

Unocal Corporation
Diversified Business Group
2121 North California Boulevard, Suite 250
Walnut Creek, California 94596-7307
Telephone (925) 944-3780
Facsimile (925) 944-3781

ENVIRONMENTAL
PROTECTION

98 NOV 17 PM 3:13

UNOCAL 

Asset Management Group
Western Division Assets

November 16, 1998

Scott Seery
Alameda County
Department of Environmental Health
1131 Harbor Bay Parkway
2nd Floor
Alameda, CA. 94502

*14999 Farnsworth
San Leandro*

~~UNOCAL SERVICE STATION # 5366
7375 Amador Valley Blvd.
Dublin, Ca.~~

Dear Mr. Seery:

It is my understanding that you have received no updates on the referenced site for some time. Attached for your review is a copy of the closure documentation for your records. If you have any questions or need any additional information, please call me at (925) 944-3786.

Sincerely,



Robert A. Boust
Senior Environmental Engineer

AK 8040 1178



ENVIRONMENTAL PROTECTION
96 MAR 19 PM 1:42

March 18, 1996

Ms. Pamela Evans
Alameda County Health Care Services Agency
1131 Harbor Bay Parkway
Alameda, California 94502

RE: Unocal Service Station #3690
14999 Farnsworth Street
San Leandro, California

Dear Ms. Evans:

Per the request of the Unocal Corporation Project Manager, Mr. Edward C. Ralston, enclosed please find our most recent data report for the above referenced site.

Should you have any questions regarding the reporting of data, please feel free to call our office at (510) 602-5120. Any other questions may be directed to the Project Manager at (510) 277-2311.

Sincerely,

MPDS Services, Inc.

Jarrel F. Crider

/jfc

Enclosure

cc: Mr. Edward C. Ralston

AMERICAN CONSTRUCTION & ENVIRONMENTAL SERVICES, INC.



567 Exchange Court
Livermore, CA 94550
(510) 447-2484 FAX (510) 447-4145

MEMO

Date: 11/16/95

To: Dale Kaletke
% County Health

Subject: San Leandro Unocal

Attached are A+B Forms for
the Unocal site @ 14999 Santa
Farnsworth St.
San Leandro, CA

Originals from
Copies faxed to you 11/16

[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"/> 6 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input checked="" type="checkbox"/> 8 TEMPORARY SITE CLOSURE	

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

DBA OR FACILITY NAME <i>Unocal Station</i>		NAME OF OPERATOR		
ADDRESS <i>14999 Farnsworth ST</i>		NEAREST CROSS STREET <i>Manor</i>	PARCEL # (OPTIONAL) <i>45</i>	
CITY NAME <i>San Leandro</i>		STATE <i>CA</i>	ZIP CODE	SITE PHONE # WITH AREA CODE
<input checked="" type="checkbox"/> BOX TO INDICATE <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY DISTRICTS* <input type="checkbox"/> COUNTY-AGENCY* <input type="checkbox"/> STATE-AGENCY* <input type="checkbox"/> FEDERAL-AGENCY*				
* If owner of UST is a public agency, complete the following: name of Supervisor of division, section, or office which operates the UST _____				
TYPE OF BUSINESS		<input checked="" type="checkbox"/> 1 GAS STATION	<input type="checkbox"/> 2 DISTRIBUTOR	<input type="checkbox"/> 3 FARM
		<input type="checkbox"/> 3 FARM	<input type="checkbox"/> 4 PROCESSOR	<input type="checkbox"/> 5 OTHER
		<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE <i>3</i>	E. P. A. I. D. # (optional) <i>CAD982054678</i>

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) <i>Pinnell, Frank</i>	PHONE # WITH AREA CODE <i>(510) 277-2327</i>	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST) <i>Bock, Ron</i>	PHONE # WITH AREA CODE <i>(510) 277-2303</i>	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME <i>Lincoln Aileen</i>	CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <i>186 Shadowbrook Dr.</i>	<input checked="" type="checkbox"/> box to indicate	<input checked="" type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL-AGENCY
CITY NAME <i>Folsom</i>	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> STATE-AGENCY
	<input type="checkbox"/> COUNTY-AGENCY	<input type="checkbox"/> FEDERAL-AGENCY	
	STATE <i>CA</i>	ZIP CODE <i>95630</i>	PHONE # WITH AREA CODE

