

LOP - RECORD CHANGE REQUEST FORM

printed:
02/03/94

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

AGENCY # : 10000	SOURCE OF FUNDS: S	SUBSTANCE: 02
StID : 3754		
SITE NAME: Dorthy F. Coates		DATE REPORTED : 07/25/91
ADDRESS : 33 La Salle Ave		DATE CONFIRMED: 07/25/91
CITY/ZIP : Piedmont 94611		MULTIPLE RPs : N

SITE STATUS

CASE TYPE: S	CONTRACT STATUS: 4	PRIOR CODE:	EMERGENCY RESP:
RP SEARCH: S			DATE COMPLETED: 03/27/92
PRELIMINARY ASMNT:	DATE UNDERWAY:		DATE COMPLETED:
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: 03/27/92	
LUFT FIELD MANUAL CONSID: HSCA			
CASE CLOSED: Y		DATE CASE CLOSED: 02/04/94	
DATE EXCAVATION STARTED : 07/25/90		REMEDIAL ACTIONS TAKEN: ED	

RESPONSIBLE PARTY INFORMATION

RP#1-CONTACT NAME: Dorthy F. Coates
COMPANY NAME: n/a
ADDRESS: 33 La Salle Ave
CITY/STATE: Piedmont, C A 94611

INSPECTOR VERIFICATION:

NAME _____	SIGNATURE _____	DATE _____
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DATA ENTRY INPUT:

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



ENVIRONMENTAL BIO-SYSTEMS, INC.

Innovative Solutions for a Better Environment

11 January 1993

Mr. Thomas Peacock
Alameda County Health Agency
Division of Hazardous Materials
Department of Environmental Health
80 Swan Way, Room 200
Oakland, California 94621

**RE: 33 La Salle Avenue, Piedmont, CA 94611
STID #3754**

Mr. Peacock:

I have prepared the following letter in response to our last conversation regarding the possibility of further work at the subject site. I wish to make you aware of several issues of importance in considering further exploration or remedial action at the site.

The owner's of the neighboring property, Mr. and Mrs. Ross, are very elderly. Mrs. Ross reportedly has severe cardiovascular problems. Both Mr. and Mrs. Ross are extremely excitable. They seemed unable to comprehend the changes taking place at several points during our excavation project. In my opinion, they are not able to cope with the stress and activity associated with working crews and machinery near their home.

11 January 1993

Memo: Thomas Peacock
RE: 33 La Salle Ave., Piedmont, CA

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Access to the site is also extremely limited. The affected portion of the property consists of a thin strip of land (approximately 5 to 10-feet wide) running between the house which is located on the subject property, and the driveway of the neighboring property (see enclosed photos).

The neighboring property must be used to gain access for heavy equipment. The adjacent property owner is currently suing parties involved in the previous work claiming that their driveway was damaged. They are also suing the current owners of the former Coates house. They have recently installed a new driveway. Permission for future access through their property will probably not be granted willingly.

The residual concentration of oil in the northeast pit wall remained high (up to 13,000 mg/Kg) as can be seen from the diagram included in our 9 December 1991 report on soil excavation. A fuel oil tank belonging to the Ross' lies approximately 10-feet to the north of the excavation. The level of oil remaining in the tank was measured during a conversation at the site with the Mrs. Ross regarding removal of the tank. Several inches of what appears to be oil were found in the tank. The potential for contribution to my Client's former property from this source remains undefined.

The extent of excavation represented on the forementioned diagram is the effective maximum extent given the existing site restrictions. Further soil removal to the northwest would involve shoring a portion of the house. Excavation to the north, east, and southeast would involve the demolition of the Ross' driveway.

11 January 1993

Memo: Thomas Peacock
RE: 33 La Salle Ave., Piedmont, CA

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Further vertical excavation is improbable given site limitations to the size and weight of excavation machinery. A rubber tired backhoe was utilized for our excavation. Larger equipment can't fit through the opening of the Ross driveway. Track mounted equipment cannot be used without a strong probability of destroying the Ross driveway. The maximum vertical depth of excavation described in our report represents the depth at which the largest practical piece of available excavation equipment reached refusal.

A subsequent review of water well depths in proximity to the site was performed following the excavation. Depths to water found were typically greater than 100-feet. Given that what appears to be bedrock was encountered within the upper 5-feet, access to ground water should be inhibited.

I hope that this information proves useful. I can be reached at (510) 429-9988 for further questions or comments.

Sincerely,
ENVIRONMENTAL BIO-SYSTEMS, INC.

Timothy M. Babcock
Environmental Scientist

TMB/sls

enc: Photographs of Site
cc: Ms. Audrey Bell, Representative for Dorothy Coates
Ms. Eva Chu, Alameda County Health Agency

ENVIRONMENTAL BIO-SYSTEMS, INC.

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



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

RAFAT A. SHAHID, Assistant Agency Director

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

June 1, 1992

Audrey Bell
401 Felton St.
San Francisco, CA 94134

Re: 33 La Salle Ave., Piedmont, CA 94611
STID # 3754

Dear Ms. Bell:

This office has reviewed the Soil Excavation and Disposal Report (Environmental Bio-Systems, Inc.) dated 9 Dec. 91 for the above site. The extremely high levels of TPHd (up to 15,000 ppm) must require that a groundwater investigation be conducted. The topography, previous investigations, structures, conduits, and other pertinent information may all be considered. Please submit a proposal within 60 days stating the method of conducting the investigation to determine the lateral and verticle extent of contamination. An angle boring may be the best method of installing a monitoring well as structures and topography cause a great deal of interference in this situation.

If you have any questions please contact this office, at 271-4530.

