

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, Assistant Agency Director

DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Division
80 Swan Way, Rm. 200
Oakland, CA 94621
(510) 271-4320

October 8, 1992

Abolghassem Razi
3261 Ramona St.
Pinole CA 94564

RE: Tank Removal, 790 Bockman Rd., San Lorenzo 94580

Dear Mr. Razi:

On June 12, 1992, six underground storage tanks were removed from your property. To date, this office has not received the following required documents and information:

1. **Laboratory analysis results:** Laboratory generated analysis reports of samples taken from the tank pits and excavated soils are required. These reports must be accompanied by chain-of-custody records and sampler's field notes.
2. **Copies of hazardous waste manifests:** Copies of manifests for the tanks, tank rinsates and any soils hauled as hazardous waste must be provided. These documents must be signed by a representative of the disposal facility.
3. **Disposition of excavated soil:** Information as to whether excavated soils were hauled away or left on site must be provided. If soils were hauled away, provide documentation establishing the disposal site.

Section 2672 of Title 23, California Code of Regulations requires that the above information be submitted to this office. **Please provide the requested information by October 30, 1992.**

You may contact me with any questions at (510)271-4320.

Sincerely,

A handwritten signature in cursive script that reads "Pamela J. Evans".

Pamela J. Evans
Senior Hazardous Materials Specialist

c: Frank Hamedi-Fard, Alpha Geo Services

File No. TR83

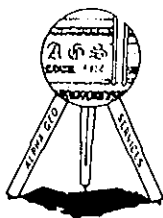
92 OCT 13 7:2:30

REMOVAL OF 6 UNDERGROUND STORAGE TANKS
FROM AL MAPLES AUTO SERVICE PROPERTY
LOCATED 790 BOCKMAN ROAD
SAN LORENZO, CALIFORNIA
AUGUST 20, 1992

PREPARED FOR:
MR. ABOLGHASSEM RAZI
3261 RAMONA STREET
PINOLE, CALIFORNIA 94564

BY:
ALPHA GEO SERVICES
298 BROKAW ROAD
SANTA CLARA, CALIFORNIA 95050

ALPHA GEO SERVICES



ALPHA GEO SERVICES INC.

GENERAL ENGINEERING CONTRACTOR LICENSE NO. 507520

298 BROKAW Rd.
SANTA CLARA, Ca. 95050

Phone (408) 988-1055
Fax (408) 988-3343

August 20, 1992

File No. TR83

Mr. Abolghassem Razi
3261 Ramona Street
Pinole, California 94564

SUBJECT: REMOVAL OF 6 UNDERGROUND STORAGE TANKS
FROM AL MAPLES AUTO SERVICE PROPERTY
Located at 790 Bockman Road, in
San Lorenzo, California

Dear Mr. Razi:

Per your request and authorization, our firm has provided underground storage tanks (550 gallon waste oil, one 2,000 gallon, two 4,000 gallon, and two 12,000 gallon gasoline) removal services for the property located at 790 Bockman Road, in San Lorenzo, California.

After obtaining all the necessary permits from the Alameda County Health Care Services Agency--Department of Environmental Health Hazardous Materials Division (ACHCSA--DEHHMD), Alpha Geo Services excavated and removed one 550 gallon waste oil, one 2,000 gallon, two 4,000 gallon and two 12,000 gallon gasoline underground storage tanks on June 26, 1992. The tanks were transported by Trident Truck Line, Inc., and Erickson, Inc., under a Uniform Hazardous Waste Manifest to Erickson, Inc., facility in Richmond, California for proper disposal.

File No. TR83

During tanks removal operation, Ms. Pam Evans with the Alameda County Department of Environmental Health (ACDEH) and Fire Marshal, Mr. Edward Laudani, with Eden Consolidated Fire Protection District (ECFPD) were present for inspection.

Enclosed, please find copies of all the permits and manifest papers.

We recommend that a copy of this report be forwarded to the proper state and local regulatory agencies.

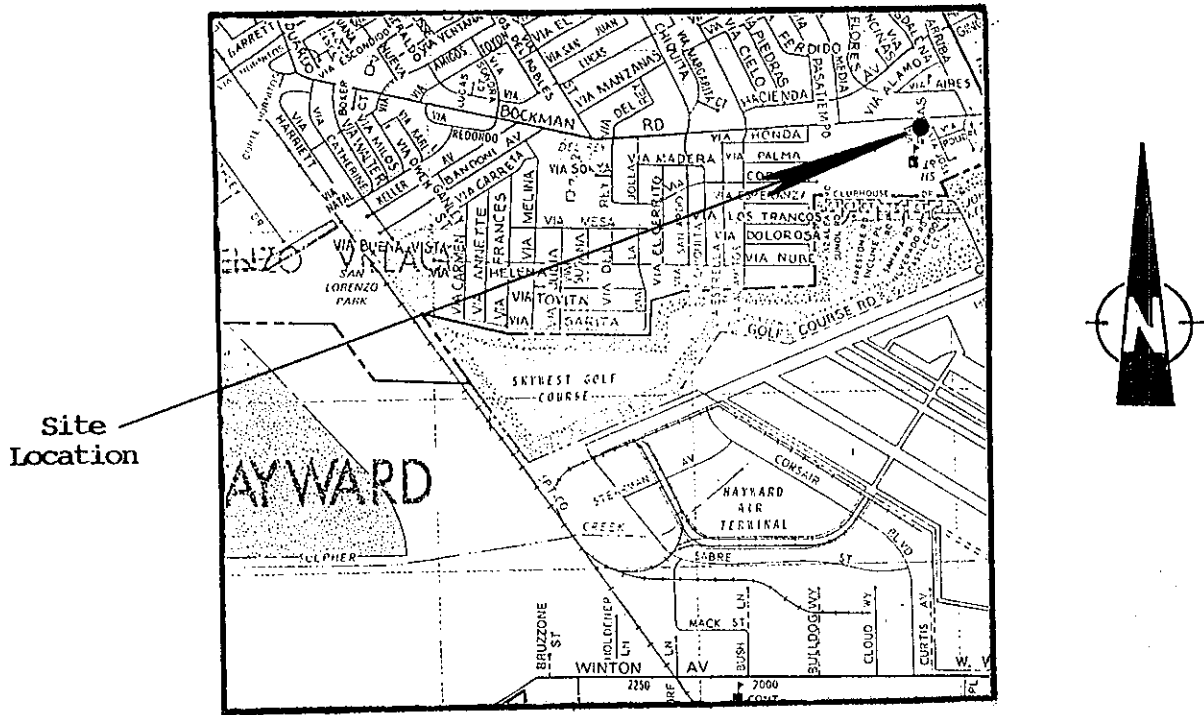
If you have any questions or require additional information, please feel free to contact our office at your convenience.

Sincerely,

ALPHA GEO SERVICES



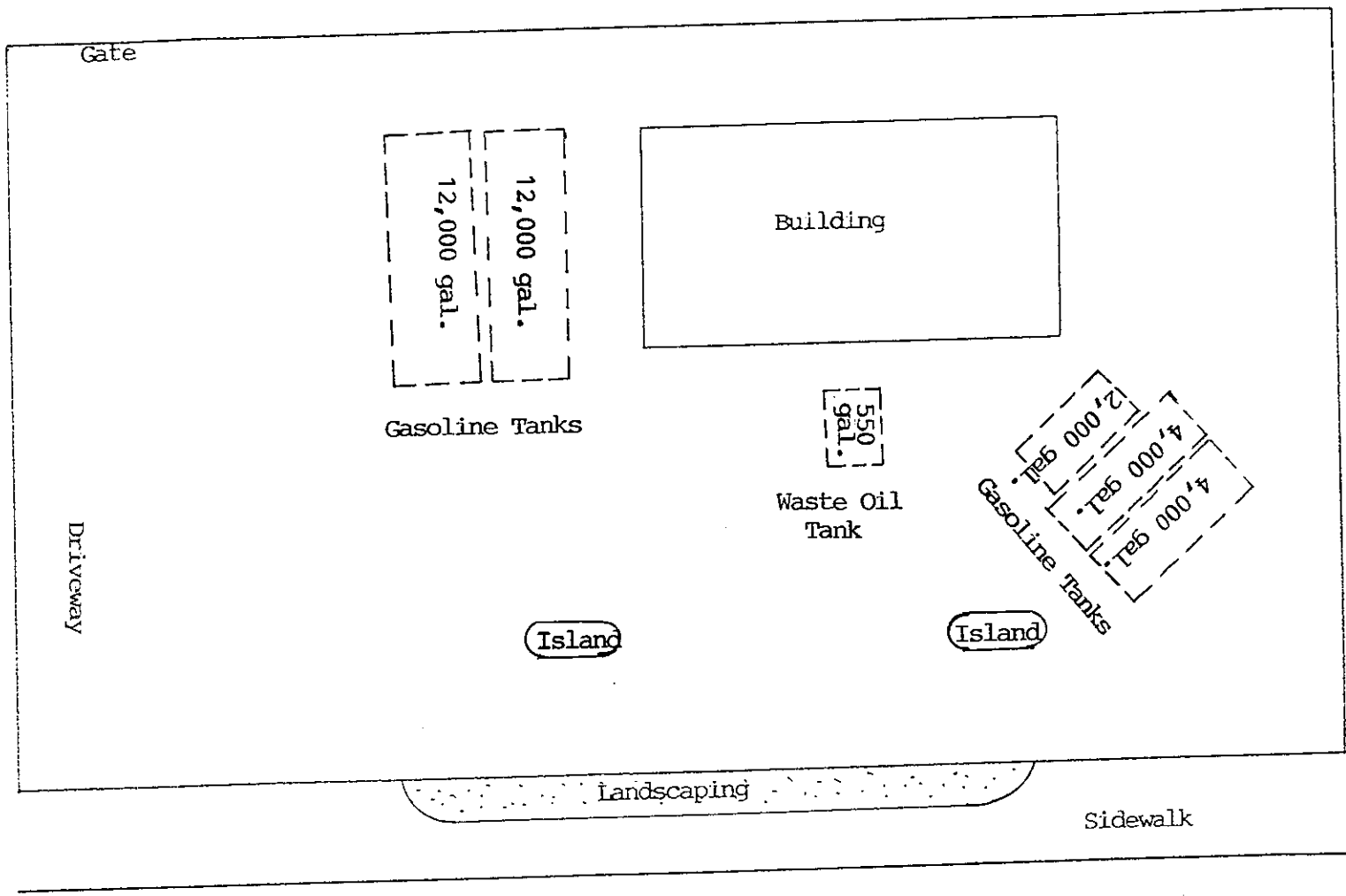
Frank Hamedi-Fard
General Manager



Thomas Brothers Map 1982 Edition
Alameda & Contra Costa Counties

Page 57 E1

Residential Building



School

BOCKMAN ROAD



Scale: 1"=20'

Figure 2

ALPHA GEO SERVICES

DAY OR NIGHT
TELEPHONE
(510) 235-1393

CERTIFICATE CERTIFIED SERVICES COMPANY

255 Parr Boulevard • Richmond, California 94801

NO. 10603

CUSTOMER ALPHA GEO
JOB NO. 78930

FOR: Erickson, Inc. TANK NO. 9026

LOCATION: Richmond DATE: 07/01/92 TIME: 12:20:01

TEST METHOD Visual Gastech/1314 SMPN LAST PRODUCT LG

This is to certify that I have personally determined that this tank is in accordance with the American Petroleum Institute and have found the condition to be in accordance with its assigned designation. This certificate is based on conditions existing at the time the inspection herein set forth was completed and is issued subject to compliance with all qualifications and instructions.

TANK SIZE 1000 Gallon Tank CONDITION SAFE FOR FIRE

REMARKS: OXYGEN 20.9%
LOWER EXPLOSIVE LIMIT LESS THAN 0.1%

"ERICKSON INC. HEREBY CERTIFIES THAT THE ABOVE NUMBERED TANK HAS BEEN
CUT OPEN, PROCESSED, AND THEREFORE DESTROYED AT OUR PERMITTED HAZARDOUS
WASTE FACILITY."

In the event of any physical or atmospheric changes affecting the gas-free conditions of the above tanks, or if in any doubt, immediately stop all hot work and contact the undersigned. This permit is valid for 24 hours if no physical or atmospheric changes occur.

STANDARD SAFETY DESIGNATION

SAFE FOR MEN: Means that in the compartment or space so designated (a) The oxygen content of the atmosphere is at least 19.5 percent by volume; and that (b) Toxic materials in the atmosphere are within permissible concentrations; and (c) In the judgment of the Inspector, the residues are not capable of producing toxic materials under existing atmospheric conditions while maintained as directed on the Inspector's certificate.

SAFE FOR FIRE: Means that in the compartment so designated (a) The concentration of flammable materials in the atmosphere is below 10 percent of the lower explosive limit; and that (b) In the judgment of the Inspector, the residues are not capable of producing a higher concentration that permitted under existing atmospheric conditions in the presence of fire and while maintained as directed on the Inspector's certificate, and further, (c) All adjacent spaces have either been cleaned sufficiently to prevent the spread of fire, are satisfactorily inerted, or in the case of fuel tanks, have been treated as deemed necessary by the Inspector.

The undersigned representative acknowledges receipt of this certificate and understands the conditions and limitations under which it was issued.

REPRESENTATIVE

K. Hughes

TITLE

INSPECTOR

DR

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH
 Hazardous Materials Inspection Form

80 Swan Way, #200
 Oakland, CA 94621
 (415) 271-4320

II, III

Site ID # _____ Site Name _____ Today's Date 6/26/92

II.A BUSINESS PLANS (Title 19)

- ___ 1. Immediate Reporting 2703
- ___ 2. Bus. Plan Slcs. 25503(b)
- ___ 3. RR Cars > 30 days 25503.7
- ___ 4. Inventory Information 25504(a)
- ___ 5. Inventory Complete 2730
- ___ 6. Emergency Response 25504(b)
- ___ 7. Training 25504(c)
- ___ 8. Deficiency 25505(a)
- ___ 9. Modification 25505(b)

Site Address 790 Bockman Rd

City San Lorenzo Zip 94580 Phone _____

MAX AMT stored > 500 lbs, 55 gal., 200 cft.?

Inspection Categories:

- ___ I. Haz. Mat/Waste GENERATOR/TRANSPORTER
- ___ II. Business Plans, Acute Hazardous Materials
- III. Underground Tanks 6 steel USTs removed by Alpha Geo Services - Frank Hamadi - site supervisor

* Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

II.B ACUTELY HAZ. MATLS

- ___ 10. Registration Form Filed 25533(a)
- ___ 11. Form Complete 25533(b)
- ___ 12. RMPP Contents 25534(c)
- ___ 13. Implement Sch. Req'd? (Y/N)
- ___ 14. OffSite Conseq. Assess. 25524(c)
- ___ 15. Probable Risk Assessment 25534(d)
- ___ 16. Persons Responsible 25534(e)
- ___ 17. Certification 25534(f)
- ___ 18. Exemption Request? (Y/N) 25536(b)
- ___ 19. Trade Secret Requested? 25538

III. UNDERGROUND TANKS (Title 23)

- General
- ___ 1. Permit Application 25284 (H&S)
 - ___ 2. Pipeline Leak Detection 25292 (H&S)
 - ___ 3. Records Maintenance 2712
 - ___ 4. Release Report 2651
 - ___ 5. Closure Plans 2670

- Monitoring for Existing Tanks
- 6. Method
 - 1) Monthly Test
 - 2) Daily Vadose
 - Semi-annual groundwater
 - One time soil x
 - 3) Daily Vadose
 - One time soil x
 - Annual tank test x
 - 4) Monthly Groundwater
 - One time soil x
 - 5) Daily Inventory
 - Annual tank testing
 - Cont pipe leak det
 - Vadose/gndwater mon.
 - 6) Daily Inventory
 - Annual tank testing
 - Cont pipe leak det
 - 7) Weekly Tank Gauge
 - Annual tank testing
 - 8) Annual Tank Testing
 - Daily inventory
 - 9) Other

- ___ 7. Precs Tank Inst Date: 2643
- ___ 8. Inventory Rec. 2644
- ___ 9. Soil Tasting 2646
- ___ 10. Ground Water 2647

- New Tanks
- ___ 11. Monitor Plan 2632
 - ___ 12. Access. Secure 2634
 - ___ 13. Plans Submit 2711
 - ___ 14. As Built Date: 2635

Rev 6/88

Comments: 3 Tank pits: SE, N, NW
 A) SE tank pit contained two 12K gallon fuel tanks, (tanks 1+2) These appeared sound + soil looked clean. At least 1' of sandy backfill beneath tanks. Samples: 3 beneath ~~each~~ tanks in native soil, 14' ~ 40' ³ or stockpile soils - As com- tractor wanted to replace this in waste oil + SE pit, he is sampling at 1/20 ft³ - Two samples were taken. No plastic liner was used. If stockpile soils are found to be contaminated at > N.D. levels, all stockpile soil must be removed to a minimum of 14' in SE pit + 8' in N pit. Also, possible impact to native soil must be evaluated. Two more native soil samples to be taken from borings by 7-15-92.)
 B) N or waste oil tank pit contained one 500+ gallon tank used until recently. Tank looked sound + pit appeared clean. 2 native soil samples taken from each end, 1 stock pile soil from < 5 yd³. Native soil samples taken at 8'.
 NOTE: Sampler from ACS ran out of 6" brass tubes, so some samples taken by using 2-4" brass tubes.

Job continued beyond 5:00 pm, so I did not witness samples taken after that time -

Contact: _____ Title: _____ Signature: _____

Inspector: Pam Evans Signature: Pam Evans

COMPLAINT FORM

DATE: 6-19-92 TIME: _____

COMPLAINT RECEIVED BY: Pam Evans

ADDRESS OF INCIDENT: 790 Bockman Rd
San Lorenzo

NAME OF FACILITY: Al Maples' Honda Service

CONTACT PERSON: _____

FACILITY PHONE NUMBER: _____

SUBJECT OF COMPLAINT: Contractor was on site removing dirt +
pavement from on top of ~~the~~ underground tanks.
No permits issued by Eden Fire for removal.

