



Veterans
Administration

MAR 27 1990

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In Reply Refer To: 599/00/138

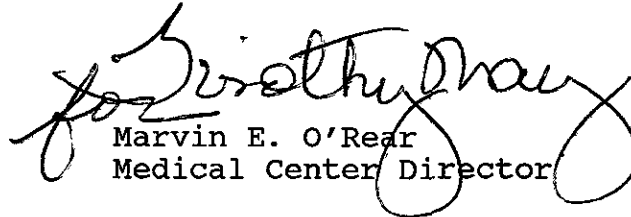
Mr. Gil Wistar, Hazardous Material Specialist
Department of Environmental Health
Hazardous Materials Program
80 Swan Way, Room 200
Oakland, CA 94621

Dear Mr. Wistar:

Enclosed is a copy of our proposed work plan for the initial subsurface investigation requested by your office by letter dated November 21, 1990. Upon approval from your office, we will proceed with the work plan.

If you have any questions, please contact Mr. Clifford Schem, Chief, Engineering Service at 415/447-2560, extension 6401.

Sincerely,

A handwritten signature in cursive script, appearing to read "Marvin E. O'Rear".
Marvin E. O'Rear
Medical Center Director

Enclosure

cc: Regional Industrial Hygienist
(90)
(001SM)

Prepared for the
**DEPARTMENT OF VETERANS AFFAIRS
MEDICAL FACILITY**

**Workplan for an
an Initial Subsurface Investigation**

4951 Arroyo Road
Livermore, California

by
Augeas Corporation
2252 Fort Point Drive
Gold River, California 95670
(916) 635-0839

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1.0 INTRODUCTION

1.1 Statement of Scope of Report

The purpose of this report is to define the physical and environmental setting of the site and vicinity, document proposed procedures for the subsurface investigation of nine underground fuel storage tanks and to set forth the criteria for subsequent remedial studies. Tank tightness records and testing results are provided in Appendix 1.

1.2 Site Location

The property is located at 4951 Arroyo Road in Alameda County, approximately 5-miles south of the central business district of Livermore (Figure 1). The facility is situated on a series of river terraces overlooking Arroyo Del Valle. The hospital itself lies on the uppermost terrace, with the facilities support buildings and wastewater treatment facilities located on successively lower terraces and the hillside between the terraces. The wastewater disposal ponds are located on the lowest terrace about 30 feet below the hospital grounds. The terrace levels can be seen from the topographic contours on Figure 2.

1.3 Site History

The DVA Medical Center in Livermore was originally constructed in 1923 as a tuberculosis sanitarium. Many of the original buildings have been demolished due to seismic hazards. Remaining facilities include a 191-bed hospital located in one of the older buildings and a 120-bed nursing home care unit located in a more recently constructed building. There is also an administration building and other miscellaneous structures housing hospital support services. The location of the various ancillary buildings and associated underground fuel storage tanks involved in this investigation are shown in Figure 3.

1.4 Background

In January, 1990 an investigation was conducted to determine the areal and vertical extent of soil contamination associated with the leakage of fuel oil from two 12,000-gallon underground fuel storage tanks located near building 16. During the course of this investigation concern was expressed over the integrity of the remaining nine tanks located at the different locations shown in Figure 3. Based on these concerns a review was conducted of tank tightness testing records. The most recent testing of fuel storage tanks took place in August, 1990. Eight of the nine underground tanks tested tight.

The fuel system associated with building 90 could not be pressure tested because there is no direct access to the tank. This tank was installed at the time the

Nursing Home Care Unit was built, in approximately 1981. The eight tank test results and concentrations of total extractable petroleum hydrocarbon products are presented in Appendix 2.

2.0 SITE DESCRIPTION

2.1 Vicinity Description

The DVA Medical facility consists of approximately 118 acres of buildings and grounds. The nine underground storage tanks to be investigated during this study are found at six separate locations. The majority of these tanks are buried under asphalt paving and are generally located in the parking lot adjacent to a particular support building. Figure 3 is a site plan of the facility which shows the location of buildings, asphalt or concrete cover and the existing underground as well as above-ground fuel storage tanks

2.2 Adjacent Land Use

Land use surrounding the site is predominantly agricultural/rural. The Lake Del Valle State Recreational area is approximately 2 1/2 miles southeast of the facility. The hospital lies approximately four miles east of Highway 84 (East Vallecitos Road). The closest subdivision is located approximately 2 miles north of the facility's grounds.

2.3 Surface Water Characteristics

The site lies 550 and 675 feet above mean sea level. The subject property is on a moderate incline which slopes gently to the east toward Arroyo Del Valle Creek. Surface drainage on the property appears to be good and generally flows toward the creek. Most of the present day buildings have been constructed on cut slopes with substantial amounts of fill material used to form level building sites. The present day drainage system includes the storm drains surrounding the property. Los Banos Creek lies approximately 5 miles east of the facility.

2.4 Groundwater Movement

Within the terrace deposits, groundwater flows from the higher to lower terrace levels. Water levels in existing observation wells on the lower two terraces have been used to obtain a more detailed picture of flow patterns in the vicinity of the Medical Center's sewage treatment facility. Groundwater monitoring wells, installed during the January, 1991 leaking underground tank investigation near building 16, support the contention that groundwater flow is generally north and eastward toward the terrace edges.

A major uncertainty in the groundwater regime is the influx of water from the sedimentary units below. Fractures in the underlying bedrock could also allow water to move vertically upward into the overlying terrace deposits. This vertical migration of connate water may explain the presence of low quality water with high chloride and boron concentrations which appear in one of the observation wells located on the lower terrace.

3.0 PROPOSED TANK INVESTIGATION

Nine underground fuel storage tanks will be investigated in accordance with Alameda County Ordinances governing subsurface investigations. The nine tanks are located at six separate locations as shown in Figure 3. Tank inventory records along with tank tightness testing results are presented in Appendix 1. Underground fuel Tanks to be investigated and their locations are summarized below in Table 1.

Table 1

Tank Inventory

Location	Number of Tanks	Size (gallon)	Product	Date of Installation
Building 79	2	750	Regular gasoline	Unknown
Building 79	1	2,000	Unleaded gasoline	1977
Building 6	1	2,206	Diesel	1982
Building 62	1	2,000	Diesel	Unknown
Building 62	1	5,000	Diesel	Unknown
Building 64	1	560	Diesel	Unknown
Building 90	1	2,000	Diesel	1980
Building 88	1	1,000	Diesel	1980

Work will begin at building #79 where the greatest potential for soil contamination exists. Initially, one hollow stem auger boring will be advanced at each tank location shown in Table 1. Each boring will be drilled to a depth commensurate with a depth of one to two feet below the bottom of each tank. Soil samples will be collected at 5-foot intervals using a continuous core sampler. A 580B OVM photoionization detector (PID) will be used to initially evaluate samples. Should any sample exhibit contaminated characteristics (high PID readings, petroleum odor, etc.) all drilling activities will immediately be terminated. The sample will then be submitted for laboratory analysis for confirmation of field and PID observations. Following confirmation, a report will be prepared indicating the presence of soil contamination.

If no contamination is encountered, additional borings will be completed to thoroughly characterize the site. It is anticipated that four borings will be required to verify the lack of subsurface contamination. One boring at each tank location will be advanced to groundwater in order to determine its depth beneath the site. From this deep boring one groundwater sample will be obtained by bailer and submitted to the laboratory for analysis.

Following completion of the fieldwork at building #79, if no contamination has been found, the above work will be repeated at the next site until all six tank locations have been fully characterized. No angle borings will be drilled during this investigation. A minimum of one soil sample from each boring (highest PID reading) will be submitted for laboratory analysis in order to confirm the absence of contamination.

3.1 Laboratory Analysis

If contamination is indicated to be present based on field data, only one soil sample will be submitted for laboratory analysis. The one sample will be analyzed for both total petroleum hydrocarbon products (TPH) by EPA Method 8015 and volatile aromatic hydrocarbon compounds (BTXE) by EPA Method 8020 in order to confirm the ~~absence~~^{presence} of contamination. One groundwater sample from each tank location will also be analyzed for TPH and BTXE.

All samples will be submitted to Superior Analytical Laboratory (State Certification No. 220) in San Francisco, California for analysis. At least ten percent duplicate and ten percent spike samples will be analyzed along with the collected samples in order to provide quality control.

