STATE OF CALIFORNI

WATER RESOURCES CONTRO

FORM 'B': TANK

UNDERGROUND STORAGE TANK PROGRAM TANK PERMIT APPLICATION INFORMATION



MARK ONLY ONE ITEM	1 NEW PERMIT 2 INTERIM PERMIT	\$3 RENEWAL PERMIT 4 AMENDED PERMIT	1 1 4 4 4 7 7 7 7	NGE OF INFORMATION PORARY TANK (LOSURE)	7 PERMANENTLY CLOSED TANK 8 TANK REMOVED
FACILITY/SITE NAM	E WHERE TANK IS INSTALLED:	1839 FOO	THICC.	CAKLAND	FARM TANK - YES NO
ANK DESCRIP	TION COMPLETE ALL ITEMS	s - IF UNKNOWN — SO	SPECIFY		
A. OWNERS TANK ID	# /		B. MANUFACT	TURED BY: DOA	I'T KNOW
C. YEAR INSTALLED	DON'T KI	VOW	D. TANK CAPA	ACITY IN GALLONS:	1000
TANK CONTEN			A 1) IS NOT MA	RKED, COMPLETE ITEN	In
A. 1 MOTOR VEHI 3 CHEMICAL PI 5 HAZARDOUS D. IF NOT MOTOR VEI	CLE FUEL 2 PETROLEUM RODUCT 4 OIL	B.		1 UNLEADED 4 GASAHOL 7 METHANOL	2 LEADED 3 DIESEL 5 JET FUEL 6 AVIATION GA 99 OTHER (DESCRIBE IN ITEM D. BELOW
TANK CONST	RUCTION MARK ONE ITEM	ONLY IN BOX A, B, C	8 D		
A. TYPE OF	1 DOUBLE WALLED 3 SINGL	E WALLED WITH EXTERIOR LINE] 95 UNKNOWN] 99 OTHER	Y
B. TANK MATERIAL	5 CONCRETE 6 POLYV	VINYL CHLORIDE 7 ALL	DERGLASS	4 STEEL CLAD W/FIBERGLASS R 8 100% METHANOL COMPATIBLE 9 OTHER	얼마가 되면 되는 말이 되는 사람들이 하다면 하다.
C. INTERIOR LINING	1 RUBBER LINED 2 ALKYD 5 GLASS LINING 6 UNLIN IS LINING MATERIAL COMPATIBLE WITH 100%	IED	OXY LINING	4 Phenolic Lining] 95 Unknown] 99 Other	
D. CORROSION PROTECTION	1 POLYETHLENE WRAP 2 TAR O 5 CATHODIC PROTECTION 91 NONI	100 H	YYL WRAP	4 FIBERGLASS REINFORCED PLA 99 OTHER	STIC
PIPING INFOR	MATION CIRCLE A IF ABOV	VE GROUND, U IF UND	ERGROUND, BO	TH IF APPLICABLE	
A. SYSTEM TYPE		N. W. Carlle - Street Line And Street Line And Street	U 3 GRAVITY	A U 91 NONE	A U 95 UNKNOWN A U 99 OTHER
B. CONSTRUCTION C. MATERIAL	AU 1 STEEL/IRON A U	2 STAINLESS STEEL A 6 CONCRETE A	U 3 LINED TREA U 3 POLYVINYL U 7 STEEL CLAI U 99 OTHER _	. CHLORIDE (PVC) A U	A U 95 UNKNOWN A U 99 OTHER 4 FIBERGLASS PIPE A U 91 NONE B 100% METHANOL COMPATIBLE FRP
EAK DETECTI	ON SYSTEM CIRCLE P FO	OR PRIMARY, OR S FO	R SECONDARY.	A PRIMARY LEAK DETEC	CTION SYSTEM MUST BE CIRCLED
P S 1 VISUAL CHECK			WELLS P S 4 E	ELECTRONIC MONITOR P	\$ 5 GROUND WATER MONITORING WELL \$ 99 OTHER
1. ESTIMATED DATE LA	ST USED (MO/YR)	2. ESTIMATED QUANTITY SUBSTANCE REMAINI	Y OF	3 TO SEE STATE OF SEC. 12 TO SEE SEE SEE SEE	TANK FILLED WITH T MATERIAL? YES NO
old sub-Araban 🕶 😘 😘	ANK WRIGHT	ENALTY OF PERJUR	Y, AND TO THE	BEST OF MY KNOWLE	EDGE, IS TRUE AND CORRECT.
COUNTY #	JURISDICTION #	AGENCY#	FAC	CILITY ID #	TANK ID #
			30/12	29772	
	the state of the s		10% 1 00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Contraction of the second of the or	
CURRENT LOCAL AGEN	CY FACILITY ID #	APF	PROVED BY NAME		PHONE # WITH AREA CODE