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER <i>Unocal Corp.</i>	CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <i>P.O. Box 5155</i>	<input checked="" type="checkbox"/> box to indicate	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL-AGENCY
CITY NAME <i>San Ramon</i>	<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> STATE-AGENCY
	<input type="checkbox"/> COUNTY-AGENCY	<input type="checkbox"/> FEDERAL-AGENCY	
	STATE <i>CA</i>	ZIP CODE <i>94583</i>	PHONE # WITH AREA CODE <i>(510) 277-2327</i>

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

TY (TK) HQ -

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

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

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

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

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

OWNER'S NAME (PRINTED & SIGNED) <i>Terri Stack, agent for Project Coordinator</i>	OWNER'S TITLE <i>Unocal</i>	DATE <i>11/16/95</i>	MONTH/DAY/YEAR
LOCAL AGENCY USE ONLY			

COUNTY # <input type="text" value=""/> <input type="text" value=""/>	JURISDICTION # <input type="text" value=""/> <input type="text" value=""/>	FACILITY # <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
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: Unocal - 14999 Farnsworth, San Leandro

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

A. OWNER'S TANK I.D. # <u>2</u>	B. MANUFACTURED BY: <u>unbr</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>1973</u>	D. TANK CAPACITY IN GALLONS: <u>10,000 gal</u>

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

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input checked="" type="checkbox"/> 1b PREMIUM UNLEADED
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED

3 DIESEL 6 AVIATION GAS
 4 GASAHOL 7 METHANOL
 5 JET FUEL 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 type="checkbox"/> 1 BARE STEEL	<input checked="" type="checkbox"/> STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 7 ALUMINUM
		<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
			<input type="checkbox"/> 99 OTHER _____

C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 4 PHENOLIC LINING
			<input type="checkbox"/> 99 OTHER _____

IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___

D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 99 OTHER _____

E. SPILL AND OVERFILL SPILL CONTAINMENT INSTALLED (YEAR) unbr OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) unbr

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

A. SYSTEM TYPE	A <u>U</u> 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 99 OTHER
B. CONSTRUCTION	A <u>U</u> 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH	A U 95 UNKNOWN A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A U 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING	A U 8 100% METHANOL COMPATIBLE W/FRP
	A U 9 GALVANIZED STEEL	A <u>U</u> 10 CATHODIC PROTECTION	A U 95 UNKNOWN	A U 99 OTHER

D. LEAK DETECTION 1 AUTOMATIC LINE LEAK DETECTOR 2 LINE TIGHTNESS TESTING 3 INTERSTITIAL MONITORING 99 OTHER

V. TANK LEAK DETECTION

<input checked="" type="checkbox"/> 1 VISUAL CHECK	<input checked="" 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 type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>unbr</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>0</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) Unocal DATE 11/16/95

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

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE
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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: Unocal - 14999 Farnsworth, San Leandro

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

A. OWNER'S TANK I. D. # <u>1</u>	B. MANUFACTURED BY:
C. DATE INSTALLED (MO/DAY/YEAR) <u>1973</u>	D. TANK CAPACITY IN GALLONS. <u>10,000 gal.</u>

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

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

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

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 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 type="checkbox"/> 1 BARE STEEL	<input checked="" 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
			<input type="checkbox"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
			<input type="checkbox"/> 99 OTHER
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 4 PHENOLIC LINING
			<input type="checkbox"/> 99 OTHER
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) <u>under</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>under</u>

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

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

V. TANK LEAK DETECTION

<input checked="" type="checkbox"/> 1 VISUAL CHECK	<input checked="" 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 type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>under</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>0</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) <u>Terri L. [Signature] agent for Unocal</u>	DATE <u>11/16/95</u>
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LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

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

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: Unocal-14999 Farnsworth, San Leandro

I. TANK DESCRIPTION COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D.# <u>3</u>	B. MANUFACTURED BY: <u>Unkr</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>1973</u>	D. TANK CAPACITY IN GALLONS: <u>550</u>

