

UNOCAL 76

90 APR 26 PM 12:19

April 24, 1990

Northern California Division

Alameda County Health Care
Services Agency
Department of Environmental Health
Hazardous Materials Program
80 Swan Way, Room 200
Oakland, California 94621
Attention: Pam Evans

Former Unocal Station No. 5847
2701 East Avenue
Hayward, California 94541

Dear Ms. Evans:

This letter is in response to your letter to Unocal dated April 2, 1990, concerning the above mentioned station. In particular, your department is interested in any information concerning underground storage tank status at this facility. I responded to your questions in the order that they were given.

1. The service station was demolished in September of 1985, at which time two 10,000 gallon underground storage tanks containing regular unleaded and super unleaded gasoline respectively, and one 280 gallon waste oil tank were removed.
2. There are no specific records concerning the disposal of the underground storage tanks. However, it was Unocal's practice at that time to contract with H & H Ship Service Company to dispose of used underground storage tanks. H & H would transport the tanks to their facility in San Francisco at which time the tanks would be cleaned and rendered inoperable before being transported to a recycler in Richmond, California. There also are no records of what was done with soil excavated from the tank pit. However, it was Unocal's practice to stockpile soil from the tank pit on site for aeration prior to disposal at a Class III landfill. Soil cuttings generated from the borings installed at the site after the demolition (see attached Applied GeoSystems report dated November 19, 1986) indicate that some cuttings were backfilled into the boring while others were spread out on site.

3. There were no indications of any leaks, cracks or holes in the underground storage tanks. The investigation subsequent to the demolition involved installing four borings and two monitoring wells on site (please refer to the attached report. The wells were monitored over four quarters for TPH as gasoline and BTEX. Results of these sampling events indicated low levels of dissolved hydrocarbon constituents present in the groundwater at this site. The final sampling round conducted in October 1987 showed nondetectable for all constituents. Since the groundwater in this vicinity is not used for drinking water purposes and because nondetectable levels of dissolved hydrocarbons and hydrocarbon constituents were detected in the last sampling event, our consultant recommended that no further work was need at the site at this time. Unocal subsequently requested closure of this site in a letter to the California Regional Water Quality Control Board dated December 7, 1987 (please refer to attached letter).

Currently Unocal is assessing the previous work done at this site and determining if further actions are necessary prior to transferring or selling the property. In the event that further environmental work is warranted, Unocal will submit a work plan to the Alameda County Health Agency prior to initiating any drilling or sampling activities.

I hope trust this information answers your questions. If any additional information is required please feel free to call the undersigned at (415) 277-2303.

Sincerely,

Ronald E. Bock

Ronald E. Bock
Environmental Engineer
Unocal Corporation

REB/cmd

cc: R. L. Folda
J. E. Mason

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)

Certified Mail #

September 25, 1989

Union Oil Service Station # 5847
2701 East Ave.
Hayward, CA 94541

RE:2701 East Ave.

Dear owner/operator:

Our records indicate that there are underground tank(s) at your site at the above facility.

In accordance with the California Administrative Code, Title 23, Chapter 3, Subchapter 16 Underground Tank Regulations you must perform one of the following actions:

1. Submit a tank closure plan to this Department as required by Article 7, 2670, or
2. Apply for a permit as required by Article 10, 2710.

Notify this Department within 10 days of your intentions and to obtain the necessary instructions and forms.

Please note that section 25299 of the California Health and Safety Code states that any operator or owner of an underground storage tank is liable for a civil penalty of not less than five hundred dollars or more than five thousand dollars per day for failure to obtain a permit, or failing to properly close an underground storage tank, as required by section 25298.

If you have any questions concerning this matter, please contact Tom Peacock, Senior Hazardous Material Specialist, at 271-4320.

Sincerely,

Rafat A. Shahid, Chief,
Hazardous Materials Program

RAS:mnc

cc: Gil Jensen, Alameda County District Attorney, Consumer and
Environmental Protection Agency
Lisa McCann, RWQCB

APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

() 01 NEW PERMIT () 05 RENEWED PERMIT () 07 TANK CLOSED () 09 DELETE FROM FILE (NO FEE)
 () 02 CONDITIONAL PERMIT () 06 AMENDED PERMIT () 08 MINOR CHANGE (NO SURCHARGE)

I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) UNION OIL CO.			PUBLIC AGENCY ONLY () 01 FED () 02 STATE () 03 LOCAL		
STREET ADDRESS 1 CALIFORNIA ST., SUITE 2700		CITY SAN FRANCISCO	STATE CA	ZIP 94111	

II FACILITY

FACILITY NAME UNION OIL SS# 5847		DEALER/FOREMAN/SUPERVISOR ROBERT W. SCHMITZ			
STREET ADDRESS 2701 EAST AVE.		NEAREST CROSS STREET WINDFELDT RD.			
CITY HAYWARD		COUNTY ALAMEDA		ZIP 94541	
MAILING ADDRESS 2701 EAST AVE.		CITY HAYWARD		STATE CA	ZIP 94541
PHONE W/AREA CODE 415-581-0958		TYPE OF BUSINESS (X) 01 GASOLINE STATION () 02 OTHER			
NUMBER OF CONTAINERS 1	RURAL AREAS ONLY :	TOWNSHIP	RANGE	SECTION	

III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE JAURIGUI, L.J. 415-956-7600	NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE UNION OIL CO. 415-561-9322
---	--

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV DESCRIPTION

A. () 01 TANK (X) 04 OTHER: SUMP		CONTAINER NUMBER 5847-10-1	
B. MANUFACTURER (IF APPROPRIATE):		YEAR MFG:	C. YEAR INSTALLED (X) UNKNOWN
D. CONTAINER CAPACITY: GALLONS (X) UNKNOWN	E. DOES THE CONTAINER STORE: (X) 01 WASTE () 02 PRODUCT		
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? () 01 YES (X) 02 NO IF YES CHECK APPROPRIATE BOX(ES): () 01 UNLEADED () 02 REGULAR () 03 PREMIUM () 04 DIESEL () 05 WASTE OIL () 06 OTHER			

V CONTAINER CONSTRUCTION

A. THICKNESS OF PRIMARY CONTAINMENT: 6 () GAUGE (X) INCHES () CM () UNKNOWN			
B. () 01 VAULTED (LOCATED IN AN UNDERGROUND VAULT) (X) 02 NON-VAULTED () 03 UNKNOWN			
C. () 01 DOUBLE WALLED (X) 02 SINGLE WALLED () 03 LINED			
D. () 01 CARBON STEEL () 02 STAINLESS STEEL () 03 FIBERGLASS () 04 POLYVINYL CHLORIDE (X) 05 CONCRETE () 06 ALUMINUM () 07 STEEL CLAD () 08 BRONZE () 09 COMPOSITE () 10 NON-METALLIC () 12 UNKNOWN () 13 OTHER:			

CONTAINER CONSTRUCTION

E. 01 RUBBER LINED 02 ALKYD LINING 03 EPOXY LINING 04 PHENOLIC LINING 05 GLASS LINING
 07 UNLINED 08 UNKNOWN 09 OTHER:

F. 01 POLYETHYLENE WRAP 02 VINYL WRAPPING 03 CATHODIC PROTECTION 04 UNKNOWN 05 NONE
 06 TAR OR ASPHALT 09 OTHER:

VI PIPING

A. ABOVEGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
 (CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

B. UNDERGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
 (CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

VII LEAK DETECTION

01 VISUAL 02 STOCK INVENTORY 04 VAPOR SNIFF WELLS 05 SENSOR INSTRUMENT
 06 GROUND WATER MONITORING WELLS 07 PRESSURE TEST 09 NONE 10 OTHER:

VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS

IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CASH (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input checked="" type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	61	NOT ON LIST
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM? 01 YES 02 NO

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

PERSON FILING (SIGNATURE) _____ PHONE W/AREA CODE _____

FOR LOCAL AGENCY USE ONLY

ADMINISTRATING AGENCY		CITY CODE		COUNTY CODE	
CONTACT PERSON			PHONE W/AREA CODE		
DATE OF LAST INSPECTION	IN COMPLIANCE <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	PERMIT APPROVAL DATE	TRANSACTION DATE	LOCAL PERMIT ID #	

PRINTED 10:49
12-16-1992
JUR 003

*Removed
no permit*

CITY OF HAYWARD #01
M.F.R. MASTER FILES INFORMATION LISTING
BY PROGRAM # + SITE ADDRESS

UNKNOWN
Alameda County
PAGE NO. 30

=====
Status Agency Program Comp/No Element Ref-Date Township
A 001 FIRE DEPARTMENT 23 UNDERGROUND TANKS 30756 99 OTHER TYPE TANK 07-01-85
Range Section 1ST-Sic 2ND-Sic Business Description Sup.Dist. Census Tr
GAS STATION 101 SUP. DIST. #101

=====
Location Parcel No.
99 CITY OF HAYWARD
Site-Facility Name/Care-of Name Type No. Fra Dir Street Desg Suite City St Zip
UNION OIL SS #5847 9 UNKNOWN 2701 EAST AVE HAYWARD CA 94541
Area Phone Ext. Cross-Street Site/Facility Manager Name
415-581-0958 WIND FELDT RD ROBERT W. SCHMITZ
Property Owner Name/Care-of Name Type No. Fra Dir Street Desg Suite City St Zip
UNION OIL CO. 9 UNKNOWN 1 CALIFORNIA ST 2700 SAN FRANCISCO CA 94111
Legal Notif. & Billing/Care-of Name Type No. Fra Dir Street Desg Suite City St Zip
UNION OIL SS #5847 9 UNKNOWN 2701 EAST AVE HAYWARD CA 94541
Emergency Day/Night Primary Area Phone Ext. Emergency Day/Night Second. Area Phone Ext.
JAURIGUI, L.J. 415-956-2600
UNION OIL CO. 415-561-9322
Document # Comment
WRCB

=====
E.P.A. ID.# State ID.# Local ID.# Tanks-at-Site Tanks-in-D.B. Plan-Filed Business Type Indian-Land
00030756 6 6 01 N
Tank Owner Name/Care-of Name Type No. Fra Dir Street Desg Suite City St Zip
UNION OIL SS #5847 9 UNKNOWN 2701 EAST AVE HAYWARD CA 94541
Area Phone Ext. BOE-Acct# Financial-Responsibility
44 000051 99 UNKNOWN

=====
Status Tank-ID.# Ref-Date Owner-ID.# Manufactured By Date-Inst. Capacity U.O.M. Tank-Use 23- 30756
A 1 07-01-85 5847-1-1 NOT SUPPLIED 01-01-67 10000 G GAL. 01 M.V. FUEL
Storage-Type Vehicle-Fuel System-type Tank-Material Interior-Lining Methanol-Comp. Corrosion-Protection
1 PRODUCT 1A REG UNLEADED 02 SINGLE WALL 01 BARE STEEL 95 UNKNOWN N 91 NONE
A.G.-Sys.-Type A.G.-Pipe-Const. A.G.-Pipe-Mat. U.G.-Sys.-Type U.G.-Pipe-Const. U.G.-Pipe-Mat. Piping-Leak-Det.
95 UNKNOWN 95 UNKNOWN 95 UNKNOWN 02 PRESSURE 95 UNKNOWN 95 UNKNOWN 95 UNKNOWN
Spill-Cont Overfill-Pr Primary-Leak-Det. Secondary-Leak-Det. Leaker Reported Well-ID.# G.W.-Depth State-ID.# Local-ID.#
02 INV. RECONCIL. 95 UNKNOWN 001
Document # Comment Last-Insp.
WRCB

=====
From-Date Thru-Date Code Contents-Name Local ID.# Chem.-Form Hazard-Deg. 23- 30756- 1
07-01-85 001 REGULAR UNLEADED GASOLINE L LIQUID 05
C.A.S.# D.O.T.# E.P.A.-ID.# Chemtox # Chemical Name Percent 23- 30756- 1/07-01-85
8006-61-9 UN1203 001370 GASOLINE 100.00

