



Rob Wilson  
City of Pleasanton  
P.O. Box 520  
Pleasanton, CA 94566

Alameda County

MAY 11 2006

Environmental Health

Subject: Underground Storage Tank (UST) Systems Previously Located at 4444 Railroad Ave., Pleasanton

Mr. Wilson,

On September 12, 1996, two UST systems were removed from the Old Fire Station Facility facility. They were each 500 gallons in capacity, and last contained gasoline and diesel fuel respectively. The soil samples collected during the removal activities indicated that a release had occurred. The sample analysis found diesel fuel and xylenes in the backfill material at levels of 150 and 0.008 mg/kg respectfully. The analysis also indicated that other degraded constituents of gasoline and diesel were present. The attached reports from W.A. Craig (the removal contractor), dated September 20 and October 14, 1996 provide additional detail.

This site came to our attention during the planning process related to a change in use at the site (from a fire station to a theater arts facility). Our files do not contain any record of an evaluation and/or decision as to whether or not further investigation into the nature and extent of contamination at this facility was needed. Since the sampling results from 1996 indicated that there has been a release from these UST systems, LPFD requested that the City Of Pleasanton file an Unauthorized Release Report. It was received on April 13, 2006; a copy is attached.

Based upon the sample results, additional work may be needed with respect to these former underground tank systems. This case has been referred to the Alameda County Health Care Services, Environmental Health Division for oversight. For additional information, please contact Ms. Donna Drogos, PE, at:

Alameda County Health Care Services  
1131 Harbor Bay Parkway  
Alameda, CA 94502  
510-567-6700

If you have any questions concerning this letter, please contact me directly at 925-454-2337. Thank you for your cooperation in this matter.

Sincerely,

John Rigter  
Hazardous Materials Inspector  
Livermore-Pleasanton Fire Department

Cc: Donna Drogos, PE, Alameda County Health Care Services, Environmental Health Division

Attachments: Unauthorized Release Report (to all); Reports from file and Transfer Form to Ms. Donna Drogos.

May 4, 2006  
MAY 10 PM 1:44  
Environmental Health  
MAY 11 2006  
Alameda County

**LIVERMORE - PLEASANTON FIRE DEPARTMENT**  
3560 Nevada Street, Pleasanton, CA 94566

Contaminated Site Case Transfer Form

**Referral To:**

<b>Date</b>	May 4, 2006		
<b>By (name)</b>		<b>Phone</b>	510-567-6700
<b>Agency</b>	Alameda County Environmental Health, 1131 Harbor Bay Parkway, Alameda, CA 94502		
<b>Attention</b>	Donna L. Drogos, LOP/TOXICS Program Manager		
<b>Transferred as:</b>	X <input type="checkbox"/> LOP <input type="checkbox"/> TOXICS		
<b>Level of Update requested:</b>	X <input type="checkbox"/> distribution list <input type="checkbox"/> all meetings <input type="checkbox"/> all site visits <input type="checkbox"/> closure sign off <input type="checkbox"/> all the above		

**Site Information:**

<b>Site Name</b>	Old Fire Station
<b>Site Address</b>	4444 Railroad Ave., Pleasanton CA 94566
<b>Site Phone</b>	925-931-5653
<b>Site Contractor/Consultant (if available)</b>	W.A. Craig (contractor circa 1996)
<b>Site DBA</b>	

**Site Conditions:**

<b>UST</b>	
<b>Initiating Event</b>	X <input type="checkbox"/> Closure <input type="checkbox"/> Other
<b>If UST(s) removed: # removed:</b>	Two Date removed: 9/12/96
<b>Contents:</b>	X <input type="checkbox"/> gasoline <input type="checkbox"/> diesel <input type="checkbox"/> waste oil <input type="checkbox"/> heating oil <input type="checkbox"/> solvents <input type="checkbox"/> kerosene <input type="checkbox"/> stoddard solvent X <input type="checkbox"/> other (specify)
<b>Observations of system (holes, leaks)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Observed contamination (free product, smell, soil/water discoloration)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Unauthorized Release Form filed?</b>	X <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>NON-UST</b>	
<b>Former industrial use?</b>	<input type="checkbox"/> Yes X <input type="checkbox"/> No
<b>Former Use Specify:</b>	Fire Station
<b>ALL REFERRALS</b>	
<b>Detectable concentrations of soil and/or groundwater contamination?</b>	X <input type="checkbox"/> Yes <input type="checkbox"/> No
o Highest Concentration Detected in Soil Contaminant (specify) Diesel Fuel Concentration 150 ppm (in backfill)	
o Highest Concentration Detected in Water Contaminant (specify) Concentration ppb	
<b>Future intended use if known?</b>	X <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes, specify</b>	Theater Arts Facility
<i>If available, attach pertinent reports</i>	

