

Drogos, Donna, Env. Health

From: Drogos, Donna, Env. Health
Sent: Tuesday, September 25, 2007 12:04 PM
To: 'Nadia Borisova'
Subject: RO2950 - CHP Oakland site: 3601 Telegraph Avenue

Nadia,

Please give me the full contact info (name, company, address, phone # & e-mail) for the RP for the state. I have preliminarily listed Faizi Pourhosseini as the RP contact for the state, however I do not have his complete contact info.

Thanks, Donna

From: Drogos, Donna, Env. Health
Sent: Thursday, August 16, 2007 4:13 PM
To: 'Nadia Borisova'
Cc: Pam Wee; lgriffin@oaklandnet.com
Subject: RE: CHP Oakland site: 3601 Telegraph Avenue

Hi Nadia, I have your reports & have begun case listing for this site. I have contacted Leroy at OFD but I have not received any case transfer materials from his office. I will need this info from OFD. I will likely complete case listing & assignment to a caseworker the 1st week of September. Donna

From: Nadia Borisova [mailto:nborisova@kleinfelder.com]
Sent: Wednesday, August 15, 2007 1:40 PM
To: Drogos, Donna, Env. Health
Cc: Pam Wee
Subject: CHP Oakland site: 3601 Telegraph Avenue

Donna:

I wanted to touch base with you regarding the Soil and Groundwater Investigation Report prepared for the California Highway Patrol Oakland site located at 3601 Telegraph Avenue, Oakland, California, 94609.

As you requested, back in July, I have placed the report to the Alameda County Environmental Health Department's secure ftp site. What is the current status of this report? Please let me know. Also, please copy Pamela Wee, the Project Manager for this site, on your response.

Thank you very much and have a great day!

Nadia

Nadia Borisova
 KLEINFELDER-WEST
 510.628.9000 Phone | 510.774.4211 Cell | 510.628.9009 Fax
 email: nborisova@kleinfelder.com

7/11/2007:

Nadia, I have not received this case from OFD. I contacted Leroy, however he is out of the office until next week. He will followup with me then. Donna

Donna L. Drogos, PE
 LOP Program Manager
 Alameda County Environmental Health
 1131 Harbor Bay Parkway
 Alameda, CA 94502

9/25/2007

510-567-6721
donna.drogos@acgov.org

From: Nadia Borisova [mailto:nborisova@kleinfelder.com]
Sent: Tuesday, July 10, 2007 9:02 AM
To: Drogos, Donna, Env. Health
Cc: Hassan.Pejuhesh@dgs.ca.gov; Pam Wee
Subject: CHP Oakland site: 3601 Telegraph Avenue

Donna:

I'm contacting you regarding the Soil and Groundwater Investigation Report prepared for the California Highway Patrol (CHP) Oakland site located at 3601 Telegraph Avenue, Oakland, California, 94609.

Kleinfelder submitted this report to the Oakland Fire Department (local oversight agency) on March 26, 2007. Kleinfelder recommended that the case for the CHP Oakland site is forwarded to the Alameda County Department of Environmental Health (ACDEH) for review and consideration. According to Mr. Leroy Griffin with the Oakland Fire Department, the report has been forwarded to the ACDEH in the end of April, 2007. Was the case for this site issued at the ACDEH? What is the current status of this case?

Many thanks in advance!

Nadia

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510.628.9000 Phone | 510.774.4211 Cell | 510.628.9009 Fax
email: nborisova@kleinfelder.com
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email: nborisova@kleinfelder.com

Drogos, Donna, Env. Health

From: Drogos, Donna, Env. Health
Sent: Tuesday, September 25, 2007 11:35 AM
To: 'lgriffin@oaklandnet.com'
Subject: RE: CHP Oakland site: 3601 Telegraph Avenue

Hi LeRoy,

Can you send over the case transfer paperwork & any any other reports or info you may have for this site. I have one report dated 03/26/04, entitled "Soil and Groundwater Investigation," prepared by Kleinfelder.