Sincerely,

Thomas Peacock, Supervising HMS
Hazardous Material Division

cc: Richard Hiett, RWQCB

JH

WATER RESOURCES CONTROL BOARD
DIVISION OF WATER QUALITY - UST CLEANUP PROGRAM
SITE SPECIFIC QUARTERLY REPORT
FOR QUARTER BEGINNING 07/01/92

AGENCY # : 10000 SOURCE OF FUNDS: S SUBSTANCE: 02
StID : 3754
SITE NAME: Dorothy F. Coates
ADDRESS : 33 La Salle Ave.
CITY/ZIP : Piedmont 94611
DATE REPORTED : 07/25/91
DATE CONFIRMED: 07/25/91
MULTIPLE RPs : N

SITE STATUS

CASE TYPE: S CONTRACT STATUS: 2 EMERGENCY RESP:
RP SEARCH: S DATE UNDERWAY: DATE COMPLETED: 03/27/92
PRELIMINARY ASMNT: DATE UNDERWAY: DATE COMPLETED:
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: 03/27/92
LUFT FIELD MANUAL CONSID: DATE CASE CLOSED:
CASE CLOSED: REMEDIAL ACTIONS TAKEN: ED
DATE EXCAVATION STARTED : 07/25/90

RESPONSIBLE PARTY INFORMATION

RP#1-CONTACT NAME: Dorothy F. Coates
COMPANY NAME:
ADDRESS: 33 La Salle Ave
CITY/STATE: Piedmont, C A 94611

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ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, Assistant Agency Director

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

March 26, 1992

Catrina Gjura
State Water Resources Board
P.O. Box 944212
Sacramento, CA 94244-2120

Re: Home heating fuel tank sites

Dear Ms. Gjura:

Per our conversations on March 20, 1992, March 23, 1992, and March 26, 1992, Alameda County's Local Oversight Program may work on and be reimbursed by the State for the work conducted on the following sites:

<u>STID</u>	<u>Site Information</u>
3823	This site is a residence where a 500-gallon furnace oil tank was removed. It was noted during the excavation that the tank looked worn and old.
3754	This site is a residence where a 300-gallon heating oil tank was removed. According to the RP, this tank was inactive for about 30 years before it was removed from the site.

Please contact me at (510)271-4320 if you have any questions or comments.

Sincerely,

A handwritten signature in cursive script, appearing to read "Juliet Shin".

Juliet Shin
Hazardous Materials Specialist

Audrey K. Bell
Certified Public Accountant
401 Felton Street
San Francisco, California 94134

92 FEB -5 11:11:05

(415) 468-1234

February 3, 1992

Mr. Larry Seto
Division of Hazardous Materials
Dept. of Environmental Health
80 Swan Way, Room 200
Oakland, California 94621


REFERENCE: 33 La Salle Avenue
Piedmont, California

Dear Mr. Seto:

Enclosed, for your review, is a "Soil/Excavation and Disposal Report" for the above referenced property, prepared by Environmental Bio-Systems, Inc..

To the best of my knowledge, the information contained in this report is accurate.

Cordially,


AUDREY K. BELL
Attorney in fact for
Dorothy F. Coates

AKB:dd
Enclosure
cc: D. F. Coates



ENVIRONMENTAL BIO-SYSTEMS, INC.

Innovative Solutions for a Better Environment

28 January 1992

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

RE: 33 La Salle Avenue, Piedmont, California

Ms. Chu:

Enclosed is a copy of the well listings reviewed for the referenced property.
I have marked the listings as I found them on the original in our files.

I hope this information will help. Please contact me with further
comments.

Sincerely,
ENVIRONMENTAL BIO-SYSTEMS, INC.