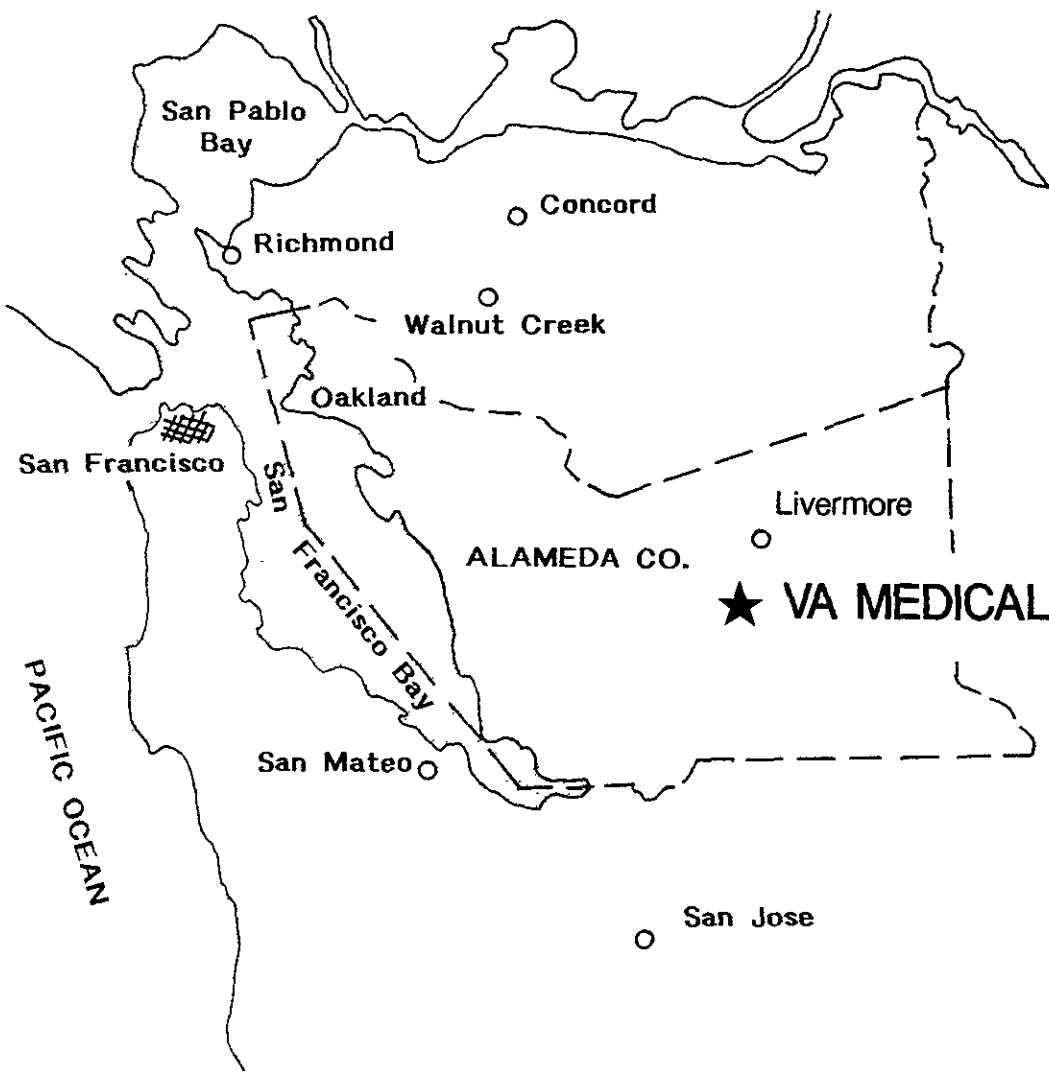
3.2 Report Preparation

Following completion of the above fieldwork and analytical work, a report will be prepared which details the results of the investigation. An additional Problem Assessment Investigation will be recommended for any of the tank sites which show a potential for contamination either a result of simple periodic over spills or as a result of tank failure.

APPENDIX 1
TANK TIGHTNESS TEST RESULTS
AND
INVENTORY RECORD



○ Stockton



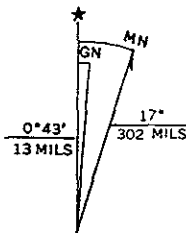
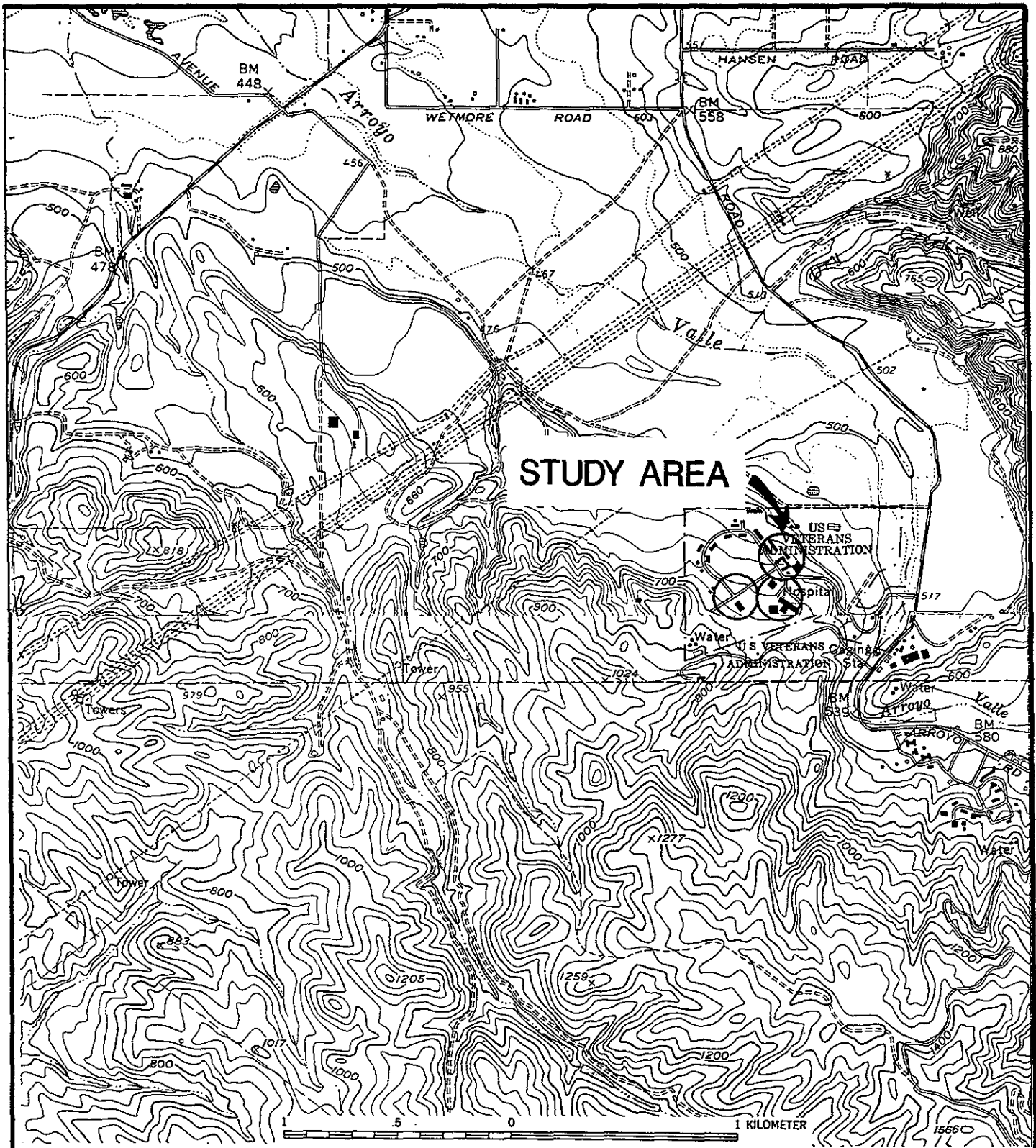
★ VA MEDICAL CENTER

AUGEAS CORPORATION

FIGURE 1
LOCATION MAP

VA MEDICAL CENTER, LIVERMORE, CALIFORNIA

DRAWN BY: <i>SLM</i>	DATE: <i>1/23/91</i>	PROJECT NO.
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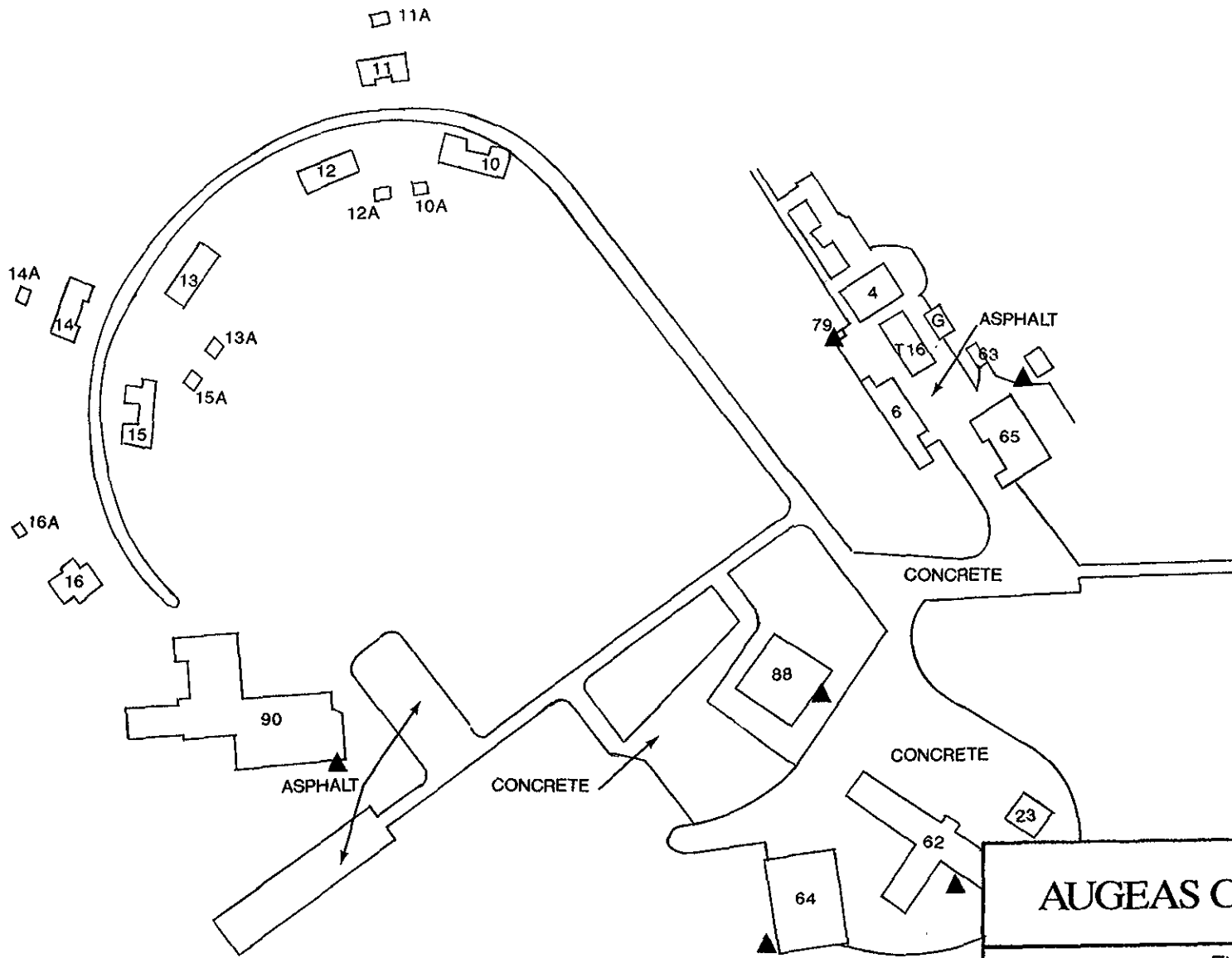
UTM GRID AND 1968 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

AUGEAS CORPORATION

FIGURE 2 SITE VICINITY MAP

VA MEDICAL CENTER, LIVERMORE, CALIFORNIA

DRAWN BY: <i>[Signature]</i>	DATE: 1/22/91	PROJECT NO.
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- EXPLANATION
- ▲ UNDERGROUND TANK LOCATION
 - 13 MEDICAL FACILITY SUPPORT BUILDING

AUGEAS CORPORATION		
FIGURE 3 SITE PLOT PLAN		
DVA MEDICAL FACILITY, LIVERMORE, CALIFORNIA		
DRAWN BY: <i>[Signature]</i>	DATE: 2/13/91	PROJECT NO.



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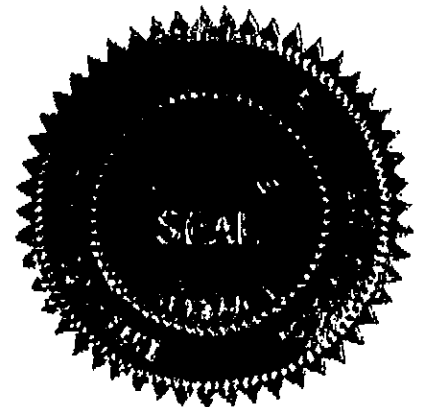
ILFC, INC. PREVENTIVE MAINTENANCE SERVICE REPORT NO. 5013

FUEL ANALYSIS AND CERTIFICATION

TANK #	TANK CAPACITY GALLONS	STABILITY INDEX (AGING TEST)	AMOUNT ILFC INHIBITOR ADDED	BULK FUEL QUALITY
BLDG #6	2,000	20	1 gallon	satisfactory
BLDG#62-2	2,000	6	1 gallon	satisfactory
BLDG#62-1	5,000	6	2 gallons	satisfactory
BLDG #64	560	3	1 quart	satisfactory
BLDG #88	1,000	2	1 gallon	satisfactory

COMMENTS AND RECOMMENDATIONS

The fuel in tanks 6, 62-2, 62-1, 64, and 88 is in satisfactory for approximately one year.





International
Lubrication and
Fuel Consultants Inc.

Creating the standards for industry.

P.O. Box 15212
Rio Rancho, NM 87174
(505) 892-1666 (800) 237-4532

ILFC, INC. PREVENTIVE MAINTENANCE SERVICE REPORT NO. 5013

FUEL STORAGE SYSTEM INTEGRITY TESTING

SERVICE PERFORMED AT: V.A. MEDICAL CENTER
4951 Arroyo Rd.
Livermore, CA

DATE TESTED: August 30, 1990

TEST METHOD: Ainlay

TECHNICIAN: Nick Stroebel

TANK #	TANK CAPACITY GALLONS	TANK TEST MEASURED CHANGE (GALLONS PER HOUR)	CONDITION OF THE FUEL SYSTEM
BLDG #6	2,000	0.039	tight
BLDG #62-2	2,000	0.0118	tight
BLDG #62-1	5,000	0.042	tight
BLDG #64	560	0.023	tight
BLDG #79-1	2,000	0.006	tight
BLDG #79-2	750	0.042	tight
BLDG #79-3	750	0.004	tight
BLDG #88	1,000	0.026	tight
BLDG #90	could not test	-----	-----

COMMENTS AND RECOMMENDATIONS

Fuel systems 6, 62-2, 62-1, 64, 79-1, 79-2, 79-3, and 88 are ILFC^R certified tight in accordance with the tests performed. The leak rates do not exceed the standard of 0.050 gallons per hour described in the National Fire Protection Assoc., Bulletin N.F.P.A. 329.

Fuel system 90 could not be pressure tested because there is no direct access into the tank.





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Fuel Consultants Inc.

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Jim Putz

P.O. Box 15212
Rio Rancho, NM 87174
(505) 892-1666 (800) 837-4532

ILFC, INC. TEP ANALYSIS REPORT NO. 5013

RECOMMENDATIONS AND CONCLUSIONS

SITE ID: V.A. Medical Center
SITE LOCATION: 4951 Arroyo Rd. - Livermore, CA

The TVPH (total volatile petroleum hydrocarbons) and TEPH (total extractable petroleum hydrocarbons) concentrations that were detected are listed on the site maps. The sample that showed the largest amount of petroleum hydrocarbons was the sample from hole 6 at Building #79. The GC/MS chromatogram of this sample showed only 14.2 ppm (parts per million) of TVPH and had a pattern characteristic to that of aged gasoline. However, an extract of this same sample showed much higher levels of TEPH which had the distinct odor of paint thinner. Since all tanks tested tight, it is presumed that the hydrocarbons detected originated from the surface.

Half cell readings indicate that these fuel systems are in satisfactory condition in regards to corrosion. Although the tanks at Building #62 show readings that may be considered borderline both tanks tested tight. However, yearly monitoring of their condition is imperative.

All the data indicates that both passive and impressed current cathodic protection systems should be installed to protect these fuel systems.

INTERNATIONAL LUBRICATION & FUEL CONSULTANTS, INC. Rio Rancho New Mexico 87048 1-800-237-4532
 TEP SITE ANALYSIS: PLOT OF HALF-CELL READINGS AND HYDROCARBON ANALYSIS RESULTS

LEGEND

ppm HYDROCARBONS

⊙ HOLE NUMBER

HALF CELL READINGS

Note: Reported as:

ppm TEPH/ ppm TVPH

pH: 6.4

Soil Resistivity in ohm-cm

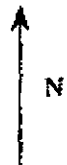
5 feet 2016 ohm-cm

10' 1497.6 ohm-cm

20' 806.4 ohm-cm

Moisture content: 16.25

Soil microbe count: high38.0



38.0ppm / <MDL

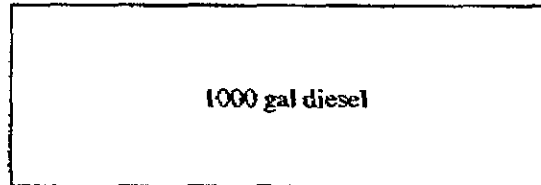
⊙ 3

-586

23.0ppm / <MDL

⊙ 4

-592



1000 gal diesel

27.0ppm / <MDL

⊙ 1

-572

25.0ppm / 1.95ppm

⊙ 2

-576

DATE ON SITE: 8-15-90

SITE: BUILDING #88
 VA MEMORIAL HOSPITAL
 4951 ARROYO ROAD
 LIVERMORE CA.

CLIENT
 VA MEMORIAL HOSPITAL
 4951 ARROYO ROAD
 LIVERMORE CA.

Drawing No. 76

Drawn by: NICHOLAS STROEBEL

DATE OF ANALYSIS: 8-20-90

Date: 8-22-90

Name (Company or Individual or Public Agency)			
Street Address	City	State	ZIP

II Facility

Facility Name		Director/Foreman/Supervisor	
Street Address		Nearest Cross Street	
City		County	ZIP
Mailing Address		City	State ZIP
Phone Area Code		Type of Business <input type="checkbox"/> 01 Motor Vehicle Fuel Station <input type="checkbox"/> 02 Other: _____	
Number of Tanks at this Facility	Rural Areas Only:	Township	Range Section

SAME

III 24 Hour Emergency Contact Person

Day: Name (last name first) and Phone w/ area code	Night: Name (last name first) and Phone w/ area code
--	--

#6

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A <input checked="" type="checkbox"/> 01 Tank <input type="checkbox"/> 02 Sump <input type="checkbox"/> 03 Lagoon, Pit or Pond <input type="checkbox"/> 04 Other: _____		Container Number (If there is no number, assign one) Bldg. 88 # 1
B. Manufacturer (if appropriate) <u>DWENS/CORNING</u> Year of Mfg: <u>1980</u>		C. Year Installed: <u>1980</u> <input type="checkbox"/> Unknown
D Container Capacity: <u>1000</u> gallons <input type="checkbox"/> Unknown	E Container Repairs: <input checked="" type="checkbox"/> 01 None <input type="checkbox"/> 02 Unknown <input type="checkbox"/> 03 Yes Year _____	
F Is Container currently used? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If No, year of last use: _____ <input type="checkbox"/> 03 Unknown		
G Does the Container Store (Check One). <input type="checkbox"/> 01 Waste <input checked="" type="checkbox"/> 02 Product		
H Does the Container Store Motor Vehicle Fuel or Waste Oil? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If Yes, Check appropriate box(es). <input type="checkbox"/> 01 Unleaded <input type="checkbox"/> 02 Regular <input type="checkbox"/> 03 Premium <input checked="" type="checkbox"/> 04 Diesel <input type="checkbox"/> 05 Waste Oil <input type="checkbox"/> 06 Other (List): _____		

V Container Construction

A Thickness of Primary Containment _____ <input type="checkbox"/> Gauge <input type="checkbox"/> Inches <input type="checkbox"/> cm <input checked="" type="checkbox"/> Unknown	
B <input type="checkbox"/> 01 Vaulted (Located in an underground Vault) <input checked="" type="checkbox"/> 02 Non-vaulted <input type="checkbox"/> 03 Unknown	
C <input type="checkbox"/> 01 Double Walled <input checked="" type="checkbox"/> 02 Single Walled <input type="checkbox"/> 03 Lined <input type="checkbox"/> 04 Wrapped <input type="checkbox"/> 05 Unknown <input type="checkbox"/> 06 None	
D <input type="checkbox"/> 01 Carbon Steel <input type="checkbox"/> 02 Stainless Steel <input checked="" type="checkbox"/> 03 Fiberglass <input type="checkbox"/> 04 Polyvinyl Chloride <input type="checkbox"/> 05 Concrete <input type="checkbox"/> 06 Aluminum <input type="checkbox"/> 07 Steel Clad <input type="checkbox"/> 08 Bronze <input type="checkbox"/> 09 Composite <input type="checkbox"/> 10 Non-metallic <input type="checkbox"/> 11 Earthen Walls <input type="checkbox"/> 12 Unknown <input type="checkbox"/> 13 Other: _____	
E <input type="checkbox"/> 01 Rubber Lined <input type="checkbox"/> 02 Alkyd Lining <input type="checkbox"/> 03 Epoxy Lining <input type="checkbox"/> 04 Phenolic Lining <input type="checkbox"/> 05 Glass Lining <input type="checkbox"/> 06 Clay Lining <input checked="" type="checkbox"/> 07 Unlined <input type="checkbox"/> 08 Unknown <input type="checkbox"/> 09 Other: _____	
F <input type="checkbox"/> 01 Polyethylene Wrap <input type="checkbox"/> 02 Vinyl Wrapping <input type="checkbox"/> 03 Cathodic Protection <input type="checkbox"/> 04 Unknown <input checked="" type="checkbox"/> 05 None <input type="checkbox"/> 09 Other: _____	

INTERNATIONAL LUBRICATION & FUEL CONSULTANTS, INC. Rio Rancho New Mexico 87048 1-800-237-4532
 TEP SITE ANALYSIS: PLOT OF HALF-CELL READINGS AND HYDROCARBON ANALYSIS RESULTS

LEGEND

ppm HYDROCARBONS

Ⓝ HOLE NUMBER

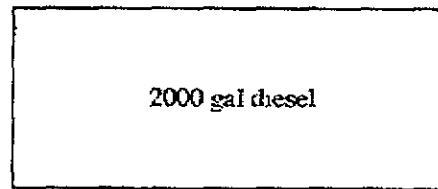
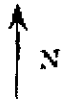
HALF CELL READINGS

Note: Reported as:
 ppm TEPH / ppm TVPH
 pH: 6.4

Soil Resistivity in ohm-cm
 5 feet 4608 ohm-cm
 10' 2304 ohm-cm
 20' 2918.4 ohm-cm

Moisture content: 13.5%

Soil microbe count: high
 normal



2000 gal diesel

- / <MDL

①

-543

- / <MDL

③

-559

- / <MDL

②

-577

DATE ON SITE: 8-16-90

SITE: BUILDING 90
 VA MEMORIAL HOSPITAL
 4951 ARROYO ROAD
 LIVERMORE CA.

CLIENT
 VA MEMORIAL HOSPITAL
 4951 ARROYO ROAD
 LIVERMORE CA.

Drawing No. 79

Drawn by: NICHOLAS STROEBEL

DATE OF ANALYSIS: 8-20-90

Date: 8-23-90

Name of Facility (Print Name of Site Agency)			
Street Address	City	State	ZIP

II Facility

Facility Name		Dealer/Foreman/Supervisor	
Street Address		Nearest Cross Street	
City		County	ZIP
Mailing Address		City	State ZIP
Phone w/ area code		Type of Business <input type="checkbox"/> 01 Motor Vehicle Fuel Station <input type="checkbox"/> 02 Other: _____	
Number of Tanks at this Facility	Rural Areas Only:	Township	Range Section

5

III 24 Hour Emergency Contact Person

Day's Name (last name first) and Phone w/ area code	Night's Name (last name first) and Phone w/ area code
---	---

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A <input checked="" type="checkbox"/> Tank <input type="checkbox"/> 02 Sump <input type="checkbox"/> 03 Lagoon, Pit or Pond <input type="checkbox"/> 04 Other _____		Container Number (if there is no number assign one) Bldg. 90 #1
B Manufacturer (if appropriate): Modern Welding Year of Mfg: 1980		C. Year Installed: 1980 <input type="checkbox"/> Unknown
D Container Capacity 2000 gallons <input type="checkbox"/> Unknown	E Container Repairs: <input checked="" type="checkbox"/> 01 None <input type="checkbox"/> 02 Unknown <input type="checkbox"/> 03 Yes Year _____	
F Is Container currently used? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If No, year of last use: _____ <input type="checkbox"/> 03 Unknown		
G Does the Container Store (Check One): <input type="checkbox"/> 01 Waste <input checked="" type="checkbox"/> 02 Product		
H Does the Container Store Motor Vehicle Fuel or Waste Oil? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If Yes, Check appropriate box(es). <input type="checkbox"/> 01 Unleaded <input type="checkbox"/> 02 Regular <input type="checkbox"/> 03 Premium <input checked="" type="checkbox"/> 04 Diesel <input type="checkbox"/> 05 Waste Oil <input type="checkbox"/> 06 Other (List): _____		

V Container Construction

A Thickness of Primary Containment 7 <input checked="" type="checkbox"/> Gauge <input type="checkbox"/> Inches <input type="checkbox"/> cm <input type="checkbox"/> Unknown	
B <input type="checkbox"/> 01 Vaulted (Located in an underground Vault) <input checked="" type="checkbox"/> 02 Non-vaulted <input type="checkbox"/> 03 Unknown	
C <input type="checkbox"/> 01 Double Walled <input checked="" type="checkbox"/> 02 Single Walled <input type="checkbox"/> 03 Lined <input type="checkbox"/> 04 Wrapped <input type="checkbox"/> 05 Unknown <input type="checkbox"/> 06 None	
D <input checked="" type="checkbox"/> Carbon Steel <input type="checkbox"/> 02 Stainless Steel <input type="checkbox"/> 03 Fiberglass <input type="checkbox"/> 04 Polyvinyl Chloride <input type="checkbox"/> 05 Concrete <input type="checkbox"/> 06 Aluminum <input type="checkbox"/> 07 Steel Clad <input type="checkbox"/> 08 Bronze <input type="checkbox"/> 09 Composite <input type="checkbox"/> 10 Non-metallic <input type="checkbox"/> 11 Earthen Walls <input type="checkbox"/> 12 Unknown <input type="checkbox"/> 13 Other _____	
E <input type="checkbox"/> 01 Rubber Lined <input type="checkbox"/> 02 Alkyd Lining <input type="checkbox"/> 03 Epoxy Lining <input type="checkbox"/> 04 Phenolic Lining <input type="checkbox"/> 05 Glass Lining <input type="checkbox"/> 06 Clay Lining <input checked="" type="checkbox"/> 07 Unlined <input type="checkbox"/> 08 Unknown <input type="checkbox"/> 09 Other: _____	
F <input type="checkbox"/> 01 Polyethylene Wrap <input type="checkbox"/> 02 Vinyl Wrapping <input type="checkbox"/> 03 Cathodic Protection <input type="checkbox"/> 04 Unknown <input type="checkbox"/> 05 None <input checked="" type="checkbox"/> 06 Other _____	

COAL TAR EPOXY

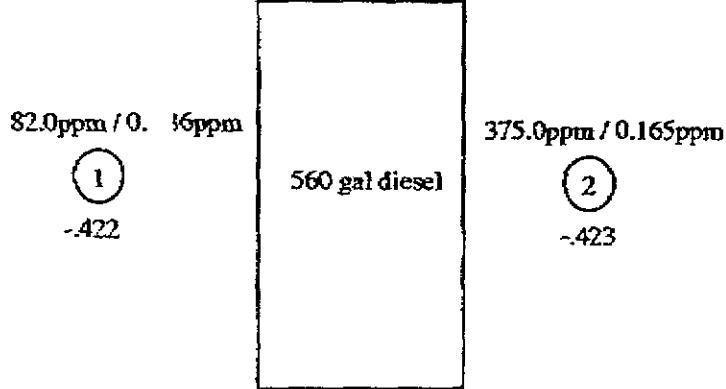
LEGEND
 ppm HYDROCARBONS
 (No.) HOLE NUMBER
HALF CELL READINGS

Note: Reported as:
 ppm TEPH / ppm TVPH
 pH: 6.6

Soil Resistivity in ohm-cm
 5 feet 1536 ohm-cm
 10' 1689.6 ohm-cm
 20' 1728 ohm-cm

Moisture content: 8.25%

Soil microbe count: high
 normal



DATE ON SITE: 8-15-90	SITE: BUILDING #64 VA MEMORIAL HOSPITAL	CLIENT VA MEMORIAL HOSPITAL	Drawing No. 75
DATE OF ANALYSIS: 8-20-90	4951 ARROYO ROAD LIVERMORE CA.	4951 ARROYO ROAD LIVERMORE CA.	Drawn by: NICHOLAS STROEBEL Date: 8-22-90

Name (Contributor, Individual or Public Agency)			
Street Address	City	State	ZIP

II Facility

Facility Name		Dealer/Foreman/Supervisor	
Street Address			Nearest Cross Street
City		County	ZIP
Mailing Address		City	State ZIP
Phone w/area code		Type of Business <input type="checkbox"/> 01 Motor Vehicle Fuel Station <input type="checkbox"/> 02 Other: _____	
Number of Tanks at this Facility	Rural Areas Only:	Township	Range Section

SAME

3

III 24 Hour Emergency Contact Person

Day's Name (last name first) and Phone w/area code	Night's Name (last name first) and Phone w/area code
--	--

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A <input checked="" type="checkbox"/> 01 Tank <input type="checkbox"/> 02 Sump <input type="checkbox"/> 03 Lagoon, Pit or Pond <input type="checkbox"/> 04 Other: _____		Container Number (if there is no number assign one): Bldg 64 #1
B Manufacturer (if appropriate): <u>UNKNOWN</u> Year of Mfg.: <u>UNKNOWN</u>		C. Year Installed: <input checked="" type="checkbox"/> Unknown
D Container Capacity: <u>500</u> gallons <input type="checkbox"/> Unknown	E. Container Repairs: <input checked="" type="checkbox"/> 01 None <input type="checkbox"/> 02 Unknown <input type="checkbox"/> 03 Yes Year: _____	
F Is Container currently used? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If No, year of last use: _____ <input type="checkbox"/> 03 Unknown		
G Does the Container Store (Check One). <input type="checkbox"/> 01 Waste <input checked="" type="checkbox"/> 02 Product		
H Does the Container Store Motor Vehicle Fuel or Waste Oil? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If Yes, Check appropriate box(es). <input type="checkbox"/> 01 Unleaded <input type="checkbox"/> 02 Regular <input type="checkbox"/> 03 Premium <input checked="" type="checkbox"/> 04 Diesel <input type="checkbox"/> 05 Waste Oil <input type="checkbox"/> 06 Other (List): _____		

V Container Construction

A Thickness of Primary Containment _____ <input type="checkbox"/> Gauge <input type="checkbox"/> Inches <input type="checkbox"/> cm <input checked="" type="checkbox"/> Unknown	
B <input type="checkbox"/> 01 Vaulted (Located in an underground Vault.) <input checked="" type="checkbox"/> 02 Non-vaulted <input type="checkbox"/> 03 Unknown	
C <input type="checkbox"/> 01 Double Walled <input checked="" type="checkbox"/> 02 Single Walled <input type="checkbox"/> 03 Lined <input type="checkbox"/> 04 Wrapped <input type="checkbox"/> 05 Unknown <input type="checkbox"/> 06 None	
D <input checked="" type="checkbox"/> 01 Carbon Steel <input type="checkbox"/> 02 Stainless Steel <input type="checkbox"/> 03 Fiberglass <input type="checkbox"/> 04 Polyvinyl Chloride <input type="checkbox"/> 05 Concrete <input type="checkbox"/> 06 Aluminum <input type="checkbox"/> 07 Steel Clad <input type="checkbox"/> 08 Bronze <input type="checkbox"/> 09 Composite <input type="checkbox"/> 10 Non-metallic <input type="checkbox"/> 11 Earthen Walls <input type="checkbox"/> 12 Unknown <input type="checkbox"/> 13 Other: _____	
E <input type="checkbox"/> 01 Rubber Lined <input type="checkbox"/> 02 Alkyd Lining <input type="checkbox"/> 03 Epoxy Lining <input type="checkbox"/> 04 Phenolic Lining <input type="checkbox"/> 05 Glass Lining <input type="checkbox"/> 06 Clay Lining <input checked="" type="checkbox"/> 07 Unlined <input type="checkbox"/> 08 Unknown <input type="checkbox"/> 09 Other: _____	
F <input type="checkbox"/> 01 Polyethylene Wrap <input type="checkbox"/> 02 Vinyl Wrapping <input type="checkbox"/> 03 Cathodic Protection <input checked="" type="checkbox"/> 04 Unknown <input type="checkbox"/> 05 None <input type="checkbox"/> 06 Other _____	

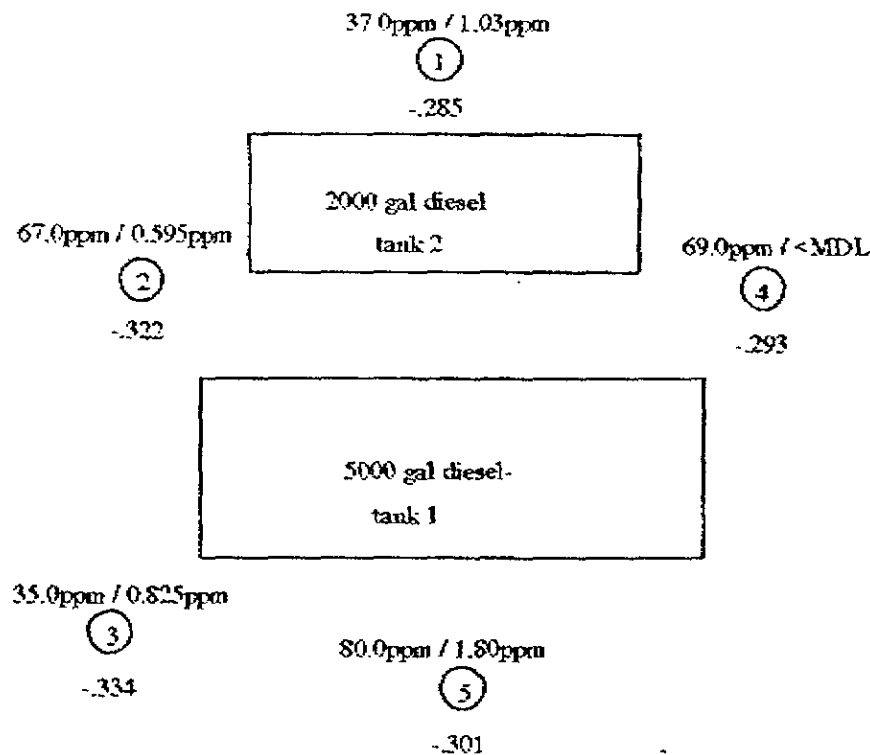
INTERNATIONAL LUBRICATION & FUEL CONSULTANTS, INC. Rio Rancho New Mexico 87048 1-800-237-4532
 TEP SITE ANALYSIS: PLOT OF HALF-CELL READINGS AND HYDROCARBON ANALYSIS RESULTS

LEGEND

ppm HYDROCARBONS

Ⓝ HOLE NUMBER

HALF CELL READINGS



Note: Reported as:
 ppm TEPH/ ppm TVPH
 pH: 6.4

Soil Resistivity in ohm-cm
 5 feet 6336 ohm-cm
 10' 9216 ohm-cm
 20' -

Moisture content: 5.0%

Soil microbe count: high
 normal

DATE ON SITE: 8-15-90

SITE: BUILDING #62
 VA MEMORIAL HOSPITAL
 4951 ARROYO ROAD
 LIVERMORE CA.

CLIENT
 VA MEMORIAL HOSPITAL
 4951 ARROYO ROAD
 LIVERMORE CA.

Drawing No. 77

Drawn by: NICHOLAS STROEBEL

DATE OF ANALYSIS: 8-20-90

Date: 8-22-90

Name (Company Name or Individual Name)			
Street Address	City	State	ZIP

II Facility

Facility Name		Dealer: Foreman/Supervisor	
Street Address		Nearest Cross Street	
City		County	ZIP
Mailing Address		City	State ZIP
Phone w/area code		Type of Business <input type="checkbox"/> 01 Motor Vehicle Fuel Station <input type="checkbox"/> 02 Other: _____	
Number of Tanks at this Facility	Rural Areas Only:	Township	Range Section

SAME

#4

III 24 Hour Emergency Contact Person

Days: Name (last name first) and Phone w/area code	Nights: Name (last name first) and Phone w/area code
--	--

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A <input checked="" type="checkbox"/> 01 Tank <input type="checkbox"/> 02 Sump <input type="checkbox"/> 03 Lagoon, Pit or Pond <input type="checkbox"/> 04 Other _____		Container Number (if there is no number, assign one): Bldg 62 #1 #2
B. Manufacturer (if appropriate): <u>Unknown</u> Year of Mfg.: <u>Unknown</u>		C Year Installed: _____ <input checked="" type="checkbox"/> Unknown
D Container Capacity <u>5000</u> gallons <input type="checkbox"/> Unknown <u>#2 = 2000</u>	E Container Repairs: <input checked="" type="checkbox"/> 01 None <input type="checkbox"/> 02 Unknown <input type="checkbox"/> 03 Yes Year _____	
F Is Container currently used? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If No, year of last use: _____ <input type="checkbox"/> 03 Unknown		
G Does the Container Store (Check One) <input type="checkbox"/> 01 Waste <input checked="" type="checkbox"/> 02 Product		
H Does the Container Store Motor Vehicle Fuel or Waste Oil? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If Yes, Check appropriate box(es) <input type="checkbox"/> Unleaded <input type="checkbox"/> Regular <input type="checkbox"/> Premium <input checked="" type="checkbox"/> 04 Diesel <input type="checkbox"/> 05 Waste Oil <input type="checkbox"/> 06 Other (List): _____		

V Container Construction

A Thickness of Primary Containment _____ <input type="checkbox"/> Gauge <input type="checkbox"/> Inches <input type="checkbox"/> cm <input checked="" type="checkbox"/> Unknown	
B <input type="checkbox"/> 01 Vaulted (Located in an underground Vault.) <input checked="" type="checkbox"/> 02 Non-vaulted <input type="checkbox"/> 03 Unknown	
C <input type="checkbox"/> Double Walled <input checked="" type="checkbox"/> 02 Single Walled <input type="checkbox"/> 03 Lined <input type="checkbox"/> 04 Wrapped <input type="checkbox"/> 05 Unknown <input type="checkbox"/> 06 None	
D <input checked="" type="checkbox"/> 01 Carbon Steel <input type="checkbox"/> 02 Stainless Steel <input type="checkbox"/> 03 Fiberglass <input type="checkbox"/> 04 Polyvinyl Chloride <input type="checkbox"/> 05 Concrete <input type="checkbox"/> 06 Aluminum <input type="checkbox"/> 07 Steel Clad <input type="checkbox"/> 08 Bronze <input type="checkbox"/> 09 Composite <input type="checkbox"/> 10 Non-metallic <input type="checkbox"/> 11 Earthen Walls <input type="checkbox"/> 12 Unknown <input type="checkbox"/> 13 Other: _____	
E <input type="checkbox"/> 01 Rubber Lined <input type="checkbox"/> 02 Alkyd Lining <input type="checkbox"/> 03 Epoxy Lining <input type="checkbox"/> 04 Phenolic Lining <input type="checkbox"/> 05 Glass Lining <input type="checkbox"/> 06 Clay Lining <input checked="" type="checkbox"/> 07 Unlined <input type="checkbox"/> 08 Unknown <input type="checkbox"/> 09 Other: _____	
F <input type="checkbox"/> 01 Polyethylene Wrap <input type="checkbox"/> 02 Vinyl Wrapping <input type="checkbox"/> 03 Cathodic Protection <input checked="" type="checkbox"/> 04 Unknown <input type="checkbox"/> 05 None <input type="checkbox"/> 06 Other: _____	

INTERNATIONAL LUBRICATION & FUEL CONSULTANTS, INC. Rio Rancho New Mexico 87048 1-800-237-4532
 TEP SITE ANALYSIS: PLOT OF HALF-CELL READINGS AND HYDROCARBON ANALYSIS RESULTS

LEGEND

ppm HYDROCARBONS

(No.) HOLE NUMBER

HALF CELL READINGS

Note: Reported as:

ppm TEPH/ppm TVPH

pH: 6.4

Soil Resistivity in ohm-cm

5 feet 4224 ohm-cm

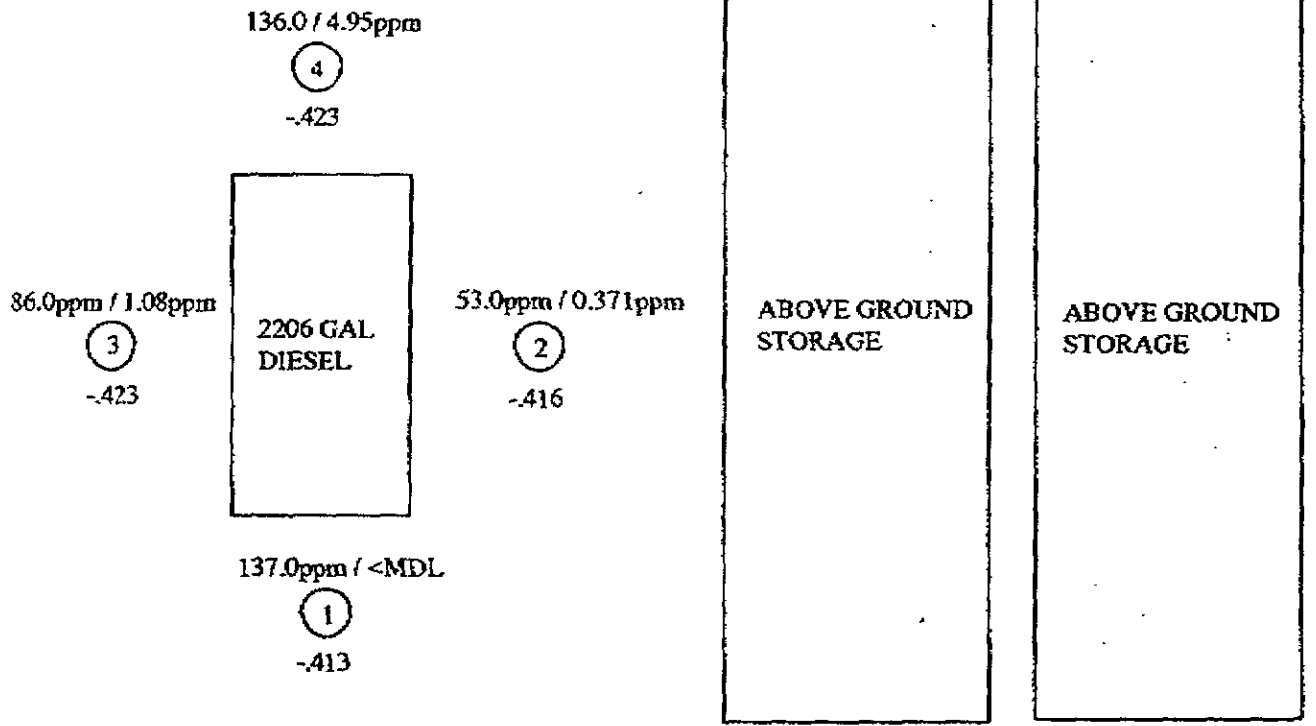
10' 99840 ohm-cm

20' 16512000 ohm-cm

(granite rock predominant)

Moisture content: 3%

Soil microbe count: high
normal



DATE ON SITE: 8-15-90

SITE: BUILDING #6

CLIENT VA MEMORIAL HOSPITAL
4951 ARROYO ROAD
LIVERMORE CA.

Drawing No. 74

DATE OF ANALYSIS: 8-20-90

VA MEMORIAL HOSPITAL
4951 ARROYO ROAD
LIVERMORE CA.

Drawn by: NICHOLAS STROEBEL

Date: 8-22-90

Name of Facility (Name of Public Agency)			
Street Address	City	State	ZIP

II Facility

Facility Name		Dealer/Foreman/Supervisor	
Street Address		Nearest Cross Street	
City		County	ZIP
Mailing Address		City	State ZIP
Phone w. area code		Type of Business <input type="checkbox"/> 01 Motor Vehicle Fuel Station <input type="checkbox"/> 02 Other: _____	
Number of Tanks at this Facility	Rural Areas Only:	Township	Range Section

SAME

III 24 Hour Emergency Contact Person

Days: Name (last name first) and Phone w. area code:	Nights: Name (last name first) and Phone w. area code:
--	--

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

Above ground

A <input checked="" type="checkbox"/> 01 Tank <input type="checkbox"/> 02 Sump <input type="checkbox"/> 03 Lagoon, Pit or Pond <input type="checkbox"/> 04 Other: _____		Container Number (if there is more than one container assign them): <i>Bldg 6 # 1</i>
B Manufacturer (if appropriate): <i>UNKNOWN</i>	Year of Mfg.: <i>UNKNOWN</i>	C Year Installed: <i># 2 Unknown</i>
D Container Capacity: <i>20,000</i> gallons <input type="checkbox"/> Unknown	E Container Repairs: <input checked="" type="checkbox"/> 01 None <input type="checkbox"/> 02 Unknown <input type="checkbox"/> 03 Yes Year: _____	
F Is Container currently used? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If No, year of last use: _____ <input type="checkbox"/> 03 Unknown		
G Does the Container Store (Check One): <input type="checkbox"/> 01 Waste <input checked="" type="checkbox"/> 02 Product		
H Does the Container Store Motor Vehicle Fuel or Waste Oil? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If Yes, Check appropriate box(es) <input type="checkbox"/> 01 Unleaded <input type="checkbox"/> 02 Regular <input type="checkbox"/> 03 Premium <input type="checkbox"/> 04 Diesel <input type="checkbox"/> 05 Waste Oil <input type="checkbox"/> 06 Other (List): <i># 2 Bailey Fuel Oil</i>		

V Container Construction

A Thickness of Primary Containment _____ <input type="checkbox"/> Gauge <input type="checkbox"/> Inches <input type="checkbox"/> cm <input checked="" type="checkbox"/> Unknown
B <input checked="" type="checkbox"/> 01 Vaulted (Located in an underground Vault) <input type="checkbox"/> 02 Non-vaulted <input type="checkbox"/> 03 Unknown
C <input type="checkbox"/> 01 Double Walled <input checked="" type="checkbox"/> 02 Single Walled <input type="checkbox"/> 03 Lined <input type="checkbox"/> 04 Wrapped <input type="checkbox"/> 05 Unknown <input type="checkbox"/> 06 None
D <input checked="" type="checkbox"/> 01 Carbon Steel <input type="checkbox"/> 02 Stainless Steel <input type="checkbox"/> 03 Fiberglass <input type="checkbox"/> 04 Polyvinyl Chloride <input type="checkbox"/> 05 Concrete <input type="checkbox"/> 06 Aluminum <input type="checkbox"/> 07 Steel Clad <input type="checkbox"/> 08 Bronze <input type="checkbox"/> 09 Composite <input type="checkbox"/> 10 Non-metallic <input type="checkbox"/> 11 Earthen Walls <input type="checkbox"/> 12 Unknown <input type="checkbox"/> 13 Other: _____
E <input type="checkbox"/> 01 Rubber Lined <input type="checkbox"/> 02 Alkyd Lining <input type="checkbox"/> 03 Epoxy Lining <input type="checkbox"/> 04 Phenolic Lining <input type="checkbox"/> 05 Glass Lining <input type="checkbox"/> 06 Clay Lining <input checked="" type="checkbox"/> 07 Unlined <input type="checkbox"/> 08 Unknown <input type="checkbox"/> 09 Other: _____
F <input type="checkbox"/> 01 Polyethylene Wrap <input type="checkbox"/> 02 Vinyl Wrapping <input type="checkbox"/> 03 Cathodic Protection <input type="checkbox"/> 04 Unknown <input checked="" type="checkbox"/> 05 None <input type="checkbox"/> 06 Other: <i>PAINT</i>

Name of Facility U.S.V.A. Medical Center			
Address 4951 Arroyo Rd.		City LIVERMORE	State ZIP CA. 94550

II Facility

Facility Name SAME		Dealer/Owner/Supervisor	
Street Address SAME		Nearest Cross Street WETMORE Rd.	
City SAME		County ALAMEDA	ZIP
Mailing Address SAME		City	State ZIP
Phone Number 415-447-2560		Type of Business <input type="checkbox"/> 01 Motor Vehicle Fuel Station <input checked="" type="checkbox"/> 02 Other VA MEDICAL CENTER	
Number of Containers	Rural Areas Only:	Township	Range Section

#2

III 24 Hour Emergency Contact Person

Day Name (last name first) and Phone w. area code PITZER Jim 415-447-2560-66970	Night Name (last name first) and Phone w. area code PITZER Jim 209-835-8436
---	---

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

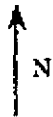
IV Description

A <input checked="" type="checkbox"/> 01 Tank <input type="checkbox"/> 02 Sump <input type="checkbox"/> 03 Lagoon, Pit or Pond <input type="checkbox"/> 04 Other: _____	Container Number (if there is no number assign one) Bldg. 6 #3
B Manufacturer (if appropriate) VERVES FIBERGLASS INC. Year of Mfg.: 1982	C. Year Installed: 1982 <input type="checkbox"/> Unknown
D Container Capacity 3000 2706 gallons <input type="checkbox"/> Unknown	E. Container Repairs: <input checked="" type="checkbox"/> 01 None <input type="checkbox"/> 02 Unknown <input type="checkbox"/> 03 Yes Year _____
F Is Container currently used? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If No, year of last use. _____ <input type="checkbox"/> 03 Unknown	
G Does the Container Store (Check One). <input type="checkbox"/> 01 Waste <input checked="" type="checkbox"/> 02 Product	
H Does the Container Store Motor Vehicle Fuel or Waste Oil? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If Yes, Check appropriate box(es) <input type="checkbox"/> 01 Unleaded <input type="checkbox"/> 02 Regular <input type="checkbox"/> 03 Premium <input checked="" type="checkbox"/> 04 Diesel <input type="checkbox"/> 05 Waste Oil <input type="checkbox"/> 06 Other (List) _____	

V Container Construction

A Thickness of Primary Containment _____ <input type="checkbox"/> Gauge <input type="checkbox"/> Inches <input type="checkbox"/> cm <input checked="" type="checkbox"/> Unknown
B <input type="checkbox"/> 01 Vaulted (Located in an underground Vault) <input checked="" type="checkbox"/> 02 Non-vaulted <input type="checkbox"/> 03 Unknown
C <input type="checkbox"/> 01 Double Walled <input checked="" type="checkbox"/> 02 Single Walled <input type="checkbox"/> 03 Lined <input type="checkbox"/> 04 Wrapped <input type="checkbox"/> 05 Unknown <input type="checkbox"/> 06 None
D <input type="checkbox"/> 01 Carbon Steel <input type="checkbox"/> 02 Stainless Steel <input checked="" type="checkbox"/> 03 Fiberglass <input type="checkbox"/> 04 Polyvinyl Chloride <input type="checkbox"/> 05 Concrete <input type="checkbox"/> 06 Aluminum <input type="checkbox"/> 07 Steel Clad <input type="checkbox"/> 08 Bronze <input type="checkbox"/> 09 Composite <input type="checkbox"/> 10 Non-metallic <input type="checkbox"/> 11 Earthen Walls <input type="checkbox"/> 12 Unknown <input type="checkbox"/> 13 Other: _____
E <input type="checkbox"/> 01 Rubber Lined <input type="checkbox"/> 02 Alkyd Lining <input type="checkbox"/> 03 Epoxy Lining <input type="checkbox"/> 04 Phenolic Lining <input type="checkbox"/> 05 Glass Lining <input type="checkbox"/> 06 Clay Lining <input checked="" type="checkbox"/> 07 Unlined <input type="checkbox"/> 08 Unknown <input type="checkbox"/> 09 Other: _____
F <input type="checkbox"/> 01 Polyethylene Wrap <input type="checkbox"/> 02 Vinyl Wrapping <input type="checkbox"/> 03 Cathodic Protection <input type="checkbox"/> 04 Unknown <input checked="" type="checkbox"/> 05 None <input type="checkbox"/> 06 Other _____

INTERNATIONAL LUBRICATION & FUEL CONSULTANTS, INC. Rio Rancho New Mexico 87048 1-800-237-4532
 TEP SITE ANALYSIS: PLOT OF HALF-CELL READINGS AND HYDROCARBON ANALYSIS RESULTS

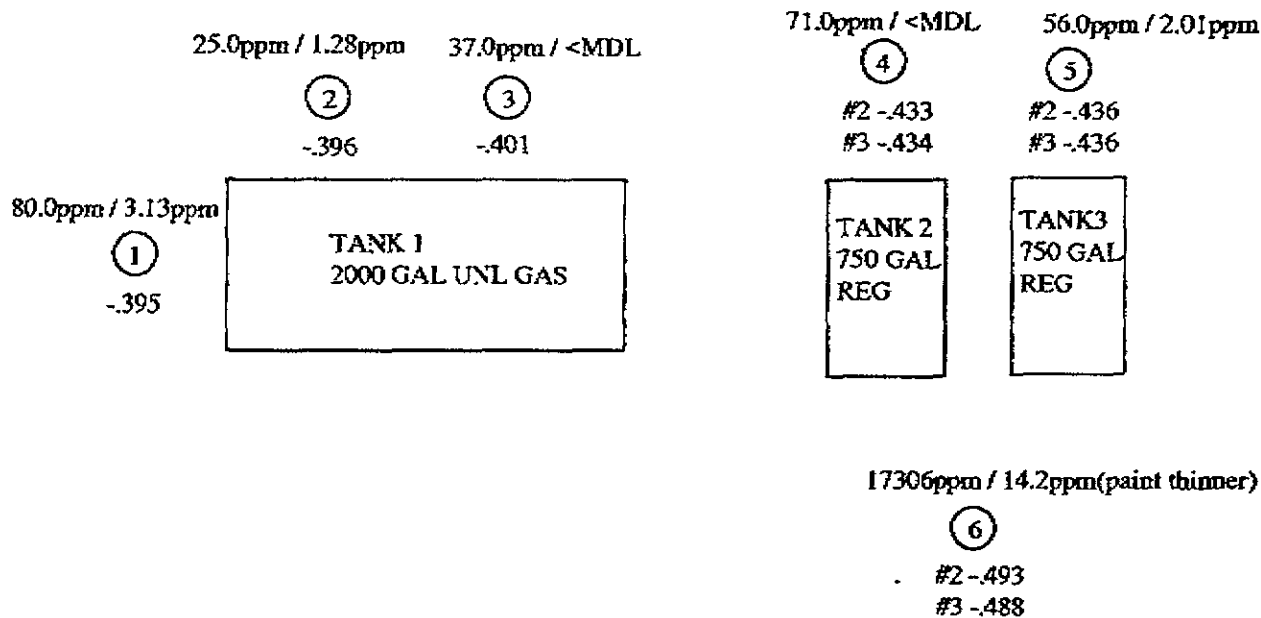


LEGEND

ppm HYDROCARBONS
 (No.) HOLE NUMBER
HALF CELL READINGS

Note: Reported as:
 ppmTEPH / ppmTVPH
 pH: 6.7

Soil Resistivity in ohm-cm
 5 feet 5280 ohm-cm
 10' 7296 ohm-cm
 20' 11136000 ohm-cm
 (granite)
 Moisture content: 14.25%
 Soil microbe count: normal



DATE ON SITE: 8-16-90

SITE: BUILDING #79
 VA MEMORIAL HOSPITAL
 4951 ARROYO ROAD
 LIVERMORE CA.

