



HAZARDOUS WASTE GENERATOR INSPECTION REPORT

STID #: \_\_\_\_\_ FACILITY NAME: Whitmore Auto, 1701 Brava Vista PG. \_\_\_\_\_ OF \_\_\_\_\_  
Ave, Ala.

SUPPLEMENTAL FORM

Underground storage tanks were removed from the ground yesterday.

The excavation is being back filled at this time with fill. There is debris in the fill. Please have the property owner identify the source of this fill material and certification (documentation) that the fill is clean.

The stockpile soil removed from the excavation is not covered. It must be covered immediately.

Please contact Larry Seto at 567-6774 or Bob Weston at 567-6281 when the two items above have been addressed.

PRINT NAME: STEVEN Stigoy

INSPECTED BY: Larry Seto

SIGNATURE: [Signature]

DATE: 8-30-02

2:20 P.M.



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## UNDERGROUND STORAGE TANK CLOSURE/REMOVAL FIELD INSPECTION REPORT

Facility Name: <b>WHITMORE'S AUTO SERVICE</b>	STID:	Date: <b>8-29-02</b>
Facility Address: <b>1701 BUENA VISTA, ANAMCON</b>	Contact on site: <b>SCOTT FERBERSON</b>	
Inspector: <b>ROBERT WESTON</b>	Contractor/Consultant: <b>TRITON, GEO PACIFIC ENV</b>	

General Requirements	Yes	No	N/A
Approved closure plan on site.	✓		
Changes to approved plan noted.			✓
Residuals properly stored/transported.	✓		
Receipt for adequate dry ice noted.	✓		

General Requirements	Yes	No	N/A
Site Safety Plan properly signed.			
40B:C fire extinguisher on site.	✓		
"No Smoking" signs posted.			
Gas detector challenged by inspector.			✓

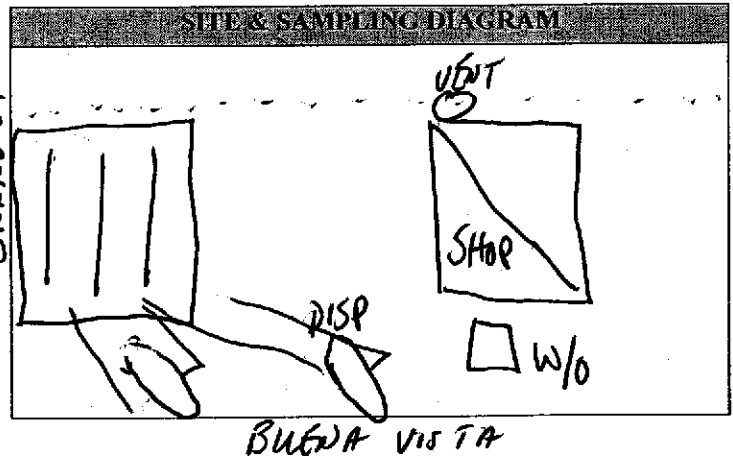
Tank Observations	T #1	T #2	T #3	T #4
Tank Capacity (gallons)	8K	PK	8K	50G
Material last stored	MVP	MVP	MVP	W.OIL
Dry ice used (pounds)	<b>750 lb TOTAL</b>			
Combustible gas concentration as %LEL. (Note time & sampling point)				
(1) <b>8-29-02</b>	<b>2</b>			
(2) <b>2:00 2:45</b>	<b>9</b>			
(3) <b>4:30</b>	<b>9</b>			
Oxygen concentration as % volume. (Note time & sampling point.)				
(1) <b>8-29-02</b>	<b>.3</b>			
(2)	<b>.3</b>			
(3)	<b>.8</b>			
Tank Material	<b>STEEL</b>			
Wrapping/Coating, if any	<b>TAR</b>	<b>TAR</b>	<b>TAR</b>	<b>NONE</b>
Obvious holes?	<b>NO</b>	<b>NO</b>	<b>NO</b>	<b>YES</b>

Tank Observations	T #1	T #2	T #3	T #4
Obvious corrosion?	N	N	N	Y
Obvious odors from tank?	N	N	N	Y
Seams intact?	Y	Y	Y	N
Tank bed backfill material	<b>SAND</b>			<b>SOIL</b>
Obvious discoloration?	<b>YES</b>			
Obvious odors ex tank bed?	<b>YES</b>			
Water in excavation?	<b>YES</b>			N
Sheen/product on water?	<b>NO</b>			Y
Tank tagged by transporter?	<b>YES</b>			
Tank wrapped for transport?	<b>NO</b>			
Tank plugged w/ vent cap?	<b>YES</b>			
Date/time tank hauled off?	<b>8/29 3:00</b>		<b>8/29 4:30</b>	
No. of soil samples taken?				
Depth of soil samples (ft. bgs)				

