

STATE WATER RESOURCES CONTROL BOARD

DIVISION OF CLEAN WATER PROGRAMS

2014 T STREET, SUITE 130
P.O. BOX 944212
SACRAMENTO, CA 94244-2120



(916) 227-4325
FACSIMILE (916) 227-4349

APR 06 1994

Mr. William L. Macedo, Director
Maintenance Operations Transportation
Castro Valley Unified School District
PO Box 2146
Castro Valley, CA 94546

Dear Mr. Macedo:

UNDERGROUND STORAGE TANK (UST) LOCAL OVERSIGHT PROGRAM, SITE NO.
4099, ALAMEDA COUNTY

This is in response to your letter dated October 22, 1993 concerning oversight costs billed to the District on October 19, 1993. I apologize for the delay in responding. You believe the District is not responsible for the costs because the District ceased operations at the site over three years ago.

According to Scott Seery of Alameda County, oversight activity performed by the County involves the unauthorized release from an abandoned tank. Apparently, this tank was abandoned at some point in time when the District owned the property. Also, the condition of the tank at the time of removal indicates that the release probably occurred during the time the District owned the property. For these reasons, the District has been identified as jointly responsible with the current property owner, Bay Area Rapid Transit District. Both parties are considered jointly and severally responsible for all oversight costs. It is up to both parties to negotiate payment of the costs.

Again, I apologize for the delay in responding to your concerns. If you have any questions, please contact me at (916) 227-4325.

Sincerely,

Lori Casias
Local Oversight Program

cc: Scott Seery, Alameda County
Gary Jensen,
Bay Area Rapid Transit District

Response: The CVSD was the sole operator of the tanks at this site.

RE: Site 4099
21000 Wilbeam Ave.
Castro Valley

January 25, 1994

Scott Seery -

You may recall we spoke about this site a few months ago. I called to find out why the District had been named a responsible party for this site because, based on the information contained in the District's letter (copy attached), it didn't appear to me that they should have been named. You indicated to me that you identified the District as a responsible party because they were the last operator of the tank. You also indicated that you could not trace the unauthorized release to the time of the District's involvement with the site; however, based on the fact that the District was the last tank operator, you believe that is a reasonable basis to conclude that the release occurred during their operation.

As you may also recall, we have differing opinions on this subject. I have attached a copy of a letter which was mailed out today to all LOP agencies. I believe this letter very clearly describes our interpretation of the corrective action regulations as it pertains to RP identification. Based on this guidance, I believe it is appropriate for the County to delete the District as an RP. The Bay Area Rapid Transit District has been paying all of the LOP bills.

Please call me at (916) 227-4325 if you wish to discuss this matter further. I will wait for your response prior to responding to the District's letter.

Lori Casias
LOP

1-25-94

Post-It™ brand fax transmittal memo 7671 # of pages ▶ 10

To	Scott Seery	From	Lori Casias
Co	Alameda Co.	Co.	LOP
Dept	Hog. Mat Div.	Phone.#	416-227-4325
Fax #	510-564-4757	Fax.#	416 227-4347

2/16/94 - Scott:

When we last spoke about this site, you said you still wanted to name the District because of an abandoned tank. Are you saying the contamination may have come from this tank? If so, do you believe the contamination from this tank began to leak when the District operated the tank. The District discontinued using the tank one year before the tank were pulled. Can you trace the release a year prior to tank removal? I'm having difficulty understanding why you are naming the District.

Lori



EDUCATING ALL YOUTH FOR EXCELLENCE

Castro Valley Unified School District

BOARD OF EDUCATION

Janice Friesen, President
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P.O. BOX 2146 • CASTRO VALLEY, CALIFORNIA 94546 • (510) 537-3000 • FAX (510) 886 7529

State Water Resources Control Board
Division of Clean Water Programs - UGT
P.O. Box 944212
Sacramento, CA 94244-2120

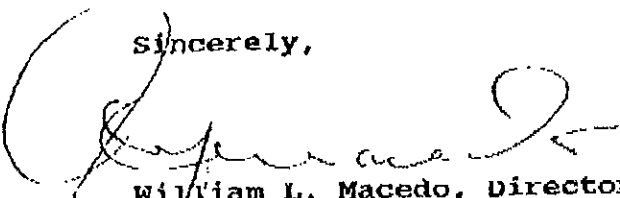
Re: Site # 4099

22 Oct 1993

Please update your responsible party list for this site. The property was sold to the Bay Area Rapid Transit District over 10 years ago, T.C. Arbuckle has not worked for the school District for over 6 years, the School District has not operated at that site for over 3 years, and the tanks were removed over 2 years ago.

The sole responsible agency for that site is the Bay Area Rapid Transit District. They have been the only payer of these semi-annual invoices since they began.

Sincerely,



William L. Macedo, Director
Maintenance Operations Transportation
Castro Valley Unified School District

cc Del Warren, Assistant Superintendent of Business

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY



DAVID J. KEARS, Agency Director

RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

STID 4099

DEPARTMENT OF ENVIRONMENTAL HEALTH

State Water Resources Control Board

Division of Clean Water Programs

UST Local Oversight Program

80 Swan Way, Rm 200

Oakland, CA 94621

(510) 271-4530

November 1, 1993

Mr. Ray Cole
System Safety Department
Bay Area Rapid Transit District
P.O. Box 12688
Oakland, CA 94604-2688

RE: 21000 WILBEAM AVENUE, CASTRO VALLEY

Dear Mr. Cole:

This Department has completed review of the August 23, 1993 Dames & Moore Report, *Soil and Groundwater Investigation, Former Castro Valley Unified School District Corporation Yard*. The cited report documents the results of the activities associated with the installation, and initial sampling and monitoring of three (3) ground water monitoring wells at the referenced site. This work fulfills the requirement for a preliminary site assessment (PSA) pursuant to Article 11, Title 23, California Code of Regulations, following the discovery of an unauthorized release during the closures of three (3) fuel underground storage tanks (UST) during June 1992.

The initial well sampling event failed to identify the presence of fuel hydrocarbons in ground water underlying this site. However, consistent with San Francisco Bay Regional Water Quality Control Board (RWQCB) policy, a minimum well sampling program must be instated. The typical program runs a minimum of one year with sampling and monitoring events spaced quarterly. Therefore, please begin adhering to a schedule of quarterly sampling and monitoring at this site.

Technical reports are also to be submitted quarterly. The scope of information to be presented in such reports was previously summarized in correspondence from this office dated December 18, 1992, a copy of which is attached for your use.

Please feel free to contact me at 510/271-4530 should you have any questions.

Sincerely,



Scott O. Seery, CHMM
Senior Hazardous Materials Specialist

attachment

Mr. Ray Cole
RE: 21000 Wilbeam Avenue
November 1, 1993
Page 2 of 2

cc: Rafat A. Shahid, Assistant Agency Director
Gil Jensen, Alameda County District Attorney's Office
Jim Ferdinand, Alameda County Fire Department
Gary Jensen, BART
Erik Skov, Dames & Moore

DAMES & MOORE
Engineering & Environmental Consultants

221 Main Street, Suite 600
San Francisco, California 94105-1917
(415) 896-5858

Offices Worldwide

Our facsimile number is:
(415) 882-9261

Our transmitting equipment is:
Canon FAX-L920

Our receiving equipment is:
OMNIFAX PPI

Date

1/25/93

Time Sent (Pacific)

3:05
a.m./p.m.

Charge Information

Task No./

Owner

Sequence

Work Item

Office

0	3	7	1	5	0	5	1	4	0	x	x	0	4	3
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

To

Name: Scott Seery

Organization: ACHA

Facsimile

Number: 1 (510) 569-4757

From

Name: Erik Skov

Direct Number: (415) 243-3898

Message/Instructions

Scott, as per your request please find attached a schematic of the D&M "U" Type sampler. If you have any questions about anything else don't hesitate to call

Regards

Erik Skov

Cover sheet plus

1

pages transmitted

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J KEARS, Agency Director



RAFAT A SHAHID, ASST AGENCY DIRECTOR

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

STID 4099

January 25, 1993

Mr. Erik Skov
Dames & Moore
221 Main Street, Ste. 600
San Francisco, CA 94105-1917

RE: (PLANNED) CASTRO VALLEY BART STATION, 21000 WILBEAM AVENUE

Dear Mr. Skov:

The technical scope of the January 5, 1993 Dames & Moore work plan for the further assessment of impacts associated with the release or releases from the former underground storage tanks (UST) at the referenced site has been accepted.

On a related issue, please provide a second copy of the August 28, 1992 Dames & Moore report entitled "Work Directive No. WD-07, Report Underground Storage Tank Removal, Asbestos Abatement and Environmental Investigation, Former School District Corporation Yard, Castro Valley Station, For Bay Area Rapid Transit District." This report was enclosed as addendum to the cited January 5 work plan. The results of the site assessment work documented in this report, with exception to the UST removal issues, will be evaluated by others in this office. Please address the second copy of this report to Dr. Ravi Arulanantham of this office.

Please contact this office at 510/271-4320 when field work is slated to begin.

