

Please print or type. Form designed for use on elite (12-pin) typewriter.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. **C1A1C101016108171316** Manifest Document No. **010101012** 2. Page **1** of **1**

Information in the shaded areas is not required by Federal law.

3. Generator Name and Site Address
SAN FRANCISCO WATER DEPARTMENT
P.O. Box 730, 1000 El Camino Real, Millbrae, CA. 94030

A. State Manifest Document Number
91507240
B. State Generator ID

4. Generator's Phone **(415) 872-5977/5992** Attn: **John Hertzner**

C. State Transporter ID **200508**
D. Transporter Phone **(415) 543-4835**

6. Transporter 1 Company Name
H & H Ship Service Company

E. State Transporter ID
F. Transporter Phone

7. Transporter 2 Company Name
8. US EPA ID Number
9. Designated Facility Name and Site Address
H & H Ship Service Company
220 China Basin Street
San Francisco, CA 94107

G. State Facility ID
CA00004774188
H. Facility Phone
(415) 543-4835

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers		13. Total Quantity	14. Unit Wt/Vol	15. Waste Number
	No.	Type			
a. RESIDUE DIESEL TANK NON-RCRA HAZARDOUS WASTE SOLID	0,01	T,P	0,9680	P	512
b.					
c.					
d.					

11. Additional Descriptions for Materials Listed Above
EMPTY 5,500 gallon tank, also containing diesel tank inerted with dry ice for transport.
PROFILE 24305

12. Handling Grades/Wastes Listed Above

15. Special Handling Instructions and Additional Information
JOB #9594 **JOB SITE: SAN ANTONIO PUMP STATION**
24 Hr. Emergency Contact: H & H #(415) 543-4835 **5555 Calaveras Road**
APPROPRIATE PROTECTIVE CLOTHING AND RESPIRATOR **Sunol, California**

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: **for SAN FRANCISCO WATER**
Robert Beltramo Signature: *[Signature]* Month: **11** Day: **10** Year: **1991**

17. Transporter 1 Acknowledgment of Receipt of Materials
Printed/Typed Name: **LANCE D. SMITH** Signature: *[Signature]* Month: **11** Day: **10** Year: **1991**

18. Transporter 2 Acknowledgment of Receipt of Materials
Printed/Typed Name: Signature: Month: Day: Year:

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.
Printed/Typed Name: *[Signature]* Signature: *[Signature]* Month: Day: Year:

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-7550

DO NOT WRITE BELOW THIS LINE.

Please print in type. Form designed for use on a 12-pitch typewriter.

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA, CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA1C1010161018171916		Manifest Document No. 01 01 01 01 3		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address SAN FRANCISCO WATER DEPARTMENT P.O. Box 730, 1000 El Camino Real, Millbrae, CA. 94030				4. Generator's Phone (415) 877-5977/5992		5. State Manifest Document Number 91507240		6. State Generator ID	
6. Transporter 1 Company Name H & H Ship Service Company				6. US EPA ID Number CA1D101014717111618		7. State Transporter ID 20254		8. State Facility ID 415 543-4835	
7. Transporter 2 Company Name				8. US EPA ID Number		9. State Transporter ID		10. State Facility ID	
9. Designated Facility Name and Site Address H & H Ship Service Company 220 China Basin Street San Francisco, CA 94107				10. US EPA ID Number CA1D101014717111618		11. State Facility ID 415 543-4835		12. Facility Phone	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Container No.		13. Total Quantity		14. Unit Wt/Vol	
a. RESIDUE DIESEL TANK NON-RCRA HAZARDOUS WASTE SOLID				010 1		TIP 019 16 18 10		B	
b.									
c.									
d.									
e.									
f.									
g.									
15. Additional Description for Materials Listed Above A 550 gallon tank last containing diesel. Tank inserted with dry ice for transport.				16. Handling Codes for Wastes Listed Above		17. EPA Code		18. Other	
PROPER FALSE									
18. Special Handling Instructions and Additional Information									
JOB #9594				JOB SITE: SAN ANTONIO PUMP STATION 5555 Calaveras Road Sunol, California					
24 Hr. Emergency Contact: H & H # (415) 543-4835				APPROPRIATE PROTECTIVE CLOTHING AND RESPIRATOR					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.									
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name FOR SAN FRANCISCO WATER				Signature <i>Robert Bell</i>				Month Day Year 11 10 17 19 11	
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature <i>Norman L. Berg</i>				Month Day Year 11 10 17 19 11	
Printed/Typed Name NORMAN L. BERG				Signature				Month Day Year	
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature				Month Day Year	
Printed/Typed Name				Signature				Month Day Year	
19. Discrepancy Indication Space									
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.				Signature <i>Charles...</i>				Month Day Year 11 10 19 11	
Printed/Typed Name				Signature				Month Day Year	

