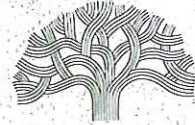


CITY OF OAKLAND
OAKLAND FIRE DEPARTMENT



CELESTINA PACHECO
ADMINISTRATIVE ASSISTANT I
FIRE PREVENTION BUREAU

(510) 238-7760
FAX 238-6739
TDD 238-3254

email: cpacheco@oaklandnet.com

250 FRANK H. OGAWA PLAZA, SUITE 3341, OAKLAND, CA 94612



City Of Oakland
FIRE PREVENTION BUREAU
250 Frank Ogawa Plaza, Ste. 3341
Oakland California 94612-2032
510-238-3851



*Permit To Excavate And Install, Repair,
Or Remove Inflammable Liquid Tanks*

Oakland, California January 5, 2004

Tank Permit Number: 2003 - 092

Permission Is Hereby Granted To:

Remove Fuel Oil Tank And Excavate Commencing: Feet Inside: Property Line.

On The:

Site Address: 1430 Franklin Street

Present Storage:

Owner: Dragos Baden

Address: 1430 Franklin St., Oakland, CA 94612

Phone: 510-452-1086

Applicant: AEI Consultants

Address: 2500 Camino Diablo, Walnut Creek, CA 94597

Phone: 925-283-6000

Dimensions Of Street (sidewalk) Surface To Be Disturbed : X No. Of Tanks X Capacity 300 Gallons, Each

Remarks Another UST found next to other UST - Need to submit \$110 additional

This Permit Is Granted In Accordance With Existing City Ordinances. Owner Hereby Agrees To Remove Tanks On Discontinuance Of Use Or When Notified By The City Authorities When Installing, Removing Or Repairing Tanks, No Open Flame To Be On Or Near Premises.

CERTIFICATE OF TANK AND EQUIPMENT INSPECTION

Type Of Inspection: UST REM

Inspected And Passed On: 1/15/04

Approved: _____

Fire Marshal

UST/AST Installations/modifications:

By: H. Goines

Pressure Test: Inspected By: _____ Date: _____

Primary Piping Test: Inspected By: _____ Date: _____

Secondary Containment & Sump Testing:

Inspected By: _____ Date: _____

Final: Inspected By: _____ Date: _____

Inspection Fee Paid: \$ 540.00

Received By: M McCarthy ck# 689 rec# 867789

Before Covering Tanks, Above Certification Must Be Signed When Ready For Inspection Notify Fire Prevention Bureau 238-3851

THIS PERMIT MUST BE LEFT ON THE WORK SITE AS AUTHORITY THEREFORE

City Of Oakland
FIRE PREVENTION BUREAU
250 Frank Ogawa Plaza, Ste. 3341
Oakland California 94612-2032
510-238-3851



*Permit To Excavate And Install, Repair,
Or Remove Inflammable Liquid Tanks*

Oakland, California January 5, 2004

Tank Permit Number: 2003 - 092

Permission Is Hereby Granted To:

Remove Fuel Oil Tank And Excavate Commencing: Feet Inside: Property Line.

On The:

Site Address: 1430 Franklin Street

Present Storage:

Owner: Dragos Baden

Address: 1430 Franklin St., Oakland, CA 94612

Phone: 510-452-1086

Applicant: AEI Consultants

Address: 2500 Camino Diablo, Walnut Creek, CA 94597

Phone: 925-283-6000

Dimensions Of Street (sidewalk) Surface To Be Disturbed : X No. Of Tanks 1 Capacity 300 Gallons, Each

Remarks

This Permit Is Granted In Accordance With Existing City Ordinances. Owner Hereby Agrees To Remove Tanks On Discontinuance Of Use Or When Notified By The City Authorities When Installing, Removing Or Repairing Tanks, No Open Flame To Be On Or Near Premises.

CERTIFICATE OF TANK AND EQUIPMENT INSPECTION

Type Of Inspection:

Inspected And Passed On: _____

Approved: _____

Fire Marshal

UST/AST Installations/modifications:

By: _____

Pressure Test: Inspected By: _____ Date: _____

Primary Piping Test: Inspected By: _____ Date: _____

Inspection Fee Paid: \$ 540.00

Received By: M McCarthy ck# 689 rec# 867789

Secondary Containment & Sump Testing:

Inspected By: _____ Date: _____

Final: Inspected By: _____ Date: _____

Before Covering Tanks, Above Certification Must Be Signed When Ready For Inspection Notify Fire Prevention Bureau 238-3851

THIS PERMIT MUST BE LEFT ON THE WORK SITE AS AUTHORITY THEREFORE



2500 Camino Diablo, Suite 200, Walnut Creek, CA 94597

Phone: (925) 283-6000

Fax: (925) 944-2895

February 23, 2004

Inspector Hernan Gomez
City of Oakland Fire Protection

Subject: Work plan for over-excavation of contaminated soils
1430 Franklin Street
Oakland, California 94612

Dear Inspector Gomez:

AEI Consultants removed an underground storage tank used to store home heating oil at the above referenced property on January 15th, 2004. After the removal of the tank, two soil samples were taken at the bottom of the excavation, at a depth of eight feet, and a four point composite sample was taken of the stockpiled soils. The excavation was then backfilled with the stockpiled soil, lined with Visqueen, and filled with clean import material to replace the volume of the tank. Elevated levels of TPH(d) and TPH(g) were present in the samples taken at the excavation bottom, which prompting the need for remedial activities.

AEI will perform the following tasks to complete the proposed investigation:

- Soil will be excavated until one of the following three events occur:
 - 1) The extent of visual contamination is uncovered and excavated.
 - 2) Groundwater is encountered.
 - 3) A maximum depth of 14 feet below ground surface is reached.
- The excavation will also be extended three feet to the south due to field observations indicating contamination had spread in that direction. Further excavation is limited on the remaining sides of the excavation.
- Profile soil for disposal at Keller Canyon Landfill.
- Excavated soil will be directly loaded, transported, and disposed of at Keller Canyon Landfill.
- Collect a total of five (5) confirmation soil samples from the excavation and deliver for analysis at a state-certified laboratory. One (1) sample will be collected from the bottom of the excavation and four (4) from the sidewalls of the excavation.
- Samples collected from the over-excavation activities will be analyzed for the following:
 - Gas/Diesel/Total Lead UST analysis*
 - TPH as diesel (EPA method 3550/8015)
 - TPH as gasoline (EPA method 3550/8015)
 - Total Lead (AA)
 - BTEX, MTBE (EPA method 8020)
- Upon completion of the excavation activities, AEI will backfill and compact with clean import material.
- AEI will provide a final report detailing the over-excavation activities.

If you have any questions, please do not hesitate to call me at (925) 283-6000 x119.

Sincerely,
AEI Consultants

Peter Hoversen
Project Manager


CHICAGO

FT. LAUDERDALE

LOS ANGELES

SAN FRANCISCO

www.aeiconsultants.com
800.801.3224

 McC Campbell Analytical Inc.	110 2nd Avenue South, #D7, Pacheco, CA 94553-5560 Telephone: 925-798-1620 Fax: 925-798-1622 http://www.mcccampbell.com E-mail: main@mcccampbell.com	

All Environmental, Inc. 2500 Camino Diablo, Ste. #200 Walnut Creek, CA 94597	Client Project ID: #7839; Franklin	Date Sampled: 01/14/04
		Date Received: 01/15/04
	Client Contact: Peter Hoverson	Date Extracted: 01/15/04
	Client P.O.:	Date Analyzed: 01/16/04

Gasoline Range (C6-C12) Volatile Hydrocarbons as Gasoline with BTEX and MTBE*

Extraction method: SW5030D

Analytical methods: SW8021B/8015Cm

Work Order: 0401165

Lab ID	Client ID	Matrix	TPH(g)	MTBE	Benzene	Toluene	Ethylbenzene	Xylenes	DF	% SS
001A	EB-1	S	1300,m	ND<5.0	ND<0.50	ND<0.50	2.8	8.3	100	110
002A	EB-2	S	3800,m	ND<5.0	ND<0.50	ND<0.50	4.5	11	100	102
003A	STK 1-4	S	ND	ND	ND	ND	ND	ND	1	103


Reporting Limit for DF =1; ND means not detected #1 or above the reporting limit	W	NA	NA	NA	NA	NA	NA	NA	1	ug/L
	S	1.0	0.05	0.005	0.005	0.005	0.005	0.005	1	mg/Kg

* water and vapor samples and all TCLP & SPLP extracts are reported in ug/L, soil/sludge/solid samples in mg/kg, wipe samples in ug/wipe, product/oil/non-aqueous liquid samples in mg/L.

cluttered chromatogram; sample peak coelutes with surrogate peak.

