

Edwin Spencer  
880 Columbine Court  
Danville, CA 94526-6204  
(510) 837-6204

March 30, 1995

Ms. Eva Chu, Hazardous Materials Specialist  
Alameda County Health Care Services Agency  
Department of Environmental Health  
1131 Harbor Bay Parkway, Suite 250  
Alameda, CA 94502-6577

RE: Site Closure at Livermore Honda, 3800 First Street,  
Livermore Site # 2937

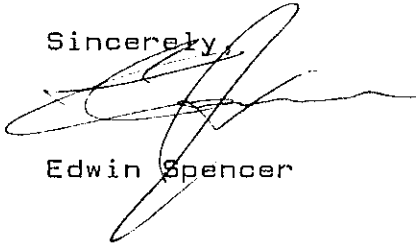
Dear Ms. Chu;

Five or Six months ago you agreed to prepare the "Site Closure Summary" on completion of cleanup on the above site.

After you prepared the necessary papers, the committee was to review it.

I have not heard anything. How are things progressing and where does it now stand?

Sincerely,



Edwin Spencer

95 APR -4 AM 8:18  
ENVIRONMENTAL  
PROTECTOR

Edwin Spencer  
880 Columbine Court  
Danville, CA 94526

October 28, 1994

Ms. Eva Chu, Hazardous Materials Specialist  
Alameda County Health Care Services Agency  
Department of Environmental Health  
1131 Harbor Bay Parkway, Suite 250  
Alameda, CA 94502-6577

RE: Site Closure at Livermore Honda, 3800 First St.,  
Livermore

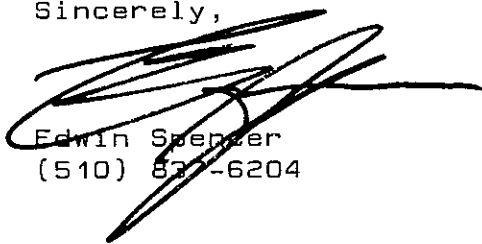
Dear Ms. Chu:

Confirming our telephone conversation this date, enclosed is a photo copy of the Underground Storage Tank Unauthorized Release (Leak)/Contamination Site Report dated July 22, 1993 that I signed and mailed to your attention on July 27, 1993.

I mailed your agency all but the gold copy for your distribution.

Please let me know if you need any additional information.

Sincerely,



Edwin Spencer  
(510) 837-6204

**STATE WATER RESOURCES CONTROL BOARD**

DIVISION OF CLEAN WATER PROGRAMS

2014 T STREET, SUITE 130

P.O. BOX 944212

SACRAMENTO, CALIFORNIA 94244-2120

(916) 227-4307

(916) 227-4530 FAX



JUN 27 1994

SF10 2937

EC

Edwin Spencer  
880 Columbine Court  
Danville, CA 94526

UNDERGROUND STORAGE TANK CLEANUP FUND, CLAIM NO. 007812, FOR SITE ADDRESS: 3800 First Street,  
Livermore, CA 94550

The State Water Resources Control Board (SWRCB) takes pleasure in issuing the attached Letter of Commitment in an amount not to exceed **\$20,000**. This Letter of Commitment is based upon our review of the corrective action costs incurred to date and your application received on September 20, 1993 and may be modified by the SWRCB in writing by an amended Letter of Commitment.

The SWRCB will take steps to withdraw this Letter of Commitment after 90 calendar days from the date of this transmittal letter unless you proceed with due diligence with your cleanup effort. This means that you must take positive, concrete steps to ensure that corrective action is proceeding with all due speed. For example, if you have not started your cleanup effort, you must obtain three bids and sign a contract with one of these bidders within 90 calendar days. If your cleanup effort has already started and was delayed, you must resume the expenditure of funds to ensure that your cleanup is proceeding in an expeditious manner. You are reminded that you must comply with all regulatory agency time schedules and requirements. We constantly review the status of all active claims, and failure to proceed with due diligence will be grounds for withdrawal of this Letter of Commitment.

You should read the terms and conditions listed in the Letter of Commitment. Also attached you will find:

- A "Reimbursement Request Instructions" package. You should retain this package for future reimbursement requests. Among other information, the package includes instructions for completion of the "Reimbursement Request" form and the "Spreadsheet". These instructions must be followed when seeking reimbursement for corrective action costs incurred after January 1, 1988. Included in these instructions are samples of Reimbursement Request forms and completed Spreadsheets. Within the package also included are:
  - A "Bid Summary Sheet" to document data on bids received.
  - Recommended Minimum Invoice Cost Breakdown.
  - A "Certification of Non-Recovery From Other Sources" which must be returned before any reimbursements can be made.
- "Reimbursement Request" forms which you must use to request reimbursement of costs incurred.
- "Spreadsheet" forms which you must use in conjunction with your Reimbursement Request.
- "Vendor Data Record" (Std. Form 204) which must be completed and returned with your first Reimbursement Request.

If you have any questions regarding the Letter of Commitment or the Reimbursement Request package, please contact Blessy Torres at (916) 227-4535.

Sincerely,

Dave Deaner, Manager  
Underground Storage Tank  
Cleanup Fund Program

## Attachments

cc: California Regional Water Quality  
Control Board, San Francisco Bay Region  
Attn: Steven Ritchie  
2101 Webster Street, Suite 500  
Oakland, CA 94612

✓ Alameda County EHD  
Attn: Ed Howell  
80 Swan Way, Room 200  
Oakland, CA 94621

**STATE WATER RESOURCES CONTROL BOARD**

DIVISION OF CLEAN WATER PROGRAMS

2014 T STREET, SUITE 130

P.O. BOX 944212

SACRAMENTO, CALIFORNIA 94244-2120

(916) 227-4307

(916) 227-4530 FAX



JUN 27 1994

Dear Claimant:

**UNDERGROUND STORAGE TANK CLEANUP FUND, ISSUANCE OF LETTER OF COMMITMENT (LOC)**

The purpose of this letter is to explain why the enclosed LOC may be issued for less than expected.

The annual budget appropriation for Fiscal Year (FY) 93-94 (July 1, 1993 to June 30, 1994) for the award of LOCs is \$114.7 million. We have successfully awarded sufficient LOCs this FY to use the total appropriation. This does not mean that the program is out of funds. It does mean that we cannot award more this FY than appropriated. Additional funding will be available after July 1, 1994 once the budget is approved by the Governor.

For a few weeks I have had staff hold award of new LOCs in order to make certain there were funds available for needed increases to existing LOCs so as to not delay payments. There are about 60 LOCs ready for award but only a little over \$1 million available until after July 1, 1994. If we hold these LOCs until after July 1, 1994, they could be further delayed due to budget or end of the FY delays. Rather than hold these LOCs, I have asked staff to process as many as possible but at a reduced amount (typically \$20,000). This will allow you to proceed with preparing and submitting your reimbursement.

There should be no problem increasing the LOCs after July 1, 1994 once the reimbursement request is submitted.

Sincerely,

A handwritten signature in black ink, appearing to read "Dave Deaner".

Dave Deaner, Manager  
Underground Storage Tank Cleanup Fund

Enclosure

# LETTER OF COMMITMENT FOR REIMBURSEMENT OF COSTS

CLAIM NO: 007812

AMENDMENT NO: 0

CLAIMANT: E. Spencer

BALANCE FORWARD: \$0

CO-PAYEE: None

THIS AMOUNT: \$20,000

CLAIMANT ADDRESS: 880 Columbine Court  
Danville, CA 94526

NEW BALANCE: \$20,000

TAX ID / SSA NO.: 559-42-7902

Subject to availability of funds, the State Water Resources Control Board (SWRCB) agrees to reimburse E. Spencer (Claimant) for eligible corrective action costs at Livermore Honda 3800 First Street, Livermore, CA 94550 (Site). The commitment reflected by this Letter is subject to all of the following terms and conditions:

1. Reimbursement shall not exceed \$20,000 unless this amount is subsequently modified in writing by an amended Letter of Commitment.
2. The obligation to pay any sum under this Letter of Commitment is contingent upon availability of funds. In the event that sufficient funds are not available for reasons beyond the reasonable control of the SWRCB, the SWRCB shall not be obligated to make any disbursements hereunder. If any disbursements otherwise due under this Letter of Commitment are deferred because of unavailability of funds, such disbursements will promptly be made when sufficient funds do become available. Nothing herein shall be construed to provide the Claimant with a right of priority for disbursement over any other claimant who has a similar Letter of Commitment.
3. All costs for which reimbursement is sought must be eligible for reimbursement and the Claimant must be the person entitled to reimbursement thereof.
4. Claimant must at all times be in compliance with all applicable state laws, rules and regulations and with all terms, conditions, and commitments contained in the Claimant's Application and any supporting documents or in any payment requests submitted by the Claimant.
5. No disbursement under this Letter of Commitment will be made except upon receipt of acceptable Standard Form Payment Requests duly executed by or on behalf of the Claimant. All Payment Requests must be executed by the Claimant or a duly authorized representative who has been approved by the Division of Clean Water Programs.
6. Any and all disbursements payable under this Letter of Commitment may be withheld if the Claimant is not in compliance with the provisions of Paragraph 5 above.
7. Neither this Letter of Commitment nor any right thereunder is assignable by the Claimant without the written consent of the SWRCB. In the event of any such assignment, the rights of the assignee shall be subject to all terms and conditions set forth in this Letter of Commitment and the SWRCB's consent.
8. This Letter of Commitment may be withdrawn at any time by the SWRCB if completion of corrective action is not performed with reasonable diligence.