DO NOT WRITE BELOW THIS LINE.

Write: DOP SENDS THIS COPY TO DHS WITHIN 30 DAYS.
To: P.O. Box 3500, Sacramento, CA 95812



ENVIRONMENTAL SERVICES
(DIVISION OF H&H SHIP SERVICE CO., INC.)

220 CHINA BASIN, SAN FRANCISCO, CA 94107 - DAY AND NIGHT: (415) 543-4835 FAX (415) 543-8265

CERTIFICATE OF DISPOSAL

NOVEMBER 12, 1991

H & H Ship Service Company hereby certifies to POWER ENGINEERING
that:

1. The storage tank(s), size(s) TWO (2) 9,680 GALS.

removed from the SAN ANTONIO PUMP STATION

facility at 5555 CALAVERAS ROAD

SUNOL, CALIFORNIA

were transported to H & H Ship Service Company, 220 China Basin St.,
San Francisco, California 94107.

2. The following tank(s), H & H Job Number 9594

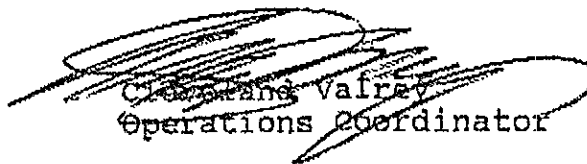
have been steamed cleaned, cut with approximately 2' X 2' holes,
rendered harmless and disposed of as scrap metal.

3. Disposal site: SCHNITZER STEEL, OAKLAND, CALIFORNIA.

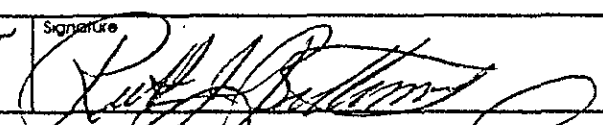
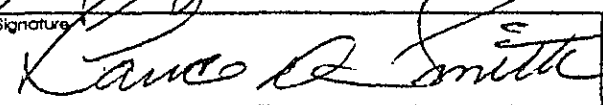
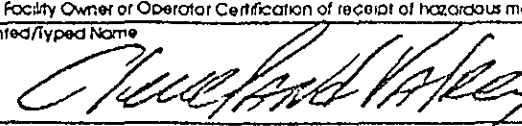
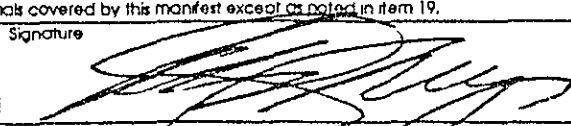
4. The foregoing method of destruction/disposal is suitable for the
materials involved, and fully complies with all applicable
regulatory and permit requirements.

5. Should you require further information, please call
(415) 543-4835.

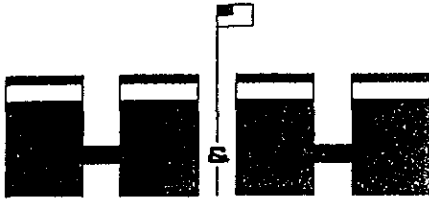
Very Truly Yours,


Cleopatra Vafrey
Operations Coordinator

Case print of type. Form designed for use on site (12-pitch typewriter).