=====
Status Tank-ID.# Ref-Date Owner-ID.# Manufactured By Date-Inst. Capacity U.O.M. Tank-Use 23- 30756
A 2 07-01-85 5847-2-1 NOT SUPPLIED 01-01-67 10000 G GAL. 01 M.V. FUEL
Storage-Type Vehicle-Fuel System-type Tank-Material Interior-Lining Methanol-Comp. Corrosion-Protection
1 PRODUCT 1A REG UNLEADED 02 SINGLE WALL 01 BARE STEEL 95 UNKNOWN N 91 NONE
A.G.-Sys.-Type A.G.-Pipe-Const. A.G.-Pipe-Mat. U.G.-Sys.-Type U.G.-Pipe-Const. U.G.-Pipe-Mat. Piping-Leak-Det.
95 UNKNOWN 95 UNKNOWN 95 UNKNOWN 02 PRESSURE 95 UNKNOWN 95 UNKNOWN 95 UNKNOWN
Spill-Cont Overfill-Pr Primary-Leak-Det. Secondary-Leak-Det. Leaker Reported Well-ID.# G.W.-Depth State-ID.# Local-ID.#
02 INV. RECONCIL. 95 UNKNOWN 002
Document # Comment Last-Insp.
WRCB

=====
From-Date Thru-Date Code Contents-Name Local ID.# Chem.-Form Hazard-Deg. 23- 30756- 2

=====
 C.A.S.# D.O.T.# E.P.A.-ID.# Chemtox # Chemical Name Percent 23- 30756- 2/07-01-85
 8006-61-9 UN1203 001370 GASOLINE 100.00

 Status Tank-ID.# Ref-Date Owner-ID.# Manufactured By Date-Inst. Capacity U.O.M. Tank-Use 23- 30756
 A 3 07-01-85 5847-4-1 NOT SUPPLIED 01-01-01 280 G GAL. 04 OIL
 Storage-Type Vehicle-Fuel System-type Tank-Material Interior-Lining Methanol-Comp. Corrosion-Protection
 2 WASTE 02 SINGLE WALL 01 BARE STEEL 95 UNKNOWN N 91 NONE
 A.G.-Sys.-Type A.G.-Pipe-Const. A.G.-Pipe-Mat. U.G.-Sys.-Type U.G.-Pipe-Const. U.G.-Pipe-Mat. Piping-Leak-Det.
 95 UNKNOWN 95 UNKNOWN 95 UNKNOWN 03 GRAVITY 95 UNKNOWN 95 UNKNOWN 95 UNKNOWN
 Spill-Cont Overfill-Pr Primary-Leak-Det. Secondary-Leak-Det. Leaker Reported Well-ID.# G.W.-Depth State-ID.# Local-ID.#
 02 INV. RECONCIL. 95 UNKNOWN 003
 Document # Comment Last-Insp.
 WRCB

 From-Date Thru-Date Code Contents-Name Local ID.# Chem.-Form Hazard-Deg. 23- 30756- 3
 07-01-85 008 WASTE OIL L LIQUID 05
 C.A.S.# D.O.T.# E.P.A.-ID.# Chemtox # Chemical Name Percent 23- 30756- 3/07-01-85
 WASTE OIL 100.00

 Status Tank-ID.# Ref-Date Owner-ID.# Manufactured By Date-Inst. Capacity U.O.M. Tank-Use 23- 30756
 A 4 07-01-85 5847-1-1 NOT SUPPLIED 01-01-67 10000 G GAL. 01 M.V. FUEL
 Storage-Type Vehicle-Fuel System-type Tank-Material Interior-Lining Methanol-Comp. Corrosion-Protection
 1 PRODUCT 1A REG UNLEADED 02 SINGLE WALL 01 BARE STEEL 95 UNKNOWN N 91 NONE
 A.G.-Sys.-Type A.G.-Pipe-Const. A.G.-Pipe-Mat. U.G.-Sys.-Type U.G.-Pipe-Const. U.G.-Pipe-Mat. Piping-Leak-Det.
 95 UNKNOWN 95 UNKNOWN 95 UNKNOWN 02 PRESSURE 95 UNKNOWN 95 UNKNOWN 95 UNKNOWN
 Spill-Cont Overfill-Pr Primary-Leak-Det. Secondary-Leak-Det. Leaker Reported Well-ID.# G.W.-Depth State-ID.# Local-ID.#
 02 INV. RECONCIL. 95 UNKNOWN 004
 Document # Comment Last-Insp.
 WRCB

 From-Date Thru-Date Code Contents-Name Local ID.# Chem.-Form Hazard-Deg. 23- 30756- 4
 07-01-85 001 REGULAR UNLEADED GASOLINE L LIQUID 05
 C.A.S.# D.O.T.# E.P.A.-ID.# Chemtox # Chemical Name Percent 23- 30756- 4/07-01-85
 8006-61-9 UN1203 001370 GASOLINE 100.00

 Status Tank-ID.# Ref-Date Owner-ID.# Manufactured By Date-Inst. Capacity U.O.M. Tank-Use 23- 30756
 A 5 07-01-85 5847-2-1 NOT SUPPLIED 01-01-67 10000 G GAL. 01 M.V. FUEL
 Storage-Type Vehicle-Fuel System-type Tank-Material Interior-Lining Methanol-Comp. Corrosion-Protection
 1 PRODUCT 1A REG UNLEADED 02 SINGLE WALL 01 BARE STEEL 95 UNKNOWN N 91 NONE
 A.G.-Sys.-Type A.G.-Pipe-Const. A.G.-Pipe-Mat. U.G.-Sys.-Type U.G.-Pipe-Const. U.G.-Pipe-Mat. Piping-Leak-Det.
 95 UNKNOWN 95 UNKNOWN 95 UNKNOWN 02 PRESSURE 95 UNKNOWN 95 UNKNOWN 95 UNKNOWN
 Spill-Cont Overfill-Pr Primary-Leak-Det. Secondary-Leak-Det. Leaker Reported Well-ID.# G.W.-Depth State-ID.# Local-ID.#
 02 INV. RECONCIL. 95 UNKNOWN 005
 Document # Comment Last-Insp.
 WRCB

 From-Date Thru-Date Code Contents-Name Local ID.# Chem.-Form Hazard-Deg. 23- 30756- 5
 07-01-85 001 REGULAR UNLEADED GASOLINE L LIQUID 05
 C.A.S.# D.O.T.# E.P.A.-ID.# Chemtox # Chemical Name Percent 23- 30756- 5/07-01-85
 8006-61-9 UN1203 001370 GASOLINE 100.00

 Status Tank-ID.# Ref-Date Owner-ID.# Manufactured By Date-Inst. Capacity U.O.M. Tank-Use 23- 30756
 A 6 07-01-85 5847-4-1 NOT SUPPLIED 01-01-01 280 G GAL. 04 OIL
 Storage-Type Vehicle-Fuel System-type Tank-Material Interior-Lining Methanol-Comp. Corrosion-Protection
 2 WASTE 02 SINGLE WALL 01 BARE STEEL 95 UNKNOWN N 91 NONE

PRINTED 10:50
12-16-1992
JUR 003

CITY OF HAYWARD #01
M.F.R. MASTER FILES INFORMATION LISTING
BY PROGRAM # + SITE ADDRESS

PAGE NO. 32

=====

A.G.-Sys.-Type	A.G.-Pipe-Const.	A.G.-Pipe-Mat.	U.G.-Sys.-Type	U.G.-Pipe-Const.	U.G.-Pipe-Mat.	Piping-Leak-Det.		
95 UNKNOWN	95 UNKNOWN	95 UNKNOWN	03 GRAVITY	95 UNKNOWN	95 UNKNOWN	95 UNKNOWN		
Spill-Cont	Overfill-Pr	Primary-Leak-Det.	Secondary-Leak-Det.	Leaker	Reported Well-ID.#	G.W.-Depth	State-ID.#	Local-ID.#
		02 INV. RECONCIL.	95 UNKNOWN					006

Document # Comment Last-Insp.
WRCB

From-Date	Thru-Date	Code	Contents-Name	Local ID.#	Chem.-Form	Hazard-Deg.	23- 30756-	6
07-01-85		008	WASTE OIL		L LIQUID	05		
C.A.S.#	D.O.T.#	E.P.A.-ID.#	Chemtox #	Chemical Name	Percent	23- 30756-	6/07-01-85	
				WASTE OIL	100.00			

UNOCAL 76Product Name: UNOCAL UNAX AW 32
PRODUCT CODE NO: Q4641

ISSUE DATE: 7/16/85

PAGE 1 OF 4

MANUFACTURER: UNOCAL REFINING & MARKETING DIVISION UNION OIL COMPANY OF CALIFORNIA 1201 W. 5TH STREET LOS ANGELES, CALIFORNIA 90017 CONTACT FOR FURTHER INFORMATION: MSDS COORDINATOR (213) 977-7589		Transportation Emergencies: Call CHEMTREC (800) 424-9300 Cont. U.S. (202) 483-7616 (Collect) from Alaska & Hawaii Health Emergencies: CALL LOS ANGELES POISON INFORMATION CENTER (24 hrs.) (213) 664-2121			
PRODUCT IDENTIFICATION					
PRODUCT NAME: UNOCAL UNAX AW 32					
SYNONYMS: UNION UNAX AW 32					
GENERIC NAME: INDUSTRIAL OILS					
CHEMICAL FAMILY: PETROLEUM HYDROCARBON					
DOT PROPER SHIPPING NAME: NOT APPLICABLE					
ID NUMBER: NONE					
SECTION I - INGREDIENTS		TLV	UNITS	AGENCY	TYPE
OIL MIST, IF GENERATED		5.00	MG/M3	OSHA	FULL TERM TWA
THE IDENTITIES OF INGREDIENTS THAT ARE TRADE SECRETS ARE EXCLUDED FROM THIS LIST.					
SECTION II - EMERGENCY AND FIRST AID PROCEDURES		***EMERGENCY***			
Have physician call LOS ANGELES POISON INFORMATION CENTER (24 hrs.) (213) 664-2121					
EYE CONTACT:					
FOR DIRECT CONTACT, FLUSH THE AFFECTED EYE(S) WITH CLEAN WATER. IF IRRITATION OR REDNESS DEVELOPS, SEEK MEDICAL ATTENTION.					
SKIN CONTACT:					
DO NOT USE GASOLINES, THINNERS OR SOLVENTS TO REMOVE PRODUCT FROM SKIN. WIPE MATERIAL FROM SKIN AND REMOVE CONTAMINATED CLOTHING. CLEANSE AFFECTED AREA(S) THOROUGHLY BY WASHING WITH SOAP AND WATER AND, IF NECESSARY, A WATERLESS SKIN CLEANSER. IF IRRITATION OR REDNESS DEVELOPS AND PERSISTS, SEEK MEDICAL ATTENTION.					
INHALATION (BREATHING):					
IF IRRITATION OF NOSE OR THROAT DEVELOPS, MOVE AWAY FROM SOURCE OF EXPOSURE AND INTO FRESH AIR. IF IRRITATION PERSISTS, SEEK MEDICAL ATTENTION. IF VICTIM IS NOT BREATHING OR IF BREATHING DIFFICULTIES DEVELOP, ARTIFICIAL RESPIRATION OR OXYGEN SHOULD BE ADMINISTERED BY QUALIFIED PERSONNEL. SEEK IMMEDIATE MEDICAL ATTENTION.					
INGESTION (SWALLOWING):					
IF VICTIM IS CONSCIOUS AND ALERT, GIVE 2 TO 3 CUPS OF MILK OR WATER TO DRINK. SEEK MEDICAL ATTENTION. TO PHYSICIAN: EMESIS OR LAYAGE IS NOT RECOMMENDED FOR INGESTIONS OF MINUTE QUANTITIES OR TASTES OF MOST HYDROCARBONS. MEDICAL OPINION IS DIVIDED FOR LARGER INGESTIONS. EMESIS OR LAYAGE HAS BEEN RECOMMENDED FOR THOSE PETROLEUM PRODUCTS WHICH HAVE A HIGH ORAL TOXICITY. GASTRIC LAYAGE WITH A CUFFED ENDOTRACHEAL TUBE IS RECOMMENDED BY SOME PHYSICIANS TO PREVENT ASPIRATION.					

SECTION III - POTENTIAL ADVERSE HEALTH EFFECTS

EYE CONTACT:

THIS MATERIAL MAY CAUSE EYE IRRITATION. DIRECT CONTACT MAY CAUSE BURNING, TEARING AND REDNESS.

SKIN CONTACT:

THIS MATERIAL MAY CAUSE SKIN IRRITATION. PROLONGED OR REPEATED CONTACT MAY CAUSE REDNESS, BURNING AND DERMATITIS.

INHALATION (BREATHING):

EXPOSURE TO MISTS, OR PROLONGED OR REPEATED EXPOSURE TO FUMES OR VAPORS THAT MAY BE GENERATED WHEN THIS MATERIAL IS HEATED, MAY CAUSE IRRITATION OF NOSE AND THROAT.

INGESTION (SWALLOWING):

ACCIDENTAL INGESTION OF THIS MATERIAL MAY CAUSE IRRITATION OF THE DIGESTIVE TRACT.