IN WITNESS WHEREOF, this Letter of Commitment has been issued by the SWRCB this 8th day of June, 1994.

STATE WATER RESOURCES CONTROL BOARD

BY [Signature]  
Manager, Underground Storage Tank Cleanup Fund Program

BY [Signature]  
Chief, Division Administrative Services

STATE USE :  
CALSTARS CODING :  
0550 - 569.02 - 30530

\$

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 2937

January 20, 1994

Mr. Edwin Spencer  
880 Columbine Ct.  
Danville, CA 94526

**Subject: QMR at Livermore Honda, 3800 1st St., Livermore 94550**

Dear Mr. Spencer:

I have completed review of Soil Tech Engineering's December 1993 Quarterly Groundwater Monitoring and Sampling Report for the above referenced site. Laboratory analysis continue to show that groundwater has not been impacted by the fuel release at this site.

In the following two quarters, analyze groundwater for TPH-G, TPH-D, BTEX and TOG. The analysis for chlorinated hydrocarbons can be eliminated at this time.

Our records show that initial soil samples collected at the time of the tank removal was analyzed for the five metals, Cd, Cr, Pb, Ni, and Zn. However, we are not in receipt of these laboratory results. Please provide these results, otherwise, groundwater analysis of these metals will be required for the next sampling episode (which should be in February 1994). *Priority Lab was results - will fax to me.*

In my letter of September 22, 1993 to you, I requested information as to the disposition of the stockpiled soil. To date I have not received bills of lading for the disposal of this soil, or information that this soil has been re-used onsite. This information is required in the future when the site is evaluated for site closure. *done*

If you have any questions, I can be reached at (510) 271-4530.

A handwritten signature in cursive script, appearing to read "Eva Chu".

eva chu  
Hazardous Materials Specialist

cc: Noori Ameli, STE, 298 Brokaw Rd., Santa Clara, CA 95050  
files

hondal.4

ALAMEDA COUNTY  
HEALTH CARE SERVICES  
AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, ASST. AGENCY DIRECTOR

StID 2937

September 22, 1993

Mr. Edwin Spencer  
880 Columbine Ct.  
Danville, CA 94526

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

**Subject: Quarterly Monitoring at Livermore Honda, 3800 1st St.,  
Livermore 94550**

Dear Mr. Spencer:

I have completed review of Soil Tech Engineering's Preliminary Soil and Groundwater Assessment Report, dated August 16, 1993, for the above referenced site. This report summarized the results of the recent overexcavation and monitoring well installation activities to assess soil and groundwater conditions at the site. Results indicate that contaminated soil has been removed to the extent possible and that groundwater does not appear to have been impacted by the fuel release from the former underground storage tanks. This report, however, does not include the status of the stockpiled soil. Please provide soil characterization and final disposal of this soil.

At this time, a quarterly groundwater monitoring schedule should be established and continue for three more quarters. Monitoring should encompass seasonal groundwater fluctuations, therefore, your consultant's recommendation to sample only one more quarter is not acceptable. After four consecutive quarters of sampling, the site will be re-evaluated to determine if additional work is required.

If you have any questions or comments, I can be reached at the above number.

Sincerely,

A handwritten signature in cursive script, appearing to read "Eva Chu".

eva chu  
Hazardous Materials Specialist

cc: Noori Ameli, Soil Tech Engineering, 298 Brokaw Road,  
Santa Clara, CA 95050  
files.

hondal.3

# 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	HAZMAT 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 0 M 7 D 2 D 9 Y 3 Y	CASE # 94 OCT 31	SIGNED _____ DATE _____

REPORTED BY	NAME OF INDIVIDUAL FILING REPORT <b>Diana Nguyen</b>	PHONE <b>(408) 988-1032</b>	SIGNATURE 	
	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 <b>Alpha Geo Services</b>		
	ADDRESS <b>298 Brokaw Road</b> <span style="float: right;"><b>Santa Clara</b> <b>CA</b> <b>95050</b></span>			

RESPONSIBLE PARTY	NAME <b>Edwin Spencer</b>	CONTACT PERSON <input type="checkbox"/> UNKNOWN	PHONE <b>(510) 837-6204</b>
	ADDRESS <b>880 Columbine Court</b> <span style="float: right;"><b>Darville</b> <b>CA</b> <b>94526</b></span>		

SITE LOCATION	FACILITY NAME (IF APPLICABLE) <b>Livermore Honda</b>	OPERATOR <b>Jim Hickok</b>	PHONE <b>(510) 447-1100</b>	
	ADDRESS <b>3800 First Street</b> <span style="float: right;"><b>Livermore</b> <b>CA</b> <b>94550</b></span>			
	CROSS STREET <b>Livermore Avenue</b>			

IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME <b>Alameda County Health Agency</b>	CONTACT PERSON <b>Jaff Shapiro</b>	PHONE <b>(510) 271-4320</b>
	REGIONAL BOARD <b>Regional Water Quality Control Board--San Francisco Region</b>	CONTACT PERSON <b>Eddy So</b>	PHONE <b>(510) 286-4366</b>

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

DISCOVERY/ABATEMENT	DATE DISCOVERED M M D D Y Y	HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER _____	DATE DISCHARGE BEGAN M M D D Y Y
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE M M D D Y Y		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 _____
	SOURCE OF DISCHARGE <input checked="" type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER <input type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER _____		

CASE TYPE	CHECK ONE ONLY <input type="checkbox"/> UNDETERMINED <input checked="" type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)		
	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 checked="" type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input checked="" type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input checked="" type="checkbox"/> CLEANUP UNDERWAY		

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

COMMENTS	_____ _____ _____
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ALAMEDA COUNTY  
HEALTH CARE SERVICES

AGENCY

DAVID J. KLAHS, 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

ny/a3  
StID 2937

Mr. Edwin Spencer  
880 Columbine Ct.  
Danville, CA 94526

**Subject: Workplan Approval for Livermore Honda, 3800 First St.,  
Livermore 94550**

Dear Mr. Spencer:

I have completed review of Soil Tech's Proposed Interim Corrective Action and Preliminary Soil and Groundwater Assessment Report for the above referenced site. The workplan is acceptable and field activities should commence **within 60 days of the date of this letter**. Please notify this office 48 hours prior to the start of field work. A staff person will be present for soil sampling during the overexcavation and/or monitoring well installation activities.

If you have any questions please contact me at (510) 271-4530.

Sincerely,

A handwritten signature in cursive script, appearing to read "eva chu".

eva chu  
Hazardous Materials Specialist

cc: Nooroddin Ameli, Soil Tech Engineering, 298 Brokaw Rd.,  
Santa Clara, CA 95050  
files

hondal.2

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 2937

January 27, 1993

Edwin Spencer  
880 Columbine Ct  
Danville, CA 94526

**Subject: PSA for Livermore Honda, 3800 First St., Livermore**

Dear Mr. Spencer:

This office has completed review of the file for the above referenced site. When three underground storage tanks (USTs) were removed in December 1992, soil samples taken from native soil beneath the USTs exhibited up to 98 parts per million (ppm) total petroleum hydrocarbons as gasoline (TPH-G) and 95 ppm total oil and grease (TOG).

At this time additional investigations are required to determine the lateral and vertical extent, and severity of soil and ground water contamination which may have resulted from the unauthorized release of fuel products at this site. Such an investigation shall be in the form of a **Preliminary Site Assessment**, or PSA. The information gathered by the PSA will be used to determine an appropriate course of action to remediate the site, if deemed necessary. The PSA must be conducted in accordance with the RWQCB Staff Recommendations for the Initial Evaluation and Investigation of Underground Tanks, the State Water Resources Control Board LUFT Field Manual, and Article 11 of Title 23, California Code of Regulations. The major elements of such an investigation are summarized in the attached Appendix A.

The PSA proposal is due **within 45 days** of the date of this letter. Once the proposal is approved, field work should commence within 60 days. A report must be submitted within 45 days after the completion of this phase of work at the site. Subsequent reports are to be submitted quarterly until this site qualifies for RWQCB "sign off." All reports and proposals must be submitted under seal of a California Registered Geologist, Certified Engineering Geologist, or Registered Civil Engineer.

Enclosed is a UST Unauthorized Release/Contamination Site Report which must be completed **within 15 days** and returned to this office.

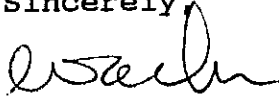
Please be advised that this is a formal request for technical reports pursuant to Title 23, CCR, Section 2722(c). Any extensions of the stated deadlines, or modifications of the required tasks, must be confirmed in writing by either this agency or the RWQCB. Copies of all proposals and reports must

E. Spencer  
re: Livermore Honda  
January 27, 1993

also be sent to Mr. Eddy So of the RWQCB.

Should you have any questions about the content of this letter,  
please contact me at (510) 271-4530.

