

4 USTs removed on 8/31/94

To Leslie P 2/5/97



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: 1 NEW PERMIT (checked), 2 INTERIM PERMIT, 3 RENEWAL PERMIT, 4 AMENDED PERMIT, 5 CHANGE OF INFORMATION, 6 TEMPORARY SITE CLOSURE (checked), 7 PERMANENTLY CLOSED SITE

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

DBA OR FACILITY NAME: Southern Pacific Transportation Company; NAME OF OPERATOR: (behind Sherwin-Williams plant); ADDRESS: 1450 Sherwin Avenue; CITY NAME: Emeryville; TYPE OF BUSINESS: 5 OTHER; # OF TANKS AT SITE: 4; E. P. A. I. D. #: CAD006913206

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) Smith, Randall T. PHONE # WITH AREA CODE (415) 541-2559; NIGHTS: NAME (LAST, FIRST) Southern Pacific Transp. Co. PHONE # WITH AREA CODE (303) 515-2793

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME: Southern Pacific Transportation Co.; CARE OF ADDRESS INFORMATION: Randall T. Smith; MAILING OR STREET ADDRESS: One Market Plaza; CITY NAME: San Francisco, CA 94105

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER: Southern Pacific Transportation Co.; CARE OF ADDRESS INFORMATION: Randall T. Smith; MAILING OR STREET ADDRESS: One Market Plaza; CITY NAME: San Francisco, CA 94105

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

TY(TK) HQ 44-009363

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

1 SELF-INSURED (checked), 2 GUARANTEE, 3 INSURANCE, 4 SURETY BOND, 5 LETTER OF CREDIT, 6 EXEMPTION, 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. [X], III. []

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

OWNER'S NAME (PRINTED & SIGNED) Evelyn C. Ransom; OWNER'S TITLE Industrial Compliance Environmental Technician; DATE MONTH/DAY/YEAR 7/18/94

LOCAL AGENCY USE ONLY

COUNTY #, JURISDICTION #, FACILITY #, LOCATION CODE - OPTIONAL, CENSUS TRACT # - OPTIONAL, SUPVISOR - DISTRICT CODE - OPTIONAL

THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE PERMIT APPLICATION - FORM B, UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY. OWNER MUST FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY ONE ITEM	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input checked="" type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input checked="" type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Southern Pacific Transportation Company

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

A. OWNER'S TANK I. D. # <u>Unknown</u>	B. MANUFACTURED BY: <u>Unknown</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>Unknown (1930's)</u>	D. TANK CAPACITY IN GALLONS: <u>6500 Gallons</u>

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

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	4 OIL	B. <input type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED	3 DIESEL	6 AVIATION GAS
<input checked="" 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 checked="" type="checkbox"/> 5 JET FUEL	
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED <u>Bunker C Fuel</u>			C. A. S. #:		

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

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER		
B. TANK MATERIAL (Primary Tank)	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS	<input type="checkbox"/> 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 checked="" 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
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) <u>None</u>			OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>None</u>				

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 <input checked="" type="checkbox"/> 99 OTHER
B. CONSTRUCTION	A U 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH	A <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 95 UNKNOWN	A U 99 OTHER
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input checked="" type="checkbox"/> 99 OTHER

V. TANK LEAK DETECTION

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

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>1958</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>6500</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL ? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--	--	--

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>Steven E. Towle / Agent for SPTCo</u>	DATE <u>4/28/95</u>
---	---------------------

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

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

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 checked="" type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input checked="" type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Southern Pacific Transportation Company

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D.# <u>Unknown</u>	B. MANUFACTURED BY: <u>Unknown</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>Unknown (1930's)</u>	D. TANK CAPACITY IN GALLONS: <u>6,500 Gallons</u>

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.		
A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL <input checked="" 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 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 checked="" type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED <u>Bunker C Fuel</u>		C. A. S. #:

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOXES A, B, AND C, AND ALL THAT APPLIES IN BOX D AND E				
A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input checked="" type="checkbox"/> 95 UNKNOWN	
	<input type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER	
B. TANK MATERIAL (Primary Tank)	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS	<input type="checkbox"/> 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 checked="" 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
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) <u>None</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>None</u>	

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

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

VI. TANK CLOSURE INFORMATION		
1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>1958</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>6,500</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>Steven E. Towle / Agent for SPTCo</u>	DATE <u>4/28/95</u>
---	---------------------

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

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 checked="" type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE	<input checked="" type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Southern Pacific Transportation Company

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

A. OWNERS TANK I.D.# <u>Unknown</u>	B. MANUFACTURED BY: <u>Unknown</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>Unknown (1930's)</u>	D. TANK CAPACITY IN GALLONS: <u>6,500 Gallons</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 checked="" type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 5 JET FUEL	
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED <u>Bunker C Fuel</u>					C. A. S. #:

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

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input checked="" type="checkbox"/> 95 UNKNOWN
	<input type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank)	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
		<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"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
		<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) <u>None</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>None</u>

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 <input checked="" type="checkbox"/> 99 OTHER
B. CONSTRUCTION	A U 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH	A <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 95 UNKNOWN	A U 99 OTHER
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input checked="" type="checkbox"/> 99 OTHER

V. TANK LEAK DETECTION

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

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>1958</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>6,500</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--	---	---

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>Steven E. Towle / Agent for SPTCo</u>	DATE <u>4/28/95</u>
---	---------------------

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

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

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 checked="" type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION
	<input type="checkbox"/> 2 INTERIM PERMIT	<input type="checkbox"/> 4 AMENDED PERMIT	<input type="checkbox"/> 6 TEMPORARY TANK CLOSURE
			<input checked="" type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
			<input checked="" type="checkbox"/> 8 TANK REMOVED

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Southern Pacific Transportation Company

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

A. OWNER'S TANK I.D.# <u>unknown</u>	B. MANUFACTURED BY: <u>unknown</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>unknown - @ 1930</u>	D. TANK CAPACITY IN GALLONS: <u>@ 6,000 gallons</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 checked="" 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
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED <u>Bunker C Fuel</u>			<input type="checkbox"/> 3 DIESEL
			<input type="checkbox"/> 4 GASAHOL
			<input type="checkbox"/> 5 JET FUEL
			<input checked="" type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)
			C. A. S. #:

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

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input checked="" type="checkbox"/> 95 UNKNOWN
	<input type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank)	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
			<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"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL	SPILL CONTAINMENT INSTALLED (YEAR) <u>none</u>		OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>none</u>

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

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

V. TANK LEAK DETECTION

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

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>1958</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>26,000</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---	--	---

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

APPLICANT'S NAME (PRINTED & SIGNATURE) <u>Wesley C. Ransom / Agent for SPTCo</u>	DATE <u>7/18/94</u>
--	---------------------

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	

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