

ALAMEDA COUNTY  
 DEPARTMENT OF ENVIRONMENTAL HEALTH  
 1131 HARBOR BAY PARKWAY  
 ALAMEDA, CA 94502-6577  
 PHONE (510) 567-6700

**ACCEPTED**

**Underground Storage Tank Closure Permit Application**  
 Alameda County Division of Hazardous Materials  
 1131 Harbor Bay Parkway, Suite 250  
 Alameda, CA 94502-6577

These closure/removal plans have been received and found to be acceptable and essentially meet the requirements of State and Local Health Laws. Changes to your closure plans indicated by this Department are to assure compliance with State and local laws. The project proposed herein is now released for issuance of any required building permits by construction/destruction.

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

Any changes or alterations of these plans and specifications must be submitted to this Department and to the Fire and Building Inspections Department to determine if such changes meet the requirements of State and local laws. Notify this Department at least 72 hours prior to the following required inspections:

- Removal of Tank(s) and Piping
- Sampling
- Final Inspection

Issuance of a permit to operate, by permanent site closure, is dependent on compliance with accepted plans and all applicable laws and regulations.

**THIS IS A FINANCIAL PENALTY FOR NOT OBTAINING THESE INSPECTIONS!**

**Contract Signature**



Robert Weston  
 510 567-6781

See Table 2 enclosed for sample analysis for diesel fuel

**MAY 27 2010**

**UNDERGROUND STORAGE TANK CLOSURE PLAN**

**\*\*\* Complete closure plan according to instructions \*\*\***

1. Name of Business CALIFORNIA ARMY NATIONAL GUARD ARMORY  
 Business Owner or Contact Person (PRINT) FRED DELUCCI
2. Site Address 16501 ASHLAND AVE  
 City, State SAN LORENZO Zip 94580 Phone 916 854-3542
3. Mailing Address 9800 GOETHE ROAD  
 City, State SACRAMENTO Zip 95827 Phone 916 854 3542
4. Property Owner CALIFORNIA ARMY NATIONAL GUARD  
 Business Name (if applicable) SAME  
 Address 9800 GOETHE ROAD  
 City, State SACRAMENTO Zip 95827 Phone 916 854-3542
5. Generator name under which tank will be manifested  
CALIFORNIA ARMY NATIONAL GUARD  
 EPA I.D. No. under which tank(s) will be manifested C A D981369085

**SR0016792**

6. Contractor AMERICAN INTEGRATED SERVICES INC  
Address 2075 KNOLL DRIVE  
City, State VENTURA Zip 93001 Phone 805 639-0884  
License Type A, B, C10, C21, HAZ ID# 757133

7. Consultant (if applicable) \  
Address \  
City, State \ Zip \ Phone \

8. Main Contact Person for Investigation (if applicable)  
Name KELLY STATER Title PROGRAM MANAGER  
Company AMERICAN INTEGRATED SERVICES  
Phone 805 639-0884

9. Number of underground tanks being closed with this plan ONE  
Length of piping being removed under this plan 12 TO 20 FT UNKNOWN  
Total number underground tanks at this facility (\*\*confirmed with owner or operator) ONE

10. State Registered Hazardous Waste Transporters/Facilities (See Instructions).  
a) Product/Residual Sludge/Rinsate Transporter  
Name AMERICAN INTEGRATED SERVICES EPA I.D. No. CA R000148338  
Hauler License No. 134986 License Exp. Date 9/30/2010  
Address 1502 EAST OPP STREET  
City, State WILMINGTON CA Zip 90744

b) Product/Residual Sludge/Rinsate Disposal Site  
Name EVERGREEN OIL INC EPA I.D. No. \  
Address 6880 SMITH AVE  
City, State NEWARK CA Zip 94560