Sincerely,



Scott O. Seery, CHMM
Senior Hazardous Materials Specialist

cc: Rafat A. Shahid, Assistant Agency Director
Rich Hiatt, RWQCB
Bob Bohman, Castro Valley Fire Department
Gary Jensen, BART
Ed Howell - files

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

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

STID 4099

December 18, 1992

Mr. Ray Cole
System Safety Department
Bay Area Rapid Transit District
P.O. Box 12688
Oakland, CA 94604-2688

RE: 21000 WILBEAM AVENUE, CASTRO VALLEY

Dear Mr. Cole :

This Department has completed review of the December 16, 1992 Dames & Moore report documenting the closure of three (3) underground storage tanks (UST) at the referenced site on June 26 and 27, 1992. One of the tanks was discovered during the removal of the other two. The referenced USTs had been used by the Castro Valley Unified School District when the district operated a maintenance facility at this site.

The cited report documents observations and the results of laboratory analyses performed upon soil samples collected at the time of closure, and those soil samples collected following limited overexcavation of the "unknown" UST pit. Initial sample results indicate the presence of up to 1,100 parts per million (ppm) of total petroleum hydrocarbons characterized as gasoline (TPH-G) in sample UTCS-1, collected from the "unknown" tank pit sidewall at a depth of 5.5 feet below grade (BG). Ground water welling into the three tank pits was not analyzed. Two of the three USTs, the gasoline and "unknown" tanks, were found to have throughgoing holes.

The results of soil analyses, observation of holes in the subject USTs, and results of a previous limited site assessment performed by Dames & Moore during the spring of 1992 (Task 2 of WD-07) identify your site as having experienced an unauthorized release. An Underground Storage Tank Unauthorized Release (Leak) Report was filed on June 25, 1992 following the discovery of these leak indicators.

Mr. Ray Cole
RE: 21000 Wilbeam Avenue, Castro Valley
December 18, 1992
Page 3 of 3

and data, boring and well construction logs, water level data, chain-of-custody forms, laboratory results for all samples collected and analyzed (including QA/QC data), tabulations of free product thicknesses and dissolved fractions, etc.

- o Status of ground water contamination and characterization
- o Interpretation of results: water level contour maps showing gradients, free and dissolved product plume definition maps for each target compound, geologic cross sections, etc.
- o Recommendations for additional work

All reports and proposals must be submitted under seal of a California-registered geologist or civil engineer with the appropriate environmental background. Please include a statement of qualifications for each lead professional involved with this project.

Please be advised that this is a formal request for technical reports pursuant to California Water Code Section 13267(b). Failure to respond may result in the referral of this case to the RWQCB for enforcement action.

Please feel free to call me at 510/271-4320, or -4530, should you have any questions.

Sincerely,



Scott O. Seery, CHMM
Senior Hazardous Materials Specialist

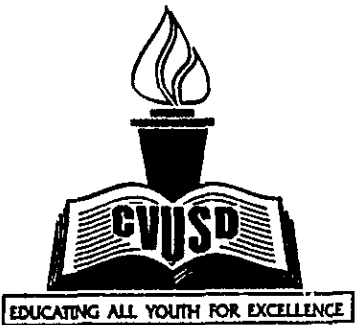
attachment

cc: Rafat A. Shahid, Assistant Agency Director, Env. Health
Gil Jensen, Alameda County District Attorney's Office
Rich Hiatt, RWQCB
Jim Ferdinand, Eden Consolidated Fire District
Gary Jensen, BART
Ed Howell - files

Castro Valley Unified School District

MAINTENANCE OPERATIONS TRANSPORTATION

P. O. Box 2146, Castro Valley, CA 94546 (510) 537-3000 x363/364



William L. Macedo, Director
Maintenance & Transportation
Voice Mail 537-3335 x600
Night Line 537-3000 x363
FAX (510) 886-7529

George Moniz, Supervisor
Maintenance
Voice Mail 537-3335 x601
537-3000 x363

Kathy Rey, Supervisor
Transportation
Voice Mail 537-3335 x603
Direct Line 881-5271

DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Division
80 Swan Drive, Rm 200
Oakland, Ca. 94621

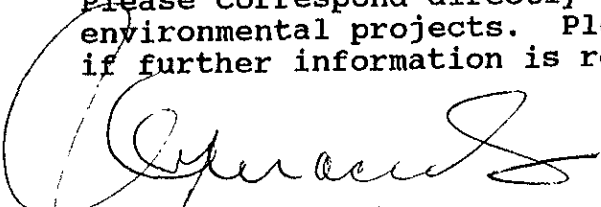
Attn. Amir K. Gholami
Reference Castro Valley High School
(Your letter October 7, 1992)

12 Nov 1992

Dear Sir:

The two underground storage tanks located at Castro Valley High School are currently not in use. Our plan is to remove those tanks during the Summer of 1993. To insure all permits are obtained and the project is properly managed, a certified project management firm will be employed. The search for a qualified consultant to manage the removals has already begun. I have received proposals from Clayton Engineering and Earth Metrics. We will write the specification to remove both tanks during the next 45 days. The bidding process once approved by our School Board takes about 45 days to the award of contract. At this time, ample time exists to develop the tank removal contracts. We will try to schedule the removals during the last two weeks of June 1993 (last regular teacher work day at CVHS 17 June 1993).

I will keep your office routinely updated on this project. Please correspond directly with my office on this and any future environmental projects. Please call me direct at 537-3000 x363 if further information is required.


Will Macedo - Director
Maintenance Operations Transportation
Castro Valley Unified School District

cc Del Warren - Deputy Superintendent for Business
Dennis Regalado - CVHS Asst. Principal (Facilities)
project file

*SYD
2094
21000 will BBR AB
C.V. 94546*

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



State Water Resources Control Board
Division of Clean Water Programs
UST Local Oversight Program

RAFAT A. SHAHID, Assistant Agency Director

DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Division
80 Swan Way, Rm. 200
Oakland, CA 94621
(510) 271-4320

July 10, 1992

Mr. Gary Jensen
San Francisco Bay Area Rapid Transit District
P.O. Box 12688
Oakland, CA 94604

RE: 21000 WILBEAM AVENUE, CASTRO VALLEY

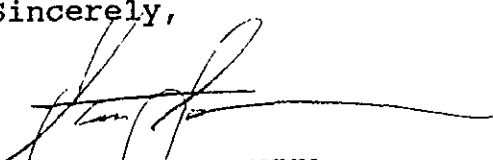
Dear Mr. Jensen:

The account established to offset Alameda County Environmental Health Department expenses during oversight of the underground storage tank (UST) closures at the referenced site is presently \$154 in arrears. This deficit is a result of additional time being dedicated to the project when a third UST was discovered at the site during the removal of the initial two.

Please remit a check made payable to Alameda County for \$154 so that the current account deficit may be resolved. Your prompt attention to this matter is greatly appreciated.

Please call me at 510/271-4320 should you have any questions.

Sincerely,



Scott Seery, CHMM
Senior Hazardous Materials Specialist

cc: Rafat A. Shahid, Assistant Agency Director, Env. Health
Paul King, Lee Engineering
Sandra Malos, SWRCB

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

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM.	
REPORT DATE 6 th M, 2 nd S, 9 th Y 2 nd V		CASE #		SIGNED _____ DATE _____	
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT GEORGE CHIU		PHONE 1519 208 1368	SIGNATURE <i>[Signature]</i>	
	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 DAMES & MOORE		
	ADDRESS 2101 WEBSTER ST, SUITE #300 OAKLAND CA 94612				
RESPONSIBLE PARTY	NAME B.A.R.T.D. <input type="checkbox"/> UNKNOWN		CONTACT PERSON GARY JENSEN	PHONE ()	
	ADDRESS P.O. BOX 12688 OAKLAND CA 94609				
SITE LOCATION	FACILITY NAME (IF APPLICABLE) SCHOOL DISTRICT CORPORATION YARD CASTRO VALLEY UNIFIED SCHOOL DISTRICT CORPORATION YARD			PHONE (510) 537 3000	
	ADDRESS 21,000 WILBEAM AVENUE CITY CASTRO VALLEY COUNTY 94596				
	CROSS STREET NORBRIDGE				
IMPLEMENTING AGENCIES	LOCAL AGENCY ALAMEDA COUNTY HEALTH AGENCY		AGENCY NAME SCOTT & SEERY	PHONE (510) 271 9530	
	REGIONAL BOARD _____ PHONE ()				
SUBSTANCES INVOLVED	(1) NAME GASOLINE		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN		
	(2) _____		<input type="checkbox"/> UNKNOWN		
DISCOVERY/ABATEMENT	DATE DISCOVERED 06 th M, 2 nd S, 9 th Y 2 nd V		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"/> NUISANCE CONDITIONS <input type="checkbox"/> OTHER _____		
	DATE DISCHARGE BEGAN ____/____/____ <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input checked="" type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER _____		
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 06 th M, 2 nd S, 9 th Y 2 nd V				
SOURCE/CAUSE	SOURCE OF DISCHARGE <input checked="" type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER _____		CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> OTHER <u>WALVE</u>		
	CHECK ONE ONLY <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input checked="" type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)				
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 type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input checked="" type="checkbox"/> CLEANUP UNDERWAY				
	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> CAP SITE (CD) <input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED) <input checked="" type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <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 (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> OTHER (OT) _____				
COMMENTS	leak was found upon tank closure, tank removed and remediation underway.				