Timothy M. Babcock
Environmental Scientist, Project Manager

TMB/sls

NUMBER	WELL OWNER	WELL ADDRESS	CITY	NUMBER	LAST UPDATE
1S73W 19A 1	EBMUD	5301 CLAREWOOD DR	O	0	7/23/1984
1S73W 19F 1	MR. BOSTROM	HIGHLAND	P	0	7/23/1984
1S73W 19G 1	PG&E	132 DRACENA ST	P	0	7/23/1984
1S73W 19H 1	EBMUD	GRAND AV & HOLLY PLACE	F	0	12/10/1984
1S73W 19M 2	CITY OF FREMONT	RICARDO & ARTUNA AV	F	0	7/31/1984
1S73W 19M 3	CITY OF PIEDMONT	RICARDO & ARTUNA AV	F	0	7/23/1984
1S73W 19M 4	EBMUD	GRAND AV & HOLLY PLACE	F	0	7/23/1984
1S73W 19M 5	JOHN B. BATES	125 HILLSIDE AV.	PED	0	6/15/1989
1S73W 19P 1	GRAY	377 HILLSIDE AV	F	0	7/23/1984
1S73W 19P 2	TRULSEN	326 EL CERRITO	P	0	7/23/1984
1S73W 19P 3	ABBOTT	304 HILLSIDE	F	0	7/23/1984
1S73W 19P 4	Paul Hertelendy	321 Hillside Ave	PIE	0	4/17/1991
1S73W 19Q	Harris & Associates	Benita and Vista Avenues	OAK	0	6/26/1990
1S73W 19Q 1	FRANK ADAMA	781 HIGHLAND AV.	P	0	7/23/1984
1S73W 19Q 2	CITY OF PIEDMONT	HIGHLAND & VAL VISTA AV	F	0	7/23/1984
1S73W 19Q 3	BILL BREASHEARS	141 HAZEL LANE	F	0	8/ 8/1988
1S73W 19Q 4	THOMAS CROWLEY	55 HAZEL LN.	PED	0	6/15/1989
1S73W 19R 1	BLAN M BACHS	321 MOUNTAIN AVE	PED	0	12/21/1988
1S73W 20A 1	Robert Field	5945 Alhambra Ave	OAK	0	4/26/1991
1S73W 20B	NATHAN KANN	5736 THORNHILL DRIVE	OAK	0	2/24/1988
1S73W 20C 1	Albert Kernans	1600 Fernwood Drive	OAK	0	4/17/1991
1S73W 20D 1	EBMUD	HARBOR DR & MORAGA AV	F	0	7/23/1984
1S73W 20D 2	EAST BAY M. U. D.	MAXWELTON RD & HARBOR RD	O	0	1/21/1987
1S73W 20J 1	PG&E	SNAKE & MAGELLAN	P	0	7/20/1984
1S73W 20J 2	Chevron USA	6550 Moraga Ave	OAK	0	6/ 7/1991
1S73W 20J 3	Chevron USA	6550 Moraga Ave	OAK	0	6/ 7/1991
1S73W 20J 4	Chevron USA	6550 Moraga Ave	OAK	0	6/ 7/1991
1S73W 20J 5	Chevron USA	6550 Moraga Ave	OAK	0	6/ 7/1991
1S73W 20K 1	ROBERT GREEN	6017 LASALLE	P	0	7/20/1984
1S73W 20K 2	Mr. & Mrs. Gary Torre	6363 Estates Drive	OAK	0	4/17/1991
1S73W 20L 1	EBMUD	5980 WOOD DR.	F	0	7/23/1984
1S73W 20M 1	PG&E	BLAIR & MOUNTAIN AV	F	0	7/20/1984
1S73W 20M 2	PG&E	5900 Harbor Drive	OAK	0	6/13/1991
1S73W 20M 3	PG&E	Mountain Ave & Blair Ave	OAK	0	6/13/1991
1S73W 20N 1	BECHTEL CORP.	26 SEAVIEW	P	0	7/23/1984
1S73W 20N 2	ALBON	445 MOUNTAIN AV	P	0	7/20/1984
1S73W 20N 3	D. CRUBER	37 BELLEVE AV	F	0	7/20/1984
1S73W 20N 4	DAVIS	1 SEAVIEW AV.	F	0	7/20/1984
1S73W 20N 5	PYNE	6 SEAVIEW AV	F	0	7/20/1984
1S73W 20N 6	MR. BATES	20 BELVUE	F	0	7/20/1984
1S73W 20N 7	MR. CRUBER	37 BELLEVE AVE	F	0	7/31/1984
1S73W 20N 7	JACK SHUMAN	444 MOUNTAIN AVE	PED	0	12/21/1988
1S73W 20N 8	BETTY & KIRK WARD	2 SEAVIEW AVE	P	0	8/ 5/1988
1S73W 20P 1	D.A. MCLEOD	42 GLEN ALPINE DR	F	0	7/20/1984
1S73W 20P 2	JAMES F. MCCLOUD	51 GLEN ALPINE DR	F	0	7/20/1984
1S73W 20P 3	G.W. JAMESON	37 GLEN ALPINE DR	F	0	7/20/1984
1S73W 20P 4	MR. MCLEOD	51 GLEN ALPINE DR	F	0	7/20/1984
1S73W 20P 5	MR. MCLEOD	51 GLEN ALPINE DR	F	0	7/20/1984

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WELL NUMBER	DATE (MO/YR)	DEPTH (FT)	ELEV. (FT)	WATER (FT)	(MSL)	USE	LDG	WQ	WL	(GPM)	
19/3W 20P 6	03/89	232	0	84	0	DOM	D	0	0	0	4
19/3W 20P 7	03/89	232	0	84	0	DOM	D	0	0	0	4
19/3W 20R	10/89	50	0	23	0	BOR	X	0	0	0	9
19/3W 20R 1	5/80	32	0	10	0	?	D	0	0	0	8
19/3W 20R 2	10/89	50	0	33	0	MON	X	1	1	0	2
19/3W 20R 3	10/89	31	0	14	0	MON	X	2	1	0	2
19/3W 20R 4	11/89	31	0	23	0	MON	X	1	1	0	2
19/3W 29B 1	2/76	120	0	0	0	CAT	D	0	0	0	0
19/3W 29B 2	9/77	200	0	10	0	IRR	D	0	0	30	6
19/3W 29C 1	7/77	300	0	125	0	IRR	D	0	0	60	6
19/3W 29C 2	08/88	200	0	79	0	IRR	D	0	0	50	6
19/3W 29D 1	7/10	217	0	26	0	IRR	?	0	1	0	0
19/3W 29D 2	7/77	200	0	100	0	IRR	D	0	0	40	0
19/3W 29D 3	10/77	145	0	50	0	DOM	D	0	0	30	6
19/3W 29D 5	5/77	270	0	65	0	IRR	D	0	0	45	6
19/3W 29D 6	05/88	180	0	69	0	IRR	D	0	0	0	4
19/3W 29D 6	06/88	140	0	20	0	IRR	D	0	0	100	5
19/3W 29D 7	06/88	136	0	35	0	IRR	D	0	0	0	4
19/3W 29D 8	11/88	219	0	50	0	IRR	B	0	0	60	4
19/3W 29D 9	02/90	179	0	45	0	DOM	X	0	0	30	5
19/3W 29D 10	4/90	282	0	35	0	IRR	D	0	0	50	6
19/3W 29E 1	5/77	300	0	0	0	IRR	?	0	0	0	6
19/3W 29E 2	07/89	180	0	67	0	IRR	D	0	0	0	4
19/3W 29E 3	6/88	140	0	80	0	DOM	X	0	0	15	5
19/3W 29G 1	5/77	300	0	187	0	ARM	D	0	0	0	0
19/3W 29K 1	9/77	285	0	0	0	?	?	0	0	0	0
19/3W 29N 1	2/75	120	0	0	0	CAT	D	0	0	0	0
19/3W 29N 2	6/81	65	0	0	0	CAT	D	0	0	0	0
19/3W 29N 3	12/90	120	0	0	0	CAT	D	0	0	0	2
19/3W 29P 1	5/76	120	0	0	0	CAT	D	0	0	0	0
19/3W 30A 1	?	275	0	15	0	IRR	D	0	0	30	0
19/3W 30A 2	8/77	120	0	15	0	IRR	D	0	0	0	0
19/3W 30A 3	06/88	140	0	20	0	IRR	D	0	0	0	5
19/3W 30A 4	07/88	197	0	22	0	JND	D	0	0	12	4
19/3W 30A 5	3/91	200	0	30	0	DOM	D	0	0	25	5
19/3W 30B 1	7/77	0	0	0	0	TES	D	0	0	0	0
19/3W 30B 2	02/89	231	0	30	0	IRR	D	0	0	0	4
19/3W 30B 4	2/91	290	0	0	0	DOM	D	0	0	35	5
19/3W 30B A	9/87	200	0	0	0	BOR	D	0	0	0	0
19/3W 30H 1	6/77	200	0	120	0	DOM	D	0	0	35	6
19/3W 30H 2	6/77	200	0	150	0	DOM	D	0	0	40	6
19/3W 30H 3	10/81	140	0	40	0	IRR	D	0	0	0	0
19/3W 30L 1	1/75	120	0	0	0	CAT	D	0	0	0	0