+The following descriptions of the TPH chromatogram are cursory in nature and McCampbell Analytical is not responsible for their interpretation: a) unmodified or weakly modified gasoline is significant; b) heavier gasoline range compounds are significant(aged gasoline?); c) lighter gasoline range compounds (the most mobile fraction) are significant; d) gasoline range compounds having broad chromatographic peaks are significant; biologically altered gasoline?; e) TPH pattern that does not appear to be derived from gasoline (stoddard solvent / mineral spirit?); f) one to a few isolated non-target peaks present; g) strongly aged gasoline or diesel range compounds are significant; h) lighter than water (immiscible sheen/product is present); i) liquid sample that contains greater than ~2 vol. % sediment; j) reporting limit raised due to high MTBE content; k) TPH pattern that does not appear to be derived from gasoline (aviation gas). m) no recognizable pattern.

DHS Certification No. 1644

 Angela Rydelius, Lab Manager



McC Campbell Analytical Inc.

110 2nd Avenue South, #U7, Pacheco, CA 94553-5560
Telephone: 925-798-1620 Fax: 925-798-1622
http://www.mcccampbell.com E-mail: main@mcccampbell.com

All Environmental, Inc.
2500 Camino Diablo, Ste. #200
Walnut Creek, CA 94597

Client Project ID: #7839; Franklin

Date Sampled: 01/14/04

Date Received: 01/15/04

Client Contact: Peter Hoverson

Date Extracted: 01/15/04

Client P.O.:

Date Analyzed: 01/16/04

Diesel Range (C10-C23) Extractable Hydrocarbons as Diesel*

Extraction method: SW3550C

Analytical methods: SW8015C

Work Order: 0401165

Lab ID	Client ID	Matrix	TPH(d)	DF	% SS
0401165-001A	EB-1	S	600,d	10	89.5
0401165-002A	EB-2	S	1700,d	50	104
0401165-003A	STK 1-4	S	ND	1	95.6


Reporting Limit for DF =J; ND means not detected at or above the reporting limit	W S	NA 1.0	NA
--	--------	-----------	----


* water samples are reported in µg/L, wipe samples in µg/wipe, soil/solid/sludge samples in mg/kg, product/oil/non-aqueous liquid samples in mg/L, and all DISTLC / STLC / SPLP / TCLP extracts are reported in µg/L.

cluttered chromatogram resulting in occluded surrogate and sample peaks, or; surrogate peak is on elevated baseline, or; surrogate has been diminished by dilution of original extract.

+The following descriptions of the TPH chromatogram are cursory in nature and McC Campbell Analytical is not responsible for their interpretation: a) unmodified or weakly modified diesel is significant; b) diesel range compounds are significant; no recognizable pattern; c) aged diesel? is significant; d) gasoline range compounds are significant; e) unknown medium boiling point pattern that does not appear to be derived from diesel; f) one to a few isolated peaks present; g) oil range compounds are significant; h) lighter than water immiscible sheen/product is present; i) liquid sample that contains greater than ~2 vol. % sediment; k) kerosene/kerosene range; l) bunker oil; m) fuel oil; n) stoddard solvent/mineral spirit.

DHS Certification No. 1644

 Angela Rydelius, Lab Manager

 McC Campbell Analytical Inc.	110 2nd Avenue South, #D7, Pacheco, CA 94553-5560 Telephone : 925-798-1620 Fax : 925-798-1622 http://www.mcccampbell.com E-mail: main@mcccampbell.com
---	---

QC SUMMARY REPORT FOR SW8021B/8015Cm

Matrix: S

WorkOrder: 0401165

EPA Method: SW8021B/8015Cm		Extraction: SW5030B		BatchID: 9977			Spiked Sample ID: 0401146-002A			
	Sample	Spiked	MS*	MSD*	MS-MSD*	LCS	LCSD	LCS-LCSD	Acceptance Criteria (%)	
	mg/Kg	mg/Kg	% Rec.	% Rec.	% RPD	% Rec.	% Rec.	% RPD	Low	High
TPH(btex) [£]	ND	0.60	102	105	2.81	102	104	1.68	70	130
MTBE	ND	0.10	98.4	94.4	4.16	94.1	96.1	2.13	70	130
Benzene	ND	0.10	110	104	5.10	103	105	1.17	70	130
Toluene	ND	0.10	97	91.9	5.45	91.8	92.5	0.807	70	130
Ethylbenzene	ND	0.10	115	110	4.31	110	111	1.02	70	130
Xylenes	ND	0.30	107	100	6.45	100	100	0	70	130
%SS:	95.7	0.10	116	115	0.866	114	114	0	70	130

All target compounds in the Method Blank of this extraction batch were ND less than the method RL with the following exceptions:
NONR

MS = Matrix Spike; MSD = Matrix Spike Duplicate; LCS = Laboratory Control Sample; LCSD = Laboratory Control Sample Duplicate; RPD = Relative Percent Deviation.

% Recovery = $100 * (MS - Sample) / (Amount Spiked)$; RPD = $100 * (MS - MSD) / ((MS + MSD) / 2)$.

* MS and / or MSD spike recoveries may not be near 100% or the RPDs near 0% if: a) the sample is inhomogenous AND contains significant concentrations of analyte relative to the amount spiked, or b) if that specific sample matrix interferes with spike recovery.


£ TPH(btex) = sum of BTEX areas from the FID.


cluttered chromatogram; sample peak coelutes with surrogate peak.

N/A = not enough sample to perform matrix spike and matrix spike duplicate.

NR = analyte concentration in sample exceeds spike amount for soil matrix or exceeds 2x spike amount for water matrix or sample diluted due to high matrix or analyte content.

DHS Certification No. 1644


 QA/QC Officer

 McC Campbell Analytical Inc.	110 2nd Avenue South, #D7, Pacheco, CA 94553-5560 Telephone : 925-798-1620 Fax : 925-798-1622 http://www.mcccampbell.com E-mail: main@mcccampbell.com
---	--

QC SUMMARY REPORT FOR SW8015C

Matrix: S

WorkOrder: 0401165

EPA Method: SW8015C		Extraction: SW3550C			BatchID: 10000		Spiked Sample ID: 0401157-003A			
	Sample	Spiked	MS*	MSD*	MS-MSD*	LCS	LCSD	LCS-LCSD	Acceptance Criteria (%)	
	mg/Kg	mg/Kg	% Rec.	% Rec.	% RPD	% Rec.	% Rec.	% RPD	Low	High
TPH(d)	ND	150	101	101	0	94.2	94.9	0.694	70	130
%SS:	97.0	50	102	102	0	98.6	99.3	0.703	70	130

All target compounds in the Method Blank of this extraction batch were ND less than the method RL, with the following exceptions:
NONE

MS = Matrix Spike; MSD = Matrix Spike Duplicate; LCS = Laboratory Control Sample; LCSD = Laboratory Control Sample Duplicate; RPD = Relative Percent Deviation.


% Recovery = $100 * (MS - Sample) / (Amount Spiked)$; $RPD = 100 * (MS - MSD) / ((MS + MSD) / 2)$.

* MS and / or MSD spike recoveries may not be near 100% or the RPDs near 0% if: a) the sample is inhomogeneous AND contains significant concentrations of analyte relative to the amount spiked, or b) if that specific sample matrix interferes with spike recovery.