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Hazardous Materials Division Inspection Form

Site ID# _____ Site Name CVUSD Corp Yard / BART Today's Date 6/26/92
 Site Address 2100 Wilbeam Ave EPA ID# _____
 City Castro Valley Zip 94536 Phone _____

MAX Amt. Stored > 500lbs/55g/200cf? Y N
 Hazardous Waste generated per month?

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

The marked items represent violations of the Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

- IA GENERATOR (Title 22)**
- ___ 1. Waste ID * 66471
 - ___ 2. EPA ID 66472
 - ___ 3. > 90 days 66508
 - ___ 4. Label dates 66508
 - ___ 5. Biennial 66493
-
- Manifest**
- ___ 6. Records 66492
 - ___ 7. Correct 66484
 - ___ 8. Copy sent 66492
 - ___ 9. Exception 66484
 - ___ 10. Copies Rec'd 66492
-
- Misc.**
- ___ 11. Treatment 66371
 - ___ 12. On-site Disp. (H.S.&C.) 26189.5
 - ___ 13. Ex Haz. Waste 66570
-
- Prevention**
- ___ 14. Communications 67121
 - ___ 15. Aisle Space 67124
 - ___ 16. Local Authority 67126
 - ___ 17. Maintenance 67120
 - ___ 18. Training 67105
-
- Confin. Agency**
- ___ 19. Prepared 67140
 - ___ 20. Name List 67141
 - ___ 21. Copies 67141
 - ___ 22. Emg. Coord. Trng. 67144
-
- Containers, Tanks**
- ___ 23. Condition 67241
 - ___ 24. Compatibility 67242
 - ___ 25. Maintenance 67243
 - ___ 26. Inspection 67244
 - ___ 27. Buffer Zone 67246
 - ___ 28. Tank Inspection 67259
 - ___ 29. Containment 67245
 - ___ 30. Safe Storage 67261
 - ___ 31. Freeboard 67257
-
- IB TRANSPORTER (Title 22)**
- ___ 32. Applic./Insurance 66428
 - ___ 33. Comp. Cert./CHP Insp. 66448
 - ___ 34. Containers 66465
-
- Manifest**
- ___ 35. Vehicles 66465
 - ___ 36. EPA ID #s 66531
 - ___ 37. Correct 66541
 - ___ 38. HW Delivery 66543
 - ___ 39. Records 66544
-
- Cont'rs**
- ___ 40. Name/ Covers 66545
 - ___ 41. Recyclables 66800

8:30 -

Comments:
 On-site to witness closure of 3rd fuel UST.
 A vacuum truck was voiding tank contents upon my arrival. This tank was observed to have holes on its top; other holes were encountered yesterday while uncovering the tank, likely a result of damage caused by the excavator. Although LEL read 0% following removal of its contents, the O₂ was still ambient. Solid CO₂ was added to reduce O₂ levels prior to removal.
 Once removed from its excavation, obvious holes were observed in various locations along the tank's bottom, ends, and top.
 Soil samples were collected from pit sidewalls opposite tank ends.
 Pipe trench samples to be collected in my absence
 Samples from 3rd unknown tank to be analyzed for TPH-G, TPH-D, and BTEX; total lead.

Rev 6/88

Contact: Paul King
 Title: Proj Mgr - Lee Engineering
 Signature: Paul W. King

Inspector: _____
 Signature: S. [Signature]

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

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

Hazardous Materials Division Inspection Form

Site ID# _____ Site Name CVUSD Corp Yard (BART) Today's Date 6/25/92
 Site Address 2100 Wilbeam Ave EPA ID# _____
 City Castro Valley Zip 94546 Phone _____

MAX Amt. Stored > 500lbs/55g/200cf? Y N
 Hazardous Waste generated per month? _____

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

The marked items represent violations of the Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

- | | |
|---------------------------------|---------|
| IA GENERATOR (Title 22) | |
| ___ 1. Waste ID | * 66471 |
| ___ 2. EPA ID | 66472 |
| ___ 3. > 90 days | 66508 |
| ___ 4. Label dates | 66508 |
| ___ 5. Biennial | 66493 |
| Manifest | |
| ___ 6. Records | 66492 |
| ___ 7. Correct | 66484 |
| ___ 8. Copy sent | 66492 |
| ___ 9. Exception | 66484 |
| ___ 10. Copies Rec'd | 66492 |
| Misc. | |
| ___ 11. Treatment | 66371 |
| ___ 12. On-site Disp. (H.S.&C.) | 26189.5 |
| ___ 13. Ex Haz. Waste | 66570 |
| Prevention | |
| ___ 14. Communications | 67121 |
| ___ 15. Aisle Space | 67124 |
| ___ 16. Local Authority | 67126 |
| ___ 17. Maintenance | 67120 |
| ___ 18. Training | 67105 |
| Confin. gency | |
| ___ 19. Prepared | 67140 |
| ___ 20. Name List | 67141 |
| ___ 21. Copies | 67141 |
| ___ 22. Emg. Coord. Trng. | 67144 |
| Containers, Tanks | |
| ___ 23. Condition | 67241 |
| ___ 24. Compatibility | 67242 |
| ___ 25. Maintenance | 67243 |
| ___ 26. Inspection | 67244 |
| ___ 27. Buffer Zone | 67246 |
| ___ 28. Tank Inspection | 67259 |
| ___ 29. Containment | 67245 |
| ___ 30. Safe Storage | 67261 |
| ___ 31. Freeboard | 67257 |

- | | |
|----------------------------------|-------|
| IB TRANSPORTER (Title 22) | |
| ___ 32. Applic./Insurance | 66428 |
| ___ 33. Comp. Cert./CHP Insp. | 66448 |
| ___ 34. Containers | 66465 |
| Manifest | |
| ___ 35. Vehicles | 66465 |
| ___ 36. EPA ID #s | 66531 |
| ___ 37. Correct | 66541 |
| ___ 38. HW Delivery | 66543 |
| ___ 39. Records | 66544 |
| ___ 40. Name/ Covers | 66545 |
| ___ 41. Recyclables | 66800 |

Comments: 8:30-12:00 1:30-4:30
 On-site to witness closure of 2 USTs; one formerly stored gasoline, the other, diesel. Representatives from BART, James & Moore and Lee Engineering were on hand. VCI was the heavy equipment sub-contractor.
 Upon arrival, (apparent) product was noted floating on shallow ground water welling into both UST pits. A "mystery" run of piping was followed, eventually leading to the discovery of a 3rd UST, located very proximal to the initial two. The two initial tanks were inerted using solid CO₂, and monitored for inertness.
 (1) ~~_____~~ - unusual construction; extremely thick gauge steel; heavy tar wrap. Looks in good condition. No obvious holes.
 (2) ~~_____~~ tar-wrapped steel construction; upper 1/3 of tank missing tar wrapping, likely from over spillage; large (~1/2") hole discovered on upper end of tank end cap; ~~_____~~ to be removed tomorrow (6-26)
 (3) ~~_____~~
 James & Moore recently completed a limited site assessment, including the advancement of borings adjacent to the UST complex, and the collection of soil and grab GW samples. The results are in a 6/12/92 report by same. Only sidewall samples required today, because of GW data already generated.

Contact: Paul King
 Title: Proj. mgr. - Lee Engineering Inspector: S. Seery
 Signature: Paul H. King Signature: _____

BILLING ADJUSTMENT FORM

Billing Acct.#	
<input type="checkbox"/>	Generator...H _____
<input type="checkbox"/>	HMMP.....L _____
<input checked="" type="checkbox"/>	UST.....T <u>61070</u>

Date: 6/18/92
HazMat SID#: 4099

Caller: _____ Phone: _____

Company Name : Castro Valley Unified School District

Site Address : 2100 Wilbur Ave. Castro Valley 94546
City Zip

Requested Changes : _____

Initials: _____

Rescind Bill with explanation and date (if available):

- Generator _____
- HMMP (AB2185) _____
- UST All UST has been removed 6/92

[] Continue Billing With Following Changes:

From : _____ To : _____

- Change number of EMPLOYEES _____
- Change number of TANKS _____
- HMMP (AB2185)
- Updated information

Business Name _____ Phone: _____

SITE Address _____
City Zip

BILLING Address _____
City Zip

Inspector: [Signature] Date: 6-18-92

† Sent to Billing
on 6/18/92
Rev 12/91 Mac-BillAdj-2

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 HAZARDOUS MATERIALS DIVISION
 80 SWAN WAY, ROOM 200
 OAKLAND, CA 94621
 PHONE NO. 415/271-4320

SCOTT SERRY

505 92
 6-17-92
 RECEIVED
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 HAZARDOUS MATERIALS DIVISION
 80 SWAN WAY, ROOM 200
 OAKLAND, CA 94621
 PHONE NO. 415/271-4320
 505 6-26/6-26-92
 505 6-27/6-26-92

