checkbox"/> 6 AVIATION GAS <input type="checkbox"/> 1b PREMIUM UNLEADED <input type="checkbox"/> 4 GASAHOL <input type="checkbox"/> 7 METHANOL <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 checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER <input type="checkbox"/> 4 SINGLE WALL IN A VAULT	<input type="checkbox"/> 5 INTERNAL BLADDER SYSTEM <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank) <input checked="" type="checkbox"/> 1 BARE STEEL <input type="checkbox"/> 5 CONCRETE <input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 2 STAINLESS STEEL <input type="checkbox"/> 6 POLYVINYL CHLORIDE <input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 3 FIBERGLASS <input type="checkbox"/> 7 ALUMINUM <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
C. INTERIOR LINING OR COATING <input type="checkbox"/> 1 RUBBER LINED <input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 2 ALKYD LINING <input type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 3 EPOXY LINING <input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		
D. EXTERIOR CORROSION PROTECTION <input type="checkbox"/> 1 POLYETHYLENE WRAP <input type="checkbox"/> 5 CATHODIC PROTECTION	<input checked="" type="checkbox"/> 2 COATING <input type="checkbox"/> 91 NONE	<input type="checkbox"/> 3 VINYL WRAP <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 ___ NO ___ STRIKER PLATE YES ___ NO ___ DISPENSER CONTAINMENT 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>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 checked="" 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 checked="" 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>In use</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>1000</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

TANK OWNER'S NAME (PRINTED & SIGNATURE) <u>Alex Gulyas Alex Gulyas</u>	DATE <u>6-28-96</u>
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LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

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

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

INSTRUCTIONS FOR COMPLETING FORM "B"

GENERAL INSTRUCTIONS

Section 2711 of Title 23, Division 3, Chapter 16, California Code of Regulations and sections 25286, 25287, and 25289 of Chapter 6.7, Division 20, Health and Safety Code require tank owners to apply for an UST operating permit.

1. One FORM "B" shall be completed for each tank for all NEW PERMITS, PERMIT CHANGES, REMOVALS and/or any other TANK INFORMATION CHANGE.
2. This form should be completed by either the PERMIT APPLICANT or the LOCAL AGENCY UNDERGROUND TANK INSPECTOR.
3. Please type or print clearly all requested information.
4. Use a hard point writing instrument, you are making 3 copies.
5. Tank owners must submit a plot plan to the local agency showing the location of the USTs with respect to buildings and landmarks [2711 (a)(8) CCR].
6. Tank owners must submit documentation showing compliance with state financial responsibility requirements to the local agency for petroleum USTs [2711 (a)(11) CCR].

TOP OF FORM: MARK ONLY ONE ITEM

1. Mark an (X) in the box next to the item that best describes the reason the form is being completed.
2. Indicate the DBA or Facility name where the tank is installed.

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

- A. Indicate owners tank ID # - If there is a tank number that is used by the owner to identify the tank (ex. AB70789).
- B. Indicate the name of the company that manufactured the tank (ex. ACME TANK MFG).
- C. Indicate the year the tank was installed (ex. 1987).
- D. Indicate the tank capacity in gallons (ex. 25,000 or 10,000 etc.).

II. TANK CONTENTS

- A.
 1. IF MOTOR VEHICLE FUEL, check box 1 and complete items B & C.
 2. If not MOTOR VEHICLE FUEL, check the appropriate box in section A and complete items B & D.
- B. Check the appropriate box.
- C. Check the type of MOTOR VEHICLE FUEL (if box 1 is checked in A).
- D. Print the chemical name of the hazardous substance stored in the tank and the C.A.S.#. (Chemical Abstract Service number), if box 1 is NOT checked in A.

III. TANK CONSTRUCTION - MARK ONE ITEM ONLY IN BOX A, B, C & D

1. Check only one item in TYPE OF SYSTEM, TANK MATERIAL, INTERIOR LINING and CORROSION PROTECTION.
2. If OTHER, print in the space provided.