Thanks, Donna

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Cc: Pam Wee; lgriffin@oaklandnet.com
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LOP Program Manager
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1131 Harbor Bay Parkway
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9/25/2007

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 03/19/97		CASE #		SIGNED: <i>Ronald P. [Signature]</i> DATE: 4/1/98	
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Bob Mastmaker		PHONE (805) 837 8519	SIGNATURE <i>Bob Mastmaker</i>	
	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 Matrix Ent. Inc		
RESPONSIBLE PARTY	ADDRESS 7850 # E253 STREET White LANE CITY Berkeley STATE CA ZIP 94702		NAME California Hwy Retol		
	CONTACT PERSON Norm		PHONE (510) 450 3821		
SITE LOCATION	ADDRESS 3601 STREET Telegraph Ave CITY Oakland STATE CA ZIP 94602		FACILITY NAME (IF APPLICABLE) Cal. Ferries Highway Retol		
	OPERATOR (510) 450 3821		ADDRESS 3601 STREET Telegraph Ave CITY Oakland COUNTY Alameda ZIP 94602		
IMPLEMENTING AGENCIES	LOCAL AGENCY Health Dept. Alameda Co.		CONTACT PERSON Brian Olin		PHONE (510) 567-6731
	REGIONAL BOARD		PHONE		()
SUBSTANCES INVOLVED	(1) Gasoline		NAME		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN
	(2)		NAME		QUANTITY LOST (GALLONS) <input type="checkbox"/> UNKNOWN
DISCOVERY/ABATEMENT	DATE DISCOVERED 03/19/97		HOW DISCOVERED <input type="checkbox"/> TANK TEST <input type="checkbox"/> TANK REMOVAL <input checked="" type="checkbox"/> OTHER Tank Upgrade		INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/>
	DATE DISCHARGE BEGAN UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> CLOSE TANK & REMOVE <input checked="" 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 New Dry, new Plumbing		
SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> OTHER		CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> OTHER Loose fitting		
	CASE TYPE <input type="checkbox"/> UNDETERMINED <input checked="" 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 type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input checked="" 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 checked="" type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY				
	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> CAP SITE (CS) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input checked="" type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HL) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> OTHER (OT)				
COMMENTS	Release is in a gravel area over tank - Leaks not substantial enough - 100 ppm - to take action. One more soils test taken in Excavation To ASSURE no other leaks occurred.				
	HSC 02 (8/90)				

File copy

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 AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25100.7 OF THE HEALTH AND SAFETY CODE.
 SIGNED: *Sam J. Higgins* DATE: *12/19/88*

REPORT DATE: 1 1 2 8 8 8 CASE # _____

REPORTED BY: NAME OF INDIVIDUAL FILING REPORT: N. Ingebrigtsen PHONE: (415) 464-1280 SIGNATURE: *[Signature]*
 REPRESENTING: LOCAL AGENCY OWNER/OPERATOR REGIONAL BOARD OTHER _____ COMPANY OR AGENCY NAME: California Highway Patrol
 ADDRESS: 3601 Telegraph Avenue Oakland CA 94609

RESPONSIBLE PARTY: NAME: California Highway Patrol UNKNOWN CONTACT PERSON: Sergeant Ingebrigtsen PHONE: (415) 464-1280
 ADDRESS: 3601 Telegraph Avenue Oakland CA 94609

SITE LOCATION: FACILITY NAME (IF APPLICABLE): Oakland Area - California Highway Patrol OPERATOR: State of California PHONE: (415) 464-1280
 ADDRESS: 3601 Telegraph Avenue Oakland CA 94609
 CROSS STREET: 36th Street TYPE OF AREA: COMMERCIAL INDUSTRIAL RURAL RESIDENTIAL OTHER _____ TYPE OF BUSINESS: FARM OTHER Law Enforcement

IMPLEMENTING AGENCIES: LOCAL AGENCY: Alameda County Health Agency AGENCY NAME: _____ CONTACT PERSON: Dennis Byrne PHONE: (415) 271-4320
 REGIONAL BOARD: S.F. Bay Regional Water Quality Control Board CONTACT PERSON: Lisa McGann PHONE: (415) 464-1036

SUBSTANCES INVOLVED: (1) Unleaded Gasoline NAME: _____ QUANTITY LOST (GALLONS): 500.1 1988 UNKNOWN
 (2) HAZARDOUS MATERIALS/WASTE PROGRAM UNKNOWN