Sincerely,



Eva Chu  
Hazardous Materials Specialist

enclosures

cc: Eddy So, RWQCB  
Gil Jensen, Alameda County District Attorney's Office  
Danielle Stefani, Livermore Fire Department  
Edgar Howell/files *EBH*

hondal

white -env.health  
 yellow -facility  
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH  
 Hazardous Materials Inspection Form

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

II, III

Site ID # \_\_\_\_\_ Site Name Livonne Honda Today's Date 12/22/92

Site Address 3800 12<sup>th</sup> Street

City Livermore Zip 94550 Phone \_\_\_\_\_

MAX AMT stored > 500 lbs, 55 gal., 200 cft.?

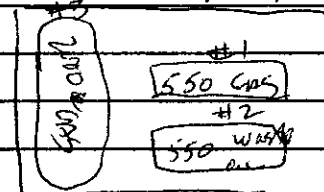
Inspection Categories:

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

\* Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

Comments:

Tank Removal



#1 Tank Removal - THE BOTTOM OF THE TANK SHOWED SIGNIFICANT GASOLINE CONTAMINATION. THE TOR WRAP WAS PARTIALLY DESTROYED. THE SMELL OF GASOLINE WAS EVIDENT ON THE BOTTOM OF TANK #1. NO APPARENT HOLES.

#2 Tank - TOR WRAP WASTE OIL TANK. TOR WRAP WAS IN TACKLES, NO OIL DETECTED. NO APPARENT HOLES IN TANK.

#3 Tank - NO OIL OR GASOLINE DETECTED. NO APPARENT HOLES.

WATER FOUND UNDER EACH TANK  
 VISUAL CONTAMINATION FOUND UNDER TANK #1

II.A BUSINESS PLANS (Title 19)

- \_\_\_ 1. Immediate Reporting 2703
- \_\_\_ 2. Bus. Plan Sids. 25503(b)
- \_\_\_ 3. RR Cars > 30 days 25503.7
- \_\_\_ 4. Inventory Information 25504(a)
- \_\_\_ 5. Inventory Complete 2730
- \_\_\_ 6. Emergency Response 25504(b)
- \_\_\_ 7. Training 25504(c)
- \_\_\_ 8. Deficiency 25505(a)
- \_\_\_ 9. Modification 25505(b)

II.B ACUTELY HAZ. MATLS

- \_\_\_ 10. Registration Form Filed 25533(a)
- \_\_\_ 11. Form Complete 25533(b)
- \_\_\_ 12. RMPP Contents 25534(c)
- \_\_\_ 13. Implement Sch. Req'd? (Y/N)
- \_\_\_ 14. OnSite Conseq. Assess. 25524(c)
- \_\_\_ 15. Probable Risk Assessment 25534(d)
- \_\_\_ 16. Persons Responsible 25534(g)
- \_\_\_ 17. Certification 25534(i)
- \_\_\_ 18. Exemption Request? (Y/N) 25536(b)
- \_\_\_ 19. Trade Secret Requested? 25538

III. UNDERGROUND TANKS (Title 23)

- General**
- \_\_\_ 1. Permit Application 25284 (H&S)
- \_\_\_ 2. Pipeline Leak Detection 25292 (H&S)
- \_\_\_ 3. Records Maintenance 2712
- \_\_\_ 4. Release Report 2651
- \_\_\_ 5. Closure Plans 2670
- Monitoring for Existing Tanks**
- \_\_\_ 6. Method
  - 1) Monthly Test
  - 2) Daily Vadose Semi-annual groundwater One time soils
  - 3) Daily Vadose One time soils Annual tank test
  - 4) Monthly Groundwater One time soils
  - 5) Daily Inventory Annual tank testing Cont pipe leak det Vadose/gndwater mon.
  - 6) Daily Inventory Annual tank testing Cont pipe leak det
  - 7) Weekly Tank Gauge Annual tank testing
  - 8) Annual Tank Testing Daily Inventory
  - 9) Other \_\_\_\_\_
- \_\_\_ 7. Precs Tank Test Date: 2643
- \_\_\_ 8. Inventory Rec. 2644
- \_\_\_ 9. Soil Testing 2646
- \_\_\_ 10. Ground Water. 2647
- New Tanks**
- \_\_\_ 11. Monitor Plan 2632
- \_\_\_ 12. Access, Secure 2634
- \_\_\_ 13. Plans Submit 2711 Date: \_\_\_\_\_
- \_\_\_ 14. As Built 2635 Date: \_\_\_\_\_

Rev 6/88

Contact: FRANK HANCOCK  
 Title: \_\_\_\_\_  
 Signature: [Signature]

Inspector: JEFF SHAPIRO  
 Signature: [Signature]

II, III

white -env.health  
 yellow -facility  
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH  
 Hazardous Materials Inspection Form

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

II, III

Site ID # \_\_\_\_\_ Site Name LIVERMORE Honda Today's Date 12/22/92

Site Address 3800 1st Street

City Livermore Zip 94550 Phone \_\_\_\_\_

MAX AMT stored > 500 lbs, 55 gal., 200 cft.?

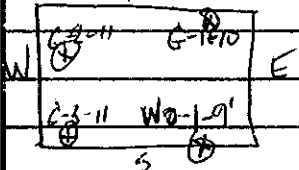
Inspection Categories:

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

\* Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

Comments:

Time: 1:00 - 6:00



sample # G-1-10 Depth 10' Visual Contamination of NATIVE SOIL (Blue Gray in color photos). THIS IS THE SITE of the 550 GAL. Gasoline Tank.

A H<sub>2</sub>O Sample WAS TAKEN From This Area w/o purging the initial H<sub>2</sub>O found in the PIT. - It Appears that the H<sub>2</sub>O in the PIT came from Run off and is NOT Ground H<sub>2</sub>O - No need to Run H<sub>2</sub>O Sample. Sample WD-1-9 - Waste Oil Tank - Depth 9' Visual Signs of Contamination

G-2-11 - Depth 11' - Visual Contamination  
 G-3-11 - " " - No Visual Contamination

II.A BUSINESS PLANS (Title 19)

- 1. Immediate Reporting 2703
- 2. Bus. Plan Sids 25503(b)
- 3. RR Cars > 30 days 25503.7
- 4. Inventory Information 25504(a)
- 5. Inventory Complete 2730
- 6. Emergency Response 25504(b)
- 7. Training 25504(c)
- 8. Deficiency 25505(a)
- 9. Modification 25505(b)

II.B ACUTELY HAZ MATLS

- 10. Registration Form Filed 25533(a)
- 11. Form Complete 25533(b)
- 12. RMPP Contents 25534(c)
- 13. Implement Sch. Req'd? (Y/N)
- 14. OnSite Conseq. Assess. 25524(c)
- 15. Probable Risk Assessment 25534(d)
- 16. Persons Responsible 25534(g)
- 17. Certification 25534(f)
- 18. Exemption Request? (Y/N) 25536(b)
- 19. Trade Secret Requested? 25538

III. UNDERGROUND TANKS (Title 23)

- General**
- 1. Permit Application 25284 (H&S)
- 2. Pipeline Leak Detection 25292 (H&S)
- 3. Records Maintenance 2712
- 4. Release Report 2651
- 5. Closure Plans 2670
- Monitoring for Existing Tanks**
- 6. Method
  - 1) Monthly Test
  - 2) Daily Vadose Semi-annual groundwater One time soils
  - 3) Daily Vadose One time soils Annual tank test
  - 4) Monthly Groundwater One time soils
  - 5) Daily Inventory Annual tank testing Cont pipe leak det Vadose/groundwater mon.
  - 6) Daily Inventory Annual tank testing Cont pipe leak det
  - 7) Weekly Tank Gauge Annual tank testing
  - 8) Annual Tank Testing Daily Inventory
  - 9) Other \_\_\_\_\_
- 7. Precip Tank Test Date: \_\_\_\_\_ 2643
- 8. Inventory Rec. 2644
- 9. Soil Testing 2646
- 10. Ground Water. 2647
- New Tanks**
- 11. Monitor Plan 2632
- 12. Access. Secure 2634
- 13. Plans Submit Date: \_\_\_\_\_ 2711
- 14. As Built Date: \_\_\_\_\_ 2635

Rev 6/88

Contact: FRANK HAMRDI  
 Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Inspector: JEFF SHAPIRO  
 Signature: \_\_\_\_\_

II, III



## ALAMEDA COUNTY HAZARDOUS MATERIALS DIVISION

05/26/95

## UNDERGROUND STORAGE TANK CLEANUP SITE

AGENCY#: 10000 SOURCE OF FUNDS: F-FEDERAL INSPECTOR: EC  
 StID: 2937 SUBSTANCE: 8006619 -Gasoline  
 SITE NAME: Livermore Honda DATE REPORTED : 12/22/92  
 ADDRESS : 3800 1st DATE CONFIRMED: 12/24/92  
 CITY/ZIP : Livermore, CA 94550 MULTIPLE RP's : N

CASE TYPE: S CONTRACT STATUS: 4 PRIOR: EMERGENCY RESPONSE:

RP SEARCH	: S	DATE END:	01/21/93
PRELIM ASSESSMENT	: U	DATE BEGIN:	01/27/93
REMEDIAL INVESTIG	:	DATE BEGIN:	
REMEDIAL ACTION	:	DATE BEGIN:	
POST REMED MONITOR:		DATE BEGIN:	
		DATE END:	

TYPE ENFORCEMENT ACTION TAKEN: 1 DATE OF ENFORC. ACTION: 01/21/93

## UNDERGROUND STORAGE TANK CLEANUP SITE - SCREEN #2

LUFT FIELD MANUAL CONSIDERATION: hscawg CASE CLOSED: on:

DT EXC START: 07/08/93 REMEDIAL ACTIONS TAKEN:

RP #1: CONTACT: Ed Spencer RP COST:  
 RP COMPANY NAME: N/a Ph:  
 ADDRESS: 880 Columbine Ct.  
 CITY/STATE: Danville, C A 94526

12MENT:

Project Specialist (print) Jeff Sharp

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

ACCEPTED

DEPARTMENT OF ENVIRONMENTAL HEALTH  
470 - 27th Street, Third Floor  
Oakland, CA 94612  
Telephone: (415) 674-7237

These plans have been reviewed and found to be acceptable and essentially meet the requirements of State and local health laws. Changes to your plans indicated by this Department are to assure compliance with State and local laws. The project proposed herein is now released for issuance of any required building permits for construction.