SECTION IV - SPECIAL PROTECTION INFORMATION

VENTILATION:

IF CURRENT VENTILATION PRACTICES ARE NOT ADEQUATE IN MAINTAINING AIRBORNE CONCENTRATIONS BELOW THE ESTABLISHED EXPOSURE LIMITS (SEE SECTION I), ADDITIONAL VENTILATION OR EXHAUST SYSTEMS MAY BE REQUIRED.

RESPIRATORY PROTECTION:

IF AIRBORNE CONCENTRATIONS EXCEED RECOMMENDED EXPOSURE LIMITS, A SUITABLE FILTER-TYPE RESPIRATOR SHOULD BE WORN. (SEE SECTION I.)

PROTECTIVE GLOVES:

THE USE OF GLOVES IMPERMEABLE TO THE SPECIFIC MATERIAL HANDLED IS ADVISED TO PREVENT SKIN CONTACT AND POSSIBLE IRRITATION.

EYE PROTECTION:

APPROVED EYE PROTECTION TO SAFEGUARD AGAINST POTENTIAL EYE CONTACT, IRRITATION OR INJURY IS RECOMMENDED.

OTHER PROTECTIVE EQUIPMENT:

IT IS SUGGESTED THAT A SOURCE OF CLEAN WATER BE AVAILABLE IN WORK AREA FOR FLUSHING EYES AND SKIN. BARRIER CREAMS THAT ARE SPECIFIC FOR OIL-BASED MATERIALS ARE RECOMMENDED WHEN GLOVES ARE IMPRACTICAL.

SECTION V - REACTIVITY DATA

STABILITY:

STABLE

CONDITIONS TO AVOID (STABILITY):

AVOID CONTACT WITH ANY SOURCE OF IGNITION.

INCOMPATIBILITY (MATERIALS TO AVOID):

AVOID CONTACT WITH STRONG OXIDIZING AGENTS. EXTENDED EXPOSURE TO HIGH TEMPERATURES MAY CAUSE DECOMPOSITION.

SECTION V - REACTIVITY DATA

HAZARDOUS DECOMPOSITION PRODUCTS:

THERMAL DECOMPOSITION IN THE PRESENCE OF AIR MAY YIELD MAJOR AMOUNTS OF OXIDES OF CARBON AND MINOR AMOUNTS OF OXIDES OF SULFUR AND NITROGEN.

HAZARDOUS POLYMERIZATION:

WILL NOT OCCUR

SECTION VI - SPILL OR LEAK PROCEDURES

HIGHWAY OR RAILWAY SPILLS
Call CHEMTREC (800) 424-9300 Cont. U.S.
(Collect) (202) 483-7616 from Alaska & Hawaii

PRECAUTIONS IN CASE OF RELEASE OR SPILL:

COLLECT LEAKING LIQUID IN SEALABLE CONTAINERS. ABSORB SPILLED LIQUID IN SAND OR INERT ABSORBANT. CONTACT FIRE AUTHORITIES AND APPROPRIATE STATE/LOCAL AGENCIES. IF SPILL OF ANY AMOUNT IS MADE INTO OR UPON U.S. NAVIGABLE WATERS, THE CONTIGUOUS ZONE, OR ADJOINING SHORELINES, NOTIFY COAST GUARD NATIONAL RESPONSE CENTER (PHONE NUMBER 800-424-8802).

WASTE DISPOSAL METHOD:

DISPOSE OF PRODUCT IN ACCORDANCE WITH LOCAL, COUNTY, STATE, AND FEDERAL REGULATIONS.

SECTION VII - STORAGE AND SPECIAL PRECAUTIONS

HANDLING AND STORAGE PRECAUTIONS:

STORE IN A COOL, DRY LOCATION. KEEP AWAY FROM INCOMPATIBLE MATERIALS (SEE SECTION V). AVOID GENERATING OIL MISTS WHILE HANDLING. AVOID PROLONGED OR REPEATED SKIN CONTACT. WASH THOROUGHLY AFTER HANDLING. DO NOT WEAR OIL-SOAKED CLOTHING OR SHOES.

SECTION VIII - FIRE AND EXPLOSION HAZARD DATA

HAZARD RANKING				
NFPA HAZARD CLASS	HEALTH HAZARD: 0 FLAMMABILITY: 1 REACTIVITY: 0 OTHER:	0 = LEAST 1 = SLIGHT 2 = MODERATE 3 = HIGH 4 = EXTREME	DOT FLAMMABILITY CLASSIFICATION NOT REGULATED	FLASH POINT 410, COC F 210 C

EXTINGUISHING MEDIA:

EXTINGUISH WITH DRY CHEMICAL, CO2, WATER SPRAY, FOAM, SAND OR EARTH. WATER AND FOAM MAY CAUSE FROTHING.

FIRE & EXPLOSION HAZARDS:

THIS MATERIAL WILL BURN, BUT WILL NOT IGNITE READILY.

FIRE FIGHTING PROCEDURES:

WATER SPRAY MAY BE USEFUL IN MINIMIZING VAPORS AND COOLING CONTAINERS EXPOSED TO HEAT AND FLAME. AVOID SPREADING BURNING LIQUID WITH WATER USED FOR COOLING PURPOSES. MOVE UNDAMAGED CONTAINERS FROM FIRE AREA IF YOU CAN DO SO WITHOUT RISK.

SECTION IX - PHYSICAL DATA

<u>APPROX. BOILING RANGE</u>	<u>VAPOR DENSITY</u>	<u>EVAPORATION RATE</u>	<u>% VOLATILE</u>
ABOVE 600 F (316) C	HEAVIER THAN AIR	SLOWER THAN ETHER	NEGLIGIBLE
<u>% SOLUBILITY IN WATER</u>	<u>SPECIFIC GRAVITY</u>	<u>APPEARANCE</u>	<u>ODOR</u>
NEGLIGIBLE	0.88 - 0.89	CLEAR, YELLOW	CHARACTERISTIC

SECTION XI - DOCUMENTARY INFORMATION

ISSUE DATE: 7/16/85 PREV. DATE: 7/25/84 PRODUCT CODE NO. D4641

DISCLAIMER OF EXPRESSED AND IMPLIED WARRANTIES

The information in this document is believed to be correct as of the date issued.

HOWEVER, NO WARRANTY OF MERCHANTABILITY, FITNESS FOR ANY PARTICULAR PURPOSE, OR ANY OTHER WARRANTY IS EXPRESSED OR IS TO BE IMPLIED REGARDING THE ACCURACY OR COMPLETENESS OF THIS INFORMATION, THE RESULTS TO BE OBTAINED FROM THE USE OF THIS INFORMATION OR THE PRODUCT, THE SAFETY OF THIS PRODUCT, OR THE HAZARDS RELATED TO ITS USE.

This information and product are furnished on the condition that the person receiving them shall make his own determination as to the suitability of the product for his particular purpose and on the condition that he assume the risk of his use thereof.

UNOCAL Product Name: UNOCAL GUARDOL MOTOR OIL 30
PRODUCT CODE NO: 03650XX30ISSUE DATE: 6/ 5/85

PAGE 1 OF 4

MANUFACTURER:UNOCAL REFINING & MARKETING DIVISION
UNION OIL COMPANY OF CALIFORNIA
1201 W. 5TH STREET
LOS ANGELES, CALIFORNIA 90017CONTACT FOR FURTHER INFORMATION:
MSDS COORDINATOR (213) 977-7589Transportation Emergencies:
Call CHEMTREC
(800) 424-9300 Cont. U.S.
(202) 483-7616 (Collect)
from Alaska & Hawaii
Health Emergencies:
CALL LOS ANGELES POISON
INFORMATION CENTER (24 hrs.)
(213) 664-2121**PRODUCT IDENTIFICATION****PRODUCT NAME:** UNOCAL GUARDOL MOTOR OIL 30**SYNONYMS:** UNION GUARDOL MOTOR OIL 30**GENERIC NAME:** CRANKCASE OIL**CHEMICAL FAMILY:** PETROLEUM HYDROCARBON**DOT PROPER
SHIPPING NAME:** NOT APPLICABLE**ID NUMBER:** NONE**SECTION I - INGREDIENTS**

TLV UNITS AGENCY TYPE

OIL MIST, IF GENERATED 5.00 MG/M3 OSHA FULL TERM TWA

THE IDENTITIES OF INGREDIENTS THAT ARE TRADE SECRETS ARE EXCLUDED FROM THIS LIST.

SECTION II - EMERGENCY AND FIRST AID PROCEDURES

EMERGENCY

Have physician call LOS ANGELES POISON
INFORMATION CENTER (24 hrs.) (213) 664-2121**EYE CONTACT:**

FOR DIRECT CONTACT, FLUSH THE AFFECTED EYE(S) WITH CLEAN WATER. IF IRRITATION OR REDNESS DEVELOPS, SEEK MEDICAL ATTENTION.

SKIN CONTACT:

DO NOT USE GASOLINES, THINNERS OR SOLVENTS TO REMOVE PRODUCT FROM SKIN. WIPE MATERIAL FROM SKIN AND REMOVE CONTAMINATED CLOTHING. CLEANSE AFFECTED AREA(S) THOROUGHLY BY WASHING WITH SOAP AND WATER AND, IF NECESSARY, A WATERLESS SKIN CLEANSER. IF IRRITATION OR REDNESS DEVELOPS AND PERSISTS, SEEK MEDICAL ATTENTION.

INHALATION (BREATHING):

IF IRRITATION OF NOSE OR THROAT DEVELOPS, MOVE AWAY FROM SOURCE OF EXPOSURE AND INTO FRESH AIR. IF IRRITATION PERSISTS, SEEK MEDICAL ATTENTION. IF VICTIM IS NOT BREATHING OR IF BREATHING DIFFICULTIES DEVELOP, ARTIFICIAL RESPIRATION OR OXYGEN SHOULD BE ADMINISTERED BY QUALIFIED PERSONNEL. SEEK IMMEDIATE MEDICAL ATTENTION.

INGESTION (SWALLOWING):

IF VICTIM IS CONSCIOUS AND ALERT, GIVE 2 TO 3 CUPS OF MILK OR WATER TO DRINK. SEEK MEDICAL ATTENTION. TO PHYSICIAN: EMESIS OR LAYAGE IS NOT RECOMMENDED FOR INGESTIONS OF MINUTE QUANTITIES OR TASTES OF MOST HYDROCARBONS. MEDICAL OPINION IS DIVIDED FOR LARGER INGESTIONS. EMESIS OR LAYAGE HAS BEEN RECOMMENDED FOR THOSE PETROLEUM PRODUCTS WHICH HAVE A HIGH ORAL TOXICITY. GASTRIC LAYAGE WITH A CUFFED ENDOTRACHEAL TUBE IS RECOMMENDED BY SOME PHYSICIANS TO PREVENT ASPIRATION.

SECTION III - POTENTIAL ADVERSE HEALTH EFFECTS

EYE CONTACT:

THIS MATERIAL MAY CAUSE EYE IRRITATION. DIRECT CONTACT MAY CAUSE BURNING, TEARING AND REDNESS.

SKIN CONTACT:

THIS MATERIAL MAY CAUSE SKIN IRRITATION. PROLONGED OR REPEATED CONTACT MAY CAUSE REDNESS, BURNING AND DERMATITIS.

INHALATION (BREATHING):

EXPOSURE TO MISTS, OR PROLONGED OR REPEATED EXPOSURE TO FUMES OR VAPORS THAT MAY BE GENERATED WHEN THIS MATERIAL IS HEATED, MAY CAUSE IRRITATION OF NOSE AND THROAT.

INGESTION (SWALLOWING):

ACCIDENTAL INGESTION OF THIS MATERIAL MAY CAUSE IRRITATION OF THE DIGESTIVE TRACT.

COMMENTS:

USED MOTOR OIL: FOLLOWING REPEATED SKIN APPLICATIONS, ANIMAL STUDIES HAVE SHOWN THAT USED MOTOR/CRANKCASE OILS HAVE CAUSED AN INCREASED INCIDENCE OF SKIN CANCER IN MICE. IT IS THEREFORE RECOMMENDED THAT PROLONGED OR REPEATED CONTACT WITH MOTOR/CRANKCASE OILS BE AVOIDED.

SECTION IV - SPECIAL PROTECTION INFORMATION

VENTILATION:

IF CURRENT VENTILATION PRACTICES ARE NOT ADEQUATE IN MAINTAINING AIRBORNE CONCENTRATIONS BELOW THE ESTABLISHED EXPOSURE LIMITS (SEE SECTION I), ADDITIONAL VENTILATION OR EXHAUST SYSTEMS MAY BE REQUIRED.