Piping Removal	Yes	No	N/A
All piping removed hauled off w/ tanks?		✓	
Obvious holes on pipes?		✓	
Obvious odors from pipes?		✓	
Obvious soil discoloration in piping trench?		✓	
Obvious odors from piping trench?		✓	
Water in piping trench?		✓	
Number & depth of soil samples from piping trench?		<b>6</b>	
Number & depth of water samples from piping trench?		<b>0</b>	

General Observations	Yes	No	N/A
Leak from any tank suspected?	✓		
"Leak Report" form given to the operator?	✓		
Obviously contaminated soil excavated?	✓		
Soil stockpile sampled?	✓		
Stockpile lined AND covered?		✓	
Water in excavation sampled?	✓		
Number/depth of water samples taken?		<b>1 - 14'</b>	
All samples properly preserved for transport?	✓		

Additional Observations	Yes	No	N/A
Soil/water sampling protocols acceptable?	✓		
Sampling "chain of custody" noted?	✓		
Tank pit filled in or covered?	✓		
Tank pit fenced or barricaded?	✓		
Transporter a registered HW hauler?	✓		
Uniform HW Manifest completed?	✓		
Contractor/Consultant reminded of complete UST Removal Report due within 30 days?	✓		
Date/Time removal/closure operations completed?		<b>8/29/02 6:00</b>	
OT hours or additional charges due from contractor?			



**Notes/Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STATE OF CALIFORNIA  
STATE WATER RESOURCES CONTROL BOARD



UNDERGROUND STORAGE TANK PERMIT APPLICATION - FORM A

REMOVED 8-29-02 RW

COMPLETE THIS FORM FOR EACH FACILITY/SITE

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 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 Whitmore's Auto Service		NAME OF OPERATOR Louis Albert Whitmore II		
ADDRESS 1701 BUENA VISTA AVE		NEAREST CROSS STREET GILBERT ST	PARCEL # (OPTIONAL)	
CITY NAME ALAMEDA CA 94501	STATE CA	ZIP CODE 94501	SITE PHONE # WITH AREA CODE 510 522-3388	
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL AGENCY DISTRICTS <input type="checkbox"/> COUNTY AGENCY <input type="checkbox"/> STATE AGENCY <input type="checkbox"/> FEDERAL AGENCY				
TYPE OF BUSINESS		<input checked="" type="checkbox"/> 1 GAS STATION	<input type="checkbox"/> 2 DISTRIBUTOR	<input type="checkbox"/> 3 FARM
		<input type="checkbox"/> 4 PROCESSOR	<input type="checkbox"/> 5 OTHER	
		<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE 4	E. P. A. I. D. # (optional)

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) Louis Albert Whitmore II	PHONE # WITH AREA CODE 510 8140878	DAYS: NAME (LAST, FIRST) Louis A Whitmore Sr	PHONE # WITH AREA CODE 510 523-5751
NIGHTS: NAME (LAST, FIRST) Louis A Whitmore II	PHONE # WITH AREA CODE 510 8140878	NIGHTS: NAME (LAST, FIRST) Louis A Whitmore Sr	PHONE # WITH AREA CODE 510 523-5751

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME Louis Albert Whitmore II	CARE OF ADDRESS INFORMATION SAME
MAILING OR STREET ADDRESS 1104 PACIFIC AVE	<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 ALAMEDA CA 94501	STATE CA    ZIP CODE 94501    PHONE # WITH AREA CODE 510 8140878

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER Louis Albert Whitmore II	CARE OF ADDRESS INFORMATION SAME
MAILING OR STREET ADDRESS 1104 PACIFIC AVE	<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 ALAMEDA CA	STATE CA    ZIP CODE 94501    PHONE # WITH AREA CODE 510 8140878

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 323-9555 if questions arise.

TY(TK) HQ 44-000507

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

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

VI. LEGAL NOTIFICATION AND BILLING ADDRESS

Legal notification and billing will be sent to the tank owner unless box I or II is checked.