ACCEPTED (ALCEH) *Donna L. Drogos* 06/26/06

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

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM.		
REPORT DATE 01/24/10		CASE #		SIGNED: [Signature] DATE: 5/19/06		
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT [Name]		PHONE ( )		SIGNATURE [Signature]	
	REPRESENTING <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME CITY OF PLEASANTON			
	ADDRESS P.O. Box 520 Pleasanton CA 94566					
RESPONSIBLE PARTY	NAME CITY OF PLEASANTON <input type="checkbox"/> UNKNOWN		CONTACT PERSON ( )		PHONE ( )	
	ADDRESS P.O. Box 520 Pleasanton CA 94566					
SITE LOCATION	FACILITY NAME (IF APPLICABLE) PLEASANTON FIRE STATION #1		OPERATOR CITY OF PLEASANTON		PHONE ( )	
	ADDRESS 4444 RAILROAD AVE Pleasanton ALAMEDA 94566					
	CROSS STREET DIVISION STREET					
IMPLEMENTING AGENCIES	LOCAL AGENCY LIVERMORE - PLEASANTON FIRE DEPT		AGENCY NAME PLEASANTON FIRE DEPT		CONTACT PERSON JOHN RIETER	
	REGIONAL BOARD SF BAY RWQCR, REGION 9				PHONE (510) 622-2300	
SUBSTANCES INVOLVED	(1) NAME DIESEL FUEL				QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN	
	(2) NAME GASOLINE				<input checked="" type="checkbox"/> UNKNOWN	
DISCOVERY/ABATEMENT	DATE DISCOVERED 01/20/10		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER			
	DATE DISCHARGE BEGAN [ ] [ ] [ ] [ ] [ ] [ ]		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input checked="" type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER			
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 01/20/10					
SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER			
	CASE TYPE <input checked="" type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)					
CURRENT STATUS	CHECK ONE ONLY <input checked="" type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY					
	CHECK APPROPRIATE ACTION(S) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CAP SITE (CS) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input checked="" type="checkbox"/> OTHER (OT) UNKNOWN					
COMMENTS	[Blank]					

## INSTRUCTIONS

### EMERGENCY

Indicate whether emergency response personnel and equipment were involved at any time. If so, a Hazardous Material Incident Report should be filed with the State Office of Emergency Services (OES) at 2300 Meadowview Road, Sacramento, CA 95832. Copies of the OES report form may be obtained at your local underground storage tank permitting agency. Indicate whether the OES report has been filed as of the date of this report.

### LOCAL AGENCY ONLY

To avoid duplicate notification pursuant to Health and Safety code Section 25180.5, a government employee should sign and date the form in this block. A signature here does not mean that the leak has been determined to pose a significant threat to human health or safety, only that notification procedures have been followed if required.

### REPORTED BY

Enter your name, telephone number, and address. Indicate which party you represent and provide company or agency name.

### RESPONSIBLE PARTY

Enter name, telephone number, contact person, and address of the party responsible for the leak. The responsible party would normally be the tank owner.

### SITE LOCATION

Enter information regarding the tank facility. At a minimum, you must provide the facility name and full address.

### IMPLEMENTING AGENCIES

Enter names of the local agency and Regional Water Quality Control Board involved.

### SUBSTANCES INVOLVED

Enter the name and quantity lost of the hazardous substance involved. Room is provided for information on two substances if appropriate. If more than two substances leaked, list the two of most concern for cleanup.

### DISCOVERY/ABATEMENT

Provide information regarding the discovery and abatement of the leak.

### SOURCE/CAUSE

Indicate source(s) of leak. Check box(es) indicating cause of leak.

### CASE TYPE

Indicate the case type category for this leak. Check one box only. Case type is based on the most sensitive resource affected. For example, if both soil and ground water have been affected, case type will be "Ground Water". Indicate "Drinking Water" only if one or more municipal or domestic water wells have actually been affected. A "Ground Water" designation does not imply that the affected water cannot be, or is not, used for drinking water, but only that water wells have not yet been affected. It is understood that case type may change upon further investigation.