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C1A1C101010161018171316		Manifest Document No. 010101012		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator Name and Mailing Address SAN FRANCISCO WATER DEPARTMENT P.O. Box 730, 1000 El Camino Real, Millbrae, CA. 94030				A. State Manifest Document Number 91507240					
4. Generator's Phone (415) 872-5977/5992 Attn: John Hertzner				B. State Generator's ID					
5. Transporter 1 Company Name H & H Ship Service Company		6. US EPA ID Number C1A1D10101417171111618		C. State Transporter's ID 200508		D. Transporter's Phone (415) 543-4835			
7. Transporter 2 Company Name		8. US EPA ID Number		E. State Transporter's ID		F. Transporter's Phone			
9. Designated Facility Name and Site Address H & H Ship Service Company 220 China Basin Street San Francisco, CA 94107				10. US EPA ID Number C1A1D10101417171111618					
G. State Facility's ID C1A1D10101417171111618				H. Facility's Phone (415) 543-4835					
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)									
a. RESIDUE DIESEL TANK NON-RCRA HAZARDOUS WASTE SOLID					12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	15. Waste Number	
					0,0 1 T,P	0,9,6,8,0	P	State: 512 EPA/Other:	
b.								State: EPA/Other:	
c.								State: EPA/Other:	
d.								State: EPA/Other:	
J. Additional Descriptions for Materials Listed Above EMPTY 9,680 gallon tank last containing diesel. Tank inerted with dry ice for transport. PROFILE #A1365						K. Handling Codes for Wastes Listed Above			
						a. 01	b.	c.	d.
15. Special Handling Instructions and Additional Information JOB #9594 JOB SITE: SAN ANTONIO PUMP STATION 24 Hr. Emergency Contact: H & H #(415) 543-4835 5555 Calaveras Road APPROPRIATE PROTECTIVE CLOTHING AND RESPIRATOR Sunol, California									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name For SAN FRANCISCO water Robert Beltramo		Signature 				Month Day Year 11 10 1991			
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name LANCE D. SMITH		Signature 				Month Day Year 11 10 1991			
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature				Month Day Year			
19. Discrepancy Indication Space									
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name 									
		Signature 				Month Day Year 11 10 1991			

DO NOT WRITE BELOW THIS LINE.



ENVIRONMENTAL SERVICES
(DIVISION OF H&H SHIP SERVICE CO., INC.)

220 CHINA BASIN, SAN FRANCISCO, CA 94107 • DAY AND NIGHT: (415) 543-4835 FAX (415) 543-8265

CERTIFICATE OF DISPOSAL

NOVEMBER 12, 1991

H & H Ship Service Company hereby certifies to POWER ENGINEERING that:

1. The storage tank(s), size(s) TWO (2) 9,680 GALS.

removed from the SAN ANTONIO PUMP STATION

facility at 5555 CALAVERAS ROAD

SUNOL, CALIFORNIA

were transported to H & H Ship Service Company, 220 China Basin St., San Francisco, California 94107.

2. The following tank(s), H & H Job Number 9594

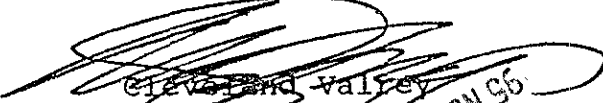
have been steamed cleaned, cut with approximately 2' X 2' holes, rendered harmless and disposed of as scrap metal.

3. Disposal site: SCHNITZER STEEL, OAKLAND, CALIFORNIA.

4. The foregoing method of destruction/disposal is suitable for the materials involved, and fully complies with all applicable regulatory and permit requirements.

5. Should you require further information, please call (415) 543-4835.

Very Truly Yours,


Cleveland Valley
Operations Coordinator

NOV 17 AM 10:10
ENVIRONMENTAL PROTECTION



CERTIFIED SERVICES COMPANY

255 Parr Boulevard • Richmond, California 94801

CUSTOMER	
JOB NO.	76875

FOR: Erickson, Inc. TANK NO. 7522

LOCATION: Richmond DATE: 11/20/91 TIME: 08:36:31

TEST METHOD: Visual Gastech/1314 SMPN LAST PRODUCT: WO

This is to certify that I have personally determined that this tank is in accordance with the American Petroleum Institute and have found the condition to be in accordance with its assigned designation. This certificate is based on conditions existing at the time the inspection herein set forth was completed and is issued subject to compliance with all qualifications and instructions.