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

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

APPLICANT'S NAME (PRINTED & SIGNATURE) Louis A Whitmore II	APPLICANT'S TITLE OWNER	DATE MONTH/DAY/YEAR
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LOCAL AGENCY USE ONLY

COUNTY # 01	JURISDICTION # 000	FACILITY # 652513
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.

<b>MARK ONLY ONE ITEM</b>	<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 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.# <b>A-DIESEL FUEL</b>	B. MANUFACTURED BY: <b>MEYENS</b>
C. DATE INSTALLED (MO/DAY/YEAR) <b>1986 9</b>	D. TANK CAPACITY IN GALLONS: <b>8000</b>

**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 type="checkbox"/> 1a REGULAR UNLEADED <input type="checkbox"/> 1b PREMIUM UNLEADED <input type="checkbox"/> 2 LEADED	<input checked="" type="checkbox"/> 3 DIESEL <input type="checkbox"/> 4 GASAHOL <input type="checkbox"/> 5 JET FUEL <input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)	<input type="checkbox"/> 6 AVIATION GAS <input type="checkbox"/> 7 METHANOL
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED				C. A. S.#:	

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

A. TYPE OF SYSTEM <input type="checkbox"/> 1 DOUBLE WALL <input checked="" 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 checked="" type="checkbox"/> 1 BARE STEEL <input type="checkbox"/> 5 CONCRETE <input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 2 STAINLESS STEEL <input type="checkbox"/> 6 POLYVINYL CHLORIDE <input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 3 FIBERGLASS <input type="checkbox"/> 7 ALUMINUM <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
C. INTERIOR LINING <input type="checkbox"/> 1 RUBBER LINED <input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 2 ALKYD LINING <input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 3 EPOXY LINING <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES <b>?</b> 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 checked="" type="checkbox"/> 3 VINYL WRAP <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL SPILL CONTAINMENT INSTALLED (YEAR) _____ OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____		

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

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

*[Signature]* **LOUIS A. WHITMAN JR.**

DATE

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

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
	<b>01</b>	<b>000</b>	<b>052513</b>	<b>000002</b>
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE <b>3-23-98</b>	

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

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input 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. # <b>B - UNLEADED</b>	B. MANUFACTURED BY: <b>MEYENS</b>
C. DATE INSTALLED (MO/DAY/YEAR) <b>1986 ?</b>	D. TANK CAPACITY IN GALLONS: <b>8000</b>

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

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input checked="" type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 5 JET FUEL	<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 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 checked="" type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input checked="" type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
		<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) _____		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____

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

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

**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 checked="" 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) Louis A. Whitmore DATE \_\_\_\_\_

**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	052513	000004
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE <b>3-23-98</b>		

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

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

<b>MARK ONLY ONE ITEM</b>	<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 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>C unrelated plus</u>	B. MANUFACTURED BY: <u>MEYENS</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>1986?</u>	D. TANK CAPACITY IN GALLONS: <u>8000</u>

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

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input checked="" type="checkbox"/> 1 PRODUCT	C. <input checked="" type="checkbox"/> 1a REGULAR UNLEADED
<input type="checkbox"/> 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 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 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 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 checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
			<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input checked="" type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) _____		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____

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

A. SYSTEM TYPE	(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 checked="" 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 checked="" 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>Louis A. Winters, Jr.</u>	DATE _____
--	------------

**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	052513	000001
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE <u>3-23-98</u>	

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





**ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY**  
**DEPARTMENT OF ENVIRONMENTAL HEALTH**  
**ENVIRONMENTAL PROTECTION DIVISION**  
**1131 HARBOR BAY PARKWAY, RM 250**  
**ALAMEDA, CA 94502-6577**  
**PHONE # 510/567-6700**  
**FAX # 510/337-9335**

RO:2450

ATT: Robert Weston

Project Specialist

**ACCEPTED**

Underground Storage Tank Closure Permit Application  
 Alameda County Division of Hazardous Materials  
 1131 Harbor Bay Parkway Suite 250  
 Alameda, CA 94502-6577

These closure/removal plans have been received and found to be acceptable and essentially meet the requirements of State and Local Health Laws. Changes to your closure 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/destruction.

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

Any changes or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Inspections Department to determine if such changes meet the requirements of State and local laws. Notify this Department at least 72 hours prior to the following required inspections:

- Removal of Tank(s) and Piping
- Sampling
- Final Inspection

Issuance of a permit to operate by permittee after closure, is dependent on compliance with accepted plans and all applicable laws and regulations.

