

STATE OF CALIFORNIA

WATER RESOURCES CONTROL BOARD



**FORM 'A':
SITE**

**UNDERGROUND STORAGE TANK PROGRAM
FACILITY/SITE, INFORMATION and/or PERMIT APPLICATION**

COMPLETE THIS FORM FOR EACH FACILITY/SITE

No 38669

MARK ONLY ONE ITEM	<input checked="" type="checkbox"/> 1 NEW PERMIT	<input type="checkbox"/> 3 RENEWAL PERMIT	<input type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 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)

FACILITY/SITE NAME Alameda County Fair Association		CARE OF ADDRESS INFORMATION		
ADDRESS 4501 Pleasanton Avenue		NEAREST CROSS STREET	<input checked="" type="checkbox"/> Box to indicate CORPORATION INDIVIDUAL <input type="checkbox"/> PARTNERSHIP LOCAL-AGENCY COUNTY-AGENCY <input type="checkbox"/> STATE-AGENCY FEDERAL-AGENCY	
CITY NAME Pleasanton		STATE CA	ZIP CODE 94566	SITE PHONE # WITH AREA CODE (415) 847-7500
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"/> 6 OTHER		<input checked="" type="checkbox"/> Box if INDIAN RESERVATION or TRUST LANDS <input type="checkbox"/>		EPA ID #
EMERGENCY CONTACT PERSON (PRIMARY)		EMERGENCY CONTACT PERSON (SECONDARY)		
DAYS: NAME (LAST, FIRST) Ed Johnson		PHONE # WITH AREA CODE (415) 857-7516		DAYS: NAME (LAST, FIRST) Dave Freeman
NIGHTS: NAME (LAST, FIRST) Ed Johnson		PHONE # WITH AREA CODE (415) 462-0602		NIGHTS: NAME (LAST, FIRST) Dave Freeman
				PHONE # WITH AREA CODE (415) 847-7518
				PHONE # WITH AREA CODE (415) 449-0215

II. PROPERTY OWNER INFORMATION & ADDRESS -- (MUST BE COMPLETED)

NAME County of Alameda		CARE OF ADDRESS INFORMATION		
MAILING or STREET ADDRESS 4501 Pleasanton Avenue		<input checked="" type="checkbox"/> Box to indicate CORPORATION INDIVIDUAL <input type="checkbox"/> PARTNERSHIP LOCAL-AGENCY COUNTY-AGENCY <input type="checkbox"/> STATE-AGENCY FEDERAL-AGENCY		
CITY NAME Pleasanton		STATE CA	ZIP CODE 94566	PHONE # WITH AREA CODE (415) 847-7500

III. TANK OWNER INFORMATION & ADDRESS -- (MUST BE COMPLETED)

NAME County of Alameda		CARE OF ADDRESS INFORMATION		
MAILING or STREET ADDRESS 4501 Pleasanton Avenue		<input checked="" type="checkbox"/> Box to indicate CORPORATION INDIVIDUAL <input type="checkbox"/> PARTNERSHIP LOCAL-AGENCY COUNTY-AGENCY <input type="checkbox"/> STATE-AGENCY FEDERAL-AGENCY		
CITY NAME Pleasanton		STATE CA	ZIP CODE 94566	PHONE # WITH AREA CODE (415) 847-7500

IV. LEGAL NOTIFICATION AND BILLING ADDRESS

CHECK ONE (1) BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR BOTH LEGAL NOTIFICATION 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) <i>John Bailey</i>	DATE 1/11/91
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LOCAL AGENCY USE ONLY

COUNTY #	JURISDICTION #	AGENCY #	FACILITY ID #	# of TANKS at SITE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CURRENT LOCAL AGENCY FACILITY ID #		APPROVED BY NAME		PHONE # WITH AREA CODE
<input type="text"/>		<input type="text"/>		<input type="text"/>
PERMIT NUMBER	PERMIT APPROVAL DATE	PERMIT EXPIRATION DATE		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
LOCATION CODE	CENSUS TRACT #	SUPERVISOR-DISTRICT CODE	BUSINESS PLAN FILED YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE FILED
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CHECK #	PERMIT AMOUNT	SURCHARGE AMOUNT	FEE CODE	RECEIPT #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

THIS FORM MUST BE ACCOMPANIED BY AT LEAST (1) OR MORE TANK PERMIT FORM 'B' APPLICATION(S), UNLESS THIS IS A CHANGE OF SITE INFORMATION ONLY.