### CURRENT STATUS

Indicate the category which best describes the current status of the case. Check one box only. The response should be relative to the case type. For example, if case type is "Ground Water", then "Current Status" should refer to the status of the ground water investigation or cleanup, as opposed to that of soil. Descriptions of options follow:

No Action Taken - No action has been taken by responsible party beyond initial report of leak.

Leak Being Confirmed - Leak suspected at site, but has not been confirmed.

Preliminary Site Assessment Workplan Submitted - workplan/proposal requested of/submitted by responsible party to determine whether ground water has been, or will be, impacted as a result of the release.

Preliminary Site Assessment Underway - implementation of workplan.

Pollution Characterization - responsible party is in the process of fully defining the extent of contamination in soil and ground water and assessing impacts on surface and/or ground water.

Remediation Plan - remediation plan submitted evaluating long term remediation options. Proposal and implementation schedule for appropriate remediation options also submitted.

Cleanup Underway - implementation of remediation plan.

Post Cleanup Monitoring in Progress - periodic ground water or other monitoring at site, as necessary, to verify and/or evaluate effectiveness of remedial activities.

Case Closed - regional board and local agency in concurrence that no further work is necessary at the site.

IMPORTANT: THE INFORMATION PROVIDED ON THIS FORM IS INTENDED FOR GENERAL STATISTICAL PURPOSES ONLY AND IS NOT TO BE CONSTRUED AS REPRESENTING THE OFFICIAL POSITION OF ANY GOVERNMENTAL AGENCY

### REMEDIAL ACTION

Indicate which action have been used to cleanup or remediate the leak. Descriptions of options follow:

Cap Site - install horizontal impermeable layer to reduce rainfall infiltration.

Containment Barrier - install vertical dike to block horizontal movement of contaminant.

Excavate and Dispose - remove contaminated soil and dispose in approved site.

Excavate and Treat - remove contaminated soil and treat (includes spreading or land farming).

Remove Free Product - remove floating product from water table.

Pump and Treat Groundwater - generally employed to remove dissolved contaminants.

Enhanced Biodegradation - use of any available technology to promote bacterial decomposition of contaminants.

Replace Supply - provide alternative water supply to affected parties.

Treatment at Hookup - install water treatment devices at each dwelling or other place of use.

Vacuum Extract - use pumps or blowers to draw air through soil.

Vent Soil - bore holes in soil to allow volatilization of contaminants.

No Action Required - incident is minor, requiring no remedial action.

COMMENTS - Use this space to elaborate on any aspects of the incident.

SIGNATURE - Sign the form in the space provided.

### DISTRIBUTION

If the form is completed by the tank owner or his agent, retain the last copy and forward the remaining copies intact to your local tank permitting agency for distribution.

1. Original - Local Tank Permitting Agency
2. Regional Water Quality Control Board
3. Local Health Officer and County Board of Supervisors or their designees to receive Proposition 65 notifications.
4. Owner/responsible party.

# Hazardous Materials Record of Inspection



Pleasanton Fire Department  
4444 Railroad Avenue  
P. O. Box 520  
Pleasanton, CA 94566-0802  
(510) 484-8114  
FAX: (510) 484-8178

Business Name: Fire Station #1 Phone: \_\_\_\_\_  
 Business Address: 4444 Railroad St FAX: \_\_\_\_\_  
 Business Contact: \_\_\_\_\_ Type of Business: Fire Station  
 Date: 9-12-96 Time Started: 12:30 Time Completed: \_\_\_\_\_

### INSPECTION DESCRIPTION:

- |   |  |
|---|--|
| <input type="checkbox"/> First contact (information/familiarization)  | <input type="checkbox"/> Requested by business               |
| <input type="checkbox"/> Initial compliance inspection  | <input type="checkbox"/> Test witnessing (including UST)     |
| <input type="checkbox"/> Compliance after notice  | <input checked="" type="checkbox"/> Underground tank removal |
| <input type="checkbox"/> New connection; installation; construction;<br>repair; modification; replacement; closure;<br>removal; storage; change | <input type="checkbox"/> Other HMSO witnessing required      |
| <input type="checkbox"/> Complaint  | <input type="checkbox"/> Special inspection                  |
|   | <input type="checkbox"/> Unauthorized discharge              |