UNDERGROUND TANK CLOSURE PLAN

*** Complete according to attached instructions ***

1. Business Name Castro Valley Unified School District Corporation Yard
 Business Owner Castro Valley Unified School District
 2. Site Address 21,000 Wilbeam Avenue
 City Castro Valley Zip 94546 Phone 510-537-3000
 3. Mailing Address 3300, Norbridge Avenue
 City Castro Valley Zip 94546 Phone 510-537-3000
 4. Land Owner Bay Area Rapid Transit District
 Address P.O. Box 12688 City, State Oakland Zip 94604
 5. Generator name under which tank will be manifested Bay Area Rapid Transit District
- EPA I.D. No. under which tank will be manifested CAC 000 68 67 84

6. Contractor LEE ENGINEERING ENTERPRISES
Address 1153 Bordeaux Drive, Suite 103
City Sunnyvale, CA 94089 Phone (408) 734-2556
License Type* A, B, C10, C20, C36 ID# 587934 Exp. 2/94
HAZ, ASB

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

7. Consultant DAMES & MOORE
Address 2101 Webster Street, Suite 300
City Oakland, CA 94612 Phone (510) 839-3600

8. Contact Person for Investigation
Name Erwin Livianu Title Project Manager
Phone (408) 734-2556

9. Number of tanks being closed under this plan TWO
Length of piping being removed under this plan 50 FEET
Total number of tanks at facility TWO

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

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

a) Product/Residual Sludge/Rinsate Transporter

Name Refineries Service EPA I.D. No. CAD 981696420
Hauler License No. 2591 License Exp. Date 10/31/92
Address 13331 No. Hwy 33
City Patterson State CA Zip 95363

b) Product/Residual Sludge/Rinsate Disposal Site

Name Refineries Service EPA I.D. No. CAD 083166728
Address 13331 No. Hwy 33
City Patterson State CA Zip 95363

c) Tank and Piping Transporter

Name Erickson, Inc. EPA I.D. No. CAD 009 466 392
Hauler License No. 0019 License Exp. Date May 1993
Address 255 Parr Blvd.
City Richmond State CA Zip 94801

d) Tank and Piping Disposal Site

Name Erickson, Inc. EPA I.D. No. CAD 009 466 392
Address 255 Parr Blvd.
City Richmond State CA Zip 94801

11. Experienced Sample Collector

Name Peter Davis/Luke Anderson
Company DAMES & MOORE
Address 2101 Webster Street, Suite 300
City Oakland State CA Zip 94612 Phone (510) 839-3600

12. Laboratory

Name *CKY, INC. Analytical Service
Address 3942 Valley Avenue, Suite F
City Pleasanton State CA Zip 94566
State Certification No. 1587

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

If yes, describe. _____

* SEE PAGE 5

14. Describe methods to be used for rendering tank inert

~~30 pounds of dry ice per 1000 gallon capacity will be added to the tanks~~

Once the LEL has been sufficiently lowered to the satisfaction of the Fire department and County Inspectors, the tanks will be removed.

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

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

15. Tank History and Sampling Information

Tank		Material to be sampled (tank contents, soil, ground-water, etc.)	Location and Depth of Samples
Capacity	Use History (see instructions)		
1. 2000 gal	Installed 1957. Single wall; steel construction; contained gasoline	SOIL	One soil sample taken from NATURE SOIL immediately below each tank, and one soil sample from each sidewall in the center and at the bottom of the wall. Groundwater is not anticipated in the tank pit. Also, one soil sample for every 20 linear feet of pipe will be collected from beneath the pipes, CONCENTRATING AT JOINTS, ELBOWS, OR OTHER CONNECTION POINTS
2. 2000 gal	Installed 1957. Single wall; steel construction; contained diesel	SOIL	
Both tanks were last used in 1989. Tank Integrity Tests performed at that time did not show any tank leaks.		AND GROUNDWATER IF ENCOUNTERED	
* 3. 1000gal	unknown fuel (gas?)		

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

* This UST was discovered during closure of initial two tanks on 6-25-92

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (Estimated) 200 cubic yards	Sampling Plan 1 4-point composite/ ⁵⁰ 100 cubic yards, APPROPRIATE FOR OFF-SITE DISPOSAL/BYADMD ONE DISCRETE SAMPLE PER 20 YDS ³ FOR ON-SITE REUSE; NO RESULTS REQUIRED

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

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

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

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Method Number	Method Detection Limit
DIESEL	EPA 3550	EPA-Modified 8015	1 ppm
TPH-Gasoline	EPA 5030	EPA-Modified 8015	1 ppm
BTEX	EPA 8020	8020	2.5 ppb
* Total Lead	EPA 7421	EPA 7421	0.2 ppm
* <u>Note:</u> The contracted laboratory is not certified to perform inorganic analyses. Another lab will need to perform this test.			

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

18. Submit Worker's Compensation Certificate copy

Name of Insurer MAROVICH TALMADGE & ASSOCIATES

19. Submit Plot Plan (See Instructions)

20. Enclose Deposit (See Instructions)

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

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

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

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

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

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

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

Signature of Contractor:

Name (please type) Erwin Livianu

Signature 

Date May 29, 1992

Signature of Site Owner or Operator

Name (please type) GARY C. JENSEN FOR S.F. BAY AREA RAPID TRANSIT

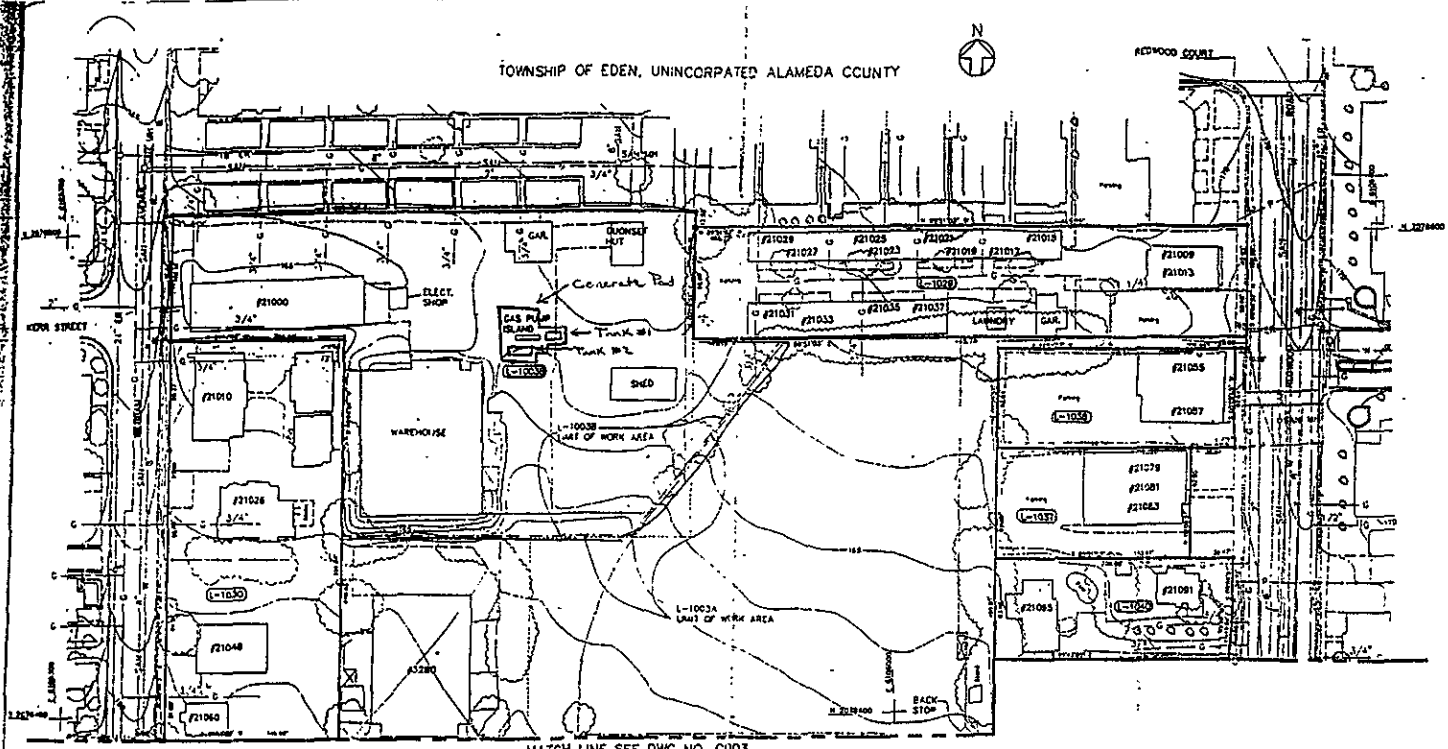
Signature 

Date 6/2/92

TOWNSHIP OF EDEN, UNINCORPORATED ALAMEDA COUNTY

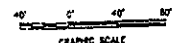


REDWOOD COURT



SITE PLAN

NOTE:
SEE DWG NO. C002 FOR LEGEND AND NOTES A & B.



DRAWN BY CHECKED BY DATE PROJECT NO.	SAN FRANCISCO BAY AREA RAPID TRANSIT DISTRICT		DUBLIN/PLEASANTON EXTENSION		L&E FILE NO. L&E AC004	CARD DATE 2/20/81
	BAY AREA TRANSIT CONSULTANTS <small>BY CONTRACT WITH THE BAY AREA RAILROAD AUTHORITY - 1980-1981</small> SUBMITTED <i>Edward A. Brown</i>		BAY AREA TRANSIT CONSULTANTS <small>BY CONTRACT WITH THE BAY AREA RAILROAD AUTHORITY - 1980-1981</small> APPROVED <i>[Signature]</i>		DEMOLITION/REMOVAL OF STRUCTURES BAY FAIR/CASTRO VALLEY CASTRO VALLEY	
SHEET NO. 53	SHEET 1 OF 1	SHEET 2 OF 1	SHEET 3 OF 1	SHEET 4 OF 1	SHEET 5 OF 1	SHEET 6 OF 1

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

REVISED

1/10/92

PRODUCER

MAROEVICH TALMADGE & ASSOCIATES
 4655 OLD IRONSIDES DRIVE
 SUITE 370
 SANTA CLARA, CA 95054
 (408) 982-1360

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

INSURED

LEE ENGINEERING ENTERPRISES, INC.
 1153 BORDEAUX DRIVE, SUITE 103
 SUNNYVALE, CA 94089

- COMPANY LETTER **A** SCOTTSDALE INSURANCE COMPANY
- COMPANY LETTER **B** RELIANCE INSURANCE COMPANY
- COMPANY LETTER **C** REPUBLIC INDEMNITY COMPANY
- COMPANY LETTER **D** ASSOCIATED INTERNATIONAL COMPANY
- COMPANY LETTER **E**

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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. OWNER'S & CONTRACTOR'S PROT. <input checked="" type="checkbox"/> OLD OCCURRENCE FORM - NOT SUBJECT OT ANNUAL AGGREGATES.	GLS281305	2/15/91	2/15/92	GENERAL AGGREGATE \$ N/A PRODUCTS-COMP/OP AGG. \$ N/A PERSONAL & ADV. INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED. EXPENSE (Any one person) \$ 5,000
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS GARAGE LIABILITY	GLS281305	2/15/91	2/15/92	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
D	EXCESS LIABILITY UMBRELLA FORM <input checked="" type="checkbox"/> OTHER THAN UMBRELLA FORM	XS400720 EXCESS-SPECIFIED PROJECT COVERAGE	1/8/92	2/15/92	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 SIR: 10,000
C	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	PC941898	7/1/91	7/1/92	STATUTORY LIMITS EACH ACCIDENT \$ 2,000,000 DISEASE-POLICY LIMIT \$ 2,000,000 DISEASE-EACH EMPLOYEE \$ 2,000,000
B	OTHER ENVIRONMENTAL IMPAIRMENT LIABILITY SPECIFIC PROJECT COVERAGE	TBD	1/10/92	1/10/93	\$2,000,000 LIMITS PER OCCURRENCE/\$2,000,000 ANNUAL AGGREGATE \$50,000 SIR

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

WAIVER OF SUBROGATION APPLIES TO THE WORKERS COMPENSATION POLICY. DAMES & MOORE IS ADDITIONAL INSURED IN GENERAL, POLLUTION, AUTO AND EXCESS LIABILITY POLICIES. IT IS AGREED THESE POLICIES ARE PRIMARY AND CROSS LIABILITY CLAUSE IS INCLUDED.

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. ~~NO OTHER NOTICE SHALL BE NECESSARY.~~

AUTHORIZED REPRESENTATIVE

SITE HEALTH AND SAFETY PLAN

INTRODUCTION

This health and safety plan prescribes the work-place procedures which should be followed during the soil and groundwater assessment of the site located at Former School District Corporation Yard, 21000 Wilbeam Avenue, Castro Valley, California. The provisions of this plan are mandatory for all Lee Engineering Enterprises (L.E.E.) personnel and subcontractors assigned to this project. All authorized visitors to the site will be required to abide by the procedures. The requirements in this plan may change due to changes in the work conditions; however, no changes will be made without prior written approval of the Health and Safety Officer and the Project Manager.

LEE ENGINEERING ENTERPRISES, INC. is committed to providing a safe and healthful working environmental for all its employees and subcontractors.

ASSIGNMENT OF RESPONSIBILITY

PROJECT MANAGER

L.E.E.'s Project Manager will be Erwin Livianu, who will be responsible for oversight and management of the project. Paul H. King will be responsible for the implementation and management of the Health and Safety plan.

HEALTH AND SAFETY OFFICER

Mr. Paul H. King or his designee will visit the site periodically and during critical phases of the project. The Health and Safety Officer is responsible for preparation of this plan.

L.E.E. SITE REPRESENTATIVE

During most of this project there will be an L.E.E. representative on site. That representative will be responsible for day to day implementation of the Health and Safety plan and overall direction of subcontractor personnel. The L.E.E. representative is empowered to stop all site work in the case of violation of the requirements of the Health and Safety plan.

OTHER PROJECT PERSONNEL/SUBCONTRACTOR

All project and subcontractor personnel will be responsible for understanding and complying with the project Health and Safety requirements.

HAZARD CHARACTERIZATION AND RISK ANALYSIS

PETROLEUM CONTAMINATED WATER AND SOILS

Gasoline and its constituents pose health hazards in two major classifications: explosivity and toxicity. The extreme flammability of gasoline is commonly known. The Lower Explosion Limit (LEL) of gasoline vapor is 1.3 percent in air. If the concentration of gasoline vapor in air exceeds 1.3 percent (13,000 parts per million) and sufficient quantities of oxygen are present, then the introduction of sufficient heat, spark, or flame will result in an explosion.

Prior to conducting any subsurface excavation in the vicinity of a fuel tank, the tank should be emptied of all liquid product and receive sufficient quantities of dry ice (frozen carbon dioxide) so that available oxygen is displaced from the tank atmosphere.

A lesser known health hazard resulting from exposure to gasoline is toxicity. Over exposure to petroleum hydrocarbon vapor can cause depression of the central nervous system. Inhalation of high concentrations of gasoline can cause chemical pneumonia and/or pulmonary edema. Repeated prolonged skin exposure to gasoline or gasoline contaminated materials can cause dermatitis or even blistering of the skin.

Several common constituents of gasoline which have been shown to cause serious health problems resulting from relatively minor exposures, includes benzene, toluene, meta, para, ortho xylenes, ethyl benzene and tetraethyl lead.

Typical percentages (by weight) of these constituents in gasoline are: benzene - 0.12-3.50%, toluene - 2.73-21.80%, meta xylene - 1.77-3.87%, para xylene - 0.77-1.58%, ortho xylene - 0.68-2.66%, and ethyl benzene - 0.36-2.36%. Typical percentage of tetraethyl lead is not available.

Units used to describe occupational exposures to hazardous substances include: exposure limit, also known as the "Threshold Limit Value" (TLV), ceiling limit, and the concentration level that is "Immediately Dangerous to Life and Health" (IDLH). The exposure limit defines the maximum concentration of a substance to which one can be exposed during an eight (8) hour period without suffering significant health effects. The ceiling limit is the concentration level that cannot be exceeded at any time; i.e., a suitable respirator must be worn if concentration values reach the ceiling limit.

The IDLH level represents a maximum concentration from which one could escape within 30 minutes of respirator failure without experiencing escape-impairment or irreversible health damage. IDLH values are not listed for substances that are potential human carcinogens.

EXPOSURE TABLE

<u>SUBSTANCE</u>	<u>EXPOSURE LIMIT</u>	<u>CEILING LIMIT</u>	<u>IDLH</u>
Benzene	0.1 ppm (8 Hrs.)	1 ppm (15 Min.)	Carcinogen
Toluene	100 ppm (10 Hrs.)	200 ppm (10 Min.)	2,000 ppm
Xylene	100 ppm (8 Hrs.)	200 ppm (10 Min.)	1,000 ppm
Ethyl Benzene	100 ppm (8 Hrs.)	N/A	2,000 ppm
Tetraethyl Lead	0.0067 ppm	N/A	3.6 ppm

Prolonged exposures to concentrations above the limits noted may affect the central nervous system, cardiovascular system, respiratory system, eyes, skin, kidneys, bones and bone marrow. Research has shown that benzene is a carcinogen.

Immediate symptoms of over-exposure include: eye irritation, nose irritation, throat irritation, headache, nausea, dizziness, weakness, confusion, euphoria, excitement, staggered gait, abnormal pain, respiratory difficulties, muscle fatigue, and coma.

In order to protect against over-exposure to these compounds, the ambient air will be monitored with a "lower explosion limit/oxygen content meter and/or handled Photo Ionizing Detector (PID). As soon as vapor concentrations approach 75% of the exposure limit value, work will cease until all on-site personnel have donned protective clothing and suitable respiratory devices.

Personnel exposures to excessive job-related hazards are expected to be minimal using these safeguards.

It should be noted that summertime heat may initiate weather stress-related problems and decrease productivity on the job site.

Based upon L.E.E.'s experience with investigations of potentially gasoline contaminated soil and water, overexposure of personnel to gasoline vapor is unlikely.

Personnel, however, may be exposed to short term vapor concentrations approaching 100 ppm. Respiratory protection plans will be directed to protecting personnel from the transient exposures.

DRILLING ACTIVITIES

Various hazards are present during excavating procedures.

- o Electrical hazards due to overhead and underground utility line.
- o Excessive noise.
- o Confined space.
- o Moving portions of the drilling.
- o Falling of heavy overhead objects.
- o Fall hazards due to working at heights.

SITE CONTROL

A site map has been attached to this plan. The areas where work will occur, will be on the site, and may be barricaded to prevent unauthorized access. Only authorized personnel shall be allowed in the work areas and any unauthorized visitors must remain outside any barricaded area.

The site is small enough that normal voice communication can be used. In the vicinity of the excavation, common hand signals will be used.

TRAINING

L.E.E. PERSONNEL

All L.E.E. project personnel shall have completed forty (40) hours of off-site health and safety training, related to hazardous waste operations. In general, L.E.E. personnel will have completed a combination of paid training courses which meet the requirements of both the interim and final Occupational Safety and Health Administration (OSHA) rule for Hazardous Waste and Emergency Response Operations (29 CFR 1910.120). All L.E.E. supervisory personnel on-site will have completed an additional eight (8) hours of relevant health and safety training.

L.E.E. personnel who may visit the site occasionally, and are unlikely to be exposed to chemical hazards, will have completed at least twenty-four (24) hours of relevant health and safety training.

Any L.E.E. or contractor personnel operating specialized industrial equipment such as forklifts, heavy equipment, drilling equipment, etc. shall be able to demonstrate their competency in the safe operation of such items.

PERSONNEL

All subcontractor personnel who are likely to be exposed to hazardous materials, either by inhalation or dermal contact, shall have completed forty (40) hours of off-site health and safety training, in accordance with the OSHA interim and final Hazardous Waste and Emergency Operations rule. Subcontractor personnel who are required to work on the site for short periods of time (1 day or less), and who will not be required to wear any protective equipment, shall have completed at least twenty-four (24) hours of off-site health and safety training.

ALL SITE PERSONNEL

Prior to starting the project, a kick-off safety will be on the site. During this meeting, all personnel will be briefed on the requirements contained within the health and safety plan, and will be told the site safety rules. The kick-off safety meeting will be conducted jointly by the project manager and the HSO.

At the beginning of each work shift, or whenever new personnel arrive on the site, a tailgate safety meetings will be conducted by the first line supervisors. The project manager will review records of all tailgate safety meetings.

MEDICAL SURVEILLANCE

All L.E.E. subcontractor personnel shall provide proof of having successfully completed a preplacement or annual update physical examination. This examination shall have been designed to comply with regulatory requirements for hazardous waste operations and shall include the following:

- o Medical and occupational history form
- o Physical examination
- o Blood analysis
- o Urinalysis
- o Chest X-Ray
- o Pulmonary function test
- o Audiogram
- o Electrocardiogram (if indicated during the physical exam)
- o Alcohol and illegal drug screening

GOVERNMENT AND L.E.E. STANDARDS

Currently the health and safety of workers performing hazardous waste activities are regulated by OSHA (29 CFR 1910.120).

If the PID indicates that hydrocarbon vapor levels are 50 ppm or greater, then daily air samples will be collected from representative project personnel using charcoal tube sampling methods (OSHA Method 1MS1340). Personnel will be notified in writing of the results of any personal air samples and their significance. A copy of this report will be maintained in the employee's medical surveillance file.

ACCESS AND DECONTAMINATION

ACCESS

Access to the project work area zones shall be regulated and limited to authorized persons. A daily log shall be kept on all persons entering such areas. The work area itself shall be cordoned off using barrier tape or other suitable barriers.

DECONTAMINATION

Due to the low toxicity of the material involved (gasoline), the anticipated low levels of contamination and the minimal hazard posed of spread of contaminated soil, formal decontamination procedures will not be required. The following site requirements will be enforced:

- o Eating, drinking and smoking within the work area are prohibited.
- o Project personnel may eat, drink or smoke outside the work area, only if they have washed their hands and face.
- o An emergency eye wash station shall be located on the job site adjacent to the work area.

Any potentially contaminated equipment will either be disposed of, or washed off with soap and water.

Any equipment used in the contaminated zone should be washed with soap and water before it is removed from the site.

SAFE USE OF FLAMMABLE AND COMBUSTIBLE MATERIALS

Employees shall make sure that combustible scrap, debris and waste

SAFE USE OF FLAMMABLE AND COMBUSTIBLE MATERIALS

Employees shall make sure that combustible scrap, debris and waste materials (oily rags, etc.) are stored in covered metal receptacles and removed from the worksite promptly. Be sure that proper storage is practiced to minimize the risk of fire including spontaneous combustible liquids and that approved containers and tanks are used for the storage and handling of flammable and combustible liquids.

Employees shall make sure that all connections on drums and combustible liquid piping, vapor and liquid are tight, that all bulk drums of flammable liquids are grounded and bonded to containers during dispensing.

Be certain that storage rooms for flammable and combustible liquids have explosive-proof lights and that storage rooms for flammable and combustible liquids have mechanical or gravity ventilation.

Make sure that liquefied petroleum gas is stored, handled and used in accordance with safe practices and standards, pay particular attention in that "NO SMOKING" signs are posted on liquified petroleum gas tanks. All solvent wastes, and flammable liquids will be kept in fire-resistant, covered containers until they are removed from the worksite.

Vacuuuming shall be used whenever possible, rather than blowing or sweeping combustible dust. Be certain that firm separators are placed between containers of combustibles or flammables, when stacked one upon another, to assure their support and stability.

All fire extinguishers will be selected and provided for the particular types of materials in areas where they are to be used.

Class A: Ordinary combustible material fires.

Class B: Flammable liquid, gas or grease fires.

Class C: Energized-electrical equipment fires.

All appropriate fire extinguishers shall be mounted within 75 feet of outside areas containing flammable liquids, and within 10 feet of any inside storage area for such materials. Said fire extinguishers shall be free from obstructions or blockage and that all extinguishers are serviced, maintained and tagged at intervals not to exceed one year.

Be certain that "NO SMOKING" signs are posted where appropriate in areas where flammable or combustible materials are used or stored and that safety cans are used for dispensing flammable or combustible liquids at a point of use. Spills of flammable or combustible liquids are to be cleaned up promptly.

Make sure that storage tanks are adequately vented to prevent the development of excessive vacuum or pressure as a result of filling, emptying, or atmosphere temperature changes. Be certain that storage tanks are equipped with emergency venting that will relieve excessive internal pressure caused by fire exposure and that "NO SMOKING" rules are enforced in areas involving storage and use of hazardous materials.

EMPLOYEE AND WORK RULES AROUND EXCAVATIONS

When excavation is necessary at a job site, before work commences and during the performance of work the site shall be adequately protected to prevent sloughing of earth by shoring or sloping. The site shall be fenced in or boarded over to prevent personnel from slipping or falling in the area when moving about.

No employee shall enter or perform work in an excavation which requires the person's head to be below the surface of the ground until all confined space procedures are followed.

Employees are not permitted to work in or adjacent to any excavation until an inspection is conducted to determine that they will not be exposed to injuries resulting from moving ground and that necessary permits have been obtained.

TOOL AND EQUIPMENT HANDLING

SAFETY DEVICES - Employees must never remove, displace, damage, destroy, or carry away any safety device, safeguard, notice, or warning used at the Company facilities, Company property, or customer job locations.

Never, in any way, interfere with the use of another employee's safety device or safeguard. Verify that all guards and other protective devices are in their proper place, in good repair, and properly adjusted for safe operation. Any deficiency or malfunction must be reported immediately to the supervisor or Safety Representative.

DAMAGED/UNSAFE EQUIPMENT - REPAIR WORK

Employees must not repair operating equipment or machinery, oil moving parts, except when the equipment or machinery is designed or fitted with safeguards or protect the employee while performing the work.

Equipment that is worn, damaged, or otherwise defective to the extent that it is unsafe must be reported immediately to the supervisor or Safety Representative.

CRANE/HOISTING EQUIPMENT

Unauthorized persons are not to be permitted in a crane cab or on a crane at any time. All unattended equipment shall be guarded against operation by unauthorized persons, signals to the operator of the equipment shall be given by a designated person.

Cranes, derricks, hoists or other equipment shall not be used for side pulls or lifts that would affect the stability of overstress the equipment.

Hoisting equipment shall be loaded so that the load is in a stable position and does not exceed the designated safe load. Loads shall be test lifted, brakes checked, and slings readjusted when required, to check the stability and safety of the lift.

Outriggers, when provided, shall be used for the stability and safe operation of the equipment. The operator shall personally check that the outriggers have been properly placed and blocked in position.

A mobile or overhead traveling crane, hoist, or shovel shall not be operated unless the gong or other effective warning device is in suitable operating condition. Equipment surfaces and walkways shall be maintained free of oil, grease, or debris, and, where necessary, non-slip material shall be used.

Wire rope, under tension, shall not be guided by the nads or feet. Employees shall avoid standing or passing under suspended loads, extreme care shall be exercised in the selection, inspection, and use of chains.

Precautions in dealing with wire rope slings:

- Do not use knots to make sling.
- Do not block sharp corners.
- Do not jerk loads. Lift and lower loads slowly.
- Use slings of adequate capacity. Consult the charts.
- Know how much weight you are lifting.

EMERGENCY RESPONSE

In the event of an emergency such as a sickness, injury or fire, the following procedures will be followed:

- o Emergency procedures will be initiated by the first person recognizing the emergency situation. This person shall immediately notify the L.E.E. site representative.
- o The designated L.E.E. First Aid/CPR provider and a project member shall provide assistance to any injured or sick employee. In the case of suspected release of toxic

ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION
Acknowledgement of Refund Recipient for Site Account
DEPOSITOR FILLS OUT PER SITE
-- REQUIRED --

The depositor will use this form to acknowledge that the property owner or his or her designee will receive any refund due at the completion of all deposit/refund projects at the site listed below.

SITE NUMBER/ADDRESS:		REFUND RECIPIENT-PROPERTY OWNER		
_____ Site Number		_____ BART		
_____ Lee Engineering Enterprises Company Name		_____ Owner's Name		
_____ 1153 Bordeaux Dr., #103 Street Address		_____ P.O. Box 12688 Owner's Address		
_____ Sunnyvale, CA 94089 City	_____ Zip Code	_____ Oakland, CA Owner's City	_____ 94604 State	_____ Zip

I have read the description of the project Deposit/Refund Procedure, and have had an opportunity to ask questions about it. I understand that regardless of who deposits money into the site account, any deposit money remaining at the completion of all projects being conducted at this site will be refunded solely to the property owner or his or her designee.

Signature of Depositor

Date 05/29/92

Erwin Livianu
Depositor Name

LEE ENGINEERING ENTERPRISES
Company Name

1153 Bordeaux Dr., Suite 103
Street Address

Sunnyvale, CA 94089
City / Zip

RETURN FORM TO: Alameda County, Hazardous Materials Div.
80 Swan Way, Rm 200
Oakland, CA 94621-1439
Phone: (510) 271-4320

ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION
Declaration of Site Account Refund Recipient
SITE OWNER FILLS OUT PER SITE
-- OPTIONAL --

The property owner will use this form to designate someone other than him- or her- self to receive any refund due at the completion of all deposit/refund projects at the site listed below. In the absence of this form, the property owner will receive any refund. Only one person at any one time may be designated to receive any refund.

SITE NUMBER/ADDRESS:		PROPERTY OWNER		
_____ Site Number		_____		
_____ Company Name		_____ Owner's Name		
_____ Street Address		_____ Owner's Address		
_____ City	_____ Zip Code	_____ Owner's City	_____ State	_____ Zip

I designate the following person to receive any refund due at the completion of all deposit/refund projects:

Name

Street Address

City / Zip

Property Owner Signature

Date

Property Owner Name

RETURN FORM TO: Alameda County, Hazardous Materials Div.
80 Swan Way, Rm 200
Oakland, CA 94621-1439
Phone: (510) 271-4320

material, these personnel shall first don protective suits and self-contained breathing apparatus. The injured employee will first be moved to a safe location before any attempt at treatment is made.

- o A project member will be designated to call the emergency services number (911) to obtain paramedic or fire department assistance if it is needed. Any injured employees will be taken to:

1. Police, Fire, or Ambulance emergency: 911
2. Nearest Emergency Hospital: 510-537-1234
Eden Hospital
20103 Lake Chabot Road
Castro Valley, California
3. Alameda County 510-271-4320
Department of Environmental Services
Hazardous Materials Services
80 Swan Way, Room 200
Oakland, CA 94621
4. Poison control 209-445-1222
5. Office of Emergency Services 800-852-7550
6. Chemtrec 800-424-9300
7. EPA Region 9 415-974-8153
8. HHS Region 9 415-556-7260
9. OSHA Region 9 415-556-3782

Any injuries or incidents which have the potential to result in an injury will be recorded by the L.E.E. site representative on the supervisor's employee injury report form. This form, when completed by the site representative, shall be forwarded to the VCI project manager, and the VCI. Corporate health and Safety Department.

221 MAIN STREET, SUITE 600 • SAN FRANCISCO, CALIFORNIA 94105-1917 • PHONE (415) 896-5858

ALCO
HIAZMAT
93 DEC 27 PM 4:02

To: Alameda County Department of Environmental Health
Hazardous Materials Division
80 Swan Way, Room 200
Oakland, CA 94621

Date 12/23/93

Your Order No.

Our Job No. 03715-051-043

Attention: Mr. Scott Seery
Subject: Report Submitted

We are sending you via Regular Mail

the following Report
Quarterly Groundwater Quality
Monitoring
Former Castro Valley Unified School
District Corporation Yard
21000 Wilbeam Avenue
Castro Valley, California

This is for Your Review &
These are for Records

No. of copies submitted: 1

Copies to:

Dames & Moore

By Erik Skou
ERIK SKOU

221 MAIN STREET, SUITE 600 • SAN FRANCISCO, CALIFORNIA 94105-1917 • PHONE (415) 896-5858

To: Alameda County Department of Environmental Health
Hazardous Materials Division
80 Susan Way, Room 200
Oakland, CA 94621

Date 12/28/93

Your Order No.

Our Job No. 03715-051-043

Attention: Mr. Scott Seery

Subject: Report Submitted &
Corrections

ALCO
HAZMAT
93 DEC 29 PM 12:50

We are sending you via

the following August & November
Quarterly Groundwater Quality
Monitoring
Former Castro Valley Unified School
District Corporation Yard
21000 Wilbeam Avenue
Castro Valley, California

This is for Your review & records
These are

No. of copies submitted: 1 ea.

Copies to:

Dames & Moore

By Erik Skov
ERIK SKOV

Alameda County Health Care Services Agency

Department of Environmental Health



This is to certify that CASTRO VALLEY UNIFIED SCHOOL DIST.
doing business as CASTRO VALLEY UNIFIED SCHOOL DISTRICT, is permitted
to operate a TWO UNDERGROUND STORAGE TANKS
at 21000 WILSON AVE. CASTRO VALLEY CA 94546

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

Issued this 13TH day of JUNE, 1988

By Authority of
Sanitation HAZMAT SPECIALIST
County Health Officer

400-WA-2-3/87

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 CASTRO VALLEY UNIFIED SCHOOL YARD		NAME OF OPERATOR CORPORATION YARD		
ADDRESS 21,000 Wilbur Ave		NEAREST CROSS STREET Castro Valley Blv.	PARCEL # (OPTIONAL)	
CITY NAME CASTRO VALLEY		STATE CA	ZIP CODE 94546	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 checked="" type="checkbox"/> LOCAL-AGENCY DISTRICTS	<input type="checkbox"/> COUNTY-AGENCY	<input type="checkbox"/> STATE-AGENCY
		<input type="checkbox"/> FEDERAL-AGENCY		
TYPE OF BUSINESS		<input type="checkbox"/> 1 GAS STATION	<input type="checkbox"/> 2 DISTRIBUTOR	<input type="checkbox"/> 3 FARM
		<input type="checkbox"/> 4 PROCESSOR	<input checked="" type="checkbox"/> 5 OTHER	<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS
		# OF TANKS AT SITE 2	E. P. A. I. D. # (optional) N/A	

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) TANK NOT IN OPERATION. NEW PROPERTY OWNER IS BART		PHONE # WITH AREA CODE	
NIGHTS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE	

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME Bay Area Rapid Transit Dis		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS P.O. BOX 12688		<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL-AGENCY
		<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> COUNTY-AGENCY
		<input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME Oakland		STATE	ZIP CODE 94604	PHONE # WITH AREA CODE

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER Bay Area Rapid Transit District		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS P.O. Box 12688		<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL-AGENCY
		<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> COUNTY-AGENCY
		<input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME Oakland		STATE	ZIP CODE	PHONE # WITH AREA CODE

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

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

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

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

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

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

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

APPLICANT'S NAME (PRINTED & SIGNATURE) Leo Engineering Enterprises	APPLICANT'S TITLE ERWIN LIVIANO P.M.	DATE 06/04/92
--	--	-------------------------

LOCAL AGENCY USE ONLY

COUNTY # 01	JURISDICTION # 000	FACILITY # 063528
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.
FORM A (5-91)

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: CASTRO VALLEY UNIFIED SCHOOL DIS CORP YARD

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

A. OWNER'S TANK I. D. # <u>UNKNOWN.</u>	B. MANUFACTURED BY: <u>UNKNOWN.</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>APPROX 1957</u>	D. TANK CAPACITY IN GALLONS: <u>2,000</u>