**THERE IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS.**

Contract Specialist

Robert Weston

8-27-02

**UNDERGROUND TANK CLOSURE PLAN**

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

1. Name of Business WHITMORE'S AUTO SERVICE  
 Business Owner or Contact Person (PRINT) LOUIS A WHITMORE
2. Site Address 1701 BUENA VISTA AVE  
 City ALAMEDA CA Zip 94501 Phone 510 522-3388
3. Mailing Address 1701 BUENA VISTA AVE  
 City ALAMEDA CA Zip 94501 Phone 510 522-33
4. Property Owner LOUIS A WHITMORE JR  
 Business Name (if applicable) \_\_\_\_\_  
 Address 1104 PACIFIC AVE  
 City, State ALAMEDA CA Zip 94501
5. Generator name under which tank will be manifested  
WHITMORE'S AUTO SERVICE  
 EPA ID# under which tank will be manifested 6000107029

c) Tank and Piping Transporter

Name [REDACTED] EPA I.D. No. ~~CA097273~~  
 Hauler License No. 2883 License Exp. Date ~~12/99~~  
 Address 3704  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

d) Tank and Piping Disposal Site

Name [REDACTED] EPA I.D. No. CA200946639  
 Address 255 PAUL BLVD  
 City WICKLIFFWOOD State CA Zip 94801

11. Sample Collector

Name Mr EA GREG PARRISH / SCOTT FERGUSON  
 Company [REDACTED]  
 Address 1581 SAN ANDREAS ROAD  
 City LA SELVA BEACH State CA Zip 95076 Phone 831 687-0828

12. Laboratory

Name DR. MIC. CAMPBELL  
 Address 110 3140 AVE SOUTH D 7  
 City [REDACTED] State CA Zip 94553  
 State Certification No. 16441

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

If yes, describe. [REDACTED]  
DRY ICE I

**Excavated/Stockpiled Soil**

<p><b>Stockpiled Soil Volume (estimated)</b></p> <p style="text-align: center;">5,453</p>	<p><b>Sampling Plan:</b></p>
---	------------------------------

Stockpiled soil must be placed on bermed plastic and must be completely covered by plastic sheeting.

Will the excavated soil be returned to the excavation immediately after tank removal? [ ] yes [ ] no [X] unknown

If yes, explain reasoning \_\_\_\_\_

If unknown at this point in time, please be aware that excavated soil may not be returned to the excavation without prior approval from Alameda County. This means that the contractor, consultant, or responsible party must communicate with the Specialist IN ADVANCE of backfilling operations.

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.

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

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit
SEE ATTACHED TABLE # 2			
MTBE	IN ADDITION TO TABLE # 2		

# RECOMMENDED MINIMUM VERIFICATION ANALYSES FOR UNDERGROUND TANK LEAKS

*For Use by Unidocs Member Agencies or where approved by your Local Jurisdiction*