WELL NUMBER	DATE (MO/YR)	ELEV. (FT)	DEPTH (FT)	WATER (FT)	(MCL)	USE	LOG	WQ	WL
1S/3W-19A 1	7/81	0	49	0	0	CAT	D	0	0	0	0
1S/3W-19F 1	6/77	0	108	29	0	DOM	D	0	0	0	0
1S/3W-19L 1	7/74	0	120	30	0	CAT	D	0	0	0	0
1S/3W-19M 1	2/76	0	65	0	0	CAT	D	0	0	0	0
1S/3W-19M 2	8/77	0	300	35	0	IRR	D	0	0	10	0
1S/3W-19M 3	10/77	0	300	0	0	IRR	D	0	0	15	0
1S/3W-19M 4	1/82	0	65	0	0	CAT	D	0	0	0	0
1S/3W-19M 5	12/88	0	100	20	0	IRR	D	0	0	50	4
1S/3W-19P 1	1/00	0	85	44	0	IRR	7	0	1	0	60
1S/3W-19P 2	1/77	0	300	100	0	DOM	D	0	0	40	6
1S/3W-19P 3	1/77	0	220	160	0	DOM	D	0	0	50	6
1S/3W-19P 4	2/91	0	157	16	0	DOM	D	0	0	40	5
1S/3W-19Q	01/90	101	13	0	0	BOB*	X	0	0	0	6
1S/3W-19Q 1	5/77	0	200	100	0	DOM	D	0	0	125	6
1S/3W-19Q 2	6/77	0	250	12	0	IRR	D	0	0	60	6
1S/3W-19Q 3	05/88	0	100	30	0	DOM	D	0	0	0	4
1S/3W-19Q 4	09/88	0	160	50	0	IRR	D	0	0	20	4
1S/3W-19R 1	06/88	0	220	65	0	IRR	D	0	0	75	5
1S/3W-20A 1	3/91	0	250	32	0	IRR	D	0	0	10	6
1S/3W-20B A	11/87	0	15	41	0	BOB	G	0	0	0	6
1S/3W-20C 1	3/91	0	290	20	0	IRR	D	0	0	2	6
1S/3W-20D 1	5/75	0	50	20	0	CAT	D	0	0	0	0
1S/3W-20D 2	10/86	0	63	0	0	CAT	D	0	0	0	0
1S/3W-20J 1	5/75	0	120	0	0	CAT	D	0	0	0	2
1S/3W-20J 2	3/91	0	25	8	0	MON	G	0	0	0	2
1S/3W-20J 3	3/91	0	30	10	0	MON	G	0	0	0	2
1S/3W-20J 4	3/91	0	25	7	0	MON	G	0	0	0	2
1S/3W-20J 5	3/91	0	25	7	0	MON	C	0	0	0	2
1S/3W-20K 1	7/77	0	335	65	0	IRR	D	0	0	10	0
1S/3W-20K 2	3/91	0	250	27	0	DOM	D	0	0	1	0
1S/3W-20L 1	6/81	0	65	0	0	CAT	D	0	0	0	0
1S/3W-20M 1	2/75	0	120	0	0	CAT	D	0	0	0	0
1S/3W-20M 2	12/90	0	115	0	0	CAT	D	0	0	0	2
1S/3W-20M 3	12/90	0	120	0	0	CAT	D	0	0	0	2
1S/3W-20N 1	6/77	0	140	57	0	IRR	D	0	0	15	6
1S/3W-20N 2	?	0	250	0	0	DOM	D	0	0	75	6
1S/3W-20N 3	8/77	0	225	48	0	DOM	D	0	0	15	6
1S/3W-20N 4	8/77	0	275	100	0	DOM	D	0	0	45	6
1S/3W-20N 5	6/77	0	170	125	0	DOM	D	0	0	30	6
1S/3W-20N 6	7/77	0	170	100	0	DOM	D	0	0	40	6
1S/3W-20N 7	07/88	0	200	63	0	DOM	D	0	0	17	4
1S/3W-20N 8	08/88	0	155	54	0	IRR	D	0	0	0	4
1S/3W-20N 8	06/88	0	157	54	0	IRR	D	0	0	60	4
1S/3W-20P 1	5/77	0	300	50	0	DOM	D	0	0	18	6
1S/3W-20P 2	5/77	0	300	0	0	DOM	D	0	0	50	6
1S/3W-20P 3	5/77	0	300	40	0	DOM	D	0	0	30	6
1S/3W-20P 4	5/77	0	300	29	0	DOM	D	0	0	50	6