DISCOVERY/ABATEMENT: DATE DISCOVERED: 1 1 2 8 8 8 HOW DISCOVERED: TANK TEST INVENTORY CONTROL TANK REMOVAL SUBSURFACE MONITORING NUISANCE CONDITIONS
 DATE DISCHARGE BEGAN: _____ METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY): REMOVE CONTENTS REPLACE TANK CLOSE TANK
 REPAIR TANK REPAIR PIPING CHANGE PROCEDURE
 HAS DISCHARGE BEEN STOPPED? YES NO IF YES, DATE: 1 1 2 8 8 8 OTHER Fuel level below piping

SOURCE/CAUSE: SOURCE OF DISCHARGE: TANK LEAK UNKNOWN PIPING LEAK OTHER _____ TANKS ONLY/CAPACITY: 12,000 GAL. MATERIAL: FIBERGLASS STEEL OTHER _____ CAUSE(S): OVERFILL RUPTURE/FAILURE CORROSION UNKNOWN SPILL 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 SITE INVESTIGATION IN PROGRESS (DEFINING EXTENT OF PROBLEM) CLEANUP IN PROGRESS SKINNED OFF (CLEANUP COMPLETED OR UNNECESSARY)
 NO ACTION TAKEN POST CLEANUP MONITORING IN PROGRESS NO FUNDS AVAILABLE TO PROCEED EVALUATING CLEANUP ALTERNATIVES

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

COMMENTS: Area (Oakland) has notified the Office of the State Architect concerning this matter and is awaiting further direction.

UNIFIED PROGRAM CONSOLIDATED FORM

TANKS

UNDERGROUND STORAGE TANKS - FACILITY

(one page per site) Page ___ of ___

TYPE OF ACTION 1. NEW SITE PERMIT 3. RENEWAL PERMIT 5. CHANGE OF INFORMATION 7. PERMANENTLY CLOSED SITE
 (Check one item only) 4. AMENDED PERMIT specify change local use only 8. TANK REMOVED
 6. TEMPORARY SITE CLOSURE

400

I. FACILITY / SITE INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3 FACILITY ID#

CALIFORNIA HIGHWAY PATROL

NEAREST CROSS STREET 401 TELEGRAPH AVENUE @ WEST MACARTHUR

FACILITY OWNER TYPE 4. LOCAL AGENCY/DISTRICT*
 1. CORPORATION 5. COUNTY AGENCY*
 2. INDIVIDUAL 6. STATE AGENCY* CHP
 3. PARTNERSHIP 7. FEDERAL AGENCY* 402

BUSINESS TYPE 1. GAS STATION 3. FARM 5. COMMERCIAL
 2. DISTRIBUTOR 4. PROCESSOR 6. OTHER 403

TOTAL NUMBER OF TANKS REMAINING AT SITE 1 404

Is facility on Indian Reservation or trustlands?
 Yes No 405

*If owner of UST is a public agency: name of supervisor of division, section or office which operates the UST (This is the contact person for the tank records.)
 Sgt Ron Lum 406

II. PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME 407 CALIFORNIA HIGHWAY PATROL

PHONE 408 510 450-3821

MAILING OR STREET ADDRESS 409 3601 TELEGRAPH AVENUE

CITY 410 OAKLAND

STATE 411 CA

ZIP CODE 412 94609

PROPERTY OWNER TYPE 1. CORPORATION 2. INDIVIDUAL 4. LOCAL AGENCY / DISTRICT 6. STATE AGENCY
 3. PARTNERSHIP 5. COUNTY AGENCY 7. FEDERAL AGENCY 413

III. TANK OWNER INFORMATION

TANK OWNER NAME 414 CALIFORNIA HIGHWAY PATROL

PHONE 415 510 450-3821

MAILING OR STREET ADDRESS 416 3601 TELEGRAPH AVENUE

CITY 417 OAKLAND

STATE 418 CA

ZIP CODE 419 94609

TANK OWNER TYPE 1. CORPORATION 2. INDIVIDUAL 4. LOCAL AGENCY / DISTRICT 6. STATE AGENCY
 3. PARTNERSHIP 5. COUNTY AGENCY 7. FEDERAL AGENCY 420