IV. PIPING INFORMATION

1. Circle "A" if above ground circle "U" if underground, and circle both if applicable.
2. If UNKNOWN circle; or if OTHER, print in space provided.
3. Indicate the LEAK DETECTION system(s) used to comply with the monitoring requirement for the piping.

V. TANK LEAK DETECTION

1. Indicate the LEAK DETECTION system(s) used to comply with the monitoring requirements for the tank.

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

1. ESTIMATED DATE LAST USED - MONTH/YEAR (January, 1988 or 01/88)
2. ESTIMATED QUANTITY of HAZARDOUS SUBSTANCE remaining in the tank (in Gallons).
3. WAS TANK FILLED WITH INERT MATERIAL? Check "Yes" or "No".

TANK OWNER OR AUTHORIZED REPRESENTATIVE MUST SIGN AND DATE THE FORM AS INDICATED [see section 2711 (a)(13) CCR]

INSTRUCTION FOR THE LOCAL AGENCIES

The state underground storage tank identification number is composed of the two digit county number, the three digit jurisdiction number, the six digit facility number and the six digit tank number. The county and jurisdiction numbers are predetermined and can be obtained by calling the State Board (916) 227-4303. The facility number must be the same as shown in form "A". The tank number may be assigned by the local agency, however, this number must be numerical and cannot contain an alphabet. If the local agency prefers the State Board to assign the tank number, please leave it blank.

IT IS THE RESPONSIBILITY OF THE LOCAL AGENCY THAT INSPECTS THE FACILITY TO VERIFY THE ACCURACY OF THE INFORMATION. THE LOCAL AGENCY IS RESPONSIBLE FOR THE COMPLETION OF THE "LOCAL AGENCY USE ONLY" INFORMATION BOX. THE LOCAL AGENCY SHOULD RETAIN THE ORIGINAL AND YELLOW COPIES. THE PINK COPY SHOULD BE RETAINED BY THE TANK OWNER.

FEDERAL AVIATION ADMINISTRATION
ENVIRONMENTAL ENGINEERING SECTION. AWP-464

FAX NUMBER: 310 297-0160

FAX TRANSMISSION

RC622
CL

DATE: 1/20/94

TO: BARNEY CHAN

FAX #: 510 568-3706

FROM: Charley Chamness AWP-464.10

VOICE TEL. #: 310-297- 1109

TOTAL PAGES (INCLUDING COVER SHEET): 4

SUBJECT: Release Reports for 3 FAA Sites, Oakland Airport

COMMENTS:

TO: Mr Barney Chan
Hazardous Materials Specialist
Alameda County
Department of Environmental Health
80 Susan Way Room #200
Oakland, CA, 94261

ALCO
HAZMAT
94 JAN 27 PM 2:28

FAX NOT ACCEPTED!

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 AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25180.7 OF THE HEALTH AND SAFETY CODE. SIGNED: <u>Barney Chan</u> DATE: <u>2-1-94</u>
REPORT DATE: <u>1/10/94</u>		CASE #: _____

REPORTED BY	NAME OF INDIVIDUAL FILING REPORT <u>Charley Chamness</u>	PHONE <u>(310) 297-1109</u>	SIGNATURE <u>Charley Chamness 1/26/94</u>	
	REPRESENTING <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER _____	COMPANY OR AGENCY NAME <u>Federal Aviation Administration</u>		
	ADDRESS <u>15000 AVIATION BLVD LAWDALE CA 90261</u>			

RESPONSIBLE PARTY	NAME <u>David Miles</u>	CONTACT PERSON <u>Alex Gulyas</u>	PHONE <u>(510) 273-8500</u>
	ADDRESS <u>21615 Hesperian Blvd Suite A Hayward CA 94541</u>		

SITE LOCATION	FACILITY NAME (IF APPLICABLE) <u>ASR90AK</u>	OPERATOR <u>Federal Aviation Admin</u>	PHONE <u>(510) 273-8500</u>	
	ADDRESS <u>OAKLAND INTL AIRPORT OAKLAND Alameda 94611</u>			
	CROSS STREET: _____			