NAME OF COMPLAINANT: Alpha Chief James Ferdinand PHONE: _____

ACTIONS TAKEN AND DATE(S)

Checked files - no removal plans accepted or submitted to this ofc.
Went by site 6-19-92, 6-22-92, + 6-23-92. On 6-23-92
I spoke with Richard Manley of Alpha Geo Services, who along with
2 other employees, was onsite. He gave me the name + # of his
boss, Frank Amidi. I ~~spoke~~ gave closure plan form to Manley
+ told him to stop work until I talked w/ Frank Amidi. Later
on 6-23-92 I told Mr. Amidi to discontinue work at the site
until plans were submitted + accepted, ongoing

Date investigation was completed: _____

Date complainant contacted: 6-23-92

Name of Specialist: Pam Evans?

Signature: Pamula Evans

Applied Time: 3.5 hours

Al Maples
8413 Deervale Rd
Dublin CA

INFORMATION
had no # for
this address

Since 2-8-90
he has had title.

278-7871 (disconnected)
04566

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



RAFAT A. SHAHID, Assistant Agency Director

*f-1e
UST*

Alameda County
Environmental Protection Division
1131 Harbor Bay Parkway, Room 250
Alameda CA 94502-6577

CC4586

June 23, 1995

Mr. Abolghassem Razi
3261 Ramona Street
Pinole, CA 94564

RE: AL MAPLES AUTO SERVICE, 790 BOCKMAN ROAD, SAN LORENZO

Dear Mr. Razi:

This office has reviewed the August 24, 1992 Soil Tech Engineering (STE) underground storage tank (UST) closure report. This report documents the June 1992 closures of six USTs at the referenced site. The cited STE report documents that no noteworthy release of petroleum hydrocarbons has occurred.

Based on the information made available to this office, no further environmental investigation is required at the subject site. Therefore, this department is satisfied that the subject USTs have been closed in substantial compliance with the requirements of Title 23, California Code of Regulations.

Please contact me at 510/567-6783 should you have any questions.

Sincerely,

Scott O. Seery, CHMM
Senior Hazardous Materials Specialist

cc: Rafat A. Shahid, Agency Director
Don Atkinson-Adams, ACDEH
Jim Ferdinand, Alameda County Fire Department

BILLING FOR SERVICES

StID# 417

A. Site Name Al Maples Honda (formerly) Phone _____
 Site Address 790 Bockman Rd San Lorenzo 94580
 (If no address, description of area) Number Street City Zip
 Prior Business Name Al Maples Honda Prior Owner's Name Al Maples

B. Service Requestor Dona Maria Wessells (209)745-0900
 Contact Person Company Name Phone
 Billing Address 9662 New Hope Rd Galt CA 95632
 Number Street City Zip

Category of Service		#Hours	x \$	/Hr	\$
<input checked="" type="checkbox"/>	Site Search	1	x \$	75	\$ 75.00
<input checked="" type="checkbox"/>	File Search	25	x \$	1	\$ 25.00
<input type="checkbox"/>	Other		x \$		\$
TOTAL CHARGE:					\$ 100.00

REMARKS: Paid at time service was rendered

You will receive an invoice in accordance with Article 11 of Chapter 6, Title 3 of the Ordinance Code of Alameda County

Service Requestor _____ Date 6-22-93
 HazMat Specialist Pamela J. Evans Pamela J. Evans Date 6-22-93
 printed name signature printed name signature
Dona Wessells Dona Wessells
 printed name signature

Dona Maria Wessells & Company

9662 New Hope Road • Galt, CA 95632 • Phone (209) 745-0900 • FAX (209) 745-0777 • Pager (916) 948-1872

6/8/93

Dear Ms. Evans,

As per our conversation I am sending
a written communication regarding my interest
in viewing the file for 1790 Beckman Rd.

I truly appreciate how helpful you were
w/ sorting this out on the phone today - Thank you!
See you June 22 at 10:AM.

Regards,

Dona Wessells

BILLING ADJUSTMENT FORM

Billing Acct.#	
<input type="checkbox"/>	Generator . . . H _____
<input type="checkbox"/>	HMMP L _____
<input checked="" type="checkbox"/>	UST T <u>A1022</u>

Date: 7/24/92
HazMat StID#: 417

Caller: _____ Phone: _____

Company Name: Al Maple Auto Service

Site Address: 190 Boekman Rd. San Lorenzo 94580
City Zip

Requested Changes: _____

Initials: _____

Rescind Bill with explanation and date (if available):

- Generator _____
- HMMP (AB2185) _____
- UST Removal 1992

[] Continue Billing With Following Changes:

- Change number of EMPLOYEES _____ From: _____ To: _____
- Change number of TANKS _____ From: _____ To: _____
- HMMP (AB2185)
- Updated information

Business Name _____ Phone: _____

SITE Address _____ City _____ Zip _____

BILLING Address _____ City _____ Zip _____

Inspector: Pamela J Evans Date: 8-20-92

1 Sent to Billing
on 8/31/92
Rev 12/91 Mac-BillAdj-2

PAM

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
DEPARTMENT OF ENVIRONMENTAL HEALTH
MEMORANDUM

92 JUL 24 PM 1:10

DATE: 7/23/92
TO: HAZMAT DIVISION - 20601
FROM: BILLING UNIT - 21506
SUBJECT: DELINQUENT / RETURNED MAIL ACCOUNTS

=====
If an item has changed, please cross out the incorrect
item and write in the correct information in the
section below.
=====

ACCOUNT # LL61256 / H61202 #MAT'L 2 SQ.FT. 1200
HM-ID # 417 #VOLUME 700 GALLONS
CHARGE CODE 20 # EMPLOYEE(S)/TANK(S) 0-4

PREMISE NAME AL MAPLES AUTO SERVICE

SITE ADDRESS 790 BOCKMAN RD, SLZ. 94580

BUSINESS OWNER/CONTACT AL MAPLES

BUS. MAILING ADDRESS SAME

COMMENTS "Moved - left no address" - please verify
the status of this business.

PLEASE INDICATE CURRENT STATUS OF THE BUSINESS

CHARGE CODE _____

PREMISE NAME _____

CURRENT OWNER/CONTACT _____

NEW BUS. MAILING ADDRESS _____

OTHER CHANGES This business is closed

COMPLETED BY Pamela J Evans DATE 7-27-92

=====
Thank you in advance for your assistance. Please return
completed form as soon as possible. If you have any
questions, please contact: judith

A/179

MEMORANDUM

TO: Mark Thomson, Alameda County District Attorney's Office
FROM: Pam Evans, Alameda County Environmental Health
SUBJECT: Al Maples Auto Service, 790 Bockman Av., San Lorenzo
DATE: June 30, 1992

On March 17, 1992 a citation hearing was scheduled with Al Maples to discuss his failure to monitor or remove underground fuel storage tanks at the above location. Since that date, Mr. Abolghassem Razi has apparently purchased the property. On June 26, 1992, I witnessed the removal of all tanks known to be on the property (a total of six) and the required soil sampling and tank manifesting. It appears that your case file for Al Maples can be closed. Please give me a call should you have any questions.

ALAMEDA COUNTY, DEPARTMENT OF
ENVIRONMENTAL HEALTH
Hazardous Materials Inspection Form

II, III

white -env.health
yellow -facility
pink -files

Site ID # _____ Site Name _____ Today's Date 6/26/92

II.A BUSINESS PLANS (Title 19)

- ___ 1. Immediate Reporting 2703
- ___ 2. Bus. Plan Sids. 25503(b)
- ___ 3. RR Cars > 30 days 25503.7
- ___ 4. Inventory Information 25504(a)
- ___ 5. Inventory Complete 2730
- ___ 6. Emergency Response 25504(b)
- ___ 7. Training 25504(c)
- ___ 8. Deficiency 25505(a)
- ___ 9. Modification 25505(b)

II.B ACUTELY HAZ. MATLS

- ___ 10. Registration Form Filed 25533(a)
- ___ 11. Form Complete 25533(b)
- ___ 12. RMPP Contents 25534(c)
- ___ 13. Implement Sch. Req'd? (Y/N)
- ___ 14. OffSite Conseq. Assess. 25524(c)
- ___ 15. Probable Risk Assessment 25534(d)
- ___ 16. Persons Responsible 25534(g)
- ___ 17. Certification 25534(f)
- ___ 18. Exemption Request? (Y/N) 25536(b)
- ___ 19. Trade Secret Requested? 25538

III. UNDERGROUND TANKS (Title 23)

- General
- ___ 1. Permit Application 25284 (H&S)
 - ___ 2. Pipeline Leak Detection 25292 (H&S)
 - ___ 3. Records Maintenance 2712
 - ___ 4. Release Report 2651
 - ___ 5. Closure Plans 2670

- Monitoring for Existing Tanks
- ___ 6. Method
 - 1) Monthly Test
 - 2) Daily Vadose
 - Semi-annual gndwater
 - One time sols X
 - 3) Daily Vadose
 - One time sols X
 - Annual tank test X
 - 4) Monthly Gndwater
 - One time sols STOP
 - 5) Daily Inventory
 - Annual tank testing
 - Cont pipe leak det
 - Vadose/gndwater mon.
 - 6) Daily Inventory
 - Annual tank testing
 - Cont pipe leak det
 - 7) Weekly Tank Gauge
 - Annual tank testing
 - 8) Annual Tank Testing
 - Daily Inventory
 - Other _____
 - ___ 7. Periodic Tank Test 2643
 - Date: _____
 - ___ 8. Inventory Rec. 2644
 - ___ 9. Soil Testing 2646
 - ___ 10. Ground Water. 2647

- New Tanks
- ___ 11. Monitor Plan 2632
 - ___ 12. Access. Secure 2634
 - ___ 13. Plans Submit 2711
 - Date: _____
 - ___ 14. As Built 2635
 - Date: _____

Rev 8/88

Site Address 790 Bockman Rd
City San Lorenzo Zip 94580 Phone _____

MAX AMT stored > 500 lbs, 55 gal., 200 cft.?

Inspection Categories:

- ___ I. Haz. Mat/Waste GENERATOR/TRANSPORTER
- ___ II. Business Plans, Acute Hazardous Materials
- III. Underground Tanks 6 steel USTs removed by Alpha Geo Services - Frank Hamel - site supervisor

* Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

Comments: 3 Tank pits: SE, N, NW
A) SE tank pit contained two 12K gallon fuel tanks. (tanks 1+2) These appeared sound + soil looked clean. at least 1' of sandy backfill beneath tanks. Samples: 3 beneath ~~each~~ tanks in native soil, 14' ~ 40 yd³ of stockpile soils - As con- tractor wanted to replace this in waste oil + SE pit, he is sampling at 1/20 ft³ - Two samples were taken. No plastic liner was used. If stockpile soils are found to be contaminated at > N.D. levels, all stockpile soil must be removed to a minimum of 14' in SE pit + 8' in N pit. Also, possible impact to native soil must be evaluated. Two more native soil samples to be taken from boring by 7-15-92. N or waste oil tank pit contained one 500+ gallon tank used until recently. Tank looked sound + pit appeared clean. 2 native soil samples taken from each end, 1 stock pile soil from < 5 yd³. Native soil samples taken at 8'.

NOTE: Sampler from AGS ran out of 6" brass tubes, so some samples taken by using 2"-4" brass tubes.

Job continued beyond 5:00 pm, so I did not witness samples taken after that time.

Contact: _____
Title: _____
Signature: [Signature]
Inspector: Pam Evans
Signature: [Signature]

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

80 Swan Way, #200
 Oakland, CA 94621
 (415) 271-4320

Hazardous Materials Inspection Form

II, III

Site ID # _____ Site Name _____ Today's Date ____/____/____

II.A BUSINESS PLANS (Title 19)

- ___ 1. Immediate Reporting 2703
- ___ 2. Bus. Plan Stds. 25503(b)
- ___ 3. RR Cars > 30 days 25503.7
- ___ 4. Inventory Information 25504(a)
- ___ 5. Inventory Complete 2730
- ___ 6. Emergency Response 25504(b)
- ___ 7. Training 25504(c)
- ___ 8. Deficiency 25505(a)
- ___ 9. Modification 25505(b)

Site Address 790 Bockman Rd
 City San Lorenzo Zip 94580 Phone _____

MAX AMT stored > 500 lbs, 55 gal., 200 cft.?

Inspection Categories:

- ___ I. Haz. Mat/Waste GENERATOR/TRANSPORTER
- ___ II. Business Plans, Acute Hazardous Materials
- III. Underground Tanks

Page 2

II.B ACUTELY HAZ. MATLS

- ___ 10. Registration Form Filed 25533(a)
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- ___ 15. Probable Risk Assessment 25534(d)
- ___ 16. Persons Responsible 25534(g)
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- ___ 18. Exemption Request? (Y/N) 25536(b)
- ___ 19. Trade Secret Requested? 25538

* Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

III. UNDERGROUND TANKS (Title 23)

- | | |
|-------------------------------|---|
| General | ___ 1. Permit Application 25284 (H&S) |
| | ___ 2. Pipeline Leak Detection 25292 (H&S) |
| | ___ 3. Records Maintenance 2712 |
| | ___ 4. Release Report 2651 |
| | ___ 5. Closure Plans 2670 |
| Monitoring for Existing Tanks | ___ 6. Method |
| | 1) Monthly Test |
| | 2) Daily Vadose
Semi-annual gndwater
One time sols |
| | 3) Daily Vadose
One time sols
Annual tank test |
| | 4) Monthly Gndwater
One time sols |
| | 5) Daily Inventory
Annual tank testing
Cont pipe leak det
Vadose/gndwater mon. |
| | 6) Daily Inventory
Annual tank testing
Cont pipe leak det |
| | 7) Weekly Tank Gauge
Annual tank testing |
| | 8) Annual Tank Testing
Daily Inventory |
| | 9) Other _____ |
| New Tanks | ___ 7. Precs Tank Test 2643 |
| | Date: _____ |
| | ___ 8. Inventory Rec. 2644 |
| | ___ 9. Soil Testing 2646 |
| | ___ 10. Ground Water. 2647 |
| | ___ 11. Monitor Plan 2632 |
| | ___ 12. Access. Secure 2634 |
| | ___ 13. Plans Submit 2711 |
| | Date: _____ |
| | ___ 14. As Built 2635 |
| Date: _____ | |

C) Comments:
 North tank pit held 3 tanks - one ~1000 gal + two ~6000 gal. #4 (1000 gal) appeared intact, #5 had a ^{crack} hole in west end. Liquid leaked into pit + bond'd after pull. #6 looked corroded, especially along west end of tank.

Samples taken at ~11'2" - 12' deep in native soil beneath tanks 5 + 6, west ends.
I did not witness east + south side samples in this pit.
Stockpiles were not intended to go back into pits.
Volume ~ 40-50 cubic yds - 1 sample taken.

E) Waste oil from tank 3 + other tank liquids were hauled by Gibson Oil to Redwood City.

F) Tanks 6 + 4 hauled by Trident to Erickson's Richmond facility. Tanks 1, 2, 3 hauled by Erickson to its own yard.

G) Also present: Jim Cox of Erickson, Jim Ferdinand of Eden Fire (~30 minutes only)

II, III

Contact: _____

Title: _____

Signature: 

Inspector: _____

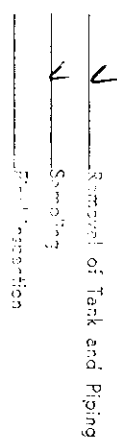
Signature: 

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 HAZARDOUS MATERIALS DIVISION
 80 SWAN WAY, ROOM 200
 OAKLAND, CA 94621
 PHONE NO. 415/271-4320

Project Specialist (print) Pamela J. Evans

OK THERE'S A FINANCIAL PENALTY FOR NOT COMPLETING THESE INSPECTIONS. 6-25-92

These plans must be submitted to the Department on completion of the inspection and all top scale laws and regulations.



Any change or alterations of these plans and specifications must be submitted to this Department and to the firm and Building Inspector Department to determine if such changes meet the requirements of State and local laws. Notify this Department at least 48 hours prior to the following required inspections:

One copy of these accepted plans must be on the job and available to all contractors and craftsmen involved with the removal.

These plans have been reviewed and found to be acceptable and essentially meet the requirements of State and local health laws. Changes to your plans indicated by this Department are to assure compliance with State and local laws. The project proposed herein is now reviewed for issuance of any required building permits for construction.

DEPARTMENT OF ENVIRONMENTAL HEALTH
 470 - 27th Street, Third Floor
 Oakland, CA 946 2
 Telephone: (4 5) 874-7237

ACCEPTED

UNDERGROUND TANK CLOSURE PLAN

* * * Complete according to attached instructions * * *

1. Business Name Al Maples Auto Service
 Business Owner Al Maples
 2. Site Address 790 Bockman Road
 City San Lorenzo, CA Zip 94580 Phone 510-278-7871
 3. Mailing Address 790 Bockman Road
 City San Lorenzo, CA Zip 94580 Phone 51-278-7871
 4. Land Owner Abolghassem Razi
 Address 3261 Ramona Street City, State Pinole, CA Zip 94564
 5. Generator name under which tank will be manifested Mr. Abolghassem Razi
- EPA I.D. No. under which tank will be manifested CAC000864960

6. Contractor Alpha Geo Services
Address 298 Brokaw Road
City Santa Clara, CA 95050 Phone 408-988-1032
License Type General "A" & C57 ID# 507520
*

7. Consultant Soil Tech Engineering, Inc.
Address 298 Brokaw Road
City Santa Clara, CA 95050 Phone 408-496-0265

8. Contact Person for Investigation
Name Noori Ameli Title Project Engineer
Phone 408-496-0265

9. Number of tanks being closed under this plan 6
Length of piping being removed under this plan unknown
Total number of tanks at facility 6

10. State Registered Hazardous Waste Transporters/Facilities (see instructions).

** Underground tanks are hazardous waste and must be handled **
as hazardous waste

a) Product/Residual Sludge/Rinsate Transporter

Name Trident Truck Line, Inc. EPA I.D. No. CAD982484370
Hauler License No. 2773 License Exp. Date 6/30/93
Address 23422 Clawiter Road
City Hayward State CA Zip 94545

b) Product/Residual Sludge/Rinsate Disposal Site

Name Erickson, Inc. EPA I.D. No. CAD0009466392
Address 255 Parr Boulevard
City Richmond State CA Zip 94801

c) Tank and Piping Transporter

Name Erickoson, Inc. EPA I.D. No. CAD0009466392
Hauler License No. 0019 License Exp. Date _____
Address 255 Parr Boulevard
City Richmond State CA Zip 94801

d) Tank and Piping Disposal Site

Name Erickson, Inc. EPA I.D. No. CAD0009466392
Address 255 Parr Boulevard
City Richmond State CA Zip 94801

11. Experienced Sample Collector

Name Noori Ameli
Company Soil Tech Engineering, Inc.
Address 298 Brokaw Road
City Santa Clara State CA Zip 95050 Phone 408-496-0265

12. Laboratory

Name Priority Environmental Labs
Address 1764 Houret Court
City Milpitas State CA Zip 95035
State Certification No. 1708

13. Have tanks or pipes leaked in the past? Yes [] No [X]

If yes, describe. _____

14. Describe methods to be used for rendering tank inert

Dry ice: 20 pounds of dry ice per 1,000 gallons.