WA

c) Tank and Piping Transporter

Name AMERICAN INTEGRATED SERVICES EPA I.D. No. CAR000148378  
Hauler License No. 134886 License Exp. Date 9/30/2010  
Address 1502 EAST OPP STREET  
City, State WILMINGTON Zip 90744

d) Tank and Piping Disposal Site

Name A + S METALS EPA I.D. No. \_\_\_\_\_  
Address 11340 COMMERCIAL PARKWAY  
City, State CASTROVILLE CA Zip 95012

11. Sample Collector

Name AMERICAN INTEGRATED SERVICES INC  
Company \_\_\_\_\_  
Address 1502 EAST OPP STREET  
City, State WILMINGTON CA Zip 90744 Phone 310522-1168

12. Laboratory

Name Mc CAMPBELL ANALYTICAL INC  
Company SAME  
Address 1534 WILLOW PASS ROAD  
City, State PITTSBURG CA Zip 94565  
State Certification No. 1644

13. Have tank(s) or piping leaked in the past? Yes [ ] No [ ] Unknown []

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Describe method(s) to be used for rendering tank(s) inert:

DRY ICE 25 LBS PER 1000 GALLONS  
125 LBS OF DRY ICE FOR THE 5000 GALLON  
TANK

Before tank(s) are pumped out and inerted, all associated piping must be flushed back into the tank(s). All accessible piping must then be removed. Inaccessible piping must be permanently plugged using grout.

The Bay Area Air Quality Management District, (415) 771-6000, along with local Fire and Building Departments, must also be contacted for tank removal permits. Fire departments typically require the use of a combustible gas indicator to verify tank inertness. **It is the contractor's responsibility to have a functional combustible gas indicator on-site to verify that the tank(s) is inerted.**

15. Tank History and Sampling Information **\*\*\* (See Instructions) \*\*\***

Tank		Material to be sampled (tank contents, soil, groundwater)	Location and Depth of Sample(s)
Capacity (gallons)	Use History include date last used (estimated)		
5000 GAL	UNKNOWN	① TANK CONTENTS ② SPOILS PILES ③ AREA BELOW THE TANK ④ GROUND WATER IF PRESENT	AS REQUIRED

**One soil sample must be collected for every 20 linear feet of underground piping that is removed. A groundwater sample must be collected if any groundwater is present in the excavation.**

Excavated/Stockpiled Soil	
Stockpiled Soil Volume (estimated)  10-12 CUBIC YARDS	Sampling Plan PER TRI-REGIONAL BOARD PROTOCOL

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

Will the excavated soil be returned to the excavation immediately after tank removal?  yes  no  unknown

If yes, explain reasoning \_\_\_\_\_  
 \_\_\_\_\_

If unknown at this point in time, please be aware that **excavated soil may not be returned to the excavation without prior approval from this office. This means that the contractor, consultant, or responsible party must communicate with the Specialist IN ADVANCE of backfilling activities.**

16. Chemical methods and associated detection limits to be used for analyzing sample(s):

**The Tri-Regional Board recommended minimum verification analyses and practical quantitation reporting limits shall be followed.**

See Table 2, Recommended Minimum Verification Analyses for Underground Tank Leaks.

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit

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

18. Submit Worker's Compensation Certificate copy

Name of Insurer COMMERCIAL AND INDUSTRY INSURANCE CO (NAIC # 19410)