RESPIRATORY PROTECTION:

IF AIRBORNE CONCENTRATIONS EXCEED RECOMMENDED EXPOSURE LIMITS, A SUITABLE FILTER-TYPE RESPIRATOR SHOULD BE WORN. (SEE SECTION I.)

PROTECTIVE GLOVES:

THE USE OF GLOVES IMPERMEABLE TO THE SPECIFIC MATERIAL HANDLED IS ADVISED TO PREVENT SKIN CONTACT AND POSSIBLE IRRITATION.

EYE PROTECTION:

APPROVED EYE PROTECTION TO SAFEGUARD AGAINST POTENTIAL EYE CONTACT, IRRITATION OR INJURY IS RECOMMENDED.

OTHER PROTECTIVE EQUIPMENT:

IT IS SUGGESTED THAT A SOURCE OF CLEAN WATER BE AVAILABLE IN WORK AREA FOR FLUSHING EYES AND SKIN. BARRIER CREAMS THAT ARE SPECIFIC FOR OIL-BASED MATERIALS ARE RECOMMENDED WHEN GLOVES ARE IMPRACTICAL.

SECTION V - REACTIVITY DATA

STABILITY:

STABLE

INCOMPATIBILITY (MATERIALS TO AVOID):

AVOID CONTACT WITH STRONG OXIDIZING AGENTS. EXTENDED EXPOSURE TO HIGH TEMPERATURES MAY CAUSE DECOMPOSITION.

SECTION V - REACTIVITY DATA

HAZARDOUS DECOMPOSITION PRODUCTS:

THERMAL DECOMPOSITION IN THE PRESENCE OF AIR MAY YIELD MAJOR AMOUNTS OF OXIDES OF CARBON AND MINOR AMOUNTS OF OXIDES OF NITROGEN, PHOSPHORUS, SULFUR AND ZINC.

HAZARDOUS POLYMERIZATION:

WILL NOT OCCUR

SECTION VI - SPILL OR LEAK PROCEDURES

HIGHWAY OR RAILWAY SPILLS
Call CHEMTREC (800) 424-9300 Cont. U.S.
(Collect) (202) 483-7616 from Alaska & Hawaii

PRECAUTIONS IN CASE OF RELEASE OR SPILL:

COLLECT LEAKING LIQUID IN SEALABLE CONTAINERS. ABSORB SPILLED LIQUID IN SAND OR INERT ABSORBANT. CONTACT FIRE AUTHORITIES AND APPROPRIATE STATE/LOCAL AGENCIES. IF SPILL OF ANY AMOUNT IS MADE INTO OR UPON U.S. NAVIGABLE WATERS, THE CONTIGUOUS ZONE, OR ADJOINING SHORELINES, NOTIFY COAST GUARD NATIONAL RESPONSE CENTER (PHONE NUMBER 800-424-8802).

WASTE DISPOSAL METHOD:

DISPOSE OF PRODUCT IN ACCORDANCE WITH LOCAL, COUNTY, STATE, AND FEDERAL REGULATIONS.

SECTION VII - STORAGE AND SPECIAL PRECAUTIONS

HANDLING AND STORAGE PRECAUTIONS:

STORE IN A COOL, DRY LOCATION. KEEP AWAY FROM INCOMPATIBLE MATERIALS (SEE SECTION V). AVOID GENERATING OIL MISTS WHILE HANDLING. AVOID PROLONGED OR REPEATED SKIN CONTACT. WASH THOROUGHLY AFTER HANDLING. FOR USED MOTOR OIL: LAUNDER SATURATED CLOTHING BEFORE WEARING AND DISCARD OIL-SOAKED SHOES AND UNWASHABLE CLOTHING.

SECTION VIII - FIRE AND EXPLOSION HAZARD DATA

		<u>HAZARD RANKING</u>		
NFPA HAZARD CLASS	HEALTH HAZARD:	0 = LEAST	<u>DOT FLAMMABILITY CLASSIFICATION</u>	<u>FLASH POINT</u>
	FLAMMABILITY:	1 = SLIGHT		
	REACTIVITY:	2 = MODERATE		
	OTHER:	3 = HIGH		
		4 = EXTREME	NOT REGULATED	372, COC F 206 C

EXTINGUISHING MEDIA:

EXTINGUISH WITH DRY CHEMICAL, CO2, WATER SPRAY, FOAM, SAND OR EARTH. WATER AND FOAM MAY CAUSE FROTHING.

FIRE & EXPLOSION HAZARDS:

THIS MATERIAL WILL BURN, BUT WILL NOT IGNITE READILY.

FIRE FIGHTING PROCEDURES:

WATER SPRAY MAY BE USEFUL IN MINIMIZING VAPORS AND COOLING CONTAINERS EXPOSED TO HEAT AND FLAME. AVOID SPREADING BURNING LIQUID WITH WATER USED FOR COOLING PURPOSES. MOVE UNDAMAGED CONTAINERS FROM FIRE AREA IF YOU CAN DO SO WITHOUT RISK.

SECTION IX - PHYSICAL DATA

<u>APPROX. BOILING RANGE</u>	<u>VAPOR DENSITY</u>	<u>EVAPORATION RATE</u>	<u>% VOLATILE</u>
ABOVE 600 F (316) C	HEAVIER THAN AIR	SLOWER THAN ETHER	NEGLIGIBLE
<u>% SOLUBILITY IN WATER</u>	<u>SPECIFIC GRAVITY</u>	<u>APPEARANCE</u>	
NEGLIGIBLE	0.89 - 0.91	CLEAR, BROWN LIQUID	
<u>ODOR</u>			
CHARACTERISTIC			

SECTION X - PRECAUTIONARY LABEL

CAUTION! USED MOTOR OIL IS A POSSIBLE SKIN CANCER HAZARD BASED ON TESTS WITH LABORATORY ANIMALS. AVOID PROLONGED OR REPEATED SKIN CONTACT. AVOID MAKING OR BREATHING OIL MIST. USE ADEQUATE VENTILATION. WASH THOROUGHLY WITH SOAP AND WATER AFTER HANDLING.

SECTION XI - DOCUMENTARY INFORMATION

ISSUE DATE: 6/ 5/85 PREV. DATE: 7/25/84 PRODUCT CODE NO. 03650XX30

DISCLAIMER OF EXPRESSED AND IMPLIED WARRANTIES

The information in this document is believed to be correct as of the date issued.

HOWEVER, NO WARRANTY OF MERCHANTABILITY, FITNESS FOR ANY PARTICULAR PURPOSE, OR ANY OTHER WARRANTY IS EXPRESSED OR IS TO BE IMPLIED REGARDING THE ACCURACY OR COMPLETENESS OF THIS INFORMATION, THE RESULTS TO BE OBTAINED FROM THE USE OF THIS INFORMATION OR THE PRODUCT, THE SAFETY OF THIS PRODUCT, OR THE HAZARDS RELATED TO ITS USE.

This information and product are furnished on the condition that the person receiving them shall make his own determination as to the suitability of the product for his particular purpose and on the condition that he assume the risk of his use thereof.



Product Name: UNOCAL MULTIPURPOSE ATF DEXRON (R) II
 PRODUCT CODE NO: 03950

ISSUE DATE: 5/ 1/86

PAGE 1 OF 4

<p>MANUFACTURER:</p> <p>UNOCAL REFINING & MARKETING DIVISION UNION OIL COMPANY OF CALIFORNIA 1201 W. 5TH STREET LOS ANGELES, CALIFORNIA 90017</p> <p>CONTACT FOR FURTHER INFORMATION: MSDS COORDINATOR (213) 977-7589</p>	<p>Transportation Emergencies: Call CHEMTREC (800) 424-9300 Cont. U.S. (202) 483-7616 (Collect) from Alaska & Hawaii</p> <p>Health Emergencies: CALL LOS ANGELES POISON INFORMATION CENTER (24 hrs.) (213) 664-2121</p>
--	--

PRODUCT IDENTIFICATION

PRODUCT NAME: UNOCAL MULTIPURPOSE ATF DEXRON (R) II
SYNONYMS: UNION MULTIPURPOSE ATF DEXRON (R) II
GENERIC NAME: TRANSMISSION OILS
CHEMICAL FAMILY: PETROLEUM HYDROCARBON

DOT PROPER SHIPPING NAME: NOT APPLICABLE
ID NUMBER: NONE

SECTION I - INGREDIENTS	TLV	UNITS	AGENCY	TYPE
OIL MIST, IF GENERATED	5.00	MG/M3	OSHA	FULL TERM TWA
THE IDENTITIES OF INGREDIENTS THAT ARE TRADE SECRETS ARE EXCLUDED FROM THIS LIST.				

SECTION II - EMERGENCY AND FIRST AID PROCEDURES *****EMERGENCY*****
 Have physician call LOS ANGELES POISON INFORMATION CENTER (24 hrs.) (213) 664-2121

EYE CONTACT:

FOR DIRECT CONTACT, FLUSH THE AFFECTED EYE(S) WITH CLEAN WATER. SEEK MEDICAL ATTENTION.

SKIN CONTACT:

DO NOT USE GASOLINES, THINNERS OR SOLVENTS TO REMOVE PRODUCT FROM SKIN. WIPE MATERIAL FROM SKIN AND REMOVE CONTAMINATED CLOTHING. CLEANSE AFFECTED AREA(S) THOROUGHLY BY WASHING WITH MILD SOAP AND WATER AND, IF NECESSARY, A WATERLESS SKIN CLEANSER. IF IRRITATION OR REDNESS DEVELOPS AND PERSISTS, SEEK MEDICAL ATTENTION.

INHALATION (BREATHING):

IF IRRITATION OF NOSE OR THROAT DEVELOPS, MOVE VICTIM AWAY FROM SOURCE OF EXPOSURE AND INTO FRESH AIR. IF IRRITATION PERSISTS, SEEK MEDICAL ATTENTION. IF VICTIM IS NOT BREATHING, ARTIFICIAL RESPIRATION SHOULD BE ADMINISTERED BY QUALIFIED PERSONNEL. IF BREATHING DIFFICULTIES DEVELOP, OXYGEN SHOULD BE ADMINISTERED BY QUALIFIED PERSONNEL.

INGESTION (SHALLOWING):

IF VICTIM IS CONSCIOUS AND ALERT, GIVE 2 TO 3 CUPS OF MILK OR WATER TO DRINK. SEEK MEDICAL ATTENTION. TO PHYSICIAN: EMESIS OR LAVAGE IS NOT RECOMMENDED FOR INGESTIONS OF MINUTE QUANTITIES OR TASTES OF MOST HYDROCARBONS. MEDICAL OPINION IS DIVIDED FOR LARGER INGESTIONS. EMESIS OR LAVAGE HAS BEEN RECOMMENDED FOR THOSE PETROLEUM PRODUCTS WHICH HAVE A HIGH ORAL TOXICITY. GASTRIC LAVAGE WITH A CUFFED ENDOTRACHEAL TUBE IS RECOMMENDED BY SOME PHYSICIANS TO PREVENT ASPIRATION.

SECTION III - POTENTIAL ADVERSE HEALTH EFFECTS

EYE CONTACT:

THIS MATERIAL MAY CAUSE EYE IRRITATION. DIRECT CONTACT MAY CAUSE BURNING, TEARING AND REDNESS.

SKIN CONTACT:

THIS MATERIAL MAY CAUSE SKIN IRRITATION. PROLONGED OR REPEATED CONTACT MAY CAUSE REDNESS, BURNING AND DERMATITIS.

INHALATION (BREATHING):

EXPOSURE TO MISTS, OR PROLONGED OR REPEATED EXPOSURE TO FUMES OR VAPORS THAT MAY BE GENERATED WHEN THIS MATERIAL IS HEATED, MAY CAUSE IRRITATION OF NOSE AND THROAT.

INGESTION (SWALLOWING):

INGESTION OF THIS MATERIAL MAY CAUSE IRRITATION OF THE DIGESTIVE TRACT.

SECTION IV - SPECIAL PROTECTION INFORMATION

VENTILATION:

IF CURRENT VENTILATION PRACTICES ARE NOT ADEQUATE TO MAINTAIN AIRBORNE CONCENTRATIONS BELOW THE ESTABLISHED EXPOSURE LIMITS (SEE SECTION I), ADDITIONAL VENTILATION OR EXHAUST SYSTEMS MAY BE REQUIRED.