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER

TY (TK) HQ 44- 3 2 0 6 2 421

V. PETROLEUM UST FINANCIAL RESPONSIBILITY

INDICATE METHOD(S) 1. SELF-INSURED 4. SURETY BOND 7. STATE FUND 10. LOCAL GOVT MECHANISM
 2. GUARANTEE 5. LETTER OF CREDIT 8. STATE FUND & CFO LETTER 99. OTHER: _____
 3. INSURANCE 6. EXEMPTION 9. STATE FUND & CD 422

VI. LEGAL NOTIFICATION AND MAILING ADDRESS

Check one box to indicate which address should be used for legal notifications and mailing. Legal notifications and mailings will be sent to the tank owner unless box 1 or 2 is checked. 1. FACILITY 2. PROPERTY OWNER 3. TANK OWNER 423

VII. APPLICANT SIGNATURE

Certification - I certify that the information provided herein is true and accurate to the best of my knowledge.

SIGNATURE OF APPLICANT DATE 424 03/11/04

PHONE 425 510 450-3821

NAME OF APPLICANT (print) 426 RONAL H. LUM

TITLE OF APPLICANT 427 SERGEANT

STATE UST FACILITY NUMBER (For local use only) 428 1998 UPGRADE CERTIFICATE NUMBER (For local use only) 429

UNDERGROUND STORAGE TANKS - TANK PAGE 1

(two pages per tank)

Page ____ of ____

TYPE OF ACTION 1 NEW SITE PERMIT 4 AMENDED PERMIT 5 CHANGE OF INFORMATION 6 TEMPORARY SITE CLOSURE
 (Check one item only) 3 RENEWAL PERMIT (Specify reason - for local use only) 7 PERMANENTLY CLOSED ON SITE
 8 TANK REMOVED

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) CALIFORNIA HIGHWAY PATROL 1 FACILITY ID: _____ 1

LOCATION WITHIN SITE (Optional) N/West corner of rear parking lot 431

I. TANK DESCRIPTION (A scaled plot plan with the location of the UST system including buildings and landmarks shall be submitted to the local agency.)

TANK ID # 432 TANK MANUFACTURER 433 COMPARTMENTALIZED TANK Yes No 434
 If "Yes", complete one page for each compartment.

DATE INSTALLED (YEAR/MO) 435 TANK CAPACITY IN GALLONS 436 NUMBER OF COMPARTMENTS 437
 1975 12,000 1

ADDITIONAL DESCRIPTION (For local use only) 438

II. TANK CONTENTS

TANK USE 439 PETROLEUM TYPE 440
 1. MOTOR VEHICLE FUEL (If marked complete Petroleum Type) 1a. REGULAR UNLEADED 2. LEADED 5. JET FUEL
 2. NON-FUEL PETROLEUM 1b. PREMIUM UNLEADED 3. DIESEL 6. AVIATION FUEL
 3. CHEMICAL PRODUCT 1c. MIDGRADE UNLEADED 4. GASOHOL 99. OTHER _____
 4. HAZARDOUS WASTE (Includes Used Oil)
 95. UNKNOWN

COMMON NAME (from Hazardous Materials Inventory page) 441 Gasoline Unleaded CAS# (from Hazardous Materials Inventory page) 442

III. TANK CONSTRUCTION

TYPE OF TANK (Check one item only) 1. SINGLE WALL 3. SINGLE WALL WITH EXTERIOR MEMBRANE LINER 5. SINGLE WALL WITH INTERNAL BLADDER SYSTEM 443
 2. DOUBLE WALL 4. SINGLE WALL IN VAULT 95. UNKNOWN
 99. OTHER _____

TANK MATERIAL - primary tank (Check one item only) 1. BARE STEEL 3. FIBERGLASS/PLASTIC 5. CONCRETE 95. UNKNOWN 444
 2. STAINLESS STEEL 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) 8. FRP COMPATIBLE W/100% METHANOL 99. OTHER _____

TANK MATERIAL - secondary tank (Check one item only) 1. BARE STEEL 3. FIBERGLASS/PLASTIC 5. CONCRETE 95. UNKNOWN 445
 2. STAINLESS STEEL 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) 8. FRP COMPATIBLE W/100% METHANOL 99. OTHER _____
 5. CONCRETE