One copy of these accepted plans must be on the job and available to all contractors and craftsmen involved with the removal.

Any change or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Inspection Department to determine if such changes meet the requirements of State and local laws.

Notify this Department at least 48 hours prior to the following required inspections:

- \_\_\_\_\_ Removal of Tank and Piping
- \_\_\_\_\_ Sampling
- \_\_\_\_\_ Final Inspection

Issuance of a permit to operate is dependent on compliance with accepted plans and all applicable laws and regulations.

THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS.

*Approved w/ changes made to pages 415 JS 12/16/92*  
**UNDERGROUND TANK CLOSURE PLAN**

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

1. Business Name Livermore Honda  
Business Owner Livermore Honda
  2. Site Address 3800 First Street  
City Livermore Zip 94550 Phone 510-447-1100
  3. Mailing Address 3800 First Street  
City Livermore Zip 94550 Phone 510-447-1100
  4. Land Owner Mr. Edwin Spencer  
Columbine  
Address 880 Columbia Court City, State Danville, CA Zip 94526
  5. Generator name under which tank will be manifested Mr. Edwin Spencer
- EPA I.D. No. under which tank will be manifested CAC000857808



6. Contractor Alpha Geo Services  
Address 298 Brokaw Road  
City Santa Clara, CA 95050 Phone 408-988-1032  
License Type C57 & General "A" 402 ID# 507520

7. Consultant Soil Tech Engineering, Inc.  
Address 298 Brokaw Road  
City Santa Clara, CA 95050 Phone 408-496-0265

8. Contact Person for Investigation

Name Frank Hamedi-Fard Title General Manager  
Phone 408-496-0265

9. Number of tanks being closed under this plan 3  
Length of piping being removed under this plan \_\_\_\_\_  
Total number of tanks at facility 3

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 Trident Truck Line, Inc. EPA I.D. No. CAD982484370  
Hauler License No. 2773 License Exp. Date 6/93  
Address 23422 Clawiter Road  
City Hayward State CA Zip 94545

b) Product/Residual Sludge/Rinsate Disposal Site

Name Erickson, Inc. EPA I.D. No. CAD0009466392  
Address 255 Parr Boulevard  
City Richmond State CA Zip 94801

c) Tank and Piping Transporter

Name Erickson, Inc. EPA I.D. No. CAD0009466392  
Hauler License No. 0019 License Exp. Date 5/93  
Address 255 Parr Boulevard  
City Richmond State CA Zip 94801

d) Tank and Piping Disposal Site

Name Erickson, Inc. EPA I.D. No. CAD0009466392  
Address 255 Parr Boulevard  
City Richmond State CA Zip 94801

11. Experienced Sample Collector

Name Noori Ameli  
Company Soil Tech Engineering, Inc.  
Address 298 Brokaw Road  
City Santa Clara State CA Zip 95050 Phone 408-496-0265

12. Laboratory

Name Priority Environmental Labs  
Address 1764 Houret Court  
City Milpitas State CA Zip 95035  
State Certification No. 1708

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

If yes, describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Describe methods to be used for rendering tank inert

Dry ice. 20 pounds of dry ice per 1,000 gallons *or enough to inert the tanks*

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, groundwater, etc.)	Location and Depth of Samples
Capacity	Use History (see instructions)		
2,000	gasoline	soil & groundwater if present	<i>2 Samples/Tank</i> Soil/backfill intergrade into <i>(2')</i> of native soil. <i>MAXIMUM</i>
550	gasoline	Soil & groundwater if present	soil/backfill intergrade into <i>(2')</i> of native soil. <i>MAXIMUM</i>
550	waste oil	Soil & groundwater if present	Soil/backfill intergrade into <i>(2')</i> of native soil. <i>MAXIMUM</i>

~~\*~~ 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.

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (Estimated)	<p>Sampling Plan</p> <p>Soil Samples will be placed in brass tubes, sealed w/ Teflon tape and plastic caps. Samples must be placed on ice and transported to a state certified lab w/ chain of custody.</p>

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
<p>WASTE OIL TANK</p> <p>TPH-G</p> <p>TPH-D</p> <p>BTEX</p> <p>TOIG</p> <p>CLHL</p> <p>Heavy metals Cd, Cr, Pb, Zn, Ni</p>	<p>5030</p> <p>3550</p> <p>8020 or 8240</p> <p>5520 DAF</p> <p>8010 or 8240</p> <p>AA or ICAP</p>		
<p>GASOLINE TANKS</p> <p>TPH-G</p> <p>BTEX</p> <p><del>TOIG</del> Total Pb</p>	<p>5030</p> <p>8020 or 8240</p>		

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

18. Submit Worker's Compensation Certificate copy

Name of Insurer State Compensation Insurance Fund

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.

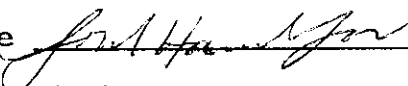
I understand that any changes in design, materials or equipment will void this plan if prior approval is not obtained.

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

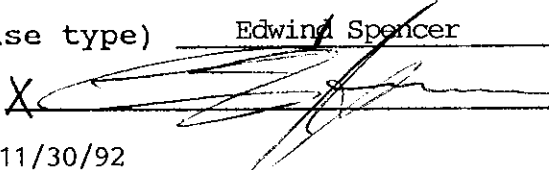
Name (please type) Frank Hamedi-Fard

Signature 

Date 11/30/92

Signature of Site Owner or Operator

Name (please type) Edwin Spencer

Signature X 

Date 11/30/92

## INSTRUCTIONS

### General Instructions

- \* Three (3) copies of this plan plus attachments and deposit must be submitted to this Department.
- \* Any cutting into tanks requires local fire department approval.
- \* One complete copy of your approved plan must be at the construction site at all times; a copy of your approved plan must also be sent to the landowner.

### Item Specific Instructions

2. SITE ADDRESS

Address at which closure is taking place.

5. EPA I.D. NO. under which the tanks will be manifested

EPA I.D. numbers may be obtained from the State Department of Health Services, 916/324-1781.

6. CONTRACTOR

Prime contractor for the project.

10. STATE REGISTERED HAZARDOUS WASTE TRANSPORTERS/FACILITIES

- a) All residual liquids and sludges are to be removed from tanks before tanks are inerted.
- c) Tanks must be hauled as hazardous waste.
- d) This is the place where tanks will be taken for cleaning.

15. TANK HISTORY AND SAMPLING INFORMATION

Use History - This information is essential and must be accurate. Include tank installation date, products stored in the tank, and the date when the tank was last used.

Material to be sampled - e.g. water, oil, sludge, soil, etc.

Location and depth of samples - e.g. beneath the tank a maximum of two feet below the native soil/backfill interface, side wall at the high water mark, etc.

17. SITE HEALTH AND SAFETY PLAN

A site specific Health and Safety plan must be submitted. We advocate the site health and safety plan include the following items, at a minimum:

- a) The name and responsibilities of the site health and safety officer;
- b) Identification of health and safety hazards of each work task. Include potential fire, explosion, physical, and chemical hazards;
- c) An outline of briefings to be held before work each day to appraise employees of site health and safety hazards;
- d) Frequency and types of air and personnel monitoring to be used - along with the environmental sampling techniques and instrumentation. Include instrumentation maintenance and calibration methods and frequencies;
- e) Specific personal protective equipment and procedures to be used by workers to protect themselves from the identified hazards. Also state the contaminant concentrations in air - or other conditions - which will trigger changes in work or work habits to ensure workers are not exposed to high levels of hazardous chemicals or to other unsafe conditions;
- f) Confined space entry procedures (if applicable);
- g) Decontamination procedures;
- h) Measures to be taken to secure the site, excavation and stockpiled soil during and after work hours (e.g. barricades, caution tape, fencing, trench plates, security guards, etc.);
- i) Spill containment and emergency/contingency plan. Be sure to include emergency phone numbers, the location of the phone nearest the site, and directions to the hospital nearest the site;
- j) Documentation that all site workers have received the appropriate OSHA approved trainings and participate in appropriate medical surveillance per 29 CFR 1910.120; and
- k) Page for employees to sign indicating they have read and will comply with the site health and safety plan.

The safety plan must be distributed to all employees and contractors working in hazardous waste operations on site. A complete copy of the site health and safety plan along with any standard operating procedures shall be on site and accessible at all times.

NOTE: These requirements are excerpts from 29 CFR Part 1910.120, Hazardous Waste Operations and Emergency Response; Final Rule, March 6, 1989. Safety plans of certain underground tank sites may need to meet the complete requirements of this Rule.