RESPIRATORY PROTECTION:

IF AIRBORNE CONCENTRATIONS EXCEED ESTABLISHED EXPOSURE LIMITS (SEE SECTION I), A SUITABLE FILTER TYPE RESPIRATOR SHOULD BE WORN.

PROTECTIVE GLOVES:

THE USE OF GLOVES IMPERMEABLE TO THE SPECIFIC MATERIAL HANDLED IS ADVISED TO PREVENT SKIN CONTACT AND POSSIBLE IRRITATION.

EYE PROTECTION:

APPROVED EYE PROTECTION TO SAFEGUARD AGAINST POTENTIAL EYE CONTACT, IRRITATION OR INJURY IS RECOMMENDED.

OTHER PROTECTIVE EQUIPMENT:

IT IS SUGGESTED THAT A SOURCE OF CLEAN WATER BE AVAILABLE IN WORK AREA FOR FLUSHING EYES AND SKIN. BARRIER CREAMS THAT ARE SPECIFIC FOR OIL-BASED MATERIALS ARE RECOMMENDED WHEN GLOVES ARE IMPRACTICAL.

SECTION V - REACTIVITY DATA

STABILITY:

STABLE

INCOMPATIBILITY (MATERIALS TO AVOID):

AVOID CONTACT WITH STRONG OXIDIZING AGENTS. EXTENDED EXPOSURE TO HIGH TEMPERATURES MAY CAUSE DECOMPOSITION.

HAZARDOUS DECOMPOSITION PRODUCTS:

THERMAL DECOMPOSITION IN THE PRESENCE OF AIR MAY YIELD MAJOR AMOUNTS OF OXIDES OF CARBON AND MINOR AMOUNTS OF OXIDES OF SULFUR AND NITROGEN.

SECTION V - REACTIVITY DATA

HAZARDOUS POLYMERIZATION:

WILL NOT OCCUR

SECTION VI - SPILL OR LEAK PROCEDURES

HIGHWAY OR RAILWAY SPILLS
Call CHEMTREC (800) 424-9300 Cont. U.S.
(Collect) (202) 483-7616 from Alaska & Hawaii

PRECAUTIONS IN CASE OF RELEASE OR SPILL:

COLLECT LEAKING LIQUID IN SEALABLE CONTAINERS. ABSORB SPILLED LIQUID IN SAND OR INERT ABSORBANT. CONTACT FIRE AUTHORITIES AND APPROPRIATE STATE/LOCAL AGENCIES. IF SPILL OF ANY AMOUNT IS MADE INTO OR UPON U.S. NAVIGABLE WATERS, THE CONTIGUOUS ZONE, OR ADJOINING SHORELINES, NOTIFY COAST GUARD NATIONAL RESPONSE CENTER (PHONE NUMBER 800-424-8802).

WASTE DISPOSAL METHOD:

DISPOSE OF PRODUCT IN ACCORDANCE WITH LOCAL, COUNTY, STATE, AND FEDERAL REGULATIONS.

SECTION VII - STORAGE AND SPECIAL PRECAUTIONS

HANDLING AND STORAGE PRECAUTIONS:

STORE IN A COOL, DRY LOCATION. KEEP AWAY FROM INCOMPATIBLE MATERIALS (SEE SECTION V). AVOID GENERATING OIL MISTS WHILE HANDLING. AVOID PROLONGED OR REPEATED SKIN CONTACT. WASH THOROUGHLY AFTER HANDLING. DO NOT WEAR OIL-SOAKED CLOTHING OR SHOES.

SECTION VIII - FIRE AND EXPLOSION HAZARD DATA

		<u>HAZARD RANKING</u>		
NFPA HAZARD CLASS	HEALTH HAZARD: 0	0 = LEAST	DOT FLAMMABILITY CLASSIFICATION	<u>FLASH POINT</u>
	FLAMMABILITY: 1	1 = SLIGHT	NOT REGULATED	320 F 160 C
	REACTIVITY: 0	2 = MODERATE		
	OTHER:	3 = HIGH		
		4 = EXTREME		

EXTINGUISHING MEDIA:

EXTINGUISH WITH DRY CHEMICAL, CO2, WATER SPRAY, FOAM, SAND OR EARTH. WATER AND FOAM MAY CAUSE FROTHING.

FIRE & EXPLOSION HAZARDS:

THIS MATERIAL WILL BURN, BUT WILL NOT IGNITE READILY.

FIRE FIGHTING PROCEDURES:

WATER SPRAY MAY BE USEFUL IN MINIMIZING VAPORS AND COOLING CONTAINERS EXPOSED TO HEAT AND FLAME. AVOID SPREADING BURNING LIQUID WITH WATER USED FOR COOLING PURPOSES.

SECTION IX - PHYSICAL DATA

<u>APPROX. BOILING RANGE</u>	<u>VAPOR DENSITY</u>	<u>EVAPORATION RATE</u>	<u>% VOLATILE</u>
ABOVE 600 F (316) C	HEAVIER THAN AIR	SLOWER THAN ETHER	NEGLIGIBLE
<u>% SOLUBILITY IN WATER</u>	<u>SPECIFIC GRAVITY</u>	<u>APPEARANCE</u>	<u>ODOR</u>
NEGLIGIBLE	0.87 - 0.88	CLEAR, RED LIQUID	CHARACTERISTIC

SECTION XI - DOCUMENTARY INFORMATION

ISSUE DATE: 5/ 1/86 PREV. DATE: 1/14/86 PRODUCT CODE NO. 0395D

DISCLAIMER OF EXPRESSED AND IMPLIED WARRANTIES

The information in this document is believed to be correct as of the date issued.

HOWEVER, NO WARRANTY OF MERCHANTABILITY, FITNESS FOR ANY PARTICULAR PURPOSE, OR ANY OTHER WARRANTY IS EXPRESSED OR IS TO BE IMPLIED REGARDING THE ACCURACY OR COMPLETENESS OF THIS INFORMATION, THE RESULTS TO BE OBTAINED FROM THE USE OF THIS INFORMATION OR THE PRODUCT, THE SAFETY OF THIS PRODUCT, OR THE HAZARDS RELATED TO ITS USE.

This information and product are furnished on the condition that the person receiving them shall make his own determination as to the suitability of the product for his particular purpose and on the condition that he assume the risk of his use thereof.

UNOCAL 76

Product Name: UNOCAL HYDRAULIC/TRACTOR FLUID

PRODUCT CODE NO: 03970

ISSUE DATE: 6/ 5/85

PAGE 1 OF 4

MANUFACTURER:

UNOCAL REFINING & MARKETING DIVISION
UNION OIL COMPANY OF CALIFORNIA
1201 W. 5TH STREET
LOS ANGELES, CALIFORNIA 90017

CONTACT FOR FURTHER INFORMATION:
76 DIVISION MSDS COORDINATOR (213) 977-7589

Transportation Emergencies:

Call CHEMTREC
(800) 424-9300 Cont. U.S.
(202) 483-7616 (Collect)
from Alaska & Hawaii

Health Emergencies:

CALL LOS ANGELES POISON
INFORMATION CENTER (24 hrs.)
(213) 664-2121

PRODUCT IDENTIFICATION**PRODUCT NAME:** UNOCAL HYDRAULIC/TRACTOR FLUID**SYNONYMS:** UNION HYDRAULIC/TRACTOR FLUID**GENERIC NAME:** TRANSMISSION OILS**CHEMICAL FAMILY:** PETROLEUM HYDROCARBON**DOT PROPER****SHIPPING NAME:** NOT APPLICABLE**ID NUMBER:** NONE**SECTION I - INGREDIENTS**

TLY UNITS AGENCY TYPE

OIL MIST, IF GENERATED

5.00 MG/M3 OSHA FULL TERM TWA

THE IDENTITIES OF INGREDIENTS THAT ARE TRADE SECRETS ARE EXCLUDED FROM
THIS LIST.

SECTION II - EMERGENCY AND FIRST AID PROCEDURES*****EMERGENCY*****

Have physician call LOS ANGELES POISON
INFORMATION CENTER (24 hrs.) (213) 664-2121

EYE CONTACT:

FOR DIRECT CONTACT, FLUSH THE AFFECTED EYE(S) WITH CLEAN WATER. IF IRRITATION OR
REDNESS DEVELOPS, SEEK MEDICAL ATTENTION.

SKIN CONTACT:

DO NOT USE GASOLINES, THINNERS OR SOLVENTS TO REMOVE PRODUCT FROM SKIN. WIPE MATERIAL
FROM SKIN AND REMOVE CONTAMINATED CLOTHING. CLEANSE AFFECTED AREA(S) THOROUGHLY BY
WASHING WITH SOAP AND WATER AND, IF NECESSARY, A WATERLESS SKIN CLEANSER. IF
IRRITATION OR REDNESS DEVELOPS AND PERSISTS, SEEK MEDICAL ATTENTION.

INHALATION (BREATHING):

IF IRRITATION OF NOSE OR THROAT DEVELOPS, MOVE AWAY FROM SOURCE OF EXPOSURE AND INTO
FRESH AIR. IF IRRITATION PERSISTS, SEEK MEDICAL ATTENTION. IF VICTIM IS NOT BREATHING
OR IF BREATHING DIFFICULTIES DEVELOP, ARTIFICIAL RESPIRATION OR OXYGEN SHOULD BE
ADMINISTERED BY QUALIFIED PERSONNEL. SEEK IMMEDIATE MEDICAL ATTENTION.

INGESTION (SWALLOWING):

IF VICTIM IS CONSCIOUS AND ALERT, GIVE 2 TO 3 CUPS OF MILK OR WATER TO DRINK. SEEK
MEDICAL ATTENTION. TO PHYSICIAN: EMESIS OR LAYAGE IS NOT RECOMMENDED FOR INGESTIONS
OF MINUTE QUANTITIES OR TASTES OF MOST HYDROCARBONS. MEDICAL OPINION IS DIVIDED FOR
LARGER INGESTIONS. EMESIS OR LAYAGE HAS BEEN RECOMMENDED FOR THOSE PETROLEUM
PRODUCTS WHICH HAVE A HIGH ORAL TOXICITY. GASTRIC LAYAGE WITH A CUFFED ENDOTRACHEAL
TUBE IS RECOMMENDED BY SOME PHYSICIANS TO PREVENT ASPIRATION.

SECTION III - POTENTIAL ADVERSE HEALTH EFFECTS

EYE CONTACT:

THIS MATERIAL MAY CAUSE EYE IRRITATION. DIRECT CONTACT MAY CAUSE BURNING, TEARING AND REDNESS.

SKIN CONTACT:

THIS MATERIAL MAY CAUSE SKIN IRRITATION. PROLONGED OR REPEATED CONTACT MAY CAUSE REDNESS, BURNING AND DERMATITIS.

INHALATION (BREATHING):

EXPOSURE TO MISTS, OR PROLONGED OR REPEATED EXPOSURE TO FUMES OR VAPORS THAT MAY BE GENERATED WHEN THIS MATERIAL IS HEATED, MAY CAUSE IRRITATION OF NOSE AND THROAT.

INGESTION (SWALLOWING):

ACCIDENTAL INGESTION OF THIS MATERIAL MAY CAUSE IRRITATION OF THE DIGESTIVE TRACT.

COMMENTS:

USED MOTOR OIL: FOLLOWING REPEATED SKIN APPLICATIONS, ANIMAL STUDIES HAVE SHOWN THAT USED MOTOR/CRANKCASE OILS HAVE CAUSED AN INCREASED INCIDENCE OF SKIN CANCER IN MICE. IT IS THEREFORE RECOMMENDED THAT PROLONGED OR REPEATED CONTACT WITH MOTOR/CRANKCASE OILS BE AVOIDED.

SECTION IV - SPECIAL PROTECTION INFORMATION

VENTILATION:

IF CURRENT VENTILATION PRACTICES ARE NOT ADEQUATE IN MAINTAINING AIRBORNE CONCENTRATIONS BELOW THE ESTABLISHED EXPOSURE LIMITS (SEE SECTION I), ADDITIONAL VENTILATION OR EXHAUST SYSTEMS MAY BE REQUIRED.

RESPIRATORY PROTECTION:

IF AIRBORNE CONCENTRATIONS EXCEED RECOMMENDED EXPOSURE LIMITS, A SUITABLE FILTER-TYPE RESPIRATOR SHOULD BE WORN. (SEE SECTION I.)

PROTECTIVE GLOVES:

THE USE OF GLOVES IMPERMEABLE TO THE SPECIFIC MATERIAL HANDLED IS ADVISED TO PREVENT SKIN CONTACT AND POSSIBLE IRRITATION.