TANK INTERIOR LINING 1. RUBBER LINED 3. EPOXY LINING 5. GLASS LINING 95. UNKNOWN 446 DATE INSTALLED 447
 OR COATING (Check one item only) 2. ALKYD LINING 4. PHENOLIC LINING 6 UNLINED 99 OTHER
 (For local use only)

OTHER CORROSION PROTECTION IF APPLICABLE (Check one item only) 1 MANUFACTURED CATHODIC PROTECTION 3 FIBERGLASS REINFORCED PLASTIC 95 UNKNOWN 448 DATE INSTALLED 449
 2 SACRIFICIAL ANODE 4 IMPRESSED CURRENT 99 OTHER
 (For local use only)

SPILL AND OVERFILL (Check all that apply) YEAR INSTALLED 450 TYPE (local use only) 451 OVERFILL PROTECTION EQUIPMENT-YEAR INSTALLED 452
 1 SPILL CONTAINMENT 1 ALARM 3 FILL TUBE SHUT OFF VALVE
 2 DROP TUBE 2 BALL FLOAT 4 EXEMPT
 3 STRIKER PLATE

IV. TANK LEAK DETECTION (A description of the monitoring program shall be submitted to the local agency.)

IF SINGLE WALL TANK (Check all that apply) 453 IF DOUBLE WALL TANK OR TANK WITH BLADDER (Check one item only) 454
 1 VISUAL (EXPOSED PORTION ONLY) 5 MANUAL TANK GAUGING (MTG) 1 VISUAL (SINGLE WALL IN VAULT ONLY)
 2 AUTOMATIC TANK GAUGING (ATG) 6 VADOSE ZONE 2 CONTINUOUS INTERSTITIAL MONITORING
 3 CONTINUOUS ATG 7 GROUNDWATER 3 MANUAL MONITORING
 4 STATISTICAL INVENTORY RECONCILIATION (SIR) BIENNIAL TANK TESTING 8 TANK TESTING
 99 OTHER SIR

IV. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE

ESTIMATED DATE LAST USED (YR/MO/DAY) 455 ESTIMATED QUANTITY OF SUBSTANCE REMAINING 456 TANK FILLED WITH INERT MATERIAL? 457
 gallons Yes No

UNIFIED PROGRAM CONSOLIDATED FORM

TANKS

UNDERGROUND STORAGE TANKS - TAN K PAGE 2

VI. PIPING CONSTRUCTION (Check all that apply)

Page of

UNDERGROUND PIPING				ABOVEGROUND PIPING					
SYSTEM TYPE	<input checked="" type="checkbox"/> 1. PRESSURE	<input type="checkbox"/> 2. SUCTION	<input type="checkbox"/> 3. GRAVITY	458	<input type="checkbox"/> 1. PRESSURE	<input type="checkbox"/> 2. SUCTION	<input type="checkbox"/> 3. GRAVITY	459	
CONSTRUCTION	<input checked="" type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 3. LINED TRENCH	<input type="checkbox"/> 99. OTHER	460	<input type="checkbox"/> 1. SINGLE WALL	<input type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 99. OTHER	462	
MANUFACTURER	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 95. UNKNOWN		461	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 99. OTHER		463	
<input type="checkbox"/> 1. BARE STEEL <input type="checkbox"/> 6. FRP COMPATIBLE w/100% METHANOL <input type="checkbox"/> 2. STAINLESS STEEL <input type="checkbox"/> 7. GALVANIZED STEEL <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> 3. PLASTIC COMPATIBLE W/ CONTENTS <input type="checkbox"/> 99. Other <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 8. FLEXIBLE (HDPE) <input type="checkbox"/> 5. STEEL W/COATING <input type="checkbox"/> 9. CATHODIC PROTECTION				464	<input type="checkbox"/> 1. BARE STEEL <input type="checkbox"/> 6. FRP COMPATIBLE W/100% METHANOL <input type="checkbox"/> 2. STAINLESS STEEL <input type="checkbox"/> 7. GALVANIZED STEEL <input type="checkbox"/> 3. PLASTIC COMPATIBLE W/ CONTENTS <input type="checkbox"/> 8. FLEXIBLE (HDPE) <input type="checkbox"/> 99. OTHER <input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 9. CATHODIC PROTECTION <input type="checkbox"/> 5. STEEL W/COATING <input type="checkbox"/> 95. UNKNOWN				465

VII. PIPING LEAK DETECTION (Check all that apply) (A description of the monitoring program shall be submitted to the local agency.)