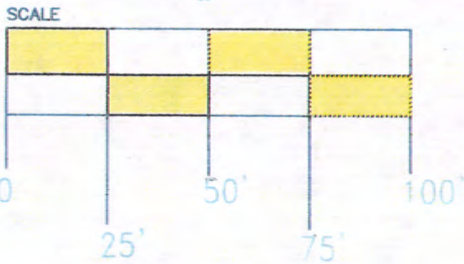
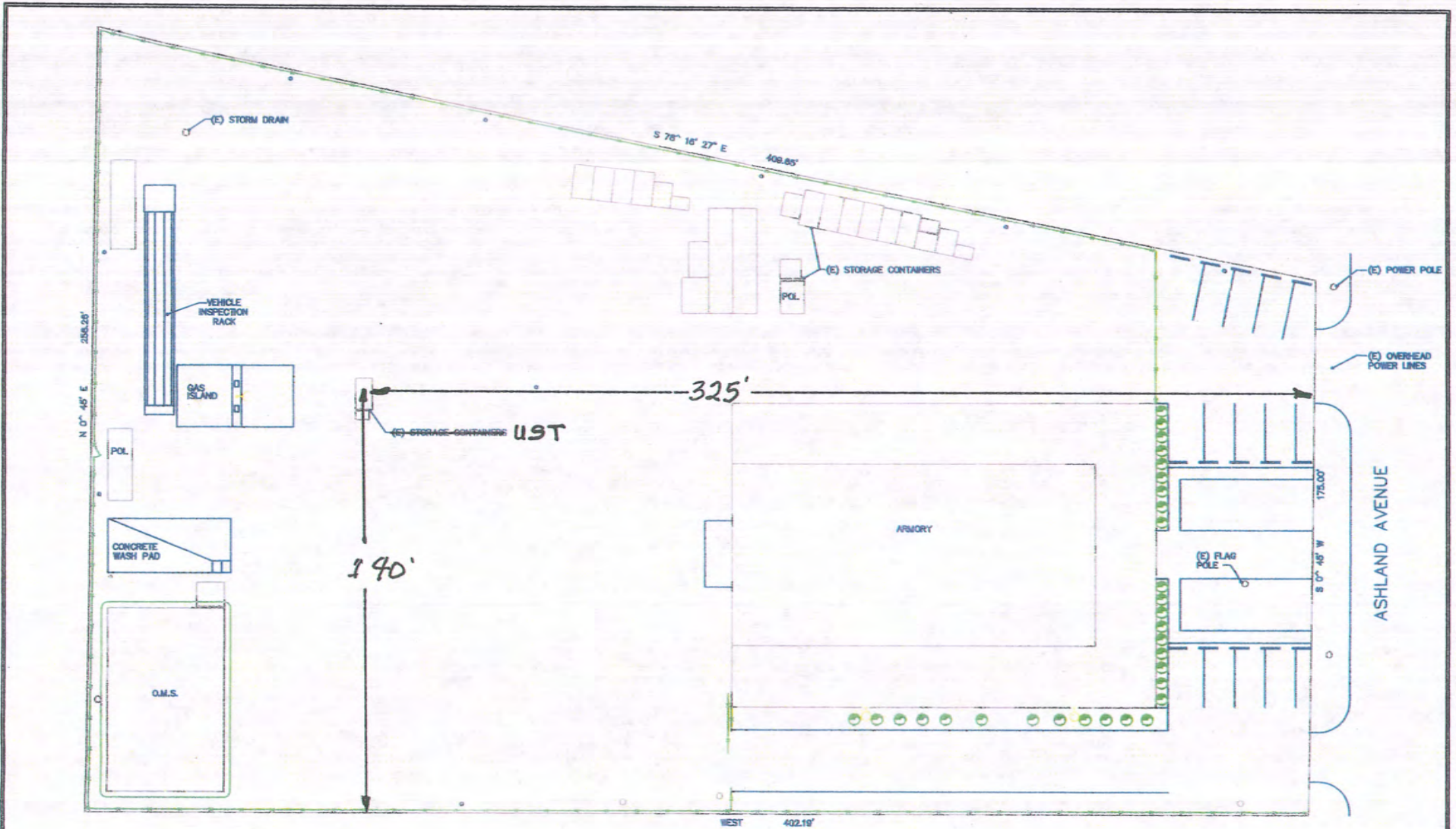
19. Submit Plot Plan **\*\*\* (See Instructions) \*\*\***

20. Enclose Deposit (See Instructions)

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

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

23. Submit State (Underground Storage Tank Permit Application) Forms A and B (one-B form for each UST to be removed) (mark box 8 for "tank removed" in the upper right hand corner).



CALIFORNIA ARMY NATIONAL GUARD  
 16501 ASHLAND AVE.  
 SAN LORENZO, CA 94580

EPA# CAD981369085

PROJECT: Facilities Reference Data	LOCATION: San Lorenzo
DATE: 30 Oct 06	SHEET TITLE: Plot Plan

CONTRACTOR-AMERICAN INTEGRATED SERVICES

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

9/1/2010

DATE (MM/DD/YYYY)  
8/29/2008

**PRODUCER** Lockton Insurance Brokers, LLC  
725 S. Figueroa Street, 35th Fl.  
CA License #0F15767  
Los Angeles CA 90017  
(213) 689-0065

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

**INSURED** American Integrated Services, Inc.  
1073047 1502 E. Opp Street  
Wilmington CA 90744-3927

**INSURERS AFFORDING COVERAGE**

**NAIC #**

INSURER A: Commerce and Industry Insurance Company

19410

INSURER B:

INSURER C:

INSURER D:

INSURER E:

**COVERAGES** AMEIN05 C6

THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER AND THE CERTIFICATE HOLDER

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

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX DAMAGE TO RENTED PREMISES (Ea occurrence) \$ XXXXXXXX MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ XXXXXXXX GENERAL AGGREGATE \$ XXXXXXXX PRODUCTS - COMP/OP AGG \$ XXXXXXXX
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO	NOT APPLICABLE			AUTO ONLY - EA ACCIDENT \$ XXXXXXXX OTHER THAN AUTO ONLY: EA ACC \$ XXXXXXXX AGG \$ XXXXXXXX
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> UMBRELLA FORM RETENTION \$	NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX \$ XXXXXXXX \$ XXXXXXXX
A		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <b>NO</b> If yes, describe under SPECIAL PROVISIONS below	WC003429675	9/1/2009	9/1/2010	X WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
		<b>OTHER</b>				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

**CERTIFICATE HOLDER**

3405649  
Contractors State License Board  
9821 Business Park Drive  
Sacramento CA 95827

**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE







State Of California  
**CONTRACTORS STATE LICENSE BOARD**  
ACTIVE LICENSE



License Number

**757133**

Entity **CORP**

Business Name

**AMERICAN INTEGRATED SERVICES  
INC**

Classification(s) **A C57 HAZ C21 B C10 ASB C42**

Expiration Date **12/31/2010**



# American Integrated Services, Inc.

January 13, 2010

**RE: Authorization to obtain permits and city licenses for Contractor**

To whom it may concern:

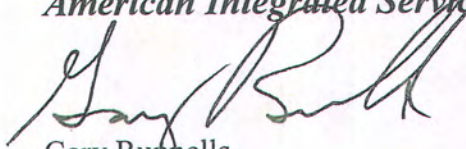
I hereby authorize Ed Wardle to act on my behalf in obtaining permits and licenses from various municipal/organizations and to sign these documents for me. I am properly licensed as required by the State of California.

I assume full responsibility under the law for permits taken by persons authorized to act on my behalf. This authorization shall continue until notified in writing that such authorization is cancelled by the contractor.

Sincerely,

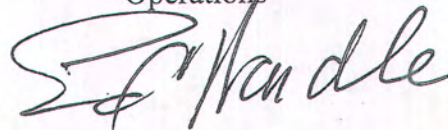
*American Integrated Services, Inc.*

*Contractors Lic.# 757133*



Gary Runnells  
Vice President

Ed Wardle  
Operations

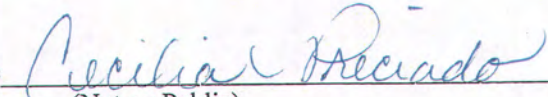


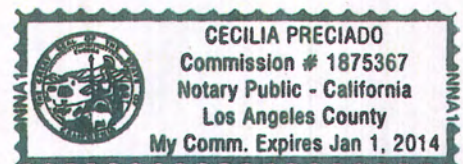
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## NOTARY

State of California  
County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 13<sup>th</sup> day of January 2010, by Ed Wardle & Gary Runnells, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature  (Seal)  
(Notary Public)





DEPARTMENT OF THE ARMY  
SACRAMENTO DISTRICT, CORPS OF ENGINEERS  
1325 J STREET  
SACRAMENTO, CALIFORNIA 95814-2922  
06 April 2010

REPLY TO ATTENTION OF: Contracting Division

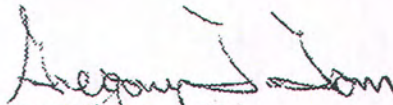
MEMORANDUM FOR: American Integrated Services, Inc  
1502 E Opp St  
Wilmington, CA 95814

SUBJECT: Notice to Proceed (NTP), Contract W91238-08-D-0008-0006, Underground Storage Tank,  
San Lorenzo, CA

1. This is your Notice to Proceed with work under the above-referenced contract.
2. Please acknowledge receipt of this NTP by insertion of signature and date received in the space provided below. Date of receipt must agree with the date on which this notice is received in your office via facsimile or email transmission. Return the original signed copy to:

U.S. Army Corps of Engineers, Sacramento District  
Contracting Division - Charles S. Crivellaro,  
1325 J Street, Room 878  
Sacramento, CA 95814-2922

3. The period of performance in accordance with your contract is 60 calendar days from the Notice to Proceed date.
4. Please direct questions to Charles S. Crivellaro, 916-557-5182 or [charles.s.crivellaro@usace.army.mil](mailto:charles.s.crivellaro@usace.army.mil).

  
GREGORY L. TOM  
Contracting Officer

ACKNOWLEDGMENT OF RECEIPT:

Received: April 6, 2010  
(Date)  
By: Kelly Stater Kelly Stater  
Signature Printed Name  
Title: Vice President

I declare that to the best of my knowledge and belief that 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 approval from the Environmental Protection Division and that no work is to begin on this project until this plan has been 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.**

CONTRACTOR INFORMATION

Name of Business AMERICAN INTEGRATED SERVICES  
Name of Individual KELLY STATER  
Signature Kelly Stater By Ed Wardle Date 9/28/10

PROPERTY OWNER OR  MOST RECENT TANK OPERATOR (Check one)

Name of Business CALIFORNIA ARMY NATIONAL GUARD  
Name of Individual FRED DELUCCHT  
Signature By ED WARDLE Ed Wardle Date 9/28/10

**UNIFIED PROGRAM CONSOLIDATED FORM  
UNDERGROUND STORAGE TANK  
OPERATING PERMIT APPLICATION - FACILITY INFORMATION**  
(One form per facility)

TYPE OF ACTION  1. NEW PERMIT  5. CHANGE OF INFORMATION  7. PERMANENT FACILITY CLOSURE 400.  
(Check one item only)  3. RENEWAL PERMIT  6. TEMPORARY FACILITY CLOSURE  9. TRANSFER PERMIT

**I. FACILITY INFORMATION**

TOTAL NUMBER OF USTs AT FACILITY 404. ONE FACILITY ID # 01-000- 1.  
BUSINESS NAME (Same as Facility Name or DBA - Doing Business As) 3. CALIFORNIA ARMY NATIONAL GUARD ARMORY  
BUSINESS SITE ADDRESS 103. 16 501 ASHLAND AVE CITY 104. SAN LORENZO  
FACILITY TYPE  1. MOTOR VEHICLE FUELING  2. FUEL DISTRIBUTION 403. Is the facility located on Indian Reservation or Trust lands?  1. Yes  2. No 405.  
 3. FARM  4. PROCESSOR  6. OTHER

**II. PROPERTY OWNER INFORMATION**

PROPERTY OWNER NAME 407. CALIFORNIA ARMY NATIONAL GUARD PHONE 408. (918) 854-3542  
MAILING ADDRESS 409. 9800 GOETHE ROAD  
CITY 410. SACRAMENTO STATE 411. CA ZIP CODE 412. 95827

**III. TANK OPERATOR INFORMATION**

TANK OPERATOR NAME 428-1. CALIFORNIA ARMY NATIONAL GUARD PHONE 428-2. (918) 854-3542  
MAILING ADDRESS 428-3. 9800 GOETHE ROAD  
CITY 428-4. SACRAMENTO STATE 428-5. CA ZIP CODE 428-6. 95827

**IV. TANK OWNER INFORMATION**

TANK OWNER NAME 414. SAME AS TANK OPERATOR PHONE 415. ( )  
MAILING ADDRESS 416. SAME AS TANK OPERATOR  
CITY 417. STATE 418. ZIP CODE 419.  
OWNER TYPE:  4. LOCAL AGENCY/DISTRICT  5. COUNTY AGENCY  6. STATE AGENCY 420.  
 7. FEDERAL AGENCY  8. NON-GOVERNMENT

**V. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER**

TY (TK) HQ 44- 000389 Call the State Board of Equalization, Fuel Tax Division, if there are questions. 421.

**VI. PERMIT HOLDER INFORMATION**

Issue permit and send legal notifications and mailings to: TKMT **OPERATIONAL MAINTENANCE**  
 1. FACILITY OWNER  4. TANK OPERATOR 423.  
 3. TANK OWNER  5. FACILITY OPERATOR  
SUPERVISOR OF DIVISION, SECTION, OR OFFICE (Required for Public Agencies Only) 406.

**VII. APPLICANT SIGNATURE**

**CERTIFICATION:** I certify that the information provided herein is true, accurate, and in full compliance with legal requirements.  
APPLICANT SIGNATURE E. Wardle DATE 424. 4/13/2010 PHONE 425. (310) 522-1168  
APPLICANT NAME (print) 426. ED WARDLE APPLICANT TITLE 427. OPERATIONS AMERICAN INTEGRATED SERVICES

**UNIFIED PROGRAM CONSOLIDATED FORM  
UNDERGROUND STORAGE TANK  
OPERATING PERMIT APPLICATION - TANK INFORMATION** (One form per UST)

TYPE OF ACTION (Check one item only. For a UST closure or removal, complete only this section and Sections I, II, III, IV, and IX below) 430.

1. NEW PERMIT  3. RENEWAL PERMIT  5. CHANGE OF INFORMATION

6. TEMPORARY UST CLOSURE  7. UST PERMANENT CLOSURE ON SITE  8. UST REMOVAL

DATE UST PERMANENTLY CLOSED: May 2010 430a. DATE EXISTING UST DISCOVERED: 430b.

**I. FACILITY INFORMATION**

FACILITY ID # (Agency Use Only) \_\_\_\_\_ 1.

BUSINESS NAME (Same as Facility Name or DBA - Doing Business As) 3.  
CALIFORNIA ARMY NATIONAL GUARD

BUSINESS SITE ADDRESS 103. CITY 104.  
16501 Ashland Ave SAN LORENZO 94580

**II. TANK DESCRIPTION**

TANK ID # 432. #1 TANK MANUFACTURER 433. UNKNOWN TANK CONFIGURATION: THIS TANK IS 434.  
 1. A STAND-ALONE TANK Complete one page for each compartment in the unit.  
 2. ONE IN A COMPARTMENTED UNIT

DATE UST SYSTEM INSTALLED 435. LATE 1990's TANK CAPACITY IN GALLONS 436. 5000 A Pprox NUMBER OF COMPARTMENTS IN THE UNIT 437. ONE

**III. TANK USE AND CONTENTS**

TANK USE  1a. MOTOR VEHICLE FUELING  1b. MARINA FUELING  1c. AVIATION FUELING 439.

3. CHEMICAL PRODUCT STORAGE  4. HAZARDOUS WASTE (Includes Used Oil)  5. EMERGENCY GENERATOR FUEL [HSC §25281.5(c)]

6. OTHER GENERATOR FUEL  95. UNKNOWN  99. OTHER (Specify): RED DIESEL 439a.

CONTENTS PETROLEUM:  1a. REGULAR UNLEADED  1c. MIDGRADE UNLEADED  1b. PREMIUM UNLEADED 440.

3. DIESEL RED  5. JET FUEL  6. AVIATION GAS

8. PETROLEUM BLEND FUEL  9. OTHER PETROLEUM (Specify): 440a.

NON-PETROLEUM:  7. USED OIL  10. ETHANOL 440b.

11. OTHER NON-PETROLEUM (Specify):

**IV. TANK CONSTRUCTION**

TYPE OF TANK  1. SINGLE WALL  2. DOUBLE WALL  95. UNKNOWN 443.

PRIMARY CONTAINMENT  1. STEEL  3. FIBERGLASS  6. INTERNAL BLADDER 444.

7. STEEL + INTERNAL LINING  95. UNKNOWN  99. OTHER (Specify): 444a.

SECONDARY CONTAINMENT  1. STEEL  3. FIBERGLASS  6. EXTERIOR MEMBRANE LINER  7. JACKETED 445.

90. NONE  95. UNKNOWN  99. OTHER (Specify): 445a.

OVERFILL PREVENTION  1. AUDIBLE & VISUAL ALARMS  2. BALL FLOAT  3. FILL TUBE SHUT-OFF VALVE 452.

4. TANK MEETS REQUIREMENTS FOR EXEMPTION FROM OVERFILL PREVENTION EQUIPMENT

**V. PRODUCT / WASTE PIPING CONSTRUCTION**

PIPING CONSTRUCTION  1. SINGLE WALL  2. DOUBLE WALL  99. OTHER 460.

SYSTEM TYPE  1. PRESSURE  2. GRAVITY  3. CONVENTIONAL SUCTION  4. SAFE SUCTION [23 CCR §2636(a)(3)] 458.

PRIMARY CONTAINMENT  1. STEEL  4. FIBERGLASS  8. FLEXIBLE  10. RIGID PLASTIC 464.

90. NONE  95. UNKNOWN  99. OTHER (Specify): 464a.

SECONDARY CONTAINMENT  1. STEEL  4. FIBERGLASS  8. FLEXIBLE  10. RIGID PLASTIC 464b.

90. NONE  95. UNKNOWN  99. OTHER (Specify): 464c.

PIPING/TURBINE CONTAINMENT SUMP TYPE  1. SINGLE WALL  2. DOUBLE WALL  90. NONE 464d.

**VI. VENT, VAPOR RECOVERY (VR) AND RISER / FILL PIPE PIPING CONSTRUCTION**

VENT PRIMARY CONTAINMENT  1. STEEL  4. FIBERGLASS  10. RIGID PLASTIC  90. NONE  99. OTHER (Specify): 464e.

VENT SECONDARY CONTAINMENT  1. STEEL  4. FIBERGLASS  10. RIGID PLASTIC  90. NONE  99. OTHER (Specify): 464f.

VR PRIMARY CONTAINMENT  1. STEEL  4. FIBERGLASS  10. RIGID PLASTIC  90. NONE  99. OTHER (Specify): 464g.

VR SECONDARY CONTAINMENT  1. STEEL  4. FIBERGLASS  10. RIGID PLASTIC  90. NONE  99. OTHER (Specify): 464h.

VENT PIPING TRANSITION SUMP TYPE  1. SINGLE WALL  2. DOUBLE WALL  90. NONE 464i.

RISER PRIMARY CONTAINMENT  1. STEEL  4. FIBERGLASS  10. RIGID PLASTIC  90. NONE  99. OTHER (Specify): 464j.

RISER SECONDARY CONTAINMENT  1. STEEL  4. FIBERGLASS  10. RIGID PLASTIC  90. NONE  99. OTHER (Specify): 464k.

FILL COMPONENTS INSTALLED  1. SPILL BUCKET  3. STRIKER PLATE/BOTTOM PROTECTOR  4. CONTAINMENT SUMP 451a-c.

**VII. UNDER DISPENSER CONTAINMENT (UDC)**

CONSTRUCTION TYPE  1. SINGLE WALL  2. DOUBLE WALL  3. NO DISPENSERS  90. NONE 469a.

CONSTRUCTION MATERIAL  1. STEEL  4. FIBERGLASS  10. RIGID PLASTIC  99. OTHER (Specify) UNKNOWN 469b.

**VIII. CORROSION PROTECTION**

STEEL COMPONENT PROTECTION  2. SACRIFICIAL ANODE(S)  4. IMPRESSED CURRENT  6. ISOLATION UNKNOWN 448.

**IX. APPLICANT SIGNATURE**

CERTIFICATION: I certify that this UST system is compatible with the hazardous substance stored and that the information provided herein is true, accurate, and in full compliance with legal requirements.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ 470.

APPLICANT NAME (print) \_\_\_\_\_ 471. APPLICANT TITLE \_\_\_\_\_ 472.

HAZARDOUS WASTE TANK CLOSURE CERTIFICATION

Page      of     

I. FACILITY IDENTIFICATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) <sup>3</sup>			FACILITY ID#										1		
CALIFORNIA ARMY NATIONAL GUARD															
TANK OWNER NAME													740		
CALIFORNIA ARMY NATIONAL GUARD															
TANK OWNER ADDRESS													741		
14551 9800 GOETHE ROAD															
TANK OWNER CITY				742				STATE		743		ZIP CODE			744
SAN LORENZO								CA				95827			

II. TANK CLOSURE INFORMATION

TANK INTERIOR ATMOSPHERE READINGS	Tank ID # (Attach additional copies of this page for more than three tanks)	Concentration of Flammable Vapor			Concentration of Oxygen		
		Top	Center	Bottom	Top	Center	Bottom
1	745	746a	746b	746c	747a	747b	747c
2	748	749a	749b	749c	750a	750b	750c
3	751	752a	752b	752c	753a	753b	753c

TO BE OBTAINED

III. CERTIFICATION

On examination of the tank, I certify the tank is visually free from product, sludge, scale (thin, flaky residual of tank contents), rinseate and debris. I further certify that the information provided herein is true and accurate to the best of my knowledge.

SIGNATURE OF CERTIFIER		STATUS OR AFFILIATION OF CERTIFYING PERSON		760
NAME OF CERTIFIER (Print)		Certifier is a representative of the CUPA, authorized agency, or LIA:		
TITLE OF CERTIFIER		<input type="checkbox"/> Yes <input type="checkbox"/> No		761
ADDRESS		Name of CUPA, authorized agency, or LIA:		762
CITY		If certifier is other than CUPA / LIA check appropriate box below:		
PHONE		<input type="checkbox"/> a. Certified Industrial Hygienist (CIH)		
DATE		<input type="checkbox"/> b. Certified Safety Professional (CSP)		
CERTIFICATION TIME		<input type="checkbox"/> c. Certified Marine Chemist (CMC)		
		<input type="checkbox"/> d. Registered Environmental Health Specialist (REHS)		
		<input type="checkbox"/> e. Professional Engineer (PE)		
		<input type="checkbox"/> f. Class II Registered Environmental Assessor		
		<input type="checkbox"/> g. Contractors' State License Board licensed contractor (with hazardous substance removal certification)		

TANK PREVIOUSLY HELD FLAMMABLE OR COMBUSTIBLE MATERIALS 763

(If yes, the tank interior atmosphere shall be re-checked with a combustible gas indicator prior to work being conducted on the tank.)  Yes  No

CERTIFIER'S TANK MANAGEMENT INSTRUCTIONS FOR SCRAP DEALER, DISPOSAL FACILITY, ETC: 764

A copy of this certificate shall accompany the tank to the recycling / disposal facility and be provided to the CUPA. If there is no CUPA, copies shall be submitted to the LIA and authorized agency, owner / operator of the tank system; removal contractor; and the recycling / disposal facility.