IMPLEMENTING AGENCIES	LOCAL AGENCY <u>Dept of Env. Health</u>	CONTACT PERSON <u>Barney Chan</u>	PHONE <u>(510) 271-4320</u>
	REGIONAL BOARD <u>RWQCB</u>	CONTACT PERSON <u>RICHT HIETT</u>	PHONE <u>(510) 286-4359</u>

SUBSTANCES INVOLVED	(1) <u>Diesel</u>	QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN
	(2) _____	<input type="checkbox"/> UNKNOWN

DISCOVERY/ABATEMENT	DATE DISCOVERED <u>01/10/94</u>	HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER _____		
	DATE DISCHARGE BEGAN <input checked="" type="checkbox"/> UNKNOWN	METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> REMOVE CONTENTS <input checked="" type="checkbox"/> REPLACE TANK <input type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> OTHER _____		
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (YES, DATE: _____)			

SOURCE/ CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER _____	CAUSE(S) <input checked="" type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER _____
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CASE TYPE	CHECK ONE ONLY <input type="checkbox"/> UNDETERMINED <input checked="" type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)		
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CURRENT STATUS	CHECK ONE ONLY <input 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 checked="" type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY		
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REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S) <input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (BT) <input type="checkbox"/> CAP SITE (CS) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (PT) <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 (HA) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> OTHER (OT) _____		
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COMMENTS
Remediation done for FAA by: Advanced Sciences Inc., 4709 Murphy Canyon Road Suite 400 San Diego, CA 92123 (619) 560-8552

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 AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25180.7 OF THE HEALTH AND SAFETY CODE.
REPORT DATE 01/27/94	CASE #	SIGNED <u>Darney Chan</u> DATE <u>2/1/94</u>

REPORTED BY	NAME OF INDIVIDUAL FILING REPORT <u>Charley Chamness</u>	PHONE <u>(310) 297-1109</u>	SIGNATURE <u>Charley Chamness</u>	
	REPRESENTING <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER	COMPANY OR AGENCY NAME <u>Federal Aviation Administration</u>		
	ADDRESS <u>15000 AVIATION Blvd</u> <u>Lawndale</u> <u>CA</u> <u>90261</u>			

RESPONSIBLE PARTY	NAME <u>DAVID MILES</u>	CONTACT PERSON <u>ALEX GULYAS</u>	PHONE <u>(510) 784-8500</u>
	ADDRESS <u>21615 Hesperian Blvd Suite A</u> <u>HAYWARD</u> <u>CA.</u> <u>94541</u>		

SITE LOCATION	FACILITY NAME (IF APPLICABLE) <u>TRACER ARTS OAK</u>	OPERATOR <u>Federal Aviation Admin</u>	PHONE <u>(510) 273-6005</u>	
	ADDRESS <u>1029 GRUMMAN STREET</u> <u>OAKLAND</u> <u>ALAMEDA</u> <u>94621</u>			
	CROSS STREET			

IMPLEMENTING AGENCIES	LOCAL AGENCY <u>Dept of Env Health</u>	AGENCY NAME	CONTACT PERSON <u>BARNEY CHAN</u>
	REGIONAL BOARD <u>RWQCB</u>		PHONE <u>(510) 271-4320</u>

SUBSTANCES INVOLVED	NAME <u>DIESEL</u>	QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN
	UNKNOWN	

DISCOVERY/ABATEMENT	DATE DISCOVERED <u>01/01/94</u>	HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER
	DATE DISCHARGE BEGAN <input checked="" type="checkbox"/> UNKNOWN	METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> REMOVE CONTENTS <input checked="" type="checkbox"/> REPLACE TANK <input type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> OTHER
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE	

SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER	CAUSE(S) <input checked="" type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER
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CASE TYPE	CHECK ONE ONLY <input type="checkbox"/> UNDETERMINED <input checked="" type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)
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CURRENT STATUS	CHECK ONE ONLY <input 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 checked="" type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY
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REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S) <input type="checkbox"/> CAP SITE (CS) <input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (BT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input checked="" type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (PT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HA) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> OTHER (OT)
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COMMENTS
Remediation done for FAA by: Advanced Sciences Inc.
4709 Murphy Canyon Road San Diego
San Diego, Ca. 92123
(619) 560-8552