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

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

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

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

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

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

V. TANK LEAK DETECTION

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

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>1989</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>100</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL ? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE) ERWIN LIVIANU LEE ENGINEER DATE 06/04/92

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

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
	<u>01</u>	<u>000</u>	<u>063528</u>	<u>000002</u>
PERMIT NUMBER	PERMIT APPROVED BY/DATE <u>6/13/88</u>		PERMIT EXPIRATION DATE	

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: CASTRO VALLEY UNIFIED School Dis. CORP. YARD

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

A. OWNER'S TANK I.D.# <u>UNKNOWN</u>	B. MANUFACTURED BY: <u>UNKNOWN.</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>APPROX 1957</u>	D. TANK CAPACITY IN GALLONS: <u>2,000</u>

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

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

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

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

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

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

V. TANK LEAK DETECTION

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

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>1989.</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>100</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

APPLICANT'S NAME (PRINTED & SIGNATURE) ERWIN LIVIANU-LEE ENG. DATE 06/04/92

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

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
	<u>01</u>	<u>000</u>	<u>063528</u>	<u>000001</u>
PERMIT NUMBER	PERMIT APPROVED BY/DATE <u>6/13/88</u>		PERMIT EXPIRATION DATE	

Permit Application



<input type="checkbox"/> 01 New Permit	<input type="checkbox"/> 03 Installed before July 1, 1984	<input checked="" type="checkbox"/> 05 Renewed Permit	<input type="checkbox"/> 06 Amended Permit
<input type="checkbox"/> 02 Provisional Permit	<input type="checkbox"/> 04 Installed after July 1, 1984		

I Owner

Name (Corporation Individual or Public Agency) Castro Valley Unified School District			
Street Address P. O. Box 2146	City Castro Valley	State CA	ZIP 94546

II Facility

Facility Name Castro Valley Unified School District		Dealer/Foreman/Supervisor	
Street Address 21000 Wilbeam Ave.		Nearest Cross Street C.V. Blvd.	
City Castro Valley, CA		County Alameda	ZIP 94546
Mailing Address P.O. Box 2146		City Castro Valley	State ZIP CA 94546
Phone w/area code (415) 537-3000		Type of Business <input type="checkbox"/> 01 Gasoline Station <input checked="" type="checkbox"/> 02 Other: School Bus Yard	
NUMBER OF CONTAINERS AT THIS FACILITY	Rural Areas Only:	Township	Range Section

III 24 Hour Emergency Contact Person

Days Name (last name first) and Phone w/area code T. C. Arbuckle (415) 537-3000 Ex. 63	Nights Name (last name first) and Phone w/area code T. C. Arbuckle (209) 832-8004
--	---

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A. <input checked="" type="checkbox"/> 01 Tank <input type="checkbox"/> 02 Other: _____		Container Number (if there is no number, assign one) N/A
B. Manufacturer (if appropriate): UNKNOWN	Year of Mfg.: N/A	C. Year Installed: <input checked="" type="checkbox"/> Unknown
D. Container Capacity: 2000 gallons <input type="checkbox"/> Unknown	E. Does the Container Store (Check One): <input type="checkbox"/> 01 Waste <input checked="" type="checkbox"/> 02 Product	
F. 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) _____ If you answered yes; do not complete Part VIII.		

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	
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: _____	

Container Construction

E 01 Rubber Lined 02 Alkyd Lining 03 Epoxy Lining 04 Phenolic Lining 05 Glass Lining 06 Clay Lining

07 Unlined 08 Unknown 09 Other: _____

F 01 Polyethylene Wrap 02 Vinyl Wrapping 03 Cathodic Protection

04 Unknown 05 None 06 tar or asphalt 09 Other: _____

VI Piping

A. Aboveground Piping: 01 Double-walled pipe 02 Concrete-lined trench 03 Gravity 04 Pressure 05 Suction

(Check) appropriate box(es) 06 Unknown 07 None

B. Underground Piping: 01 Double-walled pipe 02 Concrete-lined trench 03 Gravity 04 Pressure 05 Suction

(Check) appropriate box(es) 06 Unknown 07 None

VII Leak Detection

01 Visual 02 Stock Inventory 03 Tile Drain 04 Vapor Sniff Wells 05 Sensor Instrument

06 Ground Water Monitoring Wells 07 Pressure Test 08 Internal Inspection 09 None


10 Other: _____

VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers

If you checked yes to IV-F you are not required to complete this section

currently stored	previously stored	CAS # (if known)	Chemical Do Not Use Commercial Name (Use additional paper for more room)
<input checked="" type="checkbox"/> 01	<input type="checkbox"/> 02		RUGUAL GASOLINO =
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		

Is Container located on an Agricultural Farm? 01 Yes 02 No

Tacitus C. Arbuckle
 Person Filing (Signature)  Phone w/area code (415) 538-3422

For Local Agency Use Only

AGENCY NAME	CITY	COUNTY
CONTACT PERSON		PHONE W/AREA CODE
INSPECTION DATE (1ST INSPECTION)	PERMIT APPROVAL DATE	PERMIT ID. NUMBER

FOR STATE USE ONLY

STATE ID. NUMBER	Accounting Number	County Number
Date Received	<input type="checkbox"/> 01	<input type="checkbox"/> 02 <input type="checkbox"/> 03

Permit Application



<input type="checkbox"/> 01 New Permit	<input type="checkbox"/> 03 Installed before July 1, 1984	<input checked="" type="checkbox"/> 05 Renewed Permit	<input type="checkbox"/> 06 Amended Permit
<input type="checkbox"/> 02 Provisional Permit	<input type="checkbox"/> 04 Installed after July 1, 1984		

I Owner

Name (Corporation Individual or Public Agency) Castro Valley Unified School District			
Street Address P.O. Box 2146	City Castro Valley	State CA	ZIP 94546

II Facility

Facility Name Castro Valley Unified School District		Dealer/Foreman/Supervisor	
Street Address 21000 Wilbeam Ave.		Nearest Cross Street C.V. Blvd.	
City Castro Valley		County Alameda	ZIP 94546
Mailing Address P. O. Box 2146		City Castro Valley	State ZIP CA 94546
Phone w/area code (415) 537-3000 Ex 63		Type of Business <input type="checkbox"/> 01 Gasoline Station <input checked="" type="checkbox"/> 02 Other School Bus Yard	
NUMBER OF CONTAINERS AT THIS FACILITY	Rural Areas Only:	Township	Range Section

III 24 Hour Emergency Contact Person

Days Name (last name first) and Phone w/area code T.C. Arbuckle (415) 537-3000 Ex. 63	Nights Name (last name first) and Phone w. area code T.C. Arbuckle (209) 832-8004
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COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV Description

A <input checked="" type="checkbox"/> 01 Tank <input type="checkbox"/> 02 Other: _____	Container Number (If there is no number assign one) N/A
B. Manufacturer (if appropriate) UNKNOWN Year of Mfg.: N/A	C Year Installed: Unknown
D Container Capacity 2000 gallons <input type="checkbox"/> Unknown	E. Does the Container Store (Check One). <input type="checkbox"/> 01 Waste <input checked="" type="checkbox"/> 02 Product
F. 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): _____ If you answered yes; do not complete Part VIII.	

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
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: _____

Container Construction

E. 01 Rubber Lined 02 Alkyd Lining 03 Epoxy Lining 04 Phenolic Lining 05 Glass Lining 06 Clay Lining

07 Unlined 08 Unknown 09 Other: _____

F. 01 Polyethylene Wrap 02 Vinyl Wrapping 03 Cathodic Protection

04 Unknown 05 None 06 tar or asphalt 09 Other: _____

VI Piping

A. Aboveground Piping: 01 Double-walled pipe 02 Concrete-lined trench 03 Gravity 04 Pressure 05 Suction

(Check) appropriate box(es) 06 Unknown 07 None

B. Underground Piping: 01 Double-walled pipe 02 Concrete-lined trench 03 Gravity 04 Pressure 05 Suction

(Check) appropriate box(es) 06 Unknown 07 None

VII Leak Detection

01 Visual 02 Stock Inventory 03 Tile Drain 04 Vapor Sniff Wells 05 Sensor Instrument

06 Ground Water Monitoring Wells 07 Pressure Test 08 Internal Inspection 09 None


10 Other: _____

VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers

If you checked yes to IV-F you are not required to complete this section

currently stored	previously stored	CAS # (if known)	Chemical Do Not Use Commercial Name (Use additional paper for more room)
<input checked="" type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		

Is Container located on an Agricultural Farm? 01 Yes 02 No

Tacitus C. Arbuckle
 Person Filing (Signature)  Phone w/area code (415) 538-3422

For Local Agency Use Only

AGENCY NAME	CITY	COUNTY
CONTACT PERSON	PHONE W/AREA CODE	
INSPECTION DATE (1ST INSPECTION)	PERMIT APPROVAL DATE	PERMIT ID. NUMBER

FOR STATE USE ONLY

STATE ID. NUMBER	Accounting Number	County Number
Date Received	<input type="checkbox"/> 01	<input type="checkbox"/> 02 <input type="checkbox"/> 03