Before tanks are pumped out and inerted, all associated piping must be flushed out into the tanks. All accessible associated piping must then be removed. Inaccessible piping must be plugged.

The Bay Area Air Quality Management District (771-6000), along with local Fire and Building Departments, must also be contacted for tank removal permits. Fire departments typically require the use of explosion proof combustible gas meters to verify tank inertness. It is the contractor's responsibility to bring a working combustible gas meter on site to verify tank inertness.

15. Tank History and Sampling Information

Tank		Material to be sampled (tank contents, soil, groundwater, etc.)	Location and Depth of Samples
Capacity	Use History (see instructions)		
500	waste oil	soil and groundwater if present	<i>Soil only, minimum # Samples</i> 1 within 2' of native soil / back fill interface - fill end 2, both ends of tank, within 2' of native soil / back fill interface Groundwater: one of gr. water per tank pit area & 2, per tank, each end on tank pit walls at soil/groundwater interface
4,000	gasoline	soil and groundwater if present	
4,000	gasoline	soil and groundwater if present	
4,000	gasoline	soil and groundwater if present	
4,000	gasoline	soil and groundwater if present	
4,000	gasoline	soil and groundwater if present	

One soil sample must be collected for every 20 feet of piping that is removed. A ground water sample must be collected should any ground water be present in the excavation.

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (Estimated)	Sampling Plan Minimum 1/50 cubic yard if hauled away Min. 1/20 cubic yard if soil is kept on site

Stockpiled soil must be placed on bermed plastic and must be completely covered by plastic sheeting.

16. Chemical methods and associated detection limits to be used for analyzing samples

The Tri-Regional Board recommended minimum verification analyses and practical quantitation reporting limits should be followed. See attached Table 2.

Contaminant Sought	EPA, DHS, or Other Sample Preparation Method Number	EPA, DHS, or Other Analysis Method Number	Method Detection Limit
TPHg	5030	GCFID	
BTEX	8020 or 8240 OR 602 or 624		
TPHd	3550 or 3510	GCFID	
O&G	5520 D&F or 5520 C&F		
Total lead	AA - leaded gasoline is likely to have been stored in gasoline tanks		
Additional Tests req'd for waste oil tanks:			
TPHg	5030		
TPHd or BTEX	TPH+BTEX 8260 3550		
Chlorinated HC (Cd, Cr, Pb, Zn, Ni)	8020 or 8240 or 602 or 624 8010 or 8240 or 601 or 624		
	ICAP or AA		

17. Submit Site Health and Safety Plan (See Instructions)

18. Submit Worker's Compensation Certificate copy

Name of Insurer State Compensation Insurance Fund

19. Submit Plot Plan (See Instructions)

20. Enclose Deposit (See Instructions)

21. Report any leaks or contamination to this office within 5 days of discovery. The report shall be made on an Underground Storage Tank Unauthorized Leak/Contamination Site Report form. (see Instructions)

22. Submit a closure report to this office within 60 days of the tank removal. This report must contain all the information listed in item 22 of the instructions.

I declare that to the best of my knowledge and belief the statements and information provided above are correct and true.

I understand that information in addition to that provided above may be needed in order to obtain an approval from the Department of Environmental Health and that no work is to begin on this project until this plan is approved.

I understand that any changes in design, materials or equipment will void this plan if prior approval is not obtained.

I understand that all work performed during this project will be done in compliance with all applicable OSHA (Occupational Safety and Health Administration) requirements concerning personnel health and safety. I understand that site and worker safety are solely the responsibility of the property owner or his agent and that this responsibility is not shared nor assumed by the County of Alameda.

Once I have received my stamped, accepted closure plan, I will contact the project Hazardous Materials Specialist at least three working days in advance of site work to schedule the required inspections.

Signature of Contractor

Name (please type) Frank Hamedi-Fard

Signature X

Date 6/22/92

Signature of Site Owner or Operator

Name (please type) Abolghassem Razi

Signature X

Date 6/22/92

INSTRUCTIONS

General Instructions

- * Three (3) copies of this plan plus attachments and deposit must be submitted to this Department.
- * Any cutting into tanks requires local fire department approval.
- * One complete copy of your approved plan must be at the construction site at all times; a copy of your approved plan must also be sent to the landowner.

Item Specific Instructions

2. SITE ADDRESS
Address at which closure is taking place.
5. EPA I.D. NO. under which the tanks will be manifested
EPA I.D. numbers may be obtained from the State Department of Health Services, 916/324-1781.
6. CONTRACTOR
Prime contractor for the project.
10. STATE REGISTERED HAZARDOUS WASTE TRANSPORTERS/FACILITIES
 - a) All residual liquids and sludges are to be removed from tanks before tanks are inerted.
 - c) Tanks must be hauled as hazardous waste.
 - d) This is the place where tanks will be taken for cleaning.
15. TANK HISTORY AND SAMPLING INFORMATION
Use History - This information is essential and must be accurate. Include tank installation date, products stored in the tank, and the date when the tank was last used.

Material to be sampled - e.g. water, oil, sludge, soil, etc.

Location and depth of samples - e.g. beneath the tank a maximum of two feet below the native soil/backfill interface, side wall at the high water mark, etc.

17. SITE HEALTH AND SAFETY PLAN

A site specific Health and Safety plan must be submitted. We advocate the site health and safety plan include the following items, at a minimum:

- a) The name and responsibilities of the site health and safety officer;
- b) Identification of health and safety hazards of each work task. Include potential fire, explosion, physical, and chemical hazards;
- c) An outline of briefings to be held before work each day to appraise employees of site health and safety hazards;
- d) Frequency and types of air and personnel monitoring to be used - along with the environmental sampling techniques and instrumentation. Include instrumentation maintenance and calibration methods and frequencies;
- e) Specific personal protective equipment and procedures to be used by workers to protect themselves from the identified hazards. Also state the contaminant concentrations in air - or other conditions - which will trigger changes in work or work habits to ensure workers are not exposed to high levels of hazardous chemicals or to other unsafe conditions;
- f) Confined space entry procedures (if applicable);
- g) Decontamination procedures;
- h) Measures to be taken to secure the site, excavation and stockpiled soil during and after work hours (e.g. barricades, caution tape, fencing, trench plates, security guards, etc.);
- i) Spill containment and emergency/contingency plan. Be sure to include emergency phone numbers, the location of the phone nearest the site, and directions to the hospital nearest the site;
- j) Documentation that all site workers have received the appropriate OSHA approved trainings and participate in appropriate medical surveillance per 29 CFR 1910.120; and
- k) Page for employees to sign indicating they have read and will comply with the site health and safety plan.

The safety plan must be distributed to all employees and contractors working in hazardous waste operations on site. A complete copy of the site health and safety plan along with any standard operating procedures shall be on site and accessible at all times.

NOTE: These requirements are excerpts from 29 CFR Part 1910.120, Hazardous Waste Operations and Emergency Response; Final Rule, March 6, 1989. Safety plans of certain underground tank sites may need to meet the complete requirements of this Rule.

19. PLOT PLAN

The plan should consist of a scaled view of the facility at which the tank(s) are located and should include the following information:

- a) Scale;
- b) North Arrow;
- c) Property Lines;
- d) Location of all Structures;
- e) Location of all relevant existing equipment including tanks and piping to be removed and dispensers;
- f) Streets;
- g) Underground conduits, sewers, water lines, utilities;
- h) Existing wells (drinking, monitoring, etc.);
- i) Depth to ground water; and
- j) All existing tanks and piping in addition to the ones being pulled.

20. DEPOSIT

A deposit, payable to Alameda County for the amount indicated on the Alameda County Underground Storage Tank Fee Schedule, must accompany the plans.

21. Blank Unauthorized Leak/Contamination Site Report forms may be obtained in limited quantities from our office and from the San Francisco Bay Regional Water Quality Control Board (415/464-1255). Larger quantities may be obtained directly from the State Water Resources Control Board at (916) 739-2421.

22. TANK CLOSURE REPORT

The tank closure report should contain the following information:

- a) General description of the closure activities;
- b) Description of tank, fittings and piping conditions. Indicate tank size and former contents; note any corrosion, pitting, holes, etc.;

- c) Description of the excavation itself. Include the tank and excavation depth, a log of the stratigraphic units encountered within the excavation, a description of root holes or other potential contaminant pathways, the depth to any observed ground water, descriptions and locations of stained or odor-bearing soil, and descriptions of any observed free product or sheen;
- d) Description of sampling methods;
- e) Description of any remedial measures conducted at the time of tank removal;
- f) To-scale figures showing the excavation size and depth, nearby buildings, sample locations and depths, and tank and piping locations. Include a copy of the plot plan prepared for the Tank Closure Plan under item 19;
- g) Chain of custody records;
- h) Copies of signed laboratory reports;
- i) Copies of "TSDF to Generator" Manifests for all hazardous wastes hauled offsite (sludge, rinsate, tanks and piping, contaminated soil, etc.); and
- j) Tabulation of the volume and final destination of all non-manifested contaminated soil hauled offsite.

TABLE #2
RECOMMENDED MINIMUM VERIFICATION ANALYSES FOR
UNDERGROUND TANK LEAKS

<u>HYDROCARBON LEAK</u>	<u>SOIL ANALYSIS</u>		<u>WATER ANALYSIS</u>	
Unknown Fuel	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E	8260		
Leaded Gas	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	BTX&E	8020 OR 8240	BTX&E	602 or 624
	TPH AND BTX&E	8260	TOTAL LEAD AA	
	TOTAL LEAD AA			
	-----Optional-----			
	TEL	DHS-LUFT	TEL	DHS-LUFT
	EDB	DHS-AB1803	EDB	DHS-AB1803
Unleaded Gas	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E	8260		
Diesel, Jet Fuel and Kerosene	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E	8260		
Fuel/Heating Oil	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	TPH AND BTX&E	8260		
Chlorinated Solvents	CL HC	8010 or 8240	CL HC	601 or 624
	BTX&E	8020 or 8240	BTX&E	602 or 624
	CL HC AND BTX&E	8260	CL HC AND BTX&E	8260
Non-chlorinated Solvents	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	BTX&E	8020 or 8240	BTX&E	602 or 624
	TPH AND BTX&E	8260	TPH and BTX&E	8260
Waste and Used Oil or Unknown (All analyses must be completed and submitted)	TPH G	GCFID(5030)	TPH G	GCFID(5030)
	TPH D	GCFID(3550)	TPH D	GCFID(3510)
	TPH AND BTX&E	8260		
	O & G	5520 D & F	O & G	5520 C & F
	BTX&E	8020 or 8240	BTX&E	602, 624 or 8260
	CL HC	8010 or 8240	CL HC	601 or 624
	ICAP or AA TO DETECT METALS: Cd, Cr, Pb, Zn, Ni			
	METHOD 8270 FOR SOIL OR WATER TO DETECT:			
	PCB*		PCB	
	PCP*		PCP	
	PNA		PNA	
	CREOSOTE		CREOSOTE.	

* If found, analyze for dibenzofurans (PCBs) or dioxins (PCP)

Reference: Tri-Regional Board Staff Recommendations for Preliminary Evaluation and Investigation of Underground Tank Sites, 10 August 1990

EXPLANATION FOR TABLE #2: MINIMUM VERIFICATION ANALYSIS

1. OTHER METHODOLOGIES are continually being developed and as methods are accepted by EPA or DHS, they also can be used.
2. For DRINKING WATER SOURCES, EPA recommends that the 500 series for volatile organics be used in preference to the 600 series because the detection limits are lower and the QA/QC is better.
3. APPROPRIATE STANDARDS for the materials stored in the tank are to be used for all analyses on Table #2. For instance, seasonally, there may be five different jet fuel mixtures to be considered.
4. To AVOID FALSE POSITIVE detection of benzene, benzene-free solvents are to be used.
5. TOTAL PETROLEUM HYDROCARBONS (TPH) as gasoline (G) and diesel (D) ranges (volatile and extractable, respectively) are to be analyzed and characterized by GCFID with a fused capillary column and prepared by EPA method 5030 (purge and trap) for volatile hydrocarbons, or extracted by sonication using 3550 methodology for extractable hydrocarbons. Fused capillary columns are preferred to packed columns; a packed column may be used as a "first cut" with "dirty" samples or once the hydrocarbons have been characterized and proper QA/QC is followed.
6. TETRAETHYL LEAD (TEL) analysis may be required if total lead is detected unless the determination is made that the total lead concentration is geogenic (naturally occurring).
7. CHLORINATED HYDROCARBONS (CL HC) AND BENZENE, TOLUENE, XYLENE AND ETHYLBENZENE (BTX&E) are analyzed in soil by EPA methods 8010 and 8020 respectively, (or 8240) and in water, 601 and 602, respectively (or 624).
8. OIL AND GREASE (O & G) may be used when heavy, straight chain hydrocarbons may be present. Infrared analysis by method 418.1 may also be acceptable for O & G if proper standards are used. "Standard Methods" 17th Edition, 1989, has changed the 503 series to 5520.
9. PRACTICAL QUANTITATION REPORTING LIMITS are influenced by matrix problems and laboratory QA/QC procedures. Following are the Practical Quantitation Reporting Limits:

	<u>SOIL PPM</u>	<u>WATER PPB</u>
TPH G	1.0	50.0
TPH D	1.0	50.0
BTX&E	0.005	0.5
O & G	50.0	5,000.0

Based upon a Regional Board survey of Department of Health Services Certified Laboratories, the Practical Quantitation Reporting Limits are attainable by a majority of laboratories with the exception of diesel fuel in soils. The Diesel Practical Quantitation Reporting Limits, shown by the survey, are:

ROUTINE	MODIFIED PROTOCOL
≤ 10 ppm (42%)	≤ 10 ppm (10%)
≤ 5 ppm (19%)	≤ 5 ppm (21%)
≤ 1 ppm (35%)	≤ 1 ppm (60%)

When the Practical Quantitation Reporting Limits are not achievable, an explanation of the problem is to be submitted on the laboratory data sheets.

- LABORATORY DATA SHEETS are to be signed and submitted and include the laboratory's assessment of the condition of the samples on receipt including temperature, suitable container type, air bubbles present/absent in VOA bottles, proper preservation, etc. The sheets are to include the dates sampled, submitted, prepared for analysis, and analyzed.
- IF PEAKS ARE FOUND, when running samples, that do not conform to the standard, laboratories are to report the peaks, including any unknown complex mixtures that elute at times varying from the standards. Recognizing that these mixtures may be contrary to the standard, they may not be readily identified; however, they are to be reported. At the discretion of the LIA or Regional Board the following information is to be contained in the laboratory report:

The relative retention time for the unknown peak(s) relative to the reference peak in the standard, copies of the chromatogram(s), the type of column used, initial temperature, temperature program is C/minute, and the final temperature.
- REPORTING LIMITS FOR TPH are: gasoline standard ≤ 20 carbon atoms, diesel and jet fuel (kerosene) standard ≤ 50 carbon atoms. It is not necessary to continue the chromatography beyond the limit, standard, or EPA/DHS method protocol (whichever time is greater).

EPILOGUE

ADDITIVES: Major oil companies are being encouraged or required by the federal government to reformulate gasoline as cleaner burning fuels to reduce air emissions. MTBE (Methyl-tertiary butyl ether), ETHANOL (ethyl alcohol), and other chemicals may be added to reformulate gasolines to increase the oxygen content in the fuel and thereby decrease undesirable emissions (about four percent with MTBE). MTBE and ethanol are, for practical purposes, soluble in water. The removal

Regional Board Staff Recommendations
Preliminary Site Investigation

10 August 1990

from the water column will be difficult. Other compounds are being added by the oil companies for various purposes. The refinements for detection and analysis for all of these additives are still being worked out. If you have any questions about the methodology, please call your Regional Board representative.

**HEALTH AND SAFETY PLAN
FOR
AL MAPLES AUTO SERVICE'S PROPERTY
LOCATED AT 790 BOCKMAN ROAD
SAN LORENZO, CALIFORNIA**

General:

This Health and Safety Plan (HSP) contains the minimum requirements for the subject site and tanks removal. The field activities include: removal of product, excavation, product lines, triple washing the tanks, sampling rinsate, removing rinsate with vactruck, removing the tanks and proper disposal. All personnel and contractors will be required to strictly adhere to these HSP requirements.

The objective of the HSP plan is to describe procedures and actions to protect the worker, as well as unauthorized person, from inhalation and ingestion of, and direct skin contact with potentially hazardous materials that may be encountered at the site. The plan describes (1) personnel responsibilities and (2) protective equipment to be used as deemed when working on the site. At a minimum, all personnel working at the site must read and understand the requirements of this HSP. A copy of this HSP will be on-site, easily accessible to all staff and government field representative.

ALPHA GEO SERVICES

Personnel Responsibilities:

Key personnel directly involved in the investigation will be responsible for monitoring the implementation of safe work practices and the provisions of this plan are (1) Alpha Geo Services (AGS) supervisor, Mr. Richard Manley and (2) Soil Tech Engineering, Inc. (STE) project field engineer, site safety officer, Mr. Noori Ameli. These personnel are responsible for knowing the provisions of the plan, communicating plan requirements to workers under their supervision and regulatory agencies inspectors and for enforcing the plan.

