

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



F

ENVIRONMENTAL HEALTH SERVICES
ENVIRONMENTAL PROTECTION
1131 Harbor Bay Parkway, Suite 250
Alameda, CA 94502-6577
(510) 567-6700
FAX (510) 337-9335

January 10, 2007

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

Subject: Fuel Leak Case No. RO0002938 and Geotracker Global ID T0600194363, City of Pleasanton Fire Station #3, 3200 Santa Rita Road, Pleasanton, CA 94566 – Request for Work Plan

Dear Mr. Wilson:

Alameda County Environmental Health (ACEH) staff has reviewed the case file for the above referenced site. Two underground storage tanks (USTs) were removed from the site on September 12, 1996. Soil samples collected during removal of the USTs indicated that a fuel release had occurred. Total petroleum hydrocarbons as diesel (TPHd) were detected in soil at concentrations up to 2,800 milligrams per kilogram (mg/kg). On November 27, 1996, an additional 12 cubic yards of soil was removed from the excavation and confirmation soil samples were collected. One confirmation soil sample collected after the November 27, 1996 excavation contained TPHd at a concentration of 12,000 mg/kg. An additional 7 cubic yards of soil was removed on December 19, 1996. Confirmation soil samples collected after the December 19, 1996 excavation contained TPHd at a concentration of 2 mg/kg.

This site came to our attention as the result of a review of information from tank removal activities for Fire Station #1. The files do not contain any record of additional work beyond that described above or evaluation by a regulatory agency of the need for further investigation at the site. The site is within the Livermore-Amador Valley, which is an area where groundwater is actively used as a drinking water supply. Groundwater within the Livermore-Amador Groundwater Basin constitutes a valuable current and future resource. Due to the indication of a fuel release and the location of your site within a groundwater basin where groundwater is used for drinking water, we request that you complete a site investigation to define the extent of soil and groundwater contamination at the site.

Please submit a work plan detailing your proposal to investigate potential soil and groundwater contamination by **April 24, 2007**. This report is being requested pursuant to the Regional Water Quality Control Board's (Regional Board) authority under Section 13267 of the California Water Code.

TECHNICAL REPORT REQUEST

Please submit technical reports to Alameda County Environmental Health (Attention: Mr. Jerry Wickham), according to the following schedule:

- **April 24, 2007 – Work Plan for Subsurface Investigation**

These reports are being requested pursuant to California Health and Safety Code Section 25296.10. 23 CCR Sections 2652 through 2654, and 2721 through 2728 outline the responsibilities of a responsible party in response to an unauthorized release from a petroleum UST system, and require your compliance with this request.

ELECTRONIC SUBMITTAL OF REPORTS

Alameda County Environmental Cleanup Oversight Programs (LOP and SLIC) require submission of all reports in electronic form to the county's ftp site. Paper copies of reports will no longer be accepted. The electronic copy replaces the paper copy and will be used for all public information requests, regulatory review, and compliance/enforcement activities. Instructions for submission of electronic documents to the Alameda County Environmental Cleanup Oversight Program ftp site are provided on the attached "Electronic Report Upload (ftp) Instructions." Please do not submit reports as attachments to electronic mail.

Submission of reports to the Alameda County ftp site is an addition to existing requirements for electronic submittal of information to the State Water Resources Control Board (SWRCB) Geotracker website. Submission of reports to the Geotracker website does not fulfill the requirement to submit documents to the Alameda County ftp site. In September 2004, the SWRCB adopted regulations that require electronic submittal of information for groundwater cleanup programs. For several years, responsible parties for cleanup of leaks from underground storage tanks (USTs) have been required to submit groundwater analytical data, surveyed locations of monitor wells, and other data to the Geotracker database over the Internet. Beginning July 1, 2005, electronic submittal of a complete copy of all necessary reports was required in Geotracker (in PDF format). Please visit the SWRCB website for more information on these requirements (http://www.swrcb.ca.gov/ust/cleanup/electronic_reporting).

PERJURY STATEMENT

All work plans, technical reports, or technical documents submitted to ACEH must be accompanied by a cover letter from the responsible party that states, at a minimum, the following: "I declare, under penalty of perjury, that the information and/or recommendations contained in the attached document or report is true and correct to the best of my knowledge." This letter must be signed by an officer or legally authorized representative of your company. Please include a cover letter satisfying these requirements with all future reports and technical documents submitted for this fuel leak case.

PROFESSIONAL CERTIFICATION & CONCLUSIONS/RECOMMENDATIONS

The California Business and Professions Code (Sections 6735, 6835, and 7835.1) requires that work plans and technical or implementation reports containing geologic or engineering evaluations and/or judgments be performed under the direction of an appropriately registered or certified professional. For your submittal to be considered a valid technical report, you are to present site specific data, data interpretations, and recommendations prepared by an appropriately licensed professional and include the professional registration stamp, signature, and statement of professional certification. Please ensure all that all technical reports submitted for this fuel leak case meet this requirement.

LANDOWNER NOTIFICATION REQUIREMENTS

Pursuant to California Health & Safety Code Section 25297.15, the active or primary responsible party for a fuel leak case must inform all current property owners of the site of cleanup actions or requests for closure. Furthermore, ACEH may not consider any cleanup proposals or requests for case closure without assurance that this notification requirement has been met. Additionally, the active or primary responsible party is required to forward to ACEH a complete mailing list of all record fee title holders to the site.

In the future, for you to meet these requirements when submitting cleanup proposals or requests for case closure, ACEH requires that you:

1. Notify all current record owners of fee title to the site of any cleanup proposals or requests for case closure;
2. Submit a letter to ACEH which certifies that the notification requirement in 25297.15(a) of the Health and Safety Code has been met;
3. Forward to ACEH a copy of your complete mailing list of all record fee title holders to the site; and
4. Update your mailing list of all record fee title holders, and repeat the process outlined above prior to submittal of any additional *Corrective Action Plan* or your *Request for Case Closure*.

Your written certification to ACEH (Item 2 above) must state, at a minimum, the following:

A. *In accordance with Section 25297.15(a) of the Health & Safety Code, I, (name of primary responsible party), certify that I have notified all responsible landowners of the enclosed proposed action. (Check space for applicable proposed action(s)):*

cleanup proposal (Corrective Action Plan)

request for case closure

local agency intention to make a determination that no further action is required

local agency intention to issue a closure letter

- OR -

B. *In accordance with section 25297.15(a) of Chapter 6.7 of the Health & Safety Code, I, (name of primary responsible party), certify that I am the sole landowner for the above site.*

(Note: Complete item A if there are multiple site landowners. If you are the sole site landowner, skip item A and complete item B.)

UNDERGROUND STORAGE TANK CLEANUP FUND

Please be aware that you may be eligible for reimbursement of the costs of investigation from the California Underground Storage Tank Cleanup Fund (Fund). In some cases, a deductible amount may apply. If you believe you meet the eligibility requirements, I strongly encourage you to call the Fund for an application.

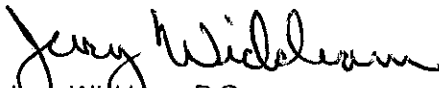
Mr. Robert Wilson
January 10, 2007
Page 4

AGENCY OVERSIGHT

If it appears as though significant delays are occurring or reports are not submitted as requested, we will consider referring your case to the Regional Board or other appropriate agency, including the County District Attorney, for possible enforcement actions. California Health and Safety Code, Section 25299.76 authorizes enforcement including administrative action or monetary penalties of up to \$10,000 per day for each day of violation.

If you have any questions, please call me at (510) 567-6791.

Sincerely,



Jerry Wickham, P.G.
Hazardous Materials Specialist

Enclosure: ACEH Electronic Report Upload (ftp) Instructions

cc: Colleen Winey, QIC 80201
Zone 7 Water Agency
100 North Canyons Parkway
Livermore, CA 94551

Danielle Stefani
Livermore-Pleasanton Fire Department
3560 Nevada Street
Pleasanton, CA 94566

Sunil Ramdass
SWRCB Cleanup Fund
1001 I Street, 17th floor
Sacramento, CA 95814-2828

Donna Drogos, ACEH
Jerry Wickham, ACEH
File



July 6, 2006

Mr. Rob Wilson
 Director of Public Works
 City of Pleasanton
 P.O. Box 520
 Pleasanton, CA 94566

Subject: Underground Storage Tank (UST) Systems Previously Located at 200 Santa Rita Rd., Pleasanton

Alameda County
 JUL 11 2006
 Environmental Health

Mr. Wilson,

On September 12, 1996, two UST systems were removed from the Fire Station # 3 site located at the above address. They were each approximately 500 gallons in capacity, and last contained gasoline and diesel fuel respectively.

Excavation and Sampling Activities:

- The soil samples collected during removal of the UST systems found that a release had occurred. The sample results found diesel fuel in the backfill material at levels up to 2,800 mg/kg; and toluene, ethyl benzene and xylenes up to 2.5 mg/kg.
- On November 27, 1996 an additional 12 cubic yards of soil was removed from the excavation and confirmation samples taken. One backfill sample was found to contain diesel fuel at 12,000 mg/kg.
- On December 19, 1996 an additional 7 cubic yards of soil was removed, and the area resampled. Sample results indicated diesel fuel at 2 mg/kg.

Based upon the initial sampling results, an Unauthorized Release Report was filed with Pleasanton Fire Department on, or about September 20, 1996. The sample results and details are included in the reports and workplans submitted by W.A. Craig (September 20 and 26, and October 4 and 14, 1996); and Ecology Recovery Associates (January 6, 1997). The files do not contain any record of an evaluation and/or a decision as to whether or not further investigation of the contamination at the site was needed.

This site was brought to our attention by Ms. Donna Drogos, PE, of Alameda County Health Care Services (during her review of the Old Fire Station UST case). 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:

2006 JUL 11 11:21 AM

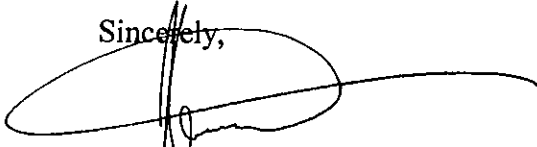
3560 Nevada Street, Pleasanton, CA 94566
Administration & Suppression
 (925) 454-2361
 Fax 249-2397

Fire Prevention Bureau
 (925) 454-2361
 Fax 454-2367

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,

A handwritten signature in black ink, appearing to read "John Rigter". The signature is written over the word "Sincerely," and extends to the right with a long horizontal stroke.

John Rigter
Hazardous Materials Inspector
Livermore-Pleasanton Fire Department

Cc: Donna Drogos, PE, Alameda County Health Care Services, Environmental Health Division
(with reports and related sections of the site file)

Colleen Winey, Alameda County Zone 7 Water Agency

Soil Recycling Certificate

TFS Technologies Inc. does hereby certify
that 74.71 tons of petroleum - contaminated soil
received from

Fire Station #3
Ecology Recovery Associates - Consultant
3200 Santa Rita Rd.
Pleasanton, California

Under Manifest/authorization number 04-00077
have been properly recycled to approved regulatory standards
at our Soil Recycling Facility in Richmond, California



Dated this 28th day of Mar. , 1997

Sworn and Attested by:
TFS Technologies Inc.

By: _____

Jay M. Holt

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 # 3 Phone: _____
 Business Address: 3200 Santa Rita Rd FAX: _____
 Business Contact: Roger Kennedy Type of Business: _____
 Date: 11-27-96 Time Started: 900 Time Completed: _____

INSPECTION DESCRIPTION:

- | | |
|---|---|
| <input type="checkbox"/> First contact (information/familiarization) | <input type="checkbox"/> Requested by business |
| <input type="checkbox"/> Initial compliance inspection | <input checked="" 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; repair; modification; replacement; closure; 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
 Alameda County
 JUN 17 2005

COMMENTS:

- Removal of contaminated soil in UG tank pit at FS # 3.

- One sample taken at sidewall approximately 6 feet beyond the sidewall from the previous excavation at a depth of about 5.6 feet.

- One sample at bottom taken at 7-8 feet.

→ TPH BTEX g + diesel
 Analyzed for

Samples will be taken to Chromalab for 5 day turn around.

A WRITTEN PLAN OF CORRECTION MUST BE SUBMITTED IN _____ DAYS.

REINSPECTION REQUIRED ON: _____

Signature of Business Responsible: _____

Inspector: Chris Boy

Date: 11-27-96

UNIFORM HAZARDOUS WASTE MANIFEST

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-7550

| | | | | | | | |
|---|--|---|--|---|--|---|--|
| 1. Generator's US EPA ID No. CA1C100110631616691114 | | Manifest Document No. | | 2. Page 1 of 1 | | Information in the shaded areas is not required by Federal law. | |
| 3. Generator's Name and Mailing Address: CITY OF PLEASANTON PO BOX 520 200 BERNAL AVE PLEASANTON CA 94566 | | | | A. State Manifest Document Number 93137393 | | | |
| 4. Generator's Phone 510 424 8067 | | | | B. State Generator's ID | | | |
| 5. Transporter 1 Company Name TRIDENT TRUCKLINE CO. | | 6. US EPA ID Number 1C1A119124843710 | | C. State Transporter's ID | | | |
| 7. Transporter 2 Company Name | | 8. US EPA ID Number | | D. Transporter's Phone (510) 783-2881 | | E. State Transporter's ID | |
| 9. Designated Facility Name and Site Address ERICKSON 255 PARR BLVD. 94801 RICHMOND, CA. | | 10. US EPA ID Number 1C1A11019466392 | | F. Transporter's Phone | | G. State Facility's ID | |
| 11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number) | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt/Vol | |
| a. WASTE EMPTY TANK NON-RCEA HAZARDOUS WAST SOLID | | 0 2 T P | | 0 1000 | | P | |
| b. | | | | | | State: NONE EPA/Other: NONE | |
| c. | | | | | | State: _____ EPA/Other: _____ | |
| d. | | | | | | State: _____ EPA/Other: _____ | |
| K. Handling Codes for Wastes Listed Above: 01 | | | | | | | |
| 15. Special Handling Instructions and Additional Information KEEP AWAY FROM SOURCES OF IGNITION. ALWAYS WEAR HARDHATS AROUND UNDERGROUND STORAGE TANKS. 24 HR. CONTACT NAME: _____ PHONE: _____ SITE LOCATION: FIRE STA #3, 3200 SANTA RITA RD PLEASANTON, CA | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of the consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable federal, state and international laws. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | |
| Printed/Typed Name JOHN MENDOZA | | Signature <i>[Signature]</i> | | Month 09 | | Day 12 | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Kegan Dayton | | Signature <i>[Signature]</i> | | Month 09 | | Day 12 | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | Signature | | Month 09 | | Day 12 | |
| 19. Discrepancy Indication Space | | | | | | | |
| Printed/Typed Name DAVID STRO | | Signature <i>[Signature]</i> | | Month 09 | | Day 30 | |

DO NOT WRITE BELOW THIS LINE.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS.
 (Generators who submit hazardous waste for transport out-of-state, produce completed copy of this copy and send to DTSC within 30 days.)

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

EMERGENCY YES NO HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? YES 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.
 SIGNED: William Halvorsen DATE: 9/20/96

REPORT DATE: 09/20/96 CASE #:

REPORTED BY: NAME OF INDIVIDUAL FILING REPORT: Roger Kennedy PHONE: 510 484-8067 SIGNATURE: _____ DATE: _____
 REPRESENTING: OWNER/OPERATOR REGIONAL BOARD LOCAL AGENCY OTHER _____ COMPANY OR AGENCY NAME: City of Pleasanton
 ADDRESS: 123 Main St STREET: _____ CITY: Pleasanton STATE: CA ZIP: 94566

RESPONSIBLE PARTY: NAME: City of Pleasanton CONTACT PERSON: Roger Kennedy PHONE: (510) 484-8067
 ADDRESS: 123 Main St. STREET: _____ CITY: Pleasanton STATE: CA ZIP: 94566

SITE LOCATION: FACILITY NAME (IF APPLICABLE): Fire Station #3 OPERATOR: _____ PHONE: _____
 ADDRESS: 3200 Santa Rita Rd STREET: _____ CITY: Pleasanton STATE: CA ZIP: 94566
 CROSS STREET: West Las Positas STREET: _____ CITY: Pleasanton STATE: CA COUNTY: Alameda ZIP: 94588

IMPLEMENTING AGENCIES: LOCAL AGENCY: Pleasanton Fire Department AGENCY NAME: _____ CONTACT PERSON: D/C William Halvorsen PHONE: 610 484-8114
 REGIONAL BOARD: _____ PHONE: _____

SUBSTANCES INVOLVED: (1) Gasoline NAME: _____ QUANTITY LOST (GALLONS): _____
 (2) Diesel NAME: _____ QUANTITY LOST (GALLONS): _____ UNKNOWN

DISCOVERY/ABATEMENT: DATE DISCOVERED: 09/13/96 HOW DISCOVERED: INVENTORY CONTROL SUBSURFACE MONITORING NUISANCE CONDITIONS
 TANK TEST TANK REMOVAL OTHER _____
 DATE DISCHARGE BEGAN: _____ METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY):
 REMOVE CONTENTS CLOSE TANK & REMOVE REPAIR PIPING
 REPAIR TANK CLOSE TANK & FILL IN PLACE CHANGE PROCEDURE
 REPLACE TANK OTHER _____
 HAS DISCHARGE BEEN STOPPED? YES NO IF YES, DATE: _____

SOURCE/CAUSE: SOURCE OF DISCHARGE: TANK LEAK UNKNOWN PIPING LEAK OTHER _____
 CAUSE(S): OVERFILL RUPTURE/FAILURE SPILL CORROSION UNKNOWN OTHER _____

CASE TYPE: CHECK ONE ONLY UNDETERMINED SOIL ONLY GROUNDWATER DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)

CURRENT STATUS: CHECK ONE ONLY NO ACTION TAKEN PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED POLLUTION CHARACTERIZATION
 LEAK BEING CONFIRMED PRELIMINARY SITE ASSESSMENT UNDERWAY POST CLEANUP MONITORING IN PROGRESS
 REMEDIATION PLAN CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) CLEANUP UNDERWAY

REMEDIAL ACTION: CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS): EXCAVATE & DISPOSE (ED) REMOVE FREE PRODUCT (FP) ENHANCED BIO DEGRADATION (IT)
 CAP SITE (CD) EXCAVATE & TREAT (ET) PUMP & TREAT GROUNDWATER (GT) REPLACE SUPPLY (RS)
 CONTAINMENT BARRIER (CB) NO ACTION REQUIRED (NA) TREATMENT AT HOOKUP (HU) VENT SOIL (VS)
 VACUUM EXTRACT (VE) OTHER (OT) _____

COMMENTS:

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 # 3 Phone: _____
 Business Address: 3200 Santa Rita Rd FAX: _____
 Business Contact: Roger Kennedy Type of Business: Fire Station
 Date: 9-12-96 Time Started: 11:30 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; repair; modification; replacement; closure; | <input type="checkbox"/> Other HMSO witnessing required |
| <input type="checkbox"/> removal; storage; change | <input type="checkbox"/> Special inspection |
| <input type="checkbox"/> Complaint | <input type="checkbox"/> Unauthorized discharge |

COMMENTS:

Tank 1 - gasoline - 500 gallon - LEL - ¹⁵17% O₂ - 0%

Tank 2 - Diesel 500 gallon LEL - 13% O₂ - .3%

Tank contents pumped - Tues & Wed ~~13%~~ - 13% O₂ - .3%

Tank bottom - 7 feet

Piping elbows both diesel + gas had holes in them (w 1" - 1 1/2").
Piping was rusted + corroded (at elbows)

- Diesel tank - tar wrapped - tank looks OK - no obvious holes or rust

- Gasoline tank - tar wrapped - tank looks OK - no obvious holes or rust

- Observed manifest + registered hauler letter for Trident Truckline of Hayward.

- Gasoline odors present. Obvious contamination from pipe leakage

Sample taken under gas tank @ 9 feet (clean?)

Sample taken ~~at~~ tank, adjacent to door (closed) (4 feet)

A WRITTEN PLAN OF CORRECTION MUST BE SUBMITTED IN _____ DAYS.

REINSPECTION REQUIRED ON: _____

Signature of Business Responsible: _____

Inspector: Paul H. Boyd

Date: 9-12-96

- ~~Initial sample~~ observed change of custody

* Stockpile samples
(2 composites)
1 can

**City of Pleasanton Fire Department
Closure Permit**

Permit # CP-96-002 Effective Date: 9/5/96 Expiration Date: 10/5/96

Under the provisions of the Uniform Fire Code of the City of Pleasanton, a permit is granted for the following activity:

Permit Issued to: W. A. Craig
 Contact Person: Diane Loren Phone # 707-252-3353
 Site Facility: Fire Stations #1 & 3
 Site Address: 4444 Railroad Rd. & 3200 Santa Rita Rd.

This permit does not take the place of any license required by law and is not transferrable. Any change in the use, occupancy, or plans shall require a new or modified permit.

This permit is issued and accepted on condition that all provisions of the currently adopted edition of the Uniform Fire Code of the City of Pleasanton be complied with. Any violations of the provisions may be grounds for the revocation of this permit.

Additional Comments:

Must be removed in accordance with approved closure plan. Any modifications to plan must be pre-approved.

Christa Bayle
 Authorized Signature

9-5-96
 Date

THIS PERMIT MUST BE KEPT POSTED AT ALL TIMES ON THE PREMISES MENTIONED ABOVE

Fees paid for plan/review and permit / \$239 /

FEEs WAIVED PER CONTRACT

Post-It™ brand fax transmittal memo 7671 # of pages ▶ 1

| | |
|---------------------------|---------------------------|
| To <u>DIANE</u> | From <u>DOROTHY</u> |
| Co. | Co. |
| Dept. | Phone # <u>484-8114</u> |
| Fax # <u>707-252-3385</u> | Fax # <u>510-484-8178</u> |



RECEIVED
AUG 22 1996
PLEASANTON FIRE DEPARTMENT

City of Pleasanton Closure Plan for Underground Storage Tanks

Amount of fee due City of Pleasanton: _____ Date fee paid: _____
Fire permit number (also functions as closure plan permit): _____
Date Closure Plan submitted: _____
Tank closure permit expires _____ days from the date of the Closure Plan approval.