70672

UNDERGROUND STORAGE TANK UNAUTHORIZED RELEASE (AK) / 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 AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25180.7 OF THE HEALTH AND SAFETY CODE. SIGNED: <u>Barney Chan</u> DATE: <u>2/1/94</u>
REPORT DATE <u>01.27.94</u>	CASE #	

REPORTED BY	NAME OF INDIVIDUAL FILING REPORT <u>Charley Chamness</u>	PHONE <u>(310) 297-1109</u>	SIGNATURE <u>Charley Chamness</u>	DATE <u>1/20/94</u>
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER	COMPANY OR AGENCY NAME <u>Federal Aviation Administration</u>		
ADDRESS <u>15000 AVIATION Blvd LAWDALE CA 90261</u>				

RESPONSIBLE PARTY	NAME <u>David Miles</u>	CONTACT PERSON <u>Alex Gulyas</u>	PHONE <u>(510) 273-8500</u>
	ADDRESS <u>21615 Hesperia Blvd Suite A Hayward CA 94541</u>		

SITE LOCATION	FACILITY NAME (IF APPLICABLE) <u>ALS OAK</u>	OPERATOR <u>Federal Aviation Admin</u>	PHONE <u>(510) 784-8500</u>
	ADDRESS <u>Oakland INTL AIRPORT</u>	CITY <u>Oakland</u>	STATE <u>Alameda</u>
CROSS STREET			

IMPLEMENTING AGENCIES	LOCAL AGENCY <u>Dept of Env Health</u>	AGENCY NAME	CONTACT PERSON <u>Barney Chan</u>	PHONE <u>(510) 271-4320</u>
	REGIONAL BOARD <u>RWQCB</u>		<u>RICH HIETT</u>	PHONE <u>(510) 286-4359</u>

SUBSTANCES INVOLVED	(1) NAME <u>Diesel</u>	QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN
	(2)	<input type="checkbox"/> UNKNOWN

DISCOVERY/ABATEMENT	DATE DISCOVERED <u>01/14/94</u>	HOW DISCOVERED <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> MISUSE CONDITIONS <input type="checkbox"/> OTHER
	DATE DISCHARGE BEGAN <input checked="" type="checkbox"/> UNKNOWN	METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> REMOVE CONTENTS <input checked="" type="checkbox"/> REPLACE TANK <input type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> OTHER
HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE		

SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER	CAUSE(S) <input checked="" type="checkbox"/> OVERFILL <input type="checkbox"/> CORROSION <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SPILL <input type="checkbox"/> OTHER
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CASE TYPE	CHECK ONE ONLY <input type="checkbox"/> UNDETERMINED <input checked="" type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)
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CURRENT STATUS	CHECK ONE ONLY		
	<input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> REMEDIATION PLAN	<input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input checked="" type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY)	<input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> POST-CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> CLEANUP UNDERWAY

REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S)		
	<input type="checkbox"/> CAP SITE (CS) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> VACUUM EXTRACT (VE)	<input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> OTHER (OT)	<input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (PT) <input type="checkbox"/> TREATMENT AT HOOKUP (HA) <input type="checkbox"/> ENHANCED BIO-DEGRADATION (IT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VENT SOIL (VS)

REMEDIAL ACTION COMMENTS
Remediation done for FAA by: Advanced Sciences Inc
4909 Murphy Canyon Road Suite 400
San Diego CA 92123
(619) 550-8552
98 AUG 25 AM 5:00

ENVIRONMENTAL PROTECTION

R0622



FEDERAL AVIATION ADMINISTRATION
WESTERN-PACIFIC REGION

CHARLEY J. CHAMNESS
Hazardous Materials Manager
Airway Facilities Division

3/10
(213) 297-1109
FTS-984-1109

FAA AWP-464.10
P.O. Box 92007, WWPC
Los Angeles, CA 90009

U.S. Department
of Transportation

**Federal Aviation
Administration**

AWP- 464.10
P.O. Box 92007
Worldway Postal Center
Los Angeles, CA 90009-2007

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