**TABLE #2**  
REVISED 1 MARCH 1999

<u>HYDROCARBON LEAK</u>	<u>SOIL ANALYSIS</u> (SW-846 METHOD)		<u>WATER ANALYSIS</u> (Water/Waste Water Method)	
<b>Gasoline (Leaded and Unleaded)</b>	TPHG	8015M or 8260	TPHG	8015M or 524.2/624 (8260)
	BTEX	8260	BTEX	524.2/624 (8260)
	EDB and EDC	8260	EDB and EDC	524.2/624 (8260)
	MTBE, TAME, ETBE, DIPE, and TBA by 8260 for soil and 524.2/624 (8260) for water			
	TOTAL LEAD	AA	TOTAL LEAD	AA
		--Optional--		
	Organic Lead	DHS-LUFT	Organic Lead	DHS-LUFT
<b>Unknown Fuel</b>	TPHG	8015M or 8260	TPHG	8015M or 524.2/624 (8260)
	TPHD	8015M or 8260	TPHD	8015M or 524.2/624 (8260)
	BTEX	8260	BTEX	524.2/624 (8260)
	EDB and EDC	8260	EDB and EDC	524.2/624 (8260)
	MTBE, TAME, ETBE, DIPE, and TBA by 8260 for soil and 524.2/624 (8260) for water			
	TOTAL LEAD	AA	TOTAL LEAD	AA
	--Optional--			
	Organic Lead	DHS-LUFT	Organic Lead	DHS-LUFT
<b>Diesel, Jet Fuel, Kerosene, and Fuel/Heating Oil</b>	TPHD	8015M or 8260	TPHD	8015M or 524.2/624 (8260)
	BTEX	8260	BTEX	524.2/624 (8260)
	EDB and EDC	8260	EDB and EDC	524.2/624 (8260)
	MTBE, TAME, ETBE, DIPE, and TBA by 8260 for soil and 524.2/624 (8260) for water			
<b>Chlorinated Solvents</b>	CL HC	8260	CL HC	524.2/624 (8260)
	BTEX	8260 or 8021	BTEX	524.2/624 (8260) or 502.2/602 (8021)
<b>Nonchlorinated Solvents</b>	TPHD	8015M or 8260	TPHD	8015M or 524.2/624 (8260)
	BTEX	8260 or 8021	BTEX	524.2/624 (8260) or 502.2/602 (8021)
<b>Waste, Used, or Unknown Oil</b>	TPHG	8015M or 8260	TPHG	8015M or 524.2/624 (8260)
	TPHD	8015M or 8260	TPHD	8015M or 524.2/624 (8260)
	O&G	9070	O&G	418.1
	BTEX	8260	BTEX	524.2/624 (8260)
	CL HC	8260	CL HC	524.2/624 (8260)
	EDB and EDC	8260	EDB and EDC	524.2/624 (8260)
	MTBE, TAME, ETBE, DIPE, and TBA by 8260 for soil and 524.2/624 (8260) for water			
	METALS (Cd, Cr, Pb, Ni, Zn) by ICAP or AA for soil water			
	PCB*, PCP*, PNA, CREOSOTE by 8270 for soil and 524/625 (8270) for water			
	* If found, analyze for dibenzofurans (PCBs) or dioxins (PCP)			

**NOTES:**

1. 8021 replaces old methods 8020 and 8010
2. 8260 replaces old method 8240
3. Reference: Table B-1 in Appendix B of "Expedited Site Assessment Tools for Underground Storage Tank Sites: A Guide for Regulators" (EPA 510-B-97-001).

Remediation Risk Management Inc. DBA

6. Contractor Triton Construction  
Address 3912 Portola Dr. #8  
Santa Cruz CA 95062  
City \_\_\_\_\_

Phone 831 475 8141  
693807

License Type A, HAZ REMOVAL CENT ID# \_\_\_\_\_

\*Effective January 1, 1992, Business and Professional Code Section 7058.7 requires prin contractors to also hold Hazardous Waste Certification issued by the State Contractor License Board.

7. Consultant (if applicable) ~~Geo Pacific Environmental~~

Address 1581 SAN ANSELMO BLVD  
City, State LA SELVA BEACH CA Phone 831-687-0852

8. Main Contact Person for Investigation (if applicable)

Name LOUIS A WHITMORE II Title OWNER  
Company WHITMORES AUTO SERVICE  
Phone 510 522-3388

9. Number of underground tanks being closed with this plan 4

Length of piping being removed under this plan SOFT

Total number of underground tanks at this facility (\*\*confirmed with owner or operator) 4

10. State Registered Hazardous Waste Transporters/Facilities (see instructions).

\*\* Underground storage tanks must be handled as hazardous waste \*\*

a) Product/Residual Sludge/Rinsate Transporter

ARTESIAN OIL

Name Randy Stagg EPA I.D. No. CAL 000233905  
Hauler License No. N3787606 License Exp. Date 9/03  
Address 2306 Magnolia St.  
City Oakland State CA Zip 94607

b) Product/Residual Sludge/Rinsate Disposal Site

Name Randy Stagg EPA ID# CAL 000233905  
Address 2306 Magnolia  
City Oakland State CA Zip 94607

14. Describe methods to be used for rendering tank(s) inert:

RINSE AND DRY ICE

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 permanently plugged.

The Bay Area Air Quality Management District, 415/771-6000, along with local Fire and Building Departments, must also be contacted for tank removal permits. Fire departments typically require the use of a combustible gas indicator to verify tank inertness. It is the contractor's responsibility to bring a working combustible gas indicator on-site to verify that the tank is inert.

15. Tank History and Sampling Information \*\*\* (see instructions) \*\*\*

Tank		Material to be sampled (tank contents, soil, groundwater)	Location and Depth of Samples
Capacity	Use History include date last used (estimated)		
DIESEL	8000	SOIL GROUND WATER	2 FT INTO NATIVE SOIL
UNLEADED PLUS	8000		
UNLEADED REG	8000		TWO ENDS OF MVF TANKS
WASTE OIL	100		ONE SAMPLE USED OIL

One soil sample must be collected for every 20 linear feet of piping that is removed. A ground water sample must be collected if any ground water is present in the excavation.

FROM: ALAMEDA CO EHS HAZ-0  
FRONT: WILSON'S AUTO SERVICE

610 337 9335  
FAX NO.: 510-263-4222

08-27 09:44 #153 P.05  
May. 03 2002 09:21AM P6

**18. Submit Worker's Compensation Certificate copy**

Name of Insurer \_\_\_\_\_

**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 written report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report (ULR) form.

**22. Submit a closure report to this office within 60 days of the tank removal. The report must contain all information listed in item 22 of the instructions.**

**23. Submit State (Underground Storage Tank Permit Application) Forms A and B (one B form for each UST to be removed) (mark box B for "tank removed" in the upper right hand corner)**

I declare that to the best of my knowledge and belief that 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 approval from the Environmental Protection Division 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.

**CONTRACTOR INFORMATION**

Name of Business TRITON CONSTRUCTION

Name of Individual ANTHONY SPIELMAN

Signature *[Handwritten Signature]*

Date 8-27-02

**PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)**

Name of Business WILSON'S AUTO SERVICE

Name of Individual James A. WILSON

Signature *[Handwritten Signature]*

Date 12-8-98



Additional requirements for tank and piping removal:

1. Concrete removal to be performed with caution to prevent offsite debris movement.
2. Back flush piping using Nitrogen gas prior to cutting into pipe. All remaining liquid product to be contained and returned to tanks.
3. Tank contents to be removed to the maximum extent possible.
4. Dry ice to be used at the rate of 50 pounds per 1,000 gallons of tank capacity.
5. Combustible gas indicator shall be on-site at all times work on tank removal is being performed
6. Fire extinguishers suitable for petroleum fires shall be present
7. All tank equipment debris to be placed on plastic and protected against contact with rainwater.
8. Contact this office 48 hours prior to tank, pipe removal and sampling activities.
9. A representative of this office shall be on site to observe the piping and tank uncovering activities.
10. Failure to follow these conditions will result in stoppage of all work on site until corrective actions taken and approved by this office.

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 checked="" 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 Whitmore's Auto Service		NAME OF OPERATOR Louis Albert Whitmore II		
ADDRESS 1701 Buena Vista Ave		NEAREST CROSS STREET Glenview St	PARCEL # (OPTIONAL)	
CITY NAME Alhambra CA 94501	STATE CA	ZIP CODE 94501	SITE PHONE # WITH AREA CODE 510 522-3328	
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY DISTRICTS <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> FEDERAL-AGENCY				
TYPE OF BUSINESS		<input checked="" type="checkbox"/> 1 GAS STATION	<input type="checkbox"/> 2 DISTRIBUTOR	<input type="checkbox"/> 3 FARM
		<input type="checkbox"/> 4 PROCESSOR	<input type="checkbox"/> 5 OTHER	
		<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE 4	E. P. A. I. D. # (optional)

**EMERGENCY CONTACT PERSON (PRIMARY)**

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

DAYS: NAME (LAST, FIRST) Louis Albert Whitmore II	PHONE # WITH AREA CODE 510 8140878	DAYS: NAME (LAST, FIRST) Louis A Whitmore	PHONE # WITH AREA CODE 510 523-5751
NIGHTS: NAME (LAST, FIRST) Louis A Whitmore II	PHONE # WITH AREA CODE 510 8140878	NIGHTS: NAME (LAST, FIRST) Louis A Whitmore	PHONE # WITH AREA CODE 510 523-5751

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

NAME Louis Albert Whitmore II	CARE OF ADDRESS INFORMATION SIAINE		
MAILING OR STREET ADDRESS 1101 Pacific Ave	<input checked="" type="checkbox"/> box to indicate	<input checked="" type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL-AGENCY
	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> STATE-AGENCY
CITY NAME Alhambra CA 94501	STATE CA	ZIP CODE 94501	PHONE # WITH AREA CODE 510 8140878

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

NAME OF OWNER Louis Albert Whitmore II	CARE OF ADDRESS INFORMATION SIAINE		
MAILING OR STREET ADDRESS 1101 Pacific Ave	<input checked="" type="checkbox"/> box to indicate	<input checked="" type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LOCAL-AGENCY
	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> STATE-AGENCY
CITY NAME Alhambra CA	STATE CA	ZIP CODE 94501	PHONE # WITH AREA CODE 510 8140878

**IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER - Call (916) 323-9555 if questions arise.**

TY(TK) HQ   -

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

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

**VI. LEGAL NOTIFICATION AND BILLING ADDRESS**

Legal notification and billing will be sent to the tank owner unless box I or II is checked.