EYE PROTECTION:

APPROVED EYE PROTECTION TO SAFEGUARD AGAINST POTENTIAL EYE CONTACT, IRRITATION OR INJURY IS RECOMMENDED.

OTHER PROTECTIVE EQUIPMENT:

IT IS SUGGESTED THAT A SOURCE OF CLEAN WATER BE AVAILABLE IN WORK AREA FOR FLUSHING EYES AND SKIN. BARRIER CREAMS THAT ARE SPECIFIC FOR OIL-BASED MATERIALS ARE RECOMMENDED WHEN GLOVES ARE IMPRACTICAL.

SECTION V - REACTIVITY DATA

STABILITY:

STABLE

INCOMPATIBILITY (MATERIALS TO AVOID):

AVOID CONTACT WITH STRONG OXIDIZING AGENTS. EXTENDED EXPOSURES TO HIGH TEMPERATURES MAY CAUSE DECOMPOSITION.

SECTION V - REACTIVITY DATA**HAZARDOUS DECOMPOSITION PRODUCTS:**

THERMAL DECOMPOSITION IN THE PRESENCE OF AIR MAY YIELD MAJOR AMOUNTS OF OXIDES OF CARBON AND MINOR AMOUNTS OF OXIDES OF SULFUR AND NITROGEN.

HAZARDOUS POLYMERIZATION:

WILL NOT OCCUR

SECTION VI - SPILL OR LEAK PROCEDURES

HIGHWAY OR RAILWAY SPILLS

Call CHEMTREC (800) 424-9300 Cont. U.S.

(Collect) (202) 483-7616 from Alaska & Hawaii

PRECAUTIONS IN CASE OF RELEASE OR SPILL:

COLLECT LEAKING LIQUID IN SEALABLE CONTAINERS. ABSORB SPILLED LIQUID IN SAND OR INERT ABSORBANT. CONTACT FIRE AUTHORITIES AND APPROPRIATE STATE/LOCAL AGENCIES. IF SPILL OF ANY AMOUNT IS MADE INTO OR UPON U.S. NAVIGABLE WATERS, THE CONTIGUOUS ZONE, OR ADJOINING SHORELINES, NOTIFY COAST GUARD NATIONAL RESPONSE CENTER (PHONE NUMBER 800-424-8802).

WASTE DISPOSAL METHOD:

DISPOSE OF PRODUCT IN ACCORDANCE WITH LOCAL, COUNTY, STATE, AND FEDERAL REGULATIONS.

SECTION VII - STORAGE AND SPECIAL PRECAUTIONS**HANDLING AND STORAGE PRECAUTIONS:**

STORE IN A COOL, DRY LOCATION. KEEP AWAY FROM INCOMPATIBLE MATERIALS (SEE SECTION V). AVOID GENERATING OIL MISTS WHILE HANDLING. AVOID PROLONGED OR REPEATED SKIN CONTACT. WASH THOROUGHLY AFTER HANDLING. FOR USED MOTOR OIL: LAUNDRY SATURATED CLOTHING BEFORE WEARING AND DISCARD OIL-SOAKED SHOES AND UNWASHABLE CLOTHING.

SECTION VIII - FIRE AND EXPLOSION HAZARD DATA**HAZARD RANKING**

NFPA HAZARD CLASS	HEALTH HAZARD: 0 FLAMMABILITY: 1 REACTIVITY: 0 OTHER:	0 = LEAST 1 = SLIGHT 2 = MODERATE 3 = HIGH 4 = EXTREME	DOT FLAMMABILITY CLASSIFICATION NOT REGULATED	<u>FLASH POINT</u> 378, COC F 192 C
-------------------------	--	--	---	---

EXTINGUISHING MEDIA:

EXTINGUISH WITH DRY CHEMICAL, CO2, WATER SPRAY, FOAM, SAND OR EARTH. WATER AND FOAM MAY CAUSE FROTHING.

FIRE & EXPLOSION HAZARDS:

THIS MATERIAL WILL BURN, BUT WILL NOT IGNITE READILY.

FIRE FIGHTING PROCEDURES:

WATER SPRAY MAY BE USEFUL IN MINIMIZING VAPORS AND COOLING CONTAINERS EXPOSED TO HEAT AND FLAME. AVOID SPREADING BURNING LIQUID WITH WATER USED FOR COOLING PURPOSES. MOVE UNDAMAGED CONTAINERS FROM FIRE AREA IF YOU CAN DO SO WITHOUT RISK.

SECTION IX - PHYSICAL DATA

<u>APPROX. BOILING RANGE</u>	<u>VAPOR DENSITY</u>	<u>EVAPORATION RATE</u>	<u>% VOLATILE</u>
ABOVE 600 F 316 C	HEAVIER THAN AIR	SLOWER THAN ETHER	NEGLECTIBLE
<u>% SOLUBILITY IN WATER</u>	<u>SPECIFIC GRAVITY</u>	<u>APPEARANCE</u>	
NEGLECTIBLE	0.89	CLEAR, BROWN LIQUID	
<u>ODOR</u>			
CHARACTERISTIC			

SECTION X - PRECAUTIONARY LABEL

CAUTION! USED MOTOR OIL IS A POSSIBLE SKIN CANCER HAZARD BASED ON TESTS WITH LABORATORY ANIMALS. AVOID PROLONGED OR REPEATED SKIN CONTACT. AVOID MAKING OR BREATHING OIL MIST. USE ADEQUATE VENTILATION. WASH THOROUGHLY WITH SOAP AND WATER AFTER HANDLING.

SECTION XI - DOCUMENTARY INFORMATION

ISSUE DATE: 6/5/85 PREV. DATE: 10/22/84 PRODUCT CODE NO. 03970

DISCLAIMER OF EXPRESSED AND IMPLIED WARRANTIES

The information in this document is believed to be correct as of the date issued.

HOWEVER, NO WARRANTY OF MERCHANTABILITY, FITNESS FOR ANY PARTICULAR PURPOSE, OR ANY OTHER WARRANTY IS EXPRESSED OR IS TO BE IMPLIED REGARDING THE ACCURACY OR COMPLETENESS OF THIS INFORMATION, THE RESULTS TO BE OBTAINED FROM THE USE OF THIS INFORMATION OR THE PRODUCT, THE SAFETY OF THIS PRODUCT, OR THE HAZARDS RELATED TO ITS USE.

This information and product are furnished on the condition that the person receiving them shall make his own determination as to the suitability of the product for his particular purpose and on the condition that he assume the risk of his use thereof.

APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

() 01 NEW PERMIT () 05 RENEWED PERMIT () 07 TANK CLOSED () 09 DELETE FROM FILE (NO FEE)
 () 02 CONDITIONAL PERMIT () 06 AMENDED PERMIT () 08 MINOR CHANGE (NO SURCHARGE)

I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) UNION OIL CO.		PUBLIC AGENCY ONLY () 01 FED () 02 STATE () 03 LOCAL	
STREET ADDRESS 1 CALIFORNIA ST. SUITE 2700		CITY SAN FRANCISCO	STATE CA
		ZIP 94111	

II FACILITY

FACILITY NAME UNION OIL SS #5847		DEALER/FOREMAN/SUPERVISOR ROBERT W. SCHMITZ	
STREET ADDRESS 2701 EAST AVE.		NEAREST CROSS STREET WIND FELDT RD	
CITY HAYWARD		COUNTY ALAMEDA	ZIP 94541
MAILING ADDRESS 2701 EAST AVE.		CITY HAYWARD	STATE CA
PHONE W/AREA CODE 415-581-0958		TYPE OF BUSINESS (X) 01 GASOLINE STATION () 02 OTHER	
NUMBER OF CONTAINERS 6	RURAL AREAS ONLY :	TOWNSHIP	RANGE
		SECTION	

III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE JAURIGUI, L.J. 415-956-2600	NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE UNION OIL CO. 415-561-9322
---	--

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV DESCRIPTION

A. (X) 01 TANK () 04 OTHER:	CONTAINER NUMBER 5847-2-1
B. MANUFACTURER (IF APPROPRIATE):	YEAR MFG: 1967 C. YEAR INSTALLED 1967 () UNKNOWN
D. CONTAINER CAPACITY: 10000 GALLONS () UNKNOWN	E. DOES THE CONTAINER STORE: () 01 WASTE (X) 02 PRODUCT
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? (X) 01 YES () 02 NO IF YES CHECK APPROPRIATE BOX(ES): () 01 UNLEADED () 02 REGULAR (X) 03 PREMIUM () 04 DIESEL () 05 WASTE OIL () 06 OTHER	

V CONTAINER CONSTRUCTION

A. THICKNESS OF PRIMARY CONTAINMENT:	() GAUGE () INCHES () CM (X) UNKNOWN
B. () 01 VAULTED (LOCATED IN AN UNDERGROUND VAULT) (X) 02 NON-VAULTED () 03 UNKNOWN	
C. () 01 DOUBLE WALLED (X) 02 SINGLE WALLED () 03 LINED	
D. (X) 01 CARBON STEEL () 02 STAINLESS STEEL () 03 FIBERGLASS () 04 POLYVINYL CHLORIDE () 05 CONCRETE () 06 ALUMINUM () 07 STEEL CLAD () 08 BRONZE () 09 COMPOSITE () 10 NON-METALLIC () 12 UNKNOWN () 13 OTHER:	

CONTAINER CONSTRUCTION

E. 01 RUBBER LINED 02 ALKYD LINING 03 EPOXY LINING 04 PHENOLIC LINING 05 GLASS LINING
 07 UNLINED 08 UNKNOWN 09 OTHER:

F. 01 POLYETHYLENE WRAP 02 VINYL WRAPPING 03 CATHODIC PROTECTION 04 UNKNOWN 05 NONE
 06 TAR OR ASPHALT 09 OTHER:

VI PIPING

A. ABOVEGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
(CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

B. UNDERGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
(CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

VII LEAK DETECTION

01 VISUAL 02 STOCK INVENTORY 04 VAPOR SNIFF WELLS 05 SENSOR INSTRUMENT
 06 GROUND WATER MONITORING WELLS 07 PRESSURE TEST 09 NONE 10 OTHER:

VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS

IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CASH (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM? 01 YES 02 NO

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

PERSON FILING (SIGNATURE)

PHONE W/AREA CODE

FOR LOCAL AGENCY USE ONLY

ADMINISTRATING AGENCY

CITY CODE

COUNTY CODE

CONTACT PERSON

PHONE W/AREA CODE

DATE OF LAST INSPECTION

IN COMPLIANCE

01 YES 02 NO

PERMIT APPROVAL DATE

TRANSACTION DATE

LOCAL PERMIT ID #

APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

01 NEW PERMIT 05 RENEWED PERMIT 07 TANK CLOSED 09 DELETE FROM FILE (NO FEE)
 02 CONDITIONAL PERMIT 06 AMENDED PERMIT 08 MINOR CHANGE (NO SURCHARGE)

I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) UNION OIL CO.		PUBLIC AGENCY ONLY <input type="checkbox"/> 01 FED <input type="checkbox"/> 02 STATE <input type="checkbox"/> 03 LOCAL	
STREET ADDRESS 1 CALIFORNIA ST. SUITE 2700	CITY SAN FRANCISCO	STATE CA	ZIP 94111

II FACILITY

FACILITY NAME UNION OIL SS #5847		DEALER/FOREMAN/SUPERVISOR ROBERT W. SCHMITZ	
STREET ADDRESS 2701 EAST AVE.		NEAREST CROSS STREET WIND FELDT RD	
CITY HAYWARD		COUNTY ALAMEDA	ZIP 94541
MAILING ADDRESS 2701 EAST AVE.	CITY HAYWARD	STATE CA	ZIP 94541
PHONE W/AREA CODE 415-581-0958	TYPE OF BUSINESS <input checked="" type="checkbox"/> 01 GASOLINE STATION <input type="checkbox"/> 02 OTHER		
NUMBER OF CONTAINERS 6	RURAL AREAS ONLY :	TOWNSHIP	RANGE SECTION

III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE JAURIGUI, L.J. 415-956-2600	NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE UNION OIL CO. 415-561-9322
--	---

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV DESCRIPTION

A. <input checked="" type="checkbox"/> 01 TANK <input type="checkbox"/> 04 OTHER:		CONTAINER NUMBER 5847-4-1
B. MANUFACTURER (IF APPROPRIATE):	YEAR MFG:	C. YEAR INSTALLED <input checked="" type="checkbox"/> UNKNOWN
D. CONTAINER CAPACITY: 280 GALLONS <input type="checkbox"/> UNKNOWN	E. DOES THE CONTAINER STORE: <input checked="" type="checkbox"/> 01 WASTE <input type="checkbox"/> 02 PRODUCT	
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO IF YES CHECK APPROPRIATE BOX(ES): <input type="checkbox"/> 01 UNLEADED <input type="checkbox"/> 02 REGULAR <input type="checkbox"/> 03 PREMIUM <input type="checkbox"/> 04 DIESEL <input checked="" type="checkbox"/> 05 WASTE OIL <input type="checkbox"/> 06 OTHER		