N/A - not enough sample to perform matrix spike and matrix spike duplicate.

NR = analyte concentration in sample exceeds spike amount for soil matrix or exceeds 2x spike amount for water matrix or sample diluted due to high matrix or analyte content.

DHS Certification No. 1644


 QA/QC Officer

**OAKLAND FIRE DEPARTMENT, OES
UNDERGROUND STORAGE TANK CLOSURE/REMOVAL FIELD INSPECTION REPORT**

Site Address: <u>1430 Franklin</u>	Name of Facility: <u>Bldg.</u>
Inspector: <u>H. Gomez</u>	Contact on site: <u>AEI</u>
Date and Time of Arrival: <u>1/15/04 11:05 am</u>	Contractor/Consultant: <u>AEI</u>

General Requirements	Yes	No	N/A
Approved closure plan on site.	✓		
Changes to approved plan noted.	✓		
Residuals properly stored/transported.	✓		
Receipt for adequate dry ice noted.	✓		

General Requirements	Yes	No	N/A
Site Safety Plan properly signed.	✓		
40B:C fire extinguisher on site.	✓		
"No Smoking" signs posted.	✓		
Gas detector challenged by inspector.	✓		

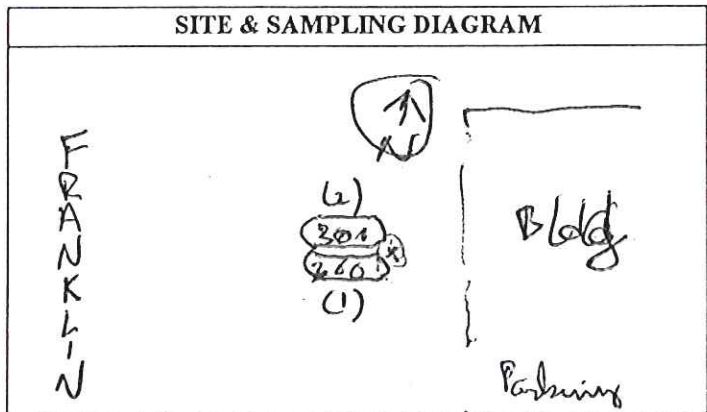
Tank Observations	T #1	T #2	T #3	T #4
Tank Capacity (gallons)	300	300		
Material last stored	Dies	Dies		
Dry ice used (pounds)				
Combustible gas concentration as %LEL. (Note time & sampling point)				
(1)	2	0		
(2)				
(3)				
Oxygen concentration as % volume. (Note time & sampling point.)				
(1)	10.0	5		
(2)				
(3)				
Tank Material	Steel →			
Wrapping/Coating, if any	N/A			
Obvious holes?				

Tank Observations	T #1	T #2	T #3	T #4
Obvious corrosion?	Y	Y		
Obvious odors from tank?	N	N		
Seams intact?	Y	Y		
Tank bed backfill material	Y	Y		
Obvious discoloration?	Y	Y		
Obvious odors ex tank bed?	N	N		
Water in excavation?	Y	Y		
Sheen/product on water?				
Tank tagged by transporter?	Y	Y		
Tank wrapped for transport?	N			
Tank plugged w/ vent cap?	Y			
Date/time tank hauled off?	1/15/04			
No. of soil samples taken?	4 + 2 composite			
Depth of soil samples (ft. bgs)	8	8		

Piping Removal	Yes	No	N/A
All piping removed hauled off w/ tanks?	✓		
Obvious holes on pipes?		✓	
Obvious odors from pipes?		✓	
Obvious soil discoloration in piping trench?			✓
Obvious odors from piping trench?			✓
Water in piping trench?			✓
Number & depth of soil samples from piping trench?			✓
Number & depth of water samples from piping trench?			✓

General Observations	Yes	No	N/A
Leak from any tank suspected?	✓		
"Leak Report" form given to the operator?		✓	
Obviously contaminated soil excavated?	✓		
Soil stockpile sampled?	✓		
Stockpile lined AND covered?	✓		
Water in excavation sampled?	✓		
Number/depth of water samples taken?	1		
All samples properly preserved for transport?	✓		

Additional Observations	Yes	No	N/A
Soil/water sampling protocols acceptable?	✓		
Sampling "chain of custody" noted?	✓		
Tank pit filled in or covered?	✓		
Tank pit fenced or barricaded?			
Transporter a registered HW hauler?	✓		
Uniform HW Manifest completed?	✓		
Contractor/Consultant reminded of complete UST Removal Report due within 30 days?	✓		
Date/Time removal/closure operations completed?	1/15/04		
OT hours or additional charges due from contractor?			✓



Notes/Comments: Additional UST found - Ground H2O encountered
UST (1) holes observed on top - Need to complete a "Leak Report"
UST (2)

CITY OF OAKLAND
FIRE PREVENTION BUREAU
250 Frank Ogawa Plaza, Ste. 3341
OAKLAND, CALIFORNIA 94612-2032
(510) 238-3851

APPLICATION for PERMIT to INSTALL, REMOVE or REPAIR TANKS
In the CITY OF OAKLAND

Request Submittal Date: 12/10/03

PLEASE CIRCLE APPROPRIATE ACTIONS: Application is hereby made for permit to:

(a) Remove (b) Install (c) Repair (d) Modify (e) Abandon/Close in Place A

(a) Gasoline (b) Fuel oil (c) Diesel (d) _____ tank(s) and excavate, commencing:

(a) four feet inside the curb line*; (b) inside the property line; (c) aboveground; (d) underground tank(s)
*inside curb line, please attach copy of sidewalk/excavation permit from PLANNING AND BUILDING

on the East side of Franklin St. St./Ave. _____ feet North of 14th St. Ave.

Site Address: 1430 Franklin St. Present storage _____

Owner: Mr. Draps Baden Address 1430 Franklin St Phone 510 452-1086
Oakland, CA 94612

Applicant: Peter Hoverson Address 2500 Camino Diablo St. 200 Phone 925.283.6000
Walnut Creek, CA 94597

Sidewalk surface to be disturbed Yes X Number of Tanks 1 Capacity 300 Gallons ea.

Remarks _____

Signature [Signature]

REVIEWED
OAKLAND FIRE DEPARTMENT
BY: HE SA
DATE: 12/10/03
ALL INSPECTIONS REQUIRE
48 HOURS NOTICE

PLEASE ATTACH/SUBMIT: (All applicants must have a City Business License Permit)

- (2) Copies of Closure Plans for underground tank removal
- (2) Sets of plans and (1) copy of specifications for above ground tank removal
- (2) Sets of plans and (2) sets of application packets for underground tank installation/modifications
- (2) Sets of plans for aboveground tank installation and specifications
- copy or prepare to show Planning and Building approval for aboveground tank removal and tank repair

NOTE: FOR TANK INSTALLATION PLEASE SUBMIT THIS APPLICATION FORM ALONG WITH A APPLICATION FOR PERMIT TO OPERATE, MAINTAIN OR STORE

FOR OFFICE USE ONLY

Permit No. 2003-092
Copies to: Electrical Inspection

Amt. Recv'd \$510 Date Issued: _____
Ck# 689 Cash _____
Receipt# 967789 Recv'd by: [Signature] Tk

**City of Oakland, Fire Department, Office of Emergency Services
Hazardous Materials Program
APPLICATION FOR UNDERGROUND TANK REMOVAL**