OARD

FORM 'B' TANK

UNDERGROUND STORAGE TANK PROGRAM TANK PERMIT APPLICATION INFORMATION



COMPLETE A SEPARATE FORM WITH THE FOLLOWING INFORMATION FOR EACH TANK. 5 CHANGE OF INFORMATION 7 PERMANENTLY CLOSED TANK 1 NEW PERMIT 3 RENEWAL PERMIT MARK ONLY 4 AMENDED PERMIT! 6 TEMPORARY TANK CLOSURE 8 TANK REMOVED ONE ITEM 2 INTERIM PERMIT **FARM TANK - YES** NO **FACILITY/SITE NAME WHERE TANK IS INSTALLED:** I. TANK DESCRIPTION COMPLETE ALL ITEMS - IF UNKNOWN — SO SPECIFY B. MANUFACTURED BY: A. OWNERS TANK ID # KNUWN 1000 C. YEAR INSTALLED D. TANK CAPACITY IN GALLONS: II. TANK CONTENTS IF (A.1), IS MARKED, COMPLETE ITEM C. IF (A.1), IS NOT MARKED, COMPLETE ITEM D. 2 LEADED 1 UNLEADED 3 DIESEL R 1 MOTOR VEHICLE FUEL 2 PETROLEUM 4 GASAHOL 5 JET FUEL 6 AVIATION GAS 3 CHEMICAL PRODUCT 4 OIL 1 PRODUCT 99 OTHER (DESCRIBE IN ITEM D. BELOW) 80 EMPTY 95 UNKNOWN 2 WASTE 7. METHANOL 5 HAZARDOUS D. IF NOT MOTOR VEHICLE FUEL. ENTER NAME OF CAS. #: HAZARDOUS SUBSTANCE STORED & C.A.S. # III. TANK CONSTRUCTION MARK ONE ITEM ONLY IN BOX A, B, C, & D 3 SINGLE WALLED WITH EXTERIOR LINER 95 UNKNOWN 1 DOUBLE WALLED A. TYPE OF SYSTEM 2 SINGLE WALLED 4 SECONDARY CONTAINMENT 99 OTHER 1 STEEL/IRON 2 STAINLESS STEEL 3 FIBERGLASS 4 STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC B. TANK 8 100% METHANOL COMPATIBLE FRP. 5 CONCRETE 6 POLYVINYL CHLORIDE 7 ALUMINUM MATERIAL 10 GALVANIZED STEEL 99 OTHER 9 BRONZE 95 UNKNOWN 4 PHENOLIC LINING 3 FPOXY LINING 1 RUBBER LINED 2 ALKYD LINING C. INTERIOR 6 UNLINED 95 UNKNOWN 5 GLASS LINING LINING IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? NO 99 OTHER 4 FIBERGLASS REINFORCED PLASTIC 1 POLYETHLENE WRAP 2 TAR OR ASPHALT 3 VINYL WRAP D. CORROSION PROTECTION 5 CATHODIC PROTECTION 95 UNKNOWN 99 OTHER 91 NONE 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 A (U) 1 STEEL/IRON A U 3 POLYVINYL CHLORIDE (PVC) A U 4 FIBERGLASS PIPE A U 2 STAINLESS STEEL C. MATERIAL A U 5 ALUMINUM A U 6 CONCRETE A U 7 STEEL CLAD W/FRP 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 \$ 2 NVENTORY RECONCILIATION P \$ 3 VADOSE WELLS P \$ 4 ELECTRONIC MONITOR P \$ 5 GROUND WATER MONITORING WELLS P S 1 VISUAL CHECK 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 3. WAS TANK FILLED WITH 1. ESTIMATED DATE LAST USED (MO/YR) 2. ESTIMATED QUANTITY OF **INERT MATERIAL?** SUBSTANCE REMAINING IN YES NO GALLONS 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) 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 # SURCHARGE AMT. FEE CODE RECEIPT # PERMIT AMOUNT