The personnel-protective equipment will be selected to prevent field personnel from exposure to fuel hydrocarbons that may be present at the site. To prevent direct skin contact, the following protective clothing will be worn as appropriate while working at the site:

1. Tyvek coveralls.
2. Butyl rubber or disposable vinyl gloves.
3. Hard hat with optional face shield.
4. Steel toe boots.
5. Goggles or safety glasses.

The type of gloves used will be determined by the type of work being performed. Excavation and tank removal personnel will be

required to wear butyl rubber gloves because they may have long duration contact with the subsurface materials. The triple washing (decontaminated) and vactruck crews shall wear butyl rubber gloves as they may have long duration contact with the rinsate. STE sampling staff will wear disposable gloves when handling any sample. These gloves will be changed between each sample.

Tank destruction and removal personnel will be required to wear hard hats and when appropriate wear a protective face shield.

Personnel protective equipment shall be put on before entering the immediate work area. The sleeves of the overalls shall be outside of the cuffs of the gloves to facilitate removal of clothing with the least potential contamination of personnel. If at any time protective clothing (coveralls, boots or gloves) become torn, wet or excessively soiled, it will be replaced immediately.

Total organic vapors will be monitored at the site with a portable PID and portable LEL meter. Should the total organic vapor content approach that of the threshold limit value (TLV) for any of the substances listed in Table 1, appropriate safety measures will be implemented under the supervision of the site project engineer. These precautions include, but are not limited to, the following: (1) Donning of respirators (with appropriate cartridges) by site personnel, (2) forced ventilation of the site, (3) shutdown of work until such time as appropriate safety measures sufficient to insure the health and safety of site personnel can be implemented.

ALPHA GEO SERVICES

TABLE 1
THRESHOLD LIMIT VALUES
FOR
COMMON GASOLINE CONSTITUENTS

Benzene	10 ppm
Toluene	100 ppm
Ethylbenzene	100 ppm
Xylenes	100 ppm

No eating, drinking or smoking will be allowed in the vicinity of the drilling operations. AGS will designate a separate area on site for eating and drinking. Smoking will not allowed at the vicinity of the site except in designated areas. No contact lenses will be worn by field personnel.

WORK ZONES AND SECURITY MEASURES:

The Project Engineer will call Underground Service Alert (USA) and the utilities will be marked before any excavation is conducted on-site, and excavation will be at safe distances from the utilities. The client will also be advised to have a representative on-site to advise us in selecting locations of piping trenches with respect to utilities, underground or above ground structures. AGS assumes no responsibility to utilities not so located. The excavation will be hand dig or using small power tools. Each of the areas where the tank or piping will be excavated will be designated as exclusion zones. Only essential personnel will be

allowed into an exclusion zone. When it is practical and local topography allows, approximately 25 to 75 feet of space surrounding those exclusion zones will be designated as contamination reduction zones.

Cones, wooden barricades or a suitable alternative will be used to deny public access to these Contamination Reduction Zones excavation area. The general public will not be allowed close to the work area under any conditions. If for any reason the safety of a member of the public (e.g. motorist or pedestrian) may be endangered, work will cease until the situation is remedied. Cones and warning signs will be used when necessary to redirect motorists or pedestrians.

Location and Phone Numbers of Emergency Facilities:

The fire department and hospital addresses and phone number are listed below:

City of San Lorenzo Fire Department 911
427 Paseo Grande, San Lorenzo

Saint Rose Hospital (510) 782-6200
27200 Calaroga Avenue, Hayward

Additional Contingency Telephone Numbers:

Poison Control Center (800) 523-2222
Alpha Geo Services (408) 988-1032
CHEMTREC (800) 424-9300

ALPHA GEO SERVICES

Note: Only call CHEMTREC stands for Chemical Transportation Emergency Center, a public service of the Chemical Manufacturer's Association. CHEMTREC can usually provide hazard information, warnings and guidance when given the identification number or the name of the product and the nature of the problem. CHEMTREC can also contact the appropriate experts.

ALPHA GEO SERVICES

TYPES OF PROTECTIVE CLOTHING AND RESPIRATION THAT
SHOULD BE USED AT HAZARDOUS WASTE SITES
AL MAPLES AUTO SERVICE
790 BOCKMAN ROAD
SAN LORENZO, CALIFORNIA

The degree of hazard is based on the waste material's physical, chemical, and biological properties and anticipated concentrations of the waste. The level of protective clothing and equipment worn must be sufficient to safeguard the individual. A four category system is described below.

LEVEL A

Level A consists of a pressure-demand SCBA (air supplying respirator with back mounted cylinders), fully encapsulated resistant suit, inner and outer chemical resistant gloves, chemical resistant steel safety boots (toe, shank, and metatarsal protection), and hard hat. Optional equipment might include cooling systems, abrasive resistant gloves, disposal oversuit and boot covers, communication equipment, and safety line. Level A is worn when the highest level of respiratory, skin, and eye protection is required. Most samplers will never wear Level A protection.

LEVEL B

Level B protection is utilized in areas where full respiratory protection is warranted, but a lower level of skin and eye protection is sufficient (only a small area of head and neck

ALPHA GEO SERVICES

is exposed). Level B consists of SCBA, splash suite (one or two piece) or disposal chemical resistant coveralls, inner and outer chemical resistant gloves, chemical resistant safety boots, and hard hat with face shield. Optional items include glove and boot covers and inner chemical resistant fabric coveralls.

LEVEL C

Level C permits the utilization of air-purifying respirators. Level B body, foot, and hand protection is normally maintained. Many organizations will permit only the use of approved full-face masks equipped with a chin or harness-mounted canister. However, many sites are visited by personnel wearing a half-mask cartridge respirator.

LEVEL D

Level D protection consists of a standard work uniform of coveralls, gloves, safety shoes or boots, hard hat, and goggles or safety glasses.

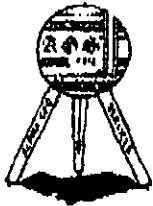
Respirators are of two basic types, air-purifying and air-supplying. Air-purifying respirators are designed to remove specific contaminants by means of filters and/or sorbents. Air-purifying respirators come in various sizes, shapes, and models and can be outfitted with a variety of filters, cartridges, and canisters. Each mask and cartridge or canister is designed for

protection against certain contaminant concentrations. Just because a cartridge says it is for use against organic vapors does not mean that it is good for all organic vapors.

Air-supplying respirators are utilized in oxygen-deficient atmospheres (less than 19.5 percent) or when an air-purifying device is not sufficient. Air is supplied to a face-mask from an uncontaminated source of air via and air line from stationary tanks, from a compressor, or from air cylinders worn on the back (SCBA). Rated capacities of the SCBA's are normally between 30 and 60 minutes. Only positive pressure (pressure demand) respirators should be used in high concentration hazardous environments.

Contact lenses are not permitted for use with any respirator. Contact lenses should not be worn at any site since they tend to concentrate organic materials around the eyes; soft plastic contact lenses can absorb chemicals directly. In addition, rapid removal of contact lenses may be difficult in an emergency. Although eye glasses can prevent a good seal around the temple when wearing goggles or full face masks, spectacle adapters are available for masks and goggles. Respirators often malfunction during cold weather or after continued use. Only NIOSH (National Institute for Occupational Safety and Health) MSHA (Mine Safety and Health Administration) approved respirators should be used.

ALPHA GEO SERVICES



ALPHA GEO SERVICES INC.
 GENERAL ENGINEERING CONTRACTOR LICENSE NO. 507520
 298 BROKAW Rd. Phone (408) 988-1055
 SANTA CLARA, Ca. 95050 Fax (408) 988-3343

DATE: 6/24/92 TIME: _____
 TO: Alameda County Health Care
 ATTN: Mr. Sam Evans
 RE: _____
 FAX: 510-569-4757

4 PAGES
 (INCLUDING COVER PAGE)

FROM: Alpha Geo Services
 C/O: Frank Hamidi
 OUR FAX: 408-988-3343
 NOTE: _____

PLEASE CALL OUR OFFICE IF YOU DO NOT RECEIVE ALL THE PAGES.

**STATE
COMPENSATION
INSURANCE
FUND**

P.O. BOX 807, SAN FRANCISCO, CA 94101-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

JUNE 24, 1992

POLICY NUMBER: 0650917-92
CERTIFICATE EXPIRES: 7-27-92

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
ATTN DEPT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIAL DIVISION
80 SWAN WAY ROOM #200
OAKLAND, CA 94621

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon ten days' advance written notice to the employer.

We will also give you ten days' advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term, or condition of any contract or other document with respect to which this certificate of insurance 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.


PRESIDENT

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE
EFFECTIVE 1-1-92 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

SOIL TECH ENGINEERING, INC. AND/OR
ALPHA GRO SERVICES, INC.
298 BROKAW ROAD
SANTA CLARA
CA 95050



State of California
Department of Consumer Affairs
CONTRACTORS STATE LICENSE BOARD



License Number

507520

Entity

C O R P

Name/Name/Type

ALPHA GEO SERVICES

Classification(s)

C57 A HAZ

Expiration Date

03/31/93

STATE OF CALIFORNIA
STATE AND CONSUMER SERVICES AGENCY CONTRACTORS STATE LICENSE BOARD

DEPARTMENT OF
**Consumer
Affairs**

Building Quality



HAZARDOUS SUBSTANCES REMOVAL AND REMEDIAL ACTIONS CERTIFICATION

Pursuant to the provisions of Section 70589 of the Business and Professions Code, the Registrar of Contractors does hereby certify that the following qualifying person has successfully completed the hazardous substances removal and remedial actions examination.



Qualifier: **FARHANG HANEDI-FARD**
License No.: **507520**
Namestyle: **ALPHA GEO SERVICES**

WITNESS my hand and official seal this
16TH day of **MARCH, 1990**
Doris R. Ellis
Registrar of Contractors

13L-36 (7 88)

This certification is the property of the Registrar of Contractors, is not transferable, and shall be returned to the Registrar upon demand when suspended, revoked, or invalidated for any reason.

A3391

JUN 1 1990
THU 8:18
SOIL TECH ENG., INC.
P. 04



State of California
Department of Consumer Affairs
CONTRACTORS STATE LICENSE BOARD



License Number

Entity

507520

C O R P

Name, Namestyle

ALPHA GEO SERVICES

Classification(s)

C57 A HAZ

Expiration Date

03/31/93

**STATE
COMPENSATION
INSURANCE
FUND**

P.O. BOX 807, SAN FRANCISCO, CA 94101-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

JUNE 24, 1992

POLICY NUMBER: 0650917-92
CERTIFICATE EXPIRES: 7-27-92

┌
ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
ATTN DEPT OF ENVIRONMENTAL HEALTH
HAZARIOUS MATERIAL DIVISION
80 SWAN WAY ROOM #200
OAKLAND, CA 94621

L
This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon ³⁰ten days' advance written notice to the employer.

We will also give you TEN days' advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term, or condition of any contract or other document with respect to which this certificate of insurance 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.


PRESIDENT

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE
EFFECTIVE 1-1-92 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

┌
SOIL TECH ENGINEERING, INC. AND/OR
ALPHA GEO SERVICES, INC.
298 BROKAW ROAD
SANTA CLARA
CA 95050

JUN 11 24 1992
MED 10:50
SOIL
TECH
ENG.
INC.

STATE OF CALIFORNIA
STATE AND CONSUMER SERVICES AGENCY CONTRACTORS STATE LICENSE BOARD

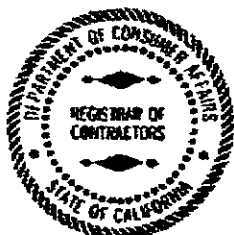


Building Quality



HAZARDOUS SUBSTANCES REMOVAL AND REMEDIAL ACTIONS CERTIFICATION

Pursuant to the provisions of Section 70587 of the Business and Professions Code, the Registrar of Contractors does hereby certify that the following qualifying person has successfully completed the hazardous substances removal and remedial actions examination.



Qualifier:	FARHANG HAMEDI-FARD
License No.:	507520
Namestyle:	ALPHA GEO SERVICES

WITNESS my hand and official seal this
14TH day of MARCH, 1990
Doris R. Keller
Registrar of Contractors

13L-38 (7-88)

This certification is the property of the Registrar of Contractors, is not transferable, and shall be returned to the Registrar upon demand when suspended, revoked, or invalidated for any reason.

A3391

#417

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 checked="" 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 Al Maples Auto Service		NAME OF OPERATOR Al Maples		
ADDRESS 790 Bockman Road		NEAREST CROSS STREET Hesperian Blvd.	PARCEL # (OPTIONAL)	
CITY NAME San Lorenzo		STATE CA	ZIP CODE 94580	SITE PHONE # WITH AREA CODE 510-278-7871
<input checked="" type="checkbox"/> BOX TO INDICATE <input type="checkbox"/> CORPORATION <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY DISTRICTS <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> FEDERAL-AGENCY				
TYPE OF BUSINESS		<input checked="" type="checkbox"/> 1 GAS STATION	<input type="checkbox"/> 2 DISTRIBUTOR	<input type="checkbox"/> 3 FARM
		<input type="checkbox"/> 4 PROCESSOR	<input type="checkbox"/> 5 OTHER	
		<input type="checkbox"/> IF INDIAN RESERVATION OR TRUST LANDS	# OF TANKS AT SITE 6	E. P. A. I. D. # (optional) CAC000864960

EMERGENCY CONTACT PERSON (PRIMARY)

EMERGENCY CONTACT PERSON (SECONDARY) - optional

DAYS: NAME (LAST, FIRST) Razi, Abolghassem	PHONE # WITH AREA CODE 510-222-0854	DAYS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE
NIGHTS: NAME (LAST, FIRST) Razi, Abolghassem	PHONE # WITH AREA CODE 510-222-0854	NIGHTS: NAME (LAST, FIRST)	PHONE # WITH AREA CODE

II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)

NAME Abolghassem Razi		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 3261 Ramona Street		<input checked="" type="checkbox"/> box to indicate <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME Pinole		STATE CA	ZIP CODE 94564	PHONE # WITH AREA CODE 510-222-0854

III. TANK OWNER INFORMATION - (MUST BE COMPLETED)

NAME OF OWNER Abolghassem Razi		CARE OF ADDRESS INFORMATION		
MAILING OR STREET ADDRESS 3261 Ramona Street		<input checked="" type="checkbox"/> box to indicate <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> FEDERAL-AGENCY		
CITY NAME Pinole		STATE CA	ZIP CODE 94564	PHONE # WITH AREA CODE 510-222-0854

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

TY (TK) HQ -

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

<input checked="" type="checkbox"/> box to indicate	<input 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) Frank Hamedl-Fard	APPLICANT'S TITLE General Manager	DATE MONTH/DAY/YEAR 6/22/92
--	---	--

LOCAL AGENCY USE ONLY

COUNTY # <input type="text" value="0"/> <input type="text" value="1"/>	JURISDICTION # <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/>	FACILITY # <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="7"/> <input type="text" value="6"/> <input type="text" value="3"/> <input type="text" value="0"/>
LOCATION CODE - OPTIONAL	CENSUS TRACT # - OPTIONAL	SUPVISOR - DISTRICT CODE - OPTIONAL

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

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: Al Maples Auto Service

I. TANK DESCRIPTION COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D.# <u>1</u>	B. MANUFACTURED BY: <u>N/A</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>N/A</u>	D. TANK CAPACITY IN GALLONS: <u>500</u>

II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.			
A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input checked="" 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 checked="" 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			
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 checked="" 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 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"/> 6 GLASS LINING	<input type="checkbox"/> 2 ALKYD LINING <input checked="" type="checkbox"/> 8 UNLINED	<input type="checkbox"/> 3 EPOXY LINING <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___			
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP <input type="checkbox"/> 5 CATHODIC PROTECTION	<input type="checkbox"/> 2 COATING <input checked="" type="checkbox"/> 91 NONE	<input type="checkbox"/> 3 VINYL WRAP <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER

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

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

VI. TANK CLOSURE INFORMATION		
1. ESTIMATED DATE LAST USED (MO/DAY/YR) <u>N/A</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>N/A</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input checked="" 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) <u>Frank Hamedl-Fard</u>	DATE <u>6/22/92</u>
--	------------------------

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>000</u>	<u>057630</u>	<u>000000</u>
PERMIT NUMBER <u>NO PERMIT</u>	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	

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: **Al Maples Auto Service**

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

A. OWNER'S TANK I.D.# 2	B. MANUFACTURED BY: N/A
C. DATE INSTALLED (MO/DAY/YEAR) N/A	D. TANK CAPACITY IN GALLONS: 4,000

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

A. <input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	4 OIL	B. <input type="checkbox"/> 1 PRODUCT
<input type="checkbox"/> 2 PETROLEUM	<input type="checkbox"/> 80 EMPTY	<input type="checkbox"/> 2 WASTE
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN	

C. 1a REGULAR UNLEADED 3 DIESEL 6 AVIATION GAS
 1b PREMIUM UNLEADED 4 GASAHOL 7 METHANOL
 2 LEADED 5 JET FUEL 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	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	4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 6 POLYVINYL CHLORIDE	<input type="checkbox"/> 7 ALUMINUM	<input type="checkbox"/> 8 100% METHANOL COMPATIBLE W/FRP
	<input type="checkbox"/> 9 BRONZE	<input type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

C. INTERIOR LINING	1 RUBBER LINED	2 ALKYD LINING	3 EPOXY LINING	4 PHENOLIC LINING
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 5 GLASS LINING	<input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

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

D. CORROSION PROTECTION	1 POLYETHYLENE WRAP	2 COATING	3 VINYL WRAP	4 FIBERGLASS REINFORCED PLASTIC
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input checked="" type="checkbox"/> 91 NONE	<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

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 Unknown
B. CONSTRUCTION	A (U) 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH	A U 95 UNKNOWN A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A (U) 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING	A U 8 100% METHANOL COMPATIBLE W/FRP
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A U 95 UNKNOWN	A U 99 OTHER

D. LEAK DETECTION	1 AUTOMATIC LINE LEAK DETECTOR	2 LINE TIGHTNESS TESTING	3 INTERSTITIAL MONITORING	99 OTHER
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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"/> 5 GROUND WATER MONITORING
<input type="checkbox"/> 6 TANK TESTING	<input type="checkbox"/> 7 INTERSTITIAL MONITORING	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION

1. ESTIMATED DATE LAST USED (MO/DAY/YR) N/A	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING N/A GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input checked="" 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) Frank Hamedl-Fard	DATE 6/22/92
--	------------------------

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

STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
	01	000	057630	000002
PERMIT NUMBER No Permit	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	

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: Al Maples Auto Service				

I. TANK DESCRIPTION COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN			
A. OWNER'S TANK I.D. # 3	B. MANUFACTURED BY: N/A		
C. DATE INSTALLED (MO/DAY/YEAR) N/A	D. TANK CAPACITY IN GALLONS: 4,000		

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	<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 checked="" 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 type="checkbox"/> 10 GALVANIZED STEEL	<input type="checkbox"/> 3 FIBERGLASS <input type="checkbox"/> 7 ALUMINUM <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
C. INTERIOR LINING	<input type="checkbox"/> 1 RUBBER LINED <input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 2 ALKYD LINING <input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 3 EPOXY LINING <input 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 checked="" type="checkbox"/> 91 NONE	<input type="checkbox"/> 3 VINYL WRAP <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 99 OTHER
E. SPILL AND OVERFILL SPILL CONTAINMENT INSTALLED (YEAR) _____ 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 Unknown
B. CONSTRUCTION	A (U) 1 SINGLE WALL	A U 2 DOUBLE WALL	A U 3 LINED TRENCH	A U 95 UNKNOWN A U 99 OTHER
C. MATERIAL AND CORROSION PROTECTION	A (U) 1 BARE STEEL	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL W/ COATING	A U 8 100% METHANOL COMPATIBLE W/FRP
	A U 9 GALVANIZED STEEL	A U 10 CATHODIC PROTECTION	A U 95 UNKNOWN	A U 99 OTHER
D. LEAK DETECTION	<input type="checkbox"/> 1 AUTOMATIC LINE LEAK DETECTOR	<input type="checkbox"/> 2 LINE TIGHTNESS TESTING	<input type="checkbox"/> 3 INTERSTITIAL MONITORING	<input type="checkbox"/> 99 OTHER

V. TANK LEAK DETECTION				
<input type="checkbox"/> 1 VISUAL CHECK	<input 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 type="checkbox"/> 6 TANK TESTING	<input type="checkbox"/> 7 INTERSTITIAL MONITORING	<input type="checkbox"/> 91 NONE	<input checked="" type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

VI. TANK CLOSURE INFORMATION		
1. ESTIMATED DATE LAST USED (MO/DAY/YR) N/A	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING N/A GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input checked="" 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) Frank Hamedl-Fard	DATE 6/22/92
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LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW				
STATE I.D.#	COUNTY # 01	JURISDICTION # 000	FACILITY # 057630	TANK # 000003
PERMIT NUMBER No PERMIT	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	

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: Al Maples Auto Service

I. TANK DESCRIPTION COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D.# <u>4</u>	B. MANUFACTURED BY: <u>N/A</u>
C. DATE INSTALLED (MO/DAY/YEAR) <u>N/A</u>	D. TANK CAPACITY IN GALLONS: <u>4,000</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
			<input type="checkbox"/> 3 DIESEL
			<input type="checkbox"/> 4 GASAHOL
			<input type="checkbox"/> 5 JET FUEL
			<input type="checkbox"/> 6 AVIATION GAS
			<input type="checkbox"/> 7 METHANOL
			<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED			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
			<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 checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
			<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input checked="" type="checkbox"/> 91 NONE	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER

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

V. TANK LEAK DETECTION					
<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VAPOR MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING	
<input type="checkbox"/> 6 TANK TESTING	<input type="checkbox"/> 7 INTERSTITIAL MONITORING	<input checked="" 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) <u>N/A</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING <u>N/A</u> GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input checked="" 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) <u>Frank Hamedli-Fard</u>	DATE <u>6/22/92</u>
---	------------------------

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>01</u>	<u>000</u>	<u>057630</u>	<u>000004</u>
PERMIT NUMBER <u>No Permit</u>	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE		

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: Al Maples Auto Service

I. TANK DESCRIPTION COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN			
A. OWNER'S TANK I.D.#	5	B. MANUFACTURED BY:	N/A
C. DATE INSTALLED (MO/DAY/YEAR)	N/A	D. TANK CAPACITY IN GALLONS:	4,000

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	8. <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			
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 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		
D. CORROSION PROTECTION	<input type="checkbox"/> 1 POLYETHYLENE WRAP	<input type="checkbox"/> 2 COATING	<input type="checkbox"/> 3 VINYL WRAP
	<input type="checkbox"/> 5 CATHODIC PROTECTION	<input checked="" type="checkbox"/> 91 NONE	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
		<input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 99 OTHER

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

V. TANK LEAK DETECTION				
<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VAPOR MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING
<input type="checkbox"/> 6 TANK TESTING	<input type="checkbox"/> 7 INTERSTITIAL MONITORING	<input checked="" 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) N/A	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING N/A GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input checked="" 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) <u>Frank Hamed-Fard</u>	DATE <u>6/22/92</u>
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LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW				
STATE I.D.#	COUNTY #	JURISDICTION #	FACILITY #	TANK #
	01	000	057630	000005
PERMIT NUMBER <u>No Permit</u>	PERMIT APPROVED BY/DATE		PERMIT EXPIRATION DATE	

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: **Al Naples Auto Service**

I. TANK DESCRIPTION COMPLETE ALL ITEMS -- SPECIFY IF UNKNOWN	
A. OWNER'S TANK I.D.# 6	B. MANUFACTURED BY: N/A
C. DATE INSTALLED (MO/DAY/YEAR) N/A	D. TANK CAPACITY IN GALLONS: 4,000

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"/> 3 DIESEL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 95 UNKNOWN		<input type="checkbox"/> 4 GASAHOL
			<input type="checkbox"/> 5 JET FUEL
			<input type="checkbox"/> 6 AVIATION GAS
			<input type="checkbox"/> 7 METHANOL
			<input type="checkbox"/> 99 OTHER (DESCRIBE IN ITEM D. BELOW)
D. IF (A.1) IS NOT MARKED, ENTER NAME OF SUBSTANCE STORED			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 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input checked="" type="checkbox"/> 6 UNLINED	<input type="checkbox"/> 4 PHENOLIC LINING
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES ___ NO ___		<input type="checkbox"/> 95 UNKNOWN
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 checked="" type="checkbox"/> 91 NONE	<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 99 OTHER

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

V. TANK LEAK DETECTION				
<input type="checkbox"/> 1 VISUAL CHECK	<input type="checkbox"/> 2 INVENTORY RECONCILIATION	<input type="checkbox"/> 3 VAPOR MONITORING	<input type="checkbox"/> 4 AUTOMATIC TANK GAUGING	<input type="checkbox"/> 5 GROUND WATER MONITORING
<input type="checkbox"/> 6 TANK TESTING	<input type="checkbox"/> 7 INTERSTITIAL MONITORING	<input checked="" 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) N/A	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING N/A GALLONS	3. WAS TANK FILLED WITH INERT MATERIAL? YES <input checked="" 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) Frank Hamedl-Fard	DATE 6/22/92
---	---------------------

LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW			
STATE I.D.#	COUNTY # 01	JURISDICTION # 000	FACILITY # 057630
			TANK # 000006
PERMIT NUMBER No PERMIT	PERMIT APPROVED BY/DATE	PERMIT EXPIRATION DATE	

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

80 Swan Way, #200
 Oakland, CA 94621
 (415) 271-4320

Hazardous Materials Division Inspection Form

10:30 AM

Site ID# _____ Site Name Al Maples Auto Service Today's Date 4/15/92
 Site Address 790 Bockman Rd. EPA ID# _____
 City San Lorenzo Zip 94 Phone _____

MAX Amt. Stored > 500lbs/55g/200cf? Y N
 Hazardous Waste generated per month? _____

- Inspection Categories:**
- I. Haz. Mat/Waste GENERATOR/TRANSPORTER
 - II. Business Plans, Acute Hazardous Materials
 - III. Underground Tanks

The marked items represent violations of the Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

- I.A GENERATOR (Title 22)**
- 1. Waste ID 66471
 - 2. EPA ID 66472
 - 3. > 90 days 66508
 - 4. Label dates 66508
 - 5. Biennial 66493
-
- Manifest**
- 6. Records 66492
 - 7. Correct 66484
 - 8. Copy sent 66492
 - 9. Exception 66484
 - 10. Copies Rec'd 66492
-
- Misc.**
- 11. Treatment 66371
 - 12. On-site Disp. (H.S.&C.) 26189.5
 - 13. Ex Haz. Waste 66570
-
- Prevention**
- 14. Communications 67121
 - 15. Aisle Space 67124
 - 16. Local Authority 67126
 - 17. Maintenance 67120
 - 18. Training 67105
-
- Contn. gency**
- 19. Prepared 67140
 - 20. Name List 67141
 - 21. Copies 67141
 - 22. Emg. Coord. Trng. 67144
-
- Containers, Tanks**
- 23. Condition 67241
 - 24. Compatibility 67242
 - 25. Maintenance 67243
 - 26. Inspection 67244
 - 27. Buffer Zone 67246
 - 28. Tank Inspection 67259
 - 29. Containment 67245
 - 30. Safe Storage 67261
 - 31. Freeboard 67257

Comments:

Inspection prompted by receipt of information alleging operator has abandoned this business leaving Hazardous Waste unsecured and unmanaged.

Site was vacated as indicated by complaint. Several cars partially worked on were left on the lot. Observed waste oil tank fill pipe in front; Inside trash enclosure; A 7 gal drum of (ZEP) corrosive floor cleaner; ~30 gallons and ~5 gallons of antifreeze in waste drum and can; and an open drum with black crust collecting rain water.

There was no one on site to take care of said waste. None of the waste was labeled.

The operator or owner Must bring the management of the waste into compliance with proper regulations. Including placing chem. or haz. waste in proper containers providing labels and proper disposal by licensed haz. waste haulers.

- I.B TRANSPORTER (Title 22)**
- 32. Applic./Insurance 66428
 - 33. Comp. Cert./CHP Insp. 66448
 - 34. Containers 66465
-
- Manifest**
- 35. Vehicles 66455
 - 36. EPA ID #s 66531
 - 37. Correct 66541
 - 38. HW Delivery 66543
 - 39. Records 66544
-
- Contn/g**
- 40. Name/ Covers 66545
 - 41. Recyclables 66800

Contact: _____
 Title: _____ Inspector: _____
 Signature: _____ Signature: _____

M E M O R A N D U M

TO: Mark Thomson, Alameda County District Attorney's Office
FROM: Pam Evans, Alameda County Environmental Health
Hazardous Materials Division
SUBJECT: Al Maples Auto Service, 790 Bockman Av., San Lorenzo
DATE: January 21, 1992

On December 30, 1991, a Final Notice of Violation was issued to Al Maples Auto Service for failure to monitor underground fuel storage tanks at the above location. I gave Mr. Maples a compliance deadline of January 10, 1992. This date has passed and I have heard nothing from him. As we discussed today, I am faxing file documents for your review. Attached you will find copies of the Second and Final Notices.

c: Ariu Levi, Supervising Hazardous Materials Specialist

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Program
80 Swan Way, Rm. 200
Oakland, CA 94621
(415)

December 30, 1991

Al Maples
Al Maples Auto Service
790 Bockman Rd.
San Lorenzo CA 94580

RE: Underground Storage Tanks

FINAL NOTICE OF VIOLATION

Dear Mr. Maples:

On February 15, 1991 I inspected your premises and discussed with you the four underground storage tanks located onsite. You stated that two of these tanks are empty and not being used, a third was filled with a slurry several years ago, and a fourth is being used to store waste oil. As you described them, your leak detection methods do not meet the requirements of Title 23 of the California Code of Regulations and of Chapter 6.7 of the Health and Safety Code of California.

During my site visit, and in previous Notices of Violation, I instructed you to provide this office with information about your monitoring program for each of your tanks. To date, I have received no information from you. **You must take the following steps by January 10, 1992:**

1. Have a precision test done on the waste oil tank and submit a copy of the test results to this office.
2. Submit a written description of the date and manner in which the slurry filled tank was closed.
3. Submit in writing to this office your plan for monitoring possible leaks from the empty gasoline tanks.

Al Maples
Al Maples Auto Service
December 30, 1991
Page 2 of 2

Please note that Section 25299 (a) of the Health and Safety Code of California states that any operator of an underground tank system shall be liable for a civil penalty of not less than \$500 per day for operating an underground tank without a permit or for failing to properly close an underground tank.

You may contact me with any questions at 271-4320.

Sincerely,

A handwritten signature in cursive script that reads "Pamela J. Evans". The signature is written in dark ink and is positioned below the word "Sincerely,".

Pamela J. Evans
Hazardous Materials Specialist

c: Gil Jensen, Alameda County District Attorney's Office
James Ferdinand, Eden Consolidated Fire Protection District

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



*Called by Mark Thomson of DAG
on 1/21/92. He requested file docu-
ments be faxed to him. Will contact
for hearing date*

DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Program
80 Swan Way, Rm. 200
Oakland, CA 94621
(415)

December 30, 1991

Al Maples
Al Maples Auto Service
790 Bockman Rd.
San Lorenzo CA 94580

RE: Underground Storage Tanks

FINAL NOTICE OF VIOLATION

Dear Mr. Maples:

On February 15, 1991 I inspected your premises and discussed with you the four underground storage tanks located onsite. You stated that two of these tanks are empty and not being used, a third was filled with a slurry several years ago, and a fourth is being used to store waste oil. As you described them, your leak detection methods do not meet the requirements of Title 23 of the California Code of Regulations and of Chapter 6.7 of the Health and Safety Code of California.

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3. Submit in writing to this office your plan for monitoring possible leaks from the empty gasoline tanks.

Al Maples
Al Maples Auto Service
December 30, 1991
Page 2 of 2

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You may contact me with any questions at 271-4320.

Sincerely,

A handwritten signature in cursive script that reads "Pamela J. Evans". The signature is written in dark ink and is positioned below the word "Sincerely,".

Pamela J. Evans
Hazardous Materials Specialist

c: Gil Jensen, Alameda County District Attorney's Office
James Ferdinand, Eden Consolidated Fire Protection District



7909 BOCKMAN RD.

September 11, 1991

Al Maples
Al Maples Auto Service
7909 Bockman Rd.
San Lorenzo CA 94580

DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Program
80 Swan Way, Rm. 200
Oakland, CA 94621
(415)

SECOND NOTICE OF VIOLATION

Dear Mr. Maples:

On February 15, 1991 I inspected your premises and discussed with you the four underground storage tanks onsite. You described their status as follows:

- Two empty gasoline tanks that have not been used since 1978;
- one former fuel tank that was filled with a slurry several years ago;
- one 600 gallon waste oil tank that is currently in use.

You stated that while you have been keeping track of inputs to and withdrawals from the waste oil tank, this tank has never been precision tested. You also stated that you have not taken any steps to monitor possible leaks from the other tanks. Since my inspection, you have written to Edgar Howell, Chief of this Division, and stated that you lack funding to remove the tanks.

Sections 25292 of the Health and Safety Code of California and 2670 of the California Code of Regulations require that underground storage tanks be monitored or properly closed. In a previous Notice, you were instructed to take the following steps by August 15, 1991 in order begin to come into compliance with these requirements:

1. Arrange for a precision test for the waste oil tank and inform my office of the date of the test. Submit a copy of the test results to my office within 15 days of the test. You must have the test completed by September 31, 1991 and you must submit the results no later than October 10, 1991.
2. Submit the following information in writing to this office on the slurry filled tank:
 - a. Date the tank was filled
 - b. Material used to fill the tank

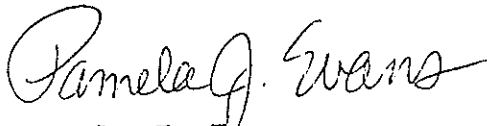
Al Maples
Al Maples Auto Service
July 23, 1991
Page 2 of 2

3. Submit in writing to this office your plan for monitoring possible leaks from the empty former gasoline tanks. This monitoring plan must meet the requirements of Section 2641, California Code of Regulations.

To date, you have not contacted my office with any of the required information or documentation. **The information must be received by this office by September 25, 1991.**

You may contact me with any questions at 271-4320.

Sincerely,



Pamela J. Evans
Hazardous Materials Specialist

c: Gil Jensen, Alameda County District Attorney's Office
James Ferdinand, Eden Consolidated Fire District

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Program
80 Swan Way, Rm. 200
Oakland, CA 94621
(415)

July 23, 1991

Al Maples
Al Maples Auto Service
790 Bockman Rd.
San Lorenzo CA 94580

NOTICE OF VIOLATION

Dear Mr. Maples:

On February 15, 1991 I inspected your premises and discussed with you the four underground storage tanks onsite. You described their status as follows:

- Two empty gasoline tanks that have not been used since 1978;
- one former fuel tank that was filled with a slurry several years ago;
- one 600 gallon waste oil tank that is currently in use.

You stated that while you have been keeping track of inputs to and withdrawals from the waste oil tank, this tank has never been precision tested. You also stated that you have not taken any steps to monitor possible leaks from the other tanks. Since my inspection, you have written to Edgar Howell, Chief of this Division, and stated that you lack funding to remove the tanks.

Sections 25292 of the Health and Safety Code of California and 2670 of the California Code of Regulations require that underground storage tanks be monitored or properly closed. **You must take the following steps by August 15, 1991** in order begin to come into compliance with these requirements:

1. Arrange for a precision test for the waste oil tank and inform my office of the date of the test. Submit a copy of the test results to my office within 15 days of the test. You must have the test completed by September 31, 1991 and you must submit the results no later than October 10, 1991.
2. Submit the following information in writing to this office on the slurry filled tank:
 - a. Date the tank was filled
 - b. Material used to fill the tank

Al Maples
Al Maples Auto Service
July 23, 1991
Page 2 of 2

3. Submit in writing to this office your plan for monitoring possible leaks from the empty former gasoline tanks. This monitoring plan must meet the requirements of Section 2641, California Code of Regulations.

You may contact me with any questions at 271-4320.

Sincerely,

A handwritten signature in cursive script that reads "Pamela J. Evans". The signature is written in dark ink and is positioned above the typed name and title.