F A C I L I T Y	Project Contact & Phone # <p align="center">DRAGOS BADEA</p>																													
	Facility Name		Phone# <p align="center">510.452.1086</p>																											
	Address 1430 Franklin St. <p align="center">Oakland CA 94612</p>																													
	Cross Street 14th St.																													
	Owner/Operator MR. DRAGOS BADEA		Phone# 510.452.1086																											
C O N T R A C T O R	Contractor Name AEI Consultants		Phone# 925.283.6000																											
	Contractor Address 2500 Camino Diablo, Ste 100 <p align="center">Salant Creek, CA. 94597</p>		CA License # 654919																											
	Hazardous Waste Certified: (Qualifying license category _____) Yes <input type="checkbox"/> No <input type="checkbox"/>		Class A-HAZ																											
	City of Oakland Business Tax License #		Workers Comp#																											
	City of Oakland Business Tax License #		Permit #																											
	Does this site have a leaking UST (or did it have a leaking tank system?) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																													
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">State Tank ID#</th> <th style="width:15%;">Tank Size</th> <th style="width:40%;">Material That Was Stored</th> <th style="width:30%;">Proposed Removal Date</th> </tr> </thead> <tbody> <tr> <td>39-</td> <td>300 gal</td> <td></td> <td></td> </tr> <tr> <td>39-</td> <td></td> <td></td> <td></td> </tr> <tr> <td>39-</td> <td></td> <td></td> <td></td> </tr> <tr> <td>39-</td> <td></td> <td></td> <td></td> </tr> <tr> <td>39-</td> <td></td> <td></td> <td></td> </tr> <tr> <td>39-</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			State Tank ID#	Tank Size	Material That Was Stored	Proposed Removal Date	39-	300 gal			39-				39-				39-				39-				39-		
State Tank ID#	Tank Size	Material That Was Stored	Proposed Removal Date																											
39-	300 gal																													
39-																														
39-																														
39-																														
39-																														
39-																														

REVIEWED

OAKLAND FIRE DEPARTMENT

BY: HEEA

DATE: 12/22/07

ALL INSPECTIONS REQUIRE
48 HOURS NOTICE

P L A N	___ APPROVED <input checked="" type="checkbox"/> APPROVED WITH CONDITION(S) ___ DISAPPROVED
	PLAN REVIEWER S SIGNATURE <u><i>Hee</i></u> DATE OF APPROVAL <u>12/22/07</u>

APPLICANT MUST PERFORM ALL WORK IN ACCORDANCE WITH CITY OF OAKLAND ORDINANCES, STATE LAWS, AND RULES AND REGULATIONS OF THE CITY OF OAKLAND FIRE SERVICES AGENCY. OWNER OR LICENSED AGENT S SIGNATURE CERTIFIES THE FOLLOWING: I CERTIFY THAT IN THE PERFORMANCE OF THE WORK FOR WHICH THIS INSTALLATION PLAN IS ISSUED, I SHALL NOT EMPLOY ANY PERSON IS SUCH A MANNER AS TO BECOME SUBJECT TO WORKER S COMPENSATION LAWS OF CALIFORNIA. CONTRACTOR S HIRING OR SUBCONTRACTING SIGNATURE CERTIFIES THE FOLLOWING: I CERTIFY THAT IN THE PERFORMANCE OF THE WORK FOR WHICH THIS INSTALLATION PLAN IS ISSUED, I SHALL EMPLOY PERSONS SUBJECT TO WORKER S COMPENSATION LAWS OF CALIFORNIA.

APPLICANT S SIGNATURE _____ TITLE: _____ DATE: _____

INDICATE THE RESPONSIBLE PARTY TO BE BILLED FOR ADDITIONAL FSA/OES STAFF TIME EXPENDED BEYOND THE HOURS COVERED BY THE INITIAL DEPOSIT AMOUNT. THE PARTY MUST ACKNOWLEDGE THIS RESPONSIBILITY FOR THE ADDITIONAL BILLING BY SIGNATURE AND DATE BELOW.

NAME AEI CONSULTANTS

MAILING

ADDRESS 2500 CAMINO DIABLO ST. 200 WALNUT CREEK CA 94597
STREET CITY, STATE, ZIP

DAY PHONE NUMBER 925-283-6000
area code phone #

SIGNATURE 

DATE 12.10.03

CITY OF OAKLAND
Fire Department
Fire Prevention Bureau
Hazardous Materials Program
250 Frank H. Ogawa Plaza, Ste. 3341
Oakland, CA 94612-2032

UNDERGROUND TANK CLOSURE PLAN

(Complete according to instructions)

1) Name of Business _____

Business Owner or Contact Person (PRINT) MR. DRAGOS BADEA

2) Site Address 1430 FRANKLIN ST.

City OAKLAND Zip 94612 Phone 510.452.1086

3) Mailing Address 1430 FRANKLIN ST.

City OAKLAND Zip 94612 Phone 510.452.1086

4) Property Owner DRAGOS BADEA

Business Name (if applicable) _____

Address 1430 FRANKLIN ST.

City, State OAKLAND, CA Zip 94612

5) Generator name under which tank will be manifested

DRAGOS BADEA

EPA ID Under which tank will be manifested CAC 002 572 747

6) Contractor AEI CONSULTANTS
Address 2500 CAMINO DIABLO ST 200
City Walnut Creek Phone 925-283-6000
License Type A - HAZ IDS

Effective January 1, 1992, Business and Professional Code Section 7058.7 require contractors to also hold Hazardous Waste certification issued by the State Contractor License Board

7) Consultant (if applicable) SAME AS CONTRACTOR
Address _____
City, State _____ Phone _____

8) Main Contact Person for Investigation (if applicable)
Name PETER HOVERSEN Title PROJECT MANAGER
Company AEI
Phone 925-283-6000

9) Number of underground tanks being closed with this plan 1 (Confirmed with owner operator)

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

****Underground storage tanks must be handled as hazardous waste ****

a) Product/Residual Sludge/Rinsate Transporter
Name EXCEL ENVIRONMENTAL EPA I.D. NO. CAL 000209350
Hauler License No. _____ License Exp. Date _____
Address 23399 HANSEN RD.
City TRACY State CA Zip 95304

b) Product/Residual Sludge/Rinsate Disposal Site
Name RIVERBANK OIL TRANSFER EPA ID No. CAL 000190816
Address 5300 CLAVIS RD
City RIVERBANK State CA Zip 95367

c) Tank and Piping Transporter

Name Ecology Control Industries EPA I.D. No. CAD 982030173

c) Hauler License No. _____ License Exp. Date _____

Address 255 PARR BLVD

City RICHMOND State CA Zip 94801

d) Tank and Piping Disposal Site

Name ECI EPA I.D. No. CAD 009466392

Address 255 PARR BLVD

City RICHMOND State CA Zip 94801

11) Sample Collector

Name PETER HANSEN

Company AEI

Address 8500 Camino Diablo St. 200

City Walnut Creek State CA Zip 94597

Phone 925.283.6000

12) Laboratory

Name McCampbell Analytical

Address 110 2nd Ave. South #D7

City Pacheco State CA Zip 94553

State Certification No. DHS 1644

13) Have tanks or pipes leaked in the past Yes No Unknown

If yes, describe _____

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

DRY ICE

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

The Bay Area Air Quality Management District, 415/771-6000 must also be contacted for tank removal permit. The use of a combustible gas indicator to verify tank inertness is required. It is the contractor's responsibility to bring a working combustible gas indicator on-site to verify that the tank is inert. **Note: you may be required to recalibrate the combustible gas indicator on site, to show that it is working properly.**

15) Tank History and Sampling Information *** (see instructions) ***

Tank		Material to be sampled (tank contents, soil, groundwater)	Location and Depth of Samples
Capacity	Use History include date last used (estimated)		
300 gal.	UNKNOWN	soil	2 ft. below the bottom of the tank stockpile samples

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

EXCAVATED/STOCKPILED SOIL

Stockpiled Soil volume (estimated)	Sampling Plan
------------------------------------	---------------

Stockpiled soil must be placed on beamed 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 no be returned to the excavation without prior approval from Fire Services Agency, Office of Emergency Services. This means that the contractor, consultant, or responsible party must communicate with the Hazardous Materials Inspector **IN ADVANCE** of backfilling operations.

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.

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

Contaminant Sought	EPA or Other Sample Preparation Method Number	EPA or Other Analysis Method Number	Method Detection Limit
Diesel Fuel Heating oil	TPHd BTEx CL	3550 8020/8240 8260	

18. Submit Workers Compensation Certificate copy

Name of Insurer _____

19. Submit Plot Plan *****(Be Instructions)*****

20. Enclose Permit fee (See Instructions)

21. Report any 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, (ULR) form.

22. Submit a closure report to this office within 60 days of the tank removal. The 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)

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 proved above, may be needed in order to obtain approval from the Hazardous Materials Division 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 age and that this responsibility is not shared nor assumed by the City of Oakland.

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

CONTRACTOR INFORMATION

Name of Business AET Consultants

Name of Individual PETER HOVERSON

Signature  Date 12/10/03

PROPERTY OWNER OR MOST RECENT TANK OPERATOR (Circle one)

Name of Business _____

Name of Individual DRAGOS BEDEA

Signature [Signature] AGENT FOR Date 12/10/03
OWNER

General Instructions

- Three (3) copies of this plan plus attachments and permit must be submitted to this Department.
- Any cutting into tanks requires Fire Services Agency 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.
- State of California Permit Application Forms A and B are to submit to this office One Form A per site, one Form B for each removed tank.

Line 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 Toxic Substances Control, 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 trig } water mark, etc.

16) CHEMICAL METHODS AND ASSOCIATED DETECTION LIMITS

See attached Table 2.

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) An outline of briefings to be held before work each day to appraise employees of site health and safety hazards;

- c) Identification of health and safety hazards of each work task. Include potential fire, explosion, physical, and chemical hazards;

SITE HEALTH AND SAFETY PLAN

- d) For each hazard, identify the action levels (contaminant concentrations in air) or physical conditions;
 - e) Description of the work habit changes triggered by the above action levels or physical conditions;
 - f) Frequency and types of air and personnel monitoring - along with the environmental sampling techniques and instrumentation - to be used to detect the above action levels. Include instrumentation maintenance and calibration methods and frequencies;
 - h) Confined space entry procedures-(if applicable);
 - g) Decontamination procedures;
 - I) Measures to be taken to secure the site, excavation and stockpiled soils during and after work hour (e.g. barricades, caution tape, fencing, trench plates, plastic sheeting, security guard, etc.);
 - j) Spill containment/emergency/contingency plan. Be sure to include emergency phone numbers, the location of the phone nearest the site, and directions to the hospital near the site;
 - k) Documentation that all site workers have received the appropriate ASIA approved training and participate medical surveillance per 29 CFR 1910.120;
- 1) A page for employees to sign acknowledging that 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.

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 tank(s) and piping in addition to the tank(s) being removed.

20) PERMIT FEE

A check payable to the City of Oakland for the amount indicated must accompany the plans.

- 21) Blank unauthorized Leak/Contamination Site Report forms may be obtained in limited quantities from this office or from the San Francisco Regional Water Quality Control Board (510) 286-1255. Larger quantities may be directly from the State Water Resources Control Board at (916) 739-2421.

22) TANK CLOSURE REPORT

The Tank Closure reports: General description of the closure activities, indicate;

- a) Description of tank, fittings and piping conditions. Size and former contents; note any corrosion, pitting, holes;
- b) Description of the excavation itself. Include tank and excavation depth, a log of the stratigraphic units encountered within the excavation, a description of root holes or other potential pathways the depth to any observed ground water, locations of stained or odor-bearing oil, and descriptions of any observed free product or sheen;
- c) Detailed description of sampling methods., i.e. - backhoe bucket, drive sampler, bailer, bottles (s), sleeves;
- d) Description of any remedial measures conducted at the time of tank removal;
- e) 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;
- f) Chain of custody records;
- g) Copies of signed laboratory reports;
- h) Copies of TSDF to Generator Manifests for all hazardous wastes hauled offsite (sludge, Rinsate, tanks and piping, contaminated soil, etc), and
- i) Documentation of the disposal of/and volume and final destination all non-manifested contaminated soil disposed offsite.

**OAKLAND FIRE DEPARTMENT
FIRE PREVENTION BUREAU**

Tank Installation/Removal Processing

All Tank installation/removal plans and applications will be accepted in the Fire Prevention Bureau. Please provide verification/copy of your City Business License Permit (238-3704). **An application to Install, Repair or Remove** and the following are required for complete submittal:

Permit Type	Closure Plans	U.G.Tank Install/Modify Plans App	Plans (2sets)	Specs	Letter to FM	Plot Plan	Forms A, B	Forms A,B,C	App For Permit to Operate, Maintain or Store
Underground Tank Removal	X					X	X		
Abandon/Close In Place	X					X	X		
Aboveground Tank Removal*			X	X					
Underground Tank Installation/Modification		X	X	X				X	X
Aboveground Tank Installation			X	X					X
Residential (home heating)	X					X			
Capping Vent Piping work				X	X	X			
Underground piping	X		X						
Residential (close in place)					X	X			

*Planning & Building Approval required for **any** Zoning issues or when routing piping into buildings. When sidewalk disturbance occurs you must provide us with a copy/verification of your excavation permit..

Residential home heating oil tanks **under** 1100 gal. are exempt from State requirements (Form A & B not required), closure plans are required.

Residential closure in place **MUST** accompany a letter to the attention of the Fire Marshal, Jerry E. Blueford describing why, and how the closure will be done. In addition, a plot plan should be included with the application.

Permit Fees: varies

Once the application and plans have been reviewed, you will receive your permit, by mail, within 1 to 5 days. **You must schedule in advance** when you are prepared to do the work. **Please call our office at least 48 hours in advance: (510)238-3851. Be prepared to give us your Permit number,** indicated in the upper right corner of your permit. We will try to accomodate your request.

Tank Permit Fees

Type of Request	Permit Processing/Plan Check Fee	Inspection Fee	Total
Aboveground/Underground Removal (1 tank)	\$350.00	\$190.00	\$540.00*
Aboveground Installation (1 tank)	\$350.00	\$380.00	\$730.00*
Closure In Place (underground)(1 tank)	\$350.00	\$190.00	\$540.00*
Dispenser Replacement or Modifications of Aboveground Tanks	\$350.00	\$190.00	\$540.00
Capping a Vent (underground tank)	\$100.00	\$ 50.00	\$150.00
Alter & Repair Monitoring System; Overfill containment installation (aboveground/underground tanks)	\$100.00	\$ 50.00	\$150.00
Modify, Remove, Repair and Replace Piping, Dispensers, Sumps of Underground Tanks	\$350.00	\$190.00	\$540.00*

Underground Tank Installation Fees				
# of Tanks	Annual Fee	Permit Processing/Plan Check Fee	Inspection Fee	Total Payment
1	\$210	\$ 350	\$380	\$ 940
2	\$312	\$ 450	\$380	\$1142
3	\$415	\$ 550	\$380	\$1345
4	\$521	\$ 650	\$380	\$1551
5	\$603	\$ 750	\$380	\$1733
6	\$717	\$ 850	\$380	\$1947
7	\$811	\$ 950	\$380	\$2141

Note:

*\$110.00 for each additional tank

- A separate permit will be issued for tank Removal, Installation etc.
- After hour inspections require additional fees at a rate of \$95.00 an hour

UNIFIED PROGRAM CONSOLIDATED FORM

TANKS

UNDERGROUND STORAGE TANKS - FACILITY

(one page per site) Page ___ of ___

TYPE OF ACTION 1. NEW SITE PERMIT 3. RENEWAL PERMIT 5. CHANGE OF INFORMATION 7. PERMANENTLY CLOSED SITE
 (Check one item only) 4. AMENDED PERMIT specify change local use only _____ 8. TANK REMOVED
 6. TEMPORARY SITE CLOSURE 400

I. FACILITY / SITE INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) FACILITY ID#
 1430 FRANKLIN ST. CA, 94612
 NEAREST CROSS STREET 14th ST. 401 FACILITY OWNER TYPE 4. LOCAL AGENCY/DISTRICT*
 1. CORPORATION 5. COUNTY AGENCY*
 BUSINESS TYPE 1. GAS STATION 3. FARM 5. COMMERCIAL 2. INDIVIDUAL 6. STATE AGENCY*
 2. DISTRIBUTOR 4. PROCESSOR 6. OTHER 403 3. PARTNERSHIP 7. FEDERAL AGENCY* 402
 TOTAL NUMBER OF TANKS REMAINING AT SITE 0 404 Is facility on Indian Reservation or trustlands? Yes No 405
 *If owner of UST is a public agency: name of supervisor of division, section or office which operates the UST (This is the contact person for the tank records.) 406

II. PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME DRAGOS BEDEA 407 PHONE 510.452.1086 408
 MAILING OR STREET ADDRESS 1430 FRANKLIN ST. 409
 CITY OAKLAND 410 STATE CA 411 ZIP CODE 94612 412
 PROPERTY OWNER TYPE 1. CORPORATION 2. INDIVIDUAL 4. LOCAL AGENCY / DISTRICT 6. STATE AGENCY
 3. PARTNERSHIP 5. COUNTY AGENCY 7. FEDERAL AGENCY 413

III. TANK OWNER INFORMATION

TANK OWNER NAME 414 PHONE 415
 MAILING OR STREET ADDRESS SAME AS SITE 416
 CITY 417 STATE 418 ZIP CODE 419
 TANK OWNER TYPE 1. CORPORATION 2. INDIVIDUAL 4. LOCAL AGENCY / DISTRICT 6. STATE AGENCY
 3. PARTNERSHIP 5. COUNTY AGENCY 7. FEDERAL AGENCY 420

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER

TY (TK) HQ 44- Call (916) 322-9669 if questions arise 421

V. PETROLEUM UST FINANCIAL RESPONSIBILITY

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

VI. LEGAL NOTIFICATION AND MAILING ADDRESS

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

VII. APPLICANT SIGNATURE

Certification - I certify that the information provided herein is true and accurate to the best of my knowledge.
 SIGNATURE OF APPLICANT DATE 12/10/03 424 PHONE 925.293.6000 425
 NAME OF APPLICANT (print) 426 TITLE OF APPLICANT AET - AGENT FOR OWNER 427
 STATE UST FACILITY NUMBER (For local use only) 428 1998 UPGRADE CERTIFICATE NUMBER (For local use only) 429

UST - Facility

Formerly SWRCB Form A.

Complete the UST - Facility page for all new permits, permit changes or any facility information changes. This page must be submitted within 30 days of permit or facility information changes, unless approval is required before making any changes.

Submit one UST - Facility page per facility, regardless of the number of tanks located at the site. This form is completed by either the permit applicant or the local agency underground tank inspector. As part of the application, the tank owner must submit a scaled facility plot plan to the local agency showing the location of the USTs with respect to buildings and landmarks [23 CCR §2711 (a)(8)], a description of the tank and piping leak detection monitoring program [23 CCR §2711 (a)(9)], and, for tanks containing petroleum, documentation showing compliance with state financial responsibility requirements [23 CCR §2711 (a)(11)].

Refer to 23 CCR §2711 for state UST information and permit application requirements.

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.) Please number all pages of your submittal. This helps your CUPA or local agency identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - Leave this blank. This number is assigned by the CUPA. This is the unique number which identifies your facility.
3. BUSINESS NAME - Enter the full legal name of the business.
400. TYPE OF ACTION - Check the reason the page is being completed. CHECK ONE ITEM ONLY.
401. NEAREST CROSS STREET - Enter the name of the cross street nearest to the site of the tank.
402. FACILITY OWNER TYPE - Check the type of business ownership.
403. BUSINESS TYPE - Check the type of business.
404. TOTAL NUMBER OF TANKS REMAINING AT SITE - Indicate the number of tanks remaining on the site after the requested action.
405. INDIAN OR TRUST LAND - Check whether or not the facility is located on an Indian reservation or other trust lands.
406. PUBLIC AGENCY SUPERVISOR NAME - If the facility owner is a public agency, enter the name of the supervisor for the division, section or office which operates the UST. This person must have access to the tank records.
407. PROPERTY OWNER NAME - Complete items 407- 412 for the property owner, unless all items are the same as the Owner Information (items 111-116) on the Business
408. PROPERTY OWNER PHONE
409. PROPERTY OWNER MAILING OR STREET ADDRESS
410. PROPERTY OWNER CITY
411. PROPERTY OWNER STATE
412. PROPERTY OWNER ZIP CODE
413. PROPERTY OWNER TYPE - Check the type of property ownership.
414. TANK OWNER NAME - Complete items 414- 419 for the tank owner, unless all items are the same as the Owner Information (items 111-116) on the Business
415. TANK OWNER PHONE
416. TANK OWNER MAILING OR STREET ADDRESS
417. TANK OWNER CITY
418. TANK OWNER STATE
419. TANK OWNER ZIP CODE
420. TANK OWNER TYPE - Check the type of tank ownership.
421. BOE NUMBER - Enter your Board of Equalization (BOE) UST storage fee account number. This fee applies to regulated USTs storing petroleum products. This is required before your permit application can be processed. If you do not have an account number with the BOE or if you have any questions regarding the fee or exemptions, please call the BOE at (916) 322-9669 or write to the BOE at: Board of Equalization, Fuel Taxes Division, P.O. Box 942879, Sacramento, CA 94279-0030.
422. PETROLEUM UST FINANCIAL RESPONSIBILITY CODE - Check the method(s) used by the owner and/or operator in meeting the Federal and State financial responsibility requirements. CHECK ALL THAT APPLY. If the method is not listed, check "other" and enter the method(s). USTs owned by any Federal or State agency and non-petroleum USTs are exempt from this requirement.
423. LEGAL NOTIFICATION AND MAILING ADDRESS - Indicate the address to which legal notifications and mailings should be sent. The legal notifications and mailings will be sent to the tank owner unless the facility (box 1) or the property owner (box 2) is checked.
SIGNATURE OF APPLICANT - The business owner/operator of the tank facility, or officially designated representative of the owner/operator, shall sign in the space provided. This signature certifies that the signer believes that all the information submitted is accurate and complete.
424. DATE CERTIFIED - Enter the date that the page was signed.
425. APPLICANT PHONE - Enter the phone number of the applicant (person certifying).
426. APPLICANT NAME - Enter the full printed name of the person signing the page.
427. APPLICANT TITLE - Enter the title of the person signing the page.
428. STATE UST FACILITY NUMBER - Leave this blank. This number is assigned by the CUPA as follows: the number is composed of the two digit county number, the three digit jurisdiction number, and a six digit facility number. The facility number must be the same as shown in item 1.
429. 1998 UPGRADE CERTIFICATE NUMBER - Leave this blank. This number is assigned by the CUPA.

UNIFIED PROGRAM CONSOLIDATED FORM

TANKS

UNDERGROUND STORAGE TANKS - TANK PAGE 1

(two pages per tank)

Page 1 of 2

TYPE OF ACTION 1 NEW SITE PERMIT 4 AMENDED PERMIT 5 CHANGE OF INFORMATION 6 TEMPORARY SITE CLOSURE
 (Check one item only) 3 RENEWAL PERMIT (Specify reason - for local use only) (Specify reason - for local use only) 8 TANK REMOVED 430

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3 FACILITY ID: 1

LOCATION WITHIN SITE (Optional) 431

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

TANK ID # 1 432 TANK MANUFACTURER UNKNOWN 433 COMPARTMENTALIZED TANK Yes No 434
 If "Yes", complete one page for each compartment.
 DATE INSTALLED (YEAR/MO) UNKNOWN 435 TANK CAPACITY IN GALLONS 3000 436 NUMBER OF COMPARTMENTS 1 437
 ADDITIONAL DESCRIPTION (For local use only) 438

II. TANK CONTENTS

TANK USE 439 PETROLEUM TYPE 440
 1. MOTOR VEHICLE FUEL (If marked complete Petroleum Type)
 2. NON-FUEL PETROLEUM
 3. CHEMICAL PRODUCT
 4. HAZARDOUS WASTE (Includes Used Oil)
 95. UNKNOWN
 1a. REGULAR UNLEADED 2. LEADED 5. JET FUEL
 1b. PREMIUM UNLEADED 3. DIESEL 6. AVIATION FUEL
 1c. MIDGRADE UNLEADED 4. GASOHOL 99. OTHER
 COMMON NAME (from Hazardous Materials Inventory page) 441 CAS# (from Hazardous Materials Inventory page) 442

III. TANK CONSTRUCTION

TYPE OF TANK 1. SINGLE WALL 3. SINGLE WALL WITH EXTERIOR MEMBRANE LINER 5. SINGLE WALL WITH INTERNAL BLADDER SYSTEM 443
 2. DOUBLE WALL 4. SINGLE WALL IN VAULT 95. UNKNOWN
 99. OTHER
 TANK MATERIAL - primary tank 1. BARE STEEL 3. FIBERGLASS / PLASTIC 5. CONCRETE 444
 2. STAINLESS STEEL 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) 8. FRP COMPATIBLE W/100% METHANOL 99. OTHER
 TANK MATERIAL - secondary tank 1. BARE STEEL 3. FIBERGLASS / PLASTIC 5. CONCRETE 445
 2. STAINLESS STEEL 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) 95. UNKNOWN
 8. FRP COMPATIBLE W/100% METHANOL 99. OTHER
 10. COATED STEEL
 TANK INTERIOR LINING 1. RUBBER LINED 3. EPOXY LINING 5. GLASS LINING 95. UNKNOWN 446 DATE INSTALLED 447
 OR COATING 2 ALKYD LINING 4 PHENOLIC LINING 6 UNLINED 99 OTHER (For local use only)

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

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

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

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

IV. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE

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

UST - Tank Page 1

Formerly SWRCB Form B

Complete the UST - Tank pages for each tank for all new permits, permit changes, closures and/or any other tank information change. This page must be submitted within 30 days of permit or facility information changes, unless approval is required before making any changes. For compartmentalized tanks, each compartment is considered a separate tank and requires completion of separate tank pages.

Refer to 23 CCR §2711 for state UST information and permit application requirements.

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or local agency identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - Leave this blank. This number is assigned by the CUPA. This is the unique number which identifies your facility.
3. BUSINESS NAME - Enter the full legal name of the business.
430. TYPE OF ACTION - Check the reason the page is being completed. For amended permits and change of information, include a short statement to direct the inspector to the amendment or changed information.
431. LOCATION WITHIN SITE - Enter the location of the tank within the site.
432. TANK ID NUMBER - Enter the owner's tank ID number. This is a unique number used to identify the tank. It may be assigned by the owner or by the CUPA.
433. TANK MANUFACTURER - Enter the name of the company that manufactured the tank.
434. COMPARTMENTALIZED TANK - Check whether or not the tank is compartmentalized. Each compartment is considered a separate tank and requires the completion of separate tank pages.
435. DATE TANK INSTALLED - Enter the year and month the tank was installed.
436. TANK CAPACITY - Enter the tank capacity in gallons.
437. NUMBER OF TANK COMPARTMENTS - If the tank is compartmentalized, enter the number of compartments.
438. ADDITIONAL DESCRIPTION - Use this space for additional tank or location description.
439. TANK USE - Check the substance stored. If MOTOR VEHICLE FUEL, check box 1 and complete item 440, PETROLEUM TYPE.
440. PETROLEUM TYPE - If box 1 is checked in item 439, check the type of fuel.
441. COMMON NAME - For substances that are not motor vehicle fuels (box 1 is NOT checked in item 439), enter the common name of the substance stored in the tank.
442. CAS # - For substances that are not motor vehicle fuels (box 1 is NOT checked in item 439), enter the CAS (Chemical Abstract Service) number. This is the same as the CAS # in item 209 on the Hazardous Materials Inventory - Chemical Description page.
443. TYPE OF TANK - Check the type of tank construction. If type of tank is not listed, check "other" and enter type.
444. TANK MATERIAL (PRIMARY TANK) - Check the construction material of the tank that comes into immediate contact on its inner surface with the hazardous substance being contained. If the tank is lined do not reference the lining material in this item. Indicate the type of lining material in item 446. If type of tank material is not listed, check "other" and enter material.
445. TANK MATERIAL (SECONDARY TANK) - Check the construction material of the tank that provides the level of containment external to, and separate from, the primary containment. If type of tank material is not listed, check "other" and enter material.
446. TANK INTERIOR LINING OR COATING - If applicable, check the construction material of the interior lining or coating of the tank. If type of interior lining or coating is not listed, check "other" and enter type.
447. DATE TANK INTERIOR LINING INSTALLED - If applicable, enter the date the tank interior lining was installed. This is to assist the CUPA to develop an inspection schedule.
448. OTHER TANK CORROSION PROTECTION - If applicable, check the other tank corrosion protection method used. If other corrosion protection method is not listed, check "other" and enter method.
449. DATE TANK CORROSION PROTECTION INSTALLED - If applicable, enter the date the tank corrosion protection method was installed. This is to assist the CUPA to develop an inspection schedule.
450. YEAR SPILL AND OVERFILL INSTALLED - Check the appropriate box and enter the year in which spill containment, drop tube, and/or striker plate was installed. CHECK ALL THAT APPLY.
451. TYPE OF SPILL PROTECTION - Enter the type of spill containment, drop tube, and/or striker plate. FOR CUPA USE ONLY.
452. YEAR OVERFILL PROTECTION EQUIPMENT INSTALLED - Check the appropriate box and enter the year in which overfill protection was installed or whether there is an exemption from overfill protection. CHECK ALL THAT APPLY, unless tank is exempt.
453. TANK LEAK DETECTION (SINGLE WALL) - For single walled tanks, check the leak detection system(s) used to comply with the monitoring requirements for the tank. CHECK ALL THAT APPLY. If leak detection system is not listed, check "other" and enter system.
454. TANK LEAK DETECTION (DOUBLE WALL) - For double walled tanks or tanks with bladder, check the leak detection system(s) used to comply with the monitoring requirements for the tank. CHECK ONE ITEM ONLY.
455. ESTIMATED DATE LAST USED - For closure in place, enter the date the tank was last used.
456. ESTIMATED QUANTITY OF SUBSTANCE REMAINING IN TANK - For closure in place, enter the estimated quantity of hazardous substance remaining in the tank (in gallons).
457. TANK FILLED WITH INERT MATERIAL - For closure in place, check whether or not the tank was filled with an inert material prior to closure.

ATTACHMENTS -

1. Provide a scaled plot plan with the location of the UST system, including buildings and landmarks.
2. Provide a description of the monitoring program.

UNIFIED PROGRAM CONSOLIDATED FORM

TANKS

UNDERGROUND STORAGE TANKS – TANK PAGE 2

VI. PIPING CONSTRUCTION (Check all that apply)

Page 2 of 2

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

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

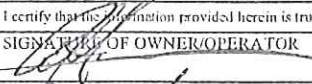
UNDERGROUND PIPING		ABOVEGROUND PIPING	
<p>SINGLE WALL PIPING 466</p> <p>PRESSURIZED PIPING (Check all that apply):</p> <input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS. <input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST <input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1GPH) <p>CONVENTIONAL SUCTION SYSTEMS</p> <input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PUMPING SYSTEM + TRIENNIAL PIPING INTEGRITY TEST (0.1 GPH) <p>SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):</p> <input type="checkbox"/> 7. SELF MONITORING <p>GRAVITY FLOW</p> <input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH) <p>SECONDARILY CONTAINED PIPING</p> <p>PRESSURIZED PIPING (Check all that apply):</p> <p>10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (Check one)</p> <input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS <input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION <input type="checkbox"/> c. NO AUTO PUMP SHUT OFF <input type="checkbox"/> 11. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) WITH FLOW SHUT OFF OR RESTRICTION <input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH) <p>SUCTION/GRAVITY SYSTEM</p> <input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS <p>EMERGENCY GENERATORS ONLY (Check all that apply)</p> <input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF + AUDIBLE AND VISUAL ALARMS <input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) WITHOUT FLOW SHUT OFF OR RESTRICTION <input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH) <input type="checkbox"/> 17. DAILY VISUAL CHECK		<p>SINGLE WALL PIPING 467</p> <p>PRESSURIZED PIPING (Check all that apply):</p> <input type="checkbox"/> 1. ELECTRONIC LINE LEAK DETECTOR 3.0 GPH TEST WITH AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS. <input type="checkbox"/> 2. MONTHLY 0.2 GPH TEST <input type="checkbox"/> 3. ANNUAL INTEGRITY TEST (0.1GPH) <input type="checkbox"/> 4. DAILY VISUAL CHECK <p>CONVENTIONAL SUCTION SYSTEMS (Check all that apply)</p> <input type="checkbox"/> 5. DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM <input type="checkbox"/> 6. TRIENNIAL INTEGRITY TEST (0.1 GPH) <p>SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING):</p> <input type="checkbox"/> 7. SELF MONITORING <p>GRAVITY FLOW (Check all that apply):</p> <input type="checkbox"/> 8. DAILY VISUAL MONITORING <input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH) <p>SECONDARILY CONTAINED PIPING</p> <p>PRESSURIZED PIPING (Check all that apply):</p> <p>10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (Check one)</p> <input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS <input type="checkbox"/> b. AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION <input type="checkbox"/> c. NO AUTO PUMP SHUT OFF <input type="checkbox"/> 11. AUTOMATIC LEAK DETECTOR <input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH) <p>SUCTION/GRAVITY SYSTEM</p> <input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS <p>EMERGENCY GENERATORS ONLY (Check all that apply)</p> <input type="checkbox"/> 14. CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF + AUDIBLE AND VISUAL ALARMS <input type="checkbox"/> 15. AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST) <input type="checkbox"/> 16. ANNUAL INTEGRITY TEST (0.1 GPH) <input type="checkbox"/> 17. DAILY VISUAL CHECK	

VIII. DISPENSER CONTAINMENT

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

IX. OWNER/OPERATOR SIGNATURE

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

SIGNATURE OF OWNER/OPERATOR	DATE	470
	12/10/03	
NAME OF OWNER/OPERATOR (print)	TITLE OF OWNER/OPERATOR	472
PETER HOVERSON	AGENT FOR OWNER	

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

UST - Tank Page 2

Formerly SWRCB Form B

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or local agency identify whether the submittal is complete and if any pages are separated.

458. PIPING SYSTEM TYPE (UNDERGROUND) - For items 458 and 459, check the tank's piping system information. CHECK ALL THAT APPLY.

459. PIPING SYSTEM TYPE (ABOVEGROUND)

460. PIPING CONSTRUCTION (UNDERGROUND) - Check the tank's piping construction information. CHECK ALL THAT APPLY.

461. PIPING MANUFACTURER (UNDERGROUND) - Enter the name of the piping manufacturer.

462. PIPING CONSTRUCTION (ABOVEGROUND) - Check the tank's piping construction information. CHECK ALL THAT APPLY.

463. PIPING MANUFACTURER (ABOVEGROUND) - Enter the name of the piping manufacturer.

464. PIPING MATERIAL AND CORROSION PROTECTION (UNDERGROUND) - For items 464 and 465, check the tank's piping material and corrosion protection.

465. PIPING MATERIAL AND CORROSION PROTECTION (ABOVEGROUND)

466. PIPING LEAK DETECTION (UNDERGROUND) - For items 466 and 467; check the leak detection system(s) used to comply with the monitoring requirements for the piping.

467. PIPING LEAK DETECTION (ABOVEGROUND)

468. DATE DISPENSER CONTAINMENT INSTALLED - If applicable, enter the date that dispenser containment was installed.

469. DISPENSER CONTAINMENT TYPE - Check the type of dispenser containment monitoring system.

SIGNATURE OF OWNER/OPERATOR - The owner or agent of the owner shall sign in the space provided. This signature certifies that the signer believes that all the information submitted is true and accurate.

470. DATE CERTIFIED - Enter the date the page was signed.

471. OWNER/ OPERATOR NAME - Print the name of signatory.

472. OWNER/ OPERATOR TITLE - Enter the title of the person signing the page.

473. PERMIT NUMBER - Leave this blank, this number is assigned by the CUPA.

474. PERMIT APPROVED BY - Leave this blank, this is the name of the person approving the permit.

475. PERMIT EXPIRATION DATE - Leave this blank, this is completed by the CUPA.

UNIFIED PROGRAM CONSOLIDATED FORM

TANKS

UNDERGROUND STORAGE TANKS – INSTALLATION

CERTIFICATE OF COMPLIANCE

(one page per tank)

Page ___ of ___

I. FACILITY IDENTIFICATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)

3

ADDRESS (For local use only)

476

FACILITY ID#

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TANK ID #

477

II. INSTALLATION

(Check all that apply)

- The installer has been trained and certified by the tank and piping manufacturers. 478
- The installation has been inspected and certified by a registered professional engineer having education and experience with underground storage tank installations. 479
- The installation has been inspected and approved by the Unified Program Agency. 480
- All work listed on the manufacturer's installation checklist has been completed. 481
- The installer has been certified or licensed by the Contractors' State License Board. 482
- The underground storage tank, any primary piping, and secondary containment was installed according to applicable voluntary consensus standards and written manufacturer's installation procedures. 483

Description of work being certified:

III. TANK OWNER/AGENT SIGNATURE

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

SIGNATURE OF TANK OWNER/AGENT

DATE

484

NAME OF TANK OWNER/AGENT (print)

485

TITLE OF TANK OWNER/AGENT

486

UST Installation - Certificate of Compliance

Formerly SWRCB Form C

Complete this certification upon installation of an UST and piping. One certification is required for each tank system. This page may be completed by either the UST owner or representative.

Refer to 23 CCR 2635 for UST installation and testing requirements.

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or local agency identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - Leave this blank. This number is assigned by the CUPA. This is the unique number which identifies your facility.
3. BUSINESS NAME - Enter the full legal name of the business.
476. ADDRESS - Enter the street address where the tank is located. This is to assist the tank inspector in locating the tank.
477. TANK ID NUMBER - Enter the tank ID number assigned by the owner. This is a unique number used to identify the tank. It may be assigned by the owner or by the CUPA. This is the same as item 432 as found on the UST Tank Page 1.
478. TRAINED AND CERTIFIED BY TANK AND PIPING MANUFACTURER - Check if the tank installer provided evidence of being trained and certified by the tank and piping manufacturer.
479. REGISTERED ENGINEER INSPECTION - Check if the installation has been inspected and certified by a registered professional engineer, if necessary.
480. UNIFIED PROGRAM AGENCY APPROVAL - Check if the installation has been inspected and approved by the Unified Program agency.
481. COMPLETION OF MANUFACTURER'S CHECKLIST - Check if all work listed on the manufacturer's installation checklist was completed.
482. CONTRACTORS' STATE LICENSE BOARD CERTIFICATION OR LICENSE - Check if the installer has provided proof of CSLB certification or licensing.
483. INSTALLATION DESCRIPTION - Check if the UST system was installed according to applicable voluntary consensus standards and any manufacturer's written installation instructions. Describe the installation in the space provided. Clarify the type and the extent of work completed at the facility, such as installation of dispenser containment, replacement of piping, or installation of turbine sumps.

SIGNATURE OF TANK OWNER/AGENT - The tank owner or agent of the owner shall sign in the space provided. This signature certifies that the signer believes that all the information submitted is true and accurate.
484. DATE CERTIFIED - Enter the date that the page was signed.
485. TANK OWNER/AGENT NAME - Enter the full printed name of the person signing the page.
486. TANK OWNER/AGENT TITLE - Enter the title of the person signing the page.