UNDERGROUND STORAGE TANK PROGRAM TANK PERMIT APPLICATION INFORMATION



IAIN	COMPLETE A SEPARA	ATE FORM WITH THE	FOLLOWING	INFORMATION FO	OR EACH TANK.
MARK ONLY ONE ITEM	1 NEW PERMIT 2 INTERIM PERMIT	3 RENEWAL PERMIT 4 AMENDED PERMIT	a 1178. <u> 1</u> 18.	CHANGE OF INFORMATION TEMPORARY TANK CLOSU	하게 하다 💳 등하다면 전 열리 하기 때문다
FACILITY/SITE NAME W	HERE TANK IS INSTALLE	D: 1839 F	DOTHIL	L OAKL	AND FARM TANK - YES NO [V
TANK DESCRIPTION	ON COMPLETE ALL IT	EMS - IF UNKNOWN — S	O SPECIFY		
A. OWNERS TANK ID #	#3		B. MANUF	ACTURED BY: /) M	KNOWN
C. YEAR INSTALLED /	INKNOWN		D. TANK C	APACITY IN GALLONS:	
TANK CONTENTS		O, COMPLETE ITEM C. IF			
A. 1 MOTOR VEHICLE		B.	(A.1), 15 NO1	C. 1 UNLEADED	2 LEADED 3 DIESEL
3 CHEMICAL PRODU			1 PRODUCT	4 GASAHOL	5 JET FUEL 6 AVIATION GA
5 HAZARDOUS	BO EMPTY		2 WASTE	7 METHANOL	99 OTHER (DESCRIBE IN ITEM D, BELOW
D. IF NOT MOTOR VEHICL HAZARDOUS SUBSTAN	E FUEL, ENTER NAME OF				C.A.S. #:
	CTION MARK ONE I	TEM ONLY IN BOY A B (` é D		
7-1-02-1-03-1-03-1-03-1-03-1-03-1-03-1-03	A District Control of the control of	A THE CONTRACTOR OF THE CONTRA			
A. TIPE OF		SINGLE WALLED WITH EXTERIOR LIN SECONDARY CONTAINMENT	EN	95 UNKNOWN 99 OTHER	
			DEDOL 100		OLLOO DENIFORMED EL LOSTO
R TANK			BERGLASS LUMINUM	4 STEEL CLAD W/FIBERG	GLASS REINFORCED PLASTIC
MATERIAL			JNKNOWN	99 OTHER	IFAIIDLE FRE
		<u> </u>			
C. INTERIOR			POXY LINING	4 PHENOLIC LINING	
LINING	NING MATERIAL COMPATIBLE WITH	JNLINED 100% METHANOL? YES	NO NO	95 UNKNOWN 99 OTHER	
			land 1		
	and the second of the second o		nyl wrap Jnknown	4 FIBERGLASS REINFORG	CED PLASTIC
PIPING INFORMA	TION CIRCLE A IF A	BOVE GROUND, U IF UN	DERGROUND,	BOTH IF APPLICABLE	
A. SYSTEM TYPE A	U) 1 SUCTION A	U 2 PRESSURE	A ~ U ~ 3 GRAVIT	Y A U 91 NO	NE A U 95 UNKNOWN A U 99 OTHE
B. CONSTRUCTION A	U 1 SINGLE WALLED A	U 2 DOUBLE WALLED	A U 3 LINED 1	RENCH A U 91 NO	NE A U 95 UNKNOWN A U 99 OTHE
C. MATERIAL A	w.,	U 6 CONCRETE	A U 3 POLYVII A U 7 STEEL (A U 99 OTHER	CLAD W/FRP A	U 4 FIBERGLASS PIPE A U 91 NONE U 8 100% METHANOL COMPATIBLE FRP
EAK DETECTION	SVSTEM CIRCLE I	COR REIMARY OR C	ND SECONDAD	V A DDIMARY I FAY F	DETECTION SYSTEM MUST BE CIRCLED
P S 1 VISUAL CHECK	P(S) 2 INVENTORY RECON	CILIATION P S 3 VADOSE			P S 5 GROUND WATER MONITORING WELL
เมืองสัง เกาะที่ก็เกาะสำหรับสำคัญให้เกิดได้เป็นที่สำคัญ	P \$ 7 PRESSURE TESTING	าน คราม คราม คราม สามารถ เก็บ เรารัก ตัวหาตัว ให้กับ คราม เรารถได้เหตุ เมาะ เก็บ คราม	General Astronomic Control	95 UNKNOWN	ent P. S. 99 OTHER Lands bearing and a land or a land of the second of t
ESTIMATED DATE LAST U	N TANK PERMANI				
I. ESTIMATED DATE LAST O	SED (MO/YH)	2. ESTIMATED QUANTIT SUBSTANCE REMAIN			. WAS TANK FILLED WITH INERT MATERIAL? YES NO
THIS EODM HAS BE	EN COMPLETED LINDE	P DENALTY OF DED JUS	V AND TO T	GALLONS	OWLEDGE, IS TRUE AND CORRECT.
	NAME (PRINTED & SIGNATURE ANK WRIGH		T, AND TO T	HE BEST OF MIT KNO	DATE
OCAL AGENCY U	SE ONLY				
	URISDICTION #	AGENCY#		FACILITY ID #	TANK IN #
		TOLINO, W	1		TANK ID #
		1.1.4	6 ()	HUIL	
CURRENT LOCAL AGENCY F	ACILITY ID #	AP	PROVED BY NA	ME	PHONE # WITH AREA CODE
lyke between the commence of t	<u> </u>	And the Market of the State of	en en en jage kryke		ration of Assessment and Assessment of the Asses
PERMIT NUMBER	4 .	PERMIT APPROVAL DA	TE PE	RMIT EXPIRATION DATE	Control of the second of the second
1. B	IIT AMOUNT SU	IRCHARGE AMT.	FEE CODE	RECEIP	