19. PLOT PLAN

The plan should consist of a scaled view of the facility at which the tank(s) are located and should include the following information:

- a) Scale;
- b) North Arrow;
- c) Property Lines;
- d) Location of all Structures;
- e) Location of all relevant existing equipment including tanks and piping to be removed and dispensers;
- f) Streets;
- g) Underground conduits, sewers, water lines, utilities;
- h) Existing wells (drinking, monitoring, etc.);
- i) Depth to ground water; and
- j) All existing tanks and piping in addition to the ones being pulled.

20. DEPOSIT

A deposit, payable to Alameda County for the amount indicated on the Alameda County Underground Storage Tank Fee Schedule, must accompany the plans.

21. Blank Unauthorized Leak/Contamination Site Report forms may be obtained in limited quantities from our office and from the San Francisco Bay Regional Water Quality Control Board (415/464-1255). Larger quantities may be obtained directly from the State Water Resources Control Board at (916) 739-2421.

22. TANK CLOSURE REPORT

The tank closure report should contain the following information:

- a) General description of the closure activities;
- b) Description of tank, fittings and piping conditions. Indicate tank size and former contents; note any corrosion, pitting, holes, etc.;



- c) Description of the excavation itself. Include the tank and excavation depth, a log of the stratigraphic units encountered within the excavation, a description of root holes or other potential contaminant pathways, the depth to any observed ground water, descriptions and locations of stained or odor-bearing soil, and descriptions of any observed free product or sheen;
- d) Description of sampling methods;
- e) Description of any remedial measures conducted at the time of tank removal;
- f) To-scale figures showing the excavation size and depth, nearby buildings, sample locations and depths, and tank and piping locations. Include a copy of the plot plan prepared for the Tank Closure Plan under item 19;
- g) Chain of custody records;
- h) Copies of signed laboratory reports;
- i) Copies of "TSDF to Generator" Manifests for all hazardous wastes hauled offsite (sludge, rinsate, tanks and piping, contaminated soil, etc.); and
- j) Tabulation of the volume and final destination of all non-manifested contaminated soil hauled offsite.



**EXPLANATION FOR TABLE #2: MINIMUM VERIFICATION ANALYSIS**

1. OTHER METHODOLOGIES are continually being developed and as methods are accepted by EPA or DHS, they also can be used.
2. For DRINKING WATER SOURCES, EPA recommends that the 500 series for volatile organics be used in preference to the 600 series because the detection limits are lower and the QA/QC is better.
3. APPROPRIATE STANDARDS for the materials stored in the tank are to be used for all analyses on Table #2. For instance, seasonally, there may be five different jet fuel mixtures to be considered.
4. To AVOID FALSE POSITIVE detection of benzene, benzene-free solvents are to be used.
5. TOTAL PETROLEUM HYDROCARBONS (TPH) as gasoline (G) and diesel (D) ranges (volatile and extractible, respectively) are to be analyzed and characterized by GCFID with a fused capillary column and prepared by EPA method 5030 (purge and trap) for volatile hydrocarbons, or extracted by sonication using 3550 methodology for extractable hydrocarbons. Fused capillary columns are preferred to packed columns; a packed column may be used as a "first cut" with "dirty" samples or once the hydrocarbons have been characterized and proper QA/QC is followed.
6. TETRAETHYL LEAD (TEL) analysis may be required if total lead is detected unless the determination is made that the total lead concentration is geogenic (naturally occurring).
7. CHLORINATED HYDROCARBONS (CL HC) AND BENZENE, TOLUENE, XYLENE AND ETHYLBENZENE (BTX&E) are analyzed in soil by EPA methods 8010 and 8020 respectively, (or 8240) and in water, 601 and 602, respectively (or 624).
8. OIL AND GREASE (O & G) may be used when heavy, straight chain hydrocarbons may be present. Infrared analysis by method 418.1 may also be acceptable for O & G if proper standards are used. "Standard Methods" 17th Edition, 1989, has changed the 503 series to 5520.
9. PRACTICAL QUANTITATION REPORTING LIMITS are influenced by matrix problems and laboratory QA/QC procedures. Following are the Practical Quantitation Reporting Limits:

	<u>SOIL PPM</u>	<u>WATER PPB</u>
TPH G	1.0	50.0
TPH D	1.0	50.0
BTX&E	0.005	0.5
O & G	50.0	5,000.0

Based upon a Regional Board survey of Department of Health Services Certified Laboratories, the Practical Quantitation Reporting Limits are attainable by a majority of laboratories with the exception of diesel fuel in soils. The Diesel Practical Quantitation Reporting Limits, shown by the survey, are:

ROUTINE	MODIFIED PROTOCOL
≤ 10 ppm (42%)	≤ 10 ppm (10%)
≤ 5 ppm (19%)	≤ 5 ppm (21%)
≤ 1 ppm (35%)	≤ 1 ppm (60%)

When the Practical Quantitation Reporting Limits are not achievable, an explanation of the problem is to be submitted on the laboratory data sheets.

- LABORATORY DATA SHEETS are to be signed and submitted and include the laboratory's assessment of the condition of the samples on receipt including temperature, suitable container type, air bubbles present/absent in VOA bottles, proper preservation, etc. The sheets are to include the dates sampled, submitted, prepared for analysis, and analyzed.
- IF PEAKS ARE FOUND, when running samples, that do not conform to the standard, laboratories are to report the peaks, including any unknown complex mixtures that elute at times varying from the standards. Recognizing that these mixtures may be contrary to the standard, they may not be readily identified; however, they are to be reported. At the discretion of the LIA or Regional Board the following information is to be contained in the laboratory report:

The relative retention time for the unknown peak(s) relative to the reference peak in the standard, copies of the chromatogram(s), the type of column used, initial temperature, temperature program is C/minute, and the final temperature.

- REPORTING LIMITS FOR TPH are: gasoline standard ≤ 20 carbon atoms, diesel and jet fuel (kerosene) standard ≤ 50 carbon atoms. It is not necessary to continue the chromatography beyond the limit, standard, or EPA/DHS method protocol (whichever time is greater).

#### EPILOGUE

ADDITIVES: Major oil companies are being encouraged or required by the federal government to reformulate gasoline as cleaner burning fuels to reduce air emissions. MTBE (Methyl-tertiary butyl ether), ETHANOL (ethyl alcohol), and other chemicals may be added to reformulate gasolines to increase the oxygen content in the fuel and thereby decrease undesirable emissions (about four percent with MTBE). MTBE and ethanol are, for practical purposes, soluble in water. The removal

Regional Board Staff Recommendations  
Preliminary Site Investigation

10 August 1990

from the water column will be difficult. Other compounds are being added by the oil companies for various purposes. The refinements for detection and analysis for all of these additives are still being worked out. If you have any questions about the methodology, please call your Regional Board representative.

**HEALTH AND SAFETY PLAN  
FOR  
LIVERMORE HONDA PROPERTY  
3800 FIRST STREET  
LIVERMORE, CALIFORNIA**

**GENERAL:**

This Health and Safety Plan (HSP) contains the minimum requirements for the subject site and tank removal. The field activities include: removal of product, excavation, product lines, triple washing the tank, sampling rinsate, removing rinsate with vactruck, removing the tank, and proper disposal. All personnel and contractors will be required to strictly adhere to these HSP requirements.

The objective of the HSP plan is to describe procedures and actions to protect the worker, as well as unauthorized person, from inhalation and ingestion of, and direct skin contact with potentially hazardous materials that may be encountered at the site. The plan describes (1) personnel responsibilities and (2) protective equipment to be used as deemed when working on the site. At a minimum, all personnel working at the site must read and understand the requirements of this HSP. A copy of this HSP will be on-site, easily accessible to all staff and government field representative.

**ALPHA GEO SERVICES**

**PERSONNEL RESPONSIBILITIES:**

The key personnel directly involved in the investigation will be responsible for monitoring the implementation of safe work practices and the provisions of this plan are (1) Alpha Geo Services (AGS) supervisor, Mr. Richard Manley and (2) Soil Tech Engineering, Inc. (STE) project field engineer, Mr. Noori Ameli. These personnel are responsible for knowing the provisions of the plan, communicating plan requirements to workers under their supervision and regulatory agencies inspectors and for enforcing the plan.

The personnel-protective equipment will be selected to prevent field personnel from exposure to fuel hydrocarbons that may be present at the site. To prevent direct skin contact, the following protective clothing will be worn as appropriate while working at the site:

1. Tyvek coveralls.
2. Butyl rubber or disposable vinyl gloves.
3. Hard hat with optional face shield.
4. Steel toe boots.
5. Goggles or safety glasses.

The type of gloves used will be determined by the type of work being performed. Excavation and tank removal personnel will be required to wear butyl rubber gloves because they may have long

**ALPHA GEO SERVICES**

duration contact with the subsurface materials. The triple washing (decontaminated) and vactruck crews shall wear butyl rubber gloves as they may have long duration contact with the rinsate. STE sampling staff will wear disposable gloves when handling any sample. These gloves will be changed between each sample.