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.			
A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input checked="" type="checkbox"/> 4 OIL	B. <input type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input checked="" type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED
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			
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 type="checkbox"/> 1 BARE STEEL	<input checked="" 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 type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input checked="" type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 99 OTHER

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

V. TANK LEAK DETECTION					
<input checked="" type="checkbox"/> 1 VISUAL CHECK	<input checked="" type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VAPOR 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 type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER	

VI. TANK CLOSURE INFORMATION		
1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>unkr</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>0</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) <u>Jerrin L. Stact, agent for Unocal</u>	DATE <u>11/16/95</u>
---	----------------------

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

Unocal Corporation
Diversified Businesses
2000 Crow Canyon Place, Suite 400
San Ramon, California 94583
Telephone (510) 867-0760
Facsimile (510) 277-2309

UNOCAL 76

November 10, 1995

Mr. Dale Klettke
Alameda County Health Care Services
1131 Harbor Way Parkway, #250
Alameda, CA 94501

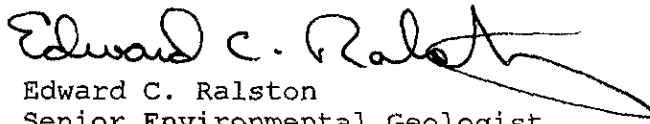
Unocal Service Station #3690
1499 Farnsworth Street
San Leandro, California

Dear Mr. Klettke:

The purpose of this letter is to provide Alameda County Health Care Services with advanced notification of Unocal's intent to conduct limited soil (overexcavation) remediation at the subject site should petroleum hydrocarbon impacted soils be identified during demolition activities. Additionally, purging of shallow groundwater is anticipated to facilitate tank removal and other site activities. If performed, the aforementioned work will be conducted in accordance with applicable guidelines issued by ACHCS and the Tri-County Regional Board. It should be noted that this letter is not seeking formal approval, but merely notifying ACHCS of our intent if contaminated media is encountered and that these actions are not a result of regulatory actions from your office.

If you have any questions, comments, or concerns, please feel free to call me at (510) 277-2311.

Sincerely,


Edward C. Ralston
Senior Environmental Geologist

cc: Mr. Greg Gurss, GSI
CERT S/S #3690 file

Northern Region
Corporate Environmental
Remediation and Technology

95 NOV 14 PM 2:31

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, DIRECTOR

STID 1178

October 11, 1995

Mr. Ed Ralston
Unocal Corporation
2000 Crow Canyon Place, Suite 400
P. O. Box 5155
San Ramon, CA 94583

DEPARTMENT OF ENVIRONMENTAL HEALTH
1131 Harbor Bay Parkway
Alameda, CA 94502-6577
(510) 567-6777

RE: 1499⁹ FARNSWORTH STREET, SAN LEANDRO

This letter follows a September 13, 1995 request from your office for an extension of closure documentation concerning the above referenced site. Since Unocal has recently decided to demolish this facility and remove the underground storage tanks (USTs), this requested information will not be required prior to site demolition and removal of the USTs.

This extension is granted with the stipulation that this office is notified 72 hours in advance of any operations concerning the removal of the USTs or associated piping. In addition, the requested information not supplied during the demolition and removal phase, will be addressed after review of the closure report.

Please call me at 510/567-6880 should you have any questions.

Sincerely,

Dale Klettke, CHMM
Hazardous Materials Specialist

c: Gordon Coleman, Acting Chief, Environmental Protection Division--files
Mike Bakaldin, San Leandro Hazardous Materials Program
Gil Jensen, Alameda County District Attorney's Office

Unocal Corporation
Diversified Businesses
2000 Crow Canyon Place, Suite 400
San Ramon, California 94583
Telephone (510) 867-0760
Facsimile (510) 277-2309

ENVIRONMENTAL
PROTECTION

UNOCAL 76

95 SEP 25 AM 9:19

September 13, 1995

Mr. Dale Klettke
Alameda County Health Care Services
1131 Harbor Way Parkway, #250
Alameda, CA 94501

Unocal Service Station #3690
1499 Farnsworth Street
San Leandro, California

Northern Region
Corporate Environmental
Remediation and Technology

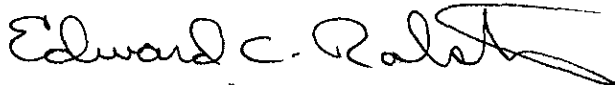
Dear Mr. Klettke:

This letter is written in response to your request for closure documents as per your letter dated July 27, 1995.