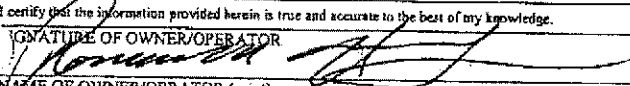
UNDERGROUND PIPING	ABOVEGROUND PIPING
<p align="center">SINGLE WALL PIPING 456</p> <p>PRESSURIZED PIPING (Check all that apply):</p> <input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS. <input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST <input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1GPH) <p>CONVENTIONAL SUCTION SYSTEMS</p> <input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PUMPING SYSTEM + TRIENNIAL PIPING INTEGRITY TEST (0.1 GPH) <p>SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):</p> <input type="checkbox"/> 7. SELF MONITORING <p>GRAVITY FLOW</p> <input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH) <p align="center">SECONDARILY CONTAINED PIPING</p> <p>PRESSURIZED PIPING (Check all that apply):</p> <p>10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (Check one)</p> <input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS <input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION <input type="checkbox"/> c. NO AUTO PUMP SHUT OFF <input type="checkbox"/> 11. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) WITH FLOW SHUT OFF OR RESTRICTION <input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH) <p>SUCTION/GRAVITY SYSTEM</p> <input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS <p align="center">EMERGENCY GENERATORS ONLY (Check all that apply)</p> <input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF + AUDIBLE AND VISUAL ALARMS <input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) WITHOUT FLOW SHUT OFF OR RESTRICTION <input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH) <input type="checkbox"/> 17. DAILY VISUAL CHECK	<p align="center">SINGLE WALL PIPING 467</p> <p>PRESSURIZED PIPING (Check all that apply):</p> <input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS. <input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST <input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1GPH) <input type="checkbox"/> 4. DAILY VISUAL CHECK <p>CONVENTIONAL SUCTION SYSTEMS (Check all that apply)</p> <input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM <input type="checkbox"/> 6. TRIENNIAL INTEGRITY TEST (0.1 GPH) <p>SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):</p> <input type="checkbox"/> 7. SELF MONITORING <p>GRAVITY FLOW (Check all that apply):</p> <input type="checkbox"/> 8. DAILY VISUAL MONITORING <input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH) <p align="center">SECONDARILY CONTAINED PIPING</p> <p>PRESSURIZED PIPING (Check all that apply):</p> <p>10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (Check one)</p> <input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS <input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION <input type="checkbox"/> c. NO AUTO PUMP SHUT OFF <input type="checkbox"/> 11. AUTOMATIC LEAK DETECTOR <input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH) <p>SUCTION/GRAVITY SYSTEM</p> <input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS <p align="center">EMERGENCY GENERATORS ONLY (Check all that apply)</p> <input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF + AUDIBLE AND VISUAL ALARMS <input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) <input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH) <input type="checkbox"/> 17. DAILY VISUAL CHECK

VIII. DISPENSER CONTAINMENT

DISPENSER CONTAINMENT	<input type="checkbox"/> 1. FLOAT MECHANISM THAT SHUTS OFF SHEAR VALVE	<input type="checkbox"/> 4. DAILY VISUAL CHECK
DATE INSTALLED	468	<input type="checkbox"/> 2. CONTINUOUS DISPENSER PAN SENSOR + AUDIBLE AND VISUAL ALARMS
	<input type="checkbox"/> 3. CONTINUOUS DISPENSER PAN SENSOR WITH AUTO SHUT OFF FOR DISPENSER + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 5. TRENCH LINER / MONITORING
		<input type="checkbox"/> 6. NONE

IX. OWNER/OPERATOR SIGNATURE

I certify that the information provided herein is true and accurate to the best of my knowledge.

SIGNATURE OF OWNER/OPERATOR 	DATE 03/11/2004
NAME OF OWNER/OPRATOR (print) Ronald H. Lum	TITLE OF OWNER/OPERATOR Sergeant

Permit Number (For local use only)	473	Permit Approved (For local use only)	474	Permit Expiration Date (For local use only)	475
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