Tank destruction and removal personnel will be required to wear hard hats and when appropriate wear a protective face shield. Personnel protective equipment shall be put on before entering the immediate work area. The sleeves of the overalls shall be outside of the cuffs of the gloves to facilitate removal of clothing with the least potential contamination of personnel. If at any time protective clothing (coveralls, boots or gloves) become torn, wet or excessively soiled, it will be replaced immediately.

Total organic vapors will be monitored at the site with a portable PID and portable LEL meter. Should the total organic vapor content approach that of the threshold limit value (TLV) for any of the substances listed in Table 1, appropriate safety measures will be implemented under the supervision of the site project engineer. These precautions include, but are not limited to, the following: (1) Donning of respirators (with appropriate cartridges) by site personnel, (2) forced ventilation of the site, (3) shutdown of work until such time as appropriate safety measures sufficient to insure the health and safety of site personnel can be implemented.

**ALPHA GEO SERVICES**



**TABLE 1  
THRESHOLD LIMIT VALUES  
FOR  
COMMON GASOLINE CONSTITUENTS**

Benzene	10 ppm
Toluene	100 ppm
Ethylbenzene	100 ppm
Xylenes	100 ppm

No eating, drinking or smoking will be allowed in the vicinity of the drilling operations. AGS will designate a separate area on-site for eating and drinking. Smoking will not be allowed at the vicinity of the site except in designated areas. No contact lenses will be worn by field personnel.

**WORK ZONES AND SECURITY MEASURES:**

The project engineer will call Underground Service Alert (USA), and the utilities will be marked before any excavation is conducted on-site, and excavation will be at safe distances from the utilities. The client will also be advised to have a representative on-site to advise us in selecting locations of piping trenches with respect to utilities, underground or above ground structures. AGS assumes no responsibility to utilities not so located. The excavation will be hand dig or using small power tools. Each of the areas where the tank or piping will be excavated will be designated as exclusion zones. Only essential personnel will be allowed into an exclusion zone. When it is

practical and local topography allows, approximately 25 to 75 feet of space surrounding those exclusion zones will be designated as contamination reduction zones.

Cones, wooden barricades or a suitable alternative will be used to deny public access to these contamination reduction zones excavation area. The general public will not be allowed closed to the work area under any conditions. If for any reason the safety of a member or the public (e.g. motorists or pedestrians) may be endanger, work will cease until the situation is remedied. Cones and working signs will be used when necessary to redirect motorists or pedestrians.

**LOCATION AND PHONE NUMBERS OF EMERGENCY FACILITIES:**

The fire department and hospital addresses and phone numbers are listed below:

City of Livermore Fire Department 4550 East Avenue, Livermore	911
--	-----

Valley Memorial Hospital 1111 East Stanley Boulevard	(510) 447-7000
---	----------------

**ADDITIONAL CONTINGENCY TELEPHONE NUMBERS:**

Poison Control Center . . . . .	(800) 532-2222
Soil Tech Engineering, Inc. . . . .	(408) 496-0265
CHEMTREC . . . . .	(800)424-9300

**ALPHA GEO SERVICES**

**NOTE:** CHEMTREC stands for Chemical Transportation Emergency Center, a public service of the Chemical Manufacture's Association. CHEMTREC can usually provide hazard information, warnings and guidance when given the identification number or the name of product and that nature of the problem. CHEMTREC can also contact the appropriate experts.

**ALPHA GEO SERVICES**

**TYPES OF PROTECTIVE CLOTHING AND RESPIRATION THAT  
SHOULD BE USED AT HAZARDOUS WASTE SITES  
LIVERMORE HONDA PROPERTY  
3800 FIRST STREET  
LIVERMORE, CALIFORNIA**

The degree of hazard is based on the waste material's physical, chemical, and biological properties and anticipated concentrations of the waste. The level of protective clothing and equipment worn must be sufficient to safeguard the individual. A four category system is described below.

**LEVEL A**

Level A consists of a pressure-demand SCBA (air supplying respirator with back mounted cylinders), fully encapsulated resistant suit, inner and outer chemical resistant gloves, chemical resistant steel safety boots (toe, shank, and metatarsal protection), and hard hat. Optional equipment might include cooling systems, abrasive resistant gloves, disposal oversuit and boot covers, communication equipment, and safety line. Level A is worn when the highest level of respiratory, skin, and eye protection is required. Most samplers will never wear Level A protection.

**LEVEL B**

Level B protection is utilized in areas where full respiratory protection is warranted, but a lower level of skin and eye protection is sufficient (only a small area of head and neck

**ALPHA GEO SERVICES**

is exposed). Level B consists of SCBA, splash suite (one or two piece) or disposal chemical resistant coveralls, inner and outer chemical resistant gloves, chemical resistant safety boots, and hard hat with face shield. Optional items include glove and boot covers and inner chemical resistant fabric coveralls.

#### LEVEL C

Level C permits the utilization of air-purifying respirators. Level B body, foot, and hand protection is normally maintained. Many organizations will permit only the use of approved full-face masks equipped with a chin or harness-mounted canister. However, many sites are visited by personnel wearing a half-mask cartridge respirator.

#### LEVEL D

Level D protection consists of a standard work uniform of coveralls, gloves, safety shoes or boots, hard hat, and goggles or safety glasses.

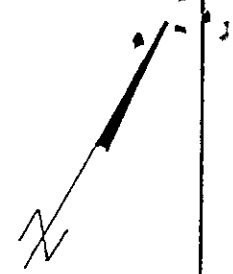
Respirators are of two basic types, air-purifying and air-supplying. Air-purifying respirators are designed to remove specific contaminants by means of filters and/or sorbents. Air-purifying respirators come in various sizes, shapes, and models and can be outfitted with a variety of filters, cartridges, and canisters. Each mask and cartridge or canister is designed for

protection against certain contaminant concentrations. Just because a cartridge says it is for use against organic vapors does not mean that it is good for all organic vapors.

Air-supplying respirators are utilized in oxygen-deficient atmospheres (less than 19.5 percent) or when an air-purifying device is not sufficient. Air is supplied to a face-mask from an uncontaminated source of air via an air line from stationary tanks, from a compressor, or from air cylinders worn on the back (SCBA). Rated capacities of the SCBA's are normally between 30 and 60 minutes. Only positive pressure (pressure demand) respirators should be used in high concentration hazardous environments.

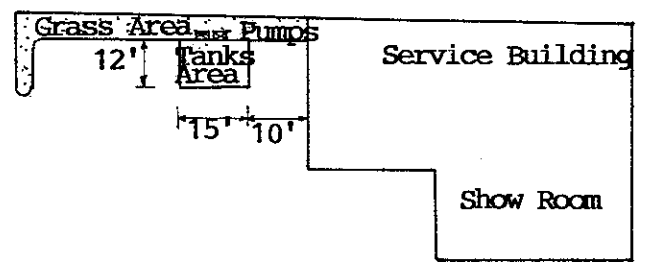
Contact lenses are not permitted for use with any respirator. Contact lenses should not be worn at any site since they tend to concentrate organic materials around the eyes; soft plastic contact lenses can absorb chemicals directly. In addition, rapid removal of contact lenses may be difficult in an emergency. Although eye glasses can prevent a good seal around the temple when wearing goggles or full face masks, spectacle adapters are available for masks and goggles. Respirators often malfunction during cold weather or after continued use. Only NIOSH (National Institute for Occupational Safety and Health) MSHA (Mine Safety and Health Administration) approved respirators should be used.

ALPHA GEO SERVICES



PORTOLA AVENUE

ALPHA GEO SERVICES



Brick Wall

Used Car Lot

FIRST STREET

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: Livermore Honda

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

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

<b>III. TANK CONSTRUCTION</b> 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 checked="" 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"/> 5 CONCRETE <input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 2 STAINLESS STEEL <input type="checkbox"/> 6 POLYVINYL CHLORIDE <input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 3 FIBERGLASS <input type="checkbox"/> 7 ALUMINUM <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
C. INTERIOR LINING <input type="checkbox"/> 1 RUBBER LINED <input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 2 ALKYD LINING <input type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 3 EPOXY LINING <input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 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"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 2 COATING <input type="checkbox"/> 91 NONE	<input type="checkbox"/> 3 VINYL WRAP <input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 99 OTHER

<b>IV. PIPING INFORMATION</b> 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	A U 1 SINGLE WALL A U 2 DOUBLE WALL A U 3 LINED TRENCH A U 95 UNKNOWN A U 99 OTHER	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		

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

<b>VI. TANK CLOSURE INFORMATION</b>		
1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>Unknown</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>Unknown</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input 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>Edwin Spencer</u>	DATE <u>11/30/92</u>
--	-------------------------

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>01114113</u>	<u>000003</u>
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: Livermore Honda

I. TANK DESCRIPTION COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D.# <u>2</u>	B. MANUFACTURED BY: <u>Unknown</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>Unknown</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 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 type="checkbox"/> 1b PREMIUM UNLEADED
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input checked="" 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
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED			E. 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 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
			<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

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	
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 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	

V. TANK LEAK DETECTION					
<input type="checkbox"/> 1 VISUAL CHECK	<input 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>Unknown</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>Unknown</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input 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>Edwin Spencer</u>	DATE <u>11/30/92</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 #
	<u>01</u>	<u>000</u>	<u>011413</u>	<u>000602</u>
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: Livermore Honda

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

A. OWNER'S TANK I.D.# <u>1</u>	B. MANUFACTURED BY: <u>Unknown</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>Unknown</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 type="checkbox"/> 4 OIL	B. <input type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 8 AVIATION GAS
<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"/> 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

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"/> 6 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input checked="" 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 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 U 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A (U) 99 OTHER
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 checked="" type="checkbox"/> 99 OTHER

**V. TANK LEAK DETECTION**

<input type="checkbox"/> 1 VISUAL CHECK	<input 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>Unknown</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>Unknown</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input checked="" type="checkbox"/> NO <input 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) Edwin Spencer

DATE 11/30/92

**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>011413</u>	<u>000001</u>
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE		

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



COMPLETE THIS FORM FOR EACH FACILITY/SITE

<b>MARK ONLY ONE ITEM</b>	<input checked="" 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 <b>Livermore Honda</b>		NAME OF OPERATOR <b>Jim Hickok</b>		
ADDRESS <b>3800 First Street</b>		NEAREST CROSS STREET <b>Livermore Avenue</b>	PARCEL # (OPTIONAL)	
CITY NAME <b>Livermore</b>		STATE <b>CA</b>	ZIP CODE <b>94550</b>	SITE PHONE # WITH AREA CODE <b>510-447-1100</b>
<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		<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS # OF TANKS AT SITE <b>3</b>		E. P. A. I. D. # (optional) <b>CAC000857808</b>
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				

**EMERGENCY CONTACT PERSON (PRIMARY)**

**EMERGENCY CONTACT PERSON (SECONDARY) - optional**

DAYS: NAME (LAST, FIRST) <b>Spencer, Edwin</b>		PHONE # WITH AREA CODE <b>510-837-6204</b>		DAYS: NAME (LAST, FIRST) <b>Hickok, Jim</b>		PHONE # WITH AREA CODE <b>510-447-1100</b>	
NIGHTS: NAME (LAST, FIRST) <b>Spencer, Edwin</b>		PHONE # WITH AREA CODE <b>510-837-6204</b>		NIGHTS: NAME (LAST, FIRST) <b>Hickok, Jim</b>		PHONE # WITH AREA CODE <b>510-447-1100</b>	

**II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)**

NAME <b>Edwin Spencer</b>		CARE OF ADDRESS INFORMATION			
MAILING OR STREET ADDRESS <b>880 Columbia Court</b>		<input checked="" type="checkbox"/> box to indicate <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY			
CITY NAME <b>Danville</b>		STATE <b>CA</b>	ZIP CODE <b>94526</b>	PHONE # WITH AREA CODE <b>510-837-6204</b>	

**III. TANK OWNER INFORMATION - (MUST BE COMPLETED)**

NAME OF OWNER <b>Spencer, Edwin</b>		CARE OF ADDRESS INFORMATION			
MAILING OR STREET ADDRESS <b>880 Columbia Court</b>		<input checked="" type="checkbox"/> box to indicate <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY			
CITY NAME <b>Danville</b>		STATE <b>CA</b>	ZIP CODE <b>94526</b>	PHONE # WITH AREA CODE <b>510-837-6204</b>	

**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 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) <b>Edwin Spencer</b>	APPLICANT'S TITLE <b>Owner</b>	DATE <b>11/30/92</b>
--	-----------------------------------	-------------------------

**LOCAL AGENCY USE ONLY**

COUNTY # <b>01</b>	JURISDICTION # <b>000</b>	FACILITY # <b>011413</b>
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)

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 Inspection Form

II, III

Site ID # \_\_\_\_\_ Site Name Livermore Honda Today's Date 7/30/92

Site Address 3800 1st Street

City LIVERMORE Zip 94550 Phone \_\_\_\_\_

MAX AMT stored > 500 lbs, 55 gal., 200 cft.?

Inspection Categories:

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

\* Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

**Comments:**  
 THIS FACILITY HAS A 500 GALLON WASTE OIL TANK WHICH HAS BEEN OUT OF USE FOR AT LEAST 1 1/2 YRS. ACCORDING TO TITLE 23 OF THE CALIFORNIA CODE OF REGULATION, ANY UNDERGROUND STORAGE TANK MUST BE USED OR REMOVED WITHIN 120 DAYS. YOU ARE HEREBY ORDERED TO REMOVE THIS TANK OR PLACE IT BACK IN SERVICE. IF YOU PLACE IT BACK IN SERVICE, A TANK TIGHTNESS TEST AND PIPELINE TIGHTNESS TEST MUST BE PERFORMED BEFORE THE WASTE OIL TANK IS PLACED BACK IN SERVICE

II.A BUSINESS PLANS (Title 19)

- 1. Immediate Reporting 2703
- 2. Bus. Plan Sids. 25503(b)
- 3. RR Cars > 30 days 25503.7
- 4. Inventory Information 25504(a)
- 5. Inventory Complete 2730
- 6. Emergency Response 25504(b)
- 7. Training 25504(c)
- 8. Deficiency 25505(a)
- 9. Modification 25505(b)

II.B ACUTELY HAZ. MATLS

- 10. Registration Form Filed 25533(a)
- 11. Form Complete 25533(b)
- 12. RMPP Contents 25534(c)
- 13. Implement Sch. Req'd? (Y/N)
- 14. OffSite Conseq. Assess. 25524(c)
- 15. Probable Risk Assessment 25534(d)
- 16. Persons Responsible 25534(g)
- 17. Certification 25534(f)
- 18. Exemption Request? (Y/N) 25536(b)
- 19. Trade Secret Requested? 25538

III. UNDERGROUND TANKS (Title 23)

- |                               |   |
|-------------------------------|---|
| General                       | <input type="checkbox"/> 1. Permit Application 25284 (H&S)      |
|                               | <input type="checkbox"/> 2. Pipeline Leak Detection 25292 (H&S) |
|                               | <input type="checkbox"/> 3. Records Maintenance 2712            |
|                               | <input type="checkbox"/> 4. Release Report 2651                 |
|                               | <input type="checkbox"/> 5. Closure Plans 2670                  |
| Monitoring for Existing Tanks | <input type="checkbox"/> 6. Method                              |
|                               | 1) Monthly Test   |
|                               | 2) Daily Vadose   |
|                               | Semi-annual groundwater   |
|                               | One time soils  |
|                               | 3) Daily Vadose   |
|                               | One time soils  |
|                               | Annual tank test  |
|                               | 4) Monthly Groundwater  |
|                               | One time soils  |
|                               | 5) Daily Inventory  |
|                               | Annual tank testing   |
|                               | Cont pipe leak det  |
|                               | Vadose/groundwater mon.   |
| 6) Daily Inventory            |   |
| Annual tank testing           |   |
| Cont pipe leak det            |   |
| 7) Weekly Tank Gauge          |   |
| Annual tank testing           |   |
| 8) Annual Tank Testing        |   |
| Daily Inventory               |   |
| 9) Other _____                |   |
| New Tanks                     | <input type="checkbox"/> 7. Precis Tank Test 2643               |
|                               | Date: _____   |
|                               | <input type="checkbox"/> 8. Inventory Rec. 2644                 |
|                               | <input type="checkbox"/> 9. Soil Testing 2646                   |
|                               | <input type="checkbox"/> 10. Ground Water. 2647                 |
|                               | <input type="checkbox"/> 11. Monitor Plan 2632                  |
|                               | <input type="checkbox"/> 12. Access. Secure 2634                |
|                               | <input type="checkbox"/> 13. Plans Submit 2711                  |
|                               | Date: _____   |
|                               | <input type="checkbox"/> 14. As Built 2635                      |
| Date: _____                   |   |

Rev 6/88

II, III

Contact: Jim Hickok  
 Title: Service manager  
 Signature: Jim Hickok

Inspector: Jeff Sharin  
 Signature: Jeff Sharin

STATE OF CALIFORNIA  
 STATE WATER RESOURCES CONTROL BOARD  
**CERTIFICATION OF COMPLIANCE**  
**FOR UNDERGROUND STORAGE TANK INSTALLATION**  
**FORM C**



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM

**I. SITE LOCATION**

STREET 3800 1<sup>ST</sup> STREET  
 CITY LIVERMORE COUNTY ALAMEDA

**II. INSTALLATION** (mark all that apply):

- The installer has been certified by the tank and piping manufacturers.
- The installation has been inspected and certified by a registered professional engineer.
- The installation has been inspected and approved by the implementing agency.
- All work listed on the manufacturer's installation checklist has been completed.
- The installation Contractor has been certified or licensed by the Contractors State License Board.
- Another method was used as allowed by the implementing agency. (Please specify.)

**III. OATH** I certify that the information provided is true to the best of my belief and knowledge.

Tank Owner/Agent Jim Hickok Date 9/3/92  
 Print Name Jim Hickok Phone (510) 447-1100  
 Address 3800 1<sup>ST</sup> ST LIVERMORE 94550

**LOCAL AGENCY USE ONLY**

STATE	COUNTY #	JURISDICTION #	FACILITY #	TANK #
TANK I.D. #	□ □	□ □ □ □	□ □ □ □ □ □ □ □	□ □ □ □ □ □ □ □

**INSTRUCTIONS FOR COMPLETING FORM "C": TANK INSTALLATION CERTIFICATION**

**GENERAL INSTRUCTIONS**

1. Each tank system must be in compliance with the federal and state technical standards, contained in law and regulations, for tank and piping installation.
  2. This certification shall be completed by either the UST owner or representative.
  3. One certification is required for each tank system. This form shall be used to make the required certification.
  4. Please type or print clearly all requested information (for printing, please use a hard point writing instrument).
  5. Submit the completed certification to the appropriate Local Implementing Agency.
- I. **INSTALLATION:** MARK ALL OF THE ITEMS THAT APPLY TO INDICATE THAT THE INSTALLATION REQUIREMENTS ARE MET.
- II. **OATH:** THE TANK OWNER OR AGENT SHALL CERTIFY, BY SIGNING THE CERTIFICATION, THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT. THE PERSON'S NAME SHOULD BE PRINTED UNDER THE SIGNATURE.