V CONTAINER CONSTRUCTION

A. THICKNESS OF PRIMARY CONTAINMENT: <input type="checkbox"/> GAUGE <input type="checkbox"/> INCHES <input type="checkbox"/> CM <input checked="" type="checkbox"/> UNKNOWN
B. <input type="checkbox"/> 01 VAULTED (LOCATED IN AN UNDERGROUND VAULT) <input checked="" type="checkbox"/> 02 NON-VAULTED <input type="checkbox"/> 03 UNKNOWN
C. <input type="checkbox"/> 01 DOUBLE WALLED <input checked="" type="checkbox"/> 02 SINGLE WALLED <input type="checkbox"/> 03 LINED
D. <input checked="" type="checkbox"/> 01 CARBON STEEL <input type="checkbox"/> 02 STAINLESS STEEL <input type="checkbox"/> 03 FIBERGLASS <input type="checkbox"/> 04 POLYVINYL CHLORIDE <input type="checkbox"/> 05 CONCRETE <input type="checkbox"/> 06 ALUMINUM <input type="checkbox"/> 07 STEEL CLAD <input type="checkbox"/> 08 BRONZE <input type="checkbox"/> 09 COMPOSITE <input type="checkbox"/> 10 NON-METALLIC <input type="checkbox"/> 12 UNKNOWN <input type="checkbox"/> 13 OTHER:

CONTAINER CONSTRUCTION

E. 01 RUBBER LINED 02 ALKYD LINING 03 EPOXY LINING 04 PHENOLIC LINING 05 GLASS LINING
 07 UNLINED 08 UNKNOWN 09 OTHER:

F. 01 POLYETHYLENE WRAP 02 VINYL WRAPPING 03 CATHODIC PROTECTION 04 UNKNOWN 05 NONE
 06 TAR OR ASPHALT 09 OTHER:

VI PIPING

A. ABOVEGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
 (CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

B. UNDERGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
 (CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

VII LEAK DETECTION

01 VISUAL 02 STOCK INVENTORY 04 VAPOR SNIFF WELLS 05 SENSOR INSTRUMENT
 06 GROUND WATER MONITORING WELLS 07 PRESSURE TEST 09 NONE 10 OTHER:

VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS

IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CAS# (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM? 01 YES 02 NO

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

PERSON FILING (SIGNATURE) _____ PHONE W/AREA CODE _____

FOR LOCAL AGENCY USE ONLY

ADMINISTRATING AGENCY		CITY CODE		COUNTY CODE	
CONTACT PERSON			PHONE W/AREA CODE		
DATE OF LAST INSPECTION	IN COMPLIANCE <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	PERMIT APPROVAL DATE	TRANSACTION DATE	LOCAL PERMIT ID #	

APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

() 01 NEW PERMIT () 05 RENEWED PERMIT () 07 TANK CLOSED () 09 DELETE FROM FILE (NO FEE)
 () 02 CONDITIONAL PERMIT () 06 AMENDED PERMIT () 08 MINOR CHANGE (NO SURCHARGE)

I OWNER

NAME(CORPORATION,INDIVIDUAL OR PUBLIC AGENCY) UNION OIL CO.		PUBLIC AGENCY ONLY () 01 FED () 02 STATE () 03 LOCAL	
STREET ADDRESS 1 CALIFORNIA ST. SUITE 2700	CITY SAN FRANCISCO	STATE CA	ZIP 94111

II FACILITY

FACILITY NAME UNION OIL SS #5847		DEALER/FOREMAN/SUPERVISOR ROBERT W. SCHMITZ	
STREET ADDRESS 2701 EAST AVE.		NEAREST CROSS STREET WIND FELDT RD	
CITY HAYWARD		COUNTY ALAMEDA	ZIP 94541
MAILING ADDRESS 2701 EAST AVE.		CITY HAYWARD	STATE CA ZIP 94541
PHONE W/AREA CODE 415-581-0958	TYPE OF BUSINESS (X) 01 GASOLINE STATION () 02 OTHER		
NUMBER OF CONTAINERS 6	RURAL AREAS ONLY :	TOWNSHIP	RANGE SECTION

III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME(LAST NAME FIRST) AND PHONE W/AREA CODE JAURIGUI, L.J. 415-956-2600	NIGHTS: NAME(LAST NAME FIRST) AND PHONE W/AREA CODE UNION OIL CO. 415-561-9322
--	---

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV DESCRIPTION

A. (X) 01 TANK () 04 OTHER:	CONTAINER NUMBER 5847-1-1
B. MANUFACTURER (IF APPROPRIATE):	YEAR MFG: 1967 C. YEAR INSTALLED 1967 () UNKNOWN
D. CONTAINER CAPACITY: 10000 GALLONS () UNKNOWN	E. DOES THE CONTAINER STORE: () 01 WASTE (X) 02 PRODUCT
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? (X) 01 YES () 02 NO IF YES CHECK APPROPRIATE BOX(ES): (X) 01 UNLEADED () 02 REGULAR () 03 PREMIUM () 04 DIESEL () 05 WASTE OIL () 06 OTHER	

V CONTAINER CONSTRUCTION

A. THICKNESS OF PRIMARY CONTAINMENT: () GAUGE () INCHES () CM (X) UNKNOWN
B. () 01 VAULTED (LOCATED IN AN UNDERGROUND VAULT) (X) 02 NON-VAULTED () 03 UNKNOWN
C. () 01 DOUBLE WALLED (X) 02 SINGLE WALLED () 03 LINED
D. (X) 01 CARBON STEEL () 02 STAINLESS STEEL () 03 FIBERGLASS () 04 POLYVINYL CHLORIDE () 05 CONCRETE () 06 ALUMINUM () 07 STEEL CLAD () 08 BRONZE () 09 COMPOSITE () 10 NON-METALLIC () 12 UNKNOWN () 13 OTHER:

CONTAINER CONSTRUCTION

E. 01 RUBBER LINED 02 ALKYD LINING 03 EPOXY LINING 04 PHENOLIC LINING 05 GLASS LINING
 07 UNLINED 08 UNKNOWN 09 OTHER:

F. 01 POLYETHYLENE WRAP 02 VINYL WRAPPING 03 CATHODIC PROTECTION 04 UNKNOWN 05 NONE
 06 TAR OR ASPHALT 09 OTHER:

VI PIPING

A. ABOVEGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
(CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

B. UNDERGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
(CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

VII LEAK DETECTION

01 VISUAL 02 STOCK INVENTORY 04 VAPOR SNIFF WELLS 05 SENSOR INSTRUMENT
 06 GROUND WATER MONITORING WELLS 07 PRESSURE TEST 09 NONE 10 OTHER:

VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS

IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CASH (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM? 01 YES 02 NO

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

PERSON FILING (SIGNATURE) _____ PHONE W/AREA CODE _____

FOR LOCAL AGENCY USE ONLY

ADMINISTRATING AGENCY		CITY CODE		COUNTY CODE
CONTACT PERSON			PHONE W/AREA CODE	
DATE OF LAST INSPECTION	IN COMPLIANCE <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	PERMIT APPROVAL DATE	TRANSACTION DATE	LOCAL PERMIT ID #

APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

01 NEW PERMIT 05 RENEWED PERMIT 07 TANK CLOSED 09 DELETE FROM FILE (NO FEE)
 02 CONDITIONAL PERMIT 06 AMENDED PERMIT 08 MINOR CHANGE (NO SURCHARGE)

I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) UNION OIL CO.		PUBLIC AGENCY ONLY <input type="checkbox"/> 01 FED <input type="checkbox"/> 02 STATE <input type="checkbox"/> 03 LOCAL	
STREET ADDRESS 1 CALIFORNIA ST. SUITE 2700	CITY SAN FRANCISCO	STATE CA	ZIP 94111

II FACILITY

FACILITY NAME UNION OIL SS #5847		DEALER/FOREMAN/SUPERVISOR ROBERT W. SCHMITZ	
STREET ADDRESS 2701 EAST AVE.		NEAREST CROSS STREET WIND FELDT RD	
CITY HAYWARD		COUNTY ALAMEDA	ZIP 94541
MAILING ADDRESS 2701 EAST AVE.	CITY HAYWARD	STATE CA	ZIP 94541
PHONE W/AREA CODE 415-581-0958	TYPE OF BUSINESS <input checked="" type="checkbox"/> 01 GASOLINE STATION <input type="checkbox"/> 02 OTHER		
NUMBER OF CONTAINERS 6	RURAL AREAS ONLY :	TOWNSHIP	RANGE
SECTION			

III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE JAURIGUI, L.J. 415-956-2600	NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE UNION OIL CO. 415-561-9322
--	---

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV DESCRIPTION

A. <input checked="" type="checkbox"/> 01 TANK <input type="checkbox"/> 04 OTHER:	CONTAINER NUMBER 5847-2-1
B. MANUFACTURER (IF APPROPRIATE):	YEAR MFG: 1967 C. YEAR INSTALLED 1967 <input type="checkbox"/> UNKNOWN
D. CONTAINER CAPACITY: 10000 GALLONS <input type="checkbox"/> UNKNOWN	E. DOES THE CONTAINER STORE: <input type="checkbox"/> 01 WASTE <input checked="" type="checkbox"/> 02 PRODUCT
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO IF YES CHECK APPROPRIATE BOX(ES): <input type="checkbox"/> 01 UNLEADED <input type="checkbox"/> 02 REGULAR <input checked="" type="checkbox"/> 03 PREMIUM <input type="checkbox"/> 04 DIESEL <input type="checkbox"/> 05 WASTE OIL <input type="checkbox"/> 06 OTHER	

V CONTAINER CONSTRUCTION

A. THICKNESS OF PRIMARY CONTAINMENT:	<input type="checkbox"/> GAUGE <input type="checkbox"/> INCHES <input type="checkbox"/> CM <input checked="" type="checkbox"/> UNKNOWN
B. <input type="checkbox"/> 01 VAULTED (LOCATED IN AN UNDERGROUND VAULT) <input checked="" type="checkbox"/> 02 NON-VAULTED <input type="checkbox"/> 03 UNKNOWN	
C. <input type="checkbox"/> 01 DOUBLE WALLED <input checked="" type="checkbox"/> 02 SINGLE WALLED <input type="checkbox"/> 03 LINED	
D. <input checked="" type="checkbox"/> 01 CARBON STEEL <input type="checkbox"/> 02 STAINLESS STEEL <input type="checkbox"/> 03 FIBERGLASS <input type="checkbox"/> 04 POLYVINYL CHLORIDE <input type="checkbox"/> 05 CONCRETE <input type="checkbox"/> 06 ALUMINUM <input type="checkbox"/> 07 STEEL CLAD <input type="checkbox"/> 08 BRONZE <input type="checkbox"/> 09 COMPOSITE <input type="checkbox"/> 10 NON-METALLIC <input type="checkbox"/> 12 UNKNOWN <input type="checkbox"/> 13 OTHER:	

CONTAINER CONSTRUCTION

E. 01 RUBBER LINED 02 ALKYD LINING 03 EPOXY LINING 04 PHENOLIC LINING 05 GLASS LINING
 07 UNLINED 08 UNKNOWN 09 OTHER:

F. 01 POLYETHYLENE WRAP 02 VINYL WRAPPING 03 CATHODIC PROTECTION 04 UNKNOWN 05 NONE
 06 TAR OR ASPHALT 09 OTHER:

VI PIPING

A. ABOVEGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
(CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

B. UNDERGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
(CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

VII LEAK DETECTION

01 VISUAL 02 STOCK INVENTORY 04 VAPOR SNIFF WELLS 05 SENSOR INSTRUMENT
 06 GROUND WATER MONITORING WELLS 07 PRESSURE TEST 09 NONE 10 OTHER:

VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS

IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CASH (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM? 01 YES 02 NO

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

PERSON FILING (SIGNATURE)

PHONE W/AREA CODE

FOR LOCAL AGENCY USE ONLY

ADMINISTRATING AGENCY		CITY CODE		COUNTY CODE	
CONTACT PERSON			PHONE W/AREA CODE		
DATE OF LAST INSPECTION	IN COMPLIANCE <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	PERMIT APPROVAL DATE	TRANSACTION DATE	LOCAL PERMIT ID #	

APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

01 NEW PERMIT 05 RENEWED PERMIT 07 TANK CLOSED 09 DELETE FROM FILE (NO FEE)
 02 CONDITIONAL PERMIT 06 AMENDED PERMIT 08 MINOR CHANGE (NO SURCHARGE)

I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) UNION OIL CO.		PUBLIC AGENCY ONLY <input type="checkbox"/> 01 FED <input type="checkbox"/> 02 STATE <input type="checkbox"/> 03 LOCAL	
STREET ADDRESS 1 CALIFORNIA ST. SUITE 2700	CITY SAN FRANCISCO	STATE CA	ZIP 94111

II FACILITY

FACILITY NAME UNION OIL SS #5847		DEALER/FOREMAN/SUPERVISOR ROBERT W. SCHMITZ	
STREET ADDRESS 2701 EAST AVE.		NEAREST CROSS STREET WIND FELDT RD	
CITY HAYWARD		COUNTY ALAMEDA	ZIP 94541
MAILING ADDRESS 2701 EAST AVE.		CITY HAYWARD	STATE CA ZIP 94541
PHONE W/AREA CODE 415-581-0958	TYPE OF BUSINESS <input checked="" type="checkbox"/> 01 GASOLINE STATION <input type="checkbox"/> 02 OTHER		
NUMBER OF CONTAINERS 6	RURAL AREAS ONLY :	TOWNSHIP	RANGE SECTION

III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE JAURIGUI, L.J. 415-956-2600	NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE UNION OIL CO. 415-561-9322
--	---

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV DESCRIPTION

A. <input checked="" type="checkbox"/> 01 TANK <input type="checkbox"/> 04 OTHER:		CONTAINER NUMBER 5847-4-1
B. MANUFACTURER (IF APPROPRIATE):	YEAR MFG:	C. YEAR INSTALLED <input checked="" type="checkbox"/> UNKNOWN
D. CONTAINER CAPACITY: 280 GALLONS <input type="checkbox"/> UNKNOWN	E. DOES THE CONTAINER STORE: <input checked="" type="checkbox"/> 01 WASTE <input type="checkbox"/> 02 PRODUCT	
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO IF YES CHECK APPROPRIATE BOX(ES): <input type="checkbox"/> 01 UNLEADED <input type="checkbox"/> 02 REGULAR <input type="checkbox"/> 03 PREMIUM <input type="checkbox"/> 04 DIESEL <input checked="" type="checkbox"/> 05 WASTE OIL <input type="checkbox"/> 06 OTHER		

V CONTAINER CONSTRUCTION

A. THICKNESS OF PRIMARY CONTAINMENT:	<input type="checkbox"/> GAUGE <input type="checkbox"/> INCHES <input type="checkbox"/> CM <input checked="" type="checkbox"/> UNKNOWN
B. <input type="checkbox"/> 01 VAULTED (LOCATED IN AN UNDERGROUND VAULT) <input checked="" type="checkbox"/> 02 NON-VAULTED <input type="checkbox"/> 03 UNKNOWN	
C. <input type="checkbox"/> 01 DOUBLE WALLED <input checked="" type="checkbox"/> 02 SINGLE WALLED <input type="checkbox"/> 03 LINED	
D. <input checked="" type="checkbox"/> 01 CARBON STEEL <input type="checkbox"/> 02 STAINLESS STEEL <input type="checkbox"/> 03 FIBERGLASS <input type="checkbox"/> 04 POLYVINYL CHLORIDE <input type="checkbox"/> 05 CONCRETE <input type="checkbox"/> 06 ALUMINUM <input type="checkbox"/> 07 STEEL CLAD <input type="checkbox"/> 08 BRONZE <input type="checkbox"/> 09 COMPOSITE <input type="checkbox"/> 10 NON-METALLIC <input type="checkbox"/> 12 UNKNOWN <input type="checkbox"/> 13 OTHER:	

CONTAINER CONSTRUCTION

E. 01 RUBBER LINED 02 ALKYD LINING 03 EPOXY LINING 04 PHENOLIC LINING 05 GLASS LINING
 07 UNLINED 08 UNKNOWN 09 OTHER:

F. 01 POLYETHYLENE WRAP 02 VINYL WRAPPING 03 CATHODIC PROTECTION 04 UNKNOWN 05 NONE
 06 TAR OR ASPHALT 09 OTHER:

VI PIPING

A. ABOVEGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
(CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

B. UNDERGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
(CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

VII LEAK DETECTION

01 VISUAL 02 STOCK INVENTORY 04 VAPOR SNIFF WELLS 05 SENSOR INSTRUMENT
 06 GROUND WATER MONITORING WELLS 07 PRESSURE TEST 09 NONE 10 OTHER:

VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS

IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION.

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CASH (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM? 01 YES 02 NO

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

PERSON FILING (SIGNATURE)

PHONE W/AREA CODE

FOR LOCAL AGENCY USE ONLY

ADMINISTRATING AGENCY		CITY CODE		COUNTY CODE	
CONTACT PERSON			PHONE W/AREA CODE		
DATE OF LAST INSPECTION	IN COMPLIANCE <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	PERMIT APPROVAL DATE	TRANSACTION DATE	LOCAL PERMIT ID #	

APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

() 01 NEW PERMIT () 05 RENEWED PERMIT () 07 TANK CLOSED () 09 DELETE FROM FILE (NO FEE)
 () 02 CONDITIONAL PERMIT () 06 AMENDED PERMIT () 08 MINOR CHANGE (NO SURCHARGE)

I OWNER

NAME(CORPORATION,INDIVIDUAL OR PUBLIC AGENCY) UNION OIL CO.		PUBLIC AGENCY ONLY () 01 FED () 02 STATE () 03 LOCAL	
STREET ADDRESS I CALIFORNIA ST. SUITE 2700		CITY SAN FRANCISCO	STATE CA
			ZIP 94111

II FACILITY

FACILITY NAME UNION OIL SS #5847		DEALER/FOREMAN/SUPERVISOR ROBERT W. SCHMITZ	
STREET ADDRESS 2701 EAST AVE.		NEAREST CROSS STREET WIND FELDT RD	
CITY HAYWARD		COUNTY ALAMEDA	ZIP 94541
MAILING ADDRESS 2701 EAST AVE.		CITY HAYWARD	STATE CA
			ZIP 94541
PHONE W/AREA CODE 415-581-0958	TYPE OF BUSINESS (X) 01 GASOLINE STATION () 02 OTHER		
NUMBER OF CONTAINERS 6	RURAL AREAS ONLY :	TOWNSHIP	RANGE
		SECTION	

III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME(LAST NAME FIRST) AND PHONE W/AREA CODE JAURIGUI, L.J. 415-956-2600	NIGHTS: NAME(LAST NAME FIRST) AND PHONE W/AREA CODE UNION OIL CO. 415-561-9322
--	---

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV DESCRIPTION

A. (X) 01 TANK () 04 OTHER:		CONTAINER NUMBER 5847-1-1
B. MANUFACTURER (IF APPROPRIATE):		YEAR MFG: 1967 C. YEAR INSTALLED 1967 () UNKNOWN
D. CONTAINER CAPACITY: 10000 GALLONS () UNKNOWN	E. DOES THE CONTAINER STORE: () 01 WASTE (X) 02 PRODUCT	
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? (X) 01 YES () 02 NO IF YES CHECK APPROPRIATE BOX(ES): (X) 01 UNLEADED () 02 REGULAR () 03 PREMIUM () 04 DIESEL () 05 WASTE OIL () 06 OTHER		

V CONTAINER CONSTRUCTION

A. THICKNESS OF PRIMARY CONTAINMENT: () GAUGE () INCHES () CM (X) UNKNOWN
B. () 01 VAULTED (LOCATED IN AN UNDERGROUND VAULT) (X) 02 NON-VAULTED () 03 UNKNOWN
C. () 01 DOUBLE WALLED (X) 02 SINGLE WALLED () 03 LINED
D. (X) 01 CARBON STEEL () 02 STAINLESS STEEL () 03 FIBERGLASS () 04 POLYVINYL CHLORIDE () 05 CONCRETE () 06 ALUMINUM () 07 STEEL CLAD () 08 BRONZE () 09 COMPOSITE () 10 NON-METALLIC () 12 UNKNOWN () 13 OTHER:

CONTAINER CONSTRUCTION

E. 01 RUBBER LINED 02 ALKYD LINING 03 EPOXY LINING 04 PHENOLIC LINING 05 GLASS LINING
 07 UNLINED 08 UNKNOWN 09 OTHER:

F. 01 POLYETHYLENE WRAP 02 VINYL WRAPPING 03 CATHODIC PROTECTION 04 UNKNOWN 05 NONE
 06 TAR OR ASPHALT 09 OTHER:

VI PIPING

A. ABOVEGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
(CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

B. UNDERGROUND PIPING: 01 DOUBLE-WALLED PIPE 02 CONCRETE-LINED TRENCH 03 GRAVITY
(CHECK APPROPRIATE BOX(ES)) 04 PRESSURE 05 SUCTION 06 UNKNOWN 07 NONE

VII LEAK DETECTION

01 VISUAL 02 STOCK INVENTORY 04 VAPOR SNIFF WELLS 05 SENSOR INSTRUMENT
 06 GROUND WATER MONITORING WELLS 07 PRESSURE TEST 09 NONE 10 OTHER:

VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS

IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CAS# (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		
<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03		

* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

IS CONTAINER LOCATED ON AN AGRICULTURAL FARM? 01 YES 02 NO

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

PERSON FILING (SIGNATURE)

PHONE W/AREA CODE

FOR LOCAL AGENCY USE ONLY

ADMINISTRATING AGENCY

CITY CODE

COUNTY CODE

CONTACT PERSON

PHONE W/AREA CODE

DATE OF LAST INSPECTION

IN COMPLIANCE

01 YES 02 NO

PERMIT APPROVAL DATE

TRANSACTION DATE

LOCAL PERMIT ID #



Applied GeoSystems

43255 Mission Blvd. Suite B Fremont, CA 94539 (415) 651-1906

RECEIVED

MAR 25 1987

ENVIRONMENTAL HEALTH

ADMINISTRATION

199
UG/TANKS

February 24, 1987
0224pyam
86109-2

Mr. Paul Yamamoto
UNOCAL
2175 N. California Blvd.
Suite 650
Walnut Creek, California 94596

Subject: Letter report No. 86109-2 on monthly ground water
analysis at former [REDACTED]

Dear Mr. Yamamoto:

This letter report summarizes the results of monthly ground water monitoring performed by Applied GeoSystems at the above-referenced site as outlined in AGS report #86109-1, dated November 19, 1986.

A geologist arrived at the site at 3:30 P. M., February 23, 1987 to sample and subjectively analyze water from monitoring wells MW-1 and MW-2. Water samples were collected from the wells to check for the presence of floating product, product sheen, emulsion, or odor. Each sample was collected by gently lowering a laboratory-cleaned teflon bailer halfway through the air/water interface and collecting a water sample from the surface of the water in the well. The water samples showed no floating product, emulsion, or surface sheen, and emitted no product odor. Results of our field monitoring measurements are presented on the attached table.

Tad,

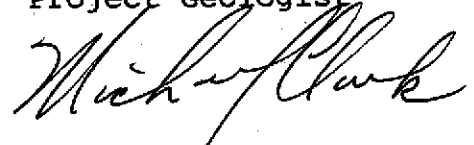
*If you have any
questions please
contact Hugh Murphy
at the 784-8695*

We recommend that UNOCAL forward a copy of this report to Ms. Suzanne Larson of the Hayward Fire Department, 22300 Foothill Boulevard, Hayward, California 94541. Should you have any questions on this inspection, please do not hesitate to call.

Sincerely,
Applied GeoSystems



Glenn R. Dembroff
Project Geologist



Michael N. Clark
C.E.G. 1264

Attachment: Monthly Subjective Analyses Table



Applied GeoSystems

43255 Mission Blvd. Suite B Fremont, CA 94539 (415) 651-1906

MONTHLY SUBJECTIVE ANALYSES
for
Former UNOCAL Station #5847
Windfeldt Road and East Avenue
Hayward, California

<u>Date</u>	<u>Well</u>	<u>Depth to Water</u>	<u>Floating Product</u>	<u>Odor</u>	<u>Sheen</u>	<u>Emulsion</u>
2/87	MW-1	18.73'	NONE	NONE	NONE	NONE
2/87	MW-2	20.77'	NONE	NONE	NONE	NONE