TANK SIZE: 550 Gallon Tank CONDITION: SAFE FOR FIRE

REMARKS: OXYGEN 20.9%
LOWER EXPLOSIVE LIMIT LESS THAN 0.1%

ERICKSON INC. HEREBY CERTIFIES THAT THE ABOVE NUMBERED TANK HAS BEEN CUT OPEN, PROCESSED, AND THEREFORE DESTROYED AT OUR PERMITTED HAZARDOUS WASTE FACILITY."

In the event of any physical or atmospheric changes affecting the gas-free conditions of the above tanks, or if in any doubt, immediately stop all hot work and contact the undersigned. This permit is valid for 24 hours if no physical or atmospheric changes occur.

STANDARD SAFETY DESIGNATION

SAFE FOR MEN: Means that in the compartment or space so designated (a) The oxygen content of the atmosphere is at least 19.5 percent by volume; and that (b) Toxic materials in the atmosphere are within permissible concentrations; and (c) In the judgment of the Inspector, the residues are not capable of producing toxic materials under existing atmospheric conditions while maintained as directed on the Inspector's certificate.

SAFE FOR FIRE: Means that in the compartment so designated (a) The concentration of flammable materials in the atmosphere is below 10 percent of the lower explosive limit; and that (b) In the judgment of the Inspector, the residues are not capable of producing a higher concentration that permitted under existing atmospheric conditions in the presence of fire and while maintained as directed on the Inspector's certificate, and further, (c) All adjacent spaces have either been cleaned sufficiently to prevent the spread of fire, are satisfactorily inerted, or in the case of fuel tanks, have been treated as deemed necessary by the Inspector.

The undersigned representative acknowledges receipt of this certificate and understands the conditions and limitations under which it was issued.

[Signature] REPRESENTATIVE TITLE INSPECTOR [Signature]

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



COMPLETE THIS FORM FOR EACH FACILITY/SITE

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

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

DBA OR FACILITY NAME <i>San Antonio Pump Station</i>		NAME OF OPERATOR <i>City + County of San Francisco</i>		
ADDRESS <i>5555 Calaveras Rd.</i>		NEAREST CROSS STREET <i>Hyw 680</i>	PARCEL # (OPTIONAL)	
CITY NAME <i>Sunol 94586</i>		STATE <i>CA</i>	ZIP CODE <i>94586</i>	SITE PHONE # WITH AREA CODE <i>510-862-2984</i>
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL AGENCY DISTRICTS * <input checked="" type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> FEDERAL AGENCY				
* If owner of UST is a public agency, complete the following: name of Supervisor of division, section, or office which operates the UST <i>Paul Mazza</i>				
TYPE OF BUSINESS		IF INDIAN RESERVATION OR TRUST LANDS		E. P. A. I. D. # (optional)
<input type="checkbox"/> 1 GAS STATION <input type="checkbox"/> 2 DISTRIBUTOR <input type="checkbox"/> 3 FARM <input type="checkbox"/> 4 PROCESSOR <input checked="" type="checkbox"/> 5 OTHER		<input type="checkbox"/>		<i>3</i> <i>CAC000608736</i>

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) <i>Paul Mazza, Paul</i>		PHONE # WITH AREA CODE <i>415-872-5937</i>		DAYS: NAME (LAST, FIRST) <i>STRAW STEVE</i>		PHONE # WITH AREA CODE <i>510-862-2984</i>	
NIGHTS: NAME (LAST, FIRST) <i>Mazza, Paul</i>		PHONE # WITH AREA CODE <i>510-769-8257</i>		NIGHTS: NAME (LAST, FIRST) <i>Hartman, Rich</i>		PHONE # WITH AREA CODE <i>510-862-2180</i>	