Pamela J. Evans
Hazardous Materials Specialist

c: Gil Jensen, Alameda County District Attorney's Office
James Ferdinand, Eden Consolidated Fire District

Al Maples Auto Service
790 Bockman Rd
San Lorenzo CA 94580

2-15-91

91 FEB 15 PM 4:32

Mr Ed Howell

My Name is Al Maples I
Have two undergrown Tanks
that Need to Be moved or Taken
Out,

At this time I do Not
Have the Necessary Funds to
do this At this time However
I plan to Build on this land
in App- 2 years- At that
time I will move the Tanks
Out.

I Hope you will
Bear with me on this.

I Moved Here in 1978 And
The Tanks were Apprant New
And of Fiber Glass Cont.
They were Empty At that time
And Have had Nothing in
them Since

Thank you
Al Maples

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

80 Swan Way, #200
 Oakland, CA 94621
 (415) 271-4320

Hazardous Materials Division Inspection Form

Site ID# _____ Site Name Al Maples Auto Service Today's Date 2/15/91
 Site Address 790 Bockman Rd EPA ID# _____
 City San Lorenzo Zip 94580 Phone 278-7871

MAX Amt. Stored > 500lbs/55g/200cf? Y N
 Hazardous Waste generated per month? 100 gal waste oil

Inspection Categories:
 I. Haz. Mat/Waste GENERATOR/TRANSPORTER
 II. Business Plans, Acute Hazardous Materials
 III. Underground Tanks

The marked items represent violations of the Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

I.A GENERATOR (Title 22)

- | | | |
|-------------------|---------------------------------|---------|
| ___ | 1. Waste ID | * 66471 |
| ___ | 2. EPA ID | 66472 |
| ___ | 3. > 90 days | 66508 |
| ___ | 4. Label dates | 66508 |
| ___ | 5. Biennial | 66493 |
| <hr/> | | |
| Manifest | ___ 6. Records | 66492 |
| | ___ 7. Correct | 66484 |
| | ___ 8. Copy sent | 66492 |
| | ___ 9. Exception | 66484 |
| | ___ 10. Copies Rec'd | 66492 |
| <hr/> | | |
| Misc. | ___ 11. Treatment | 66371 |
| | ___ 12. On-site Disp. (H.S.&C.) | 26189.5 |
| | ___ 13. Ex Haz. Waste | 66570 |
| <hr/> | | |
| Prevention | ___ 14. Communications | 67121 |
| | ___ 15. Aisle Space | 67124 |
| | ___ 16. Local Authority | 67126 |
| | ___ 17. Maintenance | 67120 |
| | ___ 18. Training | 67105 |
| <hr/> | | |
| Confin. Agency | ___ 19. Prepared | 67140 |
| | ___ 20. Name List | 67141 |
| | ___ 21. Copies | 67141 |
| | ___ 22. Emg. Coord. Trng. | 67144 |
| <hr/> | | |
| Containers, Tanks | ___ 23. Condition | 67241 |
| | ___ 24. Compatibility | 67242 |
| | ___ 25. Maintenance | 67243 |
| | ___ 26. Inspection | 67244 |
| | ___ 27. Buffer Zone | 67246 |
| | ___ 28. Tank Inspection | 67259 |
| | ___ 29. Containment | 67245 |
| | ___ 30. Safe Storage | 67261 |
| | ___ 31. Freeboard | 67257 |

Comments:

This auto service shop does a full range of car + services repairs and generates these hazardous wastes:

Waste Oil - Evergreen Environmental picks up from U.S.T. ~ 100 gal produced per month. Pick up ~ every 3 months.

Antifreeze - Antifreeze Environmental - 3-4 gallons generated/month. (Records for 2 1989 pickups April + Sept) 1990 - May No label on containers.

Parts Cleaning Solvent - Into a solvent sink. Waste solvent + sludge picked up by Safety Kleen once per month.

Brake fluid - Safety Kleen, also services

Batteries - exchange - Interstate.

Other:

Oil filters - drain overnight bagged, into dumpster

Rags - laundry service - CINTAS

Brake shoes - bagged - trash

Label Hazardous Waste Containers -

No Hazardous Materials Management Plan has been submitted. Submit HMMP within 30 days (by 3/15/91) - by mistake - he has submitted a plan (in 1989)

I.B TRANSPORTER (Title 22)

- | | | |
|----------|---------------------------|-------|
| ___ | 32. Applic./Insurance | 66428 |
| ___ | 33. Comp. Cert./CHP Insp. | 66448 |
| ___ | 34. Containers | 66465 |
| <hr/> | | |
| Manifest | ___ 35. Vehicles | 66465 |
| | ___ 36. EPA ID #s | 66531 |
| | ___ 37. Correct | 66541 |
| | ___ 38. HW Delivery | 66543 |
| | ___ 39. Records | 66544 |
| <hr/> | | |
| Cont'r's | ___ 40. Name/ Covers | 66545 |
| | ___ 41. Recyclables | 66800 |

Rev 6/88

Contact: Al Maples
 Title: Owner
 Signature: [Signature]

Inspector: _____
 Signature: Jamela J. Evans

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

80 Swan Way, #200
 Oakland, CA 94621
 (415) 271-4320

Hazardous Materials Inspection Form

II, III

Site ID # _____ Site Name Al Maples Auto Service Today's Date 2/15/91

Site Address 790 Bockeman Rd

City San Lorenzo Zip 94580 Phone 278-7871

MAX AMT stored > 500 lbs, 55 gal., 200 cft.?

Inspection Categories:

- I. Haz. Mat/Waste GENERATOR/TRANSPORTER
- II. Business Plans, Acute Hazardous Materials
- III. Underground Tanks

* Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

Comments:

4 UST's at this facility
2 former fuel tanks - not in use + empty, according to owner - out of use since at least 1978
1 waste oil tank - now in use - 600 gal
1 former UST apparently filled with slurry several years ago
 Owner states that in ~ 2 years he plans to demolish + rebuild on this site + remove USTs at that time.
 Waste oil tank is monitored as follows:
 Inputs are measured + kept on record. With draws by the recycler are compared with input records. No precision tests done to date
 - You must have the waste oil tank precision tested yearly. Arrange for test by 9/31/91
 - Unused underground storage tanks must either be: monitored - not practical as they are empty OR removed. Submit a written timetable of tank removal activities by 3/15/91.

II, III

II.A BUSINESS PLANS (Title 19)

- 1. Immediate Reporting 2703
- 2. Bus. Plan Stds. 25503(b)
- 3. RR Cars > 30 days 25503.7
- 4. Inventory Information 25504(a)
- 5. Inventory Complete 2730
- 6. Emergency Response 25504(b)
- 7. Training 25504(c)
- 8. Deficiency 25505(a)
- 9. Modification 25505(b)

II.B ACUTELY HAZ. MAT'L

- 10. Registration Form Filed 25533(a)
- 11. Form Complete 25533(b)
- 12. RMPP Contents 25534(c)
- 13. Implement Sch. Req'd? (Y/N)
- 14. OffSite Conseq. Assess. 25524(c)
- 15. Probable Risk Assessment 25534(d)
- 16. Persons Responsible 25534(g)
- 17. Certification 25534(i)
- 18. Exemption Request? (Y/N) 25536(b)
- 19. Trade Secret Requested? 25538

III. UNDERGROUND TANKS (Title 23)

- | | |
|--|---|
| General | <input type="checkbox"/> 1. Permit Application 25284 (H&S) |
| | <input type="checkbox"/> 2. Pipeline Leak Detection 25292 (H&S) |
| | <input type="checkbox"/> 3. Records Maintenance 2712 |
| | <input type="checkbox"/> 4. Release Report 2651 |
| | <input type="checkbox"/> 5. Closure Plans 2670 |
| Monitoring for Existing Tanks | <input type="checkbox"/> 6. Method |
| | 1) Monthly Test |
| | 2) Daily Vadose
Semi-annual groundwater
One time soils |
| | 3) Daily Vadose
One time soils
Annual tank test |
| | 4) Monthly Groundwater
One time soils |
| | 5) Daily Inventory
Annual tank testing
Cont pipe leak det
Vadose/gndwater mon. |
| | 6) Daily Inventory
Annual tank testing
Cont pipe leak det |
| | 7) Weekly Tank Gauge
Annual tank testing |
| | 8) Annual Tank Testing
Daily Inventory |
| | 9) Other _____ |
| New Tanks | <input type="checkbox"/> 7. Precip. Tank Test 2643 |
| | Date: _____ |
| | <input type="checkbox"/> 8. Inventory Rec. 2644 |
| | <input type="checkbox"/> 9. Soil Testing . 2646 |
| <input type="checkbox"/> 10. Ground Water. 2647 | |
| <input type="checkbox"/> 11. Monitor Plan 2632 | |
| <input type="checkbox"/> 12. Access. Secure 2634 | |
| <input type="checkbox"/> 13. Plans Submit 2711 | |
| Date: _____ | |
| <input type="checkbox"/> 14. As Built 2635 | |
| Date: _____ | |

Rev 6/88

Contact: Al Maples
 Title: Owner
 Signature: Al Maples

Inspector: _____
 Signature: Pamela J Swans

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY
DAVID J. KEARS, Agency Director



DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Program
80 Swan Way, Rm. 200
Oakland, CA 94621
(415)

November 8, 1990

Helene Buchanan
Apple Realty
14860 Washington Av.
San Leandro CA 94501

RE: File Search Request; 790 Bockman Rd., San Lorenzo

Dear Ms. Buchanan:

In response to your request for information, I have completed a file review. The review included checks for underground tank records, hazardous waste generator inspections, hazardous materials releases, emergency response reports, and other records. Below is a summary of the documents available from the files, and of which you have requested copies:

Hazardous Waste Generator Inspection
Billing Adjustment Form (indicates that # of tanks onsite is 3
rather than 4)
Underground Storage Tank Permit Application

Additional information may be available from other agencies, including Eden Consolidated Fire Protection District and the State Department of Health Services. A summary of the costs of the review is enclosed. You will receive a bill at a later date. You may contact me with any questions regarding this site at 271-4320.

Sincerely,

Pamela J. Evans
Hazardous Materials Specialist

Enclosures

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
DEPARTMENT OF ENVIRONMENTAL HEALTH

APPLICATION FORM

MFR Sent _____ (date)

PURPOSE: Permit Application Service Renewal

Computer No.

--	--	--	--	--

TYPE OF ACTION: New Premises Change of Owner Change of Name Change of Status Change of Mailing Address Inactivate Delete Unincorp.

Premises Name Al Maples Auto Service SUPV.

--	--	--

 DJST.

--	--	--	--

 C.T. 4

--	--	--	--

A. Premises Address 790 Bockman Rd San Lorenzo 94580
Number Street City Zip Code

Owner/Applicant Helene Buchanan - Apple Realty
If corporation, also show name of corporation president Phone _____

B. Mailing Address H 860 Washington Av. San Leandro 94578
Number Street City Zip Code

SEND BILLING TO ADDRESS: A B (circle one)

Prior Business Name _____ Prior Owner's Name _____

Property Owner _____
If corporation, also show name of corporation president Phone _____

Address _____
Number Street City Zip Code

E.U. NO.

--	--	--

 C.P. CODE

--	--

FOOD CATEGORIES

Bakery

- ___ Under 2,000 sq. ft. (130)
- ___ 2,000 - 6,000 sq. ft. (131)
- ___ Over 6,000 sq. ft. (132)

Food Market, Retail

- ___ Under 3,000 sq. ft. (120)
- ___ 3,000 - 10,000 sq. ft. (121)
- ___ Over 10,000 sq. ft. (122)

Confectionary (125)

Restaurant

- ___ Tavern, Cocktail lounge (104)
- ___ Snack Bar (105)
- ___ Drive-In, Take Out (110)
- ___ Catering Commissary (111)
- ___ Under 26 seats (100)
- ___ 26 - 50 seats (101)
- ___ 51 - 75 seats (102)
- ___ Over 75 seats (103)
- ___ In Plant Feeding (114)
- ___ Bed & Breakfast (Cont.) (115)
- ___ Bed & Breakfast (Reg.) (116)

Vending Machine

Other Food

Temporary Food Operation

- ___ Special Event Facility (113)
(not to exceed 3 days)
- ___ Temporary Food Facility (108)
(not to exceed 21 days)
- ___ Seasonal Food Facility (129)
(not to exceed 45 days)

Food Vehicle

- ___ Vehicle Application Fee
- ___ Mobile Food Prep. Unit (107)
- ___ Stationary M.F.P.U. (117)
- ___ Retail Food Vehicle (112)
- ___ Itinerant Vehicle (128)

GENERAL CATEGORIES

- ___ Plan Review
- ___ Special Service
- ___ Public Swimming Area
- ___ Commercial Spa
- ___ Mobilehome Park
- ___ No. Spaces _____

Private Waste Disposal

- ___ Site Evaluation
- ___ Percolation Test
- ___ Plan Review
- ___ Installation

Holding Tank

- ___ Site Evaluation
- ___ Installation
- ___ Inspection

Water Supply-Utility

- ___ Community System
- ___ Non-Community System
- ___ State Small Water System
- ___ Local Small Water System

Private Water Supply

- ___ Flow, Bactl. & Chem. Anal.

Drinking Water Analysis

- ___ Bacterial
- ___ Chemical
- ___ Flow Rate

Other site search

Number of Units/Hrs. 1 Fee Per Unit/Hr. \$ 60.00 Total Fee \$ 70.00

REMARKS: Copies: 10 @ \$1.00/copy

You will receive a **BILL** in accordance with Article 11 of Chapter 6, Title 3 of the Ordinance Code of Alameda County

Owner/Applicant Pamela J Evans Date _____
 Sanitarian _____ Phone 271-4320 Date 11-8-90



FORM 'A':
SITE

UNDERGROUND STORAGE TANK PROGRAM
FACILITY/SITE, INFORMATION and/or PERMIT APPLICATION
COMPLETE THIS FORM FOR EACH FACILITY/SITE

N9 11644

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 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 <i>Al Maples Auto Service</i>		CARE OF ADDRESS INFORMATION		
ADDRESS <i>790 BOCKMAN RD</i>		NEAREST CROSS STREET	<input checked="" type="checkbox"/> Box to indicate <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> COUNTY-AGENCY <input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> FEDERAL-AGENCY
CITY NAME <i>San Lorenzo Ca</i>		STATE CA	ZIP CODE 94580	SITE PHONE #, WITH AREA CODE 415-2787871
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 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) <i>Maples AL</i>		PHONE # WITH AREA CODE 415-278-7871		DAYS: NAME (LAST, FIRST) <i>N/A</i>
NIGHTS: NAME (LAST, FIRST) <i>Maples AL</i>		PHONE # WITH AREA CODE 415 829-7927		PHONE # WITH AREA CODE

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

NAME <i>AL Maples</i>		CARE OF ADDRESS INFORMATION		
MAILING or STREET ADDRESS <i>8413 Deervale RD</i>		<input checked="" type="checkbox"/> Box to indicate <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> COUNTY-AGENCY	<input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> FEDERAL-AGENCY
CITY NAME <i>Dublin Ca</i>		STATE CA	ZIP CODE 94568	PHONE #, WITH AREA CODE 415 829-7927

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

NAME <i>AL Maples</i>		CARE OF ADDRESS INFORMATION		
MAILING or STREET ADDRESS <i>8413 Deervale RD</i>		<input checked="" type="checkbox"/> Box to indicate <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LOCAL-AGENCY <input type="checkbox"/> COUNTY-AGENCY	<input type="checkbox"/> STATE-AGENCY <input type="checkbox"/> FEDERAL-AGENCY
CITY NAME <i>Dublin Ca</i>		STATE Ca	ZIP CODE 94568	PHONE #, WITH AREA CODE 415 829-7927

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>Al Maples</i>	DATE 6-30-89
--	------------------------

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 # BY:
<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.