Facility Name: City of Pleasanton

Facility Address: 3200 Santa Rita Road and 4444 Railroad Ave., Pleasanton

Contact Person: Roger Kennedy Phone #: 510 484-8067

Tank Closure Contractor: W. A. Craig, Inc.

Address: P. O. Box 448, Napa CA. 94559

Contractor's Phone: 707 252-3353 State License # 455752

Name of the Firm Who Will Take Soil Samples: W. A. Craig, Inc. Personnel

Phone #: 707 252-3353

Name of Laboratory That Will Analyze Soil Samples: McCampbell Analytical

Address: Pagano
Phone #: 510 798-1620 Ed Hemel's State License # 1644

Turn around time:

Appx. Date of the Tank Closure: 7-14 days

Method of Tank Closure:

- 1. Adding dry ice (3.0 lbs per 100 gallon capacity), manifest and remove as hazardous waste.
- 2. Other procedure (describe):

Name of Tank Hauler: Erickson Inc.

Destination Of Tank(s): Richmond

Tanks to be Removed: ⁴
Total of 2 tanks

Hauler Name: Trident

| | SIZE | TANK CONTENTS | AGE | LAST TESTED | REASON FOR REMOVAL |
|---------|---------|--------------------------------------|---------|-------------|--------------------|
| Tank #1 | 500 | Diesel <i>gasoline</i> | Unknown | Unknown | No longer used |
| Tank #2 | 500 (2) | Diesel | Unknown | Unknown | " " " |
| Tank #3 | | | | | |
| Tank #4 | | | | | |
| Tank #5 | | | | | |
| Tank #6 | | | | | |

(Attach extra sheets as necessary)

Plot Plan:

Attach a plot plan of the tanks to be closed. Indicate the nearest cross streets to the facility, the buildings immediately adjacent to the tanks and the location of the tanks to be closed.

(Note: Plot plan must be stamped and Closure Plan approved by the Fire Prevention Division before a permit can be issued.)

I declare, under the penalty of perjury, that the aforementioned information and attached plot plan(s) are correct to the best of my knowledge. If there is any change which would materially affect the information submitted, I will notify the Pleasanton Fire Department, Hazardous Materials Specialist, or the Fire Chief.

Deane Gray
Applicant's Signature

8-21-96
Date



City of Pleasanton Facilities Closure Notification

Facility Name: _____
Address: _____
Contact Person: _____ Phone: _____ FAX: _____
Submitted by: _____ Title: _____ Date: _____

Please check all appropriate boxes relating to the aboveground storage facility to be closed:

- | | |
|--|---|
| <input type="checkbox"/> Process generating hazardous waste | <input type="checkbox"/> Floors to be resurfaced |
| <input type="checkbox"/> Chemical storage cabinets | <input type="checkbox"/> Semiconductor fab facility |
| <input type="checkbox"/> Neutralization/waste treatment system | <input type="checkbox"/> Structural modification |
| <input type="checkbox"/> Process involving sanitary sewer discharge | <input type="checkbox"/> 55 gallon drums/barrels |
| <input type="checkbox"/> Chemical dispensing operations | <input type="checkbox"/> Wet floor operations |
| <input type="checkbox"/> Single piece of equipment, e.g., degreaser unit | <input type="checkbox"/> Plating shop |

Describe the size and type of facility to be closed. Indicate the previous uses of the area or areas and the types of chemicals used or stored in the area (attach additional sheets if necessary):

For official use only:

| | | |
|------------------------|---|---------------------|
| Closure Plan: | Required: _____ | Not Required: _____ |
| Inspection: | Required: <input checked="" type="checkbox"/> _____ | Not Required: _____ |
| Fees: \$ <u>239.00</u> | Required: _____ | Not Required: _____ |

Permit Fees Waived per Roger Kennedy - City of Pleasanton

Inspector: _____ Date Closure Completed: _____

CITY OF PLEASANTON FIRE DEPARTMENT
4444 RAILROAD ST
PLEASANTON, CALIF 94566
(415) 847-8114
LONG FORM HAZARDOUS MATERIALS MANAGEMENT PLAN

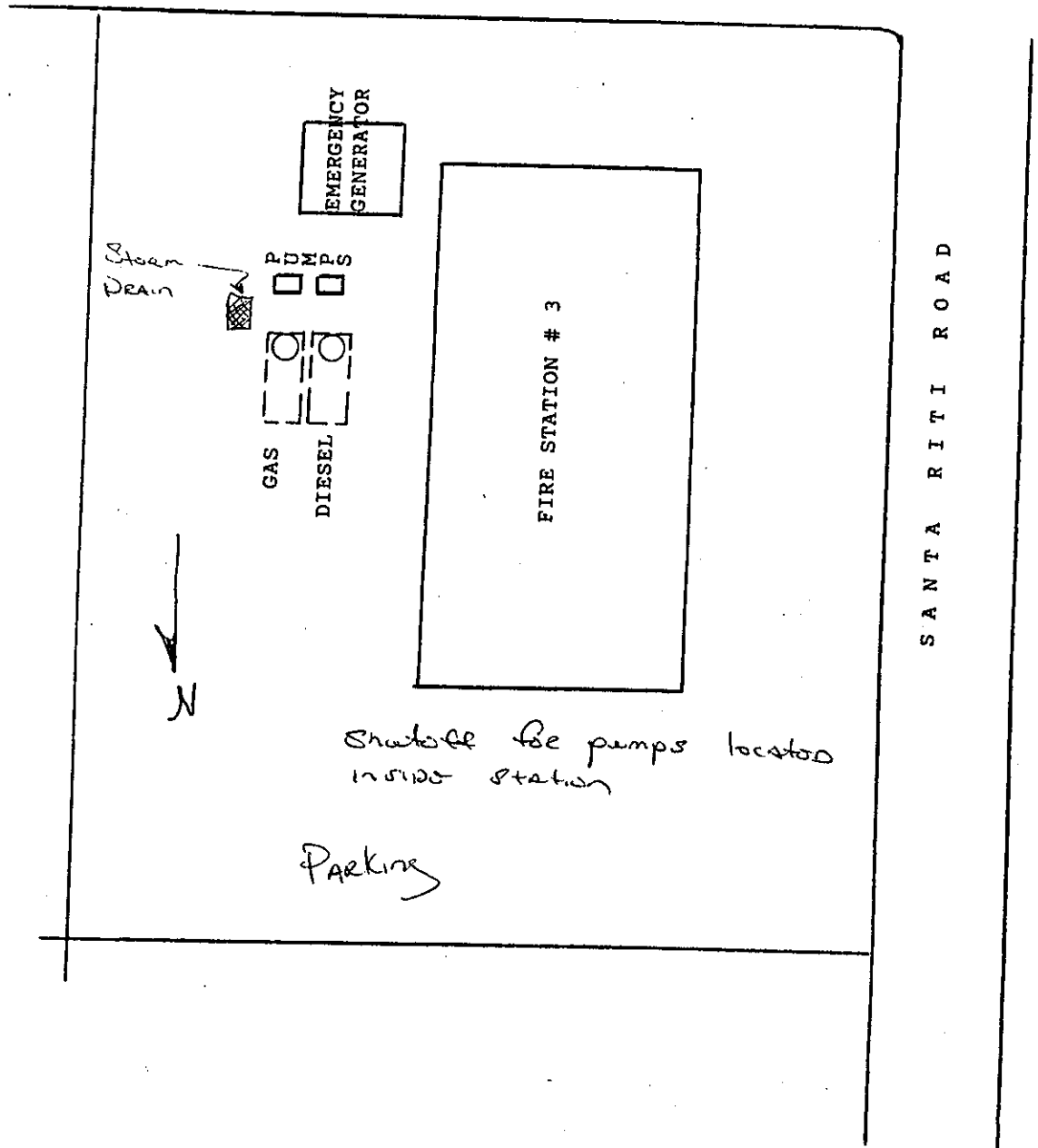
PLOT PLAN:

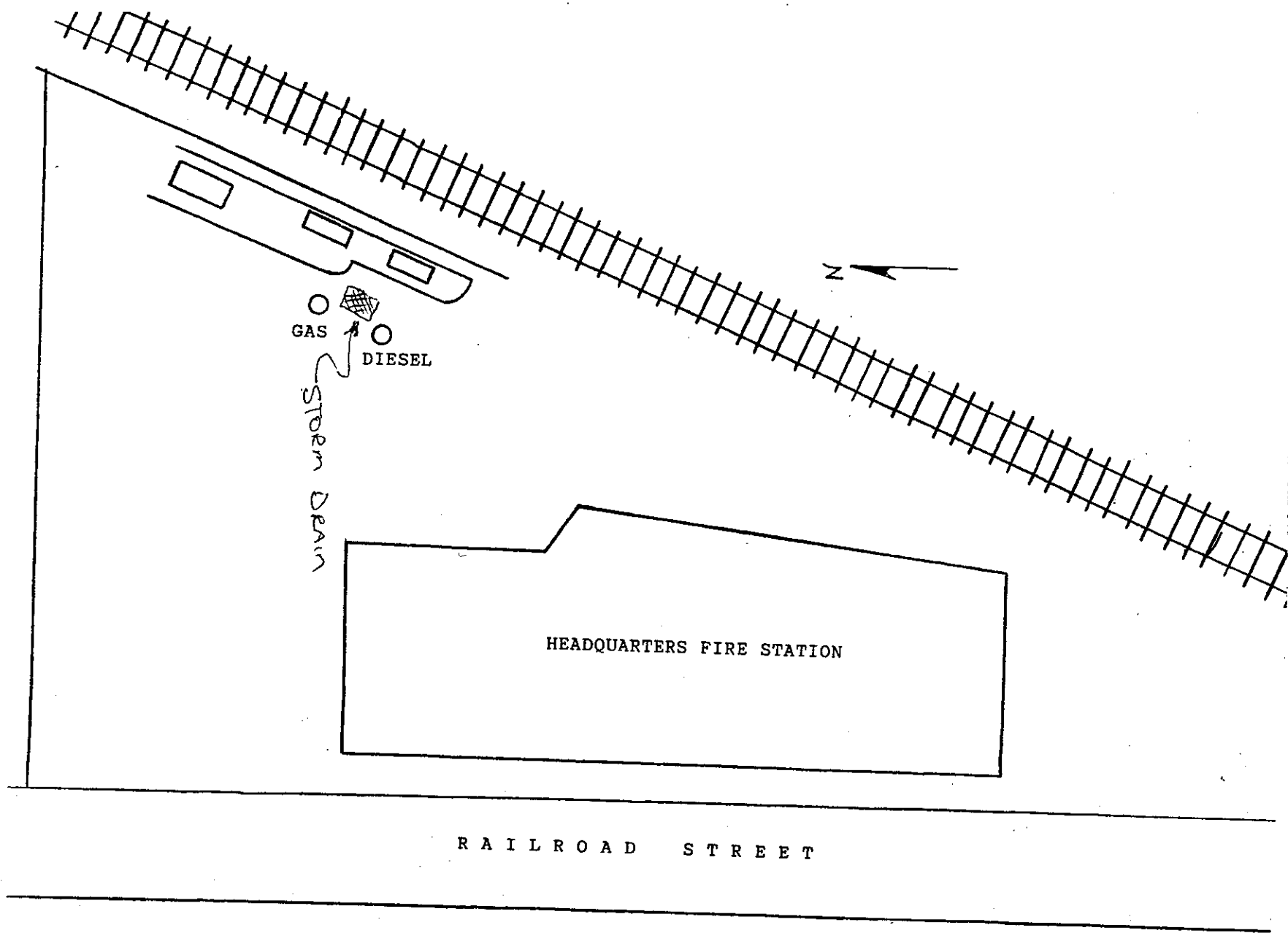
ON THIS PAGE SKETCH A SIMPLE LINE DRAWING OF THE FACILITY SHOWING:

1. LOCATION OF HEATERS, AIR CONDITIONING EQUIPMENT, VENTILATORS, FANS, ETC.
2. LOCATION OF SHUT-OFF SWITCHES FOR ABOVE
3. SURFACE RUNOFF DETAILS-INCLUDE LOCATION OF STORM AND SANITARY SEWER DRAINS.
4. LOCATION OF ALL BUILDINGS AND STRUCTURES AND USES.
5. LOCATION OF CHEMICAL LOADING AREAS.
6. SHOW ADJACENT STREETS AND PROPERTY USES.
7. PARKING LOT LOCATION.
8. LOCATION OF ALL EMERGENCY RESPONSE EQUIPMENT.

INDICATE NORTH DIRECTION TOWARDS TOP OF PAGE.
DRAW TO LEGIBLE SCALE AND INDICATE SCALE.

WHERE HAS POSITIVE BLVD





HEADQUARTERS FIRE STATION

RAILROAD STREET

W. A. CRAIG, INC.
Industrial and Environmental Contractor
P. O. Box 448
Napa, California 94559-0448
Contractor and Hazardous Substances License #455752
Cal/OSHA Statewide Annual Excavation Permit 556208
(800) 522-7244
Fax: (707)-252-3385

Berkeley (510) 525-2780

Napa (707) 252-3353

FAX TRANSMITTAL SHEET

DATE: September 4, 1996
TO: Chris Boykin
COMPANY: Pleasanton Fire
FAX #: 510-484-8178
FROM: Diane Loren

TOTAL # PAGES: 2 (INCLUDING COVER PAGE)

HARD COPY TO FOLLOW: YES () NO ()

.....
This facsimile transmission is intended only for the use of the individual or entity to which it is addressed and may contain confidential information belonging to the sender. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or use in reliance on the contents of this information is prohibited. If you have received this transmission in error, please notify the sender immediately for the return of the documents. Thank you.
.....



State of California
CONTRACTORS STATE LICENSE BOARD
ACTIVE LICENSE



License Number **455752**

TYPE **CORP**

Business Name **M A CRAIG INC**

Contractor **B A HAZ**

Expires **04/30/98**



State of California
California Real Estate Commission Agency

REGISTERED MEMBER ASSESSOR



Issued to:

Expires on:

Signature

[Handwritten Signature]

Producer: LIA/ENVIRONMENTAL PROFESSIONALS
INSURANCE TRUST
P O BOX 1319
SANTA BARBARA, CA 93102-1319

Issue Date: 8/7/1996

This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policy below.

Insured: W A CRAIG, INC
P O BOX 448
NAPA, CA 94559-0448

COMPANY AFFORDING COVERAGE

AMERICAN SAFETY RISK RETENTION GROUP, INC.
1845 The Exchange, Suite 200
Atlanta, Georgia 30339

| TYPE OF INSURANCE | POLICY NUMBER | EFFECTIVE DATE | EXPIRATION DATE | LIMITS | |
|---|---------------|----------------|-----------------|-------------------------------|--------------|
| Commercial General Liability Claims-Made | AST185107-0 | 07/29/1996 | 07/29/1997 | General Aggregate | \$ 2,000,000 |
| | | | | Products Comp/Op Aggregate | \$ 2,000,000 |
| | | | | Personal & Adv. Injury | \$ 2,000,000 |
| Professional Liability Endorsement # ASR083 10 94 | INCL | | | Each Occurrence | \$ 2,000,000 |
| | | | | Fire Damage (any one fire) | \$ 50,000 |
| | | | | Med. Expense (any one person) | \$ 5,000 |
| Pollution Liability Endorsement # ASR081 10 94 | INCL | | | | |

Description of Operations/Locations/Special Items:

Certificate Holder:

FOR INFORMATION PURPOSES ONLY

Cancellation:

Should the above described policy be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice (10 days if cancelled for non-payment of premium) to the Certificate Holder named to the left. But failure to mail such notice shall impose no obligation or liability of any kind upon the Company, its Agents or Representatives.

Signature: *Lloyd Fox*
Company's Representative

W. A. CRAIG, INC
Environmental Consulting & Contracting
P. O. Box 448
Napa, California 94559-0448
Contractor and Hazardous Substances License #455752
Cal/OSHA Statewide Annual Excavation Permit 556208
(800) 522-7244

Berkeley (510) 525-2780 Fax: (707)-252-3385 Napa (707) 252-3353

FAX TRANSMITTAL SHEET

DATE: 9/5/96
TO: Portley
COMPANY: _____
FAX #: 510-484-8178
FROM: Quinn

TOTAL # PAGES: 3 (INCLUDING COVER PAGE)

HARD COPY TO FOLLOW: YES () NO ()

MESSAGE:

.....
This facsimile transmission is intended only for the use of the individual or entity to which it is addressed and may contain confidential information belonging to the sender. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this information is prohibited. If you have received this transmission in error, please notify us immediately by telephone to arrange for the return of the documents. Thank you.

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

4 / 2 / 1996

PRODUCER

Rogers & Young Insurance
3558 Round Barn Blvd. Ste.#203
Santa Rosa, CA 95403
(707) 579-5200

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

COMPANIES AFFORDING COVERAGE

- COMPANY LETTER **A** Golden Eagle Insurance Company
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

INSURED

W. A. Craig, Inc.
P. O. Box 448
Napa CA 94559

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

| CO LTD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|-----------|--|---------------|-------------------------------------|--------------------------------------|---|
| | GENERAL LIABILITY | | | | GENERAL AGGREGATE \$ |
| | COMMERCIAL GENERAL LIABILITY | | | | PRODUCTS-COMP/OP AGG. \$ |
| | CLAIMS MADE OCCUR. | | | | PERSONAL & ADV. INJURY \$ |
| | OWNERS & CONTRACTORS PROT. | | | | EACH OCCURRENCE \$ |
| | | | | | PER DAMAGE (Any one loss) \$ |
| | | | | | MED. EXPENSE (Any one person) \$ |
| | AUTOMOBILE LIABILITY | | | | COMBINED SINGLE LIMIT \$ |
| | ANY AUTO | | | | BODILY INJURY (Per person) \$ |
| | ALL OWNED AUTOS | | | | BODILY INJURY (Per accident) \$ |
| | SCHEDULED AUTOS | | | | PROPERTY DAMAGE \$ |
| | HIRED AUTOS | | | | EACH OCCURRENCE \$ |
| | NON-OWNED AUTOS | | | | AGGREGATE \$ |
| | DAMAGE LIABILITY | | | | |
| | EXCESS LIABILITY | | | | |
| | UMBRELLA FORM | | | | |
| | OTHER THAN UMBRELLA FORM | | | | |
| A | WORKERS COMPENSATION AND EMPLOYERS LIABILITY | NWC367064-02 | 03/29/96 | 03/29/97 | <input checked="" type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT \$ 1,000,000 DISEASE - POLICY LIMIT \$ 1,000,000 DISEASE - EACH EMPLOYEE \$ 1,000,000 |
| | OTHER | | | | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Re: License #455752

Cancellation: Except for non-payment of premium or non-reporting of payroll, in which case a ten day notice shall apply.

CERTIFICATE HOLDER

CANCELLATION

Contractor's State License Board

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

P. O. Box 26000
Sacramento CA 95826

AUTHORIZED REPRESENTATIVE

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



COMPLETE THIS FORM FOR EACH FACILITY/SITE

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

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

| | | | | |
|--|--|---|---|--|
| DBA OR FACILITY NAME PLEASANTON FIRE STATION 3 | | NAME OF OPERATOR CITY OF PLEASANTON | | |
| ADDRESS 3200 SANTA RITA RD. | | NEAREST CROSS STREET W. LAS POSITAS | PARCEL # (OPTIONAL) | |
| CITY NAME PLEASANTON | | STATE CA | ZIP CODE 94566 | SITE PHONE # WITH AREA CODE 570-484-8107 |
| <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 2 |
| E. P. A. I. D. # (optional) | | | | |

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

| | | | |
|--|---|---|---|
| DAYS: NAME (LAST, FIRST) KENNEDY ROGER | PHONE # WITH AREA CODE 570-484-8067 | DAYS: NAME (LAST, FIRST) Pleasanton Police Dept | PHONE # WITH AREA CODE 570-484-8127 |
| NIGHTS: NAME (LAST, FIRST) Same | PHONE # WITH AREA CODE | NIGHTS: NAME (LAST, FIRST) Same | PHONE # WITH AREA CODE |

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

| | | | | |
|--|--------------------------------------|---|---|---|
| NAME City of Pleasanton | | CARE OF ADDRESS INFORMATION C/O Roger Kennedy | | |
| MAILING OR STREET ADDRESS P.O. Box 520 | | <input checked="" type="checkbox"/> box to indicate | <input type="checkbox"/> INDIVIDUAL | <input type="checkbox"/> LOCAL-AGENCY |
| | <input type="checkbox"/> CORPORATION | <input type="checkbox"/> PARTNERSHIP | <input checked="" type="checkbox"/> COUNTY-AGENCY | <input type="checkbox"/> STATE-AGENCY |
| CITY NAME Pleasanton | | STATE CA | ZIP CODE 94566 | PHONE # WITH AREA CODE 570-484-8067 |

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

| | | | | |
|--|--------------------------------------|---|---|---|
| NAME OF OWNER City of Pleasanton | | CARE OF ADDRESS INFORMATION C/O Roger Kennedy | | |
| MAILING OR STREET ADDRESS P.O. Box 520 | | <input checked="" type="checkbox"/> box to indicate | <input type="checkbox"/> INDIVIDUAL | <input type="checkbox"/> LOCAL-AGENCY |
| | <input type="checkbox"/> CORPORATION | <input type="checkbox"/> PARTNERSHIP | <input checked="" type="checkbox"/> COUNTY-AGENCY | <input type="checkbox"/> STATE-AGENCY |
| CITY NAME Pleasanton | | STATE CA | ZIP CODE 94566 | PHONE # WITH AREA CODE 570-484-8067 |

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 161 | DATE MONTH/DAY/YEAR |
|--|---------------------------------|------------------------|

LOCAL AGENCY USE ONLY

| | | |
|--------------------------|------------------------------|-------------------------------------|
| COUNTY # 01 | JURISDICTION # 006 | FACILITY # 057624 |
| LOCATION CODE - OPTIONAL | CENSUS TRACT # - OPTIONAL | SUPVISOR - DISTRICT CODE - OPTIONAL |

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



COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

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

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Pleasanton Fire Sta #3

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

| | |
|---------------------------------|---|
| A. OWNER'S TANK I. D. # | B. MANUFACTURED BY: |
| C. DATE INSTALLED (MO/DAY/YEAR) | 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"/> 2 PETROLEUM | <input type="checkbox"/> 80 EMPTY | <input type="checkbox"/> 2 WASTE | <input type="checkbox"/> 1b PREMIUM UNLEADED |
| <input type="checkbox"/> 3 CHEMICAL PRODUCT | <input type="checkbox"/> 95 UNKNOWN | | <input type="checkbox"/> 2 LEADED |

D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED _____ 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 | 1 DOUBLE WALL | 3 SINGLE WALL WITH EXTERIOR LINER | 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) | 1 BARE STEEL | 2 STAINLESS STEEL | 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 |

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

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

| | | | |
|-------------------------|--|----------------------------------|--|
| D. CORROSION PROTECTION | 1 POLYETHYLENE WRAP | 2 COATING | 3 VINYL WRAP |
| | <input type="checkbox"/> 5 CATHODIC PROTECTION | <input type="checkbox"/> 91 NONE | <input checked="" type="checkbox"/> 95 UNKNOWN |

E. SPILL AND OVERFILL SPILL CONTAINMENT INSTALLED (YEAR) _____ OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) _____

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

| | | | |
|----------------|-----------------|----------------|---------------|
| A. SYSTEM TYPE | A (U) 1 SUCTION | A U 2 PRESSURE | A U 3 GRAVITY |
| | A (U) 99 OTHER | | |

| | | | |
|-----------------|---------------------|-------------------|--------------------|
| B. CONSTRUCTION | A (U) 1 SINGLE WALL | A U 2 DOUBLE WALL | A U 3 LINED TRENCH |
| | A U 95 UNKNOWN | A U 99 OTHER | |

| | | | |
|--------------------------------------|--|----------------------------|--------------------------------|
| C. MATERIAL AND CORROSION PROTECTION | A U 1 BARE STEEL | A U 2 STAINLESS STEEL | A U 3 POLYVINYL CHLORIDE (PVC) |
| | A U 5 ALUMINUM | A U 6 CONCRETE | A U 7 STEEL W/ COATING |
| | <input checked="" type="checkbox"/> 9 GALVANIZED STEEL | A U 10 CATHODIC PROTECTION | A U 95 UNKNOWN |

D. LEAK DETECTION 1 AUTOMATIC LINE LEAK DETECTOR 2 LINE TIGHTNESS TESTING 3 INTERSTITIAL MONITORING 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 checked="" type="checkbox"/> 6 TANK TESTING | <input type="checkbox"/> 7 INTERSTITIAL MONITORING | <input type="checkbox"/> 91 NONE | <input type="checkbox"/> 95 UNKNOWN |

VI. TANK CLOSURE INFORMATION

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

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

| | |
|--|------|
| APPLICANT'S NAME (PRINTED & SIGNATURE) | DATE |
|--|------|

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

| | | | | |
|-------------|-----------|----------------|---------------|---------------|
| STATE I.D.# | COUNTY # | JURISDICTION # | FACILITY # | TANK # |
| | <u>07</u> | <u>000</u> | <u>057624</u> | <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.

| | | | | |
|---------------------------|---|---|---|--|
| 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 checked="" type="checkbox"/> 8 TANK REMOVED |

DBA OR FACILITY NAME WHERE TANK IS INSTALLED: Pleasanton Fire Station #3

I. TANK DESCRIPTION COMPLETE ALL ITEMS - SPECIFY IF UNKNOWN

| | |
|---------------------------------|---|
| A. OWNER'S TANK I. D. # | B. MANUFACTURED BY: |
| C. DATE INSTALLED (MO/DAY/YEAR) | 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"/> 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"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW) |
| D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED | | |
| C. A. S. #: | | |

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

| | | |
|--|--|--|
| A. TYPE OF SYSTEM <input type="checkbox"/> 1 DOUBLE WALL <input checked="" type="checkbox"/> 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 ALKYO LINING <input type="checkbox"/> 6 UNLINED | <input type="checkbox"/> 3 EPOXY LINING <input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 4 PHENOLIC LINING <input type="checkbox"/> 99 OTHER |
| IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___ | | |
| D. CORROSION PROTECTION <input type="checkbox"/> 1 POLYETHYLENE WRAP <input type="checkbox"/> 5 CATHODIC PROTECTION | <input type="checkbox"/> 2 COATING <input type="checkbox"/> 91 NONE | <input type="checkbox"/> 3 VINYL WRAP <input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 99 OTHER |
| E. SPILL AND OVERFILL SPILL CONTAINMENT INSTALLED (YEAR) <u>1971</u> OVERFILL PREVENTION EQUIPMENT INSTALLED (YEAR) <u>1971</u> | | |

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

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

V. TANK LEAK DETECTION

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

VI. TANK CLOSURE INFORMATION

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

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

| | |
|--|------|
| APPLICANT'S NAME (PRINTED & SIGNATURE) | DATE |
|--|------|

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>057624</u> | <u>000001</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

CITY OF PLEASANTON FIRE DEPARTMENT
4444 RAILROAD ST
PLEASANTON, CALIF 94566
(415) 847-8114

HAZARDOUS MATERIALS MANAGEMENT PLAN-LONG FORM
(SEE ATTACHED INSTRUCTIONS AND GUIDELINES)

PLEASANTON FIRE DEPARTMENT

BUSINESS NAME: FIRE STATION # 3 PHONE # : (415)- 847-8114

BUSINESS ADDRESS: SANTA RITA RD PLEASANTON, CA 94566

MAILING ADDRESS :

NO. AND STREET: _____

CITY : _____

STATE AND ZIP : _____

TYPE OF BUSINESS : _____

PERSONS RESPONSIBLE FOR:

NAME

PHONE NUMBER

APPLICATION: ()

BUSINESS : ()

PROPERTY : ()

PERSONS RESPONSIBLE FOR RESPONDING IN AN EMERGENCY AFTER NORMAL WORK HOURS:

NAME

HOME PHONE NUMBER

WORK PHONE NUMBER

1.

2.

RICK MULLER

847-8114

3.

CITY OF PLEASANTON FIRE DEPARTMENT

4444 RAILROAD ST

PLEASANTON, CALIF 94566

(415) 847-8114

LONG FORM HAZARDOUS MATERIALS MANAGEMENT PLAN

DESCRIPTION AND USE:

GIVE A BRIEF DESCRIPTION OF YOUR PRINCIPAL BUSINESS ACTIVITY. DESCRIBE HOW THE HAZARDOUS MATERIALS WILL BE USED. INCLUDE SIMPLE PROCESS LINE DRAWING OR SKETCH IF POSSIBLE.

=====

PRINCIPLE ACTIVITY AT THIS SITE IS THE FIRE STATION # 3
FOR THE CITY OF PLEASANTON.

THE UNDERGROUND TANKS AT THIS SITE SUPPLIES FUEL FOR THE CITY
FIRE DEPARTMENT VEHICLES AND THE EMERGENCY GENERATOR FOR
POWER SHOULD THERE BE A POWER FAILURE.

CITY OF PLEASANTON FIRE DEPARTMENT
4444 RAILROAD ST
PLEASANTON, CALIF 94566
(415) 847-8114
LONG FORM HAZARDOUS MATERIALS MANAGEMENT PLAN

STORAGE AND HANDLING OF HAZARDOUS MATERIALS:

DESCRIBE HOW THE HAZARDOUS MATERIALS WILL BE STORED. INCLUDE TYPE OF CONTAINER, VOLUME OF CONTAINER, IF THE CONTAINER IS THE ORIGINAL SHIPPING CONTAINER, AND MATERIALS OF CONSTRUCTION. PLEASE NOTE INSTALLATION DATE AND TYPE AND SIZE OF TANK FOR UNDERGROUND STORAGE VESSELS.

ALSO DESCRIBE HOW HAZARDOUS MATERIALS WILL BE HANDLED TO PREVENT ACCIDENTAL RELEASE.

=====

THERE ARE TWO 550 GALLON TANKS. THE TANKS CONTAIN DIESEL FUEL IN ONE AND REGULAR UNLEADED IN THE OTHER.

THE TANKS ARE CONSTRUCTED OF STEEL.

THE TANKS WERE PLACED IN SERVICE APPROX. 15 YEARS AGO.

THE GENERATOR IS RUN ONCE A WEEK AND AT THIS TIME A VISUAL INSPECTION IS MADE OF THE SYSTEM.

PIPING TO THE EMERGENCY GENERATOR IS LOCATED UNDERGROUND.

LONG FORM HAZARDOUS MATERIALS MANAGEMENT PLAN

SECONDARY CONTAINMENT:

A MEANS OF SECONDARY CONTAINMENT IS REQUIRED IN CASE THE MATERIAL LEAKS OR IS SPILLED FROM ITS PRIMARY CONTAINER. SECONDARY CONTAINMENT SHALL BE DESIGNED TO PREVENT SPILLED MATERIAL FROM LEACHING INTO THE SOIL OR ENTERING DRAINAGE SYSTEMS.

ON THIS PAGE SKETCH AND DESCRIBE PRIMARY AND SECONDARY CONTAINMENT CONSTRUCTION DETAILS; BE SURE TO LIST ALL MATERIALS OF CONSTRUCTION.

=====

AT PRESENT THERE IS NO SECONDARY CONTAINMENT AND NO MONITORING
IN PLACE TO DETECT LEAKAGE.

CITY OF PLEASANTON FIRE DEPARTMENT
4444 RAILROAD ST
PLEASANTON, CALIF 94566
(415) 847-8114
LONG FORM HAZARDOUS MATERIALS MANAGEMENT PLAN

SEPARATION OF INCOMPATIBLES:

MATERIALS WHICH WILL REACT ADVERSELY WHEN COMBINED (SUCH AS ACIDS AND FLAMMABLE LIQUIDS) ARE REQUIRED TO BE SEPARATED IN STORAGE. THESE INCOMPATIBLE MATERIALS ALSO REQUIRE SEPARATE SECONDARY CONTAINMENT. DESCRIBE HOW YOU WILL PROVIDE SUCH SEPARATION FOR INCOMPATIBLE MATERIALS. BE SURE TO INCLUDE ALL MATERIALS OF CONSTRUCTION. INCLUDE A SKETCH SHOWING THE DISTANCE BETWEEN INCOMPATIBLE MATERIALS. FOR UNDERGROUND STORAGE VESSEL, BE SURE TO INCLUDE ALL TANK OPENINGS, DISPENSERS, AND VENTS.

=====

N/A

CITY OF PLEASANTON FIRE DEPARTMENT

4444 RAILROAD ST

PLEASANTON, CALIF 94566

(415) 847-8114

LONG FORM HAZARDOUS MATERIALS MANAGEMENT PLAN

MONITORING:

MONITORING OF CONTAINERS OF HAZARDOUS MATERIALS IS REQUIRED MONTHLY TO DETECT LEAKAGE. THIS CAN NORMALLY BE ACCOMPLISHED BY VISUAL INSPECTION OF THE CONTAINERS. DESCRIBE HOW YOU PLAN TO ACCOMPLISH THIS MONTHLY MONITORING. INCLUDE ALL SAFEGUARDS TAKEN TO ASSURE ACCURATE MONITORING IS TAKING PLACE. MONITORING PLAN FOR ALL UNDERGROUND TANKS SHOULD BE STATED HERE.

=====

FUEL IN THE TANKS ARE CHECKED AT LEAST ONCE A WEEK. RECORDS ARE KEPT OF ALL FUEL DELIVERED AND ALL FUEL USED. READING ARE NOT AVAILABLE FROM THE PUMPS.

4444 RAILROAD ST
PLEASANTON, CALIF 94566
(415) 847-8114

LONG FORM HAZARDOUS MATERIALS MANAGEMENT PLAN

SECURITY:

IF HAZARDOUS MATERIALS ARE STORED OUTSIDE OF BUILDINGS, DESCRIBE HOW THE MATERIALS ARE PROTECTED FROM VANDALISM, THEFT, ETC. ALSO DESCRIBE HOW THE CONTAINERS AND CONTAINMENT AREA WILL BE PROTECTED FROM THE ELEMENTS: I.E. TO PROTECT CONTAINERS SUCH AS STEEL DRUMS FROM RUSTING AND PLASTIC DRUMS FROM SUNLIGHT DEGRADATION.

=====

WHEN NOT IN USE THE PUMPS ARE ALWAYS LOCKED.

LONG FORM HAZARDOUS MATERIALS MANAGEMENT PLAN

EMERGENCY RESPONSE PLAN:

CURRENT STATE LAW AND LOCAL ORDINANCE REQUIRES BUSINESSES TO PREPARE "BUSINESS PLANS" TO RESPOND TO HAZARDOUS MATERIALS RELEASE EMERGENCIES. THE PLAN MUST INCLUDE:

1. IMMEDIATE NOTIFICATION OF LOCAL EMERGENCY RESCUE PERSONNEL, THE FIRE DEPT AND STATE OES.
2. IN-HOUSE PROCEDURES THAT YOUR EMPLOYEES WOULD FOLLOW IF THERE WERE A SAFETY EMERGENCY OF ANY KIND.
3. EVACUATION PLANS.
4. IDENTIFICATION OF ANY SPECIAL EMERGENCY MEDICAL ASSISTANCE NECESSARY TO DEAL WITH ANY INJURY INVOLVING A HAZARDOUS MATERIAL YOUR FACILITY STORES OR USES.
5. A LIST OF ALL EMERGENCY EQUIPMENT(SPILL KITS, BREATHING APPARATUS, FIRE EXTINGUISHERS, EYE WASH STATIONS, FIRST AID KITS.)
6. TRAINING FOR ALL NEW EMPLOYEES AND ANNUAL REFRESHER TRAINING FOR ALL EMPLOYEES IN SAFETY PROCEDURES AND FAMILIARITY WITH THE EMERGENCY RESPONSE PLAN.

PLEASE LIST YOUR PLAN HERE; ATTACH EXTRA SHEETS AS NECESSARY

=====

EMERGENCY RESPONSE IS TO NOTIFY THE SUPERVISOR ON DUTY.

IF IT CAN BE DONE SAFELY ATTEMPT TO SHUT OFF THE FUEL.

THERE IS ABSORBENT AVAILABLE ON THE EMERGENCY EQUIPMENT.

ALL PERSONNEL ARE TRAINED IN THE RESPONSE TO HAZARDOUS MATERIAL EMERGENCIES.

CITY OF PLEASANTON FIRE DEPARTMENT
4444 RAILROAD ST
PLEASANTON, CALIF 94566
(415) 847-8114
LONG FORM HAZARDOUS MATERIALS MANAGEMENT PLAN

WASTE DISPOSAL PROCEDURES:

AFTER THE HAZARDOUS MATERIALS HAVE BEEN USED, DESCRIBE IN DETAIL HOW THE WASTES REMAINING ARE STORED AND PROPERLY DISPOSED OF. IF WASTE DISPOSAL IS CONTRACTED, INCLUDE A COPY OF THE CONTRACT.

=====

THERE IS NORMALLY NO WASTE. IF A TANK HAS TO BE EMPTIED
A PRIVATE CONTRACTOR IS HIRED TO REMOVE THE FUEL.

4444 RAILROAD ST
PLEASANTON, CALIF 94566
(415) 847-8114

LONG FORM HAZARDOUS MATERIALS MANAGEMENT PLAN

THE ABOVE INFORMATION IS TRUE AND CORRECT. IF THERE IS ANY CHANGE WHICH WOULD MATERIALLY AFFECT ANY ANSWER ABOVE, I WILL INFORM THE CITY AND APPLY FOR AN APPROPRIATE AMENDMENT TO THIS PERMIT.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT.

EXECUTED THIS _____ DAY OF _____, 19____ AT

ADDRESS

PRINTED NAME AND TITLE OF APPLICANT

SIGNATURE OF APPLICANT

FORM 181-304: 7/87

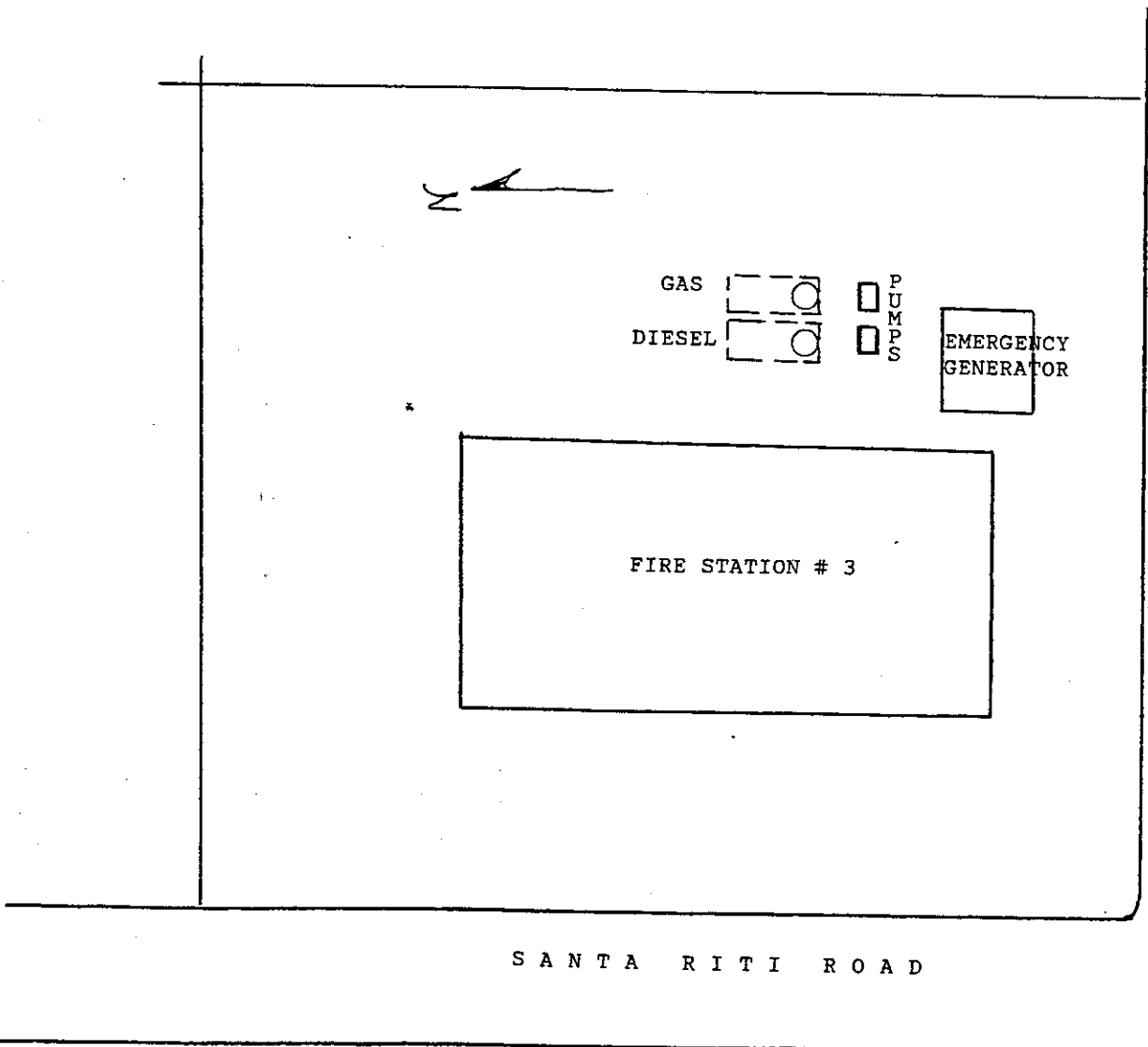
DEPARTMENT OF PLEASANTON
4444 RAILROAD ST
PLEASANTON, CALIF 94566
(415) 847-8114
LONG FORM HAZARDOUS MATERIALS MANAGEMENT PLAN

FACILITY STORAGE MAP
ON THIS PAGE, SKETCH A SIMPLE LINE DRAWING OF THE FACILITY SHOWING:

1. LOCATION(S) OF HAZARDOUS MATERIALS
2. HAZARD CLASS OF EACH MATERIAL
3. PHYSICAL STATE OF EACH MATERIAL (SOLID, LIQUID, GAS)

PLEASE SHOW THE BUILDING AND PROPERTY LINES OF YOUR LOT. ORIENT YOUR DRAWING SO THAT NORTH IS AT THE TOP OF THE PAGE, IF POSSIBLE

WEST LAS POSILLAS BLVD



Triangle Environmental, Inc.
172 West Verdugo Avenue, Burbank, California 91502 (818) 840-7020

TEI SYSTEM 4000 SUMMARY SHEET
Precision Underground Storage Tank System Leak Test

WO# - S1507

Client: CITY OF PLEASANTON.
3333 BUSCH ROAD.
PLEASANTON, CA. 94566.

Date: 9-29-94
County: ALAMEDA

Site: STATION #3.
3200 SANTA RITA ROAD.
PLEASANTON, CA. 94566.

| Tank # | Product Description | Tank Capacity | Tank/Lines Rate/Result | Product Line Rate/Result | Leak Detector |
|--------|---------------------|---------------|------------------------|--------------------------|---------------|
| 1 | DIESEL | 550 | -.005/PASS | PASS | N/P |
| 2 | UNLEADED | 550 | .004/PASS | PASS | N/P |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |

Signature: Scott Barnhart

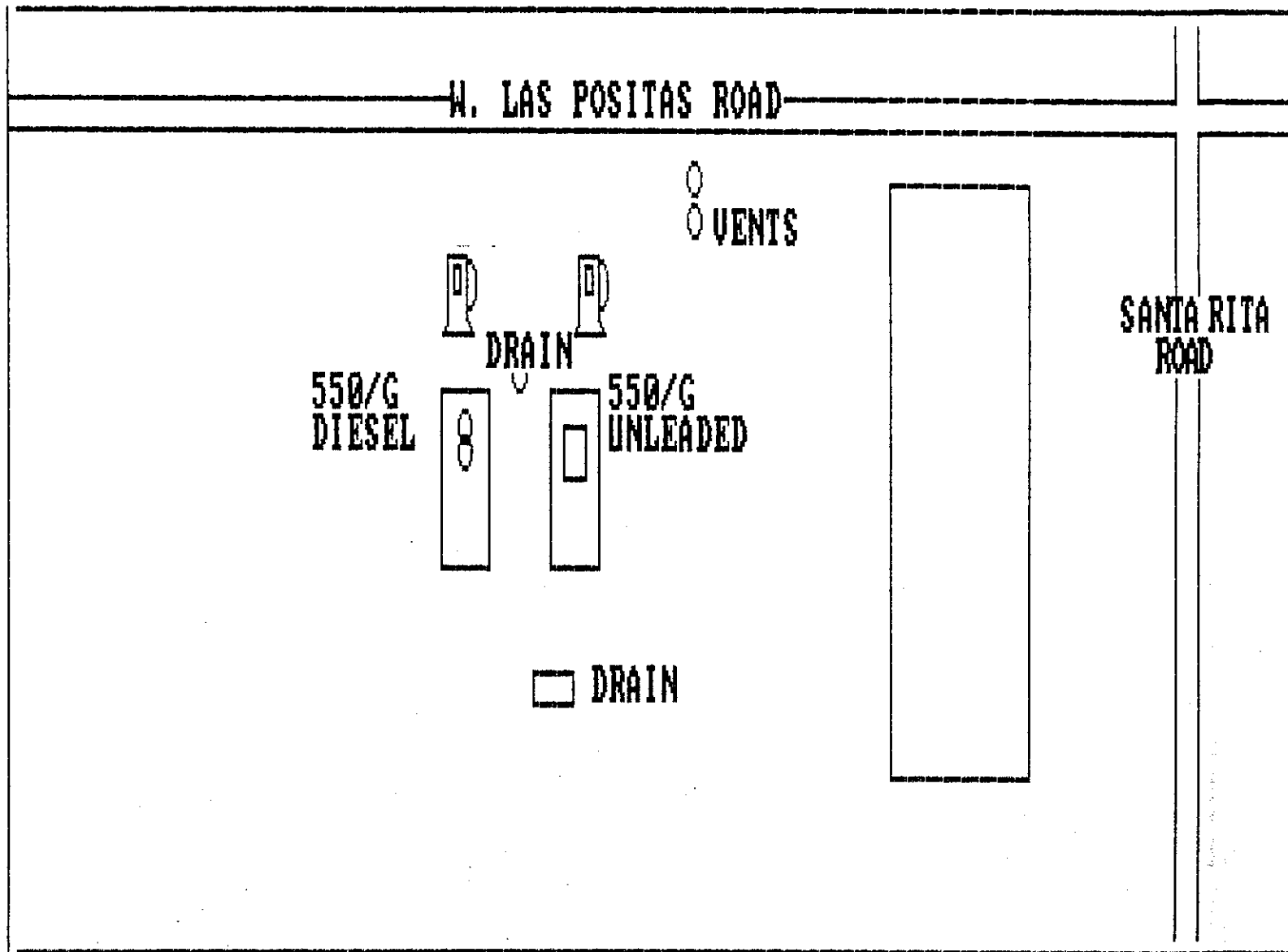
Tech. License #: 1301
Technician Name: BARNHART

Date: 9-29-94

Comments:

This precision tank testing system exceeds the criteria required by Local, State and Federal NFPA #329 and EPA UST Technical Standards Part 280 for precision testing systems.

TRIANGLE ENVIRONMENTAL, INC.



Site Layout For : STATION #3, PLEASANTON, CA.

TEI SYSTEM 4000 ANALYSIS SHEET

WO# S1507

TANK INFORMATION:

Product : DIESEL
Capacity : 550

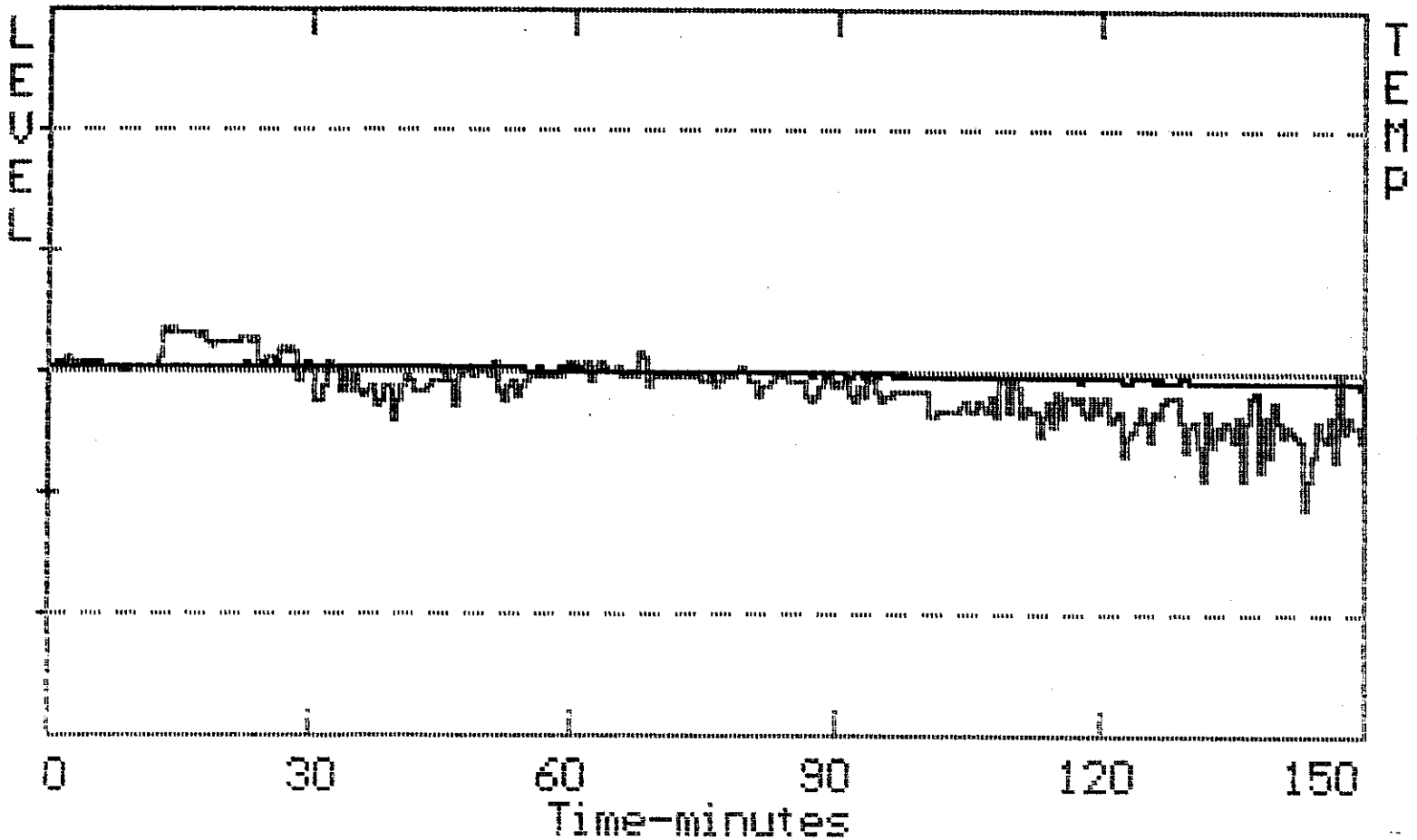
Date: 09/29/94
Time: 05:08:44

PRODUCT INFORMATION:

Diameter (in.) : 46
Product Level (in.) : 45" above tank bottom. % = 99.5
Specific Gravity : 0.800
Coef. of Expansion : 0.0005079
Water on Tank (in.) : 0" above tank bottom.
Starting Temp. (F) : 77.494
Resolution (Gallons): 0.0001421
Head Pressure (PSI) : 1.3 at tank bottom
Delta Temp. (F/Hr.) : -0.0145

COMPUTER ANALYSIS RESULTS:

Level Rate (GPH) = -0.009
Temp. Rate (GPH) = -0.004
=====
Final Rate (GPH) = -0.005



TEI SYSTEM 4000 ANALYSIS SHEET

WO# S1507

TANK INFORMATION:

Product : UNLEADED
Capacity : 550

Date: 09/29/94
Time: 05:08:44

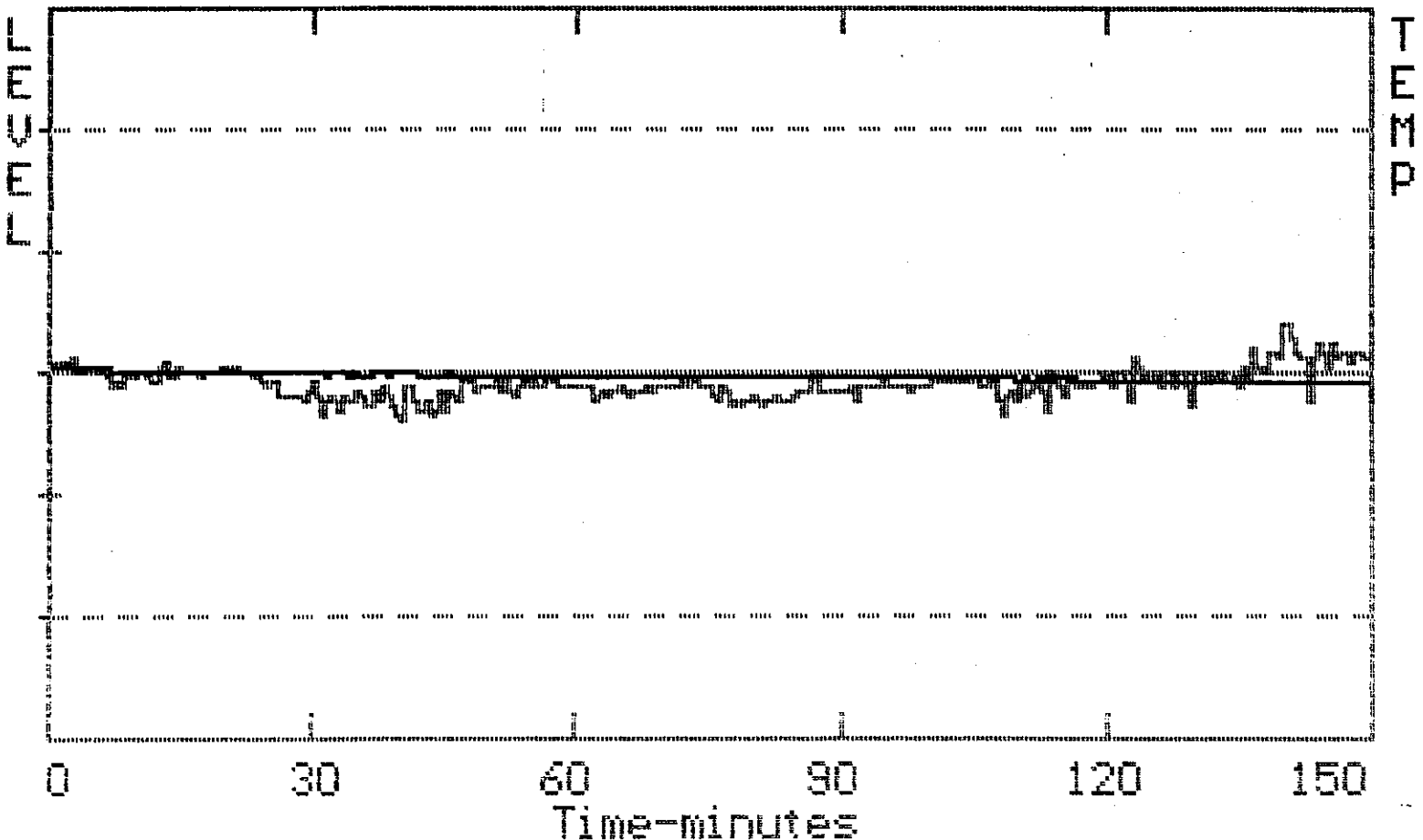
PRODUCT INFORMATION:

Diameter (in.) : 46
Product Level (in.) : 45" above tank bottom. % = 99.5
Specific Gravity : 0.750
Coef. of Expansion : 0.0006582
Water on Tank (in.) : 0" above tank bottom.
Starting Temp. (F) : 76.520
Resolution (Gallons): 0.0001421
Head Pressure (PSI) : 1.2 at tank bottom
Delta Temp. (F/Hr.) : -0.0100

COMPUTER ANALYSIS RESULTS:

Level Rate (GPH) = 0.001
Temp. Rate (GPH) = -0.003
=====

| | |
|--------------------|-------|
| Final Rate (GPH) = | 0.004 |
|--------------------|-------|



TANKNOLOGY CORPORATION INTERNATIONAL

4601 South Pinemont Drive, Suite 100, Houston, Texas 77041 Phone (713) 690-TANK FAX (713) 690-2255

Certificate of Tightness

Service Order # 4400, Test date 3/14/90

Underground storage tank system(s) tested and found tight for:

Tank(s) & Piping, Tank(s) Only, Piping only.

Quant. CITY OF PLEASANTON, PO BOX 520, PLEASANTON, CA
Tank Owner/Address 94566

Test Site Address FIRE STATION #3 3200 SANTA RITA RD., PLEASANTON, CA

Tank sizes & products tested 94566

(Tank #1 550 DSL) (Tank #2 550 SUL)

Piping Tested Lines: 1A 2A

#0033 11-29-91

Certification # & Expiration Date

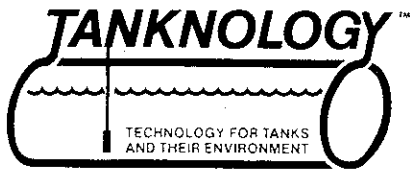
Dean Luehst

Unit Mgr. Signature

Valid only with
Corporate Seal

U. S. Patent * 4462249, Canadian Patent * 1185693, European Patent Appl. * 159283
TANKNOLOGY & VacuTect are trademarks of TANKNOLOGY CORPORATION INTERNATIONAL

Note: See VacuTect Test Report for tank identification and site location drawing.
Form-Cert.3/89

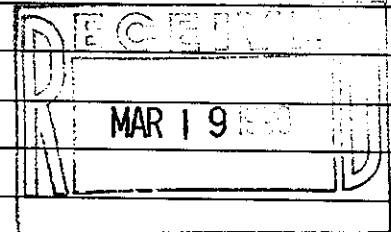


VACUTECT™ TANK TESTING REPORT

S.O.# 4400

Customer: CITY OF PLEASANTON Cust. Ref. # _____ Date: March 14, 1990
 Billing Address: PO BOX 520 PLEASANTON, CA 94566 Phone: 415 484-8067
 Service Address: FIRE STATION #3 3200 SANTA RITA RD., PLEASANTON, CA Attention: RICK MUELLER

| TANK TEST | | | | | | | | | | | 94566 LINE | | COMMENTS: Note alterations or repairs! |
|---|------------|-----------|-----------|--------------------------|--------------------------|------------------------|--|---|---|-----------------------|--------------------|-----------------------|--|
| Tank # and Date Tested. See Diagram For Location. DATE/TANK # | TYPE PROD. | TANK DIA. | TANK GAL. | Dipped Water Level START | Dipped Prod. Level START | Rec. Water Level START | Water Ingress Detected At Computer Time HR/MIN | Bubble Ingress Detected At Computer Time HR/MIN | Ullage Air Ingress Detected At Computer Time HR/MIN | TIGHT (T) or FAIL (F) | TANK # LINE A,B,C. | TIGHT (T) or FAIL (F) | |
| #1 3/14/90 | DSI | 45 | 550 | .5 | 35 | .58 | NO | NO | NO | T | 1A | T | SS, ST Line tested w/ tank |
| #2 3/14/90 | SUL | 45 | 550 | .5 | 39 | .64 | NO | NO | NO | T | 2A | T | SS, ST Line tested w/ tank |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |



TANKNOLOGY SERVICE DIVISION: Western UNIT # 18

TANKNOLOGY CORPORATION INTERNATIONAL
 P.O. Box 5997 • Vacaville, CA 95696-5997
 (707) 446-2494 • FAX: (707) 446-2495

Original VacuTect data recordings are reviewed by Tanknology's Audit Control Department and maintained on file.



VACUTECT™ TANK TESTING REPORT

S.O.# 04400

Customer: City of Pleasanton Fire STAT. # 3 Cust. Ref. # _____

Date: 3/14/90

Billing Address: _____

Phone: 415 484 8107

Service Address: 3200 SANTA RITA Rd. PLEASANTON CA 94566

Attention: Capt. Rifee

| TANK TEST | | | | | | | | | | | LINE | | COMMENTS: Note alterations or repairs! |
|---|---------------|-----------|-----------|--------------------------|--------------------------|------------------------|--|---|---|-----------------------|--------------------|-----------------------|--|
| Tank # and Date Tested. See Diagram For Location. DATE/TANK # | TYPE PROD. | TANK DIA. | TANK GAL. | Dipped Water Level START | Dipped Prod. Level START | Rec. Water Level START | Water Ingress Detected At Computer Time HR/MIN | Bubble Ingress Detected At Computer Time HR/MIN | Ullage Air Ingress Detected At Computer Time HR/MIN | TIGHT (T) or FAIL (F) | TANK # LINE A,B,C. | TIGHT (T) or FAIL (F) | TANKS and LINES TESTED TO CFR# 40, Parts 280-281 & NFPA329 Specifications. Others: _____ |
| #1 3/14/90 | Diesel | 45 | 550 | .5 | 35 | .58 | none | none | none | T | 1A | T | SS, ST Line Tested With Tank |
| #2 3/14/90 | slp urited | 45 | 550 | .5 | 39 | .64 | none | none | none | T | 2A | T | SS, ST Line Tested With Tank |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

RECEIVED
MAR 19 1990

TANKNOLOGY SERVICE DIVISION: Western UNIT # 18

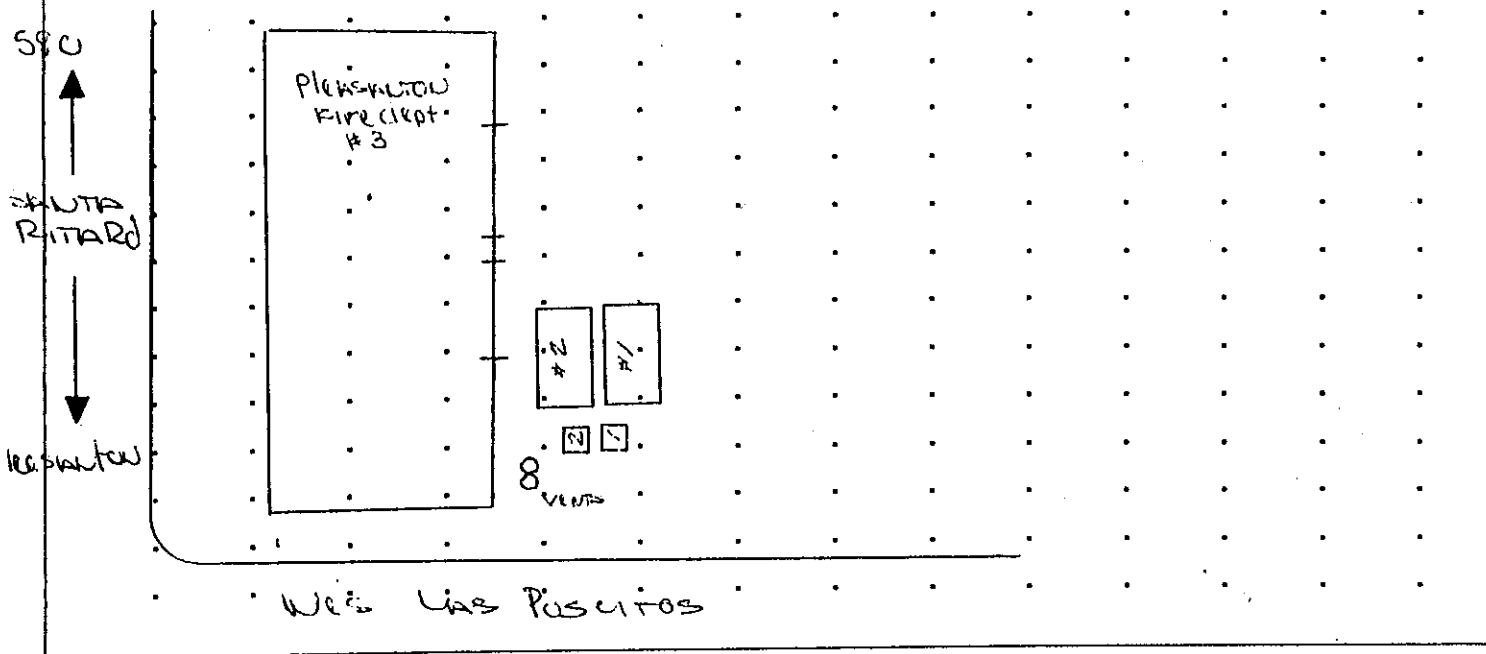
TANKNOLOGY CORPORATION INTERNATIONAL
5225 Hollister • Houston, TX 77040-6294
(713) 690-TANK • Fax: (713) 690-2255

Original VacuTect data recordings are reviewed by Tanknology's Audit Control Department and maintained on file.

S.O.# 04400

| MONITOR WELLS | | | | | | | | | | | | |
|----------------|---|---|---|---|---|---|---|---|---|----|----|----|
| Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Depth | | | | | | | | | | | | |
| Water | | | | | | | | | | | | |
| Prod. Detected | | | | | | | | | | | | |
| NOT Det. | | | | | | | | | | | | |

Location Diagram



Parts and Labor used _____

General Comments LINES TESTED WITH TANK

When local regulations require immediate reporting of a system leak-Complete the following:
Reported to: _____
Name Date Time

Phone Number Regulatory Agency File Number

Dean Lukator
Print: Certified Testers Name
Dean Lukator
Certified Testers Signature

0033
Vacutect(tm) Certification Number
3/14/90
Date Testing Completed Form:TestData 1/89