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME <i>City + County of San Francisco</i>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <i>P.O. 730, 1000 El Camino RL</i>		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> FEDERAL AGENCY		
CITY NAME <i>Millbrae</i>		STATE <i>Ca</i>	ZIP CODE <i>94030</i>	PHONE # WITH AREA CODE <i>415-872-5937</i>

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER <i>City + County of San Francisco</i>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <i>P.O. 730, 1000 El Camino RL</i>		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> FEDERAL AGENCY		
CITY NAME <i>Millbrae</i>		STATE <i>Ca</i>	ZIP CODE <i>94030</i>	PHONE # WITH AREA CODE <i>415-872-5937</i>

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

TY (TK) HQ -

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

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

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

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

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

OWNER'S NAME (PRINTED & SIGNED) <i>Paul A Mazza, Paul Mazza</i>	OWNER'S TITLE <i>Asst. Supt. Treatment</i>	DATE <i>4/21/94</i>
--	---	------------------------

LOCAL AGENCY USE ONLY

COUNTY # <input type="text" value="01"/>	JURISDICTION # <input type="text" value="000"/>	FACILITY # <input type="text" value="302013"/>
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPVISOR - DISTRICT CODE - OPTIONAL

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

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

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: San Antonio Pump Station

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

A. OWNER'S TANK I.D.# <u>No. 1 Diesel</u>	B. MANUFACTURED BY: <u>Unknown</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>6/67</u>	D. TANK CAPACITY IN GALLONS: <u>9680</u>

II. TANK CONTENTS IFA-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 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 _____

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"/> 4 PHENOLIC LINING
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input checked="" type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER		
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) <u>NA</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>NA</u>

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

A. SYSTEM TYPE	<input checked="" type="checkbox"/> 1 SUCTION	<input checked="" type="checkbox"/> 2 PRESSURE	<input type="checkbox"/> 3 GRAVITY	<input type="checkbox"/> 99 OTHER
B. CONSTRUCTION	<input checked="" type="checkbox"/> 1 SINGLE WALL	<input type="checkbox"/> 2 DOUBLE WALL	<input type="checkbox"/> 3 LINED TRENCH	<input type="checkbox"/> 95 UNKNOWN
C. MATERIAL AND CORROSION PROTECTION	<input checked="" type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 POLYVINYL CHLORIDE (PVC)	<input type="checkbox"/> 4 FIBERGLASS PIPE
	<input type="checkbox"/> 5 ALUMINUM	<input type="checkbox"/> 6 CONCRETE	<input checked="" type="checkbox"/> 7 STEEL W/ COATING	<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
	<input type="checkbox"/> 9 GALVANIZED STEEL	<input type="checkbox"/> 10 CATHODIC PROTECTION	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input type="checkbox"/> 99 OTHER <u>None</u>

V. TANK LEAK DETECTION

<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input checked="" 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 type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>9/1/91</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>0</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
---	---	---

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

APPLICANT'S NAME (PRINTED & SIGNATURE) Paul N Mazza, Paul N Mazza DATE 4/21/94

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>302013</u>	<u>000001</u>
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE <u>4-12-94</u>	

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED.
FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: San Antonio Pump Station

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D.# <u>No. 2 Diesel</u>	B. MANUFACTURED BY: <u>Unknown</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>6/67</u>	D. TANK CAPACITY IN GALLONS: <u>9680</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 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					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 checked="" type="checkbox"/> 95 UNKNOWN
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		<input type="checkbox"/> 4 PHENOLIC LINING
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input checked="" type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
		<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) <u>None</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>None</u>

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

A. SYSTEM TYPE	<input checked="" type="checkbox"/> A <input checked="" type="checkbox"/> U 1 SUCTION	<input checked="" type="checkbox"/> A <input checked="" type="checkbox"/> U 2 PRESSURE	<input type="checkbox"/> A <input type="checkbox"/> U 3 GRAVITY	<input type="checkbox"/> A <input type="checkbox"/> U 99 OTHER
B. CONSTRUCTION	<input checked="" type="checkbox"/> A <input checked="" type="checkbox"/> U 1 SINGLE WALL	<input type="checkbox"/> A <input type="checkbox"/> U 2 DOUBLE WALL	<input type="checkbox"/> A <input type="checkbox"/> U 3 LINED TRENCH	<input type="checkbox"/> A <input type="checkbox"/> U 95 UNKNOWN
C. MATERIAL AND CORROSION PROTECTION	<input type="checkbox"/> A <input type="checkbox"/> U 1 BARE STEEL	<input type="checkbox"/> A <input type="checkbox"/> U 2 STAINLESS STEEL	<input type="checkbox"/> A <input type="checkbox"/> U 3 POLYVINYL CHLORIDE (PVC)	<input type="checkbox"/> A <input type="checkbox"/> U 4 FIBERGLASS PIPE
	<input type="checkbox"/> A <input type="checkbox"/> U 5 ALUMINUM	<input type="checkbox"/> A <input type="checkbox"/> U 6 CONCRETE	<input checked="" type="checkbox"/> A <input checked="" type="checkbox"/> U 7 STEEL W/ COATING	<input type="checkbox"/> A <input type="checkbox"/> U 8 100% METHANOL COMPATIBLE W/FRP
	<input type="checkbox"/> A <input type="checkbox"/> U 9 GALVANIZED STEEL	<input type="checkbox"/> A <input type="checkbox"/> U 10 CATHODIC PROTECTION	<input type="checkbox"/> A <input type="checkbox"/> U 95 UNKNOWN	<input type="checkbox"/> A <input type="checkbox"/> 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>None</u>

V. TANK LEAK DETECTION

<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input checked="" 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 type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>9/1/91</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>0</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
---	---	---

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>Paul M. Mazza, Paul M. Mazza</u>	DATE <u>4/21/94</u>
--	---------------------

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

STATE I.D.#	COUNTY # <u>01</u>	JURISDICTION # <u>000</u>	FACILITY # <u>302013</u>	TANK # <u>000002</u>
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE <u>4-12-94</u>		

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED.

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

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: San Antonio PS

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

A. OWNER'S TANK I.D.# <u>Waste Oil</u>	B. MANUFACTURED BY. <u>Unknown</u>
C. DATE INSTALLED (MO/DAY/YEAR)	D. TANK CAPACITY IN GALLONS: <u>550</u>

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

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

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

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

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

A. SYSTEM TYPE	<input checked="" type="checkbox"/> 1 SUCTION	<input type="checkbox"/> 2 PRESSURE	<input checked="" type="checkbox"/> 3 GRAVITY	<input type="checkbox"/> 99 OTHER								
B. CONSTRUCTION	<input checked="" type="checkbox"/> 1 SINGLE WALL	<input type="checkbox"/> 2 DOUBLE WALL	<input type="checkbox"/> 3 LINED TRENCH	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER							
C. MATERIAL AND CORROSION PROTECTION	<input checked="" type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 POLYVINYL CHLORIDE (PVC)	<input type="checkbox"/> 4 FIBERGLASS PIPE	<input type="checkbox"/> 5 ALUMINUM	<input type="checkbox"/> 6 CONCRETE	<input checked="" type="checkbox"/> 7 STEEL W/ COATING	<input type="checkbox"/> 8 100% METHANOL COMPATIBLE WFRP	<input type="checkbox"/> 9 GALVANIZED STEEL	<input type="checkbox"/> 10 CATHODIC PROTECTION	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input type="checkbox"/> 99 OTHER	<u>None</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 checked="" type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>9/1/91</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>0</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
---	---	---

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>Paul N Mazza</u>	DATE <u>5/10/94</u>
--	---------------------

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

STATE I.D.#	COUNTY # <u>01</u>	JURISDICTION # <u>000</u>	FACILITY # <u>302013</u>	TANK # <u>000003</u>
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE <u>4/12/94</u>		

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED.
FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS