

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

April 8, 1996

Ms. Eva Chu
Alameda County Health Care Services Agency
Department of Environmental Health
80 Swan Way, Room 200
Oakland, CA 94621

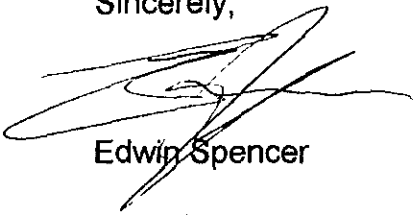
RE: StID 2937 - 3800 First Street, Livermore 94550 (Livermore Honda)

Dear Ms. Chu:

The three monitoring wells at the above site have now been destroyed. Enclosed is a copy of Zone 7 Water Agency drilling permit issued to Kvilhaug Well Drilling of Concord to destroy the wells by pressure grout and the three well completion reports showing that the job has been completed.

Please advise if there is anything else you want me to do.

Sincerely,

A handwritten signature in black ink, appearing to be 'Edwin Spencer', written over a printed name.

Edwin Spencer

Encl: 4

CONFIDENTIAL

STATE OF CALIFORNIA DWR
WELL COMPLETION REPORT
(WELL LOGS)

REMOVED

ENVIRONMENTAL
PROTECTION

96 APR 12 PM 2:33



ZONE 7 WATER AGENCY

5997 PARKSIDE DRIVE PLEASANTON, CALIFORNIA 94588

VOICE (510) 484-2600
FAX (510) 462-3914

DRILLING PERMIT APPLICATION

FOR APPLICANT TO COMPLETE

FOR OFFICE USE

LOCATION OF PROJECT 3800 FIRST STREET
LIVERMORE, CA

PERMIT NUMBER 96236
LOCATION NUMBER 3S/2E 9A4 to 9A6

CLIENT
Name EDWIN SPENCER
Address 880 COLUMBINE CT. Voice (510) 837-6204
City DANVILLE, CA Zip 94526-6204

PERMIT CONDITIONS

Cited Permit Requirements Apply

APPLICANT
Name KVILNANG WELL DRILLING
Address 1109 LANDING LANE Voice (510) 685-6613
City CONCORD Zip 94520

A. GENERAL

1. A permit application should be submitted so as to arrive at the Zone 7 office five days prior to proposed starting date.
2. Submit to Zone 7 within 60 days after completion of permitted work the original Department of Water Resources Water Well Driller's Report or equivalent for well projects, or drilling logs and location sketch for geotechnical projects.
3. Permit is void if project not begun within 90 days of approval date.

B. WATER WELLS, INCLUDING PIEZOMETERS

1. Minimum surface seal thickness is two inches of cement grout placed by tremie.
2. Minimum seal depth is 50 feet for municipal and industrial wells or 20 feet for domestic and irrigation wells unless a lesser depth is specially approved. Minimum seal depth for monitoring wells is the maximum depth practicable or 20 feet.

C. GEOTECHNICAL. Backfill bore hole with compacted cuttings or heavy bentonite and upper two feet with compacted material. In areas of known or suspected contamination, tremied cement grout shall be used in place of compacted cuttings.

D. CATHODIC. Fill hole above anode zone with concrete placed by tremie.

E. WELL DESTRUCTION. See attached.

TYPE OF PROJECT
Well Construction _____ Geotechnical Investigation _____
Cathodic Protection _____ General _____
Water Supply _____ Contamination _____
Monitoring _____ Well Destruction X

PROPOSED WATER SUPPLY WELL USE
Domestic _____ Industrial _____ Other _____
Municipal _____ Irrigation _____

DRILLING METHOD:
Aid Rotary _____ Air Rotary _____ Auger _____
Cable _____ Other PRESSURE GROUT

DRILLER'S LICENSE NO. C57 - 482390

WELL PROJECTS
Drill Hole Diameter 7 in. Maximum Depth 53 ft.
Casing Diameter 2 in. Number 3
Surface Seal Depth 7 ft.

GEOTECHNICAL PROJECTS
Number of Borings _____ Maximum Depth _____ ft.
Hole Diameter _____ in.

ESTIMATED STARTING DATE 29 MARCH 96
ESTIMATED COMPLETION DATE 29 MARCH 96

I hereby agree to comply with all requirements of this permit and Alameda County Ordinance No. 73-68.

Approved Wyman Hong Date 28 Mar 96
Wyman Hong

APPLICANT'S SIGNATURE [Signature] Date 21 Mar 96

91992

CONFIDENTIAL

STATE OF CALIFORNIA DWR
WELL COMPLETION REPORT
(WELL LOGS)

REMOVED

CONFIDENTIAL

STATE OF CALIFORNIA DWR
WELL COMPLETION REPORT
(WELL LOGS)

REMOVED

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

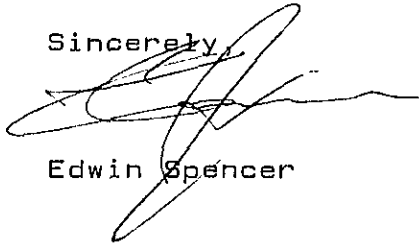
Dear Ms. Chu;

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

ENVIRONMENTAL
PROTECTION
95 APR -4 AM 8:18

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

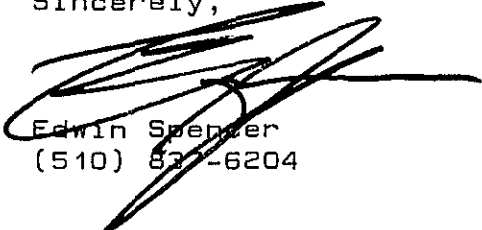
Dear Ms. Chu:

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

ST10 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 than 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 has 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.

Handwritten signature of 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

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

September 22, 1993

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

**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.

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 POSTER FOR SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM.	
REPORT DATE 07/22/93		CASE # 94 OCT 31			
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Diana Nguyen		PHONE (408) 988-1032		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 Alpha Geo Services		
	ADDRESS 298 Brokaw Road Santa Clara CA 95050				
RESPONSIBLE PARTY	NAME Edwin Spencer		CONTACT PERSON <input type="checkbox"/> UNKNOWN		PHONE (510) 837-6204
	ADDRESS 880 Columbine Court Danville CA 94526				
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Livermore Honda		OPERATOR Jim Hickok		PHONE (510) 447-1100
	ADDRESS 3800 First Street Livermore CA 94550				
	CROSS STREET Livermore Avenue				
IMPLEMENTING AGENCIES	LOCAL AGENCY Alameda County Health Agency		CONTACT PERSON Jeff Shapiro		PHONE (510) 271-4320
	REGIONAL BOARD Regional Water Quality Control Board - San Francisco Region		CONTACT PERSON Eddy So		PHONE (510) 286-4366
SUBSTANCES INVOLVED	(1) NAME				QUANTITY LOST (GALLONS)
	(2) NAME				QUANTITY LOST (GALLONS)
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		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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 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		<input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER		
SOURCE/ CAUSE	SOURCE OF DISCHARGE <input checked="" type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER		
	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)				
CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> LEAK BEING CONFIRMED <input 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				
	CHECK APPROPRIATE ACTION(S) <input type="checkbox"/> CAP SITE (CD) <input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> OTHER (OT)				
COMMENTS	COMMENTS				

ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY

DAVID J KEARS Agency Director



RAFAT A SHAHID, ASSI 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

StID 2937

January 27, 1993

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: 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

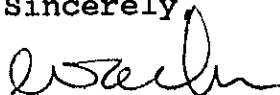
E. Spencer
re: Livermore Honda
January 27, 1993

Page 2

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

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

Hazardous Materials Inspection Form

II, III

Site ID # _____ Site Name Livonne Hardware Today's Date 12/27/92

Site Address 3800 12th Street

City Livonne Zip 94580 Phone _____

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

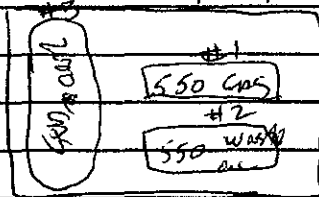
Inspection Categories:

- 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 SIGNS OF GASOLINE CONTAMINATION. THE TANK WROG WAS PARTIALLY DRESSALED.

THE SMELL OF GASOLINE WAS EVIDENT ON THE BOTTOM OF TANK #1. NO APPARENT HOLES.

#2 Tank - TANK WROG WASTE OIL TANK. THE WROG WAS IN TANKS, NO OROK DETECTED. NO APPARENT HOLES IN TANK.

#3 Tank NO OROK OF 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 Stds. 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
- 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. 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 Date: _____ 2711
 - 14. As Built Date: _____ 2635

Contact: FRANK HAN B'D

Title: _____

Signature: [Signature]

Inspector: [Signature]

Signature: [Signature]

II, III

white -env.health
yellow -facility
pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH *p2*
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.?

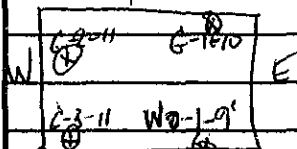
Inspection Categories:

- 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 H₂O Sample was Taken From This Area w/o purging the initial H₂O found in the PIT. - It Appears that the H₂O in the PIT came from RUN OFF AND is NOT GROUND H₂O - No need to RUN H₂O 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 Stds. 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) 25535(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 2643
 - Date: _____
 - 8. Inventory Rec. 2644
 - 9. Soil Testing 2646
 - 10. Ground Water. 2647

- New Tanks
- 11. Monitor Plan 2632
 - 12. Access. Secure 2634
 - 13. Plans Submitt 2711
 - Date: _____
 - 14. As Built 2635
 - Date: _____

Rev 8/88

Contact: FRANK HAMRDI

Title: _____

Signature: _____

Inspector: JEFF SHAPIRO

Signature: _____

II, III

LOP - RECORD CHANGE REQUEST FORM

printed:
06/12/95

Mark Out What Needs Changing and Hand to LOP Data Entry
(Name/Address changes go to Annual Programs Data Entry)

Insp: EC

AGENCY # : 10000 SOURCE OF FUNDS: F SUBSTANCE: 8006619
 StID : 2937 LOC: 06/08/94
 SITE NAME: Livermore Honda DATE REPORTED : 12/22/92
 ADDRESS : 3800 1st DATE CONFIRMED: 12/24/92
 CITY/ZIP : Livermore 94550 MULTIPLE RPs : N

SITE STATUS

CASE TYPE: S CONTRACT STATUS: 4 PRIOR CODE: EMERGENCY RESP:
 RP SEARCH: S DATE COMPLETED: 01/21/93
 PRELIMINARY ASMNT: U DATE UNDERWAY: 01/27/93 DATE COMPLETED: 10/07/94
 REM INVESTIGATION: DATE UNDERWAY: DATE COMPLETED:
 REMEDIAL ACTION: DATE UNDERWAY: DATE COMPLETED:
 POST REMED ACT MON: DATE UNDERWAY: DATE COMPLETED:

ENFORCEMENT ACTION TYPE: 1 DATE ENFORCEMENT ACTION TAKEN: 01/21/93
 LUFT FIELD MANUAL CONSID: hscawg
 CASE CLOSED: Y DATE CASE CLOSED: 06/14/95
 DATE EXCAVATION STARTED : 07/08/93 REMEDIAL ACTIONS TAKEN: ED

RESPONSIBLE PARTY INFORMATION

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

INSPECTOR VERIFICATION:

NAME _____ SIGNATURE _____ DATE _____

DATA ENTRY INPUT:

Name/Address Changes Only			Case Progress Changes	
ANNPGMS _____	LOP _____	DATE _____	LOP _____	DATE _____

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	DATE END:
REMEDIAL INVESTIG	:	DATE BEGIN:	DATE END:
REMEDIAL ACTION	:	DATE BEGIN:	DATE END:
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 SHART

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) 374-7237

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" H82 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, ground-water, 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>TODG</p> <p>CLHL</p> <p>HYV 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>TPH-D 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

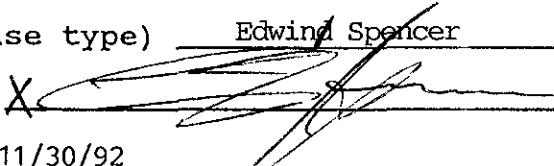
Name (please type) Frank Hamedi-Fard

Signature 

Date 11/30/92

Signature of Site Owner or Operator

Name (please type) Edwina 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.

TABLE #2
RECOMMENDED MINIMUM VERIFICATION ANALYSES FOR
UNDERGROUND TANK LEAKS

<u>HYDROCARBON LEAK</u>	<u>SOIL ANALYSIS</u>		<u>WATER ANALYSIS</u>	
Unknown Fuel	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E	8260		
Leaded Gas	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	BTX&E	8020 OR 8240	BTX&E	602 or 624
	TPH AND BTX&E	8260	TOTAL LEAD AA	
	TOTAL LEAD AA			
	-----Optional-----			
	TEL	DHS-LUFT	TEL	DHS-LUFT
	EDB	DHS-AB1803	EDB	DHS-AB1803
Unleaded Gas	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E	8260		
Diesel, Jet Fuel and Kerosene	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E	8260		
Fuel/Heating Oil	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E	8260		
Chlorinated Solvents	CL HC	8010 or 8240	CL HC	601 or 624
	BTX&E	8020 or 8240	BTX&E	602 or 624
	CL HC AND BTX&E	8260	CL HC AND BTX&E	8260
Non-chlorinated Solvents	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602 or 624
	TPH AND BTX&E	8260	TPH and BTX&E	8260
Waste and Used Oil or Unknown (All analyses must be completed and submitted)	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	TPH AND BTX&E	8260		
	O & G	5520 D & F	O & G	5520 C & F
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	CL HC	8010 or 8240	CL HC	601 or 624
	ICAP or AA TO DETECT METALS: Cd, Cr, Pb, Zn, Ni			
	METHOD 8270 FOR SOIL OR WATER TO DETECT:			
	PCB*		PCB	
	PCP*		PCP	
	PNA		PNA	
	CREOSOTE		CREOSOTE.	

* If found, analyze for dibenzofurans (PCBs) or dioxins (PCP)

Reference: Tri-Regional Board Staff Recommendations for Preliminary Evaluation and Investigation of Underground Tank Sites, 10 August 1990

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

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.

**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 911
4550 East Avenue, Livermore

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

ADDITIONAL CONTINGENCY TELEPHONE NUMBERS:

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

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

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.

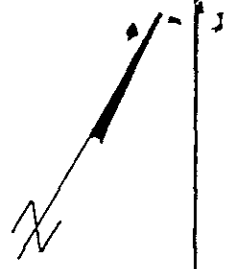
Respirators are of two basic types, air-purifying and air-supplying. Air-purifying respirators are designed to remove specific contaminants by means of filters and/or sorbents. Air-purifying respirators come in various sizes, shapes, and models and can be outfitted with a variety of filters, cartridges,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

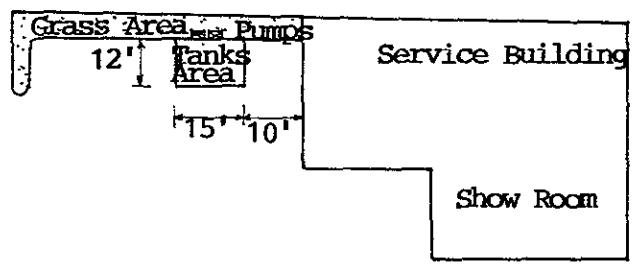
Air-supplying respirators are utilized in oxygen-deficient atmospheres (less than 19.5 percent) or when an air-purifying device is not sufficient. Air is supplied to a face-mask from an uncontaminated source of air via and air line from stationary tanks, from a compressor, or from air cylinders worn 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



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

I. TANK DESCRIPTION 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>

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

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input checked="" type="checkbox"/> 4 OIL	B. <input type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input checked="" type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 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
			<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	A U 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH	A U 95 UNKNOWN
				A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A U 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING	A U 8 100% METHANOL COMPATIBLE W/FRP
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A U 95 UNKNOWN	A U 99 OTHER
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input type="checkbox"/> 99 OTHER

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>
--	-------------------------

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

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>
--	-------------------------

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>000002</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: Liver ore 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"/> 6 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"/> 8 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"/>
---	--	---

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) Kevin 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>000011</u>
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	

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 9/30/92

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. YOUR 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
- 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 Gndwater 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 Date: _____ 2711
 - 14. As Built Date: _____ 2635

Rev 8/88

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

Inspector: Jeff Shapiro
 Signature: Jeff Shapiro

II, III

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 1ST 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 1ST ST Livermore 94550

LOCAL AGENCY USE ONLY

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

--	--	--	--	--	--	--	--	--	--

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.

MARK ONLY ONE ITEM	<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: _____

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

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.			
A. <input 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 checked="" type="checkbox"/> 80 EMPTY	<input checked="" type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED <u>OIL</u>		C. A S. # _____	

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E			
A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input checked="" type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER _____
B. TANK MATERIAL (Primary Tank)	<input type="checkbox"/> 1 BARE STEEL	<input 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 checked="" type="checkbox"/> 99 OTHER <u>Carbon Steel</u>
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES _____ NO _____		<input type="checkbox"/> 4 PHENOLIC LINING
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input checked="" type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 95 UNKNOWN
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
C. MATERIAL AND CORROSION PROTECTION	A U 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING	A U 8 100% METHANOL COMPATIBLE W/FRP
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A U 95 UNKNOWN	A U 99 OTHER _____
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input type="checkbox"/> 99 OTHER _____

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

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

LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW			
STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #
	<u>01</u>	<u>000</u>	<u>011413</u>
			TANK #
			<u>000003</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	<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 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: LIVINGSTONE HONDA

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

A. OWNER'S TANK I. D. # <u>UNKNOWN</u>	B. MANUFACTURED BY: <u>MARCKHAM EQUIP CO.</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>12-79</u>	D. TANK CAPACITY IN GALLONS: <u>2000</u>

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

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

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

A. TYPE OF SYSTEM <input type="checkbox"/> 1 DOUBLE WALL <input type="checkbox"/> 2 SINGLE WALL	<input 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"/> 98 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	<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 checked="" type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VADOZE MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING
<input type="checkbox"/> 6 TANK TESTING	<input type="checkbox"/> 7 INTERSTITIAL MONITORING	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR)	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ 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>Jim Hickok in Nickel</u>	DATE <u>9/3/92</u>
--	--------------------

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

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
	01	000	011413	000001
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 A



COMPLETE THIS FORM FOR EACH FACILITY/SITE

MARK ONLY ONE ITEM	<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 LIVERMORE HUNDA		NAME OF OPERATOR GEORGE GANGI		
ADDRESS 3800 15th STREET		NEAREST CROSS STREET POICOLA AVE.	PARCEL # (OPTIONAL)	
CITY NAME LIVERMORE		STATE CA	ZIP CODE 94550	SITE PHONE # WITH AREA CODE 510-447-1100
<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 3 <input type="checkbox"/> CAL 000067888

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

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

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME ED SPENCER		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 5870 STONERIDGE MALL RD. SUITE 150		<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 PLEASANTON		STATE CA	ZIP CODE 94588	PHONE # WITH AREA CODE 510-463-1200

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER ED SPENCER		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 5870 STONERIDGE MALL RD SUITE 150		<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 PLEASANTON		STATE CA	ZIP CODE 94588	PHONE # WITH AREA CODE 510-463-1200

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. <input type="checkbox"/>	II. <input type="checkbox"/>	III. <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) Jim Hickok	APPLICANT'S TITLE Service Manager	DATE MONTH/DAY/YEAR 05/05/92
---	---	--

LOCAL AGENCY USE ONLY

COUNTY # 01	JURISDICTION # 000	FACILITY # 011413
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPVISOR - DISTRICT CODE - OPTIONAL