NUMBER	WELL OWNER	WELL ADDRESS			
1S/3W 20P 6	ROBERT HOOVER	46 SOTELO AVE	PIE	0	11/ 6/1989
1S/3W 20P 7	BOB HOOVER	46 SOTELO AVE	PIE	0	1/24/1990
1S/3W 20R	Unocal Corporation	2240 Mountain Blvd.	OAK	0	7/11/1990
1S/3W 20R 1	DR. JOHN MC VEIGH	6656 SIMS DR	U	0	7/20/1984
1S/3W 20R 2	Unocal Corporation	2240 Mountain Blvd.	OAK	0	7/11/1990
1S/3W 20R 3	Unocal Corporation	2240 Mountain Blvd.	OAK	0	7/11/1990
1S/3W 20R 4	Unocal Corporation	2240 Mountain Blvd.	OAK	0	7/11/1990
1S/3W 29B 1	PG&E	HUNT LEIGH & HAMPTON RD	SLZ	0	7/20/1984
1S/3W 29B 2	ROBERT SCHERMAN	145 LEXFORD RD	F	0	7/20/1984
1S/3W 29C 1	CLOD BRAVMAN	401 HAMPTON RD	F	0	7/20/1984
1S/3W 29C 2	NANCY YOUNG	578 HAMPTON	PED	0	6/15/1989
1S/3W 29D 1	E.K. HAUSER	92 SEAVIEW	F	0	7/20/1984
1S/3W 29D 2	E.B. WELLS	345 HAMPTON RD	F	0	7/20/1984
1S/3W 29D 3	DONALD S. MOGERS	216 HAMPTON RD	P	0	7/20/1984
1S/3W 29D 5	BROCK SETTLEMIER	54 SEAVIEW	F	0	7/20/1984
1S/3W 29D 6	HARRY KISTLER	75 SEAVIEW AVE	P	0	8/ 8/1988
1S/3W 29D 7	NELSON WELLER	94 KING AVE	F	0	8/ 8/1988
1S/3W 29D 8	CAMILLE DURNEY	395 HAMPTON	PED	0	6/15/1989
1S/3W 29D 9	Alander Hogland	61 King Street	PIE	3981010	6/21/1990
1S/3W 29D10	City of Piedmont	Crocker/Hampton Park	PIE	0	6/12/1991
1S/3W 29E 1	MR. WICKERSHAM	183 INDIAN RD	F	0	7/20/1984
1S/3W 29E 2	WILL STEINER	331 LASALLE AVE	PIE	0	1/24/1990
1S/3W 29E 3	Donald Kosich	44 Farragut Ave.	PIE	0	2/27/1991
1S/3W 29E 1	MR. LERNER	10 MARLBOROUGH CT	P	0	7/20/1984
1S/3W 29K 1	W.J. BOWMAN	200 ST. JAMES DR	P	0	7/20/1984
1S/3W 29N 1	PACIFIC GAS AND ELECTRIC	HUMPHREY & TRESTLE GLEN	P	0	7/20/1984
1S/3W 29N 2	EBMUD	1228 WELLINGTON ST	P	0	7/23/1984
1S/3W 29N 3	PG&E	Humphrey & Trestle	OAK	0	6/13/1991
1S/3W 29P 1	PACIFIC GAS AND ELECTRIC	EVERETT ST	F	0	7/23/1984
1S/3W 30A 1	WILLIAM LAIDY	135 WILLOWOOD AV	P	0	9/26/1984
1S/3W 30A 2	R.H. LOGAN	444 WILDWOOD AV	P	0	9/26/1984
1S/3W 30A 3	SHELDON C. RANSEY	68 LINCOLN AVE	PIE	0	6/27/1988
1S/3W 30A 4	KENDALL FORD	336 SHELDON	PED	0	12/21/1985
1S/3W 30A 5	Arthur C. Oppenheimer	144 Wildwood Gardens	PIE	0	6/ 7/1991
1S/3W 30B	JOHN REYNOLDS	120 REQUA RD.	PIE	0	2/23/1985
1S/3W 30B 1	BLOOM	30 PROSPECT RD	F	0	7/23/1984
1S/3W 30B 2	WALTER SCHEY	147 REQUA ROAD	PIE	0	9/25/1989
1S/3W 30B 4	James Fetherston	444 Wildwood Avenue	PIE	0	4/17/1991
1S/3W 30H 1	MR. WARD	199 LAFAYETTE	P	0	7/23/1984
1S/3W 30H 2	JEFF DENNIS	211 LAFAYETTE	P	0	7/23/1984
1S/3W 30H 3	ED JURKANIN	203 LA SALLE AV	P	0	7/23/1984
1S/3W 30L 1	PG&E	E/O PALOMA & CALMAR	P	0	7/23/1984

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

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM.	
REPORT DATE M / M / D / D / Y / Y		CASE #		SIGNED: _____ DATE: 1/17/92	
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Timothy Babcock		PHONE (510) 429-9988	SIGNATURE 	
	REPRESENTING <input type="checkbox"/> LOCAL AGENCY <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER CONSULTANT		COMPANY OR AGENCY NAME Environmental Bio-Systems, Inc.		
ADDRESS 2000 Industrial Parkway SW, Ste C, Hayward, CA 94544					
RESPONSIBLE PARTY	NAME Dorothy F. Coates		CONTACT PERSON Audrey Bell	PHONE (415) 468-1234	
	ADDRESS 250 Whittmore St #102, Oakland, CA 94611				
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Residence		OPERATOR ()	PHONE ()	
	ADDRESS 33 LaSalle Ave, Piedmont, Alameda 94611				
IMPLEMENTING AGENCIES	LOCAL AGENCY Alameda County Health Dept of Environment		CONTACT PERSON Larry Seto	PHONE (510) 271-4320	
	REGIONAL BOARD San Francisco Bay Region		PHONE (510) 464-1255		
SUBSTANCES INVOLVED	(1) NAME Heating Oil		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN		
	(2)		<input type="checkbox"/> UNKNOWN		
DISCOVERY/ABATEMENT	DATE DISCOVERED 01/12/91		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 <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> REMOVE CONTENTS <input checked="" type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER		
	HAS DISCHARGE BEEN STOPPED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE				
SOURCE/CAUSE	SOURCE OF DISCHARGE <input checked="" type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER				
	CHECK ONE ONLY <input type="checkbox"/> UNDETERMINED <input 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 type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input checked="" type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY				
	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> OTHER (OT)				
COMMENTS	_____				