CLIENT
 VA MEMORIAL HOSPITAL
 4951 ARROYO ROAD
 LIVERMORE CA.

Drawing No. 78

Drawn by: NICHOLAS STROEBEL

DATE OF ANALYSIS: 8-20-90

Date: 8-23-90

Name (Company or Name of Public Agency)			
Street Address	City	State	ZIP

II Facility

Facility Name		Dealer / Foreman / Supervisor	
Street Address		Nearest Cross Street	
City		County	ZIP
Mailing Address		City	State / ZIP
Phone w/ area code		Type of Business <input type="checkbox"/> 01 Motor Vehicle Fuel Station <input type="checkbox"/> 02 Other: _____	
Number of Tanks at this Facility	Rural Areas Only:	Township	Range / Section

#1
B

SAME

III 24 Hour Emergency Contact Person

Day's Name (last name first) and Phone w/ area code	Night's Name (last name first) and Phone w/ area code
---	---

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A <input checked="" type="checkbox"/> 01 Tank <input type="checkbox"/> 02 Sump <input type="checkbox"/> 03 Lagoon, Pit or Pond <input type="checkbox"/> 04 Other: _____	Container Number (if there is a number assign one) Bldg. 79 # 3
B Manufacturer (if appropriate) Modesto Welding and Tank Works Year of Mfg: 1977 1977	C Year Installed: 1977 <input type="checkbox"/> Unknown
D Container Capacity 2000 gallons <input type="checkbox"/> Unknown	E Container Repairs: <input checked="" type="checkbox"/> 01 None <input type="checkbox"/> 02 Unknown <input type="checkbox"/> 03 Yes Year _____
F Is Container currently used? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If No, year of last use: _____ <input type="checkbox"/> 03 Unknown	
G Does the Container Store (Check One): <input type="checkbox"/> 01 Waste <input checked="" type="checkbox"/> 02 Product	
H Does the Container Store Motor Vehicle Fuel or Waste Oil? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If Yes, Check appropriate box(es) <input checked="" type="checkbox"/> 01 Unleaded <input type="checkbox"/> 02 Regular <input type="checkbox"/> 03 Premium <input type="checkbox"/> 04 Diesel <input type="checkbox"/> 05 Waste Oil <input type="checkbox"/> 06 Other (List): _____	

V Container Construction

A Thickness of Primary Containment: 3/16 <input type="checkbox"/> Gauge <input checked="" type="checkbox"/> Inches <input type="checkbox"/> cm <input type="checkbox"/> Unknown
B <input type="checkbox"/> 01 Vaulted (Located in an underground vault.) <input checked="" type="checkbox"/> 02 Non-vaulted <input type="checkbox"/> 03 Unknown
C <input type="checkbox"/> 01 Double Walled <input checked="" type="checkbox"/> 02 Single Walled <input type="checkbox"/> 03 Lined <input type="checkbox"/> 04 Wrapped <input type="checkbox"/> 05 Unknown <input type="checkbox"/> 06 None
D <input checked="" type="checkbox"/> 01 Carbon Steel <input type="checkbox"/> 02 Stainless Steel <input type="checkbox"/> 03 Fiberglass <input type="checkbox"/> 04 Polyvinyl Chloride <input type="checkbox"/> 05 Concrete <input type="checkbox"/> 06 Aluminum <input type="checkbox"/> 07 Steel Clad <input type="checkbox"/> 08 Bronze <input type="checkbox"/> 09 Composite <input type="checkbox"/> 10 Non-metallic <input type="checkbox"/> 11 Earthen Walls <input type="checkbox"/> 12 Unknown <input type="checkbox"/> 13 Other: _____
E <input type="checkbox"/> 01 Rubber Lined <input type="checkbox"/> 02 Alkyd Lining <input type="checkbox"/> 03 Epoxy Lining <input type="checkbox"/> 04 Phenolic Lining <input type="checkbox"/> 05 Glass Lining <input type="checkbox"/> 06 Clay Lining <input checked="" type="checkbox"/> 07 Unlined <input type="checkbox"/> 08 Unknown <input type="checkbox"/> 09 Other: _____
F <input type="checkbox"/> 01 Polyethylene Wrap <input type="checkbox"/> 02 Vinyl Wrapping <input type="checkbox"/> 03 Cathodic Protection <input checked="" type="checkbox"/> 04 Unknown <input type="checkbox"/> 05 None <input type="checkbox"/> 09 Other _____

Name (Organization, Division or Public Agency)			
Street Address	City	State	ZIP

II Facility

Facility Name		Dealer/Foreman/Supervisor	
Street Address		Nearest Cross Street	
City		County	ZIP
Mailing Address		City	State ZIP
Phone w. area code		Type of Business <input type="checkbox"/> 01 Motor Vehicle Fuel Station <input type="checkbox"/> 02 Other _____	
Number of Tanks at this Facility	Rural Areas Only:	Township	Range Section

SAME

#1 A

III 24 Hour Emergency Contact Person

Day: Name (last name first) and Phone w. area code	Night: Name (last name first) and Phone w. area code
--	--

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A <input checked="" type="checkbox"/> 01 Tank <input type="checkbox"/> 02 Sump <input type="checkbox"/> 03 Lagoon, Pit or Pond <input type="checkbox"/> 04 Other _____		Container Number (if there is no number assign one) <u>SECRET STATION #1 #2</u>
B Manufacturer (if appropriate): <u>UNKNOWN</u> Year of Mfg.: <u>UNKNOWN</u>	C. Year Installed: _____ <input checked="" type="checkbox"/> Unknown	
D Container Capacity <u>750</u> gallons <input type="checkbox"/> Unknown	E. Container Repairs: <input checked="" type="checkbox"/> 01 None <input type="checkbox"/> 02 Unknown <input type="checkbox"/> 03 Yes Year _____	
F Is Container currently used? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If No, year of last use: _____ <input type="checkbox"/> 03 Unknown		
G. Does the Container Store (Check One): <input type="checkbox"/> 01 Waste <input checked="" type="checkbox"/> 02 Product		
H Does the Container Store Motor Vehicle Fuel or Waste Oil? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No If Yes, Check appropriate box(es) <input type="checkbox"/> 01 Unleaded <input checked="" type="checkbox"/> 02 Regular <input type="checkbox"/> 03 Premium <input type="checkbox"/> 04 Diesel <input type="checkbox"/> 05 Waste Oil <input type="checkbox"/> 06 Other (List) _____		

Bldg. 79

V Container Construction

A Thickness of Primary Containment _____ <input type="checkbox"/> Gauge <input type="checkbox"/> Inches <input type="checkbox"/> cm <input checked="" type="checkbox"/> Unknown	
B <input type="checkbox"/> 01 Vaulted (Located in an underground Vault.) <input type="checkbox"/> 02 Non-vaulted <input checked="" type="checkbox"/> 03 Unknown	
C <input type="checkbox"/> 01 Double Walled <input type="checkbox"/> 02 Single Walled <input type="checkbox"/> 03 Lined <input checked="" type="checkbox"/> 04 Wrapped <input type="checkbox"/> 05 Unknown <input type="checkbox"/> 06 None	
D <input checked="" type="checkbox"/> 01 Carbon Steel <input type="checkbox"/> 02 Stainless Steel <input type="checkbox"/> 03 Fiberglass <input type="checkbox"/> 04 Polyvinyl Chloride <input type="checkbox"/> 05 Concrete <input type="checkbox"/> 06 Aluminum <input type="checkbox"/> 07 Steel Clad <input type="checkbox"/> 08 Bronze <input type="checkbox"/> 09 Composite <input type="checkbox"/> 10 Non-metallic <input type="checkbox"/> 11 Earthen Walls <input type="checkbox"/> 12 Unknown <input type="checkbox"/> 13 Other _____	
E <input type="checkbox"/> 01 Rubber Lined <input type="checkbox"/> 02 Alkyd Lining <input type="checkbox"/> 03 Epoxy Lining <input type="checkbox"/> 04 Phenolic Lining <input type="checkbox"/> 05 Glass Lining <input type="checkbox"/> 06 Clay Lining <input checked="" type="checkbox"/> 07 Unlined <input type="checkbox"/> 08 Unknown <input type="checkbox"/> 09 Other _____	
F <input type="checkbox"/> 01 Polyethylene Wrap <input type="checkbox"/> 02 Vinyl Wrapping <input type="checkbox"/> 03 Cathodic Protection <input checked="" type="checkbox"/> 04 Unknown <input type="checkbox"/> 05 None <input type="checkbox"/> 06 Other: _____	