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

<b>MARK ONLY ONE ITEM</b>	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input checked="" 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 checked="" type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input checked="" type="checkbox"/> 8 TANK REMOVED

**DBA OR FACILITY NAME WHERE TANK IS INSTALLED:**

<b>I. TANK DESCRIPTION</b> COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN	
A. OWNER'S TANK I. D. # <u>UNKNOWN</u>	B. MANUFACTURED BY: <u>MARSHAM EQUIP CO</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>12-79</u>	D. TANK CAPACITY IN GALLONS: <u>500</u>

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

<b>III. TANK CONSTRUCTION</b> 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 checked="" 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 type="checkbox"/> 1 BARE STEEL <input type="checkbox"/> 5 CONCRETE <input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 2 STAINLESS STEEL <input type="checkbox"/> 6 POLYVINYL CHLORIDE <input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 3 FIBERGLASS <input type="checkbox"/> 7 ALUMINUM <input type="checkbox"/> 95 UNKNOWN <input checked="" type="checkbox"/> 99 OTHER <u>Carbon Steel</u>
C. INTERIOR LINING <input type="checkbox"/> 1 RUBBER LINED <input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 2 ALKYD LINING <input type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 3 EPOXY LINING <input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 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"/> 5 CATHODIC PROTECTION	<input checked="" type="checkbox"/> 2 COATING <input type="checkbox"/> 91 NONE	<input type="checkbox"/> 3 VINYL WRAP <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL SPILL CONTAINMENT INSTALLED (YEAR) _____ OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____		

<b>IV. PIPING INFORMATION</b> CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE		
A. SYSTEM TYPE	<input type="checkbox"/> 1 SUCTION <input type="checkbox"/> 2 PRESSURE <input type="checkbox"/> 3 GRAVITY	<input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
B. CONSTRUCTION	<input 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 type="checkbox"/> 1 BARE STEEL <input type="checkbox"/> 5 ALUMINUM <input type="checkbox"/> 9 GALVANIZED STEEL	<input type="checkbox"/> 2 STAINLESS STEEL <input type="checkbox"/> 6 CONCRETE <input type="checkbox"/> 10 CATHODIC PROTECTION
D. LEAK DETECTION	<input 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

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

<b>VI. TANK CLOSURE INFORMATION</b>		
1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>3/91</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>Tom Hickok Tom Hickok</u>	DATE <u>9/13/92</u>
---	---------------------

<b>LOCAL AGENCY USE ONLY</b> 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>011413</u>	<u>000803</u>
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE <u>4-26-95</u>	

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  1 NEW PERMIT  2 INTERIM PERMIT  3 RENEWAL PERMIT  4 AMENDED PERMIT  5 CHANGE OF INFORMATION  6 TEMPORARY TANK CLOSURE  7 PERMANENTLY CLOSED ON SITE  8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: LINCOLN HONDA

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

A. OWNER'S TANK I. D. # UNKNOWN B. MANUFACTURED BY: MAICKHAM EQUIP Co.

C. DATE INSTALLED (MO/DAY/YEAR) 12-79 D. TANK CAPACITY IN GALLONS: 2000

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

A.  1 MOTOR VEHICLE FUEL  2 PETROLEUM  3 CHEMICAL PRODUCT  4 OIL  80 EMPTY  95 UNKNOWN

B.  1 PRODUCT  2 WASTE

C.  1a REGULAR UNLEADED  1b PREMIUM UNLEADED  2 LEADED  3 DIESEL  4 GASAHOL  5 JET FUEL  6 AVIATION GAS  7 METHANOL

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  1 DOUBLE WALL  3 SINGLE WALL WITH EXTERIOR LINER  95 UNKNOWN  2 SINGLE WALL  4 SECONDARY CONTAINMENT (VAULTED TANK)  99 OTHER

B. TANK MATERIAL (Primary Tank)  1 BARE STEEL  2 STAINLESS STEEL  3 FIBERGLASS  4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC  5 CONCRETE  6 POLYVINYL CHLORIDE  7 ALUMINUM  8 100% METHANOL COMPATIBLE W/FRP  9 BRONZE  10 GALVANIZED STEEL  95 UNKNOWN  99 OTHER CARBON STEEL

C. INTERIOR LINING  1 RUBBER LINED  2 ALKYD LINING  3 EPOXY LINING  4 PHENOLIC LINING  5 GLASS LINING  6 UNLINED  95 UNKNOWN  99 OTHER

IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES \_\_\_ NO \_\_\_

D. CORROSION PROTECTION  1 POLYETHYLENE WRAP  2 COATING  3 VINYL WRAP  4 FIBERGLASS REINFORCED PLASTIC  5 CATHODIC PROTECTION  91 NONE  95 UNKNOWN  99 OTHER

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

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

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

V. TANK LEAK DETECTION

1 VISUAL CHECK  2 INVENTORY RECONCILIATION  3 VADOZE MONITORING  4 AUTOMATIC TANK GAUGING  5 GROUND WATER MONITORING  6 TANK TESTING  7 INTERSTITIAL MONITORING  91 NONE  95 UNKNOWN  99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) \_\_\_\_\_ 2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING \_\_\_\_\_ GALLONS 3. WAS TANK FILLED WITH INERT MATERIAL? YES  NO

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) Jim Hickok in Nickel DATE 9/3/98

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

STATE I.D.# \_\_\_\_\_ COUNTY # 01 JURISDICTION # 006 FACILITY # 011413 TANK # 000001

PERMIT NUMBER \_\_\_\_\_ PERMIT APPROVED BY/DATE \_\_\_\_\_ PERMIT EXPIRATION DATE 4-26-95



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



COMPLETE THIS FORM FOR EACH FACILITY/SITE

<b>MARK ONLY ONE ITEM</b>	<input checked="" type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input 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 <b>LIVERMORE HONDA</b>		NAME OF OPERATOR <b>GEORGE GANGI</b>		
ADDRESS <b>3800 15<sup>th</sup> STREET</b>		NEAREST CROSS STREET <b>POICOLA AVE.</b>	PARCEL # (OPTIONAL)	
CITY NAME <b>LIVERMORE</b>		STATE <b>CA</b>	ZIP CODE <b>94550</b>	SITE PHONE # WITH AREA CODE <b>510-447-1100</b>
<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				
TYPE OF BUSINESS		IF INDIAN RESERVATION OR TRUST LANDS		E. P. A. I. D. # (optional)
<input type="checkbox"/> 1 GAS STATION <input type="checkbox"/> 2 DISTRIBUTOR <input type="checkbox"/> 3 FARM <input type="checkbox"/> 4 PROCESSOR <input checked="" type="checkbox"/> 5 OTHER		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> # OF TANKS AT SITE <b>3</b> <input type="checkbox"/> CAL 000067888

**EMERGENCY CONTACT PERSON (PRIMARY)**

**EMERGENCY CONTACT PERSON (SECONDARY) - optional**

DAYS: NAME (LAST, FIRST) <b>HICKOK, JIM</b>	PHONE # WITH AREA CODE <b>510-449-3162</b>	DAYS: NAME (LAST, FIRST) <b>GANGI, GEORGE</b>	PHONE # WITH AREA CODE <b>510-449-8422</b>
NIGHTS: NAME (LAST, FIRST) <b>HICKOK, JIM</b>	PHONE # WITH AREA CODE <b>510-449-3162</b>	NIGHTS: NAME (LAST, FIRST) <b>GANGI, GEORGE</b>	PHONE # WITH AREA CODE <b>510-449-8422</b>

**II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)**

NAME <b>ED SPENCER</b>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <b>5870 STONERIDGE MALL RD. SUITE 150</b>		<input checked="" type="checkbox"/> box to indicate <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME <b>PLEASANTON</b>		STATE <b>CA</b>	ZIP CODE <b>94588</b>	PHONE # WITH AREA CODE <b>510-463-1200</b>

**III. TANK OWNER INFORMATION - (MUST BE COMPLETED)**

NAME OF OWNER <b>ED SPENCER</b>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <b>5870 STONERIDGE MALL RD SUITE 150</b>		<input checked="" type="checkbox"/> box to indicate <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME <b>PLEASANTON</b>		STATE <b>CA</b>	ZIP CODE <b>94588</b>	PHONE # WITH AREA CODE <b>510-463-1200</b>

**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 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) <b>Jim Hickok</b>	APPLICANT'S TITLE <b>Service Manager</b>	DATE MONTH/DAY/YEAR <b>05/05/92</b>
---	---	--

**LOCAL AGENCY USE ONLY**

COUNTY # <b>01</b>	JURISDICTION # <b>000</b>	FACILITY # <b>011413</b>
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPVISOR - DISTRICT CODE - OPTIONAL