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Program
80 Swan Way, Rm. 200
Oakland, CA 94621
(415)

October 1, 1991

Ms. Dorothy F. Coates
C/O Ms. Audrey K. Bell
401 Felton Street
San Francisco, CA 94134

RE: 33 La Salle Avenue, Piedmont, CA

Dear Ms. Coates:

I have reviewed your Excavation of Fuel Oil Impacted Soil Report dated September 26, 1991 that was prepared by Enviromental Bio-Systems, Inc. The recommendation for further excavation and sampling is acceptable.

If you have any questions, please contact me at 271-4320.

Sincerely,

A handwritten signature in black ink, appearing to read 'Larry Seto', written over the word 'Sincerely'.

Larry Seto
Sr. Hazardous Materials Specialist

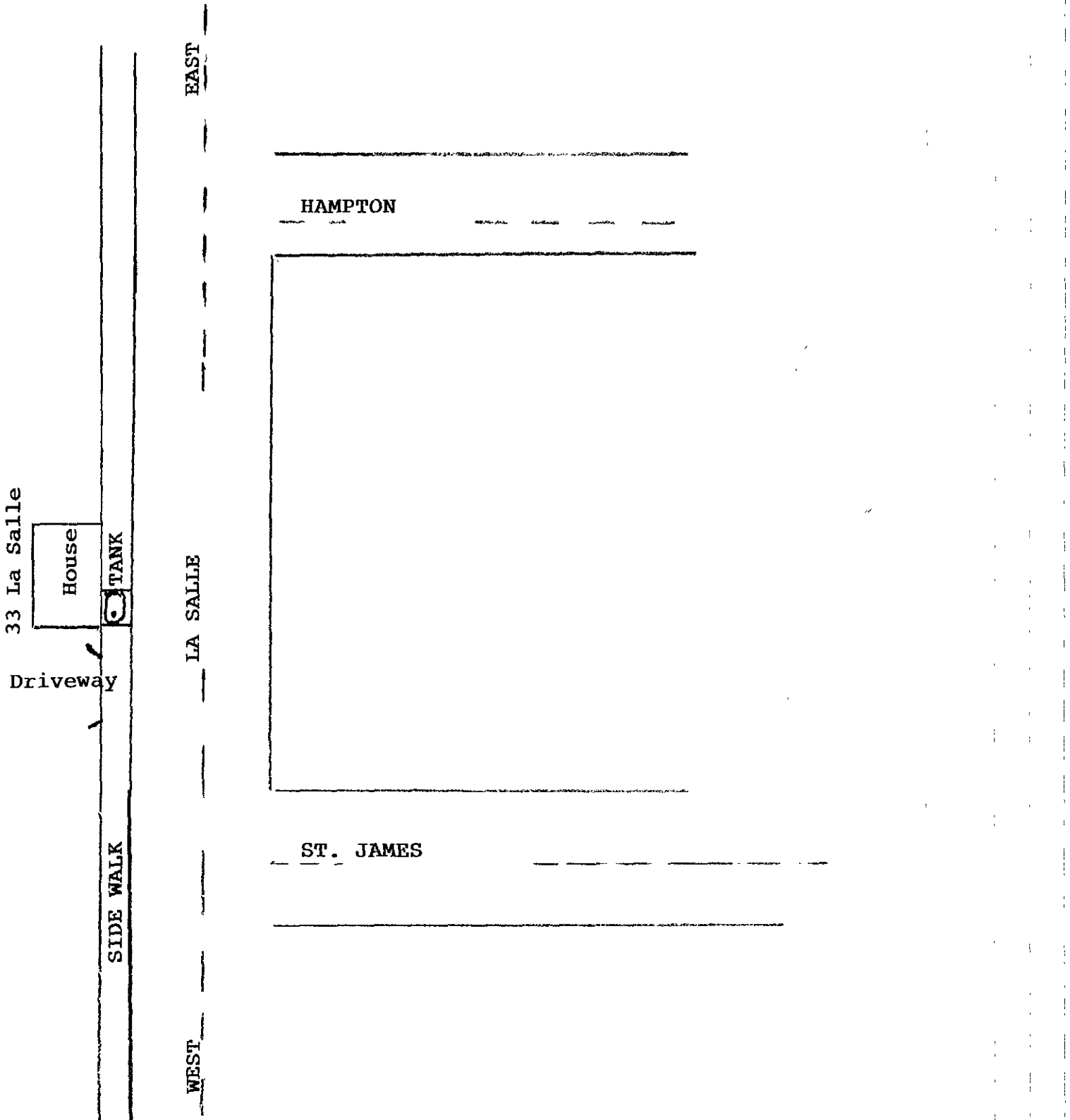
cc: Audrey Bell, Attorney
Gil Jensen, Alameda County D.A.'s Office
RWQCB
Howard Hatayama, DOHS
Rafat Shahid, Asst. Agency Director
Files

cc:

DESIGN BY _____ DATE _____ CHECKED BY _____ SHEET NO. _____

PROJECT 33 LA SALLE AVENUE PIEDMONT JOB NO. _____

SUBJECT REMOVAL 300 GALLON HEATING OIL TANK CALCULATION NO. _____ FILE NO. _____



7/23/91
Please note the additional requirements for Jan # 1747.

ACCEPTED

DEPARTMENT OF ENVIRONMENTAL HEALTH
470 - 27th Street, Third Floor
Oakland, CA 94612
Telephone: (415) 874-7237

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.

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

"432"

7-25-91
U.G.T. was removed.
There were a number of visible holes and signs of corrosion on the bottom of the tank.
C.S.

UNDERGROUND TANK CLOSURE/MODIFICATION PLANS

1. Business Name Dorothy F Coates
Business Owner Dorothy F Coates
2. Site Address 33 La Salle ave
City Piedmont Zip 94611 Phone 420-1744
3. Mailing Address Dorothy F Coates, 33 La Salle ave
City Piedmont Zip 94611 Phone 420-1744
4. Land Owner Dorothy F Coates
Address 33 La Salle ave Piedmont City, State Calif Zip 94611
5. EPA I.D. No. CAC 000608664
6. Contractor Accutite
Address 35 So Linda
City So SF Phone 952-5551
License Type BC36.061, D40 ID# 247.322
7. Consultant None
Address _____
City _____ Phone _____

8. Contact Person for Investigation

Name Willie Green Title Project Manager
Phone 952-5551

9. Total No. of Tanks at facility 1

10. Have permit applications for all tanks been submitted to this office? Yes [] No []

11. State Registered Hazardous Waste Transporters/Facilities

a) Product/Waste Tranporter

Name Crickson EPA I.D. No. CAD 00 9466392
Address 255 Pine Blvd
City Richmond State Calif Zip 94081

b) Rinsate Transporter

Name H&H Shipping EPA I.D. No. CAD 00 4771168
Address 220 China Basin
City SF State Calif Zip 94107

c) Tank Transporter

Name Crickson EPA I.D. No. CAD 00 9466392
Address same
City same State same Zip same

d) Tank Disposal Site

Name Crickson EPA I.D. No. CAD 00 9466392
Address same
City same State same Zip same

e) Contaminated Soil Transporter

Name Crickson EPA I.D. No. same
Address same
City same State same Zip same

12. Sample Collector

Name Eddy Tabet
 Company Accutite
 Address 35 So Linden
 City So SF State Calif Zip 94080 Phone 952-5551

13. Sampling Information for each tank or area

Tank or Area		Material sampled	Location & Depth
Capacity	Historic Contents (past 5 years)		
300 gallon	Heating oil	TPH-D Heating oil BTX P.E Total Oil and Grease	2' feet under tanks

14. Have tanks or pipes leaked in the past? Yes [] No [X]

If yes, describe. _____

15. NFPA methods used for rendering tank inert? Yes [X] No []

If yes, describe. Dry ice

An explosion proof combustible gas meter shall be used to verify tank inertness.

16. Laboratories

Name Sequencia Lab
 Address 680 Chesapeake Dr.
 City Redwood City State Calif Zip 94063
 State Certification No. 145

17. Chemical Methods to be used for Analyzing Samples

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Number
TPH-D BTXPE <i>Total Oil and Grease</i>	3550 8020 or 8240	GC FID

18. Submit Site Safety Plan

19. Workman's Compensation: Yes No

Copy of Certificate enclosed? Yes No

Name of Insurer Pacific Compensation Ins Co.

20. Plot Plan submitted? Yes No

21. Deposit enclosed? Yes No

22. Please forward to this office the following information within 60 days after receipt of sample results.

- a) Chain of Custody Sheets
- b) Original Signed Laboratory Reports
- c) TSD to Generator copies of wastes shipped and received
- d) Attachment A summarizing laboratory results

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 and safety.

I will notify the Department of Environmental Health at least two (2) working days (48 hours) after approval of this closure plan in advance to schedule any required inspections. 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.

Signature of Contractor

Name (please type) Willie Green w/ ACCUTITE

Signature Willie Green

Date 7/12/91

Signature of Site Owner or Operator

Name (please type) MARtha HOLSTLAW

Signature Martha Holstlaw

Date 7/12/91

NOTES:

1. Any changes in this document must be approved by this Department.
2. Any leaks discovered must be submitted to this office on an underground storage tank unauthorized leak/contamination site report form within 5 days of its discovery.
3. Three (3) copies of this plan must be submitted to this Department. One copy must be at the construction site at all times.
4. After approval of plan, notification of at least two (2) working days (48 hours) must be given to this Department prior to removal of tank(s).
5. A copy of your approved plan must be sent to the landowner.
6. Triple rinse means that:
 - a) Final rinse must contain less than 100 ppm of Gasoline (EPA method 8020 for soil, or EPA method 602 for water) or Diesel (EPA method 418.1). Other methods for halogenated volatile organics (EPA method 8010 for soil, EPA method 601 for water) may be required. The composition of the final rinse must be demonstrated by an original or facsimile report from a laboratory certified for the above analyses.
 - b) Tank interior is shown to be free from deposits or residues upon a visual examination of tank interior.
 - c) Tank should be labelled as "tripled rinsed; laboratory certified analysis available upon request" with the name and address of the contractor.

If all the above requirements cannot be met, the tank must be transported as a hazardous waste.

7. Any cutting into tanks requires local fire department approval.

UNDERGROUND TANK CLOSURE/MODIFICATION PLANS

ATTACHMENT A
SAMPLING RESULTS

Tank or Area	Contaminant	Location & Depth	Results (specify units)

INSTRUCTIONS

2. SITE ADDRESS

Address at which closure or modification is taking place.

5. EPA I.D. NO.

This number may be obtained from the State Department of Health Services, 916/324-1781.

6. CONTRACTOR

Prime contractor for the project.

7. OTHER

List professional consultants here.

12. SAMPLE COLLECTOR

Persons who are collecting samples.

13. SAMPLING INFORMATION

Historic contents - the principal product(s) used in the last 5 years.

Material sampled - i.e., water, oil, sludge, soil, etc.

16. LABORATORIES

Laboratories used for chemical and geotechnical analyses.

17. CHEMICAL METHODS:

All sample collection methods and analyses should conform to EPA or DHS methods.

Contaminant - Specify the chemical to be analyzed.

Sample Preparation Method Number - The means used to prepare the sample prior to analyses - i.e., digestion techniques, solvent extraction, etc. Specify number of method and reference if not an EPA or DHS method.

Analysis Method Number - The means used to analyze the sample - i.e., GC, GC-MS, AA, etc. Specify number of method and reference if not a DHS or EPA method.

NOTE:

Method Numbers are available from certified laboratories.

18. SITE SAFETY PLAN

A plan outlining protective equipment and additional specialized personnel in the event that significant amount of hazardous materials are found. The plan should consider the availability of respirators, respirator cartridges, self-contained breathing apparatus (SCBA) and industrial hygienists.

19. ATTACH COPY OF WORKMAN'S COMPENSATION

20. PLOT PLAN

The plan should consists 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 Line
- d) Location of all Structures
- e) Location of all relevant existing equipment including tanks and piping to be removed
- f) Streets
- g) Underground conduits, sewers, water lines, utilities
- h) Existing wells (drinking, monitoring, etc.)
- i) Depth to ground water
- j) All existing tanks in addition to the ones being pulled

rev. 9/88
mam

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

1/02/91

PRODUCER

AMERICAN BUSINESS INSURERS
150 Spear Street, Suite 1550
San Francisco, CA 94105-1547

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW

COMPANIES AFFORDING COVERAGE

INSURED

Olympian Oil Company
260 Michele Court
S San Francisco CA 94108

Parent Co. of Accufide

- COMPANY LETTER **A**
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

Pacific Compensation Ins. Co.

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS
	GENERAL LIABILITY				GENERAL AGGREGATE \$
	COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OPS AGGREGATE \$
	CLAIMS MADE OCCUR.				PERSONAL & ADVERTISING INJURY \$
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$
					FIRE DAMAGE (Any one fire) \$
					MEDICAL EXPENSE (Any one person) \$
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	ANY AUTO				BODILY INJURY (Per person) \$
	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS				PROPERTY DAMAGE \$
	HIRED AUTOS				
	NON-OWNED AUTOS				
	GARAGE LIABILITY				
	EXCESS LIABILITY				EACH OCCURRENCE \$
					AGGREGATE \$
	OTHER THAN UMBRELLA FORM				
0	WORKER'S COMPENSATION	WP0122799104	1/01/91	1/01/92	STATUTORY \$
	AND				\$ 1000 (EACH ACCIDENT)
	EMPLOYERS' LIABILITY				\$ 1000 (DISEASE-POLICY LIMIT)
					\$ 1000 (DISEASE-EACH EMPLOYEE)
	OTHER				

Sample

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

CITY OF BURLINGAME
BLDG. INSPECTION DEPT
501 PRIMROSE RD
BURLINGAME, CA 94010

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Kathleen McManus

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



COMPLETE THIS FORM FOR EACH FACILITY/SITE

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

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

DBA OR FACILITY NAME <i>Dorothy F Coates</i>		NAME OF OPERATOR <i>Dorothy F Coates</i>		
ADDRESS <i>33 La Salle ave</i>		NEAREST CROSS STREET <i>Saint James</i>	PARCEL # (OPTIONAL)	
CITY NAME <i>Piedmont</i>		STATE <i>CA</i>	ZIP CODE <i>94611</i>	SITE PHONE # WITH AREA CODE <i>415-420-1744</i>
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input checked="" 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		<input type="checkbox"/> 1 GAS STATION	<input type="checkbox"/> 2 DISTRIBUTOR	<input type="checkbox"/> 3 FARM
		<input type="checkbox"/> 4 PROCESSOR	<input checked="" type="checkbox"/> 5 OTHER	
		<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE <i>1</i>	E. P. A. I. D. # (optional) <i>CAC 000608664</i>

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) <i>Dorothy F Coates</i>		PHONE # WITH AREA CODE <i>415-420-1744</i>	
NIGHTS: NAME (LAST, FIRST)		PHONE # WITH AREA CODE	

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME <i>Dorothy Coates</i>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <i>33 La Salle ave</i>		<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 <i>Piedmont</i>		STATE <i>Calif</i>	ZIP CODE <i>94611</i>	PHONE # WITH AREA CODE <i>415-420-1744</i>

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER <i>Dorothy Coates</i>		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS <i>33 La Salle ave</i>		<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 <i>Piedmont</i>		STATE <i>Calif</i>	ZIP CODE <i>94611</i>	PHONE # WITH AREA CODE <i>415-420-1744</i>

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 739-2582 if questions arise.

TY (TK) HQ -

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

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

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <i>Willie Green Willie Green</i>	APPLICANT'S TITLE <i>Project Manager</i>	DATE <i>7/12/91</i>
--	---	------------------------

LOCAL AGENCY USE ONLY

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

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: Dorothy F Coates

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

A. OWNER'S TANK I. D. # <u>CAC000608664</u>	B. MANUFACTURED BY:
C. DATE INSTALLED (MO/DAY/YEAR) <u>?</u>	D. TANK CAPACITY IN GALLONS: <u>300 gallon</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"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)

D. IF (A 1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED Heating oil 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"/> 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM	<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

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

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

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

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

A. SYSTEM TYPE	A <input checked="" type="radio"/> 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 99 OTHER
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B. CONSTRUCTION	A <input checked="" type="radio"/> 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH	A U 95 UNKNOWN	A U 99 OTHER
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C. MATERIAL AND CORROSION PROTECTION	A <input checked="" type="radio"/> 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 checked="" type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input type="checkbox"/> 99 OTHER
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V. TANK LEAK DETECTION

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>Willie Green Willie Green w/accutic</u>	DATE <u>7/12/91</u>
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LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

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

PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE
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