Environmental Health  
 MAY 11 2006  
 Alameda County

**COMMENTS:**  
 Tank 1 - Gasoline - 500 gal - not wrapped - LEL 13% O<sub>2</sub> 0%  
 Tank 2 - Diesel - 500 gal - not wrapped - LEL 4% O<sub>2</sub> 0%  
 Gasoline tank on fill end has rust spots from overflowing. No obvious holes - some corrosion.  
 Diesel tank has small holes on top, no holes on bottom. Tank shows obvious rust + corrosion on top.  
 Stockpile - Sand - 1 sample taken in middle (200 cfm)  
 Tank bottom - 6 feet -  
 Soil sample (1) taken under fill end of diesel tank PBD 7'  
 Soil sample (1) taken at pit bottom of gasoline tank PBD 7.5'  
 No obvious vent contamination in pit at bottom or sides.  
 Observed manifest, hauler registration # numbers on tanks.

A WRITTEN PLAN OF CORRECTION MUST BE SUBMITTED IN \_\_\_\_\_ DAYS.

REINSPECTION REQUIRED ON: \_\_\_\_\_

Signature of Business Responsible: \_\_\_\_\_

Inspector: Chris Baker Date: 9-12-96

1 Observed chain of custody form properly completed

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



COMPLETE THIS FORM FOR EACH FACILITY/SITE

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

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

DBA OR FACILITY NAME <b>PLEASANTON FIRE STATION #1</b>		NAME OF OPERATOR <b>CITY OF PLEASANTON</b>		
ADDRESS <b>4444 RAILROAD AV</b>		NEAREST CROSS STREET <b>DIVISION</b>	PARCEL # (OPTIONAL)	
CITY NAME <b>PLEASANTON</b>		STATE <b>CA</b>	ZIP CODE <b>94566</b>	SITE PHONE # WITH AREA CODE <b>510-484-8101</b>
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP		<input checked="" type="checkbox"/> LOCAL-AGENCY DISTRICTS <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
TYPE OF BUSINESS <input type="checkbox"/> 1 GAS STATION <input type="checkbox"/> 2 DISTRIBUTOR <input type="checkbox"/> 3 FARM <input type="checkbox"/> 4 PROCESSOR <input checked="" type="checkbox"/> 5 OTHER		<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS # OF TANKS AT SITE <b>2</b>		E. P. A. I. D. # (optional)

**EMERGENCY CONTACT PERSON (PRIMARY)**

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

DAYS: NAME (LAST, FIRST) <b>KENNEDY, ROGER</b>		PHONE # WITH AREA CODE <b>510-484-8067</b>		DAYS: NAME (LAST, FIRST) <b>PLEASANTON POLICE Dept</b>		PHONE # WITH AREA CODE <b>510-484-8127</b>	
NIGHTS: NAME (LAST, FIRST) <b>SAME</b>		PHONE # WITH AREA CODE		NIGHTS: NAME (LAST, FIRST) <b>SAME</b>		PHONE # WITH AREA CODE	

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

NAME <b>CITY OF PLEASANTON</b>		CARE OF ADDRESS INFORMATION <b>C/O ROGER KENNEDY</b>		
MAILING OR STREET ADDRESS <b>P.O. Box 520</b>		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME <b>PLEASANTON</b>		STATE <b>CA</b>	ZIP CODE <b>94566</b>	PHONE # WITH AREA CODE <b>510-484-8067</b>

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

NAME OF OWNER <b>CITY OF PLEASANTON</b>		CARE OF ADDRESS INFORMATION <b>ROGER KENNEDY</b>		
MAILING OR STREET ADDRESS <b>PO Box 520</b>		<input checked="" type="checkbox"/> box to indicate <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME <b>PLEASANTON</b>		STATE <b>CA</b>	ZIP CODE <b>94566</b>	PHONE # WITH AREA CODE <b>510-484-8067</b>

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

TY (TK) HQ **44** - [ ] [ ] [ ] [ ] [ ] [ ]

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

<input checked="" type="checkbox"/> box to indicate	<input checked="" type="checkbox"/> 1 SELF-INSURED	<input type="checkbox"/> 2 GUARANTEE	<input type="checkbox"/> 3 INSURANCE	<input type="checkbox"/> 4 SURETY BOND
	<input type="checkbox"/> 5 LETTER OF CREDIT	<input type="checkbox"/> 6 EXEMPTION	<input type="checkbox"/> 99 OTHER	

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

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

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

APPLICANT'S NAME (PRINTED & SIGNATURE)	APPLICANT'S TITLE	DATE	MONTH/DAY/YEAR
--	-------------------	------	----------------

**LOCAL AGENCY USE ONLY**

COUNTY # <b>01</b>	JURISDICTION # <b>096</b>	FACILITY # <b>001186</b>
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPVISOR - DISTRICT CODE - OPTIONAL

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: PLEASANTON FIRE STATION #1

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

A. OWNER'S TANK I.D. #	B. MANUFACTURED BY: <u>Rheem</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>00/00/1988</u>	D. TANK CAPACITY IN GALLONS: <u>550</u>

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

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input type="checkbox"/> 1 PRODUCT	C. <input checked="" type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION GAS
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 4 GASAHOL	<input type="checkbox"/> 7 METHANOL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 5 JET FUEL	<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)

D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED \_\_\_\_\_ C. A. S. #: \_\_\_\_\_

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

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER _____
B. TANK MATERIAL (Primary Tank)	<input 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 checked="" type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER _____
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input 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>1968</u>	OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>1968</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 A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A U 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING	A U 8 100% METHANOL COMPATIBLE W/FRP
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A U 95 UNKNOWN	A U 99 OTHER
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input type="checkbox"/> 99 OTHER

**V. TANK LEAK DETECTION**

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

**VI. TANK CLOSURE INFORMATION**

1. ESTIMATED DATE LAST USED (MO/DAY/YR)	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input type="checkbox"/>
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THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

APPLICANT'S NAME (PRINTED & SIGNATURE)	DATE
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**LOCAL AGENCY USE ONLY** THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY # <u>01</u>	JURISDICTION # <u>006</u>	FACILITY # <u>001186</u>	TANK # <u>000002</u>
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.

<b>MARK ONLY ONE ITEM</b>	<input type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input checked="" 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: Pleasanton Fire Station #1

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

A. OWNER'S TANK I.D. #	B. MANUFACTURED BY: <u>Rheem</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>00/00/1968</u>	D. TANK CAPACITY IN GALLONS: <u>550</u>

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

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

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

A. TYPE OF SYSTEM <input type="checkbox"/> 1 DOUBLE WALL <input checked="" type="checkbox"/> 2 SINGLE WALL <input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER <input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK) <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER	B. TANK MATERIAL (Primary Tank) <input type="checkbox"/> 1 BARE STEEL <input type="checkbox"/> 5 CONCRETE <input type="checkbox"/> 9 BRONZE <input type="checkbox"/> 2 STAINLESS STEEL <input type="checkbox"/> 6 POLYVINYL CHLORIDE <input checked="" type="checkbox"/> 10 GALVANIZED STEEL <input type="checkbox"/> 3 FIBERGLASS <input type="checkbox"/> 7 ALUMINUM <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER	C. INTERIOR LINING <input type="checkbox"/> 1 RUBBER LINED <input type="checkbox"/> 5 GLASS LINING <input type="checkbox"/> 2 ALKYD LINING <input type="checkbox"/> 6 UNLINED <input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 4 PHENOLIC LINING <input type="checkbox"/> 99 OTHER IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___
D. CORROSION PROTECTION <input type="checkbox"/> 1 POLYETHYLENE WRAP <input type="checkbox"/> 5 CATHODIC PROTECTION <input type="checkbox"/> 2 COATING <input type="checkbox"/> 91 NONE <input type="checkbox"/> 3 VINYL WRAP <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 99 OTHER		
E. SPILL AND OVERFILL SPILL CONTAINMENT INSTALLED (YEAR) <u>1968</u> OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>1968</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 A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A U 1 BARE STEEL A U 5 ALUMINUM	A U 2 STAINLESS STEEL A U 6 CONCRETE	A U 3 POLYVINYL CHLORIDE (PVC) A U 7 STEEL W/ COATING	A U 4 FIBERGLASS PIPE A U 8 100% METHANOL COMPATIBLE W/FRP A U 9 GALVANIZED STEEL A U 10 CATHODIC PROTECTION A U 95 UNKNOWN A U 99 OTHER
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input type="checkbox"/> 99 OTHER

**V. TANK LEAK DETECTION**

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

**VI. TANK CLOSURE INFORMATION**

1. ESTIMATED DATE LAST USED (MO/DAY/YR)	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING _____ GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input type="checkbox"/> NO <input type="checkbox"/>
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APPLICANT'S NAME (PRINTED & SIGNATURE)	DATE
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**LOCAL AGENCY USE ONLY** THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
	<u>01</u>	<u>006</u>	<u>001186</u>	<u>000001</u>
PERMIT NUMBER	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	

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