Unocal has recently decided to demolish this facility and remove the existing underground storage tanks. We believe that during this phase of work, many of the unresolved issues will be answered. Unocal therefore requests an extension of closure documentation until after the site demolition is complete. We anticipate that demolition activities will commence in late October or early November.

If you have any questions, comments, or concerns, please feel free to call me at (510) 277-2311.

Sincerely,



Edward C. Ralston
Senior Environmental Geologist

cc: Mr. Greg Gurss, GSI
CERT S/S #3690 file

95 SEP 20 PM 12:22

September 19, 1995

Ms. Pamela Evans
Alameda County Health Care Services Agency
1131 Harbor Bay Parkway
Alameda, California 94502

RE: Unocal Service Station #3690
14999 Farnsworth Street
San Leandro, California

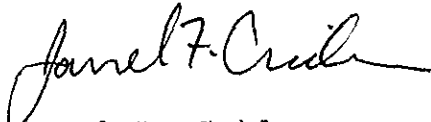
Dear Ms. Evans:

Per the request of the Unocal Corporation Project Manager, Mr. Edward C. Ralston, enclosed please find our report (MPDS-UN3690-04) dated August 17, 1995 for the above referenced site.

Should you have any questions regarding the reporting of data, please feel free to call our office at (510) 602-5120. Any other questions may be directed to the Project Manager at (510) 277-2311.

Sincerely,

MPDS Services, Inc.



Jarrel F. Crider

/jfc

Enclosure

cc: Mr. Edward C. Ralston

**ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY**

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, DIRECTOR

STID 1178

July 27, 1995

Mr. Ed Ralston
Unocal Corporation
2000 Crow Canyon Place, Suite 400
P. O. Box 5155
San Ramon, CA 94583

DEPARTMENT OF ENVIRONMENTAL HEALTH
State Water Resources Control Board
Division of Clean Water Programs
UST Local Oversight Program
1131 Harbor Bay Parkway
Alameda, CA 94502-6577
(510) 567-6700

RE: 1499 FARNSWORTH STREET, SAN LEANDRO

This letter follows a December 2, 1993 request from this office for additional information concerning the above referenced site. To date, no information concerning this matter has been received by our office. This letter was in response to a closure request cited in your letter of March 19, 1993. In order to properly evaluate this case and expedite your closure request this information is needed. Please forward this information to my attention. I have enclosed a copy of the December 2, 1993 letter for your review.

Please respond with this information no later than 45 days from receipt of this letter.

I have taken over management of this project as of July 12, 1995 from Scott Seery of this office. Please call me at 510/567-6880 should you have any questions.

Sincerely,

Dale Klettke, CHMM
Hazardous Materials Specialist

attachment

cc: Rafat A. Shahid, Agency Director
Mike Bakaldin, San Leandro Hazardous Materials Program
Gil Jensen, Alameda County District Attorney's Office

■ MONITORING
■ PURGING
■ DISPOSING
■ SAMPLING

MPDS

SERVICES, INCORPORATED

March 14, 1995

Scott Swartz

~~Ms. Pamela Evans~~
Alameda County Health Care Services Agency
1131 Harbor Bay Parkway
Alameda, California 94501

RE: Unocal Service Station #3690
14999 Farnsworth Street
San Leandro, California

Dear Ms. Evans:

Per the request of the Unocal Corporation Project Manager, Mr. Edward C. Ralston, enclosed please find our report (MPDS-UN3690-03) dated February 16, 1995, for the above referenced site.

Should you have any questions regarding the reporting of data, please feel free to call our office at (510) 602-5120. Any other questions may be directed to the Project Manager at (510) 277-2311.

Sincerely,

MPDS Services, Inc.