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

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

APPLICANT'S NAME (PRINTED & SIGNATURE) Louis Albert Whitmore II	APPLICANT'S TITLE Owner	DATE MONTH/DAY/YEAR 12-8-93
--	----------------------------	--------------------------------

**LOCAL AGENCY USE ONLY**

COUNTY # <input type="text" value="0"/> <input type="text" value="1"/>	JURISDICTION # <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/>	FACILITY # <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="2"/> <input type="text" value="5"/> <input type="text" value="1"/> <input type="text" value="3"/>
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 checked="" 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 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.#	<i>A-DIESEL FULL</i>	B. MANUFACTURED BY:	<i>MEYERS</i>
C. DATE INSTALLED (MO/DAY/YEAR)	<i>1986 9</i>	D. TANK CAPACITY IN GALLONS:	<i>8000</i>

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

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

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

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

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

A. SYSTEM TYPE	<input checked="" type="checkbox"/> 1 SUCTION	<input type="checkbox"/> 2 PRESSURE	<input type="checkbox"/> 3 GRAVITY	<input type="checkbox"/> 99 OTHER
B. CONSTRUCTION	<input checked="" type="checkbox"/> 1 SINGLE WALL	<input type="checkbox"/> 2 DOUBLE WALL	<input type="checkbox"/> 3 LINED TRENCH	<input type="checkbox"/> 95 UNKNOWN
C. MATERIAL AND CORROSION PROTECTION	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 POLYVINYL CHLORIDE (PVC)	<input type="checkbox"/> 4 FIBERGLASS PIPE
	<input type="checkbox"/> 5 ALUMINUM	<input type="checkbox"/> 6 CONCRETE	<input checked="" type="checkbox"/> 7 STEEL W/ COATING	<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
	<input type="checkbox"/> 9 GALVANIZED STEEL	<input type="checkbox"/> 10 CATHODIC PROTECTION	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input checked="" 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 checked="" 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"/>
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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) <i>[Signature]</i>	DATE <i>12-8-93</i>
--	------------------------

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

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
	<i>01</i>	<i>000</i>	<i>052513</i>	<i>000002</i>
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE	<i>3-23-98</i>	

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

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

<b>MARK ONLY ONE ITEM</b>	<input type="checkbox"/> 1 NEW PERMIT	<input checked="" 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 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>LESTATE OIL</u>	B. MANUFACTURED BY: <u>UNKNOWN</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>NOT KNOWN</u>	D. TANK CAPACITY IN GALLONS: <u>100</u>

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

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

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

A. TYPE OF SYSTEM <input type="checkbox"/> 1 DOUBLE WALL <input type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER <input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input checked="" 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 checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
C. INTERIOR LINING <input type="checkbox"/> 1 RUBBER LINED <input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 2 ALKYD LINING <input type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 3 EPOXY LINING <input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 4 PHENOLIC LINING <input type="checkbox"/> 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		
D. CORROSION PROTECTION <input type="checkbox"/> 1 POLYETHYLENE WRAP <input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 2 COATING <input type="checkbox"/> 91 NONE	<input type="checkbox"/> 3 VINYL WRAP <input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 99 OTHER
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 5 ALUMINUM A U 9 GALVANIZED STEEL	A U 2 STAINLESS STEEL A U 6 CONCRETE A U 10 CATHODIC PROTECTION	A U 3 POLYVINYL CHLORIDE (PVC) A U 7 STEEL W/ COATING A U 95 UNKNOWN	A U 4 FIBERGLASS PIPE A U 8 100% METHANOL COMPATIBLE W/FRP 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 checked="" 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"/>
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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>_____</u>	DATE <u>12-29-93</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 #
	01	000	052513	000003
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	

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

GW Monitoring Wells • Phase I & II Site Assessments  
Bio/Soil Remediation • Storage Tank Upgrade (UST)

**GEO PACIFIC ENVIRONMENTAL**



**Scott Ferguson**  
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