STATE OF CALIFORNIA WATER RESOURCES CONTROL BOARD

FORM 'B':
TANK

UNDERGROUND STORAGE TANK PROGRAM
TANK PERMIT APPLICATION INFORMATION



COMPLETE A SEPARATE FORM WITH THE FOLLOWING INFORMATION FOR EACH TANK.

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

FACILITY/SITE NAME WHERE TANK IS INSTALLED: _____ FARM TANK - YES NO

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

A. OWNERS TANK ID #	B. MANUFACTURED BY:
C. YEAR INSTALLED 1986	D. TANK CAPACITY IN GALLONS: 2000

II. TANK CONTENTS IF (A.1), IS MARKED, COMPLETE ITEM C. IF (A.1), IS NOT MARKED, COMPLETE ITEM D.

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

D. IF NOT MOTOR VEHICLE FUEL, ENTER NAME OF HAZARDOUS SUBSTANCE STORED & C.A.S. # _____ C.A.S. #: _____

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOX A, B, C, & D

A. TYPE OF SYSTEM	<input checked="" type="checkbox"/> 1 DOUBLE WALLED	<input type="checkbox"/> 3 SINGLE WALLED WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input type="checkbox"/> 2 SINGLE WALLED	<input type="checkbox"/> 4 SECONDARY CONTAINMENT	<input type="checkbox"/> 99 OTHER _____
B. TANK MATERIAL	<input checked="" type="checkbox"/> 1 STEEL/IRON	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER _____
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
	<input type="checkbox"/> IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> 95 UNKNOWN
		<input type="checkbox"/> NO	<input type="checkbox"/> 99 OTHER _____
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 TAR OR ASPHALT	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
		<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER _____

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

A. SYSTEM TYPE	A <input checked="" type="checkbox"/> 1 SUCTION	A U <input type="checkbox"/> 2 PRESSURE	A U <input type="checkbox"/> 3 GRAVITY	A U <input type="checkbox"/> 99 OTHER
B. CONSTRUCTION	A U <input checked="" type="checkbox"/> 1 SINGLE WALLED	A U <input type="checkbox"/> 2 DOUBLE WALLED	A U <input type="checkbox"/> 3 LINED TRENCH	A <input checked="" type="checkbox"/> 95 UNKNOWN
				A U <input type="checkbox"/> 99 OTHER _____
C. MATERIAL	A U <input checked="" type="checkbox"/> 1 STEEL/IRON	A U <input type="checkbox"/> 2 STAINLESS STEEL	A U <input type="checkbox"/> 3 POLYVINYL CHLORIDE (PVC)	A U <input type="checkbox"/> 4 FIBERGLASS PIPE
	A U <input type="checkbox"/> 5 ALUMINUM	A U <input type="checkbox"/> 6 CONCRETE	A U <input type="checkbox"/> 7 STEEL CLAD W/FRP	A U <input type="checkbox"/> 8 100% METHANOL COMPATIBLE FRP
	A U <input type="checkbox"/> 9 GALVANIZED STEEL	A U <input type="checkbox"/> 95 UNKNOWN	A U <input type="checkbox"/> 99 OTHER _____	

V. LEAK DETECTION SYSTEM CIRCLE P FOR PRIMARY, OR S FOR SECONDARY, A PRIMARY LEAK DETECTION SYSTEM MUST BE CIRCLED.

<input checked="" type="checkbox"/> 1 VISUAL CHECK	P <input type="checkbox"/> 2 INVENTORY RECONCILIATION	P <input type="checkbox"/> 3 VADOSE WELLS	P <input type="checkbox"/> 4 ELECTRONIC MONITOR	P <input type="checkbox"/> 5 GROUND WATER MONITORING WELLS
P <input type="checkbox"/> 6 PRECISION TESTING	P <input type="checkbox"/> 7 PRESSURE TESTING	P <input type="checkbox"/> 91 NONE	P <input type="checkbox"/> 95 UNKNOWN	P <input type="checkbox"/> 99 OTHER _____

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

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

APPLICANT'S NAME (PRINTED & SIGNATURE) Steve Bailey DATE 1/11/91

LOCAL AGENCY USE ONLY

COUNTY #	JURISDICTION #	AGENCY #	FACILITY ID #	TANK ID #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CURRENT LOCAL AGENCY FACILITY ID #	APPROVED BY NAME	PHONE # WITH AREA CODE		
PERMIT NUMBER	PERMIT APPROVAL DATE	PERMIT EXPIRATION DATE		
CHECK #	PERMIT AMOUNT	SURCHARGE AMT.	FEE CODE	RECEIPT #
				BY: _____

NO 11874

STATE OF CALIFORNIA WATER RESOURCES CONTROL BOARD

FORM 'B':
TANK

UNDERGROUND STORAGE TANK PROGRAM
TANK PERMIT APPLICATION INFORMATION



COMPLETE A SEPARATE FORM WITH THE FOLLOWING INFORMATION FOR EACH TANK.