FORM 'B': TANK

UNDERGROUND STORAGE TANK PROGRAM TANK PERMIT APPLICATION INFORMATION

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

N9 22802

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 TANK
	<input type="checkbox"/> 2 INTERIM PERMIT	<input checked="" 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: <i>AL Maples Auto Service</i>				FARM TANK - YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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

A. OWNERS TANK ID # <i>N/A</i>	B. MANUFACTURED BY: <i>UNKNOWN</i>
C. YEAR INSTALLED <i>Pos After 23 - Before 1980</i>	D. TANK CAPACITY IN GALLONS: <i>UNKNOWN</i>

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

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 2 PETROLEUM	B. <input type="checkbox"/> 1 PRODUCT	C. <input type="checkbox"/> 1 UNLEADED	<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 3 DIESEL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input checked="" 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 checked="" type="checkbox"/> 90 EMPTY		<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. # <i>Formerly gasoline</i>					C.A.S. #:

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

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALLED	<input type="checkbox"/> 3 SINGLE WALLED WITH EXTERIOR LINER	<input checked="" 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 type="checkbox"/> 1 STEEL/IRON	<input type="checkbox"/> 2 STAINLESS STEEL	<input checked="" 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 checked="" type="checkbox"/> 95 UNKNOWN
	IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL?		<input type="checkbox"/> 99 OTHER
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
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 checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 99 OTHER

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

A. SYSTEM TYPE	<input checked="" type="checkbox"/> A U 1 SUCTION	<input type="checkbox"/> A U 2 PRESSURE	<input type="checkbox"/> A U 3 GRAVITY	<input type="checkbox"/> A U 91 NONE	<input checked="" type="checkbox"/> A U 95 UNKNOWN	<input type="checkbox"/> A U 99 OTHER
B. CONSTRUCTION	<input checked="" type="checkbox"/> A U 1 SINGLE WALLED	<input type="checkbox"/> A U 2 DOUBLE WALLED	<input type="checkbox"/> A U 3 LINED TRENCH	<input type="checkbox"/> A U 91 NONE	<input checked="" type="checkbox"/> A U 95 UNKNOWN	<input type="checkbox"/> A U 99 OTHER
C. MATERIAL	<input type="checkbox"/> A U 1 STEEL/IRON	<input type="checkbox"/> A U 2 STAINLESS STEEL	<input type="checkbox"/> A U 3 POLYVINYL CHLORIDE (PVC)	<input type="checkbox"/> A U 4 FIBERGLASS PIPE	<input type="checkbox"/> A U 91 NONE	
	<input type="checkbox"/> A U 5 ALUMINUM	<input type="checkbox"/> A U 6 CONCRETE	<input type="checkbox"/> A U 7 STEEL CLAD W/FRP	<input type="checkbox"/> A U 8 100% METHANOL COMPATIBLE FRP		
	<input type="checkbox"/> A U 9 GALVANIZED STEEL	<input checked="" type="checkbox"/> A U 95 UNKNOWN	<input type="checkbox"/> A U 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"/> P S 1 VISUAL CHECK	<input type="checkbox"/> P S 2 INVENTORY RECONCILIATION	<input type="checkbox"/> P S 3 VADOSE WELLS	<input type="checkbox"/> P S 4 ELECTRONIC MONITOR	<input type="checkbox"/> P S 5 GROUND WATER MONITORING WELLS
<input type="checkbox"/> P S 6 PRECISION TESTING	<input type="checkbox"/> P S 7 PRESSURE TESTING	<input type="checkbox"/> P S 91 NONE	<input checked="" type="checkbox"/> P S 95 UNKNOWN	<input type="checkbox"/> P 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) <i>Maple</i>	DATE <i>6-30-89</i>
--	------------------------

LOCAL AGENCY USE ONLY

COUNTY #	JURISDICTION #	AGENCY #	FACILITY ID #	TANK ID #
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 #



FORM 'B': TANK

UNDERGROUND STORAGE TANK PROGRAM TANK PERMIT APPLICATION INFORMATION

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

N9 22803

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 TANK
	<input type="checkbox"/> 2 INTERIM PERMIT	<input checked="" 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: AL Maples Auto Serv FARM TANK - YES NO

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

A. OWNERS TANK ID # <u>N/A</u>	B. MANUFACTURED BY: <u>UNKNOWN</u>
C. YEAR INSTALLED <u>Pos AFTER 73 Before 1980</u>	D. TANK CAPACITY IN GALLONS: <u>UNKNOWN</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"/> 2 PETROLEUM	B. <input type="checkbox"/> 1 PRODUCT	C. <input checked="" 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. # Small Amount Only C.A.S. #:

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

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALLED	<input type="checkbox"/> 3 SINGLE WALLED WITH EXTERIOR LINER	<input checked="" 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 type="checkbox"/> 1 STEEL/IRON	<input type="checkbox"/> 2 STAINLESS STEEL	<input checked="" 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 ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING
	<input type="checkbox"/> 5 GLASS LINING	<input type="checkbox"/> 6 UNLINED	<input checked="" type="checkbox"/> 95 UNKNOWN
	<input type="checkbox"/> IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL?		<input type="checkbox"/> 4 PHENOLIC LINING
			<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 checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 99 OTHER

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

A. SYSTEM TYPE	A U 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 91 NONE	A U 95 UNKNOWN	A U 99 OTHER
B. CONSTRUCTION	A U 1 SINGLE WALLED	A U 2 DOUBLE WALLED	A U 3 LINED TRENCH	A U 91 NONE	A U 99 UNKNOWN	A U 99 OTHER
C. MATERIAL	A U 1 STEEL/IRON	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE	A U 91 NONE	
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL CLAD W/FRP	A U 8 100% METHANOL COMPATIBLE FRP		
	A U 9 GALVANIZED STEEL	A U 95 UNKNOWN	A U 99 OTHER:			

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

P S 1 VISUAL CHECK	P S 2 INVENTORY RECONCILIATION	P S 3 VADOSE WELLS	P S 4 ELECTRONIC MONITOR	P S 5 GROUND WATER MONITORING WELLS
P S 6 PRECISION TESTING	P S 7 PRESSURE TESTING	P S 91 NONE	P S 95 UNKNOWN	P 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)

Al Maples

DATE

6-30-89

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:



FORM 'B': TANK

UNDERGROUND STORAGE TANK PROGRAM TANK PERMIT APPLICATION INFORMATION

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

N 22805

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 TANK
	<input type="checkbox"/> 2 INTERIM PERMIT	<input checked="" 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: AL Maples Auto Service FARM TANK - YES NO

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

A. OWNERS TANK ID # <u>N/A</u>	B. MANUFACTURED BY: <u>UNKNOWN</u>
C. YEAR INSTALLED <u>CON KNOWN</u>	D. TANK CAPACITY IN GALLONS: <u>POS 200</u>

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

A. <input type="checkbox"/> 1 MOTOR VEHICLE FUEL <input type="checkbox"/> 2 PETROLEUM <input type="checkbox"/> 3 CHEMICAL PRODUCT <input checked="" type="checkbox"/> 4 OIL <input type="checkbox"/> 5 HAZARDOUS <input type="checkbox"/> 80 EMPTY <input type="checkbox"/> 95 UNKNOWN	B. <input type="checkbox"/> 1 PRODUCT <input checked="" type="checkbox"/> 2 WASTE	C. <input type="checkbox"/> 1 UNLEADED <input type="checkbox"/> 2 LEADED <input 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 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 checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER	B. TANK MATERIAL <input type="checkbox"/> 1 STEEL/IRON <input type="checkbox"/> 2 STAINLESS STEEL <input type="checkbox"/> 3 FIBERGLASS <input type="checkbox"/> 4 STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 5 CONCRETE <input type="checkbox"/> 6 POLYVINYL CHLORIDE <input type="checkbox"/> 7 ALUMINUM <input type="checkbox"/> 8 100% METHANOL COMPATIBLE FRP <input type="checkbox"/> 9 BRONZE <input type="checkbox"/> 10 GALVANIZED STEEL <input checked="" 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"/> 4 PHENOLIC LINING <input type="checkbox"/> 5 GLASS LINING <input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? <input type="checkbox"/> YES <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"/> 4 FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 5 CATHODIC PROTECTION <input type="checkbox"/> 91 NONE <input checked="" type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER
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IV. PIPING INFORMATION CIRCLE A IF ABOVE GROUND, U IF UNDERGROUND, BOTH IF APPLICABLE

A. SYSTEM TYPE	A U 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 91 NONE	A U 95 UNKNOWN	A U 99 OTHER
B. CONSTRUCTION	A U 1 SINGLE WALLED	A U 2 DOUBLE WALLED	A U 3 LINED TRENCH	A U 91 NONE	A U 95 UNKNOWN	A U 99 OTHER
C. MATERIAL	A U 1 STEEL/IRON	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE	A U 91 NONE	
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL CLAD W/FRP	A U 8 100% METHANOL COMPATIBLE FRP		
	A U 9 GALVANIZED STEEL	A U 95 UNKNOWN	A U 99 OTHER			

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

P S 1 VISUAL CHECK	P S 2 INVENTORY RECONCILIATION	P S 3 VADOSE WELLS	P S 4 ELECTRONIC MONITOR	P S 5 GROUND WATER MONITORING WELLS
P S 6 PRECISION TESTING	P S 7 PRESSURE TESTING	P S 9 NONE	P S 95 UNKNOWN	P 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) Maples DATE 6-30-89

LOCAL AGENCY USE ONLY

COUNTY #	JURISDICTION #	AGENCY #	FACILITY ID #	TANK ID #
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:



FORM 'B': TANK

UNDERGROUND STORAGE TANK PROGRAM TANK PERMIT APPLICATION INFORMATION

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

N9 22806

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 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: <u>FL Mazza's Pub Service</u>				FARM TANK - YES <input type="checkbox"/> NO <input type="checkbox"/>

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

A. OWNERS TANK ID # <u>N.A.</u>	B. MANUFACTURED BY: <u>UNKNOWN</u>
C. YEAR INSTALLED <u>UNKNOWN NP 1950-60?</u>	D. TANK CAPACITY IN GALLONS: <u>UNKNOWN</u>

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

<input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL	<input type="checkbox"/> 2 PETROLEUM	B.	C. <input type="checkbox"/> 1 UNLEADED	<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 3 DIESEL
<input type="checkbox"/> 3 CHEMICAL PRODUCT	<input type="checkbox"/> 4 OIL	<input type="checkbox"/> 1 PRODUCT	<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"/> 2 WASTE	<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. # <u>Formerly gasoline Now Slurry</u> C.A.S. #:					

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

A. TYPE OF SYSTEM	<input type="checkbox"/> 1 DOUBLE WALLED	<input type="checkbox"/> 3 SINGLE WALLED WITH EXTERIOR LINER	<input checked="" 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 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 checked="" type="checkbox"/> 95 UNKNOWN
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 checked="" type="checkbox"/> 95 UNKNOWN
			<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 checked="" type="checkbox"/> 95 UNKNOWN
			<input type="checkbox"/> 4 FIBERGLASS REINFORCED PLASTIC
			<input type="checkbox"/> 99 OTHER

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

A. SYSTEM TYPE	A U 1 SUCTION	A U 2 PRESSURE	A U 3 GRAVITY	A U 91 NONE	A U 95 UNKNOWN	A U 99 OTHER
B. CONSTRUCTION	A U 1 SINGLE WALLED	A U 2 DOUBLE WALLED	A U 3 LINED TRENCH	A U 91 NONE	A U 95 UNKNOWN	A U 99 OTHER
C. MATERIAL	A U 1 STEEL/IRON	A U 2 STAINLESS STEEL	A U 3 POLYVINYL CHLORIDE (PVC)	A U 4 FIBERGLASS PIPE	A U 91 NONE	
	A U 5 ALUMINUM	A U 6 CONCRETE	A U 7 STEEL CLAD W/FRP	A U 8 100% METHANOL COMPATIBLE FRP		
	A U 9 GALVANIZED STEEL	A U 95 UNKNOWN	A U 99 OTHER			

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

P S 1 VISUAL CHECK	P S 2 INVENTORY RECONCILIATION	P S 3 VADOSE WELLS	P S 4 ELECTRONIC MONITOR	P S 5 GROUND WATER MONITORING WELLS
P S 6 PRECISION TESTING	P S 7 PRESSURE TESTING	P S 91 NONE	P S 95 UNKNOWN	P S 99 OTHER

VI. INFORMATION ON TANK PERMANENTLY CLOSED IN PLACE

1. ESTIMATED DATE LAST USED (MO/YR) <u>Before 1980</u>	2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN GALLONS <u>Slurry</u>	3. WAS TANK FILLED WITH INERT MATERIAL? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
---	--	--

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)

[Signature]

DATE

6-30-89

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
<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"/>		
CHECK #	PERMIT AMOUNT	SURCHARGE AMT.	FEE CODE	RECEIPT #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				BY:
				<input type="text"/>

6/30/89

Al Maples Auto Service, 790 Bockman Rd, San Lorenzo ~~1/1/89~~

Al Maples said he is planning to get an above ground waste oil storage tank for waste oil storage. Once this above ground tank is in place, he will no longer use his underground waste oil storage tank.

ALAMEDA COUNTY
HEALTH CARE SERVICES

AGENCY

DAVID J. KEARS, Agency Director



DEPARTMENT OF ENVIRONMENTAL HEALTH
Hazardous Materials Program
80 Swan Way, Rm. 200
Oakland, CA 94621
(415) 271-4320

Certified Mailer #: P 833 981 382

April 5, 1989

Mr. Al Maples
Al Maples Auto Service
790 Bockman Road
San Lorenzo Ca. 94580

Subject: Underground Tanks at Al Maples Auto Service, 790 Bockman Road, San Lorenzo

Dear Mr. Maples:

On March 24, 1989 your facility was inspected by Ms. Katherine Chesick, a Hazardous Materials Specialist with our office. Her inspection revealed the presence of four underground tanks at your facility which had likely all been installed before 1984. You indicated that one tank had been slurry filled, two tanks which formerly contained gasoline are now empty and one tank currently stores waste oil. To meet the requirements of California law and regulations please submit the following information:

- 1) The date the slurry filled tank was filled and the type of material used to fill the tank.
- 2) Completed (new) permit forms:
 - * Underground Storage Tank Program Form A (one for your facility); and
 - * Underground Storage Tank Program Form B (one for each existing underground tank on site)

Copies of these forms are enclosed for your convenience. Submit the entire completed original for each form.

- 3) The type of monitoring system you will use to monitor your three remaining tanks.

According to the California Code of Regulations Title 23 Section 2640, owners of underground storage tanks installed before January 1, 1984 shall implement a monitoring system for each tank. Tanks installed before January 1, 1984 which are not monitored for leaks will not be permitted for use.

Acceptable monitoring systems (alternatives) are listed in California Code of Regulations Title 23 Article 4 (specifically

Page 2 of 2
Mr. Al Maples
Al Maples Auto Service
April 5, 1989

Section 2641 and Table 4.1). A copy of these regulations along with the corresponding laws can be obtained by contacting:

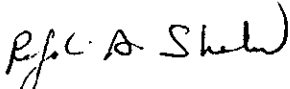
California State Water Resources Control Board
901 P Street
Sacramento, California 95801
(916) 324-1262

According to Section 2670, Article 7 of Title 23, tanks in which storage of hazardous substances has ceased must either be monitored or temporarily or permanently closed. Should you desire to close any of your tanks you must first submit a tank closure plan to our office for approval.

Please submit this information to our office within 45 days of receipt of this letter.

Should you have any questions, please feel free to contact Ms. Chesick at 271-4320.

Sincerely,



Rafat A. Shahid, Chief,
Hazardous Materials Division

RAS:kac

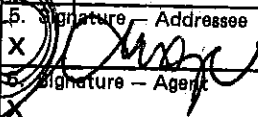
cc: Gil Jensen, Alameda County District Attorney, Consumer and
Environmental Protection Division
Katherine Chesick, Alameda County Hazardous Materials Division
Files

enclosures

KC

SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery
 ↑(Extra charge)↑ ↑(Extra charge)↑

3. Article Addressed to: Mr. Al Maples Al Maples Auto Service 790 Bockman Rd. San Lorenzo, CA 94580	4. Article Number P 833 981 382 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail
Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature - Addressee <input checked="" type="checkbox"/>  6. Signature - Agent <input checked="" type="checkbox"/>	8. Addressee's Address (ONLY if requested and fee paid)
7. Date of Delivery 4-12-89	

PS Form 3811, Mar. 1987

* U.S.G.P.O. 1987-178-268

DOMESTIC RETURN RECEIPT

P 833 981 382

RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)

Sent to Mr. Al Maples	
Street and No.	
P.O., State and ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

PS Form 3800, June 1985

white -env.health
 yellow -facility
 pink -files

ALAMEDA COUNTY, DEPARTMENT OF ENVIRONMENTAL HEALTH

80 Swan Way, #200
 Oakland, CA 94621
 (415) 271-4320

Hazardous Materials Division Inspection Form

Site ID# 417 Site Name Al Maples Auto Service Today's Date 3/24/89
 Site Address 790 Bockman Rd. EPA ID# _____
 City San Lorenzo Zip 94580 Phone 278-7871

MAX Amt. Stored > 500lbs/55g/200cf? Y N
 Hazardous Waste generated per month?
waste oil 100-150/month; waste solvent ~25 gal/mo
waste antifreeze ~10/month; batteries 1/month

Inspection Categories:

- I. Haz. Mat/Waste GENERATOR/TRANSPORTER
- II. Business Plans, Acute Hazardous Materials
- III. Underground Tanks

The marked items represent violations of the Calif. Administration Code (CAC) or the Health & Safety Code (HS&C)

I.A. GENERATOR (Title 22)

Manifest	<input checked="" type="checkbox"/> 1. Waste ID	* 66471	
	<input checked="" type="checkbox"/> 2. EPA ID	66472	
	<input checked="" type="checkbox"/> 3. > 90 days	66508	
	<input checked="" type="checkbox"/> 4. Label dates	66508	
	<input checked="" type="checkbox"/> 5. Biennial	66493	
Manifest	<input type="checkbox"/> 6. Records	66492	
	<input type="checkbox"/> 7. Correct	66484	
	<input type="checkbox"/> 8. Copy sent	66492	
	<input type="checkbox"/> 9. Exception	66484	
	<input type="checkbox"/> 10. Copies Rec'd	66492	
Misc.	<input type="checkbox"/> 11. Treatment	66371	
	<input type="checkbox"/> 12. On-site Disp. (H.S.&C.)	26189.5	
	<input type="checkbox"/> 13. Ex Haz. Waste	66570	
Prevention	<input type="checkbox"/> 14. Communications	67121	
	<input type="checkbox"/> 15. Aisle Space	67124	
	<input type="checkbox"/> 16. Local Authority	67126	
	<input type="checkbox"/> 17. Maintenance	67120	
	<input type="checkbox"/> 18. Training	67105	
Confin. Agency	<input type="checkbox"/> 19. Prepared	67140	
	<input type="checkbox"/> 20. Name List	67141	
	<input type="checkbox"/> 21. Copies	67141	
	<input type="checkbox"/> 22. Emg. Coord. Tmg.	67144	
Containers, Tanks	<input type="checkbox"/> 23. Condition	67241	
	<input type="checkbox"/> 24. Compatibility	67242	
	<input type="checkbox"/> 25. Maintenance	67243	
	<input type="checkbox"/> 26. Inspection	67244	
	<input type="checkbox"/> 27. Buffer Zone	67246	
	<input type="checkbox"/> 28. Tank Inspection	67259	
	<input type="checkbox"/> 29. Containment	67245	
	<input type="checkbox"/> 30. Safe Storage	67261	
	<input type="checkbox"/> 31. Freeboard	67257	
	I.B. TRANSPORTER (Title 22)	<input type="checkbox"/> 32. Applic./Insurance	66428
		<input type="checkbox"/> 33. Comp. Cert./CHP Insp.	66448
<input type="checkbox"/> 34. Containers		66465	
Manifest		<input type="checkbox"/> 35. Vehicles	66465
	<input type="checkbox"/> 36. EPA ID #s	66531	
	<input type="checkbox"/> 37. Correct	66541	
	<input type="checkbox"/> 38. HW Delivery	66543	
	<input type="checkbox"/> 39. Records	66544	
Cont'n's	<input type="checkbox"/> 40. Name/ Covers	66545	
	<input type="checkbox"/> 41. Recyclables	66800	

Comments:

Auto service business
Shop rags serviced by Cinter
Waste oil hauled by American Oil, ~100-150 gal/month
receipts
Solvent Tank serviced by Safety Khan monthly
receipt from 2/10/89 seen
Antifreeze to be picked up by American Labs, 5701 S. Compton Ave,
Los Angeles, 90011 (213) 588-7161; receipt seen 1/88.
Batteries picked up by Interstate
ITEMS TO OBSERVED/CORRECTED
 1) Label all hazardous waste containers - see Example label (label waste antifreeze containers in storage area)
 2) keep receipts for disposal of all hazardous waste a maximum of 3 yrs (for waste batteries, waste oil, waste antifreeze, waste solvent, shop rag service)
 3) Oil filters must be drained 24-48 hrs before being double bagged for disposal.
 4) Obtain an EPA ID #, Call (916) 324-1781 (in progress)

Rev 6/88

Contact: Al Maples
 Title: Owner
 Signature: [Signature]

Inspector: Katherine Chisick
 Signature: Katherine Chisick

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
DEPARTMENT OF ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS DIVISION
470 -27th Street, Room 322
Oakland, CA 94612
Phone No. 415/874-7237

FACILITY QUESTIONNAIRE

GENERAL INFORMATION

1. Establishment Name: Al Maples Auto Service
2. Site Address: 790 Bockman Rd.
City San Lorenzo Zip 94580
3. Mailing Address (if different): Same
City _____ Zip _____
4. Contact Person: Al Maples Phone: 278-7871
5. Owner Name: Al Maples Owner Phone: 278-7871
6. Name of Previous Owner: Paul Meyer Family Trust (formerly a service station)
7. Date you assumed business: 1984
8. Std. Industrial Classification (SIC) _____ 9. Type of Business: Auto service shop
10. Number of Employees: 4 11. EPA ID #: in progress

PERMITS Check if you have permits from any of the following:

Local Agencies

12. Local Sewer District (industrial waste discharges)
Name of District _____
13. City or Local Fire Dept. (Underground tanks, storage)
Name of City or Dept. _____
Type of Permit _____
14. Alameda County Dept. of Health (Underground tanks)
15. S.F. Regional Water Quality Control Board
16. Bay Area Air Quality Management District
- CALIFORNIA Department of Health Services:
17. Treatment, Storage, Disposal Facility
18. Hazardous Waste Hauler

County Use Only

417 Site ID
[]1 Entry []2

OTHER

Please check if the following applies at your facility:

- 19. Acutely hazardous materials are handled (Attachment 1)
- 20. More than 500 lbs, 55 gal, or 200 cu. ft. of hazardous materials are handled (per year?) (See attachment 2)
- 21. Hazardous materials are contained in underground tanks or sumps. *waste oil tank*
- 22. You have submitted a business plan to the Alameda County Department of Hazardous Materials under California Health & Safety Code Chapter 6.95. *to be submitted*

23. Which of the following categories of hazardous materials are handled at your facility:
- Toxic Corrosive Flammable Reactive

24. LIST OF CHEMICALS HANDLED

Please list the County Inventory Numbers (CIN) or Chemical Abstract Service (CAS) numbers of any of the hazardous chemicals that you handle. CIN numbers have been assigned to the more commonly used hazardous chemicals. If CAS numbers are used, please precede each number with an asterisk (*).

861	<i>new waste oil</i>	_____	_____	_____	_____	_____
813,859	<i>" solvent</i>	_____	_____	_____	_____	_____
	<i>" antifreeze</i>	_____	_____	_____	_____	_____
		_____	_____	_____	_____	_____
		_____	_____	_____	_____	_____

CERTIFICATION

I hereby certify that the information on this form is, to the best of my knowledge, true and complete.

25. *[Signature]* *ALM*
 Signature Typed or Printed Name

26. *[Signature]* *3-24-89*
 Title Date

Please return completed form to:
 Department of Environmental Health
 Hazardous Materials Division
 470 - 27th St., Room 322
 Oakland, CA 94612

GENERAL CHARACTERISTICS

1. IDENTIFICATION

Business Name:

Al Maples

Business Address:

790 Bockman Rd
San Lorenzo

Phone Number:

278-7871

SIC Code:

Business Type:

Auto Repair

Site Contact:

Al Maples or Rocky Reyes

2. TYPE OF SERVICES PROVIDED (indicate # of cars serviced per week in each category)

Engine repair

Scheduled maintenance

Transmission repair

Radiator service

Brake service

Other: _____

3. SIZE OF SHOP

a. Total number of cars serviced per week: 35

b. Number of Service Bays Available: 2

c. Number of Employees: 4

4. TYPES OF WASTE MINIMIZATION PRACTICES CURRENTLY PERFORMED (check all that apply)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Inventory Control | <input type="checkbox"/> Use first-in, first-out policy |
| <input type="checkbox"/> Store less raw materials | <input checked="" type="checkbox"/> Inspect storage areas |
| <input checked="" type="checkbox"/> Conduct employee training | <input type="checkbox"/> Substitute less hazardous materials where possible |
| <input checked="" type="checkbox"/> Segregate wastes | <input checked="" type="checkbox"/> Keep containers covered |
| <input checked="" type="checkbox"/> Contract with a used oil recycler | <input type="checkbox"/> On-site antifreeze recycling |
| <input checked="" type="checkbox"/> Antifreeze recycled | <input type="checkbox"/> Freon use minimized |
| <input checked="" type="checkbox"/> Laundry service used for shop rags | <input checked="" type="checkbox"/> Empty drums recycled |
| <input checked="" type="checkbox"/> Batteries reclaimed/
<u>recycled</u> | <input checked="" type="checkbox"/> Contain and collect asbestos from brake drums |
| <input type="checkbox"/> Use squeegees and rags for floor spills | <input checked="" type="checkbox"/> Drain cleaned parts from solvent sinks |
| <input checked="" type="checkbox"/> Turn off solvent flow and close sink when not in use | <input checked="" type="checkbox"/> Remove parts slowly after immersion |
| <input checked="" type="checkbox"/> Place solvent sinks in a convenient location | <input type="checkbox"/> Pre-rinse parts when using a hot tank |
| <input type="checkbox"/> Remove hot tank solids and reactivate solution | <input type="checkbox"/> Use a radiator flush booth or recycle flush water |

Other: _____

TABLE 2: HAZARDOUS WASTE GENERATION BY ACTIVITY

Fill in information regarding wastes generated from each activity

ACTIVITY	WASTES GENERATED	PHYSICAL STATE (a)	GENERATION RATE (b)	STORAGE METHOD (c)	STORAGE AREA (d)	DISPOSAL METHOD (e)	DISPOSAL COST (f)
Scheduled Car Maintenance	Antifreeze Used Batteries Used Oil (including Transmission Fluid, Lube Oil & Hydraulic Fluids) Oil Filters Asbestos Brake Shoes	liq. liq.	20 gal / Mo. 300 gal / Mo	Sump U.G. Tank	inside outside	recycle recycle	~\$1.50 / gal ~ 0.25 / gal
Parts Repair	Dirty Cleaning Solvent Spent Caustic Bath Dirty Carburetor Cleaner Used Cooling/Cutting Fluids	liq	10 gal.	Sump	inside	recycle	~ 65.00 / Mo.
Shop Cleaning & Other Miscellaneous Activities	Dirty Rags Used Absorbent Empty Containers	Solid	400 / Mo	bag metal container	inside	Industrial Clean	~ 65.00 / Mo rags and uniform

(a) Solid, liquid, or sludge

(b) Amount generated (indicate whether per quarter, semiannually, annually, etc.)

(c) 55-gallon drums, sump, above or underground tank, refuse dumpster, etc.

(d) Is waste storage area indoors or outdoors, covered or exposed, concrete, asphalt or dirt, locked or unlocked?

(e) Recycled on-site, recycled or treated off-site, serviced by equipment lease & maintenance contractor, picked up by waste service contractor, or describe other disposal methods.

(f) Waste disposal cost per unit (by gallons, pounds, etc)

CONTAINER CONSTRUCTION

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

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

VI PIPING

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

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

VII LEAK DETECTION

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

VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS
 IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

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

* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

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

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

PERSON FILING (SIGNATURE) *[Signature]* PHONE W/AREA CODE *415-278-2871*

FOR LOCAL AGENCY USE ONLY

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

APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

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

I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) RALPH B. PAHLMAYER FAMILY TRUS		PUBLIC AGENCY ONLY () 01 FED () 02 STATE () 03 LOCAL	
STREET ADDRESS 3410 LAKESHORE AVE #205	CITY OAKLAND	STATE CA	ZIP 94610

II FACILITY

FACILITY NAME MAPLES HONDA SERVICE <i>AL Maples Auto Service</i>		DEALER/FOREMAN/SUPERVISOR AL MAPLES	
STREET ADDRESS 790 BOCKMAN RD.		NEAREST CROSS STREET	
CITY SAN LORENZO		COUNTY ALAMEDA	ZIP 94580
MAILING ADDRESS 790 BOCKMAN RD.		CITY SAN LORENZO	STATE CA ZIP 94580
PHONE W/AREA CODE 415-278-7871	TYPE OF BUSINESS (X) 01 GASOLINE STATION () 02 OTHER		
NUMBER OF CONTAINERS 4	RURAL AREAS ONLY :	TOWNSHIP	RANGE SECTION

III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE MAPLES, AL 415-278-7871	NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE MAPLES, AL 415-278-7871 829-7927
--	---

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV DESCRIPTION

A. (X) 01 TANK () 04 OTHER:		CONTAINER NUMBER 1
B. MANUFACTURER (IF APPROPRIATE):	YEAR MFG:	C. YEAR INSTALLED (X) UNKNOWN
D. CONTAINER CAPACITY: 4000 GALLONS () UNKNOWN	E. DOES THE CONTAINER STORE: () 01 WASTE (X) 02 PRODUCT	
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? (X) 01 YES () 02 NO IF YES CHECK APPROPRIATE BOX(ES): () 01 UNLEADED () 02 REGULAR () 03 PREMIUM () 04 DIESEL () 05 WASTE OIL (X) 06 OTHER EMPTY		

V CONTAINER CONSTRUCTION

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

CONTAINER CONSTRUCTION

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

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

VI PIPING

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

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

VII LEAK DETECTION

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

VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS
IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

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

* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

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

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

PERSON FILING (SIGNATURE)  PHONE W/AREA CODE 415-228-7871

FOR LOCAL AGENCY USE ONLY

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

APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

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

I OWNER

NAME(CORPORATION,INDIVIDUAL OR PUBLIC AGENCY) RALPH B. PAHLMEYER FAMILY TRUS		PUBLIC AGENCY ONLY () 01 FED () 02 STATE () 03 LOCAL	
STREET ADDRESS 3410 LAKESHORE AVE #205	CITY OAKLAND	STATE CA	ZIP 94610

II FACILITY

FACILITY NAME MAPLES HONDA SERVICE <i>AL Maples Auto Service</i>		DEALER/FOREMAN/SUPERVISOR AL MAPLES	
STREET ADDRESS 790 BOCKMAN RD.		NEAREST CROSS STREET	
CITY SAN LORENZO		COUNTY ALAMEDA	ZIP 94580
MAILING ADDRESS 790 BOCKMAN RD.		CITY SAN LORENZO	STATE CA ZIP 94580
PHONE W/AREA CODE 415-278-7871		TYPE OF BUSINESS (X) 01 GASOLINE STATION () 02 OTHER	
NUMBER OF CONTAINERS 4	RURAL AREAS ONLY :	TOWNSHIP	RANGE SECTION

III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME(LAST NAME FIRST) AND PHONE W/AREA CODE MAPLES, AL 415-278-7871	NIGHTS: NAME(LAST NAME FIRST) AND PHONE W/AREA CODE MAPLES, AL 415-278-7871
---	---

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV DESCRIPTION

A. (X) 01 TANK () 04 OTHER:		CONTAINER NUMBER 2	
B. MANUFACTURER (IF APPROPRIATE):		YEAR MFG:	C. YEAR INSTALLED (X) UNKNOWN
D. CONTAINER CAPACITY: 4000 GALLONS () UNKNOWN	E. DOES THE CONTAINER STORE: () 01 WASTE (X) 02 PRODUCT		
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? (X) 01 YES () 02 NO IF YES CHECK APPROPRIATE BOX(ES): () 01 UNLEADED () 02 REGULAR () 03 PREMIUM () 04 DIESEL () 05 WASTE OIL (X) 06 OTHER EMPTY			

V CONTAINER CONSTRUCTION

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

CONTAINER CONSTRUCTION

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

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

VI PIPING

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

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

VII LEAK DETECTION

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

VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS

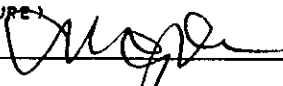
IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

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

* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

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

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

PERSON FILING (SIGNATURE)  PHONE W/AREA CODE 415-2782871

FOR LOCAL AGENCY USE ONLY

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

APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

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

I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) RALPH B. PAHLMAYER FAMILY TRUS		PUBLIC AGENCY ONLY <input type="checkbox"/> 01 FED <input type="checkbox"/> 02 STATE <input type="checkbox"/> 03 LOCAL	
STREET ADDRESS 3410 LAKESHORE AVE #205	CITY OAKLAND	STATE CA	ZIP 94610

II FACILITY

FACILITY NAME MAPLES HONDA SERVICE <i>AL Maples Auto Service</i>		DEALER/FOREMAN/SUPERVISOR AL MAPLES	
STREET ADDRESS 790 BOCKMAN RD.		NEAREST CROSS STREET	
CITY SAN LORENZO		COUNTY ALAMEDA	ZIP 94580
MAILING ADDRESS 790 BOCKMAN RD.		CITY SAN LORENZO	STATE CA ZIP 94580
PHONE W/AREA CODE 415-278-7871	TYPE OF BUSINESS <input checked="" type="checkbox"/> 01 GASOLINE STATION <input type="checkbox"/> 02 OTHER		
NUMBER OF CONTAINERS 4	RURAL AREAS ONLY :	TOWNSHIP	RANGE SECTION

III 24 HOUR EMERGENCY CONTACT PERSON

DAY: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE MAPLES, AL 415-278-7871	NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE MAPLES, AL 415-278-7871
---	--

COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV DESCRIPTION

A. <input checked="" type="checkbox"/> 01 TANK <input type="checkbox"/> 04 OTHER:	CONTAINER NUMBER 3
B. MANUFACTURER (IF APPROPRIATE):	YEAR MFG: C. YEAR INSTALLED <input checked="" type="checkbox"/> UNKNOWN
D. CONTAINER CAPACITY: 2000 GALLONS <input type="checkbox"/> UNKNOWN	E. DOES THE CONTAINER STORE: <input checked="" type="checkbox"/> 01 WASTE <input type="checkbox"/> 02 PRODUCT
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO IF YES CHECK APPROPRIATE BOX(ES): <input type="checkbox"/> 01 UNLEADED <input type="checkbox"/> 02 REGULAR <input type="checkbox"/> 03 PREMIUM <input type="checkbox"/> 04 DIESEL <input type="checkbox"/> 05 WASTE OIL <input type="checkbox"/> 06 OTHER	

V CONTAINER CONSTRUCTION

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

CONTAINER CONSTRUCTION

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

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

VI PIPING

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

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

VII LEAK DETECTION

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

VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS

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

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

* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

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

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

PERSON FILING (SIGNATURE)  PHONE W/AREA CODE 415-2787871

FOR LOCAL AGENCY USE ONLY

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

APPLICATION FOR PERMIT TO OPERATE UNDERGROUND STORAGE TANK

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

I OWNER

NAME (CORPORATION, INDIVIDUAL OR PUBLIC AGENCY) RALPH B. PAHLMEYER FAMILY TRUS		PUBLIC AGENCY ONLY <input type="checkbox"/> 01 FED <input type="checkbox"/> 02 STATE <input type="checkbox"/> 03 LOCAL	
STREET ADDRESS 3410 LAKESHORE AVE #205	CITY OAKLAND	STATE CA	ZIP 94610

II FACILITY

FACILITY NAME MAPLES HONDA SERVICE <i>AL Maples Auto service</i>		DEALER/FOREMAN/SUPERVISOR AL MAPLES	
STREET ADDRESS 790 BOCKMAN RD.		NEAREST CROSS STREET	
CITY SAN LORENZO		COUNTY ALAMEDA	ZIP 94580
MAILING ADDRESS 790 BOCKMAN RD.		CITY SAN LORENZO	STATE CA ZIP 94580
PHONE W/AREA CODE 415-278-7871	TYPE OF BUSINESS <input checked="" type="checkbox"/> 01 GASOLINE STATION <input type="checkbox"/> 02 OTHER		
NUMBER OF CONTAINERS 4	RURAL AREAS ONLY :	TOWNSHIP	RANGE SECTION

III 24 HOUR EMERGENCY CONTACT PERSON

DAYS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE MAPLES, AL 415-278-7871	NIGHTS: NAME (LAST NAME FIRST) AND PHONE W/AREA CODE MAPLES, AL 415- 278-7871 <i>829-7927</i>
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COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER

IV DESCRIPTION

A. <input checked="" type="checkbox"/> 01 TANK <input type="checkbox"/> 04 OTHER:	CONTAINER NUMBER 4
B. MANUFACTURER (IF APPROPRIATE):	YEAR MFG: C. YEAR INSTALLED <input checked="" type="checkbox"/> UNKNOWN
D. CONTAINER CAPACITY: 550 GALLONS <input type="checkbox"/> UNKNOWN	E. DOES THE CONTAINER STORE: <input checked="" type="checkbox"/> 01 WASTE <input type="checkbox"/> 02 PRODUCT
F. DOES THE CONTAINER STORE MOTOR VEHICLE FUEL OR WASTE OIL ? <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO IF YES CHECK APPROPRIATE BOX(ES): <input type="checkbox"/> 01 UNLEADED <input type="checkbox"/> 02 REGULAR <input type="checkbox"/> 03 PREMIUM <input type="checkbox"/> 04 DIESEL <input checked="" type="checkbox"/> 05 WASTE OIL <input type="checkbox"/> 06 OTHER	

V CONTAINER CONSTRUCTION

A. THICKNESS OF PRIMARY CONTAINMENT:	<input type="checkbox"/> GAUGE <input type="checkbox"/> INCHES <input type="checkbox"/> CM <input checked="" type="checkbox"/> UNKNOWN
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