Brenda Pepito
Brenda Pepito

/bp

Enclosure

cc: Mr. Edward C. Ralston

ENVIRONMENTAL
PROTECTION
95MAR 15 PM 1:20

■ MONITORING
■ PURGING
■ DISPOSING
■ SAMPLING

MPDS

SERVICES, INCORPORATED

HAZMAT

94 SEP -2 PM 2:35

September 1, 1994

Ms. Pamela Evans
Alameda County Health Care Services Agency
1131 Harbor Bay Parkway
Alameda, California 94501

RE: Unocal Service Station #3690
14999 Farnsworth Street
San Leandro, California

Dear Ms. Evans:

Per the request of the Unocal Corporation Project Manager, Mr. Edward C. Ralston, enclosed please find our report (MPDS-UN3690-02) dated August 12, 1994, for the above referenced site.

Should you have any questions regarding the reporting of data, please feel free to call our office at (510) 602-5120. Any other questions may be directed to the Project Manager at (510) 277-2311.

Sincerely,

MPDS Services, Inc.


Brenda Pepito

/bp

Enclosure

cc: Mr. Edward C. Ralston

MPDS
SERVICES, INCORPORATED

ALCO
HAZMAT

94 MAY -4 PM 2:51

May 2, 1994

Ms. Pamela Evans
Alameda County Health Care Services Agency
80 Swan Way, Room 200
Oakland, CA 94261

RE: Unocal Service Station #3690
14999 Farnsworth Street
San Leandro, California

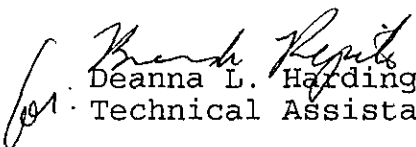
Dear Ms. Evans:

Per the request of the Unocal Corporation Project Manager, Mr. Edward C. Ralston, enclosed please find our report (MPDS-UN3690-01) dated February 15, 1994, for the above referenced site.

Should you have any questions regarding the reporting of data, please feel free to call our office at (510) 602-5120. Any other questions may be directed to the Project Manager at (510) 277-2311.

Sincerely,

MPDS Services, Inc.


Deanna L. Harding
Technical Assistant

/bp

Enclosure

cc: Mr. Edward C. Ralston

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J. KEARS, Agency Director
STID 1178



MAHMOUD A. SHAHID, ASST. AGENCY DIRECTOR
DEPARTMENT OF ENVIRONMENTAL HEALTH
State Water Resources Control Board
Division of Environmental Services
1001 Broadway, Room 1200
Oakland, CA 94612
(415) 771-1000

December 2, 1993

Mr. Ed Ralston
Unocal Corporation
2000 Crow Canyon Place, Suite 400
P.O. Box 5155
San Ramon, CA 94583

RE: 14999 FARNSWORTH STREET, SAN LEANDRO

Dear Mr. Ralston:

This letter follows our telephone conversation today, and my review of the case file for this site in response to your letter of March 19, 1993 in which Unocal requests site closure. The cited review uncovered some case-specific issues which require some further explanation. Following is a partial list of issues requiring additional explanation and/or evaluation:

- o Apparent discrepancy between ground water (GW) samples collected from initial borings advanced during May 1990, and all subsequent samples collected from wells installed during September 1991. Where did contaminants go?
- o Correlations, if any, between GW elevation and flow direction with fluctuations in aromatic concentrations found in wells U-1 and U-3.
- o Discuss history of site: What lead to initial boring installations? Was there a prior tank removal? If so, is that report available?
- o Discuss significance of halogenated volatile organic compounds (HVOC) discovered in soil and GW. Why have HVOCs (apparently) not been sought since February 1992?
- o Logs for the initial borings advanced in 1990 have not been provided.

This provides a partial listing of unresolved issues. To aid you in providing this and other relevant information, and the agencies in reviewing it, the RWQCB has developed an outline of basic topics to be presented in a comprehensive report submitted when seeking site closure. Please find a copy of this outline attached to this letter. As no site closure report has yet been submitted for this facility, your responses to the above list of issues would be most appropriately incorporated into such a report.

Mr. Ed Ralston
RE: Unocal #3690, 14999 Farnsworth Street
December 2, 1993
Page 2 of 2

Please call me at 510/271-4530 should you have any questions.

Sincerely,



Scott O. Seery, CHMM
Senior Hazardous Materials Specialist

attachment

cc: Rafat A. Shahid, Assistant Agency Director
Gil Jensen, Alameda County District Attorney's Office
Mike Bakaldin, San Leandro Fire Department

Unocal # 3690
 14999 Farnsworth
 San Leandro

11/22/93

CASE FILE REVIEW:

6/18/91 - GeoStrategies, Inc - work plan

- Four (4) exploratory borings drilled 5/90
- Soil and GW samples collected and analyzed for TPH-G, BTEX; boring B-4 (located next to w.o. UST) also analyzed for TPH-D, TOE, HVOC
- Groundwater results: **GW @ 10' B-1**

	TPH-G	TPH-D	TOE	BTEX	HVOC
near fuel UST	[redacted]	[redacted]	—	—	—
	[redacted]	[redacted]	—	70(B)	—
	[redacted]	1,400	—	—	—
near w.o. UST	[redacted]	10,000	15,000	3.5(B)	1.5'

	1,1-DCE	1,1-DCA	1,1,1-TCA	TCE	PCE
1	6.0	[redacted]	200	[redacted]	[redacted]
2	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
3	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
4	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
5	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Although some contaminants found at shallow (5') depth, most contaminants in soil samples from 10' depth, including TPH-G, HVOCs. However, higher gasoline constituents conc. in boring B-2, next to USTs, than in others.



GeoStrategies Inc.

June 28, 1993

Alameda County Health Agency
Division of Hazardous Materials
Department of Environmental Health
80 Swan Way, Room 200
Oakland, California 94521

Attention: ~~Ms. Pamela Evans~~ *SCOTT STERN*

Reference: UNOCAL Service Station No. 3690
14999 Farnsworth Street
San Leandro, California

Ms. Evans:

As requested by Mr. Ed Ralston of UNOCAL Corporation, we are forwarding a copy of the Semiannual Monitoring Report dated June 28, 1993 prepared for the above referenced location. This report presents the results of the first semiannual groundwater sampling for 1993. Please note that the sampling frequency was reduced from a quarterly to semiannual basis during January, 1993.

If you have any questions or comments, please call.

Sincerely,

A handwritten signature in black ink that reads "Cliff M. Garratt". The signature is written in a cursive, somewhat stylized script.

Cliff M. Garratt
Project Manager

CMG/elm

Enclosure

cc: Mr. Ed Ralston, UNOCAL Corporation
Mr. Richard Hiatt, Regional Water Quality Control Board

:ellenu\819final.wp

Unocal Corporation
2000 Crow Canyon Place, Suite 400
P.O. Box 5155
San Ramon, California 94583
Telephone (510) 867-0760
Facsimile (510) 277-2309



Northern Region
Corporate Environmental
Remediation and Technology

March 19, 1993
Mr. Robert Weston
Alameda County
Health Care Services Agency
Hazardous Materials Division
80 Swan Way, Room 200
Oakland, California 94621

REQUEST FOR CASE CLOSURE
UNOCAL SERVICE STATION #3690
14999 Farnsworth Street
San Leandro, California

Dear Mr. Weston:


Based on the following factors, it is Union Oil Company of California's (dba Unocal) position that no further work is warranted:

- There has been no documented loss of inventory or reported release of petroleum hydrocarbons at this site.
- All environmental work was initiated as part of Unocal's divestment program, not in response to an unauthorized release.
- The groundwater monitoring wells at this site were installed and sampled as part of Unocal's divestment policies and have been free of TPH-gasoline contamination.
- The underground storage tanks at this site are tentatively scheduled to be removed/replaced by 1998.

Unocal shall consider this incident closed unless we receive additional information from your office. If you agree with our assessment, a concurrence letter would be appreciated. The existing groundwater monitoring wells will be left in place, however, no further groundwater sampling or monitoring will be performed. The integrity of the wells will be checked periodically by a representative of Unocal.

Should you have any questions or concerns regarding this matter, please feel free to contact me at (510) 277-2311.

Sincerely,


Edward C. Ralston
Environmental Geologist

cc: R.E. Bock, UNOCAL
D.J. Vossler, GSI