MARK ONLY
ONE ITEM

- 1 NEW PERMIT
- 2 INTERIM PERMIT
- 3 RENEWAL PERMIT
- 4 AMENDED PERMIT
- 5 CHANGE OF INFORMATION
- 6 TEMPORARY TANK CLOSURE
- 7 PERMANENTLY CLOSED TANK
- 8 TANK REMOVED

FACILITY/SITE NAME WHERE TANK IS INSTALLED: Alameda County Fairgrounds FARM TANK - YES NO

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

A. OWNERS TANK ID #	B. MANUFACTURED BY:
C. YEAR INSTALLED <u>1986</u>	D. TANK CAPACITY IN GALLONS: <u>1000</u>

II. TANK CONTENTS IF (A.1), IS MARKED, COMPLETE ITEM C. IF (A.1), IS NOT MARKED, COMPLETE ITEM D.

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL <input type="checkbox"/> 3 CHEMICAL PRODUCT <input type="checkbox"/> 5 HAZARDOUS	<input type="checkbox"/> 2 PETROLEUM <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"/> 1 UNLEADED <input type="checkbox"/> 2 LEADED <input checked="" type="checkbox"/> 3 DIESEL <input type="checkbox"/> 4 GASAHOL <input type="checkbox"/> 5 JET FUEL <input type="checkbox"/> 6 AVIATION GAS <input type="checkbox"/> 7 METHANOL <input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D, BELOW)		
D. IF NOT MOTOR VEHICLE FUEL, ENTER NAME OF HAZARDOUS SUBSTANCE STORED & C.A.S. #		
C.A.S. #		

III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOX A, B, C, & D

A. TYPE OF SYSTEM <input checked="" type="checkbox"/> 1 DOUBLE WALLED <input type="checkbox"/> 2 SINGLE WALLED	<input type="checkbox"/> 3 SINGLE WALLED WITH EXTERIOR LINER <input type="checkbox"/> 4 SECONDARY CONTAINMENT	<input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
B. TANK MATERIAL <input checked="" type="checkbox"/> 1 STEEL/IRON <input type="checkbox"/> 5 CONCRETE <input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 2 STAINLESS STEEL <input type="checkbox"/> 6 POLYVINYL CHLORIDE <input 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"/> IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL?	<input type="checkbox"/> 2 ALKYD LINING <input type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 3 EPOXY LINING <input type="checkbox"/> 4 PHENOLIC LINING <input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
D. CORROSION PROTECTION <input type="checkbox"/> 1 POLYETHYLENE WRAP <input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 2 TAR OR ASPHALT <input type="checkbox"/> 91 NONE	<input type="checkbox"/> 3 VINYL WRAP <input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER

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

A. SYSTEM TYPE	A <input checked="" type="checkbox"/> 1 SUCTION	A <input type="checkbox"/> U <input type="checkbox"/> 2 PRESSURE	A <input type="checkbox"/> U <input type="checkbox"/> 3 GRAVITY	A <input type="checkbox"/> U <input type="checkbox"/> 99 OTHER
B. CONSTRUCTION	A <input type="checkbox"/> U <input type="checkbox"/> 1 SINGLE WALLED	A <input type="checkbox"/> U <input type="checkbox"/> 2 DOUBLE WALLED	A <input type="checkbox"/> U <input type="checkbox"/> 3 LINED TRENCH	A <input checked="" type="checkbox"/> 95 UNKNOWN A <input type="checkbox"/> U <input type="checkbox"/> 99 OTHER
C. MATERIAL	A <input checked="" type="checkbox"/> U <input type="checkbox"/> 1 STEEL/IRON	A <input type="checkbox"/> U <input type="checkbox"/> 2 STAINLESS STEEL	A <input type="checkbox"/> U <input type="checkbox"/> 3 POLYVINYL CHLORIDE (PVC)	A <input type="checkbox"/> U <input type="checkbox"/> 4 FIBERGLASS PIPE
	A <input type="checkbox"/> U <input type="checkbox"/> 5 ALUMINUM	A <input type="checkbox"/> U <input type="checkbox"/> 6 CONCRETE	A <input type="checkbox"/> U <input type="checkbox"/> 7 STEEL CLAD W/FRP	A <input type="checkbox"/> U <input type="checkbox"/> 8 100% METHANOL COMPATIBLE FRP
	A <input type="checkbox"/> U <input type="checkbox"/> 9 GALVANIZED STEEL	A <input type="checkbox"/> U <input type="checkbox"/> 95 UNKNOWN	A <input type="checkbox"/> U <input type="checkbox"/> 99 OTHER	