STATE OF CALIFORNIA

WATER RESOURCES CONTROL BOARD

FORM 'A':

LOCATION CODE

CHECK #

CENSUS TRACT #

PERMIT AMOUNT

UNDERGROUND STORAGE TANK PROGRAM



SITE FACILITY/SITE. INFORMATION and/or PERMIT APPLICATION COMPLETE THIS FORM FOR EACH FACILITY/SITE 1 NEW PERMIT 3 RENEWAL PERMIT 5 CHANGE OF INFORMATION 7 PERMANENTLY CLOSED SITE MARK ONLY ONE ITEM 2 INTERIM PERMIT 4 AMENDED PERMIT **6 TEMPORARY SITE CLOSURE** I. FACILITY/SITE INFORMATION & ADDRESS — (MUST BE COMPLETED) FACILITY/SITE NAME CARE OF ADDRESS INFORMATION **ADDRESS** NEAREST CROSS STREET STATE-AGENCY Box to indicate 8 CORPORATION LOCAL-AGENCY FEDERAL-AGENCY PINOWINIAL COUNTY-AGENCY CITY NAME STATE ZIP CODE SITE PHONE #. WITH AREA CODE 5 55-CA EPA ID # TYPE OF BUSINESS: 2 DISTRIBUTOR 4 PROCESSOR ✓ Box if INDIAN # of TANK's RESERVATION or 5 OTHER AT THIS SITE 1 GAS STATION 3 FARM TRUST LANDS **EMERGENCY CONTACT PERSON (PRIMARY) EMERGENCY CONTACT PERSON (SECONDARY)** DAYS: NAME (LAST, FIRST) PHONE # WITH AREA CODE DAYS: NAME (LAST, FIRST) PHONE # WITH AREA CODE 415153 NIGHTS: NAME (LAST, FIRST) PHONE # WITH AREA CODE NIGHTS: NAME (LAST, FIRST) PHONE # WITH AREA CODE II. PROPERTY OWNER INFORMATION & ADDRESS — (MUST BE COMPLETED) NAME CARE OF ADDRESS INFORMATION MAILING or STREET ADDRESS Box to indicate PARTNERSHIP STATE-AGENCY CORPORATION INDIVIDUAL LOCAL-AGENCY FEDERAL-AGENCY INDIVIDUAL COUNTY-AGENCY CITY NAME PHONE # WITH AREA CODE STATE ZIP CODE III. TANK OWNER INFORMATION & ADDRESS — (MUST BE COMPLETED) CARE OF ADDRESS INFORMATION ☐ PARTNERSHIP
☐ LOCAL-AGENC
☐ COUNTY-AGEN MAILING or STREET ADDRESS ✓ Box to indicate STATE-AGENCY CORPORATION CORPORAT LOCAL-AGENCY FEDERAL-AGENCY COUNTY-AGENCY CITY NAME STATE ZIP CODE PHONE #, WITH AREA CODE IV. LEGAL NOTIFICATION AND BILLING ADDRESS CHECK ONE (1) BOX INDICATING WHICH ABOVE ADDRESS SHOULD BE USED FOR BOTH LEGAL NOTIFICATION AND BILLING: 111. 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) LOCAL AGENCY USE ONLY COUNTY # JURISDICTION # **FACILITY ID #** # of TANKS at SITE AGENCY # CURRENT LOCAL AGENCY FACILITY ID # APPROVED BY NAME PHONE # WITH AREA CODE PERMIT NUMBER PERMIT EXPIRATION DATE PERMIT APPROVAL DATE

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 A (3-2-88)

FEE CODE

BUSINESS PLAN FILED

YES 🗌

DATE FILED

BY:

NO 🗌

RECEIPT #

SUPERVISOR-DISTRICT CODE

SURCHARGE AMOUNT

STATE OF CALIFORNIA STATE WATER RESOURCES CONTROL BOARD





COMPLETE A SEPARATE FORM FOR EACH TANK SYSTEM.

MARK ONLY 1 NEW PERMIT 3 RENEWAL PERMIT 5 CHANGE OF INFORMATION 7 PERMANENTLY CLOSED ON SITE ONE ITEM 2 INTERIM PERMIT 4 AMENDED PERMIT 6 TEMPORARY TANK CLOSURE 8 TANK REMOVED
DBA OR FACILITY NAME WHERE TANK IS INSTALLED: F 4 M AUTO SEXVICE
I. TANK DESCRIPTION COMPLETE ALL ITEMS SPECIFY IF UNKNOWN
A. OWNER'S TANK I.D.# B. MANUFACTURED BY:
C. DATE INSTALLED (MO/DAY/YEAR) D. TANK CAPACITY IN GALLONS:
II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.
A. \(\sqrt{ 1 MOTOR VEHICLE FUEL } \(4 OIL \) B. \(C. \) \(\sqrt{ 1a REGULAR UNLEADED } \(4 GASAHOL \) 7 METHANOL \(1 DRODUCT \) 3 CHEMICAL PRODUCT \(95 UNKNOWN \) 2 WASTE \(2 LEADED \) 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 1 DOUBLE WALL 3 SINGLE WALL WITH EXTERIOR LINER 95 UNKNOWN SYSTEM 2 SINGLE WALL 4 SECONDARY CONTAINMENT (VAULTED TANK) 99 OTHER
B. TANK MATERIAL (Primary Tank) 1 BARE STEEL 2 STAINLESS STEEL 3 FIBERGLASS 4 STEEL CLAD W/ FIBERGLASS REINFORCED PLASTIC 7 ALUMINUM 8 100% METHANOL COMPATIBLE W/FRP 10 GALVANIZED STEEL 95 UNKNOWN 99 OTHER
C. INTERIOR LINING 1 RUBBER LINED 2 ALKYD LINING 3 EPOXY LINING 4 PHENOLIC LINING 5 GLASS LINING 6 UNLINED 95 UNKNOWN 99 OTHER IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES NO
D. CORROSION 1 POLYETHYLENE WRAP 2 COATING 3 VINYL WRAP 4 FIBERGLASS REINFORCED PLASTIC PROTECTION 5 CATHODIC PROTECTION 91 NONE 95 UNKNOWN 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
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 9 GALVANIZED STEEL A U 10 CATHODIC PROTECTION A U 9 OTHER
D. LEAK DETECTION 1 AUTOMATIC LINE LEAK DETECTOR 2 LINE TIGHTNESS TESTING 3 INTERSTITIAL 99 OTHER
V. TANK LEAK DETECTION
1 VISUAL CHECK 2 INVENTORY RECONCILIATION 3 VAPOR MONITORING 4 AUTOMATIC TANK GAUGING 5 GROUND WATER MONITORING 6 TANK TESTING 7 INTERSTITIAL MONITORING 91 NONE 95 UNKNOWN 99 OTHER
VI. TANK CLOSURE INFORMATION
1. ESTIMATED DATE LAST USED (MO/DAY/YR) 2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING GALLONS INERT MATERIAL? 3. WAS TANK FILLED WITH INERT MATERIAL?
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) LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW
STATE I.D.# COUNTY # JURISDICTION # FACILITY # TANK # O 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
PERMIT NUMBER PERMIT APPROVED BY/DATE PERMIT EXPIRATION DATE

FORM B (9-90)

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 1 NEW PERMIT 3 RENEWAL PERMIT 5 CHANGE OF INFORMATION 7 PERMANENTLY CLOSED ON SITE ONE ITEM 2 INTERIM PERMIT 4 AMENDED PERMIT 6 TEMPORARY TANK CLOSURE 8 TANK REMOVED
DBA OR FACILITY NAME WHERE TANK IS INSTALLED: F 4 111 1 104 0 SERVICE
I. TANK DESCRIPTION COMPLETE ALL ITEMS SPECIFY IF UNKNOWN
A. OWNER'S TANK I.D.# B. MANUFACTURED BY:
C. DATE INSTALLED (MO/DAY/YEAR) D. TANK CAPACITY IN GALLONS: /000, -
II. TANK CONTENTS IF A-1 IS MARKED, COMPLETE ITEM C.
A. I MOTOR VEHICLE FUEL 4 OIL B. C. 1 1a REGULAR UNLEADED 4 GASAHOL 7 METHANOL 1 PRODUCT 1 PRODUCT 1 1b PREMIUM UNLEADED 1 S 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 AND E
A. TYPE OF SYSTEM 1 DOUBLE WALL 3 SINGLE WALL WITH EXTERIOR LINER 95 UNKNOWN 4 SECONDARY CONTAINMENT (VAULTED TANK) 99 OTHER
B. TANK MATERIAL (Primary Tank) 9 BRONZE 2 STAINLESS STEEL 3 FIBERGLASS 4 STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC 7 ALUMINUM 8 100% METHANOL COMPATIBLE W/FRP 99 OTHER
C. INTERIOR 1 RUBBER LINED 2 ALKYD LINING 3 EPOXY LINING 4 PHENOLIC LINING 5 GLASS LINING 6 UNLINED 95 UNKNOWN 99 OTHER IS LINING MATERIAL COMPATIBLE WITH 100% METHANOL? YES NO
D. CORROSION 1 POLYETHYLENE WRAP 2 COATING 3 VINYL WRAP 4 FIBERGLASS REINFORCED PLASTIC PROTECTION 5 CATHODIC PROTECTION 91 NONE 95 UNKNOWN 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
B. CONSTRUCTION (A U 1 SINGLE WALL AU 2 DOUBLE WALL AU 3 LINED TRENCH AU 95 UNKNOWN AU 99 OTHER
C. MATERIAL AND CORROSION A U 1 BARE STEEL A U 2 STAINLESS STEEL A U 3 POLYVINYL CHLORIDE (PVC) A U 4 FIBERGLASS PIPE CORROSION A U 5 ALUMINUM A U 6 CONCRETE A U 7 STEEL W COATING A U 8 100% METHANOL COMPATIBLE W/FRP PROTECTION 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 99 OTHER 99 OTHER
V. TANK LEAK DETECTION
1 VISUAL CHECK 2 INVENTORY RECONCILIATION 3 VADOZE MONITORING 4 AUTOMATIC TANK GAUGING 5 GROUND WATER MONITORING 5 TANK TESTING 7 INTERSTITIAL MONITORING 91 NONE 95 UNKNOWN 99 OTHER
VI. TANK CLOSURE INFORMATION
1. ESTIMATED DATE LAST USED (MO/DAY/YR) 2. ESTIMATED QUANTITY OF SUBSTANCE REMAINING GALLONS INERT MATERIAL? 9. OF THE PROPERTY OF SUBSTANCE REMAINING GALLONS INERT MATERIAL?
THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT APPLICANTS NAME (PRINTED & SIGNATURE)
LOCAL AGENCY USE ONLY THE STATE I.D. NUMBER IS COMPOSED OF THE FOUR NUMBERS BELOW
COUNTY# JURISDICTION# FACILITY# TANK# STATE I.D.#
PERMIT NUMBER PERMIT APPROVED BY/DATE PERMIT EXPIRATION DATE

THIS FORM MUST BE ACCOMPANIED BY A PERMIT APPLICATION - FORM A, UNLESS A CURRENT FORM A HAS BEEN FILED.
FILE THIS FORM WITH THE LOCAL AGENCY IMPLEMENTING THE UNDERGROUND STORAGE TANK REGULATIONS

STATE OF CALIFORNIA STATE WATER RESOURCES CONTROL BOARD





MARK ONLY 1 NEW PERMIT 3 RENEWAL PERMIT ONE ITEM 2 INTERIM PERMIT 4 AMENDED PERMIT	5 CHANGE OF INFORMATION 7 PERMANENTLY CLOSED SITE 6 TEMPORARY SITE CLOSURE
I. FACILITY/SITE INFORMATION & ADDRESS - (MUST BE COMPLI	ETED)
DBA OR FACILITY NAME F & M HU+0 SERVICE	NAME OF OPERATOR FRANK WRIGHT
ADDRESS 1839 FOOTHILL BLVD	NEAREST CROSS/STREET PARCEL # (OPTIONAL)
CITYNAME OAKLAND, CA 94606	STATE ZIP CODE SITE PHONE # WITH AREA CODE (5/0) 533 - 7675
	OCAL-AGENCY COUNTY-AGENCY STATE-AGENCY FEDERAL-AGENCY
TYPE OF BUSINESS 1 GAS STATION 2 DISTRIBUTOR 3 FARM 4 PROCESSOR 5 OTHER	OR TRUST LANDS # OF TANKS AT SITE E. P. A. I. D. # (optional)
EMERGENCY CONTACT PERSON (PRIMARY)	EMERGENCY CONTACT PERSON (SECONDARY) - optional
DAYS: NAME (LAST, FIRST) PHONE # WITH AREA CODE NIGHTS: NAME (LAST, FIRST) NIGHTS: NAME (LAST, FIRST) PHONE # WITH AREA CODE	DAYS: NAME (LAST, FIRST) MARY MITCHELL (5/0) PHONE # WITH AREA CODE NIGHTS: NAME (LAST, FIRST)
FRANK WRIGHTS 239-1942	MARY MIFCHELL PHONE # WITH AREA CODE
II. PROPERTY OWNER INFORMATION - (MUST BE COMPLETED)	
NAME FRANK WRIGHT	CARE OF ADDRESS INFORMATION
MAILING OR STREET ADDRESS 1839 FOOTHILL BLVD	✓ box to Indicate ☑,INDIVIDUAL ☐ LOCAL-AGENCY ☐ STATE-AGENCY ☐ CORPORATION ☐ PARTNERSHIP ☐ COUNTY-AGENCY ☐ FEDERAL-AGENCY
CHKLAND, CA 94606	STATE ZIP CODE PHONE # WITH AREA CODE 5/0/535-76-73
III. TANK OWNER INFORMATION - (MUST BE COMPLETED)	
NAME OF OWNER WRIGHT	CARE OF ADDRESS INFORMATION
MAILING OR STREET ADDRESS 1839 FOOTHILL BLVD	✓ box to indicate ✓ individual
1839 FOOTHILL BLVD	CORPORATION PARTNERSHIP COUNTY-AGENCY FEDERAL-AGENCY
CITY NAME OAKLAND	STATE ZIP CODE PHONE # WITH AREA CODE 7673
IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUM	STATE ZIP CODE PHONE # WITH AREA CODE 4/0 535 7673
CHKLHND	STATE ZIP CODE PHONE # WITH AREA CODE 1/1/0 533 7673
IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUM	STATE ZIP CODE PHONE # WITH AREA CODE 76.73 MBER - Call (916) 323-9555 if questions arise.
IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUM TY (TK) HQ 4 4 - 0 3 5 3 6 5 V. PETROLEUM UST FINANCIAL RESPONSIBILITY - (MUST BE CO	STATE ZIP CODE PHONE # WITH AREA CODE 76.73 MBER - Call (916) 323-9555 if questions arise.
IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER TY (TK) HQ 4 4 - 0 3 5 3 6 5 V. PETROLEUM UST FINANCIAL RESPONSIBILITY - (MUST BE COUNT NUMBER TO SELF-INSURED SELF-	STATE ZIP CODE PHONE # WITH AREA CODE 76.73 MBER - Call (916) 323-9555 if questions arise. MPLETED) – IDENTIFY THE METHOD(S) USED 2 GUARANTEE 3 INSURANCE 4 SURETY BOND
IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER TY (TK) HQ 4 4 - 0 3 5 3 6 5 V. PETROLEUM UST FINANCIAL RESPONSIBILITY - (MUST BE COUNT NUMBER TO SELF-INSURED SELF-	STATE ZIP CODE PHONE # WITH AREA CODE 76.73 MBER - Call (916) 323-9555 if questions arise. MPLETED) – IDENTIFY THE METHOD(S) USED 2 GUARANTEE 3 INSURANCE 4 SURETY BOND 3 EXEMPTION SIP OTHER CHECK on and billing will be sent to the tank owner unless box I or II is checked.
IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER TY (TK) HQ 44-035365 V. PETROLEUM UST FINANCIAL RESPONSIBILITY - (MUST BE COUNT NUMBER TO STAND ST	STATE ZIP CODE PHONE # WITH AREA CODE 76.73 MBER - Call (916) 323-9555 if questions arise. MPLETED) – IDENTIFY THE METHOD(S) USED 2 GUARANTEE
IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER OF THE PROBLEM OF THE PR	STATE ZIP CODE PHONE # WITH AREA CODE 76.73 MBER - Call (916) 323-9555 if questions arise. MPLETED) – IDENTIFY THE METHOD(S) USED 2 GUARANTEE 3 INSURANCE 4 SURETY BOND 3 INSURANCE 4 SURETY BOND 3 INSURANCE 1 A SURETY BOND 3 INSURANCE 1 A SURETY BOND 5 EXEMPTION 99 OTHER CHECK TIFICATIONS AND BILLING: I. II. III. ND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT CANT'S TITLE DATE MONTH/DAY/YEAR
IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER OF THE PROBLEM UST FINANCIAL RESPONSIBILITY - (MUST BE COVERED SETTING OF CREDIT SELF-INSURED SETTING OF CREDIT SETTING OF C	STATE ZIP CODE PHONE # WITH AREA CODE 76.73 MBER - Call (916) 323-9555 if questions arise. MPLETED) – IDENTIFY THE METHOD(S) USED 2 GUARANTEE
IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER OF THE PROBLEM UST FINANCIAL RESPONSIBILITY - (MUST BE COVERED SETTING OF CREDIT SELF-INSURED SETTING OF CREDIT SETT	STATE ZIP CODE PHONE # WITH AREA CODE 76.73 MBER - Call (916) 323-9555 if questions arise. MPLETED) – IDENTIFY THE METHOD(S) USED 2 GUARANTEE 3 INSURANCE 4 SURETY BOND 3 ON AND BILLING: I. II. III. ND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT CANT'S TITLE DATE MONTH/DAY/YEAR 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER OF THE PROBLEM UST FINANCIAL RESPONSIBILITY - (MUST BE COVERED SETTING OF CREDIT SELF-INSURED SETTING OF CREDIT SETTING OF C	STATE ZIP CODE PHONE # WITH AREA CODE 26 A C 3 3 3 76 73 MBER - Call (916) 323-9555 if questions arise. MPLETED) – IDENTIFY THE METHOD(S) USED 2 GUARANTEE 3 INSURANCE 4 SURETY BOND 2 GUARANTEE 4 99 OTHER CHECK On and billing will be sent to the tank owner unless box I or II is checked. TIFICATIONS AND BILLING: I. II. III. ND TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT CANT'S TITLE DATE MONTH/DAY/YEAR A 12 9