V. LEAK DETECTION SYSTEM CIRCLE P FOR PRIMARY, OR S FOR SECONDARY, A PRIMARY LEAK DETECTION SYSTEM MUST BE CIRCLED.

<input checked="" type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> P <input type="checkbox"/> S 2 INVENTORY RECONCILIATION	<input type="checkbox"/> P <input type="checkbox"/> S 3 VADOSE WELLS	<input type="checkbox"/> P <input type="checkbox"/> S 4 ELECTRONIC MONITOR	<input type="checkbox"/> P <input type="checkbox"/> S 5 GROUND WATER MONITORING WELLS
<input type="checkbox"/> P <input type="checkbox"/> S 6 PRECISION TESTING	<input type="checkbox"/> P <input type="checkbox"/> S 7 PRESSURE TESTING	<input type="checkbox"/> P <input type="checkbox"/> S 91 NONE	<input type="checkbox"/> P <input type="checkbox"/> S 95 UNKNOWN	<input type="checkbox"/> P <input type="checkbox"/> S 99 OTHER

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

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

APPLICANT'S NAME (PRINTED & SIGNATURE) X Steve Bailey DATE 11/1/91

LOCAL AGENCY USE ONLY

COUNTY #	JURISDICTION #	AGENCY #	FACILITY ID #	TANK ID #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CURRENT LOCAL AGENCY FACILITY ID #		APPROVED BY NAME		PHONE # WITH AREA CODE
PERMIT NUMBER		PERMIT APPROVAL DATE		PERMIT EXPIRATION DATE
CHECK #	PERMIT AMOUNT	BURCHARGE AMT.	FEE CODE	RECEIPT #
				BY:

NO 11874

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: **ALAMEDA COUNTY FAIRGROUNDS**

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: 1000

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.			
A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 4 OIL	B. <input type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1a REGULAR UNLEADED
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE	<input checked="" type="checkbox"/> 3 DIESEL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 4 GASOLINE
			<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			
A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR LINER	<input type="checkbox"/> 95 UNKNOWN
	<input checked="" type="checkbox"/> 2 SINGLE WALL	<input type="checkbox"/> 4 SECONDARY CONTAINMENT (VAULTED TANK)	<input type="checkbox"/> 99 OTHER
B. TANK MATERIAL (Primary Tank)	<input checked="" type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 2 ALKYL LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 95 UNKNOWN
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> 4 PHENOLIC LINING
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 99 OTHER

IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND OR U IF UNDERGROUND, BOTH IF APPLICABLE			
A. SYSTEM TYPE	A <input checked="" type="checkbox"/> 1 SUCTION	A U <input type="checkbox"/> 2 PRESSURE	A U <input type="checkbox"/> 3 GRAVITY
			A U <input type="checkbox"/> 99 OTHER
B. CONSTRUCTION	A <input checked="" type="checkbox"/> 1 SINGLE WALL	A U <input type="checkbox"/> 2 DOUBLE WALL	A U <input type="checkbox"/> 3 LINED TRENCH
			A U <input type="checkbox"/> 95 UNKNOWN
C. MATERIAL AND CORROSION PROTECTION	A <input checked="" type="checkbox"/> 1 BARE STEEL	A U <input type="checkbox"/> 2 STAINLESS STEEL	A U <input type="checkbox"/> 3 POLYVINYL CHLORIDE (PVC)
	A U <input type="checkbox"/> 5 ALUMINUM	A U <input type="checkbox"/> 6 CONCRETE	A U <input type="checkbox"/> 7 STEEL W/ COATING
	A U <input type="checkbox"/> 9 GALVANIZED STEEL	A U <input type="checkbox"/> 10 CATHODIC PROTECTION	A U <input type="checkbox"/> 95 UNKNOWN
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 type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VAPOR MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING
<input type="checkbox"/> 6 TANK TESTING	<input type="checkbox"/> 7 INTERSTITIAL MONITORING	<input type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 5 GROUND WATER MONITORING
			<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION		
1. ESTIMATED DATE LAST USED (MO/DAY/YR) 1-1-91	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING 2100 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) <i>Christina R. Hall</i>	DATE 1-27-95
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LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW			
STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #
	01	006	024971
			TANK #
			000002
PERMIT NUMBER	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE	