

# **APPENDIX C**

## ***Phase I ESA, Phase I ESA Peer Review***



# AEI Consultants

October 31, 2018  
Revised December 10, 2018

## PHASE I ENVIRONMENTAL SITE ASSESSMENT

### Property Information:

4350 El Camino Real  
Los Altos, Santa Clara County, California 94022

### Project Information:

AEI Project No. 396135  
Client Reference Name: El Camino 76

### Prepared For:

El Camino 76  
4350 El Camino Real  
Los Altos, California 94022

### Prepared By:

AEI Consultants  
2500 Camino Diablo, Suite 100  
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Environmental  
Due Diligence

Building Assessments

Site Investigation  
& Remediation

Energy Performance  
& Benchmarking

Industrial Hygiene

Construction  
Risk Management

Zoning Analysis  
Reports & ALTA  
Surveys

National Presence  
Regional Focus  
Local Solutions



October 31, 2018

Angie Galatolo  
El Camino 76  
4350 El Camino Real  
Los Altos, California 94022

**Subject: Phase I Environmental Site Assessment**

4350 El Camino Real  
Los Altos, California 94022  
AEI Project No. 396135  
Client Reference Name: El Camino 76

Dear Angie Galatolo:

AEI Consultants is pleased to provide the *Phase I Environmental Site Assessment* of the above referenced property. This assessment was authorized and performed in accordance with the scope of services engaged.

We appreciate the opportunity to provide services to you. If you have any questions concerning this report, or if we can assist you in any other matter, please contact me at (408) 559-7600 or [TGolino@aeiconsultants.com](mailto:TGolino@aeiconsultants.com).

Sincerely,  
DRAFT  
Tory Golino  
Vice President, Business Development  
AEI Consultants

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## EXECUTIVE SUMMARY

AEI Consultants (AEI) was retained by El Camino 76 to conduct a Phase I ESA in conformance with AEI's contract and the scope and limitations of ASTM Standard Practice E1527-13 and the EPA Standards and Practices for All Appropriate Inquiries (40 CFR Part 312) for the property located at 4350 El Camino Real, Los Altos, Santa Clara County, California (the "subject property"). Any exceptions to, or deletions from, this practice are described in Sections 1.4, 1.5, and 1.6 of this report.

Pertinent subject property information is noted below:

<b>PROPERTY INFORMATION</b>	
<b>Site Address(es)</b>	4350 El Camino Real, Los Altos, Santa Clara County, California 94022
<b>Property ID (APN or Block/Lot)</b>	167-11-041
<b>Location</b>	Southern corner of the intersection of Los Altos Avenue and El Camino Real
<b>Property Type</b>	Gas Station
<b>SITE AND BUILDING INFORMATION</b>	
<b>Approximate Site Acreage/Source</b>	.67/Assessor's Office
<b>Number of Buildings</b>	1
<b>Building Construction Date(s)</b>	1968
<b>Building Square Footage (SF)/Source</b>	1,610/Property Owner
<b>Number of Floors/Stories</b>	1
<b>Basement or Subgrade Area(s)</b>	None identified
<b>Number of Units</b>	One
<b>Additional Improvements</b>	Fuel canopies, asphalt-paved parking areas and associated landscaping
<b>On-site Occupant(s)</b>	76-branded gas station
<b>Current On-site Operations/Use</b>	Gas station and auto repair activities
<b>Current Use of Hazardous Substances</b>	Yes; refer to Section 7.1
<b>REGULATORY INFORMATION</b>	
<b>Regulatory Database Listing(s)</b>	LUST (3), HIST LUST, HIST UST (2), HIST CORTESE, HAZNET (4), RGA LUST (3), UST (2), FINDS (2), EDR HIST AUTO (2), RCRA-LQG, SWEEPS UST, CA FID UST, CUPA LISTINGS (2), CERS HAZWASTE, CERS TANKS, CERS

A chronological summary of historical subject property information is as follows:

<b>Date Range</b>	<b>Subject Property Description and Use (Historical Addresses)</b>	<b>Source(s)</b>
Prior to 1948	Unknown use/Data failure; refer to Section 1.6.1	Aerial photographs, Sanborn maps, agency records
1948-1960	Agricultural land and a portion of a small residence	Aerial photographs
1968	Construction of the current gas station and auto repair shop	Agency records
1968-Present	Developed with the current gas station and auto repair shop	Aerial photographs, agency records, city directories, interviews

The immediately surrounding properties consist of the following:

Direction	Tenant/Use (Address)	Regulatory Database Listing(s)
<b>Northeast</b>	El Camino Real followed by:  Multi-tenant commercial building (4335 El Camino Real, Palo Alto)  Country Inn Motel (4345 El Camino Real, Palo Alto)  Apartments (2700 El Camino Real, Mountain View)	None identified
<b>South</b>	Apartments (4388 El Camino Real)	None identified
<b>Northwest</b>	Los Altos Avenue followed by:  Forever Young Salon, Spotless Dry Cleaning (1176-1188 Los Altos Avenue)  Courtyard by Marriott Hotel (4320 El Camino Real)	EDR HIST CLEANER (1176-1188 Los Altos Avenue)  SWEEPS UST, CA FID UST, HIST UST (4320 El Camino Real)

If the surrounding properties are listed in the regulatory database, please refer to Section 5.1 for discussion.

## FINDINGS

Recognized Environmental Condition (REC) is defined by the ASTM Standard Practice E1527-13 as the presence or likely presence of any hazardous substances or petroleum products in, on, or at a property: (1) due to release to the environment; (2) under conditions indicative of a release to the environment; or (3) under conditions that pose a material threat of a future release to the environment.

- According to historical and agency sources, the subject property has been occupied by a gas station and auto repair shop since 1968. The following features of concern have been noted on-site:
  - The subject property is currently equipped with two 12,000 gallon gasoline USTs and a 550 gallon waste oil UST, which were installed in 1990. The USTs are double-walled, fiberglass-reinforced plastic and equipped with leak-detection system. The product piping for the fuel USTs is double-walled, fiberglass-reinforced plastic and equipped with leak-detection system (replaced in 2001). AEI reviewed information pertinent to the status and operation of the current storage tank system. The documents reviewed did not reveal any reported discharges. However, based on the age of the USTs, AEI is unable to rule out the potential that a release from the USTs has affected the subsurface of the subject property. On this basis, the storage of petroleum products in USTs at the subject property is considered a REC.
  - The subject property is equipped with three below-ground hydraulic lifts. The lifts were presumably installed in 1968, when the building was constructed. Based on the pre-1977 installation of the lifts, the potential exists that the hydraulic fluid within the lift systems previously contained PCBs. Two of the lifts are no longer in use, and one is still in operation. Due to the age of the

equipment, the integrity of the equipment is unknown; therefore, the potential exists that a release of hydraulic fluid which may have contained PCBs has occurred on site. Therefore, the presence of the hydraulic lifts represents a REC.

- During AEI's on-site reconnaissance, evidence of significant staining associated with leakage from the containers was observed within the auto repair bays and the exterior hazardous waste storage area. No storm drains or other subsurface conduits were located in the immediate vicinity of the stains. Based on the presence of the staining, the length of time hazardous materials have been used on the subject property, and the lack of secondary containment, AEI is unable to rule out the potential that release to the subsurface may have occurred in this area.
- According to a 2002 SCCDEH Inspection Record and the regulatory database, an oil-water separator (also referred to as a sump) used to exist on the subject property. The size and age of the separator was not noted, and no site maps were on file with the SCCDEH indicating its location. Separators can act as conduits to the subsurface of properties and when utilized to treat waste water streams, can act as preferential pathways for contaminants in the waste streams. Additionally, the structural integrity of separators and their associated piping can become compromised over time, especially when located in areas prone to high seismic activity freeze/thaw cycles. Based on the use of hazardous materials on site and the presumed length of time the separator system had been in place, there is a potential that oils or other petroleum-based materials present in the waste water stream could impact the subsurface of the subject property if the separator or drain system has been compromised.
- Based on a review of historical sources, the subject property was historically used for agricultural purposes. There is potential that agricultural chemicals, such as pesticides, herbicides and fertilizers, were used on site, and that the subject property has been impacted by the use of such agricultural chemicals. AEI understands that the subject property is slated for residential redevelopment. Consequently, AEI recommends the performance of on-site sampling to determine if the subject property has been significantly impacted in connection with the historical agricultural use for the protection of the construction workers and future occupants of the subject property.

Controlled Recognized Environmental Condition (CREC) is defined by the ASTM Standard Practice E1527-13 as a past release of hazardous substances or petroleum products that has been addressed to the satisfaction of the applicable regulatory authority, with hazardous substances or petroleum products allowed to remain in place subject to the implementation of required controls.

- In October 1990, two 10,000 gallon gasoline steel USTs and a 550 gallon waste oil steel UST (circa 1969) were removed from the subject property (same locations as current USTs). Initial soil sampling indicated that elevated levels of TPHg existed under the former USTs, and therefore the pits were overexcavated. In March 1991, three monitoring wells were installed. Soil and groundwater samples were collected from the wells. None of the analytes in soil samples were detected at or above LMDLs, except for methylene chloride at 0.011 ppm. Analytical results from groundwater samples showed

concentrations of TPHg at 66 ppb and benzene at 0.37 ppm. A fourth monitoring well was installed in 1992. A temporary soil vapor extraction system was operated for a few weeks in 1992, and a groundwater extraction system was operated for 8.5 hours in 1992. Groundwater samples collected from MW1 to MW3 contained no reportable detections of TPHg or BTEX since the first quarter of 1993, at which time well MW4 was destroyed. The after cleanup maximum documented contaminant concentrations were noted as follows: 1,900 ppm TPHg, 6.4 ppm TPHd, 1.7 ppm benzene, 68 ppm toluene, 33 ppm xylene, 220 ppm ethylbenzene, ND Oil & Grease and EPA Methods 8010/8270 in soil. All COCs (TPHg, TPHd, BTEX) were ND in groundwater, with exception of MTBE, which remained at 60 ppb. Three of the monitoring wells were maintained upon closure. In 1996, the SCVWD granted the case closure with no further action required based on the current land use.

Historical Recognized Environmental Condition (HREC) is defined by the ASTM Standard Practice E1527-13 as a past release of any hazardous substances or petroleum products that has occurred in connection with the property and has been addressed to the satisfaction of the applicable regulatory authority or meeting unrestricted use criteria established by a regulatory authority, without subjecting the property to any required controls.

- AEI did not identify evidence of HRECs during the course of this assessment.

Other Environmental Considerations (OEC) warrant discussion, but do not qualify as RECs as defined by the ASTM Standard Practice E1527-13. These include, but are not limited to, de minimis conditions and/or environmental considerations such as the presence of ACMs, LBP, radon, mold, and lead in drinking water, which can affect the liabilities and financial obligations of the client, the health and safety of site occupants, and the value and marketability of the subject property.

- According to a client-provided 2013 Phase I ESA report prepared by ENCON, ATC (Section 6.3, appendices) advanced six soil borings near the existing fuel and waste oil USTs, as well as the fuel dispensers in July 2007. No TPH-GRO, TPH-DRO, MTBE or BTEX was detected in any of the soil samples collected. Soil samples did contain concentrations of Methyl Chloride, Chromium, Lead, Nickel and Zinc (max concentrations of 0.010 mg/kg, 188 mg/kg, 7.4 mg/kg, 18 mg/kg and 58 mg/kg, respectively). No TPH-GRO, MTBE or BTEX was detected in any of the groundwater samples collected. TPH-DRO was detected in groundwater at a concentrations of 1.1 mg/L in a sample. Chromium, Nickel and Zinc were detected in groundwater at maximum concentrations of 119 ug/L, 148 ug/L and 84.6 ug/L, respectively. ENCON concluded that based on the absence of VOCs and fuel oxygenates above laboratory detection limits in both soil and groundwater samples collected, low concentration of diesel range hydrocarbon in groundwater is not likely to pose a significant environmental concern.
- According to the property owner, demolition of the subject property building is planned for the near future. Regardless of building construction date, the EPA's NESHAP requires that a thorough asbestos survey be performed prior to demolition or renovation activities that may disturb ACMs. This requirement may be enforced by federal, state and local regulatory agencies, and specifies that all suspect ACMs be sampled to determine the presence or absence of asbestos prior to any renovation or demolition activities which may disturb them to prevent potential exposure to workers, building occupants, and

the environment. Similarly, OSHA regulations require that specific work practices be implemented when handling construction materials and debris that contain asbestos and/or lead-containing materials.

- Due to the age of the subject property building, there is a potential that LBP is present. AEI understands that demolition activities of the subject property building are planned. AEI recommends that the property owner consult with a certified Lead Risk Assessor to determine options for control of possible LBP hazards. Stringent local and State regulations may apply to LBP in association with building demolition/renovations and worker/occupant protection. It should be noted that construction activities that disturb materials or paints containing any amount of lead may be subject to certain requirements of the OSHA lead standard contained in 29 CFR 1910.1025 and 1926.62.
- Radon sampling was not requested as part of this assessment. According to the California Department of Health Services Radon Database, 75 tests were conducted for radon levels in the subject property zip code (94022) in 2016. Four of the tests exceeded the action level of 4.0 pCi/L set forth by the US EPA. While a relatively small percentage of the test results exceeded the EPA threshold, the majority of the locations sampled were below 4.0 pCi/L. Consequently, radon does not appear to be a widespread concern; however, radon sampling would be required to determine site-specific radon levels.
- AEI was unable to verify the current permit status of the three USTs. A current permit was not on file under SCCDEH records, and a copy of the permit was not available for review during AEI's on-site reconnaissance. The most recent permit expired in 2014. It would be prudent for the property owner to verify the permit status of the USTs.

## CONCLUSIONS

We have performed a Phase I ESA in conformance with the scope and limitations of ASTM Standard Practice E1527-13 and the EPA Standards and Practices for All Appropriate Inquiries (40 CFR Part 312) of 4350 El Camino Real, Los Altos, Santa Clara County, California, the *subject property*. Any exceptions to, or deletions from, this practice are described in Sections 1.4, 1.5, and 1.6 of this report.

AEI did not identify evidence of RECs or CRECs in connection with the property except for those previously identified in the Findings section.

## **1.0 INTRODUCTION**

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This report documents the methods and findings of the Phase I ESA performed in conformance with AEI's contract and scope and limitations of ASTM Standard Practice E1527-13 and the EPA Standards and Practices for All Appropriate Inquiries (40 CFR Part 312) for the property located at 4350 El Camino Real, Los Altos, Santa Clara County, California (Appendix A: Figures and Appendix B: Property Photographs).

### **1.1 SCOPE OF WORK**

The purpose of the Phase I ESA is to assist the client in identifying potential RECs, in accordance with ASTM E1527-13, associated with the presence of any hazardous substances or petroleum products, their use, storage, and disposal at and in the vicinity of the subject property. Property assessment activities focused on: 1) a review of federal, state, tribal, and local databases that identify and describe underground fuel tank sites, leaking underground fuel tank sites, hazardous waste generation sites, and hazardous waste storage and disposal facility sites within the ASTM approximate minimum search distance; 2) a property and surrounding site reconnaissance, and interviews with the past and present owners and current occupants and operators to identify potential environmental contamination; and 3) a review of historical sources to help ascertain previous land use at the site and in the surrounding area.

### **1.2 ADDITIONAL SERVICES**

Other Environmental Considerations such as ACMs, LBP, lead in drinking water, radon, mold, and wetlands can result in business environmental risks for property owners which may disrupt current or planned operations or cash flow and are generally beyond the scope of a Phase I assessment as defined by ASTM E1527-13. Based upon the agreed-on scope of services this ESA did not include subsurface or other invasive assessments, business environmental risks, or other services not specifically identified and discussed herein.

### **1.3 SIGNIFICANT ASSUMPTIONS**

The following assumptions are made by AEI in this report. AEI relied on information derived from secondary sources including governmental agencies, the client, designated representatives of the client, property contact, property owner, property owner representatives, computer databases, and personal interviews. AEI has reviewed and evaluated the thoroughness and reliability of the information derived from secondary sources including government agencies, the client, designated representatives of the client, property contact, property owner, property owner representatives, computer databases, or personal interviews. It appears that all information obtained from outside sources and reviewed for this assessment is thorough and reliable. However, AEI cannot guarantee the thoroughness or reliability of this information.

Groundwater flow, unless otherwise specified by on-site well data or well data from the subject property or nearby sites, is inferred from contour information depicted on the USGS topographic maps. AEI assumes the property has been correctly and accurately identified by the client, designated representative of the client, property contact, property owner, and property owner's representatives.

## 1.4 LIMITATIONS

Property conditions, as well as local, state, tribal, and federal regulations can change significantly over time. Therefore, the recommendations and conclusions presented as a result of this assessment apply strictly to the environmental regulations and property conditions existing at the time the assessment was performed. Available information has been analyzed using currently accepted assessment techniques and it is believed that the inferences made are reasonably representative of the property. AEI makes no warranty, expressed or implied, except that the services have been performed in accordance with generally accepted environmental property assessment practices applicable at the time and location of the assessment.

Considerations identified by ASTM as beyond the scope of a Phase I ESA that may affect business environmental risk at a given property include the following: ACMs, radon, LBP, lead in drinking water, wetlands, regulatory compliance, cultural and historical resources, industrial hygiene, health and safety, ecological resources, endangered species, indoor air quality, mold, and high voltage lines. These environmental issues or conditions may warrant assessment based on the type of the property transaction; however, they are considered non-scope issues under ASTM Standard Practice E1527-13.

If requested by the client, these non-scope issues are discussed herein. Otherwise, the purpose of this assessment is solely to satisfy one of the requirements for qualification of the innocent landowner defense, contiguous property owner or bona fide prospective purchaser under CERCLA. ASTM Standard Practice E1527-13 and the United States EPA Standards and Practices for All Appropriate Inquiries (40 CFR Part 312) constitute the "all appropriate inquiry into the previous ownership and uses of the property consistent with good commercial or customary practice" as defined in:

1. 42 U.S.C. § 9601(35)(B), referenced in the ASTM Standard Practice E1527-13.
2. Sections 101(35)(B) (ii) and (iii) of CERCLA and referenced in the EPA Standards and Practices for All Appropriate Inquiries (40 CFR Part 312).
3. 42 U.S.C. § 9601(40) and 42 U.S.C. § 9607(q).

The Phase I ESA is not, and should not be construed as, a warranty or guarantee about the presence or absence of environmental contaminants that may affect the property. Neither is the assessment intended to assure clear title to the property in question. The sole purpose of assessment into property title records is to ascertain a historical basis of prior land use. All findings, conclusions, and recommendations stated in this report are based upon facts, circumstances, and industry-accepted procedures for such services as they existed at the time this report was prepared (i.e., federal, state, and local laws, rules, regulations, market conditions, economic conditions, political climate, and other applicable matters). All findings, conclusions, and recommendations stated in this report are based on the data and information provided, current subject property use, and observations and conditions that existed on the date and time of the property reconnaissance.

Responses received from local, state, or federal agencies or other secondary sources of information after the issuance of this report may change certain facts, findings, conclusions, or circumstances to the report. A change in any fact, circumstance, or industry-accepted procedure upon which this report was based may adversely affect the findings, conclusions, and recommendations expressed in this report.

AEI's limited radon screening, if included, is intended to provide a preliminary screening to evaluate the potential presence of elevated radon concentrations at the site. The proposed scope is not intended to define the full extent of the presence of radon at the subject property. As such, the results should be used for lending purposes only. The recommendations and conclusions presented as a result of the limited preliminary radon screening apply strictly to the property conditions existing at the time the sampling was performed. The sample analytical results are only valid for the time, place, and condition of the site at the time of collection and AEI does not warrant that the results will be repeatable or are representative of past or future conditions.

### **1.5 LIMITING CONDITIONS/DEVIATIONS**

The performance of this Phase I ESA was limited by the following:

- While additional assessments may have been conducted on the subject property, these documents must be provided for AEI's review in order for the information to be summarized/included in this Phase I ESA. Please refer to Section 6.3 for a summary of previous reports and other documentation provided to AEI during this assessment.
- The User did not complete the ASTM User Questionnaire or provide the User information to AEI. AEI assumes that qualification for the LLPs is being established by the User in documentation outside of this assessment.
- Due to the large volume of materials within portions of the building and vehicles parked within exterior areas, direct visual observation of many of the floor and wall areas of the building and exterior ground surfaces was not possible. Features may be present that were not observed during AEI's field reconnaissance.

### **1.6 DATA FAILURE AND DATA GAPS**

According to ASTM E1527-13, data gaps occur when the Environmental Professional is unable to obtain information required by the Standard, despite good faith efforts to gather such information. Pursuant to ASTM E1527-13, only significant data gaps, defined as those that affect the ability of the Environmental Professional to identify RECs, need to be documented.

Data failure is one type of data gap. According to ASTM E1527-13, data failure occurs when all of the standard historical sources that are reasonably ascertainable and likely to be useful have been reviewed and yet the objectives have not been met. Pursuant to ASTM E1527-13, historical sources are required to document property use back to the property's first developed use or back to 1940, whichever is earlier, or periods of five years or greater.

### 1.6.1 DATA FAILURE

The following data failure was identified during the course of this assessment:

<b>Data Failure</b>	The earliest historical resource obtained during this assessment was an aerial photograph from 1948 indicating that the subject property was developed agriculturally and with a portion of a residence. The lack of historical sources for the subject property dating back to first developed use represents historical data source failure. However, as it is assumed that the subject property would have been previously used for agricultural and/or residential purposes, if not undeveloped, this data failure is not expected to significantly alter the findings of this assessment.
<b>Information/Sources Consulted</b>	City directories, Sanborn fire insurance maps, aerial photographs, agency records, interviews

### 1.6.2 DATA GAPS

AEI did not identify significant data gaps which affected our ability to identify RECs.

### 1.7 RELIANCE

All reports, both verbal and written, are for the benefit of El Camino 76. This report has no other purpose and may not be relied upon by any other person or entity without the written consent of AEI. Either verbally or in writing, third parties may come into possession of this report or all or part of the information generated as a result of this work. In the absence of a written agreement with AEI granting such rights, no third parties shall have rights of recourse or recovery whatsoever under any course of action against AEI, its officers, employees, vendors, successors, or assigns. Reliance is provided in accordance with AEI's contract and Standard Terms and Conditions executed by El Camino 76 on October 10, 2018. The limitation of liability defined in the Terms and Conditions is the aggregate limit of AEI's liability to the client and all relying parties.

## 2.0 SITE AND VICINITY DESCRIPTION

### 2.1 SITE LOCATION AND DESCRIPTION

PROPERTY INFORMATION	
Site Address(es)	4350 El Camino Real, Los Altos, Santa Clara County, California 94022
Property ID (APN or Block/Lot)	167-11-041
Location	Southern corner of the intersection of Los Altos Avenue and El Camino Real
Property Type	Gas Station
SITE AND BUILDING INFORMATION	
Approximate Site Acreage/Source	.67/Assessor's Office
Number of Buildings	1
Building Construction Date(s)	1968
Building Square Footage (SF)/Source	1,610/Property Owner
Number of Floors/Stories	1
Basement or Subgrade Area(s)	None identified
Number of Units	One
Additional Improvements	Fuel canopies, asphalt-paved parking areas and associated landscaping
On-site Occupant(s)	76-branded gas station
Current On-site Operations/Use	Gas station and auto repair activities
Current Use of Hazardous Substances	Yes; refer to Section 7.1
REGULATORY INFORMATION	
Regulatory Database Listing(s)	LUST (3), HIST LUST, HIST UST (2), HIST CORTESE, HAZNET (4), RGA LUST (3), UST (2), FINDS (2), EDR HIST AUTO (2), RCRA-LQG, SWEEPS UST, CA FID UST, CUPA LISTINGS (2), CERS HAZWASTE, CERS TANKS, CERS

### 2.2 ON-SITE UTILITIES

Utility	Source/System Information
Heating System	Natural gas
Cooling System	Electricity
Potable Water	City of Los Altos
Sewage Disposal/Treatment	City of Los Altos

Utility source/system information listed in the table above is provided by Mr. Greg Galatolo, Property Owner, unless otherwise noted above.

### 2.3 SITE AND VICINITY CHARACTERISTICS

The subject property is located in a mixed commercial and residential area of Los Altos, California. The immediately surrounding properties consist of the following:

Direction	Tenant/Use (Address)	Regulatory Database Listing(s)
<b>Northeast</b>	El Camino Real followed by:  Multi-tenant commercial building (4335 El Camino Real, Palo Alto)  Country Inn Motel (4345 El Camino Real, Palo Alto)  Apartments (2700 El Camino Real, Mountain View)	None identified
<b>South</b>	Apartments (4388 El Camino Real)	None identified
<b>Northwest</b>	Los Altos Avenue followed by:  Forever Young Salon, Spotless Dry Cleaning (1176-1188 Los Altos Avenue)  Courtyard by Marriott Hotel (4320 El Camino Real)	EDR HIST CLEANER (1176-1188 Los Altos Avenue)  SWEEPS UST, CA FID UST, HIST UST (4320 El Camino Real)

If the surrounding properties are listed in the regulatory database, please refer to Section 5.1 for discussion.

### 2.4 PHYSICAL SETTING

<b>Geologic Unit: Description/Source</b>	Qpa: Alluvium (Pleistocene)/USGS and United States Department of the Interior
<b>Soil Series: Description/Source</b>	Based on a review of the USDA Soil Survey for the area of the subject property, the soils in the vicinity of the subject property are classified as Urban Land. The Urban Land designation indicates that more than 85 percent of the original soils have been disturbed or covered by paved surfaces, buildings or other structures. Due to the variability of the soil material, on-site investigation would be required to determine the specific soil composition at the subject property.
<b>Groundwater Flow Direction/Source</b>	Northeast to east/GeoTracker documentation for subject property closed LUST case
<b>Depth to Groundwater/Source</b>	24 to 28 feet bgs/GeoTracker documentation for subject property closed LUST case
<b>Surface waters on the subject property or adjacent sites</b>	None

Note: Groundwater flow direction can be influenced locally and regionally by the presence of local wetland features, surface topography, recharge and discharge areas, horizontal and vertical inconsistencies in the types and location of subsurface soils, and proximity to water pumping wells. Depth and gradient of the water table can change seasonally in response to variation in precipitation and recharge, and over time, in response to urban development such as storm water controls, impervious surfaces, pumping wells, cleanup activities, dewatering, seawater intrusion barrier projects near the coast, and other factors.

### 3.0 HISTORICAL REVIEW OF SITE AND VICINITY

Reasonably ascertainable standard historical sources as outlined in ASTM Standard E1527-13 were used to determine previous uses and occupancies of the subject property that are likely to have led to RECs in connection with the subject property. A chronological summary of historical data found, including but not limited to aerial photographs, historical city directories, Sanborn fire insurance maps, and agency records, is as follows:

Date Range	Subject Property Description and Use (Historical Addresses)	Source(s)
Prior to 1948	Unknown use/Data failure; refer to Section 1.6.1	Aerial photographs, Sanborn maps, agency records
1948-1960	Agricultural land and a portion of a small residence	Aerial photographs
1968	Construction of the current gas station and auto repair shop	Agency records
1968-Present	Developed with the current gas station and auto repair shop	Aerial photographs, agency records, city directories, interviews

Environmental concerns associated with the on-site gas station are further discussed in Section 4.1 and 7.1.

Based on a review of historical sources, the subject property was historically used for agricultural purposes. There is potential that agricultural chemicals, such as pesticides, herbicides and fertilizers, were used on site, and that the subject property has been impacted by the use of such agricultural chemicals. AEI understands that the subject property is slated for residential redevelopment. Consequently, AEI recommends the performance of on-site sampling to determine if the subject property has been significantly impacted in connection with the historical agricultural use for the protection of the construction workers and future occupants of the subject property.

If available, copies of historical sources are provided in the report appendices.

#### 3.1 AERIAL PHOTOGRAPHS

AEI reviewed aerial photographs of the subject property and surrounding area. A search was made of the ERIS collection of aerial photographs. Aerial photographs were reviewed for the following years:

Year(s)	Subject Property Description	Adjacent Site Descriptions
1948, 1954	Agricultural land and a portion of a small residence	NORTHEAST: Agricultural land and residences beyond El Camino Real SOUTH: Agricultural land and residences NORTHWEST: Agricultural land
1956**	No significant changes	NORTHEAST: Commercial buildings and vacant/agricultural land beyond El Camino Real SOUTH: No significant changes NORTHWEST: One of the current commercial buildings and a gas station

Year(s)	Subject Property Description	Adjacent Site Descriptions
1960	No significant changes	NORTHEAST: The current hotel, a commercial building and vacant land SOUTH: A residence and vacant land NORTHWEST: One of the current commercial buildings and a gas station
1968**	Vacant lot	Commercial buildings in all directions, with a gas station to the northwest
1970*	The current gas station	NORTHEAST: The current hotel and apartments and a commercial building SOUTH: A commercial building NORTHWEST: Commercial buildings
1980 1987** 1991	No significant changes	NORTHEAST: The current commercial buildings, hotel and apartments SOUTH: A commercial building and parking lot NORTHWEST: Commercial buildings
2006	No significant changes	NORTHEAST: No significant changes SOUTH: Partially graded/under construction NORTHWEST: The current commercial building and hotel
2014	No significant changes	NORTHEAST: No significant changes SOUTH: The current apartments NORTHWEST: No significant changes

\*Due to poor image quality and/or scale, detailed observation of site features was not possible in various images.

Environmental concerns associated with the former agricultural uses are further discussed in Section 3.1.

Environmental concerns associated with the on-site gas station/auto repair operations are further discussed in Section 4.1 and 7.1.

\*\*Reviewed via [www.historicaerials.com](http://www.historicaerials.com)

According to a review of historical sources, the adjacent site to the northwest was formerly a gasoline service station from at least 1956 until 1968. This site was not listed on the regulatory database as a current or former UST site; however, based on the former use, it is apparent that USTs were located on site. The location of the former USTs at this site are unknown. Based on the lack of a documented release, the groundwater gradient, relative distance, and the fact that the site has undergone redevelopment since that time, the former adjacent gas station is not expected to represent a significant environmental concern.

Adjacent sites listed on the regulatory database are discussed in Section 5.1.

### 3.2 SANBORN FIRE INSURANCE MAPS

Sanborn Fire Insurance maps were developed in the late 1800s and early 1900s for use as an assessment tool for fire insurance rates in urbanized areas. A search was made of the EDR collection of Sanborn Fire Insurance maps.

Sanborn map coverage was not available for the subject property.

### 3.3 CITY DIRECTORIES

A search of historical city directories was conducted for the subject property utilizing EDR. Please refer to the appendices for a complete list of historical subject property tenants identified by EDR. Directories were reviewed in approximate five-year increments from 1970 to 2014. The first listing for the subject property appeared in 1970. The following table summarizes the potential tenants of concern based on AEI's review of the historical city directories.

Year(s)	Address - Occupant Listed
1970	Bolton Felix Jr, Felixs Union Serv, Interstate Rent A Car
1975, 1980, 1986	Bolton Felix Jr, Felixs Union Serv
1992	El Camino Unocal, Patel Amrit K
1995, 2000, 2005, 2010, 2014	El Camino Unocal

*If listed above, XXXX indicates that the address is valid but there is no occupancy information available.*

Environmental concerns associated with the on-site gas station/auto repair operations are further discussed in Section 4.1 and 7.1.

### 3.4 HISTORICAL TOPOGRAPHIC MAPS

Based on the quality of information obtained from other sources, historical topographic maps were not reviewed as a part of this assessment.

### 3.5 CHAIN OF TITLE

Based on the quality of information obtained from other sources, a chain of title search was not performed as part of this assessment.

## 4.0 REGULATORY AGENCY RECORDS REVIEW

Local and state agencies, such as environmental health departments, fire prevention bureaus, and building and planning departments are contacted to identify any current or previous reports of hazardous substance use, storage, and/or unauthorized releases that may have impacted the subject property. In addition, information pertaining to AULs, defined as legal or physical restrictions, or limitations on the use of, or access to, a site or facility, is requested.

### 4.1 LOCAL ENVIRONMENTAL HEALTH DEPARTMENT AND/OR STATE ENVIRONMENTAL AGENCY

Agency	Date Contacted	Method of Contact	Name & Title of Contact	Agency Response
Santa Clara County Department of Environmental Health (SCCDEH)	October 16, 2018	Email	Ms. Melissa Belloso	Records discussed below

#### Records Summary

Date	Occupant	Document Type	Document Notes/Violations
1984	Union 76	Hazardous Material Management Plan (HMMP)	Facility stores three USTs
1985	Union Oil Company of CA	Permit	Permit for three USTs, installed in 1969
1987, 1989	Union	Notice of Inspection	Minor violations noted
1987-1996	Union	Permit	Permit for USTs
1988	Union	Hazardous Materials Business Plan (HMBP)	Facility stores 20,000 gallon gasoline, 400 gallons motor oil, 15 gallons gear lubricant, 15 gallons grease, 75 gallons petroleum naphtha solvent, 550 gallons waste oil, and 50 gallons antifreeze
1988	Unocal	Tank Testing	All tests passed for three USTs
1988, 1990	Unocal	Hazardous Waste Generator Permit	Facility generates 1,000 gallons of waste oil, 50 gallons waste antifreeze and 50 gallons waste misc solvents annually
1990	Unocal Corporation	Unauthorized Release Form	A release from the waste oil UST was noted. Substances involved were noted as gasoline and waste oil.
1990, 1993, 1995, 1997, 1999, 2000, 2001, 2002, 2004, 2005, 2006, 2007, 2008, 2009, 2011	Tosco	Secondary Containment Testing, Tank Annular Testing, Secondary Pipe Testing, Piping Sump Containment Testing, UDC Testing, Leak Detector Test	All tests passed, with the exception of 2006, 2008 tests (parts replaced)

Date	Occupant	Document Type	Document Notes/Violations
1991	Unocal Service Station	Facility Closure Permit	Closure of two 10,000 gallon gasoline USTs and a 550 gallon waste oil UST
1998	Tosco	UST Upgrade Certificate	Upgrade compliance with State of California 1998 requirements
1992, 1993, 1994, 1995, 1996, 1997, 1999, 2000, 2001, 2002, 2004, 2005, 2006, 2008, 2011	El Camino 76	HMBP	Facility stores 24,000 gallons gasoline, 300 gallons motor oil, 80 gallons antifreeze, 520 gallons motor oil, propane, 200 pounds used oil filters, 55 gallons used antifreeze, and waste batteries
1992, 1995, 1996, 2000, 2004, 2006, 2007, 2008, 2009, 2011, 2012, 2013	Union	Notice of Inspection	Minor violations noted
2001-2005, 2003-2008, 2008-2013, 2010-2014	Union Station	UST Permit to Operate	Permit for two 12,000 gallon gasoline USTs and a 500 gallon waste oil UST
2001	Union	Underground Piping System Closure Permit	UST piping replacement - 2 gasoline tanks
2000	Tosco Station	Notice of Inspection	Minor violations noted, HMBP does not note solvent parts cleaner on site, and the <b>"oil-water separator was closed several years ago and should be deleted from map."</b>  *AEI Note: No older site maps were found to indicate the location of this former feature.
2002	Tosco	Soil Sampling	In December 2001, the excavation and removal of the UST product piping lines and trench lines and dispensers was performed. 13 soil samples were collected from these areas. None of the analyzed soil samples detected TPHg, BTEX, MTBE or 7 analyzed fuel oxygenates at or above their respective LMDLs.
2008	ConocoPhillips	Construction Permit	Replace spill bucket

Date	Occupant	Document Type	Document Notes/Violations
2018	El Camino 76	CERS	Facility stores: 300 gallons motor oil, 110 gallons antifreeze, a 500 gallon waste oil UST, 200 pounds used oil filters, 110 gallons waste antifreeze, and two 12,000 gallon gasoline USTs

Site maps were not provided in the SCCDEH records.

According to historical and agency sources, the subject property has been occupied by a gas station and auto repair shop since 1968. Features of concern have been noted on-site and are further discussed in Section 7.1 and the Findings Section.

#### Closed LUST case

In October 1990, two 10,000 gallon gasoline steel USTs and a 550 gallon waste oil steel UST (circa 1969) were removed from the subject property (same locations as current USTs). Initial soil sampling indicated that elevated levels of TPHg existed under the former USTs, and therefore the pits were overexcavated. In March 1991, three monitoring wells were installed. Soil and groundwater samples were collected from the wells. None of the analytes in soil samples were detected at or above LMDLs, except for methylene chloride at 0.011 ppm. Analytical results from groundwater samples showed concentrations of TPHg at 66 ppb and benzene at 0.37 ppm. A fourth monitoring well was installed in 1992. A temporary soil vapor extraction system was operated for a few weeks in 1992, and a groundwater extraction system was operated for 8.5 hours in 1992. Groundwater samples collected from MW1 to MW3 contained no reportable detections of TPHg or BTEX since the first quarter of 1993, at which time well MW4 was destroyed. The after cleanup maximum documented contaminant concentrations were noted as follows: 1,900 ppm TPHg, 6.4 ppm TPHd, 1.7 ppm benzene, 68 ppm toluene, 33 ppm xylene, 220 ppm ethylbenzene, ND Oil & Grease and EPA Methods 8010/8270 in soil. All COCs (TPHg, TPHd, BTEX) were ND in groundwater, with exception of MTBE, which remained at 60 ppb. Three of the monitoring wells were maintained upon closure. In 1996, the SCVWD granted the case closure with no further action required based on the current land use. Based on this information, the closed LUST case represents a CREC.

## 4.2 FIRE DEPARTMENT

Agency	Date Contacted	Method of Contact	Name & Title of Contact	Agency Response
Santa Clara County Fire Department (SCCFD)	October 16, 2018	Office visit	Ms. Jennifer Collins	No hazardous materials records on file

### 4.3 BUILDING DEPARTMENT

Agency	Date Contacted	Method of Contact	Name & Title of Contact	Agency Response
Los Altos Building Department (LABD)	October 16, 2018	Email	Ms. Sarah Hendricks	Records discussed below

#### Records Summary

Year(s)	Owner/Applicant	Description of Permit and Building Use
1968	Union Oil Company	New service station
1990	Unocal	Demolition of two tanks at a gas station, demo dispensing islands, electrical and plumbing
1994	Not listed	Tenant improvement - sales room remodel
2001	Not listed	Raise exterior canopies, remove and replace UST piping
2006	Not listed	New sign
2008	Not listed	Install enhanced vapor recovery system

Environmental concerns associated with the on-site gas station are further discussed in Section 4.1 and 7.1.

### 4.4 PLANNING DEPARTMENT

Agency	Date Contacted	Method of Contact	Name & Title of Contact	Agency Response
Los Altos Planning Department (LAPD)	October 16, 2018	Telephone	N/A	No evidence indicating the existence of AULs on file for the subject property

### 4.5 ASSESSOR'S OFFICE

Agency	Date Contacted	Method of Contact	Name & Title of Contact	Agency Response
Santa Clara County Assessor's Office	October 16, 2018	Telephone	N/A	Information obtained is discussed below

#### Records Summary

<b>APN</b>	167-11-041
<b>Acreage</b>	.67 acres
<b>Construction Date</b>	1968
<b>Building Square Footage</b>	1,610 square feet
<b>Current Owner</b>	Not provided

#### 4.6 OTHER AGENCIES SEARCHED

Agency	Date Contacted	Method of Contact	Name & Title of Contact	Agency Response
CA State Water Resources Control Board (SWRCB) GeoTracker	October 16, 2018	Website	N/A	Records discussed below
CA Department of Toxic Substances Control (DTSC) Hazardous Waste Tracking System (HWTS)	October 16, 2018	Website	N/A	Records discussed below
CA DTSC Envirostor	October 16, 2018	Website	N/A	No records on file
Bay Area Air Quality Management District (BAAQMD)	October 16, 2018	Email	Ms. Rochelle Reed	Records discussed below
Santa Clara Valley Water District (SCVWD) Well Division	October 16, 2018	Email	Mr. Bill Cameron	Records discussed below
SCVWD Fuel Leaks / Solvents Database	October 16, 2018	Website	n/a	No records on file

##### *SWRCB GeoTracker Database Summary*

The subject property is listed as a closed LUST case, which is further discussed in Section 4.1.

##### *California DTSC HWTS Database Summary*

Occupant	Year(s)	Hazardous Waste Generated	Amount (Tons)
1x Felix's Unocal	1988	No records found	N/A
Unocal Service Station #6115	1993, 1995, 1996, 2000	Aq sol w org residues $\geq 10\%$ , tank bottom waste (1993), other empty containers $\geq 30$ gallons (1993)	Less than 1.5 per year
El Camino 76	1993-2007	Unspecified organic liquid mixture, blank/unknown	Less than 3 per year
Tosco Corporation SS#31096	2002	Unspecified organic liquid mixture	0.17
Conoco Phillips #256115	200-2007	Aq sol w org residues $\geq 10\%$ , other organic solids	Less than 0.3 per year

The 1993 listings for tank bottom waste/other empty containers may be evidence of removal of an underground feature or tank. However, review of regulatory files indicates that the first generation of USTs were removed/replaced in 1990. It is possible that this listing may be associated with the former oil-water separator, noted in environmental health department inspection records, or activities related to the closed LUST case (Section 4.1).

Environmental concerns associated with the on-site auto repair shop are further discussed in

Section 4.1 and 7.1.

#### *BAAQMD Records Summary*

The subject property is permitted for two USTs associated with gasoline dispensing operations, which are further discussed in Section 4.1.

#### *SCVWD Records Summary*

Mr. Cameron indicated that there are four properly destroyed wells on the subject property, which are further discussed in Section 4.1.

### **4.7 OIL AND GAS WELLS**

<b>Agency</b>	<b>Date Referenced</b>	<b>Resource</b>	<b>Oil or gas wells located within 500 feet of the subject property</b>
State of California Department of Conservation, Division of Oil, Gas & Geothermal Resources (CA DOGGR)	October 29, 2018	CA DOGGR Map	No

### **4.8 OIL AND GAS PIPELINES**

<b>Agency</b>	<b>Date Referenced</b>	<b>Resource</b>	<b>Pipelines located within 500 feet of the subject property</b>
National Pipeline Mapping System (NPMS)	October 29, 2018	NPMS Public Map Viewer	No

### **4.9 STATE ENVIRONMENTAL SUPERLIENS**

In accordance with our approved scope of services, AEI did not assess whether the subject property is subject to any state environmental superliens.

### **4.10 STATE PROPERTY TRANSFER LAWS**

In accordance with our approved scope of services, AEI did not assess whether the subject property is subject to any state property transfer laws.

## 5.0 REGULATORY DATABASE RECORDS REVIEW

AEI contracted EDR to conduct a search of publicly available information from federal, state, tribal, and local databases containing known and suspected sites of environmental contamination and sites of potential environmental significance. Data gathered during the current regulatory database search is compiled by EDR into one regulatory database report. Location information for listed sites is designated using geocoded information provided by federal, state, or local agencies and commonly used mapping databases with the exception of "Orphan" sites. Due to poor or inadequate address information, Orphan sites are identified but not geocoded/mapped by EDR, rather, information is provided based upon vicinity zip codes, city name, and state. The number of listed sites identified within the approximate minimum search distance from the federal and state environmental records database listings specified in ASTM Standard E1527-13 is summarized in Section 5.1, along with the total number of Orphan sites. A copy of the regulatory database report, which includes detailed descriptions of the databases noted below, is included in Appendix C of this report.

In determining if a listed site is a potential environmental concern to the subject property, AEI generally applies the following criteria to classify the site as lower potential environmental concern: 1) the site only holds an operating permit (which does not imply a release), 2) the site's distance from, and/or topographic position relative to, the subject property, and/or 3) the site has recently been granted "No Further Action" by the appropriate regulatory agency.

Regulatory database listings associated with the subject property, adjacent site(s) and/or nearby sites of concern that were determined to warrant additional discussion are identified and further discussed in Section 5.1.

### 5.1 RECORDS SUMMARY

Database	Search Distance (Miles)	Listings Within Search Distance	Subject Property	Adjacent Site(s)	Other Nearby Sites of Concern
NPL	1.0	0			
DELISTED NPL	0.5	0			
SEMS/CERCLIS	0.5	0			
SEMS-ARCHIVE/CERCLIS NFRAP	0.5	0			
RCRA CORRACTS	1.0	0			
RCRA-TSDF	0.5	0			
RCRA LQG, SQG, CESQGs, NLR	SP/ADJ	1	✓		
US ENG CONTROLS	SP	0			
US INST CONTROLS	SP	0			
ERNS	SP	0			
STATE/TRIBAL HWS	1.0	19			
STATE/TRIBAL SWLF	0.5	0			
STATE/TRIBAL REGISTERED STORAGE TANKS	SP/ADJ	2	✓		
STATE/TRIBAL LUST	0.5	27	✓		

Database	Search Distance (Miles)	Listings Within Search Distance	Subject Property	Adjacent Site(s)	Other Nearby Sites of Concern
STATE/TRIBAL EC and IC	SP	0			
STATE/TRIBAL VCP	0.5	0			
STATE/TRIBAL BROWNFIELD	0.5	0			
ORPHAN	N/A	0			
ADDITIONAL ENVIRONMENTAL RECORD SOURCES	SP/ADJ	26	✓	✓	

<b>Facility Name</b>	UNION OI SS 6115, TOSCO CORPORATION SS, UNOCAL #6115, TOSCO - FACILITY #61, EL CAMINO 76, CONOCO PHILLIPS # 25, UNOCAL, EL CAMINO UNOCAL, FELIXS UNION SERVICE
<b>Address</b>	4350 El Camino Real
<b>Distance &amp; Direction</b>	Subject Property
<b>Hydrologic Position</b>	N/A
<b>Databases Listed</b>	LUST (3), HIST LUST, HIST UST (2), HIST CORTESE, HAZNET (4), RGA LUST (3), UST (2), FINDS (2), EDR HIST AUTO (2), RCRA-LQG, SWEEPS UST, CA FID UST, CUPA LISTINGS (2), CERS HAZWASTE, CERS TANKS, CERS
<b>Comments</b>	<p><u>LUST/UST</u></p> <p>The subject property is listed as a closed LUST case and as maintaining USTs.</p> <p><u>HIST UST</u></p> <p>The subject property is listed as historically having the following:</p> <ul style="list-style-type: none"> <li>- Single-walled, concrete, waste sump (installation date unknown) - State Board container ID 00000060679001 / owner container 6115-10-1</li> <li>- One 10,000 gallon unleaded gasoline UST - installed 1969. State Board container ID 00000021125001 (and 00000021125004) / owner container 6115-1-1</li> <li>- One 10,000 gallon premium gasoline UST - installed 1969. State Board container ID 00000021125002 (and 00000021125005) / owner container 6115-2-1</li> <li>- One 550 gallon waste oil UST (installation date unknown) - State Board container ID 00000021125003 (and 00000021125006) / owner container 15-4-1 (and 6115-4-1)</li> </ul> <p><u>RCRA, CUPA, ETC.</u></p> <p>The subject property is listed as a large quantity generator of hazardous wastes. The subject property is also listed as a FINDS site in association with the above listings.</p> <p>The auto repair/gas station operations are discussed in Section 4.1, 4.6, 7.1 and the Findings segment.</p>

<b>Facility Name</b>	SPOTLESS CLEANERS
<b>Address</b>	1176 Los Altos Avenue
<b>Distance &amp; Direction</b>	Adjacent to the northwest, beyond Los Altos Avenue
<b>Hydrologic Position</b>	Cross-gradient
<b>Databases Listed</b>	EDR HIST CLEANER
<b>Comments</b>	<p>This site is listed as a dry cleaning plant from 1988 to 2014. The EDR Historical Cleaners database does not report a release, but rather identifies businesses, based on name, that may have been associated with cleaning activities.</p> <p>Based on the lack of a documented release, lack of other listings (HAZNET, RCRA, etc) and the relative distance, the review of regulatory agency files for this site was not deemed necessary, and the listing is not expected to represent a significant environmental concern.</p>

<b>Facility Name</b>	FOUR SEASONS MOTEL
<b>Address</b>	4320 El Camino Real
<b>Distance &amp; Direction</b>	Adjacent to the northwest, beyond Los Altos Avenue
<b>Hydrologic Position</b>	Cross-gradient
<b>Databases Listed</b>	SWEEPS UST, CA FID UST, HIST UST
<b>Comments</b>	<p>The Four Seasons Motel is listed as having an UST (no specific information) that was last used in 2003. The contents and size were not reported. No additional information was noted.</p> <p>Based on the lack of a documented release and gradient, the review of regulatory agency files for this site was not deemed necessary, and the listings are not expected to represent a significant environmental concern.</p>

## 5.2 VAPOR MIGRATION

AEI reviewed reasonably ascertainable information for the subject and nearby properties, including a regulatory database, files for nearby release sites, and/or historical documentation, to determine if potential vapor-phase migration concerns may be present which could impact the subject property.

Potential vapor migration concerns for the subject property are discussed in the Findings Section.

## 6.0 INTERVIEWS AND USER PROVIDED INFORMATION

### 6.1 INTERVIEWS

Pursuant to ASTM E1527-13, the following interviews were performed during this assessment in order to obtain information indicating RECs in connection with the subject property.

#### 6.1.1 OWNER AND KEY SITE MANAGER

Relation to Property	Name	Date Interviewed	Method of Contact	Year First Associated w/ Property	Notes
Owner/Owner Representative	Mr. Greg Galatolo	October 25, 2018	In Person	1988	Interviewed; see Interview Summary table below
Key Site Manager	Mr. Greg Galatolo	October 25, 2018	In Person	1988	Owner is acting Key Site Manager; see Interview Summary table below

#### Interview Summary

Question	Owner (Representative) Response/Comment	Key Site Manager Response/Comment
Do you have any knowledge of USTs, clarifiers or oil/water separators, sumps, or other subsurface features?	Yes; Mr. Galatolo stated that there are USTs on-site	Yes
Do you have any knowledge of previous environmental investigations conducted on site?	Yes; Mr. Galatolo stated that there have been previous environmental investigations but did not provide AEI with a copy	Yes
Do you have any knowledge of current or past industrial operations and/or other operations which would involve the use of hazardous substances and/or petroleum products?	Yes; Mr. Galatolo stated that the subject property has been used as a gas station since the 1960s	Yes
Are you aware of any known plans for site redevelopment or change in site use?	Yes; Mr. Galatolo stated that there are plans for residential redevelopment	Yes
Are you aware of any pending, threatened, or past litigation relevant to hazardous substances or petroleum products in, on, or from the property?	No	No
Are you aware of any pending, threatened or past administrative proceedings relevant to hazardous substances or petroleum products in, on, or from the property?	No	No
Are you aware of any notices from any governmental entity regarding any possible violation of environmental laws or possible liability relating to hazardous substances or petroleum products?	No	No

Question	Owner (Representative) Response/Comment	Key Site Manager Response/Comment
Are you aware of any incidents of flooding, leaks, or other water intrusion, and/or complaints related to indoor air quality?	No	No

### 6.1.2 PAST OWNERS, OPERATORS, AND OCCUPANTS

AEI attempted to obtain contact information for past owners, operators and occupants of the subject property in order to interview them regarding the potential for contamination at the property. AEI requested this contact information of Mr. Greg Galatolo, reviewed agency records, and performed online research to obtain this information. Contact information was not found. As such, interviews with past owners, operators and occupants were not reasonably ascertainable.

### 6.1.3 INTERVIEW WITH OTHERS

Information obtained during interviews with local government officials is incorporated into the appropriate segments of this report.

## 6.2 USER PROVIDED INFORMATION

User provided information is intended to help identify the possibility of RECs in connection with the subject property. According to ASTM E1527-13 and the EPA Standards and Practices for All Appropriate Inquiries (40 CFR Part 312), certain items should be researched by the prospective landowner or grantee, and the results of such inquiries may be provided to the Environmental Professional. The responsibility for qualifying for LLPs by conducting the inquiries ultimately rests with the User, and providing the information to the Environmental Professional would be prudent if such information is available.

The User did not complete the ASTM User Questionnaire or provide the User information to AEI. AEI assumes that qualification for the LLPs is being established by the User in documentation outside of this assessment.

Question	Response/Comment
<p><b>1. Environmental liens that are filed or recorded against the property (40 CFR 312.25)</b></p> <p>Did a search of recorded land title records (or judicial records where appropriate) identify any environmental liens filed or recorded against the property under federal, tribal, state or local law?</p>	Information not provided
<p><b>2. Activity and use limitations that are in place on the property or that have been filed or recorded against the property (40 CFR 312.26(a)(1)(v) and vi).</b></p> <p>Did a search of recorded land title records (or judicial records where appropriate) identify any AULs, such as engineering controls, land use restrictions or institutional controls that are in place at the property and/or have been filed or recorded against the property under federal, tribal, state or local law?</p>	Information not provided

Question	Response/ Comment
<p><b>3. Specialized knowledge or experience of the person seeking to qualify for the LLP (40 CFR 312.28).</b></p> <p>Do you have any specialized knowledge or experience related to the property or nearby properties? For example, are you involved in the same line of business as the current or former occupants of the property or an adjoining property so that you would have specialized knowledge of the chemicals and processes used by this type of business?</p>	Information not provided
<p><b>4. Relationship of the purchase price to the fair market value of the property if it were not contaminated (40 CFR 312.29).</b></p> <p>Does the purchase price being paid for this property reasonably reflect the fair market value of the property? If you conclude that there is a difference, have you considered whether the lower purchase price is because contamination is known or believed to be present at the property?</p>	Information not provided
<p><b>5. Commonly known or reasonably ascertainable information about the property (40 CFR 312.30).</b></p> <p>Are you aware of commonly known or reasonably ascertainable information about the property that would help the environmental professional to identify conditions indicative of releases or threatened releases? For example:</p> <p>(a) Do you know the past uses of the property?</p> <p>(b) Do you know of specific chemicals that are present or once were present at the property?</p> <p>(c) Do you know of spills or other chemical releases that have taken place at the property?</p> <p>(d) Do you know of any environmental cleanups that have taken place at the property?</p>	Information not provided
<p><b>6. The degree of obviousness of the presence or likely presence of contamination at the property, and the ability to detect the contamination by appropriate investigation (40 CFR 312.31).</b></p> <p>Based on your knowledge and experience related to the property, are there any obvious indicators that point to the presence or likely presence of contamination at the property?</p>	Information not provided

### 6.3 PREVIOUS REPORTS AND OTHER PROVIDED DOCUMENTATION

Documentation was provided to AEI by the property owner during this assessment. A summary of this information follows:

*Phase I Environmental Site Assessment (4350 El Camino Real, Los Altos, CA 94022), prepared by ENCON Solutions, Inc. (January 16, 2013)*

The report was prepared in accordance with the ASTM E1527-05 standard.

This report describes the subject property generally consistent with current conditions as a 76-branded gas station with auto repair shop. Three underground hydraulic lifts were located in the three auto repair bays. Waste oil filters and waste coolant were stored in 55-gallon steel drums and an approximately 100-gallon plastic drum located within an enclosed storage area at the south end of the property. The current USTs were also located on-site.

According to ENCON, ATC advanced six soil borings near the existing fuel and waste oil USTs, as well as the fuel dispensers in July 2007. No TPH-GRO, TPH-DRO, MTBE or BTEX was detected

in any of the soil samples collected. Soil samples did contain concentrations of Methyl Chloride, Chromium, Lead, Nickel and Zinc (max concentrations of 0.010 mg/kg, 188 mg/kg, 7.4 mg/kg, 18 mg/kg and 58 mg/kg, respectively). No TPH-GRO, MTBE or BTEX was detected in any of the groundwater samples collected. TPH-DRO was detected in groundwater at a concentrations of 1.1 mg/L in a sample. Chromium, Nickel and Zinc were detected in groundwater at maximum concentrations of 119 ug/L, 148 ug/L and 84.6 ug/L, respectively. ENCON concluded that based on the absence of VOCs and fuel oxygenates above laboratory detection limits in both soil and groundwater samples collected, low concentration of diesel range hydrocarbon in groundwater is not likely to pose a significant environmental concern. A copy of the 2007 report text was appended to the Phase I ESA.

ENCON identified RECs for the following conditions:

- Due to the age of the current fueling system (since 1990) and absence of compliance testing records for the earlier years of fueling operations, inherent environmental risk exists and such risk is expected to increase as the fueling systems age.
- Subsurface investigations under the hazardous material storage areas, abandoned clarifier, hoists and vehicle service area would be the sole measure to obtain higher levels of comfort in ascertaining subsurface environmental conditions at the property.
- In the event that the site is redeveloped or soil/groundwater is disturbed, a soil management plan should be prepared.
- A groundwater well exists on the property, ENCON recommended proper decommissioning of the groundwater well

A copy of the report is included in the appendices.

Secondary Containment Testing Report Form, Monitoring System Certification (June 21, 2017)

All tests passed for the two gasoline USTs, with the exception of UDC 1/2, which was retested and passed.

A copy of the report is included in the appendices.

Note: If the above documentation was not prepared by AEI, the information obtained was not verified for accuracy and a critique of the information contained therein is beyond the scope of this assessment.

#### **6.4 ENVIRONMENTAL LIEN SEARCH**

In accordance with our approved scope of services, an environmental lien search was not performed as part of this assessment.

## 7.0 SITE RECONNAISSANCE

<b>Site Reconnaissance Date</b>	October 25, 2018
<b>AEI Site Assessor(s)</b>	Megan Nolet
<b>Property Escort(s)/ Relationship(s) to Property</b>	Mr. Greg Galatolo, Property Owner
<b>Units/Areas Observed</b>	Building interiors as well as exterior areas
<b>Area(s) not accessed and reason(s)</b>	Refer to Section 1.5 for discussion of limiting condition(s).
<b>Other Physical Constraints</b>	Refer to Section 1.5 for discussion of limiting condition(s).

### *Reconnaissance Findings Summary*

<b>Feature</b>	<b>Observed on Subject Property (see Section 7.1)</b>	<b>Observed on Adjacent Property (see Section 7.2)</b>
Regulated Hazardous Substances/Wastes and/or Petroleum Products in Connection with Property Use	✓	
Aboveground/Underground Hazardous Substance or Petroleum Product Storage Tanks (ASTs/USTs)	✓	
Hazardous Substance and Petroleum Product Containers Not in Connection with Property Use		
Unidentified Substance Containers		
Electrical or Mechanical Equipment Likely to Contain Fluids	✓	✓
Interior Stains or Corrosion	✓	
Strong, Pungent, or Noxious Odors		
Pools of Liquid		
Drains, Sumps, and Clarifiers	✓	✓
Pits, Ponds, and Lagoons		
Stained Soil or Pavement	✓	
Stressed Vegetation		
Solid Waste Disposal or Evidence of Fill Materials		
Waste Water Discharges		
Wells	✓	
Septic Systems		
Biomedical Wastes		
Other		

### 7.1 SUBJECT PROPERTY RECONNAISSANCE FINDINGS

During the site reconnaissance, AEI observed the items listed in the above Reconnaissance Findings Summary table, which are further discussed below.

**7.1.1 REGULATED HAZARDOUS SUBSTANCES/WASTES AND/OR PETROLEUM PRODUCTS IN CONNECTION WITH PROPERTY USE**

<b>Substance/Waste (size/quantity)</b>	<b>Location</b>	<b>Operations Associated with Material</b>	<b>Disposal Method/Frequency</b>	<b>Secondary Containment</b>	<b>Staining/Spills</b>
New motor oil (two 55 gallon drum)	Repair bay	Auto repairs	N/A	No	Staining on the concrete floor
Antifreeze (Approximately 6 <1 gallon containers)	Repair bay	Auto repairs	N/A	No	None
Used oil (30 gallon mobile caddie, 550 gallon UST)	Repair bay interior and parking lot	Auto repairs	N/A	No	None
Gasoline (two 12,000 gallon USTs)	Parking lot	Car fueling	N/A	N/A	N/A
Used antifreeze (100 gallon AST)	Exterior storage	Auto repairs	As needed	None	Yes
Used oil filters (three 55 gallon drums)	Exterior storage	Auto repairs	As needed	No	No
Propane (20 5 gallon containers)	Exterior storage	Retail sales	N/A	No	No

Evidence of significant staining associated with leakage from the containers was observed within the auto repair bays and the exterior hazardous waste storage area. No storm drains or other subsurface conduits were located in the immediate vicinity of the stains. Based on the presence of the staining, the length of time hazardous materials have been used on the subject property, and the lack of secondary containment, AEI is unable to rule out the potential that release to the subsurface may have occurred in this area. Based on this information, the staining represents a REC.

**7.1.2 ABOVEGROUND/UNDERGROUND HAZARDOUS SUBSTANCE OR PETROLEUM PRODUCT STORAGE TANKS (ASTS/USTS)**

AST(s)

Size (gallons)	Contents	Installation Date	AST Condition	Location	Construction/ Secondary Containment	Product Piping (Aboveground/ Underground)	Staining/ Spills
200	Empty (formerly contained new oil)	Unknown	Unknown	Auto repair bays	Unknown	Aboveground	None

No environmental concerns were observed in association with the AST.

UST(s)

	UST #1	UST #2	UST #3
Tank Capacity (Gallons)	12,000	12,000	550
Tank Contents	Gasoline	Gasoline	Waste Oil
Tank Installation Date	1990	1990	1990
Tank Material	Fiberglass	Fiberglass	Fiberglass
Tank Construction	Double Wall	Double Wall	Double Wall
Piping Installation Date	2001	2001	N/A
Piping Material	Fiberglass	Fiberglass	N/A
Piping Construction	Double Wall	Double Wall	N/A
Cathodic Protection Present	No	No	No
Spill/Overfill Protection Present	Yes	Yes	Yes
Tank Release Detection Method	Veeder Root	Veeder Root	Veeder Root
Piping Release Detection Method	Veeder Root	Veeder Root	Veeder Root
Date of Last Spill Bucket and Secondary Containment Test	2017	2017	2011
Spill Bucket and Secondary Containment Test Results Passed	Yes	Yes	Yes
Permitting Agency	SCCDEH	SCCDEH	SCCDEH
Permit/ Registration Confirmed	No	No	No
Permit Expiration Date	2014	2014	2014
UST Testing Requirements	Annual	Annual	Annual

	<b>UST #1</b>	<b>UST #2</b>	<b>UST #3</b>
Additional Information	Additional tests conducted in 2017 including Line Leak Detector testing, monitoring system certification, static pressure testing, back pressure, vapor pressure, and nozzle bag testing all passed	Additional tests conducted in 2017 including Line Leak Detector testing, monitoring system certification, static pressure testing, back pressure, vapor pressure, and nozzle bag testing all passed	N/A

The subject property is currently equipped with two 12,000 gallon gasoline USTs and a 550 gallon waste oil UST, which were installed in 1990. The USTs are double-walled, fiberglass-reinforced plastic and equipped with leak-detection system. The product piping for the fuel USTs is double-walled, fiberglass-reinforced plastic and equipped with leak-detection system (replaced in 2001). AEI reviewed information pertinent to the status and operation of the current storage tank system. The documents reviewed did not reveal any reported discharges. However, based on the age of the USTs, AEI is unable to rule out the potential that a release from the USTs has affected the subsurface of the subject property. On this basis, the storage of petroleum products in USTs at the subject property is considered a REC.

### **7.1.3 ELECTRICAL OR MECHANICAL EQUIPMENT LIKELY TO CONTAIN FLUIDS**

Toxic PCBs were commonly used historically in electrical equipment such as transformers, fluorescent lamp ballasts, and capacitors. According to United States EPA regulation 40 CFR Part 761, there are three categories for classifying such equipment: <50 ppm of PCBs is considered "Non-PCB"; between 50 and 500 ppm is considered "PCB-Contaminated"; and >500 ppm is considered "PCB-Containing". Pursuant to 15 U.S.C. 2605(e)(2)(A), the manufacture, process, or distribution in commerce or use of any polychlorinated biphenyl in any manner other than in a totally enclosed manner was prohibited after January 1, 1977.

#### *Below-Ground Hydraulic Lifts*

The subject property is equipped with three below-ground hydraulic lifts. The lifts were presumably installed in 1968, when the building was constructed. Based on the pre-1977 installation of the lifts, the potential exists that the hydraulic fluid within the lift systems previously contained PCBs. Two of the lifts are no longer in use, and one is still in operation. Due to the age of the equipment, the integrity of the equipment is unknown; therefore, the potential exists that a release of hydraulic fluid which may have contained PCBs has occurred on site. Therefore, the presence of the hydraulic lifts represents a REC.

#### *Above-Ground Hydraulic Lifts*

The interior of the auto repair bays are equipped with two aboveground lifts. Each of the lifts is equipped with a container of hydraulic fluid totaling approximately ten gallons situated approximately four feet above the ground surface. No evidence of stains or leakage from the units was observed, and the lifts are therefore not expected to represent a significant environmental concern.

### **7.1.4 INTERIOR STAINS OR CORROSION**

Surficial staining was observed during AEI's on-site reconnaissance. Please refer to the above discussion above for additional information.

### **7.1.5 DRAINS, SUMPS, AND CLARIFIERS**

Multiple storm drains were observed in the parking area of the subject property. AEI did not observe evidence of hazardous substances or petroleum products in the vicinity of the drains. Based on the use of the drains solely for storm water runoff, the presence of the drains is not expected to represent a significant environmental concern.

### **7.1.6 STAINED SOIL AND PAVEMENT**

Surficial staining was observed in the exterior hazardous waste storage area during AEI's on-site reconnaissance. Please refer to the above discussion above for additional information.

Minor surficial staining, typical of this type of facility, was observed in the filling areas during AEI's site reconnaissance. Based on the nature of the staining, it is not expected to represent a significant environmental concern.

### **7.1.7 WELLS**

Multiple groundwater monitoring well plates were observed on site. According to the SCVWD, these are decommissioned wells. Refer to Section 5.1 for discussion relating to the associated subject property closed LUST case.

## **7.2 ADJACENT PROPERTY RECONNAISSANCE FINDINGS**

During the site reconnaissance, AEI observed the items listed in the above Reconnaissance Findings Summary table, which are further discussed below.

### **7.2.1 ELECTRICAL OR MECHANICAL EQUIPMENT LIKELY TO CONTAIN FLUIDS**

Toxic PCBs were commonly used historically in electrical equipment such as transformers, fluorescent lamp ballasts, and capacitors. According to United States EPA regulation 40 CFR, Part 761, there are three categories for classifying such equipment: <50 ppm of PCBs is considered "Non-PCB"; between 50 and 500 ppm is considered "PCB-Contaminated"; and >500 ppm is considered "PCB-Containing". Pursuant to 15 U.S.C. 2605(e)(2)(A), the manufacture, process, or distribution in commerce or use of any polychlorinated biphenyl in any manner other than in a totally enclosed manner was prohibited after January 1, 1977.

#### *Transformers*

The management of potential PCB-containing transformers is the responsibility of the local utility or the transformer owner. Actual material samples need to be collected to determine if transformers are PCB-containing.

One pole-mounted transformer was observed on an adjacent site during the site reconnaissance. No spills, staining, or leaks were observed on or around the transformer. Based on the good condition of the equipment, the transformer is not expected to represent a significant environmental concern.

### **7.2.2 DRAINS, SUMPS, AND CLARIFIERS**

Several storm drains were observed in the parking areas of the adjacent properties and adjacent

roadways. AEI did not observe evidence of hazardous substances or petroleum products in the vicinity of the drains. Based on the use of the drains solely for storm water runoff, the presence of the drains is not expected to represent a significant environmental concern.

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## 8.0 NON-ASTM SERVICES

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### 8.1 ASBESTOS-CONTAINING BUILDING MATERIALS

Asbestos is the name for a group of naturally occurring silicate minerals that can be separated into fibers. The fibers are strong, durable, and resistant to heat and fire. They are also long, thin and flexible, so they can even be woven into cloth. Because of these qualities, asbestos has been used in thousands of consumer, industrial, maritime, automotive, scientific and building products. During the 20th century, some 30 million tons of asbestos have been used in industrial sites, homes, schools, shipyards and commercial buildings in the United States. Commercial use of ACM began in the early 1900's and peaked in the period between 1940 and into the 1970's. Common ACMs include pipe-covering, insulating cement, insulating block, refractory and boiler insulation materials, transite board, fireproofing spray, joint compound, vinyl floor tile, ceiling tile, mastics, roofing products, and duct insulation for HVAC applications. Inhalation of asbestos fibers can result in deleterious health effects.

The potential for ACM was evaluated based the USEPA Guidance Document: Managing Asbestos in Place - A Building Owner's Guide to Operations and Maintenance Programs for Asbestos-Containing Materials (the Green Book). In 1973 the NESHAPS banned the use of most spray-applied surfacing ACM, specifically asbestos containing spray-on fireproofing and insulation. Subsequent revisions to this regulation in 1975 and 1978 effectively eliminated the use of friable pre-molded pipe, boiler, turbine, and duct insulation; and the spray application of friable asbestos-containing materials for all uses in buildings. In 1989 the EPA issued regulations to ban some asbestos-containing products and phase out most others over a multi-year period. The "Ban and Phase-Down" rule was challenged in court and the regulation remanded to the agency. As a result, any asbestos-containing products then "in commerce" would not be banned. Those not in commerce would be banned. Those materials "banned" could not be sold. It did not affect such materials already installed, or in use. Most US firms voluntarily ceased production of asbestos containing building materials not covered by the aforementioned Federal bans by the mid-1980's. In 1994, the OSHA determined that employers and building owners are required to treat installed thermal system installation and sprayed on and troweled-on surfacing materials, as well as vinyl or asphalt flooring material, as ACM in buildings constructed no later than 1980 until tested by laboratory analysis to prove otherwise.

The information below is for general informational purposes only and does not constitute an asbestos survey. In addition, the information is not intended to comply with federal, state or local regulations in regards to ACM.

Due to the age of the subject property building, there is a potential that ACMs are present. A limited list of typical suspect ACMs is included in the following table:

Material Type	Location
Plaster (acoustical and smooth)	Walls and ceilings
Ceiling tile	Ceiling systems
Thermal systems insulations, packings, and gaskets	Heating systems, cooling systems, domestic and heating and cooling piping, ductwork, and other equipment
Floor tile and associate mastics, flooring felts, and papers (under hardwood/other)	Floors
Vinyl sheet flooring and adhesives	Floors
Cove base and associated mastics	Walls
Ceramic tile adhesives and grouts	Walls, floors, and ceilings
All adhesives	Mirrors, wall coverings, construction, etc.
Grout and caulking	Windows and doors
Gypsum board, tape, and joint compound	Wall and ceiling systems
Insulation materials	Walls, ceilings, and attic spaces
Roofing materials (felts, rolled, shingle, flashings, adhesives, tar, and insulations)	Roof and parapet wall systems
Brick and block, mortars	Walls

According to the property owner, demolition of the subject property building is planned for the near future. Regardless of building construction date, the EPA's NESHAP requires that a thorough asbestos survey be performed prior to demolition or renovation activities that may disturb ACMs. This requirement may be enforced by federal, state and local regulatory agencies, and specifies that all suspect ACMs be sampled to determine the presence or absence of asbestos prior to any renovation or demolition activities which may disturb them to prevent potential exposure to workers, building occupants, and the environment. Similarly, OSHA regulations require that specific work practices be implemented when handling construction materials and debris that contain asbestos and/or lead-containing materials.

## 8.2 LEAD-BASED PAINT

LBP is defined as any paint, varnish, stain, or other applied coating that has  $\geq 1$  mg/cm<sup>2</sup> (5,000 µg/g or 5,000 ppm) or more of lead by federal guidelines; state and local definitions may differ from the federal definitions in amounts ranging from 0.5 mg/cm<sup>2</sup> to 2.0 mg/cm<sup>2</sup>. Section 1017 of the Housing and Urban Development (HUD) Guidelines, Residential Lead-Based Paint Hazard Reduction Act of 1992, otherwise known as "Title X", defines a LBP hazard as "any condition that causes exposure to lead that would result in adverse human health effects" resulting from lead-contaminated dust, bare, lead-contaminated soil, and/or lead-contaminated paint that is deteriorated or present on accessible, friction, or impact surfaces. Therefore, under Title X, intact LBP on most walls and ceilings would not be considered a "hazard", although the paint should be maintained and its condition monitored to ensure that it does not deteriorate and become a hazard. Additionally, Section 1018 of this law directed HUD and EPA to require the disclosure of known information on LBP and LBP hazards before the sale or lease of most housing built before 1978. Most private housing, public housing, or federally owned or subsidized housing is affected by this rule.

Under OSHA, LCP is defined as any paint with any detectable amount of lead present in it. Therefore, all LBP is considered LCP. Conversely, LCP may not meet the criteria to be considered LBP in accordance with HUD guidelines or some states' definition of LBP.

It is important to note that LCP may create a lead hazard when being removed. The condition of these materials must be monitored when they are being disturbed. In the event LCP is subject to abrading, sanding, torching, and/or cutting during demolition or renovation activities, there may be regulatory issues that must be addressed.

The information below is for general informational purposes only and does not constitute a lead hazard evaluation. In addition, the information is not intended to comply with federal, state, or local regulations in regards to LBP.

In buildings constructed after 1978, it is unlikely that LBP is present; however, some paints utilized after 1978 will be LCP under OSHA. Structures built prior to 1978 and especially prior to the 1960s should be expected to contain LBP.

Due to the age of the subject property building, there is a potential that LBP is present. AEI understands that demolition activities of the subject property building are planned. AEI recommends that the property owner consult with a certified Lead Risk Assessor to determine options for control of possible LBP hazards. Stringent local and State regulations may apply to LBP in association with building demolition/renovations and worker/occupant protection. It should be noted that construction activities that disturb materials or paints containing any amount of lead may be subject to certain requirements of the OSHA lead standard contained in 29 CFR 1910.1025 and 1926.62.

### **8.3 RADON**

Radon is a naturally-occurring, odorless, and invisible gas. Natural radon levels vary and are closely related to geologic formations. Radon may enter buildings through basement sumps or other openings.

Radon sampling was not requested as part of this assessment. According to the California Department of Health Services Radon Database, 75 tests were conducted for radon levels in the subject property zip code (94022) in 2016. Four of the tests exceeded the action level of 4.0 pCi/L set forth by the US EPA. While a relatively small percentage of the test results exceeded the EPA threshold, the majority of the locations sampled were below 4.0 pCi/L. Consequently, radon does not appear to be a widespread concern; however, radon sampling would be required to determine site-specific radon levels.

### **8.4 MOLD/INDOOR AIR QUALITY ISSUES**

Molds are simple microscopic organisms which can often be seen in the form of discoloration, frequently green, gray, white, brown, or black. When excessive moisture or water accumulates indoors, mold growth may occur, particularly if the moisture problem remains undiscovered or unaddressed. As such, interior areas of buildings characterized by poor ventilation and high humidity are the most common locations of mold growth. Building materials, including drywall, wallpaper, baseboards, wood framing, insulation, and carpeting, often play host to such growth. Mold spores primarily cause health problems through the inhalation of spores or the toxins they emit when they are present in large numbers. This can occur when there is active mold growth within places where people live or work.

Mold, if present, may or may not visually manifest itself. Neither the individual completing this

inspection, nor AEI has any liability for the identification of mold-related concerns except as defined in applicable industry standards. In short, this Phase I ESA should not be construed as a mold survey or inspection.

This activity was not designed to discover all areas which may be affected by mold growth on the subject property. Rather, it is intended to give the client an indication if significant (based on observed areas) mold growth is present at the subject property. Potential areas of mold growth, such as in pipe chases, HVAC systems, and behind enclosed walls and ceilings, were not observed as part of this limited assessment.

AEI observed interior areas of the subject property building to identify the potential presence of mold. AEI did not note obvious visual or olfactory indications of the presence of mold, nor did AEI observe obvious indications of significant water damage. As such, no bulk sampling of suspect surfaces was conducted as part of this assessment and no additional action with respect to suspect mold appears to be warranted at this time.

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## **9.0 SIGNATURE OF ENVIRONMENTAL PROFESSIONALS**

---

I declare that, to the best of my professional knowledge and belief, I meet the definition of Environmental Professional as defined in §312.10 of 40 CFR Part 312.

I have the specific qualifications based on education, training, and experience to assess a property of the nature, history and setting of the subject property. I have developed and performed the all appropriate inquiries in conformance with the standards and practices set forth in 40 CFR Part 312.

Prepared By:  
DRAFT  
Megan Nolet  
Project Manager

Reviewed By:  
DRAFT  
Katie Hindt, REPA  
Senior Author

DRAFT

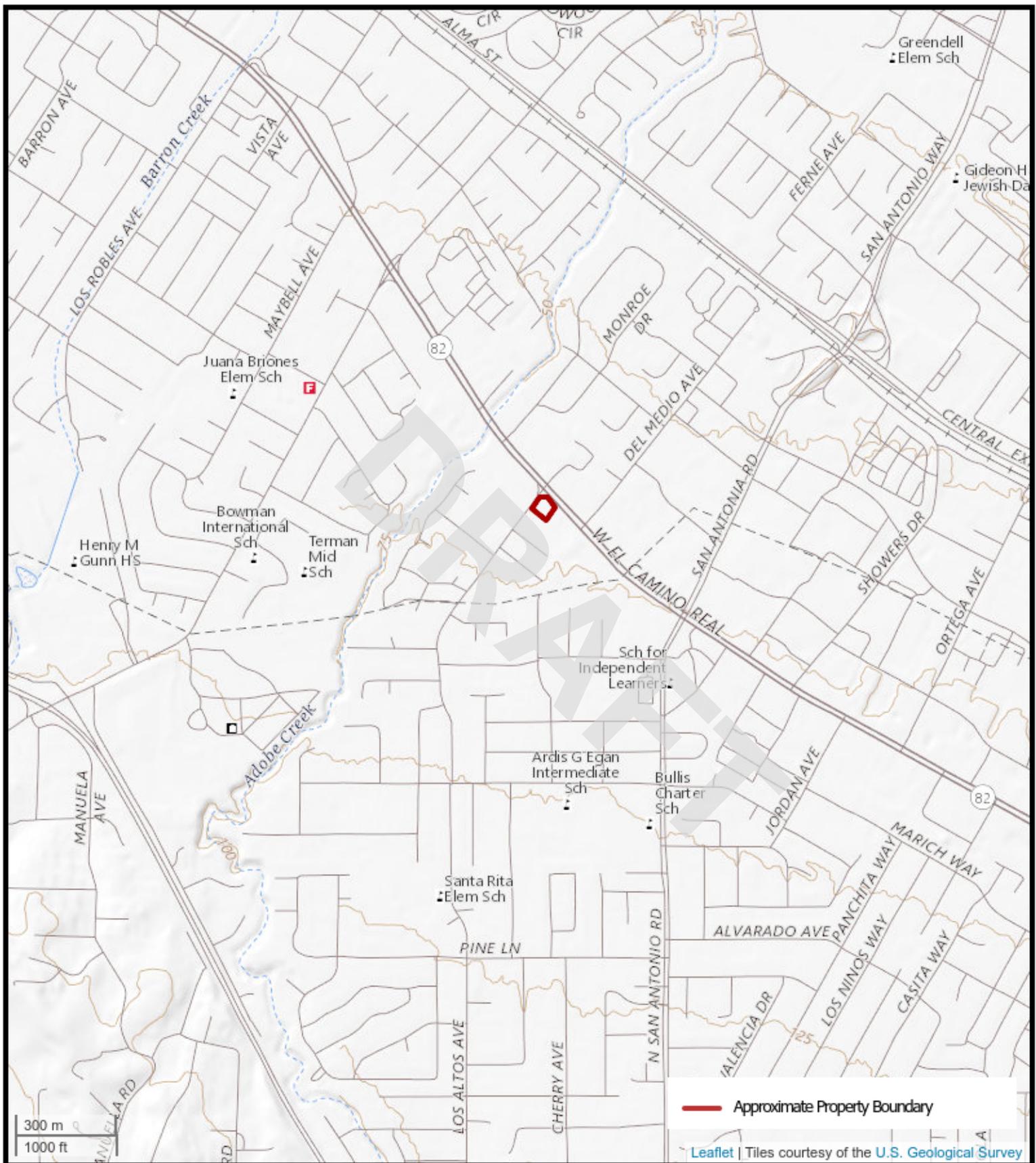
## 10.0 REFERENCES

Item	Date(s)	Source
Soils Information	Accessed October 2018	USDA Web Soil Survey <a href="http://websoilsurvey.nrcs.usda.gov/app/WebSoilSurvey.aspx">http://websoilsurvey.nrcs.usda.gov/app/WebSoilSurvey.aspx</a>
Topographic Map	2015	USGS, Mountain View
Depth to Groundwater Information	October 2018	Regional Water Quality Control Board (RWQCB) GeoTracker website <a href="http://geotracker.waterboards.ca.gov/">http://geotracker.waterboards.ca.gov/</a>
Aerial Photographs	1948-2014 (non-inclusive)	ERIS and <a href="http://www.historicaerials.com">www.historicaerials.com</a>
Sanborn Map Report/Search	October 16, 2018	EDR
City Directories	1970-2014 (non-inclusive)	EDR
Environmental Health Department	October 16, 2018	Santa Clara County Department of Environmental Health
Fire Department	October 16, 2018	Santa Clara County Fire Department
Building Department	October 16, 2018	Los Altos Building Department
Planning Department	October 16, 2018	Los Altos Planning Department
Assessor's Information and Parcel Map	October 16, 2018	Santa Clara County Assessor's Office
Other Agencies Searched	October 2018	SWRCB GeoTracker, BAAQMD, SCVWD, DTSC HWTS, and DTSC Envirostor databases
Oil and Gas Wells	October 29, 2018	State of California Department of Conservation, Division of Oil, Gas & Geothermal Resources
Oil and Gas Pipelines	October 29, 2018	NPMS Public Map Viewer <a href="https://www.npms.phmsa.dot.gov/PublicViewer/composite.jsf">https://www.npms.phmsa.dot.gov/PublicViewer/composite.jsf</a>
Regulatory Database Report	October 16, 2018	EDR
Interview with Owner	October 25, 2018	Mr. Greg Galatolo
Interview with Key Site Manager	October 25, 2018	Mr. Greg Galatolo
Radon Zone Information	2016	Department of Health Services (DHS) California Indoor Radon Levels
Previous Reports	January 16, 2013 June 21, 2017	<i>Phase I Environmental Site Assessment (4350 El Camino Real, Los Altos, CA 94022)</i> , prepared by ENCON Solutions, Inc.  <i>Secondary Containment Testing Report Form, Monitoring System Certification</i>

# **APPENDIX A**

## **FIGURES**

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# FIGURE 1: TOPOGRAPHIC MAP

4350 El Camino Real, Los Altos, California 94022  
 AEI Project Number: 396135





## FIGURE 2: SITE MAP

4350 El Camino Real, Los Altos, California 94022  
 AEI Project Number: 396135

**AEI**  
 Consultants



# **APPENDIX B**

## **PROPERTY PHOTOGRAPHS**

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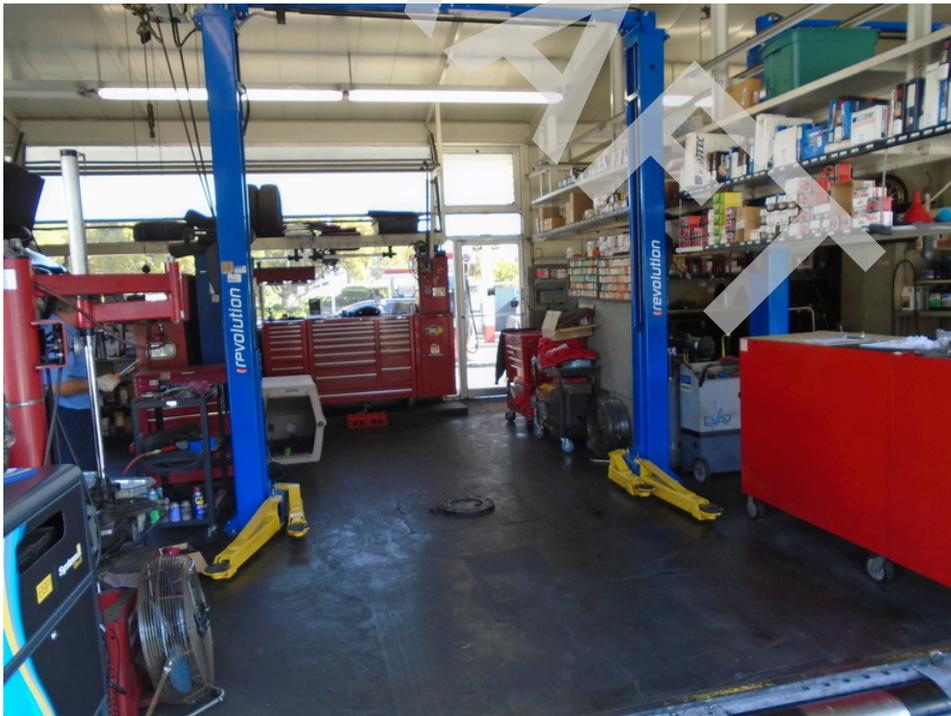
1. Gas station and auto repair building



2. Gas station and auto repair building



3. Fuel canopy



4. Auto repair bay with remnants of below-ground lift



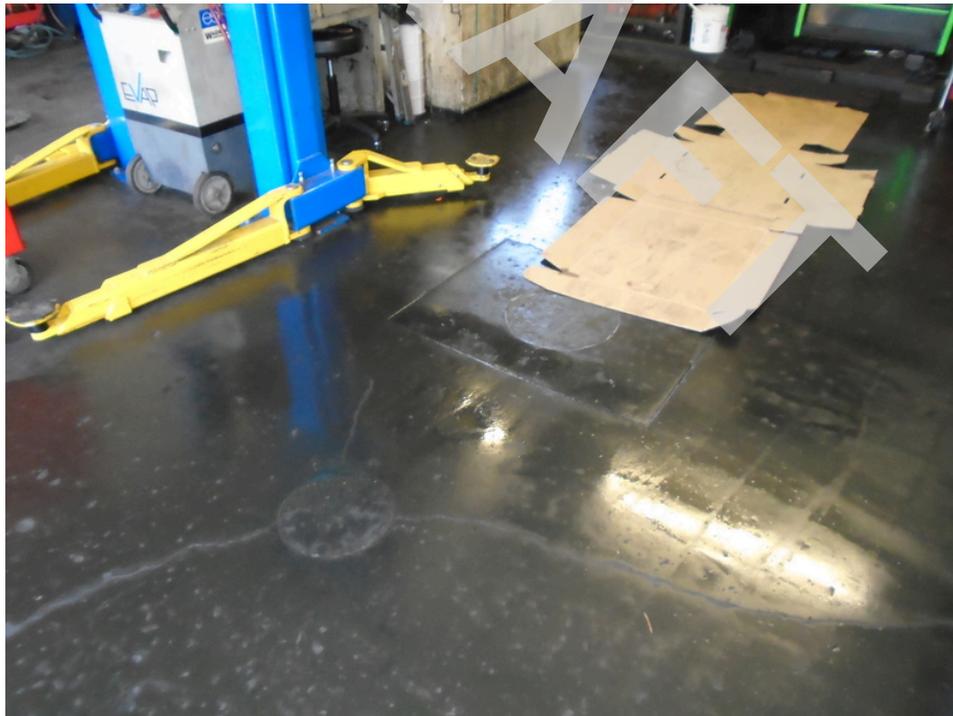
5. New oil and antifreeze



6. New oil and antifreeze



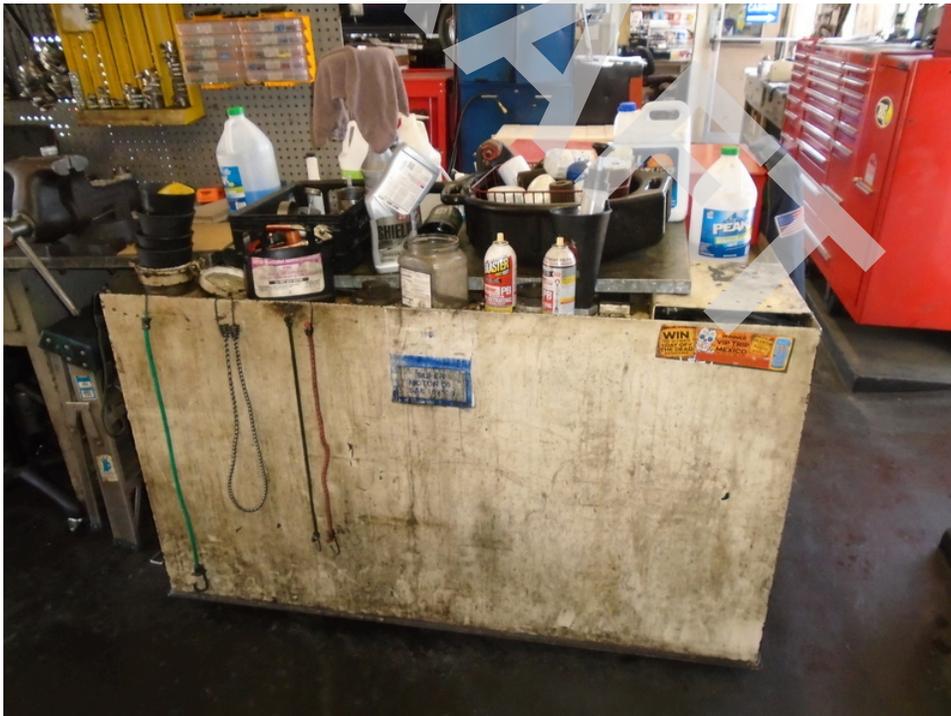
7. New oil



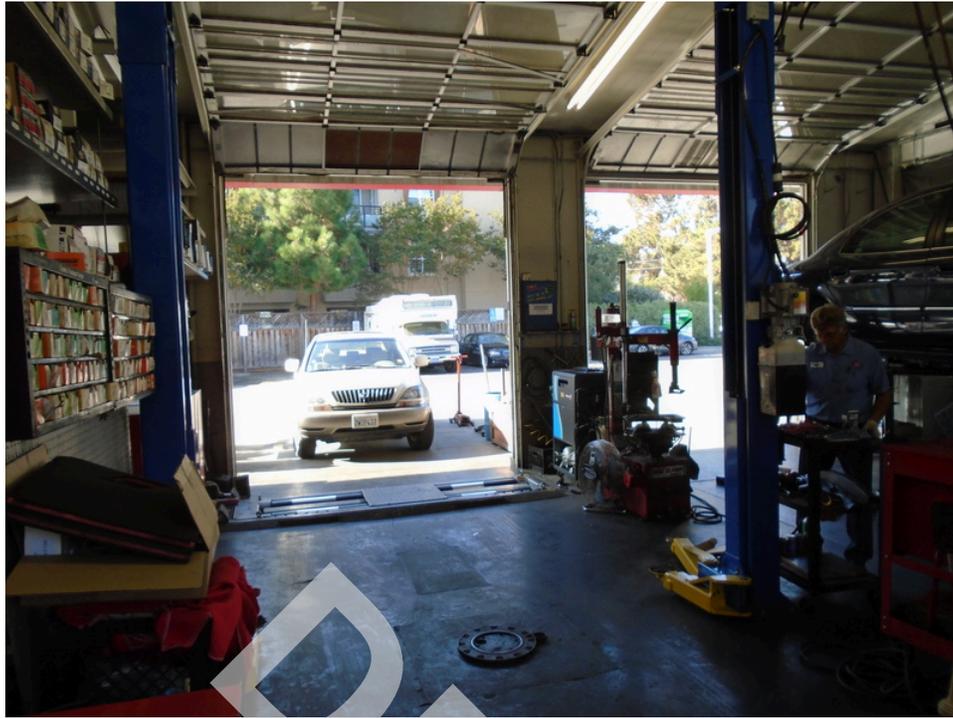
8. Remnants of underground lift and oily staining



9. Auto repair bay



10. Empty AST



11. Auto repair bay with smog dyno and remnants of underground lift



12. Used oil and current in-use underground lift



13. Office



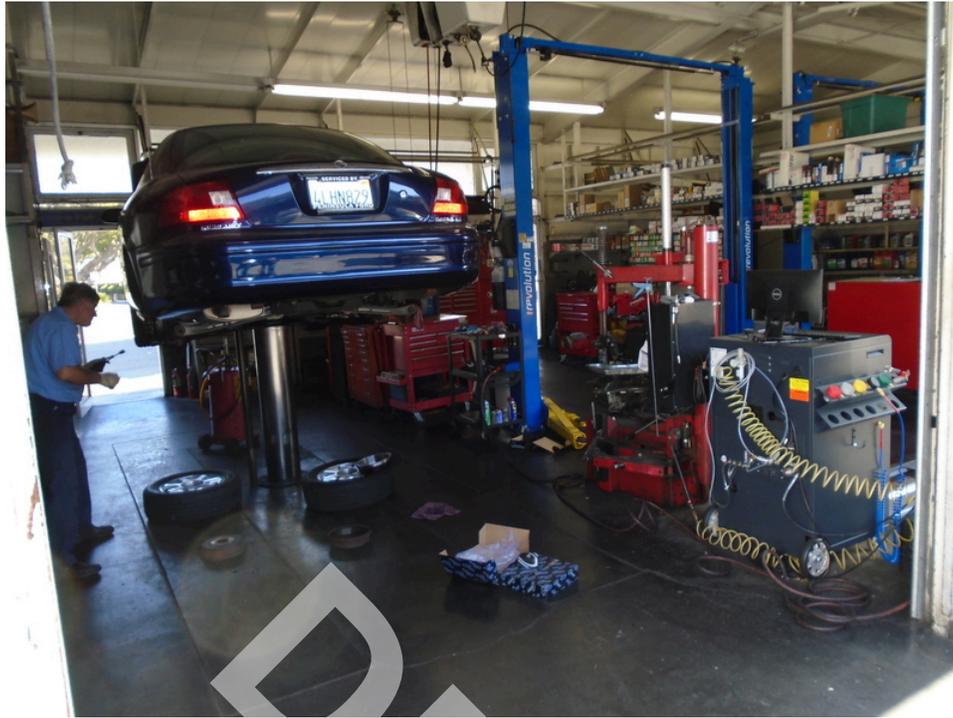
14. Office



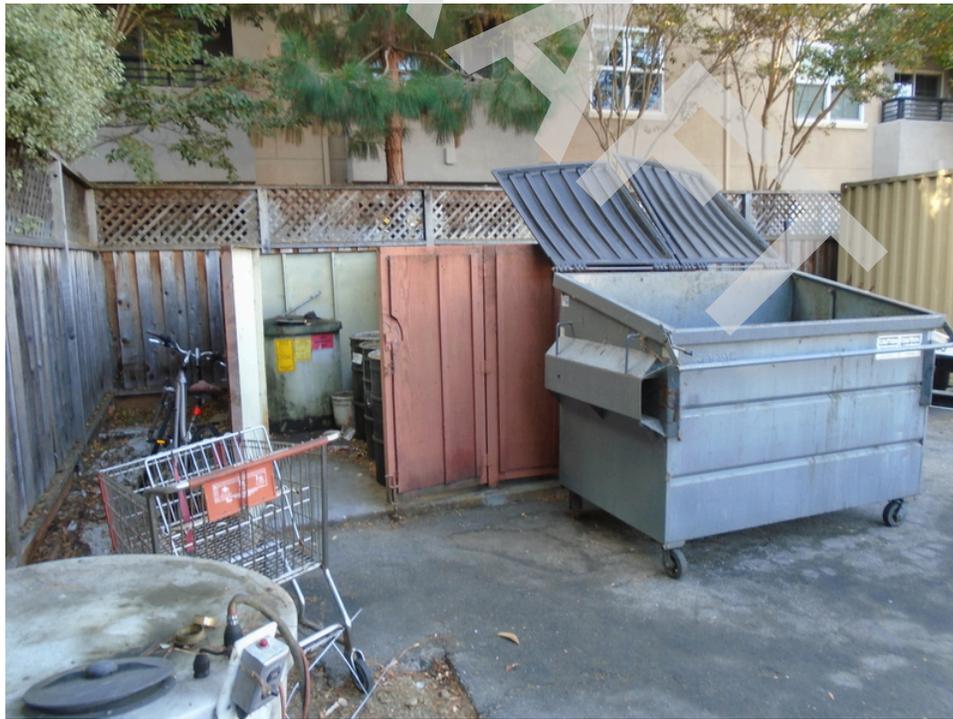
15. Waste oil UST



16. Monitoring well cover



17. Auto repair bay and in-use underground lift



18. Hazardous waste storage



19. Hazardous waste storage



20. Empty AST



21. Staining



22. Fuel canopy



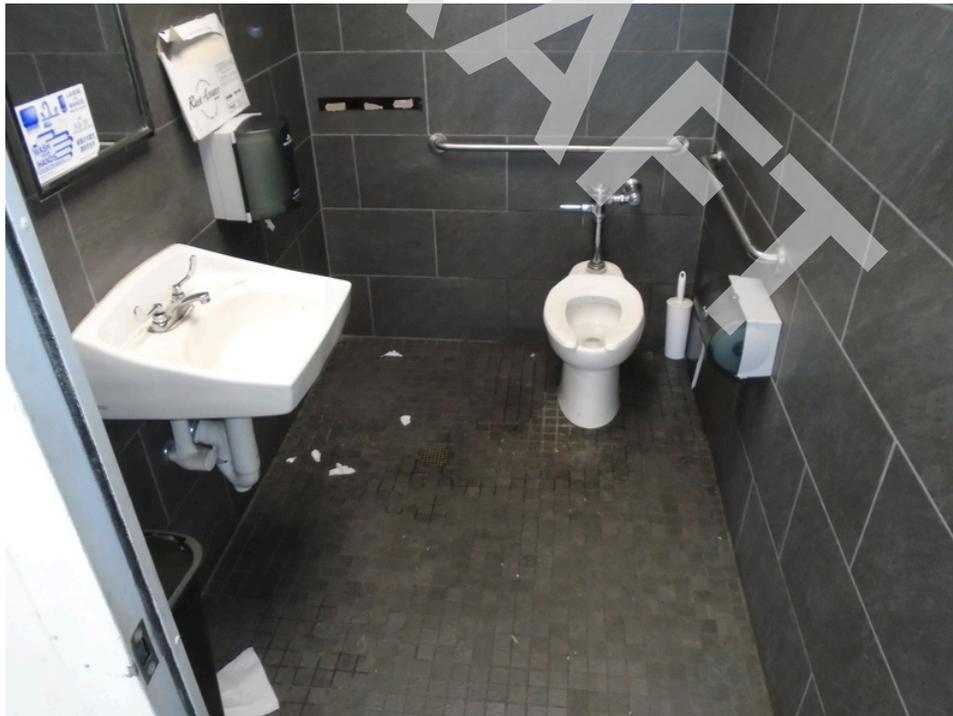
23. Propane



24. Gasoline USTs



25. Veeder Root system



26. Restroom



27. Convenience store



28. Parking lot



29. Storm drain



30. Parking lot



31. Storm drain



32. Monitoring well cover



33. Northeastern adjacent properties



34. Northeastern adjacent properties



35. Southern adjacent property



36. Northwestern adjacent property



37. Northwestern adjacent property

# **APPENDIX C**

## **REGULATORY DATABASE**

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**396135**

4350 El Camino Real  
Los Altos, CA 94022

Inquiry Number: 5455439.2s  
October 16, 2018

# The EDR Radius Map™ Report



6 Armstrong Road, 4th floor  
Shelton, CT 06484  
Toll Free: 800.352.0050  
[www.edrnet.com](http://www.edrnet.com)

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Orphan Summary .....	397
Government Records Searched/Data Currency Tracking .....	GR-1
 <u>GEOCHECK ADDENDUM</u>	
GeoCheck - Not Requested	

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with any questions or comments.

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## EXECUTIVE SUMMARY

A search of available environmental records was conducted by Environmental Data Resources, Inc (EDR). The report was designed to assist parties seeking to meet the search requirements of EPA's Standards and Practices for All Appropriate Inquiries (40 CFR Part 312), the ASTM Standard Practice for Environmental Site Assessments (E 1527-13), the ASTM Standard Practice for Environmental Site Assessments for Forestland or Rural Property (E 2247-16), the ASTM Standard Practice for Limited Environmental Due Diligence: Transaction Screen Process (E 1528-14) or custom requirements developed for the evaluation of environmental risk associated with a parcel of real estate.

### TARGET PROPERTY INFORMATION

#### ADDRESS

4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

#### COORDINATES

Latitude (North): 37.4040840 - 37° 24' 14.70"  
Longitude (West): 122.1182290 - 122° 7' 5.62"  
Universal Transverse Mercator: Zone 10  
UTM X (Meters): 578042.1  
UTM Y (Meters): 4139860.8  
Elevation: 68 ft. above sea level

### USGS TOPOGRAPHIC MAP ASSOCIATED WITH TARGET PROPERTY

Target Property Map: 5641106 MOUNTAIN VIEW, CA  
Version Date: 2012  
  
Northwest Map: 5640620 PALO ALTO, CA  
Version Date: 2012

### AERIAL PHOTOGRAPHY IN THIS REPORT

Portions of Photo from: 20140608  
Source: USDA

MAPPED SITES SUMMARY

Target Property Address:  
4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

Click on Map ID to see full detail.

MAP ID	SITE NAME	ADDRESS	DATABASE ACRONYMS	RELATIVE ELEVATION	DIST (ft. & mi.) DIRECTION
<a href="#">A1</a>	UNION OI SS 6115	4350 EL CAMINO REAL	LUST, HIST LUST, HIST UST, HIST CORTESE		TP
<a href="#">A2</a>	TOSCO CORPORATION SS	4350 EL CAMINO REAL	HAZNET		TP
<a href="#">A3</a>	UNOCAL #6115	4350 EL CAMINO REAL	RGA LUST		TP
<a href="#">A4</a>	TOSCO - FACILITY #61	4350 EL CAMINO REAL	RGA LUST		TP
<a href="#">A5</a>	EL CAMINO 76	4350 EL CAMINO REAL	UST		TP
<a href="#">A6</a>	EL CAMINO 76	4350 EL CAMINO REAL	FINDS		TP
<a href="#">A7</a>	CONOCO PHILLIPS # 25	4350 EL CAMINO REAL	HAZNET		TP
<a href="#">A8</a>	UNOCAL	4350 EL CAMINO REAL	RGA LUST		TP
<a href="#">A9</a>	UNOCAL #6115	4350 EL CAMINO REAL	FINDS		TP
<a href="#">A10</a>	EL CAMINO UNOCAL (#6	4350 EL CAMINO REAL	HAZNET		TP
<a href="#">A11</a>	EL CAMINO UNOCAL	4350 EL CAMINO REAL	EDR Hist Auto		TP
<a href="#">A12</a>	CONOCOPHILLIPS CO. #	4350 EL CAMINO REAL	UST		TP
<a href="#">A13</a>	FELIXS UNION SERVICE	4350 W EL CAMINO	EDR Hist Auto		TP
<a href="#">A14</a>	UNOCAL SERVICE STATI	4350 EL CAMINO REAL	RCRA-LQG, HAZNET		TP
<a href="#">A15</a>	UNOCAL #6115	4350 EL CAMINO REAL	LUST, HIST UST		TP
<a href="#">A16</a>	EL CAMINO 76	4350 EL CAMINO REAL	LUST, SWEEPS UST, CA FID UST, CUPA Listings, CERS...		TP
<a href="#">A17</a>	CONOCOPHILLIPS COMPA	4350 EL CAMINO REAL	CUPA Listings		TP
<a href="#">A18</a>	SPOTLESS CLEANERS	1176 LOS ALTOS AVE	EDR Hist Cleaner	Higher	155, 0.029, WNW
<a href="#">B19</a>	FOUR SEASONS MOTEL	4320 EL CAMINO REAL	SWEEPS UST, CA FID UST	Higher	295, 0.056, NW
<a href="#">B20</a>	FOUR SEASONS MOTEL	4320 EL CAMINO REAL	HIST UST	Higher	295, 0.056, NW
<a href="#">C21</a>	LOZANO INC	2690 EL CAMINO REAL	EDR Hist Auto	Higher	469, 0.089, ESE
<a href="#">C22</a>	LOZANO CAR WASH	2690 EL CAMINO REAL	RCRA-SQG, FINDS, ECHO	Higher	469, 0.089, ESE
<a href="#">C23</a>	LOZANO CAR WASH	2690 W EL CAMINO REA	LUST, HIST LUST	Higher	492, 0.093, ESE
<a href="#">C24</a>	LOZANO CAR WASH	2690 W EL CAMINO REA	LUST, HIST UST	Higher	492, 0.093, ESE
<a href="#">C25</a>	LOZANO INC.	2690 W EL CAMINO REA	LUST, SWEEPS UST, CA FID UST	Higher	492, 0.093, ESE
<a href="#">C26</a>	RAMBUS INC.	4440 EL CAMINO REAL	UST	Higher	650, 0.123, SE
<a href="#">C27</a>	TOYOTA RESEARCH INST	4440 EL CAMINO REAL	CUPA Listings, CERS, CERS HAZ WASTE, CERS TANKS	Higher	650, 0.123, SE
<a href="#">C28</a>	LINKEDIN CORPORATION	4440 EL CAMINO REAL	UST	Higher	650, 0.123, SE
<a href="#">C29</a>	TOYOTA RESEARCH INST	4440 EL CAMINO REAL	UST	Higher	650, 0.123, SE
<a href="#">C30</a>	BH EL CAMINO REAL	4440 EL CAMINO REAL	CUPA Listings	Higher	650, 0.123, SE
<a href="#">C31</a>	RAMBUS	4440 EL CAMINO REAL	CUPA Listings	Higher	650, 0.123, SE
<a href="#">D32</a>	DOLLAR RENT A CAR	4294 EL CAMINO REAL	HIST UST	Lower	690, 0.131, NW
<a href="#">D33</a>	DOLLAR RENT A CAR	4294 EL CAMINO REAL	SWEEPS UST, CA FID UST, CUPA Listings, CERS	Lower	690, 0.131, NW
<a href="#">34</a>	ADOBE ANIMAL HOSPITA	4470 EL CAMINO REAL	CHMIRS, CUPA Listings, CERS HAZ WASTE	Higher	1016, 0.192, SE
<a href="#">E35</a>	CVS/PHARMACY #9684	2630 W EL CAMINO REA	CUPA Listings	Higher	1181, 0.224, ESE
<a href="#">E36</a>	CVS PHARMACY #9684	2630 W EL CAMINO REA	RCRA-LQG, FINDS, ECHO	Higher	1181, 0.224, ESE
<a href="#">E37</a>	CVS PHARMACY #9684	2630 W EL CAMINO REA	CUPA Listings, HAZNET	Higher	1181, 0.224, ESE
<a href="#">E38</a>	CVS PHARMACY #9684	2630 EL CAMINO REAL	CERS HAZ WASTE, CERS	Higher	1186, 0.225, SE
<a href="#">39</a>	IA 081114 ALL PREMIU	2624 FAYETTE DR B	CUPA Listings	Lower	1303, 0.247, East

MAPPED SITES SUMMARY

Target Property Address:  
4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

Click on Map ID to see full detail.

MAP ID	SITE NAME	ADDRESS	DATABASE ACRONYMS	RELATIVE ELEVATION	DIST (ft. & mi.) DIRECTION
40	HOLIDAY CLEANERS	660 B SAN ANTONIO RD	RCRA-SQG, CPS-SLIC, EMI, HAZNET, CERS	Higher	1457, 0.276, ESE
41	FIRESTONE STORE NO.	462 SAN ANTONIO RD	LUST, CPS-SLIC, HIST LUST, SWEEPS UST, HIST UST,...	Lower	1715, 0.325, East
F42	ARCO #0707	988 N SAN ANTONIO RD	LUST, HIST LUST, HIST UST, CUPA Listings, CERS HAZ...	Higher	1756, 0.333, SE
F43	ARCO FAC #707	988 SAN ANTONIO RD	SWEEPS UST, HIST CORTESE	Higher	1756, 0.333, SE
G44	QUALITY TUNE-UP #1	2580 EL CAMINO REAL	LUST, CERS	Higher	1872, 0.355, ESE
G45	QUALITY TUNE-UP #1	2580 EL CAMINO REAL	LUST, HIST LUST, HIST CORTESE	Higher	1872, 0.355, ESE
46	SEARS ROEBUCK COMPAN	455 SAN ANTONIO RD	RCRA-SQG, CPS-SLIC, SWEEPS UST, HIST UST, CA FID...	Lower	1892, 0.358, ESE
H47	PADDLESFORD OLDSMOBI	4230 EL CAMINO REAL	LUST, HIST LUST, HIST CORTESE	Lower	1904, 0.361, NW
H48	HUDSON #82	4230 EL CAMINO REAL	LUST, HIST UST, CERS	Lower	1904, 0.361, NW
H49	HUDSON #82	4230 EL CAMINO REAL	LUST, SWEEPS UST, CA FID UST	Lower	1904, 0.361, NW
I50	TEXACO	334 SAN ANTONIO ROAD	LUST, HIST LUST, HIST CORTESE, CERS	Lower	1957, 0.371, ENE
I51	EXXON	334 SAN ANTONIO	LUST, SWEEPS UST, HIST UST, CA FID UST, CUPA...	Lower	1957, 0.371, ENE
I52	VICTOR'S GOODYEAR	298 SAN ANTONIO RD	LUST, HIST LUST, HIST CORTESE	Lower	2098, 0.397, ENE
J53	UNOCAL #4918	895 N. SAN ANTONIO R	LUST, HIST LUST, CERS	Higher	2136, 0.405, SSE
J54	UNOCAL	895 SAN ANTONIO	HIST CORTESE	Higher	2136, 0.405, SSE
K55	SHELL OIL CO	2595 CALIFORNIA	RCRA-SQG, LUST, HIST LUST, HIST CORTESE, CERS	Lower	2180, 0.413, ENE
L56	PRIVATE RESIDENCE	PRIVATE RESIDENCE	LUST	Higher	2197, 0.416, SSE
L57	ERICHSEN RESIDENCE	107 DEL MONTE	LUST, HIST LUST, HIST CORTESE	Higher	2202, 0.417, SSE
M58	HYATT RICKEY'S	4219 EL CAMINO REAL	LUST	Lower	2228, 0.422, NNW
M59	HYATT RICKEY'S	4219 EL CAMINO REAL	LUST, HIST LUST, HIST CORTESE	Lower	2228, 0.422, NNW
M60	HYATT RICKEY'S	4219 EL CAMINO REAL	LUST	Lower	2228, 0.422, NNW
K61	OLD MILL TIERRA PROP	255 SAN ANTONIO RD S	LUST, HIST CORTESE, CERS	Lower	2268, 0.430, ENE
62	BRUSIE PROPERTY	67 DEL MONTE AVE	LUST, HIST LUST, HIST CORTESE, CERS	Higher	2291, 0.434, SSE
63	COAST CASEY PUMP STA	101 SAN ANTONIO	HIST CORTESE	Lower	2365, 0.448, ENE
N64	LOS ALTOS GARDEN SUP	4730 EL CAMINO REAL	LUST, HIST CORTESE, CERS	Higher	2413, 0.457, SE
N65	LOS ALTOS GARDEN SUP	4730 EL CAMINO REAL	LUST, HIST UST	Higher	2413, 0.457, SE
66	HYATT RICKEYS	4201 4219 EL CAMINO	CPS-SLIC	Lower	2519, 0.477, NNW
O67	SYMTRON #2	111 ORTEGA AVENUE	RESPONSE, ENVIROSTOR, CERS	Lower	4401, 0.834, East
O68	TRW/VIDAR	77 ORTEGA AVENUE	RESPONSE, ENVIROSTOR, DEED, CERS	Lower	4437, 0.840, East
69	FORMER PLATINUM CLEA	2290 WEST EL CAMINO	ENVIROSTOR, VCP, HAZNET	Higher	4549, 0.862, ESE
P70	PLESSEY #2	2251, 2257, 2283 AND	RESPONSE, ENVIROSTOR, CERS	Lower	4726, 0.895, East
P71	PLESSEY MICRO SCIENC	2274 MORA DR	SEMS-ARCHIVE, HIST Cal-Sites, RCRA NonGen / NLR,...	Lower	4753, 0.900, East
P72	PLESSEY MICRO SCIENC	2274 MORA DRIVE	CA BOND EXP. PLAN	Lower	4753, 0.900, East
P73	PLESSEY MICRO SCIENC	2274 MORA DRIVE	RESPONSE, ENVIROSTOR, Cortese, HAZNET, HIST...	Lower	4753, 0.900, East
P74	PLESSEY #3	2256 MORA DRIVE	RESPONSE, ENVIROSTOR, CERS	Lower	4850, 0.919, East
P75	SYMTRON CORP	2235 MORA DR.	RCRA-SQG, RESPONSE, ENVIROSTOR, FINDS, ECHO, CERS	Lower	4937, 0.935, East
76	MORA DRIVE	2221-2291 MORA DRIVE	ENVIROSTOR, VCP	Lower	5058, 0.958, East

## EXECUTIVE SUMMARY

### TARGET PROPERTY SEARCH RESULTS

The target property was identified in the following records. For more information on this property see page 8 of the attached EDR Radius Map report:

Site	Database(s)	EPA ID
UNION OI SS 6115 4350 EL CAMINO REAL LOS ALTOS, CA 94022	LUST Database: LUST REG 2, Date of Government Version: 09/30/2004 Facility Status: Case Closed date9: 11/7/1996  HIST LUST SCVWD ID: 06S2W18R01  HIST UST Facility Id: 00000060679  HIST CORTESE Reg Id: 43-1567	N/A
TOSCO CORPORATION SS 4350 EL CAMINO REAL LOS ALTOS, CA 94022	HAZNET GEPaid: CAL000161435	N/A
UNOCAL #6115 4350 EL CAMINO REAL LOS ALTOS, CA	RGA LUST	N/A
TOSCO - FACILITY #61 4350 EL CAMINO REAL LOS ALTOS, CA	RGA LUST	N/A
EL CAMINO 76 4350 EL CAMINO REAL LOS ALTOS, CA 94022	UST Database: UST, Date of Government Version: 09/10/2018 Facility Id: FA0251391	N/A
EL CAMINO 76 4350 EL CAMINO REAL LOS ALTOS, CA 94022	FINDS Registry ID:: 110066795819	N/A
CONOCO PHILLIPS # 25 4350 EL CAMINO REAL LOS ALTOS, CA 94022	HAZNET GEPaid: CAL000277094	N/A
UNOCAL 4350 EL CAMINO REAL LOS ALTOS, CA	RGA LUST	N/A
UNOCAL #6115 4350 EL CAMINO REAL LOS ALTOS, CA 94022	FINDS	N/A

## EXECUTIVE SUMMARY

Registry ID:: 110065097353

EL CAMINO UNOCAL (#6  
4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

HAZNET  
GEPaid: CAL000025915

N/A

EL CAMINO UNOCAL  
4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

EDR Hist Auto

N/A

CONOCOPHILLIPS CO. #  
4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

UST  
Database: UST, Date of Government Version: 09/10/2018  
Facility Id: 43-000-201602

N/A

FELIXS UNION SERVICE  
4350 W EL CAMINO  
LOS ALTOS, CA 94022

EDR Hist Auto

N/A

UNOCAL SERVICE STATI  
4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

RCRA-LQG  
EPA ID:: CAD982059628  
HAZNET  
GEPaid: CAD982059628

CAD982059628

UNOCAL #6115  
4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

LUST  
Database: LUST, Date of Government Version: 09/10/2018  
Status: Completed - Case Closed  
Global Id: T0608501527  
HIST UST  
Facility Id: 00000021125

N/A

EL CAMINO 76  
4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

LUST  
Database: LUST SANTA CLARA, Date of Government Version: 03/03/2014  
Date Closed: 11/07/1996  
SCVWD ID: 06S2W18R01F  
SWEEPS UST  
Status: A  
Tank Status: A  
Comp Number: 21125  
CA FID UST  
Facility Id: 43001553  
Status: A  
CUPA Listings  
Database: CUPA SANTA CLARA, Date of Government Version: 08/17/2018  
CERS HAZ WASTE  
CERS TANKS  
CERS

N/A

## EXECUTIVE SUMMARY

CONOCOPHILLIPS COMPA  
4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

CUPA Listings N/A  
Database: CUPA SANTA CLARA, Date of Government Version: 08/17/2018

### DATABASES WITH NO MAPPED SITES

No mapped sites were found in EDR's search of available ("reasonably ascertainable ") government records either on the target property or within the search radius around the target property for the following databases:

### STANDARD ENVIRONMENTAL RECORDS

#### ***Federal NPL site list***

NPL..... National Priority List  
Proposed NPL..... Proposed National Priority List Sites  
NPL LIENS..... Federal Superfund Liens

#### ***Federal Delisted NPL site list***

Delisted NPL..... National Priority List Deletions

#### ***Federal CERCLIS list***

FEDERAL FACILITY..... Federal Facility Site Information listing  
SEMS..... Superfund Enterprise Management System

#### ***Federal CERCLIS NFRAP site list***

SEMS-ARCHIVE..... Superfund Enterprise Management System Archive

#### ***Federal RCRA CORRACTS facilities list***

CORRACTS..... Corrective Action Report

#### ***Federal RCRA non-CORRACTS TSD facilities list***

RCRA-TSDF..... RCRA - Treatment, Storage and Disposal

#### ***Federal RCRA generators list***

RCRA-CESQG..... RCRA - Conditionally Exempt Small Quantity Generator

#### ***Federal institutional controls / engineering controls registries***

LUCIS..... Land Use Control Information System  
US ENG CONTROLS..... Engineering Controls Sites List  
US INST CONTROL..... Sites with Institutional Controls

## EXECUTIVE SUMMARY

### **Federal ERNS list**

ERNS..... Emergency Response Notification System

### **State and tribal landfill and/or solid waste disposal site lists**

SWF/LF..... Solid Waste Information System

### **State and tribal leaking storage tank lists**

INDIAN LUST..... Leaking Underground Storage Tanks on Indian Land

### **State and tribal registered storage tank lists**

FEMA UST..... Underground Storage Tank Listing

AST..... Aboveground Petroleum Storage Tank Facilities

INDIAN UST..... Underground Storage Tanks on Indian Land

### **State and tribal voluntary cleanup sites**

VCP..... Voluntary Cleanup Program Properties

INDIAN VCP..... Voluntary Cleanup Priority Listing

### **State and tribal Brownfields sites**

BROWNFIELDS..... Considered Brownfields Sites Listing

### **ADDITIONAL ENVIRONMENTAL RECORDS**

#### **Local Brownfield lists**

US BROWNFIELDS..... A Listing of Brownfields Sites

#### **Local Lists of Landfill / Solid Waste Disposal Sites**

WMUDS/SWAT..... Waste Management Unit Database

SWRCY..... Recycler Database

HAULERS..... Registered Waste Tire Haulers Listing

INDIAN ODI..... Report on the Status of Open Dumps on Indian Lands

ODI..... Open Dump Inventory

DEBRIS REGION 9..... Torres Martinez Reservation Illegal Dump Site Locations

IHS OPEN DUMPS..... Open Dumps on Indian Land

#### **Local Lists of Hazardous waste / Contaminated Sites**

US HIST CDL..... Delisted National Clandestine Laboratory Register

SCH..... School Property Evaluation Program

CDL..... Clandestine Drug Labs

Toxic Pits..... Toxic Pits Cleanup Act Sites

US CDL..... National Clandestine Laboratory Register

#### **Local Land Records**

LIENS..... Environmental Liens Listing

## EXECUTIVE SUMMARY

LIENS 2 ..... CERCLA Lien Information  
DEED ..... Deed Restriction Listing

### **Records of Emergency Release Reports**

HMIRS ..... Hazardous Materials Information Reporting System  
CHMIRS ..... California Hazardous Material Incident Report System  
LDS ..... Land Disposal Sites Listing  
MCS ..... Military Cleanup Sites Listing  
SPILLS 90 ..... SPILLS 90 data from FirstSearch

### **Other Ascertainable Records**

RCRA NonGen / NLR ..... RCRA - Non Generators / No Longer Regulated  
FUDS ..... Formerly Used Defense Sites  
DOD ..... Department of Defense Sites  
SCRD DRYCLEANERS ..... State Coalition for Remediation of Drycleaners Listing  
US FIN ASSUR ..... Financial Assurance Information  
EPA WATCH LIST ..... EPA WATCH LIST  
2020 COR ACTION ..... 2020 Corrective Action Program List  
TSCA ..... Toxic Substances Control Act  
TRIS ..... Toxic Chemical Release Inventory System  
SSTS ..... Section 7 Tracking Systems  
ROD ..... Records Of Decision  
RMP ..... Risk Management Plans  
RAATS ..... RCRA Administrative Action Tracking System  
PRP ..... Potentially Responsible Parties  
PADS ..... PCB Activity Database System  
ICIS ..... Integrated Compliance Information System  
FTTS ..... FIFRA/ TSCA Tracking System - FIFRA (Federal Insecticide, Fungicide, & Rodenticide Act)/TSCA (Toxic Substances Control Act)  
MLTS ..... Material Licensing Tracking System  
COAL ASH DOE ..... Steam-Electric Plant Operation Data  
COAL ASH EPA ..... Coal Combustion Residues Surface Impoundments List  
PCB TRANSFORMER ..... PCB Transformer Registration Database  
RADINFO ..... Radiation Information Database  
HIST FTTS ..... FIFRA/TSCA Tracking System Administrative Case Listing  
DOT OPS ..... Incident and Accident Data  
CONSENT ..... Superfund (CERCLA) Consent Decrees  
INDIAN RESERV ..... Indian Reservations  
FUSRAP ..... Formerly Utilized Sites Remedial Action Program  
UMTRA ..... Uranium Mill Tailings Sites  
LEAD SMELTERS ..... Lead Smelter Sites  
US AIRS ..... Aerometric Information Retrieval System Facility Subsystem  
US MINES ..... Mines Master Index File  
ABANDONED MINES ..... Abandoned Mines  
DOCKET HWC ..... Hazardous Waste Compliance Docket Listing  
UXO ..... Unexploded Ordnance Sites  
ECHO ..... Enforcement & Compliance History Information  
FUELS PROGRAM ..... EPA Fuels Program Registered Listing  
Cortese ..... "Cortese" Hazardous Waste & Substances Sites List  
DRYCLEANERS ..... Cleaner Facilities  
EMI ..... Emissions Inventory Data  
ENF ..... Enforcement Action Listing  
Financial Assurance ..... Financial Assurance Information Listing

## EXECUTIVE SUMMARY

ICE.....	ICE
HWP.....	EnviroStor Permitted Facilities Listing
HWT.....	Registered Hazardous Waste Transporter Database
MINES.....	Mines Site Location Listing
MWMP.....	Medical Waste Management Program Listing
NPDES.....	NPDES Permits Listing
PEST LIC.....	Pesticide Regulation Licenses Listing
PROC.....	Certified Processors Database
Notify 65.....	Proposition 65 Records
SAN JOSE HAZMAT.....	Hazardous Material Facilities
UIC.....	UIC Listing
WASTEWATER PITS.....	Oil Wastewater Pits Listing
WDS.....	Waste Discharge System
WIP.....	Well Investigation Program Case List
CIWQS.....	California Integrated Water Quality System
SAMPLING POINT.....	SAMPLING POINT (GEOTRACKER)
OTHER OIL GAS.....	OTHER OIL & GAS (GEOTRACKER)
MILITARY PRIV SITES.....	MILITARY PRIV SITES (GEOTRACKER)
NON-CASE INFO.....	NON-CASE INFO (GEOTRACKER)
PROD WATER PONDS.....	PROD WATER PONDS (GEOTRACKER)
PROJECT.....	PROJECT (GEOTRACKER)
WDR.....	Waste Discharge Requirements Listing
WELL STIM PROJ.....	Well Stimulation Project (GEOTRACKER)
UIC GEO.....	UIC GEO (GEOTRACKER)

### EDR HIGH RISK HISTORICAL RECORDS

#### ***EDR Exclusive Records***

EDR MGP..... EDR Proprietary Manufactured Gas Plants

### EDR RECOVERED GOVERNMENT ARCHIVES

#### ***Exclusive Recovered Govt. Archives***

RGA LF..... Recovered Government Archive Solid Waste Facilities List

### SURROUNDING SITES: SEARCH RESULTS

Surrounding sites were identified in the following databases.

Elevations have been determined from the USGS Digital Elevation Model and should be evaluated on a relative (not an absolute) basis. Relative elevation information between sites of close proximity should be field verified. Sites with an elevation equal to or higher than the target property have been differentiated below from sites with an elevation lower than the target property. Page numbers and map identification numbers refer to the EDR Radius Map report where detailed data on individual sites can be reviewed.

Sites listed in ***bold italics*** are in multiple databases.

Unmappable (orphan) sites are not considered in the foregoing analysis.

# EXECUTIVE SUMMARY

## STANDARD ENVIRONMENTAL RECORDS

### ***Federal RCRA generators list***

RCRA-LQG: RCRAInfo is EPA's comprehensive information system, providing access to data supporting the Resource Conservation and Recovery Act (RCRA) of 1976 and the Hazardous and Solid Waste Amendments (HSWA) of 1984. The database includes selective information on sites which generate, transport, store, treat and/or dispose of hazardous waste as defined by the Resource Conservation and Recovery Act (RCRA). Large quantity generators (LQGs) generate over 1,000 kilograms (kg) of hazardous waste, or over 1 kg of acutely hazardous waste per month.

A review of the RCRA-LQG list, as provided by EDR, and dated 03/01/2018 has revealed that there is 1 RCRA-LQG site within approximately 0.25 miles of the target property.

<u>Equal/Higher Elevation</u>	<u>Address</u>	<u>Direction / Distance</u>	<u>Map ID</u>	<u>Page</u>
<b>CVS PHARMACY #9684</b> EPA ID:: CAR000059352	<b>2630 W EL CAMINO REA</b>	<b>ESE 1/8 - 1/4 (0.224 mi.)</b>	<b>E36</b>	<b>143</b>

RCRA-SQG: RCRAInfo is EPA's comprehensive information system, providing access to data supporting the Resource Conservation and Recovery Act (RCRA) of 1976 and the Hazardous and Solid Waste Amendments (HSWA) of 1984. The database includes selective information on sites which generate, transport, store, treat and/or dispose of hazardous waste as defined by the Resource Conservation and Recovery Act (RCRA). Small quantity generators (SQGs) generate between 100 kg and 1,000 kg of hazardous waste per month.

A review of the RCRA-SQG list, as provided by EDR, and dated 03/01/2018 has revealed that there is 1 RCRA-SQG site within approximately 0.25 miles of the target property.

<u>Equal/Higher Elevation</u>	<u>Address</u>	<u>Direction / Distance</u>	<u>Map ID</u>	<u>Page</u>
<b>LOZANO CAR WASH</b> EPA ID:: CAR000094573	<b>2690 EL CAMINO REAL</b>	<b>ESE 0 - 1/8 (0.089 mi.)</b>	<b>C22</b>	<b>74</b>

### ***State- and tribal - equivalent NPL***

RESPONSE: Identifies confirmed release sites where DTSC is involved in remediation, either in a lead or oversight capacity. These confirmed release sites are generally high-priority and high potential risk.

A review of the RESPONSE list, as provided by EDR, has revealed that there are 6 RESPONSE sites within approximately 1 mile of the target property.

<u>Lower Elevation</u>	<u>Address</u>	<u>Direction / Distance</u>	<u>Map ID</u>	<u>Page</u>
<b>SYMTRON #2</b> Database: RESPONSE, Date of Government Version: 07/30/2018 Status: No Further Action Facility Id: 43360130	<b>111 ORTEGA AVENUE</b>	<b>E 1/2 - 1 (0.834 mi.)</b>	<b>O67</b>	<b>288</b>
<b>TRW/VIDAR</b> Database: RESPONSE, Date of Government Version: 07/30/2018 Status: Certified O&M - Land Use Restrictions Only Facility Id: 43360128	<b>77 ORTEGA AVENUE</b>	<b>E 1/2 - 1 (0.840 mi.)</b>	<b>O68</b>	<b>291</b>
<b>PLESSEY #2</b> Database: RESPONSE, Date of Government Version: 07/30/2018	<b>2251, 2257, 2283 AND</b>	<b>E 1/2 - 1 (0.895 mi.)</b>	<b>P70</b>	<b>310</b>



## EXECUTIVE SUMMARY

Facility Id: 43360135  
Status: No Further Action

<b>SYMTRON CORP</b> Facility Id: 43360124 Status: No Further Action	<b>2235 MORA DR.</b>	<b>E 1/2 - 1 (0.935 mi.)</b>	<b>P75</b>	<b>384</b>
<b>MORA DRIVE</b> Facility Id: 60002502 Status: Active	<b>2221-2291 MORA DRIVE</b>	<b>E 1/2 - 1 (0.958 mi.)</b>	<b>76</b>	<b>391</b>

### State and tribal leaking storage tank lists

LUST: Leaking Underground Storage Tank (LUST) Sites included in GeoTracker. GeoTracker is the Water Boards data management system for sites that impact, or have the potential to impact, water quality in California, with emphasis on groundwater.

A review of the LUST list, as provided by EDR, has revealed that there are 24 LUST sites within approximately 0.5 miles of the target property.

<u>Equal/Higher Elevation</u>	<u>Address</u>	<u>Direction / Distance</u>	<u>Map ID</u>	<u>Page</u>
<b>LOZANO CAR WASH</b> Database: LUST REG 2, Date of Government Version: 09/30/2004 Facility Status: Case Closed date9: 10/7/2003	<b>2690 W EL CAMINO REA</b>	<b>ESE 0 - 1/8 (0.093 mi.)</b>	<b>C23</b>	<b>76</b>
<b>LOZANO CAR WASH</b> Database: LUST, Date of Government Version: 09/10/2018 Status: Completed - Case Closed Global Id: T0608546580	<b>2690 W EL CAMINO REA</b>	<b>ESE 0 - 1/8 (0.093 mi.)</b>	<b>C24</b>	<b>76</b>
<b>LOZANO INC.</b> Database: LUST SANTA CLARA, Date of Government Version: 03/03/2014 Date Closed: 10/07/2003 SCVWD ID: 06S1W18R02F	<b>2690 W EL CAMINO REA</b>	<b>ESE 0 - 1/8 (0.093 mi.)</b>	<b>C25</b>	<b>79</b>
<b>ARCO #0707</b> Database: LUST SANTA CLARA, Date of Government Version: 03/03/2014 Database: LUST, Date of Government Version: 09/10/2018 Database: LUST REG 2, Date of Government Version: 09/30/2004 Status: Completed - Case Closed Facility Status: Case Closed Date Closed: 07/10/2001 Global Id: T0608500189 SCVWD ID: 06S2W19A01F date9: 7/10/2001	<b>988 N SAN ANTONIO RD</b>	<b>SE 1/4 - 1/2 (0.333 mi.)</b>	<b>F42</b>	<b>175</b>
<b>QUALITY TUNE-UP #1</b> Database: LUST SANTA CLARA, Date of Government Version: 03/03/2014 Database: LUST, Date of Government Version: 09/10/2018 Status: Completed - Case Closed Date Closed: 09/30/1996 Global Id: T0608501080 SCVWD ID: 06S2W20D01F	<b>2580 EL CAMINO REAL</b>	<b>ESE 1/4 - 1/2 (0.355 mi.)</b>	<b>G44</b>	<b>231</b>
<b>QUALITY TUNE-UP #1</b> Database: LUST REG 2, Date of Government Version: 09/30/2004	<b>2580 EL CAMINO REAL</b>	<b>ESE 1/4 - 1/2 (0.355 mi.)</b>	<b>G45</b>	<b>234</b>

## EXECUTIVE SUMMARY

Facility Status: Case Closed  
date9: 9/30/1996

<b>UNOCAL #4918</b>	<b>895 N. SAN ANTONIO R</b>	<b>SSE 1/4 - 1/2 (0.405 mi.)</b>	<b>J53</b>	<b>260</b>
Database: LUST SANTA CLARA, Date of Government Version: 03/03/2014				
Database: LUST, Date of Government Version: 09/10/2018				
Database: LUST REG 2, Date of Government Version: 09/30/2004				
Status: Completed - Case Closed				
Facility Status: Pollution Characterization				
Date Closed: 03/11/2013				
Global Id: T0608500150				
SCVWD ID: 06S2W20E01F				
<b>PRIVATE RESIDENCE</b>	<b>PRIVATE RESIDENCE</b>	<b>SSE 1/4 - 1/2 (0.416 mi.)</b>	<b>L56</b>	<b>274</b>
Database: LUST, Date of Government Version: 09/10/2018				
Status: Completed - Case Closed				
Global Id: T0608502121				
<b>ERICHSEN RESIDENCE</b>	<b>107 DEL MONTE</b>	<b>SSE 1/4 - 1/2 (0.417 mi.)</b>	<b>L57</b>	<b>276</b>
Database: LUST SANTA CLARA, Date of Government Version: 03/03/2014				
Database: LUST REG 2, Date of Government Version: 09/30/2004				
Facility Status: Case Closed				
Date Closed: 01/11/1999				
SCVWD ID: 06S2W19H02F				
date9: 1/11/1999				
<b>BRUSIE PROPERTY</b>	<b>67 DEL MONTE AVE</b>	<b>SSE 1/4 - 1/2 (0.434 mi.)</b>	<b>62</b>	<b>282</b>
Database: LUST SANTA CLARA, Date of Government Version: 03/03/2014				
Database: LUST, Date of Government Version: 09/10/2018				
Database: LUST REG 2, Date of Government Version: 09/30/2004				
Status: Completed - Case Closed				
Facility Status: Case Closed				
Date Closed: 08/30/1994				
Global Id: T0608569452				
SCVWD ID: 06S2W19H01F				
date9: 8/30/1994				
<b>LOS ALTOS GARDEN SUP</b>	<b>4730 EL CAMINO REAL</b>	<b>SE 1/4 - 1/2 (0.457 mi.)</b>	<b>N64</b>	<b>285</b>
Database: LUST REG 2, Date of Government Version: 09/30/2004				
Facility Id: 43-2112				
Facility Status: Case Closed				
date9: 4/29/1996				
<b>LOS ALTOS GARDEN SUP</b>	<b>4730 EL CAMINO REAL</b>	<b>SE 1/4 - 1/2 (0.457 mi.)</b>	<b>N65</b>	<b>286</b>
Database: LUST, Date of Government Version: 09/10/2018				
Status: Completed - Case Closed				
Global Id: T0608501940				

<u>Lower Elevation</u>	<u>Address</u>	<u>Direction / Distance</u>	<u>Map ID</u>	<u>Page</u>
<b>FIRESTONE STORE NO.</b>	<b>462 SAN ANTONIO RD</b>	<b>E 1/4 - 1/2 (0.325 mi.)</b>	<b>41</b>	<b>171</b>
Database: LUST SANTA CLARA, Date of Government Version: 03/03/2014				
Database: LUST, Date of Government Version: 09/10/2018				
Database: LUST REG 2, Date of Government Version: 09/30/2004				
Status: Completed - Case Closed				
Facility Status: Case Closed				
Date Closed: 04/14/1999				
Global Id: T0608508015				
SCVWD ID: 06S2W17N04F				

## EXECUTIVE SUMMARY

date9: 4/14/1999				
<b>PADDLESFORD OLDSMOBI</b>	<b>4230 EL CAMINO REAL</b>	<b>NW 1/4 - 1/2 (0.361 mi.)</b>	<b>H47</b>	<b>241</b>
Database: LUST REG 2, Date of Government Version: 09/30/2004				
Facility Status: Case Closed				
date9: 1/13/2004				
<b>HUDSON #82</b>	<b>4230 EL CAMINO REAL</b>	<b>NW 1/4 - 1/2 (0.361 mi.)</b>	<b>H48</b>	<b>241</b>
Database: LUST, Date of Government Version: 09/10/2018				
Status: Completed - Case Closed				
Global Id: T0608501021				
<b>HUDSON #82</b>	<b>4230 EL CAMINO REAL</b>	<b>NW 1/4 - 1/2 (0.361 mi.)</b>	<b>H49</b>	<b>245</b>
Database: LUST SANTA CLARA, Date of Government Version: 03/03/2014				
Date Closed: 01/13/2004				
SCVWD ID: 06S2W18L01F				
<b>TEXACO</b>	<b>334 SAN ANTONIO ROAD</b>	<b>ENE 1/4 - 1/2 (0.371 mi.)</b>	<b>I50</b>	<b>246</b>
Database: LUST, Date of Government Version: 09/10/2018				
Database: LUST REG 2, Date of Government Version: 09/30/2004				
Status: Completed - Case Closed				
Facility Status: Remedial action (cleanup) Underway				
Global Id: T0608501420				
<b>EXXON</b>	<b>334 SAN ANTONIO</b>	<b>ENE 1/4 - 1/2 (0.371 mi.)</b>	<b>I51</b>	<b>255</b>
Database: LUST SANTA CLARA, Date of Government Version: 03/03/2014				
Date Closed: 09/04/2008				
SCVWD ID: 06S2W17N01F				
<b>VICTOR'S GOODYEAR</b>	<b>298 SAN ANTONIO RD</b>	<b>ENE 1/4 - 1/2 (0.397 mi.)</b>	<b>I52</b>	<b>258</b>
Database: LUST SANTA CLARA, Date of Government Version: 03/03/2014				
Database: LUST, Date of Government Version: 09/10/2018				
Database: LUST REG 2, Date of Government Version: 09/30/2004				
Status: Completed - Case Closed				
Facility Status: Case Closed				
Date Closed: 04/11/1991				
Global Id: T0608501558				
SCVWD ID: 06S2W17N03F				
date9: 4/11/1991				
<b>SHELL OIL CO</b>	<b>2595 CALIFORNIA</b>	<b>ENE 1/4 - 1/2 (0.413 mi.)</b>	<b>K55</b>	<b>268</b>
Database: LUST SANTA CLARA, Date of Government Version: 03/03/2014				
Database: LUST, Date of Government Version: 09/10/2018				
Database: LUST REG 2, Date of Government Version: 09/30/2004				
Status: Completed - Case Closed				
Facility Status: Case Closed				
Date Closed: 08/26/2003				
Global Id: T0608501282				
SCVWD ID: 06S2W17N02F				
date9: 8/26/2003				
<b>HYATT RICKEY'S</b>	<b>4219 EL CAMINO REAL</b>	<b>NNW 1/4 - 1/2 (0.422 mi.)</b>	<b>M58</b>	<b>277</b>
Database: LUST, Date of Government Version: 09/10/2018				
Status: Completed - Case Closed				
Global Id: T0608501005				
<b>HYATT RICKEY'S</b>	<b>4219 EL CAMINO REAL</b>	<b>NNW 1/4 - 1/2 (0.422 mi.)</b>	<b>M59</b>	<b>280</b>
Database: LUST REG 2, Date of Government Version: 09/30/2004				
Facility Status: Pollution Characterization				
<b>HYATT RICKEY'S</b>	<b>4219 EL CAMINO REAL</b>	<b>NNW 1/4 - 1/2 (0.422 mi.)</b>	<b>M60</b>	<b>280</b>
Database: LUST SANTA CLARA, Date of Government Version: 03/03/2014				



## EXECUTIVE SUMMARY

SCVWD ID: 06S2W19A01				
<b>QUALITY TUNE-UP #1</b>	<b>2580 EL CAMINO REAL</b>	<b>ESE 1/4 - 1/2 (0.355 mi.)</b>	<b>G45</b>	<b>234</b>
SCVWD ID: 06S2W20D01				
<b>UNOCAL #4918</b>	<b>895 N. SAN ANTONIO R</b>	<b>SSE 1/4 - 1/2 (0.405 mi.)</b>	<b>J53</b>	<b>260</b>
SCVWD ID: 06S2W20E01				
<b>ERICHSEN RESIDENCE</b>	<b>107 DEL MONTE</b>	<b>SSE 1/4 - 1/2 (0.417 mi.)</b>	<b>L57</b>	<b>276</b>
SCVWD ID: 06S2W19H02				
<b>BRUSIE PROPERTY</b>	<b>67 DEL MONTE AVE</b>	<b>SSE 1/4 - 1/2 (0.434 mi.)</b>	<b>62</b>	<b>282</b>
SCVWD ID: 06S2W19H01				

<u>Lower Elevation</u>	<u>Address</u>	<u>Direction / Distance</u>	<u>Map ID</u>	<u>Page</u>
<b>FIRESTONE STORE NO.</b>	<b>462 SAN ANTONIO RD</b>	<b>E 1/4 - 1/2 (0.325 mi.)</b>	<b>41</b>	<b>171</b>
SCVWD ID: 06S2W17N04				
<b>PADDLESFORD OLDSMOBI</b>	<b>4230 EL CAMINO REAL</b>	<b>NW 1/4 - 1/2 (0.361 mi.)</b>	<b>H47</b>	<b>241</b>
SCVWD ID: 06S2W18L01				
<b>TEXACO</b>	<b>334 SAN ANTONIO ROAD</b>	<b>ENE 1/4 - 1/2 (0.371 mi.)</b>	<b>I50</b>	<b>246</b>
SCVWD ID: 06S2W17N01				
<b>VICTOR'S GOODYEAR</b>	<b>298 SAN ANTONIO RD</b>	<b>ENE 1/4 - 1/2 (0.397 mi.)</b>	<b>I52</b>	<b>258</b>
SCVWD ID: 06S2W17N03				
<b>SHELL OIL CO</b>	<b>2595 CALIFORNIA</b>	<b>ENE 1/4 - 1/2 (0.413 mi.)</b>	<b>K55</b>	<b>268</b>
SCVWD ID: 06S2W17N02				
<b>HYATT RICKEY'S</b>	<b>4219 EL CAMINO REAL</b>	<b>NNW 1/4 - 1/2 (0.422 mi.)</b>	<b>M59</b>	<b>280</b>
SCVWD ID: 06S2W18L02				

### State and tribal registered storage tank lists

UST: The Underground Storage Tank database contains registered USTs. USTs are regulated under Subtitle I of the Resource Conservation and Recovery Act (RCRA). The data come from the State Water Resources Control Board's Hazardous Substance Storage Container Database.

A review of the UST list, as provided by EDR, has revealed that there are 3 UST sites within approximately 0.25 miles of the target property.

<u>Equal/Higher Elevation</u>	<u>Address</u>	<u>Direction / Distance</u>	<u>Map ID</u>	<u>Page</u>
<b>RAMBUS INC.</b>	<b>4440 EL CAMINO REAL</b>	<b>SE 0 - 1/8 (0.123 mi.)</b>	<b>C26</b>	<b>81</b>
Database: UST, Date of Government Version: 09/10/2018 Facility Id: 43-000-252915				
<b>LINKEDIN CORPORATION</b>	<b>4440 EL CAMINO REAL</b>	<b>SE 0 - 1/8 (0.123 mi.)</b>	<b>C28</b>	<b>132</b>
Database: UST, Date of Government Version: 09/10/2018				
<b>TOYOTA RESEARCH INST</b>	<b>4440 EL CAMINO REAL</b>	<b>SE 0 - 1/8 (0.123 mi.)</b>	<b>C29</b>	<b>132</b>
Database: UST, Date of Government Version: 09/10/2018				

## EXECUTIVE SUMMARY

### ADDITIONAL ENVIRONMENTAL RECORDS

#### **Local Lists of Hazardous waste / Contaminated Sites**

HIST Cal-Sites: Formerly known as ASPIS, this database contains both known and potential hazardous substance sites. The source is the California Department of Toxic Substance Control. No longer updated by the state agency. It has been replaced by ENVIROSTOR.

A review of the HIST Cal-Sites list, as provided by EDR, and dated 08/08/2005 has revealed that there is 1 HIST Cal-Sites site within approximately 1 mile of the target property.

<u>Lower Elevation</u>	<u>Address</u>	<u>Direction / Distance</u>	<u>Map ID</u>	<u>Page</u>
<b>PLESSEY MICRO SCIENC</b>	<b>2274 MORA DR</b>	<b>E 1/2 - 1 (0.900 mi.)</b>	<b>P71</b>	<b>312</b>

CERS HAZ WASTE: List of sites in the California Environmental Protection Agency (CalEPA) Regulated Site Portal which fall under the Hazardous Chemical Management, Hazardous Waste Onsite Treatment, Household Hazardous Waste Collection, Hazardous Waste Generator, and RCRA LQ HW Generator programs.

A review of the CERS HAZ WASTE list, as provided by EDR, and dated 07/23/2018 has revealed that there are 3 CERS HAZ WASTE sites within approximately 0.25 miles of the target property.

<u>Equal/Higher Elevation</u>	<u>Address</u>	<u>Direction / Distance</u>	<u>Map ID</u>	<u>Page</u>
<b>TOYOTA RESEARCH INST</b>	<b>4440 EL CAMINO REAL</b>	<b>SE 0 - 1/8 (0.123 mi.)</b>	<b>C27</b>	<b>81</b>
<b>ADOBE ANIMAL HOSPITA</b>	<b>4470 EL CAMINO REAL</b>	<b>SE 1/8 - 1/4 (0.192 mi.)</b>	<b>34</b>	<b>136</b>
<b>CVS PHARMACY #9684</b>	<b>2630 EL CAMINO REAL</b>	<b>SE 1/8 - 1/4 (0.225 mi.)</b>	<b>E38</b>	<b>155</b>

#### **Local Lists of Registered Storage Tanks**

SWEEPS UST: Statewide Environmental Evaluation and Planning System. This underground storage tank listing was updated and maintained by a company contacted by the SWRCB in the early 1990's. The listing is no longer updated or maintained. The local agency is the contact for more information on a site on the SWEEPS list.

A review of the SWEEPS UST list, as provided by EDR, and dated 06/01/1994 has revealed that there are 3 SWEEPS UST sites within approximately 0.25 miles of the target property.

<u>Equal/Higher Elevation</u>	<u>Address</u>	<u>Direction / Distance</u>	<u>Map ID</u>	<u>Page</u>
<b>FOUR SEASONS MOTEL</b> Status: A Tank Status: A Comp Number: 35509	<b>4320 EL CAMINO REAL</b>	<b>NW 0 - 1/8 (0.056 mi.)</b>	<b>B19</b>	<b>72</b>
<b>LOZANO INC.</b> Status: A Tank Status: A Comp Number: 59735	<b>2690 W EL CAMINO REA</b>	<b>ESE 0 - 1/8 (0.093 mi.)</b>	<b>C25</b>	<b>79</b>

<u>Lower Elevation</u>	<u>Address</u>	<u>Direction / Distance</u>	<u>Map ID</u>	<u>Page</u>
<b>DOLLAR RENT A CAR</b>	<b>4294 EL CAMINO REAL</b>	<b>NW 1/8 - 1/4 (0.131 mi.)</b>	<b>D33</b>	<b>134</b>

## EXECUTIVE SUMMARY

Status: A  
 Tank Status: A  
 Comp Number: 36672

HIST UST: Historical UST Registered Database.

A review of the HIST UST list, as provided by EDR, and dated 10/15/1990 has revealed that there are 3 HIST UST sites within approximately 0.25 miles of the target property.

<u>Equal/Higher Elevation</u>	<u>Address</u>	<u>Direction / Distance</u>	<u>Map ID</u>	<u>Page</u>
FOUR SEASONS MOTEL Facility Id: 00000035509	4320 EL CAMINO REAL	NW 0 - 1/8 (0.056 mi.)	B20	73
<b>LOZANO CAR WASH</b> Facility Id: 00000059735	<b>2690 W EL CAMINO REA</b>	<b>ESE 0 - 1/8 (0.093 mi.)</b>	<b>C24</b>	<b>76</b>
<u>Lower Elevation</u>	<u>Address</u>	<u>Direction / Distance</u>	<u>Map ID</u>	<u>Page</u>
DOLLAR RENT A CAR Facility Id: 00000036672	4294 EL CAMINO REAL	NW 1/8 - 1/4 (0.131 mi.)	D32	133

CA FID UST: The Facility Inventory Database contains active and inactive underground storage tank locations. The source is the State Water Resource Control Board.

A review of the CA FID UST list, as provided by EDR, and dated 10/31/1994 has revealed that there are 3 CA FID UST sites within approximately 0.25 miles of the target property.

<u>Equal/Higher Elevation</u>	<u>Address</u>	<u>Direction / Distance</u>	<u>Map ID</u>	<u>Page</u>
<b>FOUR SEASONS MOTEL</b> Facility Id: 43012031 Status: A	<b>4320 EL CAMINO REAL</b>	<b>NW 0 - 1/8 (0.056 mi.)</b>	<b>B19</b>	<b>72</b>
<b>LOZANO INC.</b> Facility Id: 43006205 Status: A	<b>2690 W EL CAMINO REA</b>	<b>ESE 0 - 1/8 (0.093 mi.)</b>	<b>C25</b>	<b>79</b>
<u>Lower Elevation</u>	<u>Address</u>	<u>Direction / Distance</u>	<u>Map ID</u>	<u>Page</u>
<b>DOLLAR RENT A CAR</b> Facility Id: 43012037 Status: A	<b>4294 EL CAMINO REAL</b>	<b>NW 1/8 - 1/4 (0.131 mi.)</b>	<b>D33</b>	<b>134</b>

CERS TANKS: List of sites in the California Environmental Protection Agency (CalEPA) Regulated Site Portal which fall under the Aboveground Petroleum Storage and Underground Storage Tank regulatory programs.

A review of the CERS TANKS list, as provided by EDR, and dated 07/23/2018 has revealed that there is 1 CERS TANKS site within approximately 0.25 miles of the target property.

<u>Equal/Higher Elevation</u>	<u>Address</u>	<u>Direction / Distance</u>	<u>Map ID</u>	<u>Page</u>
<b>TOYOTA RESEARCH INST</b>	<b>4440 EL CAMINO REAL</b>	<b>SE 0 - 1/8 (0.123 mi.)</b>	<b>C27</b>	<b>81</b>

## EXECUTIVE SUMMARY

### **Other Ascertainable Records**

CA BOND EXP. PLAN: Department of Health Services developed a site-specific expenditure plan as the basis for an appropriation of Hazardous Substance Cleanup Bond Act funds. It is not updated.

A review of the CA BOND EXP. PLAN list, as provided by EDR, and dated 01/01/1989 has revealed that there is 1 CA BOND EXP. PLAN site within approximately 1 mile of the target property.

<u>Lower Elevation</u>	<u>Address</u>	<u>Direction / Distance</u>	<u>Map ID</u>	<u>Page</u>
PLESSEY MICRO SCIENC	2274 MORA DRIVE	E 1/2 - 1 (0.900 mi.)	P72	331

CUPA Listings: A listing of sites included in the county's Certified Unified Program Agency database. California's Secretary for Environmental Protection established the unified hazardous materials and hazardous waste regulatory program as required by chapter 6.11 of the California Health and Safety Code. The Unified Program consolidates the administration, permits, inspections, and enforcement activities.

A review of the CUPA Listings list, as provided by EDR, has revealed that there are 8 CUPA Listings sites within approximately 0.25 miles of the target property.

<u>Equal/Higher Elevation</u>	<u>Address</u>	<u>Direction / Distance</u>	<u>Map ID</u>	<u>Page</u>
<b>TOYOTA RESEARCH INST</b> Database: CUPA SANTA CLARA, Date of Government Version: 08/17/2018	<b>4440 EL CAMINO REAL</b>	<b>SE 0 - 1/8 (0.123 mi.)</b>	<b>C27</b>	<b>81</b>
BH EL CAMINO REAL Database: CUPA SANTA CLARA, Date of Government Version: 08/17/2018	4440 EL CAMINO REAL	SE 0 - 1/8 (0.123 mi.)	C30	133
RAMBUS Database: CUPA SANTA CLARA, Date of Government Version: 08/17/2018	4440 EL CAMINO REAL	SE 0 - 1/8 (0.123 mi.)	C31	133
<b>ADOBE ANIMAL HOSPITA</b> Database: CUPA SANTA CLARA, Date of Government Version: 08/17/2018	<b>4470 EL CAMINO REAL</b>	<b>SE 1/8 - 1/4 (0.192 mi.)</b>	<b>34</b>	<b>136</b>
CVS/PHARMACY #9684 Database: CUPA SANTA CLARA, Date of Government Version: 08/17/2018	2630 W EL CAMINO REA	ESE 1/8 - 1/4 (0.224 mi.)	E35	143
<b>CVS PHARMACY #9684</b> Database: CUPA SANTA CLARA, Date of Government Version: 08/17/2018	<b>2630 W EL CAMINO REA</b>	<b>ESE 1/8 - 1/4 (0.224 mi.)</b>	<b>E37</b>	<b>153</b>

<u>Lower Elevation</u>	<u>Address</u>	<u>Direction / Distance</u>	<u>Map ID</u>	<u>Page</u>
<b>DOLLAR RENT A CAR</b> Database: CUPA SANTA CLARA, Date of Government Version: 08/17/2018	<b>4294 EL CAMINO REAL</b>	<b>NW 1/8 - 1/4 (0.131 mi.)</b>	<b>D33</b>	<b>134</b>
IA 081114 ALL PREMIU Database: CUPA SANTA CLARA, Date of Government Version: 08/17/2018	2624 FAYETTE DR B	E 1/8 - 1/4 (0.247 mi.)	39	165

HIST CORTESE: The sites for the list are designated by the State Water Resource Control Board [LUST], the Integrated Waste Board [SWF/LS], and the Department of Toxic Substances Control [CALSTATES]. This listing is no longer updated by the state agency.

A review of the HIST CORTESE list, as provided by EDR, and dated 04/01/2001 has revealed that there are 14 HIST CORTESE sites within approximately 0.5 miles of the target property.

<u>Equal/Higher Elevation</u>	<u>Address</u>	<u>Direction / Distance</u>	<u>Map ID</u>	<u>Page</u>
<b>ARCO FAC #707</b>	<b>988 SAN ANTONIO RD</b>	<b>SE 1/4 - 1/2 (0.333 mi.)</b>	<b>F43</b>	<b>229</b>

## EXECUTIVE SUMMARY

Reg Id: 43-0121				
<b>QUALITY TUNE-UP #1</b>	<b>2580 EL CAMINO REAL</b>	<b>ESE 1/4 - 1/2 (0.355 mi.)</b>	<b>G45</b>	<b>234</b>
Reg Id: 43-1088				
UNOCAL	895 SAN ANTONIO	SSE 1/4 - 1/2 (0.405 mi.)	J54	268
Reg Id: 43-0082				
<b>ERICHSEN RESIDENCE</b>	<b>107 DEL MONTE</b>	<b>SSE 1/4 - 1/2 (0.417 mi.)</b>	<b>L57</b>	<b>276</b>
Reg Id: 43-2308				
<b>BRUSIE PROPERTY</b>	<b>67 DEL MONTE AVE</b>	<b>SSE 1/4 - 1/2 (0.434 mi.)</b>	<b>62</b>	<b>282</b>
Reg Id: 43-0132				
<b>LOS ALTOS GARDEN SUP</b>	<b>4730 EL CAMINO REAL</b>	<b>SE 1/4 - 1/2 (0.457 mi.)</b>	<b>N64</b>	<b>285</b>
Reg Id: 43-2112				

<u>Lower Elevation</u>	<u>Address</u>	<u>Direction / Distance</u>	<u>Map ID</u>	<u>Page</u>
<b>FIRESTONE STORE NO.</b>	<b>462 SAN ANTONIO RD</b>	<b>E 1/4 - 1/2 (0.325 mi.)</b>	<b>41</b>	<b>171</b>
Reg Id: 43-2329				
<b>PADDLESFORD OLDSMOBI</b>	<b>4230 EL CAMINO REAL</b>	<b>NW 1/4 - 1/2 (0.361 mi.)</b>	<b>H47</b>	<b>241</b>
Reg Id: 43-1026				
<b>TEXACO</b>	<b>334 SAN ANTONIO ROAD</b>	<b>ENE 1/4 - 1/2 (0.371 mi.)</b>	<b>I50</b>	<b>246</b>
Reg Id: 43-1449				
<b>VICTOR'S GOODYEAR</b>	<b>298 SAN ANTONIO RD</b>	<b>ENE 1/4 - 1/2 (0.397 mi.)</b>	<b>I52</b>	<b>258</b>
Reg Id: 43-1603				
<b>SHELL OIL CO</b>	<b>2595 CALIFORNIA</b>	<b>ENE 1/4 - 1/2 (0.413 mi.)</b>	<b>K55</b>	<b>268</b>
Reg Id: 43-1304				
<b>HYATT RICKEY'S</b>	<b>4219 EL CAMINO REAL</b>	<b>NNW 1/4 - 1/2 (0.422 mi.)</b>	<b>M59</b>	<b>280</b>
Reg Id: 43-1009				
<b>OLD MILL TIERRA PROP</b>	<b>255 SAN ANTONIO RD S</b>	<b>ENE 1/4 - 1/2 (0.430 mi.)</b>	<b>K61</b>	<b>281</b>
Reg Id: 43-0996				
<b>COAST CASEY PUMP STA</b>	<b>101 SAN ANTONIO</b>	<b>ENE 1/4 - 1/2 (0.448 mi.)</b>	<b>63</b>	<b>285</b>
Reg Id: 43-0384				

### EDR HIGH RISK HISTORICAL RECORDS

#### **EDR Exclusive Records**

EDR Hist Auto: EDR has searched selected national collections of business directories and has collected listings of potential gas station/filling station/service station sites that were available to EDR researchers. EDR's review was limited to those categories of sources that might, in EDR's opinion, include gas station/filling station/service station establishments. The categories reviewed included, but were not limited to gas, gas station, gasoline station, filling station, auto, automobile repair, auto service station, service station, etc. This database falls within a category of information EDR classifies as "High Risk Historical Records", or HRHR. EDR's HRHR effort presents unique and sometimes proprietary data about past sites and operations that typically create environmental concerns, but may not show up in current government records searches.

A review of the EDR Hist Auto list, as provided by EDR, has revealed that there is 1 EDR Hist Auto

## EXECUTIVE SUMMARY

site within approximately 0.125 miles of the target property.

<u>Equal/Higher Elevation</u>	<u>Address</u>	<u>Direction / Distance</u>	<u>Map ID</u>	<u>Page</u>
LOZANO INC	2690 EL CAMINO REAL	ESE 0 - 1/8 (0.089 mi.)	C21	73

EDR Hist Cleaner: EDR has searched selected national collections of business directories and has collected listings of potential dry cleaner sites that were available to EDR researchers. EDR's review was limited to those categories of sources that might, in EDR's opinion, include dry cleaning establishments. The categories reviewed included, but were not limited to dry cleaners, cleaners, laundry, laundromat, cleaning/laundry, wash & dry etc. This database falls within a category of information EDR classifies as "High Risk Historical Records", or HRHR. EDR's HRHR effort presents unique and sometimes proprietary data about past sites and operations that typically create environmental concerns, but may not show up in current government records searches.

A review of the EDR Hist Cleaner list, as provided by EDR, has revealed that there is 1 EDR Hist Cleaner site within approximately 0.125 miles of the target property.

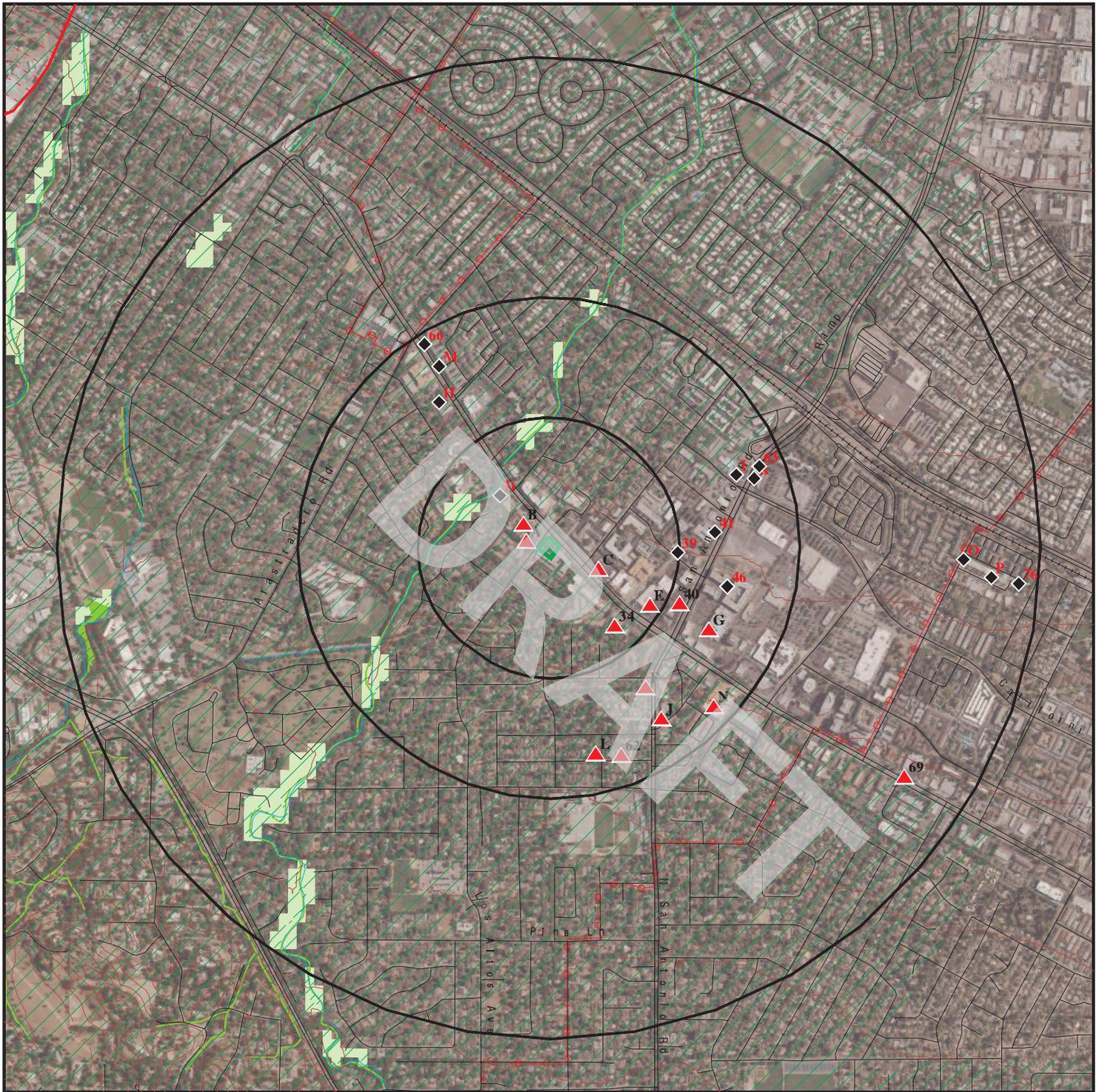
<u>Equal/Higher Elevation</u>	<u>Address</u>	<u>Direction / Distance</u>	<u>Map ID</u>	<u>Page</u>
SPOTLESS CLEANERS	1176 LOS ALTOS AVE	WNW 0 - 1/8 (0.029 mi.)	A18	72

## EXECUTIVE SUMMARY

There were no unmapped sites in this report.

DRAFT

# OVERVIEW MAP - 5455439.2S



Target Property

Sites at elevations higher than or equal to the target property

Sites at elevations lower than the target property

Manufactured Gas Plants

National Priority List Sites

Dept. Defense Sites

Indian Reservations BIA

Power transmission lines

100-year flood zone

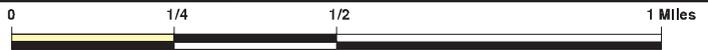
500-year flood zone

National Wetland Inventory

State Wetlands

Upgradient Area

Areas of Concern

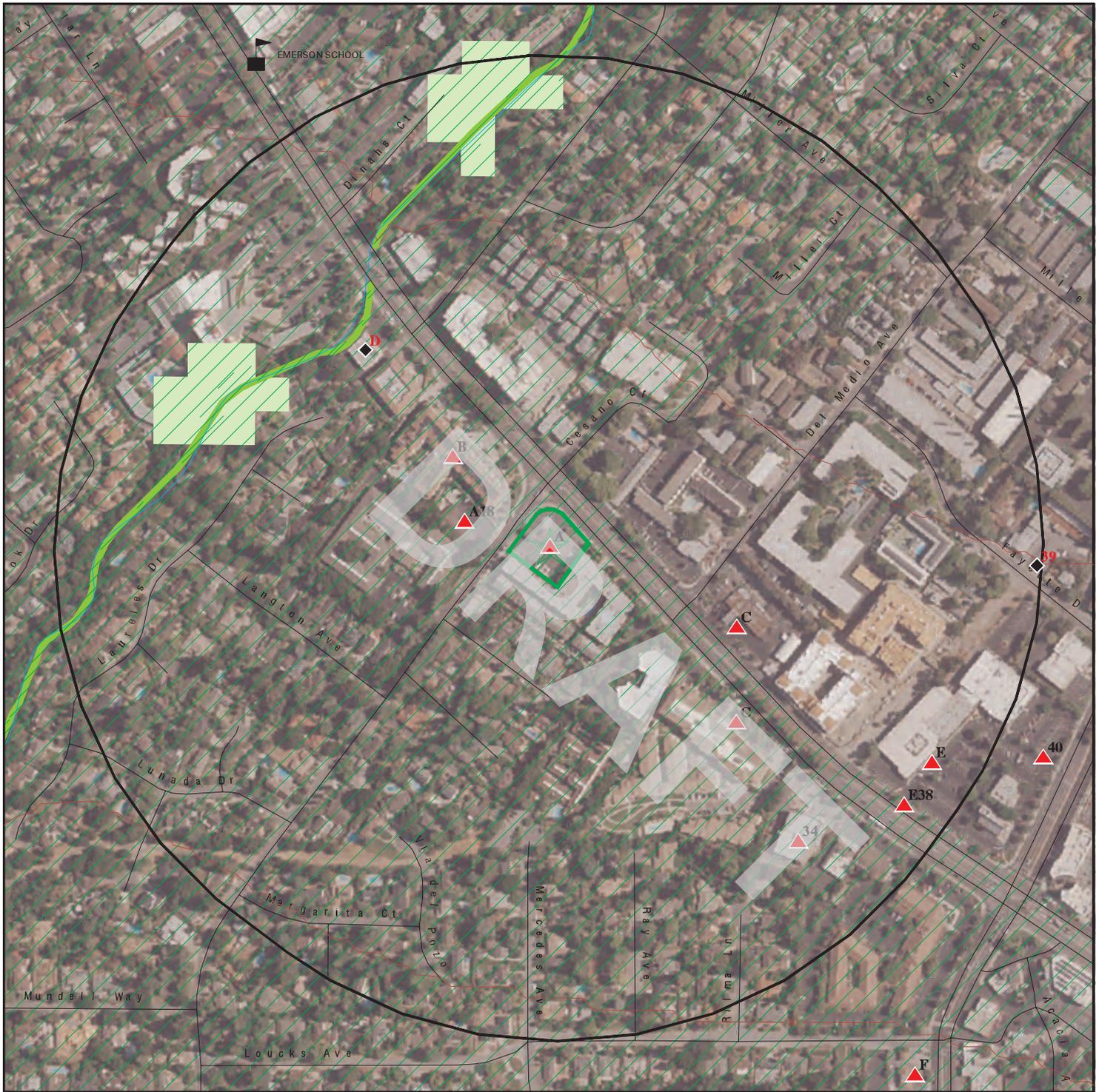


This report includes Interactive Map Layers to display and/or hide map information. The legend includes only those icons for the default map view.

SITE NAME: 396135  
 ADDRESS: 4350 El Camino Real  
 Los Altos CA 94022  
 LAT/LONG: 37.404084 / 122.118229

CLIENT: AEI Consultants  
 CONTACT: Christian Cagonot  
 INQUIRY #: 5455439.2s  
 DATE: October 16, 2018 4:52 pm

# DETAIL MAP - 5455439.2S



-  Target Property
-  Sites at elevations higher than or equal to the target property
-  Sites at elevations lower than the target property
-  Manufactured Gas Plants
-  Sensitive Receptors
-  National Priority List Sites
-  Dept. Defense Sites

-  Indian Reservations BIA
-  100-year flood zone
-  500-year flood zone
-  National Wetland Inventory
-  State Wetlands
-  Areas of Concern



This report includes Interactive Map Layers to display and/or hide map information. The legend includes only those icons for the default map view.

SITE NAME: 396135 ADDRESS: 4350 El Camino Real Los Altos CA 94022 LAT/LONG: 37.404084 / 122.118229	CLIENT: AEI Consultants CONTACT: Christian Cagonot INQUIRY #: 5455439.2s DATE: October 16, 2018 4:55 pm
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## MAP FINDINGS SUMMARY

Database	Search Distance (Miles)	Target Property	< 1/8	1/8 - 1/4	1/4 - 1/2	1/2 - 1	> 1	Total Plotted
<b>STANDARD ENVIRONMENTAL RECORDS</b>								
<b><i>Federal NPL site list</i></b>								
NPL	1.000		0	0	0	0	NR	0
Proposed NPL	1.000		0	0	0	0	NR	0
NPL LIENS	TP		NR	NR	NR	NR	NR	0
<b><i>Federal Delisted NPL site list</i></b>								
Delisted NPL	1.000		0	0	0	0	NR	0
<b><i>Federal CERCLIS list</i></b>								
FEDERAL FACILITY	0.500		0	0	0	NR	NR	0
SEMS	0.500		0	0	0	NR	NR	0
<b><i>Federal CERCLIS NFRAP site list</i></b>								
SEMS-ARCHIVE	0.500		0	0	0	NR	NR	0
<b><i>Federal RCRA CORRACTS facilities list</i></b>								
CORRACTS	1.000		0	0	0	0	NR	0
<b><i>Federal RCRA non-CORRACTS TSD facilities list</i></b>								
RCRA-TSDF	0.500		0	0	0	NR	NR	0
<b><i>Federal RCRA generators list</i></b>								
RCRA-LQG	0.250	1	0	1	NR	NR	NR	2
RCRA-SQG	0.250		1	0	NR	NR	NR	1
RCRA-CESQG	0.250		0	0	NR	NR	NR	0
<b><i>Federal institutional controls / engineering controls registries</i></b>								
LUCIS	0.500		0	0	0	NR	NR	0
US ENG CONTROLS	0.500		0	0	0	NR	NR	0
US INST CONTROL	0.500		0	0	0	NR	NR	0
<b><i>Federal ERNS list</i></b>								
ERNS	TP		NR	NR	NR	NR	NR	0
<b><i>State- and tribal - equivalent NPL</i></b>								
RESPONSE	1.000		0	0	0	6	NR	6
<b><i>State- and tribal - equivalent CERCLIS</i></b>								
ENVIROSTOR	1.000		0	0	0	8	NR	8
<b><i>State and tribal landfill and/or solid waste disposal site lists</i></b>								
SWF/LF	0.500		0	0	0	NR	NR	0
<b><i>State and tribal leaking storage tank lists</i></b>								
LUST	0.500	3	3	0	21	NR	NR	27

## MAP FINDINGS SUMMARY

Database	Search Distance (Miles)	Target Property	< 1/8	1/8 - 1/4	1/4 - 1/2	1/2 - 1	> 1	Total Plotted
INDIAN LUST	0.500		0	0	0	NR	NR	0
CPS-SLIC	0.500		0	0	4	NR	NR	4
HIST LUST	0.500	1	1	0	11	NR	NR	13
<b>State and tribal registered storage tank lists</b>								
FEMA UST	0.250		0	0	NR	NR	NR	0
UST	0.250	2	3	0	NR	NR	NR	5
AST	0.250		0	0	NR	NR	NR	0
INDIAN UST	0.250		0	0	NR	NR	NR	0
<b>State and tribal voluntary cleanup sites</b>								
VCP	0.500		0	0	0	NR	NR	0
INDIAN VCP	0.500		0	0	0	NR	NR	0
<b>State and tribal Brownfields sites</b>								
BROWNFIELDS	0.500		0	0	0	NR	NR	0
<b>ADDITIONAL ENVIRONMENTAL RECORDS</b>								
<b>Local Brownfield lists</b>								
US BROWNFIELDS	0.500		0	0	0	NR	NR	0
<b>Local Lists of Landfill / Solid Waste Disposal Sites</b>								
WMUDS/SWAT	0.500		0	0	0	NR	NR	0
SWRCY	0.500		0	0	0	NR	NR	0
HAULERS	TP		NR	NR	NR	NR	NR	0
INDIAN ODI	0.500		0	0	0	NR	NR	0
ODI	0.500		0	0	0	NR	NR	0
DEBRIS REGION 9	0.500		0	0	0	NR	NR	0
IHS OPEN DUMPS	0.500		0	0	0	NR	NR	0
<b>Local Lists of Hazardous waste / Contaminated Sites</b>								
US HIST CDL	TP		NR	NR	NR	NR	NR	0
HIST Cal-Sites	1.000		0	0	0	1	NR	1
SCH	0.250		0	0	NR	NR	NR	0
CDL	TP		NR	NR	NR	NR	NR	0
Toxic Pits	1.000		0	0	0	0	NR	0
US CDL	TP		NR	NR	NR	NR	NR	0
CERS HAZ WASTE	0.250	1	1	2	NR	NR	NR	4
<b>Local Lists of Registered Storage Tanks</b>								
SWEEPS UST	0.250	1	2	1	NR	NR	NR	4
HIST UST	0.250	2	2	1	NR	NR	NR	5
CA FID UST	0.250	1	2	1	NR	NR	NR	4
CERS TANKS	0.250	1	1	0	NR	NR	NR	2
<b>Local Land Records</b>								
LIENS	TP		NR	NR	NR	NR	NR	0

## MAP FINDINGS SUMMARY

Database	Search Distance (Miles)	Target Property	< 1/8	1/8 - 1/4	1/4 - 1/2	1/2 - 1	> 1	Total Plotted
LIENS 2	TP		NR	NR	NR	NR	NR	0
DEED	0.500		0	0	0	NR	NR	0
<b>Records of Emergency Release Reports</b>								
HMIRS	TP		NR	NR	NR	NR	NR	0
CHMIRS	TP		NR	NR	NR	NR	NR	0
LDS	TP		NR	NR	NR	NR	NR	0
MCS	TP		NR	NR	NR	NR	NR	0
SPILLS 90	TP		NR	NR	NR	NR	NR	0
<b>Other Ascertainable Records</b>								
RCRA NonGen / NLR	0.250		0	0	NR	NR	NR	0
FUDS	1.000		0	0	0	0	NR	0
DOD	1.000		0	0	0	0	NR	0
SCRD DRYCLEANERS	0.500		0	0	0	NR	NR	0
US FIN ASSUR	TP		NR	NR	NR	NR	NR	0
EPA WATCH LIST	TP		NR	NR	NR	NR	NR	0
2020 COR ACTION	0.250		0	0	NR	NR	NR	0
TSCA	TP		NR	NR	NR	NR	NR	0
TRIS	TP		NR	NR	NR	NR	NR	0
SSTS	TP		NR	NR	NR	NR	NR	0
ROD	1.000		0	0	0	0	NR	0
RMP	TP		NR	NR	NR	NR	NR	0
RAATS	TP		NR	NR	NR	NR	NR	0
PRP	TP		NR	NR	NR	NR	NR	0
PADS	TP		NR	NR	NR	NR	NR	0
ICIS	TP		NR	NR	NR	NR	NR	0
FTTS	TP		NR	NR	NR	NR	NR	0
MLTS	TP		NR	NR	NR	NR	NR	0
COAL ASH DOE	TP		NR	NR	NR	NR	NR	0
COAL ASH EPA	0.500		0	0	0	NR	NR	0
PCB TRANSFORMER	TP		NR	NR	NR	NR	NR	0
RADINFO	TP		NR	NR	NR	NR	NR	0
HIST FTTS	TP		NR	NR	NR	NR	NR	0
DOT OPS	TP		NR	NR	NR	NR	NR	0
CONSENT	1.000		0	0	0	0	NR	0
INDIAN RESERV	1.000		0	0	0	0	NR	0
FUSRAP	1.000		0	0	0	0	NR	0
UMTRA	0.500		0	0	0	NR	NR	0
LEAD SMELTERS	TP		NR	NR	NR	NR	NR	0
US AIRS	TP		NR	NR	NR	NR	NR	0
US MINES	0.250		0	0	NR	NR	NR	0
ABANDONED MINES	0.250		0	0	NR	NR	NR	0
FINDS	TP	2	NR	NR	NR	NR	NR	2
DOCKET HWC	TP		NR	NR	NR	NR	NR	0
UXO	1.000		0	0	0	0	NR	0
ECHO	TP		NR	NR	NR	NR	NR	0
FUELS PROGRAM	0.250		0	0	NR	NR	NR	0
CA BOND EXP. PLAN	1.000		0	0	0	1	NR	1
Cortese	0.500		0	0	0	NR	NR	0
CUPA Listings	0.250	2	3	5	NR	NR	NR	10



Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**A1**            **UNION OI SS 6115**  
**Target**       **4350 EL CAMINO REAL**  
**Property**     **LOS ALTOS, CA 94022**

**LUST**        **1000167445**  
**HIST LUST**    **N/A**  
**HIST UST**  
**HIST CORTESE**

**Site 1 of 18 in cluster A**

**Actual:**  
**68 ft.**

LUST REG 2:  
Region: 2  
Facility Id: Not reported  
Facility Status: Case Closed  
Case Number: 06S2W18R01f  
How Discovered: Not reported  
Leak Cause: Not reported  
Leak Source: Not reported  
Date Leak Confirmed: Not reported  
Oversight Program: LUST  
Prelim. Site Assessment Workplan Submitted: Not reported  
Preliminary Site Assessment Began: 10/5/1990  
Pollution Characterization Began: 9/10/1991  
Pollution Remediation Plan Submitted: Not reported  
Date Remediation Action Underway: Not reported  
Date Post Remedial Action Monitoring Began: 8/21/1992

HIST LUST SANTA CLARA:  
Region: SANTA CLARA  
Region Code: 2  
SCVWD ID: 06S2W18R01  
Oversite Agency: SCVWD  
Date Listed: 1991-01-18 00:00:00  
Closed Date: 1996-11-07 00:00:00

HIST UST:  
File Number: 00020A3B  
URL: <http://geotracker.waterboards.ca.gov/ustpdfs/pdf/00020A3B.pdf>  
Region: STATE  
Facility ID: 00000060679  
Facility Type: Gas Station  
Other Type: Not reported  
Contact Name: FELIX BOLTON, JR.  
Telephone: 4159410244  
Owner Name: UNION OIL CO.  
Owner Address: 1 CALIFORNIA ST., SUITE 2700  
Owner City,St,Zip: SAN FRANCISCO, CA 94111  
Total Tanks: 0001  
  
Tank Num: 001  
Container Num: 6115-10-1  
Year Installed: Not reported  
Tank Capacity: 00000000  
Tank Used for: WASTE  
Type of Fuel: Not reported  
Container Construction Thickness: 6  
Leak Detection: Visual

Click here for Geo Tracker PDF:  
HIST CORTESE:  
Region: CORTESE

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**UNION OI SS 6115 (Continued)**

1000167445

Facility County Code: 43  
Reg By: LTNKA  
Reg Id: 43-1567

**A2**  
**Target**  
**Property**

**TOSCO CORPORATION SS#31096**  
**4350 EL CAMINO REAL**  
**LOS ALTOS, CA 94022**

**HAZNET** **S113086186**  
**N/A**

**Site 2 of 18 in cluster A**

**Actual:**  
**68 ft.**

HAZNET:  
envid: S113086186  
Year: 2002  
GEPID: CAL000161435  
Contact: HAZMAT SPECIALIST  
Telephone: 6027284180  
Mailing Name: Not reported  
Mailing Address: PO BOX 52085  
Mailing City,St,Zip: PHOENIX, AZ 850722085  
Gen County: Not reported  
TSD EPA ID: CAD028409019  
TSD County: Not reported  
Waste Category: Unspecified organic liquid mixture  
Disposal Method: Transfer Station  
Tons: 0.2  
Cat Decode: Not reported  
Method Decode: Not reported  
Facility County: Santa Clara

**A3**  
**Target**  
**Property**

**UNOCAL #6115**  
**4350 EL CAMINO REAL**  
**LOS ALTOS, CA**

**RGA LUST** **S114712176**  
**N/A**

**Site 3 of 18 in cluster A**

**Actual:**  
**68 ft.**

RGA LUST:

2012	UNOCAL #6115	4350 EL CAMINO REAL
2011	UNOCAL #6115	4350 EL CAMINO REAL
2010	UNOCAL #6115	4350 EL CAMINO REAL
2009	UNOCAL #6115	4350 EL CAMINO REAL
2008	UNOCAL #6115	4350 EL CAMINO REAL
2007	UNOCAL #6115	4350 EL CAMINO REAL
2006	UNOCAL #6115	4350 EL CAMINO REAL
2005	UNOCAL #6115	4350 EL CAMINO REAL
2003	UNOCAL #6115	4350 EL CAMINO REAL

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**A4**  
**Target**  
**Property**

**TOSCO - FACILITY #6115**  
**4350 EL CAMINO REAL**  
**LOS ALTOS, CA**

**RGALUST** **S114705234**  
**N/A**

**Site 4 of 18 in cluster A**

**Actual:** RGA LUST:  
**68 ft.** 2002 TOSCO - FACILITY #6115 4350 EL CAMINO REAL

**A5**  
**Target**  
**Property**

**EL CAMINO 76**  
**4350 EL CAMINO REAL**  
**LOS ALTOS, CA 94022**

**UST** **U004264573**  
**N/A**

**Site 5 of 18 in cluster A**

**Actual:** UST:  
**68 ft.** Facility ID: FA0251391  
Permitting Agency: Santa Clara County Environmental Health  
Latitude: 37.40408  
Longitude: -122.11823

**A6**  
**Target**  
**Property**

**EL CAMINO 76**  
**4350 EL CAMINO REAL**  
**LOS ALTOS, CA 94022**

**FINDS** **1023380947**  
**N/A**

**Site 6 of 18 in cluster A**

**Actual:** FINDS:  
**68 ft.** Registry ID: 110066795819  
Environmental Interest/Information System  
STATE MASTER

[Click this hyperlink](#) while viewing on your computer to access additional FINDS: detail in the EDR Site Report.

**A7**  
**Target**  
**Property**

**CONOCO PHILLIPS # 256115**  
**4350 EL CAMINO REAL**  
**LOS ALTOS, CA 94022**

**HAZNET** **S113129510**  
**N/A**

**Site 7 of 18 in cluster A**

**Actual:** HAZNET:  
**68 ft.** envid: S113129510  
Year: 2009  
GEPAID: CAL000277094  
Contact: DANELLE EICHHORST  
Telephone: 2812933723  
Mailing Name: Not reported  
Mailing Address: 600 N DAIRY ASHFORD -US MARKETING -  
Mailing City,St,Zip: HOUSTON, TX 77079  
Gen County: Not reported  
TSD EPA ID: CAD982444481  
TSD County: Not reported  
Waste Category: Other organic solids

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**CONOCO PHILLIPS # 256115 (Continued)**

**S113129510**

Disposal Method: Other Treatment  
Tons: 0.1625  
Cat Decode: Not reported  
Method Decode: Not reported  
Facility County: Santa Clara

envid: S113129510  
Year: 2006  
GEPaid: CAL000277094  
Contact: DANELLE EICHHORST  
Telephone: 2812933723  
Mailing Name: Not reported  
Mailing Address: 600 N DAIRY ASHFORD PO 3014A  
Mailing City,St,Zip: HOUSTON, TX 77079  
Gen County: Not reported  
TSD EPA ID: CAD982444481  
TSD County: Not reported  
Waste Category: Aqueous solution with total organic residues less than 10 percent  
Disposal Method: Treatment, Tank  
Tons: 0.04  
Cat Decode: Not reported  
Method Decode: Not reported  
Facility County: Santa Clara

envid: S113129510  
Year: 2006  
GEPaid: CAL000277094  
Contact: DANELLE EICHHORST  
Telephone: 2812933723  
Mailing Name: Not reported  
Mailing Address: 600 N DAIRY ASHFORD PO 3014A  
Mailing City,St,Zip: HOUSTON, TX 77079  
Gen County: Not reported  
TSD EPA ID: CAD982444481  
TSD County: Not reported  
Waste Category: Other organic solids  
Disposal Method: Recycler  
Tons: 0.1  
Cat Decode: Not reported  
Method Decode: Not reported  
Facility County: Santa Clara

envid: S113129510  
Year: 2005  
GEPaid: CAL000277094  
Contact: DANELLE EICHHORST  
Telephone: 2812933723  
Mailing Name: Not reported  
Mailing Address: 600 N DAIRY ASHFORD PO 3014A  
Mailing City,St,Zip: HOUSTON, TX 77079  
Gen County: Not reported  
TSD EPA ID: CAD982444481  
TSD County: Not reported  
Waste Category: Aqueous solution with total organic residues less than 10 percent  
Disposal Method: Treatment, Tank  
Tons: 0.2  
Cat Decode: Not reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**CONOCO PHILLIPS # 256115 (Continued)**

**S113129510**

Method Decode: Not reported  
Facility County: Santa Clara

**A8**  
**Target** UNOCAL  
**Property** 4350 EL CAMINO REAL  
LOS ALTOS, CA

**RGA LUST** **S114714552**  
**N/A**

**Site 8 of 18 in cluster A**

**Actual:** RGA LUST:  
**68 ft.**

2001	UNOCAL	4350 EL CAMINO REAL
2000	UNOCAL	4350 EL CAMINO REAL
1998	UNOCAL	4350 EL CAMINO REAL
1997	UNOCAL	4350 EL CAMINO REAL
1996	UNOCAL	4350 EL CAMINO REAL
1995	UNOCAL	4350 EL CAMINO REAL
1994	UNOCAL	4350 EL CAMINO REAL
1993	UNOCAL	4350 EL CAMINO REAL

**A9**  
**Target** UNOCAL #6115  
**Property** 4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

**FINDS** **1023223260**  
**N/A**

**Site 9 of 18 in cluster A**

**Actual:** FINDS:  
**68 ft.**

Registry ID: 110065097353

Environmental Interest/Information System  
STATE MASTER

[Click this hyperlink](#) while viewing on your computer to access additional FINDS: detail in the EDR Site Report.

**A10**  
**Target** EL CAMINO UNOCAL (#6115)  
**Property** 4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

**HAZNET** **S113031016**  
**N/A**

**Site 10 of 18 in cluster A**

**Actual:** HAZNET:  
**68 ft.**

envid: S113031016  
Year: 2007  
GEPAID: CAL000025915  
Contact: GREG GALATOLO  
Telephone: 4159410244  
Mailing Name: Not reported  
Mailing Address: 4350 EL CAMINO REAL  
Mailing City,St,Zip: LOS ALTOS, CA 940221001  
Gen County: Not reported  
TSD EPA ID: CAD009452657  
TSD County: Not reported  
Waste Category: Unspecified organic liquid mixture

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**EL CAMINO UNOCAL (#6115) (Continued)**

**S113031016**

Disposal Method: Solvents Recovery  
Tons: 0.59  
Cat Decode: Not reported  
Method Decode: Not reported  
Facility County: Santa Clara

envid: S113031016  
Year: 2006  
GEPaid: CAL000025915  
Contact: GREG GALATOLO  
Telephone: 4159410244  
Mailing Name: Not reported  
Mailing Address: 4350 EL CAMINO REAL  
Mailing City,St,Zip: LOS ALTOS, CA 940221001  
Gen County: Not reported  
TSD EPA ID: CAD009452657  
TSD County: Not reported  
Waste Category: Unspecified organic liquid mixture  
Disposal Method: Solvents Recovery  
Tons: 0.37  
Cat Decode: Not reported  
Method Decode: Not reported  
Facility County: Santa Clara

envid: S113031016  
Year: 2006  
GEPaid: CAL000025915  
Contact: GREG GALATOLO  
Telephone: 4159410244  
Mailing Name: Not reported  
Mailing Address: 4350 EL CAMINO REAL  
Mailing City,St,Zip: LOS ALTOS, CA 940221001  
Gen County: Not reported  
TSD EPA ID: CAD009452657  
TSD County: Not reported  
Waste Category: Unspecified organic liquid mixture  
Disposal Method: Recycler  
Tons: 0.25  
Cat Decode: Not reported  
Method Decode: Not reported  
Facility County: Santa Clara

envid: S113031016  
Year: 2006  
GEPaid: CAL000025915  
Contact: GREG GALATOLO  
Telephone: 4159410244  
Mailing Name: Not reported  
Mailing Address: 4350 EL CAMINO REAL  
Mailing City,St,Zip: LOS ALTOS, CA 940221001  
Gen County: Not reported  
TSD EPA ID: CAD009452657  
TSD County: Not reported  
Waste Category: Unspecified organic liquid mixture  
Disposal Method: Recycler  
Tons: 0.39  
Cat Decode: Not reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**EL CAMINO UNOCAL (#6115) (Continued)**

**S113031016**

Method Decode: Not reported  
Facility County: Santa Clara  
  
envid: S113031016  
Year: 2006  
GEPaid: CAL000025915  
Contact: GREG GALATOLO  
Telephone: 4159410244  
Mailing Name: Not reported  
Mailing Address: 4350 EL CAMINO REAL  
Mailing City,St,Zip: LOS ALTOS, CA 940221001  
Gen County: Not reported  
TSD EPA ID: CAD009452657  
TSD County: Not reported  
Waste Category: Unspecified organic liquid mixture  
Disposal Method: Recycler  
Tons: 0.41  
Cat Decode: Not reported  
Method Decode: Not reported  
Facility County: Santa Clara

[Click this hyperlink](#) while viewing on your computer to access 17 additional CA\_HAZNET record(s) in the EDR Site Report.

**A11  
Target  
Property**

**EL CAMINO UNOCAL  
4350 EL CAMINO REAL  
LOS ALTOS, CA 94022**

**EDR Hist Auto 1021043883  
N/A**

**Site 11 of 18 in cluster A**

**Actual:  
68 ft.**

EDR Hist Auto

Year:	Name:	Type:
1975	FELIXS UNION SERVICE	Gasoline Service Stations
1976	FELIXS UNION SERVICE	Gasoline Service Stations
1977	FELIXS UNION SERVICE	Gasoline Service Stations
1978	FELIXS UNION SERVICE	Gasoline Service Stations
1979	FELIXS UNION SERVICE	Gasoline Service Stations
1980	FELIXS UNION SERVICE	Gasoline Service Stations
1982	FELIXS UNION SERVICE	Gasoline Service Stations
1983	FELIXS UNION SERVICE	Gasoline Service Stations
1985	FELIXS UNION SERVICE	Gasoline Service Stations
1986	FELIXS UNION SERVICE	Gasoline Service Stations
1987	FELIXS UNION SERVICE	Gasoline Service Stations
1988	FELIXS UNION SERVICE	Gasoline Service Stations
1989	FELIXS UNION SERVICE	Gasoline Service Stations
1992	EL CAMINO UNOCAL	Gasoline Service Stations
1993	EL CAMINO UNOCAL	Gasoline Service Stations
1994	EL CAMINO UNOCAL	Gasoline Service Stations
1995	EL CAMINO UNOCAL	Gasoline Service Stations
1996	EL CAMINO UNOCAL	Gasoline Service Stations
1997	EL CAMINO UNOCAL	Gasoline Service Stations
1998	EL CAMINO UNOCAL	Gasoline Service Stations
1999	EL CAMINO UNOCAL	Gasoline Service Stations
2000	EL CAMINO UNOCAL	Gasoline Service Stations
2001	EL CAMINO UNOCAL	Gasoline Service Stations
2002	EL CAMINO UNOCAL	Gasoline Service Stations
2003	EL CAMINO UNOCAL	Gasoline Service Stations

Map ID  
 Direction  
 Distance  
 Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
 EPA ID Number

**EL CAMINO UNOCAL (Continued)**

**1021043883**

2004	EL CAMINO UNOCAL	Gasoline Service Stations
2005	EL CAMINO UNOCAL	Gasoline Service Stations
2006	EL CAMINO UNOCAL	Gasoline Service Stations
2007	EL CAMINO UNOCAL	Gasoline Service Stations
2008	EL CAMINO UNOCAL	Gasoline Service Stations
2009	EL CAMINO UNOCAL	Gasoline Service Stations
2010	EL CAMINO UNOCAL	Gasoline Service Stations
2011	EL CAMINO UNOCAL	Gasoline Service Stations
2012	EL CAMINO UNOCAL	Gasoline Service Stations
2013	EL CAMINO UNOCAL	Gasoline Service Stations
2014	EL CAMINO UNOCAL	Gasoline Service Stations

**A12  
 Target  
 Property**

**CONOCOPHILLIPS CO. #256115  
 4350 EL CAMINO REAL  
 LOS ALTOS, CA 94022**

**UST U004049680  
 N/A**

**Site 12 of 18 in cluster A**

**Actual:  
 68 ft.**

UST:  
 Facility ID: 43-000-201602  
 Permitting Agency: SANTA CLARA COUNTY  
 Latitude: 37.4042534485994  
 Longitude: -122.118256688118

**A13  
 Target  
 Property**

**FELIXS UNION SERVICE  
 4350 W EL CAMINO  
 LOS ALTOS, CA 94022**

**EDR Hist Auto 1021074619  
 N/A**

**Site 13 of 18 in cluster A**

**Actual:  
 68 ft.**

EDR Hist Auto

Year:	Name:	Type:
1971	FELIXS UNION SERVICE	Gasoline Service Stations
1972	FELIXS UNION SERVICE	Gasoline Service Stations
1973	FELIXS UNION SERVICE	Gasoline Service Stations
1974	FELIXS UNION SERVICE	Gasoline Service Stations

**A14  
 Target  
 Property**

**UNOCAL SERVICE STATION #6115  
 4350 EL CAMINO REAL  
 LOS ALTOS, CA 94022**

**RCRA-LQG 1007199799  
 HAZNET CAD982059628**

**Site 14 of 18 in cluster A**

**Actual:  
 68 ft.**

RCRA-LQG:  
 Date form received by agency: 03/30/1994  
 Facility name: UNOCAL SERVICE STATION #6115  
 Facility address: 4350 EL CAMINO REAL  
 LOS ALTOS, CA 94022-0000  
 EPA ID: CAD982059628  
 Mailing address: P.O. BOX 2390  
 BREA, CA 92622-2390  
 Contact: DAVID P CORDER  
 Contact address: Not reported  
 Not reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**UNOCAL SERVICE STATION #6115 (Continued)**

**1007199799**

Contact country: US  
Contact telephone: 714-572-7651  
Contact email: Not reported  
EPA Region: 09  
Classification: Large Quantity Generator  
Description: Handler: generates 1,000 kg or more of hazardous waste during any calendar month; or generates more than 1 kg of acutely hazardous waste during any calendar month; or generates more than 100 kg of any residue or contaminated soil, waste or other debris resulting from the cleanup of a spill, into or on any land or water, of acutely hazardous waste during any calendar month; or generates 1 kg or less of acutely hazardous waste during any calendar month, and accumulates more than 1 kg of acutely hazardous waste at any time; or generates 100 kg or less of any residue or contaminated soil, waste or other debris resulting from the cleanup of a spill, into or on any land or water, of acutely hazardous waste during any calendar month, and accumulates more than 100 kg of that material at any time

Handler Activities Summary:

U.S. importer of hazardous waste: No  
Mixed waste (haz. and radioactive): No  
Recycler of hazardous waste: No  
Transporter of hazardous waste: No  
Treater, storer or disposer of HW: No  
Underground injection activity: No  
On-site burner exemption: No  
Furnace exemption: No  
Used oil fuel burner: No  
Used oil processor: No  
User oil refiner: No  
Used oil fuel marketer to burner: No  
Used oil Specification marketer: No  
Used oil transfer facility: No  
Used oil transporter: No

Violation Status: No violations found

HAZNET:

envid: 1007199799  
Year: 2000  
GEPaid: CAD982059628  
Contact: CHRISTOPHER Z HILL  
Telephone: 7144286802  
Mailing Name: Not reported  
Mailing Address: PO BOX 25376  
Mailing City,St,Zip: SANTA ANA, CA 927995376  
Gen County: Not reported  
TSD EPA ID: CAD009452657  
TSD County: Not reported  
Waste Category: Aqueous solution with total organic residues 10 percent or more  
Disposal Method: Not reported  
Tons: 0.05  
Cat Decode: Not reported  
Method Decode: Not reported  
Facility County: Santa Clara

envid: 1007199799

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**UNOCAL SERVICE STATION #6115 (Continued)**

**1007199799**

Year: 1996  
GEPaid: CAD982059628  
Contact: UNION OIL COMPANY OF CALIFORNI  
Telephone: 7144286560  
Mailing Name: Not reported  
Mailing Address: PO BOX 25376  
Mailing City,St,Zip: SANTA ANA, CA 927995376  
Gen County: Not reported  
TSD EPA ID: CAD009452657  
TSD County: Not reported  
Waste Category: Aqueous solution with total organic residues 10 percent or more  
Disposal Method: Recycler  
Tons: .0917  
Cat Decode: Not reported  
Method Decode: Not reported  
Facility County: Santa Clara

envid: 1007199799  
Year: 1995  
GEPaid: CAD982059628  
Contact: UNION OIL COMPANY OF CALIFORNI  
Telephone: 7144286560  
Mailing Name: Not reported  
Mailing Address: PO BOX 25376  
Mailing City,St,Zip: SANTA ANA, CA 927995376  
Gen County: Not reported  
TSD EPA ID: CAD009452657  
TSD County: Not reported  
Waste Category: Aqueous solution with total organic residues 10 percent or more  
Disposal Method: Recycler  
Tons: .0792  
Cat Decode: Not reported  
Method Decode: Not reported  
Facility County: Santa Clara

envid: 1007199799  
Year: 1993  
GEPaid: CAD982059628  
Contact: UNION OIL COMPANY OF CALIFORNI  
Telephone: 7144286560  
Mailing Name: Not reported  
Mailing Address: PO BOX 25376  
Mailing City,St,Zip: SANTA ANA, CA 927995376  
Gen County: Not reported  
TSD EPA ID: CAT080010101  
TSD County: Not reported  
Waste Category: Other empty containers 30 gallons or more  
Disposal Method: Transfer Station  
Tons: 0.14999999999  
Cat Decode: Not reported  
Method Decode: Not reported  
Facility County: Santa Clara

envid: 1007199799  
Year: 1993  
GEPaid: CAD982059628  
Contact: UNION OIL COMPANY OF CALIFORNI

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**UNOCAL SERVICE STATION #6115 (Continued)**

**1007199799**

Telephone: 7144286560  
Mailing Name: Not reported  
Mailing Address: PO BOX 25376  
Mailing City,St,Zip: SANTA ANA, CA 927995376  
Gen County: Not reported  
TSD EPA ID: CAD980883177  
TSD County: Not reported  
Waste Category: Tank bottom waste  
Disposal Method: Recycler  
Tons: 1.25099999999  
Cat Decode: Not reported  
Method Decode: Not reported  
Facility County: Santa Clara

[Click this hyperlink](#) while viewing on your computer to access additional CA\_HAZNET: detail in the EDR Site Report.

**A15  
Target  
Property**

**UNOCAL #6115  
4350 EL CAMINO REAL  
LOS ALTOS, CA 94022**

**LUST U001594161  
HIST UST N/A**

**Site 15 of 18 in cluster A**

**Actual:  
68 ft.**

**LUST:**

Lead Agency: SANTA CLARA COUNTY LOP  
Case Type: LUST Cleanup Site  
Geo Track: [http://geotracker.waterboards.ca.gov/profile\\_report.asp?global\\_id=T0608501527](http://geotracker.waterboards.ca.gov/profile_report.asp?global_id=T0608501527)  
Global Id: T0608501527  
Latitude: 37.404111  
Longitude: -122.11675  
Status: Completed - Case Closed  
Status Date: 11/07/1996  
Case Worker: UST  
RB Case Number: Not reported  
Local Agency: SANTA CLARA COUNTY LOP  
File Location: All Files are on GeoTracker or in the Local Agency Database  
Local Case Number: Not reported  
Potential Media Affect: Other Groundwater (uses other than drinking water)  
Potential Contaminants of Concern: Gasoline  
Site History: Not reported

**LUST:**

Global Id: T0608501527  
Contact Type: Regional Board Caseworker  
Contact Name: Regional Water Board  
Organization Name: SAN FRANCISCO BAY RWQCB (REGION 2)  
Address: 1515 CLAY ST SUITE 1400  
City: OAKLAND  
Email: Not reported  
Phone Number: Not reported

Global Id: T0608501527  
Contact Type: Local Agency Caseworker  
Contact Name: UST CASE WORKER  
Organization Name: SANTA CLARA COUNTY LOP  
Address: 1555 Berger Drive, Suite 300  
City: SAN JOSE  
Email: Not reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**UNOCAL #6115 (Continued)**

**U001594161**

Phone Number: 4089183400

LUST:

Global Id: T0608501527  
Action Type: REMEDIATION  
Date: 10/02/1990  
Action: Excavation

Global Id: T0608501527  
Action Type: REMEDIATION  
Date: 10/02/1990  
Action: Soil Vapor Extraction (SVE)

Global Id: T0608501527  
Action Type: RESPONSE  
Date: 11/07/1996  
Action: Other Report / Document

Global Id: T0608501527  
Action Type: ENFORCEMENT  
Date: 01/23/1991  
Action: Notice of Responsibility - #40122

Global Id: T0608501527  
Action Type: ENFORCEMENT  
Date: 04/19/1992  
Action: Staff Letter - #30044

Global Id: T0608501527  
Action Type: Other  
Date: 11/08/1990  
Action: Leak Reported

Global Id: T0608501527  
Action Type: ENFORCEMENT  
Date: 11/07/1996  
Action: Closure/No Further Action Letter

Global Id: T0608501527  
Action Type: RESPONSE  
Date: 05/30/1992  
Action: Soil and Water Investigation Workplan

LUST:

Global Id: T0608501527  
Status: Completed - Case Closed  
Status Date: 11/07/1996

Global Id: T0608501527  
Status: Open - Case Begin Date  
Status Date: 10/05/1990

Global Id: T0608501527  
Status: Open - Site Assessment  
Status Date: 10/05/1990

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**UNOCAL #6115 (Continued)**

**U001594161**

Global Id: T0608501527  
Status: Open - Site Assessment  
Status Date: 09/10/1991

Global Id: T0608501527  
Status: Open - Verification Monitoring  
Status Date: 08/21/1992

**HIST UST:**

File Number: 000209FC  
URL: <http://geotracker.waterboards.ca.gov/ustpdfs/pdf/000209FC.pdf>  
Region: STATE  
Facility ID: 00000021125  
Facility Type: Gas Station  
Other Type: Not reported  
Contact Name: FELIX BOLTON, JR.  
Telephone: 4159410244  
Owner Name: UNION OIL CO.  
Owner Address: 1 CALIFORNIA ST. SUITE 2700  
Owner City,St,Zip: SAN FRANCISCO, CA 94111  
Total Tanks: 0006

Tank Num: 001  
Container Num: 6115-1-1  
Year Installed: 1969  
Tank Capacity: 00010000  
Tank Used for: PRODUCT  
Type of Fuel: UNLEADED  
Container Construction Thickness: Not reported  
Leak Detection: Stock Inventor, 10

Tank Num: 002  
Container Num: 6115-2-1  
Year Installed: 1969  
Tank Capacity: 00010000  
Tank Used for: PRODUCT  
Type of Fuel: PREMIUM  
Container Construction Thickness: Not reported  
Leak Detection: Stock Inventor, 10

Tank Num: 003  
Container Num: 6115-4-1  
Year Installed: Not reported  
Tank Capacity: 00000550  
Tank Used for: WASTE  
Type of Fuel: WASTE OIL  
Container Construction Thickness: Not reported  
Leak Detection: Stock Inventor

Tank Num: 004  
Container Num: 6115-1-1  
Year Installed: 1969  
Tank Capacity: 00010000  
Tank Used for: PRODUCT  
Type of Fuel: UNLEADED  
Container Construction Thickness: Not reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**UNOCAL #6115 (Continued)**

**U001594161**

Leak Detection: Stock Inventor, 10  
  
Tank Num: 005  
Container Num: 6115-2-1  
Year Installed: 1969  
Tank Capacity: 00010000  
Tank Used for: PRODUCT  
Type of Fuel: PREMIUM  
Container Construction Thickness: Not reported  
Leak Detection: Stock Inventor, 10

Tank Num: 006  
Container Num: 6115-4-1  
Year Installed: Not reported  
Tank Capacity: 00000550  
Tank Used for: WASTE  
Type of Fuel: WASTE OIL  
Container Construction Thickness: Not reported  
Leak Detection: Stock Inventor

[Click here for Geo Tracker PDF:](#)

**A16  
Target  
Property**

**EL CAMINO 76  
4350 EL CAMINO REAL  
LOS ALTOS, CA 94022**

**Site 16 of 18 in cluster A**

**Actual:  
68 ft.**

**LUST  
SWEEPS UST  
CA FID UST  
CUPA Listings  
CERS HAZ WASTE  
CERS TANKS  
CERS**

**S101622974  
N/A**

**LUST SANTA CLARA:**

Region: SANTA CLARA  
SCVWD ID: 06S2W18R01F  
Date Closed: 11/07/1996  
EDR Link ID: 06S2W18R01F

**SWEEPS UST:**

Status: Active  
Comp Number: 21125  
Number: 9  
Board Of Equalization: 44-000051  
Referral Date: 07-01-85  
Action Date: Not reported  
Created Date: 02-29-88  
Owner Tank Id: 6115-1-1  
SWRCB Tank Id: 43-000-021125-000001  
Tank Status: A  
Capacity: 10000  
Active Date: 07-01-85  
Tank Use: M.V. FUEL  
STG: P  
Content: REG UNLEADED  
Number Of Tanks: 6

Status: Active  
Comp Number: 21125  
Number: 9

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

EL CAMINO 76 (Continued)

S101622974

Board Of Equalization: 44-000051  
Referral Date: 07-01-85  
Action Date: Not reported  
Created Date: 02-29-88  
Owner Tank Id: 6115-2-1  
SWRCB Tank Id: 43-000-021125-000002  
Tank Status: A  
Capacity: 10000  
Active Date: 07-01-85  
Tank Use: M.V. FUEL  
STG: P  
Content: REG UNLEADED  
Number Of Tanks: Not reported

Status: Active  
Comp Number: 21125  
Number: 9  
Board Of Equalization: 44-000051  
Referral Date: 07-01-85  
Action Date: Not reported  
Created Date: 02-29-88  
Owner Tank Id: 6115-4-1  
SWRCB Tank Id: 43-000-021125-000003  
Tank Status: A  
Capacity: 550  
Active Date: 07-01-85  
Tank Use: OIL  
STG: W  
Content: WASTE OIL  
Number Of Tanks: Not reported

Status: Active  
Comp Number: 21125  
Number: 9  
Board Of Equalization: 44-000051  
Referral Date: 07-01-85  
Action Date: Not reported  
Created Date: 02-29-88  
Owner Tank Id: 6115-1-1  
SWRCB Tank Id: 43-000-021125-000004  
Tank Status: A  
Capacity: 10000  
Active Date: 07-01-85  
Tank Use: M.V. FUEL  
STG: P  
Content: REG UNLEADED  
Number Of Tanks: Not reported

Status: Active  
Comp Number: 21125  
Number: 9  
Board Of Equalization: 44-000051  
Referral Date: 07-01-85  
Action Date: Not reported  
Created Date: 02-29-88  
Owner Tank Id: 6115-2-1  
SWRCB Tank Id: 43-000-021125-000005

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

EL CAMINO 76 (Continued)

S101622974

Tank Status: A  
Capacity: 10000  
Active Date: 07-01-85  
Tank Use: M.V. FUEL  
STG: P  
Content: REG UNLEADED  
Number Of Tanks: Not reported

Status: Active  
Comp Number: 21125  
Number: 9  
Board Of Equalization: 44-000051  
Referral Date: 07-01-85  
Action Date: Not reported  
Created Date: 02-29-88  
Owner Tank Id: 6115-4-1  
SWRCB Tank Id: 43-000-021125-000006  
Tank Status: A  
Capacity: 550  
Active Date: 07-01-85  
Tank Use: OIL  
STG: W  
Content: WASTE OIL  
Number Of Tanks: Not reported

CA FID UST:

Facility ID: 43001553  
Regulated By: UTNKA  
Regulated ID: 00021125  
Cortese Code: Not reported  
SIC Code: Not reported  
Facility Phone: 4159410244  
Mail To: Not reported  
Mailing Address: 4350 EL CAMINO REAL  
Mailing Address 2: Not reported  
Mailing City,St,Zip: LOS ALTOS 94022  
Contact: Not reported  
Contact Phone: Not reported  
DUNS Number: Not reported  
NPDES Number: Not reported  
EPA ID: Not reported  
Comments: Not reported  
Status: Active

CUPA SANTA CLARA:

Region: SANTA CLARA  
PE#: 2399  
Program Description: UNDERGROUND STORAGE TANK PROGRAM RECORD  
Latitude: 37.40446  
Longitude: -122.11823  
Record ID: PR0308081  
Facility ID: FA0251391

Region: SANTA CLARA  
PE#: 2205  
Program Description: GENERATES 100 KG YR TO <5 TONS/YR

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

EL CAMINO 76 (Continued)

S101622974

Latitude: 37.40446  
Longitude: -122.11823  
Record ID: PR0312958  
Facility ID: FA0251391  
  
Region: SANTA CLARA  
PE#: Not reported  
Program Description: HMBP FACILITY, 4-6 CHEMICALS  
Latitude: 37.40446  
Longitude: -122.11823  
Record ID: PR0376905  
Facility ID: FA0251391

CERS HAZ WASTE:  
Site ID: 27683  
CERS ID: 10352914  
CERS Description: Hazardous Waste Generator

Violations:  
Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-18-2014  
Citation: 23 CCR 16 2636(f)(5) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2636(f)(5)  
Violation Description: Failure to maintain all product piping outside the dispenser to be fail-safe and shut down the pump when a leak is detected and the monitoring system shuts down the pump or flow restriction occurs when a leak is detected in the under dispenser containment.  
Violation Notes: Returned to compliance on 11/18/2014. THE 87 TURBINE PUMP DID NOT SHUTDOWN AS REQUIRED WHEN THE 87 PIPING SECONDARY CONTAINMENT SENSOR WAS TESTED. THE UST SERVICE TECHNICIAN DETERMINED IT WAS DUE TO THE RELAY SWITCH BEING STUCK. AFTER CLEANING THE RESIDUE OFF OF THE RELAY SWITCH IT WORKED PROPERLY. NO FURTHER ACTION REQUIRED.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-19-2013  
Citation: 23 CCR 16 2712(i) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2712(i)  
Violation Description: Failure to maintain on site an approved monitoring plan.  
Violation Notes: Returned to compliance on 11/18/2014. Your monitoring plan is incomplete. Information pertaining to manufacturer name and model numbers for your tank leak sensors, your piping sensors, your mechanical line leak detectors, and your UDC float-and-chain assemblies are incorrect. Re-submit your UST monitoring plan information electronically via CERS with correct required information DISREGARD CORRECTIVE ACTION TEXT, BELOW REGARDING SUBMITTAL OF HARD COPY FORMS. SEE [www.EHinfo.org/hazmat](http://www.EHinfo.org/hazmat) FOR DETAILS REGARDING ELECTRONIC REPORTING REQUIREMENTS. A FACILITY RECORD FOR THIS SITE HAS ALREADY BEEN CREATED ON THE CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM (CERS) WEBSITE AT <http://cers.calepa.ca.gov>. REQUEST ACCESS TO THAT CERS RECORD AND SUBMIT UST MONITORING PLAN(S) FOR APPROVAL. Your CERS ID # is 10352914. Access your account and submit your required information electronically.

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**EL CAMINO 76 (Continued)**

**S101622974**

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-09-2017  
Citation: 22 CCR 12 66262.34(f) - California Code of Regulations, Title 22, Chapter 12, Section(s) 66262.34(f)

Violation Description: Failure to properly label hazardous waste accumulation containers and portable tanks with the following requirements: "Hazardous Waste", name and address of the generator, physical and chemical characteristics of the Hazardous Waste, and starting accumulation date.

Violation Notes: 1 x 110 gallon oily water container was unlabeled. 1 x 55-gallon paper filter waste drum had a faded label. 1 x 30 gallon red mobile waste oil container did not have the "toxic" hazardous waste property marked on the label. 1 underground used oil tank did not have the accumulation start date marked on the tank label.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HW  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-23-2015  
Citation: 23 CCR 16 2715 - California Code of Regulations, Title 23, Chapter 16, Section(s) 2715

Violation Description: The owner/operator has failed to comply with one or more of the following: to maintain a copy of the designated operator monthly inspections for the last 12 months and/or maintain a list of trained employees on-site or off-site at a readily available location, if approved by the CUPA.

Violation Notes: October 2015 monthly inspection report was not available for review. November and December 2014 inspection reports did not have alarm history reports attached as required. Ensure that all documentation of inspections for the most recent 12 months is complete and kept available for inspection.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-19-2013  
Citation: 23 CCR 16 2715(f) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2715(f)

Violation Description: Failure to comply with one or more of the following: provide training to facility employee(s) responsible for proper operation and maintenance every 12 months and/or train new employee(s) who are responsible for proper operation and maintenance within 30-days of hire and/or to have at least one employee present during operating hours that has been trained in the proper operation and maintenance of the UST system.

Violation Notes: Returned to compliance on 01/03/2014. 2013 DUSTO employee training not performed and documented.

Violation Division: Santa Clara County Environmental Health

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

EL CAMINO 76 (Continued)

S101622974

Violation Program: UST  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-19-2013  
Citation: 22 CCR 12 66262.34(f) - California Code of Regulations, Title 22, Chapter 12, Section(s) 66262.34(f)  
Violation Description: Failure to properly label hazardous waste accumulation containers with the following requirements: "Hazardous Waste", name and address of the generator, physical and chemical characteristics of the Hazardous Waste, and starting accumulation date.  
Violation Notes: Returned to compliance on 01/03/2014. The following tank and containers were not properly labeled: 1) The red mobile waste oil drain was unlabeled. 2) The 16 gallon used oil container next to the front door and fire extinguisher has a label with faded information on it. 3) The waste coolant container in the rear outside storage area does not have the generator name and address marked on the container label. 4) Provide the words "hazardous waste" and the accumulation start date in the spill box of the used oil tank.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: HW  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-10-2016  
Citation: HSC 6.95 25505(a)(4) - California Health and Safety Code, Chapter 6.95, Section(s) 25505(a)(4)  
Violation Description: Failure to provide initial and annual training to all employees in safety procedures in the event of a release or threatened release of a hazardous material or failure to document and maintain training records for a minimum of three years.  
Violation Notes: HMBP training was done on 10/16/2016, but the employee training records note the training date simply as "10/16". All training records shall have complete dates (month, day year).  
Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-19-2013  
Citation: 23 CCR 16 2641(a) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2641(a)  
Violation Description: Failure of sensor to be located in the proper position/location.  
Violation Notes: Returned to compliance on 11/19/2013. Float-and-chain assemblies at dispenser 1/2 were both water-tested and failed. Adjustments were made to the assemblies, re-tested and then passed. Violation corrected during the inspection. Nor further action is required.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-10-2016

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**EL CAMINO 76 (Continued)**

**S101622974**

Citation: HSC 6.75 25299.30-25299.34 - California Health and Safety Code, Chapter 6.75, Section(s) 25299.30-25299.34  
Violation Description: Failure to submit and maintain complete and current Certification of Financial Responsibility or other mechanism of financial assurance.  
Violation Notes: This is a repeat violation. Certification of Financial Responsibility (CFR) dated 4/14/2016 shows incorrect per-occurrence coverage amount in Sections A and C. Required financial responsibility for petroleum marketers is \$995,000 per occurrence and annual aggregate (\$495,000 per occurrence coverage is allowed only for non-marketers). Section C does not state that UST Cleanup Fund covers corrective action. Upload corrected CFR to California Environmental Reporting System (CERS) website and submit within 30 days for all 3 of your gas stations.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-24-2015  
Citation: Un-Specified  
Violation Description: UST Program - Design/Construction - For use of Local Ordinance only.  
Violation Notes: In February of this year, dispenser conversion frames were used to attach new Gilbarco dispensers to the station's existing under dispenser containment (UDC) sumps. The Gilbarco dispensers are significantly larger than the previous dispensers, so the UDC manufacturer, S. Bravo Systems, provides metal fluid diversion inserts with the conversion frames to channel leaks from piping and fuel filters inside the dispensers that overhang the areas not directly above the UDC openings into the UDC. During this inspection, none of the diversion inserts were installed, so leaks from the fuel filters and some of the piping inside the dispensers will not be secondarily contained. Immediately replace the fluid diversion inserts and keep them in place at all times.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-19-2013  
Citation: 19 CCR 4 2729.5 - California Code of Regulations, Title 19, Chapter 4, Section(s) 2729.5  
Violation Description: Failure to submit inventory reports (Activities, Owner/Operator, Hazardous Materials Descriptions and Map pages, if required). Documentation must be resubmitted (for facilities which exceed EPCRA thresholds) or re-certified (for facilities which do not exceed EPCRA thresholds) by March 1.  
Violation Notes: Returned to compliance on 06/18/2014. Annual Inventory was not certified for 2012 or 2013. DISREGARD CORRECTIVE ACTION TEXT, BELOW REGARDING SUBMITTAL OF HARD COPY FORMS. SEE [www.EHinfo.org/hazmat](http://www.EHinfo.org/hazmat) FOR DETAILS REGARDING ELECTRONIC REPORTING REQUIREMENTS. A FACILITY RECORD FOR THIS SITE HAS ALREADY BEEN CREATED ON THE CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM (CERS) WEBSITE AT <http://cers.calepa.ca.gov>. REQUEST ACCESS TO THAT CERS RECORD AND SUBMIT A CURRENT HMBP WITHIN 30 DAYS. Review the "Getting Started on CERS" handout and access your CERS account # 10352914 in order to electronically submit your hazardous materials business plan and certify your chemical inventory.

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**EL CAMINO 76 (Continued)**

**S101622974**

Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-19-2013  
Citation: HSC 6.67 Multiple - California Health and Safety Code, Chapter 6.67, Section(s) Multiple  
Violation Description: Haz Waste Generator Program - Operations/Maintenance - General  
Violation Notes: Returned to compliance on 01/03/2014. Clean the releases from the top and sides of the waste coolant container in the outside rear storage area.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HW  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-19-2013  
Citation: 40 CFR 1 262.34(d)(5)(ii) - U.S. Code of Federal Regulations, Title 40, Chapter 1, Section(s) 262.34(d)(5)(ii)  
Violation Description: Failure to post, next to the telephone, Emergency Information (SQG) containing the location of emergency equipment, contact names and numbers.  
Violation Notes: Returned to compliance on 01/03/2014. Add the locations of your fire extinguishers and spill control equipment to your posted emergency procedures.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HW  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-19-2013  
Citation: HSC 6.7 Multiple Sections - California Health and Safety Code, Chapter 6.7, Section(s) Multiple Sections  
Violation Description: UST Program - Administration/Documentation - General  
Violation Notes: Returned to compliance on 01/03/2014. Return-to-Compliance documents were not submitted for your 11/29/2011 and 11/19/2012 inspections.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-09-2017  
Citation: 23 CCR 16 2712(f) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2712(f)  
Violation Description: Failure to implement the corrections specified in the inspection report within 30 calendar days of receiving an inspection report from either the UPA or special inspector.  
Violation Notes: The Certification of Compliance from your 11/10/2016 Notice of Inspection was not received by our office within 30 days of that inspection date.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

EL CAMINO 76 (Continued)

S101622974

Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-19-2013  
Citation: 23 CCR 16 2715(b) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2715(b)  
Violation Description: Failure to submit statement of UST compliance and/or Designated Operator current certification.  
Violation Notes: Returned to compliance on 12/09/2013. Dusto Notificaiton Form not found. Complete and submit this document to our office for review. Keep a copy of this record in your compliance file.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-09-2017  
Citation: 23 CCR 16 2636(f)(1) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2636(f)(1)  
Violation Description: Failure of the double-walled pressurized piping to be continuously monitored with a system that activates an audible and visual alarm or stops flow at the dispenser when a leak is detected.  
Violation Notes: Returned to compliance on 11/09/2017. One float-and-chain assembly in dispenser 3/4 and one float-and-chain assembly in dispenser 11/12 did not properly function when tested with water. The technician adjusted the assemblies, retested them, and they passed on the second attempt. Violation is corrected. NO FURTHER ACTION IS REQUIRED.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-19-2013  
Citation: 22 CCR 12 66262.12 - California Code of Regulations, Title 22, Chapter 12, Section(s) 66262.12  
Violation Description: Failure to obtain and/or maintain an Active EPA ID.  
Violation Notes: Returned to compliance on 12/09/2013. Your EPA ID #CAL000025915 is "inactive". Complete the form 1358 provided to you and submit it to DTSC in Sacramento to re-activate your number.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: HW  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-09-2017  
Citation: HSC 6.5 Multiple Sections - California Health and Safety Code, Chapter 6.5, Section(s) Multiple Sections  
Violation Description: Hazardous Waste Generator Program - Operations/Maintenance - General  
Violation Notes: 1 x 10 gallon empty container in the outside storage area did not have the date marked on the container label.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: HW  
Violation Source: CERS

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

EL CAMINO 76 (Continued)

S101622974

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-19-2013  
Citation: HSC 6.67 Multiple Sections - California Health and Safety Code, Chapter 6.67, Section(s) Multiple Sections  
Violation Description: Haz Waste Generator Program - Administration/Documentation - General  
Violation Notes: Returned to compliance on 01/03/2014. Return to Compliance from your last 11/29/2011 inspection was not submitted to our office within 35 days of that inspection date.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: HW  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-23-2015  
Citation: HSC 6.75 25299.30-25299.34 - California Health and Safety Code, Chapter 6.75, Section(s) 25299.30-25299.34  
Violation Description: Failure to submit and maintain complete and current Certification of Financial Responsibility or other mechanism of financial assurance.  
Violation Notes: Certification of Financial Responsibility (CFR) dated 6/30/2015 shows incorrect coverage amount in Section C. Required financial responsibility for petroleum marketers is \$995,000 per occurrence and annual aggregate. (\$495,000 per occurrence coverage is allowed only for non-marketers.) Chief Financial Officer letter does not identify facilities covered by the letter. Upload corrected CFR and CFO letter to California Environmental Reporting System (CERS) website within 30 days for all 3 of your gas stations.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-24-2015  
Citation: 23 CCR 16 2638 - California Code of Regulations, Title 23, Chapter 16, Section(s) 2638  
Violation Description: Failure to test leak detection equipment as required every 12 months (VPH, sensor, LLD, ATG, etc.) and/or submit monitoring system certification to the CUPA within 30 days of completion of the test  
Violation Notes: Christopher Bishop's Franklin Fueling Systems FE Petro Submersible Pumping Systems (line leak detector) certification expired on 10/23/2014, so the line leak detector testing he performed on 11/18/2014 and 11/16/2015 is not valid. Have the LLDs retested within 30 days by a technician with current manufacturer's training certification and submit a copy of the testing documentation within 30 days of the test date. Ensure the technicians for future testing have all required training and certifications.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-19-2013  
Citation: 22 CCR 16 66266.130 - California Code of Regulations, Title 22, Chapter 16, Section(s) 66266.130

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EDR ID Number  
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**EL CAMINO 76 (Continued)**

**S101622974**

Violation Description: Failure to properly handle, manage, label, and recycle used oil and fuel filters.

Violation Notes: Returned to compliance on 01/03/2014. Observed 2 x 55-gallon used filter drums in the outside rear storage area that have rusted lids and the lids were not properly sealed to the containers. Replace the lids with ones that are in good condition and use the drum rings to seal the lids to the containers.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HW  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-10-2016  
Citation: HSC 6.7 25290.1(c), 25290.2(c), 25291(a)(2), 25292(e) - California Health and Safety Code, Chapter 6.7, Section(s) 25290.1(c), 25290.2(c), 25291(a)(2), 25292(e)

Violation Description: Failure to maintain secondary containment (e.g. failure of secondary containment testing).

Violation Notes: This is an uncorrected violation originally cited in the 11/24/2015 Official Notice of Inspection. The dispenser conversion frames for the 6 Gilbarco Encore dispensers have not been equipped with the required S. Bravo Systems "Deflector Plates" to direct fuel releases from piping and filters inside the dispensers into the monitored under dispenser containment (UDC) sumps. Deflector plates are available from local distributors of S. Bravo Systems' equipment. This is a significant UST violation. Failure to provide required secondary containment as directed may result in your tanks being Red Tagged to prevent fuel deliveries. Once installed, the deflector plates shall be kept in place at all times except when temporary removal is required for equipment maintenance and testing.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-10-2016  
Citation: HSC 6.7 25293 - California Health and Safety Code, Chapter 6.7, Section(s) 25293

Violation Description: Failure to maintain UST records of monitoring, testing, repairing, and closure in sufficient detail to enable the CUPA to determine whether the UST systems are in compliance.

Violation Notes: Facility employees training by the Designated UST Operator was done on 10/16/2016, but list of trained employees notes training date simply as "10/16". All training records shall have complete dates (month, day year).

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-24-2015  
Citation: 23 CCR 16 2715(f) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2715(f)

Violation Description: Failure to comply with one or more of the following: provide training

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MAP FINDINGS

Site

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EL CAMINO 76 (Continued)

S101622974

to facility employee(s) responsible for proper operation and maintenance every 12 months and/or train new employee(s) who are responsible for proper operation and maintenance within 30-days of hire and/or to have at least one employee present during operating hours that has been trained in the proper operation and maintenance of the UST system.

Violation Notes: Facility records show no training of facility employees by the DUSTO between 1/3/2014 and 11/16/2015. Ensure that all required training is performed and documented.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-09-2017  
Citation: 23 CCR 16 2715(c) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2715(c)

Violation Description: Failure to comply with one or more of the following designated operator (DO) monthly inspection requirements: Be performed by an ICC certified DO. Inspect monthly alarm history report, check that alarms are documented and responded to appropriately, and attach a copy. Inspect for the presence of liquid/debris in spill containers. Inspect for the presence of liquid/debris in under dispenser containment (UDC) and ensure that the monitoring equipment is positioned correctly. Inspect for liquid or debris in containment sumps where an alarm occurred with no service visit. Check that all testing and maintenance has been completed and documented. Verify that all facility employees have been trained in accordance with 23 CCR 2715(f)(2).

Violation Notes: Alarm history reports were not attached to the monthly DUSTO Inspection reports for August, September, and October 2017.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Evaluation:  
Eval General Type: Other/Unknown  
Eval Date: 01-22-2016  
Violations Found: No  
Eval Type: Other, not routine, done by local agency  
Eval Notes: A follow-on inspection was performed today from the previous 11/24/15 UST inspection to witness the re-testing of LLDs that were originally tested by Chris Bishop. Mr. Bishop's certifications had expired and previous testing that had been performed was not valid. Mr. Bishop's required certifications are now current and today's re-testing was acceptable. 2 mechanical LLDs were tested at leak rates of 3 gph at 10 psi and passed. Send a copy of the testing report to our office within 30 days.

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Other/Unknown  
Eval Date: 05-16-2014  
Violations Found: No  
Eval Type: Other, not routine, done by local agency  
Eval Notes: Triennial SB-989 secondary containment testing was performed on this

Map ID  
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Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

EL CAMINO 76 (Continued)

S101622974

date by James Moore. ICC Service Technician Certification 5254517 exp. date = 7/26/15, Incon Level 4 certification #6063063703, exp. date = 5/23/15 The following secondary containment components were tested: 87 and 91 tank annular space, at 7 inches Hg vacuum for one hour.(8:55 to 9:55 AM). Gages did not drop. Gages returned to zero. Test result = pass. Waste oil tank annular space, at 7 inches Hg vacuum for one hour. (11:15 AM to 12:15) Gage did not drop. Gage returned to zero. Test result = pass. 87 and 91 product lines were tested under 5 psi nitrogen for one hour. Both lines failed on the first attempt. The 91 line had a leak at the test gage and the 87 line had leaks at the test boot fittings at dispensers 1/2 and 5/6. All leaks were eliminated and the lines were re-tested for one hour (8:55 to 9:55 AM). Gages did not drop. Gages returned to zero. Test result = pass. The 87 and 91

[Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 11-09-2017  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: A walk through and paperwork inspection was performed on this date.

EPA ID number CAL000025915 is "ACTIVE". Consolidated manifests and receipts for the last 3 years were reviewed and were proper. Dumpster was inspected and was OK. Emergency Procedures were properly posted. Facility has spill control absorbents available for use. Hazardous waste training was performed and documented in June 2017. Fire extinguishers were available for use and were properly charged.

Eval Division: Santa Clara County Environmental Health  
Eval Program: HW  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 11-09-2017  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: An annual monitoring certification was performed today by Chris Bishop. All of his required certifications were reviewed and were current. The VMI 890 LDT tester two-year calibration date was 6/22/16 and is current. The TLS350 showed no leak alarms at the beginning and the end of the inspection. Deflector plates were observed installed at the dispensers above the UDC sumps to properly convey any fuel releases into the sumps. System set up and alarm history reports were reviewed and returned to the service technician. The 2 STP sumps were dry, sensors at their low points, and piping test boots were separated to provide proper communication. 3 spill buckets passed their required one-hour lake tests. 2 overflow alarm sensors were programmed to alarm at 90% of tank capacity and properly provided visual and audible alarms when tested. 3 tank annular space alarms provided audible and visual alarms when tested water. 1 piping sensor in UDC 13/14 an

[Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection

Map ID  
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Database(s)

EDR ID Number  
EPA ID Number

EL CAMINO 76 (Continued)

S101622974

Eval Date: 11-10-2016  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: All underground storage tank (UST) system leak detection equipment was tested today by UST Service Technician Christopher Bishop of Confidence UST Services, Inc. and functioned properly. Mr. Bishop has current ICC California UST Service Technician certification (exp. 4/25/2018), Veeder-Root certification (exp. 5/10/2017), Vaporless Manufacturing (VMI) LDT-890 line leak detector tester certification (exp. 8/13/2017), and Franklin Fueling Systems FE Petro Submersible Pumping Systems (line leak detector) certification (exp. 11/16/2017). The 3 Veeder-Root model 794390-420 tank annular sensors were tested using water to obtain audible and visual fuel alarms on the Veeder-Root TLS-350 console. Three Veeder-Root model 794380-208 sensors monitoring the 2 submersible turbine pump (STP) sumps and the capped out-of-service under dispenser containment (UDC) sump for former Dispenser 13/14 were tested using water to obtain audible and visual fuel alarms on the Veeder-Root TLS-350 [Truncated]  
Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 11-10-2016  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: Hazardous Materials Business Plan (HMBP) submitted via California Environmental Reporting System (CERS) website on 9/8/2016 for CERS ID 10352914 was reviewed and has been accepted.  
Eval Division: Santa Clara County Environmental Health  
Eval Program: HMRRP  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 11-18-2014  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: ONSITE TO WITNESS UST MONITORING EQUIPMENT AND SECONDARY CONTAINMENT TESTING COMPLETED BY UST SERVICE TECHNICIAN CHRIS BISHOP OF UST CONFIDENCE SERVICES. MR. BISHOP HAS CURRENT ICC UST SERVICE TECHNICIAN CERTIFICATION (EXP. 04/30/2016), VEEDER-ROOT LEVEL 4 CERTIFICATION (EXP. 05/15/2016) AND VAPORLESS MANUFACTURING INC. CERTIFICATION (EXP. 05/14/2016). RECOMMEND REPLACING THE RELAY SWITCH FOR THE 87 TURBINE PUMP THAT WAS STUCK LEAVING THE TURBINE PUMP CONTINUOUSLY ON. SEE VIOLATION T850. THE FOLLOWING UST MONITORING EQUIPMENT WAS TESTED: -TWO STP SUMP SENSORS: TESTED WITH WATER -PRODUCED POSITIVE TURBINE SHUTDOWN AND AUDIBLE/VISIBLE ALARM AT THE TLS 350 MONITORING PANEL (AFTER THE SERVICE -TECHNICIAN CLEANED THE 87 RELAY SWITCH CONNECTION SEE VIOLATION T850). -THREE ANNULAR SPACE SENSORS: TESTED WITH WATER - PROVIDED AUDIBLE/VISIBLE ALARM AT THE TLS 350 MONITORING PANEL. -THREE SPILL BUCKETS: ONE HOUR HYDROSTATIC TEST PASSED. -FOURTEEN FLOAT AND CHAIN [Truncated]  
Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

EL CAMINO 76 (Continued)

S101622974

Eval Date: 11-19-2013  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: A routine hazardous waste generator inspection was performed on this date. A physical walkthrough was performed along with a review of paperwork since the last inspection. Fire extinguishers were properly charged and available for use. Spill control absorbent was present. Emergency procedures were posted. First Aid kit was available for use. The trash dumpster was inspected and contained appropriate waste.

Eval Division: Santa Clara County Environmental Health  
Eval Program: HW  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 11-19-2013  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: Annual underground storage tank inspection was performed on this date. The annual monitoring certification was performed by Chris Bishop. All of his required certifications are current. The VMI LDT-890 2-year calibration date = 6/21/2012. "All Functions Normal" was displayed at the TLS-350 control panel at the beginning and end of the inspection. Indicator lights at the alarm panel were not working and were replaced by the service technician. The system set-up and alarm history reports were obtained from the service technician and were reviewed. The 87 and 91 turbine sumps plus the 7 UDC sumps were inspected and were dry. The 2 turbine sump sensors were positioned at their low points plus the product piping test boots were separated to allow communication to occur between the product piping and the sump sensors. The following sensors were tested and provided audible and visual alarms: 3 tank annular space sensors (87, 91, used oil), 2 turbine sump sensors (87 and [Truncated])

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 11-19-2013  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: Reviewed business plan dated February, 2011. Facility is properly permitted for the number of reportable chemicals. (Gasoline, used oil, used coolant, motor oil, coolant, propane) EFFECTIVE JANUARY 1, 2013, STATE LAW REQUIRES THAT HAZARDOUS MATERIALS BUSINESS PLAN (HMBP), HAZARDOUS WASTE TIERED PERMIT, AND CERTAIN UNDERGROUND STORAGE TANK (UST) SUBMITTALS (i.e., OPERATING PERMIT APPLICATIONS AND UST MONITORING PLANS) BE SUBMITTED ELECTRONICALLY VIA THE CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM (CERS) WEBSITE AT <http://cers.calepa.ca.gov>. HARD COPIES ARE NO LONGER ALLOWED FOR THOSE SUBMITTALS, SO PLEASE DISREGARD ANY PRE-PRINTED CORRECTIVE ACTION TEXT IN THIS NOTICE OF INSPECTION REGARDING HARD COPY FORMS. FACILITY RECORDS HAVE ALREADY BEEN CREATED IN CERS FOR MANY BUSINESSES. PLEASE SEARCH CERS AND REQUEST ACCESS TO THAT RECORD BEFORE CREATING A NEW FACILITY RECORD. SEE [www.EHinfo.org/hazmat](http://www.EHinfo.org/hazmat) FOR MORE DETAILS REGARDING ELECTRONIC REPORTING REQUIREMENTS.

Eval Division: Santa Clara County Environmental Health  
Eval Program: HMRRP

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**EL CAMINO 76 (Continued)**

**S101622974**

Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 11-24-2015  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: Inspection began on 11/16/2015 and ended today. All underground storage tank (UST) system leak detection equipment was tested on 11/16/2015 by UST Service Technician Christopher Bishop of Confidence UST Services, Inc. and functioned properly. Mr. Bishop has current ICC California UST Service Technician certification (exp. 4/30/2016), Veeder-Root Level 4 certification (exp. 5/15/2016), and Vaporless Manufacturing (VMI) LDT-890 line leak detector tester certification (exp. 8/13/2017). As noted above, his Franklin Fueling Systems FE Petro Submersible Pumping Systems (line leak detector) certification has expired. The 3 Veeder-Root model 794390-420 tank annular sensors were tested using water to obtain audible and visual fuel alarms on the Veeder-Root TLS-350 console. Three Veeder-Root model 794380-208 sensors monitoring the 2 submersible turbine pump (STP) sumps and the capped out-of-service under dispenser containment (UDC) sump for former Dispenser 13/14 were tested [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

**Enforcement Action:**

Site ID: 27683  
Site Name: EL CAMINO 76  
Site Address: 4350 EL CAMINO REAL  
Site City: LOS ALTOS  
Site Zip: 94022  
Enf Action Date: 11-18-2014  
Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection  
Enf Action Notes: Not reported  
Enf Action Division: Santa Clara County Environmental Health  
Enf Action Program: UST  
Enf Action Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Site Address: 4350 EL CAMINO REAL  
Site City: LOS ALTOS  
Site Zip: 94022  
Enf Action Date: 11-19-2013  
Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection  
Enf Action Notes: Not reported  
Enf Action Division: Santa Clara County Environmental Health  
Enf Action Program: HMRRP  
Enf Action Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Site Address: 4350 EL CAMINO REAL  
Site City: LOS ALTOS  
Site Zip: 94022

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**EL CAMINO 76 (Continued)**

**S101622974**

Enf Action Date: 11-19-2013  
Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection  
Enf Action Notes: Not reported  
Enf Action Division: Santa Clara County Environmental Health  
Enf Action Program: HW  
Enf Action Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Site Address: 4350 EL CAMINO REAL  
Site City: LOS ALTOS  
Site Zip: 94022  
Enf Action Date: 11-19-2013  
Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection  
Enf Action Notes: Not reported  
Enf Action Division: Santa Clara County Environmental Health  
Enf Action Program: UST  
Enf Action Source: CERS

Coordinates:  
Site ID: 27683  
Facility Name: EL CAMINO 76  
Env Int Type Code: HWG  
Program ID: 10352914  
Coord Name: Not reported  
Ref Point Type Desc: Center of a facility or station.  
Latitude: 37.404080  
Longitude: -122.118230

Affiliation:  
Affiliation Type Desc: CUPA District  
Entity Name: Santa Clara County Environmental Health  
Entity Title: Not reported  
Affiliation Address: 1555 Berger Drive, Suite 300  
Affiliation City: San Jose  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: 95112-2716  
Affiliation Phone: (408) 918-3400

Affiliation Type Desc: Document Preparer  
Entity Name: Stantec Consulting Services Inc.  
Entity Title: Not reported  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

Affiliation Type Desc: Environmental Contact  
Entity Name: GREGORY GALATOLO  
Entity Title: Not reported  
Affiliation Address: 4350 EL CAMINO REAL

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**EL CAMINO 76 (Continued)**

**S101622974**

Affiliation City: LOS ALTOS  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: 94022  
Affiliation Phone: (650) 941-0244

Affiliation Type Desc: Facility Mailing Address  
Entity Name: Mailing Address  
Entity Title: Not reported  
Affiliation Address: 4350 EL CAMINO REAL  
Affiliation City: LOS ALTOS  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: 94022  
Affiliation Phone: Not reported

Affiliation Type Desc: Identification Signer  
Entity Name: GREGORY GALATOLO  
Entity Title: OWNER  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

Affiliation Type Desc: Legal Owner  
Entity Name: GREGORY GALATOLO  
Entity Title: Not reported  
Affiliation Address: 330 S. SAN ANTONIO ROAD  
Affiliation City: LOS ALTOS  
Affiliation State: CA  
Affiliation Country: United States  
Affiliation Zip: 94022  
Affiliation Phone: (650) 941-0244

Affiliation Type Desc: Operator  
Entity Name: GREGORY GALATOLO  
Entity Title: Not reported  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: (650) 948-8302

Affiliation Type Desc: Parent Corporation  
Entity Name: Greg's 76 Auto Repair  
Entity Title: Not reported  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

Affiliation Type Desc: Property Owner

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

EL CAMINO 76 (Continued)

S101622974

Entity Name: GREGORY GALATOLO  
Entity Title: Not reported  
Affiliation Address: 4350 EL CAMINO REAL  
Affiliation City: LOS ALTOS  
Affiliation State: CA  
Affiliation Country: United States  
Affiliation Zip: 94022  
Affiliation Phone: (650) 941-0244

Affiliation Type Desc: UST Permit Applicant  
Entity Name: Greg Galatolo  
Entity Title: Owner  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: (650) 941-0244

Affiliation Type Desc: UST Property Owner Name  
Entity Name: greg galatolo  
Entity Title: Not reported  
Affiliation Address: 4350 el camino real  
Affiliation City: los altos  
Affiliation State: ca  
Affiliation Country: United States  
Affiliation Zip: 94022  
Affiliation Phone: (650) 941-0244

Affiliation Type Desc: UST Tank Operator  
Entity Name: GREGORY GALATOLO  
Entity Title: Not reported  
Affiliation Address: 4350 el camino real  
Affiliation City: los altos  
Affiliation State: ca  
Affiliation Country: United States  
Affiliation Zip: 94022  
Affiliation Phone: (650) 941-0244

Affiliation Type Desc: UST Tank Owner  
Entity Name: GREGORY GALATOLO  
Entity Title: Not reported  
Affiliation Address: 4350 el camino real  
Affiliation City: los altos  
Affiliation State: ca  
Affiliation Country: United States  
Affiliation Zip: 94022  
Affiliation Phone: (650) 941-0244

CERS TANKS:  
Site ID: 27683  
CERS ID: 10352914  
CERS Description: Underground Storage Tank

Violations:  
Site ID: 27683

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**EL CAMINO 76 (Continued)**

**S101622974**

Site Name: EL CAMINO 76  
Violation Date: 11-18-2014  
Citation: 23 CCR 16 2636(f)(5) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2636(f)(5)  
Violation Description: Failure to maintain all product piping outside the dispenser to be fail-safe and shut down the pump when a leak is detected and the monitoring system shuts down the pump or flow restriction occurs when a leak is detected in the under dispenser containment.  
Violation Notes: Returned to compliance on 11/18/2014. THE 87 TURBINE PUMP DID NOT SHUTDOWN AS REQUIRED WHEN THE 87 PIPING SECONDARY CONTAINMENT SENSOR WAS TESTED. THE UST SERVICE TECHNICIAN DETERMINED IT WAS DUE TO THE RELAY SWITCH BEING STUCK. AFTER CLEANING THE RESIDUE OFF OF THE RELAY SWITCH IT WORKED PROPERLY. NO FURTHER ACTION REQUIRED.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-19-2013  
Citation: 23 CCR 16 2712(i) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2712(i)  
Violation Description: Failure to maintain on site an approved monitoring plan.  
Violation Notes: Returned to compliance on 11/18/2014. Your monitoring plan is incomplete. Information pertaining to manufacturer name and model numbers for your tank leak sensors, your piping sensors, your mechanical line leak detectors, and your UDC float-and-chain assemblies are incorrect. Re-submit your UST monitoring plan information electronically via CERS with correct required information DISREGARD CORRECTIVE ACTION TEXT, BELOW REGARDING SUBMITTAL OF HARD COPY FORMS. SEE [www.EHinfo.org/hazmat](http://www.EHinfo.org/hazmat) FOR DETAILS REGARDING ELECTRONIC REPORTING REQUIREMENTS. A FACILITY RECORD FOR THIS SITE HAS ALREADY BEEN CREATED ON THE CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM (CERS) WEBSITE AT <http://cers.calepa.ca.gov>. REQUEST ACCESS TO THAT CERS RECORD AND SUBMIT UST MONITORING PLAN(S) FOR APPROVAL. Your CERS ID # is 10352914. Access your account and submit your required information electronically.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-09-2017  
Citation: 22 CCR 12 66262.34(f) - California Code of Regulations, Title 22, Chapter 12, Section(s) 66262.34(f)  
Violation Description: Failure to properly label hazardous waste accumulation containers and portable tanks with the following requirements: "Hazardous Waste", name and address of the generator, physical and chemical characteristics of the Hazardous Waste, and starting accumulation date.  
Violation Notes: 1 x 110 gallon oily water container was unlabeled. 1 x 55-gallon paper filter waste drum had a faded label. 1 x 30 gallon red mobile waste oil container did not have the "toxic" hazardous waste property marked on the label. 1 underground used oil tank did not have the accumulation start date marked on the tank label.  
Violation Division: Santa Clara County Environmental Health

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

EL CAMINO 76 (Continued)

S101622974

Violation Program: HW  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-23-2015  
Citation: 23 CCR 16 2715 - California Code of Regulations, Title 23, Chapter 16, Section(s) 2715  
Violation Description: The owner/operator has failed to comply with one or more of the following: to maintain a copy of the designated operator monthly inspections for the last 12 months and/or maintain a list of trained employees on-site or off-site at a readily available location, if approved by the CUPA.  
Violation Notes: October 2015 monthly inspection report was not available for review. November and December 2014 inspection reports did not have alarm history reports attached as required. Ensure that all documentation of inspections for the most recent 12 months is complete and kept available for inspection.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-19-2013  
Citation: 23 CCR 16 2715(f) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2715(f)  
Violation Description: Failure to comply with one or more of the following: provide training to facility employee(s) responsible for proper operation and maintenance every 12 months and/or train new employee(s) who are responsible for proper operation and maintenance within 30-days of hire and/or to have at least one employee present during operating hours that has been trained in the proper operation and maintenance of the UST system.  
Violation Notes: Returned to compliance on 01/03/2014. 2013 DUSTO employee training not performed and documented.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-19-2013  
Citation: 22 CCR 12 66262.34(f) - California Code of Regulations, Title 22, Chapter 12, Section(s) 66262.34(f)  
Violation Description: Failure to properly label hazardous waste accumulation containers with the following requirements: "Hazardous Waste", name and address of the generator, physical and chemical characteristics of the Hazardous Waste, and starting accumulation date.  
Violation Notes: Returned to compliance on 01/03/2014. The following tank and containers were not properly labeled: 1) The red mobile waste oil drain was unlabeled. 2) The 16 gallon used oil container next to the front door and fire extinguisher has a label with faded information on it. 3) The waste coolant container in the rear outside storage area does not have the generator name and address marked on the container label. 4) Provide the words "hazardous waste" and the accumulation start date in the spill box of the used oil tank.

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**EL CAMINO 76 (Continued)**

**S101622974**

Violation Division: Santa Clara County Environmental Health  
Violation Program: HW  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-10-2016  
Citation: HSC 6.95 25505(a)(4) - California Health and Safety Code, Chapter 6.95, Section(s) 25505(a)(4)  
Violation Description: Failure to provide initial and annual training to all employees in safety procedures in the event of a release or threatened release of a hazardous material or failure to document and maintain training records for a minimum of three years.  
Violation Notes: HMBP training was done on 10/16/2016, but the employee training records note the training date simply as "10/16". All training records shall have complete dates (month, day year).

Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-19-2013  
Citation: 23 CCR 16 2641(a) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2641(a)  
Violation Description: Failure of sensor to be located in the proper position/location.  
Violation Notes: Returned to compliance on 11/19/2013. Float-and-chain assemblies at dispenser 1/2 were both water-tested and failed. Adjustments were made to the assemblies, re-tested and then passed. Violation corrected during the inspection. Nor further action is required.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-10-2016  
Citation: HSC 6.75 25299.30-25299.34 - California Health and Safety Code, Chapter 6.75, Section(s) 25299.30-25299.34  
Violation Description: Failure to submit and maintain complete and current Certification of Financial Responsibility or other mechanism of financial assurance.  
Violation Notes: This is a repeat violation. Certification of Financial Responsibility (CFR) dated 4/14/2016 shows incorrect per-occurrence coverage amount in Sections A and C. Required financial responsibility for petroleum marketers is \$995,000 per occurrence and annual aggregate (\$495,000 per occurrence coverage is allowed only for non-marketers). Section C does not state that UST Cleanup Fund covers corrective action. Upload corrected CFR to California Environmental Reporting System (CERS) website and submit within 30 days for all 3 of your gas stations.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-24-2015  
Citation: Un-Specified

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

EL CAMINO 76 (Continued)

S101622974

Violation Description: UST Program - Design/Construction - For use of Local Ordinance only.  
Violation Notes: In February of this year, dispenser conversion frames were used to attach new Gilbarco dispensers to the station's existing under dispenser containment (UDC) sumps. The Gilbarco dispensers are significantly larger than the previous dispensers, so the UDC manufacturer, S. Bravo Systems, provides metal fluid diversion inserts with the conversion frames to channel leaks from piping and fuel filters inside the dispensers that overhang the areas not directly above the UDC openings into the UDC. During this inspection, none of the diversion inserts were installed, so leaks from the fuel filters and some of the piping inside the dispensers will not be secondarily contained. Immediately replace the fluid diversion inserts and keep them in place at all times.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-19-2013  
Citation: 19 CCR 4 2729.5 - California Code of Regulations, Title 19, Chapter 4, Section(s) 2729.5

Violation Description: Failure to submit inventory reports (Activities, Owner/Operator, Hazardous Materials Descriptions and Map pages, if required. Documentation must be resubmitted (for facilities which exceed EPCRA thresholds) or re-certified (for facilities which do not exceed EPCRA thresholds) by March 1.

Violation Notes: Returned to compliance on 06/18/2014. Annual Inventory was not certified for 2012 or 2013. DISREGARD CORRECTIVE ACTION TEXT, BELOW REGARDING SUBMITTAL OF HARD COPY FORMS. SEE [www.EHinfo.org/hazmat](http://www.EHinfo.org/hazmat) FOR DETAILS REGARDING ELECTRONIC REPORTING REQUIREMENTS. A FACILITY RECORD FOR THIS SITE HAS ALREADY BEEN CREATED ON THE CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM (CERS) WEBSITE AT <http://cers.calepa.ca.gov>. REQUEST ACCESS TO THAT CERS RECORD AND SUBMIT A CURRENT HMBP WITHIN 30 DAYS. Review the "Getting Started on CERS" handout and access your CERS account # 10352914 in order to electronically submit your hazardous materials business plan and certify your chemical inventory.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-19-2013  
Citation: HSC 6.67 Multiple - California Health and Safety Code, Chapter 6.67, Section(s) Multiple

Violation Description: Haz Waste Generator Program - Operations/Maintenance - General  
Violation Notes: Returned to compliance on 01/03/2014. Clean the releases from the top and sides of the waste coolant container in the outside rear storage area.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HW  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-19-2013

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**EL CAMINO 76 (Continued)**

**S101622974**

Citation: 40 CFR 1 262.34(d)(5)(ii) - U.S. Code of Federal Regulations, Title 40, Chapter 1, Section(s) 262.34(d)(5)(ii)

Violation Description: Failure to post, next to the telephone, Emergency Information (SQG) containing the location of emergency equipment, contact names and numbers.

Violation Notes: Returned to compliance on 01/03/2014. Add the locations of your fire extinguishers and spill control equipment to your posted emergency procedures.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HW  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-19-2013  
Citation: HSC 6.7 Multiple Sections - California Health and Safety Code, Chapter 6.7, Section(s) Multiple Sections

Violation Description: UST Program - Administration/Documentation - General  
Violation Notes: Returned to compliance on 01/03/2014. Return-to-Compliance documents were not submitted for your 11/29/2011 and 11/19/2012 inspections.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-09-2017  
Citation: 23 CCR 16 2712(f) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2712(f)

Violation Description: Failure to implement the corrections specified in the inspection report within 30 calendar days of receiving an inspection report from either the UPA or special inspector.

Violation Notes: The Certification of Compliance from your 11/10/2016 Notice of Inspection was not received by our office within 30 days of that inspection date.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-19-2013  
Citation: 23 CCR 16 2715(b) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2715(b)

Violation Description: Failure to submit statement of UST compliance and/or Designated Operator current certification.

Violation Notes: Returned to compliance on 12/09/2013. Dusto Notificaiton Form not found. Complete and submit this document to our office for review. Keep a copy of this record in your compliance file.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-09-2017  
Citation: 23 CCR 16 2636(f)(1) - California Code of Regulations, Title 23,

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Distance  
Elevation

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EPA ID Number

EL CAMINO 76 (Continued)

S101622974

Violation Description: Chapter 16, Section(s) 2636(f)(1)  
Failure of the double-walled pressurized piping to be continuously monitored with a system that activates an audible and visual alarm or stops flow at the dispenser when a leak is detected.

Violation Notes: Returned to compliance on 11/09/2017. One float-and-chain assembly in dispenser 3/4 and one float-and-chain assembly in dispenser 11/12 did not properly function when tested with water. The technician adjusted the assemblies, retested them, and they passed on the second attempt. Violation is corrected. NO FURTHER ACTION IS REQUIRED.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-19-2013  
Citation: 22 CCR 12 66262.12 - California Code of Regulations, Title 22, Chapter 12, Section(s) 66262.12

Violation Description: Failure to obtain and/or maintain an Active EPA ID.  
Violation Notes: Returned to compliance on 12/09/2013. Your EPA ID #CAL000025915 is "inactive". Complete the form 1358 provided to you and submit it to DTSC in Sacramento to re-activate your number.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HW  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-09-2017  
Citation: HSC 6.5 Multiple Sections - California Health and Safety Code, Chapter 6.5, Section(s) Multiple Sections

Violation Description: Hazardous Waste Generator Program - Operations/Maintenance - General  
Violation Notes: 1 x 10 gallon empty container in the outside storage area did not have the date marked on the container label.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HW  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-19-2013  
Citation: HSC 6.67 Multiple Sections - California Health and Safety Code, Chapter 6.67, Section(s) Multiple Sections

Violation Description: Haz Waste Generator Program - Administration/Documentation - General  
Violation Notes: Returned to compliance on 01/03/2014. Return to Compliance from your last 11/29/2011 inspection was not submitted to our office within 35 days of that inspection date.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HW  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-23-2015  
Citation: HSC 6.75 25299.30-25299.34 - California Health and Safety Code, Chapter 6.75, Section(s) 25299.30-25299.34

Violation Description: Failure to submit and maintain complete and current Certification of

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EPA ID Number

EL CAMINO 76 (Continued)

S101622974

Violation Notes: Financial Responsibility or other mechanism of financial assurance. Certification of Financial Responsibility (CFR) dated 6/30/2015 shows incorrect coverage amount in Section C. Required financial responsibility for petroleum marketers is \$995,000 per occurrence and annual aggregate. (\$495,000 per occurrence coverage is allowed only for non-marketers.) Chief Financial Officer letter does not identify facilities covered by the letter. Upload corrected CFR and CFO letter to California Environmental Reporting System (CERS) website within 30 days for all 3 of your gas stations.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-24-2015  
Citation: 23 CCR 16 2638 - California Code of Regulations, Title 23, Chapter 16, Section(s) 2638

Violation Description: Failure to test leak detection equipment as required every 12 months (VPH, sensor, LLD, ATG, etc.) and/or submit monitoring system certification to the CUPA within 30 days of completion of the test

Violation Notes: Christopher Bishop's Franklin Fueling Systems FE Petro Submersible Pumping Systems (line leak detector) certification expired on 10/23/2014, so the line leak detector testing he performed on 11/18/2014 and 11/16/2015 is not valid. Have the LLDs retested within 30 days by a technician with current manufacturer's training certification and submit a copy of the testing documentation within 30 days of the test date. Ensure the technicians for future testing have all required training and certifications.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-19-2013  
Citation: 22 CCR 16 66266.130 - California Code of Regulations, Title 22, Chapter 16, Section(s) 66266.130

Violation Description: Failure to properly handle, manage, label, and recycle used oil and fuel filters.

Violation Notes: Returned to compliance on 01/03/2014. Observed 2 x 55-gallon used filter drums in the outside rear storage area that have rusted lids and the lids were not properly sealed to the containers. Replace the lids with ones that are in good condition and use the drum rings to seal the lids to the containers.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HW  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-10-2016  
Citation: HSC 6.7 25290.1(c), 25290.2(c), 25291(a)(2), 25292(e) - California Health and Safety Code, Chapter 6.7, Section(s) 25290.1(c), 25290.2(c), 25291(a)(2), 25292(e)

Violation Description: Failure to maintain secondary containment (e.g. failure of secondary containment testing).

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**EL CAMINO 76 (Continued)**

**S101622974**

Violation Notes: This is an uncorrected violation originally cited in the 11/24/2015 Official Notice of Inspection. The dispenser conversion frames for the 6 Gilbarco Encore dispensers have not been equipped with the required S. Bravo Systems "Deflector Plates" to direct fuel releases from piping and filters inside the dispensers into the monitored under dispenser containment (UDC) sumps. Deflector plates are available from local distributors of S. Bravo Systems' equipment. This is a significant UST violation. Failure to provide required secondary containment as directed may result in your tanks being Red Tagged to prevent fuel deliveries. Once installed, the deflector plates shall be kept in place at all times except when temporary removal is required for equipment maintenance and testing.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-10-2016  
Citation: HSC 6.7 25293 - California Health and Safety Code, Chapter 6.7, Section(s) 25293

Violation Description: Failure to maintain UST records of monitoring, testing, repairing, and closure in sufficient detail to enable the CUPA to determine whether the UST systems are in compliance.

Violation Notes: Facility employees training by the Designated UST Operator was done on 10/16/2016, but list of trained employees notes training date simply as "10/16". All training records shall have complete dates (month, day year).

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-24-2015  
Citation: 23 CCR 16 2715(f) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2715(f)

Violation Description: Failure to comply with one or more of the following: provide training to facility employee(s) responsible for proper operation and maintenance every 12 months and/or train new employee(s) who are responsible for proper operation and maintenance within 30-days of hire and/or to have at least one employee present during operating hours that has been trained in the proper operation and maintenance of the UST system.

Violation Notes: Facility records show no training of facility employees by the DUSTO between 1/3/2014 and 11/16/2015. Ensure that all required training is performed and documented.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-09-2017  
Citation: 23 CCR 16 2715(c) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2715(c)

Violation Description: Failure to comply with one or more of the following designated

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EL CAMINO 76 (Continued)

S101622974

operator (DO) monthly inspection requirements: Be performed by an ICC certified DO. Inspect monthly alarm history report, check that alarms are documented and responded to appropriately, and attach a copy. Inspect for the presence of liquid/debris in spill containers. Inspect for the presence of liquid/debris in under dispenser containment (UDC) and ensure that the monitoring equipment is positioned correctly. Inspect for liquid or debris in containment sumps where an alarm occurred with no service visit. Check that all testing and maintenance has been completed and documented. Verify that all facility employees have been trained in accordance with 23 CCR 2715(f)(2).  
Violation Notes: Alarm history reports were not attached to the monthly DUSTO Inspection reports for August, September, and October 2017.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Evaluation:  
Eval General Type: Other/Unknown  
Eval Date: 01-22-2016  
Violations Found: No  
Eval Type: Other, not routine, done by local agency  
Eval Notes: A follow-on inspection was performed today from the previous 11/24/15 UST inspection to witness the re-testing of LLDs that were originally tested by Chris Bishop. Mr. Bishop's certifications had expired and previous testing that had been performed was not valid. Mr. Bishop's required certifications are now current and today's re-testing was acceptable. 2 mechanical LLDs were tested at leak rates of 3 gph at 10 psi and passed. Send a copy of the testing report to our office within 30 days.  
Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Other/Unknown  
Eval Date: 05-16-2014  
Violations Found: No  
Eval Type: Other, not routine, done by local agency  
Eval Notes: Triennial SB-989 secondary containment testing was performed on this date by James Moore. ICC Service Technician Certification 5254517 exp. date = 7/26/15, Incon Level 4 certification #6063063703, exp. date = 5/23/15 The following secondary containment components were tested: 87 and 91 tank annular space, at 7 inches Hg vacuum for one hour.(8:55 to 9:55 AM). Gages did not drop. Gages returned to zero. Test result = pass. Waste oil tank annular space, at 7 inches Hg vacuum for one hour. (11:15 AM to 12:15) Gage did not drop. Gage returned to zero. Test result = pass. 87 and 91 product lines were tested under 5 psi nitrogen for one hour. Both lines failed on the first attempt. The 91 line had a leak at the test gage and the 87 line had leaks at the test boot fittings at dispensers 1/2 and 5/6. All leaks were eliminated and the lines were re-tested for one hour (8:55 to 9:55 AM). Gages did not drop. Gages returned to zero. Test result = pass. The 87 and 91 [Truncated]  
Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection

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EL CAMINO 76 (Continued)

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Eval Date: 11-09-2017  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: A walk through and paperwork inspection was performed on this date. EPA ID number CAL000025915 is "ACTIVE". Consolidated manifests and receipts for the last 3 years were reviewed and were proper. Dumpster was inspected and was OK. Emergency Procedures were properly posted. Facility has spill control absorbents available for use. Hazardous waste training was performed and documented in June 2017. Fire extinguishers were available for use and were properly charged.  
Eval Division: Santa Clara County Environmental Health  
Eval Program: HW  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 11-09-2017  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: An annual monitoring certification was performed today by Chris Bishop. All of his required certifications were reviewed and were current. The VMI 890 LDT tester two-year calibration date was 6/22/16 and is current. The TLS350 showed no leak alarms at the beginning and the end of the inspection. Deflector plates were observed installed at the dispensers above the UDC sumps to properly convey any fuel releases into the sumps. System set up and alarm history reports were reviewed and returned to the service technician. The 2 STP sumps were dry, sensors at their low points, and piping test boots were separated to provide proper communication. 3 spill buckets passed their required one-hour lake tests. 2 overfill alarm sensors were programmed to alarm at 90% of tank capacity and properly provided visual and audible alarms when tested. 3 tank annular space alarms provided audible and visual alarms when tested water. 1 piping sensor in UDC 13/14 an [Truncated]  
Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 11-10-2016  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: All underground storage tank (UST) system leak detection equipment was tested today by UST Service Technician Christopher Bishop of Confidence UST Services, Inc. and functioned properly. Mr. Bishop has current ICC California UST Service Technician certification (exp. 4/25/2018), Veeder-Root certification (exp. 5/10/2017), Vaporless Manufacturing (VMI) LDT-890 line leak detector tester certification (exp. 8/13/2017), and Franklin Fueling Systems FE Petro Submersible Pumping Systems (line leak detector) certification (exp. 11/16/2017). The 3 Veeder-Root model 794390-420 tank annular sensors were tested using water to obtain audible and visual fuel alarms on the Veeder-Root TLS-350 console. Three Veeder-Root model 794380-208 sensors monitoring the 2 submersible turbine pump (STP) sumps and the capped out-of-service under dispenser containment (UDC) sump for former Dispenser 13/14 were tested using water to obtain audible and visual fuel alarms on the Veeder-Root TLS-350 [Truncated]  
Eval Division: Santa Clara County Environmental Health

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EL CAMINO 76 (Continued)

S101622974

Eval Program: UST  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 11-10-2016  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: Hazardous Materials Business Plan (HMBP) submitted via California Environmental Reporting System (CERS) website on 9/8/2016 for CERS ID 10352914 was reviewed and has been accepted.

Eval Division: Santa Clara County Environmental Health  
Eval Program: HMRRP  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 11-18-2014  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: ONSITE TO WITNESS UST MONITORING EQUIPMENT AND SECONDARY CONTAINMENT TESTING COMPLETED BY UST SERVICE TECHNICIAN CHRIS BISHOP OF UST CONFIDENCE SERVICES. MR. BISHOP HAS CURRENT ICC UST SERVICE TECHNICIAN CERTIFICATION (EXP. 04/30/2016), VEEDER-ROOT LEVEL 4 CERTIFICATION (EXP. 05/15/2016) AND VAPORLESS MANUFACTURING INC. CERTIFICATION (EXP. 05/14/2016). RECOMMEND REPLACING THE RELAY SWITCH FOR THE 87 TURBINE PUMP THAT WAS STUCK LEAVING THE TURBINE PUMP CONTINUOUSLY ON. SEE VIOLATION T850. THE FOLLOWING UST MONITORING EQUIPMENT WAS TESTED: -TWO STP SUMP SENSORS: TESTED WITH WATER -PRODUCED POSITIVE TURBINE SHUTDOWN AND AUDIBLE/VISIBLE ALARM AT THE TLS 350 MONITORING PANEL (AFTER THE SERVICE -TECHNICIAN CLEANED THE 87 RELAY SWITCH CONNECTION SEE VIOLATION T850). -THREE ANNULAR SPACE SENSORS: TESTED WITH WATER - PROVIDED AUDIBLE/VISIBLE ALARM AT THE TLS 350 MONITORING PANEL. -THREE SPILL BUCKETS: ONE HOUR HYDROSTATIC TEST PASSED. -FOURTEEN FLOAT AND CHAIN [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 11-19-2013  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: A routine hazardous waste generator inspection was performed on this date. A physical walkthrough was performed along with a review of paperwork since the last inspection. Fire extinguishers were properly charged and available for use. Spill control absorbent was present. Emergency procedures were posted. First Aid kit was available for use. The trash dumpster was inspected and contained appropriate waste.

Eval Division: Santa Clara County Environmental Health  
Eval Program: HW  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 11-19-2013  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: Annual underground storage tank inspection ws performed on this date. The annual monitoring certificaiton was performed by Chris Bishop. All

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EL CAMINO 76 (Continued)

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of his required certifications are current. The VMI LDT-890 2-year calibration date = 6/21/2012. "All Functions Normal" was displayed at the TLS-350 control panel at the beginning and end of the inspection. Indicator lights at the alarm panel were not working and were replaced by the service technician. The system set-up and alarm history reports were obtained from the service technician and were reviewed. The 87 and 91 turbine sumps plus the 7 UDC sumps were inspected and were dry. The 2 turbine sump sensors were positioned at their low points plus the product piping test boots were separated to allow communication to occur between the product piping and the sump sensors. The following sensors were tested and provided audible and visual alarms: 3 tank annular space sensors (87, 91, used oil), 2 turbine sump sensors (87 and [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 11-19-2013  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: Reviewed business plan dated February, 2011. Facility is properly

permitted for the number of reportable chemicals. (Gasoline, used oil, used coolant, motor oil, coolant, propane) EFFECTIVE JANUARY 1, 2013, STATE LAW REQUIRES THAT HAZARDOUS MATERIALS BUSINESS PLAN (HMBP), HAZARDOUS WASTE TIERED PERMIT, AND CERTAIN UNDERGROUND STORAGE TANK (UST) SUBMITTALS (i.e., OPERATING PERMIT APPLICATIONS AND UST MONITORING PLANS) BE SUBMITTED ELECTRONICALLY VIA THE CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM (CERS) WEBSITE AT <http://cers.calepa.ca.gov>. HARD COPIES ARE NO LONGER ALLOWED FOR THOSE SUBMITTALS, SO PLEASE DISREGARD ANY PRE-PRINTED CORRECTIVE ACTION TEXT IN THIS NOTICE OF INSPECTION REGARDING HARD COPY FORMS. FACILITY RECORDS HAVE ALREADY BEEN CREATED IN CERS FOR MANY BUSINESSES. PLEASE SEARCH CERS AND REQUEST ACCESS TO THAT RECORD BEFORE CREATING A NEW FACILITY RECORD. SEE [www.EHinfo.org/hazmat](http://www.EHinfo.org/hazmat) FOR MORE DETAILS REGARDING ELECTRONIC REPORTING REQUIREMENTS.

Eval Division: Santa Clara County Environmental Health  
Eval Program: HMRRP  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 11-24-2015  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: Inspection began on 11/16/2015 and ended today. All underground

storage tank (UST) system leak detection equipment was tested on 11/16/2015 by UST Service Technician Christopher Bishop of Confidence UST Services, Inc. and functioned properly. Mr. Bishop has current ICC California UST Service Technician certification (exp. 4/30/2016), Veeder-Root Level 4 certification (exp. 5/15/2016), and Vaporless Manufacturing (VMI) LDT-890 line leak detector tester certification (exp. 8/13/2017). As noted above, his Franklin Fueling Systems FE Petro Submersible Pumping Systems (line leak detector) certification has expired. The 3 Veeder-Root model 794390-420 tank annular sensors were tested using water to obtain audible and visual fuel alarms on the Veeder-Root TLS-350 console. Three Veeder-Root model 794380-208 sensors monitoring the 2 submersible turbine pump (STP) sumps and the

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**EL CAMINO 76 (Continued)**

**S101622974**

Eval Division: capped out-of-service under dispenser containment (UDC) sump for  
former Dispenser 13/14 were tested [Truncated]  
Eval Program: Santa Clara County Environmental Health  
Eval Source: UST  
CERS

**Enforcement Action:**

Site ID: 27683  
Site Name: EL CAMINO 76  
Site Address: 4350 EL CAMINO REAL  
Site City: LOS ALTOS  
Site Zip: 94022  
Enf Action Date: 11-18-2014  
Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection  
Enf Action Notes: Not reported  
Enf Action Division: Santa Clara County Environmental Health  
Enf Action Program: UST  
Enf Action Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Site Address: 4350 EL CAMINO REAL  
Site City: LOS ALTOS  
Site Zip: 94022  
Enf Action Date: 11-19-2013  
Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection  
Enf Action Notes: Not reported  
Enf Action Division: Santa Clara County Environmental Health  
Enf Action Program: HMRRP  
Enf Action Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Site Address: 4350 EL CAMINO REAL  
Site City: LOS ALTOS  
Site Zip: 94022  
Enf Action Date: 11-19-2013  
Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection  
Enf Action Notes: Not reported  
Enf Action Division: Santa Clara County Environmental Health  
Enf Action Program: HW  
Enf Action Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Site Address: 4350 EL CAMINO REAL  
Site City: LOS ALTOS  
Site Zip: 94022  
Enf Action Date: 11-19-2013  
Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection  
Enf Action Notes: Not reported  
Enf Action Division: Santa Clara County Environmental Health  
Enf Action Program: UST

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**EL CAMINO 76 (Continued)**

**S101622974**

Enf Action Source: CERS

Coordinates:

Site ID: 27683  
Facility Name: EL CAMINO 76  
Env Int Type Code: HWG  
Program ID: 10352914  
Coord Name: Not reported  
Ref Point Type Desc: Center of a facility or station.  
Latitude: 37.404080  
Longitude: -122.118230

Affiliation:

Affiliation Type Desc: CUPA District  
Entity Name: Santa Clara County Environmental Health  
Entity Title: Not reported  
Affiliation Address: 1555 Berger Drive, Suite 300  
Affiliation City: San Jose  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: 95112-2716  
Affiliation Phone: (408) 918-3400

Affiliation Type Desc: Document Preparer  
Entity Name: Stantec Consulting Services Inc.  
Entity Title: Not reported  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

Affiliation Type Desc: Environmental Contact  
Entity Name: GREGORY GALATOLO  
Entity Title: Not reported  
Affiliation Address: 4350 EL CAMINO REAL  
Affiliation City: LOS ALTOS  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: 94022  
Affiliation Phone: (650) 941-0244

Affiliation Type Desc: Facility Mailing Address  
Entity Name: Mailing Address  
Entity Title: Not reported  
Affiliation Address: 4350 EL CAMINO REAL  
Affiliation City: LOS ALTOS  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: 94022  
Affiliation Phone: Not reported

Affiliation Type Desc: Identification Signer  
Entity Name: GREGORY GALATOLO  
Entity Title: OWNER

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EPA ID Number

**EL CAMINO 76 (Continued)**

**S101622974**

Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

Affiliation Type Desc: Legal Owner  
Entity Name: GREGORY GALATOLO  
Entity Title: Not reported  
Affiliation Address: 330 S. SAN ANTONIO ROAD  
Affiliation City: LOS ALTOS  
Affiliation State: CA  
Affiliation Country: United States  
Affiliation Zip: 94022  
Affiliation Phone: (650) 941-0244

Affiliation Type Desc: Operator  
Entity Name: GREGORY GALATOLO  
Entity Title: Not reported  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: (650) 948-8302

Affiliation Type Desc: Parent Corporation  
Entity Name: Greg's 76 Auto Repair  
Entity Title: Not reported  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

Affiliation Type Desc: Property Owner  
Entity Name: GREGORY GALATOLO  
Entity Title: Not reported  
Affiliation Address: 4350 EL CAMINO REAL  
Affiliation City: LOS ALTOS  
Affiliation State: CA  
Affiliation Country: United States  
Affiliation Zip: 94022  
Affiliation Phone: (650) 941-0244

Affiliation Type Desc: UST Permit Applicant  
Entity Name: Greg Galatolo  
Entity Title: Owner  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: (650) 941-0244

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EPA ID Number

**EL CAMINO 76 (Continued)**

**S101622974**

Affiliation Type Desc: UST Property Owner Name  
Entity Name: greg galatolo  
Entity Title: Not reported  
Affiliation Address: 4350 el camino real  
Affiliation City: los altos  
Affiliation State: ca  
Affiliation Country: United States  
Affiliation Zip: 94022  
Affiliation Phone: (650) 941-0244

Affiliation Type Desc: UST Tank Operator  
Entity Name: GREGORY GALATOLO  
Entity Title: Not reported  
Affiliation Address: 4350 el camino real  
Affiliation City: los altos  
Affiliation State: ca  
Affiliation Country: United States  
Affiliation Zip: 94022  
Affiliation Phone: (650) 941-0244

Affiliation Type Desc: UST Tank Owner  
Entity Name: GREGORY GALATOLO  
Entity Title: Not reported  
Affiliation Address: 4350 el camino real  
Affiliation City: los altos  
Affiliation State: ca  
Affiliation Country: United States  
Affiliation Zip: 94022  
Affiliation Phone: (650) 941-0244

**CERS TANKS:**

Site ID: 27683  
CERS ID: 10352914  
CERS Description: Chemical Storage Facilities

**Violations:**

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-18-2014  
Citation: 23 CCR 16 2636(f)(5) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2636(f)(5)  
Violation Description: Failure to maintain all product piping outside the dispenser to be fail-safe and shut down the pump when a leak is detected and the monitoring system shuts down the pump or flow restriction occurs when a leak is detected in the under dispenser containment.  
Violation Notes: Returned to compliance on 11/18/2014. THE 87 TURBINE PUMP DID NOT SHUTDOWN AS REQUIRED WHEN THE 87 PIPING SECONDARY CONTAINMENT SENSOR WAS TESTED. THE UST SERVICE TECHNICIAN DETERMINED IT WAS DUE TO THE RELAY SWITCH BEING STUCK. AFTER CLEANING THE RESIDUE OFF OF THE RELAY SWITCH IT WORKED PROPERLY. NO FURTHER ACTION REQUIRED.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**EL CAMINO 76 (Continued)**

**S101622974**

Violation Date: 11-19-2013  
Citation: 23 CCR 16 2712(i) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2712(i)  
Violation Description: Failure to maintain on site an approved monitoring plan.  
Violation Notes: Returned to compliance on 11/18/2014. Your monitoring plan is incomplete. Information pertaining to manufacturer name and model numbers for your tank leak sensors, your piping sensors, your mechanical line leak detectors, and your UDC float-and-chain assemblies are incorrect. Re-submit your UST monitoring plan information electronically via CERS with correct required information  
DISREGARD CORRECTIVE ACTION TEXT, BELOW REGARDING SUBMITTAL OF HARD COPY FORMS. SEE [www.EHinfo.org/hazmat](http://www.EHinfo.org/hazmat) FOR DETAILS REGARDING ELECTRONIC REPORTING REQUIREMENTS. A FACILITY RECORD FOR THIS SITE HAS ALREADY BEEN CREATED ON THE CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM (CERS) WEBSITE AT <http://cers.calepa.ca.gov>. REQUEST ACCESS TO THAT CERS RECORD AND SUBMIT UST MONITORING PLAN(S) FOR APPROVAL. Your CERS ID # is 10352914. Access your account and submit your required information electronically.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-09-2017  
Citation: 22 CCR 12 66262.34(f) - California Code of Regulations, Title 22, Chapter 12, Section(s) 66262.34(f)  
Violation Description: Failure to properly label hazardous waste accumulation containers and portable tanks with the following requirements: "Hazardous Waste", name and address of the generator, physical and chemical characteristics of the Hazardous Waste, and starting accumulation date.  
Violation Notes: 1 x 110 gallon oily water container was unlabeled. 1 x 55-gallon paper filter waste drum had a faded label. 1 x 30 gallon red mobile waste oil container did not have the "toxic" hazardous waste property marked on the label. 1 underground used oil tank did not have the accumulation start date marked on the tank label.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: HW  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-23-2015  
Citation: 23 CCR 16 2715 - California Code of Regulations, Title 23, Chapter 16, Section(s) 2715  
Violation Description: The owner/operator has failed to comply with one or more of the following: to maintain a copy of the designated operator monthly inspections for the last 12 months and/or maintain a list of trained employees on-site or off-site at a readily available location, if approved by the CUPA.  
Violation Notes: October 2015 monthly inspection report was not available for review. November and December 2014 inspection reports did not have alarm history reports attached as required. Ensure that all documentation of inspections for the most recent 12 months is complete and kept available for inspection.  
Violation Division: Santa Clara County Environmental Health

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**EL CAMINO 76 (Continued)**

**S101622974**

Violation Program: UST  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-19-2013  
Citation: 23 CCR 16 2715(f) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2715(f)  
Violation Description: Failure to comply with one or more of the following: provide training to facility employee(s) responsible for proper operation and maintenance every 12 months and/or train new employee(s) who are responsible for proper operation and maintenance within 30-days of hire and/or to have at least one employee present during operating hours that has been trained in the proper operation and maintenance of the UST system.

Violation Notes: Returned to compliance on 01/03/2014. 2013 DUSTO employee training not performed and documented.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-19-2013  
Citation: 22 CCR 12 66262.34(f) - California Code of Regulations, Title 22, Chapter 12, Section(s) 66262.34(f)  
Violation Description: Failure to properly label hazardous waste accumulation containers with the following requirements: "Hazardous Waste", name and address of the generator, physical and chemical characteristics of the Hazardous Waste, and starting accumulation date.

Violation Notes: Returned to compliance on 01/03/2014. The following tank and containers were not properly labeled: 1) The red mobile waste oil drain was unlabeled. 2) The 16 gallon used oil container next to the front door and fire extinguisher has a label with faded information on it. 3) The waste coolant container in the rear outside storage area does not have the generator name and address marked on the container label. 4) Provide the words "hazardous waste" and the accumulation start date in the spill box of the used oil tank.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HW  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-10-2016  
Citation: HSC 6.95 25505(a)(4) - California Health and Safety Code, Chapter 6.95, Section(s) 25505(a)(4)  
Violation Description: Failure to provide initial and annual training to all employees in safety procedures in the event of a release or threatened release of a hazardous material or failure to document and maintain training records for a minimum of three years.

Violation Notes: HMBP training was done on 10/16/2016, but the employee training records note the training date simply as "10/16". All training records shall have complete dates (month, day year).

Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**EL CAMINO 76 (Continued)**

**S101622974**

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-19-2013  
Citation: 23 CCR 16 2641(a) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2641(a)  
Violation Description: Failure of sensor to be located in the proper position/location.  
Violation Notes: Returned to compliance on 11/19/2013. Float-and-chain assemblies at dispenser 1/2 were both water-tested and failed. Adjustments were made to the assemblies, re-tested and then passed. Violation corrected during the inspection. Nor further action is required.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-10-2016  
Citation: HSC 6.75 25299.30-25299.34 - California Health and Safety Code, Chapter 6.75, Section(s) 25299.30-25299.34  
Violation Description: Failure to submit and maintain complete and current Certification of Financial Responsibility or other mechanism of financial assurance.  
Violation Notes: This is a repeat violation. Certification of Financial Responsibility (CFR) dated 4/14/2016 shows incorrect per-occurrence coverage amount in Sections A and C. Required financial responsibility for petroleum marketers is \$995,000 per occurrence and annual aggregate (\$495,000 per occurrence coverage is allowed only for non-marketers). Section C does not state that UST Cleanup Fund covers corrective action. Upload corrected CFR to California Environmental Reporting System (CERS) website and submit within 30 days for all 3 of your gas stations.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-24-2015  
Citation: Un-Specified  
Violation Description: UST Program - Design/Construction - For use of Local Ordinance only. In February of this year, dispenser conversion frames were used to attach new Gilbarco dispensers to the station's existing under dispenser containment (UDC) sumps. The Gilbarco dispensers are significantly larger than the previous dispensers, so the UDC manufacturer, S. Bravo Systems, provides metal fluid diversion inserts with the conversion frames to channel leaks from piping and fuel filters inside the dispensers that overhang the areas not directly above the UDC openings into the UDC. During this inspection, none of the diversion inserts were installed, so leaks from the fuel filters and some of the piping inside the dispensers will not be secondarily contained. Immediately replace the fluid diversion inserts and keep them in place at all times.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-19-2013

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

EL CAMINO 76 (Continued)

S101622974

Citation: 19 CCR 4 2729.5 - California Code of Regulations, Title 19, Chapter 4, Section(s) 2729.5

Violation Description: Failure to submit inventory reports (Activities, Owner/Operator, Hazardous Materials Descriptions and Map pages, if required. Documentation must be resubmitted (for facilities which exceed EPCRA thresholds) or re-certified (for facilities which do not exceed EPCRA thresholds) by March 1.

Violation Notes: Returned to compliance on 06/18/2014. Annual Inventory was not certified for 2012 or 2013. DISREGARD CORRECTIVE ACTION TEXT, BELOW REGARDING SUBMITTAL OF HARD COPY FORMS. SEE [www.EHinfo.org/hazmat](http://www.EHinfo.org/hazmat) FOR DETAILS REGARDING ELECTRONIC REPORTING REQUIREMENTS. A FACILITY RECORD FOR THIS SITE HAS ALREADY BEEN CREATED ON THE CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM (CERS) WEBSITE AT <http://cers.calepa.ca.gov>. REQUEST ACCESS TO THAT CERS RECORD AND SUBMIT A CURRENT HMBP WITHIN 30 DAYS. Review the "Getting Started on CERS" handout and access your CERS account # 10352914 in order to electronically submit your hazardous materials business plan and certify your chemical inventory.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-19-2013  
Citation: HSC 6.67 Multiple - California Health and Safety Code, Chapter 6.67, Section(s) Multiple

Violation Description: Haz Waste Generator Program - Operations/Maintenance - General

Violation Notes: Returned to compliance on 01/03/2014. Clean the releases from the top and sides of the waste coolant container in the outside rear storage area.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HW  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-19-2013  
Citation: 40 CFR 1 262.34(d)(5)(ii) - U.S. Code of Federal Regulations, Title 40, Chapter 1, Section(s) 262.34(d)(5)(ii)

Violation Description: Failure to post, next to the telephone, Emergency Information (SQG) containing the location of emergency equipment, contact names and numbers.

Violation Notes: Returned to compliance on 01/03/2014. Add the locations of your fire extinguishers and spill control equipment to your posted emergency procedures.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HW  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-19-2013  
Citation: HSC 6.7 Multiple Sections - California Health and Safety Code, Chapter 6.7, Section(s) Multiple Sections

Violation Description: UST Program - Administration/Documentation - General

Violation Notes: Returned to compliance on 01/03/2014. Return-to-Compliance documents were not submitted for your 11/29/2011 and 11/19/2012 inspections.

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**EL CAMINO 76 (Continued)**

**S101622974**

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-09-2017  
Citation: 23 CCR 16 2712(f) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2712(f)  
Violation Description: Failure to implement the corrections specified in the inspection report within 30 calendar days of receiving an inspection report from either the UPA or special inspector.  
Violation Notes: The Certification of Compliance from your 11/10/2016 Notice of Inspection was not received by our office within 30 days of that inspection date.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-19-2013  
Citation: 23 CCR 16 2715(b) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2715(b)  
Violation Description: Failure to submit statement of UST compliance and/or Designated Operator current certification.  
Violation Notes: Returned to compliance on 12/09/2013. Dusto Notificaiton Form not found. Complete and submit this document to our office for review. Keep a copy of this record in your compliance file.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-09-2017  
Citation: 23 CCR 16 2636(f)(1) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2636(f)(1)  
Violation Description: Failure of the double-walled pressurized piping to be continuously monitored with a system that activates an audible and visual alarm or stops flow at the dispenser when a leak is detected.  
Violation Notes: Returned to compliance on 11/09/2017. One float-and-chain assembly in dispenser 3/4 and one float-and-chain assembly in dispenser 11/12 did not properly function when tested with water. The technician adjusted the assemblies, retested them, and they passed on the second attempt. Violation is corrected. NO FURTHER ACTION IS REQUIRED.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-19-2013  
Citation: 22 CCR 12 66262.12 - California Code of Regulations, Title 22, Chapter 12, Section(s) 66262.12  
Violation Description: Failure to obtain and/or maintain an Active EPA ID.  
Violation Notes: Returned to compliance on 12/09/2013. Your EPA ID #CAL000025915 is

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

EL CAMINO 76 (Continued)

S101622974

"inactive". Complete the form 1358 provided to you and submit it to DTSC in Sacramento to re-activate your number.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HW  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-09-2017  
Citation: HSC 6.5 Multiple Sections - California Health and Safety Code, Chapter 6.5, Section(s) Multiple Sections  
Violation Description: Hazardous Waste Generator Program - Operations/Maintenance - General  
Violation Notes: 1 x 10 gallon empty container in the outside storage area did not have the date marked on the container label.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HW  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-19-2013  
Citation: HSC 6.67 Multiple Sections - California Health and Safety Code, Chapter 6.67, Section(s) Multiple Sections  
Violation Description: Haz Waste Generator Program - Administration/Documentation - General  
Violation Notes: Returned to compliance on 01/03/2014. Return to Compliance from your last 11/29/2011 inspection was not submitted to our office within 35 days of that inspection date.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HW  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-23-2015  
Citation: HSC 6.75 25299.30-25299.34 - California Health and Safety Code, Chapter 6.75, Section(s) 25299.30-25299.34  
Violation Description: Failure to submit and maintain complete and current Certification of Financial Responsibility or other mechanism of financial assurance.  
Violation Notes: Certification of Financial Responsibility (CFR) dated 6/30/2015 shows incorrect coverage amount in Section C. Required financial responsibility for petroleum marketers is \$995,000 per occurrence and annual aggregate. (\$495,000 per occurrence coverage is allowed only for non-marketers.) Chief Financial Officer letter does not identify facilities covered by the letter. Upload corrected CFR and CFO letter to California Environmental Reporting System (CERS) website within 30 days for all 3 of your gas stations.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-24-2015  
Citation: 23 CCR 16 2638 - California Code of Regulations, Title 23, Chapter 16, Section(s) 2638  
Violation Description: Failure to test leak detection equipment as required every 12 months (VPH, sensor, LLD, ATG, etc.) and/or submit monitoring system

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**EL CAMINO 76 (Continued)**

**S101622974**

Violation Notes: certification to the CUPA within 30 days of completion of the test Christopher Bishop's Franklin Fueling Systems FE Petro Submersible Pumping Systems (line leak detector) certification expired on 10/23/2014, so the line leak detector testing he performed on 11/18/2014 and 11/16/2015 is not valid. Have the LLDs retested within 30 days by a technician with current manufacturer's training certification and submit a copy of the testing documentation within 30 days of the test date. Ensure the technicians for future testing have all required training and certifications.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-19-2013  
Citation: 22 CCR 16 66266.130 - California Code of Regulations, Title 22, Chapter 16, Section(s) 66266.130

Violation Description: Failure to properly handle, manage, label, and recycle used oil and fuel filters.

Violation Notes: Returned to compliance on 01/03/2014. Observed 2 x 55-gallon used filter drums in the outside rear storage area that have rusted lids and the lids were not properly sealed to the containers. Replace the lids with ones that are in good condition and use the drum rings to seal the lids to the containers.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HW  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-10-2016  
Citation: HSC 6.7 25290.1(c), 25290.2(c), 25291(a)(2), 25292(e) - California Health and Safety Code, Chapter 6.7, Section(s) 25290.1(c), 25290.2(c), 25291(a)(2), 25292(e)

Violation Description: Failure to maintain secondary containment (e.g. failure of secondary containment testing).

Violation Notes: This is an uncorrected violation originally cited in the 11/24/2015 Official Notice of Inspection. The dispenser conversion frames for the 6 Gilbarco Encore dispensers have not been equipped with the required S. Bravo Systems "Deflector Plates" to direct fuel releases from piping and filters inside the dispensers into the monitored under dispenser containment (UDC) sumps. Deflector plates are available from local distributors of S. Bravo Systems' equipment. This is a significant UST violation. Failure to provide required secondary containment as directed may result in your tanks being Red Tagged to prevent fuel deliveries. Once installed, the deflector plates shall be kept in place at all times except when temporary removal is required for equipment maintenance and testing.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-10-2016  
Citation: HSC 6.7 25293 - California Health and Safety Code, Chapter 6.7,

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

EL CAMINO 76 (Continued)

S101622974

Section(s) 25293  
Violation Description: Failure to maintain UST records of monitoring, testing, repairing, and closure in sufficient detail to enable the CUPA to determine whether the UST systems are in compliance.  
Violation Notes: Facility employees training by the Designated UST Operator was done on 10/16/2016, but list of trained employees notes training date simply as "10/16". All training records shall have complete dates (month, day year).  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-24-2015  
Citation: 23 CCR 16 2715(f) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2715(f)  
Violation Description: Failure to comply with one or more of the following: provide training to facility employee(s) responsible for proper operation and maintenance every 12 months and/or train new employee(s) who are responsible for proper operation and maintenance within 30-days of hire and/or to have at least one employee present during operating hours that has been trained in the proper operation and maintenance of the UST system.  
Violation Notes: Facility records show no training of facility employees by the DUSTO between 1/3/2014 and 11/16/2015. Ensure that all required training is performed and documented.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Violation Date: 11-09-2017  
Citation: 23 CCR 16 2715(c) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2715(c)  
Violation Description: Failure to comply with one or more of the following designated operator (DO) monthly inspection requirements: Be performed by an ICC certified DO. Inspect monthly alarm history report, check that alarms are documented and responded to appropriately, and attach a copy. Inspect for the presence of liquid/debris in spill containers. Inspect for the presence of liquid/debris in under dispenser containment (UDC) and ensure that the monitoring equipment is positioned correctly. Inspect for liquid or debris in containment sumps where an alarm occurred with no service visit. Check that all testing and maintenance has been completed and documented. Verify that all facility employees have been trained in accordance with 23 CCR 2715(f)(2).  
Violation Notes: Alarm history reports were not attached to the monthly DUSTO Inspection reports for August, September, and October 2017.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Evaluation:  
Eval General Type: Other/Unknown  
Eval Date: 01-22-2016  
Violations Found: No

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

EL CAMINO 76 (Continued)

S101622974

Eval Type: Other, not routine, done by local agency  
Eval Notes: A follow-on inspection was performed today from the previous 11/24/15 UST inspection to witness the re-testing of LLDs that were originally tested by Chris Bishop. Mr. Bishop's certifications had expired and previous testing that had been performed was not valid. Mr. Bishop's required certifications are now current and today's re-testing was acceptable. 2 mechanical LLDs were tested at leak rates of 3 gph at 10 psi and passed. Send a copy of the testing report to our office within 30 days.

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Other/Unknown  
Eval Date: 05-16-2014  
Violations Found: No  
Eval Type: Other, not routine, done by local agency  
Eval Notes: Triennial SB-989 secondary containment testing was performed on this date by James Moore. ICC Service Technician Certification 5254517 exp. date = 7/26/15, Incon Level 4 certification #6063063703, exp. date = 5/23/15 The following secondary containment components were tested: 87 and 91 tank annular space, at 7 inches Hg vacuum for one hour.(8:55 to 9:55 AM). Gages did not drop. Gages returned to zero. Test result = pass. Waste oil tank annular space, at 7 inches Hg vacuum for one hour. (11:15 AM to 12:15) Gage did not drop. Gage returned to zero. Test result = pass. 87 and 91 product lines were tested under 5 psi nitrogen for one hour. Both lines failed on the first attempt. The 91 line had a leak at the test gage and the 87 line had leaks at the test boot fittings at dispensers 1/2 and 5/6. All leaks were eliminated and the lines were re-tested for one hour (8:55 to 9:55 AM). Gages did not drop. Gages returned to zero. Test result = pass. The 87 and 91 [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 11-09-2017  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: A walk through and paperwork inspection was performed on this date. EPA ID number CAL000025915 is "ACTIVE". Consolidated manifests and receipts for the last 3 years were reviewed and were proper. Dumpster was inspected and was OK. Emergency Procedures were properly posted. Facility has spill control absorbents available for use. Hazardous waste training was performed and documented in June 2017. Fire extinguishers were available for use and were properly charged.

Eval Division: Santa Clara County Environmental Health  
Eval Program: HW  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 11-09-2017  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: An annual monitoring certification was performed today by Chris Bishop. All of his required certifications were reviewed and were

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

EL CAMINO 76 (Continued)

S101622974

current. The VMI 890 LDT tester two-year calibration date was 6/22/16 and is current. The TLS350 showed no leak alarms at the beginning and the end of the inspection. Deflector plates were observed installed at the dispensers above the UDC sumps to properly convey any fuel releases into the sumps. System set up and alarm history reports were reviewed and returned to the service technician. The 2 STP sumps were dry, sensors at their low points, and piping test boots were separated to provide proper communication. 3 spill buckets passed their required one-hour lake tests. 2 overfill alarm sensors were programmed to alarm at 90% of tank capacity and properly provided visual and audible alarms when tested. 3 tank annular space alarms provided audible and visual alarms when tested water. 1 piping sensor in UDC 13/14 an [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 11-10-2016  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: All underground storage tank (UST) system leak detection equipment was tested today by UST Service Technician Christopher Bishop of Confidence UST Services, Inc. and functioned properly. Mr. Bishop has current ICC California UST Service Technician certification (exp. 4/25/2018), Veeder-Root certification (exp. 5/10/2017), Vaporless Manufacturing (VMI) LDT-890 line leak detector tester certification (exp. 8/13/2017), and Franklin Fueling Systems FE Petro Submersible Pumping Systems (line leak detector) certification (exp. 11/16/2017). The 3 Veeder-Root model 794390-420 tank annular sensors were tested using water to obtain audible and visual fuel alarms on the Veeder-Root TLS-350 console. Three Veeder-Root model 794380-208 sensors monitoring the 2 submersible turbine pump (STP) sumps and the capped out-of-service under dispenser containment (UDC) sump for former Dispenser 13/14 were tested using water to obtain audible and visual fuel alarms on the Veeder-Root TLS-350 [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 11-10-2016  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: Hazardous Materials Business Plan (HMBP) submitted via California Environmental Reporting System (CERS) website on 9/8/2016 for CERS ID 10352914 was reviewed and has been accepted.

Eval Division: Santa Clara County Environmental Health  
Eval Program: HMRRP  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 11-18-2014  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: ONSITE TO WITNESS UST MONITORING EQUIPMENT AND SECONDARY CONTAINMENT TESTING COMPLETED BY UST SERVICE TECHNICIAN CHRIS BISHOP OF UST

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

EL CAMINO 76 (Continued)

S101622974

CONFIDENCE SERVICES. MR. BISHOP HAS CURRENT ICC UST SERVICE TECHNICIAN CERTIFICATION (EXP. 04/30/2016), VEEDER-ROOT LEVEL 4 CERTIFICATION (EXP. 05/15/2016) AND VAPORLESS MANUFACTURING INC. CERTIFICATION (EXP. 05/14/2016). RECOMMEND REPLACING THE RELAY SWITCH FOR THE 87 TURBINE PUMP THAT WAS STUCK LEAVING THE TURBINE PUMP CONTINUOUSLY ON. SEE VIOLATION T850. THE FOLLOWING UST MONITORING EQUIPMENT WAS TESTED: -TWO STP SUMP SENSORS: TESTED WITH WATER -PRODUCED POSITIVE TURBINE SHUTDOWN AND AUDIBLE/VISIBLE ALARM AT THE TLS 350 MONITORING PANEL (AFTER THE SERVICE -TECHNICIAN CLEANED THE 87 RELAY SWITCH CONNECTION SEE VIOLATION T850). -THREE ANNULAR SPACE SENSORS: TESTED WITH WATER - PROVIDED AUDIBLE/VISIBLE ALARM AT THE TLS 350 MONITORING PANEL. -THREE SPILL BUCKETS: ONE HOUR HYDROSTATIC TEST PASSED. -FOURTEEN FLOAT AND CHAIN [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 11-19-2013  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: A routine hazardous waste generator inspection was performed on this date. A physical walkthrough was performed along with a review of paperwork since the last inspection. Fire extinguishers were properly charged and available for use. Spill control absorbent was present. Emergency procedures were posted. First Aid kit was available for use. The trash dumpster was inspected and contained appropriate waste.

Eval Division: Santa Clara County Environmental Health  
Eval Program: HW  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 11-19-2013  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: Annual underground storage tank inspection was performed on this date. The annual monitoring certification was performed by Chris Bishop. All of his required certifications are current. The VMI LDT-890 2-year calibration date = 6/21/2012. "All Functions Normal" was displayed at the TLS-350 control panel at the beginning and end of the inspection. Indicator lights at the alarm panel were not working and were replaced by the service technician. The system set-up and alarm history reports were obtained from the service technician and were reviewed. The 87 and 91 turbine sumps plus the 7 UDC sumps were inspected and were dry. The 2 turbine sump sensors were positioned at their low points plus the product piping test boots were separated to allow communication to occur between the product piping and the sump sensors. The following sensors were tested and provided audible and visual alarms: 3 tank annular space sensors (87, 91, used oil), 2 turbine sump sensors (87 and [Truncated])

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 11-19-2013  
Violations Found: Yes

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

EL CAMINO 76 (Continued)

S101622974

Eval Type: Routine done by local agency  
Eval Notes: Reviewed business plan dated February, 2011. Facility is properly permitted for the number of reportable chemicals. (Gasoline, used oil, used coolant, motor oil, coolant, propane) EFFECTIVE JANUARY 1, 2013, STATE LAW REQUIRES THAT HAZARDOUS MATERIALS BUSINESS PLAN (HMBP), HAZARDOUS WASTE TIERED PERMIT, AND CERTAIN UNDERGROUND STORAGE TANK (UST) SUBMITTALS (i.e., OPERATING PERMIT APPLICATIONS AND UST MONITORING PLANS) BE SUBMITTED ELECTRONICALLY VIA THE CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM (CERS) WEBSITE AT <http://cers.calepa.ca.gov>. HARD COPIES ARE NO LONGER ALLOWED FOR THOSE SUBMITTALS, SO PLEASE DISREGARD ANY PRE-PRINTED CORRECTIVE ACTION TEXT IN THIS NOTICE OF INSPECTION REGARDING HARD COPY FORMS. FACILITY RECORDS HAVE ALREADY BEEN CREATED IN CERS FOR MANY BUSINESSES. PLEASE SEARCH CERS AND REQUEST ACCESS TO THAT RECORD BEFORE CREATING A NEW FACILITY RECORD. SEE [www.EHinfo.org/hazmat](http://www.EHinfo.org/hazmat) FOR MORE DETAILS REGARDING ELECTRONIC REPORTING REQUIREMENTS.

Eval Division: Santa Clara County Environmental Health  
Eval Program: HMRRP  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 11-24-2015  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: Inspection began on 11/16/2015 and ended today. All underground storage tank (UST) system leak detection equipment was tested on 11/16/2015 by UST Service Technician Christopher Bishop of Confidence UST Services, Inc. and functioned properly. Mr. Bishop has current ICC California UST Service Technician certification (exp. 4/30/2016), Veeder-Root Level 4 certification (exp. 5/15/2016), and Vaporless Manufacturing (VMI) LDT-890 line leak detector tester certification (exp. 8/13/2017). As noted above, his Franklin Fueling Systems FE Petro Submersible Pumping Systems (line leak detector) certification has expired. The 3 Veeder-Root model 794390-420 tank annular sensors were tested using water to obtain audible and visual fuel alarms on the Veeder-Root TLS-350 console. Three Veeder-Root model 794380-208 sensors monitoring the 2 submersible turbine pump (STP) sumps and the capped out-of-service under dispenser containment (UDC) sump for former Dispenser 13/14 were tested [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Enforcement Action:  
Site ID: 27683  
Site Name: EL CAMINO 76  
Site Address: 4350 EL CAMINO REAL  
Site City: LOS ALTOS  
Site Zip: 94022  
Enf Action Date: 11-18-2014  
Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection  
Enf Action Notes: Not reported  
Enf Action Division: Santa Clara County Environmental Health  
Enf Action Program: UST  
Enf Action Source: CERS

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**EL CAMINO 76 (Continued)**

**S101622974**

Site ID: 27683  
Site Name: EL CAMINO 76  
Site Address: 4350 EL CAMINO REAL  
Site City: LOS ALTOS  
Site Zip: 94022  
Enf Action Date: 11-19-2013  
Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection  
Enf Action Notes: Not reported  
Enf Action Division: Santa Clara County Environmental Health  
Enf Action Program: HMRRP  
Enf Action Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Site Address: 4350 EL CAMINO REAL  
Site City: LOS ALTOS  
Site Zip: 94022  
Enf Action Date: 11-19-2013  
Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection  
Enf Action Notes: Not reported  
Enf Action Division: Santa Clara County Environmental Health  
Enf Action Program: HW  
Enf Action Source: CERS

Site ID: 27683  
Site Name: EL CAMINO 76  
Site Address: 4350 EL CAMINO REAL  
Site City: LOS ALTOS  
Site Zip: 94022  
Enf Action Date: 11-19-2013  
Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection  
Enf Action Notes: Not reported  
Enf Action Division: Santa Clara County Environmental Health  
Enf Action Program: UST  
Enf Action Source: CERS

**Coordinates:**

Site ID: 27683  
Facility Name: EL CAMINO 76  
Env Int Type Code: HWG  
Program ID: 10352914  
Coord Name: Not reported  
Ref Point Type Desc: Center of a facility or station.  
Latitude: 37.404080  
Longitude: -122.118230

**Affiliation:**

Affiliation Type Desc: CUPA District  
Entity Name: Santa Clara County Environmental Health  
Entity Title: Not reported  
Affiliation Address: 1555 Berger Drive, Suite 300  
Affiliation City: San Jose  
Affiliation State: CA

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)  
EDR ID Number  
EPA ID Number

**EL CAMINO 76 (Continued)**

**S101622974**

Affiliation Country: Not reported  
Affiliation Zip: 95112-2716  
Affiliation Phone: (408) 918-3400

Affiliation Type Desc: Document Preparer  
Entity Name: Stantec Consulting Services Inc.  
Entity Title: Not reported  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

Affiliation Type Desc: Environmental Contact  
Entity Name: GREGORY GALATOLO  
Entity Title: Not reported  
Affiliation Address: 4350 EL CAMINO REAL  
Affiliation City: LOS ALTOS  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: 94022  
Affiliation Phone: (650) 941-0244

Affiliation Type Desc: Facility Mailing Address  
Entity Name: Mailing Address  
Entity Title: Not reported  
Affiliation Address: 4350 EL CAMINO REAL  
Affiliation City: LOS ALTOS  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: 94022  
Affiliation Phone: Not reported

Affiliation Type Desc: Identification Signer  
Entity Name: GREGORY GALATOLO  
Entity Title: OWNER  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

Affiliation Type Desc: Legal Owner  
Entity Name: GREGORY GALATOLO  
Entity Title: Not reported  
Affiliation Address: 330 S. SAN ANTONIO ROAD  
Affiliation City: LOS ALTOS  
Affiliation State: CA  
Affiliation Country: United States  
Affiliation Zip: 94022  
Affiliation Phone: (650) 941-0244

Affiliation Type Desc: Operator  
Entity Name: GREGORY GALATOLO  
Entity Title: Not reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**EL CAMINO 76 (Continued)**

**S101622974**

Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: (650) 948-8302

Affiliation Type Desc: Parent Corporation  
Entity Name: Greg's 76 Auto Repair  
Entity Title: Not reported  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

Affiliation Type Desc: Property Owner  
Entity Name: GREGORY GALATOLO  
Entity Title: Not reported  
Affiliation Address: 4350 EL CAMINO REAL  
Affiliation City: LOS ALTOS  
Affiliation State: CA  
Affiliation Country: United States  
Affiliation Zip: 94022  
Affiliation Phone: (650) 941-0244

Affiliation Type Desc: UST Permit Applicant  
Entity Name: Greg Galatolo  
Entity Title: Owner  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: (650) 941-0244

Affiliation Type Desc: UST Property Owner Name  
Entity Name: greg galatolo  
Entity Title: Not reported  
Affiliation Address: 4350 el camino real  
Affiliation City: los altos  
Affiliation State: ca  
Affiliation Country: United States  
Affiliation Zip: 94022  
Affiliation Phone: (650) 941-0244

Affiliation Type Desc: UST Tank Operator  
Entity Name: GREGORY GALATOLO  
Entity Title: Not reported  
Affiliation Address: 4350 el camino real  
Affiliation City: los altos  
Affiliation State: ca  
Affiliation Country: United States  
Affiliation Zip: 94022  
Affiliation Phone: (650) 941-0244

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**EL CAMINO 76 (Continued)**

**S101622974**

Affiliation Type Desc: UST Tank Owner  
Entity Name: GREGORY GALATOLO  
Entity Title: Not reported  
Affiliation Address: 4350 el camino real  
Affiliation City: los altos  
Affiliation State: ca  
Affiliation Country: United States  
Affiliation Zip: 94022  
Affiliation Phone: (650) 941-0244

Site ID: 245703  
CERS ID: T0608501527  
CERS Description: Leaking Underground Storage Tank Cleanup Site

**Affiliation:**

Affiliation Type Desc: Local Agency Caseworker  
Entity Name: UST CASE WORKER - SANTA CLARA COUNTY LOP  
Entity Title: Not reported  
Affiliation Address: 1555 Berger Drive, Suite 300  
Affiliation City: SAN JOSE  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: 4089183400

Affiliation Type Desc: Regional Board Caseworker  
Entity Name: Regional Water Board - SAN FRANCISCO BAY RWQCB (REGION 2)  
Entity Title: Not reported  
Affiliation Address: 1515 CLAY ST SUITE 1400  
Affiliation City: OAKLAND  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

**A17 CONOCOPHILLIPS COMPANY #256115**  
**Target 4350 EL CAMINO REAL**  
**Property LOS ALTOS, CA 94022**

**CUPA Listings S121468565**  
**N/A**

**Site 17 of 18 in cluster A**

**Actual: 68 ft.**  
CUPA SANTA CLARA:  
Region: SANTA CLARA  
PE#: 2202  
Program Description: GENERATES < 100 KG/YR  
Latitude: 37.40446  
Longitude: -122.11823  
Record ID: PR0380421  
Facility ID: FA0201602

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

A18  
WNW  
< 1/8  
0.029 mi.  
155 ft.

**SPOTLESS CLEANERS**  
1176 LOS ALTOS AVE  
LOS ALTOS, CA 94022  
  
Site 18 of 18 in cluster A

EDR Hist Cleaner 1020092802  
N/A

Relative:  
Higher

EDR Hist Cleaner

Actual:  
69 ft.

Year:	Name:	Type:
1988	SPOTLESS CLEANERS	Drycleaning Plants, Except Rugs
1989	SPOTLESS CLEANERS	Drycleaning Plants, Except Rugs
1990	SPOTLESS CLEANERS	Drycleaning Plants, Except Rugs
1997	SPOTLESS CLEANERS	Drycleaning Plants, Except Rugs
1998	SPOTLESS CLEANERS	Drycleaning Plants, Except Rugs
1999	SPOTLESS CLEANERS	Drycleaning Plants, Except Rugs
2000	SPOTLESS CLEANERS	Drycleaning Plants, Except Rugs
2001	SPOTLESS CLEANERS	Drycleaning Plants, Except Rugs
2002	SPOTLESS CLEANERS	Drycleaning Plants, Except Rugs
2003	SPOTLESS CLEANERS	Drycleaning Plants, Except Rugs
2004	SPOTLESS CLEANERS	Drycleaning Plants, Except Rugs
2005	SPOTLESS CLEANERS	Drycleaning Plants, Except Rugs
2006	SPOTLESS CLEANERS	Drycleaning Plants, Except Rugs
2007	SPOTLESS CLEANERS	Drycleaning Plants, Except Rugs
2008	SPOTLESS CLEANERS	Drycleaning Plants, Except Rugs
2009	SPOTLESS CLEANERS	Drycleaning Plants, Except Rugs
2010	SPOTLESS CLEANERS	Drycleaning Plants, Except Rugs
2011	SPOTLESS CLEANERS	Drycleaning Plants, Except Rugs
2012	SPOTLESS CLEANERS	Drycleaning Plants, Except Rugs
2013	SPOTLESS CLEANERS	Drycleaning Plants, Except Rugs
2014	SPOTLESS CLEANERS	Drycleaning Plants, Except Rugs

B19  
NW  
< 1/8  
0.056 mi.  
295 ft.

**FOUR SEASONS MOTEL**  
4320 EL CAMINO REAL  
LOS ALTOS, CA 94022  
  
Site 1 of 2 in cluster B

SWEEPS UST S101622955  
CA FID UST N/A

Relative:  
Higher

SWEEPS UST:

Actual:  
68 ft.

Status:	Active
Comp Number:	35509
Number:	9
Board Of Equalization:	44-025757
Referral Date:	07-01-85
Action Date:	Not reported
Created Date:	02-29-88
Owner Tank Id:	1
SWRCB Tank Id:	43-000-035509-000001
Tank Status:	A
Capacity:	Not reported
Active Date:	07-01-85
Tank Use:	UNKNOWN
STG:	P
Content:	Not reported
Number Of Tanks:	1

CA FID UST:

Facility ID:	43012031
Regulated By:	UTNKA
Regulated ID:	00035509

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**FOUR SEASONS MOTEL (Continued)**

**S101622955**

Cortese Code: Not reported  
SIC Code: Not reported  
Facility Phone: 4159410360  
Mail To: Not reported  
Mailing Address: 4320 EL CAMINO REAL  
Mailing Address 2: Not reported  
Mailing City,St,Zip: LOS ALTOS 94022  
Contact: Not reported  
Contact Phone: Not reported  
DUNs Number: Not reported  
NPDES Number: Not reported  
EPA ID: Not reported  
Comments: Not reported  
Status: Active

**B20  
NW  
< 1/8  
0.056 mi.  
295 ft.**

**FOUR SEASONS MOTEL  
4320 EL CAMINO REAL  
LOS ALTOS, CA 94022**

**HIST UST U001594137  
N/A**

**Site 2 of 2 in cluster B**

**Relative:  
Higher**

**HIST UST:**

**Actual:  
68 ft.**

File Number: 00020823  
URL: <http://geotracker.waterboards.ca.gov/ustpdfs/pdf/00020823.pdf>  
Region: STATE  
Facility ID: 00000035509  
Facility Type: Other  
Other Type: MOTEL  
Contact Name: Not reported  
Telephone: 4159410360  
Owner Name: ROYAL LANDMARK MOTOR INN INC.  
Owner Address: 1060 ESTRELITTA WAY  
Owner City,St,Zip: LOS ALTOS, CA 94022  
Total Tanks: 0001

Tank Num: 001  
Container Num: 1  
Year Installed: Not reported  
Tank Capacity: 00000000  
Tank Used for: Not reported  
Type of Fuel: Not reported  
Container Construction Thickness: Not reported  
Leak Detection: None

Click here for Geo Tracker PDF:

**C21  
ESE  
< 1/8  
0.089 mi.  
469 ft.**

**LOZANO INC  
2690 EL CAMINO REAL  
MOUNTAIN VIEW, CA 94040**

**EDR Hist Auto 1020507895  
N/A**

**Site 1 of 11 in cluster C**

**Relative:  
Higher**

**EDR Hist Auto**

**Actual:  
69 ft.**

Year: Name:  
1971 LOZANO INC

Type:  
Gasoline Service Stations

Map ID  
 Direction  
 Distance  
 Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
 EPA ID Number

**LOZANO INC (Continued)**

**1020507895**

1972 LOZANO INC	Gasoline Service Stations
1973 LOZANO INC	Gasoline Service Stations

**C22**  
**ESE**  
 < 1/8  
 0.089 mi.  
 469 ft.

**LOZANO CAR WASH**  
**2690 EL CAMINO REAL**  
**MOUNTAIN VIEW, CA 94040**

**RCRA-SQG** 1004677215  
**FINDS** CAR000094573  
**ECHO**

**Site 2 of 11 in cluster C**

**Relative:**  
**Higher**  
**Actual:**  
**69 ft.**

**RCRA-SQG:**  
 Date form received by agency: 04/05/2001  
 Facility name: LOZANO CAR WASH  
 Facility address: 2690 EL CAMINO REAL  
 MOUNTAIN VIEW, CA 94040  
 EPA ID: CAR000094573  
 Contact: ERIC CALVANI  
 Contact address: 2690 EL CAMINO REAL  
 MOUNTAIN VIEW, CA 94040  
 Contact country: US  
 Contact telephone: 650-941-0590  
 Contact email: Not reported  
 EPA Region: 09  
 Classification: Small Small Quantity Generator  
 Description: Handler: generates more than 100 and less than 1000 kg of hazardous waste during any calendar month and accumulates less than 6000 kg of hazardous waste at any time; or generates 100 kg or less of hazardous waste during any calendar month, and accumulates more than 1000 kg of hazardous waste at any time

**Owner/Operator Summary:**  
 Owner/operator name: MANUEL J LOZANO  
 Owner/operator address: 2690 EL CAMINO REAL  
 MOUNTAIN VIEW, CA 94040  
 Owner/operator country: Not reported  
 Owner/operator telephone: 650-941-0590  
 Owner/operator email: Not reported  
 Owner/operator fax: Not reported  
 Owner/operator extension: Not reported  
 Legal status: Private  
 Owner/Operator Type: Owner  
 Owner/Op start date: Not reported  
 Owner/Op end date: Not reported

**Handler Activities Summary:**  
 U.S. importer of hazardous waste: No  
 Mixed waste (haz. and radioactive): No  
 Recycler of hazardous waste: No  
 Transporter of hazardous waste: No  
 Treater, storer or disposer of HW: No  
 Underground injection activity: No  
 On-site burner exemption: No  
 Furnace exemption: No  
 Used oil fuel burner: No  
 Used oil processor: No  
 User oil refiner: No  
 Used oil fuel marketer to burner: No  
 Used oil Specification marketer: No

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**LOZANO CAR WASH (Continued)**

**1004677215**

Used oil transfer facility: No  
Used oil transporter: No

. Waste code: D000  
. Waste name: Not Defined

. Waste code: D006  
. Waste name: CADMIUM

. Waste code: D008  
. Waste name: LEAD

. Waste code: D011  
. Waste name: SILVER

. Waste code: P029  
. Waste name: COPPER CYANIDE

. Waste code: P074  
. Waste name: NICKEL CYANIDE

. Waste code: P205  
. Waste name: ZINC, BIS(DIMETHYLCARBAMODITHIOATO-S,S')-, (OR) ZIRAM

**Historical Generators:**

Date form received by agency: 04/05/2001  
Site name: LOZANO CAR WASH  
Classification: Small Quantity Generator

Violation Status: No violations found

**FINDS:**

Registry ID: 110012228455

**Environmental Interest/Information System**

RCRAInfo is a national information system that supports the Resource Conservation and Recovery Act (RCRA) program through the tracking of events and activities related to facilities that generate, transport, and treat, store, or dispose of hazardous waste. RCRAInfo allows RCRA program staff to track the notification, permit, compliance, and corrective action activities required under RCRA.

**STATE MASTER**

[Click this hyperlink](#) while viewing on your computer to access additional FINDS: detail in the EDR Site Report.

**ECHO:**

Envid: 1004677215  
Registry ID: 110012228455  
DFR URL: <http://echo.epa.gov/detailed-facility-report?fid=110012228455>

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

C23  
ESE  
< 1/8  
0.093 mi.  
492 ft.

**LOZANO CAR WASH**  
**2690 W EL CAMINO REAL**  
**MOUNTAIN VIEW, CA 94040**

Site 3 of 11 in cluster C

LUST S103648145  
HIST LUST N/A

Relative:  
Higher

LUST REG 2:

Actual:  
68 ft.

Region: 2  
Facility Id: Not reported  
Facility Status: Case Closed  
Case Number: 06S1W18R02f  
How Discovered: Not reported  
Leak Cause: Unknown  
Leak Source: Not reported  
Date Leak Confirmed: Not reported  
Oversight Program: LUST  
Prelim. Site Assessment Workplan Submitted: Not reported  
Preliminary Site Assessment Began: 9/16/1986  
Pollution Characterization Began: Not reported  
Pollution Remediation Plan Submitted: Not reported  
Date Remediation Action Underway: Not reported  
Date Post Remedial Action Monitoring Began: Not reported

HIST LUST SANTA CLARA:

Region: SANTA CLARA  
Region Code: 2  
SCVWD ID: 06S1W18R02  
Oversite Agency: SCVWD  
Date Listed: 2003-10-02 00:00:00  
Closed Date: 2003-10-07 00:00:00

C24  
ESE  
< 1/8  
0.093 mi.  
492 ft.

**LOZANO CAR WASH**  
**2690 W EL CAMINO REAL**  
**MOUNTAIN VIEW, CA 94040**

Site 4 of 11 in cluster C

LUST U001594324  
HIST UST N/A

Relative:  
Higher

LUST:

Actual:  
68 ft.

Lead Agency: SANTA CLARA COUNTY LOP  
Case Type: LUST Cleanup Site  
Geo Track: [http://geotracker.waterboards.ca.gov/profile\\_report.asp?global\\_id=T0608546580](http://geotracker.waterboards.ca.gov/profile_report.asp?global_id=T0608546580)  
Global Id: T0608546580  
Latitude: 37.4035269  
Longitude: -122.116216  
Status: Completed - Case Closed  
Status Date: 10/07/2003  
Case Worker: UST  
RB Case Number: Not reported  
Local Agency: SANTA CLARA COUNTY LOP  
File Location: All Files are on GeoTracker or in the Local Agency Database  
Local Case Number: Not reported  
Potential Media Affect: Soil  
Potential Contaminants of Concern: Gasoline  
Site History: Not reported

LUST:

Global Id: T0608546580  
Contact Type: Regional Board Caseworker  
Contact Name: Regional Water Board  
Organization Name: SAN FRANCISCO BAY RWQCB (REGION 2)

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**LOZANO CAR WASH (Continued)**

**U001594324**

Address: 1515 CLAY ST SUITE 1400  
City: OAKLAND  
Email: Not reported  
Phone Number: Not reported

Global Id: T0608546580  
Contact Type: Local Agency Caseworker  
Contact Name: UST CASE WORKER  
Organization Name: SANTA CLARA COUNTY LOP  
Address: 1555 Berger Drive, Suite 300  
City: SAN JOSE  
Email: Not reported  
Phone Number: 4089183400

**LUST:**

Global Id: T0608546580  
Action Type: RESPONSE  
Date: 11/13/1988  
Action: Other Report / Document

Global Id: T0608546580  
Action Type: RESPONSE  
Date: 07/22/1992  
Action: Other Report / Document

Global Id: T0608546580  
Action Type: RESPONSE  
Date: 08/12/2003  
Action: Tank Removal Report / UST Sampling Report

Global Id: T0608546580  
Action Type: RESPONSE  
Date: 09/24/2003  
Action: Correspondence

Global Id: T0608546580  
Action Type: RESPONSE  
Date: 01/26/1998  
Action: Other Report / Document

Global Id: T0608546580  
Action Type: RESPONSE  
Date: 08/18/2003  
Action: Unauthorized Release Form

Global Id: T0608546580  
Action Type: RESPONSE  
Date: 09/29/1988  
Action: Other Report / Document

Global Id: T0608546580  
Action Type: Other  
Date: 08/12/2003  
Action: Leak Reported

Global Id: T0608546580  
Action Type: ENFORCEMENT

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**LOZANO CAR WASH (Continued)**

**U001594324**

Date: 10/07/2003  
Action: Closure/No Further Action Letter

**LUST:**

Global Id: T0608546580  
Status: Completed - Case Closed  
Status Date: 10/07/2003

Global Id: T0608546580  
Status: Open - Case Begin Date  
Status Date: 09/16/1986

Global Id: T0608546580  
Status: Open - Site Assessment  
Status Date: 09/16/1986

**HIST UST:**

File Number: Not reported  
URL: Not reported  
Region: STATE  
Facility ID: 00000059735  
Facility Type: Gas Station  
Other Type: Not reported  
Contact Name: MANUEL J. LOZANO  
Telephone: 4159410405  
Owner Name: LOZANO INC.  
Owner Address: 2690 W. EL CAMINO REAL  
Owner City,St,Zip: MOUNTAIN VIEW, CA 94040  
Total Tanks: 0004

Tank Num: 001  
Container Num: 1  
Year Installed: 1962  
Tank Capacity: 00007500  
Tank Used for: PRODUCT  
Type of Fuel: UNLEADED  
Container Construction Thickness: Not reported  
Leak Detection: Stock Inventor, 10

Tank Num: 002  
Container Num: 2  
Year Installed: 1962  
Tank Capacity: 00005000  
Tank Used for: PRODUCT  
Type of Fuel: REGULAR  
Container Construction Thickness: Not reported  
Leak Detection: Stock Inventor, 10

Tank Num: 003  
Container Num: 3  
Year Installed: 1962  
Tank Capacity: 00005000  
Tank Used for: PRODUCT  
Type of Fuel: REGULAR  
Container Construction Thickness: Not reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**LOZANO CAR WASH (Continued)**

**U001594324**

Leak Detection: Stock Inventor, 10  
  
Tank Num: 004  
Container Num: 4  
Year Installed: 1974  
Tank Capacity: 00009500  
Tank Used for: PRODUCT  
Type of Fuel: UNLEADED  
Container Construction Thickness: Not reported  
Leak Detection: Stock Inventor, 10

**C25**  
**ESE**  
**< 1/8**  
**0.093 mi.**  
**492 ft.**

**LOZANO INC.**  
**2690 W EL CAMINO REAL**  
**MOUNTAIN VIEW, CA 94040**

**LUST** **S101623004**  
**SWEEPS UST** **N/A**  
**CA FID UST**

**Site 5 of 11 in cluster C**

**Relative:**  
**Higher**  
  
**Actual:**  
**68 ft.**

**LUST SANTA CLARA:**  
Region: SANTA CLARA  
SCVWD ID: 06S1W18R02F  
Date Closed: 10/07/2003  
EDR Link ID: 06S1W18R02F

**SWEEPS UST:**  
Status: Active  
Comp Number: 59735  
Number: 9  
Board Of Equalization: 44-026012  
Referral Date: 07-01-85  
Action Date: Not reported  
Created Date: 10-13-88  
Owner Tank Id: 3  
SWRCB Tank Id: 43-005-059735-000003  
Tank Status: A  
Capacity: 10000  
Active Date: 01-06-94  
Tank Use: M.V. FUEL  
STG: P  
Content: SUPER UNLEADED  
Number Of Tanks: 2

Status: Active  
Comp Number: 59735  
Number: 9  
Board Of Equalization: 44-026012  
Referral Date: 07-01-85  
Action Date: Not reported  
Created Date: 10-13-88  
Owner Tank Id: 4  
SWRCB Tank Id: 43-005-059735-000004  
Tank Status: A  
Capacity: 10000  
Active Date: 01-06-90  
Tank Use: M.V. FUEL  
STG: P  
Content: REG UNLEADED  
Number Of Tanks: Not reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**LOZANO INC. (Continued)**

**S101623004**

Status: Not reported  
Comp Number: 59735  
Number: Not reported  
Board Of Equalization: 44-026012  
Referral Date: Not reported  
Action Date: Not reported  
Created Date: Not reported  
Owner Tank Id: Not reported  
SWRCB Tank Id: 43-005-059735-000001  
Tank Status: Not reported  
Capacity: 7500  
Active Date: Not reported  
Tank Use: M.V. FUEL  
STG: PRODUCT  
Content: REG UNLEADED  
Number Of Tanks: 2

Status: Not reported  
Comp Number: 59735  
Number: Not reported  
Board Of Equalization: 44-026012  
Referral Date: Not reported  
Action Date: Not reported  
Created Date: Not reported  
Owner Tank Id: Not reported  
SWRCB Tank Id: 43-005-059735-000002  
Tank Status: Not reported  
Capacity: 5000  
Active Date: Not reported  
Tank Use: M.V. FUEL  
STG: PRODUCT  
Content: LEADED  
Number Of Tanks: Not reported

**CA FID UST:**

Facility ID: 43006205  
Regulated By: UTNKA  
Regulated ID: 00059735  
Cortese Code: Not reported  
SIC Code: Not reported  
Facility Phone: 4159410405  
Mail To: Not reported  
Mailing Address: 2690 W EL CAMINO REAL  
Mailing Address 2: Not reported  
Mailing City,St,Zip: MOUNTAIN VIEW 94040  
Contact: Not reported  
Contact Phone: Not reported  
DUNs Number: Not reported  
NPDES Number: Not reported  
EPA ID: Not reported  
Comments: Not reported  
Status: Active

MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Elevation

Site

Database(s)

EDR ID Number  
 EPA ID Number

**C26** **RAMBUS INC.** **UST** **U004049719**  
**SE** **4440 EL CAMINO REAL** **N/A**  
**< 1/8** **LOS ALTOS, CA 94022**  
**0.123 mi.**  
**650 ft.** **Site 6 of 11 in cluster C**

**Relative:** UST:  
**Higher** Facility ID: 43-000-252915  
 Permitting Agency: SANTA CLARA COUNTY  
**Actual:** Latitude: 37.4029207057199  
**71 ft.** Longitude: -122.116650044918

**C27** **TOYOTA RESEARCH INSTITUTE** **CUPA Listings** **S120984125**  
**SE** **4440 EL CAMINO REAL** **CERS** **N/A**  
**< 1/8** **LOS ALTOS, CA 94022** **CERS HAZ WASTE**  
**0.123 mi.** **CERS TANKS**  
**650 ft.** **Site 7 of 11 in cluster C**

**Relative:** CUPA SANTA CLARA:  
**Higher** Region: SANTA CLARA  
**Actual:** PE#: 2205  
**71 ft.** Program Description: GENERATES 100 KG YR TO <5 TONS/YR  
 Latitude: 37.40295  
 Longitude: -122.11667  
 Record ID: PR0431051  
 Facility ID: FA0271276

Region: SANTA CLARA  
 PE#: 2399  
 Program Description: UNDERGROUND STORAGE TANK PROGRAM RECORD  
 Latitude: 37.40295  
 Longitude: -122.11667  
 Record ID: PR0369659  
 Facility ID: FA0271276

Region: SANTA CLARA  
 PE#: Not reported  
 Program Description: HMBP FACILITY, 1-3 CHEMICALS  
 Latitude: 37.40295  
 Longitude: -122.11667  
 Record ID: PR0409654  
 Facility ID: FA0271276

**CERS TANKS:**  
 Site ID: 99742  
 CERS ID: 10352971  
 CERS Description: Chemical Storage Facilities

**Violations:**  
 Site ID: 99742  
 Site Name: Toyota Research Institute  
 Violation Date: 07-16-2013  
 Citation: HSC 6.95 Multiple Sections - California Health and Safety Code, Chapter 6.95, Section(s) Multiple Sections  
 Violation Description: Business Plan Program - Administration/Documentation - General Hazardous Materials Business Plan (HMBP) dated 7/17/2012 does not have the 1000 diesel fuel tank listed on the chemical inventory statement, the emergency equipment list is blank, and the facility site map is missing. DISREGARD CORRECTIVE ACTION TEXT, BELOW REGARDING SUBMITTAL OF HARD COPY FORMS. SEE www.EHinfo.org/hazmat FOR DETAILS REGARDING  
 Violation Notes:

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**TOYOTA RESEARCH INSTITUTE (Continued)**

**S120984125**

ELECTRONIC REPORTING REQUIREMENTS. A FACILITY RECORD FOR THIS SITE HAS ALREADY BEEN CREATED ON THE CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM (CERS) WEBSITE AT <http://cers.calepa.ca.gov>. REQUEST ACCESS TO THAT CERS RECORD AND SUBMIT A REVISED HMBP WITHIN 30 DAYS.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-13-2016  
Citation: 23 CCR 16 2712(i) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2712(i)

Violation Description: Failure to have a UST Response Plan available on site.  
Violation Notes: 7/12/2016 submittal on CERS did not contain required information. Contact Michelle Santos in our office at 408-918-1981 for assistance.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-15-2014  
Citation: HSC 6.7 25299 - California Health and Safety Code, Chapter 6.7, Section(s) 25299

Violation Description: Failure to comply with one or more of the operating permit conditions.  
Violation Notes: The UST permit fees have not been paid; also note: penalties have accrued on this account.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-15-2014  
Citation: HSC 6.95 Multiple Sections - California Health and Safety Code, Chapter 6.95, Section(s) Multiple Sections  
Violation Description: Business Plan Program - Administration/Documentation - General Hazardous Materials Business Plan permit fees have not been paid; also note: penalty fees have also accrued on this account.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-15-2014  
Citation: HSC 6.7 25286(a) - California Health and Safety Code, Chapter 6.7, Section(s) 25286(a)

Violation Description: Failure to submit a complete and accurate application for a permit to operate an underground storage tank, or for renewal of the permit.  
Violation Notes: Facility failed to submit UST Permit Application electronically.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**TOYOTA RESEARCH INSTITUTE (Continued)**

**S120984125**

Site Name: Toyota Research Institute  
Violation Date: 07-15-2014  
Citation: 23 CCR 16 2712(i) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2712(i)  
Violation Description: Failure to submit, obtain approval, or maintain a complete/accurate response plan.  
Violation Notes: Facility failed to submit a Response Plan electronically.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-15-2014  
Citation: HSC 6.75 25299.30-25299.34 - California Health and Safety Code, Chapter 6.75, Section(s) 25299.30-25299.34  
Violation Description: Failure to submit and maintain complete and current Certification of Financial Responsibility or other mechanism of financial assurance.  
Violation Notes: UST Certification of Financial Responsibility expired 2/15/14 and facility failed to submit certification electronically. Please note to include insurance policy endorsement language specified in Section 280.97 of Title 40 Code of Federal Regulations.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-14-2015  
Citation: 23 CCR 16 2715(f) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2715(f)  
Violation Description: Failure to comply with one or more of the following: provide training to facility employee(s) responsible for proper operation and maintenance every 12 months and/or train new employee(s) who are responsible for proper operation and maintenance within 30-days of hire and/or to have at least one employee present during operating hours that has been trained in the proper operation and maintenance of the UST system.  
Violation Notes: DUSTO training was provided for Jason Yelvington on 7/14/2015 but not for Brenda Badal and Christian Pama who both had been trained in previous years.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-20-2017  
Citation: HSC 6.95 25505(a)(4) - California Health and Safety Code, Chapter 6.95, Section(s) 25505(a)(4)  
Violation Description: Failure to provide initial and annual training to all employees in safety procedures in the event of a release or threatened release of a hazardous material or failure to document and maintain training records for a minimum of three years.  
Violation Notes: Returned to compliance on 08/10/2017. Richard Ulmer stated that the emergency response employee training effort is in process but has not yet been completed. Facility is working with a consultant: an on-line

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**TOYOTA RESEARCH INSTITUTE (Continued)**

**S120984125**

training module & documentation program is being developed but actual employee training hasn't yet occurred.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-14-2015  
Citation: HSC 6.75 25299.30-25299.34 - California Health and Safety Code, Chapter 6.75, Section(s) 25299.30-25299.34  
Violation Description: Failure to submit and maintain complete and current Certification of Financial Responsibility or other mechanism of financial assurance.  
Violation Notes: Certification of Financial Responsibility could not be located.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-13-2016  
Citation: HSC 6.95 25508(a)(1) - California Health and Safety Code, Chapter 6.95, Section(s) 25508(a)(1)  
Violation Description: Failure to complete and electronically submit a site map with all required content.  
Violation Notes: Facility submittal occurring on 7/12/16 was incomplete. Contact Michelle Santos at our office 408-918-1981 or e-mail her at michelle.santos@cep.sccgov.org to obtain help in correctly submitting your required information.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-13-2016  
Citation: HSC 6.95 25508(a)(1) - California Health and Safety Code, Chapter 6.95, Section(s) 25508(a)(1)  
Violation Description: Failure to establish and electronically submit an adequate training program in safety procedures in the event of a release or threatened release of a hazardous material.  
Violation Notes: Facility submittal occurring on 7/12/16 did not have a training plan. Contact Michelle Santos at our office 408-918-1981 or e-mail her at michelle.santos@cep.sccgov.org to obtain help in correctly submitting your required information.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-20-2017  
Citation: HSC 6.95 25508(a)(1) - California Health and Safety Code, Chapter 6.95, Section(s) 25508(a)(1)  
Violation Description: Failure to complete and electronically submit a site map with all required content.  
Violation Notes: Returned to compliance on 08/10/2017. The site map photo is

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**TOYOTA RESEARCH INSTITUTE (Continued)**

**S120984125**

incomplete. Draw a map that shows the following: north orientation, loading areas, internal roads, adjacent streets, storm and sewer drains, access & exit points, emergency shutoffs, evacuation staging areas, hazardous materials handling & storage areas, and emergency response equipment.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-20-2017  
Citation: 23 CCR 16 2632(d)(1)(C), 2641(h), 2711(a)(8) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2632(d)(1)(C), 2641(h), 2711(a)(8)

Violation Description: Failure to submit or update a plot plan.  
Violation Notes: Returned to compliance on 08/10/2017. The UST site map on your electronic submittal is incomplete. Add a birds-eye map drawing showing the information described in the corrective text below. Recommend using the site map provided by your annual monitoring certification contractor.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-14-2015  
Citation: HSC 6.7 25284 - California Health and Safety Code, Chapter 6.7, Section(s) 25284

Violation Description: Failure to obtain and maintain a valid operation permit from the CUPA.  
Violation Notes: Facility has failed to maintain a UST permit to operate. Fees and penalties totaling \$1932.50 have not yet been paid plus required underground storage tank information has not been submitted electronically via the California Environmental Reporting System (CERS) as previously requested.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-20-2017  
Citation: HSC 6.95 25508(a)(1) - California Health and Safety Code, Chapter 6.95, Section(s) 25508(a)(1)

Violation Description: Failure to complete and electronically submit hazardous material inventory information for all reportable hazardous materials on site at or above reportable quantities.  
Violation Notes: Returned to compliance on 08/10/2017. Show the 100 gallon tank as a separate inventory item stored in a separate location away from the 1000 gallon underground storage tank.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**TOYOTA RESEARCH INSTITUTE (Continued)**

**S120984125**

Violation Date: 07-15-2014  
Citation: 23 CCR 16 2641(a) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2641(a)  
Violation Description: Failure of sensor to be located in the proper position/location.  
Violation Notes: Returned to compliance on 07/15/2014. The test boot on secondary containment piping was modified to have the Schrader Valve angled downward today, no further action required.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-13-2016  
Citation: 23 CCR 16 2715(a) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2715(a)  
Violation Description: Failure to notify the CUPA of the designated operator (DO) identification and/or change of the DO within 30 days.  
Violation Notes: 7/12/2016 submittal on CERS did not contain required information. Contact Michelle Santos in our office at 408-918-1981 for assistance.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-13-2016  
Citation: 23 CCR 16 2632(d)(1)(C), 2641(h), 2711(a)(8) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2632(d)(1)(C), 2641(h), 2711(a)(8)  
Violation Description: Failure to submit or update a plot plan.  
Violation Notes: 7/12/2016 submittal on CERS did not contain required information. Contact Michelle Santos in our office at 408-918-1981 for assistance.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-13-2016  
Citation: HSC 6.95 25508(a)(1) - California Health and Safety Code, Chapter 6.95, Section(s) 25508(a)(1)  
Violation Description: Failure to establish and electronically submit an adequate emergency response plan and procedures for a release or threatened release of a hazardous material.  
Violation Notes: Facility submittal occurring on 7/12/16 did not have an emergency response plan. Contact Michelle Santos at our office 408-918-1981 or e-mail her at michelle.santos@cep.sccgov.org to obtain help in correctly submitting your required information.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-16-2013  
Citation: HSC 6.7 Multiple Sections - California Health and Safety Code, Chapter

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**TOYOTA RESEARCH INSTITUTE (Continued)**

**S120984125**

6.7, Section(s) Multiple Sections  
Violation Description: UST Program - Administration/Documentation - General  
Violation Notes: Returned to compliance on 07/16/2013. The date from your January 2013 DUSTO Inspection report was missing. Ensure that your monthly inspection reports are properly completed. Violation was corrected during the inspection. No further action is required.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-15-2014  
Citation: 23 CCR 16 2712(i) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2712(i)

Violation Description: Failure to maintain on site an approved monitoring plan.  
Violation Notes: Facility failed to submit a UST Monitoring Plan electronically.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-15-2014  
Citation: 23 CCR 16 2711(a)(8) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2711(a)(8)

Violation Description: Failure to submit, obtain approval, or maintain a complete/accurate plot plan.  
Violation Notes: Facility failed to submit a UST monitoring site plan electronically.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-14-2015  
Citation: Un-Specified  
Violation Description: UST Program - Administration/Documentation - For use of Local Ordinance only  
Violation Notes: Written responses to your inspections in 2013 and 2014 were not received by our office.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-13-2016  
Citation: HSC 6.75 25299.30-25299.34 - California Health and Safety Code, Chapter 6.75, Section(s) 25299.30-25299.34  
Violation Description: Failure to submit and maintain complete and current Certification of Financial Responsibility or other mechanism of financial assurance.  
Violation Notes: 7/12/2016 submittal on CERS did not contain required information. Contact Michelle Santos in our office at 408-918-1981 for assistance.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**TOYOTA RESEARCH INSTITUTE (Continued)**

**S120984125**

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-16-2013  
Citation: 19 CCR 4 2729.5 - California Code of Regulations, Title 19, Chapter 4, Section(s) 2729.5  
Violation Description: Failure to submit inventory reports (Activities, Owner/Operator, Hazardous Materials Descriptions and Map pages, if required. Documentation must be resubmitted (for facilities which exceed EPCRA thresholds) or re-certified (for facilities which do not exceed EPCRA thresholds) by March 1.  
Violation Notes: Chemical inventory was not annually re-certified from last year. DISREGARD CORRECTIVE ACTION TEXT, BELOW REGARDING SUBMITTAL OF HARD COPY FORMS. SEE [www.EHinfo.org/hazmat](http://www.EHinfo.org/hazmat) FOR DETAILS REGARDING ELECTRONIC REPORTING REQUIREMENTS. A FACILITY RECORD FOR THIS SITE HAS ALREADY BEEN CREATED ON THE CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM (CERS) WEBSITE AT <http://cers.calepa.ca.gov>. REQUEST ACCESS TO THAT CERS RECORD AND SUBMIT A REVISED HMBP WITHIN 30 DAYS.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-14-2015  
Citation: HSC 6.95 25508.2 - California Health and Safety Code, Chapter 6.95, Section(s) 25508.2  
Violation Description: Failure to annually review and electronically certify that the business plan is complete, accurate, and up-to-date.  
Violation Notes: The last HMBP submitted was dated 7/19/2012. Facility has not electronically performed an annual certification for 2013, 2014, and 2015. Your CERS account ID # is 10352971. Read the "Getting Started on CERS" document and follow directions in order to gain web access and electronically submit all required information. THIRD NOTICE  
Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-15-2014  
Citation: HSC 6.95 25508(a)(1) - California Health and Safety Code, Chapter 6.95, Section(s) 25508(a)(1)  
Violation Description: Failure to complete and electronically submit hazardous material inventory information for all reportable hazardous materials on site at or above reportable quantities.  
Violation Notes: Repeat Violation from 7/16/13 inspection. The Hazardous Materials Business Plan (HMBP) does not have the 1000 gallon diesel tank listed on the hazardous material inventory. Also, the emergency equipment list and facility site map is missing.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-15-2014  
Citation: 23 CCR 16 2715(a) - California Code of Regulations, Title 23, Chapter

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

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EPA ID Number

TOYOTA RESEARCH INSTITUTE (Continued)

S120984125

Violation Description: 16, Section(s) 2715(a)  
Failure to submit statement of UST compliance and/or Designated Operator certification.

Violation Notes: Facility failed to submit designated operator statement of compliance electronically.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-13-2016  
Citation: 23 CCR 6.7 25284, 25286 - California Code of Regulations, Title 23, Chapter 6.7, Section(s) 25284, 25286

Violation Description: Failure to submit a complete and accurate application for a permit to operate a UST, or for renewal of the permit.

Violation Notes: 7/12/2016 submittal on CERS did not contain required information. Contact Michelle Santos in our office at 408-918-1981 for assistance.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-13-2016  
Citation: HSC 6.95 25505.1 - California Health and Safety Code, Chapter 6.95, Section(s) 25505.1

Violation Description: Failure to notify property owner in writing that the business is subject to the business plan program and has complied with its provisions.

Violation Notes: Business is a tenant, is subject to the hazardous materials business plan reporting requirements and has not notified the property owner. After complying with all other HMBP violations in this report, send a letter to your property owner and keep a copy of the letter on site for review.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-15-2014  
Citation: Un-Specified

Violation Description: UST Program - Administration/Documentation - For use of Local Ordinance only

Violation Notes: Facility failed to respond to violations on 7/16/13 notice of inspection.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-13-2016  
Citation: HSC 6.7 25284 - California Health and Safety Code, Chapter 6.7, Section(s) 25284

Violation Description: Failure to obtain a valid permit to operate from the CUPA.

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MAP FINDINGS

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**TOYOTA RESEARCH INSTITUTE (Continued)**

**S120984125**

Violation Notes: Business took over operation of the tank in December 2015 and has not obtained a permit to operate. 7/12/2016 submittal on CERS did not contain required information. Contact Michelle Santos in our office at 408-918-1981 for assistance.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-13-2016  
Citation: 23 CCR 16 2712(i) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2712(i)

Violation Description: Failure to have a UST Monitoring Plan available on site.  
Violation Notes: 7/12/2016 submittal on CERS did not contain required information. Contact Michelle Santos in our office at 408-918-1981 for assistance.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-20-2017  
Citation: HSC 6.75 25299.30-25299.34 - California Health and Safety Code, Chapter 6.75, Section(s) 25299.30-25299.34

Violation Description: Failure to submit and maintain complete and current Certification of Financial Responsibility or other mechanism of financial assurance.  
Violation Notes: Returned to compliance on 08/10/2017. The Certification of Financial Responsibility is missing from your last electronic submittal on CERS.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-15-2014  
Citation: 19 CCR 6.95 25508(a)(1) - California Code of Regulations, Title 19, Chapter 6.95, Section(s) 25508(a)(1)

Violation Description: Failure to complete and electronically submit the Business Activities Page and/or Business Owner Operator Identification Page.

Violation Notes: Facility failed to submit complete Hazardous Materials Business Plan information electronically.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-13-2016  
Citation: 19 CCR 6.95 25508(a)(1) - California Code of Regulations, Title 19, Chapter 6.95, Section(s) 25508(a)(1)

Violation Description: Failure to complete and electronically submit the Business Activities Page and/or Business Owner Operator Identification Page.

Violation Notes: Facility submittal occurring on 7/12/16 was incomplete. Contact Michelle Santos at our office 408-918-1981 or e-mail her at michelle.santos@cep.sccgov.org to obtain help in correctly submitting your required information.

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MAP FINDINGS

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**TOYOTA RESEARCH INSTITUTE (Continued)**

**S120984125**

Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-20-2017  
Citation: HSC 6.95 25505.1 - California Health and Safety Code, Chapter 6.95, Section(s) 25505.1

Violation Description: Failure to notify property owner in writing that the business is subject to the business plan program and has complied with its provisions.

Violation Notes: Returned to compliance on 08/10/2017. Business is a tenant, is subject to property owner notification requirements, and has not notified the property owner in writing. After complying with all other HMBP violations noted in this report, send a letter to your property owner and keep a copy of the letter on site for review.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

**Evaluation:**

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 07-13-2016  
Violations Found: Yes  
Eval Type: Routine done by local agency

Eval Notes: Annual Monitoring Certification was performed by Chad White. All of his required certifications are current. Monitoring panel indicated "All Functions Normal" at the beginning and end of the inspection. LinkedIn took over control of the building in December 2015. The underground tank system consists of a diesel suction system with one supply piping run to a day tank in the emergency generator room and then return & supply piping between the day tank and the emergency generator. There are three sensors in the system; one that monitors the piping in the generator room, one that monitors the supply piping in the tank top piping sump, and one that monitors the tank annular space. All 3 sensors provided audible and visual alarms when tested. All sensors were positioned in the low points of containment. In addition, there is a remote alarm in the security room on the ground floor that also provided audible & visual alarms when the 3 sensors were tested. The spill bucket [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 07-13-2016  
Violations Found: Yes  
Eval Type: Routine done by local agency

Eval Notes: Facility has one reportable chemical. Facility has 1000 gallons of diesel fuel stored in an underground storage tank. Training occurred on 5/4/2016.

Eval Division: Santa Clara County Environmental Health  
Eval Program: HMRRP  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection

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TOYOTA RESEARCH INSTITUTE (Continued)

S120984125

Eval Date: 07-14-2015  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: Annual Monitoring Certification was performed by Jack Bail of Pearson Equipment. All of his required certifications are current. Monitoring panel indicated "All Functions Normal" at the beginning and end of the inspection. The underground tank system consists of a diesel suction system with one supply piping run to a day tank in the emergency generator room and then return & supply piping between the day tank and the emergency generator. There are three sensors in the system; one that monitors the piping in the generator room, one that monitors the supply piping in the tank top piping sump, and one that monitors the tank annular space. All 3 sensors provided audible and visual alarms when tested. All sensors were positioned in the low points of containment. In addition, there is a remote alarm in the security room on the ground floor that also provided audible & visual alarms when the 3 sensors were tested. The spill bucket passed its one-hour lake test. Flapper [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 07-14-2015  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: Facility has 1 - 1000 gallon diesel underground storage tank. Facility has submitted a written property owner notification letter.

Eval Division: Santa Clara County Environmental Health  
Eval Program: HMRRP  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 07-15-2014  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: Onsite today for the routine underground storage tank inspection and to witness Jack Bail of Pearson Equipment, noted the following: -ICC certification for Jack Bail is current; the Gilbarco/Veeder Root certification is current to 11/25/15 -All Functions were normal upon arrival today and upon completion of the UST Monitor Certification -The UST Permit to Operate was issued on 7/1/12 and is valid to 6/30/17. -Facility has one diesel double wall Trusco tank installed in room adjacent to parking garage level G2; note: return line was poorly engineered and has been disconnected. -Flapper valve verified in fill tube. -The UST annular, piping sump and generator room sensors were tested in water and sounded an audible/visual alarm; note: audible/visual alarm in security room also was activated when sensors were tested. -The spill bucket was tested for one hour hydrostatically and passed. -Both piping [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 07-15-2014

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**TOYOTA RESEARCH INSTITUTE (Continued)**

**S120984125**

Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: Please make sure a copy of the Property Owner Notification letter indicating your facility is subject to the Hazardous Materials Business Plan program is available onsite for review.

Eval Division: Santa Clara County Environmental Health  
Eval Program: HMRRP  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 07-16-2013  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: Annual Monitoring Certification was performed by Jail Bail of Pearson Equipment. All of his required certifications are current. Monitoring panel indicated "All Functions Normal" at the beginning and end of the inspection. The underground tank system consists of a diesel suction system with one supply piping run to a day tank in the emergency generator room and then return & supply piping between the day tank and the emergency generator. There are three sensors in the system; one that monitors the piping in the generator room, one that monitors the supply piping in the tank top piping sump, and one that monitors the tank annular space. All 3 sensors provided audible and visual alarms when tested. All sensors were positioned in the low points of containment. The spill bucket passed is one-hour lake test. The piping sump and generator room floor were dry. Sensors were properly tagged by the service technician. Monthly DO reports for the last 12 months were [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 07-16-2013  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: Property owner notification letter has been sent and copy of letter is on site for review.

Eval Division: Santa Clara County Environmental Health  
Eval Program: HMRRP  
Eval Source: CERS

Eval General Type: Other/Unknown  
Eval Date: 07-20-2017  
Violations Found: No  
Eval Type: Other, not routine, done by local agency  
Eval Notes: SB-989 secondary containment testing was performed on this date by Issac Anderson. All of his required certifications were reviewed are current. The tank annular space was tested at 10' hg vacuum for one hour. Gauge pressure did not drop. Gauge pressure returned to zero after the completion of the test. Test result = PASS Product piping was tested at 5.0 psi for one hour. Gauge pressure did not drop. Gauge pressure returned to zero after the completion of the test. Test result = PASS The piping sump was hydrostatically tested for 30 minutes using the Caldwell accelerated test method at a depth of two inches above the highest product piping penetration. Water level did not drop. Test result = PASS. Your next SB-989 testing is due in July

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**TOYOTA RESEARCH INSTITUTE (Continued)**

**S120984125**

of 2020. Send a copy of the testing report to our office within 30 days.

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 07-20-2017  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: Annual Monitoring Certification was performed by Issac Anderson. All of his required certifications are current. Monitoring panel indicated "All Functions Normal" at the beginning of the inspection. Toyota Research Institute took over control of the building in December 2016. The underground tank system consists of a diesel suction system with one supply piping run to a day tank in the emergency generator room and then return & supply piping between the day tank and the emergency generator. There are three sensors in the system; one that monitors the piping in the generator room, one that monitors the supply piping in the tank top piping sump, and one that monitors the tank annular space. All 3 sensors provided audible and visual alarms when tested. All sensors were positioned in the low points of containment. In addition, there is a remote alarm in the security room on the ground floor that also provided audible & visual alarms when sensors were tested. The spill [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 07-20-2017  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: Current Toyota Research Institute (TRI) occupied the building beginning in December, 2016. Facility electronically submitted the hazardous materials business plan (HMBP) on CERS on 6/7/2017. Facility Information and Emergency Response/Training Plan were accepted on 7/18/2017. HM Inventory/HMBP Site Map submittal element was rejected with comments on 7/18/2017. During the inspection, the following TRI personnel were present: Michael Credi, Building Engineer; Richard Ulmer, Security Account Engineer; Christine Castagno, Head of Facilities & Real Estate. Christine Castagno made their HMBP readily available by displaying the digital HMBP on her computer. Facility is a tenant and is subject to HMBP Property Owner Notification requirements. Facility has 1000 gallons of diesel stored in an underground storage tank plus 100 gallons stored in an aboveground day tank. Your current annual permit will run from 1/1/2017 - 12/31/2017. Pay your fees upon receipt on [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: HMRRP  
Eval Source: CERS

Enforcement Action:  
Site ID: 99742  
Site Name: Toyota Research Institute  
Site Address: 4440 EL CAMINO REAL  
Site City: LOS ALTOS

Map ID  
Direction  
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MAP FINDINGS

Site

Database(s)

EDR ID Number  
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**TOYOTA RESEARCH INSTITUTE (Continued)**

**S120984125**

Site Zip: 94022  
Enf Action Date: 07-14-2015  
Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection  
Enf Action Notes: Not reported  
Enf Action Division: Santa Clara County Environmental Health  
Enf Action Program: HMRRP  
Enf Action Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Site Address: 4440 EL CAMINO REAL  
Site City: LOS ALTOS  
Site Zip: 94022  
Enf Action Date: 07-14-2015  
Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection  
Enf Action Notes: Not reported  
Enf Action Division: Santa Clara County Environmental Health  
Enf Action Program: UST  
Enf Action Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Site Address: 4440 EL CAMINO REAL  
Site City: LOS ALTOS  
Site Zip: 94022  
Enf Action Date: 07-15-2014  
Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection  
Enf Action Notes: Not reported  
Enf Action Division: Santa Clara County Environmental Health  
Enf Action Program: HMRRP  
Enf Action Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Site Address: 4440 EL CAMINO REAL  
Site City: LOS ALTOS  
Site Zip: 94022  
Enf Action Date: 07-15-2014  
Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection  
Enf Action Notes: Not reported  
Enf Action Division: Santa Clara County Environmental Health  
Enf Action Program: UST  
Enf Action Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Site Address: 4440 EL CAMINO REAL  
Site City: LOS ALTOS  
Site Zip: 94022  
Enf Action Date: 07-16-2013  
Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection  
Enf Action Notes: Not reported

Map ID  
Direction  
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**TOYOTA RESEARCH INSTITUTE (Continued)**

**S120984125**

Enf Action Division: Santa Clara County Environmental Health  
Enf Action Program: HMRRP  
Enf Action Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Site Address: 4440 EL CAMINO REAL  
Site City: LOS ALTOS  
Site Zip: 94022  
Enf Action Date: 07-16-2013  
Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection  
Enf Action Notes: Not reported  
Enf Action Division: Santa Clara County Environmental Health  
Enf Action Program: UST  
Enf Action Source: CERS

Coordinates:  
Site ID: 99742  
Facility Name: Toyota Research Institute  
Env Int Type Code: HMBP  
Program ID: 10352971  
Coord Name: Not reported  
Ref Point Type Desc: Center of a facility or station.  
Latitude: 37.402610  
Longitude: -122.116530

Affiliation:  
Affiliation Type Desc: CUPA District  
Entity Name: Santa Clara County Environmental Health  
Entity Title: Not reported  
Affiliation Address: 1555 Berger Drive, Suite 300  
Affiliation City: San Jose  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: 95112-2716  
Affiliation Phone: (408) 918-3400

Affiliation Type Desc: Document Preparer  
Entity Name: Stephen Beckman  
Entity Title: Not reported  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

Affiliation Type Desc: Environmental Contact  
Entity Name: Christine Castagno  
Entity Title: Not reported  
Affiliation Address: 4440 El Camino Real  
Affiliation City: Los Altos  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: 94022

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**TOYOTA RESEARCH INSTITUTE (Continued)**

**S120984125**

Affiliation Phone: (650) 673-2272

Affiliation Type Desc: Facility Mailing Address  
Entity Name: Mailing Address  
Entity Title: Not reported  
Affiliation Address: 4440 El Camino Real  
Affiliation City: Los Altos  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: 94022  
Affiliation Phone: Not reported

Affiliation Type Desc: Identification Signer  
Entity Name: Christine Castagno  
Entity Title: Head of Facilities & Real Estate  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

Affiliation Type Desc: Legal Owner  
Entity Name: Christine Castagno  
Entity Title: Not reported  
Affiliation Address: 4440 El Camino Real  
Affiliation City: Los Altos  
Affiliation State: CA  
Affiliation Country: United States  
Affiliation Zip: 94022  
Affiliation Phone: (650) 673-2272

Affiliation Type Desc: Operator  
Entity Name: Toyota Research Institute  
Entity Title: Not reported  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: (650) 673-2272

Affiliation Type Desc: Parent Corporation  
Entity Name: Toyota Research Institute  
Entity Title: Not reported  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

Affiliation Type Desc: Property Owner  
Entity Name: St. Paul Fire & Marine Insurance Co. c/o Orchard Commercial Inc.  
Entity Title: Not reported  
Affiliation Address: 2055 Laurelwood Road Suite 130  
Affiliation City: Santa Clara

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**TOYOTA RESEARCH INSTITUTE (Continued)**

**S120984125**

Affiliation State: CA  
Affiliation Country: United States  
Affiliation Zip: 95054  
Affiliation Phone: (408) 922-0400

Affiliation Type Desc: UST Property Owner Name  
Entity Name: St. Paul Fire & Marine Ins. Co c/o Orchard Commercial Inc.  
Entity Title: Not reported  
Affiliation Address: 2055 Laurelwood Road Suite 130  
Affiliation City: Santa Clara  
Affiliation State: CA  
Affiliation Country: United States  
Affiliation Zip: 95054  
Affiliation Phone: (408) 922-0400

Affiliation Type Desc: UST Tank Operator  
Entity Name: Toyota Research Institute  
Entity Title: Not reported  
Affiliation Address: 4440 El Camino Real  
Affiliation City: Los Altos  
Affiliation State: CA  
Affiliation Country: United States  
Affiliation Zip: 94022  
Affiliation Phone: (650) 673-2272

Affiliation Type Desc: UST Tank Owner  
Entity Name: St. Paul Fire & Marine Ins. Co c/o Orchard Commercial Inc.  
Entity Title: Not reported  
Affiliation Address: 2055 Laurelwood Road Suite 130  
Affiliation City: Santa Clara  
Affiliation State: CA  
Affiliation Country: United States  
Affiliation Zip: 95054  
Affiliation Phone: (408) 922-0400

**CERS HAZ WASTE:**

Site ID: 99742  
CERS ID: 10352971  
CERS Description: Hazardous Waste Generator

**Violations:**

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-16-2013  
Citation: HSC 6.95 Multiple Sections - California Health and Safety Code, Chapter 6.95, Section(s) Multiple Sections  
Violation Description: Business Plan Program - Administration/Documentation - General  
Violation Notes: Hazardous Materials Business Plan (HMBP) dated 7/17/2012 does not have the 1000 diesel fuel tank listed on the chemical inventory statement, the emergency equipment list is blank, and the facility site map is missing. DISREGARD CORRECTIVE ACTION TEXT, BELOW REGARDING SUBMITTAL OF HARD COPY FORMS. SEE [www.EHinfo.org/hazmat](http://www.EHinfo.org/hazmat) FOR DETAILS REGARDING ELECTRONIC REPORTING REQUIREMENTS. A FACILITY RECORD FOR THIS SITE HAS ALREADY BEEN CREATED ON THE CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM (CERS) WEBSITE AT <http://cers.calepa.ca.gov>. REQUEST ACCESS TO THAT CERS RECORD AND SUBMIT A REVISED HMBP WITHIN 30 DAYS.

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**TOYOTA RESEARCH INSTITUTE (Continued)**

**S120984125**

Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-13-2016  
Citation: 23 CCR 16 2712(i) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2712(i)  
Violation Description: Failure to have a UST Response Plan available on site.  
Violation Notes: 7/12/2016 submittal on CERS did not contain required information. Contact Michelle Santos in our office at 408-918-1981 for assistance.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-15-2014  
Citation: HSC 6.7 25299 - California Health and Safety Code, Chapter 6.7, Section(s) 25299  
Violation Description: Failure to comply with one or more of the operating permit conditions.  
Violation Notes: The UST permit fees have not been paid; also note: penalties have accrued on this account.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-15-2014  
Citation: HSC 6.95 Multiple Sections - California Health and Safety Code, Chapter 6.95, Section(s) Multiple Sections  
Violation Description: Business Plan Program - Administration/Documentation - General Hazardous Materials Business Plan permit fees have not been paid; also note: penalty fees have also accrued on this account.  
Violation Notes: Business Plan permit fees have not been paid; also note: penalty fees have also accrued on this account.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-15-2014  
Citation: HSC 6.7 25286(a) - California Health and Safety Code, Chapter 6.7, Section(s) 25286(a)  
Violation Description: Failure to submit an complete and accurate application for a permit to operate an underground storage tank, or for renewal of the permit.  
Violation Notes: Facility failed to submit UST Permit Application electronically.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-15-2014  
Citation: 23 CCR 16 2712(i) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2712(i)

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**TOYOTA RESEARCH INSTITUTE (Continued)**

**S120984125**

Violation Description: Failure to submit, obtain approval, or maintain a complete/accurate response plan.

Violation Notes: Facility failed to submit a Response Plan electronically.

Violation Division: Santa Clara County Environmental Health

Violation Program: UST

Violation Source: CERS

Site ID: 99742

Site Name: Toyota Research Institute

Violation Date: 07-15-2014

Citation: HSC 6.75 25299.30-25299.34 - California Health and Safety Code, Chapter 6.75, Section(s) 25299.30-25299.34

Violation Description: Failure to submit and maintain complete and current Certification of Financial Responsibility or other mechanism of financial assurance.

Violation Notes: UST Certification of Financial Responsibility expired 2/15/14 and facility failed to submit certification electronically. Please note to include insurance policy endorsement language specified in Section 280.97 of Title 40 Code of Federal Regulations.

Violation Division: Santa Clara County Environmental Health

Violation Program: UST

Violation Source: CERS

Site ID: 99742

Site Name: Toyota Research Institute

Violation Date: 07-14-2015

Citation: 23 CCR 16 2715(f) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2715(f)

Violation Description: Failure to comply with one or more of the following: provide training to facility employee(s) responsible for proper operation and maintenance every 12 months and/or train new employee(s) who are responsible for proper operation and maintenance within 30-days of hire and/or to have at least one employee present during operating hours that has been trained in the proper operation and maintenance of the UST system.

Violation Notes: DUSTO training was provided for Jason Yelvington on 7/14/2015 but not for Brenda Badal and Christian Pama who both had been trained in previous years.

Violation Division: Santa Clara County Environmental Health

Violation Program: UST

Violation Source: CERS

Site ID: 99742

Site Name: Toyota Research Institute

Violation Date: 07-20-2017

Citation: HSC 6.95 25505(a)(4) - California Health and Safety Code, Chapter 6.95, Section(s) 25505(a)(4)

Violation Description: Failure to provide initial and annual training to all employees in safety procedures in the event of a release or threatened release of a hazardous material or failure to document and maintain training records for a minimum of three years.

Violation Notes: Returned to compliance on 08/10/2017. Richard Ulmer stated that the emergency response employee training effort is in process but has not yet been completed. Facility is working with a consultant: an on-line training module & documentation program is being developed but actual employee training hasn't yet occurred.

Violation Division: Santa Clara County Environmental Health

Violation Program: HMRRP

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**TOYOTA RESEARCH INSTITUTE (Continued)**

**S120984125**

Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-14-2015  
Citation: HSC 6.75 25299.30-25299.34 - California Health and Safety Code, Chapter 6.75, Section(s) 25299.30-25299.34  
Violation Description: Failure to submit and maintain complete and current Certification of Financial Responsibility or other mechanism of financial assurance.  
Violation Notes: Certification of Financial Responsibility could not be located.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-13-2016  
Citation: HSC 6.95 25508(a)(1) - California Health and Safety Code, Chapter 6.95, Section(s) 25508(a)(1)  
Violation Description: Failure to complete and electronically submit a site map with all required content.  
Violation Notes: Facility submittal occurring on 7/12/16 was incomplete. Contact Michelle Santos at our office 408-918-1981 or e-mail her at michelle.santos@cep.sccgov.org to obtain help in correctly submitting your required information.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-13-2016  
Citation: HSC 6.95 25508(a)(1) - California Health and Safety Code, Chapter 6.95, Section(s) 25508(a)(1)  
Violation Description: Failure to establish and electronically submit an adequate training program in safety procedures in the event of a release or threatened release of a hazardous material.  
Violation Notes: Facility submittal occurring on 7/12/16 did not have a training plan. Contact Michelle Santos at our office 408-918-1981 or e-mail her at michelle.santos@cep.sccgov.org to obtain help in correctly submitting your required information.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-20-2017  
Citation: HSC 6.95 25508(a)(1) - California Health and Safety Code, Chapter 6.95, Section(s) 25508(a)(1)  
Violation Description: Failure to complete and electronically submit a site map with all required content.  
Violation Notes: Returned to compliance on 08/10/2017. The site map photo is incomplete. Draw a map that shows the following: north orientation, loading areas, internal roads, adjacent streets, storm and sewer drains, access & exit points, emergency shutoffs, evacuation staging areas, hazardous materials handling & storage areas, and emergency

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

TOYOTA RESEARCH INSTITUTE (Continued)

S120984125

response equipment.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-20-2017  
Citation: 23 CCR 16 2632(d)(1)(C), 2641(h), 2711(a)(8) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2632(d)(1)(C), 2641(h), 2711(a)(8)

Violation Description: Failure to submit or update a plot plan.  
Violation Notes: Returned to compliance on 08/10/2017. The UST site map on your electronic submittal is incomplete. Add a birds-eye map drawing showing the information described in the corrective text below. Recommend using the site map provided by your annual monitoring certification contractor.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-14-2015  
Citation: HSC 6.7 25284 - California Health and Safety Code, Chapter 6.7, Section(s) 25284

Violation Description: Failure to obtain and maintain a valid operation permit from the CUPA.  
Violation Notes: Facility has failed to maintain a UST permit to operate. Fees and penalties totaling \$1932.50 have not yet been paid plus required underground storage tank information has not been submitted electronically via the California Environmental Reporting System (CERS) as previously requested.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-20-2017  
Citation: HSC 6.95 25508(a)(1) - California Health and Safety Code, Chapter 6.95, Section(s) 25508(a)(1)

Violation Description: Failure to complete and electronically submit hazardous material inventory information for all reportable hazardous materials on site at or above reportable quantities.  
Violation Notes: Returned to compliance on 08/10/2017. Show the 100 gallon tank as a separate inventory item stored in a separate location away from the 1000 gallon underground storage tank.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-15-2014  
Citation: 23 CCR 16 2641(a) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2641(a)

Violation Description: Failure of sensor to be located in the proper position/location.

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**TOYOTA RESEARCH INSTITUTE (Continued)**

**S120984125**

Violation Notes: Returned to compliance on 07/15/2014. The test boot on secondary containment piping was modified to have the Schrader Valve angled downward today, no further action required.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-13-2016  
Citation: 23 CCR 16 2715(a) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2715(a)

Violation Description: Failure to notify the CUPA of the designated operator (DO) identification and/or change of the DO within 30 days.

Violation Notes: 7/12/2016 submittal on CERS did not contain required information. Contact Michelle Santos in our office at 408-918-1981 for assistance.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-13-2016  
Citation: 23 CCR 16 2632(d)(1)(C), 2641(h), 2711(a)(8) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2632(d)(1)(C), 2641(h), 2711(a)(8)

Violation Description: Failure to submit or update a plot plan.

Violation Notes: 7/12/2016 submittal on CERS did not contain required information. Contact Michelle Santos in our office at 408-918-1981 for assistance.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-13-2016  
Citation: HSC 6.95 25508(a)(1) - California Health and Safety Code, Chapter 6.95, Section(s) 25508(a)(1)

Violation Description: Failure to establish and electronically submit an adequate emergency response plan and procedures for a release or threatened release of a hazardous material.

Violation Notes: Facility submittal occurring on 7/12/16 did not have an emergency response plan. Contact Michelle Santos at our office 408-918-1981 or e-mail her at michelle.santos@cep.sccgov.org to obtain help in correctly submitting your required information.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-16-2013  
Citation: HSC 6.7 Multiple Sections - California Health and Safety Code, Chapter 6.7, Section(s) Multiple Sections

Violation Description: UST Program - Administration/Documentation - General

Violation Notes: Returned to compliance on 07/16/2013. The date from your January 2013 DUSTO inspection report was missing. Ensure that your monthly

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**TOYOTA RESEARCH INSTITUTE (Continued)**

**S120984125**

inspection reports are properly completed. Violation was corrected during the inspection. No further action is required.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-15-2014  
Citation: 23 CCR 16 2712(i) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2712(i)

Violation Description: Failure to maintain on site an approved monitoring plan.  
Violation Notes: Facility failed to submit a UST Monitoring Plan electronically.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-15-2014  
Citation: 23 CCR 16 2711(a)(8) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2711(a)(8)

Violation Description: Failure to submit, obtain approval, or maintain a complete/accurate plot plan.  
Violation Notes: Facility failed to submit a UST monitoring site plan electronically.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-14-2015  
Citation: Un-Specified

Violation Description: UST Program - Administration/Documentation - For use of Local Ordinance only  
Violation Notes: Written responses to your inspections in 2013 and 2014 were not received by our office.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-13-2016  
Citation: HSC 6.75 25299.30-25299.34 - California Health and Safety Code, Chapter 6.75, Section(s) 25299.30-25299.34

Violation Description: Failure to submit and maintain complete and current Certification of Financial Responsibility or other mechanism of financial assurance.  
Violation Notes: 7/12/2016 submittal on CERS did not contain required information. Contact Michelle Santos in our office at 408-918-1981 for assistance.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-16-2013

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**TOYOTA RESEARCH INSTITUTE (Continued)**

**S120984125**

Citation: 19 CCR 4 2729.5 - California Code of Regulations, Title 19, Chapter 4, Section(s) 2729.5

Violation Description: Failure to submit inventory reports (Activities, Owner/Operator, Hazardous Materials Descriptions and Map pages, if required. Documentation must be resubmitted (for facilities which exceed EPCRA thresholds) or re-certified (for facilities which do not exceed EPCRA thresholds) by March 1.

Violation Notes: Chemical inventory was not annually re-certified from last year. DISREGARD CORRECTIVE ACTION TEXT, BELOW REGARDING SUBMITTAL OF HARD COPY FORMS. SEE [www.EHinfo.org/hazmat](http://www.EHinfo.org/hazmat) FOR DETAILS REGARDING ELECTRONIC REPORTING REQUIREMENTS. A FACILITY RECORD FOR THIS SITE HAS ALREADY BEEN CREATED ON THE CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM (CERS) WEBSITE AT <http://cers.calepa.ca.gov>. REQUEST ACCESS TO THAT CERS RECORD AND SUBMIT A REVISED HMBP WITHIN 30 DAYS.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-14-2015  
Citation: HSC 6.95 25508.2 - California Health and Safety Code, Chapter 6.95, Section(s) 25508.2

Violation Description: Failure to annually review and electronically certify that the business plan is complete, accurate, and up-to-date.

Violation Notes: The last HMBP submitted was dated 7/19/2012. Facility has not electronically performed an annual certification for 2013, 2014, and 2015. Your CERS account ID # is 10352971. Read the "Getting Started on CERS" document and follow directions in order to gain web access and electronically submit all required information. THIRD NOTICE

Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-15-2014  
Citation: HSC 6.95 25508(a)(1) - California Health and Safety Code, Chapter 6.95, Section(s) 25508(a)(1)

Violation Description: Failure to complete and electronically submit hazardous material inventory information for all reportable hazardous materials on site at or above reportable quantities.

Violation Notes: Repeat Violation from 7/16/13 inspection. The Hazardous Materials Business Plan (HMBP) does not have the 1000 gallon diesel tank listed on the hazardous material inventory. Also, the emergency equipment list and facility site map is missing.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-15-2014  
Citation: 23 CCR 16 2715(a) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2715(a)

Violation Description: Failure to submit statement of UST compliance and/or Designated Operator certification.

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**TOYOTA RESEARCH INSTITUTE (Continued)**

**S120984125**

Violation Notes: Facility failed to submit designated operator statement of compliance electronically.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-13-2016  
Citation: 23 CCR 6.7 25284, 25286 - California Code of Regulations, Title 23, Chapter 6.7, Section(s) 25284, 25286

Violation Description: Failure to submit a complete and accurate application for a permit to operate a UST, or for renewal of the permit.

Violation Notes: 7/12/2016 submittal on CERS did not contain required information. Contact Michelle Santos in our office at 408-918-1981 for assistance.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-13-2016  
Citation: HSC 6.95 25505.1 - California Health and Safety Code, Chapter 6.95, Section(s) 25505.1

Violation Description: Failure to notify property owner in writing that the business is subject to the business plan program and has complied with its provisions.

Violation Notes: Business is a tenant, is subject to the hazardous materials business plan reporting requirements and has not notified the property owner. After complying with all other HMBP violations in this report, send a letter to your property owner and keep a copy of the letter on site for review.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-15-2014  
Citation: Un-Specified  
Violation Description: UST Program - Administration/Documentation - For use of Local Ordinance only

Violation Notes: Facility failed to respond to violations on 7/16/13 notice of inspection.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-13-2016  
Citation: HSC 6.7 25284 - California Health and Safety Code, Chapter 6.7, Section(s) 25284

Violation Description: Failure to obtain a valid permit to operate from the CUPA.

Violation Notes: Business took over operation of the tank in December 2015 and has not obtained a permit to operate. 7/12/2016 submittal on CERS did not contain required information. Contact Michelle Santos in our office at

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
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**TOYOTA RESEARCH INSTITUTE (Continued)**

**S120984125**

408-918-1981 for assistance.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-13-2016  
Citation: 23 CCR 16 2712(i) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2712(i)  
Violation Description: Failure to have a UST Monitoring Plan available on site.  
Violation Notes: 7/12/2016 submittal on CERS did not contain required information. Contact Michelle Santos in our office at 408-918-1981 for assistance.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-20-2017  
Citation: HSC 6.75 25299.30-25299.34 - California Health and Safety Code, Chapter 6.75, Section(s) 25299.30-25299.34  
Violation Description: Failure to submit and maintain complete and current Certification of Financial Responsibility or other mechanism of financial assurance.  
Violation Notes: Returned to compliance on 08/10/2017. The Certification of Financial Responsibility is missing from your last electronic submittal on CERS.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-15-2014  
Citation: 19 CCR 6.95 25508(a)(1) - California Code of Regulations, Title 19, Chapter 6.95, Section(s) 25508(a)(1)  
Violation Description: Failure to complete and electronically submit the Business Activities Page and/or Business Owner Operator Identification Page.  
Violation Notes: Facility failed to submit complete Hazardous Materials Business Plan information electronically.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-13-2016  
Citation: 19 CCR 6.95 25508(a)(1) - California Code of Regulations, Title 19, Chapter 6.95, Section(s) 25508(a)(1)  
Violation Description: Failure to complete and electronically submit the Business Activities Page and/or Business Owner Operator Identification Page.  
Violation Notes: Facility submittal occurring on 7/12/16 was incomplete. Contact Michelle Santos at our office 408-918-1981 or e-mail her at michelle.santos@cep.sccgov.org to obtain help in correctly submitting your required information.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**TOYOTA RESEARCH INSTITUTE (Continued)**

**S120984125**

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-20-2017  
Citation: HSC 6.95 25505.1 - California Health and Safety Code, Chapter 6.95, Section(s) 25505.1  
Violation Description: Failure to notify property owner in writing that the business is subject to the business plan program and has complied with its provisions.  
Violation Notes: Returned to compliance on 08/10/2017. Business is a tenant, is subject to property owner notification requirements, and has not notified the property owner in writing. After complying with all other HMBP violations noted in this report, send a letter to your property owner and keep a copy of the letter on site for review.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Evaluation:  
Eval General Type: Compliance Evaluation Inspection  
Eval Date: 07-13-2016  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: Annual Monitoring Certification was performed by Chad White. All of his required certifications are current. Monitoring panel indicated "All Functions Normal" at the beginning and end of the inspection. LinkedIn took over control of the building in December 2015. The underground tank system consists of a diesel suction system with one supply piping run to a day tank in the emergency generator room and then return & supply piping between the day tank and the emergency generator. There are three sensors in the system; one that monitors the piping in the generator room, one that monitors the supply piping in the tank top piping sump, and one that monitors the tank annular space. All 3 sensors provided audible and visual alarms when tested. All sensors were positioned in the low points of containment. In addition, there is a remote alarm in the security room on the ground floor that also provided audible & visual alarms when the 3 sensors were tested. The spill bucket [Truncated]  
Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 07-13-2016  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: Facility has one reportable chemical. Facility has 1000 gallons of diesel fuel stored in an underground storage tank. Training occurred on 5/4/2016.  
Eval Division: Santa Clara County Environmental Health  
Eval Program: HMRRP  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 07-14-2015  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: Annual Monitoring Certification was performed by Jack Bail of Pearson

MAP FINDINGS

TOYOTA RESEARCH INSTITUTE (Continued)

S120984125

Equipment. All of his required certifications are current. Monitoring panel indicated "All Functions Normal" at the beginning and end of the inspection. The underground tank system consists of a diesel suction system with one supply piping run to a day tank in the emergency generator room and then return & supply piping between the day tank and the emergency generator. There are three sensors in the system; one that monitors the piping in the generator room, one that monitors the supply piping in the tank top piping sump, and one that monitors the tank annular space. All 3 sensors provided audible and visual alarms when tested. All sensors were positioned in the low points of containment. In addition, there is a remote alarm in the security room on the ground floor that also provided audible & visual alarms when the 3 sensors were tested. The spill bucket passed its one-hour lake test. Flapper [Truncated]

Eval Division: Santa Clara County Environmental Health  
 Eval Program: UST  
 Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
 Eval Date: 07-14-2015  
 Violations Found: Yes  
 Eval Type: Routine done by local agency  
 Eval Notes: Facility has 1 - 1000 gallon diesel underground storage tank. Facility has submitted a written property owner notification letter.

Eval Division: Santa Clara County Environmental Health  
 Eval Program: HMRRP  
 Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
 Eval Date: 07-15-2014  
 Violations Found: Yes  
 Eval Type: Routine done by local agency  
 Eval Notes: Onsite today for the routine underground storage tank inspection and to witness Jack Bail of Pearson Equipment, noted the following: -ICC certification for Jack Bail is current; the Gilbarco/Veeder Root certification is current to 11/25/15 -All Functions were normal upon arrival today and upon completion of the UST Monitor Certification -The UST Permit to Operate was issued on 7/1/12 and is valid to 6/30/17. -Facility has one diesel double wall Trusco tank installed in 2000 with double wall supply piping to back up generator above grade in room adjacent to parking garage level G2; note: return line was poorly engineered and has been disconnected. -Flapper valve verified in fill tube. -The UST annular, piping sump and generator room sensors were tested in water and sounded an audible/visual alarm; note: audible/visual alarm in security room also was activated when sensors were tested. -The spill bucket was tested for one hour hydrostatically and passed. -Both piping [Truncated]

Eval Division: Santa Clara County Environmental Health  
 Eval Program: UST  
 Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
 Eval Date: 07-15-2014  
 Violations Found: Yes  
 Eval Type: Routine done by local agency  
 Eval Notes: Please make sure a copy of the Property Owner Notification letter indicating your facility is subject to the Hazardous Materials

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

TOYOTA RESEARCH INSTITUTE (Continued)

S120984125

Business Plan program is available onsite for review.  
Eval Division: Santa Clara County Environmental Health  
Eval Program: HMRRP  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 07-16-2013  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: Annual Monitoring Certification was performed by Jail Bail of Pearson Equipment. All of his required certifications are current. Monitoring panel indicated "All Functions Normal" at the beginning and end of the inspection. The underground tank system consists of a diesel suction system with one supply piping run to a day tank in the emergency generator room and then return & supply piping between the day tank and the emergency generator. There are three sensors in the system; one that monitors the piping in the generator room, one that monitors the supply piping in the tank top piping sump, and one that monitors the tank annular space. All 3 sensors provided audible and visual alarms when tested. All sensors were positioned in the low points of containment. The spill bucket passed is one-hour lake test. The piping sump and generator room floor were dry. Sensors were properly tagged by the service technician. Monthly DO reports for the last 12 months were [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 07-16-2013  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: Property owner notification letter has been sent and copy of letter is on site for review.

Eval Division: Santa Clara County Environmental Health  
Eval Program: HMRRP  
Eval Source: CERS

Eval General Type: Other/Unknown  
Eval Date: 07-20-2017  
Violations Found: No  
Eval Type: Other, not routine, done by local agency  
Eval Notes: SB-989 secondary containment testing was performed on this date by Issac Anderson. All of his required certifications were reviewed are current. The tank annular space was tested at 10' hg vacuum for one hour. Gauge pressure did not drop. Gauge pressure returned to zero after the completion of the test. Test result = PASS Product piping was tested at 5.0 psi for one hour. Gauge pressure did not drop. Gauge pressure returned to zero after the completion of the test. Test result = PASS The piping sump was hydrostatically tested for 30 minutes using the Caldwell accelerated test method at a depth of two inches above the highest product piping penetration. Water level did not drop. Test result = PASS. Your next SB-989 testing is due in July of 2020. Send a copy of the testing report to our office within 30 days.

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**TOYOTA RESEARCH INSTITUTE (Continued)**

**S120984125**

Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 07-20-2017  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: Annual Monitoring Certification was performed by Issac Anderson. All of his required certifications are current. Monitoring panel indicated "All Functions Normal" at the beginning of the inspection. Toyota Research Institute took over control of the building in December 2016. The underground tank system consists of a diesel suction system with one supply piping run to a day tank in the emergency generator room and then return & supply piping between the day tank and the emergency generator. There are three sensors in the system; one that monitors the piping in the generator room, one that monitors the supply piping in the tank top piping sump, and one that monitors the tank annular space. All 3 sensors provided audible and visual alarms when tested. All sensors were positioned in the low points of containment. In addition, there is a remote alarm in the security room on the ground floor that also provided audible & visual alarms when sensors were tested. The spill [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 07-20-2017  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: Current Toyota Research Institute (TRI) occupied the building beginning in December, 2016. Facility electronically submitted the hazardous materials business plan (HMBP) on CERS on 6/7/2017. Facility Information and Emergency Response/Training Plan were accepted on 7/18/2017. HM Inventory/HMBP Site Map submittal element was rejected with comments on 7/18/2017. During the inspection, the following TRI personnel were present: Michael Credi, Building Engineer; Richard Ulmer, Security Account Engineer; Christine Castagno, Head of Facilities & Real Estate. Christine Castagno made their HMBP readily available by displaying the digital HMBP on her computer. Facility is a tenant and is subject to HMBP Property Owner Notification requirements. Facility has 1000 gallons of diesel stored in an underground storage tank plus 100 gallons stored in an aboveground day tank. Your current annual permit will run from 1/1/2017 - 12/31/2017. Pay your fees upon receipt on [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: HMRRP  
Eval Source: CERS

Enforcement Action:  
Site ID: 99742  
Site Name: Toyota Research Institute  
Site Address: 4440 EL CAMINO REAL  
Site City: LOS ALTOS  
Site Zip: 94022  
Enf Action Date: 07-14-2015  
Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**TOYOTA RESEARCH INSTITUTE (Continued)**

**S120984125**

Enf Action Notes: Not reported  
Enf Action Division: Santa Clara County Environmental Health  
Enf Action Program: HMRRP  
Enf Action Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Site Address: 4440 EL CAMINO REAL  
Site City: LOS ALTOS  
Site Zip: 94022  
Enf Action Date: 07-14-2015  
Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection  
Enf Action Notes: Not reported  
Enf Action Division: Santa Clara County Environmental Health  
Enf Action Program: UST  
Enf Action Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Site Address: 4440 EL CAMINO REAL  
Site City: LOS ALTOS  
Site Zip: 94022  
Enf Action Date: 07-15-2014  
Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection  
Enf Action Notes: Not reported  
Enf Action Division: Santa Clara County Environmental Health  
Enf Action Program: HMRRP  
Enf Action Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Site Address: 4440 EL CAMINO REAL  
Site City: LOS ALTOS  
Site Zip: 94022  
Enf Action Date: 07-15-2014  
Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection  
Enf Action Notes: Not reported  
Enf Action Division: Santa Clara County Environmental Health  
Enf Action Program: UST  
Enf Action Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Site Address: 4440 EL CAMINO REAL  
Site City: LOS ALTOS  
Site Zip: 94022  
Enf Action Date: 07-16-2013  
Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection  
Enf Action Notes: Not reported  
Enf Action Division: Santa Clara County Environmental Health  
Enf Action Program: HMRRP  
Enf Action Source: CERS

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**TOYOTA RESEARCH INSTITUTE (Continued)**

**S120984125**

Site ID: 99742  
Site Name: Toyota Research Institute  
Site Address: 4440 EL CAMINO REAL  
Site City: LOS ALTOS  
Site Zip: 94022  
Enf Action Date: 07-16-2013  
Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection  
Enf Action Notes: Not reported  
Enf Action Division: Santa Clara County Environmental Health  
Enf Action Program: UST  
Enf Action Source: CERS

Coordinates:

Site ID: 99742  
Facility Name: Toyota Research Institute  
Env Int Type Code: HMBP  
Program ID: 10352971  
Coord Name: Not reported  
Ref Point Type Desc: Center of a facility or station.  
Latitude: 37.402610  
Longitude: -122.116530

Affiliation:

Affiliation Type Desc: CUPA District  
Entity Name: Santa Clara County Environmental Health  
Entity Title: Not reported  
Affiliation Address: 1555 Berger Drive, Suite 300  
Affiliation City: San Jose  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: 95112-2716  
Affiliation Phone: (408) 918-3400

Affiliation Type Desc: Document Preparer  
Entity Name: Stephen Beckman  
Entity Title: Not reported  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

Affiliation Type Desc: Environmental Contact  
Entity Name: Christine Castagno  
Entity Title: Not reported  
Affiliation Address: 4440 El Camino Real  
Affiliation City: Los Altos  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: 94022  
Affiliation Phone: (650) 673-2272

Affiliation Type Desc: Facility Mailing Address  
Entity Name: Mailing Address

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**TOYOTA RESEARCH INSTITUTE (Continued)**

**S120984125**

Entity Title: Not reported  
Affiliation Address: 4440 El Camino Real  
Affiliation City: Los Altos  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: 94022  
Affiliation Phone: Not reported

Affiliation Type Desc: Identification Signer  
Entity Name: Christine Castagno  
Entity Title: Head of Facilities & Real Estate  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

Affiliation Type Desc: Legal Owner  
Entity Name: Christine Castagno  
Entity Title: Not reported  
Affiliation Address: 4440 El Camino Real  
Affiliation City: Los Altos  
Affiliation State: CA  
Affiliation Country: United States  
Affiliation Zip: 94022  
Affiliation Phone: (650) 673-2272

Affiliation Type Desc: Operator  
Entity Name: Toyota Research Institute  
Entity Title: Not reported  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: (650) 673-2272

Affiliation Type Desc: Parent Corporation  
Entity Name: Toyota Research Institute  
Entity Title: Not reported  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

Affiliation Type Desc: Property Owner  
Entity Name: St. Paul Fire & Marine Insurance Co. c/o Orchard Commercial Inc.  
Entity Title: Not reported  
Affiliation Address: 2055 Laurelwood Road Suite 130  
Affiliation City: Santa Clara  
Affiliation State: CA  
Affiliation Country: United States  
Affiliation Zip: 95054  
Affiliation Phone: (408) 922-0400

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**TOYOTA RESEARCH INSTITUTE (Continued)**

**S120984125**

Affiliation Type Desc: UST Property Owner Name  
Entity Name: St. Paul Fire & Marine Ins. Co c/o Orchard Commercial Inc.  
Entity Title: Not reported  
Affiliation Address: 2055 Laurelwood Road Suite 130  
Affiliation City: Santa Clara  
Affiliation State: CA  
Affiliation Country: United States  
Affiliation Zip: 95054  
Affiliation Phone: (408) 922-0400

Affiliation Type Desc: UST Tank Operator  
Entity Name: Toyota Research Institute  
Entity Title: Not reported  
Affiliation Address: 4440 El Camino Real  
Affiliation City: Los Altos  
Affiliation State: CA  
Affiliation Country: United States  
Affiliation Zip: 94022  
Affiliation Phone: (650) 673-2272

Affiliation Type Desc: UST Tank Owner  
Entity Name: St. Paul Fire & Marine Ins. Co c/o Orchard Commercial Inc.  
Entity Title: Not reported  
Affiliation Address: 2055 Laurelwood Road Suite 130  
Affiliation City: Santa Clara  
Affiliation State: CA  
Affiliation Country: United States  
Affiliation Zip: 95054  
Affiliation Phone: (408) 922-0400

**CERS TANKS:**

Site ID: 99742  
CERS ID: 10352971  
CERS Description: Underground Storage Tank

**Violations:**

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-16-2013  
Citation: HSC 6.95 Multiple Sections - California Health and Safety Code, Chapter 6.95, Section(s) Multiple Sections  
Violation Description: Business Plan Program - Administration/Documentation - General  
Violation Notes: Hazardous Materials Business Plan (HMBP) dated 7/17/2012 does not have the 1000 diesel fuel tank listed on the chemical inventory statement, the emergency equipment list is blank, and the facility site map is missing. DISREGARD CORRECTIVE ACTION TEXT, BELOW REGARDING SUBMITTAL OF HARD COPY FORMS. SEE [www.EHinfo.org/hazmat](http://www.EHinfo.org/hazmat) FOR DETAILS REGARDING ELECTRONIC REPORTING REQUIREMENTS. A FACILITY RECORD FOR THIS SITE HAS ALREADY BEEN CREATED ON THE CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM (CERS) WEBSITE AT <http://cers.ca.gov>. REQUEST ACCESS TO THAT CERS RECORD AND SUBMIT A REVISED HMBP WITHIN 30 DAYS.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 99742

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**TOYOTA RESEARCH INSTITUTE (Continued)**

**S120984125**

Site Name: Toyota Research Institute  
Violation Date: 07-13-2016  
Citation: 23 CCR 16 2712(i) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2712(i)  
Violation Description: Failure to have a UST Response Plan available on site.  
Violation Notes: 7/12/2016 submittal on CERS did not contain required information. Contact Michelle Santos in our office at 408-918-1981 for assistance.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-15-2014  
Citation: HSC 6.7 25299 - California Health and Safety Code, Chapter 6.7, Section(s) 25299  
Violation Description: Failure to comply with one or more of the operating permit conditions.  
Violation Notes: The UST permit fees have not been paid; also note: penalties have accrued on this account.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-15-2014  
Citation: HSC 6.95 Multiple Sections - California Health and Safety Code, Chapter 6.95, Section(s) Multiple Sections  
Violation Description: Business Plan Program - Administration/Documentation - General  
Violation Notes: Hazardous Materials Business Plan permit fees have not been paid; also note: penalty fees have also accrued on this account.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-15-2014  
Citation: HSC 6.7 25286(a) - California Health and Safety Code, Chapter 6.7, Section(s) 25286(a)  
Violation Description: Failure to submit an complete and accurate application for a permit to operate an underground storage tank, or for renewal of the permit.  
Violation Notes: Facility failed to submit UST Permit Application electronically.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-15-2014  
Citation: 23 CCR 16 2712(i) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2712(i)  
Violation Description: Failure to submit, obtain approval, or maintain a complete/accurate response plan.  
Violation Notes: Facility failed to submit a Response Plan electronically.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**TOYOTA RESEARCH INSTITUTE (Continued)**

**S120984125**

Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-15-2014  
Citation: HSC 6.75 25299.30-25299.34 - California Health and Safety Code, Chapter 6.75, Section(s) 25299.30-25299.34  
Violation Description: Failure to submit and maintain complete and current Certification of Financial Responsibility or other mechanism of financial assurance.  
Violation Notes: UST Certification of Financial Responsibility expired 2/15/14 and facility failed to submit certification electronically. Please note to include insurance policy endorsement language specified in Section 280.97 of Title 40 Code of Federal Regulations.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-14-2015  
Citation: 23 CCR 16 2715(f) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2715(f)  
Violation Description: Failure to comply with one or more of the following: provide training to facility employee(s) responsible for proper operation and maintenance every 12 months and/or train new employee(s) who are responsible for proper operation and maintenance within 30-days of hire and/or to have at least one employee present during operating hours that has been trained in the proper operation and maintenance of the UST system.  
Violation Notes: DUSTO training was provided for Jason Yelvington on 7/14/2015 but not for Brenda Badal and Christian Pama who both had been trained in previous years.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-20-2017  
Citation: HSC 6.95 25505(a)(4) - California Health and Safety Code, Chapter 6.95, Section(s) 25505(a)(4)  
Violation Description: Failure to provide initial and annual training to all employees in safety procedures in the event of a release or threatened release of a hazardous material or failure to document and maintain training records for a minimum of three years.  
Violation Notes: Returned to compliance on 08/10/2017. Richard Ulmer stated that the emergency response employee training effort is in process but has not yet been completed. Facility is working with a consultant: an on-line training module & documentation program is being developed but actual employee training hasn't yet occurred.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-14-2015

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**TOYOTA RESEARCH INSTITUTE (Continued)**

**S120984125**

Citation: HSC 6.75 25299.30-25299.34 - California Health and Safety Code, Chapter 6.75, Section(s) 25299.30-25299.34  
Violation Description: Failure to submit and maintain complete and current Certification of Financial Responsibility or other mechanism of financial assurance.  
Violation Notes: Certification of Financial Responsibility could not be located.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-13-2016  
Citation: HSC 6.95 25508(a)(1) - California Health and Safety Code, Chapter 6.95, Section(s) 25508(a)(1)  
Violation Description: Failure to complete and electronically submit a site map with all required content.  
Violation Notes: Facility submittal occurring on 7/12/16 was incomplete. Contact Michelle Santos at our office 408-918-1981 or e-mail her at michelle.santos@cep.sccgov.org to obtain help in correctly submitting your required information.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-13-2016  
Citation: HSC 6.95 25508(a)(1) - California Health and Safety Code, Chapter 6.95, Section(s) 25508(a)(1)  
Violation Description: Failure to establish and electronically submit an adequate training program in safety procedures in the event of a release or threatened release of a hazardous material.  
Violation Notes: Facility submittal occurring on 7/12/16 did not have a training plan. Contact Michelle Santos at our office 408-918-1981 or e-mail her at michelle.santos@cep.sccgov.org to obtain help in correctly submitting your required information.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-20-2017  
Citation: HSC 6.95 25508(a)(1) - California Health and Safety Code, Chapter 6.95, Section(s) 25508(a)(1)  
Violation Description: Failure to complete and electronically submit a site map with all required content.  
Violation Notes: Returned to compliance on 08/10/2017. The site map photo is incomplete. Draw a map that shows the following: north orientation, loading areas, internal roads, adjacent streets, storm and sewer drains, access & exit points, emergency shutoffs, evacuation staging areas, hazardous materials handling & storage areas, and emergency response equipment.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**TOYOTA RESEARCH INSTITUTE (Continued)**

**S120984125**

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-20-2017  
Citation: 23 CCR 16 2632(d)(1)(C), 2641(h), 2711(a)(8) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2632(d)(1)(C), 2641(h), 2711(a)(8)  
Violation Description: Failure to submit or update a plot plan.  
Violation Notes: Returned to compliance on 08/10/2017. The UST site map on your electronic submittal is incomplete. Add a birds-eye map drawing showing the information described in the corrective text below. Recommend using the site map provided by your annual monitoring certification contractor.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-14-2015  
Citation: HSC 6.7 25284 - California Health and Safety Code, Chapter 6.7, Section(s) 25284  
Violation Description: Failure to obtain and maintain a valid operation permit from the CUPA.  
Violation Notes: Facility has failed to maintain a UST permit to operate. Fees and penalties totaling \$1932.50 have not yet been paid plus required underground storage tank information has not been submitted electronically via the California Environmental Reporting System (CERS) as previously requested.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-20-2017  
Citation: HSC 6.95 25508(a)(1) - California Health and Safety Code, Chapter 6.95, Section(s) 25508(a)(1)  
Violation Description: Failure to complete and electronically submit hazardous material inventory information for all reportable hazardous materials on site at or above reportable quantities.  
Violation Notes: Returned to compliance on 08/10/2017. Show the 100 gallon tank as a separate inventory item stored in a separate location away from the 1000 gallon underground storage tank.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-15-2014  
Citation: 23 CCR 16 2641(a) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2641(a)  
Violation Description: Failure of sensor to be located in the proper position/location.  
Violation Notes: Returned to compliance on 07/15/2014. The test boot on secondary containment piping was modified to have the Schrader Valve angled downward today, no further action required.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**TOYOTA RESEARCH INSTITUTE (Continued)**

**S120984125**

Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-13-2016  
Citation: 23 CCR 16 2715(a) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2715(a)  
Violation Description: Failure to notify the CUPA of the designated operator (DO) identification and/or change of the DO within 30 days.  
Violation Notes: 7/12/2016 submittal on CERS did not contain required information. Contact Michelle Santos in our office at 408-918-1981 for assistance.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-13-2016  
Citation: 23 CCR 16 2632(d)(1)(C), 2641(h), 2711(a)(8) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2632(d)(1)(C), 2641(h), 2711(a)(8)  
Violation Description: Failure to submit or update a plot plan.  
Violation Notes: 7/12/2016 submittal on CERS did not contain required information. Contact Michelle Santos in our office at 408-918-1981 for assistance.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-13-2016  
Citation: HSC 6.95 25508(a)(1) - California Health and Safety Code, Chapter 6.95, Section(s) 25508(a)(1)  
Violation Description: Failure to establish and electronically submit an adequate emergency response plan and procedures for a release or threatened release of a hazardous material.  
Violation Notes: Facility submittal occurring on 7/12/16 did not have an emergency response plan. Contact Michelle Santos at our office 408-918-1981 or e-mail her at michelle.santos@cep.sccgov.org to obtain help in correctly submitting your required information.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-16-2013  
Citation: HSC 6.7 Multiple Sections - California Health and Safety Code, Chapter 6.7, Section(s) Multiple Sections  
Violation Description: UST Program - Administration/Documentation - General  
Violation Notes: Returned to compliance on 07/16/2013. The date from your January 2013 DUSTO Inspection report was missing. Ensure that your monthly inspection reports are properly completed. Violation was corrected during the inspection. No further action is required.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**TOYOTA RESEARCH INSTITUTE (Continued)**

**S120984125**

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-15-2014  
Citation: 23 CCR 16 2712(i) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2712(i)  
Violation Description: Failure to maintain on site an approved monitoring plan.  
Violation Notes: Facility failed to submit a UST Monitoring Plan electronically.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-15-2014  
Citation: 23 CCR 16 2711(a)(8) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2711(a)(8)  
Violation Description: Failure to submit, obtain approval, or maintain a complete/accurate plot plan.  
Violation Notes: Facility failed to submit a UST monitoring site plan electronically.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-14-2015  
Citation: Un-Specified  
Violation Description: UST Program - Administration/Documentation - For use of Local Ordinance only  
Violation Notes: Written responses to your inspections in 2013 and 2014 were not received by our office.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-13-2016  
Citation: HSC 6.75 25299.30-25299.34 - California Health and Safety Code, Chapter 6.75, Section(s) 25299.30-25299.34  
Violation Description: Failure to submit and maintain complete and current Certification of Financial Responsibility or other mechanism of financial assurance.  
Violation Notes: 7/12/2016 submittal on CERS did not contain required information. Contact Michelle Santos in our office at 408-918-1981 for assistance.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-16-2013  
Citation: 19 CCR 4 2729.5 - California Code of Regulations, Title 19, Chapter 4, Section(s) 2729.5  
Violation Description: Failure to submit inventory reports (Activities, Owner/Operator, Hazardous Materials Descriptions and Map pages, if required). Documentation must be resubmitted (for facilities which exceed EPCRA thresholds) or re-certified (for facilities which do not exceed EPCRA

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

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**TOYOTA RESEARCH INSTITUTE (Continued)**

**S120984125**

Violation Notes: thresholds) by March 1.  
Chemical inventory was not annually re-certified from last year.  
DISREGARD CORRECTIVE ACTION TEXT, BELOW REGARDING SUBMITTAL OF HARD COPY FORMS. SEE [www.EHinfo.org/hazmat](http://www.EHinfo.org/hazmat) FOR DETAILS REGARDING ELECTRONIC REPORTING REQUIREMENTS. A FACILITY RECORD FOR THIS SITE HAS ALREADY BEEN CREATED ON THE CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM (CERS) WEBSITE AT <http://cers.calepa.ca.gov>. REQUEST ACCESS TO THAT CERS RECORD AND SUBMIT A REVISED HMBP WITHIN 30 DAYS.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-14-2015  
Citation: HSC 6.95 25508.2 - California Health and Safety Code, Chapter 6.95, Section(s) 25508.2

Violation Description: Failure to annually review and electronically certify that the business plan is complete, accurate, and up-to-date.

Violation Notes: The last HMBP submitted was dated 7/19/2012. Facility has not electronically performed an annual certification for 2013, 2014, and 2015. Your CERS account ID # is 10352971. Read the "Getting Started on CERS" document and follow directions in order to gain web access and electronically submit all required information. THIRD NOTICE

Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-15-2014  
Citation: HSC 6.95 25508(a)(1) - California Health and Safety Code, Chapter 6.95, Section(s) 25508(a)(1)

Violation Description: Failure to complete and electronically submit hazardous material inventory information for all reportable hazardous materials on site at or above reportable quantities.

Violation Notes: Repeat Violation from 7/16/13 inspection. The Hazardous Materials Business Plan (HMBP) does not have the 1000 gallon diesel tank listed on the hazardous material inventory. Also, the emergency equipment list and facility site map is missing.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-15-2014  
Citation: 23 CCR 16 2715(a) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2715(a)

Violation Description: Failure to submit statement of UST compliance and/or Designated Operator certification.

Violation Notes: Facility failed to submit designated operator statement of compliance electronically.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Map ID  
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MAP FINDINGS

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**TOYOTA RESEARCH INSTITUTE (Continued)**

**S120984125**

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-13-2016  
Citation: 23 CCR 6.7 25284, 25286 - California Code of Regulations, Title 23, Chapter 6.7, Section(s) 25284, 25286  
Violation Description: Failure to submit a complete and accurate application for a permit to operate a UST, or for renewal of the permit.  
Violation Notes: 7/12/2016 submittal on CERS did not contain required information. Contact Michelle Santos in our office at 408-918-1981 for assistance.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-13-2016  
Citation: HSC 6.95 25505.1 - California Health and Safety Code, Chapter 6.95, Section(s) 25505.1  
Violation Description: Failure to notify property owner in writing that the business is subject to the business plan program and has complied with its provisions.  
Violation Notes: Business is a tenant, is subject to the hazardous materials business plan reporting requirements and has not notified the property owner. After complying with all other HMBP violations in this report, send a letter to your property owner and keep a copy of the letter on site for review.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-15-2014  
Citation: Un-Specified  
Violation Description: UST Program - Administration/Documentation - For use of Local Ordinance only  
Violation Notes: Facility failed to respond to violations on 7/16/13 notice of inspection.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-13-2016  
Citation: HSC 6.7 25284 - California Health and Safety Code, Chapter 6.7, Section(s) 25284  
Violation Description: Failure to obtain a valid permit to operate from the CUPA.  
Violation Notes: Business took over operation of the tank in December 2015 and has not obtained a permit to operate. 7/12/2016 submittal on CERS did not contain required information. Contact Michelle Santos in our office at 408-918-1981 for assistance.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742

Map ID  
Direction  
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MAP FINDINGS

Site

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**TOYOTA RESEARCH INSTITUTE (Continued)**

**S120984125**

Site Name: Toyota Research Institute  
Violation Date: 07-13-2016  
Citation: 23 CCR 16 2712(i) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2712(i)  
Violation Description: Failure to have a UST Monitoring Plan available on site.  
Violation Notes: 7/12/2016 submittal on CERS did not contain required information. Contact Michelle Santos in our office at 408-918-1981 for assistance.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-20-2017  
Citation: HSC 6.75 25299.30-25299.34 - California Health and Safety Code, Chapter 6.75, Section(s) 25299.30-25299.34  
Violation Description: Failure to submit and maintain complete and current Certification of Financial Responsibility or other mechanism of financial assurance.  
Violation Notes: Returned to compliance on 08/10/2017. The Certification of Financial Responsibility is missing from your last electronic submittal on CERS.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-15-2014  
Citation: 19 CCR 6.95 25508(a)(1) - California Code of Regulations, Title 19, Chapter 6.95, Section(s) 25508(a)(1)  
Violation Description: Failure to complete and electronically submit the Business Activities Page and/or Business Owner Operator Identification Page.  
Violation Notes: Facility failed to submit complete Hazardous Materials Business Plan information electronically.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-13-2016  
Citation: 19 CCR 6.95 25508(a)(1) - California Code of Regulations, Title 19, Chapter 6.95, Section(s) 25508(a)(1)  
Violation Description: Failure to complete and electronically submit the Business Activities Page and/or Business Owner Operator Identification Page.  
Violation Notes: Facility submittal occurring on 7/12/16 was incomplete. Contact Michelle Santos at our office 408-918-1981 or e-mail her at michelle.santos@cep.sccgov.org to obtain help in correctly submitting your required information.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Violation Date: 07-20-2017  
Citation: HSC 6.95 25505.1 - California Health and Safety Code, Chapter 6.95, Section(s) 25505.1

Map ID  
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**TOYOTA RESEARCH INSTITUTE (Continued)**

**S120984125**

Violation Description: Failure to notify property owner in writing that the business is subject to the business plan program and has complied with its provisions.

Violation Notes: Returned to compliance on 08/10/2017. Business is a tenant, is subject to property owner notification requirements, and has not notified the property owner in writing. After complying with all other HMBP violations noted in this report, send a letter to your property owner and keep a copy of the letter on site for review.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Evaluation:

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 07-13-2016  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: Annual Monitoring Certification was performed by Chad White. All of his required certifications are current. Monitoring panel indicated "All Functions Normal" at the beginning and end of the inspection. LinkedIn took over control of the building in December 2015. The underground tank system consists of a diesel suction system with one supply piping run to a day tank in the emergency generator room and then return & supply piping between the day tank and the emergency generator. There are three sensors in the system; one that monitors the piping in the generator room, one that monitors the supply piping in the tank top piping sump, and one that monitors the tank annular space. All 3 sensors provided audible and visual alarms when tested. All sensors were positioned in the low points of containment. In addition, there is a remote alarm in the security room on the ground floor that also provided audible & visual alarms when the 3 sensors were tested. The spill bucket [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 07-13-2016  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: Facility has one reportable chemical. Facility has 1000 gallons of diesel fuel stored in an underground storage tank. Training occurred on 5/4/2016.

Eval Division: Santa Clara County Environmental Health  
Eval Program: HMRRP  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 07-14-2015  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: Annual Monitoring Certification was performed by Jack Bail of Pearson Equipment. All of his required certifications are current. Monitoring panel indicated "All Functions Normal" at the beginning and end of the inspection. The underground tank system consists of a diesel suction system with one supply piping run to a day tank in the emergency generator room and then return & supply piping between the day tank

Map ID  
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MAP FINDINGS

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TOYOTA RESEARCH INSTITUTE (Continued)

S120984125

and the emergency generator. There are three sensors in the system; one that monitors the piping in the generator room, one that monitors the supply piping in the tank top piping sump, and one that monitors the tank annular space. All 3 sensors provided audible and visual alarms when tested. All sensors were positioned in the low points of containment. In addition, there is a remote alarm in the security room on the ground floor that also provided audible & visual alarms when the 3 sensors were tested. The spill bucket passed its one-hour lake test. Flapper [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 07-14-2015  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: Facility has 1 - 1000 gallon diesel underground storage tank. Facility has submitted a written property owner notification letter.

Eval Division: Santa Clara County Environmental Health  
Eval Program: HMRRP  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 07-15-2014  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: Onsite today for the routine underground storage tank inspection and to witness Jack Bail of Pearson Equipment, noted the following: -ICC certification for Jack Bail is current; the Gilbarco/Veeder Root certification is current to 11/25/15 -All Functions were normal upon arrival today and upon completion of the UST Monitor Certification -The UST Permit to Operate was issued on 7/1/12 and is valid to 6/30/17. -Facility has one diesel double wall Trusco tank installed in 2000 with double wall supply piping to back up generator above grade in room adjacent to parking garage level G2; note: return line was poorly engineered and has been disconnected. -Flapper valve verified in fill tube. -The UST annular, piping sump and generator room sensors were tested in water and sounded an audible/visual alarm; note: audible/visual alarm in security room also was activated when sensors were tested. -The spill bucket was tested for one hour hydrostatically and passed. -Both piping [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 07-15-2014  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: Please make sure a copy of the Property Owner Notification letter indicating your facility is subject to the Hazardous Materials Business Plan program is available onsite for review.

Eval Division: Santa Clara County Environmental Health  
Eval Program: HMRRP  
Eval Source: CERS

Map ID  
Direction  
Distance  
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MAP FINDINGS

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TOYOTA RESEARCH INSTITUTE (Continued)

S120984125

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 07-16-2013  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: Annual Monitoring Certification was performed by Jail Bail of Pearson Equipment. All of his required certifications are current. Monitoring panel indicated "All Functions Normal" at the beginning and end of the inspection. The underground tank system consists of a diesel suction system with one supply piping run to a day tank in the emergency generator room and then return & supply piping between the day tank and the emergency generator. There are three sensors in the system; one that monitors the piping in the generator room, one that monitors the supply piping in the tank top piping sump, and one that monitors the tank annular space. All 3 sensors provided audible and visual alarms when tested. All sensors were positioned in the low points of containment. The spill bucket passed is one-hour lake test. The piping sump and generator room floor were dry. Sensors were properly tagged by the service technician. Monthly DO reports for the last 12 months were [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 07-16-2013  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: Property owner notification letter has been sent and copy of letter is on site for review.

Eval Division: Santa Clara County Environmental Health  
Eval Program: HMRRP  
Eval Source: CERS

Eval General Type: Other/Unknown  
Eval Date: 07-20-2017  
Violations Found: No  
Eval Type: Other, not routine, done by local agency  
Eval Notes: SB-989 secondary containment testing was performed on this date by Issac Anderson. All of his required certifications were reviewed are current. The tank annular space was tested at 10' hg vacuum for one hour. Gauge pressure did not drop. Gauge pressure returned to zero after the completion of the test. Test result = PASS Product piping was tested at 5.0 psi for one hour. Gauge pressure did not drop. Gauge pressure returned to zero after the completion of the test. Test result = PASS The piping sump was hydrostatically tested for 30 minutes using the Caldwell accelerated test method at a depth of two inches above the highest product piping penetration. Water level did not drop. Test result = PASS. Your next SB-989 testing is due in July of 2020. Send a copy of the testing report to our office within 30 days.

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 07-20-2017  
Violations Found: Yes

Map ID  
Direction  
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MAP FINDINGS

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**TOYOTA RESEARCH INSTITUTE (Continued)**

**S120984125**

Eval Type: Routine done by local agency  
Eval Notes: Annual Monitoring Certification was performed by Issac Anderson. All of his required certifications are current. Monitoring panel indicated "All Functions Normal" at the beginning of the inspection. Toyota Research Institute took over control of the building in December 2016. The underground tank system consists of a diesel suction system with one supply piping run to a day tank in the emergency generator room and then return & supply piping between the day tank and the emergency generator. There are three sensors in the system; one that monitors the piping in the generator room, one that monitors the supply piping in the tank top piping sump, and one that monitors the tank annular space. All 3 sensors provided audible and visual alarms when tested. All sensors were positioned in the low points of containment. In addition, there is a remote alarm in the security room on the ground floor that also provided audible & visual alarms when sensors were tested. The spill [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 07-20-2017  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: Current Toyota Research Institute (TRI) occupied the building beginning in December, 2016. Facility electronically submitted the hazardous materials business plan (HMBP) on CERS on 6/7/2017. Facility Information and Emergency Response/Training Plan were accepted on 7/18/2017. HM Inventory/HMBP Site Map submittal element was rejected with comments on 7/18/2017. During the inspection, the following TRI personnel were present: Michael Credi, Building Engineer; Richard Ulmer, Security Account Engineer; Christine Castagno, Head of Facilities & Real Estate. Christine Castagno made their HMBP readily available by displaying the digital HMBP on her computer. Facility is a tenant and is subject to HMBP Property Owner Notification requirements. Facility has 1000 gallons of diesel stored in an underground storage tank plus 100 gallons stored in an aboveground day tank. Your current annual permit will run from 1/1/2017 - 12/31/2017. Pay your fees upon receipt on [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: HMRRP  
Eval Source: CERS

Enforcement Action:  
Site ID: 99742  
Site Name: Toyota Research Institute  
Site Address: 4440 EL CAMINO REAL  
Site City: LOS ALTOS  
Site Zip: 94022  
Enf Action Date: 07-14-2015  
Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection  
Enf Action Notes: Not reported  
Enf Action Division: Santa Clara County Environmental Health  
Enf Action Program: HMRRP  
Enf Action Source: CERS

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**TOYOTA RESEARCH INSTITUTE (Continued)**

**S120984125**

Site ID: 99742  
Site Name: Toyota Research Institute  
Site Address: 4440 EL CAMINO REAL  
Site City: LOS ALTOS  
Site Zip: 94022  
Enf Action Date: 07-14-2015  
Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection  
Enf Action Notes: Not reported  
Enf Action Division: Santa Clara County Environmental Health  
Enf Action Program: UST  
Enf Action Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Site Address: 4440 EL CAMINO REAL  
Site City: LOS ALTOS  
Site Zip: 94022  
Enf Action Date: 07-15-2014  
Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection  
Enf Action Notes: Not reported  
Enf Action Division: Santa Clara County Environmental Health  
Enf Action Program: HMRRP  
Enf Action Source: CERS

Site ID: 99742  
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Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection  
Enf Action Notes: Not reported  
Enf Action Division: Santa Clara County Environmental Health  
Enf Action Program: UST  
Enf Action Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Site Address: 4440 EL CAMINO REAL  
Site City: LOS ALTOS  
Site Zip: 94022  
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Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection  
Enf Action Notes: Not reported  
Enf Action Division: Santa Clara County Environmental Health  
Enf Action Program: HMRRP  
Enf Action Source: CERS

Site ID: 99742  
Site Name: Toyota Research Institute  
Site Address: 4440 EL CAMINO REAL  
Site City: LOS ALTOS  
Site Zip: 94022

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**TOYOTA RESEARCH INSTITUTE (Continued)**

**S120984125**

Enf Action Date: 07-16-2013  
Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection  
Enf Action Notes: Not reported  
Enf Action Division: Santa Clara County Environmental Health  
Enf Action Program: UST  
Enf Action Source: CERS

Coordinates:

Site ID: 99742  
Facility Name: Toyota Research Institute  
Env Int Type Code: HMBP  
Program ID: 10352971  
Coord Name: Not reported  
Ref Point Type Desc: Center of a facility or station.  
Latitude: 37.402610  
Longitude: -122.116530

Affiliation:

Affiliation Type Desc: CUPA District  
Entity Name: Santa Clara County Environmental Health  
Entity Title: Not reported  
Affiliation Address: 1555 Berger Drive, Suite 300  
Affiliation City: San Jose  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: 95112-2716  
Affiliation Phone: (408) 918-3400

Affiliation Type Desc: Document Preparer  
Entity Name: Stephen Beckman  
Entity Title: Not reported  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

Affiliation Type Desc: Environmental Contact  
Entity Name: Christine Castagno  
Entity Title: Not reported  
Affiliation Address: 4440 El Camino Real  
Affiliation City: Los Altos  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: 94022  
Affiliation Phone: (650) 673-2272

Affiliation Type Desc: Facility Mailing Address  
Entity Name: Mailing Address  
Entity Title: Not reported  
Affiliation Address: 4440 El Camino Real  
Affiliation City: Los Altos  
Affiliation State: CA  
Affiliation Country: Not reported

Map ID  
Direction  
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MAP FINDINGS

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EPA ID Number

**TOYOTA RESEARCH INSTITUTE (Continued)**

**S120984125**

Affiliation Zip: 94022  
Affiliation Phone: Not reported

Affiliation Type Desc: Identification Signer  
Entity Name: Christine Castagno  
Entity Title: Head of Facilities & Real Estate  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

Affiliation Type Desc: Legal Owner  
Entity Name: Christine Castagno  
Entity Title: Not reported  
Affiliation Address: 4440 El Camino Real  
Affiliation City: Los Altos  
Affiliation State: CA  
Affiliation Country: United States  
Affiliation Zip: 94022  
Affiliation Phone: (650) 673-2272

Affiliation Type Desc: Operator  
Entity Name: Toyota Research Institute  
Entity Title: Not reported  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: (650) 673-2272

Affiliation Type Desc: Parent Corporation  
Entity Name: Toyota Research Institute  
Entity Title: Not reported  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

Affiliation Type Desc: Property Owner  
Entity Name: St. Paul Fire & Marine Insurance Co. c/o Orchard Commercial Inc.  
Entity Title: Not reported  
Affiliation Address: 2055 Laurelwood Road Suite 130  
Affiliation City: Santa Clara  
Affiliation State: CA  
Affiliation Country: United States  
Affiliation Zip: 95054  
Affiliation Phone: (408) 922-0400

Affiliation Type Desc: UST Property Owner Name  
Entity Name: St. Paul Fire & Marine Ins. Co c/o Orchard Commercial Inc.  
Entity Title: Not reported  
Affiliation Address: 2055 Laurelwood Road Suite 130

Map ID  
Direction  
Distance  
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MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**TOYOTA RESEARCH INSTITUTE (Continued)**

**S120984125**

Affiliation City: Santa Clara  
Affiliation State: CA  
Affiliation Country: United States  
Affiliation Zip: 95054  
Affiliation Phone: (408) 922-0400

Affiliation Type Desc: UST Tank Operator  
Entity Name: Toyota Research Institute  
Entity Title: Not reported  
Affiliation Address: 4440 El Camino Real  
Affiliation City: Los Altos  
Affiliation State: CA  
Affiliation Country: United States  
Affiliation Zip: 94022  
Affiliation Phone: (650) 673-2272

Affiliation Type Desc: UST Tank Owner  
Entity Name: St. Paul Fire & Marine Ins. Co c/o Orchard Commercial Inc.  
Entity Title: Not reported  
Affiliation Address: 2055 Laurelwood Road Suite 130  
Affiliation City: Santa Clara  
Affiliation State: CA  
Affiliation Country: United States  
Affiliation Zip: 95054  
Affiliation Phone: (408) 922-0400

**C28**  
**SE**  
**< 1/8**  
**0.123 mi.**  
**650 ft.**

**LINKEDIN CORPORATION**  
**4440 EL CAMINO REAL**  
**LOS ALTOS, CA 94022**  
**Site 8 of 11 in cluster C**

**UST U004265927**  
**N/A**

**Relative:**  
**Higher**  
**Actual:**  
**71 ft.**

UST:  
Facility ID: Not reported  
Permitting Agency: Santa Clara County Environmental Health  
Latitude: 37.40261  
Longitude: -122.11653

**C29**  
**SE**  
**< 1/8**  
**0.123 mi.**  
**650 ft.**

**TOYOTA RESEARCH INSTITUTE**  
**4440 EL CAMINO REAL**  
**LOS ALTOS, CA 94022**  
**Site 9 of 11 in cluster C**

**UST U004274469**  
**N/A**

**Relative:**  
**Higher**  
**Actual:**  
**71 ft.**

UST:  
Facility ID: Not reported  
Permitting Agency: Santa Clara County Environmental Health  
Latitude: 37.40261  
Longitude: -122.11653

MAP FINDINGS

Map ID			EDR ID Number
Direction			EPA ID Number
Distance			
Elevation	Site	Database(s)	

<b>C30</b> <b>SE</b> <b>&lt; 1/8</b> <b>0.123 mi.</b> <b>650 ft.</b>	<b>BH EL CAMINO REAL</b> <b>4440 EL CAMINO REAL</b> <b>LOS ALTOS, CA 94022</b>  <b>Site 10 of 11 in cluster C</b>  <b>Relative:</b> CUPA SANTA CLARA: <b>Higher</b> Region:               SANTA CLARA PE#:                 Not reported <b>Actual:</b> Program Description:   HMBP FACILITY, 1-3 CHEMICALS <b>71 ft.</b> Latitude:                 37.40279 Longitude:                -122.11640 Record ID:             PR0398349 Facility ID:           FA0268571	<b>CUPA Listings</b>	<b>S121474451</b> <b>N/A</b>
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<b>C31</b> <b>SE</b> <b>&lt; 1/8</b> <b>0.123 mi.</b> <b>650 ft.</b>	<b>RAMBUS</b> <b>4440 EL CAMINO REAL</b> <b>LOS ALTOS, CA 94022</b>  <b>Site 11 of 11 in cluster C</b>  <b>Relative:</b> CUPA SANTA CLARA: <b>Higher</b> Region:               SANTA CLARA PE#:                 2201 <b>Actual:</b> Program Description:   GENERATES WASTE OIL ONLY <b>71 ft.</b> Latitude:                 37.40279 Longitude:                -122.11640 Record ID:             PR0368178 Facility ID:           FA0252915  Region:                SANTA CLARA PE#:                 2501 Program Description:   HAZARDOUS MATERIALS BUSINESS PLAN Latitude:                37.40279 Longitude:                -122.11640 Record ID:             PR0393758 Facility ID:           FA0252915	<b>CUPA Listings</b>	<b>S121472263</b> <b>N/A</b>
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<b>D32</b> <b>NW</b> <b>1/8-1/4</b> <b>0.131 mi.</b> <b>690 ft.</b>	<b>DOLLAR RENT A CAR</b> <b>4294 EL CAMINO REAL</b> <b>LOS ALTOS, CA 94022</b>  <b>Site 1 of 2 in cluster D</b>  <b>Relative:</b> HIST UST: <b>Lower</b> File Number:           0002CF80 URL:                 http://geotracker.waterboards.ca.gov/ustpdfs/pdf/0002CF80.pdf <b>Actual:</b> Region:                 STATE <b>65 ft.</b> Facility ID:            00000036672 Facility Type:       Other Other Type:        RENT A CAR Contact Name:     FOLEY Telephone:        4159418890 Owner Name:     CARDINAL CALL CORP Owner Address:   4294 EL CAMINO ROAD Owner City,St,Zip:  LOS ALTOS, CA 94022 Total Tanks:     0001	<b>HIST UST</b>	<b>U001594124</b> <b>N/A</b>
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Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**DOLLAR RENT A CAR (Continued)**

**U001594124**

Tank Num: 001  
Container Num: 1  
Year Installed: Not reported  
Tank Capacity: 00008000  
Tank Used for: PRODUCT  
Type of Fuel: UNLEADED  
Container Construction Thickness: Not reported  
Leak Detection: None

[Click here for Geo Tracker PDF:](#)

**D33  
NW  
1/8-1/4  
0.131 mi.  
690 ft.**

**DOLLAR RENT A CAR  
4294 EL CAMINO REAL  
LOS ALTOS, CA 94022**

**SWEEPS UST S101594618  
CA FID UST N/A  
CUPA Listings  
CERS**

**Site 2 of 2 in cluster D**

**Relative:  
Lower  
Actual:  
65 ft.**

**SWEEPS UST:**  
Status: Active  
Comp Number: 36672  
Number: 9  
Board Of Equalization: 44-025761  
Referral Date: 07-01-85  
Action Date: Not reported  
Created Date: 02-29-88  
Owner Tank Id: 1  
SWRCB Tank Id: 43-000-036672-000001  
Tank Status: A  
Capacity: 8000  
Active Date: 07-01-85  
Tank Use: M.V. FUEL  
STG: P  
Content: REG UNLEADED  
Number Of Tanks: 1

**CA FID UST:**  
Facility ID: 43012037  
Regulated By: UTNKA  
Regulated ID: 00036672  
Cortese Code: Not reported  
SIC Code: Not reported  
Facility Phone: 4159418890  
Mail To: Not reported  
Mailing Address: 4294 EL CAMINO REAL  
Mailing Address 2: Not reported  
Mailing City, St, Zip: LOS ALTOS 94022  
Contact: Not reported  
Contact Phone: Not reported  
DUNS Number: Not reported  
NPDES Number: Not reported  
EPA ID: Not reported  
Comments: Not reported  
Status: Active

**CUPA SANTA CLARA:**  
Region: SANTA CLARA  
PE#: Not reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**DOLLAR RENT A CAR (Continued)**

**S101594618**

Program Description: HMBP FACILITY, 1-3 CHEMICALS  
Latitude: 37.39549  
Longitude: -122.10155  
Record ID: PR0411518  
Facility ID: FA0272112

**CERS TANKS:**

Site ID: 375142  
CERS ID: 10589464  
CERS Description: Chemical Storage Facilities

**Affiliation:**

Affiliation Type Desc: CUPA District  
Entity Name: Santa Clara County Environmental Health  
Entity Title: Not reported  
Affiliation Address: 1555 Berger Drive, Suite 300  
Affiliation City: San Jose  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: 95112-2716  
Affiliation Phone: (408) 918-3400

Affiliation Type Desc: Document Preparer  
Entity Name: KAREN D'AMICO  
Entity Title: Not reported  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

Affiliation Type Desc: Environmental Contact  
Entity Name: KAREN D'AMICO  
Entity Title: Not reported  
Affiliation Address: 4294 EL CAMINO REAL  
Affiliation City: LOS ALTOS  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: 94022  
Affiliation Phone: (650) 324-1900

Affiliation Type Desc: Facility Mailing Address  
Entity Name: Mailing Address  
Entity Title: Not reported  
Affiliation Address: 4294 EL CAMINO REAL  
Affiliation City: LOS ALTOS  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: 94022  
Affiliation Phone: Not reported

Affiliation Type Desc: Identification Signer  
Entity Name: KAREN D'AMICO  
Entity Title: MANAGER  
Affiliation Address: Not reported  
Affiliation City: Not reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**DOLLAR RENT A CAR (Continued)**

**S101594618**

Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

Affiliation Type Desc: Legal Owner  
Entity Name: CALIFORNIA CRYOBANK LLC  
Entity Title: Not reported  
Affiliation Address: 11915 LA GRANGE  
Affiliation City: LOS ANGELES  
Affiliation State: CA  
Affiliation Country: United States  
Affiliation Zip: 90025  
Affiliation Phone: (866) 927-9622

Affiliation Type Desc: Operator  
Entity Name: Erica Malik  
Entity Title: Not reported  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: (650) 324-1900

Affiliation Type Desc: Parent Corporation  
Entity Name: CALIFORNIA CRYOBANK  
Entity Title: Not reported  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

Affiliation Type Desc: Property Owner  
Entity Name: EL CAMINO SBE, LLC  
Entity Title: Not reported  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: United States  
Affiliation Zip: Not reported  
Affiliation Phone: (865) 927-9622

34  
SE  
1/8-1/4  
0.192 mi.  
1016 ft.

**ADOBE ANIMAL HOSPITAL INC**  
**4470 EL CAMINO REAL**  
**LOS ALTOS, CA 94022**

**CHMIRS S105665576**  
**CUPA Listings N/A**  
**CERS HAZ WASTE**

**Relative:**  
**Higher**

CHMIRS:  
OES Incident Number: 0-4291  
OES notification: 09/21/2000  
OES Date: Not reported  
OES Time: Not reported  
**Date Completed: Not reported**

**Actual:**  
**73 ft.**

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**ADOBE ANIMAL HOSPITAL INC (Continued)**

**S105665576**

Property Use:	Not reported
Agency Id Number:	Not reported
Agency Incident Number:	Not reported
Time Notified:	Not reported
Time Completed:	Not reported
Surrounding Area:	Not reported
Estimated Temperature:	Not reported
Property Management:	Not reported
More Than Two Substances Involved?:	Not reported
Resp Agncy Personel # Of Decontaminated:	Not reported
Responding Agency Personel # Of Injuries:	Not reported
Responding Agency Personel # Of Fatalities:	Not reported
Others Number Of Decontaminated:	Not reported
Others Number Of Injuries:	Not reported
Others Number Of Fatalities:	Not reported
Vehicle Make/year:	Not reported
Vehicle License Number:	Not reported
Vehicle State:	Not reported
Vehicle Id Number:	Not reported
CA DOT PUC/ICC Number:	Not reported
Company Name:	Not reported
Reporting Officer Name/ID:	Not reported
Report Date:	Not reported
Facility Telephone:	Not reported
Waterway Involved:	Yes
Waterway:	Storm drain / Adobe Creek
Spill Site:	Not reported
Cleanup By:	Public Works
Containment:	Not reported
What Happened:	Not reported
Type:	Not reported
Measure:	Not reported
Other:	Not reported
Date/Time:	Not reported
Year:	2000
Agency:	City of Los Altos
Incident Date:	9/21/200012:00:00 AM
Admin Agency:	Santa Clara County Health Department
Amount:	Not reported
Contained:	Yes
Site Type:	Other
E Date:	Not reported
Substance:	Sewage / grease
Gallons:	1,500
Unknown:	0
Substance #2:	Not reported
Substance #3:	Not reported
Evacuations:	0
Number of Injuries:	0
Number of Fatalities:	0
#1 Pipeline:	Not reported
#2 Pipeline:	Not reported
#3 Pipeline:	Not reported
#1 Vessel >= 300 Tons:	Not reported
#2 Vessel >= 300 Tons:	Not reported
#3 Vessel >= 300 Tons:	Not reported
Evacs:	Not reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**ADOBE ANIMAL HOSPITAL INC (Continued)**

**S105665576**

Injuries: Not reported  
Fatales: Not reported  
Comments: Not reported  
Description: A contractor discharged a load of sewage and grease From the El Torito restaurant into the storm drain. Sewage grease mix also impacted Adobe Creek at El Camino Real

**CUPA SANTA CLARA:**

Region: SANTA CLARA  
PE#: Not reported  
Program Description: HMBP FACILITY, 1-3 CHEMICALS  
Latitude: 37.40197  
Longitude: -122.11577  
Record ID: PR0393916  
Facility ID: FA0266774

Region: SANTA CLARA  
PE#: 2202  
Program Description: GENERATES < 100 KG/YR  
Latitude: 37.40197  
Longitude: -122.11577  
Record ID: PR0393904  
Facility ID: FA0266774

**CERS HAZ WASTE:**

Site ID: 3114  
CERS ID: 10352995  
CERS Description: Hazardous Waste Generator

**Violations:**

Site ID: 3114  
Site Name: ADOBE ANIMAL HOSPITAL INC  
Violation Date: 01-22-2014  
Citation: 22 CCR 12 66262.40(a) - California Code of Regulations, Title 22, Chapter 12, Section(s) 66262.40(a)  
Violation Description: Failure to maintain uniform hazardous waste manifest, consolidated manifest, or bills of lading copies for three years.  
Violation Notes: Manifests for 20012 and 2011 were not found. Manifest 003618963 for waste shipped on 1/21/13 did not have the TSDF signed copy available for review.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: HW  
Violation Source: CERS

Site ID: 3114  
Site Name: ADOBE ANIMAL HOSPITAL INC  
Violation Date: 01-22-2014  
Citation: 22 CCR 12 66262.23(a)(4) - California Code of Regulations, Title 22, Chapter 12, Section(s) 66262.23(a)(4)  
Violation Description: Failure to send hazardous waste manifest copies to DTSC.  
Violation Notes: Operator stated that copies are not being sent to DTSC within 30 days of the shipment date. Read the Supplemental California Manifest Instruction sheet provided to you and follow directions to properly ship manifests to DTSC within 30 days of the shipment date.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: HW

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**ADOBE ANIMAL HOSPITAL INC (Continued)**

**S105665576**

Violation Source: CERS

Site ID: 3114

Site Name: ADOBE ANIMAL HOSPITAL INC

Violation Date: 01-22-2014

Citation: 19 CCR 4 2729.5 - California Code of Regulations, Title 19, Chapter 4, Section(s) 2729.5

Violation Description: Failure to submit inventory reports (Activities, Owner/Operator, Hazardous Materials Descriptions and Map pages, if required. Documentation must be resubmitted (for facilities which exceed EPCRA thresholds) or re-certified (for facilities which do not exceed EPCRA thresholds) by March 1.

Violation Notes: Returned to compliance on 11/07/2016. Annual inventory certifications were not found for 2011, 2012, and 2013. DISREGARD CORRECTIVE ACTION TEXT, BELOW REGARDING SUBMITTAL OF HARD COPY FORMS. SEE [www.EHinfo.org/hazmat](http://www.EHinfo.org/hazmat) FOR DETAILS REGARDING ELECTRONIC REPORTING REQUIREMENTS. A FACILITY RECORD FOR THIS SITE HAS ALREADY BEEN CREATED ON THE CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM (CERS) WEBSITE AT <http://cers.calepa.ca.gov>. REQUEST ACCESS TO THAT CERS RECORD AND SUBMIT A REVISED HMBP WITHIN 30 DAYS. Getting Started on CERS handout was provided and explained. Read the handout and follow instructions to access your on-line account number 10352995 in order to electronically report your required information.

Violation Division: Santa Clara County Environmental Health

Violation Program: HMRRP

Violation Source: CERS

Site ID: 3114

Site Name: ADOBE ANIMAL HOSPITAL INC

Violation Date: 01-22-2014

Citation: HSC 6.95 25505(c) - California Health and Safety Code, Chapter 6.95, Section(s) 25505(c)

Violation Description: Failure to review, revise, and recertify the business plan at least once every three years.

Violation Notes: Returned to compliance on 11/07/2016. HMBP was last certified on 8/4/2010. DISREGARD CORRECTIVE ACTION TEXT, BELOW REGARDING SUBMITTAL OF HARD COPY FORMS. SEE [www.EHinfo.org/hazmat](http://www.EHinfo.org/hazmat) FOR DETAILS REGARDING ELECTRONIC REPORTING REQUIREMENTS. A FACILITY RECORD FOR THIS SITE HAS ALREADY BEEN CREATED ON THE CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM (CERS) WEBSITE AT <http://cers.calepa.ca.gov>. REQUEST ACCESS TO THAT CERS RECORD AND SUBMIT A REVISED HMBP WITHIN 30 DAYS. Getting Started on CERS handout was provided and explained. Read the handout and follow instructions to access your on-line account number 10352995 in order to electronically report your required information.

Violation Division: Santa Clara County Environmental Health

Violation Program: HMRRP

Violation Source: CERS

Site ID: 3114

Site Name: ADOBE ANIMAL HOSPITAL INC

Violation Date: 01-22-2014

Citation: HSC 6.95 25504(c) - California Health and Safety Code, Chapter 6.95, Section(s) 25504(c)

Violation Description: Failure to include provisions in the business plan to ensure that appropriate personnel receive initial and annual training.

Violation Notes: Returned to compliance on 11/07/2016. Manager stated that emergency response training has been provided in the past but that it hasn't

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**ADOBE ANIMAL HOSPITAL INC (Continued)**

**S105665576**

happened each year. Training and documentation does not cover all aspects of the hazardous materials business plan. Increase the frequency and scope of your required training to "annually" and keep documentation of the training.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 3114  
Site Name: ADOBE ANIMAL HOSPITAL INC  
Violation Date: 01-22-2014  
Citation: 40 CFR 1 262.34(d)(5)(iii) - U.S. Code of Federal Regulations, Title 40, Chapter 1, Section(s) 262.34(d)(5)(iii)

Violation Description: Failure to ensure employees are familiar with the handling and compliance of hazardous waste regulations and emergency response.

Violation Notes: Facility contact stated that he did not have hazardous waste management training. Read the free training brochure provided to you and enroll in a class to obtain required training.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HW  
Violation Source: CERS

Site ID: 3114  
Site Name: ADOBE ANIMAL HOSPITAL INC  
Violation Date: 01-22-2014  
Citation: 40 CFR 1 262.34(d)(5)(ii) - U.S. Code of Federal Regulations, Title 40, Chapter 1, Section(s) 262.34(d)(5)(ii)

Violation Description: Failure to post, next to the telephone, Emergency Information (SQG) containing the location of emergency equipment, contact names and numbers.

Violation Notes: Complete and post the provided emergency procedures form on a wall near a telephone.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HW  
Violation Source: CERS

Site ID: 3114  
Site Name: ADOBE ANIMAL HOSPITAL INC  
Violation Date: 01-22-2014  
Citation: HSC 6.95 25503.6 - California Health and Safety Code, Chapter 6.95, Section(s) 25503.6

Violation Description: Failure to notify property owner in writing that the business is subject to the business plan program and has complied with its provisions.

Violation Notes: Returned to compliance on 11/07/2016. Notification letter has not been sent to the property owner. Review the sample notification letter provided to you and create your own letter on business letterhead. Send letter to your property owner and keep a copy for your records.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Evaluation:  
Eval General Type: Compliance Evaluation Inspection  
Eval Date: 01-22-2014  
Violations Found: Yes  
Eval Type: Routine done by local agency

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**ADOBE ANIMAL HOSPITAL INC (Continued)**

**S105665576**

Eval Notes: A paperwork review and walkthrough was performed on this date. Facility generates a small amount of universal waste batteries and spent fluorescent tubes that are recycled. Trash dumpster was inspected and is OK. CAL EPA ID number CAL000354900 is current.

Eval Division: Santa Clara County Environmental Health  
Eval Program: HW  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 01-22-2014  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: Facility has oxygen stored on site as a reportable chemical. Facility also has nitrogen gas stored on site but is under the 1000 cu. ft. reporting threshold.

Eval Division: Santa Clara County Environmental Health  
Eval Program: HMRRP  
Eval Source: CERS

Enforcement Action:  
Site ID: 3114  
Site Name: ADOBE ANIMAL HOSPITAL INC  
Site Address: 4470 EL CAMINO REAL  
Site City: LOS ALTOS  
Site Zip: 94022  
Enf Action Date: 01-22-2014  
Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection  
Enf Action Notes: Not reported  
Enf Action Division: Santa Clara County Environmental Health  
Enf Action Program: HMRRP  
Enf Action Source: CERS

Site ID: 3114  
Site Name: ADOBE ANIMAL HOSPITAL INC  
Site Address: 4470 EL CAMINO REAL  
Site City: LOS ALTOS  
Site Zip: 94022  
Enf Action Date: 01-22-2014  
Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection  
Enf Action Notes: Not reported  
Enf Action Division: Santa Clara County Environmental Health  
Enf Action Program: HW  
Enf Action Source: CERS

Coordinates:  
Site ID: 3114  
Facility Name: ADOBE ANIMAL HOSPITAL INC  
Env Int Type Code: HWG  
Program ID: 10352995  
Coord Name: Not reported  
Ref Point Type Desc: Center of a facility or station.  
Latitude: 37.401730  
Longitude: -122.115750

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**ADOBE ANIMAL HOSPITAL INC (Continued)**

**S105665576**

Affiliation:

Affiliation Type Desc: CUPA District  
Entity Name: Santa Clara County Environmental Health  
Entity Title: Not reported  
Affiliation Address: 1555 Berger Drive, Suite 300  
Affiliation City: San Jose  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: 95112-2716  
Affiliation Phone: (408) 918-3400

Affiliation Type Desc: Environmental Contact  
Entity Name: Wayne Pinard  
Entity Title: Not reported  
Affiliation Address: 4470 El Camino Real  
Affiliation City: Los Altos  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: 94022  
Affiliation Phone: (650) 948-9661

Affiliation Type Desc: Facility Mailing Address  
Entity Name: Mailing Address  
Entity Title: Not reported  
Affiliation Address: 4470 EL CAMINO REAL  
Affiliation City: LOS ALTOS  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: 94022  
Affiliation Phone: Not reported

Affiliation Type Desc: Legal Owner  
Entity Name: ADOBE ANIMAL HOSPITAL INC  
Entity Title: Not reported  
Affiliation Address: 4470 EL CAMINO REAL  
Affiliation City: LOS ALTOS  
Affiliation State: CA  
Affiliation Country: United States  
Affiliation Zip: 94022  
Affiliation Phone: (650) 948-9661

Affiliation Type Desc: Operator  
Entity Name: Summer Holmstrand  
Entity Title: Not reported  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: (650) 209-9343

Affiliation Type Desc: Parent Corporation  
Entity Name: ADOBE ANIMAL HOSPITAL INC  
Entity Title: Not reported  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**ADOBE ANIMAL HOSPITAL INC (Continued)**

**S105665576**

Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

**E35**  
**ESE**  
**1/8-1/4**  
**0.224 mi.**  
**1181 ft.**

**CVS/PHARMACY #9684**  
**2630 W EL CAMINO REAL**  
**MOUNTAIN VIEW, CA 94040**

**CUPA Listings S121469010**  
**N/A**

**Site 1 of 4 in cluster E**

**Relative:**  
**Higher**  
**Actual:**  
**70 ft.**

CUPA SANTA CLARA:  
Region: SANTA CLARA  
PE#: 2205  
Program Description: GENERATES 100 KG YR TO <5 TONS/YR  
Latitude: 37.40213  
Longitude: -122.11472  
Record ID: PR0315023  
Facility ID: FA0203942

**E36**  
**ESE**  
**1/8-1/4**  
**0.224 mi.**  
**1181 ft.**

**CVS PHARMACY #9684**  
**2630 W EL CAMINO REAL**  
**MOUNTAIN VIEW, CA 94040**

**RCRA-LQG 1001815698**  
**FINDS CAR000059352**  
**ECHO**

**Site 2 of 4 in cluster E**

**Relative:**  
**Higher**  
**Actual:**  
**70 ft.**

RCRA-LQG:  
Date form received by agency: 08/29/2016  
Facility name: CVS PHARMACY #9684  
Facility address: 2630 WEST EL CAMINO REAL  
MOUNTAIN VIEW, CA 94040  
EPA ID: CAR000059352  
Mailing address: CVS DR  
MAIL DROP 23062A  
WOONSOCKET, RI 02895  
Contact: NICOLE WILKINSON  
Contact address: CVS DR MAIL CODE 2340  
WOONSOCKET, RI 02895  
Contact country: US  
Contact telephone: 401-770-7132  
Contact email: NICOLE.WILKINSON@CVSHEALTH.COM  
EPA Region: 09  
Land type: Private  
Classification: Large Quantity Generator  
Description: Handler: generates 1,000 kg or more of hazardous waste during any calendar month; or generates more than 1 kg of acutely hazardous waste during any calendar month; or generates more than 100 kg of any residue or contaminated soil, waste or other debris resulting from the cleanup of a spill, into or on any land or water, of acutely hazardous waste during any calendar month; or generates 1 kg or less of acutely hazardous waste during any calendar month, and accumulates more than 1 kg of acutely hazardous waste at any time; or generates 100 kg or less of any residue or contaminated soil, waste or other debris resulting from the cleanup of a spill, into or on any land or water, of acutely hazardous waste during any calendar month, and accumulates more than 100 kg of that material at any time

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**CVS PHARMACY #9684 (Continued)**

**1001815698**

Owner/Operator Summary:

Owner/operator name: LONGS DRUG STORES CALIFORNIA, L.L.C  
Owner/operator address: CVS DR  
WOONSOCKET, RI 02895  
Owner/operator country: US  
Owner/operator telephone: 401-765-1500  
Owner/operator email: Not reported  
Owner/operator fax: Not reported  
Owner/operator extension: Not reported  
Legal status: Private  
Owner/Operator Type: Owner  
Owner/Op start date: 10/22/2008  
Owner/Op end date: Not reported

Owner/operator name: LONGS DRUG STORES CALIFORNIA LLC  
Owner/operator address: Not reported  
Not reported  
Owner/operator country: US  
Owner/operator telephone: Not reported  
Owner/operator email: Not reported  
Owner/operator fax: Not reported  
Owner/operator extension: Not reported  
Legal status: Private  
Owner/Operator Type: Operator  
Owner/Op start date: 10/22/2008  
Owner/Op end date: Not reported

Owner/operator name: LONGS DRUG STORES CALIFORNIA LLC  
Owner/operator address: ONE CVS DR  
WOONSOCKET, RI 02895  
Owner/operator country: US  
Owner/operator telephone: 401-765-1500  
Owner/operator email: Not reported  
Owner/operator fax: Not reported  
Owner/operator extension: Not reported  
Legal status: Private  
Owner/Operator Type: Owner  
Owner/Op start date: 10/22/2008  
Owner/Op end date: Not reported

Owner/operator name: LONGS DRUG STORES CALIFORNIA, L.L.C  
Owner/operator address: Not reported  
Not reported  
Owner/operator country: Not reported  
Owner/operator telephone: Not reported  
Owner/operator email: Not reported  
Owner/operator fax: Not reported  
Owner/operator extension: Not reported  
Legal status: Private  
Owner/Operator Type: Operator  
Owner/Op start date: 10/22/2008  
Owner/Op end date: Not reported

Handler Activities Summary:

U.S. importer of hazardous waste: No  
Mixed waste (haz. and radioactive): No

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

CVS PHARMACY #9684 (Continued)

1001815698

Recycler of hazardous waste: No  
Transporter of hazardous waste: No  
Treater, storer or disposer of HW: No  
Underground injection activity: No  
On-site burner exemption: No  
Furnace exemption: No  
Used oil fuel burner: No  
Used oil processor: No  
User oil refiner: No  
Used oil fuel marketer to burner: No  
Used oil Specification marketer: No  
Used oil transfer facility: No  
Used oil transporter: No

. Waste code: 122  
. Waste name: Alkaline solution without metals (pH > 12.5)

. Waste code: 141  
. Waste name: Off-specification, aged, or surplus inorganics

. Waste code: 214  
. Waste name: Unspecified solvent mixture

. Waste code: 311  
. Waste name: Pharmaceutical waste

. Waste code: 331  
. Waste name: Off-specification, aged, or surplus organics

. Waste code: D001  
. Waste name: IGNITABLE HAZARDOUS WASTES ARE THOSE WASTES WHICH HAVE A FLASHPOINT OF LESS THAN 140 DEGREES FAHRENHEIT AS DETERMINED BY A PENSKEY-MARTENS CLOSED CUP FLASH POINT TESTER. ANOTHER METHOD OF DETERMINING THE FLASH POINT OF A WASTE IS TO REVIEW THE MATERIAL SAFETY DATA SHEET, WHICH CAN BE OBTAINED FROM THE MANUFACTURER OR DISTRIBUTOR OF THE MATERIAL. LACQUER THINNER IS AN EXAMPLE OF A COMMONLY USED SOLVENT WHICH WOULD BE CONSIDERED AS IGNITABLE HAZARDOUS WASTE.

. Waste code: D002  
. Waste name: A WASTE WHICH HAS A PH OF LESS THAN 2 OR GREATER THAN 12.5 IS CONSIDERED TO BE A CORROSIVE HAZARDOUS WASTE. SODIUM HYDROXIDE, A CAUSTIC SOLUTION WITH A HIGH PH, IS OFTEN USED BY INDUSTRIES TO CLEAN OR DEGREASE PARTS. HYDROCHLORIC ACID, A SOLUTION WITH A LOW PH, IS USED BY MANY INDUSTRIES TO CLEAN METAL PARTS PRIOR TO PAINTING. WHEN THESE CAUSTIC OR ACID SOLUTIONS BECOME CONTAMINATED AND MUST BE DISPOSED, THE WASTE WOULD BE A CORROSIVE HAZARDOUS WASTE.

. Waste code: D007  
. Waste name: CHROMIUM

. Waste code: D009  
. Waste name: MERCURY

. Waste code: D010  
. Waste name: SELENIUM

. Waste code: D024

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**CVS PHARMACY #9684 (Continued)**

**1001815698**

- . Waste name: M-CRESOL
- . Waste code: P001
- . Waste name: 2H-1-BENZOPYRAN-2-ONE, 4-HYDROXY-3-(3-OXO-1-PHENYLBUTYL)-, & SALTS, WHEN PRESENT AT CONCENTRATIONS GREATER THAN 0.3%
- . Waste code: P075
- . Waste name: NICOTINE, & SALTS
- . Waste code: U002
- . Waste name: ACETONE (l)
- . Waste code: U129
- . Waste name: CYCLOHEXANE, 1,2,3,4,5,6-HEXACHLORO-, (1ALPHA,2ALPHA,3BETA,4ALPHA,5ALPHA,6BETA)-
- . Waste code: U205
- . Waste name: SELENIUM SULFIDE

Historical Generators:

Date form received by agency: 03/01/2014

Site name: CVS PHARMACY #9684  
Classification: Large Quantity Generator

- . Waste code: 122
- . Waste name: Alkaline solution without metals (pH > 12.5)
- . Waste code: 123
- . Waste name: Unspecified alkaline solution
- . Waste code: 131
- . Waste name: Aqueous solution (2 < pH < 12.5) containing reactive anions (azide, bromate, chlorate, cyanide, fluoride, hypochlorite, nitrite, perchlorate, and sulfide anions)
- . Waste code: 134
- . Waste name: Aqueous solution with <10% total organic residues
- . Waste code: 141
- . Waste name: Off-specification, aged, or surplus inorganics
- . Waste code: 181
- . Waste name: Other inorganic solid waste
- . Waste code: 214
- . Waste name: Unspecified solvent mixture
- . Waste code: 311
- . Waste name: Pharmaceutical waste
- . Waste code: 331
- . Waste name: Off-specification, aged, or surplus organics
- . Waste code: 352
- . Waste name: Other organic solids
- . Waste code: 541

MAP FINDINGS

Site

Database(s)

EDR ID Number  
 EPA ID Number

CVS PHARMACY #9684 (Continued)

1001815698

- . Waste name: Photochemicals / photo processing waste
- . Waste code: 561
- . Waste name: Detergent and soap
- . Waste code: 791
- . Waste name: Liquids with pH < 2
- . Waste code: D001
- . Waste name: IGNITABLE HAZARDOUS WASTES ARE THOSE WASTES WHICH HAVE A FLASHPOINT OF LESS THAN 140 DEGREES FAHRENHEIT AS DETERMINED BY A PENSKY-MARTENS CLOSED CUP FLASH POINT TESTER. ANOTHER METHOD OF DETERMINING THE FLASH POINT OF A WASTE IS TO REVIEW THE MATERIAL SAFETY DATA SHEET, WHICH CAN BE OBTAINED FROM THE MANUFACTURER OR DISTRIBUTOR OF THE MATERIAL. LACQUER THINNER IS AN EXAMPLE OF A COMMONLY USED SOLVENT WHICH WOULD BE CONSIDERED AS IGNITABLE HAZARDOUS WASTE.
- . Waste code: D002
- . Waste name: A WASTE WHICH HAS A PH OF LESS THAN 2 OR GREATER THAN 12.5 IS CONSIDERED TO BE A CORROSIVE HAZARDOUS WASTE. SODIUM HYDROXIDE, A CAUSTIC SOLUTION WITH A HIGH PH, IS OFTEN USED BY INDUSTRIES TO CLEAN OR DEGREASE PARTS. HYDROCHLORIC ACID, A SOLUTION WITH A LOW PH, IS USED BY MANY INDUSTRIES TO CLEAN METAL PARTS PRIOR TO PAINTING. WHEN THESE CAUSTIC OR ACID SOLUTIONS BECOME CONTAMINATED AND MUST BE DISPOSED, THE WASTE WOULD BE A CORROSIVE HAZARDOUS WASTE.
- . Waste code: D004
- . Waste name: ARSENIC
- . Waste code: D005
- . Waste name: BARIUM
- . Waste code: D006
- . Waste name: CADMIUM
- . Waste code: D007
- . Waste name: CHROMIUM
- . Waste code: D008
- . Waste name: LEAD
- . Waste code: D009
- . Waste name: MERCURY
- . Waste code: D010
- . Waste name: SELENIUM
- . Waste code: D011
- . Waste name: SILVER
- . Waste code: D016
- . Waste name: 2,4-D
- . Waste code: D018
- . Waste name: BENZENE
- . Waste code: D024

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

CVS PHARMACY #9684 (Continued)

1001815698

. Waste name: M-CRESOL

. Waste code: D027  
. Waste name: 1,4-DICHLOROBENZENE

. Waste code: D035  
. Waste name: METHYL ETHYL KETONE

. Waste code: D039  
. Waste name: TETRACHLOROETHYLENE

. Waste code: P001  
. Waste name: 2H-1-BENZOPYRAN-2-ONE, 4-HYDROXY-3-(3-OXO-1-PHENYLBUTYL)-, & SALTS, WHEN PRESENT AT CONCENTRATIONS GREATER THAN 0.3%

. Waste code: P012  
. Waste name: ARSENIC OXIDE AS2O3

. Waste code: P075  
. Waste name: NICOTINE, & SALTS

. Waste code: P081  
. Waste name: NITROGLYCERINE (R)

. Waste code: P085  
. Waste name: DIPHOSPHORAMIDE, OCTAMETHYL-

. Waste code: P188  
. Waste name: BENZOIC ACID, 2-HYDROXY-, COMPD. WITH (3AS-CIS)-1,2,3,3A,8,8A-HEXAHYDRO-1,3A,8-TRIMETHYLPYRROLO[2,3-

. Waste code: U002  
. Waste name: ACETONE (I)

. Waste code: U010  
. Waste name: AZIRINO[2',3':3,4]PYRROLO[1,2-A]INDOLE-4,7-DIONE, 6-AMINO-8-[[[(AMINOCARBONYL)OXY]METHYL]-1,1A,2,8,8A,8B-HEXAHYDRO-8A-METHOXY-5-METHYL-, [1AS-(1AALPHA, 8BETA,8AALPHA,8BALPHA)]-

. Waste code: U031  
. Waste name: 1-BUTANOL (I)

. Waste code: U034  
. Waste name: ACETALDEHYDE, TRICHLORO-

. Waste code: U035  
. Waste name: BENZENE BUTANOIC ACID, 4-[BIS(2-CHLOROETHYL)AMINO]-

. Waste code: U044  
. Waste name: CHLOROFORM

. Waste code: U058  
. Waste name: CYCLOPHOSPHAMIDE

. Waste code: U059  
. Waste name: DAUNOMYCIN

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

CVS PHARMACY #9684 (Continued)

1001815698

- . Waste code: U070
- . Waste name: BENZENE, 1,2-DICHLORO-
  
- . Waste code: U072
- . Waste name: BENZENE, 1,4-DICHLORO-
  
- . Waste code: U089
- . Waste name: DIETHYLSTILBESTEROL
  
- . Waste code: U122
- . Waste name: FORMALDEHYDE
  
- . Waste code: U129
- . Waste name: CYCLOHEXANE, 1,2,3,4,5,6-HEXACHLORO-, (1ALPHA,2ALPHA,3BETA,4ALPHA,5ALPHA,6BETA)-
  
- . Waste code: U132
- . Waste name: HEXACHLOROPHENE
  
- . Waste code: U150
- . Waste name: MELPHALAN
  
- . Waste code: U151
- . Waste name: MERCURY
  
- . Waste code: U154
- . Waste name: METHANOL (I)
  
- . Waste code: U165
- . Waste name: NAPHTHALENE
  
- . Waste code: U188
- . Waste name: PHENOL
  
- . Waste code: U200
- . Waste name: RESERPINE
  
- . Waste code: U201
- . Waste name: 1,3-BENZENEDIOL
  
- . Waste code: U204
- . Waste name: SELENIOS ACID
  
- . Waste code: U205
- . Waste name: SELENIUM SULFIDE
  
- . Waste code: U206
- . Waste name: GLUCOPYRANOSE, 2-DEOXY-2-(3-METHYL-3-NITROSOUREIDO)-, D-
  
- . Waste code: U210
- . Waste name: ETHENE, TETRACHLORO-
  
- . Waste code: U279
- . Waste name: CARBARYL (OR) 1-NAPHTHALENOL, METHYLCARBAMATE
  
- . Waste code: U411
- . Waste name: PHENOL, 2-(1-METHYLETHOXY)-, METHYLCARBAMATE (OR) PROPOXUR

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**CVS PHARMACY #9684 (Continued)**

**1001815698**

Date form received by agency: 03/27/2013

Site name: CVS PHARMACY NO 9684

Classification: Large Quantity Generator

. Waste code: D001

. Waste name: IGNITABLE HAZARDOUS WASTES ARE THOSE WASTES WHICH HAVE A FLASHPOINT OF LESS THAN 140 DEGREES FAHRENHEIT AS DETERMINED BY A PENSKEY-MARTENS CLOSED CUP FLASH POINT TESTER. ANOTHER METHOD OF DETERMINING THE FLASH POINT OF A WASTE IS TO REVIEW THE MATERIAL SAFETY DATA SHEET, WHICH CAN BE OBTAINED FROM THE MANUFACTURER OR DISTRIBUTOR OF THE MATERIAL. LACQUER THINNER IS AN EXAMPLE OF A COMMONLY USED SOLVENT WHICH WOULD BE CONSIDERED AS IGNITABLE HAZARDOUS WASTE.

. Waste code: D002

. Waste name: A WASTE WHICH HAS A PH OF LESS THAN 2 OR GREATER THAN 12.5 IS CONSIDERED TO BE A CORROSIVE HAZARDOUS WASTE. SODIUM HYDROXIDE, A CAUSTIC SOLUTION WITH A HIGH PH, IS OFTEN USED BY INDUSTRIES TO CLEAN OR DEGREASE PARTS. HYDROCHLORIC ACID, A SOLUTION WITH A LOW PH, IS USED BY MANY INDUSTRIES TO CLEAN METAL PARTS PRIOR TO PAINTING. WHEN THESE CAUSTIC OR ACID SOLUTIONS BECOME CONTAMINATED AND MUST BE DISPOSED, THE WASTE WOULD BE A CORROSIVE HAZARDOUS WASTE.

. Waste code: D009

. Waste name: MERCURY

. Waste code: P001

. Waste name: 2H-1-BENZOPYRAN-2-ONE, 4-HYDROXY-3-(3-OXO-1-PHENYLBUTYL)-, & SALTS, WHEN PRESENT AT CONCENTRATIONS GREATER THAN 0.3%

. Waste code: P042

. Waste name: 1,2-BENZENEDIOL, 4-[1-HYDROXY-2-(METHYLAMINO)ETHYL]-, (R)-

. Waste code: P075

. Waste name: NICOTINE, & SALTS

. Waste code: P081

. Waste name: NITROGLYCERINE (R)

Date form received by agency: 11/19/1999

Site name: LONGS DRUG STORE NO 66

Classification: Small Quantity Generator

. Waste code: D011

. Waste name: SILVER

Biennial Reports:

Last Biennial Reporting Year: 2017

Annual Waste Handled:

Waste code: D001

Waste name: IGNITABLE HAZARDOUS WASTES ARE THOSE WASTES WHICH HAVE A FLASHPOINT OF LESS THAN 140 DEGREES FAHRENHEIT AS DETERMINED BY A PENSKEY-MARTENS CLOSED CUP FLASH POINT TESTER. ANOTHER METHOD OF DETERMINING THE FLASH POINT OF A WASTE IS TO REVIEW THE MATERIAL SAFETY DATA SHEET, WHICH CAN BE OBTAINED FROM THE MANUFACTURER OR DISTRIBUTOR OF THE MATERIAL. LACQUER THINNER IS AN EXAMPLE OF A COMMONLY USED SOLVENT WHICH WOULD BE CONSIDERED AS IGNITABLE HAZARDOUS WASTE.

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

CVS PHARMACY #9684 (Continued)

1001815698

Amount (Lbs): 1328

Waste code: D002  
Waste name: A WASTE WHICH HAS A PH OF LESS THAN 2 OR GREATER THAN 12.5 IS CONSIDERED TO BE A CORROSIVE HAZARDOUS WASTE. SODIUM HYDROXIDE, A CAUSTIC SOLUTION WITH A HIGH PH, IS OFTEN USED BY INDUSTRIES TO CLEAN OR DEGREASE PARTS. HYDROCHLORIC ACID, A SOLUTION WITH A LOW PH, IS USED BY MANY INDUSTRIES TO CLEAN METAL PARTS PRIOR TO PAINTING. WHEN THESE CAUSTIC OR ACID SOLUTIONS BECOME CONTAMINATED AND MUST BE DISPOSED, THE WASTE WOULD BE A CORROSIVE HAZARDOUS WASTE.

Amount (Lbs): 39

Waste code: D007  
Waste name: CHROMIUM  
Amount (Lbs): 17

Waste code: D009  
Waste name: MERCURY  
Amount (Lbs): 36

Waste code: D010  
Waste name: SELENIUM  
Amount (Lbs): 17

Waste code: D024  
Waste name: M-CRESOL  
Amount (Lbs): 36

Waste code: P001  
Waste name: 2H-1-BENZOPYRAN-2-ONE, 4-HYDROXY-3-(3-OXO-1-PHENYLBUTYL)-, & SALTS, WHEN PRESENT AT CONCENTRATIONS GREATER THAN 0.3%  
Amount (Lbs): 17

Waste code: P075  
Waste name: NICOTINE, & SALTS  
Amount (Lbs): 13

Waste code: U002  
Waste name: ACETONE (I)  
Amount (Lbs): 695

Waste code: U129  
Waste name: CYCLOHEXANE, 1,2,3,4,5,6-HEXACHLORO-, (1ALPHA,2ALPHA,3BETA,4ALPHA,5ALPHA,6BETA)-  
Amount (Lbs): 36

Waste code: U205  
Waste name: SELENIUM SULFIDE  
Amount (Lbs): 36

Facility Has Received Notices of Violations:

Regulation violated: Not reported  
Area of violation: Generators - Records/Reporting  
Date violation determined: 01/12/2017  
Date achieved compliance: 01/27/2017  
Violation lead agency: State

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**CVS PHARMACY #9684 (Continued)**

**1001815698**

Enforcement action: Not reported  
Enforcement action date: Not reported  
Enf. disposition status: Not reported  
Enf. disp. status date: Not reported  
Enforcement lead agency: Not reported  
Proposed penalty amount: Not reported  
Final penalty amount: Not reported  
Paid penalty amount: Not reported

Regulation violated: Not reported  
Area of violation: Generators - Manifest  
Date violation determined: 01/12/2017  
Date achieved compliance: Not reported  
Violation lead agency: State  
Enforcement action: Not reported  
Enforcement action date: Not reported  
Enf. disposition status: Not reported  
Enf. disp. status date: Not reported  
Enforcement lead agency: Not reported  
Proposed penalty amount: Not reported  
Final penalty amount: Not reported  
Paid penalty amount: Not reported

**Evaluation Action Summary:**

Evaluation date: 01/12/2017  
Evaluation: COMPLIANCE EVALUATION INSPECTION ON-SITE  
Area of violation: Generators - Records/Reporting  
Date achieved compliance: 01/27/2017  
Evaluation lead agency: State

Evaluation date: 01/12/2017  
Evaluation: COMPLIANCE EVALUATION INSPECTION ON-SITE  
Area of violation: Generators - Manifest  
Date achieved compliance: Not reported  
Evaluation lead agency: State

**FINDS:**

Registry ID: 110002931061

**Environmental Interest/Information System**

California Hazardous Waste Tracking System - Datamart (HWTS-DATAMART) provides California with information on hazardous waste shipments for generators, transporters, and treatment, storage, and disposal facilities.

RCRAInfo is a national information system that supports the Resource Conservation and Recovery Act (RCRA) program through the tracking of events and activities related to facilities that generate, transport, and treat, store, or dispose of hazardous waste. RCRAInfo allows RCRA program staff to track the notification, permit, compliance, and corrective action activities required under RCRA.

HAZARDOUS WASTE BIENNIAL REPORTER

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**CVS PHARMACY #9684 (Continued)**

**1001815698**

[Click this hyperlink](#) while viewing on your computer to access additional FINDS: detail in the EDR Site Report.

ECHO:

Envid: 1001815698  
Registry ID: 110002931061  
DFR URL: <http://echo.epa.gov/detailed-facility-report?fid=110002931061>

E37  
ESE  
1/8-1/4  
0.224 mi.  
1181 ft.

**CVS PHARMACY #9684**  
**2630 W EL CAMINO REAL**  
**MOUNTAIN VIEW, CA 94040**

**CUPA Listings S103647689**  
**HAZNET N/A**

**Site 3 of 4 in cluster E**

**Relative:**  
**Higher**  
**Actual:**  
**70 ft.**

CUPA SANTA CLARA:  
Region: SANTA CLARA  
PE#: Not reported  
Program Description: GENERATES 100 KG YR TO <5 TONS/YR (RCRA LQG)  
Latitude: 37.40224  
Longitude: -122.11443  
Record ID: PR0392663  
Facility ID: FA0265870

HAZNET:

envid: S103647689  
Year: 2013  
GEPaid: CAL000353078  
Contact: Wendy Brant  
Telephone: 4017651500  
Mailing Name: Not reported  
Mailing Address: 1 CVS DR  
Mailing City,St,Zip: WOONSOCKET, RI 02895  
Gen County: San Bernardino  
TSD EPA ID: INR000110197  
TSD County: Not reported  
Waste Category: Not reported  
Disposal Method: Storage, Bulking, And/Or Transfer Off Site--No Treatment/Reovery (H010-H129) Or (H131-H135)  
Tons: 0.011  
Cat Decode: Not reported  
Method Decode: Not reported  
Facility County: Not reported

envid: S103647689  
Year: 2013  
GEPaid: CAL000353078  
Contact: Wendy Brant  
Telephone: 4017651500  
Mailing Name: Not reported  
Mailing Address: 1 CVS DR  
Mailing City,St,Zip: WOONSOCKET, RI 02895  
Gen County: San Bernardino  
TSD EPA ID: INR000110197  
TSD County: Not reported  
Waste Category: Not reported  
Disposal Method: Storage, Bulking, And/Or Transfer Off Site--No Treatment/Reovery

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**CVS PHARMACY #9684 (Continued)**

**S103647689**

(H010-H129) Or (H131-H135)  
Tons: 0.001  
Cat Decode: Not reported  
Method Decode: Not reported  
Facility County: Not reported

envid: S103647689  
Year: 2013  
GEPaid: CAL000353078  
Contact: Wendy Brant  
Telephone: 4017651500  
Mailing Name: Not reported  
Mailing Address: 1 CVS DR  
Mailing City,St,Zip: WOONSOCKET, RI 02895  
Gen County: San Bernardino  
TSD EPA ID: INR000110197  
TSD County: Not reported  
Waste Category: Not reported  
Disposal Method: Storage, Bulking, And/Or Transfer Off Site--No Treatment/Reovery  
(H010-H129) Or (H131-H135)

Tons: 0.0055  
Cat Decode: Not reported  
Method Decode: Not reported  
Facility County: Not reported

envid: S103647689  
Year: 2013  
GEPaid: CAL000353078  
Contact: Wendy Brant  
Telephone: 4017651500  
Mailing Name: Not reported  
Mailing Address: 1 CVS DR  
Mailing City,St,Zip: WOONSOCKET, RI 02895  
Gen County: San Bernardino  
TSD EPA ID: INR000110197  
TSD County: Not reported  
Waste Category: Not reported  
Disposal Method: Storage, Bulking, And/Or Transfer Off Site--No Treatment/Reovery  
(H010-H129) Or (H131-H135)

Tons: 0.025  
Cat Decode: Not reported  
Method Decode: Not reported  
Facility County: Not reported

envid: S103647689  
Year: 2012  
GEPaid: CAL000353078  
Contact: Not reported  
Telephone: 0000000000  
Mailing Name: Not reported  
Mailing Address: 1 CVS DRIVE - 02362A  
Mailing City,St,Zip: WOONSOCKET, RI 028950000  
Gen County: San Bernardino  
TSD EPA ID: INR000110197  
TSD County: Not reported  
Waste Category: Not reported  
Disposal Method: Storage, Bulking, And/Or Transfer Off Site--No Treatment/Reovery

Map ID  
 Direction  
 Distance  
 Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
 EPA ID Number

**CVS PHARMACY #9684 (Continued)**

**S103647689**

(H010-H129) Or (H131-H135)  
 Tons: 0.0155  
 Cat Decode: Not reported  
 Method Decode: Not reported  
 Facility County: San Bernardino

[Click this hyperlink](#) while viewing on your computer to access  
 9 additional CA\_HAZNET: record(s) in the EDR Site Report.

**E38  
 SE  
 1/8-1/4  
 0.225 mi.  
 1186 ft.**

**CVS PHARMACY #9684  
 2630 EL CAMINO REAL WEST  
 MOUNTAIN VIEW, CA 94040**

**CERS HAZ WASTE S121738749  
 CERS N/A**

**Site 4 of 4 in cluster E**

**Relative:  
 Higher  
 Actual:  
 72 ft.**

CERS HAZ WASTE:  
 Site ID: 109630  
 CERS ID: 10076677  
 CERS Description: RCRA LQ HW Generator

**Violations:**

Site ID: 109630  
 Site Name: CVS Pharmacy #9684  
 Violation Date: 01-12-2017  
 Citation: 22 CCR 12 66262.23(a)(4) - California Code of Regulations, Title 22, Chapter 12, Section(s) 66262.23(a)(4)  
 Violation Description: Failure to send a legible copy of each hazardous waste manifest to the Department within 30 days of each shipment of hazardous waste.  
 Violation Notes: Returned to compliance on 01/27/2017. Generator failed to submit the "generator's initial copy" of the uniform hazardous waste manifests.  
 Violation Division: Santa Clara County Environmental Health  
 Violation Program: HWLQG  
 Violation Source: CERS

Site ID: 109630  
 Site Name: CVS Pharmacy #9684  
 Violation Date: 01-12-2017  
 Citation: 22 CCR 12 66262.23(a) - California Code of Regulations, Title 22, Chapter 12, Section(s) 66262.23(a)  
 Violation Description: Failure to properly complete the Uniform Hazardous Waste Manifest.  
 Violation Notes: Observed numerous manifests indicating that facility shipped a non-RCRA hazardous waste which does not have a U.S. DOT description but failed to provide a generic name of the waste and/or the phrase Non-RCRA Hazardous Waste, Solid or Non-RCRA Hazardous Waste, Liquid . [CCR 66262.23]. See manifest # 008666715FLE shipped on 9-15-2016 or 008628632FLE shipped on 6-27-16 for an example.  
 Violation Division: Santa Clara County Environmental Health  
 Violation Program: HWLQG  
 Violation Source: CERS

Site ID: 109630  
 Site Name: CVS Pharmacy #9684  
 Violation Date: 03-14-2016  
 Citation: 19 CCR 6.95 25508(a)(1) - California Code of Regulations, Title 19, Chapter 6.95, Section(s) 25508(a)(1)  
 Violation Description: Failure to complete and electronically submit the Business Activities Page and/or Business Owner Operator Identification Page.  
 Violation Notes: Returned to compliance on 04/19/2016. Update names

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**CVS PHARMACY #9684 (Continued)**

**S121738749**

Violation Division: Mountain View Fire Department  
Violation Program: HMRRP  
Violation Source: CERS

Evaluation:

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 01-12-2017  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: Stand-alone store and pharmacy. Store generates various hazardous wastes. Store inventory includes many hazardous materials that, if and when they become wastes, would be state or federal hazardous wastes. Examples include: Aerosols (sunscreen, pesticide, muscle rub, skin protectants), insecticides, Cleaning (eg corrosive CLR, Lime away), beauty products containing hydrogen peroxide, zinc based skin protectants, metal containing vitamins, phenol containing throat spray, rubbing alcohol, etc. The pharmacy generates waste pharmaceuticals and examples of potential RCRA hazardous wastes include: insulin (cresol), Warfarin, Selenium. CVS has a barcode scanning system directing pharmacy staff where to place unwanted pharmaceuticals. Per pharmacist Eunho Im, unwanted and expired items and empty warfarin containers are placed in a tray and are sorted 1-2 times per month. They are eventually inventoried and placed in the hazardous waste pharmaceutical container. NOTE: PERFORM [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: HWLQG  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 03-14-2016  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: Not reported  
Eval Division: Mountain View Fire Department  
Eval Program: HMRRP  
Eval Source: CERS

Eval General Type: Other/Unknown  
Eval Date: 04-19-2016  
Violations Found: No  
Eval Type: Other, not routine, done by local agency  
Eval Notes: All violations corrected.  
Eval Division: Mountain View Fire Department  
Eval Program: HMRRP  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 07-03-2013  
Violations Found: No  
Eval Type: Routine done by local agency  
Eval Notes: Not reported  
Eval Division: Mountain View Fire Department  
Eval Program: HMRRP  
Eval Source: CERS

Affiliation:

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**CVS PHARMACY #9684 (Continued)**

**S121738749**

Affiliation Type Desc: CUPA District  
Entity Name: Santa Clara County Environmental Health  
Entity Title: Not reported  
Affiliation Address: 1555 Berger Drive, Suite 300  
Affiliation City: San Jose  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: 95112-2716  
Affiliation Phone: (408) 918-3400

Affiliation Type Desc: Document Preparer  
Entity Name: Tristan Guison, Agent for Longs Drug Stores California, L.L.C.  
Entity Title: Not reported  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

Affiliation Type Desc: Environmental Contact  
Entity Name: Verisk 3E, Regulatory Services/CVS  
Entity Title: Not reported  
Affiliation Address: 3207 Grey Hawk Court, Suite 200  
Affiliation City: Carlsbad  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: 92010  
Affiliation Phone: (760) 602-8700

Affiliation Type Desc: Facility Mailing Address  
Entity Name: Mailing Address  
Entity Title: Not reported  
Affiliation Address: CVS Health, Attn: Dianne E. Durand, Licensing, One CVS Drive MC1160  
Affiliation City: Woonsocket  
Affiliation State: RI  
Affiliation Country: Not reported  
Affiliation Zip: 02895  
Affiliation Phone: Not reported

Affiliation Type Desc: Identification Signer  
Entity Name: Tristan Guison, Agent for Longs Drug Stores California, L.L.C.  
Entity Title: Regulatory Compliance Specialist, Verisk 3E  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

Affiliation Type Desc: Legal Owner  
Entity Name: Longs Drug Stores California, L.L.C.  
Entity Title: Not reported  
Affiliation Address: One CVS Drive  
Affiliation City: Woonsocket  
Affiliation State: RI  
Affiliation Country: United States

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**CVS PHARMACY #9684 (Continued)**

**S121738749**

Affiliation Zip: 02895  
Affiliation Phone: (401) 765-1500

Affiliation Type Desc: Operator  
Entity Name: Longs Drug Stores California, L.L.C.  
Entity Title: Not reported  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: (401) 765-1500

Affiliation Type Desc: Parent Corporation  
Entity Name: CVS Health  
Entity Title: Not reported  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

Affiliation Type Desc: Property Owner  
Entity Name: Longs Drug Stores California, L.L.C.  
Entity Title: Not reported  
Affiliation Address: 1 CVS Drive  
Affiliation City: Woonsocket  
Affiliation State: RI  
Affiliation Country: United States  
Affiliation Zip: 02895  
Affiliation Phone: (401) 765-1500

Site ID: 109630  
CERS ID: 10076677  
CERS Description: Hazardous Waste Generator

Violations:  
Site ID: 109630  
Site Name: CVS Pharmacy #9684  
Violation Date: 01-12-2017  
Citation: 22 CCR 12 66262.23(a)(4) - California Code of Regulations, Title 22, Chapter 12, Section(s) 66262.23(a)(4)  
Violation Description: Failure to send a legible copy of each hazardous waste manifest to the Department within 30 days of each shipment of hazardous waste.  
Violation Notes: Returned to compliance on 01/27/2017. Generator failed to submit the "generator's initial copy" of the uniform hazardous waste manifests.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: HWLQG  
Violation Source: CERS  
  
Site ID: 109630  
Site Name: CVS Pharmacy #9684  
Violation Date: 01-12-2017  
Citation: 22 CCR 12 66262.23(a) - California Code of Regulations, Title 22, Chapter 12, Section(s) 66262.23(a)  
Violation Description: Failure to properly complete the Uniform Hazardous Waste Manifest.

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**CVS PHARMACY #9684 (Continued)**

**S121738749**

Violation Notes: Observed numerous manifests indicating that facility shipped a non-RCRA hazardous waste which does not have a U.S. DOT description but failed to provide a generic name of the waste and/or the phrase Non-RCRA Hazardous Waste, Solid or Non-RCRA Hazardous Waste, Liquid . [CCR 66262.23]. See manifest # 008666715FLE shipped on 9-15-2016 or 008628632FLE shipped on 6-27-16 for an example.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HWLQG  
Violation Source: CERS

Site ID: 109630  
Site Name: CVS Pharmacy #9684  
Violation Date: 03-14-2016  
Citation: 19 CCR 6.95 25508(a)(1) - California Code of Regulations, Title 19, Chapter 6.95, Section(s) 25508(a)(1)  
Violation Description: Failure to complete and electronically submit the Business Activities Page and/or Business Owner Operator Identification Page.  
Violation Notes: Returned to compliance on 04/19/2016. Update names  
Violation Division: Mountain View Fire Department  
Violation Program: HMRRP  
Violation Source: CERS

Evaluation:  
Eval General Type: Compliance Evaluation Inspection  
Eval Date: 01-12-2017  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: Stand-alone store and pharmacy. Store generates various hazardous wastes. Store inventory includes many hazardous materials that, if and when they become wastes, would be state or federal hazardous wastes. Examples include: Aerosols (sunscreen, pesticide, muscle rub, skin protectants), insecticides, Cleaning (eg corrosive CLR, Lime away), beauty products containing hydrogen peroxide, zinc based skin protectants, metal containing vitamins, phenol containing throat spray, rubbing alcohol, etc. The pharmacy generates waste pharmaceuticals and examples of potential RCRA hazardous wastes include: insulin (cresol), Warfarin, Selenium. CVS has a barcode scanning system directing pharmacy staff where to place unwanted pharmaceuticals. Per pharmacist Eunho Im, unwanted and expired items and empty warfarin containers are placed in a tray and are sorted 1-2 times per month. They are eventually inventoried and placed in the hazardous waste pharmaceutical container. NOTE: PERFORM [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: HWLQG  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 03-14-2016  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: Not reported  
Eval Division: Mountain View Fire Department  
Eval Program: HMRRP  
Eval Source: CERS

Eval General Type: Other/Unknown  
Eval Date: 04-19-2016

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**CVS PHARMACY #9684 (Continued)**

**S121738749**

Violations Found: No  
Eval Type: Other, not routine, done by local agency  
Eval Notes: All violations corrected.  
Eval Division: Mountain View Fire Department  
Eval Program: HMRRP  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 07-03-2013  
Violations Found: No  
Eval Type: Routine done by local agency  
Eval Notes: Not reported  
Eval Division: Mountain View Fire Department  
Eval Program: HMRRP  
Eval Source: CERS

**Affiliation:**

Affiliation Type Desc: CUPA District  
Entity Name: Santa Clara County Environmental Health  
Entity Title: Not reported  
Affiliation Address: 1555 Berger Drive, Suite 300  
Affiliation City: San Jose  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: 95112-2716  
Affiliation Phone: (408) 918-3400

Affiliation Type Desc: Document Preparer  
Entity Name: Tristan Guison, Agent for Longs Drug Stores California, L.L.C.  
Entity Title: Not reported  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

Affiliation Type Desc: Environmental Contact  
Entity Name: Verisk 3E, Regulatory Services/CVS  
Entity Title: Not reported  
Affiliation Address: 3207 Grey Hawk Court, Suite 200  
Affiliation City: Carlsbad  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: 92010  
Affiliation Phone: (760) 602-8700

Affiliation Type Desc: Facility Mailing Address  
Entity Name: Mailing Address  
Entity Title: Not reported  
Affiliation Address: CVS Health, Attn: Dianne E. Durand, Licensing, One CVS Drive MC1160  
Affiliation City: Woonsocket  
Affiliation State: RI  
Affiliation Country: Not reported  
Affiliation Zip: 02895  
Affiliation Phone: Not reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**CVS PHARMACY #9684 (Continued)**

**S121738749**

Affiliation Type Desc: Identification Signer  
Entity Name: Tristan Guison, Agent for Longs Drug Stores California, L.L.C.  
Entity Title: Regulatory Compliance Specialist, Verisk 3E  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

Affiliation Type Desc: Legal Owner  
Entity Name: Longs Drug Stores California, L.L.C.  
Entity Title: Not reported  
Affiliation Address: One CVS Drive  
Affiliation City: Woonsocket  
Affiliation State: RI  
Affiliation Country: United States  
Affiliation Zip: 02895  
Affiliation Phone: (401) 765-1500

Affiliation Type Desc: Operator  
Entity Name: Longs Drug Stores California, L.L.C.  
Entity Title: Not reported  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: (401) 765-1500

Affiliation Type Desc: Parent Corporation  
Entity Name: CVS Health  
Entity Title: Not reported  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

Affiliation Type Desc: Property Owner  
Entity Name: Longs Drug Stores California, L.L.C.  
Entity Title: Not reported  
Affiliation Address: 1 CVS Drive  
Affiliation City: Woonsocket  
Affiliation State: RI  
Affiliation Country: United States  
Affiliation Zip: 02895  
Affiliation Phone: (401) 765-1500

CERS TANKS:  
Site ID: 109630  
CERS ID: 10076677  
CERS Description: Chemical Storage Facilities

Violations:

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**CVS PHARMACY #9684 (Continued)**

**S121738749**

Site ID: 109630  
Site Name: CVS Pharmacy #9684  
Violation Date: 01-12-2017  
Citation: 22 CCR 12 66262.23(a)(4) - California Code of Regulations, Title 22, Chapter 12, Section(s) 66262.23(a)(4)  
Violation Description: Failure to send a legible copy of each hazardous waste manifest to the Department within 30 days of each shipment of hazardous waste.  
Violation Notes: Returned to compliance on 01/27/2017. Generator failed to submit the "generator's initial copy" of the uniform hazardous waste manifests.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: HWLQG  
Violation Source: CERS

Site ID: 109630  
Site Name: CVS Pharmacy #9684  
Violation Date: 01-12-2017  
Citation: 22 CCR 12 66262.23(a) - California Code of Regulations, Title 22, Chapter 12, Section(s) 66262.23(a)  
Violation Description: Failure to properly complete the Uniform Hazardous Waste Manifest.  
Violation Notes: Observed numerous manifests indicating that facility shipped a non-RCRA hazardous waste which does not have a U.S. DOT description but failed to provide a generic name of the waste and/or the phrase Non-RCRA Hazardous Waste, Solid or Non-RCRA Hazardous Waste, Liquid. [CCR 66262.23]. See manifest # 008666715FLE shipped on 9-15-2016 or 008628632FLE shipped on 6-27-16 for an example.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: HWLQG  
Violation Source: CERS

Site ID: 109630  
Site Name: CVS Pharmacy #9684  
Violation Date: 03-14-2016  
Citation: 19 CCR 6.95 25508(a)(1) - California Code of Regulations, Title 19, Chapter 6.95, Section(s) 25508(a)(1)  
Violation Description: Failure to complete and electronically submit the Business Activities Page and/or Business Owner Operator Identification Page.  
Violation Notes: Returned to compliance on 04/19/2016. Update names  
Violation Division: Mountain View Fire Department  
Violation Program: HMRRP  
Violation Source: CERS

Evaluation:  
Eval General Type: Compliance Evaluation Inspection  
Eval Date: 01-12-2017  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: Stand-alone store and pharmacy. Store generates various hazardous wastes. Store inventory includes many hazardous materials that, if and when they become wastes, would be state or federal hazardous wastes. Examples include: Aerosols (sunscreen, pesticide, muscle rub, skin protectants), insecticides, Cleaning (eg corrosive CLR, Lime away), beauty products containing hydrogen peroxide, zinc based skin protectants, metal containing vitamins, phenol containing throat spray, rubbing alcohol, etc. The pharmacy generates waste pharmaceuticals and examples of potential RCRA hazardous wastes include: insulin (cresol), Warfarin, Selenium. CVS has a barcode scanning system directing pharmacy staff where to place unwanted

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

CVS PHARMACY #9684 (Continued)

S121738749

pharmaceuticals. Per pharmacist Eunho Im, unwanted and expired items and empty warfarin containers are placed in a tray and are sorted 1-2 times per month. They are eventually inventoried and placed in the hazardous waste pharmaceutical container. NOTE: PERFORM [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: HWLQG  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 03-14-2016  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: Not reported  
Eval Division: Mountain View Fire Department  
Eval Program: HMRRP  
Eval Source: CERS

Eval General Type: Other/Unknown  
Eval Date: 04-19-2016  
Violations Found: No  
Eval Type: Other, not routine, done by local agency  
Eval Notes: All violations corrected.  
Eval Division: Mountain View Fire Department  
Eval Program: HMRRP  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 07-03-2013  
Violations Found: No  
Eval Type: Routine done by local agency  
Eval Notes: Not reported  
Eval Division: Mountain View Fire Department  
Eval Program: HMRRP  
Eval Source: CERS

Affiliation:  
Affiliation Type Desc: CUPA District  
Entity Name: Santa Clara County Environmental Health  
Entity Title: Not reported  
Affiliation Address: 1555 Berger Drive, Suite 300  
Affiliation City: San Jose  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: 95112-2716  
Affiliation Phone: (408) 918-3400

Affiliation Type Desc: Document Preparer  
Entity Name: Tristan Guison, Agent for Longs Drug Stores California, L.L.C.  
Entity Title: Not reported  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

Affiliation Type Desc: Environmental Contact

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**CVS PHARMACY #9684 (Continued)**

**S121738749**

Entity Name: Verisk 3E, Regulatory Services/CVS  
Entity Title: Not reported  
Affiliation Address: 3207 Grey Hawk Court, Suite 200  
Affiliation City: Carlsbad  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: 92010  
Affiliation Phone: (760) 602-8700

Affiliation Type Desc: Facility Mailing Address  
Entity Name: Mailing Address  
Entity Title: Not reported  
Affiliation Address: CVS Health, Attn: Dianne E. Durand, Licensing, One CVS Drive MC1160  
Affiliation City: Woonsocket  
Affiliation State: RI  
Affiliation Country: Not reported  
Affiliation Zip: 02895  
Affiliation Phone: Not reported

Affiliation Type Desc: Identification Signer  
Entity Name: Tristan Guison, Agent for Longs Drug Stores California, L.L.C.  
Entity Title: Regulatory Compliance Specialist, Verisk 3E  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

Affiliation Type Desc: Legal Owner  
Entity Name: Longs Drug Stores California, L.L.C.  
Entity Title: Not reported  
Affiliation Address: One CVS Drive  
Affiliation City: Woonsocket  
Affiliation State: RI  
Affiliation Country: United States  
Affiliation Zip: 02895  
Affiliation Phone: (401) 765-1500

Affiliation Type Desc: Operator  
Entity Name: Longs Drug Stores California, L.L.C.  
Entity Title: Not reported  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: (401) 765-1500

Affiliation Type Desc: Parent Corporation  
Entity Name: CVS Health  
Entity Title: Not reported  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**CVS PHARMACY #9684 (Continued)**

**S121738749**

Affiliation Phone: Not reported  
Affiliation Type Desc: Property Owner  
Entity Name: Longs Drug Stores California, L.L.C.  
Entity Title: Not reported  
Affiliation Address: 1 CVS Drive  
Affiliation City: Woonsocket  
Affiliation State: RI  
Affiliation Country: United States  
Affiliation Zip: 02895  
Affiliation Phone: (401) 765-1500

**39**  
**East**  
**1/8-1/4**  
**0.247 mi.**  
**1303 ft.**

**IA 081114 ALL PREMIUM SPORTSWEAR INC**  
**2624 FAYETTE DR B**  
**MOUNTAIN VIEW, CA 94040**

**CUPA Listings S121471929**  
**N/A**

**Relative:**  
**Lower**  
**Actual:**  
**60 ft.**

CUPA SANTA CLARA:  
Region: SANTA CLARA  
PE#: 2205  
Program Description: GENERATES 100 KG YR TO <5 TONS/YR  
Latitude: 37.40388  
Longitude: -122.11328  
Record ID: PR0365728  
Facility ID: FA0251627

**40**  
**ESE**  
**1/4-1/2**  
**0.276 mi.**  
**1457 ft.**

**HOLIDAY CLEANERS**  
**660 B SAN ANTONIO RD**  
**MOUNTAIN VIEW, CA 94040**

**RCRA-SQG 1000597690**  
**CPS-SLIC CAD983617135**  
**EMI**  
**HAZNET**  
**CERS**

**Relative:**  
**Higher**  
**Actual:**  
**69 ft.**

RCRA-SQG:  
Date form received by agency: 01/30/1992  
Facility name: HOLIDAY CLEANERS  
Facility address: 660 B SAN ANTONIO RD  
MOUNTAIN VIEW, CA 94040  
EPA ID: CAD983617135  
Contact: TED DOKER  
Contact address: 660 B SAN ANTONIO RD  
MOUNTAIN VIEW, CA 94040  
Contact country: US  
Contact telephone: 415-941-3456  
Contact email: Not reported  
EPA Region: 09  
Classification: Small Small Quantity Generator  
Description: Handler: generates more than 100 and less than 1000 kg of hazardous waste during any calendar month and accumulates less than 6000 kg of hazardous waste at any time; or generates 100 kg or less of hazardous waste during any calendar month, and accumulates more than 1000 kg of hazardous waste at any time

Owner/Operator Summary:  
Owner/operator name: TED DOKER

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**HOLIDAY CLEANERS (Continued)**

**1000597690**

Owner/operator address: 660 B SAN ANTONIO RD  
MOUNTAIN VIEW, CA 94040  
Owner/operator country: Not reported  
Owner/operator telephone: 415-941-3456  
Owner/operator email: Not reported  
Owner/operator fax: Not reported  
Owner/operator extension: Not reported  
Legal status: Private  
Owner/Operator Type: Owner  
Owner/Op start date: Not reported  
Owner/Op end date: Not reported

Handler Activities Summary:

U.S. importer of hazardous waste: No  
Mixed waste (haz. and radioactive): No  
Recycler of hazardous waste: No  
Transporter of hazardous waste: No  
Treater, storer or disposer of HW: No  
Underground injection activity: No  
On-site burner exemption: No  
Furnace exemption: No  
Used oil fuel burner: No  
Used oil processor: No  
User oil refiner: No  
Used oil fuel marketer to burner: No  
Used oil Specification marketer: No  
Used oil transfer facility: No  
Used oil transporter: No

Violation Status: No violations found

CPS-SLIC:

Region: STATE  
**Facility Status: Open - Verification Monitoring**  
Status Date: 04/20/2018  
Global Id: T10000005126  
Lead Agency: SANTA CLARA COUNTY LOP  
Lead Agency Case Number: 06S2W20D03s  
Latitude: 37.4022244786568  
Longitude: -122.113659874344  
Case Type: Cleanup Program Site  
Case Worker: AC  
Local Agency: SANTA CLARA COUNTY LOP  
RB Case Number: Not reported  
File Location: All Files are on GeoTracker or in the Local Agency Database  
Potential Media Affected: Soil, Soil Vapor  
Potential Contaminants of Concern: Tetrachloroethylene (PCE)  
Site History: Release of PCE from a dry cleaner. A dry cleaner known to use PCE operated at this site from 1988-2002. It is reported that subsequent dry cleaners at this location did not use PCE. PCE has been detected in soil vapor.

[Click here to access the California GeoTracker records for this facility:](#)

EMI:

Year: 1990  
County Code: 43

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**HOLIDAY CLEANERS (Continued)**

1000597690

Air Basin: SF  
Facility ID: 4640  
Air District Name: BA  
SIC Code: 7216  
Air District Name: BAY AREA AQMD  
Community Health Air Pollution Info System: Not reported  
Consolidated Emission Reporting Rule: Not reported  
Total Organic Hydrocarbon Gases Tons/Yr: 0  
Reactive Organic Gases Tons/Yr: 0  
Carbon Monoxide Emissions Tons/Yr: 0  
NOX - Oxides of Nitrogen Tons/Yr: 0  
SOX - Oxides of Sulphur Tons/Yr: 0  
Particulate Matter Tons/Yr: 0  
Part. Matter 10 Micrometers and Smllr Tons/Yr:0

Year: 1993  
County Code: 43  
Air Basin: SF  
Facility ID: 4640  
Air District Name: BA  
SIC Code: 7216  
Air District Name: BAY AREA AQMD  
Community Health Air Pollution Info System: Not reported  
Consolidated Emission Reporting Rule: Not reported  
Total Organic Hydrocarbon Gases Tons/Yr: 0  
Reactive Organic Gases Tons/Yr: 0  
Carbon Monoxide Emissions Tons/Yr: 0  
NOX - Oxides of Nitrogen Tons/Yr: 0  
SOX - Oxides of Sulphur Tons/Yr: 0  
Particulate Matter Tons/Yr: 0  
Part. Matter 10 Micrometers and Smllr Tons/Yr:0

Year: 1996  
County Code: 43  
Air Basin: SF  
Facility ID: 4640  
Air District Name: BA  
SIC Code: 7216  
Air District Name: BAY AREA AQMD  
Community Health Air Pollution Info System: Not reported  
Consolidated Emission Reporting Rule: Not reported  
Total Organic Hydrocarbon Gases Tons/Yr: 0  
Reactive Organic Gases Tons/Yr: 0  
Carbon Monoxide Emissions Tons/Yr: 0  
NOX - Oxides of Nitrogen Tons/Yr: 0  
SOX - Oxides of Sulphur Tons/Yr: 0  
Particulate Matter Tons/Yr: 0  
Part. Matter 10 Micrometers and Smllr Tons/Yr:0

Year: 1997  
County Code: 43  
Air Basin: SF  
Facility ID: 11349  
Air District Name: BA  
SIC Code: 7216  
Air District Name: BAY AREA AQMD  
Community Health Air Pollution Info System: Not reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**HOLIDAY CLEANERS (Continued)**

1000597690

Consolidated Emission Reporting Rule: Not reported  
Total Organic Hydrocarbon Gases Tons/Yr: 0  
Reactive Organic Gases Tons/Yr: 0  
Carbon Monoxide Emissions Tons/Yr: 0  
NOX - Oxides of Nitrogen Tons/Yr: 0  
SOX - Oxides of Sulphur Tons/Yr: 0  
Particulate Matter Tons/Yr: 0  
Part. Matter 10 Micrometers and Smlr Tons/Yr:0

Year: 1998  
County Code: 43  
Air Basin: SF  
Facility ID: 11349  
Air District Name: BA  
SIC Code: 7216  
Air District Name: BAY AREA AQMD  
Community Health Air Pollution Info System: Not reported  
Consolidated Emission Reporting Rule: Not reported  
Total Organic Hydrocarbon Gases Tons/Yr: 0  
Reactive Organic Gases Tons/Yr: 0  
Carbon Monoxide Emissions Tons/Yr: 0  
NOX - Oxides of Nitrogen Tons/Yr: 0  
SOX - Oxides of Sulphur Tons/Yr: 0  
Particulate Matter Tons/Yr: 0  
Part. Matter 10 Micrometers and Smlr Tons/Yr:0

Year: 1999  
County Code: 43  
Air Basin: SF  
Facility ID: 11349  
Air District Name: BA  
SIC Code: 7216  
Air District Name: BAY AREA AQMD  
Community Health Air Pollution Info System: Not reported  
Consolidated Emission Reporting Rule: Not reported  
Total Organic Hydrocarbon Gases Tons/Yr: 0  
Reactive Organic Gases Tons/Yr: 0  
Carbon Monoxide Emissions Tons/Yr: 0  
NOX - Oxides of Nitrogen Tons/Yr: 0  
SOX - Oxides of Sulphur Tons/Yr: 0  
Particulate Matter Tons/Yr: 0  
Part. Matter 10 Micrometers and Smlr Tons/Yr:0

Year: 2000  
County Code: 43  
Air Basin: SF  
Facility ID: 11349  
Air District Name: BA  
SIC Code: 7216  
Air District Name: BAY AREA AQMD  
Community Health Air Pollution Info System: Not reported  
Consolidated Emission Reporting Rule: Not reported  
Total Organic Hydrocarbon Gases Tons/Yr: 0  
Reactive Organic Gases Tons/Yr: 0  
Carbon Monoxide Emissions Tons/Yr: 0  
NOX - Oxides of Nitrogen Tons/Yr: 0  
SOX - Oxides of Sulphur Tons/Yr: 0

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**HOLIDAY CLEANERS (Continued)**

**1000597690**

Particulate Matter Tons/Yr: 0  
Part. Matter 10 Micrometers and Smlr Tons/Yr:0  
  
Year: 2001  
County Code: 43  
Air Basin: SF  
Facility ID: 11349  
Air District Name: BA  
SIC Code: 7216  
Air District Name: BAY AREA AQMD  
Community Health Air Pollution Info System: Not reported  
Consolidated Emission Reporting Rule: Not reported  
Total Organic Hydrocarbon Gases Tons/Yr: 0  
Reactive Organic Gases Tons/Yr: 0  
Carbon Monoxide Emissions Tons/Yr: 0  
NOX - Oxides of Nitrogen Tons/Yr: 0  
SOX - Oxides of Sulphur Tons/Yr: 0  
Particulate Matter Tons/Yr: 0  
Part. Matter 10 Micrometers and Smlr Tons/Yr:0

**HAZNET:**

envid: 1000597690  
Year: 2000  
GEPaid: CAD983617135  
Contact: RICK NG  
Telephone: 6509413456  
Mailing Name: Not reported  
Mailing Address: 660 SAN ANTONIO RD # B  
Mailing City,St,Zip: MOUNTAIN VIEW, CA 940400000  
Gen County: Not reported  
TSD EPA ID: CA0000084517  
TSD County: Not reported  
Waste Category: Liquids with halogenated organic compounds >= 1,000 Mg./L  
Disposal Method: Transfer Station  
Tons: 0.09  
Cat Decode: Not reported  
Method Decode: Not reported  
Facility County: Santa Clara

envid: 1000597690  
Year: 1999  
GEPaid: CAD983617135  
Contact: RICKY NG  
Telephone: 6509413456  
Mailing Name: Not reported  
Mailing Address: 660 SAN ANTONIO RD # B  
Mailing City,St,Zip: MOUNTAIN VIEW, CA 940400000  
Gen County: Not reported  
TSD EPA ID: CA0000084517  
TSD County: Not reported  
Waste Category: Liquids with halogenated organic compounds >= 1,000 Mg./L  
Disposal Method: Transfer Station  
Tons: .0975  
Cat Decode: Not reported  
Method Decode: Not reported  
Facility County: Santa Clara

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**HOLIDAY CLEANERS (Continued)**

**1000597690**

envid: 1000597690  
Year: 1998  
GEPaid: CAD983617135  
Contact: RICKY NG  
Telephone: 6509413456  
Mailing Name: Not reported  
Mailing Address: 660 SAN ANTONIO RD # B  
Mailing City,St,Zip: MOUNTAIN VIEW, CA 940400000  
Gen County: Not reported  
TSD EPA ID: CA0000084517  
TSD County: Not reported  
Waste Category: Liquids with halogenated organic compounds >= 1,000 Mg./L  
Disposal Method: Transfer Station  
Tons: .1575  
Cat Decode: Not reported  
Method Decode: Not reported  
Facility County: Santa Clara

envid: 1000597690  
Year: 1997  
GEPaid: CAD983617135  
Contact: RICKY NG  
Telephone: 6509413456  
Mailing Name: Not reported  
Mailing Address: 660 SAN ANTONIO RD # B  
Mailing City,St,Zip: MOUNTAIN VIEW, CA 940400000  
Gen County: Not reported  
TSD EPA ID: CA0000084517  
TSD County: Not reported  
Waste Category: Liquids with halogenated organic compounds >= 1,000 Mg./L  
Disposal Method: Transfer Station  
Tons: .1575  
Cat Decode: Not reported  
Method Decode: Not reported  
Facility County: Santa Clara

envid: 1000597690  
Year: 1996  
GEPaid: CAD983617135  
Contact: RICKY NG  
Telephone: 6509413456  
Mailing Name: Not reported  
Mailing Address: 660 SAN ANTONIO RD # B  
Mailing City,St,Zip: MOUNTAIN VIEW, CA 940400000  
Gen County: Not reported  
TSD EPA ID: CA0000084517  
TSD County: Not reported  
Waste Category: Liquids with halogenated organic compounds >= 1,000 Mg./L  
Disposal Method: Transfer Station  
Tons: .4725  
Cat Decode: Not reported  
Method Decode: Not reported  
Facility County: Santa Clara

[Click this hyperlink](#) while viewing on your computer to access 6 additional CA\_HAZNET: record(s) in the EDR Site Report.

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**HOLIDAY CLEANERS (Continued)**

**1000597690**

**CERS TANKS:**

Site ID: 204872  
CERS ID: T10000005126  
CERS Description: Cleanup Program Site

**Affiliation:**

Affiliation Type Desc: Local Agency Caseworker  
Entity Name: AARON COSTA - SANTA CLARA COUNTY LOP  
Entity Title: Not reported  
Affiliation Address: 1555 Berger Drive, Suite 300  
Affiliation City: SAN JOSE  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: 4089181954

**41**  
**East**  
**1/4-1/2**  
**0.325 mi.**  
**1715 ft.**

**Relative:**  
**Lower**

**Actual:**  
**57 ft.**

**FIRESTONE STORE NO. 3670**  
**462 SAN ANTONIO RD**  
**MOUNTAIN VIEW, CA 94040**

**LUST 1000223053**  
**CPS-SLIC N/A**  
**HIST LUST**  
**SWEEPS UST**  
**HIST UST**  
**CA FID UST**  
**HIST CORTESE**  
**CERS**

**LUST:**

Lead Agency: SANTA CLARA COUNTY LOP  
Case Type: LUST Cleanup Site  
Geo Track: [http://geotracker.waterboards.ca.gov/profile\\_report.asp?global\\_id=T0608508015](http://geotracker.waterboards.ca.gov/profile_report.asp?global_id=T0608508015)  
Global Id: T0608508015  
Latitude: 37.404789  
Longitude: -122.112373  
Status: Completed - Case Closed  
Status Date: 04/14/1999  
Case Worker: UST  
RB Case Number: Not reported  
Local Agency: SANTA CLARA COUNTY LOP  
File Location: All Files are on GeoTracker or in the Local Agency Database  
Local Case Number: Not reported  
Potential Media Affect: Soil  
Potential Contaminants of Concern: Waste Oil / Motor / Hydraulic / Lubricating  
Site History: Not reported

**LUST:**

Global Id: T0608508015  
Contact Type: Regional Board Caseworker  
Contact Name: Regional Water Board  
Organization Name: SAN FRANCISCO BAY RWQCB (REGION 2)  
Address: 1515 CLAY ST SUITE 1400  
City: OAKLAND  
Email: Not reported  
Phone Number: Not reported

Global Id: T0608508015  
Contact Type: Local Agency Caseworker  
Contact Name: UST CASE WORKER  
Organization Name: SANTA CLARA COUNTY LOP

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**FIRESTONE STORE NO. 3670 (Continued)**

**1000223053**

Address: 1555 Berger Drive, Suite 300  
City: SAN JOSE  
Email: Not reported  
Phone Number: 4089183400

LUST:

Global Id: T0608508015  
Action Type: RESPONSE  
Date: 02/20/1998  
Action: Other Report / Document

Global Id: T0608508015  
Action Type: ENFORCEMENT  
Date: 04/14/1999  
Action: Closure/No Further Action Letter

Global Id: T0608508015  
Action Type: Other  
Date: 01/01/1998  
Action: Leak Reported

Global Id: T0608508015  
Action Type: RESPONSE  
Date: 04/14/1999  
Action: Other Report / Document

LUST:

Global Id: T0608508015  
Status: Completed - Case Closed  
Status Date: 04/14/1999

Global Id: T0608508015  
Status: Open - Case Begin Date  
Status Date: 01/01/1998

Global Id: T0608508015  
Status: Open - Site Assessment  
Status Date: 04/01/1999

LUST REG 2:

Region: 2  
Facility Id: Not reported  
Facility Status: Case Closed  
Case Number: 06S2W17N04f  
How Discovered: Not reported  
Leak Cause: Not reported  
Leak Source: Not reported  
Date Leak Confirmed: Not reported  
Oversight Program: LUST  
Prelim. Site Assessment Workplan Submitted: Not reported  
Preliminary Site Assessment Began: 4/1/1999  
Pollution Characterization Began: Not reported  
Pollution Remediation Plan Submitted: Not reported  
Date Remediation Action Underway: Not reported  
Date Post Remedial Action Monitoring Began: Not reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**FIRESTONE STORE NO. 3670 (Continued)**

**1000223053**

LUST SANTA CLARA:

Region: SANTA CLARA  
SCVWD ID: 06S2W17N04F  
Date Closed: 04/14/1999  
EDR Link ID: 06S2W17N04F

CPS-SLIC:

Region: STATE  
**Facility Status: Completed - Case Closed**  
Status Date: 10/29/2014  
Global Id: T10000005884  
Lead Agency: SANTA CLARA COUNTY LOP  
Lead Agency Case Number: 06S2W17N05s  
Latitude: 37.4046779  
Longitude: -122.112194  
Case Type: Cleanup Program Site  
Case Worker: Not reported  
Local Agency: Not reported  
RB Case Number: Not reported  
File Location: All Files are on GeoTracker or in the Local Agency Database  
Potential Media Affected: Other Groundwater (uses other than drinking water), Soil  
Potential Contaminants of Concern: Waste Oil / Motor / Hydraulic / Lubricating  
Site History: Former Firestone automotive facility. Contamination was found during removal of the hoists at the site. Impacted soil was excavated and removed.

[Click here to access the California GeoTracker records for this facility:](#)

HIST LUST SANTA CLARA:

Region: SANTA CLARA  
Region Code: 2  
SCVWD ID: 06S2W17N04  
Oversite Agency: SCVWD  
Date Listed: 1999-04-14 00:00:00  
Closed Date: 1999-04-14 00:00:00

SWEEPS UST:

Status: Active  
Comp Number: 5842  
Number: 9  
Board Of Equalization: 44-025981  
Referral Date: 12-03-92  
Action Date: 12-22-92  
Created Date: 10-13-88  
Owner Tank Id: 1  
SWRCB Tank Id: 43-005-005842-000001  
Tank Status: A  
Capacity: 550  
Active Date: 01-06-94  
Tank Use: OIL  
STG: W  
Content: WASTE OIL  
Number Of Tanks: 1

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**FIRESTONE STORE NO. 3670 (Continued)**

**1000223053**

HIST UST:

File Number: Not reported  
URL: Not reported  
Region: STATE  
Facility ID: 0000005842  
Facility Type: Other  
Other Type: AUTO SVC. CENTER  
Contact Name: JEFF JIO  
Telephone: 4159480840  
Owner Name: FIRESTONE TIRE & RUBBER CO.  
Owner Address: 1200 FIRESTONE PARKWAY  
Owner City,St,Zip: AKRON, OH 44317  
Total Tanks: 0001  
  
Tank Num: 001  
Container Num: 1  
Year Installed: Not reported  
Tank Capacity: 0000500  
Tank Used for: WASTE  
Type of Fuel: WASTE OIL  
Container Construction Thickness: Not reported  
Leak Detection: Visual

CA FID UST:

Facility ID: 43006243  
Regulated By: UTNKA  
Regulated ID: 00005842  
Cortese Code: Not reported  
SIC Code: Not reported  
Facility Phone: 4159480840  
Mail To: Not reported  
Mailing Address: 462 SAN ANTONIO RD  
Mailing Address 2: Not reported  
Mailing City,St,Zip: MOUNTAIN VIEW 94040  
Contact: Not reported  
Contact Phone: Not reported  
DUNs Number: Not reported  
NPDES Number: Not reported  
EPA ID: Not reported  
Comments: Not reported  
Status: Active

HIST CORTESE:

Region: CORTESE  
Facility County Code: 43  
Reg By: LTNKA  
Reg Id: 43-2329

CERS TANKS:

Site ID: 236489  
CERS ID: T1000005884  
CERS Description: Cleanup Program Site  
  
Site ID: 201487  
CERS ID: T0608508015

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**FIRESTONE STORE NO. 3670 (Continued)**

**1000223053**

CERS Description: Leaking Underground Storage Tank Cleanup Site

Affiliation:

Affiliation Type Desc: Local Agency Caseworker  
Entity Name: UST CASE WORKER - SANTA CLARA COUNTY LOP  
Entity Title: Not reported  
Affiliation Address: 1555 Berger Drive, Suite 300  
Affiliation City: SAN JOSE  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: 4089183400

Affiliation Type Desc: Regional Board Caseworker  
Entity Name: Regional Water Board - SAN FRANCISCO BAY RWQCB (REGION 2)  
Entity Title: Not reported  
Affiliation Address: 1515 CLAY ST SUITE 1400  
Affiliation City: OAKLAND  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

**F42**  
**SE**  
**1/4-1/2**  
**0.333 mi.**  
**1756 ft.**

**ARCO #0707**  
**988 N SAN ANTONIO RD**  
**LOS ALTOS, CA 94022**  
**Site 1 of 2 in cluster F**

**LUST** **U001594144**  
**HIST LUST** **N/A**  
**HIST UST**  
**CUPA Listings**  
**CERS HAZ WASTE**  
**CERS TANKS**  
**CERS**

**Relative:**  
**Higher**

**Actual:**  
**82 ft.**

LUST:

Lead Agency: SANTA CLARA COUNTY LOP  
Case Type: LUST Cleanup Site  
Geo Track: [http://geotracker.waterboards.ca.gov/profile\\_report.asp?global\\_id=T0608500189](http://geotracker.waterboards.ca.gov/profile_report.asp?global_id=T0608500189)  
Global Id: T0608500189  
Latitude: 37.3999259427991  
Longitude: -122.114624977112  
Status: Completed - Case Closed  
Status Date: 07/10/2001  
Case Worker: UST  
RB Case Number: Not reported  
Local Agency: SANTA CLARA COUNTY LOP  
File Location: All Files are on GeoTracker or in the Local Agency Database  
Local Case Number: Not reported  
Potential Media Affect: Other Groundwater (uses other than drinking water)  
Potential Contaminants of Concern: Gasoline  
Site History: Not reported

LUST:

Global Id: T0608500189  
Contact Type: Regional Board Caseworker  
Contact Name: Regional Water Board  
Organization Name: SAN FRANCISCO BAY RWQCB (REGION 2)  
Address: 1515 CLAY ST SUITE 1400  
City: OAKLAND  
Email: Not reported  
Phone Number: Not reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**ARCO #0707 (Continued)**

**U001594144**

Global Id: T0608500189  
Contact Type: Local Agency Caseworker  
Contact Name: UST CASE WORKER  
Organization Name: SANTA CLARA COUNTY LOP  
Address: 1555 Berger Drive, Suite 300  
City: SAN JOSE  
Email: Not reported  
Phone Number: 4089183400

**LUST:**

Global Id: T0608500189  
Action Type: RESPONSE  
Date: 02/17/1993  
Action: Other Report / Document

Global Id: T0608500189  
Action Type: RESPONSE  
Date: 01/10/1991  
Action: Verbal Communication

Global Id: T0608500189  
Action Type: RESPONSE  
Date: 10/10/1991  
Action: Preliminary Site Assessment Report

Global Id: T0608500189  
Action Type: RESPONSE  
Date: 10/24/1990  
Action: Preliminary Site Assessment Workplan

Global Id: T0608500189  
Action Type: RESPONSE  
Date: 01/25/1993  
Action: Other Workplan

Global Id: T0608500189  
Action Type: RESPONSE  
Date: 01/22/1991  
Action: Correspondence

Global Id: T0608500189  
Action Type: RESPONSE  
Date: 12/31/1992  
Action: Other Report / Document

Global Id: T0608500189  
Action Type: RESPONSE  
Date: 12/12/2005  
Action: Well Destruction Report

Global Id: T0608500189  
Action Type: RESPONSE  
Date: 09/06/2005  
Action: Correspondence

Global Id: T0608500189  
Action Type: ENFORCEMENT

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

ARCO #0707 (Continued)

U001594144

Date: 07/10/2001  
Action: Closure/No Further Action Letter

Global Id: T0608500189  
Action Type: RESPONSE  
Date: 08/17/1992  
Action: Other Report / Document

Global Id: T0608500189  
Action Type: RESPONSE  
Date: 10/21/1987  
Action: Other Workplan

Global Id: T0608500189  
Action Type: RESPONSE  
Date: 04/06/1994  
Action: Soil and Water Investigation Report

Global Id: T0608500189  
Action Type: RESPONSE  
Date: 08/16/1999  
Action: Monitoring Report - Quarterly

Global Id: T0608500189  
Action Type: REMEDIATION  
Date: 06/01/1989  
Action: Excavation

Global Id: T0608500189  
Action Type: REMEDIATION  
Date: 06/01/1989  
Action: Pump & Treat (P&T) Groundwater

Global Id: T0608500189  
Action Type: REMEDIATION  
Date: 06/01/1989  
Action: Free Product Removal

Global Id: T0608500189  
Action Type: REMEDIATION  
Date: 06/01/1989  
Action: Soil Vapor Extraction (SVE)

Global Id: T0608500189  
Action Type: RESPONSE  
Date: 10/18/1993  
Action: NPDES / WDR Reports

Global Id: T0608500189  
Action Type: RESPONSE  
Date: 02/04/1994  
Action: Well Installation Report

Global Id: T0608500189  
Action Type: RESPONSE  
Date: 05/11/2005  
Action: Unauthorized Release Form

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**ARCO #0707 (Continued)**

**U001594144**

Global Id: T0608500189  
Action Type: RESPONSE  
Date: 12/08/1999  
Action: Monitoring Report - Quarterly

Global Id: T0608500189  
Action Type: RESPONSE  
Date: 02/17/1993  
Action: CAP/RAP - Feasibility Study Report

Global Id: T0608500189  
Action Type: RESPONSE  
Date: 10/25/1988  
Action: Other Workplan

Global Id: T0608500189  
Action Type: RESPONSE  
Date: 10/16/2008  
Action: Other Report / Document

Global Id: T0608500189  
Action Type: RESPONSE  
Date: 09/25/2000  
Action: Tank Removal Report / UST Sampling Report

Global Id: T0608500189  
Action Type: ENFORCEMENT  
Date: 01/21/1991  
Action: Notice of Responsibility - #40123

Global Id: T0608500189  
Action Type: ENFORCEMENT  
Date: 12/17/2000  
Action: Staff Letter - #30072

Global Id: T0608500189  
Action Type: ENFORCEMENT  
Date: 12/08/1999  
Action: Staff Letter - #30068

Global Id: T0608500189  
Action Type: ENFORCEMENT  
Date: 08/12/1999  
Action: Staff Letter - #30066

Global Id: T0608500189  
Action Type: ENFORCEMENT  
Date: 04/17/1999  
Action: Staff Letter - #30064

Global Id: T0608500189  
Action Type: ENFORCEMENT  
Date: 03/19/1996  
Action: Staff Letter - #30056

Global Id: T0608500189  
Action Type: ENFORCEMENT

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**ARCO #0707 (Continued)**

**U001594144**

Date: 12/18/1996  
Action: Staff Letter - #30054

Global Id: T0608500189  
Action Type: Other  
Date: 06/30/1987  
Action: Leak Reported

Global Id: T0608500189  
Action Type: RESPONSE  
Date: 01/31/2001  
Action: Monitoring Report - Quarterly

Global Id: T0608500189  
Action Type: RESPONSE  
Date: 12/13/1999  
Action: Monitoring Report - Quarterly

Global Id: T0608500189  
Action Type: RESPONSE  
Date: 07/30/1999  
Action: Monitoring Report - Quarterly

Global Id: T0608500189  
Action Type: RESPONSE  
Date: 03/21/1997  
Action: Monitoring Report - Quarterly

Global Id: T0608500189  
Action Type: RESPONSE  
Date: 12/26/1996  
Action: Monitoring Report - Quarterly

**LUST:**

Global Id: T0608500189  
Status: Completed - Case Closed  
Status Date: 07/10/2001

Global Id: T0608500189  
Status: Open - Case Begin Date  
Status Date: 07/08/1985

Global Id: T0608500189  
Status: Open - Site Assessment  
Status Date: 07/08/1985

Global Id: T0608500189  
Status: Open - Site Assessment  
Status Date: 10/24/1990

**LUST REG 2:**

Region: 2  
Facility Id: Not reported  
Facility Status: Case Closed  
Case Number: 06S2W19A01f

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**ARCO #0707 (Continued)**

**U001594144**

How Discovered: Not reported  
Leak Cause: Not reported  
Leak Source: Not reported  
Date Leak Confirmed: Not reported  
Oversight Program: LUST  
Prelim. Site Assessment Wokplan Submitted: Not reported  
Preliminary Site Assessment Began: 7/8/1985  
Pollution Characterization Began: 10/24/1990  
Pollution Remediation Plan Submitted: Not reported  
Date Remediation Action Underway: Not reported  
Date Post Remedial Action Monitoring Began: Not reported

**LUST SANTA CLARA:**

Region: SANTA CLARA  
SCVWD ID: 06S2W19A01F  
Date Closed: 07/10/2001  
EDR Link ID: 06S2W19A01F

**HIST LUST SANTA CLARA:**

Region: SANTA CLARA  
Region Code: 2  
SCVWD ID: 06S2W19A01  
Oversite Agency: SCVWD  
Date Listed: 1988-01-01 00:00:00  
Closed Date: 2001-07-10 00:00:00

**HIST UST:**

File Number: 0002CDF3  
URL: <http://geotracker.waterboards.ca.gov/ustpdfs/pdf/0002CDF3.pdf>  
Region: STATE  
Facility ID: 00000026956  
Facility Type: Gas Station  
Other Type: Not reported  
Contact Name: Not reported  
Telephone: 0000000000  
Owner Name: ARCO PETROLEUM PRODUCTS CO.  
Owner Address: 515 SOUTH FLOWER STREET  
Owner City,St,Zip: LOS ANGELES, CA 90071  
Total Tanks: 0006

Tank Num: 001  
Container Num: 0000000001  
Year Installed: 1983  
Tank Capacity: 00012000  
Tank Used for: PRODUCT  
Type of Fuel: UNLEADED  
Container Construction Thickness: Not reported  
Leak Detection: Stock Inventor, 10

Tank Num: 002  
Container Num: 0000000002  
Year Installed: 1971  
Tank Capacity: 00006000  
Tank Used for: PRODUCT  
Type of Fuel: 06  
Container Construction Thickness: 0000240

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**ARCO #0707 (Continued)**

**U001594144**

Leak Detection: Stock Inventor, 10

Tank Num: 003  
Container Num: 0000000003  
Year Installed: 1963  
Tank Capacity: 00006000  
Tank Used for: PRODUCT  
Type of Fuel: 06  
Container Construction Thickness: 0000240  
Leak Detection: Stock Inventor, 10

Tank Num: 004  
Container Num: 0000000004  
Year Installed: 1963  
Tank Capacity: 00004000  
Tank Used for: PRODUCT  
Type of Fuel: PREMIUM  
Container Construction Thickness: 0000167  
Leak Detection: Stock Inventor, 10

Tank Num: 005  
Container Num: 0000000005  
Year Installed: 1963  
Tank Capacity: 00004000  
Tank Used for: PRODUCT  
Type of Fuel: PREMIUM  
Container Construction Thickness: 0000167  
Leak Detection: Stock Inventor, 10

Tank Num: 006  
Container Num: 0000000006  
Year Installed: 1963  
Tank Capacity: 00000550  
Tank Used for: PRODUCT  
Type of Fuel: WASTE OIL  
Container Construction Thickness: 0000093  
Leak Detection: Stock Inventor

[Click here for Geo Tracker PDF:](#)

**CUPA SANTA CLARA:**

Region: SANTA CLARA  
PE#: 2202  
Program Description: GENERATES < 100 KG/YR  
Latitude: 37.39985  
Longitude: -122.11465  
Record ID: PR0391701  
Facility ID: FA0265438

Region: SANTA CLARA  
PE#: Not reported  
Program Description: HMBP FACILITY, 1-3 CHEMICALS  
Latitude: 37.39985  
Longitude: -122.11465  
Record ID: PR0391691  
Facility ID: FA0265438

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**ARCO #0707 (Continued)**

**U001594144**

Region: SANTA CLARA  
PE#: 2399  
Program Description: UNDERGROUND STORAGE TANK PROGRAM RECORD  
Latitude: 37.39985  
Longitude: -122.11465  
Record ID: PR0308441  
Facility ID: FA0265438

**CERS HAZ WASTE:**

Site ID: 385390  
CERS ID: 10356844  
CERS Description: Hazardous Waste Generator

**Violations:**

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 10-01-2013  
Citation: HSC 6.95 Multiple Sections - California Health and Safety Code, Chapter 6.95, Section(s) Multiple Sections  
Business Plan Program - Administration/Documentation - General  
Violation Description: Observed a rack of 14, 5 gal propane containers that were not disclosed on the HMBP. Include these BBQ sized propane tanks in addition to the already disclosed 500 gal propane tank. Additionally, the underground storage tanks that are currently reported at 10,000 gallons actually are 12,000 gallon tanks. This should be accurately reflected in your hazardous materials inventory.  
Violation Notes:  
Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 10-01-2013  
Citation: 23 CCR 16 2715(f) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2715(f)  
Violation Description: Failure to comply with one or more of the following: provide training to facility employee(s) responsible for proper operation and maintenance every 12 months and/or train new employee(s) who are responsible for proper operation and maintenance within 30-days of hire and/or to have at least one employee present during operating hours that has been trained in the proper operation and maintenance of the UST system.  
Violation Notes: Returned to compliance on 10/01/2013. New employee Justin Kyle has not been trained within 30 days of hire. Training performed by DO while on-site.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 10-08-2014  
Citation: Un-Specified  
Violation Description: UST Program - Administration/Documentation - For use of Local Ordinance only  
Violation Notes: Written responses from your previous 2012 and 2013 inspections have not been received by our office. Please submit these required written

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**ARCO #0707 (Continued)**

**U001594144**

responses to our office immediately.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 10-01-2013  
Citation: HSC 6.7 Multiple Sections - California Health and Safety Code, Chapter 6.7, Section(s) Multiple Sections  
Violation Description: UST Program - Administration/Documentation - General  
Violation Notes: Unable to locate documents at facility that would indicate that there was a return to compliance after the issuance of a Notice Of Inspection on 10-2-12. Locate Notice of Inspection and complete required action to return to compliance and send to the department within 30 days.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 08-22-2016  
Citation: 23 CCR 16 2632(d)(1)(C), 2641(h), 2711(a)(8) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2632(d)(1)(C), 2641(h), 2711(a)(8)  
Violation Description: Failure to submit or update a plot plan.  
Violation Notes: The Monitoring Site Plan has not been updated.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 08-22-2016  
Citation: HSC 6.7 Multiple - California Health and Safety Code, Chapter 6.7, Section(s) Multiple  
Violation Description: UST Program - Administration/Documentation - General - Must include violation description, proper statute and regulation citation in the "comment" section.  
Violation Notes: No testing results or reports have been submitted by the contractor, consultant or owner for the required tests as part of project SR0849628.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 10-08-2014  
Citation: 23 CCR 16 2636(f)(2) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2636(f)(2)  
Violation Description: Failure of the pressurized piping to meet one or more of the following requirements: monitored at least hourly with the capability of detecting a release of 3.0 gallons per hour, and will restrict the flow of product through the piping or trigger an alarm when a release occurs.

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**ARCO #0707 (Continued)**

**U001594144**

Violation Notes: Returned to compliance on 11/05/2014. The 91 Red Jacket CPT line leak detector failed to properly detect a leak at 3 gph and 10 psi when tested twice.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 10-08-2014  
Citation: HSC 6.5 Multiple Sections - California Health and Safety Code, Chapter 6.5, Section(s) Multiple Sections

Violation Description: Haz Waste Generator Program - Operations/Maintenance - General  
Violation Notes: Returned to compliance on 11/05/2014. 2 x 55-gallon containers in the outside rear storage area did not have the "empty date" marked on the containers.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HW  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 10-01-2013  
Citation: HSC 6.67 Multiple Sections - California Health and Safety Code, Chapter 6.67, Section(s) Multiple Sections

Violation Description: Haz Waste Generator Program - Administration/Documentation - General  
Violation Notes: Unable to locate documents at facility that would indicate that there was a return to compliance after the issuance of a Notice Of Inspection on 10-2-12. Locate Notice of Inspection and complete required action to return to compliance and send to the department within 30 days.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HW  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 10-01-2013  
Citation: HSC 6.7 25291 - California Health and Safety Code, Chapter 6.7, Section(s) 25291

Violation Description: Failure to maintain under-dispenser containment, sumps, and/or other secondary containment in good condition and/or free of debris/liquid.  
Violation Notes: Returned to compliance on 10/01/2013. Observed approximately 1/4 inch of water in the 91 STP sump. Violation was corrected at time of inspection as all liquid was removed by technicians.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 08-23-2016  
Citation: HSC 6.95 25508.1(a)-(f) - California Health and Safety Code, Chapter 6.95, Section(s) 25508.1(a)-(f)

Violation Description: Failure to electronically update business plan within 30 days of any one of the following events: A 100 percent or more increase in the quantity of a previously disclosed material. Any handling of a

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

ARCO #0707 (Continued)

U001594144

previously undisclosed hazardous materials at or above reportable quantities. A change of business address, business ownership, or business name. A substantial change in the handler's operations that requires modification to any portion of the business plan.

Violation Notes: Not reported  
Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 08-22-2016  
Citation: 23 CCR 16 2638(a), 2641(j) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2638(a), 2641(j)  
Violation Description: Failure of the leak detection equipment to be installed, calibrated, operated, and/or maintained properly.  
Violation Notes: The monitoring equipment has not been functionally tested as a "Cold Start" was to be performed prior to start-up. See Franzen-Hill May 25, 2016, Q16-05034 page 2 of 4.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 08-22-2016  
Citation: 23 CCR 6.7 25284, 25286 - California Code of Regulations, Title 23, Chapter 6.7, Section(s) 25284, 25286  
Violation Description: Failure to submit a complete and accurate application for a permit to operate a UST, or for renewal of the permit.  
Violation Notes: There has been no UST Permit Application, electronic submittal, provided to this office or updated electronically.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 08-22-2016  
Citation: HSC 6.7 Multiple - California Health and Safety Code, Chapter 6.7, Section(s) Multiple  
Violation Description: UST Program - Administration/Documentation - General - Must include violation description, proper statute and regulation citation in the "comment" section.  
Violation Notes: We have not verified completely, the condition of the system after work was performed under permit ID SR0849628  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 08-23-2016  
Citation: HSC 6.95 25508(a)(1) - California Health and Safety Code, Chapter 6.95, Section(s) 25508(a)(1)  
Violation Description: Failure to complete and electronically submit a site map with all required content.

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**ARCO #0707 (Continued)**

**U001594144**

Violation Notes: Not reported  
Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 03-27-2015  
Citation: 23 CCR 16 2637 - California Code of Regulations, Title 23, Chapter 16, Section(s) 2637  
Violation Description: Failure to comply with one or more of the following: conduct secondary containment testing, within six months of installation and every 36 months thereafter, conducted in accordance with proper practices, protocols, or test methods.

Violation Notes: Returned to compliance on 03/27/2015. A review of previous records indicates that your previous initial SB-989 testing occurred during November 2011 and has exceeded the 36-month periodic testing requirement. Ensure that your next SB-989 testing occurs on or before November 2018 to re-establish the initial 36-month testing cycle.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 10-01-2013  
Citation: HSC 6.7 25292(e) - California Health and Safety Code, Chapter 6.7, Section(s) 25292(e)  
Violation Description: Failure to maintain secondary containment, as evidenced by failure of secondary containment testing.

Violation Notes: Returned to compliance on 03/27/2015. A failure on dispenser 3/4 was observed during the 989 secondary containment testing performed on 11-17-11. Unable to locate any documentation indicating that the failure has been addressed and proper repairs have been made.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 10-05-2017  
Citation: 23 CCR 16 2638(a) & (b), 2641(j), 2715(i) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2638(a) & (b), 2641(j), 2715(i)  
Violation Description: Failure to have a properly qualified service technician test leak detection equipment as required every 12 months (vapor, pressure, hydrostatic (VPH) system, sensors, line-leak detectors (LLD), automatic tank gauge (ATG), etc.).

Violation Notes: Facility's last annual monitoring certification was performed in August of 2016. System must be annually tested and the calendar month for testing is August. DO NOT EXCEED 12 MONTHS BETWEEN TESTING.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**ARCO #0707 (Continued)**

**U001594144**

Violation Date: 10-08-2014  
Citation: 19 CCR 6.95 25508(a)(1) - California Code of Regulations, Title 19, Chapter 6.95, Section(s) 25508(a)(1)  
Violation Description: Failure to complete and electronically submit the Business Activities Page and/or Business Owner Operator Identification Page.  
Violation Notes: Returned to compliance on 11/05/2014. According to the manager, the site identification name on the Business Owner Operator page in CERS should be changed from ARCO AM/PM to Grand Petro Los Altos. Also, change the owner name in CERS from Grand Petroleum to Grand Petroleum INC. The hazardous waste generator box on the Business Activities page in CERS should be checked "yes" instead of "no". Please re-submit these changes in CERS in order to update your electronic submittal in CERS.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 08-22-2016  
Citation: 23 CCR 16 2712 - California Code of Regulations, Title 23, Chapter 16, Section(s) 2712  
Violation Description: Failure to comply with any of the applicable requirements of the permit issued for the operation of the UST system.  
Violation Notes: The Permit Conditions to store and dispense diesel fuel at this site has not been given final approval and sign-off.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 10-05-2017  
Citation: 22 CCR 23 66273.31(a) - California Code of Regulations, Title 22, Chapter 23, Section(s) 66273.31(a)  
Violation Description: Failure of the universal waste handler to transfer universal waste to the appropriate destination facility.  
Violation Notes: Observed 1, spent 4 foot gray tipped mercury containing fluorescent lamp disposed of in the trash in the back room (where underground storage tank monitoring panel is located). Bhupesh Puri, cashier acknowledged he placed this item in the trash and was not aware it couldn't be in there. Mr. Puri was directed to contact a licensed hauler or perform a drop off at a location that receives universal waste lamps.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: HW  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 10-08-2014  
Citation: HSC 6.5 Multiple - California Health and Safety Code, Chapter 6.5, Section(s) Multiple  
Violation Description: Haz Waste Generator Program - Administration/Documentation - General  
Violation Notes: Written responses from your previous 2012 and 2013 inspections have not been received by our office. Please submit these required written responses to our office immediately.

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**ARCO #0707 (Continued)**

**U001594144**

Violation Division: Santa Clara County Environmental Health  
Violation Program: HW  
Violation Source: CERS

Evaluation:

Eval General Type: Other/Unknown  
Eval Date: 02-13-2018  
Violations Found: No  
Eval Type: Other, not routine, done by local agency  
Eval Notes: I am on site, 988 N San Antonio Road, to witness the 2018 Secondary Containment Testing. Aneil Chand, UST Service Tech, Pinnacle Fuel Compliance Services, Inc. is on site conducting the testing work. Aneil Chand, UST Service Tech, Pinnacle Fuel Compliance Services, Inc. ICC # 5119959 Serv Tech Expires 6/4/2018 VR - Expires 3/2/2018 Caldwell Accelerated Testing Equipment. 2/2021 3 Underground Storage Tanks, fiberglass, tested at 10 inches vacuum. All tested for 60 minutes, All pass 3 STP sumps 3 secondary lines 4 UDCs NOTE: The Secondary Containment Testing Report shall be submitted to this office within 30 days .

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Other/Unknown  
Eval Date: 03-27-2015  
Violations Found: Yes  
Eval Type: Other, not routine, done by local agency  
Eval Notes: A SB-989 Secondary Containment testing inspection was performed on this date. Testing was performed by Randy Johnson. All of his required certifications were reviewed and were current including his Caldwell Accelerated Testing certification which has an expiration date of January 2017. The following components were tested using the Caldwell accelerated test method for 30 minutes: 4 UDCs at a depth of 10 inches which were above the product piping penetrations. Dispenser UDC 5/6 failed on the first attempt and then passed on the second attempt. Test result = pass on the first attempt for all other UDCs 3 turbine sumps at a level 2 inches above the highest product piping penetration. Test result = pass 3 product lines were tested at 5 psi nitrogen for one hour. Test result = pass. 3 tank annular spaces were tested at -10 psi vacuum for one hour. The 91 and 87 siphon tank passed their one-hour tests. At the conclusion of the inspection, the 87 master tank was [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Other/Unknown  
Eval Date: 07-13-2016  
Violations Found: No  
Eval Type: Other, not routine, done by local agency  
Eval Notes: On site for primary pipe pressure and soap test. Amin Salkhi, Owner, (510) 331-8405, salkhi@yahoo.com Alex Puentes, ICC UST Installer, Franzen - Hill Corp, on site to facilitate testing Permit review on site. Contractor on permit application is not Franzen - Hill. Owner contacted to confirm contractor approval and contract to perform work (see contract in permit folder). Owner is to amend permit application to show correct contractor who is performing work. Contractor License

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

ARCO #0707 (Continued)

U001594144

confirmed while on site, B-304147, C-61 / D40, A, Haz Substances Removal Certified. Cert of Liability confirmed, Amended Permit Re-Application received. See file. Alex Puentes, Franzen - Hill Corp, certifications ICC#5284987, UST Instal/Retro, exp. 11/09/2017 NOV, Red Tread, exp. 2/2017. Primary Piping Tests Pressure, 52 psi @ t-1.(exposed in hot sun), T-1 plus 30 minutes = 51.2, (pipe transition to shade), OK - Pass. Soap Testing, Soaked all joints and connections, No [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Other/Unknown

Eval Date: 07-15-2016

Violations Found: No

Eval Type: Other, not routine, done by local agency

Eval Notes: Onsite to witness testing for the construction project to convert an existing UST from gasoline to diesel, install new diesel piping, two new UDC pans and all new dispensers. Alex Puentes was onsite today overseeing this construction project. Certifications for this project are on file with the permit application. On this date I observed the following testing: - Diesel secondary containment piping from tank to Dispensers 1/2 and 3/4: pressure test at 5 psi for one hour. While under pressure the secondary containment pipe fittings were soap tested with no leaks observed. Following the one hour pressure test, the gauge (connected at the piping end in the STP sump) was observed while the pressure was slowly released from the valve stems on the penetration fittings/boots (used to isolate the secondary containment piping) in UDC's 1/2 and 3/4. Test results = Pass. - Diesel STP sump: hydrostatic test using an Incon TS-STC system. Test results = Pass. The UDC s for [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Other/Unknown

Eval Date: 08-01-2016

Violations Found: No

Eval Type: Other, not routine, done by local agency

Eval Notes: On site today, 988 N San Antonio Rd. Josue Salazar, Franzel-Hill on site to provide access and test results from 7/29/2016. I observed the epoxy repair from 7/29/2016 on the electrical conduit floor penetrations in the UDC. See pictures on incon tags.

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection

Eval Date: 08-22-2016

Violations Found: Yes

Eval Type: Routine done by local agency

Eval Notes: On site, 988 N San Antonio Road, to confirm Diesel Fuel storage and dispensing operation. Amin Salkhi, President, Grand Petro Los Altos. Diesel fuel has been in this system with sales open for more than 2 weeks. 2.39 / gallon. today. Final approval has not been granted for the Project SR0265438. The work to be performed under permit ID SR0849628 is incomplete. Permit Re-Application submitted on 7/13/2016,

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

ARCO #0707 (Continued)

U001594144

by; Grand Petroleum, dba: Arco ampm 988 N San Antonio Road Los Altos, CA 94022 Robert Eagan, Fuel System Consulting, Plan Check Contact Contractor Information; Franzen-Hill, Corp. 1100 N. J Street, Tulare, CA 93274 Darren Thomas, Contact On 7/13/2016, while on site, to confirm Contractor approval and work performed. No previous work approval had been given for this contractor to perform work at this facility, on this UST system. The detail scope of work, identified for this project in the plan check comments dated March 17, 2016, is [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Other/Unknown  
Eval Date: 08-23-2016  
Violations Found: Yes  
Eval Type: Other, not routine, done by local agency  
Eval Notes:

I am reviewing Status of CERS ID 10356844 and response to most recent submittal. Outstanding Items; The Facility Information was submitted for CERS ID 10356844 on 2/24/2016, The Facility Information is Accepted The Hazardous Waste Inventory was submitted for CERS ID 10356844 on 2/24/2016, The Hazardous Waste Inventory submittal was Not Accepted on 8/23/2016 by Andrew Dyer for Santa Clara County Environmental Health Inventory; Update the Inventory to reflect the Diesel Fuel storage on this site. Update the Site Map to include the Diesel Storage Location. Underground Storage Tanks; Update these records to reflect the Diesel Fuel storage and dispensing operations at this site. Update the UST Monitoring Site Map. Update the CFO letter to reflect the current year financial figures as required. See the detail for each item updated today in CERS. Complete the "Corrective Actions Taken" and the Certification of Compliance" on this Notice [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: HMRRP  
Eval Source: CERS

Eval General Type: Other/Unknown  
Eval Date: 08-30-2016  
Violations Found: No  
Eval Type: Other, not routine, done by local agency  
Eval Notes:

On site, 988 N San Antonio Road for inspections for required testing that remains outstanding, past due. Amin Salkhi, President, Grand Petroleum, on site. salkhi@hahoo.com Aneil Chand Pinnacle Fuel Compliance Services, CLB #894932 ICC # 5119959 Serv Tech Expires 6/4/2018 VR - Expires 3/2/2018 INCON Lvl-4, 6242123701, exp. 2/10/2016. Caldwell Sump Tester Cert Expires 12/31/17 Aniel Chand, Pinnacle Fuel Compliance, on site to conduct the following outstanding items; Water testing of the Under Dispenser Containment (UDC) at dispenser 1/2 and 3/4, Monitoring System Certification, Full site due to Cold Start. NOTE, the annual testing date will be moved forward to August of each year based on today's testing. OK, see below for details. Dispenser Conversion Frame confirmation (B-2000), Diesel Tank, conversion, confirmation that a drop tube flapper is NOT required, Alarm History, July 18, 2016 System Set-up, to be re-labeled to reflect diesel tank. [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

ARCO #0707 (Continued)

U001594144

Eval Source: CERS

Eval General Type: Other/Unknown  
Eval Date: 09-01-2016  
Violations Found: No  
Eval Type: Other, not routine, done by local agency  
Eval Notes: On site, 988 N San Antonio Road for inspections for required testing that remains outstanding, past due. Amin Salkhi, President, Grand Petroleum, on site. See CERS comments.

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 10-01-2013  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: Not reported  
Eval Division: Santa Clara County Environmental Health  
Eval Program: HMRRP  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 10-01-2013  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: COMMENTS: On site 10-1-13 to oversee annual UST monitoring system and spill bucket testing. Testing was conducted by Al Milburn from EPIC Compliance Systems, Inc. Mr. Milburn holds valid/current ICC, Veeder-Root, Red Jacket and VMI certifications. Site consists of three tanks (87-1, 87-(Siphon), and 91) and 4 dispenser pairs. Monitoring panel is a Veeder-Root TLS 350 panel. Sumps, annular spaces, and UDCs are monitored by veeder-Root sensors. Sumps were dry upon arrival with exception of the 91 STP sump which had about 1/4 inch of standing liquid. All liquid was removed by technicians. TESTING: The sumps (STP and Fill), annular, and UDC sensors were tested with water and provided audible and visible alarms in addition to positive shutdown of the turbines. Sensor out and power out (fail safe) provided positive shutdown of the turbines. Overfill protection is provided by Audible visual alarm at 90%. Red Jacket ELLDs installed on turbines were tested at dispenser [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 10-01-2013  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: Facility did not have any hazardous waste on-site at time of inspection. Gasoline filters are removed at time of servicing and spill absorbent is continuously used until it is saturated and can no longer absorb spills. Do not intentionally allow absorbent to dry/evaporate. Store in a closed container.

Eval Division: Santa Clara County Environmental Health  
Eval Program: HW  
Eval Source: CERS

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

ARCO #0707 (Continued)

U001594144

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 10-05-2017  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: On-site today to witness annual monitoring certification, spill bucket testing, and perform an inspection of the underground storage tank (UST) system. Testing performed by Brian Dunahay of Epic Compliance Systems and has all required certifications to perform such testing. All components and leak detection devices that were witnessed performed as required. Did not remain on-site to witness testing of diesel electronic line leak detector. Overfill was not witnessed but was to be demonstrated by removing probes and moving float up to 90% and hearing a audible alarm. Reviewed the following documentation: Permit Monitoring Plan Response Plan Dusto Agreement Financial Responsibility Monthly DO Inspections Training Records System Set-up & Alarm History NOTE: In next CERS submission, do not indicate "yes" next to "UDC Monitoring Stops Flow of Product at Dispenser" in the UDC monitoring plan section for all 3 tanks.

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Other/Unknown  
Eval Date: 10-05-2017  
Violations Found: Yes  
Eval Type: Other, not routine, done by local agency  
Eval Notes: Not reported  
Eval Division: Santa Clara County Environmental Health  
Eval Program: HW  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 10-06-2015  
Violations Found: No  
Eval Type: Routine done by local agency  
Eval Notes: On site, 988 N San Antonio Rd., Grand Petro Los Altos, for the 2015 UST Operating Permit Inspection Cindy Anderson, Manager, on site to provide facility access and records review. NOTE: This Notice of Inspection will be sent, by end of day, to; store83187@att.net Brian Dunahay, EPIC Compliance Systems, on site to conduct UST Monitoring System Certification ICC #8021436 exp. 2/13/2017 Veeder-Root exp 3/20/2017 Veeder-Root System Set-up and Alarm History Provided No system set-up change from previous year. Alarm History, OK DUSTO Monthly Reports, reviewed, OK DUSTO Training, OK CERS Review, UST Update needed, See CERS email system for details. Spill Buckets, (in fill sump) Tested with 5 gallons water. No drop observed. Sensor testing, 6 sumps, 3 USTs, 4 dispensers, All sensors shutdown both STPs, Audio and Visual Alarm, Print - OK Sensor Out, shutdown both STPs, Audio and Visual Alarm, Print - OK Power Out, shutdown both STPs - OK PLLD [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 10-08-2014  
Violations Found: Yes

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**ARCO #0707 (Continued)**

**U001594144**

Eval Type: Routine done by local agency  
Eval Notes: EPA ID # CAL000348806 is "ACTIVE". No hazardous waste shipments have occurred in the last year. No containers were observed accumulating hazardous waste. Emergency Procedures were properly posted. Fire extinguishers were current. Spill control absorbent was available for use. Trash dumpster was inspected and contained no hazardous waste.  
Eval Division: Santa Clara County Environmental Health  
Eval Program: HW  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 10-08-2014  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: Facility has 2 reportable chemicals, 36,000 gallons of gasoline; 570 gallons of propane; and is properly permitted. HMBP has been previously electronically submitted on CERS and is "under review" by our agency. Emergency Response training is current.  
Eval Division: Santa Clara County Environmental Health  
Eval Program: HMRRP  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 10-08-2014  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: The monitoring certification was performed by Al Milburn. Service Technician ICC 878949. All of his required certifications were reviewed and were current. VMI LDT-890 tester 2-year calibration date = 2/19/2014. All of the following components provided audible and visual alarms plus positive shut-down when tested: 3 tank annular space sensors, 3 fill sumps, 3 turbine/piping sumps, and 4 UDC dispenser pan sumps. The 2 turbines also provided positive shut-down under conditions of sensor-out and failsafe. The 87 electronic line leak detector tested from dispenser 7/8 properly detected leaks when tested at 3 gph & 10 psi. 3 overflow alarms set at 90% provided audible and visual alarms when tested. 3 spill buckets passed their one-hour lake tests. The emergency shut-off switch properly shut down the 2 turbines when tested. Recommend that you provide an "emergency shutoff switch with arrow" sign on the side of the building that faces dispensers 5/6 & 7/8 [Truncated]  
Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Enforcement Action:  
Site ID: 385390  
Site Name: ARCO AM/PM  
Site Address: 988 N SAN ANTONIO RD  
Site City: LOS ALTOS  
Site Zip: 94022  
Enf Action Date: 10-01-2013  
Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection  
Enf Action Notes: Not reported  
Enf Action Division: Santa Clara County Environmental Health  
Enf Action Program: HMRRP

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

ARCO #0707 (Continued)

U001594144

Enf Action Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Site Address: 988 N SAN ANTONIO RD  
Site City: LOS ALTOS  
Site Zip: 94022  
Enf Action Date: 10-01-2013  
Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection  
Enf Action Notes: Not reported  
Enf Action Division: Santa Clara County Environmental Health  
Enf Action Program: HW  
Enf Action Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Site Address: 988 N SAN ANTONIO RD  
Site City: LOS ALTOS  
Site Zip: 94022  
Enf Action Date: 10-01-2013  
Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection  
Enf Action Notes: Not reported  
Enf Action Division: Santa Clara County Environmental Health  
Enf Action Program: UST  
Enf Action Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Site Address: 988 N SAN ANTONIO RD  
Site City: LOS ALTOS  
Site Zip: 94022  
Enf Action Date: 10-08-2014  
Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection  
Enf Action Notes: Not reported  
Enf Action Division: Santa Clara County Environmental Health  
Enf Action Program: HMRRP  
Enf Action Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Site Address: 988 N SAN ANTONIO RD  
Site City: LOS ALTOS  
Site Zip: 94022  
Enf Action Date: 10-08-2014  
Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection  
Enf Action Notes: Not reported  
Enf Action Division: Santa Clara County Environmental Health  
Enf Action Program: HW  
Enf Action Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Site Address: 988 N SAN ANTONIO RD

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**ARCO #0707 (Continued)**

**U001594144**

Site City: LOS ALTOS  
Site Zip: 94022  
Enf Action Date: 10-08-2014  
Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection  
Enf Action Notes: Not reported  
Enf Action Division: Santa Clara County Environmental Health  
Enf Action Program: UST  
Enf Action Source: CERS

Coordinates:

Site ID: 385390  
Facility Name: ARCO AM/PM  
Env Int Type Code: HMBP  
Program ID: 10356844  
Coord Name: Not reported  
Ref Point Type Desc: Center of a facility or station.  
Latitude: 37.399860  
Longitude: -122.114660

Affiliation:

Affiliation Type Desc: CUPA District  
Entity Name: Santa Clara County Environmental Health  
Entity Title: Not reported  
Affiliation Address: 1555 Berger Drive, Suite 300  
Affiliation City: San Jose  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: 95112-2716  
Affiliation Phone: (408) 918-3400

Affiliation Type Desc: Document Preparer  
Entity Name: Stantec Consulting Services Inc.  
Entity Title: Not reported  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

Affiliation Type Desc: Environmental Contact  
Entity Name: Amin Salkhi  
Entity Title: Not reported  
Affiliation Address: 605 Contra Costa Blvd.  
Affiliation City: Pleasant Hill  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: 94523  
Affiliation Phone: (510) 331-8405

Affiliation Type Desc: Facility Mailing Address  
Entity Name: Mailing Address  
Entity Title: Not reported  
Affiliation Address: 605 Contra Costa Blvd.  
Affiliation City: Pleasant Hill

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**ARCO #0707 (Continued)**

**U001594144**

Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: 94523  
Affiliation Phone: Not reported

Affiliation Type Desc: Identification Signer  
Entity Name: Amin Salkhi  
Entity Title: President  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

Affiliation Type Desc: Legal Owner  
Entity Name: Grand Petroleum  
Entity Title: Not reported  
Affiliation Address: 605 Contra Costa Blvd.  
Affiliation City: Pleasant Hill  
Affiliation State: CA  
Affiliation Country: United States  
Affiliation Zip: 94523  
Affiliation Phone: (510) 331-8405

Affiliation Type Desc: Operator  
Entity Name: Grand Petroleum  
Entity Title: Not reported  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: (510) 331-8405

Affiliation Type Desc: Parent Corporation  
Entity Name: Grand Petroleum  
Entity Title: Not reported  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

Affiliation Type Desc: Property Owner  
Entity Name: Amin and Banafsheh Salkhi  
Entity Title: Not reported  
Affiliation Address: 605 Contra Costa Blvd.  
Affiliation City: Pleasant Hill  
Affiliation State: CA  
Affiliation Country: United States  
Affiliation Zip: 94523  
Affiliation Phone: (510) 331-8405

Affiliation Type Desc: UST Permit Applicant  
Entity Name: Amin Salkhi

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**ARCO #0707 (Continued)**

**U001594144**

Entity Title: President  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: (510) 331-8405

Affiliation Type Desc: UST Property Owner Name  
Entity Name: Amin and Banafsheh Salkhi  
Entity Title: Not reported  
Affiliation Address: 605 Contra Costa Blvd.  
Affiliation City: Pleasant Hill  
Affiliation State: CA  
Affiliation Country: United States  
Affiliation Zip: 94523  
Affiliation Phone: (510) 331-8405

Affiliation Type Desc: UST Tank Operator  
Entity Name: Grand Petroleum  
Entity Title: Not reported  
Affiliation Address: 605 Contra Costa Blvd.  
Affiliation City: Pleasant Hill  
Affiliation State: CA  
Affiliation Country: United States  
Affiliation Zip: 94523  
Affiliation Phone: (510) 331-8405

Affiliation Type Desc: UST Tank Owner  
Entity Name: Amin and Banafsheh Salkhi  
Entity Title: Not reported  
Affiliation Address: 605 Contra Costa Blvd.  
Affiliation City: Pleasant Hill  
Affiliation State: CA  
Affiliation Country: United States  
Affiliation Zip: 94523  
Affiliation Phone: (510) 331-8405

**CERS TANKS:**

Site ID: 385390  
CERS ID: 10356844  
CERS Description: Underground Storage Tank

**Violations:**

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 10-01-2013  
Citation: HSC 6.95 Multiple Sections - California Health and Safety Code, Chapter 6.95, Section(s) Multiple Sections  
Business Plan Program - Administration/Documentation - General  
Violation Description: Observed a rack of 14, 5 gal propane containers that were not disclosed on the HMBP. Include these BBQ sized propane tanks in addition to the already disclosed 500 gal propane tank. Additionally, the underground storage tanks that are currently reported at 10,000 gallons actually are 12,000 gallon tanks. This should be accurately reflected in your hazardous materials inventory.  
Violation Notes:

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**ARCO #0707 (Continued)**

**U001594144**

Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 10-01-2013  
Citation: 23 CCR 16 2715(f) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2715(f)  
Violation Description: Failure to comply with one or more of the following: provide training to facility employee(s) responsible for proper operation and maintenance every 12 months and/or train new employee(s) who are responsible for proper operation and maintenance within 30-days of hire and/or to have at least one employee present during operating hours that has been trained in the proper operation and maintenance of the UST system.  
Violation Notes: Returned to compliance on 10/01/2013. New employee Justin Kyle has not been trained within 30 days of hire. Training performed by DO while on-site.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 10-08-2014  
Citation: Un-Specified  
Violation Description: UST Program - Administration/Documentation - For use of Local Ordinance only  
Violation Notes: Written responses from your previous 2012 and 2013 inspections have not been received by our office. Please submit these required written responses to our office immediately.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 10-01-2013  
Citation: HSC 6.7 Multiple Sections - California Health and Safety Code, Chapter 6.7, Section(s) Multiple Sections  
Violation Description: UST Program - Administration/Documentation - General  
Violation Notes: Unable to locate documents at facility that would indicate that there was a return to compliance after the issuance of a Notice Of Inspection on 10-2-12. Locate Notice of Inspection and complete required action to return to compliance and send to the department within 30 days.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 08-22-2016  
Citation: 23 CCR 16 2632(d)(1)(C), 2641(h), 2711(a)(8) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2632(d)(1)(C), 2641(h), 2711(a)(8)

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**ARCO #0707 (Continued)**

**U001594144**

Violation Description: Failure to submit or update a plot plan.  
Violation Notes: The Monitoring Site Plan has not been updated.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 08-22-2016  
Citation: HSC 6.7 Multiple - California Health and Safety Code, Chapter 6.7, Section(s) Multiple

Violation Description: UST Program - Administration/Documentation - General - Must include violation description, proper statute and regulation citation in the "comment" section.

Violation Notes: No testing results or reports have been submitted by the contractor, consultant or owner for the required tests as part of project SR0849628.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 10-08-2014  
Citation: 23 CCR 16 2636(f)(2) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2636(f)(2)

Violation Description: Failure of the pressurized piping to meet one or more of the following requirements: monitored at least hourly with the capability of detecting a release of 3.0 gallons per hour, and will restrict the flow of product through the piping or trigger an alarm when a release occurs.

Violation Notes: Returned to compliance on 11/05/2014. The 91 Red Jacket CPT line leak detector failed to properly detect a leak at 3 gph and 10 psi when tested twice.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 10-08-2014  
Citation: HSC 6.5 Multiple Sections - California Health and Safety Code, Chapter 6.5, Section(s) Multiple Sections

Violation Description: Haz Waste Generator Program - Operations/Maintenance - General  
Violation Notes: Returned to compliance on 11/05/2014. 2 x 55-gallon containers in the outside rear storage area did not have the "empty date" marked on the containers.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HW  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 10-01-2013  
Citation: HSC 6.67 Multiple Sections - California Health and Safety Code, Chapter 6.67, Section(s) Multiple Sections

Violation Description: Haz Waste Generator Program - Administration/Documentation - General

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**ARCO #0707 (Continued)**

**U001594144**

Violation Notes: Unable to locate documents at facility that would indicate that there was a return to compliance after the issuance of a Notice Of Inspection on 10-2-12. Locate Notice of Inspection and complete required action to return to compliance and send to the department within 30 days.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HW  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 10-01-2013  
Citation: HSC 6.7 25291 - California Health and Safety Code, Chapter 6.7, Section(s) 25291

Violation Description: Failure to maintain under-dispenser containment, sumps, and/or other secondary containment in good condition and/or free of debris/liquid.

Violation Notes: Returned to compliance on 10/01/2013. Observed approximately 1/4 inch of water in the 91 STP sump. Violation was corrected at time of inspection as all liquid was removed by technicians.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 08-23-2016  
Citation: HSC 6.95 25508.1(a)-(f) - California Health and Safety Code, Chapter 6.95, Section(s) 25508.1(a)-(f)

Violation Description: Failure to electronically update business plan within 30 days of any one of the following events: A 100 percent or more increase in the quantity of a previously disclosed material. Any handling of a previously undisclosed hazardous materials at or above reportable quantities. A change of business address, business ownership, or business name. A substantial change in the handler's operations that requires modification to any portion of the business plan.

Violation Notes: Not reported

Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 08-22-2016  
Citation: 23 CCR 16 2638(a), 2641(j) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2638(a), 2641(j)

Violation Description: Failure of the leak detection equipment to be installed, calibrated, operated, and/or maintained properly.

Violation Notes: The monitoring equipment has not been functionally tested as a "Cold Start" was to be performed prior to start-up. See Franzen-Hill May 25, 2016, Q16-05034 page 2 of 4.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 08-22-2016

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**ARCO #0707 (Continued)**

**U001594144**

Citation: 23 CCR 6.7 25284, 25286 - California Code of Regulations, Title 23, Chapter 6.7, Section(s) 25284, 25286

Violation Description: Failure to submit a complete and accurate application for a permit to operate a UST, or for renewal of the permit.

Violation Notes: There has been no UST Permit Application, electronic submittal, provided to this office or updated electronically.

Violation Division: Santa Clara County Environmental Health

Violation Program: UST

Violation Source: CERS

Site ID: 385390

Site Name: ARCO AM/PM

Violation Date: 08-22-2016

Citation: HSC 6.7 Multiple - California Health and Safety Code, Chapter 6.7, Section(s) Multiple

Violation Description: UST Program - Administration/Documentation - General - Must include violation description, proper statute and regulation citation in the "comment" section.

Violation Notes: We have not verified completely, the condition of the system after work was performed under permit ID SR0849628

Violation Division: Santa Clara County Environmental Health

Violation Program: UST

Violation Source: CERS

Site ID: 385390

Site Name: ARCO AM/PM

Violation Date: 08-23-2016

Citation: HSC 6.95 25508(a)(1) - California Health and Safety Code, Chapter 6.95, Section(s) 25508(a)(1)

Violation Description: Failure to complete and electronically submit a site map with all required content.

Violation Notes: Not reported

Violation Division: Santa Clara County Environmental Health

Violation Program: HMRRP

Violation Source: CERS

Site ID: 385390

Site Name: ARCO AM/PM

Violation Date: 03-27-2015

Citation: 23 CCR 16 2637 - California Code of Regulations, Title 23, Chapter 16, Section(s) 2637

Violation Description: Failure to comply with one or more of the following: conduct secondary containment testing, within six months of installation and every 36 months thereafter, conducted in accordance with proper practices, protocols, or test methods.

Violation Notes: Returned to compliance on 03/27/2015. A review of previous records indicates that your previous initial SB-989 testing occurred during November 2011 and has exceeded the 36-month periodic testing requirement. Ensure that your next SB-989 testing occurs on or before November 2018 to re-establish the initial 36-month testing cycle.

Violation Division: Santa Clara County Environmental Health

Violation Program: UST

Violation Source: CERS

Site ID: 385390

Site Name: ARCO AM/PM

Violation Date: 10-01-2013

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**ARCO #0707 (Continued)**

**U001594144**

Citation: HSC 6.7 25292(e) - California Health and Safety Code, Chapter 6.7, Section(s) 25292(e)

Violation Description: Failure to maintain secondary containment, as evidenced by failure of secondary containment testing.

Violation Notes: Returned to compliance on 03/27/2015. A failure on dispenser 3/4 was observed during the 989 secondary containment testing performed on 11-17-11. Unable to locate any documentation indicating that the failure has been addressed and proper repairs have been made.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 10-05-2017  
Citation: 23 CCR 16 2638(a) & (b), 2641(j), 2715(i) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2638(a) & (b), 2641(j), 2715(i)

Violation Description: Failure to have a properly qualified service technician test leak detection equipment as required every 12 months (vapor, pressure, hydrostatic (VPH) system, sensors, line-leak detectors (LLD), automatic tank gauge (ATG), etc.).

Violation Notes: Facility's last annual monitoring certification was performed in August of 2016. System must be annually tested and the calendar month for testing is August. DO NOT EXCEED 12 MONTHS BETWEEN TESTING.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 10-08-2014  
Citation: 19 CCR 6.95 25508(a)(1) - California Code of Regulations, Title 19, Chapter 6.95, Section(s) 25508(a)(1)

Violation Description: Failure to complete and electronically submit the Business Activities Page and/or Business Owner Operator Identification Page.

Violation Notes: Returned to compliance on 11/05/2014. According to the manager, the site identification name on the Business Owner Operator page in CERS should be changed from ARCO AM/PM to Grand Petro Los Altos. Also, change the owner name in CERS from Grand Petroleum to Grand Petroleum INC. The hazardous waste generator box on the Business Activities page in CERS should be checked "yes" instead of "no". Please re-submit these changes in CERS in order to update your electronic submittal in CERS.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 08-22-2016  
Citation: 23 CCR 16 2712 - California Code of Regulations, Title 23, Chapter 16, Section(s) 2712

Violation Description: Failure to comply with any of the applicable requirements of the permit issued for the operation of the UST system.

Violation Notes: The Permit Conditions to store and dispense diesel fuel at this site has not been given final approval and sign-off.

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**ARCO #0707 (Continued)**

**U001594144**

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 10-05-2017  
Citation: 22 CCR 23 66273.31(a) - California Code of Regulations, Title 22, Chapter 23, Section(s) 66273.31(a)

Violation Description: Failure of the universal waste handler to transfer universal waste to the appropriate destination facility.

Violation Notes: Observed 1, spent 4 foot gray tipped mercury containing fluorescent lamp disposed of in the trash in the back room (where underground storage tank monitoring panel is located). Bhupesh Puri, cashier acknowledged he placed this item in the trash and was not aware it couldn't be in there. Mr. Puri was directed to contact a licensed hauler or perform a drop off at a location that receives universal waste lamps.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HW  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 10-08-2014  
Citation: HSC 6.5 Multiple - California Health and Safety Code, Chapter 6.5, Section(s) Multiple  
Violation Description: Haz Waste Generator Program - Administration/Documentation - General  
Violation Notes: Written responses from your previous 2012 and 2013 inspections have not been received by our office. Please submit these required written responses to our office immediately.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HW  
Violation Source: CERS

Evaluation:  
Eval General Type: Other/Unknown  
Eval Date: 02-13-2018  
Violations Found: No  
Eval Type: Other, not routine, done by local agency  
Eval Notes: I am on site, 988 N San Antonio Road, to witness the 2018 Secondary Containment Testing. Aneil Chand, UST Service Tech, Pinnacle Fuel Compliance Services, Inc. is on site conducting the testing work. Aneil Chand, UST Service Tech, Pinnacle Fuel Compliance Services, Inc. ICC # 5119959 Serv Tech Expires 6/4/2018 VR - Expires 3/2/2018 Caldwell Accelerated Testing Equipment. 2/2021 3 Underground Storage Tanks, fiberglass, tested at 10 inches vacuum. All tested for 60 minutes, All pass 3 STP sumps 3 secondary lines 4 UDCs NOTE: The Secondary Containment Testing Report shall be submitted to this office within 30 days .

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Other/Unknown  
Eval Date: 03-27-2015  
Violations Found: Yes

MAP FINDINGS

ARCO #0707 (Continued)

U001594144

Eval Type: Other, not routine, done by local agency  
Eval Notes: A SB-989 Secondary Containment testing inspection was performed on this date. Testing was performed by Randy Johnson. All of his required certifications were reviewed and were current including his Caldwell Accelerated Testing certification which has an expiration date of January 2017. The following components were tested using the Caldwell accelerated test method for 30 minutes: 4 UDCs at a depth of 10 inches which were above the product piping penetrations. Dispenser UDC 5/6 failed on the first attempt and then passed on the second attempt. Test result = pass on the first attempt for all other UDCs 3 turbine sumps at a level 2 inches above the highest product piping penetration. Test result = pass 3 product lines were tested at 5 psi nitrogen for one hour. Test result = pass. 3 tank annular spaces were tested at -10 psi vacuum for one hour. The 91 and 87 siphon tank passed their one-hour tests. At the conclusion of the inspection, the 87 master tank was [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Other/Unknown  
Eval Date: 07-13-2016  
Violations Found: No  
Eval Type: Other, not routine, done by local agency  
Eval Notes: On site for primary pipe pressure and soap test. Amin Salkhi, Owner, (510) 331-8405, salkhi@yahoo.com Alex Puentes, ICC UST Installer, Franzen - Hill Corp, on site to facilitate testing Permit review on site. Contractor on permit application is not Franzen - Hill. Owner contacted to confirm contractor approval and contract to perform work (see contract in permit folder). Owner is to amend permit application to show correct contractor who is performing work. Contractor License confirmed while on site, B-304147, C-61 / D40, A, Haz Substances Removal Certified. Cert of Liability confirmed, Amended Permit Re-Application received. See file. Alex Puentes, Franzen - Hill Corp, certifications ICC#5284987, UST Instal/Retro, exp. 11/09/2017 NOV, Red Tread, exp. 2/2017. Primary Piping Tests Pressure, 52 psi @ t-1.(exposed in hot sun), T-1 plus 30 minutes = 51.2, (pipe transition to shade), OK - Pass. Soap Testing, Soaked all joints and connections, No [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Other/Unknown  
Eval Date: 07-15-2016  
Violations Found: No  
Eval Type: Other, not routine, done by local agency  
Eval Notes: Onsite to witness testing for the construction project to convert an existing UST from gasoline to diesel, install new diesel piping, two new UDC pans and all new dispensers. Alex Puentes was onsite today overseeing this construction project. Certifications for this project are on file with the permit application. On this date I observed the following testing: - Diesel secondary containment piping from tank to Dispensers 1/2 and 3/4: pressure test at 5 psi for one hour. While under pressure the secondary containment pipe fittings were soap tested with no leaks observed. Following the one hour pressure test, the gauge (connected at the piping end in the STP sump) was observed

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

ARCO #0707 (Continued)

U001594144

while the pressure was slowly released from the valve stems on the penetration fittings/boots (used to isolate the secondary containment piping) in UDC's 1/2 and 3/4. Test results = Pass. - Diesel STP sump: hydrostatic test using an Incon TS-STC system. Test results = Pass. The UDC s for [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Other/Unknown  
Eval Date: 08-01-2016  
Violations Found: No  
Eval Type: Other, not routine, done by local agency  
Eval Notes:

On site today, 988 N San Antonio Rd. Josue Salazar, Franzel-Hill on site to provide access and test results from 7/29/2016. I observed the epoxy repair from 7/29/2016 on the electrical conduit floor penetrations in the UDC. See pictures on incon tags.

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 08-22-2016  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes:

On site, 988 N San Antonio Road, to confirm Diesel Fuel storage and dispensing operation. Amin Salkhi, President, Grand Petro Los Altos. Diesel fuel has been in this system with sales open for more than 2 weeks. 2.39 / gallon. today. Final approval has not been granted for the Project SR0265438. The work to be performed under permit ID SR0849628 is incomplete. Permit Re-Application submitted on 7/13/2016, by; Grand Petroleum, dba: Arco ampm 988 N San Antonio Road Los Altos, CA 94022 Robert Eagan, Fuel System Consulting, Plan Check Contact Contractor Information; Franzen-Hill, Corp. 1100 N. J Street, Tulare, CA 93274 Darren Thomas, Contact On 7/13/2016, while on site, to confirm Contractor approval and work performed. No previous work approval had been given for this contractor to perform work at this facility, on this UST system. The detail scope of work, identified for this project in the plan check comments dated March 17, 2016, is [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Other/Unknown  
Eval Date: 08-23-2016  
Violations Found: Yes  
Eval Type: Other, not routine, done by local agency  
Eval Notes:

I am reviewing Status of CERS ID 10356844 and response to most recent submittal. Outstanding Items; The Facility Information was submitted for CERS ID 10356844 on 2/24/2016, The Facility Information is Accepted The Hazardous Waste Inventory was submitted for CERS ID 10356844 on 2/24/2016, The Hazardous Waste Inventory submittal was Not Accepted on 8/23/2016 by Andrew Dyer for Santa Clara County Environmental Health Inventory; Update the Inventory to reflect the Diesel Fuel storage on this site. Update the Site Map to include the Diesel Storage Location. Underground Storage Tanks; Update these

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

ARCO #0707 (Continued)

U001594144

records to reflect the Diesel Fuel storage and dispensing operations at this site. Update the UST Monitoring Site Map. Update the CFO letter to reflect the current year financial figures as required. See the detail for each item updated today in CERS. Complete the "Corrective Actions Taken" and the Certification of Compliance" on this Notice [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: HMRRP  
Eval Source: CERS

Eval General Type: Other/Unknown

Eval Date: 08-30-2016

Violations Found: No

Eval Type: Other, not routine, done by local agency

Eval Notes: On site, 988 N San Antonio Road for inspections for required testing that remains outstanding, past due. Amin Salkhi, President, Grand Petroleum, on site. salkhi@hahoo.com Aneil Chand Pinnacle Fuel Compliance Services, CLB #894932 ICC # 5119959 Serv Tech Expires 6/4/2018 VR - Expires 3/2/2018 INCON Lvl-4, 6242123701, exp. 2/10/2016. Caldwell Sump Tester Cert Expires 12/31/17 Aniel Chand, Pinnacle Fuel Compliance, on site to conduct the following outstanding items; Water testing of the Under Dispenser Containment (UDC) at dispenser 1/2 and 3/4, Monitoring System Certification, Full site due to Cold Start. NOTE, the annular testing date will be moved forward to August of each year based on today's testing. OK, see below for details. Dispenser Conversion Frame confirmation (B-2000), Diesel Tank, conversion, confirmation that a drop tube flapper is NOT required, Alarm History, July 18, 2016 System Set-up, to be re-labeled to reflect diesel tank. [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Other/Unknown

Eval Date: 09-01-2016

Violations Found: No

Eval Type: Other, not routine, done by local agency

Eval Notes: On site, 988 N San Antonio Road for inspections for required testing that remains outstanding, past due. Amin Salkhi, President, Grand Petroleum, on site. See CERS comments.

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection

Eval Date: 10-01-2013

Violations Found: Yes

Eval Type: Routine done by local agency

Eval Notes: Not reported

Eval Division: Santa Clara County Environmental Health  
Eval Program: HMRRP  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection

Eval Date: 10-01-2013

Violations Found: Yes

Eval Type: Routine done by local agency

MAP FINDINGS

ARCO #0707 (Continued)

U001594144

Eval Notes: COMMENTS: On site 10-1-13 to oversee annual UST monitoring system and spill bucket testing. Testing was conducted by AI Milburn from EPIC Compliance Systems, Inc. Mr. Milburn holds valid/current ICC, Veeder-Root, Red Jacket and VMI certifications. Site consists of three tanks (87-1, 87-(Siphon), and 91) and 4 dispenser pairs . Monitoring panel is a Veeder-Root TLS 350 panel. Sumps, annular spaces, and UDCs are monitored by veeder-Root sensors. Sumps were dry upon arrival with exception of the 91 STP sump which had about 1/4 inch of standing liquid. All liquid was removed by technicians. TESTING: The sumps (STP and Fill), annular, and UDC sensors were tested with water and provided audible and visible alarms in addition to positive shutdown of the turbines. Sensor out and power out (fail safe) provided positive shutdown of the turbines. Overfill protection is provided by Audible visual alarm at 90%. Red Jacket ELLDs installed on turbines were tested at dispenser [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 10-01-2013  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: Facility did not have any hazardous waste on-site at time of inspection. Gasoline filters are removed at time of servicing and spill absorbent is continuously used until it is saturated and can no longer absorb spills. Do not intentionally allow absorbent to dry/evaporate. Store in a closed container.

Eval Division: Santa Clara County Environmental Health  
Eval Program: HW  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 10-05-2017  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: On-site today to witness annual monitoring certification, spill bucket testing, and perform an inspection of the underground storage tank (UST) system. Testing performed by Brian Dunahay of Epic Compliance Systems and has all required certifications to perform such testing. All components and leak detection devices that were witnessed performed as required. Did not remain on-site to witness testing of diesel electronic line leak detector. Overfill was not witnessed but was to be demonstrated by removing probes and moving float up to 90% and hearing a audible alarm. Reviewed the following documentation: Permit Monitoring Plan Response Plan Dusto Agreement Financial Responsibility Monthly DO Inspections Training Records System Set-up & Alarm History NOTE: In next CERS submission, do not indicate "yes" next to "UDC Monitoring Stops Flow of Product at Dispenser" in the UDC monitoring plan section for all 3 tanks.

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Other/Unknown  
Eval Date: 10-05-2017  
Violations Found: Yes

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

ARCO #0707 (Continued)

U001594144

Eval Type: Other, not routine, done by local agency  
Eval Notes: Not reported  
Eval Division: Santa Clara County Environmental Health  
Eval Program: HW  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 10-06-2015  
Violations Found: No  
Eval Type: Routine done by local agency  
Eval Notes: On site, 988 N San Antonio Rd., Grand Petro Los Altos, for the 2015 UST Operating Permit Inspection Cindy Anderson, Manager, on site to provide facility access and records review. NOTE: This Notice of Inspection will be sent, by end of day, to; store83187@att.net Brian Dunahay, EPIC Compliance Systems, on site to conduct UST Monitoring System Certification ICC #8021436 exp. 2/13/2017 Veeder-Root exp 3/20/2017 Veeder-Root System Set-up and Alarm History Provided No system set-up change from previous year. Alarm History, OK DUSTO Monthly Reports, reviewed, OK DUSTO Training, OK CERS Review, UST Update needed, See CERS email system for details. Spill Buckets, (in fill sump) Tested with 5 gallons water. No drop observed. Sensor testing, 6 sumps, 3 USTs, 4 dispensers, All sensors shutdown both STPs, Audio and Visual Alarm, Print - OK Sensor Out, shutdown both STPs, Audio and Visual Alarm, Print - OK Power Out, shutdown both STPs - OK PLLD [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 10-08-2014  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: EPA ID # CAL000348806 is "ACTIVE". No hazardous waste shipments have occurred in the last year. No containers were observed accumulating hazardous waste. Emergency Procedures were properly posted. Fire extinguishers were current. Spill control absorbent was available for use. Trash dumpster was inspected and contained no hazardous waste.

Eval Division: Santa Clara County Environmental Health  
Eval Program: HW  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 10-08-2014  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: Facility has 2 reportable chemicals, 36,000 gallons of gasoline; 570 gallons of propane; and is properly permitted. HMBP has been previously electronically submitted on CERS and is "under review" by our agency. Emergency Response training is current.

Eval Division: Santa Clara County Environmental Health  
Eval Program: HMRRP  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 10-08-2014  
Violations Found: Yes

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**ARCO #0707 (Continued)**

**U001594144**

Eval Type: Routine done by local agency  
Eval Notes: The monitoring certification was performed by AI Milburn. Service Technician ICC 878949. All of his required certifications were reviewed and were current. VMI LDT-890 tester 2-year calibration date = 2/19/2014. All of the following components provided audible and visual alarms plus positive shut-down when tested: 3 tank annular space sensors, 3 fill sumps, 3 turbine/piping sumps, and 4 UDC dispenser pan sumps. The 2 turbines also provided positive shut-down under conditions of sensor-out and failsafe. The 87 electronic line leak detector tested from dispenser 7/8 properly detected leaks when tested at 3 gph & 10 psi. 3 overflow alarms set at 90% provided audible and visual alarms when tested. 3 spill buckets passed their one-hour lake tests. The emergency shut-off switch properly shut down the 2 turbines when tested. Recommend that you provide an "emergency shutoff switch with arrow" sign on the side of the building that faces dispensers 5/6 & 7/8 [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

**Enforcement Action:**

Site ID: 385390  
Site Name: ARCO AM/PM  
Site Address: 988 N SAN ANTONIO RD  
Site City: LOS ALTOS  
Site Zip: 94022  
Enf Action Date: 10-01-2013  
Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection  
Enf Action Notes: Not reported  
Enf Action Division: Santa Clara County Environmental Health  
Enf Action Program: HMRRP  
Enf Action Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Site Address: 988 N SAN ANTONIO RD  
Site City: LOS ALTOS  
Site Zip: 94022  
Enf Action Date: 10-01-2013  
Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection  
Enf Action Notes: Not reported  
Enf Action Division: Santa Clara County Environmental Health  
Enf Action Program: HW  
Enf Action Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Site Address: 988 N SAN ANTONIO RD  
Site City: LOS ALTOS  
Site Zip: 94022  
Enf Action Date: 10-01-2013  
Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection  
Enf Action Notes: Not reported  
Enf Action Division: Santa Clara County Environmental Health

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**ARCO #0707 (Continued)**

**U001594144**

Enf Action Program: UST  
Enf Action Source: CERS  
  
Site ID: 385390  
Site Name: ARCO AM/PM  
Site Address: 988 N SAN ANTONIO RD  
Site City: LOS ALTOS  
Site Zip: 94022  
Enf Action Date: 10-08-2014  
Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection  
Enf Action Notes: Not reported  
Enf Action Division: Santa Clara County Environmental Health  
Enf Action Program: HMRRP  
Enf Action Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Site Address: 988 N SAN ANTONIO RD  
Site City: LOS ALTOS  
Site Zip: 94022  
Enf Action Date: 10-08-2014  
Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection  
Enf Action Notes: Not reported  
Enf Action Division: Santa Clara County Environmental Health  
Enf Action Program: HW  
Enf Action Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Site Address: 988 N SAN ANTONIO RD  
Site City: LOS ALTOS  
Site Zip: 94022  
Enf Action Date: 10-08-2014  
Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection  
Enf Action Notes: Not reported  
Enf Action Division: Santa Clara County Environmental Health  
Enf Action Program: UST  
Enf Action Source: CERS

Coordinates:  
Site ID: 385390  
Facility Name: ARCO AM/PM  
Env Int Type Code: HMBP  
Program ID: 10356844  
Coord Name: Not reported  
Ref Point Type Desc: Center of a facility or station.  
Latitude: 37.399860  
Longitude: -122.114660

Affiliation:  
Affiliation Type Desc: CUPA District  
Entity Name: Santa Clara County Environmental Health  
Entity Title: Not reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**ARCO #0707 (Continued)**

**U001594144**

Affiliation Address: 1555 Berger Drive, Suite 300  
Affiliation City: San Jose  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: 95112-2716  
Affiliation Phone: (408) 918-3400

Affiliation Type Desc: Document Preparer  
Entity Name: Stantec Consulting Services Inc.  
Entity Title: Not reported  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

Affiliation Type Desc: Environmental Contact  
Entity Name: Amin Salkhi  
Entity Title: Not reported  
Affiliation Address: 605 Contra Costa Blvd.  
Affiliation City: Pleasant Hill  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: 94523  
Affiliation Phone: (510) 331-8405

Affiliation Type Desc: Facility Mailing Address  
Entity Name: Mailing Address  
Entity Title: Not reported  
Affiliation Address: 605 Contra Costa Blvd.  
Affiliation City: Pleasant Hill  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: 94523  
Affiliation Phone: Not reported

Affiliation Type Desc: Identification Signer  
Entity Name: Amin Salkhi  
Entity Title: President  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

Affiliation Type Desc: Legal Owner  
Entity Name: Grand Petroleum  
Entity Title: Not reported  
Affiliation Address: 605 Contra Costa Blvd.  
Affiliation City: Pleasant Hill  
Affiliation State: CA  
Affiliation Country: United States  
Affiliation Zip: 94523  
Affiliation Phone: (510) 331-8405

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)  
EDR ID Number  
EPA ID Number

ARCO #0707 (Continued)

U001594144

Affiliation Type Desc: Operator  
Entity Name: Grand Petroleum  
Entity Title: Not reported  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: (510) 331-8405

Affiliation Type Desc: Parent Corporation  
Entity Name: Grand Petroleum  
Entity Title: Not reported  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

Affiliation Type Desc: Property Owner  
Entity Name: Amin and Banafsheh Salkhi  
Entity Title: Not reported  
Affiliation Address: 605 Contra Costa Blvd.  
Affiliation City: Pleasant Hill  
Affiliation State: CA  
Affiliation Country: United States  
Affiliation Zip: 94523  
Affiliation Phone: (510) 331-8405

Affiliation Type Desc: UST Permit Applicant  
Entity Name: Amin Salkhi  
Entity Title: President  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: (510) 331-8405

Affiliation Type Desc: UST Property Owner Name  
Entity Name: Amin and Banafsheh Salkhi  
Entity Title: Not reported  
Affiliation Address: 605 Contra Costa Blvd.  
Affiliation City: Pleasant Hill  
Affiliation State: CA  
Affiliation Country: United States  
Affiliation Zip: 94523  
Affiliation Phone: (510) 331-8405

Affiliation Type Desc: UST Tank Operator  
Entity Name: Grand Petroleum  
Entity Title: Not reported  
Affiliation Address: 605 Contra Costa Blvd.  
Affiliation City: Pleasant Hill  
Affiliation State: CA  
Affiliation Country: United States

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**ARCO #0707 (Continued)**

**U001594144**

Affiliation Zip: 94523  
Affiliation Phone: (510) 331-8405

Affiliation Type Desc: UST Tank Owner  
Entity Name: Amin and Banafsheh Salkhi  
Entity Title: Not reported  
Affiliation Address: 605 Contra Costa Blvd.  
Affiliation City: Pleasant Hill  
Affiliation State: CA  
Affiliation Country: United States  
Affiliation Zip: 94523  
Affiliation Phone: (510) 331-8405

**CERS TANKS:**

Site ID: 211992  
CERS ID: T0608500189  
CERS Description: Leaking Underground Storage Tank Cleanup Site

**Affiliation:**

Affiliation Type Desc: Local Agency Caseworker  
Entity Name: UST CASE WORKER - SANTA CLARA COUNTY LOP  
Entity Title: Not reported  
Affiliation Address: 1555 Berger Drive, Suite 300  
Affiliation City: SAN JOSE  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: 4089183400

Affiliation Type Desc: Regional Board Caseworker  
Entity Name: Regional Water Board - SAN FRANCISCO BAY RWQCB (REGION 2)  
Entity Title: Not reported  
Affiliation Address: 1515 CLAY ST SUITE 1400  
Affiliation City: OAKLAND  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

Site ID: 385390  
CERS ID: 10356844  
CERS Description: Chemical Storage Facilities

**Violations:**

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 10-01-2013  
Citation: HSC 6.95 Multiple Sections - California Health and Safety Code, Chapter 6.95, Section(s) Multiple Sections  
Violation Description: Business Plan Program - Administration/Documentation - General  
Violation Notes: Observed a rack of 14, 5 gal propane containers that were not disclosed on the HMBP. Include these BBQ sized propane tanks in addition to the already disclosed 500 gal propane tank. Additionally, the underground storage tanks that are currently reported at 10,000 gallons actually are 12,000 gallon tanks. This should be accurately reflected in your hazardous materials inventory.

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**ARCO #0707 (Continued)**

**U001594144**

Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 10-01-2013  
Citation: 23 CCR 16 2715(f) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2715(f)  
Violation Description: Failure to comply with one or more of the following: provide training to facility employee(s) responsible for proper operation and maintenance every 12 months and/or train new employee(s) who are responsible for proper operation and maintenance within 30-days of hire and/or to have at least one employee present during operating hours that has been trained in the proper operation and maintenance of the UST system.  
Violation Notes: Returned to compliance on 10/01/2013. New employee Justin Kyle has not been trained within 30 days of hire. Training performed by DO while on-site.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 10-08-2014  
Citation: Un-Specified  
Violation Description: UST Program - Administration/Documentation - For use of Local Ordinance only  
Violation Notes: Written responses from your previous 2012 and 2013 inspections have not been received by our office. Please submit these required written responses to our office immediately.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 10-01-2013  
Citation: HSC 6.7 Multiple Sections - California Health and Safety Code, Chapter 6.7, Section(s) Multiple Sections  
Violation Description: UST Program - Administration/Documentation - General  
Violation Notes: Unable to locate documents at facility that would indicate that there was a return to compliance after the issuance of a Notice Of Inspection on 10-2-12. Locate Notice of Inspection and complete required action to return to compliance and send to the department within 30 days.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 08-22-2016  
Citation: 23 CCR 16 2632(d)(1)(C), 2641(h), 2711(a)(8) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2632(d)(1)(C), 2641(h), 2711(a)(8)

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**ARCO #0707 (Continued)**

**U001594144**

Violation Description: Failure to submit or update a plot plan.  
Violation Notes: The Monitoring Site Plan has not been updated.  
Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 08-22-2016  
Citation: HSC 6.7 Multiple - California Health and Safety Code, Chapter 6.7, Section(s) Multiple

Violation Description: UST Program - Administration/Documentation - General - Must include violation description, proper statute and regulation citation in the "comment" section.

Violation Notes: No testing results or reports have been submitted by the contractor, consultant or owner for the required tests as part of project SR0849628.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 10-08-2014  
Citation: 23 CCR 16 2636(f)(2) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2636(f)(2)

Violation Description: Failure of the pressurized piping to meet one or more of the following requirements: monitored at least hourly with the capability of detecting a release of 3.0 gallons per hour, and will restrict the flow of product through the piping or trigger an alarm when a release occurs.

Violation Notes: Returned to compliance on 11/05/2014. The 91 Red Jacket CPT line leak detector failed to properly detect a leak at 3 gph and 10 psi when tested twice.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 10-08-2014  
Citation: HSC 6.5 Multiple Sections - California Health and Safety Code, Chapter 6.5, Section(s) Multiple Sections

Violation Description: Haz Waste Generator Program - Operations/Maintenance - General  
Violation Notes: Returned to compliance on 11/05/2014. 2 x 55-gallon containers in the outside rear storage area did not have the "empty date" marked on the containers.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HW  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 10-01-2013  
Citation: HSC 6.67 Multiple Sections - California Health and Safety Code, Chapter 6.67, Section(s) Multiple Sections

Violation Description: Haz Waste Generator Program - Administration/Documentation - General

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**ARCO #0707 (Continued)**

**U001594144**

Violation Notes: Unable to locate documents at facility that would indicate that there was a return to compliance after the issuance of a Notice Of Inspection on 10-2-12. Locate Notice of Inspection and complete required action to return to compliance and send to the department within 30 days.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HW  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 10-01-2013  
Citation: HSC 6.7 25291 - California Health and Safety Code, Chapter 6.7, Section(s) 25291

Violation Description: Failure to maintain under-dispenser containment, sumps, and/or other secondary containment in good condition and/or free of debris/liquid.

Violation Notes: Returned to compliance on 10/01/2013. Observed approximately 1/4 inch of water in the 91 STP sump. Violation was corrected at time of inspection as all liquid was removed by technicians.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 08-23-2016  
Citation: HSC 6.95 25508.1(a)-(f) - California Health and Safety Code, Chapter 6.95, Section(s) 25508.1(a)-(f)

Violation Description: Failure to electronically update business plan within 30 days of any one of the following events: A 100 percent or more increase in the quantity of a previously disclosed material. Any handling of a previously undisclosed hazardous materials at or above reportable quantities. A change of business address, business ownership, or business name. A substantial change in the handler's operations that requires modification to any portion of the business plan.

Violation Notes: Not reported

Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 08-22-2016  
Citation: 23 CCR 16 2638(a), 2641(j) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2638(a), 2641(j)

Violation Description: Failure of the leak detection equipment to be installed, calibrated, operated, and/or maintained properly.

Violation Notes: The monitoring equipment has not been functionally tested as a "Cold Start" was to be performed prior to start-up. See Franzen-Hill May 25, 2016, Q16-05034 page 2 of 4.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 08-22-2016

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**ARCO #0707 (Continued)**

**U001594144**

Citation: 23 CCR 6.7 25284, 25286 - California Code of Regulations, Title 23, Chapter 6.7, Section(s) 25284, 25286

Violation Description: Failure to submit a complete and accurate application for a permit to operate a UST, or for renewal of the permit.

Violation Notes: There has been no UST Permit Application, electronic submittal, provided to this office or updated electronically.

Violation Division: Santa Clara County Environmental Health

Violation Program: UST

Violation Source: CERS

Site ID: 385390

Site Name: ARCO AM/PM

Violation Date: 08-22-2016

Citation: HSC 6.7 Multiple - California Health and Safety Code, Chapter 6.7, Section(s) Multiple

Violation Description: UST Program - Administration/Documentation - General - Must include violation description, proper statute and regulation citation in the "comment" section.

Violation Notes: We have not verified completely, the condition of the system after work was performed under permit ID SR0849628

Violation Division: Santa Clara County Environmental Health

Violation Program: UST

Violation Source: CERS

Site ID: 385390

Site Name: ARCO AM/PM

Violation Date: 08-23-2016

Citation: HSC 6.95 25508(a)(1) - California Health and Safety Code, Chapter 6.95, Section(s) 25508(a)(1)

Violation Description: Failure to complete and electronically submit a site map with all required content.

Violation Notes: Not reported

Violation Division: Santa Clara County Environmental Health

Violation Program: HMRRP

Violation Source: CERS

Site ID: 385390

Site Name: ARCO AM/PM

Violation Date: 03-27-2015

Citation: 23 CCR 16 2637 - California Code of Regulations, Title 23, Chapter 16, Section(s) 2637

Violation Description: Failure to comply with one or more of the following: conduct secondary containment testing, within six months of installation and every 36 months thereafter, conducted in accordance with proper practices, protocols, or test methods.

Violation Notes: Returned to compliance on 03/27/2015. A review of previous records indicates that your previous initial SB-989 testing occurred during November 2011 and has exceeded the 36-month periodic testing requirement. Ensure that your next SB-989 testing occurs on or before November 2018 to re-establish the initial 36-month testing cycle.

Violation Division: Santa Clara County Environmental Health

Violation Program: UST

Violation Source: CERS

Site ID: 385390

Site Name: ARCO AM/PM

Violation Date: 10-01-2013

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**ARCO #0707 (Continued)**

**U001594144**

Citation: HSC 6.7 25292(e) - California Health and Safety Code, Chapter 6.7, Section(s) 25292(e)

Violation Description: Failure to maintain secondary containment, as evidenced by failure of secondary containment testing.

Violation Notes: Returned to compliance on 03/27/2015. A failure on dispenser 3/4 was observed during the 989 secondary containment testing performed on 11-17-11. Unable to locate any documentation indicating that the failure has been addressed and proper repairs have been made.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 10-05-2017  
Citation: 23 CCR 16 2638(a) & (b), 2641(j), 2715(i) - California Code of Regulations, Title 23, Chapter 16, Section(s) 2638(a) & (b), 2641(j), 2715(i)

Violation Description: Failure to have a properly qualified service technician test leak detection equipment as required every 12 months (vapor, pressure, hydrostatic (VPH) system, sensors, line-leak detectors (LLD), automatic tank gauge (ATG), etc.).

Violation Notes: Facility's last annual monitoring certification was performed in August of 2016. System must be annually tested and the calendar month for testing is August. DO NOT EXCEED 12 MONTHS BETWEEN TESTING.

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 10-08-2014  
Citation: 19 CCR 6.95 25508(a)(1) - California Code of Regulations, Title 19, Chapter 6.95, Section(s) 25508(a)(1)

Violation Description: Failure to complete and electronically submit the Business Activities Page and/or Business Owner Operator Identification Page.

Violation Notes: Returned to compliance on 11/05/2014. According to the manager, the site identification name on the Business Owner Operator page in CERS should be changed from ARCO AM/PM to Grand Petro Los Altos. Also, change the owner name in CERS from Grand Petroleum to Grand Petroleum INC. The hazardous waste generator box on the Business Activities page in CERS should be checked "yes" instead of "no". Please re-submit these changes in CERS in order to update your electronic submittal in CERS.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HMRRP  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 08-22-2016  
Citation: 23 CCR 16 2712 - California Code of Regulations, Title 23, Chapter 16, Section(s) 2712

Violation Description: Failure to comply with any of the applicable requirements of the permit issued for the operation of the UST system.

Violation Notes: The Permit Conditions to store and dispense diesel fuel at this site has not been given final approval and sign-off.

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**ARCO #0707 (Continued)**

**U001594144**

Violation Division: Santa Clara County Environmental Health  
Violation Program: UST  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 10-05-2017  
Citation: 22 CCR 23 66273.31(a) - California Code of Regulations, Title 22, Chapter 23, Section(s) 66273.31(a)

Violation Description: Failure of the universal waste handler to transfer universal waste to the appropriate destination facility.

Violation Notes: Observed 1, spent 4 foot gray tipped mercury containing fluorescent lamp disposed of in the trash in the back room (where underground storage tank monitoring panel is located). Bhupesh Puri, cashier acknowledged he placed this item in the trash and was not aware it couldn't be in there. Mr. Puri was directed to contact a licensed hauler or perform a drop off at a location that receives universal waste lamps.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HW  
Violation Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Violation Date: 10-08-2014  
Citation: HSC 6.5 Multiple - California Health and Safety Code, Chapter 6.5, Section(s) Multiple  
Violation Description: Haz Waste Generator Program - Administration/Documentation - General  
Violation Notes: Written responses from your previous 2012 and 2013 inspections have not been received by our office. Please submit these required written responses to our office immediately.

Violation Division: Santa Clara County Environmental Health  
Violation Program: HW  
Violation Source: CERS

**Evaluation:**

Eval General Type: Other/Unknown  
Eval Date: 02-13-2018  
Violations Found: No  
Eval Type: Other, not routine, done by local agency  
Eval Notes:

I am on site, 988 N San Antonio Road, to witness the 2018 Secondary Containment Testing. Aneil Chand, UST Service Tech, Pinnacle Fuel Compliance Services, Inc. is on site conducting the testing work. Aneil Chand, UST Service Tech, Pinnacle Fuel Compliance Services, Inc. ICC # 5119959 Serv Tech Expires 6/4/2018 VR - Expires 3/2/2018 Caldwell Accelerated Testing Equipment. 2/2021 3 Underground Storage Tanks, fiberglass, tested at 10 inches vacuum. All tested for 60 minutes, All pass 3 STP sumps 3 secondary lines 4 UDCs NOTE: The Secondary Containment Testing Report shall be submitted to this office within 30 days .

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Other/Unknown  
Eval Date: 03-27-2015  
Violations Found: Yes

MAP FINDINGS

ARCO #0707 (Continued)

U001594144

Eval Type: Other, not routine, done by local agency  
Eval Notes: A SB-989 Secondary Containment testing inspection was performed on this date. Testing was performed by Randy Johnson. All of his required certifications were reviewed and were current including his Caldwell Accelerated Testing certification which has an expiration date of January 2017. The following components were tested using the Caldwell accelerated test method for 30 minutes: 4 UDCs at a depth of 10 inches which were above the product piping penetrations. Dispenser UDC 5/6 failed on the first attempt and then passed on the second attempt. Test result = pass on the first attempt for all other UDCs 3 turbine sumps at a level 2 inches above the highest product piping penetration. Test result = pass 3 product lines were tested at 5 psi nitrogen for one hour. Test result = pass. 3 tank annular spaces were tested at -10 psi vacuum for one hour. The 91 and 87 siphon tank passed their one-hour tests. At the conclusion of the inspection, the 87 master tank was [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Other/Unknown  
Eval Date: 07-13-2016  
Violations Found: No  
Eval Type: Other, not routine, done by local agency  
Eval Notes: On site for primary pipe pressure and soap test. Amin Salkhi, Owner, (510) 331-8405, salkhi@yahoo.com Alex Puentes, ICC UST Installer, Franzen - Hill Corp, on site to facilitate testing Permit review on site. Contractor on permit application is not Franzen - Hill. Owner contacted to confirm contractor approval and contract to perform work (see contract in permit folder). Owner is to amend permit application to show correct contractor who is performing work. Contractor License confirmed while on site, B-304147, C-61 / D40, A, Haz Substances Removal Certified. Cert of Liability confirmed, Amended Permit Re-Application received. See file. Alex Puentes, Franzen - Hill Corp, certifications ICC#5284987, UST Instal/Retro, exp. 11/09/2017 NOV, Red Tread, exp. 2/2017. Primary Piping Tests Pressure, 52 psi @ t-1.(exposed in hot sun), T-1 plus 30 minutes = 51.2, (pipe transition to shade), OK - Pass. Soap Testing, Soaked all joints and connections, No [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Other/Unknown  
Eval Date: 07-15-2016  
Violations Found: No  
Eval Type: Other, not routine, done by local agency  
Eval Notes: Onsite to witness testing for the construction project to convert an existing UST from gasoline to diesel, install new diesel piping, two new UDC pans and all new dispensers. Alex Puentes was onsite today overseeing this construction project. Certifications for this project are on file with the permit application. On this date I observed the following testing: - Diesel secondary containment piping from tank to Dispensers 1/2 and 3/4: pressure test at 5 psi for one hour. While under pressure the secondary containment pipe fittings were soap tested with no leaks observed. Following the one hour pressure test, the gauge (connected at the piping end in the STP sump) was observed

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

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ARCO #0707 (Continued)

U001594144

while the pressure was slowly released from the valve stems on the penetration fittings/boots (used to isolate the secondary containment piping) in UDC's 1/2 and 3/4. Test results = Pass. - Diesel STP sump: hydrostatic test using an Incon TS-STC system. Test results = Pass. The UDC s for [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Other/Unknown  
Eval Date: 08-01-2016  
Violations Found: No  
Eval Type: Other, not routine, done by local agency  
Eval Notes: On site today, 988 N San Antonio Rd. Josue Salazar, Franzel-Hill on site to provide access and test results from 7/29/2016. I observed the epoxy repair from 7/29/2016 on the electrical conduit floor penetrations in the UDC. See pictures on incon tags.

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 08-22-2016  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: On site, 988 N San Antonio Road, to confirm Diesel Fuel storage and dispensing operation. Amin Salkhi, President, Grand Petro Los Altos. Diesel fuel has been in this system with sales open for more than 2 weeks. 2.39 / gallon. today. Final approval has not been granted for the Project SR0265438. The work to be performed under permit ID SR0849628 is incomplete. Permit Re-Application submitted on 7/13/2016, by; Grand Petroleum, dba: Arco ampm 988 N San Antonio Road Los Altos, CA 94022 Robert Eagan, Fuel System Consulting, Plan Check Contact Contractor Information; Franzen-Hill, Corp. 1100 N. J Street, Tulare, CA 93274 Darren Thomas, Contact On 7/13/2016, while on site, to confirm Contractor approval and work performed. No previous work approval had been given for this contractor to perform work at this facility, on this UST system. The detail scope of work, identified for this project in the plan check comments dated March 17, 2016, is [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Other/Unknown  
Eval Date: 08-23-2016  
Violations Found: Yes  
Eval Type: Other, not routine, done by local agency  
Eval Notes: I am reviewing Status of CERS ID 10356844 and response to most recent submittal. Outstanding Items; The Facility Information was submitted for CERS ID 10356844 on 2/24/2016, The Facility Information is Accepted The Hazardous Waste Inventory was submitted for CERS ID 10356844 on 2/24/2016, The Hazardous Waste Inventory submittal was Not Accepted on 8/23/2016 by Andrew Dyer for Santa Clara County Environmental Health Inventory; Update the Inventory to reflect the Diesel Fuel storage on this site. Update the Site Map to include the Diesel Storage Location. Underground Storage Tanks; Update these

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

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ARCO #0707 (Continued)

U001594144

records to reflect the Diesel Fuel storage and dispensing operations at this site. Update the UST Monitoring Site Map. Update the CFO letter to reflect the current year financial figures as required. See the detail for each item updated today in CERS. Complete the "Corrective Actions Taken" and the Certification of Compliance" on this Notice [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: HMRRP  
Eval Source: CERS

Eval General Type: Other/Unknown

Eval Date: 08-30-2016

Violations Found: No

Eval Type: Other, not routine, done by local agency

Eval Notes: On site, 988 N San Antonio Road for inspections for required testing that remains outstanding, past due. Amin Salkhi, President, Grand Petroleum, on site. salkhi@hahoo.com Aneil Chand Pinnacle Fuel Compliance Services, CLB #894932 ICC # 5119959 Serv Tech Expires 6/4/2018 VR - Expires 3/2/2018 INCON Lvl-4, 6242123701, exp. 2/10/2016. Caldwell Sump Tester Cert Expires 12/31/17 Aniel Chand, Pinnacle Fuel Compliance, on site to conduct the following outstanding items; Water testing of the Under Dispenser Containment (UDC) at dispenser 1/2 and 3/4, Monitoring System Certification, Full site due to Cold Start. NOTE, the annular testing date will be moved forward to August of each year based on today's testing. OK, see below for details. Dispenser Conversion Frame confirmation (B-2000), Diesel Tank, conversion, confirmation that a drop tube flapper is NOT required, Alarm History, July 18, 2016 System Set-up, to be re-labeled to reflect diesel tank. [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Other/Unknown

Eval Date: 09-01-2016

Violations Found: No

Eval Type: Other, not routine, done by local agency

Eval Notes: On site, 988 N San Antonio Road for inspections for required testing that remains outstanding, past due. Amin Salkhi, President, Grand Petroleum, on site. See CERS comments.

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection

Eval Date: 10-01-2013

Violations Found: Yes

Eval Type: Routine done by local agency

Eval Notes: Not reported

Eval Division: Santa Clara County Environmental Health  
Eval Program: HMRRP  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection

Eval Date: 10-01-2013

Violations Found: Yes

Eval Type: Routine done by local agency

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

ARCO #0707 (Continued)

U001594144

Eval Notes: COMMENTS: On site 10-1-13 to oversee annual UST monitoring system and spill bucket testing. Testing was conducted by AI Milburn from EPIC Compliance Systems, Inc. Mr. Milburn holds valid/current ICC, Veeder-Root, Red Jacket and VMI certifications. Site consists of three tanks (87-1, 87-(Siphon), and 91) and 4 dispenser pairs . Monitoring panel is a Veeder-Root TLS 350 panel. Sumps, annular spaces, and UDCs are monitored by veeder-Root sensors. Sumps were dry upon arrival with exception of the 91 STP sump which had about 1/4 inch of standing liquid. All liquid was removed by technicians. TESTING: The sumps (STP and Fill), annular, and UDC sensors were tested with water and provided audible and visible alarms in addition to positive shutdown of the turbines. Sensor out and power out (fail safe) provided positive shutdown of the turbines. Overfill protection is provided by Audible visual alarm at 90%. Red Jacket ELLDs installed on turbines were tested at dispenser [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 10-01-2013  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: Facility did not have any hazardous waste on-site at time of inspection. Gasoline filters are removed at time of servicing and spill absorbent is continuously used until it is saturated and can no longer absorb spills. Do not intentionally allow absorbent to dry/evaporate. Store in a closed container.

Eval Division: Santa Clara County Environmental Health  
Eval Program: HW  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 10-05-2017  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: On-site today to witness annual monitoring certification, spill bucket testing, and perform an inspection of the underground storage tank (UST) system. Testing performed by Brian Dunahay of Epic Compliance Systems and has all required certifications to perform such testing. All components and leak detection devices that were witnessed performed as required. Did not remain on-site to witness testing of diesel electronic line leak detector. Overfill was not witnessed but was to be demonstrated by removing probes and moving float up to 90% and hearing a audible alarm. Reviewed the following documentation: Permit Monitoring Plan Response Plan Dusto Agreement Financial Responsibility Monthly DO Inspections Training Records System Set-up & Alarm History NOTE: In next CERS submission, do not indicate "yes" next to "UDC Monitoring Stops Flow of Product at Dispenser" in the UDC monitoring plan section for all 3 tanks.

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Other/Unknown  
Eval Date: 10-05-2017  
Violations Found: Yes

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

ARCO #0707 (Continued)

U001594144

Eval Type: Other, not routine, done by local agency  
Eval Notes: Not reported  
Eval Division: Santa Clara County Environmental Health  
Eval Program: HW  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 10-06-2015  
Violations Found: No  
Eval Type: Routine done by local agency  
Eval Notes: On site, 988 N San Antonio Rd., Grand Petro Los Altos, for the 2015 UST Operating Permit Inspection Cindy Anderson, Manager, on site to provide facility access and records review. NOTE: This Notice of Inspection will be sent, by end of day, to; store83187@att.net Brian Dunahay, EPIC Compliance Systems, on site to conduct UST Monitoring System Certification ICC #8021436 exp. 2/13/2017 Veeder-Root exp 3/20/2017 Veeder-Root System Set-up and Alarm History Provided No system set-up change from previous year. Alarm History, OK DUSTO Monthly Reports, reviewed, OK DUSTO Training, OK CERS Review, UST Update needed, See CERS email system for details. Spill Buckets, (in fill sump) Tested with 5 gallons water. No drop observed. Sensor testing, 6 sumps, 3 USTs, 4 dispensers, All sensors shutdown both STPs, Audio and Visual Alarm, Print - OK Sensor Out, shutdown both STPs, Audio and Visual Alarm, Print - OK Power Out, shutdown both STPs - OK PLLD [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 10-08-2014  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: EPA ID # CAL000348806 is "ACTIVE". No hazardous waste shipments have occurred in the last year. No containers were observed accumulating hazardous waste. Emergency Procedures were properly posted. Fire extinguishers were current. Spill control absorbent was available for use. Trash dumpster was inspected and contained no hazardous waste.

Eval Division: Santa Clara County Environmental Health  
Eval Program: HW  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 10-08-2014  
Violations Found: Yes  
Eval Type: Routine done by local agency  
Eval Notes: Facility has 2 reportable chemicals, 36,000 gallons of gasoline; 570 gallons of propane; and is properly permitted. HMBP has been previously electronically submitted on CERS and is "under review" by our agency. Emergency Response training is current.

Eval Division: Santa Clara County Environmental Health  
Eval Program: HMRRP  
Eval Source: CERS

Eval General Type: Compliance Evaluation Inspection  
Eval Date: 10-08-2014  
Violations Found: Yes

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**ARCO #0707 (Continued)**

**U001594144**

Eval Type: Routine done by local agency  
Eval Notes: The monitoring certification was performed by Al Milburn. Service Technician ICC 878949. All of his required certifications were reviewed and were current. VMI LDT-890 tester 2-year calibration date = 2/19/2014. All of the following components provided audible and visual alarms plus positive shut-down when tested: 3 tank annular space sensors, 3 fill sumps, 3 turbine/piping sumps, and 4 UDC dispenser pan sumps. The 2 turbines also provided positive shut-down under conditions of sensor-out and failsafe. The 87 electronic line leak detector tested from dispenser 7/8 properly detected leaks when tested at 3 gph & 10 psi. 3 overfill alarms set at 90% provided audible and visual alarms when tested. 3 spill buckets passed their one-hour lake tests. The emergency shut-off switch properly shut down the 2 turbines when tested. Recommend that you provide an "emergency shutoff switch with arrow" sign on the side of the building that faces dispensers 5/6 & 7/8 [Truncated]

Eval Division: Santa Clara County Environmental Health  
Eval Program: UST  
Eval Source: CERS

**Enforcement Action:**

Site ID: 385390  
Site Name: ARCO AM/PM  
Site Address: 988 N SAN ANTONIO RD  
Site City: LOS ALTOS  
Site Zip: 94022  
Enf Action Date: 10-01-2013  
Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection  
Enf Action Notes: Not reported  
Enf Action Division: Santa Clara County Environmental Health  
Enf Action Program: HMRRP  
Enf Action Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Site Address: 988 N SAN ANTONIO RD  
Site City: LOS ALTOS  
Site Zip: 94022  
Enf Action Date: 10-01-2013  
Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection  
Enf Action Notes: Not reported  
Enf Action Division: Santa Clara County Environmental Health  
Enf Action Program: HW  
Enf Action Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Site Address: 988 N SAN ANTONIO RD  
Site City: LOS ALTOS  
Site Zip: 94022  
Enf Action Date: 10-01-2013  
Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection  
Enf Action Notes: Not reported  
Enf Action Division: Santa Clara County Environmental Health

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**ARCO #0707 (Continued)**

**U001594144**

Enf Action Program: UST  
Enf Action Source: CERS  
  
Site ID: 385390  
Site Name: ARCO AM/PM  
Site Address: 988 N SAN ANTONIO RD  
Site City: LOS ALTOS  
Site Zip: 94022  
Enf Action Date: 10-08-2014  
Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection  
Enf Action Notes: Not reported  
Enf Action Division: Santa Clara County Environmental Health  
Enf Action Program: HMRRP  
Enf Action Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Site Address: 988 N SAN ANTONIO RD  
Site City: LOS ALTOS  
Site Zip: 94022  
Enf Action Date: 10-08-2014  
Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection  
Enf Action Notes: Not reported  
Enf Action Division: Santa Clara County Environmental Health  
Enf Action Program: HW  
Enf Action Source: CERS

Site ID: 385390  
Site Name: ARCO AM/PM  
Site Address: 988 N SAN ANTONIO RD  
Site City: LOS ALTOS  
Site Zip: 94022  
Enf Action Date: 10-08-2014  
Enf Action Type: Notice of Violation (Unified Program)  
Enf Action Description: Notice of Violation Issued by the Inspector at the Time of Inspection  
Enf Action Notes: Not reported  
Enf Action Division: Santa Clara County Environmental Health  
Enf Action Program: UST  
Enf Action Source: CERS

Coordinates:  
Site ID: 385390  
Facility Name: ARCO AM/PM  
Env Int Type Code: HMBP  
Program ID: 10356844  
Coord Name: Not reported  
Ref Point Type Desc: Center of a facility or station.  
Latitude: 37.399860  
Longitude: -122.114660

Affiliation:  
Affiliation Type Desc: CUPA District  
Entity Name: Santa Clara County Environmental Health  
Entity Title: Not reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)  
EDR ID Number  
EPA ID Number

**ARCO #0707 (Continued)**

**U001594144**

Affiliation Address: 1555 Berger Drive, Suite 300  
Affiliation City: San Jose  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: 95112-2716  
Affiliation Phone: (408) 918-3400

Affiliation Type Desc: Document Preparer  
Entity Name: Stantec Consulting Services Inc.  
Entity Title: Not reported  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

Affiliation Type Desc: Environmental Contact  
Entity Name: Amin Salkhi  
Entity Title: Not reported  
Affiliation Address: 605 Contra Costa Blvd.  
Affiliation City: Pleasant Hill  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: 94523  
Affiliation Phone: (510) 331-8405

Affiliation Type Desc: Facility Mailing Address  
Entity Name: Mailing Address  
Entity Title: Not reported  
Affiliation Address: 605 Contra Costa Blvd.  
Affiliation City: Pleasant Hill  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: 94523  
Affiliation Phone: Not reported

Affiliation Type Desc: Identification Signer  
Entity Name: Amin Salkhi  
Entity Title: President  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

Affiliation Type Desc: Legal Owner  
Entity Name: Grand Petroleum  
Entity Title: Not reported  
Affiliation Address: 605 Contra Costa Blvd.  
Affiliation City: Pleasant Hill  
Affiliation State: CA  
Affiliation Country: United States  
Affiliation Zip: 94523  
Affiliation Phone: (510) 331-8405

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**ARCO #0707 (Continued)**

**U001594144**

Affiliation Type Desc: Operator  
Entity Name: Grand Petroleum  
Entity Title: Not reported  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: (510) 331-8405

Affiliation Type Desc: Parent Corporation  
Entity Name: Grand Petroleum  
Entity Title: Not reported  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

Affiliation Type Desc: Property Owner  
Entity Name: Amin and Banafsheh Salkhi  
Entity Title: Not reported  
Affiliation Address: 605 Contra Costa Blvd.  
Affiliation City: Pleasant Hill  
Affiliation State: CA  
Affiliation Country: United States  
Affiliation Zip: 94523  
Affiliation Phone: (510) 331-8405

Affiliation Type Desc: UST Permit Applicant  
Entity Name: Amin Salkhi  
Entity Title: President  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: (510) 331-8405

Affiliation Type Desc: UST Property Owner Name  
Entity Name: Amin and Banafsheh Salkhi  
Entity Title: Not reported  
Affiliation Address: 605 Contra Costa Blvd.  
Affiliation City: Pleasant Hill  
Affiliation State: CA  
Affiliation Country: United States  
Affiliation Zip: 94523  
Affiliation Phone: (510) 331-8405

Affiliation Type Desc: UST Tank Operator  
Entity Name: Grand Petroleum  
Entity Title: Not reported  
Affiliation Address: 605 Contra Costa Blvd.  
Affiliation City: Pleasant Hill  
Affiliation State: CA  
Affiliation Country: United States

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**ARCO #0707 (Continued)**

**U001594144**

Affiliation Zip: 94523  
Affiliation Phone: (510) 331-8405  
  
Affiliation Type Desc: UST Tank Owner  
Entity Name: Amin and Banafsheh Salkhi  
Entity Title: Not reported  
Affiliation Address: 605 Contra Costa Blvd.  
Affiliation City: Pleasant Hill  
Affiliation State: CA  
Affiliation Country: United States  
Affiliation Zip: 94523  
Affiliation Phone: (510) 331-8405

**F43  
SE  
1/4-1/2  
0.333 mi.  
1756 ft.**

**ARCO FAC #707  
988 SAN ANTONIO RD  
LOS ALTOS, CA 94022**

**SWEEPS UST S103677836  
HIST CORTESE N/A**

**Site 2 of 2 in cluster F**

**Relative:  
Higher  
Actual:  
82 ft.**

**SWEEPS UST:**  
Status: Active  
Comp Number: 26956  
Number: 2  
Board Of Equalization: 44-000506  
Referral Date: 02-01-92  
Action Date: 01-19-93  
Created Date: 02-29-88  
Owner Tank Id: 1-UNL-R  
SWRCB Tank Id: 43-000-026956-000001  
Tank Status: A  
Capacity: 12000  
Active Date: 02-21-92  
Tank Use: M.V. FUEL  
STG: P  
Content: REG UNLEADED  
Number Of Tanks: 6

Status: Active  
Comp Number: 26956  
Number: 2  
Board Of Equalization: 44-000506  
Referral Date: 02-01-92  
Action Date: 01-19-93  
Created Date: 02-29-88  
Owner Tank Id: 2-UNL-R  
SWRCB Tank Id: 43-000-026956-000002  
Tank Status: A  
Capacity: 12000  
Active Date: 02-21-92  
Tank Use: M.V. FUEL  
STG: P  
Content: REG UNLEADED  
Number Of Tanks: Not reported

Status: Active  
Comp Number: 26956  
Number: 2

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

ARCO FAC #707 (Continued)

S103677836

Board Of Equalization: 44-000506  
Referral Date: 02-01-92  
Action Date: 01-19-93  
Created Date: 02-29-88  
Owner Tank Id: 3-UNL-P  
SWRCB Tank Id: 43-000-026956-000003  
Tank Status: A  
Capacity: 12000  
Active Date: 02-21-92  
Tank Use: M.V. FUEL  
STG: P  
Content: PRM UNLEADED  
Number Of Tanks: Not reported

Status: Active  
Comp Number: 26956  
Number: 2  
Board Of Equalization: 44-000506  
Referral Date: 02-01-92  
Action Date: 01-19-93  
Created Date: 02-29-88  
Owner Tank Id: 4  
SWRCB Tank Id: 43-000-026956-000004  
Tank Status: A  
Capacity: 4000  
Active Date: 07-01-85  
Tank Use: M.V. FUEL  
STG: P  
Content: REG UNLEADED  
Number Of Tanks: Not reported

Status: Active  
Comp Number: 26956  
Number: 2  
Board Of Equalization: 44-000506  
Referral Date: 02-01-92  
Action Date: 01-19-93  
Created Date: 02-29-88  
Owner Tank Id: 5  
SWRCB Tank Id: 43-000-026956-000005  
Tank Status: A  
Capacity: 4000  
Active Date: 07-01-85  
Tank Use: M.V. FUEL  
STG: P  
Content: REG UNLEADED  
Number Of Tanks: Not reported

Status: Active  
Comp Number: 26956  
Number: 2  
Board Of Equalization: 44-000506  
Referral Date: 02-01-92  
Action Date: 01-19-93  
Created Date: 02-29-88  
Owner Tank Id: 6  
SWRCB Tank Id: 43-000-026956-000006

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**ARCO FAC #707 (Continued)**

**S103677836**

Tank Status: A  
Capacity: 550  
Active Date: 07-01-85  
Tank Use: OIL  
STG: W  
Content: WASTE OIL  
Number Of Tanks: Not reported

**HIST CORTESE:**

Region: CORTESE  
Facility County Code: 43  
Reg By: LTNKA  
Reg Id: 43-0121

**G44**  
**ESE**  
**1/4-1/2**  
**0.355 mi.**  
**1872 ft.**

**QUALITY TUNE-UP #1**  
**2580 EL CAMINO REAL**  
**MOUNTAIN VIEW, CA 94040**

**LUST S105035627**  
**CERS N/A**

**Site 1 of 2 in cluster G**

**Relative:**  
**Higher**  
**Actual:**  
**71 ft.**

**LUST:**

Lead Agency: SANTA CLARA COUNTY LOP  
Case Type: LUST Cleanup Site  
Geo Track: [http://geotracker.waterboards.ca.gov/profile\\_report.asp?global\\_id=T0608501080](http://geotracker.waterboards.ca.gov/profile_report.asp?global_id=T0608501080)  
Global Id: T0608501080  
Latitude: 37.4012214508038  
Longitude: -122.112307548523  
Status: Completed - Case Closed  
Status Date: 09/30/1996  
Case Worker: UST  
RB Case Number: Not reported  
Local Agency: SANTA CLARA COUNTY LOP  
File Location: All Files are on GeoTracker or in the Local Agency Database  
Local Case Number: Not reported  
Potential Media Affect: Other Groundwater (uses other than drinking water)  
Potential Contaminants of Concern: Gasoline  
Site History: Not reported

**LUST:**

Global Id: T0608501080  
Contact Type: Regional Board Caseworker  
Contact Name: Regional Water Board  
Organization Name: SAN FRANCISCO BAY RWQCB (REGION 2)  
Address: 1515 CLAY ST SUITE 1400  
City: OAKLAND  
Email: Not reported  
Phone Number: Not reported

Global Id: T0608501080  
Contact Type: Local Agency Caseworker  
Contact Name: UST CASE WORKER  
Organization Name: SANTA CLARA COUNTY LOP  
Address: 1555 Berger Drive, Suite 300  
City: SAN JOSE  
Email: Not reported  
Phone Number: 4089183400

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

QUALITY TUNE-UP #1 (Continued)

S105035627

LUST:

Global Id: T0608501080  
Action Type: RESPONSE  
Date: 09/30/1996  
Action: Other Report / Document

Global Id: T0608501080  
Action Type: REMEDIATION  
Date: 12/12/1988  
Action: Excavation

Global Id: T0608501080  
Action Type: RESPONSE  
Date: 07/15/1996  
Action: Remedial Progress Report

Global Id: T0608501080  
Action Type: RESPONSE  
Date: 10/15/1995  
Action: Monitoring Report - Quarterly

Global Id: T0608501080  
Action Type: RESPONSE  
Date: 01/15/1996  
Action: Monitoring Report - Quarterly

Global Id: T0608501080  
Action Type: RESPONSE  
Date: 04/15/1996  
Action: Monitoring Report - Quarterly

Global Id: T0608501080  
Action Type: Other  
Date: 05/29/1986  
Action: Leak Reported

Global Id: T0608501080  
Action Type: ENFORCEMENT  
Date: 10/26/1987  
Action: Notice of Responsibility - #40126

Global Id: T0608501080  
Action Type: ENFORCEMENT  
Date: 05/21/1996  
Action: Staff Letter - #30089

Global Id: T0608501080  
Action Type: ENFORCEMENT  
Date: 08/31/1995  
Action: Staff Letter - #30081

Global Id: T0608501080  
Action Type: ENFORCEMENT  
Date: 09/30/1996  
Action: Closure/No Further Action Letter

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

QUALITY TUNE-UP #1 (Continued)

S105035627

LUST:

Global Id: T0608501080  
Status: Completed - Case Closed  
Status Date: 09/30/1996

Global Id: T0608501080  
Status: Open - Case Begin Date  
Status Date: 05/16/1986

Global Id: T0608501080  
Status: Open - Site Assessment  
Status Date: 05/16/1986

Global Id: T0608501080  
Status: Open - Site Assessment  
Status Date: 03/09/1988

LUST SANTA CLARA:

Region: SANTA CLARA  
SCVWD ID: 06S2W20D01F  
Date Closed: 09/30/1996  
EDR Link ID: 06S2W20D01F

CERS TANKS:

Site ID: 239058  
CERS ID: T0608501080  
CERS Description: Leaking Underground Storage Tank Cleanup Site

Affiliation:

Affiliation Type Desc: Local Agency Caseworker  
Entity Name: UST CASE WORKER - SANTA CLARA COUNTY LOP  
Entity Title: Not reported  
Affiliation Address: 1555 Berger Drive, Suite 300  
Affiliation City: SAN JOSE  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: 4089183400

Affiliation Type Desc: Regional Board Caseworker  
Entity Name: Regional Water Board - SAN FRANCISCO BAY RWQCB (REGION 2)  
Entity Title: Not reported  
Affiliation Address: 1515 CLAY ST SUITE 1400  
Affiliation City: OAKLAND  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**G45**  
**ESE**  
**1/4-1/2**  
**0.355 mi.**  
**1872 ft.**

**QUALITY TUNE-UP #1**  
**2580 EL CAMINO REAL**  
**MOUNTAIN VIEW, CA 94040**

**LUST**  
**HIST LUST**  
**HIST CORTESE**

**S104396947**  
**N/A**

**Site 2 of 2 in cluster G**

**Relative:**  
**Higher**

LUST REG 2:

**Actual:**  
**71 ft.**

Region: 2  
Facility Id: Not reported  
Facility Status: Case Closed  
Case Number: 06S2W20D01f  
How Discovered: Not reported  
Leak Cause: Not reported  
Leak Source: Not reported  
Date Leak Confirmed: Not reported  
Oversight Program: LUST  
Prelim. Site Assessment Workplan Submitted: Not reported  
Preliminary Site Assessment Began: 5/16/1986  
Pollution Characterization Began: 3/9/1988  
Pollution Remediation Plan Submitted: Not reported  
Date Remediation Action Underway: Not reported  
Date Post Remedial Action Monitoring Began: Not reported

HIST LUST SANTA CLARA:

Region: SANTA CLARA  
Region Code: 2  
SCVWD ID: 06S2W20D01  
Oversite Agency: SCVWD  
Date Listed: 1987-01-01 00:00:00  
Closed Date: 1996-09-30 00:00:00

HIST CORTESE:

Region: CORTESE  
Facility County Code: 43  
Reg By: LTNKA  
Reg Id: 43-1088

**46**  
**ESE**  
**1/4-1/2**  
**0.358 mi.**  
**1892 ft.**

**SEARS ROEBUCK COMPANY**  
**455 SAN ANTONIO RD**  
**MOUNTAIN VIEW, CA 94040**

**RCRA-SQG**  
**CPS-SLIC**  
**SWEEPS UST**  
**HIST UST**  
**CA FID UST**  
**CHMIRS**  
**FINDS**  
**ECHO**  
**CERS**

**1000369321**  
**CAD982506826**

**Relative:**  
**Lower**

RCRA-SQG:

**Actual:**  
**65 ft.**

Date form received by agency: 09/01/1996  
Facility name: SEARS ROEBUCK COMPANY  
Facility address: 455 SAN ANTONIO RD  
MOUNTAIN VIEW, CA 94040  
EPA ID: CAD982506826  
Contact: Not reported  
Contact address: Not reported  
Not reported  
Contact country: US  
Contact telephone: Not reported  
Contact email: Not reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**SEARS ROEBUCK COMPANY (Continued)**

**1000369321**

EPA Region: 09  
Classification: Small Small Quantity Generator  
Description: Handler: generates more than 100 and less than 1000 kg of hazardous waste during any calendar month and accumulates less than 6000 kg of hazardous waste at any time; or generates 100 kg or less of hazardous waste during any calendar month, and accumulates more than 1000 kg of hazardous waste at any time

Owner/Operator Summary:

Owner/operator name: NOT REQUIRED  
Owner/operator address: NOT REQUIRED  
NOT REQUIRED, ME 99999  
Owner/operator country: Not reported  
Owner/operator telephone: 415-555-1212  
Owner/operator email: Not reported  
Owner/operator fax: Not reported  
Owner/operator extension: Not reported  
Legal status: Private  
Owner/Operator Type: Operator  
Owner/Op start date: Not reported  
Owner/Op end date: Not reported

Owner/operator name: SEARS ROEBUCK COMPANY  
Owner/operator address: NOT REQUIRED  
NOT REQUIRED, ME 99999  
Owner/operator country: Not reported  
Owner/operator telephone: 415-555-1212  
Owner/operator email: Not reported  
Owner/operator fax: Not reported  
Owner/operator extension: Not reported  
Legal status: Private  
Owner/Operator Type: Owner  
Owner/Op start date: Not reported  
Owner/Op end date: Not reported

Handler Activities Summary:

U.S. importer of hazardous waste: No  
Mixed waste (haz. and radioactive): No  
Recycler of hazardous waste: No  
Transporter of hazardous waste: No  
Treater, storer or disposer of HW: No  
Underground injection activity: No  
On-site burner exemption: No  
Furnace exemption: No  
Used oil fuel burner: No  
Used oil processor: No  
User oil refiner: No  
Used oil fuel marketer to burner: No  
Used oil Specification marketer: No  
Used oil transfer facility: No  
Used oil transporter: No

Historical Generators:

Date form received by agency: 09/11/1989  
Site name: SEARS ROEBUCK COMPANY  
Classification: Large Quantity Generator

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**SEARS ROEBUCK COMPANY (Continued)**

**1000369321**

Violation Status: No violations found

**CPS-SLIC:**

Region: STATE  
**Facility Status:** **Completed - Case Closed**  
Status Date: 11/23/2011  
Global Id: T10000003139  
Lead Agency: SANTA CLARA COUNTY LOP  
Lead Agency Case Number: 06S2W20D02s  
Latitude: 37.4027555760548  
Longitude: -122.110998630524  
Case Type: Cleanup Program Site  
Case Worker: Not reported  
Local Agency: Not reported  
RB Case Number: Not reported  
File Location: Not reported  
Potential Media Affected: Other Groundwater (uses other than drinking water), Soil  
Potential Contaminants of Concern: Waste Oil / Motor / Hydraulic / Lubricating  
Site History: April 2011, employees noted that the freight elevator did not rise up to the floor level of the 2nd floor. Elevator maintenance company came out and added oil to the system and did not note a leak at that time. The release was reported to OES on 4/18/11. In May, the elevator jack was removed. Groundwater entered the elevator shaft and is normally pumped out with a sump pump to the sanitary sewer. The sump pump was shut off. The cylinder has been capped with a concrete slurry to stop the flow of groundwater into the elevator pit.

[Click here to access the California GeoTracker records for this facility:](#)

**SWEEPS UST:**

Status: Not reported  
Comp Number: 7016  
Number: Not reported  
Board Of Equalization: Not reported  
Referral Date: Not reported  
Action Date: Not reported  
Created Date: Not reported  
Owner Tank Id: Not reported  
SWRCB Tank Id: 43-005-007016-000001  
Tank Status: Not reported  
Capacity: 1  
Active Date: Not reported  
Tank Use: OIL  
STG: WASTE  
Content: WASTE OIL  
Number Of Tanks: 4

Status: Not reported  
Comp Number: 7016  
Number: Not reported  
Board Of Equalization: Not reported  
Referral Date: Not reported  
Action Date: Not reported  
Created Date: Not reported  
Owner Tank Id: Not reported  
SWRCB Tank Id: 43-005-007016-000002  
Tank Status: Not reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**SEARS ROEBUCK COMPANY (Continued)**

1000369321

Capacity: 1  
Active Date: Not reported  
Tank Use: UNKNOWN  
STG: PRODUCT  
Content: Not reported  
Number Of Tanks: Not reported

Status: Not reported  
Comp Number: 7016  
Number: Not reported  
Board Of Equalization: Not reported  
Referral Date: Not reported  
Action Date: Not reported  
Created Date: Not reported  
Owner Tank Id: Not reported  
SWRCB Tank Id: 43-005-007016-000003  
Tank Status: Not reported

Capacity: 1  
Active Date: Not reported  
Tank Use: UNKNOWN  
STG: PRODUCT  
Content: Not reported  
Number Of Tanks: Not reported

Status: Not reported  
Comp Number: 7016  
Number: Not reported  
Board Of Equalization: Not reported  
Referral Date: Not reported  
Action Date: Not reported  
Created Date: Not reported  
Owner Tank Id: Not reported  
SWRCB Tank Id: 43-005-007016-000004  
Tank Status: Not reported

Capacity: 1  
Active Date: Not reported  
Tank Use: UNKNOWN  
STG: PRODUCT  
Content: Not reported  
Number Of Tanks: Not reported

**HIST UST:**

File Number: 0002088F  
URL: <http://geotracker.waterboards.ca.gov/ustpdfs/pdf/0002088F.pdf>  
Region: STATE  
Facility ID: 00000007016  
Facility Type: Other  
Other Type: STORE  
Contact Name: MANUEL FREITAS  
Telephone: 4159488511  
Owner Name: SEARS ROEBUCK AND CO.  
Owner Address: SEARS TOWER  
Owner City,St,Zip: CHICAGO, IL 60684  
Total Tanks: 0004

Tank Num: 001  
Container Num: 1

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**SEARS ROEBUCK COMPANY (Continued)**

1000369321

Year Installed: Not reported  
Tank Capacity: 00000000  
Tank Used for: WASTE  
Type of Fuel: WASTE OIL  
Container Construction Thickness: Not reported  
Leak Detection: None

Tank Num: 002  
Container Num: 2  
Year Installed: Not reported  
Tank Capacity: 00000000  
Tank Used for: PRODUCT  
Type of Fuel: Not reported  
Container Construction Thickness: Not reported  
Leak Detection: None

Tank Num: 003  
Container Num: 3  
Year Installed: Not reported  
Tank Capacity: 00000000  
Tank Used for: PRODUCT  
Type of Fuel: Not reported  
Container Construction Thickness: Not reported  
Leak Detection: None

Tank Num: 004  
Container Num: 4  
Year Installed: Not reported  
Tank Capacity: 00000000  
Tank Used for: PRODUCT  
Type of Fuel: Not reported  
Container Construction Thickness: Not reported  
Leak Detection: None

[Click here for Geo Tracker PDF:](#)

CA FID UST:

Facility ID: 43001787  
Regulated By: UTKI  
Regulated ID: 00007016  
Cortese Code: Not reported  
SIC Code: Not reported  
Facility Phone: 4159488511  
Mail To: Not reported  
Mailing Address: 455 SAN ANTONIO RD  
Mailing Address 2: Not reported  
Mailing City,St,Zip: MOUNTAIN VIEW 94040  
Contact: Not reported  
Contact Phone: Not reported  
DUNS Number: Not reported  
NPDES Number: Not reported  
EPA ID: Not reported  
Comments: Not reported  
Status: Inactive

CHMIRS:

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**SEARS ROEBUCK COMPANY (Continued)**

1000369321

OES Incident Number: 8-0366  
OES notification: 01/28/1998  
OES Date: Not reported  
OES Time: Not reported  
**Date Completed: Not reported**  
Property Use: Not reported  
Agency Id Number: Not reported  
Agency Incident Number: Not reported  
Time Notified: Not reported  
Time Completed: Not reported  
Surrounding Area: Not reported  
Estimated Temperature: Not reported  
Property Management: Not reported  
More Than Two Substances Involved?: Not reported  
Resp Agncy Personel # Of Decontaminated: Not reported  
Responding Agency Personel # Of Injuries: Not reported  
Responding Agency Personel # Of Fatalities: Not reported  
Others Number Of Decontaminated: Not reported  
Others Number Of Injuries: Not reported  
Others Number Of Fatalities: Not reported  
Vehicle Make/year: Not reported  
Vehicle License Number: Not reported  
Vehicle State: Not reported  
Vehicle Id Number: Not reported  
CA DOT PUC/ICC Number: Not reported  
Company Name: Not reported  
Reporting Officer Name/ID: Not reported  
Report Date: Not reported  
Facility Telephone: Not reported  
Waterway Involved: No  
Waterway: Not reported  
Spill Site: Not reported  
Cleanup By: Fire Dept.  
Containment: Not reported  
What Happened: Not reported  
Type: Not reported  
Measure: Not reported  
Other: Not reported  
Date/Time: Not reported  
Year: 1998  
Agency: Sears Roebuck  
Incident Date: 1/28/1998 12:00:00 AM  
Admin Agency: Santa Clara County Health Department  
Amount: Not reported  
Contained: Yes  
Site Type: Merchant/Business  
E Date: Not reported  
Substance: Diesel  
Gallons: 100  
Unknown: 0  
Substance #2: Not reported  
Substance #3: Not reported  
Evacuations: 0  
Number of Injuries: 0  
Number of Fatalities: 0  
#1 Pipeline: Not reported  
#2 Pipeline: Not reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**SEARS ROEBUCK COMPANY (Continued)**

**1000369321**

#3 Pipeline:	Not reported
#1 Vessel >= 300 Tons:	Not reported
#2 Vessel >= 300 Tons:	Not reported
#3 Vessel >= 300 Tons:	Not reported
Evacs:	Not reported
Injuries:	Not reported
Fatals:	Not reported
Comments:	Not reported
Description:	Released onto parking lot, local FD mobilized and disposed of the substance into a lot. Sears has contracted with All-Waste to dispose of sand and diesel in the proper way. Unknown cause of spill.

**FINDS:**

Registry ID: 110002836343

**Environmental Interest/Information System**

RCRAInfo is a national information system that supports the Resource Conservation and Recovery Act (RCRA) program through the tracking of events and activities related to facilities that generate, transport, and treat, store, or dispose of hazardous waste. RCRAInfo allows RCRA program staff to track the notification, permit, compliance, and corrective action activities required under RCRA.

[Click this hyperlink](#) while viewing on your computer to access additional FINDS: detail in the EDR Site Report.

**ECHO:**

Envid:	1000369321
Registry ID:	110002836343
DFR URL:	<a href="http://echo.epa.gov/detailed-facility-report?fid=110002836343">http://echo.epa.gov/detailed-facility-report?fid=110002836343</a>

**CERS TANKS:**

Site ID:	244523
CERS ID:	T10000003139
CERS Description:	Cleanup Program Site

**Affiliation:**

Affiliation Type Desc:	Regional Board Caseworker
Entity Name:	Regional Water Board - SAN FRANCISCO BAY RWQCB (REGION 2)
Entity Title:	Not reported
Affiliation Address:	1515 CLAY ST SUITE 1400
Affiliation City:	OAKLAND
Affiliation State:	CA
Affiliation Country:	Not reported
Affiliation Zip:	Not reported
Affiliation Phone:	Not reported

MAP FINDINGS

Map ID  
Direction  
Distance  
Elevation

Site

Database(s)

EDR ID Number  
EPA ID Number

**H47** **PADDLESFORD OLDSMOBILE**  
**NW** **4230 EL CAMINO REAL AVE**  
**1/4-1/2** **PALO ALTO, CA 94306**  
**0.361 mi.**  
**1904 ft.**

**LUST** **S100234840**  
**HIST LUST** **N/A**  
**HIST CORTESE**

**Site 1 of 3 in cluster H**

**Relative:** LUST REG 2:  
**Lower** Region: 2  
Facility Id: Not reported  
**Actual:** Facility Status: Case Closed  
**58 ft.** Case Number: 06S2W18L01f  
How Discovered: Tank Closure  
Leak Cause: Not reported  
Leak Source: Not reported  
Date Leak Confirmed: Not reported  
Oversight Program: LUST  
Prelim. Site Assessment Workplan Submitted: Not reported  
Preliminary Site Assessment Began: 2/4/1985  
Pollution Characterization Began: Not reported  
Pollution Remediation Plan Submitted: Not reported  
Date Remediation Action Underway: Not reported  
Date Post Remedial Action Monitoring Began: Not reported

HIST LUST SANTA CLARA:  
Region: SANTA CLARA  
Region Code: 2  
SCVWD ID: 06S2W18L01  
Oversite Agency: SCVWD  
Date Listed: 1988-10-31 00:00:00  
Closed Date: 2004-01-13 00:00:00

HIST CORTESE:  
Region: CORTESE  
Facility County Code: 43  
Reg By: LTNKA  
Reg Id: 43-1026

**H48** **HUDSON #82**  
**NW** **4230 EL CAMINO REAL**  
**1/4-1/2** **PALO ALTO, CA 94306**  
**0.361 mi.**  
**1904 ft.**

**LUST** **U001595957**  
**HIST UST** **N/A**  
**CERS**

**Site 2 of 3 in cluster H**

**Relative:** LUST:  
**Lower** Lead Agency: SANTA CLARA COUNTY LOP  
Case Type: LUST Cleanup Site  
**Actual:** Geo Track: [http://geotracker.waterboards.ca.gov/profile\\_report.asp?global\\_id=T0608501021](http://geotracker.waterboards.ca.gov/profile_report.asp?global_id=T0608501021)  
**58 ft.** Global Id: T0608501021  
Latitude: 37.40776  
Longitude: -122.120295  
Status: Completed - Case Closed  
Status Date: 01/13/2004  
Case Worker: UST  
RB Case Number: Not reported  
Local Agency: SANTA CLARA COUNTY LOP  
File Location: All Files are on GeoTracker or in the Local Agency Database  
Local Case Number: Not reported  
Potential Media Affect: Soil  
Potential Contaminants of Concern: Gasoline

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**HUDSON #82 (Continued)**

**U001595957**

Site History: Not reported

LUST:

Global Id: T0608501021  
Contact Type: Regional Board Caseworker  
Contact Name: Regional Water Board  
Organization Name: SAN FRANCISCO BAY RWQCB (REGION 2)  
Address: 1515 CLAY ST SUITE 1400  
City: OAKLAND  
Email: Not reported  
Phone Number: Not reported

Global Id: T0608501021  
Contact Type: Local Agency Caseworker  
Contact Name: UST CASE WORKER  
Organization Name: SANTA CLARA COUNTY LOP  
Address: 1555 Berger Drive, Suite 300  
City: SAN JOSE  
Email: Not reported  
Phone Number: 4089183400

LUST:

Global Id: T0608501021  
Action Type: RESPONSE  
Date: 01/13/2004  
Action: Other Report / Document

Global Id: T0608501021  
Action Type: RESPONSE  
Date: 07/01/1985  
Action: Other Report / Document

Global Id: T0608501021  
Action Type: RESPONSE  
Date: 12/30/2003  
Action: Other Report / Document

Global Id: T0608501021  
Action Type: RESPONSE  
Date: 10/30/1986  
Action: Other Report / Document

Global Id: T0608501021  
Action Type: RESPONSE  
Date: 12/27/1991  
Action: Other Report / Document

Global Id: T0608501021  
Action Type: RESPONSE  
Date: 01/21/1999  
Action: Other Report / Document

Global Id: T0608501021  
Action Type: RESPONSE  
Date: 08/25/2003  
Action: Other Report / Document

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**HUDSON #82 (Continued)**

**U001595957**

Global Id: T0608501021  
Action Type: RESPONSE  
Date: 01/01/2003  
Action: Other Report / Document

Global Id: T0608501021  
Action Type: RESPONSE  
Date: 12/15/2003  
Action: Other Report / Document

Global Id: T0608501021  
Action Type: ENFORCEMENT  
Date: 08/27/1996  
Action: Notice of Responsibility - #40120

Global Id: T0608501021  
Action Type: ENFORCEMENT  
Date: 01/13/2004  
Action: Closure/No Further Action Letter

Global Id: T0608501021  
Action Type: Other  
Date: 07/01/1985  
Action: Leak Reported

Global Id: T0608501021  
Action Type: Other  
Date: 02/19/1985  
Action: Leak Discovery

**LUST:**

Global Id: T0608501021  
Status: Completed - Case Closed  
Status Date: 01/13/2004

Global Id: T0608501021  
Status: Open - Case Begin Date  
Status Date: 02/04/1985

Global Id: T0608501021  
Status: Open - Site Assessment  
Status Date: 02/04/1985

**HIST UST:**

File Number: Not reported  
URL: Not reported  
Region: STATE  
Facility ID: 0000060133  
Facility Type: Gas Station  
Other Type: Not reported  
Contact Name: Not reported  
Telephone: 0000000000  
Owner Name: HUDSON OIL CO.  
Owner Address: 717 N. HARWOOD  
Owner City,St,Zip: DALLAS, TX 75201

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

HUDSON #82 (Continued)

U001595957

Total Tanks: 0003  
  
Tank Num: 001  
Container Num: 1  
Year Installed: Not reported  
Tank Capacity: 00010000  
Tank Used for: PRODUCT  
Type of Fuel: REGULAR  
Container Construction Thickness: Not reported  
Leak Detection: None

Tank Num: 002  
Container Num: 2  
Year Installed: Not reported  
Tank Capacity: 00010000  
Tank Used for: PRODUCT  
Type of Fuel: PREMIUM  
Container Construction Thickness: Not reported  
Leak Detection: None

Tank Num: 003  
Container Num: 3  
Year Installed: Not reported  
Tank Capacity: 00006000  
Tank Used for: PRODUCT  
Type of Fuel: PREMIUM  
Container Construction Thickness: Not reported  
Leak Detection: None

CERS TANKS:

Site ID: 209142  
CERS ID: T0608501021  
CERS Description: Leaking Underground Storage Tank Cleanup Site

Affiliation:

Affiliation Type Desc: Local Agency Caseworker  
Entity Name: UST CASE WORKER - SANTA CLARA COUNTY LOP  
Entity Title: Not reported  
Affiliation Address: 1555 Berger Drive, Suite 300  
Affiliation City: SAN JOSE  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: 4089183400

Affiliation Type Desc: Regional Board Caseworker  
Entity Name: Regional Water Board - SAN FRANCISCO BAY RWQCB (REGION 2)  
Entity Title: Not reported  
Affiliation Address: 1515 CLAY ST SUITE 1400  
Affiliation City: OAKLAND  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

MAP FINDINGS

Map ID  
 Direction  
 Distance  
 Elevation

Site

Database(s)

EDR ID Number  
 EPA ID Number

**H49**            **HUDSON #82**  
**NW**            **4230 EL CAMINO REAL**  
**1/4-1/2**        **PALO ALTO, CA 94306**  
**0.361 mi.**  
**1904 ft.**        **Site 3 of 3 in cluster H**

**LUST**        **S101623431**  
**SWEEPS UST**    **N/A**  
**CA FID UST**

**Relative:**        LUST SANTA CLARA:  
**Lower**            Region:            SANTA CLARA  
**Actual:**            SCVWD ID:        06S2W18L01F  
**58 ft.**                Date Closed:      01/13/2004  
                           EDR Link ID:     06S2W18L01F

**SWEEPS UST:**

Status:            Active  
 Comp Number:    60133  
 Number:           9  
 Board Of Equalization: 44-026132  
 Referral Date:    07-01-85  
 Action Date:      Not reported  
 Created Date:     02-29-88  
 Owner Tank Id:    1  
 SWRCB Tank Id:   43-006-060133-000001  
 Tank Status:      A  
 Capacity:          10000  
 Active Date:       07-01-85  
 Tank Use:           M.V. FUEL  
 STG:                P  
 Content:            LEADED  
 Number Of Tanks: 3

Status:            Active  
 Comp Number:    60133  
 Number:           9  
 Board Of Equalization: 44-026132  
 Referral Date:    07-01-85  
 Action Date:      Not reported  
 Created Date:     02-29-88  
 Owner Tank Id:    2  
 SWRCB Tank Id:   43-006-060133-000002  
 Tank Status:      A  
 Capacity:          10000  
 Active Date:       07-01-85  
 Tank Use:           M.V. FUEL  
 STG:                P  
 Content:            REG UNLEADED  
 Number Of Tanks: Not reported

Status:            Active  
 Comp Number:    60133  
 Number:           9  
 Board Of Equalization: 44-026132  
 Referral Date:    07-01-85  
 Action Date:      Not reported  
 Created Date:     02-29-88  
 Owner Tank Id:    3  
 SWRCB Tank Id:   43-006-060133-000003  
 Tank Status:      A  
 Capacity:          6000  
 Active Date:       07-01-85

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**HUDSON #82 (Continued)**

**S101623431**

Tank Use: M.V. FUEL  
STG: P  
Content: REG UNLEADED  
Number Of Tanks: Not reported

CA FID UST:

Facility ID: 43001091  
Regulated By: UTNKA  
Regulated ID: 00060133  
Cortese Code: Not reported  
SIC Code: Not reported  
Facility Phone: Not reported  
Mail To: Not reported  
Mailing Address: 4230 EL CAMINO REAL  
Mailing Address 2: Not reported  
Mailing City, St, Zip: PALO ALTO 94306  
Contact: Not reported  
Contact Phone: Not reported  
DUNs Number: Not reported  
NPDES Number: Not reported  
EPA ID: Not reported  
Comments: Not reported  
Status: Active

**I50**  
**ENE**  
**1/4-1/2**  
**0.371 mi.**  
**1957 ft.**

**TEXACO**  
**334 SAN ANTONIO ROAD**  
**MOUNTAIN VIEW, CA 94040**  
**Site 1 of 3 in cluster I**

**LUST** **S100861714**  
**HIST LUST** **N/A**  
**HIST CORTESE**  
**CERS**

**Relative:**  
**Lower**  
**Actual:**  
**53 ft.**

LUST:  
Lead Agency: SANTA CLARA COUNTY LOP  
Case Type: LUST Cleanup Site  
Geo Track: [http://geotracker.waterboards.ca.gov/profile\\_report.asp?global\\_id=T0608501420](http://geotracker.waterboards.ca.gov/profile_report.asp?global_id=T0608501420)  
Global Id: T0608501420  
Latitude: 37.4057303333333  
Longitude: -122.111348666667  
Status: Completed - Case Closed  
Status Date: 09/04/2008  
Case Worker: Not reported  
RB Case Number: Not reported  
Local Agency: Not reported  
File Location: All Files are on GeoTracker or in the Local Agency Database  
Local Case Number: 06S2W17N01f  
Potential Media Affect: Other Groundwater (uses other than drinking water)  
Potential Contaminants of Concern: Gasoline  
Site History: Not reported

LUST:  
Global Id: T0608501420  
Contact Type: Regional Board Caseworker  
Contact Name: Regional Water Board  
Organization Name: SAN FRANCISCO BAY RWQCB (REGION 2)  
Address: 1515 CLAY ST SUITE 1400  
City: OAKLAND  
Email: Not reported  
Phone Number: Not reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

TEXACO (Continued)

S100861714

LUST:

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 01/21/2004  
Action: Other Report / Document

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 06/04/2002  
Action: Other Report / Document

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 11/13/2001  
Action: Correspondence

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 03/04/2002  
Action: Correspondence

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 01/28/2005  
Action: Other Report / Document

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 01/28/2005  
Action: Remedial Progress Report

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 10/10/1991  
Action: Tank Removal Report / UST Sampling Report

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 12/28/2001  
Action: Well Installation Workplan

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 06/29/2005  
Action: Soil and Water Investigation Workplan

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 01/03/2002  
Action: Soil and Water Investigation Workplan

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 05/22/2000  
Action: Monitoring Report - Quarterly

Global Id: T0608501420

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

TEXACO (Continued)

S100861714

Action Type: RESPONSE  
Date: 01/31/2000  
Action: Monitoring Report - Quarterly

Global Id: T0608501420  
Action Type: ENFORCEMENT  
Date: 08/01/2006  
Action: \* No Action - #601080

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 09/25/2001  
Action: Soil and Water Investigation Report

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 11/24/1986  
Action: Other Workplan

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 10/04/1991  
Action: Proposed Plan

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 07/06/1995  
Action: Preliminary Site Assessment Workplan

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 02/08/2000  
Action: Preliminary Site Assessment Workplan

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 08/31/2001  
Action: Verbal Communication

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 06/21/2004  
Action: Remedial Progress Report

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 04/01/1996  
Action: Other Report / Document

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 07/16/1990  
Action: Proposed Plan

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 12/14/1990

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

TEXACO (Continued)

S100861714

Action: Proposed Plan

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 10/27/1995  
Action: Well Installation Workplan

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 11/02/2000  
Action: Monitoring Report - Quarterly

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 08/31/1995  
Action: Monitoring Report - Quarterly

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 11/22/2000  
Action: Soil and Water Investigation Workplan

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 12/18/2000  
Action: Soil and Water Investigation Workplan

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 01/13/1987  
Action: Soil and Water Investigation Workplan

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 05/03/1999  
Action: Other Workplan

Global Id: T0608501420  
Action Type: REMEDIATION  
Date: 08/01/2003  
Action: Pump & Treat (P&T) Groundwater

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 10/19/1999  
Action: Other Report / Document

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 06/30/2006  
Action: Other Report / Document

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 10/29/1993  
Action: Other Workplan

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

TEXACO (Continued)

S100861714

Global Id: T0608501420  
Action Type: ENFORCEMENT  
Date: 05/15/1993  
Action: Staff Letter - #30436

Global Id: T0608501420  
Action Type: ENFORCEMENT  
Date: 07/05/1994  
Action: \* Historical Enforcement - #40113

Global Id: T0608501420  
Action Type: ENFORCEMENT  
Date: 07/17/1995  
Action: Staff Letter - #30440

Global Id: T0608501420  
Action Type: ENFORCEMENT  
Date: 08/08/1995  
Action: Staff Letter - #30333

Global Id: T0608501420  
Action Type: ENFORCEMENT  
Date: 07/20/1999  
Action: Staff Letter - #30180

Global Id: T0608501420  
Action Type: ENFORCEMENT  
Date: 12/17/1999  
Action: Staff Letter - #30182

Global Id: T0608501420  
Action Type: ENFORCEMENT  
Date: 03/17/2000  
Action: Staff Letter - #30185

Global Id: T0608501420  
Action Type: ENFORCEMENT  
Date: 05/17/2000  
Action: Staff Letter - #30187

Global Id: T0608501420  
Action Type: ENFORCEMENT  
Date: 10/08/2000  
Action: Staff Letter - #30191

Global Id: T0608501420  
Action Type: ENFORCEMENT  
Date: 10/27/2000  
Action: Staff Letter - #30189

Global Id: T0608501420  
Action Type: ENFORCEMENT  
Date: 12/14/2000  
Action: Staff Letter - #30193

Global Id: T0608501420  
Action Type: ENFORCEMENT

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

TEXACO (Continued)

S100861714

Date: 12/18/2000  
Action: Staff Letter - #30199

Global Id: T0608501420  
Action Type: ENFORCEMENT  
Date: 03/16/2001  
Action: Staff Letter - #30197

Global Id: T0608501420  
Action Type: ENFORCEMENT  
Date: 09/24/2001  
Action: Staff Letter - #30202

Global Id: T0608501420  
Action Type: ENFORCEMENT  
Date: 09/27/2001  
Action: Staff Letter - #30204

Global Id: T0608501420  
Action Type: ENFORCEMENT  
Date: 11/13/2001  
Action: Staff Letter - #30206

Global Id: T0608501420  
Action Type: ENFORCEMENT  
Date: 03/24/2005  
Action: Staff Letter

Global Id: T0608501420  
Action Type: ENFORCEMENT  
Date: 07/18/2005  
Action: Staff Letter - #50817

Global Id: T0608501420  
Action Type: ENFORCEMENT  
Date: 12/01/2006  
Action: Staff Letter - #60121

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 06/20/2006  
Action: Monitoring Report - Quarterly

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 01/24/2005  
Action: Verbal Communication

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 06/13/2002  
Action: Soil and Water Investigation Workplan

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 06/29/2005  
Action: Soil and Water Investigation Workplan

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

TEXACO (Continued)

S100861714

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 12/31/1997  
Action: Monitoring Report - Quarterly

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 06/16/2006  
Action: Other Report / Document

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 12/12/2003  
Action: NPDES / WDR Reports

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 04/28/2000  
Action: Well Installation Workplan

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 08/22/2007  
Action: Correspondence

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 02/13/2004  
Action: Other Report / Document

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 01/22/1986  
Action: Tank Removal Report / UST Sampling Report

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 01/09/1991  
Action: Unauthorized Release Form

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 08/20/2008  
Action: Well Destruction Report

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 05/25/2005  
Action: Well Installation Report

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 01/03/2001  
Action: Other Report / Document

Global Id: T0608501420  
Action Type: RESPONSE

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

TEXACO (Continued)

S100861714

Date: 11/16/2005  
Action: Soil and Water Investigation Report

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 08/28/1990  
Action: Soil and Water Investigation Workplan

Global Id: T0608501420  
Action Type: Other  
Date: 10/07/1986  
Action: Leak Reported

Global Id: T0608501420  
Action Type: ENFORCEMENT  
Date: 09/04/2008  
Action: Closure/No Further Action Letter - #80409

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 10/30/1999  
Action: Monitoring Report - Quarterly

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 06/13/2002  
Action: Soil and Water Investigation Workplan

Global Id: T0608501420  
Action Type: ENFORCEMENT  
Date: 08/22/2007  
Action: Staff Letter - #70228

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 01/31/2001  
Action: Monitoring Report - Quarterly

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 03/16/2001  
Action: Soil and Water Investigation Workplan

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 02/01/2001  
Action: Other Report / Document

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 10/09/2001  
Action: Soil and Water Investigation Report

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 12/20/1993  
Action: Remedial Progress Report

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

TEXACO (Continued)

S100861714

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 05/01/2000  
Action: Soil and Water Investigation Workplan

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 11/18/2005  
Action: Soil and Water Investigation Report

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 02/29/1996  
Action: Monitoring Report - Quarterly

LUST:

Global Id: T0608501420  
Status: Completed - Case Closed  
Status Date: 09/04/2008

Global Id: T0608501420  
Status: Open - Case Begin Date  
Status Date: 10/07/1986

Global Id: T0608501420  
Status: Open - Site Assessment  
Status Date: 12/01/1986

Global Id: T0608501420  
Status: Open - Site Assessment  
Status Date: 12/28/2001

Global Id: T0608501420  
Status: Open - Verification Monitoring  
Status Date: 02/05/2005

LUST REG 2:

Region: 2  
Facility Id: Not reported  
Facility Status: Remedial action (cleanup) Underway  
Case Number: 06S2W17N01f  
How Discovered: Not reported  
Leak Cause: Not reported  
Leak Source: Not reported  
Date Leak Confirmed: Not reported  
Oversight Program: LUST  
Prelim. Site Assessment Workplan Submitted: Not reported  
Preliminary Site Assessment Began: 12/1/1986  
Pollution Characterization Began: 10/17/1988  
Pollution Remediation Plan Submitted: Not reported  
Date Remediation Action Underway: 6/8/2003  
Date Post Remedial Action Monitoring Began: Not reported

HIST LUST SANTA CLARA:

Region: SANTA CLARA

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**TEXACO (Continued)**

**S100861714**

Region Code: 2  
SCVWD ID: 06S2W17N01  
Oversite Agency: SCCDEH  
Date Listed: 1987-01-01 00:00:00  
Closed Date: Not reported

**HIST CORTESE:**

Region: CORTESE  
Facility County Code: 43  
Reg By: LTNKA  
Reg Id: 43-1449

**CERS TANKS:**

Site ID: 247307  
CERS ID: T0608501420  
CERS Description: Leaking Underground Storage Tank Cleanup Site

**Affiliation:**

Affiliation Type Desc: Regional Board Caseworker  
Entity Name: Regional Water Board - SAN FRANCISCO BAY RWQCB (REGION 2)  
Entity Title: Not reported  
Affiliation Address: 1515 CLAY ST SUITE 1400  
Affiliation City: OAKLAND  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

I51  
ENE  
1/4-1/2  
0.371 mi.  
1957 ft.

**EXXON**  
**334 SAN ANTONIO**  
**MOUNTAIN VIEW, CA 94043**  
**Site 2 of 3 in cluster I**

**LUST**  
**SWEEPS UST**  
**HIST UST**  
**CA FID UST**  
**CUPA Listings**

**S101594470**  
**N/A**

**Relative:**  
**Lower**  
**Actual:**  
**53 ft.**

**LUST SANTA CLARA:**  
Region: SANTA CLARA  
SCVWD ID: 06S2W17N01F  
Date Closed: 09/04/2008  
EDR Link ID: 06S2W17N01F

**SWEEPS UST:**

Status: Active  
Comp Number: 5781  
Number: 9  
Board Of Equalization: 44-000217  
Referral Date: 05-04-92  
Action Date: 05-04-92  
Created Date: 10-13-88  
Owner Tank Id: 2  
SWRCB Tank Id: 43-005-005781-000001  
Tank Status: A  
Capacity: 10000  
Active Date: 01-06-94  
Tank Use: M.V. FUEL  
STG: P  
Content: DIESEL

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**EXXON (Continued)**

**S101594470**

Number Of Tanks: 5  
Status: Active  
Comp Number: 5781  
Number: 9  
Board Of Equalization: 44-000217  
Referral Date: 05-04-92  
Action Date: 05-04-92  
Created Date: 10-13-88  
Owner Tank Id: 3  
SWRCB Tank Id: 43-005-005781-000002  
Tank Status: A  
Capacity: 10000  
Active Date: 01-06-94  
Tank Use: M.V. FUEL  
STG: P  
Content: PLUS UNLEADED  
Number Of Tanks: Not reported

Status: Active  
Comp Number: 5781  
Number: 9  
Board Of Equalization: 44-000217  
Referral Date: 05-04-92  
Action Date: 05-04-92  
Created Date: 10-13-88  
Owner Tank Id: 4  
SWRCB Tank Id: 43-005-005781-000003  
Tank Status: A  
Capacity: 10000  
Active Date: 01-06-94  
Tank Use: M.V. FUEL  
STG: P  
Content: SUPER UNLEAD  
Number Of Tanks: Not reported

Status: Active  
Comp Number: 5781  
Number: 9  
Board Of Equalization: 44-000217  
Referral Date: 05-04-92  
Action Date: 05-04-92  
Created Date: 10-13-88  
Owner Tank Id: 5  
SWRCB Tank Id: 43-005-005781-000004  
Tank Status: A  
Capacity: 10000  
Active Date: 01-16-90  
Tank Use: M.V. FUEL  
STG: P  
Content: REG UNLEADED  
Number Of Tanks: Not reported

Status: Active  
Comp Number: 5781  
Number: 9  
Board Of Equalization: 44-000217

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**EXXON (Continued)**

**S101594470**

Referral Date: 05-04-92  
Action Date: 05-04-92  
Created Date: 10-13-88  
Owner Tank Id: 6  
SWRCB Tank Id: 43-005-005781-000005  
Tank Status: A  
Capacity: 550  
Active Date: 01-06-94  
Tank Use: OIL  
STG: W  
Content: WASTE OIL  
Number Of Tanks: Not reported

**HIST UST:**

File Number: 0002097B  
URL: <http://geotracker.waterboards.ca.gov/ustpdfs/pdf/0002097B.pdf>  
Region: Not reported  
Facility ID: Not reported  
Facility Type: Not reported  
Other Type: Not reported  
Contact Name: Not reported  
Telephone: Not reported  
Owner Name: Not reported  
Owner Address: Not reported  
Owner City,St,Zip: Not reported  
Total Tanks: Not reported  
  
Tank Num: Not reported  
Container Num: Not reported  
Year Installed: Not reported  
Tank Capacity: Not reported  
Tank Used for: Not reported  
Type of Fuel: Not reported  
Container Construction Thickness: Not reported  
Leak Detection: Not reported

Click here for Geo Tracker PDF:

**CA FID UST:**

Facility ID: 43001431  
Regulated By: UTNKA  
Regulated ID: 00005781  
Cortese Code: Not reported  
SIC Code: Not reported  
Facility Phone: 4159489946  
Mail To: Not reported  
Mailing Address: 334 SAN ANTONIO  
Mailing Address 2: Not reported  
Mailing City,St,Zip: MOUNTAIN VIEW 94043  
Contact: Not reported  
Contact Phone: Not reported  
DUNs Number: Not reported  
NPDES Number: Not reported  
EPA ID: Not reported  
Comments: Not reported  
Status: Active

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**EXXON (Continued)**

**S101594470**

**CUPA SANTA CLARA:**

Region: SANTA CLARA  
PE#: 2205  
Program Description: GENERATES 100 KG YR TO <5 TONS/YR  
Latitude: 37.40556  
Longitude: -122.11122  
Record ID: PR0313891  
Facility ID: FA0204030

**I52  
ENE  
1/4-1/2  
0.397 mi.  
2098 ft.**

**VICTOR'S GOODYEAR  
298 SAN ANTONIO RD  
MOUNTAIN VIEW, CA 94040**

**LUST S102440913  
HIST LUST N/A  
HIST CORTESE**

**Site 3 of 3 in cluster I**

**Relative:  
Lower  
Actual:  
51 ft.**

**LUST:**

Lead Agency: SANTA CLARA COUNTY LOP  
Case Type: LUST Cleanup Site  
Geo Track: [http://geotracker.waterboards.ca.gov/profile\\_report.asp?global\\_id=T0608501558](http://geotracker.waterboards.ca.gov/profile_report.asp?global_id=T0608501558)  
Global Id: T0608501558  
Latitude: 37.4061475859413  
Longitude: -122.111020088196  
Status: Completed - Case Closed  
Status Date: 04/11/1991  
Case Worker: UST  
RB Case Number: Not reported  
Local Agency: SANTA CLARA COUNTY LOP  
File Location: All Files are on GeoTracker or in the Local Agency Database  
Local Case Number: Not reported  
Potential Media Affect: Soil  
Potential Contaminants of Concern: Waste Oil / Motor / Hydraulic / Lubricating  
Site History: Not reported

**LUST:**

Global Id: T0608501558  
Contact Type: Regional Board Caseworker  
Contact Name: Regional Water Board  
Organization Name: SAN FRANCISCO BAY RWQCB (REGION 2)  
Address: 1515 CLAY ST SUITE 1400  
City: OAKLAND  
Email: Not reported  
Phone Number: Not reported

Global Id: T0608501558  
Contact Type: Local Agency Caseworker  
Contact Name: UST CASE WORKER  
Organization Name: SANTA CLARA COUNTY LOP  
Address: 1555 Berger Drive, Suite 300  
City: SAN JOSE  
Email: Not reported  
Phone Number: 4089183400

**LUST:**

Global Id: T0608501558  
Action Type: RESPONSE  
Date: 05/12/1987  
Action: Other Report / Document

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**VICTOR'S GOODYEAR (Continued)**

**S102440913**

Global Id: T0608501558  
Action Type: REMEDIATION  
Date: 05/12/1987  
Action: Excavation

Global Id: T0608501558  
Action Type: ENFORCEMENT  
Date: 04/11/1991  
Action: Closure/No Further Action Letter

Global Id: T0608501558  
Action Type: ENFORCEMENT  
Date: 01/29/1991  
Action: Notice of Responsibility - #40115

Global Id: T0608501558  
Action Type: Other  
Date: 05/12/1987  
Action: Leak Reported

**LUST:**

Global Id: T0608501558  
Status: Completed - Case Closed  
Status Date: 04/11/1991

Global Id: T0608501558  
Status: Open - Case Begin Date  
Status Date: 05/12/1987

Global Id: T0608501558  
Status: Open - Site Assessment  
Status Date: 01/22/1991

**LUST REG 2:**

Region: 2  
Facility Id: Not reported  
Facility Status: Case Closed  
Case Number: 06S2W17N03f  
How Discovered: Not reported  
Leak Cause: Not reported  
Leak Source: Not reported  
Date Leak Confirmed: Not reported  
Oversight Program: LUST  
Prelim. Site Assessment Workplan Submitted: Not reported  
Preliminary Site Assessment Began: 1/22/1991  
Pollution Characterization Began: Not reported  
Pollution Remediation Plan Submitted: Not reported  
Date Remediation Action Underway: Not reported  
Date Post Remedial Action Monitoring Began: Not reported

**LUST SANTA CLARA:**

Region: SANTA CLARA  
SCVWD ID: 06S2W17N03F  
Date Closed: 04/11/1991  
EDR Link ID: 06S2W17N03F

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**VICTOR'S GOODYEAR (Continued)**

**S102440913**

**HIST LUST SANTA CLARA:**

Region: SANTA CLARA  
Region Code: 2  
SCVWD ID: 06S2W17N03  
Oversite Agency: SCVWD  
Date Listed: 1988-01-01 00:00:00  
Closed Date: 1991-04-11 00:00:00

**HIST CORTESE:**

Region: CORTESE  
Facility County Code: 43  
Reg By: LTNKA  
Reg Id: 43-1603

**J53  
SSE  
1/4-1/2  
0.405 mi.  
2136 ft.**

**UNOCAL #4918  
895 N. SAN ANTONIO ROAD  
LOS ALTOS, CA 94022**

**Site 1 of 2 in cluster J**

**LUST S103880863  
HIST LUST N/A  
CERS**

**Relative:  
Higher**

**LUST:**

**Actual:  
85 ft.**

Lead Agency: SANTA CLARA COUNTY LOP  
Case Type: LUST Cleanup Site  
Geo Track: [http://geotracker.waterboards.ca.gov/profile\\_report.asp?global\\_id=T0608500150](http://geotracker.waterboards.ca.gov/profile_report.asp?global_id=T0608500150)  
Global Id: T0608500150  
Latitude: 37.3988520178705  
Longitude: -122.113916873932  
Status: Completed - Case Closed  
Status Date: 03/11/2013  
Case Worker: Not reported  
RB Case Number: 21-067  
Local Agency: Not reported  
File Location: All Files are on GeoTracker or in the Local Agency Database  
Local Case Number: 06S2W20E01f  
Potential Media Affect: Other Groundwater (uses other than drinking water)  
Potential Contaminants of Concern: Diesel, MTBE / TBA / Other Fuel Oxygenates, Gasoline  
Site History: The Site is a former Unocal-branded service station, which was located at the northeast corner at the intersection of North San Antonio Road and Sherwood Avenue in Los Altos, California. Original (first generation) Site features included a station building, two 10,000-gallon gasoline underground storage tanks (USTs) located near the northwest corner of the Site, and two product dispenser islands. In 1985, the two 10,000-gallon gasoline USTs (second generation) were installed in the southwest corner of the Site. The station building, USTs (second generation), and dispenser islands were removed in 1992, and the Site remains a vacant lot except for a consists primarily of commercial and residential properties. Soil vapor extraction with air sparge were used to remediate the site.

**LUST:**

Global Id: T0608500150  
Contact Type: Regional Board Caseworker  
Contact Name: Regional Water Board  
Organization Name: SAN FRANCISCO BAY RWQCB (REGION 2)  
Address: 1515 CLAY ST SUITE 1400  
City: OAKLAND  
Email: Not reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

UNOCAL #4918 (Continued)

S103880863

Phone Number: Not reported

LUST:

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 09/21/2012  
Action: Fact Sheets - Public Participation

Global Id: T0608500150  
Action Type: REMEDIATION  
Date: 09/05/2001  
Action: Soil Vapor Extraction (SVE)

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 06/02/1995  
Action: Other Workplan

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 01/21/1999  
Action: Correspondence

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 02/26/2009  
Action: Other Report / Document

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 09/10/1993  
Action: Other Report / Document

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 05/18/1998  
Action: Interim Remedial Action Report

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 03/07/2013  
Action: Well Destruction Report

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 07/09/1992  
Action: Unauthorized Release Form

Global Id: T0608500150  
Action Type: ENFORCEMENT  
Date: 08/03/2012  
Action: Staff Letter

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 01/31/2010  
Action: Monitoring Report - Semi-Annually

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**UNOCAL #4918 (Continued)**

**S103880863**

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 07/31/2010  
Action: Monitoring Report - Semi-Annually

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 07/08/2011  
Action: Monitoring Report - Quarterly

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 10/30/2009  
Action: Remedial Progress Report

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 04/05/1994  
Action: Other Workplan

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 01/31/2012  
Action: Soil and Water Investigation Workplan

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 06/22/2012  
Action: Site Assessment Report

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 10/15/1997  
Action: Monitoring Report - Quarterly

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 10/15/1996  
Action: Monitoring Report - Quarterly

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 04/15/1996  
Action: Monitoring Report - Quarterly

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 01/15/1996  
Action: Monitoring Report - Quarterly

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 03/07/2013  
Action: Well Destruction Report

Global Id: T0608500150  
Action Type: ENFORCEMENT

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**UNOCAL #4918 (Continued)**

**S103880863**

Date: 08/25/2010  
Action: Staff Letter

Global Id: T0608500150  
Action Type: ENFORCEMENT  
Date: 07/27/2011  
Action: Staff Letter

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 07/15/1997  
Action: Monitoring Report - Quarterly

Global Id: T0608500150  
Action Type: ENFORCEMENT  
Date: 11/02/2012  
Action: Staff Letter

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 07/11/1996  
Action: Monitoring Report - Quarterly

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 04/29/2011  
Action: Other Report / Document

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 01/31/2012  
Action: Soil and Water Investigation Workplan

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 06/26/1998  
Action: Soil Vapor Intrusion Investigation Workplan

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 07/12/2011  
Action: Other Report / Document

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 06/20/1994  
Action: Other Workplan

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 11/01/2007  
Action: Well Installation Report

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 01/15/1997  
Action: Monitoring Report - Quarterly

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**UNOCAL #4918 (Continued)**

**S103880863**

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 10/15/1995  
Action: Monitoring Report - Quarterly

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 04/15/1997  
Action: Monitoring Report - Quarterly

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 01/15/1998  
Action: Monitoring Report - Quarterly

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 09/13/2004  
Action: Well Destruction Workplan

Global Id: T0608500150  
Action Type: ENFORCEMENT  
Date: 03/18/2009  
Action: Staff Letter

Global Id: T0608500150  
Action Type: ENFORCEMENT  
Date: 08/12/2009  
Action: Staff Letter

Global Id: T0608500150  
Action Type: ENFORCEMENT  
Date: 11/12/2010  
Action: Staff Letter

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 10/01/1998  
Action: CAP/RAP - Other Report

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 12/14/2011  
Action: Correspondence

Global Id: T0608500150  
Action Type: REMEDIATION  
Date: 07/01/1992  
Action: Excavation

Global Id: T0608500150  
Action Type: ENFORCEMENT  
Date: 12/14/2011  
Action: Staff Letter

Global Id: T0608500150  
Action Type: ENFORCEMENT

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**UNOCAL #4918 (Continued)**

**S103880863**

Date: 09/05/2012  
Action: Notification - Public Notice of Case Closure

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 11/02/1994  
Action: Other Workplan

Global Id: T0608500150  
Action Type: ENFORCEMENT  
Date: 02/25/1993  
Action: Notice of Responsibility - #40127

Global Id: T0608500150  
Action Type: ENFORCEMENT  
Date: 05/31/1995  
Action: Staff Letter - #30094

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 04/11/1995  
Action: Other Workplan

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 07/05/2007  
Action: Soil Vapor Intrusion Investigation Workplan

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 10/01/1998  
Action: Other Report / Document

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 07/17/1992  
Action: Tank Removal Report / UST Sampling Report

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 02/09/1993  
Action: Other Workplan

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 11/02/2012  
Action: Correspondence

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 06/22/2012  
Action: Soil and Water Investigation Report

Global Id: T0608500150  
Action Type: Other  
Date: 06/25/1992  
Action: Leak Stopped

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**UNOCAL #4918 (Continued)**

**S103880863**

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 07/31/2011  
Action: Monitoring Report - Semi-Annually

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 10/31/2010  
Action: Monitoring Report - Quarterly

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 01/31/2011  
Action: Monitoring Report - Semi-Annually

Global Id: T0608500150  
Action Type: Other  
Date: 07/09/1992  
Action: Leak Reported

Global Id: T0608500150  
Action Type: ENFORCEMENT  
Date: 02/06/2012  
Action: Staff Letter

Global Id: T0608500150  
Action Type: ENFORCEMENT  
Date: 03/11/2013  
Action: Closure/No Further Action Letter

Global Id: T0608500150  
Action Type: Other  
Date: 06/25/1992  
Action: Leak Discovery

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 02/06/1995  
Action: CAP/RAP - Feasibility Study Report

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 07/30/2009  
Action: Monitoring Report - Quarterly

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 07/15/1995  
Action: Monitoring Report - Quarterly

**LUST:**

Global Id: T0608500150  
Status: Completed - Case Closed  
Status Date: 03/11/2013

Global Id: T0608500150  
Status: Open - Case Begin Date

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**UNOCAL #4918 (Continued)**

**S103880863**

Status Date: 06/25/1992

Global Id: T0608500150  
Status: Open - Eligible for Closure  
Status Date: 11/02/2012

Global Id: T0608500150  
Status: Open - Remediation  
Status Date: 12/06/2001

Global Id: T0608500150  
Status: Open - Site Assessment  
Status Date: 08/17/1992

Global Id: T0608500150  
Status: Open - Site Assessment  
Status Date: 08/20/1992

Global Id: T0608500150  
Status: Open - Verification Monitoring  
Status Date: 11/20/2008

**LUST REG 2:**

Region: 2  
Facility Id: Not reported  
Facility Status: Pollution Characterization  
Case Number: 06S2W20E01f  
How Discovered: Not reported  
Leak Cause: Not reported  
Leak Source: Not reported  
Date Leak Confirmed: Not reported  
Oversight Program: LUST  
Prelim. Site Assessment Workplan Submitted: Not reported  
Preliminary Site Assessment Began: 8/17/1992  
Pollution Characterization Began: 8/20/1992  
Pollution Remediation Plan Submitted: Not reported  
Date Remediation Action Underway: Not reported  
Date Post Remedial Action Monitoring Began: Not reported

**LUST SANTA CLARA:**

Region: SANTA CLARA  
SCVWD ID: 06S2W20E01F  
Date Closed: 03/11/2013  
EDR Link ID: 06S2W20E01F

**HIST LUST SANTA CLARA:**

Region: SANTA CLARA  
Region Code: 2  
SCVWD ID: 06S2W20E01  
Oversite Agency: SCCDEH  
Date Listed: 1992-12-14 00:00:00  
Closed Date: Not reported

**CERS TANKS:**

Map ID  
 Direction  
 Distance  
 Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
 EPA ID Number

**UNOCAL #4918 (Continued)**

**S103880863**

Site ID: 219214  
 CERS ID: T0608500150  
 CERS Description: Leaking Underground Storage Tank Cleanup Site

Affiliation:  
 Affiliation Type Desc: Regional Board Caseworker  
 Entity Name: Regional Water Board - SAN FRANCISCO BAY RWQCB (REGION 2)  
 Entity Title: Not reported  
 Affiliation Address: 1515 CLAY ST SUITE 1400  
 Affiliation City: OAKLAND  
 Affiliation State: CA  
 Affiliation Country: Not reported  
 Affiliation Zip: Not reported  
 Affiliation Phone: Not reported

J54  
 SSE  
 1/4-1/2  
 0.405 mi.  
 2136 ft.

**UNOCAL**  
**895 SAN ANTONIO**  
**LOS ALTOS, CA 94202**  
 Site 2 of 2 in cluster J

**HIST CORTESE** **S105708738**  
**N/A**

Relative:  
 Higher  
 Actual:  
 85 ft.

HIST CORTESE:  
 Region: CORTESE  
 Facility County Code: 43  
 Reg By: LTNKA  
 Reg Id: 43-0082

K55  
 ENE  
 1/4-1/2  
 0.413 mi.  
 2180 ft.

**SHELL OIL CO**  
**2595 CALIFORNIA**  
**MOUNTAIN VIEW, CA 94040**  
 Site 1 of 2 in cluster K

**RCRA-SQG** **1000288608**  
**LUST** **CAD981401607**  
**HIST LUST**  
**HIST CORTESE**  
**CERS**

Relative:  
 Lower  
 Actual:  
 53 ft.

RCRA-SQG:  
 Date form received by agency: 04/08/1998  
 Facility name: SHELL OIL CO  
 Facility address: 2595 CALIFORNIA  
 MOUNTAIN VIEW, CA 94040  
 EPA ID: CAD981401607  
 Mailing address: P O BOX 4453  
 HOUSTON, TX 77210-4453  
 Contact: SONDR A BIENVENU  
 Contact address: P O BOX 4453  
 HOUSTON, TX 77210-4453  
 Contact country: US  
 Contact telephone: 713-241-2258  
 Contact email: Not reported  
 EPA Region: 09  
 Classification: Small Small Quantity Generator  
 Description: Handler: generates more than 100 and less than 1000 kg of hazardous waste during any calendar month and accumulates less than 6000 kg of hazardous waste at any time; or generates 100 kg or less of hazardous waste during any calendar month, and accumulates more than 1000 kg of hazardous waste at any time

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**SHELL OIL CO (Continued)**

**1000288608**

Owner/Operator Summary:

Owner/operator name: NOT REQUIRED  
Owner/operator address: NOT REQUIRED  
NOT REQUIRED, ME 99999  
Owner/operator country: Not reported  
Owner/operator telephone: 415-555-1212  
Owner/operator email: Not reported  
Owner/operator fax: Not reported  
Owner/operator extension: Not reported  
Legal status: Private  
Owner/Operator Type: Operator  
Owner/Op start date: Not reported  
Owner/Op end date: Not reported

Owner/operator name: EQUILON ENTERPRISES LLC  
Owner/operator address: P O BOX 4453  
HOUSTON, TX 77210

Owner/operator country: Not reported  
Owner/operator telephone: 713-241-2258  
Owner/operator email: Not reported  
Owner/operator fax: Not reported  
Owner/operator extension: Not reported  
Legal status: Private  
Owner/Operator Type: Owner  
Owner/Op start date: Not reported  
Owner/Op end date: Not reported

Handler Activities Summary:

U.S. importer of hazardous waste: No  
Mixed waste (haz. and radioactive): No  
Recycler of hazardous waste: No  
Transporter of hazardous waste: No  
Treater, storer or disposer of HW: No  
Underground injection activity: No  
On-site burner exemption: No  
Furnace exemption: No  
Used oil fuel burner: No  
Used oil processor: No  
User oil refiner: No  
Used oil fuel marketer to burner: No  
Used oil Specification marketer: No  
Used oil transfer facility: No  
Used oil transporter: No

. Waste code: D001

. Waste name: IGNITABLE HAZARDOUS WASTES ARE THOSE WASTES WHICH HAVE A FLASHPOINT OF LESS THAN 140 DEGREES FAHRENHEIT AS DETERMINED BY A PENSKEY-MARTENS CLOSED CUP FLASH POINT TESTER. ANOTHER METHOD OF DETERMINING THE FLASH POINT OF A WASTE IS TO REVIEW THE MATERIAL SAFETY DATA SHEET, WHICH CAN BE OBTAINED FROM THE MANUFACTURER OR DISTRIBUTOR OF THE MATERIAL. LACQUER THINNER IS AN EXAMPLE OF A COMMONLY USED SOLVENT WHICH WOULD BE CONSIDERED AS IGNITABLE HAZARDOUS WASTE.

. Waste code: D018

. Waste name: BENZENE

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**SHELL OIL CO (Continued)**

**1000288608**

Historical Generators:

Date form received by agency: 09/01/1996  
Site name: SHELL OIL CO  
Classification: Small Quantity Generator

Date form received by agency: 04/13/1990  
Site name: SHELL OIL CO 204-5208-0409  
Classification: Large Quantity Generator

Violation Status: No violations found

LUST:

Lead Agency: SANTA CLARA COUNTY LOP  
Case Type: LUST Cleanup Site  
Geo Track: [http://geotracker.waterboards.ca.gov/profile\\_report.asp?global\\_id=T0608501282](http://geotracker.waterboards.ca.gov/profile_report.asp?global_id=T0608501282)  
Global Id: T0608501282  
Latitude: 37.405414652087  
Longitude: -122.110462188721  
Status: Completed - Case Closed  
Status Date: 08/26/2003  
Case Worker: UST  
RB Case Number: Not reported  
Local Agency: SANTA CLARA COUNTY LOP  
File Location: All Files are on GeoTracker or in the Local Agency Database  
Local Case Number: Not reported  
Potential Media Affect: Other Groundwater (uses other than drinking water)  
Potential Contaminants of Concern: Gasoline  
Site History: Not reported

LUST:

Global Id: T0608501282  
Contact Type: Regional Board Caseworker  
Contact Name: Regional Water Board  
Organization Name: SAN FRANCISCO BAY RWQCB (REGION 2)  
Address: 1515 CLAY ST SUITE 1400  
City: OAKLAND  
Email: Not reported  
Phone Number: Not reported

Global Id: T0608501282  
Contact Type: Local Agency Caseworker  
Contact Name: UST CASE WORKER  
Organization Name: SANTA CLARA COUNTY LOP  
Address: 1555 Berger Drive, Suite 300  
City: SAN JOSE  
Email: Not reported  
Phone Number: 4089183400

LUST:

Global Id: T0608501282  
Action Type: RESPONSE  
Date: 01/17/1989  
Action: Unauthorized Release Form

Global Id: T0608501282  
Action Type: RESPONSE  
Date: 06/16/1989

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**SHELL OIL CO (Continued)**

**1000288608**

Action: Tank Removal Report / UST Sampling Report

Global Id: T0608501282  
Action Type: RESPONSE  
Date: 11/05/1985  
Action: Soil and Water Investigation Report

Global Id: T0608501282  
Action Type: RESPONSE  
Date: 03/27/1996  
Action: Verbal Communication

Global Id: T0608501282  
Action Type: ENFORCEMENT  
Date: 08/26/2003  
Action: Closure/No Further Action Letter

Global Id: T0608501282  
Action Type: RESPONSE  
Date: 01/19/2016  
Action: Well Destruction Report

Global Id: T0608501282  
Action Type: RESPONSE  
Date: 07/19/1991  
Action: Other Workplan

Global Id: T0608501282  
Action Type: RESPONSE  
Date: 07/02/2003  
Action: Well Destruction Report

Global Id: T0608501282  
Action Type: RESPONSE  
Date: 10/02/1991  
Action: Other Report / Document

Global Id: T0608501282  
Action Type: RESPONSE  
Date: 01/23/1991  
Action: Other Report / Document

Global Id: T0608501282  
Action Type: RESPONSE  
Date: 04/15/2000  
Action: Monitoring Report - Quarterly

Global Id: T0608501282  
Action Type: RESPONSE  
Date: 06/16/1989  
Action: Other Workplan

Global Id: T0608501282  
Action Type: RESPONSE  
Date: 02/25/1999  
Action: Preliminary Site Assessment Workplan

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**SHELL OIL CO (Continued)**

**1000288608**

Global Id: T0608501282  
Action Type: RESPONSE  
Date: 04/19/2002  
Action: Monitoring Report - Quarterly

Global Id: T0608501282  
Action Type: ENFORCEMENT  
Date: 03/27/1991  
Action: Notice of Responsibility - #40114

Global Id: T0608501282  
Action Type: ENFORCEMENT  
Date: 02/18/2000  
Action: Staff Letter - #30223

Global Id: T0608501282  
Action Type: ENFORCEMENT  
Date: 04/22/1997  
Action: Staff Letter - #30214

Global Id: T0608501282  
Action Type: Other  
Date: 02/05/1986  
Action: Leak Reported

Global Id: T0608501282  
Action Type: RESPONSE  
Date: 02/20/2003  
Action: Correspondence

Global Id: T0608501282  
Action Type: RESPONSE  
Date: 03/08/2000  
Action: Correspondence

Global Id: T0608501282  
Action Type: RESPONSE  
Date: 01/10/1992  
Action: Other Report / Document

Global Id: T0608501282  
Action Type: RESPONSE  
Date: 07/15/2002  
Action: Other Report / Document

Global Id: T0608501282  
Action Type: RESPONSE  
Date: 12/12/1989  
Action: Preliminary Site Assessment Report

Global Id: T0608501282  
Action Type: RESPONSE  
Date: 03/13/1996  
Action: NPDES / WDR Reports

Global Id: T0608501282  
Action Type: RESPONSE

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**SHELL OIL CO (Continued)**

**1000288608**

Date: 12/23/1993  
Action: Other Report / Document

Global Id: T0608501282  
Action Type: RESPONSE  
Date: 04/28/1997  
Action: Monitoring Report - Quarterly

Global Id: T0608501282  
Action Type: REMEDIATION  
Date: 12/01/1998  
Action: Excavation

Global Id: T0608501282  
Action Type: REMEDIATION  
Date: 10/01/1992  
Action: Pump & Treat (P&T) Groundwater

Global Id: T0608501282  
Action Type: REMEDIATION  
Date: 10/01/1992  
Action: Soil Vapor Extraction (SVE)

**LUST:**

Global Id: T0608501282  
Status: Completed - Case Closed  
Status Date: 08/26/2003

Global Id: T0608501282  
Status: Open - Case Begin Date  
Status Date: 12/19/1985

Global Id: T0608501282  
Status: Open - Site Assessment  
Status Date: 12/19/1985

**LUST REG 2:**

Region: 2  
Facility Id: Not reported  
Facility Status: Case Closed  
Case Number: 06S2W17N02f  
How Discovered: Not reported  
Leak Cause: Not reported  
Leak Source: Not reported  
Date Leak Confirmed: Not reported  
Oversight Program: LUST  
Prelim. Site Assessment Workplan Submitted: Not reported  
Preliminary Site Assessment Began: 12/19/1985  
Pollution Characterization Began: 12/19/1985  
Pollution Remediation Plan Submitted: Not reported  
Date Remediation Action Underway: Not reported  
Date Post Remedial Action Monitoring Began: Not reported

**LUST SANTA CLARA:**

Region: SANTA CLARA

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**SHELL OIL CO (Continued)**

**1000288608**

SCVWD ID: 06S2W17N02F  
Date Closed: 08/26/2003  
EDR Link ID: 06S2W17N02F

**HIST LUST SANTA CLARA:**

Region: SANTA CLARA  
Region Code: 2  
SCVWD ID: 06S2W17N02  
Oversite Agency: SCVWD  
Date Listed: 1987-01-01 00:00:00  
Closed Date: 2003-08-26 00:00:00

**HIST CORTESE:**

Region: CORTESE  
Facility County Code: 43  
Reg By: LTNKA  
Reg Id: 43-1304

**CERS TANKS:**

Site ID: 235922  
CERS ID: T0608501282  
CERS Description: Leaking Underground Storage Tank Cleanup Site

**Affiliation:**

Affiliation Type Desc: Local Agency Caseworker  
Entity Name: UST CASE WORKER - SANTA CLARA COUNTY LOP  
Entity Title: Not reported  
Affiliation Address: 1555 Berger Drive, Suite 300  
Affiliation City: SAN JOSE  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: 4089183400

Affiliation Type Desc: Regional Board Caseworker  
Entity Name: Regional Water Board - SAN FRANCISCO BAY RWQCB (REGION 2)  
Entity Title: Not reported  
Affiliation Address: 1515 CLAY ST SUITE 1400  
Affiliation City: OAKLAND  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

**L56**  
**SSE**  
**1/4-1/2**  
**0.416 mi.**  
**2197 ft.**

**PRIVATE RESIDENCE**  
**PRIVATE RESIDENCE**  
**LOS ALTOS, CA 94022**  
**Site 1 of 2 in cluster L**

**LUST S110655413**  
**N/A**

**Relative:**  
**Higher**

**LUST:**

**Actual:**  
**92 ft.**

Lead Agency: SANTA CLARA COUNTY LOP  
Case Type: LUST Cleanup Site  
Geo Track: [http://geotracker.waterboards.ca.gov/profile\\_report.asp?global\\_id=T0608502121](http://geotracker.waterboards.ca.gov/profile_report.asp?global_id=T0608502121)  
Global Id: T0608502121  
Latitude: 37.397868

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**PRIVATE RESIDENCE (Continued)**

**S110655413**

Longitude: -122.116467  
Status: Completed - Case Closed  
Status Date: 01/11/1999  
Case Worker: UST  
RB Case Number: Not reported  
Local Agency: SANTA CLARA COUNTY LOP  
File Location: All Files are on GeoTracker or in the Local Agency Database  
Local Case Number: Not reported  
Potential Media Affect: Soil  
Potential Contaminants of Concern: Gasoline  
Site History: Not reported

**LUST:**

Global Id: T0608502121  
Contact Type: Regional Board Caseworker  
Contact Name: Regional Water Board  
Organization Name: SAN FRANCISCO BAY RWQCB (REGION 2)  
Address: 1515 CLAY ST SUITE 1400  
City: OAKLAND  
Email: Not reported  
Phone Number: Not reported

Global Id: T0608502121  
Contact Type: Local Agency Caseworker  
Contact Name: UST CASE WORKER  
Organization Name: SANTA CLARA COUNTY LOP  
Address: 1555 Berger Drive, Suite 300  
City: SAN JOSE  
Email: Not reported  
Phone Number: 4089183400

**LUST:**

Global Id: T0608502121  
Action Type: RESPONSE  
Date: 01/01/1999  
Action: Other Report / Document

Global Id: T0608502121  
Action Type: RESPONSE  
Date: 01/01/1999  
Action: Other Report / Document

Global Id: T0608502121  
Action Type: RESPONSE  
Date: 01/01/1999  
Action: Other Report / Document

Global Id: T0608502121  
Action Type: RESPONSE  
Date: 04/11/1997  
Action: Other Report / Document

Global Id: T0608502121  
Action Type: RESPONSE  
Date: 10/13/1998  
Action: Other Report / Document

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**PRIVATE RESIDENCE (Continued)**

**S110655413**

Global Id: T0608502121  
Action Type: Other  
Date: 04/11/1997  
Action: Leak Reported

Global Id: T0608502121  
Action Type: ENFORCEMENT  
Date: 01/11/1999  
Action: Closure/No Further Action Letter

Global Id: T0608502121  
Action Type: ENFORCEMENT  
Date: 01/11/1999  
Action: Closure/No Further Action Letter

Global Id: T0608502121  
Action Type: RESPONSE  
Date: 01/01/1999  
Action: Other Report / Document

**LUST:**

Global Id: T0608502121  
Status: Completed - Case Closed  
Status Date: 01/11/1999

Global Id: T0608502121  
Status: Open - Case Begin Date  
Status Date: 02/13/1997

Global Id: T0608502121  
Status: Open - Site Assessment  
Status Date: 02/13/1997

**L57**      **ERICHSEN RESIDENCE**  
**SSE**      **107 DEL MONTE**  
**1/4-1/2**      **LOS ALTOS, CA 94022**  
**0.417 mi.**  
**2202 ft.**      **Site 2 of 2 in cluster L**

**LUST**      **S103723182**  
**HIST LUST**      **N/A**  
**HIST CORTESE**

**Relative:**      LUST REG 2:  
**Higher**      Region:      2  
**Actual:**      Facility Id:      Not reported  
**92 ft.**      Facility Status:      Case Closed  
Case Number:      06S2W19H02f  
How Discovered:      Not reported  
Leak Cause:      Not reported  
Leak Source:      Not reported  
Date Leak Confirmed:      Not reported  
Oversight Program:      LUST  
Prelim. Site Assesment Wokplan Submitted:      Not reported  
Preliminary Site Assesment Began:      2/13/1997  
Pollution Characterization Began:      Not reported  
Pollution Remediation Plan Submitted:      Not reported  
Date Remediation Action Underway:      Not reported  
Date Post Remedial Action Monitoring Began:      Not reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**ERICHSEN RESIDENCE (Continued)**

**S103723182**

LUST SANTA CLARA:

Region: SANTA CLARA  
SCVWD ID: 06S2W19H02F  
Date Closed: 01/11/1999  
EDR Link ID: 06S2W19H02F

HIST LUST SANTA CLARA:

Region: SANTA CLARA  
Region Code: 2  
SCVWD ID: 06S2W19H02  
Oversite Agency: SCVWD  
Date Listed: 1998-09-14 00:00:00  
Closed Date: 1999-01-11 00:00:00

HIST CORTESE:

Region: CORTESE  
Facility County Code: 43  
Reg By: LTNKA  
Reg Id: 43-2308

**M58  
NNW  
1/4-1/2  
0.422 mi.  
2228 ft.**

**HYATT RICKEY'S  
4219 EL CAMINO REAL  
PALO ALTO, CA 94306**

**LUST S103947236  
N/A**

**Site 1 of 3 in cluster M**

**Relative:  
Lower  
Actual:  
55 ft.**

LUST:

Lead Agency: SANTA CLARA COUNTY LOP  
Case Type: LUST Cleanup Site  
Geo Track: [http://geotracker.waterboards.ca.gov/profile\\_report.asp?global\\_id=T0608501005](http://geotracker.waterboards.ca.gov/profile_report.asp?global_id=T0608501005)  
Global Id: T0608501005  
Latitude: 37.40984  
Longitude: -122.121605  
Status: Completed - Case Closed  
Status Date: 12/03/2004  
Case Worker: UST  
RB Case Number: Not reported  
Local Agency: SANTA CLARA COUNTY LOP  
File Location: All Files are on GeoTracker or in the Local Agency Database  
Local Case Number: Not reported  
Potential Media Affect: Other Groundwater (uses other than drinking water)  
Potential Contaminants of Concern: Gasoline  
Site History: Not reported

LUST:

Global Id: T0608501005  
Contact Type: Regional Board Caseworker  
Contact Name: Regional Water Board  
Organization Name: SAN FRANCISCO BAY RWQCB (REGION 2)  
Address: 1515 CLAY ST SUITE 1400  
City: OAKLAND  
Email: Not reported  
Phone Number: Not reported

Global Id: T0608501005  
Contact Type: Local Agency Caseworker  
Contact Name: UST CASE WORKER

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**HYATT RICKEY'S (Continued)**

**S103947236**

Organization Name: SANTA CLARA COUNTY LOP  
Address: 1555 Berger Drive, Suite 300  
City: SAN JOSE  
Email: Not reported  
Phone Number: 4089183400

**LUST:**

Global Id: T0608501005  
Action Type: RESPONSE  
Date: 06/03/2005  
Action: Other Report / Document

Global Id: T0608501005  
Action Type: RESPONSE  
Date: 01/01/1995  
Action: Correspondence

Global Id: T0608501005  
Action Type: RESPONSE  
Date: 11/03/2004  
Action: Request for Closure

Global Id: T0608501005  
Action Type: RESPONSE  
Date: 06/03/2005  
Action: Other Report / Document

Global Id: T0608501005  
Action Type: RESPONSE  
Date: 01/06/1992  
Action: Tank Removal Report / UST Sampling Report

Global Id: T0608501005  
Action Type: ENFORCEMENT  
Date: 06/03/2005  
Action: Other Report

Global Id: T0608501005  
Action Type: RESPONSE  
Date: 04/28/1998  
Action: Monitoring Report - Quarterly

Global Id: T0608501005  
Action Type: RESPONSE  
Date: 04/30/1998  
Action: Monitoring Report - Quarterly

Global Id: T0608501005  
Action Type: RESPONSE  
Date: 11/19/1987  
Action: Tank Removal Report / UST Sampling Report

Global Id: T0608501005  
Action Type: ENFORCEMENT  
Date: 03/07/1997  
Action: Notice of Responsibility - #40121

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**HYATT RICKEY'S (Continued)**

**S103947236**

Global Id: T0608501005  
Action Type: ENFORCEMENT  
Date: 03/24/2003  
Action: Staff Letter - #41086

Global Id: T0608501005  
Action Type: ENFORCEMENT  
Date: 07/13/1998  
Action: Staff Letter - #30040

Global Id: T0608501005  
Action Type: ENFORCEMENT  
Date: 03/15/1998  
Action: Staff Letter - #30038

Global Id: T0608501005  
Action Type: RESPONSE  
Date: 05/23/2006  
Action: Unauthorized Release Form

Global Id: T0608501005  
Action Type: Other  
Date: 01/01/1996  
Action: Leak Reported

Global Id: T0608501005  
Action Type: RESPONSE  
Date: 07/30/1998  
Action: Monitoring Report - Quarterly

Global Id: T0608501005  
Action Type: RESPONSE  
Date: 01/30/1999  
Action: Monitoring Report - Quarterly

Global Id: T0608501005  
Action Type: RESPONSE  
Date: 05/19/1992  
Action: Preliminary Site Assessment Report

**LUST:**

Global Id: T0608501005  
Status: Completed - Case Closed  
Status Date: 12/03/2004

Global Id: T0608501005  
Status: Open - Case Begin Date  
Status Date: 01/29/1992

Global Id: T0608501005  
Status: Open - Site Assessment  
Status Date: 01/29/1992

Global Id: T0608501005  
Status: Open - Site Assessment  
Status Date: 03/04/1992

MAP FINDINGS

Map ID  
Direction  
Distance  
Elevation

Site

Database(s)

EDR ID Number  
EPA ID Number

**M59**  
**NNW**  
**1/4-1/2**  
**0.422 mi.**  
**2228 ft.**

**HYATT RICKEY'S**  
**4219 EL CAMINO REAL**  
**PALO ALTO, CA 94306**

**Site 2 of 3 in cluster M**

**LUST** **S101693042**  
**HIST LUST** **N/A**  
**HIST CORTESE**

**Relative:**  
**Lower**  
**Actual:**  
**55 ft.**

**LUST REG 2:**  
Region: 2  
Facility Id: Not reported  
Facility Status: Pollution Characterization  
Case Number: 06S2W18L02f  
How Discovered: Not reported  
Leak Cause: Not reported  
Leak Source: Not reported  
Date Leak Confirmed: Not reported  
Oversight Program: LUST  
Prelim. Site Assessment Workplan Submitted: Not reported  
Preliminary Site Assessment Began: 1/29/1992  
Pollution Characterization Began: 3/4/1992  
Pollution Remediation Plan Submitted: Not reported  
Date Remediation Action Underway: Not reported  
Date Post Remedial Action Monitoring Began: Not reported

**HIST LUST SANTA CLARA:**  
Region: SANTA CLARA  
Region Code: 2  
SCVWD ID: 06S2W18L02  
Oversite Agency: SCVWD  
Date Listed: 1997-03-06 00:00:00  
Closed Date: 2004-12-03 00:00:00

**HIST CORTESE:**  
Region: CORTESE  
Facility County Code: 43  
Reg By: LTNKA  
Reg Id: 43-1009

**M60**  
**NNW**  
**1/4-1/2**  
**0.422 mi.**  
**2228 ft.**

**HYATT RICKEY'S**  
**4219 EL CAMINO REAL**  
**PALO ALTO, CA**

**Site 3 of 3 in cluster M**

**LUST** **S108218338**  
**N/A**

**Relative:**  
**Lower**  
**Actual:**  
**55 ft.**

**LUST SANTA CLARA:**  
Region: SANTA CLARA  
SCVWD ID: 06S2W18L02F  
Date Closed: 12/03/2004  
EDR Link ID: 06S2W18L02F

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**K61**      **OLD MILL TIERRA PROPPERTY**  
**ENE**      **255 SAN ANTONIO RD S**  
**1/4-1/2**    **MOUNTAIN VIEW, CA 94040**  
**0.430 mi.**  
**2268 ft.**    **Site 2 of 2 in cluster K**

**LUST**    **S101309050**  
**HIST CORTESE**    **N/A**  
**CERS**

**Relative:**  
**Lower**  
**Actual:**  
**51 ft.**

**LUST:**

Lead Agency:            SAN FRANCISCO BAY RWQCB (REGION 2)  
Case Type:              LUST Cleanup Site  
Geo Track:              [http://geotracker.waterboards.ca.gov/profile\\_report.asp?global\\_id=T0608500994](http://geotracker.waterboards.ca.gov/profile_report.asp?global_id=T0608500994)  
Global Id:                T0608500994  
Latitude:                37.4068847  
Longitude:              -122.1099297  
Status:                 Completed - Case Closed  
Status Date:            08/26/2003  
Case Worker:            UUU  
RB Case Number:        43-0996  
Local Agency:           SANTA CLARA COUNTY LOP  
File Location:           Not reported  
Local Case Number:     Not reported  
Potential Media Affect: Other Groundwater (uses other than drinking water)  
Potential Contaminants of Concern: Gasoline  
Site History:            See 2595 California

**LUST:**

Global Id:                T0608500994  
Contact Type:            Regional Board Caseworker  
Contact Name:           Regional Water Board  
Organization Name:     SAN FRANCISCO BAY RWQCB (REGION 2)  
Address:                1515 CLAY ST SUITE 1400  
City:                    OAKLAND  
Email:                    Not reported  
Phone Number:          Not reported

**LUST:**

Global Id:                T0608500994  
Action Type:             Other  
Date:                    08/14/1985  
Action:                  Leak Stopped

Global Id:                T0608500994  
Action Type:             Other  
Date:                    08/14/1985  
Action:                  Leak Reported

Global Id:                T0608500994  
Action Type:             Other  
Date:                    08/14/1985  
Action:                  Leak Discovery

**LUST:**

Global Id:                T0608500994  
Status:                  Completed - Case Closed  
Status Date:            08/26/2003

Global Id:                T0608500994  
Status:                  Open - Case Begin Date  
Status Date:            08/12/1985

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**OLD MILL TIERRA PROPPERTY (Continued)**

**S101309050**

Global Id: T0608500994  
Status: Open - Site Assessment  
Status Date: 08/12/1985

**LUST REG 2:**

Region: 2  
Facility Id: 43-0996  
Facility Status: Preliminary site assessment underway  
Case Number: 43-0996  
How Discovered: Tank Closure  
Leak Cause: Structure Failure  
Leak Source: Tank  
Date Leak Confirmed: Not reported  
Oversight Program: LUST  
Prelim. Site Assessment Workplan Submitted: Not reported  
Preliminary Site Assessment Began: 8/12/1985  
Pollution Characterization Began: Not reported  
Pollution Remediation Plan Submitted: Not reported  
Date Remediation Action Underway: Not reported  
Date Post Remedial Action Monitoring Began: Not reported

**HIST CORTESE:**

Region: CORTESE  
Facility County Code: 43  
Reg By: LTNKA  
Reg Id: 43-0996

**CERS TANKS:**

Site ID: 259103  
CERS ID: T0608500994  
CERS Description: Leaking Underground Storage Tank Cleanup Site

**Affiliation:**

Affiliation Type Desc: Regional Board Caseworker  
Entity Name: Regional Water Board - SAN FRANCISCO BAY RWQCB (REGION 2)  
Entity Title: Not reported  
Affiliation Address: 1515 CLAY ST SUITE 1400  
Affiliation City: OAKLAND  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

62  
SSE  
1/4-1/2  
0.434 mi.  
2291 ft.

**BRUSIE PROPERTY  
67 DEL MONTE AVE  
LOS ALTOS, CA 94022**

**LUST S101303614  
HIST LUST N/A  
HIST CORTESE  
CERS**

**Relative:  
Higher  
Actual:  
92 ft.**

**LUST:**  
Lead Agency: SANTA CLARA COUNTY LOP  
Case Type: LUST Cleanup Site  
Geo Track: [http://geotracker.waterboards.ca.gov/profile\\_report.asp?global\\_id=T0608569452](http://geotracker.waterboards.ca.gov/profile_report.asp?global_id=T0608569452)  
Global Id: T0608569452  
Latitude: 37.397873

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**BRUSIE PROPERTY (Continued)**

**S101303614**

Longitude: -122.115511  
Status: Completed - Case Closed  
Status Date: 08/30/1994  
Case Worker: UST  
RB Case Number: Not reported  
Local Agency: SANTA CLARA COUNTY LOP  
File Location: All Files are on GeoTracker or in the Local Agency Database  
Local Case Number: Not reported  
Potential Media Affect: Soil  
Potential Contaminants of Concern: Not reported  
Site History: Not reported

**LUST:**

Global Id: T0608569452  
Contact Type: Regional Board Caseworker  
Contact Name: Regional Water Board  
Organization Name: SAN FRANCISCO BAY RWQCB (REGION 2)  
Address: 1515 CLAY ST SUITE 1400  
City: OAKLAND  
Email: Not reported  
Phone Number: Not reported

Global Id: T0608569452  
Contact Type: Local Agency Caseworker  
Contact Name: UST CASE WORKER  
Organization Name: SANTA CLARA COUNTY LOP  
Address: 1555 Berger Drive, Suite 300  
City: SAN JOSE  
Email: Not reported  
Phone Number: 4089183400

**LUST:**

Global Id: T0608569452  
Action Type: RESPONSE  
Date: 07/21/1994  
Action: Other Report / Document

Global Id: T0608569452  
Action Type: ENFORCEMENT  
Date: 08/30/1994  
Action: Closure/No Further Action Letter

Global Id: T0608569452  
Action Type: Other  
Date: 01/01/1991  
Action: Leak Reported

**LUST:**

Global Id: T0608569452  
Status: Completed - Case Closed  
Status Date: 08/30/1994

Global Id: T0608569452  
Status: Open - Case Begin Date  
Status Date: 01/01/1991

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**BRUSIE PROPERTY (Continued)**

**S101303614**

LUST REG 2:

Region: 2  
Facility Id: Not reported  
Facility Status: Case Closed  
Case Number: 06S2W19H01f  
How Discovered: Not reported  
Leak Cause: Not reported  
Leak Source: Not reported  
Date Leak Confirmed: Not reported  
Oversight Program: LUST  
Prelim. Site Assessment Wokplan Submitted: Not reported  
Preliminary Site Assessment Began: Not reported  
Pollution Characterization Began: Not reported  
Pollution Remediation Plan Submitted: Not reported  
Date Remediation Action Underway: Not reported  
Date Post Remedial Action Monitoring Began: Not reported

LUST SANTA CLARA:

Region: SANTA CLARA  
SCVWD ID: 06S2W19H01F  
Date Closed: 08/30/1994  
EDR Link ID: 06S2W19H01F

HIST LUST SANTA CLARA:

Region: SANTA CLARA  
Region Code: 2  
SCVWD ID: 06S2W19H01  
Oversite Agency: SCVWD  
Date Listed: 1992-10-22 00:00:00  
Closed Date: 1994-08-30 00:00:00

HIST CORTESE:

Region: CORTESE  
Facility County Code: 43  
Reg By: LTNKA  
Reg Id: 43-0132

CERS TANKS:

Site ID: 245954  
CERS ID: T0608569452  
CERS Description: Leaking Underground Storage Tank Cleanup Site

Affiliation:

Affiliation Type Desc: Local Agency Caseworker  
Entity Name: UST CASE WORKER - SANTA CLARA COUNTY LOP  
Entity Title: Not reported  
Affiliation Address: 1555 Berger Drive, Suite 300  
Affiliation City: SAN JOSE  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: 4089183400

Affiliation Type Desc: Regional Board Caseworker  
Entity Name: Regional Water Board - SAN FRANCISCO BAY RWQCB (REGION 2)

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**BRUSIE PROPERTY (Continued)**

**S101303614**

Entity Title: Not reported  
Affiliation Address: 1515 CLAY ST SUITE 1400  
Affiliation City: OAKLAND  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

**63**  
**ENE**  
**1/4-1/2**  
**0.448 mi.**  
**2365 ft.**

**COAST CASEY PUMP STATION**  
**101 SAN ANTONIO**  
**MOUNTAIN VIEW, CA**

**HIST CORTESE** **S102428165**  
**N/A**

**Relative:**  
**Lower**  
**Actual:**  
**50 ft.**

**HIST CORTESE:**  
Region: CORTESE  
Facility County Code: 43  
Reg By: LTNKA  
Reg Id: 43-0384

**N64**  
**SE**  
**1/4-1/2**  
**0.457 mi.**  
**2413 ft.**

**LOS ALTOS GARDEN SUPPLY**  
**4730 EL CAMINO REAL**  
**LOS ALTOS, CA 94022**

**LUST** **S102432747**  
**HIST CORTESE** **N/A**  
**CERS**

**Site 1 of 2 in cluster N**

**Relative:**  
**Higher**  
**Actual:**  
**81 ft.**

**LUST REG 2:**  
Region: 2  
Facility Id: 43-2112  
Facility Status: Case Closed  
Case Number: 43-2112  
How Discovered: Tank Closure  
Leak Cause: UNK  
Leak Source: UNK  
Date Leak Confirmed: Not reported  
Oversight Program: LUST  
Prelim. Site Assessment Workplan Submitted: Not reported  
Preliminary Site Assessment Began: Not reported  
Pollution Characterization Began: Not reported  
Pollution Remediation Plan Submitted: Not reported  
Date Remediation Action Underway: Not reported  
Date Post Remedial Action Monitoring Began: Not reported

**HIST CORTESE:**  
Region: CORTESE  
Facility County Code: 43  
Reg By: LTNKA  
Reg Id: 43-2112

**CERS TANKS:**  
Site ID: 205367  
CERS ID: T0608501940  
CERS Description: Leaking Underground Storage Tank Cleanup Site

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

LOS ALTOS GARDEN SUPPLY (Continued)

S102432747

Affiliation:

Affiliation Type Desc: Local Agency Caseworker  
Entity Name: UST CASE WORKER - SANTA CLARA COUNTY LOP  
Entity Title: Not reported  
Affiliation Address: 1555 Berger Drive, Suite 300  
Affiliation City: SAN JOSE  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: 4089183400

Affiliation Type Desc: Regional Board Caseworker  
Entity Name: Regional Water Board - SAN FRANCISCO BAY RWQCB (REGION 2)  
Entity Title: Not reported  
Affiliation Address: 1515 CLAY ST SUITE 1400  
Affiliation City: OAKLAND  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

N65  
SE  
1/4-1/2  
0.457 mi.  
2413 ft.

LOS ALTOS GARDEN SUPPLY  
4730 EL CAMINO REAL  
LOS ALTOS, CA 94022

LUST U001594147  
HIST UST N/A

Site 2 of 2 in cluster N

Relative:  
Higher  
Actual:  
81 ft.

LUST:

Lead Agency: SAN FRANCISCO BAY RWQCB (REGION 2)  
Case Type: LUST Cleanup Site  
Geo Track: [http://geotracker.waterboards.ca.gov/profile\\_report.asp?global\\_id=T0608501940](http://geotracker.waterboards.ca.gov/profile_report.asp?global_id=T0608501940)  
Global Id: T0608501940  
Latitude: 37.3997877  
Longitude: -122.1110666  
Status: Completed - Case Closed  
Status Date: 04/29/1996  
Case Worker: UUU  
RB Case Number: 43-2112  
Local Agency: SANTA CLARA COUNTY LOP  
File Location: Not reported  
Local Case Number: Not reported  
Potential Media Affect: Soil  
Potential Contaminants of Concern: Diesel  
Site History: Not reported

LUST:

Global Id: T0608501940  
Contact Type: Regional Board Caseworker  
Contact Name: Regional Water Board  
Organization Name: SAN FRANCISCO BAY RWQCB (REGION 2)  
Address: 1515 CLAY ST SUITE 1400  
City: OAKLAND  
Email: Not reported  
Phone Number: Not reported

Global Id: T0608501940  
Contact Type: Local Agency Caseworker

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

LOS ALTOS GARDEN SUPPLY (Continued)

U001594147

Contact Name: UST CASE WORKER  
Organization Name: SANTA CLARA COUNTY LOP  
Address: 1555 Berger Drive, Suite 300  
City: SAN JOSE  
Email: Not reported  
Phone Number: 4089183400

LUST:

Global Id: T0608501940  
Action Type: Other  
Date: 11/13/1995  
Action: Leak Discovery

Global Id: T0608501940  
Action Type: Other  
Date: 11/13/1995  
Action: Leak Stopped

Global Id: T0608501940  
Action Type: Other  
Date: 12/04/1995  
Action: Leak Reported

Global Id: T0608501940  
Action Type: ENFORCEMENT  
Date: 04/29/1996  
Action: Closure/No Further Action Letter - #43-2112

LUST:

Global Id: T0608501940  
Status: Completed - Case Closed  
Status Date: 04/29/1996

Global Id: T0608501940  
Status: Open - Case Begin Date  
Status Date: 11/13/1995

HIST UST:

File Number: Not reported  
URL: Not reported  
Region: STATE  
Facility ID: 00000014086  
Facility Type: Other  
Other Type: GARDEN CTR  
Contact Name: Not reported  
Telephone: 4159486470  
Owner Name: LOS ALTOS SUPPLY  
Owner Address: 4730 EL CAMINO REAL  
Owner City,St,Zip: LOS ALTOS, CA 94022  
Total Tanks: 0001

Tank Num: 001  
Container Num: 12345  
Year Installed: 1983  
Tank Capacity: 00003000

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**LOS ALTOS GARDEN SUPPLY (Continued)**

**U001594147**

Tank Used for: PRODUCT  
Type of Fuel: DIESEL  
Container Construction Thickness: Not reported  
Leak Detection: Visual, None

**66  
NNW  
1/4-1/2  
0.477 mi.  
2519 ft.**

**HYATT RICKEYS  
4201 4219 EL CAMINO REAL  
PALO ALTO, CA 94306**

**CPS-SLIC S106162397  
N/A**

**Relative:  
Lower  
Actual:  
54 ft.**

SLIC REG 2:  
Region: 2  
Facility ID: 43S0514  
Facility Status: Pollution Characterization  
Date Closed: Not reported  
Local Case #: Not reported  
How Discovered: Tank Closure  
Leak Cause: UNK  
Leak Source: UNK  
Date Confirmed: Not reported  
Date Prelim Site Assmnt Workplan Submitted: Not reported  
Date Preliminary Site Assessment Began: Not reported  
Date Pollution Characterization Began: 9/10/1993  
Date Remediation Plan Submitted: Not reported  
Date Remedial Action Underway: Not reported  
Date Post Remedial Action Monitoring Began: Not reported

**O67  
East  
1/2-1  
0.834 mi.  
4401 ft.**

**SYMTRON #2  
111 ORTEGA AVENUE  
MOUNTAIN VIEW, CA 94040**

**RESPONSE S103623014  
ENVIROSTOR N/A  
CERS**

**Site 1 of 2 in cluster O**

**Relative:  
Lower  
Actual:  
54 ft.**

RESPONSE:  
Facility ID: 43360130  
Site Type: State Response  
Site Type Detail: State Response or NPL  
Acres: 0.2  
National Priorities List: NO  
Cleanup Oversight Agencies: SMBRP  
Lead Agency Description: DTSC - Site Cleanup Program  
Project Manager: Not reported  
Supervisor: Mark Piros  
Division Branch: Cleanup Berkeley  
Site Code: 201137  
Site Mgmt. Req.: NONE SPECIFIED  
Assembly: 24  
Senate: 13  
Special Program Status: Not reported  
Status: No Further Action  
Status Date: 06/29/2001  
Restricted Use: NO  
Funding: Responsible Party  
Latitude: 37.40310  
Longitude: -122.1026

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**SYMTRON #2 (Continued)**

**S103623014**

APN: 147-54-009, 148-33-009  
Past Use: MANUFACTURING - ELECTRONIC  
Potential COC : Tetrachloroethylene (PCE Trichloroethylene (TCE  
Confirmed COC: Tetrachloroethylene (PCE Trichloroethylene (TCE  
Potential Description: OTH  
Alias Name: ELEXSYS  
Alias Type: Alternate Name  
Alias Name: SANMINA  
Alias Type: Alternate Name  
Alias Name: 147-54-009  
Alias Type: APN  
Alias Name: 148-33-009  
Alias Type: APN  
Alias Name: CAD000819821  
Alias Type: EPA Identification Number  
Alias Name: 110033618903  
Alias Type: EPA (FRS #)  
Alias Name: 201137  
Alias Type: Project Code (Site Code)  
Alias Name: 43360130  
Alias Type: Envirostor ID Number

**Completed Info:**

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Unilateral Order (I/SE, RAO, CAO, EPA AO)  
Completed Date: 08/19/1998  
Comments: Issued I or SE Order to Sanmina Corporation.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Remedial Investigation / Feasibility Study  
Completed Date: 06/29/2001  
Comments: Completed RIFS. The results did not indicate a contamination source on the property.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Other Report  
Completed Date: 09/27/2012  
Comments: Presents results of soil samples collected from this site, and soil and soil gas results from adjacent sites. This work not conducted under DTSC oversight.

Future Area Name: Not reported  
Future Sub Area Name: Not reported  
Future Document Type: Not reported  
Future Due Date: Not reported  
Schedule Area Name: Not reported  
Schedule Sub Area Name: Not reported  
Schedule Document Type: Not reported  
Schedule Due Date: Not reported  
Schedule Revised Date: Not reported

**ENVIROSTOR:**

Facility ID: 43360130  
Status: No Further Action

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**SYMTRON #2 (Continued)**

**S103623014**

Status Date: 06/29/2001  
Site Code: 201137  
Site Type: State Response  
Site Type Detailed: State Response or NPL  
Acres: 0.2  
NPL: NO  
Regulatory Agencies: SMBRP  
Lead Agency: SMBRP  
Program Manager: Not reported  
Supervisor: Mark Piros  
Division Branch: Cleanup Berkeley  
Assembly: 24  
Senate: 13  
Special Program: Not reported  
Restricted Use: NO  
Site Mgmt Req: NONE SPECIFIED  
Funding: Responsible Party  
Latitude: 37.40310  
Longitude: -122.1026  
APN: 147-54-009, 148-33-009  
Past Use: MANUFACTURING - ELECTRONIC  
Potential COC: Tetrachloroethylene (PCE) Trichloroethylene (TCE)  
Confirmed COC: Tetrachloroethylene (PCE) Trichloroethylene (TCE)  
Potential Description: OTH  
Alias Name: ELEXSYS  
Alias Type: Alternate Name  
Alias Name: SANMINA  
Alias Type: Alternate Name  
Alias Name: 147-54-009  
Alias Type: APN  
Alias Name: 148-33-009  
Alias Type: APN  
Alias Name: CAD000819821  
Alias Type: EPA Identification Number  
Alias Name: 110033618903  
Alias Type: EPA (FRS #)  
Alias Name: 201137  
Alias Type: Project Code (Site Code)  
Alias Name: 43360130  
Alias Type: Envirostor ID Number

**Completed Info:**

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Unilateral Order (I/SE, RAO, CAO, EPA AO)  
Completed Date: 08/19/1998  
Comments: Issued I or SE Order to Sanmina Corporation.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Remedial Investigation / Feasibility Study  
Completed Date: 06/29/2001  
Comments: Completed RIFS. The results did not indicate a contamination source on the property.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Other Report

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**SYMTRON #2 (Continued)**

**S103623014**

Completed Date: 09/27/2012  
Comments: Presents results of soil samples collected from this site, and soil and soil gas results from adjacent sites. This work not conducted under DTSC oversight.

Future Area Name: Not reported  
Future Sub Area Name: Not reported  
Future Document Type: Not reported  
Future Due Date: Not reported  
Schedule Area Name: Not reported  
Schedule Sub Area Name: Not reported  
Schedule Document Type: Not reported  
Schedule Due Date: Not reported  
Schedule Revised Date: Not reported

**CERS TANKS:**

Site ID: 343694  
CERS ID: 43360130  
CERS Description: State Response

**Affiliation:**

Affiliation Type Desc: Supervisor  
Entity Name: MARK PIROS  
Entity Title: Not reported  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

**O68** TRW/VIDAR  
**East** 77 ORTEGA AVENUE  
**1/2-1** MOUNTAIN VIEW, CA 94040  
**0.840 mi.**  
**4437 ft.** **Site 2 of 2 in cluster O**

**RESPONSE** S100946989  
**ENVIROSTOR** N/A  
**DEED**  
**CERS**

**Relative:** RESPONSE:  
**Lower** Facility ID: 43360128  
**Actual:** Site Type: State Response  
**53 ft.** Site Type Detail: State Response or NPL  
Acres: 9  
National Priorities List: NO  
Cleanup Oversight Agencies: SMBRP  
Lead Agency Description: DTSC - Site Cleanup Program  
Project Manager: Henry Wong  
Supervisor: Janet Naito  
Division Branch: Cleanup Berkeley  
Site Code: 200080  
Site Mgmt. Req.: GW, OIL, EXT  
Assembly: 24  
Senate: 13  
Special Program Status: Prospective Purchaser Program  
Status: Certified O&M - Land Use Restrictions Only  
Status Date: 09/28/2010  
Restricted Use: YES  
Funding: Responsible Party

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

TRW/VIDAR (Continued)

S100946989

Latitude: 37.40398  
Longitude: -122.1016  
APN: 147-54-031, 147-54-037, 147-54-038, 147-54-039, 14835001, 14835002, 14835003, 14835004, 14835005, 14835006, 14835007, 14835008, 14835009, 14835010, 14835011, 14835012, 14835013, 14835014, 14835015, 14835016, 14835017, 14835018, 14835019, 14835020, 14835021, 14835022, 14835023, 14835024, 14835025, 14835026, 14835027, 14835028, 14835029, 14835030, 14835031, 14835032, 14835033, 14835034, 14835035, 14835037, 14835038, 14835039, 14835040, 14835041, 14835042, 14835043, 14835044, 14835045, 14835046, 14835047, 14835048, 14835049, 14835050, 14835051, 14835052, 14835053, 14835054, 14835055, 14835056, 14835057, 14835058, 14835059, 14835060

Past Use: MANUFACTURING - ELECTRONIC  
Potential COC : Tetrachloroethylene (PCE Trichloroethylene (TCE Vinyl chloride 1,1-Dichloroethylene 1,2-Dichloroethylene (cis Xylenes  
Confirmed COC: Tetrachloroethylene (PCE Trichloroethylene (TCE Vinyl chloride 1,1-Dichloroethylene 1,2-Dichloroethylene (cis Xylenes

Potential Description: OTH  
Alias Name: TRW/VIDAR  
Alias Type: Alternate Name  
Alias Name: 147-54-031  
Alias Type: APN  
Alias Name: 147-54-037  
Alias Type: APN  
Alias Name: 147-54-038  
Alias Type: APN  
Alias Name: 147-54-039  
Alias Type: APN  
Alias Name: 14835001  
Alias Type: APN  
Alias Name: 14835002  
Alias Type: APN  
Alias Name: 14835003  
Alias Type: APN  
Alias Name: 14835004  
Alias Type: APN  
Alias Name: 14835005  
Alias Type: APN  
Alias Name: 14835006  
Alias Type: APN  
Alias Name: 14835007  
Alias Type: APN  
Alias Name: 14835008  
Alias Type: APN  
Alias Name: 14835009  
Alias Type: APN  
Alias Name: 14835010  
Alias Type: APN  
Alias Name: 14835011  
Alias Type: APN  
Alias Name: 14835012  
Alias Type: APN  
Alias Name: 14835013  
Alias Type: APN  
Alias Name: 14835014  
Alias Type: APN  
Alias Name: 14835015

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

TRW/VIDAR (Continued)

S100946989

Alias Type: APN  
Alias Name: 14835016  
Alias Type: APN  
Alias Name: 14835017  
Alias Type: APN  
Alias Name: 14835018  
Alias Type: APN  
Alias Name: 14835019  
Alias Type: APN  
Alias Name: 14835020  
Alias Type: APN  
Alias Name: 14835021  
Alias Type: APN  
Alias Name: 14835022  
Alias Type: APN  
Alias Name: 14835023  
Alias Type: APN  
Alias Name: 14835024  
Alias Type: APN  
Alias Name: 14835025  
Alias Type: APN  
Alias Name: 14835026  
Alias Type: APN  
Alias Name: 14835027  
Alias Type: APN  
Alias Name: 14835028  
Alias Type: APN  
Alias Name: 14835029  
Alias Type: APN  
Alias Name: 14835030  
Alias Type: APN  
Alias Name: 14835031  
Alias Type: APN  
Alias Name: 14835032  
Alias Type: APN  
Alias Name: 14835033  
Alias Type: APN  
Alias Name: 14835034  
Alias Type: APN  
Alias Name: 14835035  
Alias Type: APN  
Alias Name: 14835037  
Alias Type: APN  
Alias Name: 14835038  
Alias Type: APN  
Alias Name: 14835039  
Alias Type: APN  
Alias Name: 14835040  
Alias Type: APN  
Alias Name: 14835041  
Alias Type: APN  
Alias Name: 14835042  
Alias Type: APN  
Alias Name: 14835043  
Alias Type: APN  
Alias Name: 14835044  
Alias Type: APN

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

TRW/VIDAR (Continued)

S100946989

Alias Name: 14835045  
Alias Type: APN  
Alias Name: 14835046  
Alias Type: APN  
Alias Name: 14835047  
Alias Type: APN  
Alias Name: 14835048  
Alias Type: APN  
Alias Name: 14835049  
Alias Type: APN  
Alias Name: 14835050  
Alias Type: APN  
Alias Name: 14835051  
Alias Type: APN  
Alias Name: 14835052  
Alias Type: APN  
Alias Name: 14835053  
Alias Type: APN  
Alias Name: 14835054  
Alias Type: APN  
Alias Name: 14835055  
Alias Type: APN  
Alias Name: 14835056  
Alias Type: APN  
Alias Name: 14835057  
Alias Type: APN  
Alias Name: 14835058  
Alias Type: APN  
Alias Name: 14835059  
Alias Type: APN  
Alias Name: 14835060  
Alias Type: APN  
Alias Name: 110033609753  
Alias Type: EPA (FRS #)  
Alias Name: 200246  
Alias Type: Site Code - Historical  
Alias Name: 200080  
Alias Type: Project Code (Site Code)  
Alias Name: 43360128  
Alias Type: Envirostor ID Number

Completed Info:

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Land Use Restriction  
Completed Date: 07/10/2001  
Comments: Recorded Deed Restriction.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Unilateral Order (I/SE, RAO, CAO, EPA AO)  
Completed Date: 03/25/1998  
Comments: Issued IS&E Order to TRW, Inc, TRW Foundation and Plessey, Inc., VCA terminated

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Voluntary Cleanup Agreement

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

TRW/VIDAR (Continued)

S100946989

Completed Date: 03/17/1997  
Comments: Signed VCA.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Remedial Investigation / Feasibility Study  
Completed Date: 11/01/2000  
Comments: Soil sampling results indicate that soil residential standards were met and no groundwater contamination source on the property.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Voluntary Cleanup Consultation  
Completed Date: 01/16/1998  
Comments: Completed VCA Consultation.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Prospective Purchaser Agreement  
Completed Date: 02/10/2000  
Comments: Signed PPA.

Future Area Name: Not reported  
Future Sub Area Name: Not reported  
Future Document Type: Not reported  
Future Due Date: Not reported  
Schedule Area Name: Not reported  
Schedule Sub Area Name: Not reported  
Schedule Document Type: Not reported  
Schedule Due Date: Not reported  
Schedule Revised Date: Not reported

ENVIROSTOR:

Facility ID: 43360128  
Status: Certified O&M - Land Use Restrictions Only  
Status Date: 09/28/2010  
Site Code: 200080  
Site Type: State Response  
Site Type Detailed: State Response or NPL  
Acres: 9  
NPL: NO  
Regulatory Agencies: SMBRP  
Lead Agency: SMBRP  
Program Manager: Henry Wong  
Supervisor: Janet Naito  
Division Branch: Cleanup Berkeley  
Assembly: 24  
Senate: 13  
Special Program: Prospective Purchaser Program  
Restricted Use: YES  
Site Mgmt Req: GW, OIL, EXT  
Funding: Responsible Party  
Latitude: 37.40398  
Longitude: -122.1016  
APN: 147-54-031, 147-54-037, 147-54-038, 147-54-039, 14835001, 14835002, 14835003, 14835004, 14835005, 14835006, 14835007, 14835008, 14835009, 14835010, 14835011, 14835012, 14835013, 14835014, 14835015, 14835016,

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

TRW/VIDAR (Continued)

S100946989

14835017, 14835018, 14835019, 14835020, 14835021, 14835022, 14835023,  
14835024, 14835025, 14835026, 14835027, 14835028, 14835029, 14835030,  
14835031, 14835032, 14835033, 14835034, 14835035, 14835037, 14835038,  
14835039, 14835040, 14835041, 14835042, 14835043, 14835044, 14835045,  
14835046, 14835047, 14835048, 14835049, 14835050, 14835051, 14835052,  
14835053, 14835054, 14835055, 14835056, 14835057, 14835058, 14835059,  
14835060

Past Use: MANUFACTURING - ELECTRONIC  
Potential COC: Tetrachloroethylene (PCE Trichloroethylene (TCE Vinyl chloride  
1,1-Dichloroethylene 1,2-Dichloroethylene (cis Xylenes  
Confirmed COC: Tetrachloroethylene (PCE Trichloroethylene (TCE Vinyl chloride  
1,1-Dichloroethylene 1,2-Dichloroethylene (cis Xylenes  
Potential Description: OTH

Alias Name: TRW/VIDAR  
Alias Type: Alternate Name  
Alias Name: 147-54-031  
Alias Type: APN  
Alias Name: 147-54-037  
Alias Type: APN  
Alias Name: 147-54-038  
Alias Type: APN  
Alias Name: 147-54-039  
Alias Type: APN  
Alias Name: 14835001  
Alias Type: APN  
Alias Name: 14835002  
Alias Type: APN  
Alias Name: 14835003  
Alias Type: APN  
Alias Name: 14835004  
Alias Type: APN  
Alias Name: 14835005  
Alias Type: APN  
Alias Name: 14835006  
Alias Type: APN  
Alias Name: 14835007  
Alias Type: APN  
Alias Name: 14835008  
Alias Type: APN  
Alias Name: 14835009  
Alias Type: APN  
Alias Name: 14835010  
Alias Type: APN  
Alias Name: 14835011  
Alias Type: APN  
Alias Name: 14835012  
Alias Type: APN  
Alias Name: 14835013  
Alias Type: APN  
Alias Name: 14835014  
Alias Type: APN  
Alias Name: 14835015  
Alias Type: APN  
Alias Name: 14835016  
Alias Type: APN  
Alias Name: 14835017  
Alias Type: APN

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

TRW/VIDAR (Continued)

S100946989

Alias Name: 14835018  
Alias Type: APN  
Alias Name: 14835019  
Alias Type: APN  
Alias Name: 14835020  
Alias Type: APN  
Alias Name: 14835021  
Alias Type: APN  
Alias Name: 14835022  
Alias Type: APN  
Alias Name: 14835023  
Alias Type: APN  
Alias Name: 14835024  
Alias Type: APN  
Alias Name: 14835025  
Alias Type: APN  
Alias Name: 14835026  
Alias Type: APN  
Alias Name: 14835027  
Alias Type: APN  
Alias Name: 14835028  
Alias Type: APN  
Alias Name: 14835029  
Alias Type: APN  
Alias Name: 14835030  
Alias Type: APN  
Alias Name: 14835031  
Alias Type: APN  
Alias Name: 14835032  
Alias Type: APN  
Alias Name: 14835033  
Alias Type: APN  
Alias Name: 14835034  
Alias Type: APN  
Alias Name: 14835035  
Alias Type: APN  
Alias Name: 14835037  
Alias Type: APN  
Alias Name: 14835038  
Alias Type: APN  
Alias Name: 14835039  
Alias Type: APN  
Alias Name: 14835040  
Alias Type: APN  
Alias Name: 14835041  
Alias Type: APN  
Alias Name: 14835042  
Alias Type: APN  
Alias Name: 14835043  
Alias Type: APN  
Alias Name: 14835044  
Alias Type: APN  
Alias Name: 14835045  
Alias Type: APN  
Alias Name: 14835046  
Alias Type: APN  
Alias Name: 14835047

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

TRW/VIDAR (Continued)

S100946989

Alias Type: APN  
Alias Name: 14835048  
Alias Type: APN  
Alias Name: 14835049  
Alias Type: APN  
Alias Name: 14835050  
Alias Type: APN  
Alias Name: 14835051  
Alias Type: APN  
Alias Name: 14835052  
Alias Type: APN  
Alias Name: 14835053  
Alias Type: APN  
Alias Name: 14835054  
Alias Type: APN  
Alias Name: 14835055  
Alias Type: APN  
Alias Name: 14835056  
Alias Type: APN  
Alias Name: 14835057  
Alias Type: APN  
Alias Name: 14835058  
Alias Type: APN  
Alias Name: 14835059  
Alias Type: APN  
Alias Name: 14835060  
Alias Type: APN  
Alias Name: 110033609753  
Alias Type: EPA (FRS #)  
Alias Name: 200246  
Alias Type: Site Code - Historical  
Alias Name: 200080  
Alias Type: Project Code (Site Code)  
Alias Name: 43360128  
Alias Type: Envirostor ID Number

Completed Info:

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Land Use Restriction  
Completed Date: 07/10/2001  
Comments: Recorded Deed Restriction.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Unilateral Order (I/SE, RAO, CAO, EPA AO)  
Completed Date: 03/25/1998  
Comments: Issued IS&E Order to TRW, Inc, TRW Foundation and Plessey, Inc., VCA terminated

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Voluntary Cleanup Agreement  
Completed Date: 03/17/1997  
Comments: Signed VCA.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

TRW/VIDAR (Continued)

S100946989

Completed Document Type: Remedial Investigation / Feasibility Study  
Completed Date: 11/01/2000  
Comments: Soil sampling results indicate that soil residential standards were met and no groundwater contamination source on the property.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Voluntary Cleanup Consultation  
Completed Date: 01/16/1998  
Comments: Completed VCA Consultation.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Prospective Purchaser Agreement  
Completed Date: 02/10/2000  
Comments: Signed PPA.

Future Area Name: Not reported  
Future Sub Area Name: Not reported  
Future Document Type: Not reported  
Future Due Date: Not reported  
Schedule Area Name: Not reported  
Schedule Sub Area Name: Not reported  
Schedule Document Type: Not reported  
Schedule Due Date: Not reported  
Schedule Revised Date: Not reported

DEED:

Envirostor ID: 43360128  
Area: PROJECT WIDE  
Sub Area: Not reported  
Site Type: STATE RESPONSE  
Status: CERTIFIED O&M - LAND USE RESTRICTIONS ONLY  
Agency: Not reported  
Covenant Uploaded: Not reported  
Deed Date(s): Not reported  
File Name: Envirostor Land Use Restrictions

CERS TANKS:

Site ID: 344067  
CERS ID: 43360128  
CERS Description: State Response

Affiliation:

Affiliation Type Desc: Lead Project Manager  
Entity Name: HENRY WONG  
Entity Title: Not reported  
Affiliation Address: Not reported  
Affiliation City: BERKELEY  
Affiliation State: CA  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

Affiliation Type Desc: Supervisor  
Entity Name: JANET NAITO  
Entity Title: Not reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

TRW/VIDAR (Continued)

S100946989

Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

69  
ESE  
1/2-1  
0.862 mi.  
4549 ft.

FORMER PLATINUM CLEANERS  
2290 WEST EL CAMINO REAL  
MOUNTAIN VIEW, CA 94040

ENVIROSTOR S113068127  
VCP N/A  
HAZNET

Relative:  
Higher  
Actual:  
83 ft.

ENVIROSTOR:  
Facility ID: 60002117  
Status: Certified  
Status Date: 02/23/2018  
Site Code: 202021  
Site Type: Voluntary Cleanup  
Site Type Detailed: Voluntary Cleanup  
Acres: 1.55  
NPL: NO  
Regulatory Agencies: SMBRP  
Lead Agency: SMBRP  
Program Manager: Jayantha Randeni  
Supervisor: Mark Piros  
Division Branch: Cleanup Berkeley  
Assembly: 24  
Senate: 13  
Special Program: Not reported  
Restricted Use: NO  
Site Mgmt Req: NONE SPECIFIED  
Funding: Responsible Party  
Latitude: 37.39749  
Longitude: -122.1047  
APN: 148-36-17, 14836017  
Past Use: DRY CLEANING  
Potential COC: Tetrachloroethylene (PCE)  
Confirmed COC: Tetrachloroethylene (PCE)  
Potential Description: IA, SOIL, SV  
Alias Name: El Camino Village, LLC  
Alias Type: Alternate Name  
Alias Name: 148-36-17  
Alias Type: APN  
Alias Name: 14836017  
Alias Type: APN  
Alias Name: 202021  
Alias Type: Project Code (Site Code)  
Alias Name: 60002117  
Alias Type: Envirostor ID Number

Completed Info:  
Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Voluntary Cleanup Agreement  
Completed Date: 12/12/2014  
Comments: Not reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**FORMER PLATINUM CLEANERS (Continued)**

**S113068127**

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Certification  
Completed Date: 02/23/2018  
Comments: DTSC certified that all appropriate response actions have been completed, that all acceptable engineering practices were implemented and that no further removal action is necessary.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Annual Oversight Cost Estimate  
Completed Date: 09/26/2017  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Pilot/Treatability Study Report  
Completed Date: 12/18/2014  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Site Characterization Workplan  
Completed Date: 05/29/2015  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fieldwork  
Completed Date: 07/02/2015  
Comments: The soil gas sampling included in the Additional Site Characterization Workplan was repeated due to leakage in the sampling equipment that occurred during the first sampling event.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Site Characterization Report  
Completed Date: 09/04/2015  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Removal Action Workplan  
Completed Date: 03/04/2016  
Comments: Soil vapor extraction is identified in the Removal Action Workplan as the selected remedy for the Site to address tetrachloroethene and trichloroethene in soil vapor at the site and on an adjacent property.  
Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fact Sheets  
Completed Date: 01/26/2016  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**FORMER PLATINUM CLEANERS (Continued)**

**S113068127**

Completed Document Type: Public Notice  
Completed Date: 01/26/2016  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fieldwork  
Completed Date: 03/02/2017  
Comments: The soil vapor extraction system operated continuously on the site from April 2016 through October 2016. There was a 47-day shutdown for rebound assessment that followed and the system was briefly operated in December 2016 and January 2017. DTSC approved decommissioning of the soil vapor extraction system in a March 9, 2017 letter.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Pilot/Treatability Study Report  
Completed Date: 01/15/2015  
Comments: The Second Vapor-Extraction Pilot-Study Evaluation report presents the results of a soil vapor extraction pilot study that was conducted using one multi-phase extraction well for 8 days and 2 extraction wells for 7 days. This study was completed prior to DTSC becoming involved at the Site.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Remedial Action Completion Report  
Completed Date: 01/11/2018  
Comments: The soil vapor extraction system operated from April 2016 to January 2017 and sampling showed that the removal action goal for PCE in soil gas for residential development at the Site has been achieved.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Technical Workplan  
Completed Date: 05/17/2017  
Comments: The Soil Management Plan provides procedures for managing potentially contaminated soil excavated for the subterranean parking garage of the proposed development project.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Technical Report  
Completed Date: 03/10/2017  
Comments: The report summarizes soil gas remediation activities at the Site since the soil vapor extraction (SVE) system was initially started in April 2016. A total of 16.7 pounds of tetrachloroethylene (PCE) was removed by the SVE system and soil gas concentrations beneath the Site are below the removal goal of 3,900 micrograms per cubic meter established for residential development.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Technical Report  
Completed Date: 04/17/2017  
Comments: The Plan summarizes the results of soil sampling conducted at the Site to profile for disposal and/or reuse the soil that will be

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**FORMER PLATINUM CLEANERS (Continued)**

**S113068127**

generated as part of the excavation required for the proposed  
subterranean parking garage.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fieldwork  
Completed Date: 10/31/2017  
Comments: Excavation was completed for the subterranean parking garage that is  
part of the development occurring on the Site.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Application  
Completed Date: 10/02/2014  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Community Profile  
Completed Date: 09/24/2015  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Phase 1  
Completed Date: 12/15/2014  
Comments: The Phase I Environmental Site Assessment was conducted to identify  
recognized environmental conditions at the Site. The findings and  
conclusions of the Report were based on the results of a  
reconnaissance-level site visit and review of available and pertinent  
background information. This assessment was completed prior to DTSC  
becoming involved at the Site.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Technical Report  
Completed Date: 12/15/2014  
Comments: The Additional Phase II Environmental Assessment report presents the  
results of subsurface soil-gas, soil, and groundwater sampling that  
was performed to evaluate the lateral and vertical extent of impact  
from PCE and other volatile organic compounds. These investigations  
were completed prior to DTSC becoming involved at the Site.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: CEQA - Notice of Exemption  
Completed Date: 03/02/2016  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Annual Oversight Cost Estimate  
Completed Date: 10/06/2015  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**FORMER PLATINUM CLEANERS (Continued)**

**S113068127**

Completed Document Type: Annual Oversight Cost Estimate  
Completed Date: 09/28/2016  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Pre-HARP Form  
Completed Date: 06/04/2015  
Comments: Not reported

Future Area Name: Not reported  
Future Sub Area Name: Not reported  
Future Document Type: Not reported  
Future Due Date: Not reported  
Schedule Area Name: Not reported  
Schedule Sub Area Name: Not reported  
Schedule Document Type: Not reported  
Schedule Due Date: Not reported  
Schedule Revised Date: Not reported

VCP:

Facility ID: 60002117  
Site Type: Voluntary Cleanup  
Site Type Detail: Voluntary Cleanup  
Site Mgmt. Req.: NONE SPECIFIED  
Acres: 1.55  
National Priorities List: NO  
Cleanup Oversight Agencies: SMBRP  
Lead Agency: SMBRP  
Lead Agency Description: DTSC - Site Cleanup Program  
Project Manager: Jayantha Randeni  
Supervisor: Mark Piros  
Division Branch: Cleanup Berkeley  
Site Code: 202021  
Assembly: 24  
Senate: 13  
Special Programs Code: Not reported  
Status: Certified  
Status Date: 02/23/2018  
Restricted Use: NO  
Funding: Responsible Party  
Lat/Long: 37.39749 / -122.1047  
APN: 148-36-17, 14836017  
Past Use: DRY CLEANING  
Potential COC: 30022  
Confirmed COC: 30022  
Potential Description: IA, SOIL, SV  
Alias Name: El Camino Village, LLC  
Alias Type: Alternate Name  
Alias Name: 148-36-17  
Alias Type: APN  
Alias Name: 14836017  
Alias Type: APN  
Alias Name: 202021  
Alias Type: Project Code (Site Code)  
Alias Name: 60002117  
Alias Type: Envirostor ID Number

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**FORMER PLATINUM CLEANERS (Continued)**

**S113068127**

Completed Info:

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Voluntary Cleanup Agreement  
Completed Date: 12/12/2014  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Certification  
Completed Date: 02/23/2018  
Comments: DTSC certified that all appropriate response actions have been completed, that all acceptable engineering practices were implemented and that no further removal action is necessary.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Annual Oversight Cost Estimate  
Completed Date: 09/26/2017  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Pilot/Treatability Study Report  
Completed Date: 12/18/2014  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Site Characterization Workplan  
Completed Date: 05/29/2015  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fieldwork  
Completed Date: 07/02/2015  
Comments: The soil gas sampling included in the Additional Site Characterization Workplan was repeated due to leakage in the sampling equipment that occurred during the first sampling event.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Site Characterization Report  
Completed Date: 09/04/2015  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Removal Action Workplan  
Completed Date: 03/04/2016  
Comments: Soil vapor extraction is identified in the Removal Action Workplan as the selected remedy for the Site to address tetrachloroethene and trichloroethene in soil vapor at the site and on an adjacent property.  
Not reported

Completed Area Name: PROJECT WIDE

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**FORMER PLATINUM CLEANERS (Continued)**

**S113068127**

Completed Sub Area Name: Not reported  
Completed Document Type: Fact Sheets  
Completed Date: 01/26/2016  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Public Notice  
Completed Date: 01/26/2016  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fieldwork  
Completed Date: 03/02/2017  
Comments: The soil vapor extraction system operated continuously on the site from April 2016 through October 2016. There was a 47-day shutdown for rebound assessment that followed and the system was briefly operated in December 2016 and January 2017. DTSC approved decommissioning of the soil vapor extraction system in a March 9, 2017 letter.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Pilot/Treatability Study Report  
Completed Date: 01/15/2015  
Comments: The Second Vapor-Extraction Pilot-Study Evaluation report presents the results of a soil vapor extraction pilot study that was conducted using one multi-phase extraction well for 8 days and 2 extraction wells for 7 days. This study was completed prior to DTSC becoming involved at the Site.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Remedial Action Completion Report  
Completed Date: 01/11/2018  
Comments: The soil vapor extraction system operated from April 2016 to January 2017 and sampling showed that the removal action goal for PCE in soil gas for residential development at the Site has been achieved.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Technical Workplan  
Completed Date: 05/17/2017  
Comments: The Soil Management Plan provides procedures for managing potentially contaminated soil excavated for the subterranean parking garage of the proposed development project.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Technical Report  
Completed Date: 03/10/2017  
Comments: The report summarizes soil gas remediation activities at the Site since the soil vapor extraction (SVE) system was initially started in April 2016. A total of 16.7 pounds of tetrachloroethylene (PCE) was removed by the SVE system and soil gas concentrations beneath the Site are below the removal goal of 3,900 micrograms per cubic meter established for residential development.

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**FORMER PLATINUM CLEANERS (Continued)**

**S113068127**

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Technical Report  
Completed Date: 04/17/2017  
Comments: The Plan summarizes the results of soil sampling conducted at the Site to profile for disposal and/or reuse the soil that will be generated as part of the excavation required for the proposed subterranean parking garage.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fieldwork  
Completed Date: 10/31/2017  
Comments: Excavation was completed for the subterranean parking garage that is part of the development occurring on the Site.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Application  
Completed Date: 10/02/2014  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Community Profile  
Completed Date: 09/24/2015  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Phase 1  
Completed Date: 12/15/2014  
Comments: The Phase I Environmental Site Assessment was conducted to identify recognized environmental conditions at the Site. The findings and conclusions of the Report were based on the results of a reconnaissance-level site visit and review of available and pertinent background information. This assessment was completed prior to DTSC becoming involved at the Site.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Technical Report  
Completed Date: 12/15/2014  
Comments: The Additional Phase II Environmental Assessment report presents the results of subsurface soil-gas, soil, and groundwater sampling that was performed to evaluate the lateral and vertical extent of impact from PCE and other volatile organic compounds. These investigations were completed prior to DTSC becoming involved at the Site.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: CEQA - Notice of Exemption  
Completed Date: 03/02/2016  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**FORMER PLATINUM CLEANERS (Continued)**

**S113068127**

Completed Document Type: Annual Oversight Cost Estimate  
Completed Date: 10/06/2015  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Annual Oversight Cost Estimate  
Completed Date: 09/28/2016  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Pre-HARP Form  
Completed Date: 06/04/2015  
Comments: Not reported

Future Area Name: Not reported  
Future Sub Area Name: Not reported  
Future Document Type: Not reported  
Future Due Date: Not reported  
Schedule Area Name: Not reported  
Schedule Sub Area Name: Not reported  
Schedule Document Type: Not reported  
Schedule Due Date: Not reported  
Schedule Revised Date: Not reported

**HAZNET:**

envid: S113068127  
Year: 2004  
GEPID: CAL000121131  
Contact: JOHN MCDANIEL  
Telephone: 6509671152  
Mailing Name: Not reported  
Mailing Address: 2290 W EL CAMINO REAL STE 8  
Mailing City,St,Zip: MOUNTAIN VIEW, CA 940400000  
Gen County: Not reported  
TSD EPA ID: CAL000263010  
TSD County: Not reported  
Waste Category: Photochemicals/photoprocessing waste  
Disposal Method: Recycler  
Tons: 0.06  
Cat Decode: Not reported  
Method Decode: Not reported  
Facility County: Santa Clara

envid: S113068127  
Year: 1998  
GEPID: CAL000121131  
Contact: JOHN MCDANIEL  
Telephone: 6509671152  
Mailing Name: Not reported  
Mailing Address: 2290 W EL CAMINO REAL STE 8  
Mailing City,St,Zip: MOUNTAIN VIEW, CA 940400000  
Gen County: Not reported  
TSD EPA ID: CAL922955281  
TSD County: Not reported  
Waste Category: Photochemicals/photoprocessing waste

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**FORMER PLATINUM CLEANERS (Continued)**

**S113068127**

Disposal Method: Recycler  
Tons: .1042  
Cat Decode: Not reported  
Method Decode: Not reported  
Facility County: Santa Clara

envid: S113068127  
Year: 1998  
GEPaid: CAL000121131  
Contact: JOHN MCDANIEL  
Telephone: 6509671152  
Mailing Name: Not reported  
Mailing Address: 2290 W EL CAMINO REAL STE 8  
Mailing City,St,Zip: MOUNTAIN VIEW, CA 940400000  
Gen County: Not reported  
TSD EPA ID: CAL922955228  
TSD County: Not reported  
Waste Category: Photochemicals/photoprocessing waste  
Disposal Method: Recycler  
Tons: .1125  
Cat Decode: Not reported  
Method Decode: Not reported  
Facility County: Santa Clara

envid: S113068127  
Year: 1997  
GEPaid: CAL000121131  
Contact: JOHN MCDANIEL  
Telephone: 6509671152  
Mailing Name: Not reported  
Mailing Address: 2290 W EL CAMINO REAL STE 8  
Mailing City,St,Zip: MOUNTAIN VIEW, CA 940400000  
Gen County: Not reported  
TSD EPA ID: CAL922955281  
TSD County: Not reported  
Waste Category: Photochemicals/photoprocessing waste  
Disposal Method: Recycler  
Tons: .1208  
Cat Decode: Not reported  
Method Decode: Not reported  
Facility County: Santa Clara

envid: S113068127  
Year: 1996  
GEPaid: CAL000121131  
Contact: JOHN MCDANIEL  
Telephone: 6509671152  
Mailing Name: Not reported  
Mailing Address: 2290 W EL CAMINO REAL STE 8  
Mailing City,St,Zip: MOUNTAIN VIEW, CA 940400000  
Gen County: Not reported  
TSD EPA ID: CAL922955281  
TSD County: Not reported  
Waste Category: Photochemicals/photoprocessing waste  
Disposal Method: Recycler  
Tons: .1959  
Cat Decode: Not reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**FORMER PLATINUM CLEANERS (Continued)**

**S113068127**

Method Decode: Not reported  
Facility County: Santa Clara

[Click this hyperlink](#) while viewing on your computer to access  
3 additional CA\_HAZNET: record(s) in the EDR Site Report.

**P70**  
**East**  
**1/2-1**  
**0.895 mi.**  
**4726 ft.**

**PLESSEY #2**  
**2251, 2257, 2283 AND 2287 MORA DRIVE**  
**MOUNTAIN VIEW, CA 94040**

**RESPONSE**  
**ENVIROSTOR**  
**CERS**

**S103883832**  
**N/A**

**Site 1 of 6 in cluster P**

**Relative:**  
**Lower**  
**Actual:**  
**55 ft.**

RESPONSE:  
Facility ID: 43360131  
Site Type: State Response  
Site Type Detail: State Response or NPL  
Acres: 0.43  
National Priorities List: NO  
Cleanup Oversight Agencies: SMBRP  
Lead Agency Description: DTSC - Site Cleanup Program  
Project Manager: Not reported  
Supervisor: Mark Piros  
Division Branch: Cleanup Berkeley  
Site Code: 201102  
Site Mgmt. Req.: NONE SPECIFIED  
Assembly: 24  
Senate: 13  
Special Program Status: Not reported  
Status: No Further Action  
Status Date: 05/15/2002  
Restricted Use: NO  
Funding: Responsible Party  
Latitude: 37.40301  
Longitude: -122.1023  
APN: 147-54-010, 147-54-011, 147-54-012, 147-54-014, 147-54-015  
Past Use: MANUFACTURING - ELECTRONIC  
Potential COC : Tetrachloroethylene (PCE Trichloroethylene (TCE  
Confirmed COC: Tetrachloroethylene (PCE Trichloroethylene (TCE  
Potential Description: OTH  
Alias Name: PLESSEY #2  
Alias Type: Alternate Name  
Alias Name: 147-54-010  
Alias Type: APN  
Alias Name: 147-54-011  
Alias Type: APN  
Alias Name: 147-54-012  
Alias Type: APN  
Alias Name: 147-54-014  
Alias Type: APN  
Alias Name: 147-54-015  
Alias Type: APN  
Alias Name: 110033611615  
Alias Type: EPA (FRS #)  
Alias Name: 201102  
Alias Type: Project Code (Site Code)  
Alias Name: 43360131  
Alias Type: Envirostor ID Number

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**PLESSEY #2 (Continued)**

**S103883832**

Completed Info:

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Preliminary Endangerment Assessment Report  
Completed Date: 10/09/2001  
Comments: Completed PEA. Phase 2 Remedial Investigation Report submitted. Soil and grab groundwater samples taken along the main sewer line. The results did not indicate a contamination source on the property.

Future Area Name: Not reported  
Future Sub Area Name: Not reported  
Future Document Type: Not reported  
Future Due Date: Not reported  
Schedule Area Name: Not reported  
Schedule Sub Area Name: Not reported  
Schedule Document Type: Not reported  
Schedule Due Date: Not reported  
Schedule Revised Date: Not reported

ENVIROSTOR:

Facility ID: 43360131  
Status: No Further Action  
Status Date: 05/15/2002  
Site Code: 201102  
Site Type: State Response  
Site Type Detailed: State Response or NPL  
Acres: 0.43  
NPL: NO  
Regulatory Agencies: SMBRP  
Lead Agency: SMBRP  
Program Manager: Not reported  
Supervisor: Mark Piros  
Division Branch: Cleanup Berkeley  
Assembly: 24  
Senate: 13  
Special Program: Not reported  
Restricted Use: NO  
Site Mgmt Req: NONE SPECIFIED  
Funding: Responsible Party  
Latitude: 37.40301  
Longitude: -122.1023  
APN: 147-54-010, 147-54-011, 147-54-012, 147-54-014, 147-54-015  
Past Use: MANUFACTURING - ELECTRONIC  
Potential COC: Tetrachloroethylene (PCE Trichloroethylene (TCE  
Confirmed COC: Tetrachloroethylene (PCE Trichloroethylene (TCE  
Potential Description: OTH  
Alias Name: PLESSEY #2  
Alias Type: Alternate Name  
Alias Name: 147-54-010  
Alias Type: APN  
Alias Name: 147-54-011  
Alias Type: APN  
Alias Name: 147-54-012  
Alias Type: APN  
Alias Name: 147-54-014  
Alias Type: APN

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**PLESSEY #2 (Continued)**

**S103883832**

Alias Name: 147-54-015  
Alias Type: APN  
Alias Name: 110033611615  
Alias Type: EPA (FRS #)  
Alias Name: 201102  
Alias Type: Project Code (Site Code)  
Alias Name: 43360131  
Alias Type: Envirostor ID Number

**Completed Info:**

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Preliminary Endangerment Assessment Report  
Completed Date: 10/09/2001  
Comments: Completed PEA. Phase 2 Remedial Investigation Report submitted. Soil and grab groundwater samples taken along the main sewer line. The results did not indicate a contamination source on the property.

Future Area Name: Not reported  
Future Sub Area Name: Not reported  
Future Document Type: Not reported  
Future Due Date: Not reported  
Schedule Area Name: Not reported  
Schedule Sub Area Name: Not reported  
Schedule Document Type: Not reported  
Schedule Due Date: Not reported  
Schedule Revised Date: Not reported

**CERS TANKS:**

Site ID: 341535  
CERS ID: 43360131  
CERS Description: State Response

**Affiliation:**

Affiliation Type Desc: Supervisor  
Entity Name: MARK PIROS  
Entity Title: Not reported  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

**P71 PLESSEY MICRO SCIENCE INC**  
**East 2274 MORA DR**  
**1/2-1 MOUNTAIN VIEW, CA 94040**  
**0.900 mi.**  
**4753 ft. Site 2 of 6 in cluster P**

**SEMS-ARCHIVE 1000386389**  
**HIST Cal-Sites CAD009440371**  
**RCRA NonGen / NLR**  
**FINDS**  
**ECHO**  
**WDS**

**Relative:**  
**Lower**

SEMS Archive:  
Site ID: 901213  
EPA ID: CAD009440371  
Cong District: 12  
FIPS Code: 6085  
FF: N

**Actual:**  
**54 ft.**

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**PLESSEY MICRO SCIENCE INC (Continued)**

**1000386389**

NPL: Not on the NPL  
Non NPL Status: NFRAP-Site does not qualify for the NPL based on existing information

SEMS Archive Detail:

Region: 9  
Site ID: 901213  
EPA ID: CAD009440371  
Site Name: PLESSEY MICRO SCIENCE INC  
NPL: N  
FF: N  
OU: 0  
Action Code: VS  
Action Name: ARCH SITE  
SEQ: 1  
Start Date: Not reported  
Finish Date: 1994-09-01 00:00:00  
Qual: Not reported  
Current Action Lead: EPA Perf In-Hse

Region: 9  
Site ID: 901213  
EPA ID: CAD009440371  
Site Name: PLESSEY MICRO SCIENCE INC  
NPL: N  
FF: N  
OU: 0  
Action Code: PA  
Action Name: PA  
SEQ: 1  
Start Date: Not reported  
Finish Date: 1988-07-01 00:00:00  
Qual: H  
Current Action Lead: EPA Perf

Region: 9  
Site ID: 901213  
EPA ID: CAD009440371  
Site Name: PLESSEY MICRO SCIENCE INC  
NPL: N  
FF: N  
OU: 0  
Action Code: SI  
Action Name: SI  
SEQ: 1  
Start Date: Not reported  
Finish Date: 1990-03-01 00:00:00  
Qual: N  
Current Action Lead: EPA Perf

Region: 9  
Site ID: 901213  
EPA ID: CAD009440371  
Site Name: PLESSEY MICRO SCIENCE INC  
NPL: N  
FF: N  
OU: 0  
Action Code: DS  
Action Name: DISCVRY

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**PLESSEY MICRO SCIENCE INC (Continued)**

**1000386389**

SEQ: 1  
Start Date: 1980-08-01 00:00:00  
Finish Date: 1980-08-01 00:00:00  
Qual: Not reported  
Current Action Lead: EPA Perf

Region: 9  
Site ID: 901213  
EPA ID: CAD009440371  
Site Name: PLESSEY MICRO SCIENCE INC  
NPL: N  
FF: N  
OU: 0  
Action Code: PA  
Action Name: PA  
SEQ: 2  
Start Date: 1986-01-01 00:00:00  
Finish Date: 1986-10-01 00:00:00  
Qual: L  
Current Action Lead: St Perf

**Calsite:**

Region: BERKELEY  
Facility ID: 43360069  
Facility Type: RP  
Type: RESPONSIBLE PARTY  
Branch: NC  
Branch Name: NORTH COAST  
File Name: Not reported  
State Senate District: 01011984  
Status: ANNUAL WORKPLAN (AWP) - ACTIVE SITE  
Status Name: ANNUAL WORKPLAN - ACTIVE SITE  
Lead Agency: DEPT OF TOXIC SUBSTANCES CONTROL  
NPL: Not Listed  
SIC Code: 36  
SIC Name: MANU - ELECTRONIC & OTHER ELECTRIC EQUIP  
Access: Controlled  
Cortese: Not reported  
Hazardous Ranking Score: Not reported  
Date Site Hazard Ranked: Not reported  
Groundwater Contamination: Confirmed  
Staff Member Responsible for Site: RSUNGA  
Supervisor Responsible for Site: Not reported  
Region Water Control Board: SF  
Region Water Control Board Name: SAN FRANCISCO BAY  
Lat/Long Direction: Not reported  
Lat/Long (dms): 0 0 0 / 0 0 0  
Lat/long Method: Not reported  
Lat/Long Description: Not reported  
State Assembly District Code: 22  
State Senate District Code: 13  
Facility ID: 43360069  
Activity: DISC  
Activity Name: DISCOVERY  
AWP Code: Not reported  
Proposed Budget: 0

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**PLESSEY MICRO SCIENCE INC (Continued)**

**1000386389**

AWP Completion Date: Not reported  
Revised Due Date: Not reported  
Comments Date: 12011981  
Est Person-Yrs to complete: 0  
Estimated Size: Not reported  
Request to Delete Activity: Not reported  
Activity Status: AWP  
Definition of Status: ANNUAL WORKPLAN - ACTIVE SITE  
Liquids Removed (Gals): 0  
Liquids Treated (Gals): 0  
Action Included Capping: Not reported  
Well Decommissioned: Not reported  
Action Included Fencing: Not reported  
Removal Action Certification: Not reported  
Activity Comments: Not reported  
For Commercial Reuse: 0  
For Industrial Reuse: 0  
For Residential Reuse: 0  
Unknown Type: 0  
Facility ID: 43360069  
Activity: SS  
Activity Name: SITE SCREENING  
AWP Code: Not reported  
Proposed Budget: 0  
AWP Completion Date: Not reported  
Revised Due Date: Not reported  
Comments Date: 01201987  
Est Person-Yrs to complete: 0  
Estimated Size: Not reported  
Request to Delete Activity: Not reported  
Activity Status: AWP  
Definition of Status: ANNUAL WORKPLAN - ACTIVE SITE  
Liquids Removed (Gals): 0  
Liquids Treated (Gals): 0  
Action Included Capping: Not reported  
Well Decommissioned: Not reported  
Action Included Fencing: Not reported  
Removal Action Certification: Not reported  
Activity Comments: Not reported  
For Commercial Reuse: 0  
For Industrial Reuse: 0  
For Residential Reuse: 0  
Unknown Type: 0  
Facility ID: 43360069  
Activity: ORDER  
Activity Name: I/SE, IORSE, FFA, FFSRA, VCA, EA  
AWP Code: RAO  
Proposed Budget: 0  
AWP Completion Date: Not reported  
Revised Due Date: Not reported  
Comments Date: 09301987  
Est Person-Yrs to complete: 0  
Estimated Size: Not reported  
Request to Delete Activity: Not reported  
Activity Status: AWP  
Definition of Status: ANNUAL WORKPLAN - ACTIVE SITE  
Liquids Removed (Gals): 0

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**PLESSEY MICRO SCIENCE INC (Continued)**

**1000386389**

Liquids Treated (Gals): 0  
Action Included Capping: Not reported  
Well Decommissioned: Not reported  
Action Included Fencing: Not reported  
Removal Action Certification: Not reported  
Activity Comments: Not reported  
For Commercial Reuse: 0  
For Industrial Reuse: 0  
For Residential Reuse: 0  
Unknown Type: 0  
Facility ID: 43360069  
Activity: RA  
Activity Name: REMOVAL ACTION  
AWP Code: TANK  
Proposed Budget: 0  
AWP Completion Date: Not reported  
Revised Due Date: Not reported  
Comments Date: 08111989  
Est Person-Yrs to complete: 0  
Estimated Size: Not reported  
Request to Delete Activity: Not reported  
Activity Status: AWP  
Definition of Status: ANNUAL WORKPLAN - ACTIVE SITE  
Liquids Removed (Gals): 0  
Liquids Treated (Gals): 0  
Action Included Capping: Not reported  
Well Decommissioned: Not reported  
Action Included Fencing: Not reported  
Removal Action Certification: N  
Activity Comments: A 200 GALLON TANK WAS REMOVED ALONG WITH THE SURROUNDING SOIL.  
For Commercial Reuse: 0  
For Industrial Reuse: 0  
For Residential Reuse: 0  
Unknown Type: 0  
Facility ID: 43360069  
Activity: PPP  
Activity Name: PUBLIC PARTICIPATION PLAN  
AWP Code: Not reported  
Proposed Budget: 0  
AWP Completion Date: Not reported  
Revised Due Date: Not reported  
Comments Date: 10301989  
Est Person-Yrs to complete: 0  
Estimated Size: Not reported  
Request to Delete Activity: Not reported  
Activity Status: AWP  
Definition of Status: ANNUAL WORKPLAN - ACTIVE SITE  
Liquids Removed (Gals): 0  
Liquids Treated (Gals): 0  
Action Included Capping: Not reported  
Well Decommissioned: Not reported  
Action Included Fencing: Not reported  
Removal Action Certification: Not reported  
Activity Comments: Not reported  
For Commercial Reuse: 0  
For Industrial Reuse: 0  
For Residential Reuse: 0

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

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**PLESSEY MICRO SCIENCE INC (Continued)**

**1000386389**

Unknown Type: 0  
Facility ID: 43360069  
Activity: RA  
Activity Name: REMOVAL ACTION  
AWP Code: PILOT  
Proposed Budget: 0  
AWP Completion Date: Not reported  
Revised Due Date: Not reported  
Comments Date: 10301989  
Est Person-Yrs to complete: 0  
Estimated Size: Not reported  
Request to Delete Activity: Not reported  
Activity Status: AWP  
Definition of Status: ANNUAL WORKPLAN - ACTIVE SITE  
Liquids Removed (Gals): 0  
Liquids Treated (Gals): 0  
Action Included Capping: Not reported  
Well Decommissioned: Not reported  
Action Included Fencing: Not reported  
Removal Action Certification: Not reported  
Activity Comments: Not reported  
For Commercial Reuse: 0  
For Industrial Reuse: 0  
For Residential Reuse: 0  
Unknown Type: 0  
Facility ID: 43360069  
Activity: CEQA  
Activity Name: CEQA INCLUDING NEGATIVE DECS  
AWP Code: Not reported  
Proposed Budget: 0  
AWP Completion Date: Not reported  
Revised Due Date: Not reported  
Comments Date: 11301990  
Est Person-Yrs to complete: 0  
Estimated Size: Not reported  
Request to Delete Activity: Not reported  
Activity Status: AWP  
Definition of Status: ANNUAL WORKPLAN - ACTIVE SITE  
Liquids Removed (Gals): 0  
Liquids Treated (Gals): 0  
Action Included Capping: Not reported  
Well Decommissioned: Not reported  
Action Included Fencing: Not reported  
Removal Action Certification: Not reported  
Activity Comments: Not reported  
For Commercial Reuse: 0  
For Industrial Reuse: 0  
For Residential Reuse: 0  
Unknown Type: 0  
Facility ID: 43360069  
Activity: FRIFS  
Activity Name: FOCUSED REMEDIAL INVESTIGATION/FEASIBILITY STUDY  
AWP Code: GW  
Proposed Budget: 0  
AWP Completion Date: Not reported  
Revised Due Date: Not reported  
Comments Date: 05241991

Map ID  
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**PLESSEY MICRO SCIENCE INC (Continued)**

**1000386389**

Est Person-Yrs to complete: 0  
Estimated Size: Not reported  
Request to Delete Activity: Not reported  
Activity Status: AWP  
Definition of Status: ANNUAL WORKPLAN - ACTIVE SITE  
Liquids Removed (Gals): 0  
Liquids Treated (Gals): 0  
Action Included Capping: Not reported  
Well Decommissioned: Not reported  
Action Included Fencing: Not reported  
Removal Action Certification: Not reported  
Activity Comments: Not reported  
For Commercial Reuse: 0  
For Industrial Reuse: 0  
For Residential Reuse: 0  
Unknown Type: 0  
Facility ID: 43360069  
Activity: RIFS  
Activity Name: REMEDIAL INVESTIGATION / FEASIBILITY STUDY  
AWP Code: Not reported  
Proposed Budget: 0  
AWP Completion Date: Not reported  
Revised Due Date: Not reported  
Comments Date: 06071991  
Est Person-Yrs to complete: 0  
Estimated Size: Not reported  
Request to Delete Activity: Not reported  
Activity Status: AWP  
Definition of Status: ANNUAL WORKPLAN - ACTIVE SITE  
Liquids Removed (Gals): 0  
Liquids Treated (Gals): 0  
Action Included Capping: Not reported  
Well Decommissioned: Not reported  
Action Included Fencing: Not reported  
Removal Action Certification: Not reported  
Activity Comments: Not reported  
For Commercial Reuse: 0  
For Industrial Reuse: 0  
For Residential Reuse: 0  
Unknown Type: 0  
Facility ID: 43360069  
Activity: RA  
Activity Name: REMOVAL ACTION  
AWP Code: TANKS  
Proposed Budget: 0  
AWP Completion Date: Not reported  
Revised Due Date: Not reported  
Comments Date: 10251991  
Est Person-Yrs to complete: 0  
Estimated Size: Not reported  
Request to Delete Activity: Not reported  
Activity Status: AWP  
Definition of Status: ANNUAL WORKPLAN - ACTIVE SITE  
Liquids Removed (Gals): 250  
Liquids Treated (Gals): 0  
Action Included Capping: Not reported  
Well Decommissioned: Not reported

Map ID  
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MAP FINDINGS

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**PLESSEY MICRO SCIENCE INC (Continued)**

**1000386389**

Action Included Fencing: Not reported  
Removal Action Certification: N  
Activity Comments: FIVE CONCRETE UNDERGROUND TANKS WERE REMOVED.  
For Commercial Reuse: 0  
For Industrial Reuse: 0  
For Residential Reuse: 0  
Unknown Type: 0  
Facility ID: 43360069  
Activity: RAP  
Activity Name: REMEDIAL ACTION PLAN / RECORD OF DECISION  
AWP Code: Not reported  
Proposed Budget: 0  
AWP Completion Date: Not reported  
Revised Due Date: Not reported  
Comments Date: 05101992  
Est Person-Yrs to complete: 0  
Estimated Size: Not reported  
Request to Delete Activity: Not reported  
Activity Status: AWP  
Definition of Status: ANNUAL WORKPLAN - ACTIVE SITE  
Liquids Removed (Gals): 0  
Liquids Treated (Gals): 0  
Action Included Capping: Not reported  
Well Decommissioned: Not reported  
Action Included Fencing: Not reported  
Removal Action Certification: Not reported  
Activity Comments: Not reported  
For Commercial Reuse: 0  
For Industrial Reuse: 0  
For Residential Reuse: 0  
Unknown Type: 0  
Facility ID: 43360069  
Activity: DES  
Activity Name: DESIGN  
AWP Code: Not reported  
Proposed Budget: 0  
AWP Completion Date: Not reported  
Revised Due Date: Not reported  
Comments Date: 06301992  
Est Person-Yrs to complete: 0  
Estimated Size: Not reported  
Request to Delete Activity: Not reported  
Activity Status: AWP  
Definition of Status: ANNUAL WORKPLAN - ACTIVE SITE  
Liquids Removed (Gals): 0  
Liquids Treated (Gals): 0  
Action Included Capping: Not reported  
Well Decommissioned: Not reported  
Action Included Fencing: Not reported  
Removal Action Certification: Not reported  
Activity Comments: Not reported  
For Commercial Reuse: 0  
For Industrial Reuse: 0  
For Residential Reuse: 0  
Unknown Type: 0  
Facility ID: 43360069  
Activity: OM

Map ID  
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**PLESSEY MICRO SCIENCE INC (Continued)**

**1000386389**

Activity Name: OPERATION & MAINTENANCE  
AWP Code: PLAN  
Proposed Budget: 0  
AWP Completion Date: Not reported  
Revised Due Date: Not reported  
Comments Date: 06301992  
Est Person-Yrs to complete: 0  
Estimated Size: Not reported  
Request to Delete Activity: Not reported  
Activity Status: AWP  
Definition of Status: ANNUAL WORKPLAN - ACTIVE SITE  
Liquids Removed (Gals): 0  
Liquids Treated (Gals): 0  
Action Included Capping: Not reported  
Well Decommissioned: Not reported  
Action Included Fencing: Not reported  
Removal Action Certification: Not reported  
Activity Comments: Not reported  
For Commercial Reuse: 0  
For Industrial Reuse: 0  
For Residential Reuse: 0  
Unknown Type: 0  
Facility ID: 43360069  
Activity: RA  
Activity Name: REMOVAL ACTION  
AWP Code: GWSV1  
Proposed Budget: 0  
AWP Completion Date: Not reported  
Revised Due Date: Not reported  
Comments Date: 06241993  
Est Person-Yrs to complete: 0  
Estimated Size: Not reported  
Request to Delete Activity: Not reported  
Activity Status: AWP  
Definition of Status: ANNUAL WORKPLAN - ACTIVE SITE  
Liquids Removed (Gals): 0  
Liquids Treated (Gals): 0  
Action Included Capping: Not reported  
Well Decommissioned: Not reported  
Action Included Fencing: Not reported  
Removal Action Certification: N  
Activity Comments: SOIL VAPOR EXTRACTION/TREATMENT & GROUNDWATER EXTRACTION/TREATMENT.  
For Commercial Reuse: 0  
For Industrial Reuse: 0  
For Residential Reuse: 0  
Unknown Type: 0  
Facility ID: 43360069  
Activity: RA  
Activity Name: REMOVAL ACTION  
AWP Code: GWT6  
Proposed Budget: 0  
AWP Completion Date: Not reported  
Revised Due Date: Not reported  
Comments Date: 11161993  
Est Person-Yrs to complete: 0  
Estimated Size: Not reported  
Request to Delete Activity: Not reported

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Database(s)

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**PLESSEY MICRO SCIENCE INC (Continued)**

**1000386389**

Activity Status: AWP  
Definition of Status: ANNUAL WORKPLAN - ACTIVE SITE  
Liquids Removed (Gals): 0  
Liquids Treated (Gals): 0  
Action Included Capping: Not reported  
Well Decommissioned: Not reported  
Action Included Fencing: Not reported  
Removal Action Certification: N  
Activity Comments: CLEANUP OF VOCs IN GROUNDWATER IN WELL T6.  
For Commercial Reuse: 0  
For Industrial Reuse: 0  
For Residential Reuse: 0  
Unknown Type: 0  
Facility ID: 43360069  
Activity: ORDER  
Activity Name: I/SE, IORSE, FFA, FFSRA, VCA, EA  
AWP Code: O&M  
Proposed Budget: 0  
AWP Completion Date: Not reported  
Revised Due Date: Not reported  
Comments Date: 08101994  
Est Person-Yrs to complete: 0  
Estimated Size: Not reported  
Request to Delete Activity: Not reported  
Activity Status: AWP  
Definition of Status: ANNUAL WORKPLAN - ACTIVE SITE  
Liquids Removed (Gals): 0  
Liquids Treated (Gals): 0  
Action Included Capping: Not reported  
Well Decommissioned: Not reported  
Action Included Fencing: Not reported  
Removal Action Certification: Not reported  
Activity Comments: Not reported  
For Commercial Reuse: 0  
For Industrial Reuse: 0  
For Residential Reuse: 0  
Unknown Type: 0  
Facility ID: 43360069  
Activity: CERT  
Activity Name: CERTIFICATION  
AWP Code: Not reported  
Proposed Budget: 0  
AWP Completion Date: 07012005  
Revised Due Date: 11302006  
Comments Date: Not reported  
Est Person-Yrs to complete: 0  
Estimated Size: M  
Request to Delete Activity: Not reported  
Activity Status: AWP  
Definition of Status: ANNUAL WORKPLAN - ACTIVE SITE  
Liquids Removed (Gals): 0  
Liquids Treated (Gals): 0  
Action Included Capping: Not reported  
Well Decommissioned: Not reported  
Action Included Fencing: Not reported  
Removal Action Certification: Not reported  
Activity Comments: Not reported

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**PLESSEY MICRO SCIENCE INC (Continued)**

**1000386389**

For Commercial Reuse: 0  
For Industrial Reuse: 0  
For Residential Reuse: 0  
Unknown Type: 0  
Facility ID: 43360069  
Activity: DES  
Activity Name: DESIGN  
AWP Code: HORIZ  
Proposed Budget: 0  
AWP Completion Date: Not reported  
Revised Due Date: Not reported  
Comments Date: 09121996  
Est Person-Yrs to complete: 0  
Estimated Size: Not reported  
Request to Delete Activity: Not reported  
Activity Status: AWP  
Definition of Status: ANNUAL WORKPLAN - ACTIVE SITE  
Liquids Removed (Gals): 0  
Liquids Treated (Gals): 0  
Action Included Capping: Not reported  
Well Decommissioned: Not reported  
Action Included Fencing: Not reported  
Removal Action Certification: Not reported  
Activity Comments: Not reported  
For Commercial Reuse: 0  
For Industrial Reuse: 0  
For Residential Reuse: 0  
Unknown Type: 0  
Facility ID: 43360069  
Activity: OM  
Activity Name: OPERATION & MAINTENANCE  
AWP Code: PLNAM  
Proposed Budget: 0  
AWP Completion Date: Not reported  
Revised Due Date: Not reported  
Comments Date: 04151997  
Est Person-Yrs to complete: 0  
Estimated Size: Not reported  
Request to Delete Activity: Not reported  
Activity Status: AWP  
Definition of Status: ANNUAL WORKPLAN - ACTIVE SITE  
Liquids Removed (Gals): 0  
Liquids Treated (Gals): 0  
Action Included Capping: Not reported  
Well Decommissioned: Not reported  
Action Included Fencing: Not reported  
Removal Action Certification: Not reported  
Activity Comments: Not reported  
For Commercial Reuse: 0  
For Industrial Reuse: 0  
For Residential Reuse: 0  
Unknown Type: 0  
Facility ID: 43360069  
Activity: RA  
Activity Name: REMOVAL ACTION  
AWP Code: SOIL  
Proposed Budget: 0

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**PLESSEY MICRO SCIENCE INC (Continued)**

**1000386389**

AWP Completion Date: Not reported  
Revised Due Date: Not reported  
Comments Date: 02072000  
Est Person-Yrs to complete: 0  
Estimated Size: Not reported  
Request to Delete Activity: Not reported  
Activity Status: AWP  
Definition of Status: ANNUAL WORKPLAN - ACTIVE SITE  
Liquids Removed (Gals): 600  
Liquids Treated (Gals): 600  
Action Included Capping: Not reported  
Well Decommissioned: Not reported  
Action Included Fencing: Not reported  
Removal Action Certification: N  
Activity Comments: 600 CUBIC YARDS OF CONTAMINATED SOIL WITH PCE WAS EXCAVATED, AERATED AND REDISPOSED. CLEANUP GOAL WAS RESIDENTIAL STANDARDS.  
For Commercial Reuse: 0  
For Industrial Reuse: 0  
For Residential Reuse: 0  
Unknown Type: 0  
Facility ID: 43360069  
Activity: RMDL  
Activity Name: REMEDIAL ACTION (RAP REQUIRED)  
AWP Code: SVEGW  
Proposed Budget: 0  
AWP Completion Date: Not reported  
Revised Due Date: Not reported  
Comments Date: 10242002  
Est Person-Yrs to complete: 0  
Estimated Size: Not reported  
Request to Delete Activity: Not reported  
Activity Status: AWP  
Definition of Status: ANNUAL WORKPLAN - ACTIVE SITE  
Liquids Removed (Gals): 0  
Liquids Treated (Gals): 0  
Action Included Capping: Not reported  
Well Decommissioned: Not reported  
Action Included Fencing: Not reported  
Removal Action Certification: Not reported  
Activity Comments: Not reported  
For Commercial Reuse: 0  
For Industrial Reuse: 0  
For Residential Reuse: 0  
Unknown Type: 0  
Facility ID: 43360069  
Activity: RMDL  
Activity Name: REMEDIAL ACTION (RAP REQUIRED)  
AWP Code: NBGW  
Proposed Budget: 0  
AWP Completion Date: Not reported  
Revised Due Date: Not reported  
Comments Date: 10242002  
Est Person-Yrs to complete: 0  
Estimated Size: Not reported  
Request to Delete Activity: Not reported  
Activity Status: AWP  
Definition of Status: ANNUAL WORKPLAN - ACTIVE SITE

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**PLESSEY MICRO SCIENCE INC (Continued)**

**1000386389**

Liquids Removed (Gals): 0  
Liquids Treated (Gals): 0  
Action Included Capping: Not reported  
Well Decommissioned: Not reported  
Action Included Fencing: Not reported  
Removal Action Certification: Not reported  
Activity Comments: Not reported  
For Commercial Reuse: 0  
For Industrial Reuse: 0  
For Residential Reuse: 0  
Unknown Type: 0  
Facility ID: 43360069  
Activity: DES  
Activity Name: DESIGN  
AWP Code: SBGW  
Proposed Budget: 0  
AWP Completion Date: Not reported  
Revised Due Date: Not reported  
Comments Date: 10131999  
Est Person-Yrs to complete: 0  
Estimated Size: Not reported  
Request to Delete Activity: Not reported  
Activity Status: AWP  
Definition of Status: ANNUAL WORKPLAN - ACTIVE SITE  
Liquids Removed (Gals): 0  
Liquids Treated (Gals): 0  
Action Included Capping: Not reported  
Well Decommissioned: Not reported  
Action Included Fencing: Not reported  
Removal Action Certification: Not reported  
Activity Comments: Not reported  
For Commercial Reuse: 0  
For Industrial Reuse: 0  
For Residential Reuse: 0  
Unknown Type: 0  
Facility ID: 43360069  
Activity: DES  
Activity Name: DESIGN  
AWP Code: NBGW  
Proposed Budget: 0  
AWP Completion Date: Not reported  
Revised Due Date: Not reported  
Comments Date: 01122000  
Est Person-Yrs to complete: 0  
Estimated Size: Not reported  
Request to Delete Activity: Not reported  
Activity Status: AWP  
Definition of Status: ANNUAL WORKPLAN - ACTIVE SITE  
Liquids Removed (Gals): 0  
Liquids Treated (Gals): 0  
Action Included Capping: Not reported  
Well Decommissioned: Not reported  
Action Included Fencing: Not reported  
Removal Action Certification: Not reported  
Activity Comments: Not reported  
For Commercial Reuse: 0  
For Industrial Reuse: 0

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**PLESSEY MICRO SCIENCE INC (Continued)**

**1000386389**

For Residential Reuse: 0  
Unknown Type: 0  
Facility ID: 43360069  
Activity: RMDL  
Activity Name: REMEDIAL ACTION (RAP REQUIRED)  
AWP Code: #3  
Proposed Budget: 0  
AWP Completion Date: Not reported  
Revised Due Date: Not reported  
Comments Date: 10242002  
Est Person-Yrs to complete: 0  
Estimated Size: Not reported  
Request to Delete Activity: Not reported  
Activity Status: AWP  
Definition of Status: ANNUAL WORKPLAN - ACTIVE SITE  
Liquids Removed (Gals): 0  
Liquids Treated (Gals): 0  
Action Included Capping: Not reported  
Well Decommissioned: Not reported  
Action Included Fencing: Not reported  
Removal Action Certification: Not reported  
Activity Comments: Not reported  
For Commercial Reuse: 0  
For Industrial Reuse: 0  
For Residential Reuse: 0  
Unknown Type: 0  
Facility ID: 43360069  
Activity: ORDER  
Activity Name: I/SE, IORSE, FFA, FFSRA, VCA, EA  
AWP Code: OM  
Proposed Budget: 0  
AWP Completion Date: Not reported  
Revised Due Date: Not reported  
Comments Date: 05142004  
Est Person-Yrs to complete: 0  
Estimated Size: Not reported  
Request to Delete Activity: Not reported  
Activity Status: AWP  
Definition of Status: ANNUAL WORKPLAN - ACTIVE SITE  
Liquids Removed (Gals): 0  
Liquids Treated (Gals): 0  
Action Included Capping: Not reported  
Well Decommissioned: Not reported  
Action Included Fencing: Not reported  
Removal Action Certification: Not reported  
Activity Comments: Not reported  
For Commercial Reuse: 0  
For Industrial Reuse: 0  
For Residential Reuse: 0  
Unknown Type: 0  
Alternate Address: 2274-2296 MORA DRIVE  
Alternate City,St,Zip: MOUNTAIN VIEW, CA 94040  
Alternate Address: 2274 MORA DRIVE  
Alternate City,St,Zip: MOUNTAIN VIEW, CA 94040  
Background Info: Plessey Micro Sciences began electronic component manufacturing operations at the site in the mid-1960s. Four underground storage tanks were initially installed to collect contaminated

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MAP FINDINGS

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**PLESSEY MICRO SCIENCE INC (Continued)**

**1000386389**

rinse water. The collection system was used for xylene reclamation and acid neutralization. In January 1981, Plessey ceased operations and vacated the Site.

Comments Date: 10191995  
Comments: Approved Design. The remedial enhancement design for expanding  
Comments Date: 10191995  
Comments: the soil and groundwater remediation system was approved. The  
Comments Date: 10191995  
Comments: UV/peroxide unit of the groundwater remediation system was  
Comments Date: 10191995  
Comments: replaced with an air stripper.  
Comments Date: 10242002  
Comments: Completed Remedial Action. Ten dual-phase (vapor and  
Comments Date: 10242002  
Comments: groundwater) extraction wells behind the onsite buildings, and  
Comments Date: 10242002  
Comments: four extraction wells downgradient at the northern boundary of  
Comments Date: 10242002  
Comments: the adjacent TRW/Vidar Site (77 Ortega Drive) were installed.  
Comments Date: 10242002  
Comments: The new extraction wells were connected to the existing  
Comments Date: 10242002  
Comments: treatment system at the Site.  
Comments Date: 10251991  
Comments: Completed RA. Five concrete underground tanks (A,B,C,D and F)  
Comments Date: 10251991  
Comments: were removed from a location behind the commercial buildings  
Comments Date: 10251991  
Comments: located at 2274-2296 Mora Drive. Tank E was removed in August  
Comments Date: 10251991  
Comments: 1989. The excavated pits were backfilled with clean fill  
Comments Date: 10251991  
Comments: approximately 455 cubic yards of soil were removed, aerated and  
Comments Date: 10251991  
Comments: disposed offsite. A soil vapor extraction system was installed  
Comments Date: 10251991  
Comments: to remediate the remaining volatile organic compounds in soil in  
Comments Date: 10251991  
Comments: other site areas. Initiated August 17, 1991 and completed  
Comments Date: 10251991  
Comments: October 25, 1991.  
Comments Date: 10301989  
Comments: Completed RA. Pilot testing of an ultra-violet(UV)/peroxidation  
Comments Date: 10301989  
Comments: system designed to treat groundwater.  
Comments Date: 11161993  
Comments: Completed RA. Interim cleanup in well T6 by extraction and  
Comments Date: 11161993  
Comments: treatment of dense non-aqueous phase liquid (DNAPL) of  
Comments Date: 11161993  
Comments: trichloroethylene. The system included three treatment units  
Comments Date: 11161993  
Comments: designed for full scale remediation. The units were constructed  
Comments Date: 11161993  
Comments: inside the building at 2296 Mora Drive. The units included a  
Comments Date: 11161993  
Comments: volatile organic compound and water separator unit, a hydrogen

Map ID  
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MAP FINDINGS

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**PLESSEY MICRO SCIENCE INC (Continued)**

**1000386389**

Comments Date: 11161993  
Comments: peroxide /ultra violet light unit, and a liquid carbon  
Comments Date: 11161993  
Comments: absorption unit. Treated water is discharged to the sanitary  
Comments Date: 11161993  
Comments: sewer under permit from the City of Mountain View or to the  
Comments Date: 11161993  
Comments: storm drain under a permit from the Regional Water Quality  
Comments Date: 11161993  
Comments: Control Board.  
Comments Date: 12011982  
Comments: Issued Notice of Violation (NOV) requiring clean-up plan.  
Comments Date: 12011985  
Comments: Completed PA. In January 1982, samples were collected from  
Comments Date: 12011985  
Comments: standing water in two of the tanks and the results detected  
Comments Date: 12011985  
Comments: perchloroethylene (PCE), chromium, and xylene. Investigations  
Comments Date: 12011985  
Comments: were conducted to delineate the lateral extent of the soil and  
Comments Date: 12011985  
Comments: groundwater contamination originating from releases at the  
Comments Date: 12011985  
Comments: tanks. Trichloroethylene (TCE), PCE, dichloroethylene (DCE),  
Comments Date: 12011985  
Comments: benzene, toluene, xylene and ethylbenzene were detected in the  
Comments Date: 12011985  
Comments: groundwater. These chemicals and chromium were also detected in  
Comments Date: 12011985  
Comments: the soils near the tanks.  
Comments Date: 01122000  
Comments: Approved Design. The remedial enhancement plan to address full  
Comments Date: 01122000  
Comments: plume containment and/or groundwater remediation was approved.  
Comments Date: 01122000  
Comments: Four wells will be installed further downgradient at the  
Comments Date: 01122000  
Comments: northern boundary of the TRW/Vidar site. The extraction wells  
Comments Date: 01122000  
Comments: will be connected to the existing treatment system.  
Comments Date: 02072000  
Comments: Completed RA. 600 cubic yards of soil was excavated, aerated  
Comments Date: 02072000  
Comments: and redeposited.  
Comments Date: 05101992  
Comments: Approved RAP. Soil cleanup by soil vapor extraction and  
Comments Date: 05101992  
Comments: groundwater cleanup by ultra-violet peroxidation  
Comments Date: 05142004  
Comments: Signed O&M Agreement.  
Comments Date: 06071991  
Comments: Completed RIFS.  
Comments Date: 06241993  
Comments: Completed RA. Soil vapor extraction/treatment and groundwater  
Comments Date: 06241993  
Comments: extraction/treatment system constructed within building (2296  
Comments Date: 06241993

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**PLESSEY MICRO SCIENCE INC (Continued)**

**1000386389**

Comments: Mora Drive). Three groundwater extraction wells, and 61 soil  
Comments Date: 06241993  
Comments: vapor extraction and air inlet wells were installed. Soil vapor  
Comments Date: 06241993  
Comments: was extracted at a rate of 150 to 200 cubic feet per minute.  
Comments Date: 06241993  
Comments: The soil vapor was treated using carbon absorption. Groundwater  
Comments Date: 06241993  
Comments: was extracted at 40 gallons per minute and treated using  
Comments Date: 06241993  
Comments: UV/peroxide.  
Comments Date: 08101994  
Comments: Signed O&M Agreement.  
Comments Date: 08111989  
Comments: Completed RA. A 200-gallon underground tank (Tank E) was  
Comments Date: 08111989  
Comments: removed. Soil surrounding the tank was contaminated with TCE  
Comments Date: 08111989  
Comments: and PCE. Contaminated soil was excavated and aerated.  
Comments Date: 08111989  
Comments: Excavated pit was backfilled with clean fill.  
Comments Date: 09121996  
Comments: Approved Design.  
Comments Date: 09301987  
Comments: Issued RAO.  
Comments Date: 10131999  
Comments: Approved Design. The source control remedial enhancement design  
Comments Date: 10131999  
Comments: to address soil and groundwater contamination near the source  
Comments Date: 10131999  
Comments: areas was approved. Ten dual-phase vertical extraction wells  
Comments Date: 10131999  
Comments: will be installed within the Site near the former underground  
Comments Date: 10131999  
Comments: tank locations. The extraction wells will be connected to the  
Comments Date: 10131999  
Comments: existing treatment system.  
ID Name: CALSTARS CODE  
ID Value: 200080  
ID Name: BEP DATABASE PCODE  
ID Value: P21047  
ID Name: EPA IDENTIFICATION NUMBER  
ID Value: CAD009440371  
Alternate Name: PLESSEY MICRO SCIENCE  
Alternate Name: Not reported  
Special Programs Code: C104  
Special Programs Name: CERCLA 104

**RCRA NonGen / NLR:**

Date form received by agency: 08/18/1980  
Facility name: PLESSEY MICRO SCIENCE INC  
Facility address: 2274 MORA DR  
MOUNTAIN VIEW, CA 94040  
EPA ID: CAD009440371  
Mailing address: 2274 MORA DRIVE  
MOUNTAIN VIEW, CA 94040  
Contact: ENVIRONMENTAL MANAGER

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**PLESSEY MICRO SCIENCE INC (Continued)**

**1000386389**

Contact address: 2274 MORA DR  
MOUNTAIN VIEW, CA 94040  
Contact country: US  
Contact telephone: 415-968-7215  
Contact email: Not reported  
EPA Region: 09  
Classification: Non-Generator  
Description: Handler: Non-Generators do not presently generate hazardous waste

**Owner/Operator Summary:**

Owner/operator name: NOT REQUIRED  
Owner/operator address: NOT REQUIRED  
NOT REQUIRED, ME 99999  
Owner/operator country: Not reported  
Owner/operator telephone: 415-555-1212  
Owner/operator email: Not reported  
Owner/operator fax: Not reported  
Owner/operator extension: Not reported  
Legal status: Private  
Owner/Operator Type: Operator  
Owner/Op start date: Not reported  
Owner/Op end date: Not reported

Owner/operator name: PLESSEY INCORPORATED  
Owner/operator address: NOT REQUIRED  
NOT REQUIRED, ME 99999  
Owner/operator country: Not reported  
Owner/operator telephone: 415-555-1212  
Owner/operator email: Not reported  
Owner/operator fax: Not reported  
Owner/operator extension: Not reported  
Legal status: Private  
Owner/Operator Type: Owner  
Owner/Op start date: Not reported  
Owner/Op end date: Not reported

**Handler Activities Summary:**

U.S. importer of hazardous waste: No  
Mixed waste (haz. and radioactive): No  
Recycler of hazardous waste: No  
Transporter of hazardous waste: No  
Treater, storer or disposer of HW: No  
Underground injection activity: No  
On-site burner exemption: No  
Furnace exemption: No  
Used oil fuel burner: No  
Used oil processor: No  
User oil refiner: No  
Used oil fuel marketer to burner: No  
Used oil Specification marketer: No  
Used oil transfer facility: No  
Used oil transporter: No

Violation Status: No violations found

FINDS:

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**PLESSEY MICRO SCIENCE INC (Continued)**

**1000386389**

Registry ID: 110002636470

Environmental Interest/Information System

California Department of Toxic Substances Control EnviroStor System (DTSC-EnviroStor) is an online search and Geographic Information System (GIS) tool for identifying sites that have known contamination or sites for which there may be reasons to investigate further. The EnviroStor database includes the following site types: Federal Superfund sites (National Priorities List (NPL)); State Response, including Military Facilities and State Superfund; Voluntary Cleanup; and School sites.

RCRAInfo is a national information system that supports the Resource Conservation and Recovery Act (RCRA) program through the tracking of events and activities related to facilities that generate, transport, and treat, store, or dispose of hazardous waste. RCRAInfo allows RCRA program staff to track the notification, permit, compliance, and corrective action activities required under RCRA.

[Click this hyperlink](#) while viewing on your computer to access additional FINDS: detail in the EDR Site Report.

ECHO:

Envid: 1000386389  
Registry ID: 110002636470  
DFR URL: <http://echo.epa.gov/detailed-facility-report?fid=110002636470>

WDS:

Facility ID: San Francisco Bay 438379001  
Facility Type: Industrial - Facility that treats and/or disposes of liquid or semisolid wastes from any servicing, producing, manufacturing or processing operation of whatever nature, including mining, gravel washing, geothermal operations, air conditioning, ship building and repairing, oil production, storage and disposal operations, water pumping.  
Facility Status: Active - Any facility with a continuous or seasonal discharge that is under Waste Discharge Requirements.  
NPDES Number: CAG912003 The 1st 2 characters designate the state. The remaining 7 are assigned by the Regional Board  
Subregion: 2  
Facility Telephone: 4158991600  
Facility Contact: Susan Gahry (PES)  
Agency Name: MARCONI PLC  
Agency Address: 5900 Landerbrook DR. Ste. 300  
Agency City,St,Zip: Cleveland 44124  
Agency Contact: Cliff Petriella  
Agency Telephone: 4404603727  
Agency Type: Private  
SIC Code: 3573  
SIC Code 2: Not reported  
Primary Waste Type: Hazardous/Influent or Solid Wastes that contain toxic, corrosive, ignitable or reactive substances and must be managed according to applicable DOHS standards.  
Primary Waste: CNWTRS  
Waste Type2: Not reported

Map ID  
 Direction  
 Distance  
 Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
 EPA ID Number

**PLESSEY MICRO SCIENCE INC (Continued)**

**1000386389**

Waste2: Contaminated Ground Water  
 Primary Waste Type: Hazardous/Influent or Solid Wastes that contain toxic, corrosive, ignitable or reactive substances and must be managed according to applicable DOHS standards.  
 Secondary Waste: Not reported  
 Secondary Waste Type: Not reported  
 Design Flow: 0  
 Baseline Flow: 0  
 Reclamation: No reclamation requirements associated with this facility.  
 POTW: The facility is not a POTW.  
 Treat To Water: Moderate Threat to Water Quality. A violation could have a major adverse impact on receiving biota, can cause aesthetic impairment to a significant human population, or render unusable a potential domestic or municipal water supply. Aesthetic impairment would include nuisance from a waste treatment facility.  
 Complexity: Category B - Any facility having a physical, chemical, or biological waste treatment system (except for septic systems with subsurface disposal), or any Class II or III disposal site, or facilities without treatment systems that are complex, such as marinas with petroleum products, solid wastes, and sewage pump out facilities.

**P72**  
**East**  
**1/2-1**  
**0.900 mi.**  
**4753 ft.**

**PLESSEY MICRO SCIENCES**  
**2274 MORA DRIVE**  
**MOUNTAIN VIEW, CA 94040**

**CA BOND EXP. PLAN**    **S100833251**  
**N/A**

**Site 3 of 6 in cluster P**

**Relative:**  
**Lower**  
**Actual:**  
**54 ft.**

CA BOND EXP. PLAN:  
 Reponsible Party: RESPONSIBLE PARTY-LEAD SITE CLEANUP WORKPLAN  
 Project Revenue Source Company: Plessey, Inc.  
 Project Revenue Source Addr: 325 Westchester Avenue  
 Project Revenue Source City,St,Zip: White Plains, NY 10604  
 Project Revenue Source Desc: DHS has issued a remedial action order and Plessey has stipulated to comply with this order. DHS has budgeted \$50,000 for oversight and monitoring of cleanup efforts. DHS will recover 100 percent of direct costs plus staff costs and overhead related to the project. The responsible parties will pay all costs associated with remedial investigations and cleanup activities.  
 Site Description: From about the mid-1960s to 1981, Plessey manufactured electronic components. Chemical processes used included plating and etching. Wastewater was drained to underground storage tanks where material or waste was neutralized and stored prior to disposal.  
 Hazardous Waste Desc: Wastes include perchloroethylene (PCE), trichloroethylene (TCE), chromic acid and xylene.  
 Threat To Public Health & Env: Depth of the shallowest aquifer is about 32 feet. Ground water contamination and its potential impact on drinking water supplies is the primary concern.  
 Site Activity Status: Plessey Micro Sciences, Inc., retained a contractor and completed a preliminary investigation in June, 1987. Result of the investigation indicated ground water contamination by perchloroethylene, trichloroethylene and methylene chloride. A Phase II RI report was submitted September, 1988. It appears that further investigation will be required before the FS and RAP can be Started.

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**P73**      **PLESSEY MICRO SCIENCE**  
**East**      **2274 MORA DRIVE**  
**1/2-1**      **MOUNTAIN VIEW, CA 94040**  
**0.900 mi.**  
**4753 ft.**      **Site 4 of 6 in cluster P**

**RESPONSE**      **S103981838**  
**ENVIROSTOR**      **N/A**  
                         **Cortese**  
                         **HAZNET**  
**HIST CORTESE**

**Relative:**  
**Lower**  
**Actual:**  
**54 ft.**

**RESPONSE:**  
Facility ID: 43360069  
Site Type: State Response  
Site Type Detail: State Response or NPL  
Acres: 0.58  
National Priorities List: NO  
Cleanup Oversight Agencies: SMBRP  
Lead Agency Description: DTSC - Site Cleanup Program  
Project Manager: Henry Wong  
Supervisor: Janet Naito  
Division Branch: Cleanup Berkeley  
Site Code: 200080  
Site Mgmt. Req.: NONE SPECIFIED  
Assembly: 24  
Senate: 13  
Special Program Status: Not reported  
Status: Certified / Operation & Maintenance  
Status Date: 06/28/2007  
Restricted Use: NO  
Funding: Orphan Funds  
Latitude: 37.40324  
Longitude: -122.1014  
APN: 147-54-026, 147-54-027, 147-54-028, 147-54-029, 147-54-030, 14833022, 14833023, 14833024, 14833025, 14833026  
Past Use: MANUFACTURING - ELECTRONIC  
Potential COC : Benzene Tetrachloroethylene (PCE) Trichloroethylene (TCE) Vinyl chloride Chloroform Chromium VI 1,2-Dichloroethylene (cis) Ethylbenzene Toluene Xylenes  
Confirmed COC: Benzene Tetrachloroethylene (PCE) Trichloroethylene (TCE) Vinyl chloride Chloroform Chromium VI 1,2-Dichloroethylene (cis) Ethylbenzene Toluene Xylenes  
Potential Description: OTH  
Alias Name: 147-54-026  
Alias Type: APN  
Alias Name: 147-54-027  
Alias Type: APN  
Alias Name: 147-54-028  
Alias Type: APN  
Alias Name: 147-54-029  
Alias Type: APN  
Alias Name: 147-54-030  
Alias Type: APN  
Alias Name: 14833022  
Alias Type: APN  
Alias Name: 14833023  
Alias Type: APN  
Alias Name: 14833024  
Alias Type: APN  
Alias Name: 14833025  
Alias Type: APN  
Alias Name: 14833026  
Alias Type: APN  
Alias Name: CAD009440371

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**PLESSEY MICRO SCIENCE (Continued)**

**S103981838**

Alias Type: EPA Identification Number  
Alias Name: 110002636470  
Alias Type: EPA (FRS #)  
Alias Name: P21047  
Alias Type: PCode  
Alias Name: 200080  
Alias Type: Project Code (Site Code)  
Alias Name: 200080  
Alias Type: Project Code (Site Code)  
Alias Name: 43360069  
Alias Type: Envirostor ID Number

Completed Info:

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Contract Fiscal Approval (CFA)  
Completed Date: 12/05/2014  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Correspondence  
Completed Date: 03/18/2015  
Comments: A new DTSC Project Manager is assigned.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Work Order  
Completed Date: 02/04/2015  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Pre-HARP Form  
Completed Date: 03/16/2015  
Comments: The HARP is for site visits in 2015.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Correspondence  
Completed Date: 04/13/2016  
Comments: CANCELLATION OF CONTRACT No.: 14-T3967

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Contract  
Completed Date: 11/23/2016  
Comments: Contract 16-T4229 covers preparation of a remedial implementation workplan, conducting fieldwork, preparation of a completion report, and submittal of a letter report following each of the four groundwater monitoring events.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Monitoring Report  
Completed Date: 04/14/2015  
Comments: Based on the results of the December 2014 monitoring event, the following actions are recommended: 1. Continue groundwater monitoring

MAP FINDINGS

**PLESSEY MICRO SCIENCE (Continued)**

**S103981838**

at a reduced schedule (e.g., semiannually) to monitor VOC concentrations over time; 2. Conduct additional in situ injections (3DMe or an alternative) in those areas where total VOC concentrations are greater than 500 &#956;g/L; and 3. Following removal of the buildings (2274 2294 Mora Drive), proceed with VOC source area investigation and delineation in soil beneath the site and conduct excavation and removal, followed by additional treatment (3DMe or an alternative).

Completed Area Name: PROJECT WIDE  
 Completed Sub Area Name: Not reported  
 Completed Document Type: Work Notice  
 Completed Date: 02/04/2015  
 Comments: March 2015 GW monitoring

Completed Area Name: PROJECT WIDE  
 Completed Sub Area Name: Not reported  
 Completed Document Type: Work Notice  
 Completed Date: 08/25/2017  
 Comments: The Work Notice was mailed to addresses on the project mailing list informing groundwater monitoring activity at off-site wells located on and adjacent to Towne Circle and on Ortega Avenue in the City of Mountain View.

Completed Area Name: PROJECT WIDE  
 Completed Sub Area Name: Not reported  
 Completed Document Type: Remedial Investigation Workplan  
 Completed Date: 05/05/2015  
 Comments: Shallow soil sampling will be conducted upon demolition of buildings at the site.

Completed Area Name: PROJECT WIDE  
 Completed Sub Area Name: Not reported  
 Completed Document Type: Remedial Action Plan Amendment  
 Completed Date: 12/08/2016  
 Comments: Cleanup actions as proposed in the Remedial Action Plan Amendment include excavation of an estimated 1,800 cubic yards of soil contaminated with metals and VOCs at depths up to 12 feet below ground surface for off-site disposal at permitted facilities, injection of chemical to enhance reductive dechlorination in groundwater at targeted areas, and establishment of a land use covenant to restrict groundwater usage and to require vapor intrusion mitigation systems for new buildings if necessary based on future data. Field activities are anticipated to be completed in four weeks.

Completed Area Name: PROJECT WIDE  
 Completed Sub Area Name: Not reported  
 Completed Document Type: Site Characterization Report  
 Completed Date: 07/29/2016  
 Comments: This investigation was conducted to collect shallow soil samples for laboratory analysis to delineate the extent of VOCs and metals, including hexavalent chromium, in shallow soil in preparation for site redevelopment.

Completed Area Name: PROJECT WIDE  
 Completed Sub Area Name: Not reported  
 Completed Document Type: Monitoring Report

MAP FINDINGS

**PLESSEY MICRO SCIENCE (Continued)**

**S103981838**

Completed Date: 06/15/2015  
Comments: Based on the results of the March 2015 monitoring event, the following actions are recommended: 1. Continue groundwater monitoring at a reduced schedule (e.g., semiannually) to monitor VOC concentrations over time, 2. Conduct additional in-situ injections (3DMe or an alternative) in those areas where total VOC concentrations are greater than 500 µg/L, and 3. Following removal of the buildings (2274 2294 Mora Drive), proceed with VOC source area investigation and delineation in soil beneath the site and conduct excavation and removal, followed by additional treatment (3DMe or an alternative).

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Public Notice  
Completed Date: 10/28/2016  
Comments: Public Notice for Plessey Draft Remedial Action Plan Amendment

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fact Sheets  
Completed Date: 10/28/2016  
Comments: Community Update for Draft Remedial Action Plan Amendment

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Removal Action Design  
Completed Date: 12/20/2016  
Comments: The Remedial Implementation Workplan describes the field activities for excavation of contaminated soil and in-situ groundwater treatment injections at the former Plessey Micro System site.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Public Notice  
Completed Date: 12/16/2016  
Comments: DTSC published a display advertisement on the December 16, 2016 Mountain View Voice (page 3) announcing the approval of the Remedial Action Plan Amendment for cleanup activities at the Plessey Micro Science site.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Work Notice  
Completed Date: 01/30/2017  
Comments: DTSC issued a Work Notice informing the public that the following cleanup activities will begin on 1/30/17 at the site: Excavation on the Plessey Site of an estimated 1,800 cubic yards of soil contaminated with metals and volatile organic compounds at varying depths to 12 feet below ground surface for off-site disposal at permitted facilities, Injection of Hydrogen Release Compound, a food grade substance, to enhance reductive dechlorination in groundwater at targeted areas both on the Plessey Site and along Towne Circle, and Establishment of a land use covenant to restrict groundwater usage and to require vapor intrusion mitigation systems for new buildings if necessary based on future data.

**PLESSEY MICRO SCIENCE (Continued)**

**S103981838**

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Health & Safety Plan  
Completed Date: 01/12/2017  
Comments: DTSC has completed the review of the "Health and Safety Plan, Excavation and In-situ Groundwater Treatment" for the Plessey Micro Science site.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Technical Workplan  
Completed Date: 05/31/2017  
Comments: The Vapor Intrusion Mitigation Plan describes the design and installation of a sub-slab passive venting system coupled with a vapor barrier/gas membrane system beneath every new building within the Mora-Ortega Parcel encompassing approximately 5.15 acres.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fieldwork  
Completed Date: 08/29/2017  
Comments: ERRG conducted groundwater monitoring at off-site wells.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Monitoring Report  
Completed Date: 12/14/2017  
Comments: ERRG conducted a groundwater monitoring event in August 2017 at 17 groundwater monitoring wells adjacent to the Plessey Micro Science site. This is the first sampling event following in-situ injections at the Plessey site in April and May 2017.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Remedial Action Completion Report  
Completed Date: 05/22/2018  
Comments: The Completion Report summarizes the following remediation activities conducted at the site: 1. Excavation and off-site disposal of soil contaminated with hexavalent chromium, cobalt, nickel, and volatile organic compounds (VOCs); and 2. In-situ treatment of VOC-contaminated groundwater to reduce chemical concentrations. These activities were performed pursuant to the January 2017 DTSC-approved "Remedial Implementation Workplan".

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Technical Workplan  
Completed Date: 04/20/2018  
Comments: The Work Plan proposes soil gas sampling at an approximately 5.2-acre residential development area located east of the Mora Drive and Ortega Avenue intersection in Mountain View, California. DTSC is overseeing environmental investigation and cleanup of a 1.0-acre parcel, identified as the Plessey Micro Science site, within the 5.2-acre residential development area. Since the Work Plan proposes several soil gas sampling locations within the Plessey Micro Science site, DTSC commented on the Work Plan.

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**PLESSEY MICRO SCIENCE (Continued)**

**S103981838**

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Technical Workplan  
Completed Date: 05/18/2018  
Comments: The Work Plan proposes groundwater sampling at nine locations, four of which (i.e., EGW-1, EGW-2, EGW-3, and EGW-4) are located within the Plessey Micro Science site.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Technical Report  
Completed Date: 05/23/2018  
Comments: The report presents soil gas sampling results at 40 temporary soil gas wells, 20 wells installed at 5 feet below ground surface (bgs) and 20 wells installed at 10 feet bgs, at the 5.2-acre residential development area. Four nested wells (i.e., SV-3, SV-5, SV-8, and SV-9) are located within the Plessey Micro Science site.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Technical Report  
Completed Date: 07/03/2018  
Comments: The Groundwater Sampling Report documents groundwater investigation conducted on 5/8/18 at nine temporary borings within the approximately 5.2-acre Mora Drive project area.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Contract  
Completed Date: 12/30/2013  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Pre-HARP Form  
Completed Date: 01/29/2014  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Work Order  
Completed Date: 06/30/2010  
Comments: Work order to continue operation & maintenance of GW remedy.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Work Order  
Completed Date: 06/19/2018  
Comments: DTSC issued the Stop Work Order for Contract 16-T4229 because (a) all works under this contract were completed and (b) the contract will expire on June 30, 2018.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Work Order  
Completed Date: 03/06/2018  
Comments: DTSC issued a Work Order for ERRG to conduct tasks as described in

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**PLESSEY MICRO SCIENCE (Continued)**

**S103981838**

Contract 17-T4411.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Contract  
Completed Date: 06/30/2015  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: CEQA - Responsible Agency Review  
Completed Date: 12/08/2016  
Comments: The project consists of DTSC approval of the Remedial Action Plan Amendment for Plessey Micro Science prior to residential development. The proposed cleanup actions include soil excavation, groundwater injection, and institutional controls. DTSC prepared a Statement of Findings concluding that the project will not result in significant and unavoidable effects to the environment; therefore, DTSC approved the Notice of Determination. DTSC filed the approved Notice of Determination with the California Office of Planning and Research on 12/8/16.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Contract  
Completed Date: 12/24/2015  
Comments: Contract 14-T3927 A-1 with SGI, Term 2/1/15 through 7/31/16

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Contract Fiscal Approval (CFA)  
Completed Date: 06/12/2014  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Contract Fiscal Approval (CFA)  
Completed Date: 12/17/2013  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Work Order  
Completed Date: 12/31/2013  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Contract  
Completed Date: 05/16/2011  
Comments: contract for continued GW monitoring

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Contract Fiscal Approval (CFA)  
Completed Date: 06/10/2010  
Comments: CFA Approved for \$120,000

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**PLESSEY MICRO SCIENCE (Continued)**

**S103981838**

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Contract  
Completed Date: 06/30/2010  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Work Order  
Completed Date: 05/18/2011  
Comments: adds supplemental GW monitoring

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Post HARP Form  
Completed Date: 03/07/2017  
Comments: Post-HARP for site visit on 3/6/17

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Correspondence  
Completed Date: 05/09/2017  
Comments: Excavation at the proposed public park area within the Plessey Micro Science site is now complete and based on the data, no restrictions on soil handling will be required in the proposed public park.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Access Agreement  
Completed Date: 01/10/2013  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Correspondence  
Completed Date: 01/28/2010  
Comments: Periodic Report of Compliance for the City of Mountain View for water discharge to the sewer.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Correspondence  
Completed Date: 01/28/2010  
Comments: Water Production Statement - the prior meter reading (July 1, FQ1-501) was 2266 cu ft (100 multiplier) and last reading was 5589. (No flow to storm drain, or FQ1-500). So,  $5589 - 2266 \times 100 = 332,100$  to convert to acre feet, divide by 43560 = 7.63 acre feet X \$520/acre feet = \$3966.85

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Certification  
Completed Date: 06/28/2007  
Comments: Remedial Action certified with O&M

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

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**PLESSEY MICRO SCIENCE (Continued)**

**S103981838**

Completed Document Type: State/Federal Funded Site Contract Fiscal Approval (CFA)  
Completed Date: 04/07/2011  
Comments: Proposed amendment for time extension and additional tasks

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Contract Fiscal Approval (CFA)  
Completed Date: 09/25/2012  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Work Order  
Completed Date: 11/29/2016  
Comments: Work Order 001 for Contract 16-T4229 authorizes ERRG to prepare a remedial implementation workplan, conduct fieldwork, prepare a completion report, and submit a letter report following each of the four groundwater monitoring events.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Design/Implementation Workplan  
Completed Date: 01/12/2000  
Comments: Approved Design. The remedial enhancement plan to address full plume containment and/or groundwater remediation was approved. Four wells will be installed further downgradient at the northern boundary of the TRW/Vidar site. The extraction wells will be connected to the existing treatment system.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Design/Implementation Workplan  
Completed Date: 10/13/1999  
Comments: Approved Remedial Design for source control remedial enhancement to address soil and groundwater contamination near the source areas. Ten dual-phase vertical extraction wells will be installed within the Site near the former underground tank locations. The extraction wells will be connected to the existing treatment system.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Removal Action Completion Report  
Completed Date: 10/24/2002  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Removal Action Completion Report  
Completed Date: 10/24/2002  
Comments: Completed Remedial Action. Ten dual-phase (vapor and groundwater) extraction wells behind the onsite buildings, and four extraction wells downgradient at the northern boundary of the adjacent TRW/Vidar Site (77 Ortega Drive) were installed. The new extraction wells were connected to the existing treatment system at the Site.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

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EDR ID Number  
EPA ID Number

**PLESSEY MICRO SCIENCE (Continued)**

**S103981838**

Completed Document Type: Remedial Action Completion Report  
Completed Date: 02/07/2000  
Comments: Completed RA. Soil vapor extraction (SVE) and air inlet wells were abandoned. 600 cubic yards of soil was excavated in the former SVE area, aerated and redeposited.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Operations and Maintenance Manual  
Completed Date: 04/15/1997  
Comments: Amended Operation and Maintenance Plan for air stripper

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Design/Implementation Workplan  
Completed Date: 09/12/1996  
Comments: Approved design for horizontal extraction wells to enhance the existing remedial system. The design was not implemented due to access issues.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Removal Action Completion Report  
Completed Date: 11/16/1993  
Comments: Completed RA. Groundwater extraction at Well T-6 by the existing remedial system was stopped due to detection of dense non-aqueous phase liquid (DNAPL) of trichloroethylene. The DNAPL was pumped and collected in a baker tank and treated onsite.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Remedial Action Completion Report  
Completed Date: 06/24/1993  
Comments: Completed RA. Soil vapor extraction/treatment and groundwater extraction/treatment system constructed with three groundwater extraction wells, and 34 soil vapor extraction and 25 air inlet wells were installed. Soil vapor was treated using carbon absorption. Groundwater was treated using ultra violet light/hydrogen peroxide. The units were constructed inside the building at 2296 Mora Drive and include a volatile organic compound and water separator unit, a UV/peroxide unit, and a liquid carbon absorption unit. Treated water is discharged to the sanitary sewer under permit from the City of Mountain View or to the storm drain under a permit from the Regional Water Quality Control Board.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Operations and Maintenance Manual  
Completed Date: 06/30/1992  
Comments: Completed Operation and Maintenance Plan

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Design/Implementation Workplan  
Completed Date: 06/30/1992  
Comments: Completed Remedial Design for SVE system.

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
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**PLESSEY MICRO SCIENCE (Continued)**

**S103981838**

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Remedial Action Plan  
Completed Date: 05/05/1992  
Comments: Approved RAP. Soil cleanup by soil vapor extraction/treatment with activated carbon, and groundwater extraction/ treatment by ultra-violet peroxidation which was constructed during the pilot study.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Remedial Action Completion Report  
Completed Date: 10/25/1991  
Comments: Completed RA. Five concrete underground tanks (A,B,C,D and F) were removed from a location behind the commercial buildings located at 2274-2296 Mora Drive. Tank E was removed in August 1989. The excavated pits were backfilled with clean fill approximately 455 cubic yards of soil were removed, aerated and disposed offsite. A soil vapor extraction system was installed to remediate the remaining volatile organic compounds in soil in other site areas. Initiated August 17, 1991 and completed October 25, 1991.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Remedial Investigation / Feasibility Study  
Completed Date: 06/07/1991  
Comments: Completed RIFS.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Remedial Action Completion Report  
Completed Date: 10/30/1989  
Comments: Pilot testing of an ultra-violet(UV)/peroxidation system designed to treat groundwater.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Public Participation Plan / Community Relations Plan  
Completed Date: 10/30/1989  
Comments: Approved Public Participation Plan.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Remedial Action Completion Report  
Completed Date: 08/11/1989  
Comments: Completed RA. A 200-gallon underground tank (Tank E) was removed. Soil surrounding the tank was contaminated with TCE and PCE. Contaminated soil was excavated and aerated. Excavated pit was backfilled with clean fill.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Preliminary Assessment Report  
Completed Date: 01/20/1987  
Comments: Completed Site Screening

Completed Area Name: PROJECT WIDE

Map ID  
Direction  
Distance  
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MAP FINDINGS

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**PLESSEY MICRO SCIENCE (Continued)**

**S103981838**

Completed Sub Area Name: Not reported  
Completed Document Type: Preliminary Assessment Report  
Completed Date: 12/01/1985  
Comments: Completed PA. In January 1982, samples were collected from standing water in two of the tanks and the results detected perchloroethylene (PCE), chromium, and xylene. Investigations were conducted to delineate the lateral extent of the soil and groundwater contamination originating from releases at the tanks. Trichloroethylene (TCE), PCE, dichloroethylene (DCE), benzene, toluene, xylene and ethylbenzene were detected in the groundwater. These chemicals and chromium were also detected in the soils near the tanks.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Design/Implementation Workplan  
Completed Date: 06/08/2005  
Comments: Remedial Design for SVE enhancement. Horizontal wells constructed in source area and connected to the existing SVE and treatment system.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Operations and Maintenance Report  
Completed Date: 08/15/2006  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Remedial Investigation Report  
Completed Date: 05/03/2005  
Comments: Approved soil investigation report which recommended HRC injection pilot study and horizontal well installation for SVE enhancement

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Technical Workplan  
Completed Date: 10/20/2004  
Comments: Workplan for Soil Investigation and HRC Pilot Study

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Operations and Maintenance Report  
Completed Date: 01/27/2005  
Comments: Second Half 2004 Progress and Operation, Monitoring and Maintenance Report

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Operations and Maintenance Report  
Completed Date: 08/02/2005  
Comments: First Half 2005 Progress and Operation, Monitoring and Maintenance Report

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Design/Implementation Workplan  
Completed Date: 10/19/1995

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**PLESSEY MICRO SCIENCE (Continued)**

**S103981838**

Comments: Approved Remedial Design for expanding the soil and groundwater remedial system. The UV/Peroxide unit of the groundwater remediation system was replaced with an air stripper.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Remedial Investigation Report  
Completed Date: 07/01/1993  
Comments: Soil and Groundwater Investigation-Garibaldi/2280 Mora Drive property

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Risk Assessment Report  
Completed Date: 09/04/1997  
Comments: Risk-Based Soil Goals for Site Remediation Report

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Risk Assessment Report  
Completed Date: 06/21/1991  
Comments: Pre-Remediation Exposure Assessment Report

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Remedial Investigation Report  
Completed Date: 06/16/1999  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fact Sheets  
Completed Date: 08/15/1990  
Comments: Fact sheet announces the public comment period on proposed interim site cleanup activities.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fact Sheets  
Completed Date: 08/01/1989  
Comments: Fact sheet summarizes site investigation conducted to date.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Financial Assurance Documentation  
Completed Date: 08/11/2006  
Comments: Approved revised cost of Letter of Credit for operation and maintenance

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Operations and Maintenance Report  
Completed Date: 02/22/2007  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Operations and Maintenance Report

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**PLESSEY MICRO SCIENCE (Continued)**

**S103981838**

Completed Date: 10/03/2007  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Operations and Maintenance Report  
Completed Date: 03/11/2008  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Operations and Maintenance Report  
Completed Date: 03/03/2009  
Comments: Completed activity.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Technical Workplan  
Completed Date: 09/19/2006  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: 5 Year Review Workplan  
Completed Date: 02/05/2008  
Comments: WP approved

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fieldwork  
Completed Date: 07/31/2008  
Comments: Completed fieldwork for first 5-year review

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: 5 Year Review Reports  
Completed Date: 03/03/2009  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Operations and Maintenance Report  
Completed Date: 01/31/2006  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Removal Action Completion Report  
Completed Date: 08/18/1998  
Comments: Fenton's pilot study in A-zone aquifer

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Removal Action Completion Report  
Completed Date: 11/22/1999  
Comments: Pottasium permanganate pilot study in A-zone aquifer

Map ID  
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**PLESSEY MICRO SCIENCE (Continued)**

**S103981838**

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Removal Action Completion Report  
Completed Date: 01/31/2006  
Comments: HRC Injection conducted between 9/21/05 and 10/7/05

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Other Report  
Completed Date: 02/22/2007  
Comments: 2nd HRC injection conducted between 9/21/06 and 10/7/06

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Monitoring Report  
Completed Date: 10/29/2007  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Operations and Maintenance Report  
Completed Date: 04/07/2009  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Monitoring Report  
Completed Date: 10/29/2009  
Comments: report approved

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fact Sheets  
Completed Date: 03/01/2000  
Comments: Fact Sheet/Work Notice issued for groundwater cleanup and TRW site redevelopment.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fact Sheets  
Completed Date: 06/01/1995  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fact Sheets  
Completed Date: 03/01/1992  
Comments: Fact sheet for RAP 30-day comment period.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fact Sheets  
Completed Date: 01/15/1987  
Comments: Fact Sheet for Site update.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported

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Direction  
Distance  
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**PLESSEY MICRO SCIENCE (Continued)**

**S103981838**

Completed Document Type: Financial Assurance Documentation  
Completed Date: 08/27/2009  
Comments: Plessey's representative, counsel and consultant met with DTSC and presented their financial status. Plessey is running out of cash and wants DTSC to take over the remaining work using the money in the Letter of Credit at \$3.61M

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: 5 Year Review Reports  
Completed Date: 11/07/2014  
Comments: Report recommended amending the RAP so that just injections to gw are used to remediate the site, also to include soil remediation and soil goals. VOC concentrations in gw continue to decrease, but additional treatment is necessary to expedite the cleanup.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Monitoring Plan  
Completed Date: 08/31/2010  
Comments: GW monitoring plan approved. Work to begin this Sept.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Other Report  
Completed Date: 08/10/2010  
Comments: Cost estimate is acceptable as is.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Other Report  
Completed Date: 08/02/2010  
Comments: Periodic Report of Compliance for the City of Mountain View for water discharge to the sewer.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fieldwork  
Completed Date: 09/20/2010  
Comments: Per Steve, GW monitoring went smoothly.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fieldwork  
Completed Date: 03/04/2011  
Comments: 3 wells could not be accessed due to extraction system still being in place, and one rusted seal

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Monitoring Report  
Completed Date: 01/27/2011  
Comments: Recent GW monitoring results indicate that reductive dechlorination may still be occurring in the previously injected HRC area. Additional GW monitoring is recommended and supplemental HRC injections may be considered in the future.

Map ID  
Direction  
Distance  
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**PLESSEY MICRO SCIENCE (Continued)**

**S103981838**

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Monitoring Report  
Completed Date: 01/25/2012  
Comments: VOC concentrations in the majority of wells (A & B zones) exceeds the goals of the site cleanup. Concentrations in the area of previous groundwater treatment appear to have decreased or remain stable. Additional in situ groundwater treatment is recommended.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Operations and Maintenance Plan  
Completed Date: 04/23/2003  
Comments: O&M Plan amended

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Work Notice  
Completed Date: 02/10/2011  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Monitoring Report  
Completed Date: 04/29/2011  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Monitoring Report  
Completed Date: 08/06/2012  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fieldwork  
Completed Date: 09/22/2011  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fieldwork  
Completed Date: 04/13/2012  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fieldwork  
Completed Date: 12/15/2011  
Comments: Removal complete. Site walk-thru w/property owner Jan. 2012.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Technical Workplan  
Completed Date: 10/04/2011  
Comments: Not reported

Map ID  
Direction  
Distance  
Elevation

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Site

Database(s)

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EPA ID Number

**PLESSEY MICRO SCIENCE (Continued)**

**S103981838**

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Work Notice  
Completed Date: 09/26/2011  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Removal Action Completion Report  
Completed Date: 03/01/2012  
Comments: System removed, DTSC received a credit for recycled and sold items, rental space restored to pre-system installation condition.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Removal Action Design  
Completed Date: 04/09/2012  
Comments: 6 DHC samples to be collected

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Technical Workplan  
Completed Date: 08/29/2012  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Remedial Action Implementation Workplan  
Completed Date: 12/06/2012  
Comments: Addendum is to conduct soil gas sampling

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fieldwork  
Completed Date: 05/13/2013  
Comments: Injections completed 5/10

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Removal Action Completion Report  
Completed Date: 02/03/2014  
Comments: Reductive dechlorination has increased in the injection area and conditions for improved reductive dechlorination exists. Quarterly monitoring will continue and data evaluated for the need for additional injections in the future.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Work Notice  
Completed Date: 11/19/2012  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Community Profile  
Completed Date: 10/30/2013  
Comments: Not reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

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EPA ID Number

**PLESSEY MICRO SCIENCE (Continued)**

**S103981838**

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Technical Report  
Completed Date: 04/16/2013  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Other Report  
Completed Date: 08/25/1999  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Technical Report  
Completed Date: 04/04/2013  
Comments: PCE concentrations in soil gas on the Plessey property are above residential screening levels.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Work Notice  
Completed Date: 06/06/2013  
Comments: GW monitoring to occur 6/17-20

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fieldwork  
Completed Date: 06/24/2013  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Monitoring Report  
Completed Date: 03/06/2014  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fieldwork  
Completed Date: 12/13/2013  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Monitoring Report  
Completed Date: 04/14/2014  
Comments: VOC concentrations in groundwater are continuing to decrease after injections conducted last year.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Work Notice  
Completed Date: 09/05/2013  
Comments: GW monitoring event begins 9/16

Completed Area Name: PROJECT WIDE

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

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EPA ID Number

**PLESSEY MICRO SCIENCE (Continued)**

**S103981838**

Completed Sub Area Name: Not reported  
Completed Document Type: Fieldwork  
Completed Date: 09/23/2013  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Work Notice  
Completed Date: 11/26/2013  
Comments: GW monitoring 12/9

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fieldwork  
Completed Date: 03/24/2014  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Work Notice  
Completed Date: 03/04/2014  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Monitoring Report  
Completed Date: 06/26/2014  
Comments: VOC concentrations in gw appear to be decreasing after in situ treatment. Continued monitoring is recommended with re-evaluation for further injections in near future.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fieldwork  
Completed Date: 07/09/2014  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Work Notice  
Completed Date: 06/10/2014  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Monitoring Report  
Completed Date: 12/09/2014  
Comments: VOC concentrations in gw appear to be stable or decreasing after in situ treatment. Continued monitoring is recommended with re-evaluation for further injections in near future.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fieldwork  
Completed Date: 01/30/2013  
Comments: Not reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

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**PLESSEY MICRO SCIENCE (Continued)**

**S103981838**

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fieldwork  
Completed Date: 01/30/2013  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Public Notice  
Completed Date: 12/15/2014  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Work Notice  
Completed Date: 11/14/2014  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fieldwork  
Completed Date: 12/09/2014  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Correspondence  
Completed Date: 03/24/2010  
Comments: Letter to BAAQMD renewing permit to operate and changing contact information.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Contract Fiscal Approval (CFA)  
Completed Date: 12/29/2009  
Comments: CFA Approve by budgets and accounting

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Contract  
Completed Date: 01/20/2010  
Comments: COntract for operation of groundwater remedy

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Work Order  
Completed Date: 01/26/2010  
Comments: Work Order #1 issued to operate existing groundwater remedy.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Correspondence  
Completed Date: 01/12/2017  
Comments: DTSC understands that that the waste generated during the cleanup activities are not considered a listed waste (either non-specific source or specific source) at the site.

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

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**PLESSEY MICRO SCIENCE (Continued)**

**S103981838**

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Correspondence  
Completed Date: 03/23/2017  
Comments: Once the excavation work is complete, all known contaminated soils will have been removed. Therefore, because there will be no known soil contamination remaining onsite, DTSC will not require a Site Management Plan to establish protocols for construction activities and long-term maintenance at the Site.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Correspondence  
Completed Date: 01/09/2012  
Comments: 30-day notice sent to property owner w/attached access agreement to be signed.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Contract  
Completed Date: 10/11/2012  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Work Order  
Completed Date: 10/22/2012  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Amendment - Order/Agreement  
Completed Date: 07/23/2004  
Comments: Operation and Maintenance Agreement Amended to address remedial enhancements.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Correspondence  
Completed Date: 10/14/2008  
Comments: DTSC annual oversight cost estimate to PRPs per HSC 25269.5.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Work Order  
Completed Date: 02/24/2012  
Comments: Amendment to add DHC analysis

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Pre-HARP Form  
Completed Date: 03/06/2017  
Comments: Signed by supervisor and branch chief prior to field visit. The HARP is effective from 3/6/17 through 3/5/18.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**PLESSEY MICRO SCIENCE (Continued)**

**S103981838**

Completed Document Type: Correspondence  
Completed Date: 02/08/2017  
Comments: Since a cleanup to a residential land use standard at Plessey Micro Science, including a portion of the proposed public park area, is more conservative than a recreational land use standard, the site will also be suitable to be developed as a public park.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Contract Fiscal Approval (CFA)  
Completed Date: 02/08/2018  
Comments: The RFF's term is from 2/1/18 through 12/31/2020.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Contract  
Completed Date: 02/28/2018  
Comments: The term of Contract 17-T4411 is from 3/1/18 through 12/31/2020.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Contract  
Completed Date: 03/20/2013  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Contract  
Completed Date: 06/19/2014  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Imminent and/or Subst. Endangerment Determination  
Completed Date: 06/25/2015  
Comments: Imminent and Substantial Endangerment Determination for the former Plessey parcels.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Contract  
Completed Date: 01/30/2015  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Amendment - Order/Agreement  
Completed Date: 08/24/2006  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Operation & Maintenance Order/Agreement  
Completed Date: 05/14/2004  
Comments: Signed O&M Agreement. Supercedes 8/10/94 O&M Agreement.

Completed Area Name: PROJECT WIDE

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

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EPA ID Number

**PLESSEY MICRO SCIENCE (Continued)**

**S103981838**

Completed Sub Area Name: Not reported  
Completed Document Type: Operation & Maintenance Order/Agreement  
Completed Date: 08/10/1994  
Comments: Signed O&M Agreement.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: CEQA - Initial Study/ Neg. Declaration  
Completed Date: 11/30/1990  
Comments: Issued Negative Declaration for RAP.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Unilateral Order (I/SE, RAO, CAO, EPA AO)  
Completed Date: 09/18/1987  
Comments: DTSC issued RAO to Plessey Incorporated.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: \* Discovery  
Completed Date: 12/01/1981  
Comments: DTSC's Abandoned Site Program discovered site.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Contract Fiscal Approval (CFA)  
Completed Date: 03/13/2015  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Correspondence  
Completed Date: 08/11/2016  
Comments: Stop work order for contract which expired on July 31, 2016.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Work Order  
Completed Date: 06/25/2014  
Comments: Not reported

Future Area Name: PROJECT WIDE  
Future Sub Area Name: Not reported  
Future Document Type: 5 Year Review Reports  
Future Due Date: 2019  
Schedule Area Name: PROJECT WIDE  
Schedule Sub Area Name: Not reported  
Schedule Document Type: Certification  
Schedule Due Date: 02/28/2019  
Schedule Revised Date: Not reported  
Schedule Area Name: PROJECT WIDE  
Schedule Sub Area Name: Not reported  
Schedule Document Type: Land Use Restriction  
Schedule Due Date: 12/31/2018  
Schedule Revised Date: Not reported

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Distance  
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MAP FINDINGS

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**PLESSEY MICRO SCIENCE (Continued)**

**S103981838**

**ENVIROSTOR:**

Facility ID: 43360069  
Status: Certified / Operation & Maintenance  
Status Date: 06/28/2007  
Site Code: 200080  
Site Type: State Response  
Site Type Detailed: State Response or NPL  
Acres: 0.58  
NPL: NO  
Regulatory Agencies: SMBRP  
Lead Agency: SMBRP  
Program Manager: Henry Wong  
Supervisor: Janet Naito  
Division Branch: Cleanup Berkeley  
Assembly: 24  
Senate: 13  
Special Program: Not reported  
Restricted Use: NO  
Site Mgmt Req: NONE SPECIFIED  
Funding: Orphan Funds  
Latitude: 37.40324  
Longitude: -122.1014  
APN: 147-54-026, 147-54-027, 147-54-028, 147-54-029, 147-54-030, 14833022, 14833023, 14833024, 14833025, 14833026  
Past Use: MANUFACTURING - ELECTRONIC  
Potential COC: Benzene Tetrachloroethylene (PCE Trichloroethylene (TCE Vinyl chloride Chloroform Chromium VI 1,2-Dichloroethylene (cis Ethylbenzene Toluene Xylenes  
Confirmed COC: Benzene Tetrachloroethylene (PCE Trichloroethylene (TCE Vinyl chloride Chloroform Chromium VI 1,2-Dichloroethylene (cis Ethylbenzene Toluene Xylenes  
Potential Description: OTH  
Alias Name: 147-54-026  
Alias Type: APN  
Alias Name: 147-54-027  
Alias Type: APN  
Alias Name: 147-54-028  
Alias Type: APN  
Alias Name: 147-54-029  
Alias Type: APN  
Alias Name: 147-54-030  
Alias Type: APN  
Alias Name: 14833022  
Alias Type: APN  
Alias Name: 14833023  
Alias Type: APN  
Alias Name: 14833024  
Alias Type: APN  
Alias Name: 14833025  
Alias Type: APN  
Alias Name: 14833026  
Alias Type: APN  
Alias Name: CAD009440371  
Alias Type: EPA Identification Number  
Alias Name: 110002636470  
Alias Type: EPA (FRS #)  
Alias Name: P21047

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**PLESSEY MICRO SCIENCE (Continued)**

**S103981838**

Alias Type: PCode  
Alias Name: 200080  
Alias Type: Project Code (Site Code)  
Alias Name: 200080  
Alias Type: Project Code (Site Code)  
Alias Name: 43360069  
Alias Type: Envirostor ID Number

**Completed Info:**

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Contract Fiscal Approval (CFA)  
Completed Date: 12/05/2014  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Correspondence  
Completed Date: 03/18/2015  
Comments: A new DTSC Project Manager is assigned.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Work Order  
Completed Date: 02/04/2015  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Pre-HARP Form  
Completed Date: 03/16/2015  
Comments: The HARP is for site visits in 2015.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Correspondence  
Completed Date: 04/13/2016  
Comments: CANCELLATION OF CONTRACT No.: 14-T3967

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Contract  
Completed Date: 11/23/2016  
Comments: Contract 16-T4229 covers preparation of a remedial implementation workplan, conducting fieldwork, preparation of a completion report, and submittal of a letter report following each of the four groundwater monitoring events.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Monitoring Report  
Completed Date: 04/14/2015  
Comments: Based on the results of the December 2014 monitoring event, the following actions are recommended: 1. Continue groundwater monitoring at a reduced schedule (e.g., semiannually) to monitor VOC concentrations over time; 2. Conduct additional in situ injections (3DMe or an alternative) in those areas where total VOC concentrations are greater than 500 &#956;g/L; and 3. Following

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**PLESSEY MICRO SCIENCE (Continued)**

**S103981838**

removal of the buildings (2274 2294 Mora Drive), proceed with VOC source area investigation and delineation in soil beneath the site and conduct excavation and removal, followed by additional treatment (3DMe or an alternative).

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Work Notice  
Completed Date: 02/04/2015  
Comments: March 2015 GW monitoring

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Work Notice  
Completed Date: 08/25/2017  
Comments: The Work Notice was mailed to addresses on the project mailing list informing groundwater monitoring activity at off-site wells located on and adjacent to Towne Circle and on Ortega Avenue in the City of Mountain View.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Remedial Investigation Workplan  
Completed Date: 05/05/2015  
Comments: Shallow soil sampling will be conducted upon demolition of buildings at the site.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Remedial Action Plan Amendment  
Completed Date: 12/08/2016  
Comments: Cleanup actions as proposed in the Remedial Action Plan Amendment include excavation of an estimated 1,800 cubic yards of soil contaminated with metals and VOCs at depths up to 12 feet below ground surface for off-site disposal at permitted facilities, injection of chemical to enhance reductive dechlorination in groundwater at targeted areas, and establishment of a land use covenant to restrict groundwater usage and to require vapor intrusion mitigation systems for new buildings if necessary based on future data. Field activities are anticipated to be completed in four weeks.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Site Characterization Report  
Completed Date: 07/29/2016  
Comments: This investigation was conducted to collect shallow soil samples for laboratory analysis to delineate the extent of VOCs and metals, including hexavalent chromium, in shallow soil in preparation for site redevelopment.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Monitoring Report  
Completed Date: 06/15/2015  
Comments: Based on the results of the March 2015 monitoring event, the following actions are recommended: 1. Continue groundwater monitoring at a reduced schedule (e.g., semiannually) to monitor VOC

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Distance  
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**PLESSEY MICRO SCIENCE (Continued)**

**S103981838**

concentrations over time, 2. Conduct additional in-situ injections (3DMe or an alternative) in those areas where total VOC concentrations are greater than 500 &#956;g/L, and 3. Following removal of the buildings (2274 2294 Mora Drive), proceed with VOC source area investigation and delineation in soil beneath the site and conduct excavation and removal, followed by additional treatment (3DMe or an alternative).

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Public Notice  
Completed Date: 10/28/2016  
Comments: Public Notice for Plessey Draft Remedial Action Plan Amendment

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fact Sheets  
Completed Date: 10/28/2016  
Comments: Community Update for Draft Remedial Action Plan Amendment

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Removal Action Design  
Completed Date: 12/20/2016  
Comments: The Remedial Implementation Workplan describes the field activities for excavation of contaminated soil and in-situ groundwater treatment injections at the former Plessey Micro System site.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Public Notice  
Completed Date: 12/16/2016  
Comments: DTSC published a display advertisement on the December 16, 2016 Mountain View Voice (page 3) announcing the approval of the Remedial Action Plan Amendment for cleanup activities at the Plessey Micro Science site.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Work Notice  
Completed Date: 01/30/2017  
Comments: DTSC issued a Work Notice informing the public that the following cleanup activities will begin on 1/30/17 at the site: Excavation on the Plessey Site of an estimated 1,800 cubic yards of soil contaminated with metals and volatile organic compounds at varying depths to 12 feet below ground surface for off-site disposal at permitted facilities, Injection of Hydrogen Release Compound, a food grade substance, to enhance reductive dechlorination in groundwater at targeted areas both on the Plessey Site and along Towne Circle, and Establishment of a land use covenant to restrict groundwater usage and to require vapor intrusion mitigation systems for new buildings if necessary based on future data.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Health & Safety Plan  
Completed Date: 01/12/2017

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**PLESSEY MICRO SCIENCE (Continued)**

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Comments: DTSC has completed the review of the "Health and Safety Plan, Excavation and In&#8208;Site Groundwater Treatment" for the Plessey Micro Science site.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Technical Workplan  
Completed Date: 05/31/2017  
Comments: The Vapor Intrusion Mitigation Plan describes the design and installation of a sub-slab passive venting system coupled with a vapor barrier/gas membrane system beneath every new building within the Mora-Ortega Parcel encompassing approximately 5.15 acres.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fieldwork  
Completed Date: 08/29/2017  
Comments: ERRG conducted groundwater monitoring at off-site wells.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Monitoring Report  
Completed Date: 12/14/2017  
Comments: ERRG conducted a groundwater monitoring event in August 2017 at 17 groundwater monitoring wells adjacent to the Plessey Micro Science site. This is the first sampling event following in-situ injections at the Plessey site in April and May 2017.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Remedial Action Completion Report  
Completed Date: 05/22/2018  
Comments: The Completion Report summarizes the following remediation activities conducted at the site: 1. Excavation and off-site disposal of soil contaminated with hexavalent chromium, cobalt, nickel, and volatile organic compounds (VOCs); and 2. In-situ treatment of VOC-contaminated groundwater to reduce chemical concentrations. These activities were performed pursuant to the January 2017 DTSC-approved "Remedial Implementation Workplan".

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Technical Workplan  
Completed Date: 04/20/2018  
Comments: The Work Plan proposes soil gas sampling at an approximately 5.2&#8208;acre residential development area located east of the Mora Drive and Ortega Avenue intersection in Mountain View, California. DTSC is overseeing environmental investigation and cleanup of a 1.0&#8208;acre parcel, identified as the Plessey Micro Science site, within the 5.2&#8208;acre residential development area. Since the Work Plan proposes several soil gas sampling locations within the Plessey Micro Science site, DTSC commented on the Work Plan.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Technical Workplan  
Completed Date: 05/18/2018

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Direction  
Distance  
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**PLESSEY MICRO SCIENCE (Continued)**

**S103981838**

Comments: The Work Plan proposes groundwater sampling at nine locations, four of which (i.e., EGW-1, EGW-2, EGW-3, and EGW-4) are located within the Plessey Micro Science site.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Technical Report  
Completed Date: 05/23/2018  
Comments: The report presents soil gas sampling results at 40 temporary soil gas wells, 20 wells installed at 5 feet below ground surface (bgs) and 20 wells installed at 10 feet bgs, at the 5.2-acre residential development area. Four nested wells (i.e., SV-3, SV-5, SV-8, and SV-9) are located within the Plessey Micro Science site.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Technical Report  
Completed Date: 07/03/2018  
Comments: The Groundwater Sampling Report documents groundwater investigation conducted on 5/8/18 at nine temporary borings within the approximately 5.2-acre Mora Drive project area.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Contract  
Completed Date: 12/30/2013  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Pre-HARP Form  
Completed Date: 01/29/2014  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Work Order  
Completed Date: 06/30/2010  
Comments: Work order to continue operation & maintenance of GW remedy.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Work Order  
Completed Date: 06/19/2018  
Comments: DTSC issued the Stop Work Order for Contract 16-T4229 because (a) all works under this contract were completed and (b) the contract will expire on June 30, 2018.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Work Order  
Completed Date: 03/06/2018  
Comments: DTSC issued a Work Order for ERRG to conduct tasks as described in Contract 17-T4411.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported

Map ID  
Direction  
Distance  
Elevation

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**PLESSEY MICRO SCIENCE (Continued)**

**S103981838**

Completed Document Type: State/Federal Funded Site Contract

Completed Date: 06/30/2015

Comments: Not reported

Completed Area Name: PROJECT WIDE

Completed Sub Area Name: Not reported

Completed Document Type: CEQA - Responsible Agency Review

Completed Date: 12/08/2016

Comments: The project consists of DTSC approval of the Remedial Action Plan Amendment for Plessey Micro Science prior to residential development. The proposed cleanup actions include soil excavation, groundwater injection, and institutional controls. DTSC prepared a Statement of Findings concluding that the project will not result in significant and unavoidable effects to the environment; therefore, DTSC approved the Notice of Determination. DTSC filed the approved Notice of Determination with the California Office of Planning and Research on 12/8/16.

Completed Area Name: PROJECT WIDE

Completed Sub Area Name: Not reported

Completed Document Type: State/Federal Funded Site Contract

Completed Date: 12/24/2015

Comments: Contract 14-T3927 A-1 with SGI, Term 2/1/15 through 7/31/16

Completed Area Name: PROJECT WIDE

Completed Sub Area Name: Not reported

Completed Document Type: State/Federal Funded Site Contract Fiscal Approval (CFA)

Completed Date: 06/12/2014

Comments: Not reported

Completed Area Name: PROJECT WIDE

Completed Sub Area Name: Not reported

Completed Document Type: State/Federal Funded Site Contract Fiscal Approval (CFA)

Completed Date: 12/17/2013

Comments: Not reported

Completed Area Name: PROJECT WIDE

Completed Sub Area Name: Not reported

Completed Document Type: State/Federal Funded Site Work Order

Completed Date: 12/31/2013

Comments: Not reported

Completed Area Name: PROJECT WIDE

Completed Sub Area Name: Not reported

Completed Document Type: State/Federal Funded Site Contract

Completed Date: 05/16/2011

Comments: contract for continued GW monitoring

Completed Area Name: PROJECT WIDE

Completed Sub Area Name: Not reported

Completed Document Type: State/Federal Funded Site Contract Fiscal Approval (CFA)

Completed Date: 06/10/2010

Comments: CFA Approved for \$120,000

Completed Area Name: PROJECT WIDE

Completed Sub Area Name: Not reported

Completed Document Type: State/Federal Funded Site Contract

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

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**PLESSEY MICRO SCIENCE (Continued)**

**S103981838**

Completed Date: 06/30/2010  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Work Order  
Completed Date: 05/18/2011  
Comments: adds supplemental GW monitoring

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Post HARP Form  
Completed Date: 03/07/2017  
Comments: Post-HARP for site visit on 3/6/17

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Correspondence  
Completed Date: 05/09/2017  
Comments: Excavation at the proposed public park area within the Plessey Micro Science site is now complete and based on the data, no restrictions on soil handling will be required in the proposed public park.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Access Agreement  
Completed Date: 01/10/2013  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Correspondence  
Completed Date: 01/28/2010  
Comments: Periodic Report of Compliance for the City of Mountain View for water discharge to the sewer.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Correspondence  
Completed Date: 01/28/2010  
Comments: Water Production Statement - the prior meter reading (July 1, FQ1-501) was 2266 cu ft (100 multiplier) and last reading was 5589. (No flow to storm drain, or FQ1-500). So,  $5589 - 2266 \times 100 = 332,100$  to convert to acre feet, divide by 43560 = 7.63 acre feet X \$520/acre feet = \$3966.85

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Certification  
Completed Date: 06/28/2007  
Comments: Remedial Action certified with O&M

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Contract Fiscal Approval (CFA)  
Completed Date: 04/07/2011  
Comments: Proposed amendment for time extension and additional tasks

Map ID  
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Distance  
Elevation

MAP FINDINGS

Site

Database(s)

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**PLESSEY MICRO SCIENCE (Continued)**

**S103981838**

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Contract Fiscal Approval (CFA)  
Completed Date: 09/25/2012  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Work Order  
Completed Date: 11/29/2016  
Comments: Work Order 001 for Contract 16-T4229 authorizes ERG to prepare a remedial implementation workplan, conduct fieldwork, prepare a completion report, and submit a letter report following each of the four groundwater monitoring events.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Design/Implementation Workplan  
Completed Date: 01/12/2000  
Comments: Approved Design. The remedial enhancement plan to address full plume containment and/or groundwater remediation was approved. Four wells will be installed further downgradient at the northern boundary of the TRW/Vidar site. The extraction wells will be connected to the existing treatment system.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Design/Implementation Workplan  
Completed Date: 10/13/1999  
Comments: Approved Remedial Design for source control remedial enhancement to address soil and groundwater contamination near the source areas. Ten dual-phase vertical extraction wells will be installed within the Site near the former underground tank locations. The extraction wells will be connected to the existing treatment system.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Removal Action Completion Report  
Completed Date: 10/24/2002  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Removal Action Completion Report  
Completed Date: 10/24/2002  
Comments: Completed Remedial Action. Ten dual-phase (vapor and groundwater) extraction wells behind the onsite buildings, and four extraction wells downgradient at the northern boundary of the adjacent TRW/Vidar Site (77 Ortega Drive) were installed. The new extraction wells were connected to the existing treatment system at the Site.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Remedial Action Completion Report  
Completed Date: 02/07/2000  
Comments: Completed RA. Soil vapor extraction (SVE) and air inlet wells were abandoned. 600 cubic yards of soil was excavated in the former SVE

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Distance  
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MAP FINDINGS

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**PLESSEY MICRO SCIENCE (Continued)**

**S103981838**

area, aerated and redeposited.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Operations and Maintenance Manual  
Completed Date: 04/15/1997  
Comments: Amended Operation and Maintenance Plan for air stripper

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Design/Implementation Workplan  
Completed Date: 09/12/1996  
Comments: Approved design for horizontal extraction wells to enhance the existing remedial system. The design was not implemented due to access issues.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Removal Action Completion Report  
Completed Date: 11/16/1993  
Comments: Completed RA. Groundwater extraction at Well T-6 by the existing remedial system was stopped due to detection of dense non-aqueous phase liquid (DNAPL) of trichloroethylene. The DNAPL was pumped and collected in a baker tank and treated onsite.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Remedial Action Completion Report  
Completed Date: 06/24/1993  
Comments: Completed RA. Soil vapor extraction/treatment and groundwater extraction/treatment system constructed with three groundwater extraction wells, and 34 soil vapor extraction and 25 air inlet wells were installed. Soil vapor was treated using carbon absorption. Groundwater was treated using ultra violet light/hydrogen peroxide. The units were constructed inside the building at 2296 Mora Drive and include a volatile organic compound and water separator unit, a UV/peroxide unit, and a liquid carbon absorption unit. Treated water is discharged to the sanitary sewer under permit from the City of Mountain View or to the storm drain under a permit from the Regional Water Quality Control Board.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Operations and Maintenance Manual  
Completed Date: 06/30/1992  
Comments: Completed Operation and Maintenance Plan

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Design/Implementation Workplan  
Completed Date: 06/30/1992  
Comments: Completed Remedial Design for SVE system.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Remedial Action Plan  
Completed Date: 05/05/1992

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**PLESSEY MICRO SCIENCE (Continued)**

**S103981838**

Comments: Approved RAP. Soil cleanup by soil vapor extraction/treatment with activated carbon, and groundwater extraction/ treatment by ultra-violet peroxidation which was constructed during the pilot study.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Remedial Action Completion Report  
Completed Date: 10/25/1991  
Comments: Completed RA. Five concrete underground tanks (A,B,C,D and F) were removed from a location behind the commercial buildings located at 2274-2296 Mora Drive. Tank E was removed in August 1989. The excavated pits were backfilled with clean fill approximately 455 cubic yards of soil were removed, aerated and disposed offsite. A soil vapor extraction system was installed to remediate the remaining volatile organic compounds in soil in other site areas. Initiated August 17, 1991 and completed October 25, 1991.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Remedial Investigation / Feasibility Study  
Completed Date: 06/07/1991  
Comments: Completed RIFS.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Remedial Action Completion Report  
Completed Date: 10/30/1989  
Comments: Pilot testing of an ultra-violet(UV)/peroxidation system designed to treat groundwater.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Public Participation Plan / Community Relations Plan  
Completed Date: 10/30/1989  
Comments: Approved Public Participation Plan.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Remedial Action Completion Report  
Completed Date: 08/11/1989  
Comments: Completed RA. A 200-gallon underground tank (Tank E) was removed. Soil surrounding the tank was contaminated with TCE and PCE. Contaminated soil was excavated and aerated. Excavated pit was backfilled with clean fill.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Preliminary Assessment Report  
Completed Date: 01/20/1987  
Comments: Completed Site Screening

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Preliminary Assessment Report  
Completed Date: 12/01/1985  
Comments: Completed PA. In January 1982, samples were collected from standing

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**PLESSEY MICRO SCIENCE (Continued)**

**S103981838**

water in two of the tanks and the results detected perchloroethylene (PCE), chromium, and xylene. Investigations were conducted to delineate the lateral extent of the soil and groundwater contamination originating from releases at the tanks. Trichloroethylene (TCE), PCE, dichloroethylene (DCE), benzene, toluene, xylene and ethylbenzene were detected in the groundwater. These chemicals and chromium were also detected in the soils near the tanks.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Design/Implementation Workplan  
Completed Date: 06/08/2005  
Comments: Remedial Design for SVE enhancement. Horizontal wells constructed in source area and connected to the existing SVE and treatment system.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Operations and Maintenance Report  
Completed Date: 08/15/2006  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Remedial Investigation Report  
Completed Date: 05/03/2005  
Comments: Approved soil investigation report which recommended HRC injection pilot study and horizontal well installation for SVE enhancement

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Technical Workplan  
Completed Date: 10/20/2004  
Comments: Workplan for Soil Investigation and HRC Pilot Study

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Operations and Maintenance Report  
Completed Date: 01/27/2005  
Comments: Second Half 2004 Progress and Operation, Monitoring and Maintenance Report

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Operations and Maintenance Report  
Completed Date: 08/02/2005  
Comments: First Half 2005 Progress and Operation, Monitoring and Maintenance Report

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Design/Implementation Workplan  
Completed Date: 10/19/1995  
Comments: Approved Remedial Design for expanding the soil and groundwater remedial system. The UV/Peroxide unit of the groundwater remediation system was replaced with an air stripper.

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**PLESSEY MICRO SCIENCE (Continued)**

**S103981838**

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Remedial Investigation Report  
Completed Date: 07/01/1993  
Comments: Soil and Groundwater Investigation-Garibaldi/2280 Mora Drive property

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Risk Assessment Report  
Completed Date: 09/04/1997  
Comments: Risk-Based Soil Goals for Site Remediation Report

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Risk Assessment Report  
Completed Date: 06/21/1991  
Comments: Pre-Remediation Exposure Assessment Report

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Remedial Investigation Report  
Completed Date: 06/16/1999  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fact Sheets  
Completed Date: 08/15/1990  
Comments: Fact sheet announces the public comment period on proposed interim site cleanup activities.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fact Sheets  
Completed Date: 08/01/1989  
Comments: Fact sheet summarizes site investigation conducted to date.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Financial Assurance Documentation  
Completed Date: 08/11/2006  
Comments: Approved revised cost of Letter of Credit for operation and maintenance

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Operations and Maintenance Report  
Completed Date: 02/22/2007  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Operations and Maintenance Report  
Completed Date: 10/03/2007  
Comments: Not reported

Completed Area Name: PROJECT WIDE

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**PLESSEY MICRO SCIENCE (Continued)**

**S103981838**

Completed Sub Area Name: Not reported  
Completed Document Type: Operations and Maintenance Report  
Completed Date: 03/11/2008  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Operations and Maintenance Report  
Completed Date: 03/03/2009  
Comments: Completed activity.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Technical Workplan  
Completed Date: 09/19/2006  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: 5 Year Review Workplan  
Completed Date: 02/05/2008  
Comments: WP approved

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fieldwork  
Completed Date: 07/31/2008  
Comments: Completed fieldwork for first 5-year review

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: 5 Year Review Reports  
Completed Date: 03/03/2009  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Operations and Maintenance Report  
Completed Date: 01/31/2006  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Removal Action Completion Report  
Completed Date: 08/18/1998  
Comments: Fenton's pilot study in A-zone aquifer

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Removal Action Completion Report  
Completed Date: 11/22/1999  
Comments: Pottasium permanganate pilot study in A-zone aquifer

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Removal Action Completion Report  
Completed Date: 01/31/2006

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**PLESSEY MICRO SCIENCE (Continued)**

**S103981838**

Comments: HRC Injection conducted between 9/21/05 and 10/7/05

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Other Report  
Completed Date: 02/22/2007  
Comments: 2nd HRC injection conducted between 9/21/06 and 10/7/06

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Monitoring Report  
Completed Date: 10/29/2007  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Operations and Maintenance Report  
Completed Date: 04/07/2009  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Monitoring Report  
Completed Date: 10/29/2009  
Comments: report approved

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fact Sheets  
Completed Date: 03/01/2000  
Comments: Fact Sheet/Work Notice issued for groundwater cleanup and TRW site redevelopment.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fact Sheets  
Completed Date: 06/01/1995  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fact Sheets  
Completed Date: 03/01/1992  
Comments: Fact sheet for RAP 30-day comment period.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fact Sheets  
Completed Date: 01/15/1987  
Comments: Fact Sheet for Site update.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Financial Assurance Documentation  
Completed Date: 08/27/2009  
Comments: Plessey's representative, counsel and consultant met with DTSC and presented their financial status. Plessey is running out of cash and

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**PLESSEY MICRO SCIENCE (Continued)**

**S103981838**

wants DTSC to take over the remaining work using the money in the Letter of Credit at \$3.61M

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: 5 Year Review Reports  
Completed Date: 11/07/2014  
Comments: Report recommended amending the RAP so that just injections to gw are used to remediate the site, also to include soil remediation and soil goals. VOC concentrations in gw continue to decrease, but additional treatment is necessary to expedite the cleanup.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Monitoring Plan  
Completed Date: 08/31/2010  
Comments: GW monitoring plan approved. Work to begin this Sept.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Other Report  
Completed Date: 08/10/2010  
Comments: Cost estimate is acceptable as is.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Other Report  
Completed Date: 08/02/2010  
Comments: Periodic Report of Compliance for the City of Mountain View for water discharge to the sewer.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fieldwork  
Completed Date: 09/20/2010  
Comments: Per Steve, GW monitoring went smoothly.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fieldwork  
Completed Date: 03/04/2011  
Comments: 3 wells could not be accessed due to extraction system still being in place, and one rusted seal

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Monitoring Report  
Completed Date: 01/27/2011  
Comments: Recent GW monitoring results indicate that reductive dechlorination may still be occurring in the previously injected HRC area. Additional GW monitoring is recommended and supplemental HRC injections may be considered in the future.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Monitoring Report  
Completed Date: 01/25/2012

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**PLESSEY MICRO SCIENCE (Continued)**

**S103981838**

Comments: VOC concentrations in the majority of wells (A & B zones) exceeds the goals of the site cleanup. Concentrations in the area of previous groundwater treatment appear to have decreased or remain stable. Additional in situ groundwater treatment is recommended.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Operations and Maintenance Plan  
Completed Date: 04/23/2003  
Comments: O&M Plan amended

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Work Notice  
Completed Date: 02/10/2011  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Monitoring Report  
Completed Date: 04/29/2011  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Monitoring Report  
Completed Date: 08/06/2012  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fieldwork  
Completed Date: 09/22/2011  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fieldwork  
Completed Date: 04/13/2012  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fieldwork  
Completed Date: 12/15/2011  
Comments: Removal complete. Site walk-thru w/property owner Jan. 2012.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Technical Workplan  
Completed Date: 10/04/2011  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Work Notice  
Completed Date: 09/26/2011

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**PLESSEY MICRO SCIENCE (Continued)**

**S103981838**

Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Removal Action Completion Report  
Completed Date: 03/01/2012  
Comments: System removed, DTSC received a credit for recycled and sold items, rental space restored to pre-system installation condition.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Removal Action Design  
Completed Date: 04/09/2012  
Comments: 6 DHC samples to be collected

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Technical Workplan  
Completed Date: 08/29/2012  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Remedial Action Implementation Workplan  
Completed Date: 12/06/2012  
Comments: Addendum is to conduct soil gas sampling

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fieldwork  
Completed Date: 05/13/2013  
Comments: Injections completed 5/10

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Removal Action Completion Report  
Completed Date: 02/03/2014  
Comments: Reductive dechlorination has increased in the injection area and conditions for improved reductive dechlorination exists. Quarterly monitoring will continue and data evaluated for the need for additional injections in the future.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Work Notice  
Completed Date: 11/19/2012  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Community Profile  
Completed Date: 10/30/2013  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Technical Report

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**PLESSEY MICRO SCIENCE (Continued)**

**S103981838**

Completed Date: 04/16/2013  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Other Report  
Completed Date: 08/25/1999  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Technical Report  
Completed Date: 04/04/2013  
Comments: PCE concentrations in soil gas on the Plessey property are above residential screening levels.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Work Notice  
Completed Date: 06/06/2013  
Comments: GW monitoring to occur 6/17-20

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fieldwork  
Completed Date: 06/24/2013  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Monitoring Report  
Completed Date: 03/06/2014  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fieldwork  
Completed Date: 12/13/2013  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Monitoring Report  
Completed Date: 04/14/2014  
Comments: VOC concentrations in groundwater are continuing to decrease after injections conducted last year.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Work Notice  
Completed Date: 09/05/2013  
Comments: GW monitoring event begins 9/16

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fieldwork  
Completed Date: 09/23/2013

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**PLESSEY MICRO SCIENCE (Continued)**

**S103981838**

Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Work Notice  
Completed Date: 11/26/2013  
Comments: GW monitoring 12/9

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fieldwork  
Completed Date: 03/24/2014  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Work Notice  
Completed Date: 03/04/2014  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Monitoring Report  
Completed Date: 06/26/2014  
Comments: VOC concentrations in gw appear to be decreasing after in situ treatment. Continued monitoring is recommended with re-evaluation for further injections in near future.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fieldwork  
Completed Date: 07/09/2014  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Work Notice  
Completed Date: 06/10/2014  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Monitoring Report  
Completed Date: 12/09/2014  
Comments: VOC concentrations in gw appear to be stable or decreasing after in situ treatment. Continued monitoring is recommended with re-evaluation for further injections in near future.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fieldwork  
Completed Date: 01/30/2013  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fieldwork

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**PLESSEY MICRO SCIENCE (Continued)**

**S103981838**

Completed Date: 01/30/2013  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Public Notice  
Completed Date: 12/15/2014  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Work Notice  
Completed Date: 11/14/2014  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Fieldwork  
Completed Date: 12/09/2014  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Correspondence  
Completed Date: 03/24/2010  
Comments: Letter to BAAQMD renewing permit to operate and changing contact information.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Contract Fiscal Approval (CFA)  
Completed Date: 12/29/2009  
Comments: CFA Approve by budgets and accounting

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Contract  
Completed Date: 01/20/2010  
Comments: COntract for operation of groundwater remedy

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Work Order  
Completed Date: 01/26/2010  
Comments: Work Order #1 issued to operate existing groundwater remedy.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Correspondence  
Completed Date: 01/12/2017  
Comments: DTSC understands that that the waste generated during the cleanup activities are not considered a listed waste (either non-specific source or specific source) at the site.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Correspondence

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**PLESSEY MICRO SCIENCE (Continued)**

**S103981838**

Completed Date: 03/23/2017  
Comments: Once the excavation work is complete, all known contaminated soils will have been removed. Therefore, because there will be no known soil contamination remaining onsite, DTSC will not require a Site Management Plan to establish protocols for construction activities and long-term maintenance at the Site.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Correspondence  
Completed Date: 01/09/2012  
Comments: 30-day notice sent to property owner w/attached access agreement to be signed.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Contract  
Completed Date: 10/11/2012  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Work Order  
Completed Date: 10/22/2012  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Amendment - Order/Agreement  
Completed Date: 07/23/2004  
Comments: Operation and Maintenance Agreement Amended to address remedial enhancements.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Correspondence  
Completed Date: 10/14/2008  
Comments: DTSC annual oversight cost estimate to PRPs per HSC 25269.5.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Work Order  
Completed Date: 02/24/2012  
Comments: Amendment to add DHC analysis

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Pre-HARP Form  
Completed Date: 03/06/2017  
Comments: Signed by supervisor and branch chief prior to field visit. The HARP is effective from 3/6/17 through 3/5/18.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Correspondence  
Completed Date: 02/08/2017  
Comments: Since a cleanup to a residential land use standard at Plessey Micro

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**PLESSEY MICRO SCIENCE (Continued)**

**S103981838**

Science, including a portion of the proposed public park area, is more conservative than a recreational land use standard, the site will also be suitable to be developed as a public park.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Contract Fiscal Approval (CFA)  
Completed Date: 02/08/2018  
Comments: The RFF's term is from 2/1/18 through 12/31/2020.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Contract  
Completed Date: 02/28/2018  
Comments: The term of Contract 17-T4411 is from 3/1/18 through 12/31/2020.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Contract  
Completed Date: 03/20/2013  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Contract  
Completed Date: 06/19/2014  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Imminent and/or Subst. Endangerment Determination  
Completed Date: 06/25/2015  
Comments: Imminent and Substantial Endangerment Determination for the former Plessey parcels.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Contract  
Completed Date: 01/30/2015  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Amendment - Order/Agreement  
Completed Date: 08/24/2006  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Operation & Maintenance Order/Agreement  
Completed Date: 05/14/2004  
Comments: Signed O&M Agreement. Supersedes 8/10/94 O&M Agreement.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Operation & Maintenance Order/Agreement  
Completed Date: 08/10/1994

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**PLESSEY MICRO SCIENCE (Continued)**

**S103981838**

Comments: Signed O&M Agreement.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: CEQA - Initial Study/ Neg. Declaration  
Completed Date: 11/30/1990  
Comments: Issued Negative Declaration for RAP.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Unilateral Order (I/SE, RAO, CAO, EPA AO)  
Completed Date: 09/18/1987  
Comments: DTSC issued RAO to Plessey Incorporated.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: \* Discovery  
Completed Date: 12/01/1981  
Comments: DTSC's Abandoned Site Program discovered site.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Contract Fiscal Approval (CFA)  
Completed Date: 03/13/2015  
Comments: Not reported

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Correspondence  
Completed Date: 08/11/2016  
Comments: Stop work order for contract which expired on July 31, 2016.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: State/Federal Funded Site Work Order  
Completed Date: 06/25/2014  
Comments: Not reported

Future Area Name: PROJECT WIDE  
Future Sub Area Name: Not reported  
Future Document Type: 5 Year Review Reports  
Future Due Date: 2019  
Schedule Area Name: PROJECT WIDE  
Schedule Sub Area Name: Not reported  
Schedule Document Type: Certification  
Schedule Due Date: 02/28/2019  
Schedule Revised Date: Not reported  
Schedule Area Name: PROJECT WIDE  
Schedule Sub Area Name: Not reported  
Schedule Document Type: Land Use Restriction  
Schedule Due Date: 12/31/2018  
Schedule Revised Date: Not reported

**CORTESE:**

Region: CORTESE  
Envirostor Id: 43360069  
Site/Facility Type: STATE RESPONSE

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**PLESSEY MICRO SCIENCE (Continued)**

**S103981838**

Cleanup Status: CERTIFIED / OPERATION & MAINTENANCE  
Status Date: 06/28/2007  
Site Code: 200080, 200080  
Latitude: 37.403242  
Longitude: -122.10148  
Owner: Not reported  
Enf Type: Not reported  
Swat R: Not reported  
Flag: envirosstor  
Order No: Not reported  
Waste Discharge System No: Not reported  
Effective Date: Not reported  
Region 2: Not reported  
WID Id: Not reported  
Solid Waste Id No: Not reported  
Waste Management Uit Name: Not reported  
File Name: Haz Waste & Substances Sites

**HAZNET:**

envid: S103981838  
Year: 2015  
GEPaid: CAL000383486  
Contact: NINA BACEY  
Telephone: 5105402480  
Mailing Name: Not reported  
Mailing Address: 700 HEINZ AVE  
Mailing City,St,Zip: BERKELEY, CA 94710  
Gen County: Santa Clara  
TSD EPA ID: NVT330010000  
TSD County: 99  
Waste Category: Unspecified aqueous solution  
Disposal Method: Other Recovery Of Reclamation For Reuse Including Acid Regeneration,  
Organics Recovery Ect  
Tons: 0.378  
Cat Decode: Not reported  
Method Decode: Not reported  
Facility County: Santa Clara

envid: S103981838  
Year: 2014  
GEPaid: CAL000383486  
Contact: NINA BACEY  
Telephone: 5105402480  
Mailing Name: Not reported  
Mailing Address: 700 HEINZ AVE  
Mailing City,St,Zip: BERKELEY, CA 94710  
Gen County: Santa Clara  
TSD EPA ID: NVT330010000  
TSD County: 99  
Waste Category: Aqueous solution with metals (< restricted levels and (Alkaline  
solution (pH >= 12.5) with metals))  
Disposal Method: Other Recovery Of Reclamation For Reuse Including Acid Regeneration,  
Organics Recovery Ect  
Tons: 0.6255  
Cat Decode: Not reported  
Method Decode: Not reported  
Facility County: Santa Clara

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**PLESSEY MICRO SCIENCE (Continued)**

**S103981838**

envid: S103981838  
Year: 2014  
GEPaid: CAL000383486  
Contact: NINA BACEY  
Telephone: 5105402480  
Mailing Name: Not reported  
Mailing Address: 700 HEINZ AVE  
Mailing City,St,Zip: BERKELEY, CA 94710  
Gen County: Santa Clara  
TSD EPA ID: NVT330010000  
TSD County: 99  
Waste Category: Aqueous solution with metals (< restricted levels and (Alkaline solution (pH >= 12.5) with metals))  
Disposal Method: Landfill Or Surface Impoundment That Will Be Closed As Landfill( To Include On-Site Treatment And/Or Stabilization)  
Tons: 0.5838  
Cat Decode: Not reported  
Method Decode: Not reported  
Facility County: Santa Clara

envid: S103981838  
Year: 2013  
GEPaid: CAL000383486  
Contact: NINA BACEY  
Telephone: 5105402480  
Mailing Name: Not reported  
Mailing Address: 700 HEINZ AVE  
Mailing City,St,Zip: BERKELEY, CA 94710  
Gen County: Santa Clara  
TSD EPA ID: NVT330010000  
TSD County: 99  
Waste Category: Not reported  
Disposal Method: Other Recovery Of Reclamation For Reuse Including Acid Regeneration, Organics Recovery Ect  
Tons: 0.21  
Cat Decode: Not reported  
Method Decode: Not reported  
Facility County: Not reported

HIST CORTESE:  
Region: CORTESE  
Facility County Code: 43  
Reg By: CALSI  
Reg Id: 43360069

**P74**  
**East**  
**1/2-1**  
**0.919 mi.**  
**4850 ft.**

**PLESSEY #3**  
**2256 MORA DRIVE**  
**MOUNTAIN VIEW, CA 94040**

**Site 5 of 6 in cluster P**

**RESPONSE** **S102804169**  
**ENVIROSTOR** **N/A**  
**CERS**

**Relative:** RESPONSE:  
**Lower** Facility ID: 43360135  
**Actual:** Site Type: State Response  
**54 ft.** Site Type Detail: State Response or NPL  
Acres: 0.17  
National Priorities List: NO

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**PLESSEY #3 (Continued)**

**S102804169**

Cleanup Oversight Agencies: SMBRP  
Lead Agency Description: DTSC - Site Cleanup Program  
Project Manager: Not reported  
Supervisor: Mark Piros  
Division Branch: Cleanup Berkeley  
Site Code: 201358  
Site Mgmt. Req.: NONE SPECIFIED  
Assembly: 24  
Senate: 13  
Special Program Status: Not reported  
Status: No Further Action  
Status Date: 10/05/2001  
Restricted Use: NO  
Funding: Responsible Party  
Latitude: 37.40309  
Longitude: -122.1012  
APN: 147-54-024, 147-54-025, 148-33-021  
Past Use: MANUFACTURING - ELECTRONIC  
Potential COC : Tetrachloroethylene (PCE Trichloroethylene (TCE  
Confirmed COC: Tetrachloroethylene (PCE Trichloroethylene (TCE  
Potential Description: OTH  
Alias Name: PLESSEY #3  
Alias Type: Alternate Name  
Alias Name: 147-54-024  
Alias Type: APN  
Alias Name: 147-54-025  
Alias Type: APN  
Alias Name: 148-33-021  
Alias Type: APN  
Alias Name: 110033611624  
Alias Type: EPA (FRS #)  
Alias Name: 201358  
Alias Type: Project Code (Site Code)  
Alias Name: 43360135  
Alias Type: Envirostor ID Number

**Completed Info:**

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Unilateral Order (I/SE, RAO, CAO, EPA AO)  
Completed Date: 11/28/2000  
Comments: Issued I&SE Order.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Preliminary Endangerment Assessment Report  
Completed Date: 10/15/2001  
Comments: Completed PEA. Cleanup of this site will be addressed as part of the Plessey Micro Science site cleanup. Contaminated groundwater will be extracted from 2 onsite wells and treated with an air stripper and carbon adsorption constructed at the PMS site.

Future Area Name: Not reported  
Future Sub Area Name: Not reported  
Future Document Type: Not reported  
Future Due Date: Not reported  
Schedule Area Name: Not reported  
Schedule Sub Area Name: Not reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**PLESSEY #3 (Continued)**

**S102804169**

Schedule Document Type: Not reported  
Schedule Due Date: Not reported  
Schedule Revised Date: Not reported

**ENVIROSTOR:**

Facility ID: 43360135  
Status: No Further Action  
Status Date: 10/05/2001  
Site Code: 201358  
Site Type: State Response  
Site Type Detailed: State Response or NPL  
Acres: 0.17  
NPL: NO  
Regulatory Agencies: SMBRP  
Lead Agency: SMBRP  
Program Manager: Not reported  
Supervisor: Mark Piros  
Division Branch: Cleanup Berkeley  
Assembly: 24  
Senate: 13  
Special Program: Not reported  
Restricted Use: NO  
Site Mgmt Req: NONE SPECIFIED  
Funding: Responsible Party  
Latitude: 37.40309  
Longitude: -122.1012  
APN: 147-54-024, 147-54-025, 148-33-021  
Past Use: MANUFACTURING - ELECTRONIC  
Potential COC: Tetrachloroethylene (PCE Trichloroethylene (TCE  
Confirmed COC: Tetrachloroethylene (PCE Trichloroethylene (TCE  
Potential Description: OTH  
Alias Name: PLESSEY #3  
Alias Type: Alternate Name  
Alias Name: 147-54-024  
Alias Type: APN  
Alias Name: 147-54-025  
Alias Type: APN  
Alias Name: 148-33-021  
Alias Type: APN  
Alias Name: 110033611624  
Alias Type: EPA (FRS #)  
Alias Name: 201358  
Alias Type: Project Code (Site Code)  
Alias Name: 43360135  
Alias Type: Envirostor ID Number

**Completed Info:**

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Unilateral Order (I/SE, RAO, CAO, EPA AO)  
Completed Date: 11/28/2000  
Comments: Issued I&SE Order.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Preliminary Endangerment Assessment Report  
Completed Date: 10/15/2001

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**PLESSEY #3 (Continued)**

**S102804169**

Comments: Completed PEA. Cleanup of this site will be addressed as part of the Plessey Micro Science site cleanup. Contaminated groundwater will be extracted from 2 onsite wells and treated with an air stripper and carbon adsorption constructed at the PMS site.

Future Area Name: Not reported  
Future Sub Area Name: Not reported  
Future Document Type: Not reported  
Future Due Date: Not reported  
Schedule Area Name: Not reported  
Schedule Sub Area Name: Not reported  
Schedule Document Type: Not reported  
Schedule Due Date: Not reported  
Schedule Revised Date: Not reported

**CERS TANKS:**

Site ID: 341536  
CERS ID: 43360135  
CERS Description: State Response

**Affiliation:**

Affiliation Type Desc: Supervisor  
Entity Name: MARK PIROS  
Entity Title: Not reported  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

**P75**  
**East**  
**1/2-1**  
**0.935 mi.**  
**4937 ft.**

**SYMTRON CORP**  
**2235 MORA DR.**  
**MOUNTAIN VIEW, CA 94040**

**Site 6 of 6 in cluster P**

**RCRA-SQG** **1000420286**  
**RESPONSE** **CAD000819821**  
**ENVIROSTOR**  
**FINDS**  
**ECHO**  
**CERS**

**Relative:**  
**Lower**

**Actual:**  
**57 ft.**

**RCRA-SQG:**

Date form received by agency: 09/01/1996  
Facility name: SYMTRON CORP MOUNTAIN VIEW DIV  
Facility address: 2235 MORA DR  
MOUNTAIN VIEW, CA 94040  
EPA ID: CAD000819821  
Mailing address: 2415 E CHARLSTON RD  
MOUNTAIN VIEW, CA 94043  
Contact: Not reported  
Contact address: Not reported  
Not reported  
Contact country: US  
Contact telephone: Not reported  
Contact email: Not reported  
EPA Region: 09  
Classification: Small Small Quantity Generator  
Description: Handler: generates more than 100 and less than 1000 kg of hazardous waste during any calendar month and accumulates less than 6000 kg of hazardous waste at any time; or generates 100 kg or less of hazardous

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**SYMTRON CORP (Continued)**

**1000420286**

waste during any calendar month, and accumulates more than 1000 kg of hazardous waste at any time

Owner/Operator Summary:

Owner/operator name: SYMTRON CORP  
Owner/operator address: NOT REQUIRED  
NOT REQUIRED, ME 99999  
Owner/operator country: Not reported  
Owner/operator telephone: 415-555-1212  
Owner/operator email: Not reported  
Owner/operator fax: Not reported  
Owner/operator extension: Not reported  
Legal status: Private  
Owner/Operator Type: Owner  
Owner/Op start date: Not reported  
Owner/Op end date: Not reported

Owner/operator name: NOT REQUIRED  
Owner/operator address: NOT REQUIRED  
NOT REQUIRED, ME 99999  
Owner/operator country: Not reported  
Owner/operator telephone: 415-555-1212  
Owner/operator email: Not reported  
Owner/operator fax: Not reported  
Owner/operator extension: Not reported  
Legal status: Private  
Owner/Operator Type: Operator  
Owner/Op start date: Not reported  
Owner/Op end date: Not reported

Handler Activities Summary:

U.S. importer of hazardous waste: No  
Mixed waste (haz. and radioactive): No  
Recycler of hazardous waste: No  
Transporter of hazardous waste: No  
Treater, storer or disposer of HW: No  
Underground injection activity: No  
On-site burner exemption: No  
Furnace exemption: No  
Used oil fuel burner: No  
Used oil processor: No  
User oil refiner: No  
Used oil fuel marketer to burner: No  
Used oil Specification marketer: No  
Used oil transfer facility: No  
Used oil transporter: No

Historical Generators:

Date form received by agency: 03/31/1992  
Site name: SYMTRON CORPORATION  
Classification: Large Quantity Generator

Date form received by agency: 08/27/1980  
Site name: SYMTRON CORP MOUNTAIN VIEW DIV  
Classification: Large Quantity Generator

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**SYMTRON CORP (Continued)**

**1000420286**

Violation Status: No violations found

RESPONSE:

Facility ID: 43360124  
Site Type: State Response  
Site Type Detail: State Response or NPL  
Acres: 0.59  
National Priorities List: NO  
Cleanup Oversight Agencies: SMBRP  
Lead Agency Description: DTSC - Site Cleanup Program  
Project Manager: Not reported  
Supervisor: Mark Piros  
Division Branch: Cleanup Berkeley  
Site Code: 200315  
Site Mgmt. Req.: NONE SPECIFIED  
Assembly: 24  
Senate: 13  
Special Program Status: Not reported  
Status: No Further Action  
Status Date: 06/29/2001  
Restricted Use: NO  
Funding: Responsible Party  
Latitude: 37.40244  
Longitude: -122.1008  
APN: 147-54-016, 147-54-017, 147-54-018, 147-54-019, 148-33-017  
Past Use: MANUFACTURING - OTHER  
Potential COC : Lead Tetrachloroethylene (PCE Trichloroethylene (TCE  
Confirmed COC: Lead Tetrachloroethylene (PCE Trichloroethylene (TCE  
Potential Description: OTH  
Alias Name: ELEXSYS INTERNATIONAL  
Alias Type: Alternate Name  
Alias Name: SANMINA CORPORATION  
Alias Type: Alternate Name  
Alias Name: SYMTRON CORP.  
Alias Type: Alternate Name  
Alias Name: 147-54-016  
Alias Type: APN  
Alias Name: 147-54-017  
Alias Type: APN  
Alias Name: 147-54-018  
Alias Type: APN  
Alias Name: 147-54-019  
Alias Type: APN  
Alias Name: 148-33-017  
Alias Type: APN  
Alias Name: CAD000819821  
Alias Type: EPA Identification Number  
Alias Name: 110033618912  
Alias Type: EPA (FRS #)  
Alias Name: 200315  
Alias Type: Project Code (Site Code)  
Alias Name: 43360124  
Alias Type: Envirostor ID Number

Completed Info:

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Remedial Investigation / Feasibility Study

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**SYMTRON CORP (Continued)**

**1000420286**

Completed Date: 06/29/2001  
Comments: Completed RIFS. The results did not indicate a groundwater contamination source on the property.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Removal Action Completion Report  
Completed Date: 01/10/1995  
Comments: Completed RA. Approximately 1.5 cubic yards of soil was excavated and disposed off-site. The building was steam cleaned. In addition, 3 cubic yards of ground concrete was disposed off-site as part of the removal of the concrete sump and clarifier.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Preliminary Endangerment Assessment Report  
Completed Date: 11/13/1992  
Comments: Approved PEA. Shallow soil samples showed copper as high as 7,900 ppm and lead as high as 2,000 ppm. Other metal contaminants were also found in soil along with tetrachloroethylene as high as 940 ppm, and 1,1,1-TCA as high as 440 ppm. Although Symtron is located in an area known to have groundwater problems, no groundwater investigation was conducted.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Site Screening  
Completed Date: 09/24/1991  
Comments: Completed Site Screening. Copper, lead and volatile organics have been detected in the soil. Site referred to DTSC by Mountain View Fire Department. 2227 Mora Drive address housed Symtron's hazardous materials storage area where acids, bases, oxidizers, & flammable liquids, as well as copper animated plates, were kept. 2235 Mora housed offices, photo darkroom, wet and dry quality control labs, and process operations. 2245 Mora operations included copper etching and black oxide operations & clean rooms used for Symtron's dry process. Symtron operated an onsite waste water treatment plant. Treated waste water and effluent went directly to the Mountain View sewer via an inground sump which served as a final clarifier. Closure sampling was conducted in March 1991 and included soil concrete chip, and wipe samples. Copper was detected as high as 7,900 ppm and 1,600 ppm in soil and concrete chip samples respectively. Lead was detected as high as 1,000 ppm in soil. Volatile organic compounds (VOCs) all tested below 1 ppm.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Other Report  
Completed Date: 09/27/2012  
Comments: Presents results of soil samples collected from this site, and soil and soil gas results from adjacent sites. This work not conducted under DTSC oversight.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Unilateral Order (I/SE, RAO, CAO, EPA AO)  
Completed Date: 01/16/1997

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**SYMTRON CORP (Continued)**

1000420286

Comments: Issued IS&E Order to Elexsys International which was later acquired by Sanmina Corporation requiring site investigation and if appropriate, site remediation.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Correspondence  
Completed Date: 12/02/2011  
Comments: Close cost recovery account.

Future Area Name: Not reported  
Future Sub Area Name: Not reported  
Future Document Type: Not reported  
Future Due Date: Not reported  
Schedule Area Name: Not reported  
Schedule Sub Area Name: Not reported  
Schedule Document Type: Not reported  
Schedule Due Date: Not reported  
Schedule Revised Date: Not reported

**ENVIROSTOR:**

Facility ID: 43360124  
Status: No Further Action  
Status Date: 06/29/2001  
Site Code: 200315  
Site Type: State Response  
Site Type Detailed: State Response or NPL  
Acres: 0.59  
NPL: NO  
Regulatory Agencies: SMBRP  
Lead Agency: SMBRP  
Program Manager: Not reported  
Supervisor: Mark Piros  
Division Branch: Cleanup Berkeley  
Assembly: 24  
Senate: 13  
Special Program: Not reported  
Restricted Use: NO  
Site Mgmt Req: NONE SPECIFIED  
Funding: Responsible Party  
Latitude: 37.40244  
Longitude: -122.1008  
APN: 147-54-016, 147-54-017, 147-54-018, 147-54-019, 148-33-017  
Past Use: MANUFACTURING - OTHER  
Potential COC: Lead Tetrachloroethylene (PCE Trichloroethylene (TCE  
Confirmed COC: Lead Tetrachloroethylene (PCE Trichloroethylene (TCE  
Potential Description: OTH  
Alias Name: ELEXSYS INTERNATIONAL  
Alias Type: Alternate Name  
Alias Name: SANMINA CORPORATION  
Alias Type: Alternate Name  
Alias Name: SYMTRON CORP.  
Alias Type: Alternate Name  
Alias Name: 147-54-016  
Alias Type: APN  
Alias Name: 147-54-017  
Alias Type: APN

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**SYMTRON CORP (Continued)**

**1000420286**

Alias Name: 147-54-018  
Alias Type: APN  
Alias Name: 147-54-019  
Alias Type: APN  
Alias Name: 148-33-017  
Alias Type: APN  
Alias Name: CAD000819821  
Alias Type: EPA Identification Number  
Alias Name: 110033618912  
Alias Type: EPA (FRS #)  
Alias Name: 200315  
Alias Type: Project Code (Site Code)  
Alias Name: 43360124  
Alias Type: Envirostor ID Number

Completed Info:

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Remedial Investigation / Feasibility Study  
Completed Date: 06/29/2001  
Comments: Completed RIFS. The results did not indicate a groundwater contamination source on the property.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Removal Action Completion Report  
Completed Date: 01/10/1995  
Comments: Completed RA. Approximately 1.5 cubic yards of soil was excavated and disposed off-site. The building was steam cleaned. In addition, 3 cubic yards of ground concrete was disposed off-site as part of the removal of the concrete sump and clarifer.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Preliminary Endangerment Assessment Report  
Completed Date: 11/13/1992  
Comments: Approved PEA. Shallow soil samples showed copper as high as 7,900 ppm and lead as high as 2,000 ppm. Other metal contaminants were also found in soil along with tetrachloroethylene as high as 940 ppm, and 1,1,1-TCA as high as 440 ppm. Although Symtron is located in an area known to have groundwater problems, no groundwater investigation was conducted.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Site Screening  
Completed Date: 09/24/1991  
Comments: Completed Site Screening. Copper, lead and volatile organics have been detected in the soil. Site referred to DTSC by Mountain View Fire Department. 2227 Mora Drive address housed Symtron's hazardous materials storage area where acids, bases, oxidizers, & flammable liquids, as well as copper animated plates, were kept. 2235 Mora housed offices, photo darkroom, wet and dry quality control labs, and process operations. 2245 Mora operations included copper etching and black oxide operations & clean rooms used for Symtron's dry process. Symtron operated an onsite waste water treatment plant. Treated waste water and effluent went directly to the Mountain View sewer via an inground sump which served as a final clarifier. Closure sampling was

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**SYMTRON CORP (Continued)**

**1000420286**

conducted in March 1991 and included soil concrete chip, and wipe samples. Copper was detected as high as 7,900 ppm and 1,600 ppm in soil and concrete chip samples respectively. Lead was detected as high as 1,000 ppm in soil. Volatile organic compounds (VOCs) all tested below 1 ppm.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Other Report  
Completed Date: 09/27/2012  
Comments: Presents results of soil samples collected from this site, and soil and soil gas results from adjacent sites. This work not conducted under DTSC oversight.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Unilateral Order (I/SE, RAO, CAO, EPA AO)  
Completed Date: 01/16/1997  
Comments: Issued IS&E Order to Elexsys International which was later acquired by Sanmina Corporation requiring site investigation and if appropriate, site remediation.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Correspondence  
Completed Date: 12/02/2011  
Comments: Close cost recovery account.

Future Area Name: Not reported  
Future Sub Area Name: Not reported  
Future Document Type: Not reported  
Future Due Date: Not reported  
Schedule Area Name: Not reported  
Schedule Sub Area Name: Not reported  
Schedule Document Type: Not reported  
Schedule Due Date: Not reported  
Schedule Revised Date: Not reported

**FINDS:**

Registry ID: 110002146375

**Environmental Interest/Information System**

California Department of Toxic Substances Control EnviroStor System (DTSC-EnviroStor) is an online search and Geographic Information System (GIS) tool for identifying sites that have known contamination or sites for which there may be reasons to investigate further. The EnviroStor database includes the following site types: Federal Superfund sites (National Priorities List (NPL)); State Response, including Military Facilities and State Superfund; Voluntary Cleanup; and School sites.

US EPA TRIS (Toxics Release Inventory System) contains information from facilities on the amounts of over 300 listed toxic chemicals that these facilities release directly to air, water, land, or that are transported off-site.

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**SYMTRON CORP (Continued)**

**1000420286**

RCRAInfo is a national information system that supports the Resource Conservation and Recovery Act (RCRA) program through the tracking of events and activities related to facilities that generate, transport, and treat, store, or dispose of hazardous waste. RCRAInfo allows RCRA program staff to track the notification, permit, compliance, and corrective action activities required under RCRA.

[Click this hyperlink](#) while viewing on your computer to access additional FINDS: detail in the EDR Site Report.

**ECHO:**

Envid: 1000420286  
Registry ID: 110002146375  
DFR URL: <http://echo.epa.gov/detailed-facility-report?fid=110002146375>

**CERS TANKS:**

Site ID: 343695  
CERS ID: 43360124  
CERS Description: State Response

**Affiliation:**

Affiliation Type Desc: Supervisor  
Entity Name: MARK PIROS  
Entity Title: Not reported  
Affiliation Address: Not reported  
Affiliation City: Not reported  
Affiliation State: Not reported  
Affiliation Country: Not reported  
Affiliation Zip: Not reported  
Affiliation Phone: Not reported

76  
East  
1/2-1  
0.958 mi.  
5058 ft.

**MORA DRIVE**  
**2221-2291 MORA DRIVE**  
**MOUNTAIN VIEW, CA 94040**

**ENVIROSTOR** **S120714345**  
**VCP** **N/A**

**Relative:**  
**Lower**  
**Actual:**  
**54 ft.**

**ENVIROSTOR:**

Facility ID: 60002502  
Status: Active  
Status Date: 04/27/2017  
Site Code: 202139  
Site Type: Voluntary Cleanup  
Site Type Detailed: Voluntary Cleanup  
Acres: 4  
NPL: NO  
Regulatory Agencies: SMBRP  
Lead Agency: SMBRP  
Program Manager: Henry Wong  
Supervisor: Janet Naito  
Division Branch: Cleanup Berkeley  
Assembly: , 24  
Senate: , 13  
Special Program: Voluntary Cleanup Program  
Restricted Use: NO

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**MORA DRIVE (Continued)**

**S120714345**

Site Mgmt Req: NONE SPECIFIED  
Funding: Responsible Party  
Latitude: 37.40279  
Longitude: -122.1020  
APN: 14833009, 14833010, 14833013, 14833014, 14833015, 14833016, 14833017, 14833018, 14833019  
Past Use: MANUFACTURING - ELECTRONIC  
Potential COC: Tetrachloroethylene (PCE) Trichloroethylene (TCE)  
Confirmed COC: Tetrachloroethylene (PCE) Trichloroethylene (TCE)  
Potential Description: SV  
Alias Name: 14833009  
Alias Type: APN  
Alias Name: 14833010  
Alias Type: APN  
Alias Name: 14833013  
Alias Type: APN  
Alias Name: 14833014  
Alias Type: APN  
Alias Name: 14833015  
Alias Type: APN  
Alias Name: 14833016  
Alias Type: APN  
Alias Name: 14833017  
Alias Type: APN  
Alias Name: 14833018  
Alias Type: APN  
Alias Name: 14833019  
Alias Type: APN  
Alias Name: 202139  
Alias Type: Project Code (Site Code)  
Alias Name: 60002502  
Alias Type: Envirostor ID Number

**Completed Info:**

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Voluntary Cleanup Agreement  
Completed Date: 05/19/2017  
Comments: The Voluntary Cleanup Agreement establishes DTSC's role and the project proponent's responsibility in the oversight activity identified in the scope of work, which includes the review of a site management plan.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Application  
Completed Date: 04/27/2017  
Comments: Application for a Voluntary Cleanup Agreement requesting DTSC to provide review and approval of a Site Management Plan.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Soils Management Plan  
Completed Date: 05/19/2017  
Comments: The Site Management Plan (SMP) establishes general protocols for handling soil, soil vapor, and groundwater during utility line removal, soil excavation, and future construction at the Mora Drive site. The SMP includes the Health and Safety Plan as Appendix A and a

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**MORA DRIVE (Continued)**

**S120714345**

separate SMP for the future city park as Appendix B.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Voluntary Cleanup Agreement Termination Notification  
Completed Date: 09/19/2017  
Comments: The Voluntary Cleanup Agreement s (VCA) scope of work specifies that DTSC review and provide comments on the Site Management Plan. Since DTSC completed the Site Management Plan review process, the VCA s scope of work is fulfilled. DTSC notified Lennar that the VCA will be terminated on October 19, 2017.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Voluntary Cleanup Agreement  
Completed Date: 06/18/2018  
Comments: Executed VCA sent to RP.

Future Area Name: Not reported  
Future Sub Area Name: Not reported  
Future Document Type: Not reported  
Future Due Date: Not reported  
Schedule Area Name: PROJECT WIDE  
Schedule Sub Area Name: Not reported  
Schedule Document Type: Removal Action Workplan  
Schedule Due Date: 11/13/2018  
Schedule Revised Date: Not reported  
Schedule Area Name: PROJECT WIDE  
Schedule Sub Area Name: Not reported  
Schedule Document Type: Operations and Maintenance Plan  
Schedule Due Date: 11/14/2018  
Schedule Revised Date: Not reported  
Schedule Area Name: PROJECT WIDE  
Schedule Sub Area Name: Not reported  
Schedule Document Type: Fact Sheets  
Schedule Due Date: 09/30/2018  
Schedule Revised Date: Not reported  
Schedule Area Name: PROJECT WIDE  
Schedule Sub Area Name: Not reported  
Schedule Document Type: Public Notice  
Schedule Due Date: 09/30/2018  
Schedule Revised Date: Not reported  
Schedule Area Name: PROJECT WIDE  
Schedule Sub Area Name: Not reported  
Schedule Document Type: Removal Action Completion Report  
Schedule Due Date: 02/28/2019  
Schedule Revised Date: Not reported  
Schedule Area Name: PROJECT WIDE  
Schedule Sub Area Name: Not reported  
Schedule Document Type: Land Use Restriction  
Schedule Due Date: 02/28/2019  
Schedule Revised Date: Not reported  
Schedule Area Name: PROJECT WIDE  
Schedule Sub Area Name: Not reported  
Schedule Document Type: CEQA - Responsible Agency Review  
Schedule Due Date: 08/29/2018  
Schedule Revised Date: Not reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**MORA DRIVE (Continued)**

**S120714345**

Schedule Area Name: PROJECT WIDE  
Schedule Sub Area Name: Not reported  
Schedule Document Type: Certification  
Schedule Due Date: 03/30/2019  
Schedule Revised Date: Not reported

VCP:

Facility ID: 60002502  
Site Type: Voluntary Cleanup  
Site Type Detail: Voluntary Cleanup  
Site Mgmt. Req.: NONE SPECIFIED  
Acres: 4  
National Priorities List: NO  
Cleanup Oversight Agencies: SMBRP  
Lead Agency: SMBRP  
Lead Agency Description: DTSC - Site Cleanup Program  
Project Manager: Henry Wong  
Supervisor: Janet Naito  
Division Branch: Cleanup Berkeley  
Site Code: 202139  
Assembly: , 24  
Senate: , 13  
Special Programs Code: Voluntary Cleanup Program  
Status: Active  
Status Date: 04/27/2017  
Restricted Use: NO  
Funding: Responsible Party  
Lat/Long: 37.40279 / -122.1020  
APN: 14833009, 14833010, 14833013, 14833014, 14833015, 14833016, 14833017, 14833018, 14833019  
Past Use: MANUFACTURING - ELECTRONIC  
Potential COC: 30022, 30027  
Confirmed COC: 30022,30027  
Potential Description: SV  
Alias Name: 14833009  
Alias Type: APN  
Alias Name: 14833010  
Alias Type: APN  
Alias Name: 14833013  
Alias Type: APN  
Alias Name: 14833014  
Alias Type: APN  
Alias Name: 14833015  
Alias Type: APN  
Alias Name: 14833016  
Alias Type: APN  
Alias Name: 14833017  
Alias Type: APN  
Alias Name: 14833018  
Alias Type: APN  
Alias Name: 14833019  
Alias Type: APN  
Alias Name: 202139  
Alias Type: Project Code (Site Code)  
Alias Name: 60002502  
Alias Type: Envirostor ID Number

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**MORA DRIVE (Continued)**

**S120714345**

Completed Info:

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Voluntary Cleanup Agreement  
Completed Date: 05/19/2017  
Comments: The Voluntary Cleanup Agreement establishes DTSC's role and the project proponent's responsibility in the oversight activity identified in the scope of work, which includes the review of a site management plan.

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Completed Sub Area Name: Not reported  
Completed Document Type: Application  
Completed Date: 04/27/2017  
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Comments: The Site Management Plan (SMP) establishes general protocols for handling soil, soil vapor, and groundwater during utility line removal, soil excavation, and future construction at the Mora Drive site. The SMP includes the Health and Safety Plan as Appendix A and a separate SMP for the future city park as Appendix B.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Voluntary Cleanup Agreement Termination Notification  
Completed Date: 09/19/2017  
Comments: The Voluntary Cleanup Agreement s (VCA) scope of work specifies that DTSC review and provide comments on the Site Management Plan. Since DTSC completed the Site Management Plan review process, the VCA s scope of work is fulfilled. DTSC notified Lennar that the VCA will be terminated on October 19, 2017.

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Voluntary Cleanup Agreement  
Completed Date: 06/18/2018  
Comments: Executed VCA sent to RP.

Future Area Name: Not reported  
Future Sub Area Name: Not reported  
Future Document Type: Not reported  
Future Due Date: Not reported  
Schedule Area Name: PROJECT WIDE  
Schedule Sub Area Name: Not reported  
Schedule Document Type: Removal Action Workplan  
Schedule Due Date: 11/13/2018  
Schedule Revised Date: Not reported  
Schedule Area Name: PROJECT WIDE  
Schedule Sub Area Name: Not reported  
Schedule Document Type: Operations and Maintenance Plan  
Schedule Due Date: 11/14/2018  
Schedule Revised Date: Not reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**MORA DRIVE (Continued)**

**S120714345**

Schedule Area Name: PROJECT WIDE  
Schedule Sub Area Name: Not reported  
Schedule Document Type: Fact Sheets  
Schedule Due Date: 09/30/2018  
Schedule Revised Date: Not reported  
Schedule Area Name: PROJECT WIDE  
Schedule Sub Area Name: Not reported  
Schedule Document Type: Public Notice  
Schedule Due Date: 09/30/2018  
Schedule Revised Date: Not reported  
Schedule Area Name: PROJECT WIDE  
Schedule Sub Area Name: Not reported  
Schedule Document Type: Removal Action Completion Report  
Schedule Due Date: 02/28/2019  
Schedule Revised Date: Not reported  
Schedule Area Name: PROJECT WIDE  
Schedule Sub Area Name: Not reported  
Schedule Document Type: Land Use Restriction  
Schedule Due Date: 02/28/2019  
Schedule Revised Date: Not reported  
Schedule Area Name: PROJECT WIDE  
Schedule Sub Area Name: Not reported  
Schedule Document Type: CEQA - Responsible Agency Review  
Schedule Due Date: 08/29/2018  
Schedule Revised Date: Not reported  
Schedule Area Name: PROJECT WIDE  
Schedule Sub Area Name: Not reported  
Schedule Document Type: Certification  
Schedule Due Date: 03/30/2019  
Schedule Revised Date: Not reported

Count: 0 records.

ORPHAN SUMMARY

City	EDR ID	Site Name	Site Address	Zip	Database(s)
NO SITES FOUND					

DRAFT

# GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

To maintain currency of the following federal and state databases, EDR contacts the appropriate governmental agency on a monthly or quarterly basis, as required.

**Number of Days to Update:** Provides confirmation that EDR is reporting records that have been updated within 90 days from the date the government agency made the information available to the public.

## STANDARD ENVIRONMENTAL RECORDS

### ***Federal NPL site list***

#### **NPL: National Priority List**

National Priorities List (Superfund). The NPL is a subset of CERCLIS and identifies over 1,200 sites for priority cleanup under the Superfund Program. NPL sites may encompass relatively large areas. As such, EDR provides polygon coverage for over 1,000 NPL site boundaries produced by EPA's Environmental Photographic Interpretation Center (EPIC) and regional EPA offices.

Date of Government Version: 07/17/2018	Source: EPA
Date Data Arrived at EDR: 08/09/2018	Telephone: N/A
Date Made Active in Reports: 09/07/2018	Last EDR Contact: 10/04/2018
Number of Days to Update: 29	Next Scheduled EDR Contact: 01/14/2019
	Data Release Frequency: Quarterly

#### **NPL Site Boundaries**

##### **Sources:**

EPA's Environmental Photographic Interpretation Center (EPIC)  
Telephone: 202-564-7333

EPA Region 1  
Telephone 617-918-1143

EPA Region 3  
Telephone 215-814-5418

EPA Region 4  
Telephone 404-562-8033

EPA Region 5  
Telephone 312-886-6686

EPA Region 10  
Telephone 206-553-8665

EPA Region 6  
Telephone: 214-655-6659

EPA Region 7  
Telephone: 913-551-7247

EPA Region 8  
Telephone: 303-312-6774

EPA Region 9  
Telephone: 415-947-4246

#### **Proposed NPL: Proposed National Priority List Sites**

A site that has been proposed for listing on the National Priorities List through the issuance of a proposed rule in the Federal Register. EPA then accepts public comments on the site, responds to the comments, and places on the NPL those sites that continue to meet the requirements for listing.

Date of Government Version: 07/17/2018	Source: EPA
Date Data Arrived at EDR: 08/09/2018	Telephone: N/A
Date Made Active in Reports: 09/07/2018	Last EDR Contact: 10/04/2018
Number of Days to Update: 29	Next Scheduled EDR Contact: 01/14/2019
	Data Release Frequency: Quarterly

#### **NPL LIENS: Federal Superfund Liens**

Federal Superfund Liens. Under the authority granted the USEPA by CERCLA of 1980, the USEPA has the authority to file liens against real property in order to recover remedial action expenditures or when the property owner received notification of potential liability. USEPA compiles a listing of filed notices of Superfund Liens.

# GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

Date of Government Version: 10/15/1991  
Date Data Arrived at EDR: 02/02/1994  
Date Made Active in Reports: 03/30/1994  
Number of Days to Update: 56

Source: EPA  
Telephone: 202-564-4267  
Last EDR Contact: 08/15/2011  
Next Scheduled EDR Contact: 11/28/2011  
Data Release Frequency: No Update Planned

## ***Federal Delisted NPL site list***

Delisted NPL: National Priority List Deletions

The National Oil and Hazardous Substances Pollution Contingency Plan (NCP) establishes the criteria that the EPA uses to delete sites from the NPL. In accordance with 40 CFR 300.425.(e), sites may be deleted from the NPL where no further response is appropriate.

Date of Government Version: 07/17/2018  
Date Data Arrived at EDR: 08/09/2018  
Date Made Active in Reports: 09/07/2018  
Number of Days to Update: 29

Source: EPA  
Telephone: N/A  
Last EDR Contact: 10/04/2018  
Next Scheduled EDR Contact: 01/14/2019  
Data Release Frequency: Quarterly

## ***Federal CERCLIS list***

FEDERAL FACILITY: Federal Facility Site Information listing

A listing of National Priority List (NPL) and Base Realignment and Closure (BRAC) sites found in the Comprehensive Environmental Response, Compensation and Liability Information System (CERCLIS) Database where EPA Federal Facilities Restoration and Reuse Office is involved in cleanup activities.

Date of Government Version: 11/07/2016  
Date Data Arrived at EDR: 01/05/2017  
Date Made Active in Reports: 04/07/2017  
Number of Days to Update: 92

Source: Environmental Protection Agency  
Telephone: 703-603-8704  
Last EDR Contact: 07/06/2018  
Next Scheduled EDR Contact: 10/15/2018  
Data Release Frequency: Varies

SEMS: Superfund Enterprise Management System

SEMS (Superfund Enterprise Management System) tracks hazardous waste sites, potentially hazardous waste sites, and remedial activities performed in support of EPA's Superfund Program across the United States. The list was formerly know as CERCLIS, renamed to SEMS by the EPA in 2015. The list contains data on potentially hazardous waste sites that have been reported to the USEPA by states, municipalities, private companies and private persons, pursuant to Section 103 of the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA). This dataset also contains sites which are either proposed to or on the National Priorities List (NPL) and the sites which are in the screening and assessment phase for possible inclusion on the NPL.

Date of Government Version: 07/17/2018  
Date Data Arrived at EDR: 08/09/2018  
Date Made Active in Reports: 09/07/2018  
Number of Days to Update: 29

Source: EPA  
Telephone: 800-424-9346  
Last EDR Contact: 10/04/2018  
Next Scheduled EDR Contact: 10/29/2018  
Data Release Frequency: Quarterly

## ***Federal CERCLIS NFRAP site list***

SEMS-ARCHIVE: Superfund Enterprise Management System Archive

# GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

SEMS-ARCHIVE (Superfund Enterprise Management System Archive) tracks sites that have no further interest under the Federal Superfund Program based on available information. The list was formerly known as the CERCLIS-NFRAP, renamed to SEMS ARCHIVE by the EPA in 2015. EPA may perform a minimal level of assessment work at a site while it is archived if site conditions change and/or new information becomes available. Archived sites have been removed and archived from the inventory of SEMS sites. Archived status indicates that, to the best of EPA's knowledge, assessment at a site has been completed and that EPA has determined no further steps will be taken to list the site on the National Priorities List (NPL), unless information indicates this decision was not appropriate or other considerations require a recommendation for listing at a later time. The decision does not necessarily mean that there is no hazard associated with a given site; it only means that, based upon available information, the location is not judged to be potential NPL site.

Date of Government Version: 07/17/2018	Source: EPA
Date Data Arrived at EDR: 08/09/2018	Telephone: 800-424-9346
Date Made Active in Reports: 09/07/2018	Last EDR Contact: 10/04/2018
Number of Days to Update: 29	Next Scheduled EDR Contact: 01/14/2019
	Data Release Frequency: Quarterly

## ***Federal RCRA CORRACTS facilities list***

CORRACTS: Corrective Action Report

CORRACTS identifies hazardous waste handlers with RCRA corrective action activity.

Date of Government Version: 03/01/2018	Source: EPA
Date Data Arrived at EDR: 03/28/2018	Telephone: 800-424-9346
Date Made Active in Reports: 06/22/2018	Last EDR Contact: 09/19/2018
Number of Days to Update: 86	Next Scheduled EDR Contact: 01/07/2019
	Data Release Frequency: Quarterly

## ***Federal RCRA non-CORRACTS TSD facilities list***

RCRA-TSDF: RCRA - Treatment, Storage and Disposal

RCRAInfo is EPA's comprehensive information system, providing access to data supporting the Resource Conservation and Recovery Act (RCRA) of 1976 and the Hazardous and Solid Waste Amendments (HSWA) of 1984. The database includes selective information on sites which generate, transport, store, treat and/or dispose of hazardous waste as defined by the Resource Conservation and Recovery Act (RCRA). Transporters are individuals or entities that move hazardous waste from the generator offsite to a facility that can recycle, treat, store, or dispose of the waste. TSDFs treat, store, or dispose of the waste.

Date of Government Version: 03/01/2018	Source: Environmental Protection Agency
Date Data Arrived at EDR: 03/28/2018	Telephone: (415) 495-8895
Date Made Active in Reports: 06/22/2018	Last EDR Contact: 09/19/2018
Number of Days to Update: 86	Next Scheduled EDR Contact: 01/07/2019
	Data Release Frequency: Quarterly

## ***Federal RCRA generators list***

RCRA-LQG: RCRA - Large Quantity Generators

RCRAInfo is EPA's comprehensive information system, providing access to data supporting the Resource Conservation and Recovery Act (RCRA) of 1976 and the Hazardous and Solid Waste Amendments (HSWA) of 1984. The database includes selective information on sites which generate, transport, store, treat and/or dispose of hazardous waste as defined by the Resource Conservation and Recovery Act (RCRA). Large quantity generators (LQGs) generate over 1,000 kilograms (kg) of hazardous waste, or over 1 kg of acutely hazardous waste per month.

Date of Government Version: 03/01/2018	Source: Environmental Protection Agency
Date Data Arrived at EDR: 03/28/2018	Telephone: (415) 495-8895
Date Made Active in Reports: 06/22/2018	Last EDR Contact: 09/19/2018
Number of Days to Update: 86	Next Scheduled EDR Contact: 01/07/2019
	Data Release Frequency: Quarterly

# GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

## RCRA-SQG: RCRA - Small Quantity Generators

RCRAInfo is EPA's comprehensive information system, providing access to data supporting the Resource Conservation and Recovery Act (RCRA) of 1976 and the Hazardous and Solid Waste Amendments (HSWA) of 1984. The database includes selective information on sites which generate, transport, store, treat and/or dispose of hazardous waste as defined by the Resource Conservation and Recovery Act (RCRA). Small quantity generators (SQGs) generate between 100 kg and 1,000 kg of hazardous waste per month.

Date of Government Version: 03/01/2018	Source: Environmental Protection Agency
Date Data Arrived at EDR: 03/28/2018	Telephone: (415) 495-8895
Date Made Active in Reports: 06/22/2018	Last EDR Contact: 09/19/2018
Number of Days to Update: 86	Next Scheduled EDR Contact: 01/07/2019
	Data Release Frequency: Quarterly

## RCRA-CESQG: RCRA - Conditionally Exempt Small Quantity Generators

RCRAInfo is EPA's comprehensive information system, providing access to data supporting the Resource Conservation and Recovery Act (RCRA) of 1976 and the Hazardous and Solid Waste Amendments (HSWA) of 1984. The database includes selective information on sites which generate, transport, store, treat and/or dispose of hazardous waste as defined by the Resource Conservation and Recovery Act (RCRA). Conditionally exempt small quantity generators (CESQGs) generate less than 100 kg of hazardous waste, or less than 1 kg of acutely hazardous waste per month.

Date of Government Version: 03/01/2018	Source: Environmental Protection Agency
Date Data Arrived at EDR: 03/28/2018	Telephone: (415) 495-8895
Date Made Active in Reports: 06/22/2018	Last EDR Contact: 09/19/2018
Number of Days to Update: 86	Next Scheduled EDR Contact: 01/07/2019
	Data Release Frequency: Quarterly

## ***Federal institutional controls / engineering controls registries***

### LUCIS: Land Use Control Information System

LUCIS contains records of land use control information pertaining to the former Navy Base Realignment and Closure properties.

Date of Government Version: 05/14/2018	Source: Department of the Navy
Date Data Arrived at EDR: 05/18/2018	Telephone: 843-820-7326
Date Made Active in Reports: 07/20/2018	Last EDR Contact: 07/16/2018
Number of Days to Update: 63	Next Scheduled EDR Contact: 11/26/2018
	Data Release Frequency: Varies

### US ENG CONTROLS: Engineering Controls Sites List

A listing of sites with engineering controls in place. Engineering controls include various forms of caps, building foundations, liners, and treatment methods to create pathway elimination for regulated substances to enter environmental media or effect human health.

Date of Government Version: 07/31/2018	Source: Environmental Protection Agency
Date Data Arrived at EDR: 08/28/2018	Telephone: 703-603-0695
Date Made Active in Reports: 09/14/2018	Last EDR Contact: 08/28/2018
Number of Days to Update: 17	Next Scheduled EDR Contact: 12/10/2018
	Data Release Frequency: Varies

### US INST CONTROL: Sites with Institutional Controls

A listing of sites with institutional controls in place. Institutional controls include administrative measures, such as groundwater use restrictions, construction restrictions, property use restrictions, and post remediation care requirements intended to prevent exposure to contaminants remaining on site. Deed restrictions are generally required as part of the institutional controls.

Date of Government Version: 07/31/2018	Source: Environmental Protection Agency
Date Data Arrived at EDR: 08/28/2018	Telephone: 703-603-0695
Date Made Active in Reports: 09/14/2018	Last EDR Contact: 08/28/2018
Number of Days to Update: 17	Next Scheduled EDR Contact: 12/10/2018
	Data Release Frequency: Varies

# GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

## **Federal ERNS list**

ERNS: Emergency Response Notification System

Emergency Response Notification System. ERNS records and stores information on reported releases of oil and hazardous substances.

Date of Government Version: 06/18/2018

Date Data Arrived at EDR: 06/27/2018

Date Made Active in Reports: 09/14/2018

Number of Days to Update: 79

Source: National Response Center, United States Coast Guard

Telephone: 202-267-2180

Last EDR Contact: 09/25/2018

Next Scheduled EDR Contact: 01/07/2019

Data Release Frequency: Quarterly

## **State- and tribal - equivalent NPL**

RESPONSE: State Response Sites

Identifies confirmed release sites where DTSC is involved in remediation, either in a lead or oversight capacity. These confirmed release sites are generally high-priority and high potential risk.

Date of Government Version: 07/30/2018

Date Data Arrived at EDR: 07/31/2018

Date Made Active in Reports: 09/07/2018

Number of Days to Update: 38

Source: Department of Toxic Substances Control

Telephone: 916-323-3400

Last EDR Contact: 07/31/2018

Next Scheduled EDR Contact: 11/12/2018

Data Release Frequency: Quarterly

## **State- and tribal - equivalent CERCLIS**

ENVIROSTOR: EnviroStor Database

The Department of Toxic Substances Control's (DTSC's) Site Mitigation and Brownfields Reuse Program's (SMBRP's) EnviroStor database identifies sites that have known contamination or sites for which there may be reasons to investigate further. The database includes the following site types: Federal Superfund sites (National Priorities List (NPL)); State Response, including Military Facilities and State Superfund; Voluntary Cleanup; and School sites. EnviroStor provides similar information to the information that was available in CalSites, and provides additional site information, including, but not limited to, identification of formerly-contaminated properties that have been released for reuse, properties where environmental deed restrictions have been recorded to prevent inappropriate land uses, and risk characterization information that is used to assess potential impacts to public health and the environment at contaminated sites.

Date of Government Version: 07/30/2018

Date Data Arrived at EDR: 07/31/2018

Date Made Active in Reports: 09/07/2018

Number of Days to Update: 38

Source: Department of Toxic Substances Control

Telephone: 916-323-3400

Last EDR Contact: 07/31/2018

Next Scheduled EDR Contact: 11/12/2018

Data Release Frequency: Quarterly

## **State and tribal landfill and/or solid waste disposal site lists**

SWF/LF (SWIS): Solid Waste Information System

Active, Closed and Inactive Landfills. SWF/LF records typically contain an inventory of solid waste disposal facilities or landfills. These may be active or inactive facilities or open dumps that failed to meet RCRA Section 4004 criteria for solid waste landfills or disposal sites.

Date of Government Version: 08/08/2018

Date Data Arrived at EDR: 08/10/2018

Date Made Active in Reports: 08/24/2018

Number of Days to Update: 14

Source: Department of Resources Recycling and Recovery

Telephone: 916-341-6320

Last EDR Contact: 08/10/2018

Next Scheduled EDR Contact: 11/26/2018

Data Release Frequency: Quarterly

## **State and tribal leaking storage tank lists**

# GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

## LUST REG 1: Active Toxic Site Investigation

Del Norte, Humboldt, Lake, Mendocino, Modoc, Siskiyou, Sonoma, Trinity counties. For more current information, please refer to the State Water Resources Control Board's LUST database.

Date of Government Version: 02/01/2001	Source: California Regional Water Quality Control Board North Coast (1)
Date Data Arrived at EDR: 02/28/2001	Telephone: 707-570-3769
Date Made Active in Reports: 03/29/2001	Last EDR Contact: 08/01/2011
Number of Days to Update: 29	Next Scheduled EDR Contact: 11/14/2011
	Data Release Frequency: No Update Planned

## LUST REG 7: Leaking Underground Storage Tank Case Listing

Leaking Underground Storage Tank locations. Imperial, Riverside, San Diego, Santa Barbara counties.

Date of Government Version: 02/26/2004	Source: California Regional Water Quality Control Board Colorado River Basin Region (7)
Date Data Arrived at EDR: 02/26/2004	Telephone: 760-776-8943
Date Made Active in Reports: 03/24/2004	Last EDR Contact: 08/01/2011
Number of Days to Update: 27	Next Scheduled EDR Contact: 11/14/2011
	Data Release Frequency: No Update Planned

## LUST: Leaking Underground Fuel Tank Report (GEOTRACKER)

Leaking Underground Storage Tank (LUST) Sites included in GeoTracker. GeoTracker is the Water Boards data management system for sites that impact, or have the potential to impact, water quality in California, with emphasis on groundwater.

Date of Government Version: 09/10/2018	Source: State Water Resources Control Board
Date Data Arrived at EDR: 09/12/2018	Telephone: see region list
Date Made Active in Reports: 10/08/2018	Last EDR Contact: 09/12/2018
Number of Days to Update: 26	Next Scheduled EDR Contact: 12/24/2018
	Data Release Frequency: Quarterly

## LUST REG 9: Leaking Underground Storage Tank Report

Orange, Riverside, San Diego counties. For more current information, please refer to the State Water Resources Control Board's LUST database.

Date of Government Version: 03/01/2001	Source: California Regional Water Quality Control Board San Diego Region (9)
Date Data Arrived at EDR: 04/23/2001	Telephone: 858-637-5595
Date Made Active in Reports: 05/21/2001	Last EDR Contact: 09/26/2011
Number of Days to Update: 28	Next Scheduled EDR Contact: 01/09/2012
	Data Release Frequency: No Update Planned

## LUST REG 6V: Leaking Underground Storage Tank Case Listing

Leaking Underground Storage Tank locations. Inyo, Kern, Los Angeles, Mono, San Bernardino counties.

Date of Government Version: 06/07/2005	Source: California Regional Water Quality Control Board Victorville Branch Office (6)
Date Data Arrived at EDR: 06/07/2005	Telephone: 760-241-7365
Date Made Active in Reports: 06/29/2005	Last EDR Contact: 09/12/2011
Number of Days to Update: 22	Next Scheduled EDR Contact: 12/26/2011
	Data Release Frequency: No Update Planned

## LUST REG 6L: Leaking Underground Storage Tank Case Listing

For more current information, please refer to the State Water Resources Control Board's LUST database.

Date of Government Version: 09/09/2003	Source: California Regional Water Quality Control Board Lahontan Region (6)
Date Data Arrived at EDR: 09/10/2003	Telephone: 530-542-5572
Date Made Active in Reports: 10/07/2003	Last EDR Contact: 09/12/2011
Number of Days to Update: 27	Next Scheduled EDR Contact: 12/26/2011
	Data Release Frequency: No Update Planned

## LUST REG 5: Leaking Underground Storage Tank Database

Leaking Underground Storage Tank locations. Alameda, Alpine, Amador, Butte, Colusa, Contra Costa, Calveras, El Dorado, Fresno, Glenn, Kern, Kings, Lake, Lassen, Madera, Mariposa, Merced, Modoc, Napa, Nevada, Placer, Plumas, Sacramento, San Joaquin, Shasta, Solano, Stanislaus, Sutter, Tehama, Tulare, Tuolumne, Yolo, Yuba counties.

# GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

Date of Government Version: 07/01/2008  
Date Data Arrived at EDR: 07/22/2008  
Date Made Active in Reports: 07/31/2008  
Number of Days to Update: 9

Source: California Regional Water Quality Control Board Central Valley Region (5)  
Telephone: 916-464-4834  
Last EDR Contact: 07/01/2011  
Next Scheduled EDR Contact: 10/17/2011  
Data Release Frequency: No Update Planned

## LUST REG 2: Fuel Leak List

Leaking Underground Storage Tank locations. Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, Sonoma counties.

Date of Government Version: 09/30/2004  
Date Data Arrived at EDR: 10/20/2004  
Date Made Active in Reports: 11/19/2004  
Number of Days to Update: 30

Source: California Regional Water Quality Control Board San Francisco Bay Region (2)  
Telephone: 510-622-2433  
Last EDR Contact: 09/19/2011  
Next Scheduled EDR Contact: 01/02/2012  
Data Release Frequency: Quarterly

## LUST REG 3: Leaking Underground Storage Tank Database

Leaking Underground Storage Tank locations. Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz counties.

Date of Government Version: 05/19/2003  
Date Data Arrived at EDR: 05/19/2003  
Date Made Active in Reports: 06/02/2003  
Number of Days to Update: 14

Source: California Regional Water Quality Control Board Central Coast Region (3)  
Telephone: 805-542-4786  
Last EDR Contact: 07/18/2011  
Next Scheduled EDR Contact: 10/31/2011  
Data Release Frequency: No Update Planned

## LUST REG 4: Underground Storage Tank Leak List

Los Angeles, Ventura counties. For more current information, please refer to the State Water Resources Control Board's LUST database.

Date of Government Version: 09/07/2004  
Date Data Arrived at EDR: 09/07/2004  
Date Made Active in Reports: 10/12/2004  
Number of Days to Update: 35

Source: California Regional Water Quality Control Board Los Angeles Region (4)  
Telephone: 213-576-6710  
Last EDR Contact: 09/06/2011  
Next Scheduled EDR Contact: 12/19/2011  
Data Release Frequency: No Update Planned

## LUST REG 8: Leaking Underground Storage Tanks

California Regional Water Quality Control Board Santa Ana Region (8). For more current information, please refer to the State Water Resources Control Board's LUST database.

Date of Government Version: 02/14/2005  
Date Data Arrived at EDR: 02/15/2005  
Date Made Active in Reports: 03/28/2005  
Number of Days to Update: 41

Source: California Regional Water Quality Control Board Santa Ana Region (8)  
Telephone: 909-782-4496  
Last EDR Contact: 08/15/2011  
Next Scheduled EDR Contact: 11/28/2011  
Data Release Frequency: Varies

## INDIAN LUST R10: Leaking Underground Storage Tanks on Indian Land

LUSTs on Indian land in Alaska, Idaho, Oregon and Washington.

Date of Government Version: 04/12/2018  
Date Data Arrived at EDR: 05/18/2018  
Date Made Active in Reports: 07/20/2018  
Number of Days to Update: 63

Source: EPA Region 10  
Telephone: 206-553-2857  
Last EDR Contact: 07/27/2018  
Next Scheduled EDR Contact: 11/05/2018  
Data Release Frequency: Varies

## INDIAN LUST R9: Leaking Underground Storage Tanks on Indian Land

LUSTs on Indian land in Arizona, California, New Mexico and Nevada

Date of Government Version: 04/10/2018  
Date Data Arrived at EDR: 05/18/2018  
Date Made Active in Reports: 07/20/2018  
Number of Days to Update: 63

Source: Environmental Protection Agency  
Telephone: 415-972-3372  
Last EDR Contact: 07/27/2018  
Next Scheduled EDR Contact: 11/05/2018  
Data Release Frequency: Varies

# GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

## INDIAN LUST R8: Leaking Underground Storage Tanks on Indian Land

LUSTs on Indian land in Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming.

Date of Government Version: 04/25/2018	Source: EPA Region 8
Date Data Arrived at EDR: 05/18/2018	Telephone: 303-312-6271
Date Made Active in Reports: 07/20/2018	Last EDR Contact: 07/27/2018
Number of Days to Update: 63	Next Scheduled EDR Contact: 11/05/2018
	Data Release Frequency: Varies

## INDIAN LUST R7: Leaking Underground Storage Tanks on Indian Land

LUSTs on Indian land in Iowa, Kansas, and Nebraska

Date of Government Version: 04/24/2018	Source: EPA Region 7
Date Data Arrived at EDR: 05/18/2018	Telephone: 913-551-7003
Date Made Active in Reports: 07/20/2018	Last EDR Contact: 07/27/2018
Number of Days to Update: 63	Next Scheduled EDR Contact: 11/05/2018
	Data Release Frequency: Varies

## INDIAN LUST R6: Leaking Underground Storage Tanks on Indian Land

LUSTs on Indian land in New Mexico and Oklahoma.

Date of Government Version: 04/01/2018	Source: EPA Region 6
Date Data Arrived at EDR: 05/18/2018	Telephone: 214-665-6597
Date Made Active in Reports: 07/20/2018	Last EDR Contact: 07/27/2018
Number of Days to Update: 63	Next Scheduled EDR Contact: 11/05/2018
	Data Release Frequency: Varies

## INDIAN LUST R4: Leaking Underground Storage Tanks on Indian Land

LUSTs on Indian land in Florida, Mississippi and North Carolina.

Date of Government Version: 05/08/2018	Source: EPA Region 4
Date Data Arrived at EDR: 05/18/2018	Telephone: 404-562-8677
Date Made Active in Reports: 07/20/2018	Last EDR Contact: 07/27/2018
Number of Days to Update: 63	Next Scheduled EDR Contact: 11/05/2018
	Data Release Frequency: Varies

## INDIAN LUST R1: Leaking Underground Storage Tanks on Indian Land

A listing of leaking underground storage tank locations on Indian Land.

Date of Government Version: 04/13/2018	Source: EPA Region 1
Date Data Arrived at EDR: 05/18/2018	Telephone: 617-918-1313
Date Made Active in Reports: 07/20/2018	Last EDR Contact: 07/27/2018
Number of Days to Update: 63	Next Scheduled EDR Contact: 11/05/2018
	Data Release Frequency: Varies

## INDIAN LUST R5: Leaking Underground Storage Tanks on Indian Land

Leaking underground storage tanks located on Indian Land in Michigan, Minnesota and Wisconsin.

Date of Government Version: 04/12/2018	Source: EPA, Region 5
Date Data Arrived at EDR: 05/18/2018	Telephone: 312-886-7439
Date Made Active in Reports: 07/20/2018	Last EDR Contact: 07/27/2018
Number of Days to Update: 63	Next Scheduled EDR Contact: 11/05/2018
	Data Release Frequency: Varies

## CPS-SLIC: Statewide SLIC Cases (GEOTRACKER)

Cleanup Program Sites (CPS; also known as Site Cleanups [SC] and formerly known as Spills, Leaks, Investigations, and Cleanups [SLIC] sites) included in GeoTracker. GeoTracker is the Water Boards data management system for sites that impact, or have the potential to impact, water quality in California, with emphasis on groundwater.

Date of Government Version: 09/10/2018	Source: State Water Resources Control Board
Date Data Arrived at EDR: 09/12/2018	Telephone: 866-480-1028
Date Made Active in Reports: 10/09/2018	Last EDR Contact: 12/12/2018
Number of Days to Update: 27	Next Scheduled EDR Contact: 12/24/2018
	Data Release Frequency: Varies

# GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

## SLIC REG 1: Active Toxic Site Investigations

The SLIC (Spills, Leaks, Investigations and Cleanup) program is designed to protect and restore water quality from spills, leaks, and similar discharges.

Date of Government Version: 04/03/2003  
Date Data Arrived at EDR: 04/07/2003  
Date Made Active in Reports: 04/25/2003  
Number of Days to Update: 18

Source: California Regional Water Quality Control Board, North Coast Region (1)  
Telephone: 707-576-2220  
Last EDR Contact: 08/01/2011  
Next Scheduled EDR Contact: 11/14/2011  
Data Release Frequency: No Update Planned

## SLIC REG 2: Spills, Leaks, Investigation & Cleanup Cost Recovery Listing

The SLIC (Spills, Leaks, Investigations and Cleanup) program is designed to protect and restore water quality from spills, leaks, and similar discharges.

Date of Government Version: 09/30/2004  
Date Data Arrived at EDR: 10/20/2004  
Date Made Active in Reports: 11/19/2004  
Number of Days to Update: 30

Source: Regional Water Quality Control Board San Francisco Bay Region (2)  
Telephone: 510-286-0457  
Last EDR Contact: 09/19/2011  
Next Scheduled EDR Contact: 01/02/2012  
Data Release Frequency: Quarterly

## SLIC REG 3: Spills, Leaks, Investigation & Cleanup Cost Recovery Listing

The SLIC (Spills, Leaks, Investigations and Cleanup) program is designed to protect and restore water quality from spills, leaks, and similar discharges.

Date of Government Version: 05/18/2006  
Date Data Arrived at EDR: 05/18/2006  
Date Made Active in Reports: 06/15/2006  
Number of Days to Update: 28

Source: California Regional Water Quality Control Board Central Coast Region (3)  
Telephone: 805-549-3147  
Last EDR Contact: 07/18/2011  
Next Scheduled EDR Contact: 10/31/2011  
Data Release Frequency: Semi-Annually

## SLIC REG 4: Spills, Leaks, Investigation & Cleanup Cost Recovery Listing

The SLIC (Spills, Leaks, Investigations and Cleanup) program is designed to protect and restore water quality from spills, leaks, and similar discharges.

Date of Government Version: 11/17/2004  
Date Data Arrived at EDR: 11/18/2004  
Date Made Active in Reports: 01/04/2005  
Number of Days to Update: 47

Source: Region Water Quality Control Board Los Angeles Region (4)  
Telephone: 213-576-6600  
Last EDR Contact: 07/01/2011  
Next Scheduled EDR Contact: 10/17/2011  
Data Release Frequency: Varies

## SLIC REG 5: Spills, Leaks, Investigation & Cleanup Cost Recovery Listing

The SLIC (Spills, Leaks, Investigations and Cleanup) program is designed to protect and restore water quality from spills, leaks, and similar discharges.

Date of Government Version: 04/01/2005  
Date Data Arrived at EDR: 04/05/2005  
Date Made Active in Reports: 04/21/2005  
Number of Days to Update: 16

Source: Regional Water Quality Control Board Central Valley Region (5)  
Telephone: 916-464-3291  
Last EDR Contact: 09/12/2011  
Next Scheduled EDR Contact: 12/26/2011  
Data Release Frequency: Semi-Annually

## SLIC REG 6V: Spills, Leaks, Investigation & Cleanup Cost Recovery Listing

The SLIC (Spills, Leaks, Investigations and Cleanup) program is designed to protect and restore water quality from spills, leaks, and similar discharges.

Date of Government Version: 05/24/2005  
Date Data Arrived at EDR: 05/25/2005  
Date Made Active in Reports: 06/16/2005  
Number of Days to Update: 22

Source: Regional Water Quality Control Board, Victorville Branch  
Telephone: 619-241-6583  
Last EDR Contact: 08/15/2011  
Next Scheduled EDR Contact: 11/28/2011  
Data Release Frequency: Semi-Annually

# GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

## SLIC REG 6L: SLIC Sites

The SLIC (Spills, Leaks, Investigations and Cleanup) program is designed to protect and restore water quality from spills, leaks, and similar discharges.

Date of Government Version: 09/07/2004  
Date Data Arrived at EDR: 09/07/2004  
Date Made Active in Reports: 10/12/2004  
Number of Days to Update: 35

Source: California Regional Water Quality Control Board, Lahontan Region  
Telephone: 530-542-5574  
Last EDR Contact: 08/15/2011  
Next Scheduled EDR Contact: 11/28/2011  
Data Release Frequency: No Update Planned

## SLIC REG 7: SLIC List

The SLIC (Spills, Leaks, Investigations and Cleanup) program is designed to protect and restore water quality from spills, leaks, and similar discharges.

Date of Government Version: 11/24/2004  
Date Data Arrived at EDR: 11/29/2004  
Date Made Active in Reports: 01/04/2005  
Number of Days to Update: 36

Source: California Regional Quality Control Board, Colorado River Basin Region  
Telephone: 760-346-7491  
Last EDR Contact: 08/01/2011  
Next Scheduled EDR Contact: 11/14/2011  
Data Release Frequency: No Update Planned

## SLIC REG 8: Spills, Leaks, Investigation & Cleanup Cost Recovery Listing

The SLIC (Spills, Leaks, Investigations and Cleanup) program is designed to protect and restore water quality from spills, leaks, and similar discharges.

Date of Government Version: 04/03/2008  
Date Data Arrived at EDR: 04/03/2008  
Date Made Active in Reports: 04/14/2008  
Number of Days to Update: 11

Source: California Region Water Quality Control Board Santa Ana Region (8)  
Telephone: 951-782-3298  
Last EDR Contact: 09/12/2011  
Next Scheduled EDR Contact: 12/26/2011  
Data Release Frequency: Semi-Annually

## SLIC REG 9: Spills, Leaks, Investigation & Cleanup Cost Recovery Listing

The SLIC (Spills, Leaks, Investigations and Cleanup) program is designed to protect and restore water quality from spills, leaks, and similar discharges.

Date of Government Version: 09/10/2007  
Date Data Arrived at EDR: 09/11/2007  
Date Made Active in Reports: 09/28/2007  
Number of Days to Update: 17

Source: California Regional Water Quality Control Board San Diego Region (9)  
Telephone: 858-467-2980  
Last EDR Contact: 08/08/2011  
Next Scheduled EDR Contact: 11/21/2011  
Data Release Frequency: Annually

## **State and tribal registered storage tank lists**

### FEMA UST: Underground Storage Tank Listing

A listing of all FEMA owned underground storage tanks.

Date of Government Version: 05/15/2017  
Date Data Arrived at EDR: 05/30/2017  
Date Made Active in Reports: 10/13/2017  
Number of Days to Update: 136

Source: FEMA  
Telephone: 202-646-5797  
Last EDR Contact: 10/10/2018  
Next Scheduled EDR Contact: 01/21/2019  
Data Release Frequency: Varies

### UST: Active UST Facilities

Active UST facilities gathered from the local regulatory agencies

Date of Government Version: 09/10/2018  
Date Data Arrived at EDR: 09/12/2018  
Date Made Active in Reports: 10/03/2018  
Number of Days to Update: 21

Source: SWRCB  
Telephone: 916-341-5851  
Last EDR Contact: 09/12/2018  
Next Scheduled EDR Contact: 12/24/2018  
Data Release Frequency: Semi-Annually

# GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

## UST CLOSURE: Proposed Closure of Underground Storage Tank (UST) Cases

UST cases that are being considered for closure by either the State Water Resources Control Board or the Executive Director have been posted for a 60-day public comment period. UST Case Closures being proposed for consideration by the State Water Resources Control Board. These are primarily UST cases that meet closure criteria under the decisional framework in State Water Board Resolution No. 92-49 and other Board orders. UST Case Closures proposed for consideration by the Executive Director pursuant to State Water Board Resolution No. 2012-0061. These are cases that meet the criteria of the Low-Threat UST Case Closure Policy. UST Case Closure Review Denials and Approved Orders.

Date of Government Version: 09/10/2018	Source: State Water Resources Control Board
Date Data Arrived at EDR: 09/12/2018	Telephone: 916-327-7844
Date Made Active in Reports: 10/03/2018	Last EDR Contact: 09/12/2018
Number of Days to Update: 21	Next Scheduled EDR Contact: 12/24/2018
	Data Release Frequency: Varies

## MILITARY UST SITES: Military UST Sites (GEOTRACKER)

Military ust sites

Date of Government Version: 09/10/2018	Source: State Water Resources Control Board
Date Data Arrived at EDR: 09/12/2018	Telephone: 866-480-1028
Date Made Active in Reports: 10/09/2018	Last EDR Contact: 12/12/2018
Number of Days to Update: 27	Next Scheduled EDR Contact: 12/24/2018
	Data Release Frequency: Varies

## AST: Aboveground Petroleum Storage Tank Facilities

A listing of aboveground storage tank petroleum storage tank locations.

Date of Government Version: 07/06/2016	Source: California Environmental Protection Agency
Date Data Arrived at EDR: 07/12/2016	Telephone: 916-327-5092
Date Made Active in Reports: 09/19/2016	Last EDR Contact: 09/17/2018
Number of Days to Update: 69	Next Scheduled EDR Contact: 12/31/2018
	Data Release Frequency: Quarterly

## INDIAN UST R4: Underground Storage Tanks on Indian Land

The Indian Underground Storage Tank (UST) database provides information about underground storage tanks on Indian land in EPA Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee and Tribal Nations)

Date of Government Version: 05/08/2018	Source: EPA Region 4
Date Data Arrived at EDR: 05/18/2018	Telephone: 404-562-9424
Date Made Active in Reports: 07/20/2018	Last EDR Contact: 07/27/2018
Number of Days to Update: 63	Next Scheduled EDR Contact: 11/05/2018
	Data Release Frequency: Varies

## INDIAN UST R10: Underground Storage Tanks on Indian Land

The Indian Underground Storage Tank (UST) database provides information about underground storage tanks on Indian land in EPA Region 10 (Alaska, Idaho, Oregon, Washington, and Tribal Nations).

Date of Government Version: 04/12/2018	Source: EPA Region 10
Date Data Arrived at EDR: 05/18/2018	Telephone: 206-553-2857
Date Made Active in Reports: 07/20/2018	Last EDR Contact: 07/27/2018
Number of Days to Update: 63	Next Scheduled EDR Contact: 11/05/2018
	Data Release Frequency: Varies

## INDIAN UST R9: Underground Storage Tanks on Indian Land

The Indian Underground Storage Tank (UST) database provides information about underground storage tanks on Indian land in EPA Region 9 (Arizona, California, Hawaii, Nevada, the Pacific Islands, and Tribal Nations).

Date of Government Version: 04/10/2018	Source: EPA Region 9
Date Data Arrived at EDR: 05/18/2018	Telephone: 415-972-3368
Date Made Active in Reports: 07/20/2018	Last EDR Contact: 07/27/2018
Number of Days to Update: 63	Next Scheduled EDR Contact: 11/05/2018
	Data Release Frequency: Varies

# GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

## INDIAN UST R5: Underground Storage Tanks on Indian Land

The Indian Underground Storage Tank (UST) database provides information about underground storage tanks on Indian land in EPA Region 5 (Michigan, Minnesota and Wisconsin and Tribal Nations).

Date of Government Version: 04/12/2018	Source: EPA Region 5
Date Data Arrived at EDR: 05/18/2018	Telephone: 312-886-6136
Date Made Active in Reports: 07/20/2018	Last EDR Contact: 07/27/2018
Number of Days to Update: 63	Next Scheduled EDR Contact: 11/05/2018
	Data Release Frequency: Varies

## INDIAN UST R1: Underground Storage Tanks on Indian Land

The Indian Underground Storage Tank (UST) database provides information about underground storage tanks on Indian land in EPA Region 1 (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont and ten Tribal Nations).

Date of Government Version: 04/13/2018	Source: EPA, Region 1
Date Data Arrived at EDR: 05/18/2018	Telephone: 617-918-1313
Date Made Active in Reports: 07/20/2018	Last EDR Contact: 07/27/2018
Number of Days to Update: 63	Next Scheduled EDR Contact: 11/05/2018
	Data Release Frequency: Varies

## INDIAN UST R7: Underground Storage Tanks on Indian Land

The Indian Underground Storage Tank (UST) database provides information about underground storage tanks on Indian land in EPA Region 7 (Iowa, Kansas, Missouri, Nebraska, and 9 Tribal Nations).

Date of Government Version: 04/24/2018	Source: EPA Region 7
Date Data Arrived at EDR: 05/18/2018	Telephone: 913-551-7003
Date Made Active in Reports: 07/20/2018	Last EDR Contact: 07/27/2018
Number of Days to Update: 63	Next Scheduled EDR Contact: 11/05/2018
	Data Release Frequency: Varies

## INDIAN UST R6: Underground Storage Tanks on Indian Land

The Indian Underground Storage Tank (UST) database provides information about underground storage tanks on Indian land in EPA Region 6 (Louisiana, Arkansas, Oklahoma, New Mexico, Texas and 65 Tribes).

Date of Government Version: 04/01/2018	Source: EPA Region 6
Date Data Arrived at EDR: 05/18/2018	Telephone: 214-665-7591
Date Made Active in Reports: 07/20/2018	Last EDR Contact: 07/27/2018
Number of Days to Update: 63	Next Scheduled EDR Contact: 11/05/2018
	Data Release Frequency: Varies

## INDIAN UST R8: Underground Storage Tanks on Indian Land

The Indian Underground Storage Tank (UST) database provides information about underground storage tanks on Indian land in EPA Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming and 27 Tribal Nations).

Date of Government Version: 04/25/2018	Source: EPA Region 8
Date Data Arrived at EDR: 05/18/2018	Telephone: 303-312-6137
Date Made Active in Reports: 07/20/2018	Last EDR Contact: 07/27/2018
Number of Days to Update: 63	Next Scheduled EDR Contact: 11/05/2018
	Data Release Frequency: Varies

### **State and tribal voluntary cleanup sites**

## INDIAN VCP R7: Voluntary Cleanup Priority Listing

A listing of voluntary cleanup priority sites located on Indian Land located in Region 7.

Date of Government Version: 03/20/2008	Source: EPA, Region 7
Date Data Arrived at EDR: 04/22/2008	Telephone: 913-551-7365
Date Made Active in Reports: 05/19/2008	Last EDR Contact: 04/20/2009
Number of Days to Update: 27	Next Scheduled EDR Contact: 07/20/2009
	Data Release Frequency: Varies

# GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

## VCP: Voluntary Cleanup Program Properties

Contains low threat level properties with either confirmed or unconfirmed releases and the project proponents have request that DTSC oversee investigation and/or cleanup activities and have agreed to provide coverage for DTSC's costs.

Date of Government Version: 07/30/2018  
Date Data Arrived at EDR: 07/31/2018  
Date Made Active in Reports: 09/07/2018  
Number of Days to Update: 38

Source: Department of Toxic Substances Control  
Telephone: 916-323-3400  
Last EDR Contact: 07/31/2018  
Next Scheduled EDR Contact: 11/12/2018  
Data Release Frequency: Quarterly

## INDIAN VCP R1: Voluntary Cleanup Priority Listing

A listing of voluntary cleanup priority sites located on Indian Land located in Region 1.

Date of Government Version: 07/27/2015  
Date Data Arrived at EDR: 09/29/2015  
Date Made Active in Reports: 02/18/2016  
Number of Days to Update: 142

Source: EPA, Region 1  
Telephone: 617-918-1102  
Last EDR Contact: 09/24/2018  
Next Scheduled EDR Contact: 01/07/2019  
Data Release Frequency: Varies

## **State and tribal Brownfields sites**

### BROWNFIELDS: Considered Brownfields Sites Listing

A listing of sites the SWRCB considers to be Brownfields since these are sites have come to them through the MOA Process.

Date of Government Version: 09/24/2018  
Date Data Arrived at EDR: 09/25/2018  
Date Made Active in Reports: 10/15/2018  
Number of Days to Update: 20

Source: State Water Resources Control Board  
Telephone: 916-323-7905  
Last EDR Contact: 09/25/2018  
Next Scheduled EDR Contact: 01/07/2019  
Data Release Frequency: Quarterly

## **ADDITIONAL ENVIRONMENTAL RECORDS**

### **Local Brownfield lists**

#### US BROWNFIELDS: A Listing of Brownfields Sites

Brownfields are real property, the expansion, redevelopment, or reuse of which may be complicated by the presence or potential presence of a hazardous substance, pollutant, or contaminant. Cleaning up and reinvesting in these properties takes development pressures off of undeveloped, open land, and both improves and protects the environment. Assessment, Cleanup and Redevelopment Exchange System (ACRES) stores information reported by EPA Brownfields grant recipients on brownfields properties assessed or cleaned up with grant funding as well as information on Targeted Brownfields Assessments performed by EPA Regions. A listing of ACRES Brownfield sites is obtained from Cleanups in My Community. Cleanups in My Community provides information on Brownfields properties for which information is reported back to EPA, as well as areas served by Brownfields grant programs.

Date of Government Version: 06/18/2018  
Date Data Arrived at EDR: 06/20/2018  
Date Made Active in Reports: 09/14/2018  
Number of Days to Update: 86

Source: Environmental Protection Agency  
Telephone: 202-566-2777  
Last EDR Contact: 09/18/2018  
Next Scheduled EDR Contact: 12/31/2018  
Data Release Frequency: Semi-Annually

### **Local Lists of Landfill / Solid Waste Disposal Sites**

#### WMUDS/SWAT: Waste Management Unit Database

Waste Management Unit Database System. WMUDS is used by the State Water Resources Control Board staff and the Regional Water Quality Control Boards for program tracking and inventory of waste management units. WMUDS is composed of the following databases: Facility Information, Scheduled Inspections Information, Waste Management Unit Information, SWAT Program Information, SWAT Report Summary Information, SWAT Report Summary Data, Chapter 15 (formerly Subchapter 15) Information, Chapter 15 Monitoring Parameters, TPCA Program Information, RCRA Program Information, Closure Information, and Interested Parties Information.

# GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

Date of Government Version: 04/01/2000  
Date Data Arrived at EDR: 04/10/2000  
Date Made Active in Reports: 05/10/2000  
Number of Days to Update: 30

Source: State Water Resources Control Board  
Telephone: 916-227-4448  
Last EDR Contact: 07/24/2018  
Next Scheduled EDR Contact: 11/12/2018  
Data Release Frequency: No Update Planned

## SWRCY: Recycler Database

A listing of recycling facilities in California.

Date of Government Version: 09/10/2018  
Date Data Arrived at EDR: 09/12/2018  
Date Made Active in Reports: 10/15/2018  
Number of Days to Update: 33

Source: Department of Conservation  
Telephone: 916-323-3836  
Last EDR Contact: 09/12/2018  
Next Scheduled EDR Contact: 12/24/2018  
Data Release Frequency: Quarterly

## HAULERS: Registered Waste Tire Haulers Listing

A listing of registered waste tire haulers.

Date of Government Version: 05/29/2018  
Date Data Arrived at EDR: 05/30/2018  
Date Made Active in Reports: 07/17/2018  
Number of Days to Update: 48

Source: Integrated Waste Management Board  
Telephone: 916-341-6422  
Last EDR Contact: 08/07/2018  
Next Scheduled EDR Contact: 11/26/2018  
Data Release Frequency: Varies

## INDIAN ODI: Report on the Status of Open Dumps on Indian Lands

Location of open dumps on Indian land.

Date of Government Version: 12/31/1998  
Date Data Arrived at EDR: 12/03/2007  
Date Made Active in Reports: 01/24/2008  
Number of Days to Update: 52

Source: Environmental Protection Agency  
Telephone: 703-308-8245  
Last EDR Contact: 07/30/2018  
Next Scheduled EDR Contact: 11/12/2018  
Data Release Frequency: Varies

## ODI: Open Dump Inventory

An open dump is defined as a disposal facility that does not comply with one or more of the Part 257 or Part 258 Subtitle D Criteria.

Date of Government Version: 06/30/1985  
Date Data Arrived at EDR: 08/09/2004  
Date Made Active in Reports: 09/17/2004  
Number of Days to Update: 39

Source: Environmental Protection Agency  
Telephone: 800-424-9346  
Last EDR Contact: 06/09/2004  
Next Scheduled EDR Contact: N/A  
Data Release Frequency: No Update Planned

## DEBRIS REGION 9: Torres Martinez Reservation Illegal Dump Site Locations

A listing of illegal dump sites location on the Torres Martinez Indian Reservation located in eastern Riverside County and northern Imperial County, California.

Date of Government Version: 01/12/2009  
Date Data Arrived at EDR: 05/07/2009  
Date Made Active in Reports: 09/21/2009  
Number of Days to Update: 137

Source: EPA, Region 9  
Telephone: 415-947-4219  
Last EDR Contact: 07/17/2018  
Next Scheduled EDR Contact: 11/05/2018  
Data Release Frequency: No Update Planned

## IHS OPEN DUMPS: Open Dumps on Indian Land

A listing of all open dumps located on Indian Land in the United States.

Date of Government Version: 04/01/2014  
Date Data Arrived at EDR: 08/06/2014  
Date Made Active in Reports: 01/29/2015  
Number of Days to Update: 176

Source: Department of Health & Human Services, Indian Health Service  
Telephone: 301-443-1452  
Last EDR Contact: 08/03/2018  
Next Scheduled EDR Contact: 11/12/2018  
Data Release Frequency: Varies

# GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

## Local Lists of Hazardous waste / Contaminated Sites

### US HIST CDL: National Clandestine Laboratory Register

A listing of clandestine drug lab locations that have been removed from the DEAs National Clandestine Laboratory Register.

Date of Government Version: 05/18/2018	Source: Drug Enforcement Administration
Date Data Arrived at EDR: 06/20/2018	Telephone: 202-307-1000
Date Made Active in Reports: 09/14/2018	Last EDR Contact: 08/28/2018
Number of Days to Update: 86	Next Scheduled EDR Contact: 12/10/2018
	Data Release Frequency: No Update Planned

### HIST CAL-SITES: Calsites Database

The Calsites database contains potential or confirmed hazardous substance release properties. In 1996, California EPA reevaluated and significantly reduced the number of sites in the Calsites database. No longer updated by the state agency. It has been replaced by ENVIROSTOR.

Date of Government Version: 08/08/2005	Source: Department of Toxic Substance Control
Date Data Arrived at EDR: 08/03/2006	Telephone: 916-323-3400
Date Made Active in Reports: 08/24/2006	Last EDR Contact: 02/23/2009
Number of Days to Update: 21	Next Scheduled EDR Contact: 05/25/2009
	Data Release Frequency: No Update Planned

### SCH: School Property Evaluation Program

This category contains proposed and existing school sites that are being evaluated by DTSC for possible hazardous materials contamination. In some cases, these properties may be listed in the CalSites category depending on the level of threat to public health and safety or the environment they pose.

Date of Government Version: 07/30/2018	Source: Department of Toxic Substances Control
Date Data Arrived at EDR: 07/31/2018	Telephone: 916-323-3400
Date Made Active in Reports: 09/07/2018	Last EDR Contact: 07/31/2018
Number of Days to Update: 38	Next Scheduled EDR Contact: 11/12/2018
	Data Release Frequency: Quarterly

### CDL: Clandestine Drug Labs

A listing of drug lab locations. Listing of a location in this database does not indicate that any illegal drug lab materials were or were not present there, and does not constitute a determination that the location either requires or does not require additional cleanup work.

Date of Government Version: 12/31/2017	Source: Department of Toxic Substances Control
Date Data Arrived at EDR: 06/12/2018	Telephone: 916-255-6504
Date Made Active in Reports: 08/06/2018	Last EDR Contact: 10/05/2018
Number of Days to Update: 55	Next Scheduled EDR Contact: 01/21/2019
	Data Release Frequency: Varies

### TOXIC PITS: Toxic Pits Cleanup Act Sites

Toxic PITS Cleanup Act Sites. TOXIC PITS identifies sites suspected of containing hazardous substances where cleanup has not yet been completed.

Date of Government Version: 07/01/1995	Source: State Water Resources Control Board
Date Data Arrived at EDR: 08/30/1995	Telephone: 916-227-4364
Date Made Active in Reports: 09/26/1995	Last EDR Contact: 01/26/2009
Number of Days to Update: 27	Next Scheduled EDR Contact: 04/27/2009
	Data Release Frequency: No Update Planned

### US CDL: Clandestine Drug Labs

A listing of clandestine drug lab locations. The U.S. Department of Justice ("the Department") provides this web site as a public service. It contains addresses of some locations where law enforcement agencies reported they found chemicals or other items that indicated the presence of either clandestine drug laboratories or dumpsites. In most cases, the source of the entries is not the Department, and the Department has not verified the entry and does not guarantee its accuracy. Members of the public must verify the accuracy of all entries by, for example, contacting local law enforcement and local health departments.

# GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

Date of Government Version: 05/18/2018  
Date Data Arrived at EDR: 06/20/2018  
Date Made Active in Reports: 09/14/2018  
Number of Days to Update: 86

Source: Drug Enforcement Administration  
Telephone: 202-307-1000  
Last EDR Contact: 08/28/2018  
Next Scheduled EDR Contact: 12/10/2018  
Data Release Frequency: Quarterly

## CERS HAZ WASTE: CERS HAZ WASTE

List of sites in the California Environmental Protection Agency (CalEPA) Regulated Site Portal which fall under the Hazardous Chemical Management, Hazardous Waste Onsite Treatment, Household Hazardous Waste Collection, Hazardous Waste Generator, and RCRA LQ HW Generator programs.

Date of Government Version: 07/23/2018  
Date Data Arrived at EDR: 07/25/2018  
Date Made Active in Reports: 09/05/2018  
Number of Days to Update: 42

Source: CalEPA  
Telephone: 916-323-2514  
Last EDR Contact: 07/25/2018  
Next Scheduled EDR Contact: 11/05/2018  
Data Release Frequency: Quarterly

## Local Lists of Registered Storage Tanks

### SWEEPS UST: SWEEPS UST Listing

Statewide Environmental Evaluation and Planning System. This underground storage tank listing was updated and maintained by a company contacted by the SWRCB in the early 1990's. The listing is no longer updated or maintained. The local agency is the contact for more information on a site on the SWEEPS list.

Date of Government Version: 06/01/1994  
Date Data Arrived at EDR: 07/07/2005  
Date Made Active in Reports: 08/11/2005  
Number of Days to Update: 35

Source: State Water Resources Control Board  
Telephone: N/A  
Last EDR Contact: 06/03/2005  
Next Scheduled EDR Contact: N/A  
Data Release Frequency: No Update Planned

### UST MENDOCINO: Mendocino County UST Database

A listing of underground storage tank locations in Mendocino County.

Date of Government Version: 03/28/2018  
Date Data Arrived at EDR: 05/25/2018  
Date Made Active in Reports: 07/10/2018  
Number of Days to Update: 46

Source: Department of Public Health  
Telephone: 707-463-4466  
Last EDR Contact: 10/09/2018  
Next Scheduled EDR Contact: 12/10/2018  
Data Release Frequency: Annually

### HIST UST: Hazardous Substance Storage Container Database

The Hazardous Substance Storage Container Database is a historical listing of UST sites. Refer to local/county source for current data.

Date of Government Version: 10/15/1990  
Date Data Arrived at EDR: 01/25/1991  
Date Made Active in Reports: 02/12/1991  
Number of Days to Update: 18

Source: State Water Resources Control Board  
Telephone: 916-341-5851  
Last EDR Contact: 07/26/2001  
Next Scheduled EDR Contact: N/A  
Data Release Frequency: No Update Planned

### SAN FRANCISCO AST: Aboveground Storage Tank Site Listing

Aboveground storage tank sites

Date of Government Version: 09/11/2018  
Date Data Arrived at EDR: 09/12/2018  
Date Made Active in Reports: 10/11/2018  
Number of Days to Update: 29

Source: San Francisco County Department of Public Health  
Telephone: 415-252-3896  
Last EDR Contact: 08/01/2018  
Next Scheduled EDR Contact: 11/19/2018  
Data Release Frequency: Varies

### CA FID UST: Facility Inventory Database

The Facility Inventory Database (FID) contains a historical listing of active and inactive underground storage tank locations from the State Water Resource Control Board. Refer to local/county source for current data.

# GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

Date of Government Version: 10/31/1994  
Date Data Arrived at EDR: 09/05/1995  
Date Made Active in Reports: 09/29/1995  
Number of Days to Update: 24

Source: California Environmental Protection Agency  
Telephone: 916-341-5851  
Last EDR Contact: 12/28/1998  
Next Scheduled EDR Contact: N/A  
Data Release Frequency: No Update Planned

## CERS TANKS: California Environmental Reporting System (CERS) Tanks

List of sites in the California Environmental Protection Agency (CalEPA) Regulated Site Portal which fall under the Aboveground Petroleum Storage and Underground Storage Tank regulatory programs.

Date of Government Version: 07/23/2018  
Date Data Arrived at EDR: 07/25/2018  
Date Made Active in Reports: 09/05/2018  
Number of Days to Update: 42

Source: California Environmental Protection Agency  
Telephone: 916-323-2514  
Last EDR Contact: 07/25/2018  
Next Scheduled EDR Contact: 11/05/2018  
Data Release Frequency: Quarterly

## Local Land Records

### LIENS: Environmental Liens Listing

A listing of property locations with environmental liens for California where DTSC is a lien holder.

Date of Government Version: 08/29/2018  
Date Data Arrived at EDR: 08/30/2018  
Date Made Active in Reports: 10/01/2018  
Number of Days to Update: 32

Source: Department of Toxic Substances Control  
Telephone: 916-323-3400  
Last EDR Contact: 08/29/2018  
Next Scheduled EDR Contact: 12/17/2018  
Data Release Frequency: Varies

### LIENS 2: CERCLA Lien Information

A Federal CERCLA ('Superfund') lien can exist by operation of law at any site or property at which EPA has spent Superfund monies. These monies are spent to investigate and address releases and threatened releases of contamination. CERCLIS provides information as to the identity of these sites and properties.

Date of Government Version: 07/17/2018  
Date Data Arrived at EDR: 08/09/2018  
Date Made Active in Reports: 10/05/2018  
Number of Days to Update: 57

Source: Environmental Protection Agency  
Telephone: 202-564-6023  
Last EDR Contact: 10/04/2018  
Next Scheduled EDR Contact: 01/14/2019  
Data Release Frequency: Semi-Annually

### DEED: Deed Restriction Listing

Site Mitigation and Brownfields Reuse Program Facility Sites with Deed Restrictions & Hazardous Waste Management Program Facility Sites with Deed / Land Use Restriction. The DTSC Site Mitigation and Brownfields Reuse Program (SMBRP) list includes sites cleaned up under the program's oversight and generally does not include current or former hazardous waste facilities that required a hazardous waste facility permit. The list represents deed restrictions that are active. Some sites have multiple deed restrictions. The DTSC Hazardous Waste Management Program (HWMP) has developed a list of current or former hazardous waste facilities that have a recorded land use restriction at the local county recorder's office. The land use restrictions on this list were required by the DTSC HWMP as a result of the presence of hazardous substances that remain on site after the facility (or part of the facility) has been closed or cleaned up. The types of land use restriction include deed notice, deed restriction, or a land use restriction that binds current and future owners.

Date of Government Version: 09/04/2018  
Date Data Arrived at EDR: 09/05/2018  
Date Made Active in Reports: 10/02/2018  
Number of Days to Update: 27

Source: DTSC and SWRCB  
Telephone: 916-323-3400  
Last EDR Contact: 09/05/2018  
Next Scheduled EDR Contact: 12/17/2018  
Data Release Frequency: Semi-Annually

## Records of Emergency Release Reports

# GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

## HMIRS: Hazardous Materials Information Reporting System

Hazardous Materials Incident Report System. HMIRS contains hazardous material spill incidents reported to DOT.

Date of Government Version: 03/26/2018	Source: U.S. Department of Transportation
Date Data Arrived at EDR: 03/27/2018	Telephone: 202-366-4555
Date Made Active in Reports: 06/08/2018	Last EDR Contact: 09/25/2018
Number of Days to Update: 73	Next Scheduled EDR Contact: 01/07/2019
	Data Release Frequency: Quarterly

## CHMIRS: California Hazardous Material Incident Report System

California Hazardous Material Incident Reporting System. CHMIRS contains information on reported hazardous material incidents (accidental releases or spills).

Date of Government Version: 04/06/2018	Source: Office of Emergency Services
Date Data Arrived at EDR: 04/24/2018	Telephone: 916-845-8400
Date Made Active in Reports: 06/14/2018	Last EDR Contact: 07/27/2018
Number of Days to Update: 51	Next Scheduled EDR Contact: 11/05/2018
	Data Release Frequency: Semi-Annually

## LDS: Land Disposal Sites Listing (GEOTRACKER)

Land Disposal sites (Landfills) included in GeoTracker. GeoTracker is the Water Boards data management system for sites that impact, or have the potential to impact, water quality in California, with emphasis on groundwater.

Date of Government Version: 09/10/2018	Source: State Water Quality Control Board
Date Data Arrived at EDR: 09/12/2018	Telephone: 866-480-1028
Date Made Active in Reports: 10/08/2018	Last EDR Contact: 12/12/2018
Number of Days to Update: 26	Next Scheduled EDR Contact: 12/24/2018
	Data Release Frequency: Quarterly

## MCS: Military Cleanup Sites Listing (GEOTRACKER)

Military sites (consisting of: Military UST sites; Military Privatized sites; and Military Cleanup sites [formerly known as DoD non UST]) included in GeoTracker. GeoTracker is the Water Boards data management system for sites that impact, or have the potential to impact, water quality in California, with emphasis on groundwater.

Date of Government Version: 09/10/2018	Source: State Water Resources Control Board
Date Data Arrived at EDR: 09/12/2018	Telephone: 866-480-1028
Date Made Active in Reports: 10/09/2018	Last EDR Contact: 12/12/2018
Number of Days to Update: 27	Next Scheduled EDR Contact: 12/24/2018
	Data Release Frequency: Quarterly

## SPILLS 90: SPILLS90 data from FirstSearch

Spills 90 includes those spill and release records available exclusively from FirstSearch databases. Typically, they may include chemical, oil and/or hazardous substance spills recorded after 1990. Duplicate records that are already included in EDR incident and release records are not included in Spills 90.

Date of Government Version: 06/06/2012	Source: FirstSearch
Date Data Arrived at EDR: 01/03/2013	Telephone: N/A
Date Made Active in Reports: 02/22/2013	Last EDR Contact: 01/03/2013
Number of Days to Update: 50	Next Scheduled EDR Contact: N/A
	Data Release Frequency: No Update Planned

## **Other Ascertainable Records**

### RCRA NonGen / NLR: RCRA - Non Generators / No Longer Regulated

RCRAInfo is EPA's comprehensive information system, providing access to data supporting the Resource Conservation and Recovery Act (RCRA) of 1976 and the Hazardous and Solid Waste Amendments (HSWA) of 1984. The database includes selective information on sites which generate, transport, store, treat and/or dispose of hazardous waste as defined by the Resource Conservation and Recovery Act (RCRA). Non-Generators do not presently generate hazardous waste.

# GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

Date of Government Version: 03/01/2018  
Date Data Arrived at EDR: 03/28/2018  
Date Made Active in Reports: 06/22/2018  
Number of Days to Update: 86

Source: Environmental Protection Agency  
Telephone: (415) 495-8895  
Last EDR Contact: 09/19/2018  
Next Scheduled EDR Contact: 01/07/2019  
Data Release Frequency: Quarterly

## FUDS: Formerly Used Defense Sites

The listing includes locations of Formerly Used Defense Sites properties where the US Army Corps of Engineers is actively working or will take necessary cleanup actions.

Date of Government Version: 01/31/2015  
Date Data Arrived at EDR: 07/08/2015  
Date Made Active in Reports: 10/13/2015  
Number of Days to Update: 97

Source: U.S. Army Corps of Engineers  
Telephone: 202-528-4285  
Last EDR Contact: 08/24/2018  
Next Scheduled EDR Contact: 12/03/2018  
Data Release Frequency: Varies

## DOD: Department of Defense Sites

This data set consists of federally owned or administered lands, administered by the Department of Defense, that have any area equal to or greater than 640 acres of the United States, Puerto Rico, and the U.S. Virgin Islands.

Date of Government Version: 12/31/2005  
Date Data Arrived at EDR: 11/10/2006  
Date Made Active in Reports: 01/11/2007  
Number of Days to Update: 62

Source: USGS  
Telephone: 888-275-8747  
Last EDR Contact: 10/12/2018  
Next Scheduled EDR Contact: 01/21/2019  
Data Release Frequency: Semi-Annually

## FEDLAND: Federal and Indian Lands

Federally and Indian administrated lands of the United States. Lands included are administrated by: Army Corps of Engineers, Bureau of Reclamation, National Wild and Scenic River, National Wildlife Refuge, Public Domain Land, Wilderness, Wilderness Study Area, Wildlife Management Area, Bureau of Indian Affairs, Bureau of Land Management, Department of Justice, Forest Service, Fish and Wildlife Service, National Park Service.

Date of Government Version: 12/31/2005  
Date Data Arrived at EDR: 02/06/2006  
Date Made Active in Reports: 01/11/2007  
Number of Days to Update: 339

Source: U.S. Geological Survey  
Telephone: 888-275-8747  
Last EDR Contact: 10/12/2018  
Next Scheduled EDR Contact: 01/21/2019  
Data Release Frequency: N/A

## SCRD DRYCLEANERS: State Coalition for Remediation of Drycleaners Listing

The State Coalition for Remediation of Drycleaners was established in 1998, with support from the U.S. EPA Office of Superfund Remediation and Technology Innovation. It is comprised of representatives of states with established drycleaner remediation programs. Currently the member states are Alabama, Connecticut, Florida, Illinois, Kansas, Minnesota, Missouri, North Carolina, Oregon, South Carolina, Tennessee, Texas, and Wisconsin.

Date of Government Version: 01/01/2017  
Date Data Arrived at EDR: 02/03/2017  
Date Made Active in Reports: 04/07/2017  
Number of Days to Update: 63

Source: Environmental Protection Agency  
Telephone: 615-532-8599  
Last EDR Contact: 08/17/2018  
Next Scheduled EDR Contact: 11/26/2018  
Data Release Frequency: Varies

## US FIN ASSUR: Financial Assurance Information

All owners and operators of facilities that treat, store, or dispose of hazardous waste are required to provide proof that they will have sufficient funds to pay for the clean up, closure, and post-closure care of their facilities.

Date of Government Version: 05/31/2018  
Date Data Arrived at EDR: 06/27/2018  
Date Made Active in Reports: 10/05/2018  
Number of Days to Update: 100

Source: Environmental Protection Agency  
Telephone: 202-566-1917  
Last EDR Contact: 09/25/2018  
Next Scheduled EDR Contact: 01/07/2019  
Data Release Frequency: Quarterly

# GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

## EPA WATCH LIST: EPA WATCH LIST

EPA maintains a "Watch List" to facilitate dialogue between EPA, state and local environmental agencies on enforcement matters relating to facilities with alleged violations identified as either significant or high priority. Being on the Watch List does not mean that the facility has actually violated the law only that an investigation by EPA or a state or local environmental agency has led those organizations to allege that an unproven violation has in fact occurred. Being on the Watch List does not represent a higher level of concern regarding the alleged violations that were detected, but instead indicates cases requiring additional dialogue between EPA, state and local agencies - primarily because of the length of time the alleged violation has gone unaddressed or unresolved.

Date of Government Version: 08/30/2013	Source: Environmental Protection Agency
Date Data Arrived at EDR: 03/21/2014	Telephone: 617-520-3000
Date Made Active in Reports: 06/17/2014	Last EDR Contact: 08/03/2018
Number of Days to Update: 88	Next Scheduled EDR Contact: 11/19/2018
	Data Release Frequency: Quarterly

## 2020 COR ACTION: 2020 Corrective Action Program List

The EPA has set ambitious goals for the RCRA Corrective Action program by creating the 2020 Corrective Action Universe. This RCRA cleanup baseline includes facilities expected to need corrective action. The 2020 universe contains a wide variety of sites. Some properties are heavily contaminated while others were contaminated but have since been cleaned up. Still others have not been fully investigated yet, and may require little or no remediation. Inclusion in the 2020 Universe does not necessarily imply failure on the part of a facility to meet its RCRA obligations.

Date of Government Version: 09/30/2017	Source: Environmental Protection Agency
Date Data Arrived at EDR: 05/08/2018	Telephone: 703-308-4044
Date Made Active in Reports: 07/20/2018	Last EDR Contact: 08/10/2018
Number of Days to Update: 73	Next Scheduled EDR Contact: 11/19/2018
	Data Release Frequency: Varies

## TSCA: Toxic Substances Control Act

Toxic Substances Control Act. TSCA identifies manufacturers and importers of chemical substances included on the TSCA Chemical Substance Inventory list. It includes data on the production volume of these substances by plant site.

Date of Government Version: 12/31/2016	Source: EPA
Date Data Arrived at EDR: 06/21/2017	Telephone: 202-260-5521
Date Made Active in Reports: 01/05/2018	Last EDR Contact: 09/21/2018
Number of Days to Update: 198	Next Scheduled EDR Contact: 12/31/2018
	Data Release Frequency: Every 4 Years

## TRIS: Toxic Chemical Release Inventory System

Toxic Release Inventory System. TRIS identifies facilities which release toxic chemicals to the air, water and land in reportable quantities under SARA Title III Section 313.

Date of Government Version: 12/31/2016	Source: EPA
Date Data Arrived at EDR: 01/10/2018	Telephone: 202-566-0250
Date Made Active in Reports: 01/12/2018	Last EDR Contact: 08/24/2018
Number of Days to Update: 2	Next Scheduled EDR Contact: 12/03/2018
	Data Release Frequency: Annually

## SSTS: Section 7 Tracking Systems

Section 7 of the Federal Insecticide, Fungicide and Rodenticide Act, as amended (92 Stat. 829) requires all registered pesticide-producing establishments to submit a report to the Environmental Protection Agency by March 1st each year. Each establishment must report the types and amounts of pesticides, active ingredients and devices being produced, and those having been produced and sold or distributed in the past year.

Date of Government Version: 12/31/2009	Source: EPA
Date Data Arrived at EDR: 12/10/2010	Telephone: 202-564-4203
Date Made Active in Reports: 02/25/2011	Last EDR Contact: 07/27/2018
Number of Days to Update: 77	Next Scheduled EDR Contact: 11/05/2018
	Data Release Frequency: Annually

## GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

### ROD: Records Of Decision

Record of Decision. ROD documents mandate a permanent remedy at an NPL (Superfund) site containing technical and health information to aid in the cleanup.

Date of Government Version: 07/17/2018	Source: EPA
Date Data Arrived at EDR: 08/09/2018	Telephone: 703-416-0223
Date Made Active in Reports: 10/05/2018	Last EDR Contact: 10/04/2018
Number of Days to Update: 57	Next Scheduled EDR Contact: 12/17/2018
	Data Release Frequency: Annually

### RMP: Risk Management Plans

When Congress passed the Clean Air Act Amendments of 1990, it required EPA to publish regulations and guidance for chemical accident prevention at facilities using extremely hazardous substances. The Risk Management Program Rule (RMP Rule) was written to implement Section 112(r) of these amendments. The rule, which built upon existing industry codes and standards, requires companies of all sizes that use certain flammable and toxic substances to develop a Risk Management Program, which includes a(n): Hazard assessment that details the potential effects of an accidental release, an accident history of the last five years, and an evaluation of worst-case and alternative accidental releases; Prevention program that includes safety precautions and maintenance, monitoring, and employee training measures; and Emergency response program that spells out emergency health care, employee training measures and procedures for informing the public and response agencies (e.g the fire department) should an accident occur.

Date of Government Version: 08/01/2018	Source: Environmental Protection Agency
Date Data Arrived at EDR: 08/22/2018	Telephone: 202-564-8600
Date Made Active in Reports: 10/05/2018	Last EDR Contact: 07/20/2018
Number of Days to Update: 44	Next Scheduled EDR Contact: 11/05/2018
	Data Release Frequency: Varies

### RAATS: RCRA Administrative Action Tracking System

RCRA Administration Action Tracking System. RAATS contains records based on enforcement actions issued under RCRA pertaining to major violators and includes administrative and civil actions brought by the EPA. For administration actions after September 30, 1995, data entry in the RAATS database was discontinued. EPA will retain a copy of the database for historical records. It was necessary to terminate RAATS because a decrease in agency resources made it impossible to continue to update the information contained in the database.

Date of Government Version: 04/17/1995	Source: EPA
Date Data Arrived at EDR: 07/03/1995	Telephone: 202-564-4104
Date Made Active in Reports: 08/07/1995	Last EDR Contact: 06/02/2008
Number of Days to Update: 35	Next Scheduled EDR Contact: 09/01/2008
	Data Release Frequency: No Update Planned

### PRP: Potentially Responsible Parties

A listing of verified Potentially Responsible Parties

Date of Government Version: 10/25/2013	Source: EPA
Date Data Arrived at EDR: 10/17/2014	Telephone: 202-564-6023
Date Made Active in Reports: 10/20/2014	Last EDR Contact: 10/04/2018
Number of Days to Update: 3	Next Scheduled EDR Contact: 11/19/2018
	Data Release Frequency: Quarterly

### PADS: PCB Activity Database System

PCB Activity Database. PADS Identifies generators, transporters, commercial storers and/or brokers and disposers of PCB's who are required to notify the EPA of such activities.

Date of Government Version: 06/01/2017	Source: EPA
Date Data Arrived at EDR: 06/09/2017	Telephone: 202-566-0500
Date Made Active in Reports: 10/13/2017	Last EDR Contact: 10/11/2018
Number of Days to Update: 126	Next Scheduled EDR Contact: 01/21/2019
	Data Release Frequency: Annually

# GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

## ICIS: Integrated Compliance Information System

The Integrated Compliance Information System (ICIS) supports the information needs of the national enforcement and compliance program as well as the unique needs of the National Pollutant Discharge Elimination System (NPDES) program.

Date of Government Version: 11/18/2016	Source: Environmental Protection Agency
Date Data Arrived at EDR: 11/23/2016	Telephone: 202-564-2501
Date Made Active in Reports: 02/10/2017	Last EDR Contact: 10/09/2018
Number of Days to Update: 79	Next Scheduled EDR Contact: 01/21/2019
	Data Release Frequency: Quarterly

**FTTS: FIFRA/ TSCA Tracking System - FIFRA (Federal Insecticide, Fungicide, & Rodenticide Act)/TSCA (Toxic Substances Control Act)**  
FTTS tracks administrative cases and pesticide enforcement actions and compliance activities related to FIFRA, TSCA and EPCRA (Emergency Planning and Community Right-to-Know Act). To maintain currency, EDR contacts the Agency on a quarterly basis.

Date of Government Version: 04/09/2009	Source: EPA/Office of Prevention, Pesticides and Toxic Substances
Date Data Arrived at EDR: 04/16/2009	Telephone: 202-566-1667
Date Made Active in Reports: 05/11/2009	Last EDR Contact: 08/18/2017
Number of Days to Update: 25	Next Scheduled EDR Contact: 12/04/2017
	Data Release Frequency: Quarterly

**FTTS INSP: FIFRA/ TSCA Tracking System - FIFRA (Federal Insecticide, Fungicide, & Rodenticide Act)/TSCA (Toxic Substances Control Act)**  
A listing of FIFRA/TSCA Tracking System (FTTS) inspections and enforcements.

Date of Government Version: 04/09/2009	Source: EPA
Date Data Arrived at EDR: 04/16/2009	Telephone: 202-566-1667
Date Made Active in Reports: 05/11/2009	Last EDR Contact: 08/18/2017
Number of Days to Update: 25	Next Scheduled EDR Contact: 12/04/2017
	Data Release Frequency: Quarterly

## MLTS: Material Licensing Tracking System

MLTS is maintained by the Nuclear Regulatory Commission and contains a list of approximately 8,100 sites which possess or use radioactive materials and which are subject to NRC licensing requirements. To maintain currency, EDR contacts the Agency on a quarterly basis.

Date of Government Version: 08/30/2016	Source: Nuclear Regulatory Commission
Date Data Arrived at EDR: 09/08/2016	Telephone: 301-415-7169
Date Made Active in Reports: 10/21/2016	Last EDR Contact: 09/28/2018
Number of Days to Update: 43	Next Scheduled EDR Contact: 11/05/2018
	Data Release Frequency: Quarterly

## COAL ASH DOE: Steam-Electric Plant Operation Data

A listing of power plants that store ash in surface ponds.

Date of Government Version: 12/31/2005	Source: Department of Energy
Date Data Arrived at EDR: 08/07/2009	Telephone: 202-586-8719
Date Made Active in Reports: 10/22/2009	Last EDR Contact: 09/07/2018
Number of Days to Update: 76	Next Scheduled EDR Contact: 12/17/2018
	Data Release Frequency: Varies

## COAL ASH EPA: Coal Combustion Residues Surface Impoundments List

A listing of coal combustion residues surface impoundments with high hazard potential ratings.

Date of Government Version: 07/01/2014	Source: Environmental Protection Agency
Date Data Arrived at EDR: 09/10/2014	Telephone: N/A
Date Made Active in Reports: 10/20/2014	Last EDR Contact: 09/04/2018
Number of Days to Update: 40	Next Scheduled EDR Contact: 12/17/2018
	Data Release Frequency: Varies

# GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

## PCB TRANSFORMER: PCB Transformer Registration Database

The database of PCB transformer registrations that includes all PCB registration submittals.

Date of Government Version: 05/24/2017	Source: Environmental Protection Agency
Date Data Arrived at EDR: 11/30/2017	Telephone: 202-566-0517
Date Made Active in Reports: 12/15/2017	Last EDR Contact: 07/27/2018
Number of Days to Update: 15	Next Scheduled EDR Contact: 11/05/2018
	Data Release Frequency: Varies

## RADINFO: Radiation Information Database

The Radiation Information Database (RADINFO) contains information about facilities that are regulated by U.S. Environmental Protection Agency (EPA) regulations for radiation and radioactivity.

Date of Government Version: 07/02/2018	Source: Environmental Protection Agency
Date Data Arrived at EDR: 07/05/2018	Telephone: 202-343-9775
Date Made Active in Reports: 10/05/2018	Last EDR Contact: 10/03/2018
Number of Days to Update: 92	Next Scheduled EDR Contact: 01/14/2019
	Data Release Frequency: Quarterly

## HIST FTTS: FIFRA/TSCA Tracking System Administrative Case Listing

A complete administrative case listing from the FIFRA/TSCA Tracking System (FTTS) for all ten EPA regions. The information was obtained from the National Compliance Database (NCDB). NCDB supports the implementation of FIFRA (Federal Insecticide, Fungicide, and Rodenticide Act) and TSCA (Toxic Substances Control Act). Some EPA regions are now closing out records. Because of that, and the fact that some EPA regions are not providing EPA Headquarters with updated records, it was decided to create a HIST FTTS database. It included records that may not be included in the newer FTTS database updates. This database is no longer updated.

Date of Government Version: 10/19/2006	Source: Environmental Protection Agency
Date Data Arrived at EDR: 03/01/2007	Telephone: 202-564-2501
Date Made Active in Reports: 04/10/2007	Last EDR Contact: 12/17/2007
Number of Days to Update: 40	Next Scheduled EDR Contact: 03/17/2008
	Data Release Frequency: No Update Planned

## HIST FTTS INSP: FIFRA/TSCA Tracking System Inspection & Enforcement Case Listing

A complete inspection and enforcement case listing from the FIFRA/TSCA Tracking System (FTTS) for all ten EPA regions. The information was obtained from the National Compliance Database (NCDB). NCDB supports the implementation of FIFRA (Federal Insecticide, Fungicide, and Rodenticide Act) and TSCA (Toxic Substances Control Act). Some EPA regions are now closing out records. Because of that, and the fact that some EPA regions are not providing EPA Headquarters with updated records, it was decided to create a HIST FTTS database. It included records that may not be included in the newer FTTS database updates. This database is no longer updated.

Date of Government Version: 10/19/2006	Source: Environmental Protection Agency
Date Data Arrived at EDR: 03/01/2007	Telephone: 202-564-2501
Date Made Active in Reports: 04/10/2007	Last EDR Contact: 12/17/2008
Number of Days to Update: 40	Next Scheduled EDR Contact: 03/17/2008
	Data Release Frequency: No Update Planned

## DOT OPS: Incident and Accident Data

Department of Transportation, Office of Pipeline Safety Incident and Accident data.

Date of Government Version: 07/31/2012	Source: Department of Transportation, Office of Pipeline Safety
Date Data Arrived at EDR: 08/07/2012	Telephone: 202-366-4595
Date Made Active in Reports: 09/18/2012	Last EDR Contact: 08/09/2018
Number of Days to Update: 42	Next Scheduled EDR Contact: 11/12/2018
	Data Release Frequency: Varies

## CONSENT: Superfund (CERCLA) Consent Decrees

Major legal settlements that establish responsibility and standards for cleanup at NPL (Superfund) sites. Released periodically by United States District Courts after settlement by parties to litigation matters.

# GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

Date of Government Version: 06/30/2018  
Date Data Arrived at EDR: 07/17/2018  
Date Made Active in Reports: 10/05/2018  
Number of Days to Update: 80

Source: Department of Justice, Consent Decree Library  
Telephone: Varies  
Last EDR Contact: 10/01/2018  
Next Scheduled EDR Contact: 12/31/2018  
Data Release Frequency: Varies

## BRS: Biennial Reporting System

The Biennial Reporting System is a national system administered by the EPA that collects data on the generation and management of hazardous waste. BRS captures detailed data from two groups: Large Quantity Generators (LQG) and Treatment, Storage, and Disposal Facilities.

Date of Government Version: 12/31/2015  
Date Data Arrived at EDR: 02/22/2017  
Date Made Active in Reports: 09/28/2017  
Number of Days to Update: 218

Source: EPA/NTIS  
Telephone: 800-424-9346  
Last EDR Contact: 08/24/2018  
Next Scheduled EDR Contact: 12/03/2018  
Data Release Frequency: Biennially

## INDIAN RESERV: Indian Reservations

This map layer portrays Indian administered lands of the United States that have any area equal to or greater than 640 acres.

Date of Government Version: 12/31/2014  
Date Data Arrived at EDR: 07/14/2015  
Date Made Active in Reports: 01/10/2017  
Number of Days to Update: 546

Source: USGS  
Telephone: 202-208-3710  
Last EDR Contact: 10/09/2018  
Next Scheduled EDR Contact: 01/21/2019  
Data Release Frequency: Semi-Annually

## FUSRAP: Formerly Utilized Sites Remedial Action Program

DOE established the Formerly Utilized Sites Remedial Action Program (FUSRAP) in 1974 to remediate sites where radioactive contamination remained from Manhattan Project and early U.S. Atomic Energy Commission (AEC) operations.

Date of Government Version: 08/08/2017  
Date Data Arrived at EDR: 09/11/2018  
Date Made Active in Reports: 09/14/2018  
Number of Days to Update: 3

Source: Department of Energy  
Telephone: 202-586-3559  
Last EDR Contact: 09/11/2018  
Next Scheduled EDR Contact: 11/19/2018  
Data Release Frequency: Varies

## UMTRA: Uranium Mill Tailings Sites

Uranium ore was mined by private companies for federal government use in national defense programs. When the mills shut down, large piles of the sand-like material (mill tailings) remain after uranium has been extracted from the ore. Levels of human exposure to radioactive materials from the piles are low; however, in some cases tailings were used as construction materials before the potential health hazards of the tailings were recognized.

Date of Government Version: 06/23/2017  
Date Data Arrived at EDR: 10/11/2017  
Date Made Active in Reports: 11/03/2017  
Number of Days to Update: 23

Source: Department of Energy  
Telephone: 505-845-0011  
Last EDR Contact: 08/20/2018  
Next Scheduled EDR Contact: 12/03/2018  
Data Release Frequency: Varies

## LEAD SMELTER 1: Lead Smelter Sites

A listing of former lead smelter site locations.

Date of Government Version: 07/17/2018  
Date Data Arrived at EDR: 08/09/2018  
Date Made Active in Reports: 10/05/2018  
Number of Days to Update: 57

Source: Environmental Protection Agency  
Telephone: 703-603-8787  
Last EDR Contact: 10/04/2018  
Next Scheduled EDR Contact: 01/14/2019  
Data Release Frequency: Varies

## LEAD SMELTER 2: Lead Smelter Sites

A list of several hundred sites in the U.S. where secondary lead smelting was done from 1931 and 1964. These sites may pose a threat to public health through ingestion or inhalation of contaminated soil or dust

# GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

Date of Government Version: 04/05/2001  
Date Data Arrived at EDR: 10/27/2010  
Date Made Active in Reports: 12/02/2010  
Number of Days to Update: 36

Source: American Journal of Public Health  
Telephone: 703-305-6451  
Last EDR Contact: 12/02/2009  
Next Scheduled EDR Contact: N/A  
Data Release Frequency: No Update Planned

## US AIRS (AFS): Aerometric Information Retrieval System Facility Subsystem (AFS)

The database is a sub-system of Aerometric Information Retrieval System (AIRS). AFS contains compliance data on air pollution point sources regulated by the U.S. EPA and/or state and local air regulatory agencies. This information comes from source reports by various stationary sources of air pollution, such as electric power plants, steel mills, factories, and universities, and provides information about the air pollutants they produce. Action, air program, air program pollutant, and general level plant data. It is used to track emissions and compliance data from industrial plants.

Date of Government Version: 10/12/2016  
Date Data Arrived at EDR: 10/26/2016  
Date Made Active in Reports: 02/03/2017  
Number of Days to Update: 100

Source: EPA  
Telephone: 202-564-2496  
Last EDR Contact: 09/26/2017  
Next Scheduled EDR Contact: 01/08/2018  
Data Release Frequency: Annually

## US AIRS MINOR: Air Facility System Data

A listing of minor source facilities.

Date of Government Version: 10/12/2016  
Date Data Arrived at EDR: 10/26/2016  
Date Made Active in Reports: 02/03/2017  
Number of Days to Update: 100

Source: EPA  
Telephone: 202-564-2496  
Last EDR Contact: 09/26/2017  
Next Scheduled EDR Contact: 01/08/2018  
Data Release Frequency: Annually

## US MINES: Mines Master Index File

Contains all mine identification numbers issued for mines active or opened since 1971. The data also includes violation information.

Date of Government Version: 08/01/2018  
Date Data Arrived at EDR: 08/29/2018  
Date Made Active in Reports: 10/05/2018  
Number of Days to Update: 37

Source: Department of Labor, Mine Safety and Health Administration  
Telephone: 303-231-5959  
Last EDR Contact: 08/29/2018  
Next Scheduled EDR Contact: 12/10/2018  
Data Release Frequency: Semi-Annually

## US MINES 2: Ferrous and Nonferrous Metal Mines Database Listing

This map layer includes ferrous (ferrous metal mines are facilities that extract ferrous metals, such as iron ore or molybdenum) and nonferrous (Nonferrous metal mines are facilities that extract nonferrous metals, such as gold, silver, copper, zinc, and lead) metal mines in the United States.

Date of Government Version: 12/05/2005  
Date Data Arrived at EDR: 02/29/2008  
Date Made Active in Reports: 04/18/2008  
Number of Days to Update: 49

Source: USGS  
Telephone: 703-648-7709  
Last EDR Contact: 08/31/2018  
Next Scheduled EDR Contact: 12/10/2018  
Data Release Frequency: Varies

## US MINES 3: Active Mines & Mineral Plants Database Listing

Active Mines and Mineral Processing Plant operations for commodities monitored by the Minerals Information Team of the USGS.

Date of Government Version: 04/14/2011  
Date Data Arrived at EDR: 06/08/2011  
Date Made Active in Reports: 09/13/2011  
Number of Days to Update: 97

Source: USGS  
Telephone: 703-648-7709  
Last EDR Contact: 08/31/2018  
Next Scheduled EDR Contact: 12/10/2018  
Data Release Frequency: Varies

# GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

## ABANDONED MINES: Abandoned Mines

An inventory of land and water impacted by past mining (primarily coal mining) is maintained by OSMRE to provide information needed to implement the Surface Mining Control and Reclamation Act of 1977 (SMCRA). The inventory contains information on the location, type, and extent of AML impacts, as well as, information on the cost associated with the reclamation of those problems. The inventory is based upon field surveys by State, Tribal, and OSMRE program officials. It is dynamic to the extent that it is modified as new problems are identified and existing problems are reclaimed.

Date of Government Version: 09/10/2018	Source: Department of Interior
Date Data Arrived at EDR: 09/11/2018	Telephone: 202-208-2609
Date Made Active in Reports: 09/14/2018	Last EDR Contact: 09/10/2018
Number of Days to Update: 3	Next Scheduled EDR Contact: 12/24/2018
	Data Release Frequency: Quarterly

## FINDS: Facility Index System/Facility Registry System

Facility Index System. FINDS contains both facility information and 'pointers' to other sources that contain more detail. EDR includes the following FINDS databases in this report: PCS (Permit Compliance System), AIRS (Aerometric Information Retrieval System), DOCKET (Enforcement Docket used to manage and track information on civil judicial enforcement cases for all environmental statutes), FURS (Federal Underground Injection Control), C-DOCKET (Criminal Docket System used to track criminal enforcement actions for all environmental statutes), FFIS (Federal Facilities Information System), STATE (State Environmental Laws and Statutes), and PADS (PCB Activity Data System).

Date of Government Version: 08/07/2018	Source: EPA
Date Data Arrived at EDR: 09/05/2018	Telephone: (415) 947-8000
Date Made Active in Reports: 10/05/2018	Last EDR Contact: 09/18/2018
Number of Days to Update: 30	Next Scheduled EDR Contact: 12/17/2018
	Data Release Frequency: Quarterly

## UXO: Unexploded Ordnance Sites

A listing of unexploded ordnance site locations

Date of Government Version: 09/30/2017	Source: Department of Defense
Date Data Arrived at EDR: 06/19/2018	Telephone: 703-704-1564
Date Made Active in Reports: 09/14/2018	Last EDR Contact: 10/15/2018
Number of Days to Update: 87	Next Scheduled EDR Contact: 01/28/2019
	Data Release Frequency: Varies

## ECHO: Enforcement & Compliance History Information

ECHO provides integrated compliance and enforcement information for about 800,000 regulated facilities nationwide.

Date of Government Version: 09/02/2018	Source: Environmental Protection Agency
Date Data Arrived at EDR: 09/05/2018	Telephone: 202-564-2280
Date Made Active in Reports: 09/14/2018	Last EDR Contact: 09/05/2018
Number of Days to Update: 9	Next Scheduled EDR Contact: 12/17/2018
	Data Release Frequency: Quarterly

## DOCKET HWC: Hazardous Waste Compliance Docket Listing

A complete list of the Federal Agency Hazardous Waste Compliance Docket Facilities.

Date of Government Version: 05/31/2018	Source: Environmental Protection Agency
Date Data Arrived at EDR: 07/26/2018	Telephone: 202-564-0527
Date Made Active in Reports: 10/05/2018	Last EDR Contact: 08/31/2018
Number of Days to Update: 71	Next Scheduled EDR Contact: 12/10/2018
	Data Release Frequency: Varies

## FUELS PROGRAM: EPA Fuels Program Registered Listing

This listing includes facilities that are registered under the Part 80 (Code of Federal Regulations) EPA Fuels Programs. All companies now are required to submit new and updated registrations.

# GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

Date of Government Version: 08/22/2018  
Date Data Arrived at EDR: 08/22/2018  
Date Made Active in Reports: 10/05/2018  
Number of Days to Update: 44

Source: EPA  
Telephone: 800-385-6164  
Last EDR Contact: 08/22/2018  
Next Scheduled EDR Contact: 12/03/2018  
Data Release Frequency: Quarterly

## CA BOND EXP. PLAN: Bond Expenditure Plan

Department of Health Services developed a site-specific expenditure plan as the basis for an appropriation of Hazardous Substance Cleanup Bond Act funds. It is not updated.

Date of Government Version: 01/01/1989  
Date Data Arrived at EDR: 07/27/1994  
Date Made Active in Reports: 08/02/1994  
Number of Days to Update: 6

Source: Department of Health Services  
Telephone: 916-255-2118  
Last EDR Contact: 05/31/1994  
Next Scheduled EDR Contact: N/A  
Data Release Frequency: No Update Planned

## CORTESE: "Cortese" Hazardous Waste & Substances Sites List

The sites for the list are designated by the State Water Resource Control Board (LUST), the Integrated Waste Board (SWF/LS), and the Department of Toxic Substances Control (Cal-Sites).

Date of Government Version: 06/25/2018  
Date Data Arrived at EDR: 06/27/2018  
Date Made Active in Reports: 08/06/2018  
Number of Days to Update: 40

Source: CAL EPA/Office of Emergency Information  
Telephone: 916-323-3400  
Last EDR Contact: 09/25/2018  
Next Scheduled EDR Contact: 01/07/2019  
Data Release Frequency: Quarterly

## CUPA LIVERMORE-PLEASANTON: CUPA Facility Listing

list of facilities associated with the various CUPA programs in Livermore-Pleasanton

Date of Government Version: 04/03/2018  
Date Data Arrived at EDR: 05/07/2018  
Date Made Active in Reports: 06/15/2018  
Number of Days to Update: 39

Source: Livermore-Pleasanton Fire Department  
Telephone: 925-454-2361  
Last EDR Contact: 08/24/2018  
Next Scheduled EDR Contact: 11/26/2018  
Data Release Frequency: Varies

## CUPA SAN FRANCISCO CO: CUPA Facility Listing

Cupa facilities

Date of Government Version: 09/11/2018  
Date Data Arrived at EDR: 09/12/2018  
Date Made Active in Reports: 09/19/2018  
Number of Days to Update: 7

Source: San Francisco County Department of Environmental Health  
Telephone: 415-252-3896  
Last EDR Contact: 08/01/2018  
Next Scheduled EDR Contact: 11/19/2018  
Data Release Frequency: Varies

## DRYCLEAN SOUTH COAST: South Coast Air Quality Management District Drycleaner Listing

A listing of dry cleaners in the South Coast Air Quality Management District

Date of Government Version: 08/24/2018  
Date Data Arrived at EDR: 08/30/2018  
Date Made Active in Reports: 10/01/2018  
Number of Days to Update: 32

Source: South Coast Air Quality Management District  
Telephone: 909-396-3211  
Last EDR Contact: 10/05/2018  
Next Scheduled EDR Contact: 12/10/2018  
Data Release Frequency: Varies

## DRYCLEAN AVAQMD: Antelope Valley Air Quality Management District Drycleaner Listing

A listing of dry cleaners in the Antelope Valley Air Quality Management District.

Date of Government Version: 06/25/2018  
Date Data Arrived at EDR: 06/28/2018  
Date Made Active in Reports: 08/06/2018  
Number of Days to Update: 39

Source: Antelope Valley Air Quality Management District  
Telephone: 661-723-8070  
Last EDR Contact: 10/15/2018  
Next Scheduled EDR Contact: 12/17/2018  
Data Release Frequency: Varies

# GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

## DRYCLEANERS: Cleaner Facilities

A list of drycleaner related facilities that have EPA ID numbers. These are facilities with certain SIC codes: power laundries, family and commercial; garment pressing and cleaner's agents; linen supply; coin-operated laundries and cleaning; drycleaning plants, except rugs; carpet and upholster cleaning; industrial launderers; laundry and garment services.

Date of Government Version: 05/31/2018  
Date Data Arrived at EDR: 06/20/2018  
Date Made Active in Reports: 08/06/2018  
Number of Days to Update: 47

Source: Department of Toxic Substance Control  
Telephone: 916-327-4498  
Last EDR Contact: 08/29/2018  
Next Scheduled EDR Contact: 12/17/2018  
Data Release Frequency: Annually

## EMI: Emissions Inventory Data

Toxics and criteria pollutant emissions data collected by the ARB and local air pollution agencies.

Date of Government Version: 12/31/2017  
Date Data Arrived at EDR: 06/20/2018  
Date Made Active in Reports: 08/06/2018  
Number of Days to Update: 47

Source: California Air Resources Board  
Telephone: 916-322-2990  
Last EDR Contact: 09/21/2018  
Next Scheduled EDR Contact: 12/31/2018  
Data Release Frequency: Varies

## ENF: Enforcement Action Listing

A listing of Water Board Enforcement Actions. Formal is everything except Oral/Verbal Communication, Notice of Violation, Expedited Payment Letter, and Staff Enforcement Letter.

Date of Government Version: 08/01/2018  
Date Data Arrived at EDR: 08/02/2018  
Date Made Active in Reports: 09/07/2018  
Number of Days to Update: 36

Source: State Water Resources Control Board  
Telephone: 916-445-9379  
Last EDR Contact: 08/01/2018  
Next Scheduled EDR Contact: 11/05/2018  
Data Release Frequency: Varies

## Financial Assurance 1: Financial Assurance Information Listing

Financial Assurance information

Date of Government Version: 07/17/2018  
Date Data Arrived at EDR: 07/24/2018  
Date Made Active in Reports: 09/10/2018  
Number of Days to Update: 48

Source: Department of Toxic Substances Control  
Telephone: 916-255-3628  
Last EDR Contact: 07/17/2018  
Next Scheduled EDR Contact: 11/05/2018  
Data Release Frequency: Varies

## Financial Assurance 2: Financial Assurance Information Listing

A listing of financial assurance information for solid waste facilities. Financial assurance is intended to ensure that resources are available to pay for the cost of closure, post-closure care, and corrective measures if the owner or operator of a regulated facility is unable or unwilling to pay.

Date of Government Version: 08/14/2018  
Date Data Arrived at EDR: 08/16/2018  
Date Made Active in Reports: 09/10/2018  
Number of Days to Update: 25

Source: California Integrated Waste Management Board  
Telephone: 916-341-6066  
Last EDR Contact: 08/07/2018  
Next Scheduled EDR Contact: 11/26/2018  
Data Release Frequency: Varies

## HAZNET: Facility and Manifest Data

Facility and Manifest Data. The data is extracted from the copies of hazardous waste manifests received each year by the DTSC. The annual volume of manifests is typically 700,000 - 1,000,000 annually, representing approximately 350,000 - 500,000 shipments. Data are from the manifests submitted without correction, and therefore many contain some invalid values for data elements such as generator ID, TSD ID, waste category, and disposal method. This database begins with calendar year 1993.

Date of Government Version: 12/31/2016  
Date Data Arrived at EDR: 07/12/2017  
Date Made Active in Reports: 10/17/2017  
Number of Days to Update: 97

Source: California Environmental Protection Agency  
Telephone: 916-255-1136  
Last EDR Contact: 10/10/2018  
Next Scheduled EDR Contact: 01/21/2019  
Data Release Frequency: Annually

# GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

## ICE: ICE

Contains data pertaining to the Permitted Facilities with Inspections / Enforcements sites tracked in Envirostor.

Date of Government Version: 08/20/2018	Source: Department of Toxic Substances Control
Date Data Arrived at EDR: 08/21/2018	Telephone: 877-786-9427
Date Made Active in Reports: 09/10/2018	Last EDR Contact: 08/21/2018
Number of Days to Update: 20	Next Scheduled EDR Contact: 12/03/2018
	Data Release Frequency: Quarterly

## HIST CORTESE: Hazardous Waste & Substance Site List

The sites for the list are designated by the State Water Resource Control Board [LUST], the Integrated Waste Board [SWF/LS], and the Department of Toxic Substances Control [CALSITES]. This listing is no longer updated by the state agency.

Date of Government Version: 04/01/2001	Source: Department of Toxic Substances Control
Date Data Arrived at EDR: 01/22/2009	Telephone: 916-323-3400
Date Made Active in Reports: 04/08/2009	Last EDR Contact: 01/22/2009
Number of Days to Update: 76	Next Scheduled EDR Contact: N/A
	Data Release Frequency: No Update Planned

## HWP: EnviroStor Permitted Facilities Listing

Detailed information on permitted hazardous waste facilities and corrective action ("cleanups") tracked in EnviroStor.

Date of Government Version: 08/20/2018	Source: Department of Toxic Substances Control
Date Data Arrived at EDR: 08/21/2018	Telephone: 916-323-3400
Date Made Active in Reports: 09/10/2018	Last EDR Contact: 08/21/2018
Number of Days to Update: 20	Next Scheduled EDR Contact: 12/03/2018
	Data Release Frequency: Quarterly

## HWT: Registered Hazardous Waste Transporter Database

A listing of hazardous waste transporters. In California, unless specifically exempted, it is unlawful for any person to transport hazardous wastes unless the person holds a valid registration issued by DTSC. A hazardous waste transporter registration is valid for one year and is assigned a unique registration number.

Date of Government Version: 07/09/2018	Source: Department of Toxic Substances Control
Date Data Arrived at EDR: 07/11/2018	Telephone: 916-440-7145
Date Made Active in Reports: 08/24/2018	Last EDR Contact: 10/10/2018
Number of Days to Update: 44	Next Scheduled EDR Contact: 01/21/2019
	Data Release Frequency: Quarterly

## MINES: Mines Site Location Listing

A listing of mine site locations from the Office of Mine Reclamation.

Date of Government Version: 09/10/2018	Source: Department of Conservation
Date Data Arrived at EDR: 09/12/2018	Telephone: 916-322-1080
Date Made Active in Reports: 10/09/2018	Last EDR Contact: 09/12/2018
Number of Days to Update: 27	Next Scheduled EDR Contact: 12/24/2018
	Data Release Frequency: Quarterly

## MWMP: Medical Waste Management Program Listing

The Medical Waste Management Program (MWMP) ensures the proper handling and disposal of medical waste by permitting and inspecting medical waste Offsite Treatment Facilities (PDF) and Transfer Stations (PDF) throughout the state. MWMP also oversees all Medical Waste Transporters.

Date of Government Version: 08/28/2018	Source: Department of Public Health
Date Data Arrived at EDR: 09/05/2018	Telephone: 916-558-1784
Date Made Active in Reports: 10/03/2018	Last EDR Contact: 09/05/2018
Number of Days to Update: 28	Next Scheduled EDR Contact: 12/17/2018
	Data Release Frequency: Varies

# GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

## NPDES: NPDES Permits Listing

A listing of NPDES permits, including stormwater.

Date of Government Version: 08/09/2018	Source: State Water Resources Control Board
Date Data Arrived at EDR: 08/10/2018	Telephone: 916-445-9379
Date Made Active in Reports: 09/10/2018	Last EDR Contact: 08/10/2018
Number of Days to Update: 31	Next Scheduled EDR Contact: 11/26/2018
	Data Release Frequency: Quarterly

## PEST LIC: Pesticide Regulation Licenses Listing

A listing of licenses and certificates issued by the Department of Pesticide Regulation. The DPR issues licenses and/or certificates to: Persons and businesses that apply or sell pesticides; Pest control dealers and brokers; Persons who advise on agricultural pesticide applications.

Date of Government Version: 09/04/2018	Source: Department of Pesticide Regulation
Date Data Arrived at EDR: 09/05/2018	Telephone: 916-445-4038
Date Made Active in Reports: 10/03/2018	Last EDR Contact: 09/05/2018
Number of Days to Update: 28	Next Scheduled EDR Contact: 12/17/2018
	Data Release Frequency: Quarterly

## PROC: Certified Processors Database

A listing of certified processors.

Date of Government Version: 09/10/2018	Source: Department of Conservation
Date Data Arrived at EDR: 09/12/2018	Telephone: 916-323-3836
Date Made Active in Reports: 10/15/2018	Last EDR Contact: 09/12/2018
Number of Days to Update: 33	Next Scheduled EDR Contact: 12/24/2018
	Data Release Frequency: Quarterly

## NOTIFY 65: Proposition 65 Records

Listings of all Proposition 65 incidents reported to counties by the State Water Resources Control Board and the Regional Water Quality Control Board. This database is no longer updated by the reporting agency.

Date of Government Version: 06/18/2018	Source: State Water Resources Control Board
Date Data Arrived at EDR: 06/20/2018	Telephone: 916-445-3846
Date Made Active in Reports: 08/06/2018	Last EDR Contact: 09/17/2018
Number of Days to Update: 47	Next Scheduled EDR Contact: 12/31/2018
	Data Release Frequency: No Update Planned

## UIC: UIC Listing

A listing of wells identified as underground injection wells, in the California Oil and Gas Wells database.

Date of Government Version: 04/27/2018	Source: Department of Conservation
Date Data Arrived at EDR: 06/13/2018	Telephone: 916-445-2408
Date Made Active in Reports: 07/17/2018	Last EDR Contact: 09/13/2018
Number of Days to Update: 34	Next Scheduled EDR Contact: 12/24/2018
	Data Release Frequency: Varies

## WASTEWATER PITS: Oil Wastewater Pits Listing

Water officials discovered that oil producers have been dumping chemical-laden wastewater into hundreds of unlined pits that are operating without proper permits. Inspections completed by the Central Valley Regional Water Quality Control Board revealed the existence of previously unidentified waste sites. The water boards review found that more than one-third of the region's active disposal pits are operating without permission.

Date of Government Version: 05/08/2018	Source: RWQCB, Central Valley Region
Date Data Arrived at EDR: 07/11/2018	Telephone: 559-445-5577
Date Made Active in Reports: 09/13/2018	Last EDR Contact: 10/12/2018
Number of Days to Update: 64	Next Scheduled EDR Contact: 01/21/2019
	Data Release Frequency: Varies

# GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

## WDS: Waste Discharge System

Sites which have been issued waste discharge requirements.

Date of Government Version: 06/19/2007	Source: State Water Resources Control Board
Date Data Arrived at EDR: 06/20/2007	Telephone: 916-341-5227
Date Made Active in Reports: 06/29/2007	Last EDR Contact: 08/17/2018
Number of Days to Update: 9	Next Scheduled EDR Contact: 12/03/2018
	Data Release Frequency: Quarterly

## WIP: Well Investigation Program Case List

Well Investigation Program case in the San Gabriel and San Fernando Valley area.

Date of Government Version: 07/03/2009	Source: Los Angeles Water Quality Control Board
Date Data Arrived at EDR: 07/21/2009	Telephone: 213-576-6726
Date Made Active in Reports: 08/03/2009	Last EDR Contact: 09/25/2018
Number of Days to Update: 13	Next Scheduled EDR Contact: 01/07/2019
	Data Release Frequency: Varies

## CIWQS: California Integrated Water Quality System

The California Integrated Water Quality System (CIWQS) is a computer system used by the State and Regional Water Quality Control Boards to track information about places of environmental interest, manage permits and other orders, track inspections, and manage violations and enforcement activities.

Date of Government Version: 09/04/2018	Source: State Water Resources Control Board
Date Data Arrived at EDR: 09/05/2018	Telephone: 866-794-4977
Date Made Active in Reports: 10/02/2018	Last EDR Contact: 09/05/2018
Number of Days to Update: 27	Next Scheduled EDR Contact: 12/17/2018
	Data Release Frequency: Varies

## WDR: Waste Discharge Requirements Listing

In general, the Waste Discharge Requirements (WDRs) Program (sometimes also referred to as the "Non Chapter 15 (Non 15) Program") regulates point discharges that are exempt pursuant to Subsection 20090 of Title 27 and not subject to the Federal Water Pollution Control Act. Exemptions from Title 27 may be granted for nine categories of discharges (e.g., sewage, wastewater, etc.) that meet, and continue to meet, the preconditions listed for each specific exemption. The scope of the WDRs Program also includes the discharge of wastes classified as inert, pursuant to section 20230 of Title 27.

Date of Government Version: 09/10/2018	Source: State Water Resources Control Board
Date Data Arrived at EDR: 09/12/2018	Telephone: 916-341-5810
Date Made Active in Reports: 10/09/2018	Last EDR Contact: 09/12/2018
Number of Days to Update: 27	Next Scheduled EDR Contact: 12/24/2018
	Data Release Frequency: Quarterly

## WELL STIM PROJ: Well Stimulation Project (GEOTRACKER)

Includes areas of groundwater monitoring plans, a depiction of the monitoring network, and the facilities, boundaries, and subsurface characteristics of the oilfield and the features (oil and gas wells, produced water ponds, UIC wells, water supply wells, etc?) being monitored

Date of Government Version: 09/10/2018	Source: State Water Resources Control Board
Date Data Arrived at EDR: 09/12/2018	Telephone: 866-480-1028
Date Made Active in Reports: 10/09/2018	Last EDR Contact: 12/12/2018
Number of Days to Update: 27	Next Scheduled EDR Contact: 12/24/2018
	Data Release Frequency: Varies

## MILITARY PRIV SITES: Military Privatized Sites (GEOTRACKER)

Military privatized sites

Date of Government Version: 09/10/2018	Source: State Water Resources Control Board
Date Data Arrived at EDR: 09/12/2018	Telephone: 866-480-1028
Date Made Active in Reports: 10/09/2018	Last EDR Contact: 12/12/2018
Number of Days to Update: 27	Next Scheduled EDR Contact: 12/24/2018
	Data Release Frequency: Varies

# GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

## OTHER OIL GAS: Other Oil & Gas Projects Sites (GEOTRACKER)

Other Oil & Gas Projects sites

Date of Government Version: 09/10/2018  
Date Data Arrived at EDR: 09/12/2018  
Date Made Active in Reports: 10/09/2018  
Number of Days to Update: 27

Source: State Water Resources Control Board  
Telephone: 866-480-1028  
Last EDR Contact: 12/12/2018  
Next Scheduled EDR Contact: 12/24/2018  
Data Release Frequency: Varies

## CERS: CalEPA Regulated Site Portal Data

The CalEPA Regulated Site Portal database combines data about environmentally regulated sites and facilities in California into a single database. It combines data from a variety of state and federal databases, and provides an overview of regulated activities across the spectrum of environmental programs for any given location in California. These activities include hazardous materials and waste, state and federal cleanups, impacted ground and surface waters, and toxic materials

Date of Government Version: 07/23/2018  
Date Data Arrived at EDR: 07/25/2018  
Date Made Active in Reports: 09/05/2018  
Number of Days to Update: 42

Source: California Environmental Protection Agency  
Telephone: 916-323-2514  
Last EDR Contact: 07/25/2018  
Next Scheduled EDR Contact: 11/05/2018  
Data Release Frequency: Varies

## UIC GEO: Underground Injection Control Sites (GEOTRACKER)

Underground control injection sites

Date of Government Version: 09/10/2018  
Date Data Arrived at EDR: 09/12/2018  
Date Made Active in Reports: 10/09/2018  
Number of Days to Update: 27

Source: State Water Resource Control Board  
Telephone: 866-480-1028  
Last EDR Contact: 12/12/2018  
Next Scheduled EDR Contact: 12/24/2018  
Data Release Frequency: Varies

## SAMPLING POINT: Sampling Point ? Public Sites (GEOTRACKER)

Sampling point - public sites

Date of Government Version: 09/10/2018  
Date Data Arrived at EDR: 09/12/2018  
Date Made Active in Reports: 10/09/2018  
Number of Days to Update: 27

Source: State Water Resources Control Board  
Telephone: 866-480-1028  
Last EDR Contact: 12/12/2018  
Next Scheduled EDR Contact: 12/24/2018  
Data Release Frequency: Varies

## NON-CASE INFO: Non-Case Information Sites (GEOTRACKER)

Non-Case Information sites

Date of Government Version: 09/10/2018  
Date Data Arrived at EDR: 09/12/2018  
Date Made Active in Reports: 10/09/2018  
Number of Days to Update: 27

Source: State Water Resources Control Board  
Telephone: 866-480-1028  
Last EDR Contact: 12/12/2018  
Next Scheduled EDR Contact: 12/24/2018  
Data Release Frequency: Varies

## PROJECT: Project Sites (GEOTRACKER)

Projects sites

Date of Government Version: 09/10/2018  
Date Data Arrived at EDR: 09/12/2018  
Date Made Active in Reports: 10/09/2018  
Number of Days to Update: 27

Source: State Water Resources Control Board  
Telephone: 866-480-1028  
Last EDR Contact: 12/12/2018  
Next Scheduled EDR Contact: 12/24/2018  
Data Release Frequency: Varies

## PROD WATER PONDS: Produced Water Ponds Sites (GEOTRACKER)

Produced water ponds sites

# GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

Date of Government Version: 09/10/2018  
Date Data Arrived at EDR: 09/12/2018  
Date Made Active in Reports: 10/09/2018  
Number of Days to Update: 27

Source: State Water Resources Control Board  
Telephone: 866-480-1028  
Last EDR Contact: 12/12/2018  
Next Scheduled EDR Contact: 12/24/2018  
Data Release Frequency: Varies

## EDR HIGH RISK HISTORICAL RECORDS

### *EDR Exclusive Records*

#### EDR MGP: EDR Proprietary Manufactured Gas Plants

The EDR Proprietary Manufactured Gas Plant Database includes records of coal gas plants (manufactured gas plants) compiled by EDR's researchers. Manufactured gas sites were used in the United States from the 1800's to 1950's to produce a gas that could be distributed and used as fuel. These plants used whale oil, rosin, coal, or a mixture of coal, oil, and water that also produced a significant amount of waste. Many of the byproducts of the gas production, such as coal tar (oily waste containing volatile and non-volatile chemicals), sludges, oils and other compounds are potentially hazardous to human health and the environment. The byproduct from this process was frequently disposed of directly at the plant site and can remain or spread slowly, serving as a continuous source of soil and groundwater contamination.

Date of Government Version: N/A  
Date Data Arrived at EDR: N/A  
Date Made Active in Reports: N/A  
Number of Days to Update: N/A

Source: EDR, Inc.  
Telephone: N/A  
Last EDR Contact: N/A  
Next Scheduled EDR Contact: N/A  
Data Release Frequency: No Update Planned

#### EDR Hist Auto: EDR Exclusive Historical Auto Stations

EDR has searched selected national collections of business directories and has collected listings of potential gas station/filling station/service station sites that were available to EDR researchers. EDR's review was limited to those categories of sources that might, in EDR's opinion, include gas station/filling station/service station establishments. The categories reviewed included, but were not limited to gas, gas station, gasoline station, filling station, auto, automobile repair, auto service station, service station, etc. This database falls within a category of information EDR classifies as "High Risk Historical Records", or HRHR. EDR's HRHR effort presents unique and sometimes proprietary data about past sites and operations that typically create environmental concerns, but may not show up in current government records searches.

Date of Government Version: N/A  
Date Data Arrived at EDR: N/A  
Date Made Active in Reports: N/A  
Number of Days to Update: N/A

Source: EDR, Inc.  
Telephone: N/A  
Last EDR Contact: N/A  
Next Scheduled EDR Contact: N/A  
Data Release Frequency: Varies

#### EDR Hist Cleaner: EDR Exclusive Historical Cleaners

EDR has searched selected national collections of business directories and has collected listings of potential dry cleaner sites that were available to EDR researchers. EDR's review was limited to those categories of sources that might, in EDR's opinion, include dry cleaning establishments. The categories reviewed included, but were not limited to dry cleaners, cleaners, laundry, laundromat, cleaning/laundry, wash & dry etc. This database falls within a category of information EDR classifies as "High Risk Historical Records", or HRHR. EDR's HRHR effort presents unique and sometimes proprietary data about past sites and operations that typically create environmental concerns, but may not show up in current government records searches.

Date of Government Version: N/A  
Date Data Arrived at EDR: N/A  
Date Made Active in Reports: N/A  
Number of Days to Update: N/A

Source: EDR, Inc.  
Telephone: N/A  
Last EDR Contact: N/A  
Next Scheduled EDR Contact: N/A  
Data Release Frequency: Varies

## EDR RECOVERED GOVERNMENT ARCHIVES

### *Exclusive Recovered Govt. Archives*

# GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

## RGA LF: Recovered Government Archive Solid Waste Facilities List

The EDR Recovered Government Archive Landfill database provides a list of landfills derived from historical databases and includes many records that no longer appear in current government lists. Compiled from Records formerly available from the Department of Resources Recycling and Recovery in California.

Date of Government Version: N/A	Source: Department of Resources Recycling and Recovery
Date Data Arrived at EDR: 07/01/2013	Telephone: N/A
Date Made Active in Reports: 01/13/2014	Last EDR Contact: 06/01/2012
Number of Days to Update: 196	Next Scheduled EDR Contact: N/A
	Data Release Frequency: Varies

## RGA LUST: Recovered Government Archive Leaking Underground Storage Tank

The EDR Recovered Government Archive Leaking Underground Storage Tank database provides a list of LUST incidents derived from historical databases and includes many records that no longer appear in current government lists. Compiled from Records formerly available from the State Water Resources Control Board in California.

Date of Government Version: N/A	Source: State Water Resources Control Board
Date Data Arrived at EDR: 07/01/2013	Telephone: N/A
Date Made Active in Reports: 12/30/2013	Last EDR Contact: 06/01/2012
Number of Days to Update: 182	Next Scheduled EDR Contact: N/A
	Data Release Frequency: Varies

## COUNTY RECORDS

### ALAMEDA COUNTY:

#### CS ALAMEDA: Contaminated Sites

A listing of contaminated sites overseen by the Toxic Release Program (oil and groundwater contamination from chemical releases and spills) and the Leaking Underground Storage Tank Program (soil and ground water contamination from leaking petroleum USTs).

Date of Government Version: 08/03/2018	Source: Alameda County Environmental Health Services
Date Data Arrived at EDR: 08/06/2018	Telephone: 510-567-6700
Date Made Active in Reports: 09/05/2018	Last EDR Contact: 10/05/2018
Number of Days to Update: 30	Next Scheduled EDR Contact: 01/21/2019
	Data Release Frequency: Semi-Annually

#### UST ALAMEDA: Underground Tanks

Underground storage tank sites located in Alameda county.

Date of Government Version: 07/06/2018	Source: Alameda County Environmental Health Services
Date Data Arrived at EDR: 07/10/2018	Telephone: 510-567-6700
Date Made Active in Reports: 09/11/2018	Last EDR Contact: 10/05/2018
Number of Days to Update: 63	Next Scheduled EDR Contact: 04/24/2047
	Data Release Frequency: Semi-Annually

### AMADOR COUNTY:

#### CUPA AMADOR: CUPA Facility List

Cupa Facility List

Date of Government Version: 07/01/2018	Source: Amador County Environmental Health
Date Data Arrived at EDR: 07/24/2018	Telephone: 209-223-6439
Date Made Active in Reports: 08/20/2018	Last EDR Contact: 08/29/2018
Number of Days to Update: 27	Next Scheduled EDR Contact: 12/17/2018
	Data Release Frequency: Varies

### BUTTE COUNTY:

# GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

CUPA BUTTE: CUPA Facility Listing  
Cupa facility list.

Date of Government Version: 04/21/2017  
Date Data Arrived at EDR: 04/25/2017  
Date Made Active in Reports: 08/09/2017  
Number of Days to Update: 106

Source: Public Health Department  
Telephone: 530-538-7149  
Last EDR Contact: 10/05/2018  
Next Scheduled EDR Contact: 01/21/2019  
Data Release Frequency: No Update Planned

CALVERAS COUNTY:

CUPA CALVERAS: CUPA Facility Listing  
Cupa Facility Listing

Date of Government Version: 08/02/2018  
Date Data Arrived at EDR: 08/06/2018  
Date Made Active in Reports: 08/20/2018  
Number of Days to Update: 14

Source: Calveras County Environmental Health  
Telephone: 209-754-6399  
Last EDR Contact: 09/24/2018  
Next Scheduled EDR Contact: 01/07/2019  
Data Release Frequency: Quarterly

COLUSA COUNTY:

CUPA COLUSA: CUPA Facility List  
Cupa facility list.

Date of Government Version: 05/23/2018  
Date Data Arrived at EDR: 05/24/2018  
Date Made Active in Reports: 07/13/2018  
Number of Days to Update: 50

Source: Health & Human Services  
Telephone: 530-458-0396  
Last EDR Contact: 08/17/2018  
Next Scheduled EDR Contact: 11/19/2018  
Data Release Frequency: Semi-Annually

CONTRA COSTA COUNTY:

SL CONTRA COSTA: Site List

List includes sites from the underground tank, hazardous waste generator and business plan/2185 programs.

Date of Government Version: 08/20/2018  
Date Data Arrived at EDR: 08/21/2018  
Date Made Active in Reports: 09/11/2018  
Number of Days to Update: 21

Source: Contra Costa Health Services Department  
Telephone: 925-646-2286  
Last EDR Contact: 07/30/2018  
Next Scheduled EDR Contact: 11/12/2018  
Data Release Frequency: Semi-Annually

DEL NORTE COUNTY:

CUPA DEL NORTE: CUPA Facility List  
Cupa Facility list

Date of Government Version: 04/27/2018  
Date Data Arrived at EDR: 05/02/2018  
Date Made Active in Reports: 06/15/2018  
Number of Days to Update: 44

Source: Del Norte County Environmental Health Division  
Telephone: 707-465-0426  
Last EDR Contact: 07/24/2018  
Next Scheduled EDR Contact: 11/12/2018  
Data Release Frequency: Varies

EL DORADO COUNTY:

# GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

## CUPA EL DORADO: CUPA Facility List CUPA facility list.

Date of Government Version: 09/04/2018  
Date Data Arrived at EDR: 09/05/2018  
Date Made Active in Reports: 09/18/2018  
Number of Days to Update: 13

Source: El Dorado County Environmental Management Department  
Telephone: 530-621-6623  
Last EDR Contact: 07/30/2018  
Next Scheduled EDR Contact: 11/12/2018  
Data Release Frequency: Varies

## FRESNO COUNTY:

### CUPA FRESNO: CUPA Resources List

Certified Unified Program Agency. CUPA's are responsible for implementing a unified hazardous materials and hazardous waste management regulatory program. The agency provides oversight of businesses that deal with hazardous materials, operate underground storage tanks or aboveground storage tanks.

Date of Government Version: 07/11/2018  
Date Data Arrived at EDR: 07/17/2018  
Date Made Active in Reports: 08/30/2018  
Number of Days to Update: 44

Source: Dept. of Community Health  
Telephone: 559-445-3271  
Last EDR Contact: 10/15/2018  
Next Scheduled EDR Contact: 01/14/2019  
Data Release Frequency: Semi-Annually

## GLENN COUNTY:

### CUPA GLENN: CUPA Facility List Cupa facility list

Date of Government Version: 01/22/2018  
Date Data Arrived at EDR: 01/24/2018  
Date Made Active in Reports: 03/14/2018  
Number of Days to Update: 49

Source: Glenn County Air Pollution Control District  
Telephone: 830-934-6500  
Last EDR Contact: 07/17/2018  
Next Scheduled EDR Contact: 11/05/2018  
Data Release Frequency: Varies

## HUMBOLDT COUNTY:

### CUPA HUMBOLDT: CUPA Facility List CUPA facility list.

Date of Government Version: 07/11/2018  
Date Data Arrived at EDR: 07/13/2018  
Date Made Active in Reports: 08/22/2018  
Number of Days to Update: 40

Source: Humboldt County Environmental Health  
Telephone: N/A  
Last EDR Contact: 08/20/2018  
Next Scheduled EDR Contact: 12/03/2018  
Data Release Frequency: Semi-Annually

## IMPERIAL COUNTY:

### CUPA IMPERIAL: CUPA Facility List Cupa facility list.

Date of Government Version: 07/17/2018  
Date Data Arrived at EDR: 07/24/2018  
Date Made Active in Reports: 09/05/2018  
Number of Days to Update: 43

Source: San Diego Border Field Office  
Telephone: 760-339-2777  
Last EDR Contact: 07/17/2018  
Next Scheduled EDR Contact: 11/05/2018  
Data Release Frequency: Varies

## INYO COUNTY:

# GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

## CUPA INYO: CUPA Facility List Cupa facility list.

Date of Government Version: 04/02/2018  
Date Data Arrived at EDR: 04/03/2018  
Date Made Active in Reports: 06/14/2018  
Number of Days to Update: 72

Source: Inyo County Environmental Health Services  
Telephone: 760-878-0238  
Last EDR Contact: 10/15/2018  
Next Scheduled EDR Contact: 12/03/2018  
Data Release Frequency: Varies

## KERN COUNTY:

### UST KERN: Underground Storage Tank Sites & Tank Listing Kern County Sites and Tanks Listing.

Date of Government Version: 07/20/2018  
Date Data Arrived at EDR: 07/25/2018  
Date Made Active in Reports: 09/12/2018  
Number of Days to Update: 49

Source: Kern County Environment Health Services Department  
Telephone: 661-862-8700  
Last EDR Contact: 07/20/2018  
Next Scheduled EDR Contact: 11/19/2018  
Data Release Frequency: Quarterly

## KINGS COUNTY:

### CUPA KINGS: CUPA Facility List

A listing of sites included in the county's Certified Unified Program Agency database. California's Secretary for Environmental Protection established the unified hazardous materials and hazardous waste regulatory program as required by chapter 6.11 of the California Health and Safety Code. The Unified Program consolidates the administration, permits, inspections, and enforcement activities.

Date of Government Version: 08/23/2018  
Date Data Arrived at EDR: 08/24/2018  
Date Made Active in Reports: 09/18/2018  
Number of Days to Update: 25

Source: Kings County Department of Public Health  
Telephone: 559-584-1411  
Last EDR Contact: 08/17/2018  
Next Scheduled EDR Contact: 12/03/2018  
Data Release Frequency: Varies

## LAKE COUNTY:

### CUPA LAKE: CUPA Facility List Cupa facility list

Date of Government Version: 08/08/2018  
Date Data Arrived at EDR: 08/09/2018  
Date Made Active in Reports: 08/22/2018  
Number of Days to Update: 13

Source: Lake County Environmental Health  
Telephone: 707-263-1164  
Last EDR Contact: 10/15/2018  
Next Scheduled EDR Contact: 01/28/2019  
Data Release Frequency: Varies

## LASSEN COUNTY:

### CUPA LASSEN: CUPA Facility List Cupa facility list

Date of Government Version: 07/27/2018  
Date Data Arrived at EDR: 08/06/2018  
Date Made Active in Reports: 09/05/2018  
Number of Days to Update: 30

Source: Lassen County Environmental Health  
Telephone: 530-251-8528  
Last EDR Contact: 08/01/2018  
Next Scheduled EDR Contact: 11/05/2018  
Data Release Frequency: Varies

## LOS ANGELES COUNTY:

# GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

## AOCONCERN: San Gabriel Valley Areas of Concern

San Gabriel Valley areas where VOC contamination is at or above the MCL as designated by region 9 EPA office.

Date of Government Version: 03/30/2009  
Date Data Arrived at EDR: 03/31/2009  
Date Made Active in Reports: 10/23/2009  
Number of Days to Update: 206

Source: EPA Region 9  
Telephone: 415-972-3178  
Last EDR Contact: 09/17/2018  
Next Scheduled EDR Contact: 12/31/2018  
Data Release Frequency: No Update Planned

## HMS LOS ANGELES: HMS: Street Number List

Industrial Waste and Underground Storage Tank Sites.

Date of Government Version: 07/02/2018  
Date Data Arrived at EDR: 07/13/2018  
Date Made Active in Reports: 09/10/2018  
Number of Days to Update: 59

Source: Department of Public Works  
Telephone: 626-458-3517  
Last EDR Contact: 10/05/2018  
Next Scheduled EDR Contact: 01/21/2019  
Data Release Frequency: Semi-Annually

## LF LOS ANGELES: List of Solid Waste Facilities

Solid Waste Facilities in Los Angeles County.

Date of Government Version: 07/16/2018  
Date Data Arrived at EDR: 07/18/2018  
Date Made Active in Reports: 08/24/2018  
Number of Days to Update: 37

Source: La County Department of Public Works  
Telephone: 818-458-5185  
Last EDR Contact: 07/18/2018  
Next Scheduled EDR Contact: 10/29/2018  
Data Release Frequency: Varies

## LF LOS ANGELES CITY: City of Los Angeles Landfills

Landfills owned and maintained by the City of Los Angeles.

Date of Government Version: 01/01/2018  
Date Data Arrived at EDR: 05/01/2018  
Date Made Active in Reports: 05/14/2018  
Number of Days to Update: 13

Source: Engineering & Construction Division  
Telephone: 213-473-7869  
Last EDR Contact: 10/15/2018  
Next Scheduled EDR Contact: 01/28/2019  
Data Release Frequency: Varies

## SITE MIT LOS ANGELES: Site Mitigation List

Industrial sites that have had some sort of spill or complaint.

Date of Government Version: 04/01/2018  
Date Data Arrived at EDR: 04/17/2018  
Date Made Active in Reports: 06/19/2018  
Number of Days to Update: 63

Source: Community Health Services  
Telephone: 323-890-7806  
Last EDR Contact: 07/20/2018  
Next Scheduled EDR Contact: 10/29/2018  
Data Release Frequency: Annually

## UST EL SEGUNDO: City of El Segundo Underground Storage Tank

Underground storage tank sites located in El Segundo city.

Date of Government Version: 01/21/2017  
Date Data Arrived at EDR: 04/19/2017  
Date Made Active in Reports: 05/10/2017  
Number of Days to Update: 21

Source: City of El Segundo Fire Department  
Telephone: 310-524-2236  
Last EDR Contact: 10/15/2018  
Next Scheduled EDR Contact: 01/28/2019  
Data Release Frequency: Semi-Annually

## UST LONG BEACH: City of Long Beach Underground Storage Tank

Underground storage tank sites located in the city of Long Beach.

Date of Government Version: 03/09/2017  
Date Data Arrived at EDR: 03/10/2017  
Date Made Active in Reports: 05/03/2017  
Number of Days to Update: 54

Source: City of Long Beach Fire Department  
Telephone: 562-570-2563  
Last EDR Contact: 07/17/2018  
Next Scheduled EDR Contact: 11/05/2018  
Data Release Frequency: Annually

# GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

UST TORRANCE: City of Torrance Underground Storage Tank  
Underground storage tank sites located in the city of Torrance.

Date of Government Version: 01/04/2018	Source: City of Torrance Fire Department
Date Data Arrived at EDR: 01/05/2018	Telephone: 310-618-2973
Date Made Active in Reports: 01/18/2018	Last EDR Contact: 10/05/2018
Number of Days to Update: 13	Next Scheduled EDR Contact: 01/21/2019
	Data Release Frequency: Semi-Annually

MADERA COUNTY:

CUPA MADERA: CUPA Facility List

A listing of sites included in the county's Certified Unified Program Agency database. California's Secretary for Environmental Protection established the unified hazardous materials and hazardous waste regulatory program as required by chapter 6.11 of the California Health and Safety Code. The Unified Program consolidates the administration, permits, inspections, and enforcement activities.

Date of Government Version: 08/30/2018	Source: Madera County Environmental Health
Date Data Arrived at EDR: 09/04/2018	Telephone: 559-675-7823
Date Made Active in Reports: 09/19/2018	Last EDR Contact: 08/17/2018
Number of Days to Update: 15	Next Scheduled EDR Contact: 12/03/2018
	Data Release Frequency: Varies

MARIN COUNTY:

UST MARIN: Underground Storage Tank Sites  
Currently permitted USTs in Marin County.

Date of Government Version: 07/11/2018	Source: Public Works Department Waste Management
Date Data Arrived at EDR: 07/17/2018	Telephone: 415-473-6647
Date Made Active in Reports: 09/12/2018	Last EDR Contact: 10/01/2018
Number of Days to Update: 57	Next Scheduled EDR Contact: 01/14/2019
	Data Release Frequency: Semi-Annually

MERCED COUNTY:

CUPA MERCED: CUPA Facility List  
CUPA facility list.

Date of Government Version: 08/29/2018	Source: Merced County Environmental Health
Date Data Arrived at EDR: 08/31/2018	Telephone: 209-381-1094
Date Made Active in Reports: 09/19/2018	Last EDR Contact: 08/29/2018
Number of Days to Update: 19	Next Scheduled EDR Contact: 12/03/2018
	Data Release Frequency: Varies

MONO COUNTY:

CUPA MONO: CUPA Facility List  
CUPA Facility List

Date of Government Version: 07/18/2018	Source: Mono County Health Department
Date Data Arrived at EDR: 09/04/2018	Telephone: 760-932-5580
Date Made Active in Reports: 09/19/2018	Last EDR Contact: 08/24/2018
Number of Days to Update: 15	Next Scheduled EDR Contact: 12/10/2018
	Data Release Frequency: Varies

MONTEREY COUNTY:

# GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

## CUPA MONTEREY: CUPA Facility Listing

CUPA Program listing from the Environmental Health Division.

Date of Government Version: 07/30/2018  
Date Data Arrived at EDR: 08/02/2018  
Date Made Active in Reports: 09/05/2018  
Number of Days to Update: 34

Source: Monterey County Health Department  
Telephone: 831-796-1297  
Last EDR Contact: 10/01/2018  
Next Scheduled EDR Contact: 01/14/2019  
Data Release Frequency: Varies

## NAPA COUNTY:

### LUST NAPA: Sites With Reported Contamination

A listing of leaking underground storage tank sites located in Napa county.

Date of Government Version: 01/09/2017  
Date Data Arrived at EDR: 01/11/2017  
Date Made Active in Reports: 03/02/2017  
Number of Days to Update: 50

Source: Napa County Department of Environmental Management  
Telephone: 707-253-4269  
Last EDR Contact: 08/24/2018  
Next Scheduled EDR Contact: 12/10/2018  
Data Release Frequency: No Update Planned

### UST NAPA: Closed and Operating Underground Storage Tank Sites

Underground storage tank sites located in Napa county.

Date of Government Version: 08/27/2018  
Date Data Arrived at EDR: 08/28/2018  
Date Made Active in Reports: 10/03/2018  
Number of Days to Update: 36

Source: Napa County Department of Environmental Management  
Telephone: 707-253-4269  
Last EDR Contact: 08/24/2018  
Next Scheduled EDR Contact: 12/10/2018  
Data Release Frequency: No Update Planned

## NEVADA COUNTY:

### CUPA NEVADA: CUPA Facility List

CUPA facility list.

Date of Government Version: 07/31/2018  
Date Data Arrived at EDR: 08/02/2018  
Date Made Active in Reports: 09/05/2018  
Number of Days to Update: 34

Source: Community Development Agency  
Telephone: 530-265-1467  
Last EDR Contact: 07/24/2018  
Next Scheduled EDR Contact: 11/12/2018  
Data Release Frequency: Varies

## ORANGE COUNTY:

### IND\_SITE ORANGE: List of Industrial Site Cleanups

Petroleum and non-petroleum spills.

Date of Government Version: 07/13/2018  
Date Data Arrived at EDR: 08/08/2018  
Date Made Active in Reports: 09/10/2018  
Number of Days to Update: 33

Source: Health Care Agency  
Telephone: 714-834-3446  
Last EDR Contact: 05/07/2018  
Next Scheduled EDR Contact: 11/19/2018  
Data Release Frequency: Annually

### LUST ORANGE: List of Underground Storage Tank Cleanups

Orange County Underground Storage Tank Cleanups (LUST).

Date of Government Version: 07/13/2018  
Date Data Arrived at EDR: 08/08/2018  
Date Made Active in Reports: 09/10/2018  
Number of Days to Update: 33

Source: Health Care Agency  
Telephone: 714-834-3446  
Last EDR Contact: 08/03/2018  
Next Scheduled EDR Contact: 11/19/2018  
Data Release Frequency: Quarterly

# GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

## UST ORANGE: List of Underground Storage Tank Facilities

Orange County Underground Storage Tank Facilities (UST).

Date of Government Version: 07/13/2018  
Date Data Arrived at EDR: 08/06/2018  
Date Made Active in Reports: 09/12/2018  
Number of Days to Update: 37

Source: Health Care Agency  
Telephone: 714-834-3446  
Last EDR Contact: 08/06/2018  
Next Scheduled EDR Contact: 11/19/2018  
Data Release Frequency: Quarterly

## PLACER COUNTY:

### MS PLACER: Master List of Facilities

List includes aboveground tanks, underground tanks and cleanup sites.

Date of Government Version: 09/04/2018  
Date Data Arrived at EDR: 09/06/2018  
Date Made Active in Reports: 10/03/2018  
Number of Days to Update: 27

Source: Placer County Health and Human Services  
Telephone: 530-745-2363  
Last EDR Contact: 08/29/2018  
Next Scheduled EDR Contact: 12/17/2018  
Data Release Frequency: Semi-Annually

## PLUMAS COUNTY:

### CUPA PLUMAS: CUPA Facility List

Plumas County CUPA Program facilities.

Date of Government Version: 07/19/2018  
Date Data Arrived at EDR: 07/25/2018  
Date Made Active in Reports: 09/05/2018  
Number of Days to Update: 42

Source: Plumas County Environmental Health  
Telephone: 530-283-6355  
Last EDR Contact: 07/17/2018  
Next Scheduled EDR Contact: 11/05/2018  
Data Release Frequency: Varies

## RIVERSIDE COUNTY:

### LUST RIVERSIDE: Listing of Underground Tank Cleanup Sites

Riverside County Underground Storage Tank Cleanup Sites (LUST).

Date of Government Version: 07/09/2018  
Date Data Arrived at EDR: 07/13/2018  
Date Made Active in Reports: 08/24/2018  
Number of Days to Update: 42

Source: Department of Environmental Health  
Telephone: 951-358-5055  
Last EDR Contact: 09/17/2018  
Next Scheduled EDR Contact: 12/31/2018  
Data Release Frequency: Quarterly

### UST RIVERSIDE: Underground Storage Tank Tank List

Underground storage tank sites located in Riverside county.

Date of Government Version: 07/09/2018  
Date Data Arrived at EDR: 07/13/2018  
Date Made Active in Reports: 09/12/2018  
Number of Days to Update: 61

Source: Department of Environmental Health  
Telephone: 951-358-5055  
Last EDR Contact: 09/17/2018  
Next Scheduled EDR Contact: 12/31/2018  
Data Release Frequency: Quarterly

## SACRAMENTO COUNTY:

### CS SACRAMENTO: Toxic Site Clean-Up List

List of sites where unauthorized releases of potentially hazardous materials have occurred.

# GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

Date of Government Version: 05/07/2018  
Date Data Arrived at EDR: 07/03/2018  
Date Made Active in Reports: 08/13/2018  
Number of Days to Update: 41

Source: Sacramento County Environmental Management  
Telephone: 916-875-8406  
Last EDR Contact: 10/02/2018  
Next Scheduled EDR Contact: 01/14/2019  
Data Release Frequency: Quarterly

## ML SACRAMENTO: Master Hazardous Materials Facility List

Any business that has hazardous materials on site - hazardous material storage sites, underground storage tanks, waste generators.

Date of Government Version: 05/14/2018  
Date Data Arrived at EDR: 07/03/2018  
Date Made Active in Reports: 08/13/2018  
Number of Days to Update: 41

Source: Sacramento County Environmental Management  
Telephone: 916-875-8406  
Last EDR Contact: 10/02/2018  
Next Scheduled EDR Contact: 01/14/2019  
Data Release Frequency: Quarterly

## SAN BENITO COUNTY:

### CUPA SAN BENITO: CUPA Facility List

Cupa facility list

Date of Government Version: 08/07/2018  
Date Data Arrived at EDR: 08/09/2018  
Date Made Active in Reports: 09/05/2018  
Number of Days to Update: 27

Source: San Benito County Environmental Health  
Telephone: N/A  
Last EDR Contact: 08/01/2018  
Next Scheduled EDR Contact: 11/19/2018  
Data Release Frequency: Varies

## SAN BERNARDINO COUNTY:

### PERMITS SAN BERNARDINO: Hazardous Material Permits

This listing includes underground storage tanks, medical waste handlers/generators, hazardous materials handlers, hazardous waste generators, and waste oil generators/handlers.

Date of Government Version: 07/27/2018  
Date Data Arrived at EDR: 07/31/2018  
Date Made Active in Reports: 09/10/2018  
Number of Days to Update: 41

Source: San Bernardino County Fire Department Hazardous Materials Division  
Telephone: 909-387-3041  
Last EDR Contact: 07/24/2018  
Next Scheduled EDR Contact: 11/19/2018  
Data Release Frequency: Quarterly

## SAN DIEGO COUNTY:

### HMMD SAN DIEGO: Hazardous Materials Management Division Database

The database includes: HE58 - This report contains the business name, site address, business phone number, establishment 'H' permit number, type of permit, and the business status. HE17 - In addition to providing the same information provided in the HE58 listing, HE17 provides inspection dates, violations received by the establishment, hazardous waste generated, the quantity, method of storage, treatment/disposal of waste and the hauler, and information on underground storage tanks. Unauthorized Release List - Includes a summary of environmental contamination cases in San Diego County (underground tank cases, non-tank cases, groundwater contamination, and soil contamination are included.)

Date of Government Version: 06/04/2018  
Date Data Arrived at EDR: 06/06/2018  
Date Made Active in Reports: 07/17/2018  
Number of Days to Update: 41

Source: Hazardous Materials Management Division  
Telephone: 619-338-2268  
Last EDR Contact: 09/06/2018  
Next Scheduled EDR Contact: 12/17/2018  
Data Release Frequency: Quarterly

# GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

## LF SAN DIEGO: Solid Waste Facilities

San Diego County Solid Waste Facilities.

Date of Government Version: 04/18/2018  
Date Data Arrived at EDR: 04/24/2018  
Date Made Active in Reports: 06/19/2018  
Number of Days to Update: 56

Source: Department of Health Services  
Telephone: 619-338-2209  
Last EDR Contact: 07/17/2018  
Next Scheduled EDR Contact: 11/05/2018  
Data Release Frequency: Varies

## SAN DIEGO CO LOP: Local Oversight Program Listing

A listing of all LOP release sites that are or were under the County of San Diego's jurisdiction. Included are closed or transferred cases, open cases, and cases that did not have a case type indicated. The cases without a case type are mostly complaints; however, some of them could be LOP cases.

Date of Government Version: 07/17/2018  
Date Data Arrived at EDR: 07/24/2018  
Date Made Active in Reports: 08/24/2018  
Number of Days to Update: 31

Source: Department of Environmental Health  
Telephone: 858-505-6874  
Last EDR Contact: 07/17/2018  
Next Scheduled EDR Contact: 11/05/2018  
Data Release Frequency: Varies

## SAN DIEGO CO. SAM: Environmental Case Listing

The listing contains all underground tank release cases and projects pertaining to properties contaminated with hazardous substances that are actively under review by the Site Assessment and Mitigation Program.

Date of Government Version: 03/23/2010  
Date Data Arrived at EDR: 06/15/2010  
Date Made Active in Reports: 07/09/2010  
Number of Days to Update: 24

Source: San Diego County Department of Environmental Health  
Telephone: 619-338-2371  
Last EDR Contact: 08/29/2018  
Next Scheduled EDR Contact: 12/17/2018  
Data Release Frequency: No Update Planned

## SAN FRANCISCO COUNTY:

### LUST SAN FRANCISCO: Local Oversight Facilities

A listing of leaking underground storage tank sites located in San Francisco county.

Date of Government Version: 09/19/2008  
Date Data Arrived at EDR: 09/19/2008  
Date Made Active in Reports: 09/29/2008  
Number of Days to Update: 10

Source: Department Of Public Health San Francisco County  
Telephone: 415-252-3920  
Last EDR Contact: 08/01/2018  
Next Scheduled EDR Contact: 11/19/2018  
Data Release Frequency: Quarterly

### UST SAN FRANCISCO: Underground Storage Tank Information

Underground storage tank sites located in San Francisco county.

Date of Government Version: 09/17/2018  
Date Data Arrived at EDR: 09/18/2018  
Date Made Active in Reports: 10/03/2018  
Number of Days to Update: 15

Source: Department of Public Health  
Telephone: 415-252-3920  
Last EDR Contact: 08/01/2018  
Next Scheduled EDR Contact: 11/19/2018  
Data Release Frequency: Quarterly

## SAN JOAQUIN COUNTY:

### UST SAN JOAQUIN: San Joaquin Co. UST

A listing of underground storage tank locations in San Joaquin county.

Date of Government Version: 06/22/2018  
Date Data Arrived at EDR: 06/26/2018  
Date Made Active in Reports: 07/11/2018  
Number of Days to Update: 15

Source: Environmental Health Department  
Telephone: N/A  
Last EDR Contact: 09/17/2018  
Next Scheduled EDR Contact: 12/31/2018  
Data Release Frequency: Semi-Annually

## SAN LUIS OBISPO COUNTY:

# GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

## CUPA SAN LUIS OBISPO: CUPA Facility List Cupa Facility List.

Date of Government Version: 08/20/2018  
Date Data Arrived at EDR: 08/21/2018  
Date Made Active in Reports: 09/07/2018  
Number of Days to Update: 17

Source: San Luis Obispo County Public Health Department  
Telephone: 805-781-5596  
Last EDR Contact: 08/17/2018  
Next Scheduled EDR Contact: 12/03/2018  
Data Release Frequency: Varies

## SAN MATEO COUNTY:

### BI SAN MATEO: Business Inventory

List includes Hazardous Materials Business Plan, hazardous waste generators, and underground storage tanks.

Date of Government Version: 06/12/2018  
Date Data Arrived at EDR: 06/15/2018  
Date Made Active in Reports: 08/06/2018  
Number of Days to Update: 52

Source: San Mateo County Environmental Health Services Division  
Telephone: 650-363-1921  
Last EDR Contact: 09/10/2018  
Next Scheduled EDR Contact: 12/24/2018  
Data Release Frequency: Annually

### LUST SAN MATEO: Fuel Leak List

A listing of leaking underground storage tank sites located in San Mateo county.

Date of Government Version: 06/12/2018  
Date Data Arrived at EDR: 06/15/2018  
Date Made Active in Reports: 08/13/2018  
Number of Days to Update: 59

Source: San Mateo County Environmental Health Services Division  
Telephone: 650-363-1921  
Last EDR Contact: 09/10/2018  
Next Scheduled EDR Contact: 12/24/2018  
Data Release Frequency: Semi-Annually

## SANTA BARBARA COUNTY:

### CUPA SANTA BARBARA: CUPA Facility Listing

CUPA Program Listing from the Environmental Health Services division.

Date of Government Version: 09/08/2011  
Date Data Arrived at EDR: 09/09/2011  
Date Made Active in Reports: 10/07/2011  
Number of Days to Update: 28

Source: Santa Barbara County Public Health Department  
Telephone: 805-686-8167  
Last EDR Contact: 08/17/2018  
Next Scheduled EDR Contact: 12/03/2018  
Data Release Frequency: Varies

## SANTA CLARA COUNTY:

### CUPA SANTA CLARA: Cupa Facility List

Cupa facility list

Date of Government Version: 08/17/2018  
Date Data Arrived at EDR: 08/22/2018  
Date Made Active in Reports: 09/07/2018  
Number of Days to Update: 16

Source: Department of Environmental Health  
Telephone: 408-918-1973  
Last EDR Contact: 08/17/2018  
Next Scheduled EDR Contact: 12/03/2018  
Data Release Frequency: Varies

### HIST LUST SANTA CLARA: HIST LUST - Fuel Leak Site Activity Report

A listing of open and closed leaking underground storage tanks. This listing is no longer updated by the county. Leaking underground storage tanks are now handled by the Department of Environmental Health.

Date of Government Version: 03/29/2005  
Date Data Arrived at EDR: 03/30/2005  
Date Made Active in Reports: 04/21/2005  
Number of Days to Update: 22

Source: Santa Clara Valley Water District  
Telephone: 408-265-2600  
Last EDR Contact: 03/23/2009  
Next Scheduled EDR Contact: 06/22/2009  
Data Release Frequency: No Update Planned

# GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

## LUST SANTA CLARA: LOP Listing

A listing of leaking underground storage tanks located in Santa Clara county.

Date of Government Version: 03/03/2014  
Date Data Arrived at EDR: 03/05/2014  
Date Made Active in Reports: 03/18/2014  
Number of Days to Update: 13

Source: Department of Environmental Health  
Telephone: 408-918-3417  
Last EDR Contact: 08/24/2018  
Next Scheduled EDR Contact: 12/10/2018  
Data Release Frequency: Annually

## SAN JOSE HAZMAT: Hazardous Material Facilities

Hazardous material facilities, including underground storage tank sites.

Date of Government Version: 08/01/2018  
Date Data Arrived at EDR: 08/06/2018  
Date Made Active in Reports: 09/11/2018  
Number of Days to Update: 36

Source: City of San Jose Fire Department  
Telephone: 408-535-7694  
Last EDR Contact: 08/01/2018  
Next Scheduled EDR Contact: 11/19/2018  
Data Release Frequency: Annually

## SANTA CRUZ COUNTY:

### CUPA SANTA CRUZ: CUPA Facility List CUPA facility listing.

Date of Government Version: 01/21/2017  
Date Data Arrived at EDR: 02/22/2017  
Date Made Active in Reports: 05/23/2017  
Number of Days to Update: 90

Source: Santa Cruz County Environmental Health  
Telephone: 831-464-2761  
Last EDR Contact: 08/17/2018  
Next Scheduled EDR Contact: 12/03/2018  
Data Release Frequency: Varies

## SHASTA COUNTY:

### CUPA SHASTA: CUPA Facility List Cupa Facility List.

Date of Government Version: 06/15/2017  
Date Data Arrived at EDR: 06/19/2017  
Date Made Active in Reports: 08/09/2017  
Number of Days to Update: 51

Source: Shasta County Department of Resource Management  
Telephone: 530-225-5789  
Last EDR Contact: 08/17/2018  
Next Scheduled EDR Contact: 12/03/2018  
Data Release Frequency: Varies

## SOLANO COUNTY:

### LUST SOLANO: Leaking Underground Storage Tanks

A listing of leaking underground storage tank sites located in Solano county.

Date of Government Version: 06/04/2018  
Date Data Arrived at EDR: 06/08/2018  
Date Made Active in Reports: 07/18/2018  
Number of Days to Update: 40

Source: Solano County Department of Environmental Management  
Telephone: 707-784-6770  
Last EDR Contact: 08/29/2018  
Next Scheduled EDR Contact: 12/17/2018  
Data Release Frequency: Quarterly

### UST SOLANO: Underground Storage Tanks

Underground storage tank sites located in Solano county.

Date of Government Version: 06/04/2018  
Date Data Arrived at EDR: 06/12/2018  
Date Made Active in Reports: 07/12/2018  
Number of Days to Update: 30

Source: Solano County Department of Environmental Management  
Telephone: 707-784-6770  
Last EDR Contact: 08/29/2018  
Next Scheduled EDR Contact: 12/17/2018  
Data Release Frequency: Quarterly

## SONOMA COUNTY:

# GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

## CUPA SONOMA: Cupa Facility List Cupa Facility list

Date of Government Version: 06/19/2018  
Date Data Arrived at EDR: 06/26/2018  
Date Made Active in Reports: 07/17/2018  
Number of Days to Update: 21

Source: County of Sonoma Fire & Emergency Services Department  
Telephone: 707-565-1174  
Last EDR Contact: 09/24/2018  
Next Scheduled EDR Contact: 01/07/2019  
Data Release Frequency: Varies

## LUST SONOMA: Leaking Underground Storage Tank Sites

A listing of leaking underground storage tank sites located in Sonoma county.

Date of Government Version: 07/03/2018  
Date Data Arrived at EDR: 07/10/2018  
Date Made Active in Reports: 08/24/2018  
Number of Days to Update: 45

Source: Department of Health Services  
Telephone: 707-565-6565  
Last EDR Contact: 09/24/2018  
Next Scheduled EDR Contact: 01/07/2019  
Data Release Frequency: Quarterly

## STANISLAUS COUNTY:

### CUPA STANISLAUS: CUPA Facility List Cupa facility list

Date of Government Version: 08/14/2018  
Date Data Arrived at EDR: 08/16/2018  
Date Made Active in Reports: 08/24/2018  
Number of Days to Update: 8

Source: Stanislaus County Department of Environmental Protection  
Telephone: 209-525-6751  
Last EDR Contact: 10/15/2018  
Next Scheduled EDR Contact: 01/28/2019  
Data Release Frequency: Varies

## SUTTER COUNTY:

### UST SUTTER: Underground Storage Tanks

Underground storage tank sites located in Sutter county.

Date of Government Version: 06/04/2018  
Date Data Arrived at EDR: 06/08/2018  
Date Made Active in Reports: 07/11/2018  
Number of Days to Update: 33

Source: Sutter County Department of Agriculture  
Telephone: 530-822-7500  
Last EDR Contact: 09/17/2018  
Next Scheduled EDR Contact: 12/17/2018  
Data Release Frequency: Semi-Annually

## TEHAMA COUNTY:

### CUPA TEHAMA: CUPA Facility List Cupa facilities

Date of Government Version: 07/17/2018  
Date Data Arrived at EDR: 08/02/2018  
Date Made Active in Reports: 09/07/2018  
Number of Days to Update: 36

Source: Tehama County Department of Environmental Health  
Telephone: 530-527-8020  
Last EDR Contact: 08/01/2018  
Next Scheduled EDR Contact: 11/19/2018  
Data Release Frequency: Varies

## TRINITY COUNTY:

### CUPA TRINITY: CUPA Facility List Cupa facility list

# GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

Date of Government Version: 07/17/2018  
Date Data Arrived at EDR: 07/24/2018  
Date Made Active in Reports: 09/07/2018  
Number of Days to Update: 45

Source: Department of Toxic Substances Control  
Telephone: 760-352-0381  
Last EDR Contact: 07/17/2018  
Next Scheduled EDR Contact: 11/05/2018  
Data Release Frequency: Varies

## TULARE COUNTY:

### CUPA TULARE: CUPA Facility List Cupa program facilities

Date of Government Version: 09/13/2018  
Date Data Arrived at EDR: 09/14/2018  
Date Made Active in Reports: 09/19/2018  
Number of Days to Update: 5

Source: Tulare County Environmental Health Services Division  
Telephone: 559-624-7400  
Last EDR Contact: 09/13/2018  
Next Scheduled EDR Contact: 11/19/2018  
Data Release Frequency: Varies

## TUOLUMNE COUNTY:

### CUPA TUOLUMNE: CUPA Facility List Cupa facility list

Date of Government Version: 04/23/2018  
Date Data Arrived at EDR: 04/25/2018  
Date Made Active in Reports: 06/25/2018  
Number of Days to Update: 61

Source: Division of Environmental Health  
Telephone: 209-533-5633  
Last EDR Contact: 07/17/2018  
Next Scheduled EDR Contact: 11/05/2018  
Data Release Frequency: Varies

## VENTURA COUNTY:

### BWT VENTURA: Business Plan, Hazardous Waste Producers, and Operating Underground Tanks

The BWT list indicates by site address whether the Environmental Health Division has Business Plan (B), Waste Producer (W), and/or Underground Tank (T) information.

Date of Government Version: 07/02/2018  
Date Data Arrived at EDR: 07/26/2018  
Date Made Active in Reports: 09/05/2018  
Number of Days to Update: 41

Source: Ventura County Environmental Health Division  
Telephone: 805-654-2813  
Last EDR Contact: 07/23/2018  
Next Scheduled EDR Contact: 11/05/2018  
Data Release Frequency: Quarterly

### LF VENTURA: Inventory of Illegal Abandoned and Inactive Sites

Ventura County Inventory of Closed, Illegal Abandoned, and Inactive Sites.

Date of Government Version: 12/01/2011  
Date Data Arrived at EDR: 12/01/2011  
Date Made Active in Reports: 01/19/2012  
Number of Days to Update: 49

Source: Environmental Health Division  
Telephone: 805-654-2813  
Last EDR Contact: 10/01/2018  
Next Scheduled EDR Contact: 01/14/2019  
Data Release Frequency: Annually

### LUST VENTURA: Listing of Underground Tank Cleanup Sites

Ventura County Underground Storage Tank Cleanup Sites (LUST).

Date of Government Version: 05/29/2008  
Date Data Arrived at EDR: 06/24/2008  
Date Made Active in Reports: 07/31/2008  
Number of Days to Update: 37

Source: Environmental Health Division  
Telephone: 805-654-2813  
Last EDR Contact: 08/07/2018  
Next Scheduled EDR Contact: 11/26/2018  
Data Release Frequency: Quarterly

# GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

## MED WASTE VENTURA: Medical Waste Program List

To protect public health and safety and the environment from potential exposure to disease causing agents, the Environmental Health Division Medical Waste Program regulates the generation, handling, storage, treatment and disposal of medical waste throughout the County.

Date of Government Version: 07/02/2018	Source: Ventura County Resource Management Agency
Date Data Arrived at EDR: 07/26/2018	Telephone: 805-654-2813
Date Made Active in Reports: 08/24/2018	Last EDR Contact: 07/23/2018
Number of Days to Update: 29	Next Scheduled EDR Contact: 11/05/2018
	Data Release Frequency: Quarterly

## UST VENTURA: Underground Tank Closed Sites List

Ventura County Operating Underground Storage Tank Sites (UST)/Underground Tank Closed Sites List.

Date of Government Version: 09/04/2018	Source: Environmental Health Division
Date Data Arrived at EDR: 09/12/2018	Telephone: 805-654-2813
Date Made Active in Reports: 10/04/2018	Last EDR Contact: 09/12/2018
Number of Days to Update: 22	Next Scheduled EDR Contact: 12/24/2018
	Data Release Frequency: Quarterly

## YOLO COUNTY:

### UST YOLO: Underground Storage Tank Comprehensive Facility Report

Underground storage tank sites located in Yolo county.

Date of Government Version: 06/20/2018	Source: Yolo County Department of Health
Date Data Arrived at EDR: 07/03/2018	Telephone: 530-666-8646
Date Made Active in Reports: 07/12/2018	Last EDR Contact: 10/15/2018
Number of Days to Update: 9	Next Scheduled EDR Contact: 01/14/2019
	Data Release Frequency: Annually

## YUBA COUNTY:

### CUPA YUBA: CUPA Facility List

CUPA facility listing for Yuba County.

Date of Government Version: 05/10/2018	Source: Yuba County Environmental Health Department
Date Data Arrived at EDR: 05/15/2018	Telephone: 530-749-7523
Date Made Active in Reports: 06/15/2018	Last EDR Contact: 08/07/2018
Number of Days to Update: 31	Next Scheduled EDR Contact: 11/12/2018
	Data Release Frequency: Varies

## OTHER DATABASE(S)

Depending on the geographic area covered by this report, the data provided in these specialty databases may or may not be complete. For example, the existence of wetlands information data in a specific report does not mean that all wetlands in the area covered by the report are included. Moreover, the absence of any reported wetlands information does not necessarily mean that wetlands do not exist in the area covered by the report.

### CT MANIFEST: Hazardous Waste Manifest Data

Facility and manifest data. Manifest is a document that lists and tracks hazardous waste from the generator through transporters to a tsd facility.

Date of Government Version: 08/10/2018	Source: Department of Energy & Environmental Protection
Date Data Arrived at EDR: 08/10/2018	Telephone: 860-424-3375
Date Made Active in Reports: 09/10/2018	Last EDR Contact: 08/09/2018
Number of Days to Update: 31	Next Scheduled EDR Contact: 11/26/2018
	Data Release Frequency: No Update Planned

# GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

## NJ MANIFEST: Manifest Information

Hazardous waste manifest information.

Date of Government Version: 12/31/2017  
Date Data Arrived at EDR: 07/13/2018  
Date Made Active in Reports: 08/01/2018  
Number of Days to Update: 19

Source: Department of Environmental Protection  
Telephone: N/A  
Last EDR Contact: 10/09/2018  
Next Scheduled EDR Contact: 01/21/2019  
Data Release Frequency: Annually

## NY MANIFEST: Facility and Manifest Data

Manifest is a document that lists and tracks hazardous waste from the generator through transporters to a TSD facility.

Date of Government Version: 07/01/2018  
Date Data Arrived at EDR: 08/01/2018  
Date Made Active in Reports: 08/31/2018  
Number of Days to Update: 30

Source: Department of Environmental Conservation  
Telephone: 518-402-8651  
Last EDR Contact: 08/01/2018  
Next Scheduled EDR Contact: 11/12/2018  
Data Release Frequency: Quarterly

## PA MANIFEST: Manifest Information

Hazardous waste manifest information.

Date of Government Version: 12/31/2016  
Date Data Arrived at EDR: 07/25/2017  
Date Made Active in Reports: 09/25/2017  
Number of Days to Update: 62

Source: Department of Environmental Protection  
Telephone: 717-783-8990  
Last EDR Contact: 10/15/2018  
Next Scheduled EDR Contact: 01/28/2019  
Data Release Frequency: Annually

## RI MANIFEST: Manifest information

Hazardous waste manifest information

Date of Government Version: 12/31/2017  
Date Data Arrived at EDR: 02/23/2018  
Date Made Active in Reports: 04/09/2018  
Number of Days to Update: 45

Source: Department of Environmental Management  
Telephone: 401-222-2797  
Last EDR Contact: 08/21/2018  
Next Scheduled EDR Contact: 12/03/2018  
Data Release Frequency: Annually

## WI MANIFEST: Manifest Information

Hazardous waste manifest information.

Date of Government Version: 12/31/2017  
Date Data Arrived at EDR: 06/15/2018  
Date Made Active in Reports: 07/09/2018  
Number of Days to Update: 24

Source: Department of Natural Resources  
Telephone: N/A  
Last EDR Contact: 09/06/2018  
Next Scheduled EDR Contact: 12/24/2018  
Data Release Frequency: Annually

## Oil/Gas Pipelines

Source: PennWell Corporation

Petroleum Bundle (Crude Oil, Refined Products, Petrochemicals, Gas Liquids (LPG/NGL), and Specialty Gases (Miscellaneous)) N = Natural Gas Bundle (Natural Gas, Gas Liquids (LPG/NGL), and Specialty Gases (Miscellaneous)). This map includes information copyrighted by PennWell Corporation. This information is provided on a best effort basis and PennWell Corporation does not guarantee its accuracy nor warrant its fitness for any particular purpose. Such information has been reprinted with the permission of PennWell.

## Electric Power Transmission Line Data

Source: PennWell Corporation

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**Sensitive Receptors:** There are individuals deemed sensitive receptors due to their fragile immune systems and special sensitivity to environmental discharges. These sensitive receptors typically include the elderly, the sick, and children. While the location of all sensitive receptors cannot be determined, EDR indicates those buildings and facilities - schools, daycares, hospitals, medical centers, and nursing homes - where individuals who are sensitive receptors are likely to be located.

## GOVERNMENT RECORDS SEARCHED / DATA CURRENCY TRACKING

### AHA Hospitals:

Source: American Hospital Association, Inc.

Telephone: 312-280-5991

The database includes a listing of hospitals based on the American Hospital Association's annual survey of hospitals.

### Medical Centers: Provider of Services Listing

Source: Centers for Medicare & Medicaid Services

Telephone: 410-786-3000

A listing of hospitals with Medicare provider number, produced by Centers of Medicare & Medicaid Services, a federal agency within the U.S. Department of Health and Human Services.

### Nursing Homes

Source: National Institutes of Health

Telephone: 301-594-6248

Information on Medicare and Medicaid certified nursing homes in the United States.

### Public Schools

Source: National Center for Education Statistics

Telephone: 202-502-7300

The National Center for Education Statistics' primary database on elementary and secondary public education in the United States. It is a comprehensive, annual, national statistical database of all public elementary and secondary schools and school districts, which contains data that are comparable across all states.

### Private Schools

Source: National Center for Education Statistics

Telephone: 202-502-7300

The National Center for Education Statistics' primary database on private school locations in the United States.

### Daycare Centers: Licensed Facilities

Source: Department of Social Services

Telephone: 916-657-4041

**Flood Zone Data:** This data was obtained from the Federal Emergency Management Agency (FEMA). It depicts 100-year and 500-year flood zones as defined by FEMA. It includes the National Flood Hazard Layer (NFHL) which incorporates Flood Insurance Rate Map (FIRM) data and Q3 data from FEMA in areas not covered by NFHL.

Source: FEMA

Telephone: 877-336-2627

Date of Government Version: 2003, 2015

**NWI:** National Wetlands Inventory. This data, available in select counties across the country, was obtained by EDR in 2002, 2005 and 2010 from the U.S. Fish and Wildlife Service.

### State Wetlands Data: Wetland Inventory

Source: Department of Fish and Wildlife

Telephone: 916-445-0411

### Current USGS 7.5 Minute Topographic Map

Source: U.S. Geological Survey

## **STREET AND ADDRESS INFORMATION**

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# **APPENDIX D**

## **HISTORICAL SOURCES**

DRAFT

396135

4350 El Camino Real

Los Altos, CA 94022

Inquiry Number: 5455439.3

October 16, 2018

## Certified Sanborn® Map Report



6 Armstrong Road, 4th floor  
Shelton, CT 06484  
Toll Free: 800.352.0050  
[www.edrnet.com](http://www.edrnet.com)

# Certified Sanborn® Map Report

10/16/18

**Site Name:**

396135  
4350 El Camino Real  
Los Altos, CA 94022  
EDR Inquiry # 5455439.3

**Client Name:**

AEI Consultants  
2500 Camino Diablo  
Walnut Creek, CA 94597  
Contact: Christian Cagonot



The Sanborn Library has been searched by EDR and maps covering the target property location as provided by AEI Consultants were identified for the years listed below. The Sanborn Library is the largest, most complete collection of fire insurance maps. The collection includes maps from Sanborn, Bromley, Perris & Browne, Hopkins, Barlow, and others. Only Environmental Data Resources Inc. (EDR) is authorized to grant rights for commercial reproduction of maps by the Sanborn Library LLC, the copyright holder for the collection. Results can be authenticated by visiting [www.edrnet.com/sanborn](http://www.edrnet.com/sanborn).

The Sanborn Library is continually enhanced with newly identified map archives. This report accesses all maps in the collection as of the day this report was generated.

## Certified Sanborn Results:

**Certification #** 8CAD-451A-B7BA  
**PO #** 175961  
**Project** 396135



Sanborn® Library search results

Certification #: 8CAD-451A-B7BA

### UNMAPPED PROPERTY

This report certifies that the complete holdings of the Sanborn Library, LLC collection have been searched based on client supplied target property information, and fire insurance maps covering the target property were not found.

The Sanborn Library includes more than 1.2 million fire insurance maps from Sanborn, Bromley, Perris & Browne, Hopkins, Barlow and others which track historical property usage in approximately 12,000 American cities and towns. Collections searched:

- Library of Congress
- University Publications of America
- EDR Private Collection

*The Sanborn Library LLC Since 1866™*

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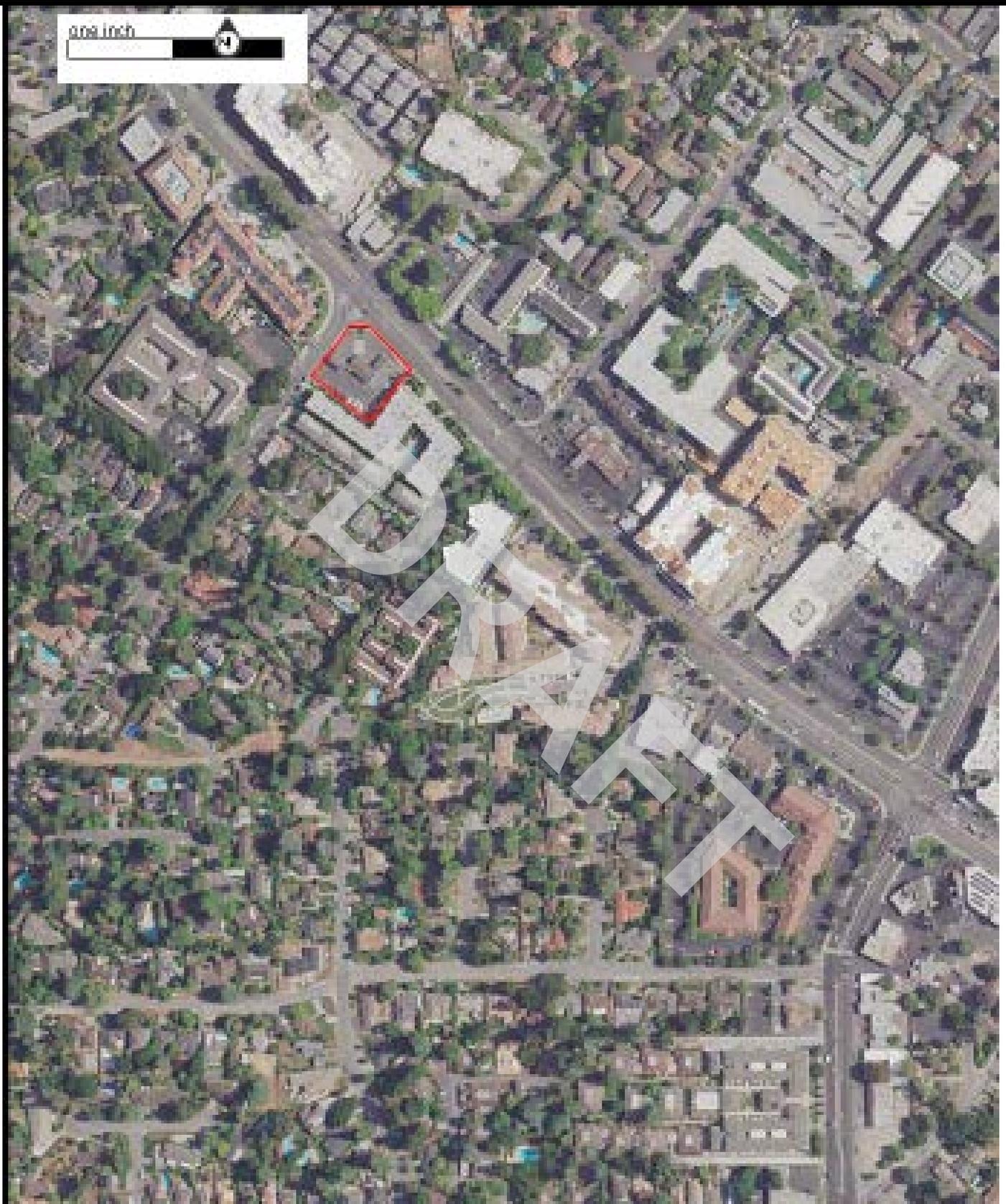
AEI Consultants (the client) is permitted to make up to FIVE photocopies of this Sanborn Map transmittal and each fire insurance map accompanying this report solely for the limited use of its customer. No one other than the client is authorized to make copies. Upon request made directly to an EDR Account Executive, the client may be permitted to make a limited number of additional photocopies. This permission is conditioned upon compliance by the client, its customer and their agents with EDR's copyright policy; a copy of which is available upon request.

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0.001 inch



Legend

Approximate Property Boundary 



**AERIAL PHOTOGRAPH - 2014**

4350 El Camino Real, Los Altos, CA 94022

Project Number: 396135

**AEI**  
Consultants

one inch



Legend

Approximate Property Boundary 



**AERIAL PHOTOGRAPH - 2006**

4350 El Camino Real, Los Altos, CA 94022

Project Number: 396135

**AEI**  
Consultants

one inch



Legend

Approximate Property Boundary 



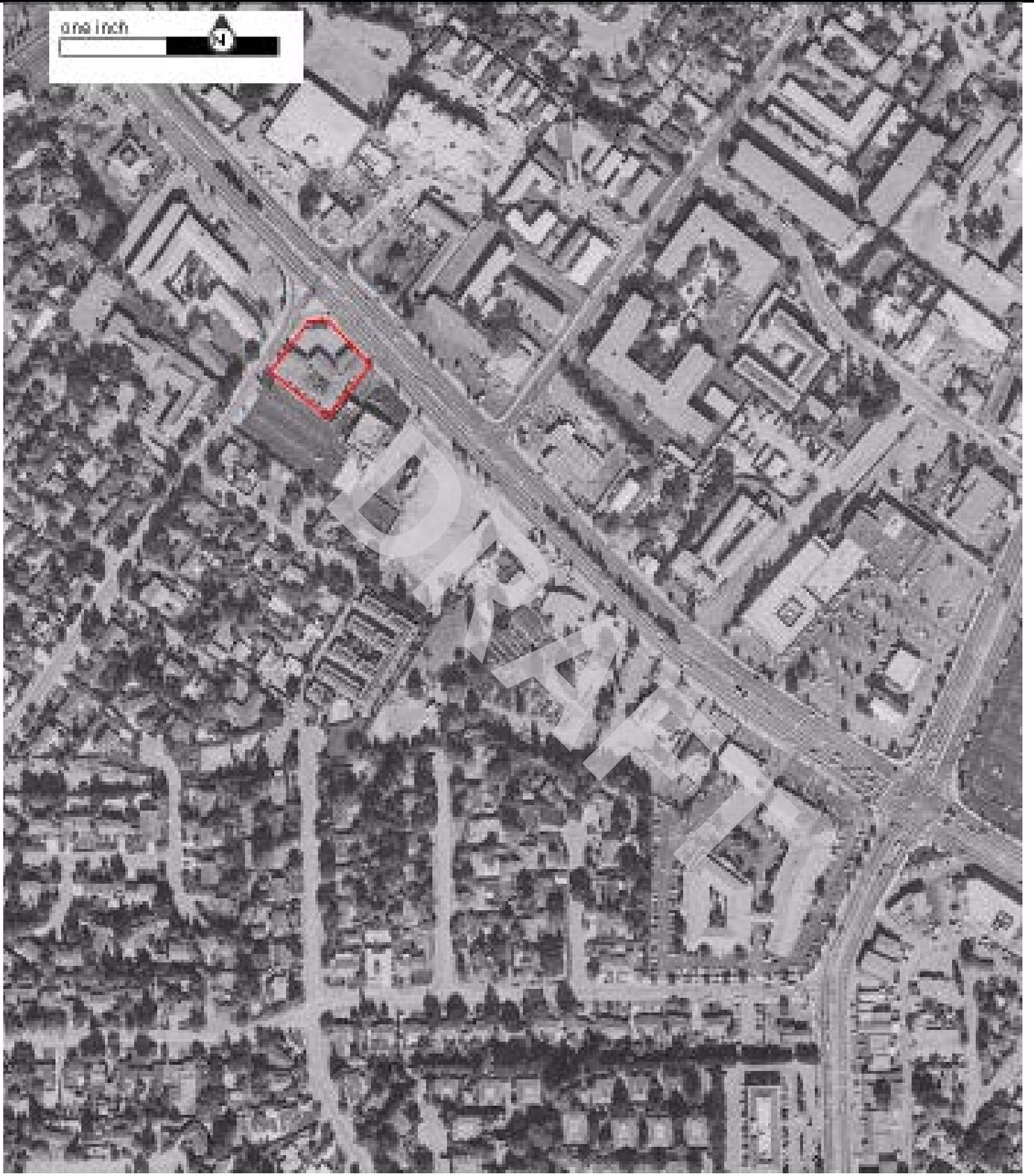
**AERIAL PHOTOGRAPH - 1991**

4350 El Camino Real, Los Altos, CA 94022

Project Number: 396135

**AEI**  
Consultants

one inch



Legend

Approximate Property Boundary 



**AERIAL PHOTOGRAPH - 1980**

4350 El Camino Real, Los Altos, CA 94022

Project Number: 396135

**AEI**  
Consultants

one inch



Legend

Approximate Property Boundary 



**AERIAL PHOTOGRAPH - 1970**

4350 El Camino Real, Los Altos, CA 94022

Project Number: 396135

**AEI**  
Consultants

one inch



Legend

Approximate Property Boundary 



**AERIAL PHOTOGRAPH - 1960**

4350 El Camino Real, Los Altos, CA 94022

Project Number: 396135

**AEI**  
Consultants

one inch



Legend

Approximate Property Boundary 



**AERIAL PHOTOGRAPH - 1954**

4350 El Camino Real, Los Altos, CA 94022

Project Number: 396135



one inch



Legend

Approximate Property Boundary 



**AERIAL PHOTOGRAPH - 1948**

4350 El Camino Real, Los Altos, CA 94022

Project Number: 396135

**AEI**  
Consultants

**396135**

4350 El Camino Real  
Los Altos, CA 94022

Inquiry Number: 5455439.5  
October 18, 2018

# The EDR-City Directory Image Report

## TABLE OF CONTENTS

### SECTION

Executive Summary

Findings

City Directory Images

*Thank you for your business.*  
Please contact EDR at 1-800-352-0050  
with any questions or comments.

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## EXECUTIVE SUMMARY

### DESCRIPTION

Environmental Data Resources, Inc.'s (EDR) City Directory Report is a screening tool designed to assist environmental professionals in evaluating potential liability on a target property resulting from past activities. EDR's City Directory Report includes a search of available city directory data at 5 year intervals.

### RECORD SOURCES

EDR's Digital Archive combines historical directory listings from sources such as Cole Information and Dun & Bradstreet. These standard sources of property information complement and enhance each other to provide a more comprehensive report.

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Data by

**infoUSA**<sup>®</sup>

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### RESEARCH SUMMARY

The following research sources were consulted in the preparation of this report. A check mark indicates where information was identified in the source and provided in this report.

<u>Year</u>	<u>Target Street</u>	<u>Cross Street</u>	<u>Source</u>
2014	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EDR Digital Archive
2010	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EDR Digital Archive
2005	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EDR Digital Archive
2000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EDR Digital Archive
1995	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EDR Digital Archive
1992	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EDR Digital Archive
1986	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Haines Criss-Cross Directory
1980	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Haines Criss-Cross Directory
1975	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Haines Criss-Cross Directory
1970	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Haines Criss-Cross Directory

# FINDINGS

## TARGET PROPERTY STREET

4350 El Camino Real  
Los Altos, CA 94022

<u>Year</u>	<u>CD Image</u>	<u>Source</u>
-------------	-----------------	---------------

## EL CAMINO REAL

2014	pg A2	EDR Digital Archive
2010	pg A5	EDR Digital Archive
2005	pg A8	EDR Digital Archive
2000	pg A10	EDR Digital Archive
1995	pg A11	EDR Digital Archive
1992	pg A12	EDR Digital Archive
1986	pg A13	Haines Criss-Cross Directory
1980	pg A14	Haines Criss-Cross Directory
1975	pg A15	Haines Criss-Cross Directory
1970	pg A16	Haines Criss-Cross Directory

## FINDINGS

### CROSS STREETS

No Cross Streets Identified

DRAFT

**City Directory Images**

## EL CAMINO REAL      2014

4300 CHING YU WU  
 EDF  
 EICHLER REALTOR  
 INTEKRIN THERAPEUTICS INC  
 KK WEALTH ADVISORS LLC  
 PRIMARY DATA  
 TRUE CIRCUITS INC  
 4301 MOTEL 6 OPERATING LP  
 4305 OCCUPANT UNKNOWN,  
 4320 COURTYARD BY MARRIOTT  
 FOUR SEASONS ASSOC LLC  
 4329 BARRY SWENSON BUILDERS  
 HOMEWOOD SUITES BY HILTON  
 4333 PENINSULA PIANO BROKERS  
 4335 CLASSIC KITCHENS  
 CLASSIC PLUMBING FIXTURES  
 STEPHANO HOMES  
 WEST COAST BAND AND ORCHESTRA  
 4337 OCCUPANT UNKNOWN,  
 4345 COUNTRY INN MOTEL  
 4350 EL CAMINO UNOCAL  
 4388 BACE CONSULTING LLC  
 BAENZIGER, ZACHARY  
 BAREZ, HOMAYOUN H  
 BARRETO, DANIEL E  
 BAXIA GROUP BAY AREA CROSS IN  
 BLACKBURN KIMBERLEY PAIGE  
 CHAN, WAI Y  
 CHANDLER, PAUL T  
 CHANG, THOMAS  
 CHEN, SHUHUI H  
 CHOW, HAROLD J  
 CHUA, LAWRENCE K  
 CINTAS, JOE L  
 COLLETTE, MICHAEL L  
 COLLINS, CHRISTOPHER T  
 CONVERSE, JOSH M  
 COOK, ROBERT K  
 DENKABE, PHILIP  
 DESILVA, DALE E  
 DONOHOE, MARTHA J  
 EVEN, THIERRY N  
 FUNG, YU S  
 GAJENDRAN, VARUN K  
 GAO, GRACE  
 GOR, JASON  
 GUPTA, RAJAT  
 HEADAHEAD LLC  
 HOCHMAN, LEE A  
 HU, JIPING



**EL CAMINO REAL      2014      (Cont'd)**

4440    BOX INC  
          RAMBUS DELAWARE LLC

4460    JEMSTEP  
          LOS ALTOS HOTEL ASSOCIATES LLC  
          MARRIOTT

4470    ADOBE ANIMAL HOSPITAL INC

4500    CHUTIAN INCORPORATION  
          FOOT ENVY  
          HAPPY SALON & SPA  
          JEANNIE S SALON SPA  
          SILICON VALLEY FENCING INC

4546    ESCOBEDO, LUPITA  
          LITIN, L  
          ULANDAY, DEBBIE M

DRAFT

## EL CAMINO REAL      2010

4300 ELDRED COLORADO FLP  
 INTEKRIN THERAPEUTICS INC  
 KK WEALTH ADVISORS LLC  
 LIVING STONES FOUNDATION CHARI  
 RACKUP COM  
 TRUE CIRCUITS INC  
 4301 MOTEL 6 OPER LP LTD PARTNR  
 4305 BELL BIOSYSTEMS INC  
 OCCUPANT UNKNOWN,  
 4320 COURTYARD BY MARRIOTT  
 FOUR SEASONS ASSOC LLC  
 JOHNSON HSPTLTY SERV ASSOC LLC  
 4329 BOWLING PARTIES  
 FOUR STAR TTVL ENTERPRISES  
 4333 PENINSULA PIANO BROKERS  
 4335 AVALANCHE ENTERPRISES  
 CLASSIC KITCHENS  
 CLASSIC PLUMBING FIXTURES  
 DESTINO SPA  
 HAND ERIC  
 PRATHER PATRICK M  
 SMITH, MIKE  
 STEPHANO HOMES  
 4337 OCCUPANT UNKNOWN,  
 4345 COUNTRY INN MOTEL  
 4350 EL CAMINO UNOCAL  
 4388 AKIYAMA, KAREN T  
 BIN, QUEENIE K  
 CHAN, WAI  
 CHANDLER, PAUL  
 CHANG, THOMAS  
 CHOW, HAROLD  
 CIACCHELLA, JOHN F  
 CINTAS, JOE L  
 COLLETTE, MICHAEL L  
 COLLINS, CHRISTOPHER T  
 COOK, ROBERT K  
 DENKABE, JACQUELINE  
 DESILVA, DALE E  
 DING, ZHAOQING  
 GAJENDRAN, VARUN K  
 GODLEY, JASON M  
 GUPTA, RAJAT  
 GUZIK, NAHUM  
 HEADAHHEAD LLC  
 HSU, CLIFFORD H  
 JOLLEY, CHARLES A  
 KEH, SAMANTHA I  
 KOREPANOV, SERGEY B  
 KRASNYANSKY, SERGE M

**EL CAMINO REAL      2010      (Cont'd)**

4388    KWOK, MINJUNG  
 LEE, ANGELA J  
 LI, C S  
 LIM, BYUNGKOOK  
 LIN, W  
 LIU, TIANYUN  
 LOSALTOS, WEST  
 LUENG, JOANNE  
 MCINTOSH, JEZ D  
 MOSS, TOM  
 NA, K T  
 PENNISULA REAL HOA  
 RANA, PRITI  
 ROTHER, ALINA  
 SHAMDASANI, SHARMILA  
 SHARMA, PRADEEP  
 SHEFLIN, LAURIE A  
 SINGH, ANAMIKA  
 SUBANDH, ASHWIN  
 TAMMANA, RAJESH A  
 VADDI, VEERA V  
 WANG, CHALMERS E  
 YANG, NA A

4410    AMERICAN RESTAURANT GROUP INC  
 ARG ENTERPRISES INC  
 ASSOCIATES WEIDLINGER INC  
 BLACK ANGUS STEAKHOUSES LLC  
 INNOVATIONHUB INC  
 KAHNG HELEN CPA  
 KAHNG, HELEN  
 NEARBYNOW INC  
 NUMERATE INC  
 OPTION 1 STAFFING  
 PMC LIQUIDATION CORPORATION  
 PRESTO SERVICES INC  
 TACTIA INC  
 TAURIAN BA HOLDING LLC  
 TECTIA INC  
 VOYAGEPRIVE US INCORPORATED  
 WEBFILINGS LLC  
 WIRELESS ONLINE INC

4440    RAMBUS DELAWARE LLC  
 RAMBUS INC

4460    JEMSTEP  
 LOS ALTOS HOTEL ASSOCIATES LLC  
 MARRIOTT  
 SAND HILL MANAGEMENT CO LLC

4470    ADOBE ANIMAL HOSPITAL INC

4500    CHUTIAN INCORPORATION  
 FOOT ENVY

**EL CAMINO REAL      2010      (Cont'd)**

4500    HAPPY SALON & SPA  
          JEANNIE S SALON SPA  
          MARTIN C ETTEMA  
4700    OCCUPANT UNKNOWN,

DRAFT

## EL CAMINO REAL      2005

4300 ALLIED CONSULTING GROUP  
 FIRST HORIZON HOME LOANS CORP  
 4301 MOTEL 6 OPERATING LP  
 4305 BAYS CONSTRUCTION  
 JENDZA, KEITH C  
 4309 ALLSTATE INSURANCE COMPANY  
 4320 FOUR SEASONS ASSOC LLC  
 GOLDEN PAVILION - LOS ALTOS  
 HEALTHRICH INTERNATIONAL USA  
 MARRIOTT INTERNATIONAL INC  
 4329 BOWLERS PARADISE  
 BOWLING PARTIES  
 DANNY LEE SEARS  
 FOUR STAR TTVL ENTERPRISES  
 HAMBOUS BOWL ALLEY SNACK BAR  
 PALO ALTO BOWLING CO  
 4333 PENINSULA PIANO BROKERS  
 4335 AVALANCHE ENTERPRISES  
 CLASSIC KITCHENS  
 CLASSIC PLUMBING FIXTURES  
 COLLECTIVE CREATIONS  
 DESTINO SPA  
 STEPHANO HOMES  
 4345 C & G PARTNERS INC  
 4350 EL CAMINO UNOCAL  
 4400 M O B PIZZA INC  
 4410 AMERICAN RESTAURANT GROUP  
 ANTONIOLI WILLIAM A ATTN  
 ARG ENTERPRISES INC  
 ARG PROPERTY MANAGEMENT CORP  
 AUGEAS CORP  
 BROOK FURNITURE RENTAL INC  
 HAAS PUBLISHING COMPANIES INC  
 JC S VIDEO PIZZA INC  
 MC GOWEN RICHARD M  
 MOVING IMAGE RESEARCH INC  
 NIEHON KEIZAI SHIMBUN  
 RIVERA CONSULTING GROUP INC  
 SUBDIVISION REALTY CORP  
 WEIDLINGER ASSOCIATES INC  
 WIRELESS ONLINE INC  
 4440 RAMBUS INC  
 4460 MARRIOTT INTERNATIONAL INC  
 SAND HILL MANAGEMENT CO LLC  
 4470 EL TORITO RESTAURANTS INC  
 4500 GAGC LLC  
 HAPPY SALON & SPA  
 OCCUPANT UNKNOWN,  
 ULTRA TAN  
 4546 GLISSON, LINDA K

**EL CAMINO REAL      2005      (Cont'd)**

4546    HUANG, DAVID Y  
         KIRK, ROBERT J  
         KORSMOE, PIERRE S  
         NAGADKA, REBECCA  
         SCHWARTZ, JACK A  
         WESS, PAMELA G  
4600    BOWERSOCK, DALE  
4700    VIK, DAVID J

DRAFT

**EL CAMINO REAL 2000**

4301 MOTEL 6 OPERATING LP  
4309 ALLSTATE INSURANCE COMPANY  
4319 DELUXE DRIVING SCHOOL  
4329 FOUR STAR TTVL ENTERPRISES  
SANFORD O INC  
4333 PENINSULA PIANO BROKERS  
4335 CLASSIC PLUMBING FIXTURES  
MACEY STEVE  
4345 BROWN, DON  
COUNTRY INN MOTEL  
4350 EL CAMINO UNOCAL  
4400 M O B PIZZA INC  
4410 AMERICAN REST GROUP HOLDINGS  
AMERICAN RESTAURANT GROUP  
ANTONIOLI WILLIAM A ATTNY  
ARG ENTERPRISES INC  
MC GOWEN RICHARD M  
NIEHON KEIZAI SHIMBUN  
WEIDLINGER ASSOCIATES INC  
WIRELESS ONLINE INC  
4470 EL TORITO RESTAURANTS INC  
4500 CROWN BOOKS CORPORATION  
GAGC LLC  
IQ INFOQUEST COMPUTER INC  
4546 BUTTERWORTH, F E

**EL CAMINO REAL 1995**

4301 MOTEL 6 OPERATING L P  
VINSON, THOMAS L

4309 ALLSTATE INSURANCE COMPANY  
CHESTER, J

4319 DELUXE DRIVING SCHOOL

4320 ROYAL LANDMARK INC  
WESTERN HARVEST INC

4329 CAMINO BOWL INC  
FOUR STAR TTVL ENTERPRISES

4333 PENINSULA PIANO BROKERS

4335 CLASSIC PLUMBING FIXTURES  
MACEY STEVE

4345 COUNTRY INN MOTEL

4350 EL CAMINO UNOCAL

4400 M O B PIZZA INC

4410 ANTONIOLI WILLIAM A ATTN  
ARG ENTERPRISES INC  
CUPPLES COMPANY MANUFACTURERS  
HOMES & LAND OF SANTA CLARA  
MC GOWEN RICHARD M  
PALM COMPUTING INC

4434 POOL PATIO N THINGS INC

4444 ACCENT ON FLOWERS BY SHIRLEY

4470 EL TORITO RESTAURANTS INC

4500 CROWN BOOKS CORPORATION  
IQ INFOQUEST COMPUTER

4546 FIALA, GORDON C  
FOOTE, CHARLA  
KEPNER, E  
LEAL, J  
PASTIZZO, FRANK G  
PETERS, ALBERT C  
REVIE, ANNE

**EL CAMINO REAL 1992**

4301 MOTEL 6 OPERATING L P  
4309 ALLSTATE INSURANCE COMPANY  
4315 SANDOBAL PATRICIA  
4319 DELUXE DRIVING SCHOOL  
4320 KHAN, A  
PACIFIC HARVEST GROUP INC  
PAPERMOON  
ROYAL LANDMARK INC  
4329 CAMINO BOWL INC  
CHAO PRAYA THAI CUISINE  
FOUR STAR TTVL ENTERPRISES  
WATLANDS PRO SHOP  
4333 PENINSULA PIANO BROKERS  
4335 CLASSIC KITCHENS OF SARATOGA  
CLASSIC PLUMBING FIXTURES  
4345 COUNTRY INN MOTEL  
4350 EL CAMINO UNOCAL  
PATEL, AMRIT K  
4390 SHOGUN INC  
4400 BEHAN MINDA  
4410 AMERICAN RESTAURANT GROUP  
ANTONIOLI WILLIAM A ATTN  
CUPPLES COMPANY MANUFACTURERS  
DOW JONES NEWS RETRIEVAL  
MC GOWEN RICHARD M  
PALM COMPUTING INC  
SELECT COMMUNICATIONS INC  
4434 POOL PATIO N THINGS INC  
4440 ROCHESTER BIG & TALL CLOTHING  
4444 ACCENT ON FLOWERS BY SHIRLEY  
WESTMOOR FLORIST  
4470 EL TORITO RESTAURANTS INC  
4500 COMPUTER PLUS INC  
CROWN BOOKS CORPORATION  
D K SYSTEMS INC

EL CAMINO REAL 1986

EL CAMINO REAL 94022  
LOS ALTOS

4294	★DOLLAR RENT A CAR	941-8890	
	★DOLLAR RENT A TRUCK	941-8890	
	★PROFSNL LEASING	941-8890	4
4298	★LYONS RESTAURANT	941-4204	
4319	XXXX	00	
4320	★FOUR SEASN MTR INN	941-0360	3
	★FOUR SEASNS MTR INN	941-9999	2
	★PENGS RESTAURANT	941-5656	5
	★RUBY KING CHINESE	941-1167	0
4329	★PROFSNL CONCEPT THE	941-9426	3
4350	★BOLTON FELIX JR	941-0244	
	★FELIXS UNION SY	941-0244	
4390	★SHOGUN	949-3327	7
4400	★ROUND TABLE PIZZA	949-1510	4
4410	★ACCOUNTEMPS DIV	949-4500	+6
	★BLACK ANGUS CATTLE	962-6400	+6
	★DIGITAL EQUIP CORP	949-0770	3
	★DOW JONES NWS RTRVL	941-6996	4
	★HALF ROBT OF NO CA	949-4600	+6
	★IDEA INTL INC	948-6626	+6
	★MCGOWEN R M ATTY	948-6624	3
	★ROBERT HALF	949-4600	+6
4434	★THE TREE FARM	941-3316	
	★TREE FARM THE	941-3316	
4436	XXXX	00	
4438	★POOL PATIO&THINGS	941-8442	5

## EL CAMINO REAL 1980

# EL CAMINO REAL 94022

## LOS ALTOS

4294	DOLLAR RENT A CAR	941-8890	5
	DOLLAR RENT A TRUCK	941-8890	9
4298	LYONS RESTAURANT	941-4204	
4319	XXXX	00	
4320	FOUR SEASNS MTL INN	941-0360	8
	RUBY KING CHINESE C	941-5656	9
	RUBY KING RESTAURAN	941-1167+0	
4329	FRITZ'S PRO SHOP	941-5544	9
4350	BOLTON FELIX JR	941-0244	2
	FELIX'S UNION SERV	941-0244	
4390	SAMURAI THE	948-3327	6
	SHOGUN	948-3327	7
4400	INTL HOUSE OF PNCKE	948-2723	6
4410	XXXX	00	
4434	THE TREE FARM	941-3316	4
	TREE FARM THE	941-3316	6
4436	XXXX	00	
4438	XXXX	00	

## EL CAMINO REAL 1975

## EL CAMINO REAL 94022 LOS ALTOS

4294\*DOLLAR RENT A CAR 941-8890+5  
 4298\*LYONS RESTAURANT 941-4204  
 4320\*GOLDEN PAVILLION 941-5656  
 \*GOLDEN PAVILLION MO941-0360  
 4350\*BOLTON FELIX JR 941-0244 2  
 \*FELIXS UNION SERV 941-0244  
 4390\*BRAVE BULL LOS ALTS 948-3327  
 4400\*INTERNATL HSE PNCCKE 948-9721  
 4410\*TUBAN FORD CAR LOT 948-2882 2  
 4434\*THE TREE FARM 941-3316 4  
 \*THE TREE FRM LNDSCP 941-4666+5  
 4438\*AFRICAN SHOP NBARI 948-7126 2  
 \*NBARI AFRICAN SHOP 948-7126  
 4440 SUMMAN MOHINDER S 941-6934+5  
 \*VAUGHN AT SATHER 941-8680 3

## EL CAMINO REAL 1970

EL CAMINO RL 94022 LOS ALTOS

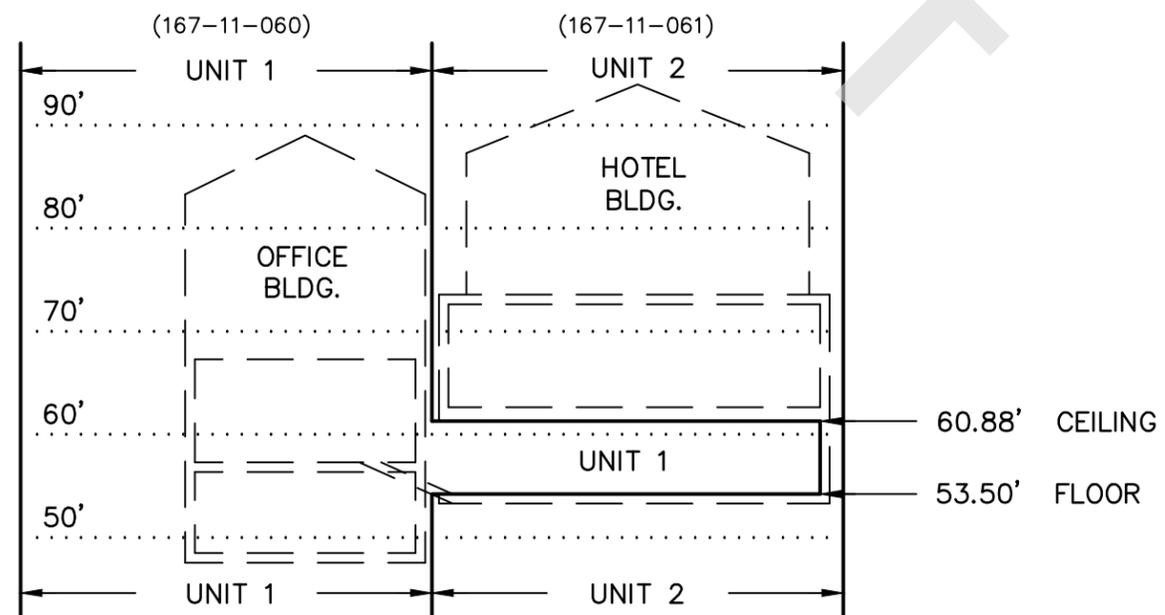
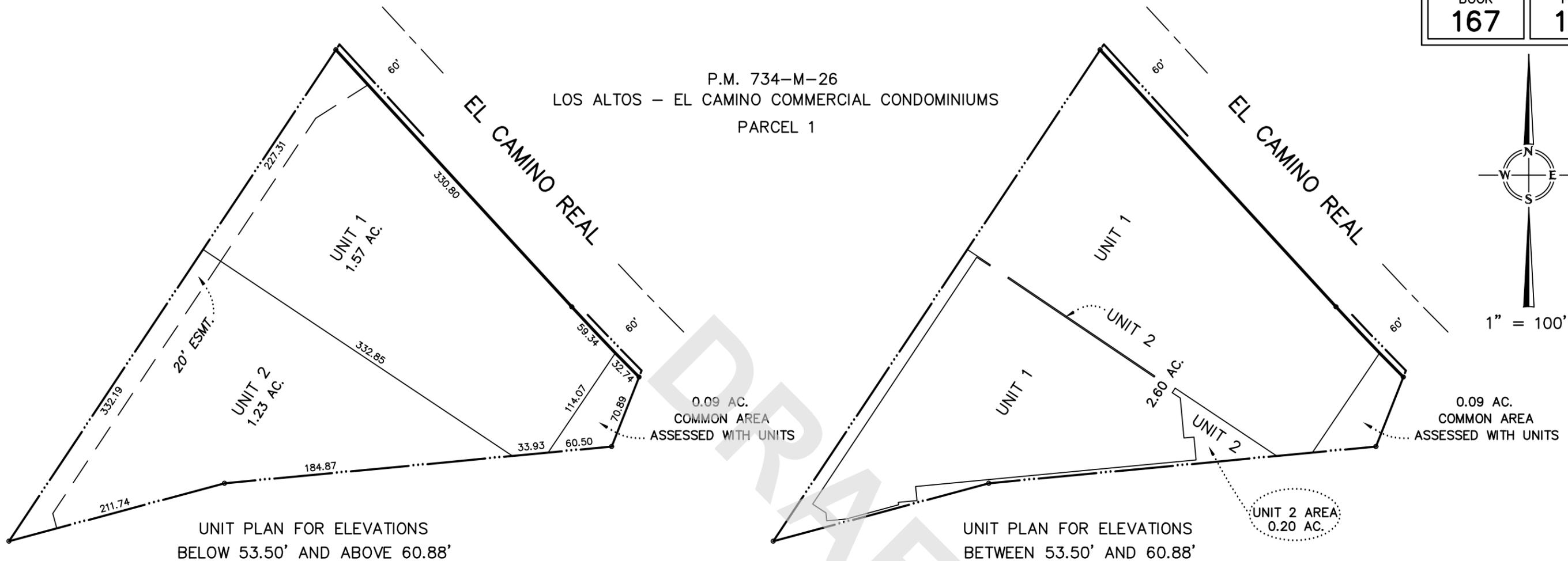
4320\*GOLDEN PAVILLION 941-5656  
\*GOLDEN PAVILLION MO941-0360  
4350\*BOLTON FELIX JR 941-0244  
\*FELIXS UNION SERV 941-0244  
\*INTERSTATE RNT A CR941-0551  
4390\*BRAVE BULL LOS ALTS948-3327  
4400\*INTERNATL HSE PNCKE948-9721  
4410\*TUBAN FORD CAR LOT 948-2882  
4434\*WEST CST NRSY LDSCP941-0371  
\*WEST CST NRSY LDSCP941-2055  
4438\*NBARI AFRICAN SHOP 948-7126  
4440\*FLOORCRAFT CARPETS 941-0275

# **APPENDIX E**

## **REGULATORY AGENCY RECORDS**

DRAFT





**S.E. ELEVATION PLAN FOR UNIT 1 GARAGE EXTENSION**

NOT TO SCALE

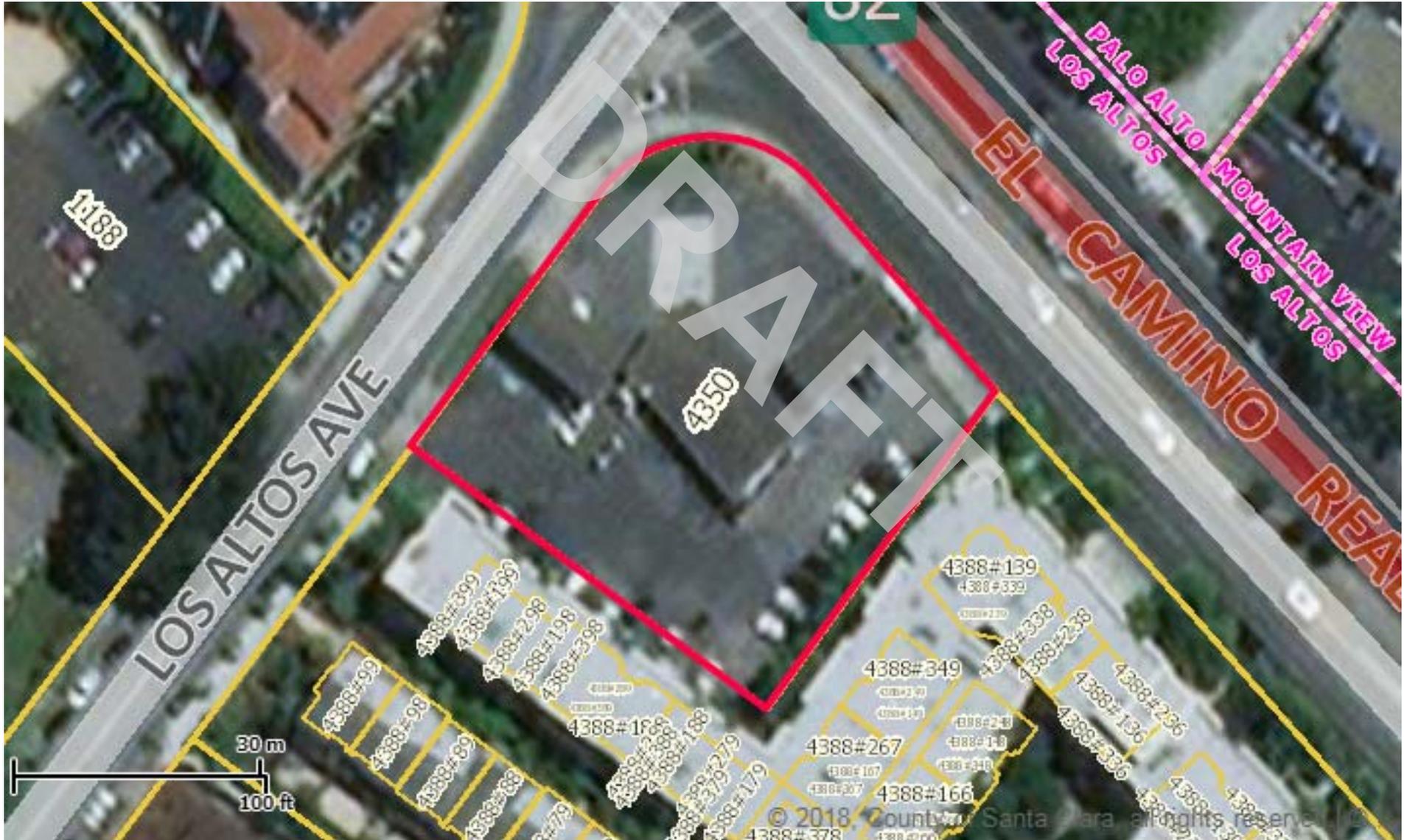


**County of Santa Clara**  
**Detailed Property Report**  
Tue Oct 30 2018

DISCLAIMER: The GIS data is provided "AS IS". The COUNTY makes no warranties, express or implied, including without limitation, any implied warranties of merchantability and/or fitness for a particular purpose, regarding the accuracy, completeness, value, quality, validity, merchantability, suitability, and condition, of the GIS data. Users of COUNTY's GIS data are hereby notified that current public primary information sources should be consulted for verification of the data and information contained herein. Since the GIS data is dynamic, it will by its nature, be inconsistent with the official COUNTY assessment roll file produced by the Office of the Assessor. Any use of COUNTY's GIS data without consulting current Public Records for verification is done exclusively at the risk of the party making such use.

**Property Location Information**

APN:16711041  
SITUS address:4350 EL CAMINO REAL  
City/State/Zip:LOS ALTOS, CA, 94022-1001  
Estimated Size:29,403 sq. ft. / 0.67 acres  
City Zoning:n/a



## Detail Property Information

Field	Value
APN	16711041
NUMBER_OF_SITUS_ADDRESS	1
OBJECTID	420332
SHAPE_Area	29403.648628063136
SHAPE_Length	664.3018788771786
SITUS_CITY_NAME	LOS ALTOS
SITUS_HOUSE_NUMBER	4350
SITUS_HOUSE_NUMBER_SUFFIX	
SITUS_STATE_CODE	CA
SITUS_STREET_DIRECTION	
SITUS_STREET_NAME	EL CAMINO REAL
SITUS_STREET_TYPE	
SITUS_UNIT_NUMBER	
SITUS_ZIP_CODE	94022-1001
TAX_RATE_AREA	11026

November 7, 1996

Ms. Tina Berry  
Unocal Corp.  
2000 Crow Canyon Place, Suite 400  
San Ramon, CA 94583

Dear Ms. Berry:

Subject: Underground Storage Tank Case Closure—Unocal No. 6115, 4350 El Camino Real, Los Altos, CA

This letter confirms the completion of site investigation and remedial action for the underground storage tank(s) formerly located at the above-described location. Enclosed is the Case Closure Summary for the referenced site for your records.

Based upon the available information, including the current land use, and with the provision that the information provided to this agency was accurate and representative of site conditions, no further action related to the underground storage tank release is required.

This notice is issued pursuant to a regulation contained in Title 23, California Code of Regulations, Division 3, Chapter 16, Section 2721(e).

Please contact Ms. Christine Tulloch at the Santa Clara Valley Water District's Camden Office, (408) 927-0710, extension 2636, if you have any questions in this matter.

Sincerely,

*ORIGINAL SIGNED BY*

James S. Crowley, P.E.  
Associate Civil Engineer  
Leaking Underground Storage Tank Oversight Program

Enclosure

cc: Ms. Lori Casias (w/enc)  
Division of Clean Water Programs  
State Water Resources Control Board  
P.O. Box 944212  
Sacramento, CA 94244-2120

Mr. John West (w/enc)  
Regional Water Quality Control Board  
San Francisco Bay Region  
2101 Webster Street, Suite 500  
Oakland, CA 94612

Mr. Jim Blamey  
Santa Clara County Health Department  
2220 Moorpark Avenue  
San Jose, CA 95128-2690

J. Crowley, C. Tulloch (w/original enc), Database (enc)

CT:lbg:FL9482zk

## CASE CLOSURE SUMMARY LEAKING UNDERGROUND FUEL STORAGE TANK PROGRAM

## I. AGENCY INFORMATION

Date: October 30, 1996

Agency Name: Santa Clara Valley Water District	Address: 5750 Almaden Expressway
City/State/Zip: San Jose, CA 95118	Phone: (408) 265-2600
Responsible Staff Person: Christine A. Tulloch	Title: Water Quality Specialist

## II. CASE INFORMATION

Site Facility Name: Unocal No. 6115		
Site Facility Address: 4350 El Camino Real, Los Altos, CA		
RB LUSTIS Case No.: —	Local Case No.: 06S2W18R01f	LOP Case No.: 21-043
URF Filing Date: 10/04/90	SWEEPS No.: —	APN: 167-11-041
Responsible Parties	Addresses	Phone Numbers
Ms. Tina Berry Unocal Corp.	2000 Crow Canyon Place, Suite 400 San Ramon, CA 94583	(510) 277-2321

Tank I.D. No	Size in Gallons	Contents	Closed In-Place/Removed?	Date
A	10,000	Gasoline	Removed	10/02/90
B	10,000	Gasoline	Removed	10/02/90
WO	550	Waste oil	Removed	10/02/90
	Piping		Removed	10/02/90

## III. RELEASE AND SITE CHARACTERIZATION INFORMATION

Cause and Type of Release: Holes were observed in the waste oil tank. Petroleum hydrocarbons were most significant beneath Tank B. Very minor levels were detected beneath Tank A and piping.		
Site characterization complete? Yes	Date Approved By Oversight Agency: —	
Monitoring wells installed? Yes	Number: 4	Proper screened interval? Yes
Highest GW Depth Below Ground Surface: 24	Lowest Depth: 28	Flow Direction: Northeast to East
Most Sensitive Current Use: Potential drinking water		
Summary of Production Wells in Vicinity: There are no identified wells in the vicinity of this which would be expected to be threatened by the release.		
Are drinking water wells affected? No	Aquifer Name: Santa Clara Valley Basin	
Is surface water affected? No	Nearest SW Name: Adobe Creek	
Off-Site Beneficial Use Impacts (Addresses/Locations): None reported		
Reports on file? Yes	Where are reports filed? Santa Clara Valley Water District	

TREATMENT AND DISPOSAL OF AFFECTED MATERIAL			
Material	Amount (Include Units)	Action (Treatment or Disposal w/Destination)	Date
Tank	Two 10,000-gallon and one 550-gallon	Off site	—
Piping	Approx. 300 linear feet	Off site	—
Free Product	None	—	—
Soil	Approx. 250 cubic yards	Not designated—appropriate for Class III landfill	—
Groundwater	None	—	—
Barrels	None	—	—

MAXIMUM DOCUMENTED CONTAMINANT CONCENTRATIONS—BEFORE AND AFTER CLEANUP									
Contaminant	Soil (ppm)		Water (ppb)		Contaminant	Soil (ppm)		Water (ppb)	
	Before	After	High	Last 4 Quarters		Before	After	High	Last 4 Quarters
TPH (Gas)	31	1,900	4,600	ND	Xylene	0.14	33	1,800	ND
TPH (Diesel)	2.1	6.4	NA	NA	Ethylbenzene	1.5	220	110	ND
Benzene	0.076	1.7	430	ND	Oil & Grease	190	ND	ND	NA
Toluene	0.14	68	700	ND	Heavy Metals	<100	<200	NA	NA
Other (8010/8270)	ND	ND	NA	NA	MTBE	NA	NA	480	60

Description of Interim Remediation Activities: Overexcavation was performed at Tanks B and WO. Overexcavation samples at Tank B resulted in an increasing concentration of gasoline constituents with depth. However, a vapor extraction system was operated at this site and reduced groundwater concentrations of petroleum hydrocarbons by more than 98 percent. It is also assumed that the vapor extraction system reduce levels of residual petroleum hydrocarbons in soil. Two thousand and two hundred (2,200) gallons of groundwater was also removed during an operation of a temporary groundwater extraction system.

#### IV. CLOSURE

Does completed corrective action protect existing beneficial uses per the Regional Board Basin Plan? Yes		
Does completed corrective action protect potential beneficial uses per the Regional Board Basin Plan? Yes		
Does corrective action protect public health for current land use? Santa Clara Valley Water District staff does not make specific determinations concerning public health risk. However, it does not appear that the release would present a risk to human health.		
Site Management Requirements: None		
Should corrective action be reviewed if land use changes? No		
Monitoring Wells Decommissioned: Yes	Number Decommissioned: 1	Number Retained: 3
List Enforcement Actions Taken: None		
List Enforcement Actions Rescinded: None		

V. ADDITIONAL COMMENTS, DATA, ETC.

Considerations and/or Variances: The highest levels of pollution in soil and groundwater were observed below Tank B and appears to have been localized. MW-4 at the source area was destroyed prior to completion of verification monitoring. However, the last sample contained only 58 parts per billion (ppb) Total Petroleum Hydrocarbons as Gasoline and 1.1 ppb Benzene, showing a considerable reduction in dissolved groundwater pollution. Methyl t-butyl ether (MTBE) was also analyzed for groundwater samples from MW-3 from 07/92 to 07/93, but was discontinued after a significant decline from 480 ppb to 60 ppb. Due to remedial actions and declining levels, continued MTBE analyses are not being requested.

Conclusion: The remedial measures have been effective in reducing pollution to water quality objectives. Therefore, further corrective action is not required.

VI. LOCAL AGENCY REPRESENTATIVE DATA

Prepared by: Christine A. Tulloch	Title: Water Quality Specialist
Signature: <i>Christine A. Tulloch</i>	Date: 10/30/96
Approved by: James S. Crowley, P.E.	Title: Associate Civil Engineer
Signature: <i>James S. Crowley</i>	Date: 11/04/96

This closure approval is based upon the available information and with the provision that the information provided to this agency was accurate and representative of site conditions.

VII. REGIONAL BOARD NOTIFICATION

Regional Board Staff Name: John West	Title: E.S. III
RB Response: Concur, based solely upon information contained in this case closure summary.	Date Submitted to RB:
Signature: <i>See attached Facsimile</i>	Date:

Attachment: Site Plan

This document and the related CASE CLOSURE LETTER, shall be retained by the lead agency as part of the official site file.

V. ADDITIONAL COMMENTS, DATA, ETC.

Considerations and/or Variances: The highest levels of pollution in soil and groundwater were observed below Tank B and appears to have been localized. MW-4 at the source area was destroyed prior to completion of verification monitoring. However, the last sample contained only 58 parts per billion (ppb) Total Petroleum Hydrocarbons as Gasoline and 1.1 ppb Benzene, showing a considerable reduction in dissolved groundwater pollution. Methyl t-butyl ether (MTBE) was also analyzed for groundwater samples from MW-3 from 07/92 to 07/93, but was discontinued after a significant decline from 480 ppb to 60 ppb. Due to remedial actions and declining levels, continued MTBE analyses are not being requested.

Conclusion: The remedial measures have been effective in reducing pollution to water quality objectives. Therefore, further corrective action is not required.

VI. LOCAL AGENCY REPRESENTATIVE DATA

Prepared by: Christine A. Tutlock	Title: Water Quality Specialist
Signature: <i>[Signature]</i>	Date: 10/30/96
Approved by: James S. Crowley, P.E.	Title: Associate Civil Engineer
Signature: <i>[Signature]</i>	Date: 11/04/96

This closure approval is based upon the available information and with the provision that the information provided to this agency was accurate and representative of site conditions.

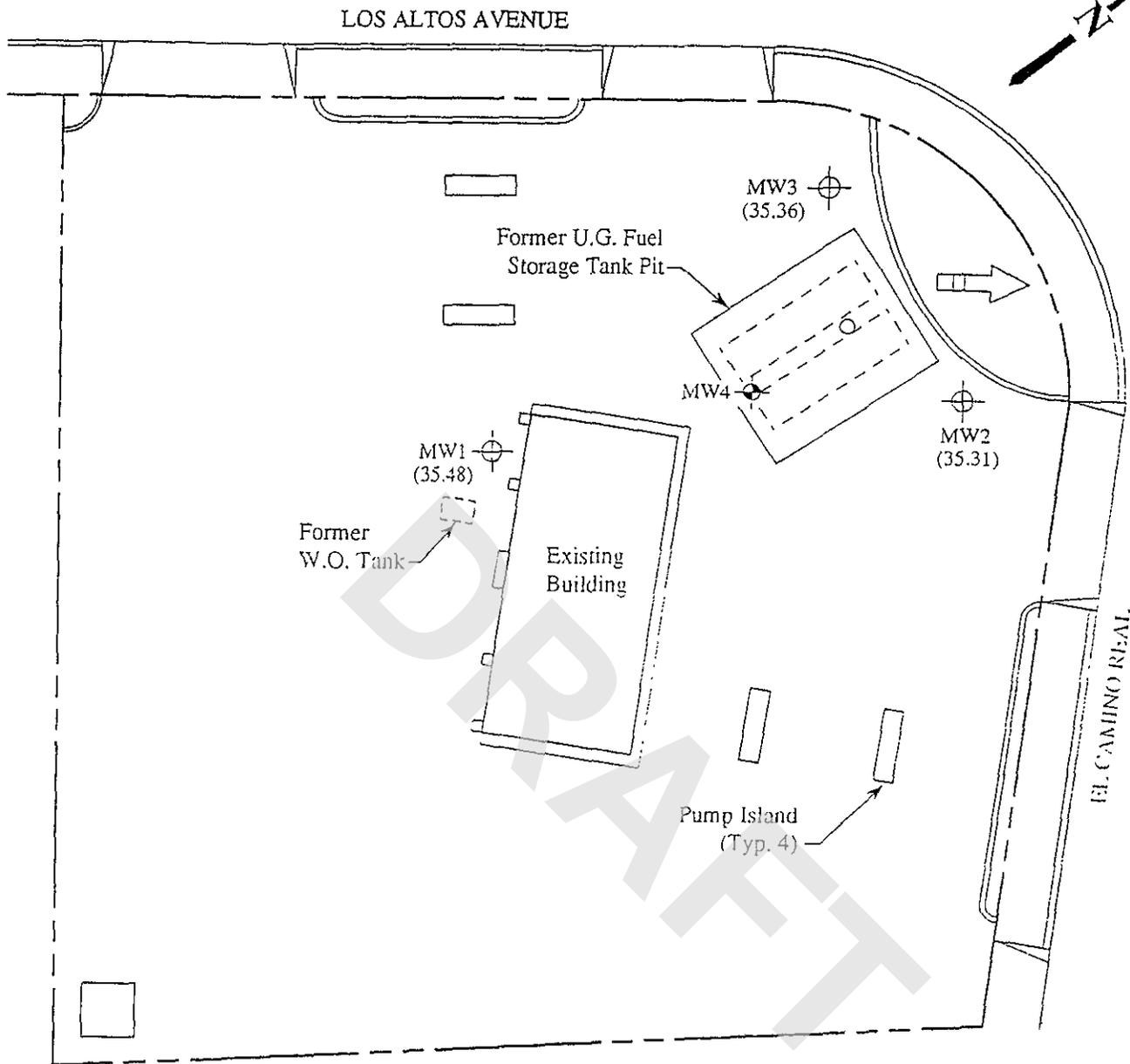
VII. REGIONAL BOARD NOTIFICATION

Regional Board Staff Name: John West	Title: E.S. III
RB Response: Concur, based solely upon information contained in this case closure summary.	Date Submitted to RB: 11-5-96
Signature: <i>[Signature]</i>	Date: 11-5-96

Attachment: Site Plan

This document and the related CASE CLOSURE LETTER, shall be retained by the lead agency as part of the official site file

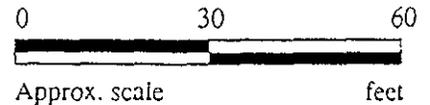
RE: UNOCAL No. 6115  
4350 EL CAMINO REAL  
Los ALTOS



**LEGEND**

- ⊕ Monitoring well (existing)
- ⊙ Monitoring well (destroyed on 1/12/93)
- 12 inch diameter conductor casing
- ( ) Ground water elevation in feet above Mean Sea Level
- ➔ Direction of ground water flow

Note: The ground water elevations and the ground water flow direction were obtained from MPDS Services, Inc.'s report (MPDS-UN6115-01) dated March 3, 1994.



**GROUND WATER FLOW DIRECTION MAP FOR THE FEBRUARY 17, 1994 MONITORING EVENT**

**KAPREALIAN ENGINEERING  
INCORPORATED**

**UNOCAL SERVICE STATION #6115  
4350 EL CAMINO REAL  
LOS ALTOS, CALIFORNIA**

**FIGURE  
1**

**EL CAMINO 76 (CERSID: 10352914)****Facility Information Accepted Jun 19, 2018**

Submitted on 6/19/2018 10:08:43 AM by *Gina (Pimentel) Campigli* of Greg's 76 Auto Repair (LOS ALTOS, CA)

Comments by Submitter: 2018 Annual Submittal

Submittal was **Accepted** on 6/19/2018 1:11:16 PM by Xavier Dupree

Comments by regulator: Accepted as administratively complete, however it is strongly suggested that the Business Owner is revised to your Business' Corporation/LLC/LP name rather than the first and last name of the owner. A technical review may be conducted subsequently as part of your next facility inspection.

- Business Activities
- Business Owner/Operator Identification

**Hazardous Materials Inventory Accepted Jun 19, 2018**

Submitted on 6/19/2018 10:08:43 AM by *Gina (Pimentel) Campigli* of Greg's 76 Auto Repair (LOS ALTOS, CA)

Comments by Submitter: 2018 Annual Submittal

Submittal was **Accepted** on 6/19/2018 1:12:15 PM by Xavier Dupree

Comments by regulator: Accepted as administratively complete. A technical review may be conducted subsequently as part of your next facility inspection.

- Hazardous Material Inventory (7)
- Site Map (Official Use Only)
  - *Annotated Site Map (Official Use Only)* (Adobe PDF, 71KB)

**Emergency Response and Training Plans Accepted Jun 19, 2018**

Submitted on 6/19/2018 10:08:43 AM by *Gina (Pimentel) Campigli* of Greg's 76 Auto Repair (LOS ALTOS, CA)

Comments by Submitter: 2018 Annual Submittal

Submittal was **Accepted** on 6/19/2018 1:14:06 PM by Xavier Dupree

Comments by regulator: Accepted as administratively complete. A technical review may be conducted subsequently as part of your next facility inspection.

- Emergency Response/Contingency Plan
  - *Emergency Response/Contingency Plan* (Adobe PDF, 127KB)
- Employee Training Plan
  - *Employee Training Plan* (Adobe PDF, 63KB)

**Underground Storage Tanks Submitted Jun 19, 2018**

Submitted on 6/19/2018 10:08:43 AM by *Gina (Pimentel) Campigli* of Greg's 76 Auto Repair (LOS ALTOS, CA)

Comments by Submitter: 2018 Annual Submittal

- UST Facility Operating Permit Application
- UST Tank Information/Monitoring Plan - Tank ID #TANK 1
- UST Tank Information/Monitoring Plan - Tank ID #TANK 3
- UST Tank Information/Monitoring Plan - Tank ID #TANK 2
- UST Monitoring Site Plan
  - *UST Monitoring Site Plan* (Adobe PDF, 71KB)
- UST Certification of Financial Responsibility
  - *UST Certification of Financial Responsibility* (Adobe PDF, 121KB)
- UST Response Plan
  - *UST Response Plan* (Adobe PDF, 44KB)
- UST Owner/Operator: Written Agreement
  - Owner and Operator are the same
- UST Letter from Chief Financial Officer
  - *UST Letter from the Chief Financial Officer* (Adobe PDF, 33KB)
- Owner Statement of Designated UST Operator Compliance
  - *Owner Statement of Designated UST Operator Compliance* (Adobe PDF, 72KB)

**Site Identification****EL CAMINO 76**4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

County

Santa Clara

CERS ID  
**10352914**EPA ID Number  
CAL000025915**Submittal Status**Submitted on 6/19/2018 by *Gina (Pimentel) Campigli* of Greg's 76 Auto Repair (LOS ALTOS, CA)

Comments by submitter: 2018 Annual Submittal

Submittal was **Accepted**; Processed on 6/19/2018 by *Xavier Dupree* for Santa Clara County Environmental Health

Comments by regulator: Accepted as administratively complete, however it is strongly suggested that the Business Owner is revised to your Business' Corporation/LLC/LP name rather than the first and last name of the owner. A technical review may be conducted subsequently as part of your next facility inspection.

**Hazardous Materials**

Does your facility have on site (for any purpose) at any one time, hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or is regulated under more restrictive inventory local reporting requirements (shown below if present); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?

**Yes****Underground Storage Tank(s) (UST)**

Does your facility own or operate underground storage tanks?

**Yes****Hazardous Waste**

Is your facility a Hazardous Waste Generator?

**Yes**

Does your facility treat hazardous waste on-site?

**No**

Is your facility's treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?

**No**

Does your facility consolidate hazardous waste generated at a remote site?

**No**

Does your facility need to report the closure/removal of a tank that was classified as hazardous waste and cleaned on-site?

**No**

Does your facility generate in any single calendar month 1,000 kilograms (kg) (2,200 pounds) or more of federal RCRA hazardous waste, or generate in any single calendar month, or accumulate at any time, 1 kg (2.2 pounds) of RCRA acute hazardous waste; or generate or accumulate at any time more than 100 kg (220 pounds) of spill cleanup materials contaminated with RCRA acute hazardous waste.

**No**

Is your facility a Household Hazardous Waste (HHW) Collection site?

**No****Excluded and/or Exempted Materials**

Does your facility recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)?

**No**

Does your facility own or operate ASTs above these thresholds? Store greater than 1,320 gallons of petroleum products (new or used) in aboveground tanks or containers.

**No**

Does your facility have Regulated Substances stored onsite in quantities greater than the threshold quantities established by the California Accidental Release prevention Program (CalARP)?

**No****Additional Information**

No additional comments provided.

**Facility/Site****EL CAMINO 76**4350 EL CAMINO REAL  
LOS ALTOS, CA 94022CERS ID  
**10352914****Submittal Status**Submitted on 6/19/2018 by *Gina (Pimentel) Campigli* of Greg's 76 Auto Repair (LOS ALTOS, CA)

Comments by submitter: 2018 Annual Submittal

Submittal was **Accepted**; Processed on 6/19/2018 by *Xavier Dupree* for Santa Clara County Environmental Health

Comments by regulator: Accepted as administratively complete, however it is strongly suggested that the Business Owner is revised to your Business'

Corporation/LLC/LP name rather than the first and last name of the owner. A technical review may be conducted subsequently as part of your next facility inspection.

**Identification**

GREGORY GALATOLO

Operator Phone  
(650) 948-8302Business Phone  
(650) 941-0244

Business Fax

Beginning Date

1/1/2018

Ending Date

12/31/2018

Dun &amp; Bradstreet

SIC Code

5541

Primary NAICS

447190

**Facility/Site Mailing Address**4350 EL CAMINO REAL  
LOS ALTOS, CA 94022**Primary Emergency Contact**

GREGORY GALATOLO

Title

OWNER

Business Phone  
(650) 941-024424-Hour Phone  
(650) 948-8302Pager Number  
(650) 699-0933**Owner**

GREGORY GALATOLO

(650) 941-0244

330 S. SAN ANTONIO ROAD  
LOS ALTOS, CA 94022**Secondary Emergency Contact**

ANGIE GALATOLO

Title

WIFE

Business Phone  
(650) 704-816824-Hour Phone  
(650) 704-8168

Pager Number

**Billing Contact**

EL CAMINO 76

(650) 941-0244

elcaminorealunocal@msn.com

4350 EL CAMINO REAL  
LOS ALTOS, CA 94022**Environmental Contact**

GREGORY GALATOLO

(650) 941-0244

elcaminounocal@msn.com

4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

Name of Signer

GREGORY GALATOLO

Signer Title

OWNER

Document Preparer

Stantec Consulting Services Inc.

Additional Information

**Locally-collected Fields**

Some or all of the following fields may be required by your local regulator(s).

**Property Owner**

GREGORY GALATOLO

Phone

(650) 941-0244

Mailing Address

4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

Assessor Parcel Number (APN)

Number of Employees

7

Facility ID

FA0251391

## Hazardous Materials And Wastes Inventory Matrix Report

CERS Business/Org. <b>Greg's 76 Auto Repair</b> Facility Name <b>EL CAMINO 76</b> 4350 EL CAMINO REAL, LOS ALTOS 94022	Chemical Location <b>3rd lube bay and storage</b>	CERS ID <b>10352914</b> Facility ID <b>FA0251391</b> Status <b>Submitted on 6/19/2018 10:08 AM</b>
--	--	--

DOT Code/Fire Haz. Class	Common Name	Unit	Quantities			Annual Waste Amount	Federal Hazard Categories	Hazardous Components (For mixture only)		
			Max. Daily	Largest Cont.	Avg. Daily			Component Name	% Wt	EHS CAS No.
DOT: 3 - Flammable and Combustible Liquids	<b>Motor Oil</b>	<b>Gallons</b>	<b>300</b>	<b>240</b>	100		- Physical	VARIOUS LUBRICATING BASE OILS	85 %	6474X-XX-X
Combustible Liquid, Class III-B	CAS No. _____	State _____	Storage Container _____	Pressure _____	Waste Code _____		Flammable	ADDITIVE PACKAGE, INCLUDING	15 %	MIXTURE
	Map: 1 Grid: F4	Liquid	Tank Inside Building, Plastic Bottle or Jug	Ambient	Temperature _____		Carcinogenicity	ZINC ALKYL DITHIOPHOSPHATE	2 %	68649-42-3
		Mixture	Days on Site: 20	Ambient			- Health Skin			
							Corrosion			
							Irritation			
							- Health Specific			
							Target Organ			
							Toxicity			

DRAFT

## Hazardous Materials And Wastes Inventory Matrix Report

CERS Business/Org. <b>Greg's 76 Auto Repair</b> Facility Name <b>EL CAMINO 76</b> 4350 EL CAMINO REAL, LOS ALTOS 94022	Chemical Location <b>In Service Bay</b>	CERS ID <b>10352914</b> Facility ID <b>FA0251391</b> Status <b>Submitted on 6/19/2018 10:08 AM</b>
--	--	--

DOT Code/Fire Haz. Class	Common Name	Unit	Quantities			Annual Waste Amount	Federal Hazard Categories	Hazardous Components (For mixture only)		
			Max. Daily	Largest Cont.	Avg. Daily			Component Name	% Wt	EHS CAS No.
DOT: 9 - Misc. Hazardous Materials	<b>Antifreeze/Coolant</b>	<b>Gallons</b>	<b>110</b>	<b>110</b>	55		- Physical Hazard	Ethylene Glycol	50 %	107-21-1
	CAS No 107-21-1 Map: 1 Grid: E5	State Liquid	Storage Container Plastic/Non-metallic Drum		Pressue Ambient	Waste Code	Not Otherwise Classified - Health Acute Toxicity - Health Serious Eye Damage Eye Irritation - Health Specific Target Organ Toxicity	Diethylene Glycol	5 %	111-46-6

DRAFT

## Hazardous Materials And Wastes Inventory Matrix Report

CERS Business/Org. <b>Greg's 76 Auto Repair</b> Facility Name <b>EL CAMINO 76</b> 4350 EL CAMINO REAL, LOS ALTOS 94022	Chemical Location <b>South side of service building</b>	CERS ID <b>10352914</b> Facility ID <b>FA0251391</b> Status <b>Submitted on 6/19/2018 10:08 AM</b>
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DOT Code/Fire Haz. Class	Common Name	Unit	Quantities			Annual Waste Amount	Federal Hazard Categories	Hazardous Components (For mixture only)		
			Max. Daily	Largest Cont.	Avg. Daily			Component Name	% Wt	EHS CAS No.
DOT: 3 - Flammable and Combustible Liquids	<b>Used Motor Oil</b>	<b>Gallons</b>	<b>500</b>	<b>500</b>	250		- Physical	Used Motor Oil	100 %	8002-05-9
Combustible Liquid, Class III-B	CAS No	State	Storage Container		Pressue		Flammable			
	Map: 1 Grid: D5	Liquid	Belowground Tank		Ambient	Waste Code	- Health			
		Type			Temperature	221	Carcinogenicity			
		Waste	Days on Site: 365		Ambient		- Health Skin			
							Corrosion			
							Irritation			
							- Health Specific			
							Target Organ			
							Toxicity			

DRAFT



## Hazardous Materials And Wastes Inventory Matrix Report

CERS Business/Org. <b>Greg's 76 Auto Repair</b> Facility Name <b>EL CAMINO 76</b> 4350 EL CAMINO REAL, LOS ALTOS 94022	Chemical Location <b>UST Northwest of Property</b>	CERS ID <b>10352914</b> Facility ID <b>FA0251391</b> Status <b>Submitted on 6/19/2018 10:08 AM</b>
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DOT Code/Fire Haz. Class	Common Name	Unit	Quantities			Annual Waste Amount	Federal Hazard Categories	Hazardous Components (For mixture only)		
			Max. Daily	Largest Cont.	Avg. Daily			Component Name	% Wt	EHS CAS No.
DOT: 3 - Flammable and Combustible Liquids Flammable Liquid, Class I-B	<b>Regular Unleaded Gasoline</b>  CAS No 86290-81-5 Map: 1 Grid: C2	<b>Gallons</b>	<b>12000</b>	<b>12000</b>	5000		- Physical Flammable - Health Carcinogenicity - Health Reproductive Toxicity - Health Skin Corrosion Irritation - Health Respiratory Skin Sensitization - Health Serious Eye Damage Eye Irritation - Health Specific Target Organ Toxicity - Health Aspiration Hazard - Health Germ Cell Mutagenicity			
DOT: 3 - Flammable and Combustible Liquids Flammable Liquid, Class I-B	<b>Premium Unleaded Gasoline</b>  CAS No 86290-81-5 Map: 1 Grid: C2	<b>Gallons</b>	<b>12000</b>	<b>12000</b>	5000		- Physical Flammable - Health Carcinogenicity - Health Reproductive Toxicity - Health Skin Corrosion Irritation - Health Respiratory Skin Sensitization - Health Serious Eye Damage Eye Irritation - Health Specific Target Organ Toxicity - Health Aspiration Hazard - Health Germ Cell Mutagenicity			

**CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM (CERS)  
 CONSOLIDATED EMERGENCY RESPONSE / CONTINGENCY PLAN**

*Prior to completing this Plan, please refer to the INSTRUCTIONS FOR COMPLETING A CONSOLIDATED CONTINGENCY PLAN*

**A. FACILITY IDENTIFICATION AND OPERATIONS OVERVIEW**

FACILITY ID #	1.	CERS ID	A1.	DATE OF PLAN PREPARATION/REVISION	A2.	
		10352914		June 18, 2014		
BUSINESS NAME (Same as Facility Name or DBA - Doing Business As)					3.	
El Camino 76						
BUSINESS SITE ADDRESS					103.	
4350 El Camino Real						
BUSINESS SITE CITY			104.	ZIP CODE	105.	
Los Altos			CA	94022		
TYPE OF BUSINESS (e.g., Painting Contractor)		A3.	INCIDENTAL OPERATIONS (e.g., Fleet Maintenance)			A4.
Gas Station			Automobile Maintenance			
THIS PLAN COVERS CHEMICAL SPILLS, FIRES, AND EARTHQUAKES INVOLVING: (Check all that apply)					A5.	
<input checked="" type="checkbox"/> 1. HAZARDOUS MATERIALS; <input checked="" type="checkbox"/> 2. HAZARDOUS WASTES						

**B. INTERNAL RESPONSE**

INTERNAL FACILITY EMERGENCY RESPONSE WILL OCCUR VIA: (Check all that apply)	B1.
<input checked="" type="checkbox"/> 1. CALLING PUBLIC EMERGENCY RESPONDERS (i.e., 9-1-1)	
<input checked="" type="checkbox"/> 2. CALLING HAZARDOUS WASTE CONTRACTOR	
<input checked="" type="checkbox"/> 3. ACTIVATING IN-HOUSE EMERGENCY RESPONSE TEAM	

**C. EMERGENCY COMMUNICATIONS, PHONE NUMBERS AND NOTIFICATIONS**

Whenever there is an imminent or actual emergency situation such as an explosion, fire, or release, the Emergency Coordinator (or his/her designee when the Emergency Coordinator is on call) shall:

1. Activate internal facility alarms or communications systems, where applicable, to notify all facility personnel.
2. Notify appropriate local authorities (i.e., call 9-1-1).
3. Notify the Governor's Office of Emergency Services at (800) 852-7550.

Before facility operations are resumed in areas of the facility affected by the incident, the emergency coordinator shall notify the California Department of Toxic Substances Control (DTSC), the local Unified Program Agency (UPA), and the local fire department's hazardous materials program that the facility is in compliance with requirements to:

1. Provide for proper storage and disposal of recovered waste, contaminated soil or surface water, or any other material that results from an explosion, fire, or release at the facility; and
2. Ensure that no material that is incompatible with the released material is transferred, stored, or disposed of in areas of the facility affected by the incident until cleanup procedures are completed.

INTERNAL FACILITY EMERGENCY COMMUNICATIONS OR ALARM NOTIFICATION WILL OCCUR VIA: (Check all that apply)	C1.	
<input checked="" type="checkbox"/> 1. VERBAL WARNINGS;	<input type="checkbox"/> 2. PUBLIC ADDRESS OR INTERCOM SYSTEM;	<input checked="" type="checkbox"/> 3. TELEPHONE;
<input type="checkbox"/> 4. PAGERS;	<input type="checkbox"/> 5. ALARM SYSTEM;	<input type="checkbox"/> 6. PORTABLE RADIO
NOTIFICATIONS TO NEIGHBORING FACILITIES THAT MAY BE AFFECTED BY AN OFF-SITE RELEASE WILL OCCUR BY: (Check all that apply)	C2.	
<input checked="" type="checkbox"/> 1. VERBAL WARNINGS;	<input type="checkbox"/> 2. PUBLIC ADDRESS OR INTERCOM SYSTEM;	<input type="checkbox"/> 3. TELEPHONE;
<input type="checkbox"/> 4. PAGERS;	<input type="checkbox"/> 5. ALARM SYSTEM;	<input type="checkbox"/> 6. PORTABLE RADIO
EMERGENCY RESPONSE PHONE NUMBERS:		
AMBULANCE, FIRE, POLICE AND CHP	9-1-1	
GOVERNOR'S OFFICE OF EMERGENCY SERVICES	(800) 852-7550	
NATIONAL RESPONSE CENTER (NRC)	(800) 424-8802	
POISON CONTROL CENTER	(800) 222-1222	
LOCAL UNIFIED PROGRAM AGENCY (UPA/CUPA)	408-918-3400	C3.
OTHER (Specify):	( )	C4.
NEAREST MEDICAL FACILITY / HOSPITAL NAME: EL CAMINO HOSPITAL	650-940-7055	C6.
AGENCY NOTIFICATION PHONE NUMBERS:		
CALIFORNIA DEPT. OF TOXIC SUBSTANCES CONTROL (DTSC)	(800) 260-3972	
REGIONAL WATER QUALITY CONTROL BOARD	(510) 622-2300	C8.
U.S. ENVIRONMENTAL PROTECTION AGENCY (US EPA)	(800) 300-2193	
CALIFORNIA DEPT OF FISH AND GAME (DFG)	(916) 358-1300	
U.S. COAST GUARD	(415) 399-3547	
CAL/OSHA	(916) 263-2800	
STATE FIRE MARSHAL	(916) 445-8200	
OTHER (Specify):		C9.
OTHER (Specify):		C11.
OTHER (Specify):		C12.

## D. EMERGENCY CONTAINMENT AND CLEANUP PROCEDURES

SPILL PREVENTION, CONTAINMENT, AND CLEANUP PROCEDURES: (Check all boxes that apply to indicate your procedures for containing spills, releases, fires or explosions; and, preventing and mitigating associated harm to persons, property, and the environment.)

1. MONITOR FOR LEAKS, RUPTURES, PRESSURE BUILD-UP, ETC.;
2. PROVIDE STRUCTURAL PHYSICAL BARRIERS (e.g., Portable spill containment walls);
3. PROVIDE ABSORBENT PHYSICAL BARRIERS (e.g., Pads, pigs, pillows);
4. COVER OR BLOCK FLOOR AND/ OR STORM DRAINS;
5. BUILT-IN BERM IN WORK / STORAGE AREA;
6. AUTOMATIC FIRE SUPPRESSION SYSTEM;
7. ELIMINATE SOURCES OF IGNITION FOR FLAMMABLE HAZARDS (e.g. Flammable liquids, Propane);
8. STOP PROCESSES AND/OR OPERATIONS;
9. AUTOMATIC / ELECTRONIC EQUIPMENT SHUT-OFF SYSTEM;
10. SHUT-OFF WATER, GAS, ELECTRICAL UTILITIES AS APPROPRIATE;
11. CALL 9-1-1 FOR PUBLIC EMERGENCY RESPONDER ASSISTANCE / MEDICAL AID;
12. NOTIFY AND EVACUATE PERSONS IN ALL THREATENED AREAS;
13. ACCOUNT FOR EVACUATED PERSONS IMMEDIATELY AFTER EVACUATION CALL;
14. PROVIDE PROTECTIVE EQUIPMENT FOR ON-SITE RESPONSE TEAM;
15. REMOVE OR ISOLATE CONTAINERS / AREA AS APPROPRIATE;
16. HIRE LICENSED HAZARDOUS WASTE CONTRACTOR;
17. USE ABSORBENT MATERIAL FOR SPILLS WITH SUBSEQUENT PROPER LABELING, STORAGE, AND HAZARDOUS WASTE DISPOSAL AS APPROPRIATE;
18. SUCTION USING SHOP VACUUM WITH SUBSEQUENT PROPER LABELING, STORAGE, AND HAZARDOUS WASTE DISPOSAL AS APPROPRIATE;
19. WASH / DECONTAMINATE EQUIPMENT W/ CONTAINMENT and DISPOSAL OF EFFLUENT / RINSATE AS HAZARDOUS WASTE;
20. PROVIDE SAFE TEMPORARY STORAGE OF EMERGENCY-GENERATED WASTES;
21. OTHER (Specify):

D1.

D2.

## E. FACILITY EVACUATION

THE FOLLOWING ALARM SIGNAL(S) WILL BE USED TO BEGIN EVACUATION OF THE FACILITY (CHECK ALL THAT APPLY):

1. BELLS;
2. HORNS/SIRENS;
3. VERBAL (i.e., SHOUTING);
4. OTHER (Specify):

E1.

E2.

THE FOLLOWING LOCATION(S) IS/ARE EVACUEE EMERGENCY ASSEMBLY AREA(S) (i.e., Front parking lot, specific street corner, etc.)  
SOUTH SIDE OF SITE

E3.

Note: The Emergency Coordinator must account for all on site employees and/or site visitors after evacuation.

EVACUATION ROUTE MAP(S) POSTED AS REQUIRED

E4.

Note: The map(s) must show primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas, and must be prominently posted throughout the facility in locations where it will be visible to employees and visitors.

## F. ARRANGEMENTS FOR EMERGENCY SERVICES

**Explanation of Requirement:** Advance arrangements with local fire and police departments, hospitals, and/or emergency services contractors should be made as appropriate for your facility. You may determine that such arrangements are not necessary.

ADVANCE ARRANGEMENTS FOR LOCAL EMERGENCY SERVICES (Check one of the following)

F1.

1. HAVE BEEN DETERMINED NOT NECESSARY; *or*
2. THE FOLLOWING ARRANGEMENTS HAVE BEEN MADE (Specify):

F2.

## G. EMERGENCY EQUIPMENT

Check all boxes that apply to list emergency response equipment available at the facility and identify the location(s) where the equipment is kept and the equipment's capability, if applicable. [e.g.,  CHEMICAL PROTECTIVE GLOVES | Spill response kit | One time use, Oil & solvent resistant only.]

TYPE	EQUIPMENT AVAILABLE <sup>G1.</sup>	LOCATION	CAPABILITY (If applicable)
<b>Safety and First Aid</b>	1. <input type="checkbox"/> CHEMICAL PROTECTIVE SUITS, APRONS, OR VESTS		
	2. <input checked="" type="checkbox"/> CHEMICAL PROTECTIVE GLOVES	In Service Bay Store Area	Rubber Gloves
	3. <input type="checkbox"/> CHEMICAL PROTECTIVE BOOTS		
	4. <input checked="" type="checkbox"/> SAFETY GLASSES / GOGGLES / SHIELDS	In Service Bay Store Area	Goggles
	5. <input type="checkbox"/> HARD HATS		
	6. <input type="checkbox"/> CARTRIDGE RESPIRATORS		
	7. <input type="checkbox"/> SELF-CONTAINED BREATHING APPARATUS (SCBA)		
	8. <input checked="" type="checkbox"/> FIRST AID KITS / STATIONS	1-In Service Bay Store Area	Standard First Aid Kit
	9. <input type="checkbox"/> PLUMBED EYEWASH FOUNTAIN / SHOWER		
	10. <input type="checkbox"/> PORTABLE EYEWASH KITS		
	11. <input type="checkbox"/> OTHER		
	12. <input type="checkbox"/> OTHER		
<b>Fire Fighting</b>	13. <input checked="" type="checkbox"/> PORTABLE FIRE EXTINGUISHERS	2-In Service Bay	Common Fire Extinguisher
	14. <input type="checkbox"/> FIXED FIRE SYSTEMS / SPRINKLERS / FIRE HOSES		
	15. <input type="checkbox"/> FIRE ALARM BOXES OR STATIONS		
	16. <input type="checkbox"/> OTHER		
<b>Spill Control and Clean-Up</b>	17. <input type="checkbox"/> ALL-IN-ONE SPILL KIT		
	18. <input checked="" type="checkbox"/> ABSORBENT MATERIAL	In Service Bay Store Area	Kitty Litter
	19. <input checked="" type="checkbox"/> CONTAINER FOR USED ABSORBENT	In Service Bay Store Area	Steel Container
	20. <input type="checkbox"/> BERMING / DIKING EQUIPMENT		
	21. <input checked="" type="checkbox"/> BROOM	In Service Bay Store Area	
	22. <input checked="" type="checkbox"/> SHOVEL	In Service Bay Store Area	
	23. <input type="checkbox"/> SHOP VAC		
	24. <input type="checkbox"/> EXHAUST HOOD		
	25. <input type="checkbox"/> EMERGENCY SUMP / HOLDING TANK		
	26. <input type="checkbox"/> CHEMICAL NEUTRALIZERS		
	27. <input type="checkbox"/> GAS CYLINDER LEAK REPAIR KIT		
	28. <input type="checkbox"/> SPILL OVERPACK DRUMS		
	29. <input type="checkbox"/> OTHER		
<b>Communications and Alarm Systems</b>	30. <input checked="" type="checkbox"/> TELEPHONES (Includes cellular)	Cashier Area	Telephones & Cellular phones
	31. <input type="checkbox"/> INTERCOM / PA SYSTEM		
	32. <input type="checkbox"/> PORTABLE RADIOS		
	33. <input checked="" type="checkbox"/> AUTOMATIC ALARM CHEMICAL MONITORING EQUIPMENT	Service Bay Storage Area	Veeder Root
<b>Other</b>	34. <input type="checkbox"/> OTHER		
	35. <input type="checkbox"/> OTHER		

## H. EARTHQUAKE VULNERABILITY

Identify areas of the facility that are vulnerable to hazardous materials releases / spills due to earthquake-related motion. These areas require immediate isolation and inspection.

VULNERABLE AREAS: (Check all that apply) <input checked="" type="checkbox"/> 1. HAZARDOUS MATERIALS / WASTE STORAGE AREA <input type="checkbox"/> 2. PROCESS LINES / PIPING <input type="checkbox"/> 3. LABORATORY <input type="checkbox"/> 4. WASTE TREATMENT AREA	H1.	LOCATIONS (e.g., shop, outdoor shed, forensic lab) See Site Map	H2.
			H3.
			H4.
			H5.

Identify mechanical systems vulnerable to releases / spills due to earthquake-related motion. These systems require immediate isolation and inspection.

VULNERABLE SYSTEMS: (Check all that apply) <input type="checkbox"/> 1. SHELVES, CABINETS AND RACKS <input checked="" type="checkbox"/> 2. TANKS (EMERGENCY SHUTOFF) <input checked="" type="checkbox"/> 3. PORTABLE GAS CYLINDERS <input checked="" type="checkbox"/> 4. EMERGENCY SHUTOFF AND/OR UTILITY VALVES <input type="checkbox"/> 5. SPRINKLER SYSTEMS <input type="checkbox"/> 6. STATIONARY PRESSURIZED CONTAINERS (e.g., Propane dispensing tank)	H6.	LOCATIONS Service Bay 1-North Ext. Bldg. Wall, 1-Storage Area Propane- Exterior Wall In Service Bay Storage Area	H7.
			H8.
			H9.
			H10.
			H11.
			H12.

## I. EMPLOYEE TRAINING

**Explanation of Requirement:** Employee training is required for all employees handling hazardous materials and hazardous wastes in day-to-day or clean-up operations including volunteers and/or contractors. Training must be:

- Provided within 6 months for new hires;
- Amended as necessary prior to change in process or work assignment;
- Given upon modification to the Emergency Response / Contingency Plan, and updated/refreshed annually for all employees.

Required content includes all of the following:

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Material Safety Data Sheets;</li> <li>• Hazard communication related to health and safety;</li> <li>• Methods for safe handling of hazardous substances;</li> <li>• Fire hazards of materials / processes;</li> <li>• Conditions likely to worsen emergencies;</li> <li>• Coordination of emergency response;</li> <li>• Notification procedures;</li> <li>• Applicable laws and regulations;</li> </ul> | <ul style="list-style-type: none"> <li>• Communication and alarm systems;</li> <li>• Personal protective equipment;</li> <li>• Use of emergency response equipment (e.g. Fire extinguishers, respirators, etc.);</li> <li>• Decontamination procedures;</li> <li>• Evacuation procedures;</li> <li>• Control and containment procedures;</li> <li>• UST monitoring system equipment and procedures (if applicable).</li> </ul> |
|---|--|

INDICATE HOW EMPLOYEE TRAINING PROGRAM IS ADMINISTERED (Check all that apply)	11.
<input type="checkbox"/> 1. FORMAL CLASSROOM; <input type="checkbox"/> 2. VIDEOS; <input checked="" type="checkbox"/> 3. SAFETY / TAILGATE MEETINGS;	
<input type="checkbox"/> 4. STUDY GUIDES / MANUALS (Specify): _____	12.
<input checked="" type="checkbox"/> 5. OTHER (Specify): <u>All Employees are trained within 30 days of hire date by designated operator, yearly follow ups.</u>	13.
<input type="checkbox"/> 6. NOT APPLICABLE BECAUSE FACILITY HAS NO EMPLOYEES	

**Large Quantity Generator (LQG) Training Records:** Large quantity hazardous waste generators (i.e., who generate more than 270 gallons/1,000 kilograms of hazardous waste per month) must retain written documentation of employee hazardous waste management training sessions which includes:

- A written outline/agenda of the type and amount of both introductory and continuing training that will be given to persons filling each job position having responsibility for the management of hazardous waste (e.g., labeling, manifesting, compliance with accumulation time limits, etc.).
- The name, job title, and date of training for each hazardous waste management training session given to an employee filling such a job position; and
- A written job description for each of the above job positions that describes job duties and the skills, education, or other qualifications required of personnel assigned to the position.
- Current employee training records must be retained until closure of the facility.
- Former employee training records must be retained at least three years after termination of employment.

## J. LIST OF ATTACHMENTS

(Check one of the following) <input type="checkbox"/> 1. NO ATTACHMENTS ARE REQUIRED; <i>or</i> <input checked="" type="checkbox"/> 2. THE FOLLOWING DOCUMENTS ARE ATTACHED: Emergency Response Procedures	J1.   J2.
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## K. SIGNATURE / CERTIFICATION

**Certification:** Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete, and that a copy is available on site.

SIGNATURE OF OWNER/OPERATOR Greg Galatolo		DATE SIGNED June 18, 2014	K1.
NAME OF SIGNER (print) Greg Galatolo	K2.	TITLE OF SIGNER Owner	K3.

## EMERGENCY RESPONSE PROCEDURES

### 1. PREVENTION

Describe the kinds of hazards associated with the materials present at your business. Provide information on the steps taken at your business, or the policies or procedures now in place, to **help prevent** an accidental release of a hazardous material. Issues for discussion may include safety, storage, and containment procedures. Please be specific for each type of Hazardous Material at your facility.

The hazardous at this business are fire and spills associated with gasoline dispensing. Gasoline dispensing is supervised by trained personnel. Additional hazardous materials are stored in minimum quantities and stored in small, unbreakable containers. All underground storage tanks are monitored using an approved monitoring method.

The station also has a fire and pressure release hazard associated with the propane. Trained personnel are only authorized to only handle the propane.

### 2. MITIGATION

Describe the procedures to be followed to **reduce the severity** of a release or threatened release of a hazardous material at your business. The procedures should detail the actions to be taken by employees to stop a release, contain a release, or to reduce the problems associated with a release. What is your immediate response to a spill, fire, explosion or airborne release at your business? Do not write procedures that exceed the capabilities of employees or equipment at your business or that violate any worker's safety laws.

Small incidents: For leaks and spills less than 5 gallons, isolate the area and contain with absorbent material. Clean up the spill immediately to prevent spreading. For fires, turn off pumps, use fire extinguisher if it can be done safely.

Larger incidents: Turn off pumps using emergency pump shut-off, call 9-1-1, evacuate to emergency assembly area, wait for emergency personnel to respond. Immediately contact the business owner, if not already on site.

In the event of a line break or other gas release, evacuate the area and thoroughly ventilate the area until the gas dissipates. Immediately contact the gas supplier for assistance.

### 3. ABATEMENT

Describe what you would do to **stop** and **remove** each hazard. How do you handle the complete process of stopping a release, cleaning up, and disposing of released materials at your business? What aspects of the response are beyond your ability and need to be handled by others? Who would you call to handle the release?

Small incidents will be handled with the on-site clean-up equipment, (i.e., brooms, shovel, absorbent material, mops, etc.). For larger incidents, the on-site manager will turn off the pumps, call 9-1-1, and the owner. For suspected leaks the owner will contact an authorized contractor to assist in the investigation of the incident. If a UST leak is confirmed, then reporting will be done by the owner, which complies with UST regulations. The owner will coordinate with any contractors required to stop a release, clean up a release and/or dispose of materials. All materials will be disposed of in accordance with state, federal and local laws and regulations. Vacate the building and ventilate thoroughly.

### 4. EVACUATION

Describe the procedures to be followed for immediate notification and evacuation of your facility.

If warranted, evacuate to the designated assembly located at: SOUTH SIDE OF SITE  
The manager or lead employee will take a head count to verify all employees have evacuated safely. The manager or employee will confer the responding agencies to indicate the magnitude of the emergency. Re-Entry into the facility will only take place after the owner or manager verifies with the responding agency personnel to ensure it is safe.

### 5. EARTHQUAKES

Identify the areas and equipment in your business, which would require **immediate inspection or isolation** due to their vulnerability to earthquake related ground motion. Check for equipment such as gas cylinders, piping, drums, etc., that may need to be Secured or spillage that may require mitigation or abatement.

Key areas to inspect are the UST tank monitor alarm panel, dispenser islands, and any additional hazardous materials storage areas.

# Spill/Release Response Procedures for Propane

The Propane used can be hazardous in the event of a spill or release, or if there is a fire at the facility. Propane is flammable, in the event of a fire; the container could explode violently due to the high heat of the fire.

Propane is an odorless, colorless, flammable gas. Often an odorant is added for fuel purposes. A release in a confined area may cause rapid breathing, diminished mental alertness, impaired muscular coordination, faulty judgment, depression of all sensations, emotional instability and fatigue. As asphyxiation progresses, nausea, vomiting and loss of consciousness may result.

## **Spill or Release:**

In the event of a release from the propane tank/cylinder, do the following:

1. Evacuate all personnel from the affected area.
2. Stay upwind of the release and out of low-lying areas.
3. Avoid breathing gases.
4. If the leak is in a container or valve, contact the propane supplier for assistance.
5. Ventilate the area before attempting to re-enter the area.
6. Do not enter the building until emergency personnel have notified you that it is safe.
7. Contact management using the emergency phone list procedure.

## **Fire:**

1. Follow the Fire and Explosion evacuation procedures.
2. Notify emergency personnel of the tank location.

## **Prevention Procedures:**

1. Store tank and/or cylinders with valve protection caps installed.
2. Tank and cylinders should be stored upright and firmly secured to prevent falling or being knocked over.
3. Containers should be stored in a cool, dry, well-ventilated area away from sources of heat or ignition and direct sun light.
4. If you suspect any problems with the tank notify the supplier immediately to have the system inspected.

## **Hazardous Materials Business Plan Employee Training Plan**

All facilities subject to the Hazardous Materials Business Plan (HMBP) Program must have a training program and a written employee training plan for hazardous materials safety and emergency response. The training plan is a required section of the HMBP which must be submitted electronically as part of the complete HMBP submission. The training program should be designed for the business size and type. Initial training is required for new employees (e.g., within 30 days from date of hire) followed by annual refresher training.

To satisfy the HMBP training program elements, the program must, at a minimum, include:

- Hazardous materials handling and safety procedures
- Emergency response agency coordination procedures
- Appropriate use and maintenance of emergency response equipment and supplies
- Emergency response plans and procedures
- Procedures for immediate notification of local emergency response agencies, CUPA, Cal EMA, and onsite emergency personnel
- Identification of local emergency medical assistance resources
- Hazard mitigation, prevention, and abatement procedures
- Facility notification and evacuation procedures
- Identification of facility areas, equipment, and systems vulnerable to earthquakes

*Note: If your facility generates hazardous waste, refer to the Consolidated Emergency Response/Contingency Plan Section I. Employee Training for additional details.*

Complete the training plan checklist below for your training plan. If you already have a separate training plan maintained onsite that meets the HMBP training plan requirement, you can submit the checklist below as a training plan summary to satisfy the training plan requirement.

**Personnel** are trained in the following:

- Internal alarm and notification
- Evacuation, assembly point locations, and re-entry
- Emergency incident reporting
- External emergency response organization/agency notification
- Location and content of Emergency Response/Contingency Plan
- Identification of local emergency medical assistance resources

**Chemical Handlers** are additionally trained in the following:

- Safe methods for handling and storage of hazardous materials
- Location, use, and maintenance of emergency response equipment and supplies
- Hazard mitigation, prevention, and abatement procedures (e.g., spill control)

- Proper use of personal protective equipment
- Hazard awareness for each hazardous material to which they may be exposed (e.g., chemical properties, routes of exposure, first aid)
- Identification of facility areas, equipment, and systems vulnerable to earthquakes
- Hazardous waste personnel are additionally trained in hazardous waste management procedures specific to their job duties

Complete the section below if you have an on-site emergency response team.

**Emergency Response Team Members** are additionally trained in the following:

- Personnel rescue procedures
- Shutdown of operations and equipment necessary to prevent or minimize a release
- Communication and coordination with responding agencies (e.g., Incident Command System)
- Use, maintenance, and replacement of emergency response equipment
- Refresher training provided at least annually
- Emergency response drills

### **Record Keeping**

Facilities subject to hazardous materials training programs must maintain records to document compliance with applicable programs. Complete the record keeping checklist below for the applicable subjects.

- Current employee training records (to be retained until closure of the facility)
- Former employee training records (to be retained at least three years after termination of employment)
- Training Program (i.e., written description of initial and periodic training)
- Current copy of the HMBP and the Emergency Response/Contingency Plan
- Record of reportable hazardous material releases and threatened releases
- Record of hazardous material and/or hazardous waste storage area inspections
- Record of hazardous waste tank inspections
- Description and documentation of facility emergency response drills

*Note: This list of records does not identify every type of record required to be maintained by the facility.*

## Facility/Site

**EL CAMINO 76**4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

CERS ID

**10352914**

## Submittal Status

Submitted on 6/19/2018 by *Gina (Pimentel) Campigli* of Greg's 76 Auto Repair (LOS ALTOS, CA)  
Comments by submitter: 2018 Annual Submittal

## Type of Action

Renewal Permit

## Facility Information

EL CAMINO 76  
4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

Facility Type

Motor Vehicle Fueling

Board of Equalization Account Number

44048024

Is the facility located on Indian Reservation/Trust lands?

**No**

## Tank Operator

GREGORY GALATOLO  
(650) 941-0244  
4350 el camino real  
los altos, ca 94022

## Property Owner

greg galatolo  
(650) 941-0244  
4350 el camino real  
los altos, ca 94022

## Tank Owner

GREGORY GALATOLO  
(650) 941-0244  
4350 el camino real  
los altos, ca 94022  
Tank Owner Type  
Non-Government

## Permit Holder Information

Permit Holder Notification Information

Tank Owner

Supervisor of Division, Section, or Office (Required for Public Agencies Only)

## Financial Responsibility Mechanism(s)

Indicate which approved mechanism(s) are being used to show financial responsibility either as contained in the federal regulations (40 CFR, Part 280, Subpart H, Sections 280.93 through 280.107) or CCR, Title 23, Division 3, Chapter 18, Section 2808.1.

Self-Insured	Surety Bond	State Fund and CFO Letter <b>Yes</b>	Other Mechanism
Guarantee	Letter of Credit	State Fund and CD	
Insurance	Exemption	Local Government Mechanism	

## Facility/Site

## EL CAMINO 76

4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

CERS ID

10352914

Tank ID#: TANK 1

## Submittal Status

Submitted on 6/19/2018 by *Gina (Pimentel) Campigli* of Greg's 76 Auto Repair (LOS ALTOS, CA)  
Comments by submitter: 2018 Annual Submittal

## Type of Action

Type of Action (UST Tank)

Confirmed/Updated Information

## Facility Information

EL CAMINO 76  
4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

## Tank Description

Tank ID#	Date UST System Installed	Tank Configuration
TANK 1	1/1/1990	A Stand-alone Tank
Tank Manufacturer	Date Existing UST Discovered	Number of Compartments in the Unit
MODERN WELDING		1
Tank Capacity In Gallons	Date UST Permanently Closed	Additional Description
12000		

## Tank Use and Contents

Tank Use	Tank Contents
Motor Vehicle Fueling	Regular Unleaded
	Other Petroleum Contents
	Other Non-Petroleum Contents

## Tank Construction

Type of Tank	Secondary Containment
Double Wall	Fiberglass
Primary Containment	
Steel	
Overfill Protection	Fill Tube Shut-Off Valve
Yes Audible/Visual Alarms	Exempt
Ball Float	

## Product / Waste Piping Construction

Piping Construction	Primary Containment	Secondary Containment	Piping/Turbine Containment Sump
Double-walled	Fiberglass	Fiberglass	Single-walled
Piping System Type			
Pressure			

## Vent, Vapor Recovery (VR) and Riser / Fill Pipe Piping Construction

Primary Containment	Vapor Recovery Primary Containment	Riser Pipe Primary Containment	Vent Piping Transition Sumps
Fiberglass	Fiberglass	Steel	None
Secondary Containment	Vapor Recovery Secondary Containment	Riser Pipe Secondary Containment	Fill Components Installed
None	None	None	Yes Spill Bucket
			Yes Striker Plate/Bottom Protector
			Containment Sump

## Under Dispenser Containment (UDC)

Construction Type	Construction Material
Single-walled	Fiberglass

## Corrosion Protection

Sacrificial Anode
Impressed Current
Yes Isolation

<b>Facility/Site</b>		UST Tank #	CERS ID
<b>EL CAMINO 76</b>		TANK 1	<b>10352914</b>
4350 EL CAMINO REAL LOS ALTOS, CA 94022		Tank Info: Installed Date: 1/1/1990 12:00:00 AM - Tank Use: Motor Vehicle Fueling - Tank Contents: Regular Unleaded - Type Of Tank: Double Wall - Piping Construction: Double-walled	

**Submittal Status**  
 Submitted on 6/19/2018 by *Gina (Pimentel) Campigli* of Greg's 76 Auto Repair (LOS ALTOS, CA)  
 Comments by submitter: 2018 Annual Submittal

**Facility Information**  
 EL CAMINO 76  
 4350 EL CAMINO REAL  
 LOS ALTOS, CA 94022

**Equipment Testing and Preventive Maintenance**  
 Monitoring Equipment Serviced  
 Annually

**Monitoring Locations**  
 Site Plot Plan Submitted  
 New Plan Submitted

**Tank Monitoring is Performed Using the Following Method(s)**

**Yes** Continuous Electronic Tank Monitoring

Secondary Containment System Dry	Monitor Panel Manufacturer Veeder Root	Leak Sensor Manufacturer Veeder Root
	Monitor Panel Model TLS-350	Leak Sensor Model # 794390-420
Automatic Tank Gauging		
ATG Panel Manufacturer	In-Tank Probe Manufacturer	Leak Test Frequency
ATG Model #	In-tank Probe Model	Programmed Tank Tests
Monthly Statistical Inventory Reconciliation		
Weekly Manual Tank Gauge	Tank Integrity Testing	
Tank Gauging Test Period	Tank Integrity Testing Frequency	
Other Monitoring		

<b>Facility/Site</b>		UST Tank #	CERS ID
<b>EL CAMINO 76</b>		TANK 1	<b>10352914</b>
4350 EL CAMINO REAL LOS ALTOS, CA 94022		Tank Info: Installed Date: 1/1/1990 12:00:00 AM - Tank Use: Motor Vehicle Fueling - Tank Contents: Regular Unleaded - Type Of Tank: Double Wall - Piping Construction: Double-walled	

**Pipe Monitoring is Performed Using the Following Method(s)**

**Yes** Continuous Monitoring of Piping Secondary Containment

Piping Secondary Containment Dry	Panel Manufacturer Veeder Root Panel Model # TLS-350	Leak Sensor Manufacturer Veeder Root Leak Sensor Model # 794380-208
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**Yes** Leak Alarm Triggers Automatic Pump Shutdown  
**Yes** Failure/Disconnect Triggers Pump Shutdown

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**Yes** Mechanical Line Leak Detector Performs 3 GPH Leak Test

MLLD Manufacturer FE Petro	MLLD Model STP-MLD
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Electronic Line Leak Detector Performs 3 GPH Leak Test

ELLD Manufacturer	ELLD Programmed In-Line Testing	ELLD Triggers Automatic Pump Shutdown
ELLD Model		ELLD Failure/Disconnect Triggers Automatic Shutdown

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Pipeline Integrity Testing

Pipeline Integrity Testing Frequency	Visual Pipeline Monitoring Visual Pipeline Monitoring Frequency
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Suction Piping Meets Exemption Criteria

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No Regulated Piping Per Health and Safety Code, Division 20, Chapter 6.7 Is Connected To The Tank System

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Other Pipeline Monitoring

**Under Dispenser Containment (UDC) Monitoring**

UDC Monitoring Float and Chain Assembly	Detection of Leak into UDC Triggers Audible and Visual Alarms
UDC Panel Manufacturer n/a	UDC Leak Alarm Triggers Automatic Pump Shutdown
UDC Panel Model # n/a	Failure/Disconnection of UDC Monitoring System Triggers Automatic Pump Shutdown
UDC Leak Sensor Manufacturer BRAVO	UDC Monitoring Stops Flow of Product at Dispenser <b>Yes</b>
UDC Leak Sensor Model B-2000	UDC Construction Single-walled UDC Secondary Containment Monitoring
	Leak Within Secondary Containment of UDC Causes Audible and Visual Alarms

**Periodic System Testing**

ELD Testing
<b>Yes</b> Secondary Containment Testing
<b>Yes</b> Spill Bucket Testing

**Facility/Site**

**EL CAMINO 76**  
 4350 EL CAMINO REAL  
 LOS ALTOS, CA 94022

UST Tank #  
 TANK 1

CERS ID  
**10352914**

Tank Info: Installed Date: 1/1/1990 12:00:00 AM - Tank Use: Motor Vehicle Fueling - Tank Contents: Regular Unleaded - Type Of Tank: Double Wall - Piping Construction: Double-walled

**Recordkeeping**

- Yes** Alarm Logs
- Yes** Visual Inspection Records
  - Tank Integrity Testing Results
  - SIR Testing Results
  - Tank Gauging Results
  - ATG Testing Results
  - Corrosion Protection Logs
- Yes** Equipment Maintenance and Calibration Records

**Training**

- Yes** Personnel with UST Monitoring Responsibilities are Familiar with Training Documents
- Specify Other Training Documents
  - UST Monitoring Plan, Operating Manuals, CA UST Regulations and Laws
- Yes** Designated Operator Training

**Comments / Additional Information**

Comments and Additional Information

**Personnel Responsibilities**

Name of First Person Having Responsibility  
 Greg Galatolo  
 Title of First Person Having Responsibility  
 Owner

Name of Second Person Having Responsibility  
 Angie Galatolo  
 Title of Second Person Having Responsibility  
 Wife

<b>Facility/Site</b>	
EL CAMINO 76 4350 EL CAMINO REAL LOS ALTOS, CA 94022	CERS ID <b>10352914</b> Tank ID#: TANK 3

<b>Submittal Status</b>
Submitted on 6/19/2018 by <i>Gina (Pimentel) Campigli</i> of Greg's 76 Auto Repair (LOS ALTOS, CA) Comments by submitter: 2018 Annual Submittal

<b>Type of Action</b>
Type of Action (UST Tank) Confirmed/Updated Information

<b>Facility Information</b>
EL CAMINO 76 4350 EL CAMINO REAL LOS ALTOS, CA 94022

<b>Tank Description</b>		
Tank ID# TANK 3	Date UST System Installed 1/1/1990	Tank Configuration A Stand-alone Tank
Tank Manufacturer MODERN WELDING	Date Existing UST Discovered	Number of Compartments in the Unit 1
Tank Capacity In Gallons 500	Date UST Permanently Closed	Additional Description

<b>Tank Use and Contents</b>	
Tank Use Hazardous Waste (includes used oil)	Tank Contents Used Oil Other Petroleum Contents Other Non-Petroleum Contents

<b>Tank Construction</b>	
Type of Tank Double Wall	Secondary Containment Fiberglass
Primary Containment Steel	Fill Tube Shut-Off Valve Exempt
Overfill Protection Audible/Visual Alarms Ball Float	Yes

<b>Product / Waste Piping Construction</b>			
Piping Construction Other	Primary Containment None	Secondary Containment None	Piping/Turbine Containment Sump None
Piping System Type Gravity			

<b>Vent, Vapor Recovery (VR) and Riser / Fill Pipe Piping Construction</b>			
Primary Containment Fiberglass	Vapor Recovery Primary Containment None	Riser Pipe Primary Containment Steel	Vent Piping Transition Sumps None
Secondary Containment None	Vapor Recovery Secondary Containment None	Riser Pipe Secondary Containment None	Fill Components Installed Yes Spill Bucket Yes Striker Plate/Bottom Protector Containment Sump

<b>Under Dispenser Containment (UDC)</b>	
Construction Type No Dispensers	Construction Material None

<b>Corrosion Protection</b>	
Yes	Sacrificial Anode Impressed Current Isolation

<b>Facility/Site</b>		UST Tank #	CERS ID
<b>EL CAMINO 76</b>		TANK 3	<b>10352914</b>
4350 EL CAMINO REAL LOS ALTOS, CA 94022		Tank Info: Installed Date: 1/1/1990 12:00:00 AM - Tank Use: Hazardous Waste (includes used oil) - Tank Contents: Used Oil - Type Of Tank: Double Wall - Piping Construction: Other	

**Submittal Status**  
 Submitted on 6/19/2018 by *Gina (Pimentel) Campigli* of Greg's 76 Auto Repair (LOS ALTOS, CA)  
 Comments by submitter: 2018 Annual Submittal

**Facility Information**  
 EL CAMINO 76  
 4350 EL CAMINO REAL  
 LOS ALTOS, CA 94022

**Equipment Testing and Preventive Maintenance**  
 Monitoring Equipment Serviced  
 Annually

**Monitoring Locations**  
 Site Plot Plan Submitted  
 New Plan Submitted

**Tank Monitoring is Performed Using the Following Method(s)**

**Yes** Continuous Electronic Tank Monitoring

Secondary Containment System Dry	Monitor Panel Manufacturer Veeder Root	Leak Sensor Manufacturer Veeder Root
	Monitor Panel Model TLS-350	Leak Sensor Model # 794380-420
Automatic Tank Gauging		
ATG Panel Manufacturer	In-Tank Probe Manufacturer	Leak Test Frequency
ATG Model #	In-tank Probe Model	Programmed Tank Tests
Monthly Statistical Inventory Reconciliation		
Weekly Manual Tank Gauge	Tank Integrity Testing	
Tank Gauging Test Period	Tank Integrity Testing Frequency	
Other Monitoring		

**Facility/Site**

**EL CAMINO 76**  
 4350 EL CAMINO REAL  
 LOS ALTOS, CA 94022

UST Tank #  
 TANK 3

CERS ID  
**10352914**

Tank Info: Installed Date: 1/1/1990 12:00:00 AM - Tank Use: Hazardous Waste (includes used oil) - Tank Contents: Used Oil - Type Of Tank: Double Wall - Piping Construction: Other

**Pipe Monitoring is Performed Using the Following Method(s)**

Continuous Monitoring of Piping Secondary Containment

Piping Secondary Containment

Panel Manufacturer

Leak Sensor Manufacturer

Panel Model #

Leak Sensor Model #

Leak Alarm Triggers Automatic Pump Shutdown  
 Failure/Disconnect Triggers Pump Shutdown

Mechanical Line Leak Detector Performs 3 GPH Leak Test

MLLD Manufacturer

MLLD Model

Electronic Line Leak Detector Performs 3 GPH Leak Test

ELLD Manufacturer

ELLD Programmed In-Line Testing

ELLD Triggers Automatic Pump Shutdown

ELLD Model

ELLD Failure/Disconnect Triggers Automatic Shutdown

Pipeline Integrity Testing

Visual Pipeline Monitoring

Pipeline Integrity Testing Frequency

Visual Pipeline Monitoring Frequency

Suction Piping Meets Exemption Criteria

**Yes** No Regulated Piping Per Health and Safety Code, Division 20, Chapter 6.7 Is Connected To The Tank System

Other Pipeline Monitoring

**Under Dispenser Containment (UDC) Monitoring**

UDC Monitoring  
 No Dispensers

Detection of Leak into UDC Triggers Audible and Visual Alarms

UDC Leak Alarm Triggers Automatic Pump Shutdown

UDC Panel Manufacturer

Failure/Disconnection of UDC Monitoring System Triggers Automatic Pump Shutdown

UDC Panel Model #

UDC Monitoring Stops Flow of Product at Dispenser

UDC Leak Sensor Manufacturer

UDC Construction

UDC Leak Sensor Model

UDC Secondary Containment Monitoring

Leak Within Secondary Containment of UDC Causes Audible and Visual Alarms

**Periodic System Testing**

ELD Testing

**Yes** Secondary Containment Testing

**Yes** Spill Bucket Testing

**Facility/Site**

**EL CAMINO 76**  
 4350 EL CAMINO REAL  
 LOS ALTOS, CA 94022

UST Tank #  
 TANK 3

CERS ID  
**10352914**

Tank Info: Installed Date: 1/1/1990 12:00:00 AM - Tank Use: Hazardous Waste (includes used oil) - Tank Contents: Used Oil - Type Of Tank: Double Wall - Piping Construction: Other

**Recordkeeping**

- Yes** Alarm Logs
- Yes** Visual Inspection Records
- Tank Integrity Testing Results
- SIR Testing Results
- Tank Gauging Results
- ATG Testing Results
- Corrosion Protection Logs
- Yes** Equipment Maintenance and Calibration Records

**Training**

- Yes** Personnel with UST Monitoring Responsibilities are Familiar with Training Documents
- Specify Other Training Documents
- Yes** Designated Operator Training

**Comments / Additional Information**

Comments and Additional Information

**Personnel Responsibilities**

Name of First Person Having Responsibility  
 greg galatolo  
 Title of First Person Having Responsibility  
 owner

Name of Second Person Having Responsibility  
 Angie Galatolo  
 Title of Second Person Having Responsibility  
 Wife

## Facility/Site

**EL CAMINO 76**  
4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

CERS ID  
**10352914**  
Tank ID#: TANK 2

## Submittal Status

Submitted on 6/19/2018 by *Gina (Pimentel) Campigli* of Greg's 76 Auto Repair (LOS ALTOS, CA)  
Comments by submitter: 2018 Annual Submittal

## Type of Action

Type of Action (UST Tank)  
Confirmed/Updated Information

## Facility Information

EL CAMINO 76  
4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

## Tank Description

Tank ID#	Date UST System Installed	Tank Configuration
TANK 2	1/1/1990	A Stand-alone Tank
Tank Manufacturer	Date Existing UST Discovered	Number of Compartments in the Unit
MODERN WELDING		1
Tank Capacity In Gallons	Date UST Permanently Closed	Additional Description
12000		

## Tank Use and Contents

Tank Use	Tank Contents
Motor Vehicle Fueling	Premium Unleaded
	Other Petroleum Contents
	Other Non-Petroleum Contents

## Tank Construction

Type of Tank	Secondary Containment
Double Wall	Fiberglass
Primary Containment	
Steel	
Overfill Protection	Fill Tube Shut-Off Valve
<b>Yes</b> Audible/Visual Alarms	Exempt
Ball Float	

## Product / Waste Piping Construction

Piping Construction	Primary Containment	Secondary Containment	Piping/Turbine Containment Sump
Double-walled	Fiberglass	Fiberglass	Single-walled
Piping System Type			
Pressure			

## Vent, Vapor Recovery (VR) and Riser / Fill Pipe Piping Construction

Primary Containment	Vapor Recovery Primary Containment	Riser Pipe Primary Containment	Vent Piping Transition Sumps
Fiberglass	Fiberglass	Steel	None
Secondary Containment	Vapor Recovery Secondary Containment	Riser Pipe Secondary Containment	Fill Components Installed
None	None	None	<b>Yes</b> Spill Bucket
			<b>Yes</b> Striker Plate/Bottom Protector
			Containment Sump

## Under Dispenser Containment (UDC)

Construction Type	Construction Material
Single-walled	Fiberglass

## Corrosion Protection

	Sacrificial Anode
	Impressed Current
<b>Yes</b>	Isolation

<b>Facility/Site</b>		UST Tank #	CERS ID
<b>EL CAMINO 76</b>		TANK 2	<b>10352914</b>
4350 EL CAMINO REAL LOS ALTOS, CA 94022		Tank Info: Installed Date: 1/1/1990 12:00:00 AM - Tank Use: Motor Vehicle Fueling - Tank Contents: Premium Unleaded - Type Of Tank: Double Wall - Piping Construction: Double-walled	

**Submittal Status**  
 Submitted on 6/19/2018 by *Gina (Pimentel) Campigli* of Greg's 76 Auto Repair (LOS ALTOS, CA)  
 Comments by submitter: 2018 Annual Submittal

**Facility Information**  
 EL CAMINO 76  
 4350 EL CAMINO REAL  
 LOS ALTOS, CA 94022

**Equipment Testing and Preventive Maintenance**  
 Monitoring Equipment Serviced  
 Annually

**Monitoring Locations**  
 Site Plot Plan Submitted  
 New Plan Submitted

**Tank Monitoring is Performed Using the Following Method(s)**

**Yes** Continuous Electronic Tank Monitoring

Secondary Containment System Dry	Monitor Panel Manufacturer Veeder Root Monitor Panel Model TLS-350	Leak Sensor Manufacturer Veeder Root Leak Sensor Model # 794390-420
Automatic Tank Gauging		
ATG Panel Manufacturer	In-Tank Probe Manufacturer	Leak Test Frequency
ATG Model #	In-tank Probe Model	Programmed Tank Tests
Monthly Statistical Inventory Reconciliation		
Weekly Manual Tank Gauge		Tank Integrity Testing
Tank Gauging Test Period		Tank Integrity Testing Frequency
Other Monitoring		

<b>Facility/Site</b>		UST Tank #	CERS ID
<b>EL CAMINO 76</b>		TANK 2	<b>10352914</b>
4350 EL CAMINO REAL LOS ALTOS, CA 94022		Tank Info: Installed Date: 1/1/1990 12:00:00 AM - Tank Use: Motor Vehicle Fueling - Tank Contents: Premium Unleaded - Type Of Tank: Double Wall - Piping Construction: Double-walled	

**Pipe Monitoring is Performed Using the Following Method(s)**

<b>Yes</b>	Continuous Monitoring of Piping Secondary Containment		
Piping Secondary Containment Dry	Panel Manufacturer Veeder Root Panel Model # TLS-350	Leak Sensor Manufacturer Veeder Root Leak Sensor Model # 794380-208	
<b>Yes</b>	Leak Alarm Triggers Automatic Pump Shutdown		
<b>Yes</b>	Failure/Disconnect Triggers Pump Shutdown		
<b>Yes</b>	Mechanical Line Leak Detector Performs 3 GPH Leak Test		
MLLD Manufacturer FE Petro	MLLD Model STP-MLD		
	Electronic Line Leak Detector Performs 3 GPH Leak Test		
ELLD Manufacturer	ELLD Programmed In-Line Testing	ELLD Triggers Automatic Pump Shutdown	
ELLD Model		ELLD Failure/Disconnect Triggers Automatic Shutdown	
	Pipeline Integrity Testing	Visual Pipeline Monitoring	
Pipeline Integrity Testing Frequency		Visual Pipeline Monitoring Frequency	
	Suction Piping Meets Exemption Criteria		
	No Regulated Piping Per Health and Safety Code, Division 20, Chapter 6.7 Is Connected To The Tank System		
	Other Pipeline Monitoring		

**Under Dispenser Containment (UDC) Monitoring**

UDC Monitoring Float and Chain Assembly	Detection of Leak into UDC Triggers Audible and Visual Alarms
UDC Panel Manufacturer n/a	UDC Leak Alarm Triggers Automatic Pump Shutdown
UDC Panel Model # n/a	Failure/Disconnection of UDC Monitoring System Triggers Automatic Pump Shutdown
UDC Leak Sensor Manufacturer BRAVO	UDC Monitoring Stops Flow of Product at Dispenser <b>Yes</b>
UDC Leak Sensor Model B-2000	UDC Construction Single-walled UDC Secondary Containment Monitoring
	Leak Within Secondary Containment of UDC Causes Audible and Visual Alarms

**Periodic System Testing**

	ELD Testing
<b>Yes</b>	Secondary Containment Testing
<b>Yes</b>	Spill Bucket Testing

**Facility/Site**

**EL CAMINO 76**  
 4350 EL CAMINO REAL  
 LOS ALTOS, CA 94022

UST Tank #  
 TANK 2

CERS ID  
**10352914**

Tank Info: Installed Date: 1/1/1990 12:00:00 AM - Tank Use: Motor Vehicle Fueling - Tank Contents: Premium Unleaded - Type Of Tank: Double Wall - Piping Construction: Double-walled

**Recordkeeping**

- Yes** Alarm Logs
- Yes** Visual Inspection Records
  - Tank Integrity Testing Results
  - SIR Testing Results
  - Tank Gauging Results
  - ATG Testing Results
  - Corrosion Protection Logs
- Yes** Equipment Maintenance and Calibration Records

**Training**

**Yes** Personnel with UST Monitoring Responsibilities are Familiar with Training Documents

Specify Other Training Documents

UST Monitoring Plan, Operating Manuals, CA UST Regulations and Laws

**Yes** Designated Operator Training

**Comments / Additional Information**

Comments and Additional Information

**Personnel Responsibilities**

Name of First Person Having Responsibility

Greg Galatolo

Title of First Person Having Responsibility

Owner

Name of Second Person Having Responsibility

Angie Galatolo

Title of Second Person Having Responsibility

Wife

State of California  
 State Water Resources Control Board  
 Division of Financial Assistance  
 P.O. Box 944212  
 Sacramento, CA 94244-2120

For State Use Only

## CERTIFICATION OF FINANCIAL RESPONSIBILITY FOR UNDERGROUND STORAGE TANKS CONTAINING PETROLEUM

A. I am required to demonstrate Financial Responsibility in the required amounts as specified in CCR, Title 23 Division 3, Chapter 18, Section 2807:

500,000 dollars per occurrence  
 or  
 1 million dollars per occurrence

AND

1 million dollars annual aggregate  
 or  
 2 million dollars annual aggregate

B. GREG GALATOLO hereby certifies that it is in compliance with the requirements of California Code of Regulations, Title 23, Division 3, Chapter 18, Article 3, Section 2807.  
(Name of Tank Owner or Operator)

The mechanisms used to demonstrate financial responsibility as required by Section 2807 are as follows:

C. Mechanism Type	Name and Address of Issuer	Mechanism Number	Coverage Amount	Coverage Period	Corrective Action	Third Party Compensation
UST CLEAN UP FUND	UST CLEAN UP FUND P.O. BOX 944212 SAC. CA.	N/A	\$995,000.00 Per Occurance and Annual Aggregate	Annual	Yes	YES
CFO LETTER	CFO / OWNER LETTER	N/A	5,000. <sup>00</sup>	ANNUAL	YES	YES

Note: If you are using the State Fund as any part of your demonstration of financial responsibility, your execution and submission of this certification also certifies that you are in compliance and shall remain in compliance with all conditions for participation in the Fund.

D. Facility Name	Facility Address
EL CAMINO 76	4350 EL CAMINO REAL LOS ALTOS CA.
LOS ALTOS 76	330 S. SAN ANTONIO LOS ALTOS CA.
RANCHO 76	101 FREMONT LOS ALTOS CA.

E. Signature of Tank Owner or Operator	Date	Name and Title of Tank Owner or Operator
	6-15-18	GREG GALATOLO OWNER
Signature of Witness or Notary	Date	Name of Witness or Notary
	6-15-18	Nora Hayward

Submit original to local UST regulatory agency. Keep a copy at each UST facility.

(Instructions on Next Page)



## UNDERGROUND STORAGE TANK RESPONSE PLAN – PAGE 2

### VI. REPORTING AND RECORD KEEPING

We will report/record any overfill, spill, or unauthorized release from a UST system as indicated in this plan.

**Recordable Releases:** Any unauthorized release from primary containment which the UST operator is able to clean up within eight (8) hours after the release was detected or should reasonably have been detected, and which does not escape from secondary containment, does not increase the hazard of fire or explosion, and does not cause any deterioration of secondary containment, must be recorded in the facility's monitoring records. Monitoring records must include:

- The UST operator's name and telephone number;
- A list of the types, quantities, and concentrations of hazardous substances released;
- A description of the actions taken to control and clean up the release;
- The method and location of disposal of the released hazardous substances, and whether a hazardous waste manifest was or will be used;
- A description of actions taken to repair the UST and to prevent future releases;
- A description of the method used to reactivate interstitial monitoring after replacement or repair of primary containment.

**Reportable Releases:** Any overfill, spill, or unauthorized release which escapes from secondary containment (or primary containment if no secondary containment exists), increases the hazard of fire or explosion, or causes any deterioration of secondary containment, is a reportable release. Reportable releases are also recordable.

Within 24 hours after a reportable release has been detected, or should have been detected, we will notify the local agency administering the UST program of the release, investigate the release, and take immediate measures to stop the release. If necessary, or if required by the local agency, remaining stored product/waste will be removed from the UST to prevent further releases or facilitate corrective action. If an emergency exists, we will notify the State Office of Emergency Services.

Within five (5) working days of a reportable release, we will submit to the local agency a full written report containing all of the following information to the extent that the information is known at the time of filing the report:

- The UST owner's or operator's name and telephone number;
- A list of the types, quantities, and concentrations of hazardous materials released;
- The approximate date of the release;
- The date on which the release was discovered;
- The date on which the release was stopped;
- A description of actions taken to control and/or stop the release;
- A description of corrective and remedial actions, including investigations which were undertaken and will be conducted to determine the nature and extent of soil, ground water or surface water contamination due to the release;
- The method(s) of cleanup implemented to date, proposed cleanup actions, and a schedule for implementing the proposed actions;
- The method(s) and location(s) of disposal of released hazardous materials and any contaminated soils, groundwater, or surface water.
- Copies of any hazardous waste manifests used for off-site transport of hazardous wastes associated with clean-up activity;
- A description of proposed methods for any repair or replacement of UST system primary/secondary containment systems;
- A description of additional actions taken to prevent future releases.

We will follow the reporting procedures described above if any of the following conditions occur:

- A recordable unauthorized release cannot be cleaned up or is still under investigation within eight (8) hours of detection;
- Released hazardous substances are discovered at the UST site or in the surrounding area;
- Unusual operating conditions are observed, including erratic behavior of product dispensing equipment, sudden loss of product, or the unexplained presence of water in the tank, unless system equipment is found to be defective and is immediately repaired or replaced, and no leak has occurred;
- Monitoring results from UST system monitoring equipment/methods indicate that a release may have occurred, unless the monitoring equipment is found to be defective and is immediately repaired, recalibrated, or replaced, and additional monitoring does not confirm the initial results.

**Record Retention:** Monitoring records and written reports of unauthorized releases must be maintained on-site (or off-site at a readily available location, if approved by the local agency) for at least 3 years. Hazardous waste shipping/disposal records (e.g., manifests) must be maintained for at least 3 years from the date of shipment.

### VII. OWNER/OPERATOR SIGNATURE

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

OWNER/OPERATOR SIGNATURE Greg Galatolo	DATE June 18, 2014
OWNER/OPERATOR NAME (print) Greg Galatolo	OWNER/OPERATOR TITLE Owner

(Agency Use Only) This plan has been reviewed and:  Approved  Approved With Conditions  Disapproved

Local Agency Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LETTER FROM CHIEF FINANCIAL OFFICER**

I am the Chief Financial Officer for EL CAMINO 76 , 4350 EL CAMINO REAL ,LOS ALTOS .CA. 94022

This letter is in support of the use of the **Underground Storage Tank Cleanup Fund** to demonstrate financial responsibility for taking corrective action and/or compensating third parties for bodily injury and property damage caused by an unauthorized release of petroleum in the amount of at least \$5,000.00 per occurrence and \$5,000.00 annual aggregate coverage.

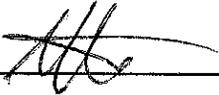
Underground storage tanks at the following facilities are assured by this letter:  
LOS ALTOS 76. 330 S. SAN ANTONIO RD. LOS ALTOS CA94022  
EL CAMINO 76 4350 EL CAMINO REAL LOS ALTOS, CA 94022  
RANCHO 76 601 FREMONT AVE. LOS ALTOS, CA94024

- |  |              |
|--|--------------|
| 1. Amount of annual aggregate coverage being assured by this letter                          | 5,000.00     |
| 2. Total tangible assets   | 8,970,000.00 |
| 3. Total liabilities   | 4,365,500.00 |
| 4. Tangible net worth (subtract line 3 from line 2. Line 4 must be at least 10 times line 1) | 4,604,500.00 |

I hereby certify that the wording of this letter is identical to the wording specified in section 2808.1, subdivision (c)(1), Chapter 18, Division 3, Title 23 of the California Code of Regulations.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief. Executed at LOS ALTOS, CA on 6/15/18 .

(Signature)

  
GREG GALAVITO  
OWNER



416 2<sup>nd</sup> Street Phone: (209) 744-0112  
 Galt, Ca 95632 Fax: (209) 744-0116  
 afforda@softcom.net

**Owner Statements of Designated Underground Storage Tank Operator  
 and Understanding of and Compliance with UST Requirements**

**Facility Name:** El Camino 76 **Facility ID#**1215-2 **PO#**

**Address:** 4350 El Camino Real, Los Altos CA 94022  Updated Owners Statement

**Facility Phone #:**  Change of Designated Operator  
 New Designated Operator

**DESIGNATED UST OPERATOR FOR THIS FACILITY:**

**PRIMARY**

**Designated Operator's Name:** ZANE NIMMO **Service Technician**  
**Business Name:** AFFORDA TEST **ICC #:** 8883064-UC  
**Designated Operator's Phone:** 209-744-0112 **Expiration Date:** 2/23/20

**ALTERNATE 1**

**Designated Operator's Name:** FELIX RAMIREZ **Service Technician**  
**Business Name:** AFFORDA TEST **ICC #:** 8883072-UC  
**Designated Operator's Phone:** 209-744-0112 **Expiration Date:** 2/27/20

**ALTERNATE 2**

**Designated Operator's Name:** DAVID WINKLER **Service Technician**  
**Business Name:** AFFORDA TEST **ICC #:** 8883059-UC  
**Designated Operator's Phone:** 209-744-0112 **Expiration Date:** 2/23/20

**ALTERNATE 3**

**Designated Operator's Name:** EDWARD STEARNS **Service Technician**  
**Business Name:** AFFORDA TEST **ICC #:** 8883080-UC  
**Designated Operator's Phone:** 209-744-0112 **Expiration Date:** 2/23/20

I certify that, for the facility indicated at the top of this page, the individuals listed above will serve as Designated UST Operators. The individuals will conduct and document monthly facility inspections and annual facility employee training, in

Accordance with California Code of Regulations, title 23, section 2715 (c) - (f).

Furthermore, I understand and am in compliance with the requirements (statutes, regulations, and local Ordinances) applicable to underground storage tanks.

**NAME OF TANK OWNER/Operator (Print):** Jeff Tava

**SIGNATURE OF TANK OWNER/Operator:** [Signature]

**DATE:** 3/27/18 **OWNERS PHONE:** 609 948 4771

**NOTE:**

- 1) CUSTOMER IS RESPONSIBLE TO UPLOAD THIS FORM TO CERS PER YOUR LOCAL REGULATIONS. AFFORDA TEST DOES NOT UPLOAD TO CERS.
- 2) NOTIFY THE LOCAL AGENCY OF ANY CHANGES TO THIS INFORMATION WITHIN 30 DAYS OF THE CHANGE.

DISPLAY IN PUBLIC VIEW

Beginning Date 11/23/87

Health Department of the County of Santa Clara  
2220 Moorpark Avenue  
San Jose, CA 95128  
PUBLIC HEALTH PERMIT

Permit Number  
2813-D

Expiration Date 08/31/93

Inventory ID No

This permit is not transferable and may be revoked for cause.

200063-AC

**\*PERMIT HOLDER IS RESPONSIBLE FOR PERMIT**

Renew on or before expiration date. If Permit Holder does not receive renewal notice present this Permit to the above address on or before expiration date.

Business Name and Location  
UNION #6115 #1  
4350 EL CAMINO REAL  
LOS ALTOS CA 94022

2311-A  
COMMERCIAL  
U/G TANK SITE  
SINGLE TANK

Owner Address  
FELIX BOLTON JR  
C/O UNION #6115 #1  
4350 EL CAMINO REAL  
LOS ALTOS CA 94022

Vehicle ID  
License No  
Year  
Make

Fee \$456.00

Permit Status FULL-TERM

Issued by the Health Dept  
County of Santa Clara  
under the authority of  
County Ordinance NS517  
and Section 510, California  
Health and Safety Code

DISPLAY IN PUBLIC VIEW

Beginning Date 11/23/87

Health Department of the County of Santa Clara  
2220 Moorpark Avenue  
San Jose, CA 95128  
PUBLIC HEALTH PERMIT

Permit Number

2814-D

Expiration Date 08/31/93

Inventory I.D. No.

This permit is not transferable and may be revoked for cause

\*PERMIT HOLDER IS RESPONSIBLE FOR PERMIT

200065-AC

Renew on or before expiration date. If Permit Holder does not receive renewal notice present this Permit to the above address on or before expiration date.

Business Name and Location: UNION #6115 #2  
4350 EL CAMINO REAL  
LOS ALTOS CA 94022

2312-A  
COMMERCIAL  
U/G TANK SITE  
MULT TANKS (EA TANK)

Owner Address: FELIX BOLTON JR  
C/O UNION #6115 #2  
4350 EL CAMINO REAL  
LOS ALTOS CA 94022

Vehicle ID  
License No  
Year  
Make

Fee \$156.00

Permit Status FULL-TERM

Issued by the Health Dept  
County of Santa Clara  
under the authority of  
County Ordinance NS517  
and Section 510 California  
Health and Safety Code

DISPLAY IN PUBLIC VIEW

Beginning Date **11/23/87**

Health Department of the County of Santa Clara  
2220 Moorpark Avenue  
San Jose, CA 95128  
PUBLIC HEALTH PERMIT

Permit Number

**2815-D**

Expiration Date **08/31/93**

Inventory ID No

This permit is not transferable and may be revoked for cause

**200069-AC**

**\*PERMIT HOLDER IS RESPONSIBLE FOR PERMIT**

Renew on or before expiration date. If Permit Holder does not receive renewal notice present this Permit to the above address on or before expiration date.

Business Name and Location  
**UNION #6115 #3  
4350 EL CAMINO REAL  
LOS ALTOS CA 94022**

**2312-A  
COMMERCIAL  
U/G TANK SITE  
MULT TANKS (EA TANK)**

Owner Address  
**FELIX BOLTON JR  
C/O UNION #6115 #3  
4350 EL CAMINO REAL  
LOS ALTOS CA 94022**

Vehicle ID  
License No  
Year  
Make

Fee **\$156.00**

Permit Status **FULL-TERM**

Issued by the Health Dept  
County of Santa Clara  
under the authority of  
County Ordinance NS517  
and Section 510 California  
Health and Safety Code

DISPLAY IN PUBLIC VIEW

Beginning Date 11/23/87

Health Department of the County of Santa Clara  
2220 Moorpark Avenue  
San Jose, CA 95128  
PUBLIC HEALTH PERMIT

Permit Number

2813-D

Expiration Date 08/31/92

Inventory ID No

This permit is not transferable and may be revoked for cause

200063-AC

**\*PERMIT HOLDER IS RESPONSIBLE FOR PERMIT**

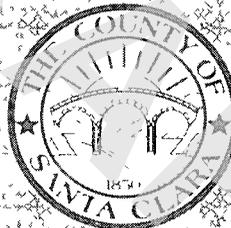
Renew on or before expiration date. If Permit Holder does not receive renewal notice, present this Permit to the above address on or before expiration date.

Business Name and

UNION #6115 #1

Location

4350 EL CAMINO REAL  
LOS ALTOS CA 94022



2311-A  
COMMERCIAL  
UFG TANK SITE  
SINGLE TANK

Owner Address

FELIX COLTON JR  
C/O UNION #6115 #1  
4350 EL CAMINO REAL  
LOS ALTOS CA 94022

Vehicle ID

License No

Year

Make

Issued by the Health Dept.  
County of Santa Clara  
under the authority of  
County Ordinance NS517  
and Section 5.10 California  
Health and Safety Code

Fee

\$400.00

Permit Status

FULL-TERM

DISPLAY IN PUBLIC VIEW

Beginning Date 11/23/87

Health Department of the County of Santa Clara  
2220 Moorpark Avenue  
San Jose, CA 95128

Permit Number

2814-D

Expiration Date 08/31/92

PUBLIC HEALTH PERMIT

Inventory ID No

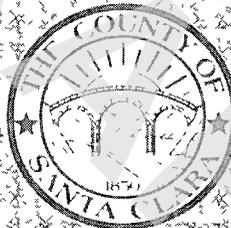
200066-AC

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Business Name and Location  
UNION #6115 #2  
4350 EL CAMINO REAL  
LOS ALTOS CA 94022



2312-A  
COMMERCIAL  
U/G TANK SITE  
MULT TANKS (EA TANK)

Owner Address  
FELIX BOLTON JR  
C/O UNION #6115 #2  
4350 EL CAMINO REAL  
LOS ALTOS CA 94022

Vehicle ID

License No

Year

Make

Issued by the Health Dept  
County of Santa Clara  
under the authority of  
County Ordinance NS517  
and Section 510 California  
Health and Safety Code

Fee \$100.00

Permit Status FULL TERM

DISPLAY IN PUBLIC VIEW

Beginning Date 11/23/87

Health Department of the County of Santa Clara  
2220 Moorpark Avenue  
San Jose, CA 95128  
PUBLIC HEALTH PERMIT

Permit Number

2815-D

Expiration Date 08/31/92

Inventory ID No

This permit is not transferable and may be revoked for cause

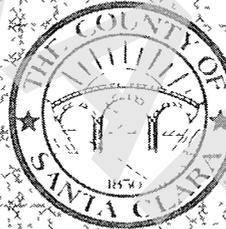
**\*PERMIT HOLDER IS RESPONSIBLE FOR PERMIT**

200069-AC

Renew on or before expiration date. If Permit Holder does not receive renewal notice, present this Permit to the above address on or before expiration date.

Business Name and Location UNION #6115 #3

4350 EL CAMINO REAL  
LOS ALTOS CA 94022



2312-A  
COMMERCIAL  
U76 TANK SITE  
MULT TANKS (CEA TANK)

Owner Address FELIX BOLTON JR  
C/O UNION #6115 #3  
4350 EL CAMINO REAL  
LOS ALTOS CA 94022

Vehicle ID

License No

Year

Make

Fee \$100.00

Permit Status FULL-TERM

Issued by the Health Dept  
County of Santa Clara  
under the authority of  
County Ordinance NS5.17  
and Section 510 California  
Health and Safety Code

DISPLAY IN PUBLIC VIEW

Beginning Date 11/23/87

Health Department of the County of Santa Clara  
2220 Moorpark Avenue  
San Jose, CA 95128  
PUBLIC HEALTH PERMIT

Permit Number  
2813-D

Expiration Date 08/31/91

Inventory ID No

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Business UNION #6115 #1  
Name and Address 4350 EL CAMINO REAL  
Location LOS ALTOS CA 94022

2311-A  
COMMERCIAL  
U/G TANK SITE  
SINGLE TANK

Owner Address FELIX BOLTON JR  
C/O UNION #6115 #1  
4350 EL CAMINO REAL  
LOS ALTOS CA 94022

Vehicle ID  
License No  
Year  
Make

Fee \$400.00

Permit Status FULL-TERM

Issued by the Health Dept  
County of Santa Clara  
under the authority of  
County Ordinance NS5 170  
and Section 510 California  
Health and Safety Code

DISPLAY IN PUBLIC VIEW

Beginning Date 11/23/87

Health Department of the County of Santa Clara  
2220 Moorpark Avenue  
San Jose, CA 95128  
PUBLIC HEALTH PERMIT

Permit Number  
2814-D

Expiration Date 08/31/91

Inventory I.D. No

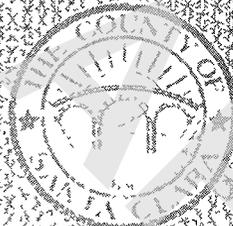
This permit is not transferable and may be revoked for cause

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**\*PERMIT HOLDER IS RESPONSIBLE FOR PERMIT**

Renew on or before expiration date. If Permit Holder does not receive renewal notice present this Permit to the above address on or before expiration date.

Business: UNION #6115 #2  
Name and Address: 4350 EL CAMINO REAL  
Location: LOS ALTOS CA 94022



2312-A  
COMMERCIAL  
U/G TANK SITE  
MULT TANKS (EA TANK)

Owner Address: FELIX BOLTON JR  
C/O UNION #6115 #2  
4350 EL CAMINO REAL  
LOS ALTOS CA 94022

Vehicle ID  
License No  
Year  
Make

Fee \$100.00

Permit Status FULL-TERM

Issued by the Health Dept  
County of Santa Clara  
under the authority of  
County Ordinance NS5 17  
and Section 510 California  
Health and Safety Code

DISPLAY IN PUBLIC VIEW

Beginning Date 11/23/87

Health Department of the County of Santa Clara  
2220 Moorpark Avenue  
San Jose, CA 95128  
PUBLIC HEALTH PERMIT

Permit Number  
2815-D

Expiration Date 08/31/91

Inventory ID No  
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Business Name and Location  
UNION #6115 #3  
4350 EL CAMINO REAL  
LOS ALTOS CA 94022

2312-A  
COMMERCIAL  
U/G TANK SITE  
MULT TANKS (EA TANK)

Owner Address  
FELIX BOLTON JR  
C/O UNION #6115 #3  
4350 EL CAMINO REAL  
LOS ALTOS CA 94022

Vehicle ID  
License No  
Year  
Make

Fee \$100.00

Permit Status FULL-TERM

Issued by the Health Dept  
County of Santa Clara  
under the authority of  
County Ordinance NSS 17  
and Section 510 California  
Health and Safety Code

DISPLAY IN PUBLIC VIEW

Beginning Date 11/23/87

Health Department of the County of Santa Clara  
2220 Moorpark Avenue  
San Jose, CA 95128  
PUBLIC HEALTH PERMIT

Permit Number

2813-D

Expiration Date 08/31/90

Inventory ID No

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**\* PERMIT HOLDER IS RESPONSIBLE FOR PERMIT \***

200063-AC

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Business Name and Location  
UNION #6115 #1  
4350 EL CAMINO REAL  
LOS ALTOS CA 94022



2311-A  
COMMERCIAL  
U/G TANK SITE  
SINGLE TANK

Owner Address  
~~FELIX BOLTON JR~~  
C/O UNION #6115 #1  
4350 EL CAMINO REAL  
LOS ALTOS CA 94022

Vehicle ID  
License No  
Year  
Make

Issued by the Health Dept  
County of Santa Clara  
under the authority of  
County Ordinance NS5 17  
and Section 510 California  
Health and Safety Code

Fee \$200.00

Permit Status FULL-TERM

DISPLAY IN PUBLIC VIEW

Beginning Date 11/23/87

Health Department of the County of Santa Clara  
2220 Moorpark Avenue  
San Jose, CA 95128  
PUBLIC HEALTH PERMIT

Permit Number

2814-D

Expiration Date 08/31/90

Inventory ID No

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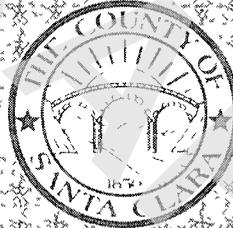
200066-A C

Renew on or before expiration date. If Permit Holder does not receive renewal notice, present this Permit to the above address on or before expiration date.

Business

Name and Address UNION #6115 #2

Location 4350 EL CAMINO REAL  
LOS ALTOS CA 94022



2312-A  
COMMERCIAL  
U/G TANK SITE  
MULT TANKS (EA TANK)

Owner

Address FELIX BOLTON JR  
C/O UNION #6115 #2  
4350 EL CAMINO REAL  
LOS ALTOS CA 94022

Vehicle ID

License No

Year

Make

Issued by the Health Dept  
County of Santa Clara  
under the authority of  
County Ordinance NS517  
and Section 510, California  
Health and Safety Code

Fee \$50.00

Permit Status FULL-TERM

DISPLAY IN PUBLIC VIEW

Beginning Date 11/23/87

Health Department of the County of Santa Clara  
2220 Moorpark Avenue  
San Jose, CA 95128  
PUBLIC HEALTH PERMIT

Permit Number

2815-D

Expiration Date 08/31/90

Inventory ID No

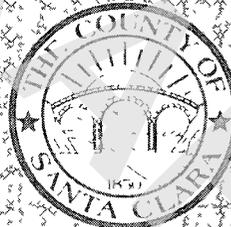
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200069-AC

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Business Name and Location  
UNION #6115 #3  
4350 EL CAMINO REAL  
LOS ALTOS CA 94022



2312-A  
COMMERCIAL  
U/G TANK SITE  
MULT TANKS (EA TANK)

Owner Address  
FELIX BOLTON JR  
C/O UNION #6115 #3  
4350 EL CAMINO REAL  
LOS ALTOS CA 94022

Vehicle ID

License No

Year

Make

Fee \$50.00

Permit Status FULL-TERM

Issued by the Health Dept  
County of Santa Clara  
under the authority of  
County Ordinance NS5.17  
and Section 510 California  
Health and Safety Code

COUNTY OF SANTA CLARA

HAZARDOUS MATERIALS INVENTORY AND REVIEW FEE WORK SHEET

Facility Address 4350 El Camino Real, Los Altos

Facility Name Union 76 Service Station #6115

File # 183

HMIS Date     /    /    

HAZARD CLASS (HC)	CHEMICAL NAME or COMMON/TRADE NAME	INDIVIDUAL QUANTITY	TOTAL QUANTITY IN HC	QUANTITY RANGE IN HC
#1 3	gasoline unleaded	10,000	<u>20,500</u>	
#2 3	gasoline leaded	10,000		
#3 3	waste oil	500		

Prepared by Charles S. Nicholson  
 Date     /    /    

Total Quantity Range 5  
 Cost Factor 40 -  
 Permit Fee 200.00

**Unocal Refining & Marketing Division**  
Unocal Corporation  
2000 Crow Canyon Place, Suite 400  
PO Box 5155  
San Ramon, California 94583  
Telephone (415) 277-2353  
Fax (415) 277-2309

**UNOCAL** 

**Antonio L. Quijalvo**  
Construction Engineer  
Northern Division



**ROBERT H. LEE & ASSOCIATES**  
ARCHITECTURE PLANNING ENGINEERING

**TRACY W. LUM**  
PROJECT DESIGNER

900 LARKSPUR LANDING CIRCLE #125  
LARKSPUR, CA 94989

(415) 461-8890

PETALUMA, CA    ◦    SACRAMENTO, CA    ◦    PHOENIX, AZ

**Unocal Refining & Marketing Division**  
Unocal Corporation  
PO Box 940  
San Jose, California 95108  
Telephone (408) 292-7600

**UNOCAL** 

**Matthew P. Finn**  
Retail Representative  
Northern California Division

SANTA CLARA COUNTY HEALTH DEPARTMENT  
OFFICE OF HAZARDOUS MATERIALS  
2220 MOORPARK AVENUE  
SAN JOSE, CALIFORNIA 95128

FACILITY CLOSURE PERMIT #C00429

Name of Facility UNOCAL SERVICE STATION <sup>6115</sup> Permittee UNION OIL OF CA  
Address 4350 EL CAMINO REAL Mailing Address 2175 N. CALIFORNIA BL  
LOA ALTOS Suite 650, WALNUT CREEK, CA 94596  
Facility Location 4350 EL CAMINO REAL  
Tank Capacity (#1 Tank) 10,000 GAL (#2 Tank) 10,000 GAL (#3 Tank) 550 GAL  
REG. UNLEADED GASOLINE SUP. UNLEADED GASOLINE WASTE OIL  
Permit Issued by Jeanne Fortin Date October 4, 1990  
Inspected by Nicole Takah Date 1/15/91



**KAPREALIAN ENGINEERING, INC.**  
**Consulting Engineers**

PO BOX 996 • BENICIA, CA 94510  
(707) 746-6915 • (707) 746-6916 • FAX (707) 746-5581

*leak report*

January 10, 1991

Santa Clara County  
Department of Environmental Health  
2220 Moorpark Avenue  
San Jose, CA 95128

Attention: Ms. Nicole Jakaby

RE: Unocal Service Station #6115  
4350 El Camino Real  
Los Altos, California

Dear Ms. Jakaby:

Per the request of Mr. Ron Bock of Unocal Corporation, enclosed please find our reports dated November 5, 1990, November 8, 1990, and December 14, 1990, as well as our work plan/proposal dated November 8, 1990, for the above referenced site.

Should you have any questions, please feel free to call our office at (707) 746-6915.

Sincerely,

Kaprealian Engineering, Inc.

Judy A. Dewey

jad\54

Enc.

cc: Ron Bock, Unocal Corporation







**KAPREALIAN ENGINEERING, INC.**  
**Consulting Engineers**

PO BOX 996 • BENICIA, CA 94510  
(707) 746-6915 • (707) 746-6916 • FAX (707) 746-5581

KEI-J90-1001.R4  
December 14, 1990

Unocal Corporation  
2000 Crow Canyon Place, Suite 400  
San Ramon, CA 94583

Attention: Mr. Ron Bock

RE: Stockpiled Soil Sampling for  
Unocal Service Station #6115  
4350 El Camino Real  
Los Altos, California

Dear Mr. Bock:

This letter report summarizes the results of the stockpiled soil sampling and laboratory analyses for the referenced site. The soil analyses were conducted to comply with the County Health Department requirements for proper disposal of contaminated soil.

On November 19, 1990, soil samples from approximately 100 cubic yards of aerated stockpiled soil (previously sampled as Comp Q and Comp R) at the referenced site were collected to determine proper disposal of the soil. Two composite soil samples (designated as Comp QQ and Comp RR) were taken. Each composite sample consisted of four individual grab samples taken at various locations and depths ranging from 1 to 2 feet. The samples were collected in two-inch diameter, clean brass tubes, which were then sealed with aluminum foil, plastic caps and tape, and placed in a cooled ice chest for subsequent delivery to a certified laboratory for analysis. All samples were analyzed at Sequoia Analytical Laboratory in Redwood City and Concord, California, and were accompanied by properly executed Chain of Custody documentation. Samples were collected and stored as described above. Sample point locations are as shown on the attached Site Plan, Figure 1.

After review of the analytical results of samples Comp QQ and Comp RR, the stockpiled soil was further aerated, and on November 26, 1990, two composite samples (designated as Comp 1 and Comp 2) were taken. Samples were collected and stored as described above. Sample point locations are as shown on the attached Site Plan, Figure 2.

Stockpiled soil (approximately 50 cubic yards) represented by Comp 1 was further aerated, and on December 3, 1990, one composite sample (designated as Comp 1-1) was taken. On this same date, soil samples were collected from approximately 50 cubic yards of aerated stockpiled soil previously sampled from the original fuel tank pit excavation as Comp M. One composite sample (designated as Comp MM) was taken. Samples were collected and stored as described above. Sample point locations are as shown on the attached Site Plan, Figure 3.

Soil samples were analyzed to determine concentrations of total petroleum hydrocarbons (TPH) as gasoline using EPA method 5030 in conjunction with modified 8015, and benzene, toluene, xylenes and ethylbenzene (BTX&E) using EPA method 8020. Analytical results of the soil samples (Comp 1-1, Comp 2, and Comp MM) indicate levels of TPH as gasoline ranging from 3.6 ppm to 28 ppm. Results of the soil analyses are summarized in Table 1. Copies of the laboratory analyses, and the Chain of Custody documentation are attached to this report.

Based on the analytical results of the soil samples, stockpiled soil represented by samples Comp 1-1, Comp 2 and Comp MM (approximately 150 cubic yards) can be disposed of at an approved Class III disposal site. However, KEI recommends that during disposal, when obvious isolated high contamination is detected within the stockpiled soil, that portion of the soil be separately stockpiled for further sampling and treatment.

#### DISTRIBUTION

A copy of this report should be sent to Ms. Nicole Jakaby of the Santa Clara County Department of Environmental Health, and to the Regional Water Quality Control Board, San Francisco Bay Region.

KEI-J90-1001.R4  
December 14, 1990  
Page 3

Should you have any questions on this report, please do not  
hesitate to contact me at (707) 746-6915.

Sincerely,

Kaprealian Engineering, Inc.

*K Mascarenas*

Kristin B. Mascarenas

\bam:jad

Attachments: Table 1  
Location Map  
Site Plans - Figures 1, 2 & 3  
Laboratory Results  
Chain of Custody documentation

KEI-J90-1001.R4  
December 14, 1990

TABLE 1

SUMMARY OF LABORATORY ANALYSES

(Collected on November 19 & 26, and December 3, 1990)

<u>Sample</u>	<u>TPH as Gasoline</u>	<u>Benzene</u>	<u>Toluene</u>	<u>Xylenes</u>	<u>Ethylbenzene</u>
Comp QQ	230	ND	0.25	12	ND
Comp RR	ND	0.015	0.053	0.061	0.011
Comp 1	48	ND	0.0072	0.92	ND
Comp 2	3.6	ND	ND	0.017	ND
Comp 1-1	4.1	0.012	0.024	0.035	ND
Comp MM*	28	0.0096	0.011	0.26	0.012
Detection Limits	1.0	0.0050	0.0050	0.0050	0.0050

ND = Non-detectable.

\* Reactivity, Corrosivity and Ignitability test: see attached analyses.

Results in parts per million (ppm), unless otherwise indicated.



# SEQUOIA ANALYTICAL

680 Chesapeake Drive • Redwood City, CA 94063  
(415) 364-9600 • FAX (415) 364-9233

Kaprealian Engineering, Inc.  
P.O. Box 996  
Benicia, CA 94510  
Attention: Mardo Kaprealian, P.E.

Client Project ID: Unocal, Los Altos, 4350 El Camino Real  
Matrix Descript: Soil  
Analysis Method: EPA 5030/8015/8020  
First Sample #: 011-2412 A-B

Sampled: Nov 19, 1990  
Received: Nov 19, 1990  
Analyzed: Nov 20, 1990  
Reported: Nov 21, 1990

## TOTAL PETROLEUM FUEL HYDROCARBONS with BTEX DISTINCTION (EPA 8015/8020)

Sample Number	Sample Description	Low/Medium B.P.		Toluene mg/kg (ppm)	Ethyl Benzene mg/kg (ppm)	Xylenes mg/kg (ppm)
		Hydrocarbons mg/kg (ppm)	Benzene mg/kg (ppm)			
0112412 A-B	Composite RR	N.D.	0.015	0.053	0.011	0.061
0112411 A-B	Composite QQ	230	N.D.	0.25	N.D.	12

DRAFT

<b>Detection Limits:</b>	<b>1.0</b>	<b>0.0050</b>	<b>0.0050</b>	<b>0.0050</b>	<b>0.0050</b>
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Low to Medium Boiling Point Hydrocarbons are quantitated against a gasoline standard.  
Analytes reported as N D. were not present above the stated limit of detection.

SEQUOIA ANALYTICAL

*Elizabeth W. Hackl*  
Elizabeth W. Hackl  
Project Manager



# KAPREALIAN ENGINEERING, INC.

## CHAIN OF CUSTODY

SAMPLER <u>Joe</u>		SITE NAME & ADDRESS <u>Unocal / Los Altos</u> <u>4350 El Camino Real</u>					ANALYSES REQUESTED				TURN AROUND TIME: <u>74 hrs</u>	
WITNESSING AGENCY							TP1/G, BTEX				REMARKS	
SAMPLE ID NO.	DATE	TIME	SOIL	WATER	GRAB	NO. OF CONT.						SAMPLING LOCATION
<u>Comp. RR</u>	<u>11/19/90</u>	<u>4:45<sup>P.M.</sup></u>	<input checked="" type="checkbox"/>			<u>2</u>	<u>Stockpile</u>	<input checked="" type="checkbox"/>				<u>0112411</u>
<u>11 RR</u>	<u>"</u>	<u>4:45<sup>P.M.</sup></u>	<input checked="" type="checkbox"/>			<u>2</u>	<u>"</u>	<input checked="" type="checkbox"/>				<u>0112412</u>

Relinquished by: (Signature) <u>Joe</u>	Date/Time <u>11/19/90</u>	Received by: (Signature) -
Relinquished by: (Signature)	Date/Time	Received by: (Signature)
Relinquished by: (Signature)	Date/Time	Received by: (Signature)
Relinquished by: (Signature)	Date/Time <u>11/19/90 17:11</u>	Received by: (Signature) <u>[Signature]</u>

The following MUST BE completed by the laboratory accepting samples for analysis:

- Have all samples received for analysis been stored in ice?  
yes
- Will samples remain refrigerated until analyzed?  
yes
- Did any samples received for analysis have head space?  
N/A
- Were samples in appropriate containers and properly packaged?  
yes

Signature: [Signature] Title: Logi Date: 11-19-90



# SEQUOIA ANALYTICAL

1900 Bates Avenue • Suite LM • Concord, California 94520  
(415) 686-9600 • FAX (415) 686-9689

Kaprealian Engineering, Inc.  
P O. Box 996  
Benicia, CA 94510  
Attention: Mardo Kaprealian, P.E.

Client Project ID: Unocal #6115, 4350 El Camino Real, Los Alto  
Matrix Descript: Soil  
Analysis Method: EPA 5030/8015/8020  
First Sample #: 011-0799 A-B

Sampled: Nov 26, 1990  
Received: Nov 27, 1990  
Analyzed: Nov 27, 1990  
Reported: Nov 28, 1990

## TOTAL PETROLEUM FUEL HYDROCARBONS with BTEX DISTINCTION (EPA 8015/8020)

Sample Number	Sample Description	Low/Medium B.P. Hydrocarbons mg/kg (ppm)	Benzene mg/kg (ppm)	Toluene mg/kg (ppm)	Ethyl Benzene mg/kg (ppm)	Xylenes mg/kg (ppm)
011-0799 A-B	Comp 1	48	N.D.	0.0072	N.D.	0.92
011-0800 A-B	Comp 2	3.6	N.D.	N.D.	N.D.	0.017

### Detection Limits:

1.0

0.0050

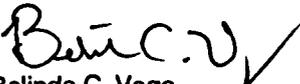
0.0050

0.0050

0.0050

Low to Medium Boiling Point Hydrocarbons are quantitated against a gasoline standard  
Analytes reported as N D. were not present above the stated limit of detection

SEQUOIA ANALYTICAL

  
Belinda C. Vega  
Laboratory Director

### Please Note:

The above samples appear to contain gasoline.



# KAPREALIAN ENGINEERING, INC.

## CHAIN OF CUSTODY

SAMPLER		SITE NAME & ADDRESS							ANALYSES REQUESTED				TURN AROUND TIME:
Tom S. Mascareñas		UNOCHL - LOS MITOS # 6115 4350 El Camino Real LOS MITOS, CA											24 hrs
WITNESSING AGENCY													REMARKS
SAMPLE ID NO.	DATE	TIME	SOIL	WATER	GRAB	COMP	NO. OF CONT.	SAMPLING LOCATION	TPH-6	BTEX			
Comp 1	11/26/90		✓			✓	2	stock pile	✓	✓	0110799 AB 800 ↓		
Comp 2	11/26/90		✓			✓	2	stock pile	✓	✓			
Relinquished by: (Signature)		Date/Time		Received by: (Signature)		The following MUST BE completed by the laboratory accepting samples for analysis: 1. Have all samples received for analysis been stored in ice? 2. Will samples remain refrigerated until analyzed? 3. Did any samples received for analysis have head space? 4. Were samples in appropriate containers and properly packaged?							
Tom Mascareñas		11/27/90		[Signature]									
Relinquished by: (Signature)		Date/Time		Received by: (Signature)									
Relinquished by: (Signature)		Date/Time		Received by: (Signature)									
Relinquished by: (Signature)		Date/Time		Received by: (Signature)		Signature		Title		Date			



# SEQUOIA ANALYTICAL

1900 Bates Avenue • Suite LM • Concord, California 94520  
(415) 686-9600 • FAX (415) 686-9689

Kaprealian Engineering, Inc.  
P.O. Box 996  
Benicia, CA 94510  
Attention: Mardo Kaprealian, P.E.

Client Project ID: Unocal, 4350 El Camino Real, Los Altos  
Matrix Descript. Soil  
Analysis Method: EPA 5030/8015/8020  
First Sample #: 012-0013 A-B

Sampled: Dec 3, 1990  
Received: Dec 3, 1990  
Analyzed: Dec 3, 1990  
Reported: Dec 4, 1990

## TOTAL PETROLEUM FUEL HYDROCARBONS with BTEX DISTINCTION (EPA 8015/8020)

Sample Number	Sample Description	Low/Medium B.P. Hydrocarbons		Toluene mg/kg (ppm)	Ethyl Benzene mg/kg (ppm)	Xylenes mg/kg (ppm)
		mg/kg (ppm)	Benzene mg/kg (ppm)			
012-0013 A-B	Comp 1-1	4.1	0.012	0.024	N.D.	0.035
012-0014 A-B	Comp MM	28	0.0096	0.011	0.012	0.26

DRAFT

<b>Detection Limits:</b>	<b>1.0</b>	<b>0.0050</b>	<b>0.0050</b>	<b>0.0050</b>	<b>0.0050</b>
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Low to Medium Boiling Point Hydrocarbons are quantitated against a gasoline standard.  
Analytes reported as N D were not present above the stated limit of detection.

SEQUOIA ANALYTICAL

*Belinda C. Vega*  
Belinda C. Vega  
Laboratory Director





# SEQUOIA ANALYTICAL

1900 Bates Avenue • Suite LM • Concord, California 94520  
(415) 686-9600 • FAX (415) 686-9689

Kaprealian Engineering, Inc.  
P.O. Box 996  
Benicia, CA 94510

Client Project ID: Unocal, 4350 El Camino Real, Los Altos  
Sample Descript: Soil

Attention: Mardo Kaprealian, P.E. Lab Number: 012-0014 A-B Comp

Sampled: Dec 3, 1990  
Received: Dec 6, 1990  
Extracted: Dec 6, 1990  
Analyzed: Dec 6, 1990  
Reported: Dec 7, 1990

## LABORATORY ANALYSIS

Analyte	Detection Limit mg/kg	Sample Results mg/kg
<b>REACTIVITY</b>		
Reaction with water.....	NA	None
Sulfide .....	10.0	N.D.
Cyanide .....	1.0	N.D.
<b>CORROSIVITY.....</b>		
<b>IGNITABILITY.....</b>		
	NA	8.4
	NA	>100°C

Analytes reported as N.D. were not present above the stated limit of detection.

SEQUOIA ANALYTICAL

*Belinda C. Vega*  
Belinda C Vega  
Laboratory Director



# KAPREALIAN ENGINEERING, INC.

## CHAIN OF CUSTODY

SAMPLER <i>Tom S</i>		SITE NAME & ADDRESS						ANALYSES REQUESTED				TURN AROUND TIME:	
<i>MASCORP</i>		<i>UNOCAL-LOS ALTOS # 6115</i>						<i>TPH-E</i> <i>BTEX</i>				<i>24 hrs.</i>	
WITNESSING AGENCY		<i>4350 El Comodoro Rd</i> <i>Los Altos, CA</i>										REMARKS	
SAMPLE ID NO.	DATE	TIME	SOIL	WATER	GRAB	COMP	NO. OF CONT.	SAMPLING LOCATION					
<i>Comp-1</i>	<i>12/3/96</i>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<i>2</i>	<i>Stockpile</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<i>0120013AB</i>
<i>Comp-2</i>	<i>12/3/96</i>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<i>2</i>	<i>Stockpile</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<i>0120014AB</i>
Relinquished by: (Signature)			Date/Time		Received by: (Signature)								
<i>Tom S</i>			<i>12/3/96 4:00</i>		<i>J. L. ...</i>								
Relinquished by: (Signature)			Date/Time		Received by: (Signature)								
Relinquished by: (Signature)			Date/Time		Received by: (Signature)								
Relinquished by: (Signature)			Date/Time		Received by: (Signature)								

The following MUST BE completed by the laboratory accepting samples for analysis:

- Have all samples received for analysis been stored in ice?  
*Yes*
- Will samples remain refrigerated until analyzed?  
*Yes*
- Did any samples received for analysis have head space?  
*Yes*
- Were samples in appropriate containers and properly packaged?  
*Yes*

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: *12/3/96*



**KAPREALIAN ENGINEERING, INC.**  
*Consulting Engineers*

PO BOX 996 • BENICIA, CA 94510  
(707) 746-6915 • (707) 746-6916 • FAX (707) 746-5581

KEI-P90-1001.P1  
November 8, 1990

Unocal Corporation  
2000 Crow Canyon Place, Suite #400  
P.O. Box 5155  
San Ramon, CA 94583

Attention: Mr. Ron Bock

RE: Work Plan/Proposal  
Unocal Service Station #6115  
4350 El Camino Real  
Los Altos, California

I. INTRODUCTION

This work plan for Phase I subsurface investigation is prepared in accordance with requirements and format of the San Francisco Bay "Regional Board Staff Recommendations for Initial Evaluation and Investigation of Underground Tanks". All work will be performed under the direct supervision of Mr. Don Braun, Certified Engineering Geologist #1310, Expiration Date 6/30/92.

A. Statement of Scope of Work

The scope of work in this work plan/proposal entails defining the extent of subsurface contamination at the site.

B. Site Location

The service station site occupies the southwesterly corner at the intersection of El Camino Real and Los Altos Avenue in Los Altos, California. A Location Map and Site Plans are attached.

C. Background

On October 2, 1990, Kaprealian Engineering, Inc. (KEI) collected soil samples following the removal of two fuel storage tanks and one waste oil tank from the referenced site. Four initial samples, labeled A1, A2, B1 and B2, were collected at depths of approximately 13.5 to 15.5 feet below grade. One additional soil sampled, labeled B2(20.5), was collected beneath sample point location B2 at a depth of about 20.5 feet. The

samples were analyzed for total petroleum hydrocarbons (TPH) as gasoline, benzene, toluene, xylenes and ethylbenzene (BTX&E), and for organic lead. Laboratory analyses indicated non-detectable levels of TPH as gasoline for all initial soil samples except sample B2, which showed 31 ppm. However, analyses of sample B2(20.5), collected after excavation beneath sample location B2 at a depth of about 20.5 feet, indicated TPH as gasoline at 1,900 ppm. Analyses indicated non-detectable levels of organic lead for all samples.

Also on October 2, 1990, one initial soil sample, labeled W01, was collected beneath the waste oil tank at a depth of about 10.5 feet. An additional soil sample, labeled W01(15.5), was collected from beneath sample location W01 at a depth of approximately 15.5 feet. Both samples were analyzed for TPH as gasoline, BTX&E, TPH as diesel, total oil and grease (TOG), EPA 8010 compounds, polychlorinated biphenyls (PCB's) using EPA 8270, and metals - cadmium, chromium, lead and zinc. Analyses of sample W01 indicated non-detectable levels of TPH as gasoline, BTX&E, all 8010 compounds and all 8270 compounds, including PCB's. Analyses did indicate TPH as diesel at 2.1 ppm with 190 ppm of TOG. Analyses of sample W01(15.5), collected after additional excavation, indicated non-detectable levels of TPH as gasoline, BTX&E, TOG, all 8010 compounds and all 8270 compounds, including PCB's. Analyses indicated TPH as diesel at 6.4 ppm.

In order to remove as much contaminated soil as possible, KEI returned to the site on October 12, 1990 to observe additional soil excavation in the area of sample points A2 and B2 from a depth of about 16 feet to a depth of 21 feet. After excavation, but prior to backfilling, two 12-inch diameter conductor casings were installed in the fuel tank pit.

KEI returned to the site on October 23, 1990 to collect soil samples from the product pipe trenches. Eleven soil samples, labeled P1 through P11, were collected at depths ranging from 1.5 feet to 3.5 feet. In addition, KEI also collected four soil samples, labeled V1 through V4, from the vent pipe trenches, as required by the Santa Clara County Department of Environmental Health, at depths ranging from 1.5 feet to 2.5 feet. Analyses indicated non-detectable levels of TPH as gasoline for all samples except sample P11, which

showed 8.4 ppm. Analyses indicated levels of total lead ranging from non-detectable to 16 ppm. Sample point and conductor casing locations are as shown on the attached Site Plan, Figure 1. Laboratory results are summarized in Table 1. Laboratory analyses and Chain of Custody documentation are also attached.

D. Site History

1. The site is used as a gasoline station and automobile maintenance facility. Two 10,000 gallon capacity fuel tanks and one 550 gallon waste oil tank were at the site prior to their removal on October 2, 1990.
2. No previous businesses at the site are known to KEI.
3.
  - a. Two underground fuel tanks and one waste oil tank were removed from the site on October 2, 1990. All of the tanks were made of steel. The fuel tanks were each 10,000 gallons in capacity. One tank contained regular unleaded gasoline, and the other contained super unleaded gasoline. The waste oil tank was 550 gallons in capacity and contained waste oil.
  - b. The tanks were removed on October 2, 1990. No apparent cracks or holes were observed in either of the fuel tanks; however, approximately six holes up to two inches in diameter were observed in the waste oil tank.
  - c. Tank removal was performed by Dan Brenton Construction of San Jose, California. For tank removal documentation and associated manifests, the reader is referred to Dan Brenton Construction.
  - d. An Unauthorized Release form dated 10/3/90 was filed with the Santa Clara County Department of Environmental Health. A copy of the Unauthorized Release form is attached with this work plan.
  - e. No tank testing results or inventory reconciliation methods or results for this site are known to KEI at this time.

- f. An unknown quantity of petroleum hydrocarbons was released into the subsurface environment.
4. No other leaks, spills or previously removed tanks at the site are known to KEI.
5. No previous subsurface work at the site or adjacent sites is known to KEI.

## II. SITE DESCRIPTION

### A. Vicinity Description and Hydrogeologic Setting

The subject site is developed and contains a Unocal Service Station. The site is situated on gently sloping northeast trending topography and is located approximately 3.6 miles southwest of the present shoreline of southern San Francisco Bay. The immediate vicinity of the subject property is generally developed with commercial facilities.

Based on review of regional geologic maps (C.D.M.G. Special Report 107 "Potential Seismic Hazard in Santa Clara County, California" by T.H. Rogers and J.W. Williams, 1974), the subject site is underlain by Quaternary-age Older Alluvial Fan deposits (Qof). The thickness of the alluvial materials underlying the site is estimated at approximately 120 feet based on data indicated on Plate 4 of the above captioned report. Also, as indicated on Plate 5 of the above captioned report, an adjacent CalTrans boring (82-8) was drilled to a depth of 68 feet and encountered ground water at a depth of 35 feet; however, the date drilled is not supplied, but it was drilled prior to 1974, and it is very likely that the depth to the current ground water table has substantially decreased since this boring was drilled.

### B. & C. Vicinity Map

A Location Map and two Site Plans showing various features of the site are attached with this work plan. Figure 2 shows the locations of subsurface utilities, the former tank locations and affiliated piping. No wells are known to KEI to be located on or immediately adjacent to the site.

D. Existing Soil Contamination and Excavation Results

1. Soil sample collection associated with the removal of the fuel tanks was performed in the following manner:

All soil samples taken October 2 and 23, 1990 were witnessed by Santa Clara County Department of Environmental Health personnel. The undisturbed samples collected from the fuel tank pit, waste oil tank pit and pipe trenches were taken from bulk material excavated by backhoe. The samples were placed in clean, two-inch diameter brass tubes, sealed with aluminum foil, plastic caps, and tape, and stored in a cooler on ice prior to delivery to a state-certified laboratory.

2. Ground water was not encountered in the tank pit.
3. The subsurface soils exposed in the tank pit excavation appeared to consist primarily of silty clay materials to a depth of about 16 feet below grade which are inturn underlain by silty sand materials to the maximum depth explored (21 feet). The pit was dry and there was no observed visible evidence of previous high ground water levels in the pit.
4. Soil sample collection locations associated with the tank pits and pipe trenches are shown on the attached Site Plan, Figure 1.

Soil samples were collected by Mr. Richard Bradish of KEI. Tabulated soil sample analytical results are provided in Table 1. Sample collection locations are shown on the attached Site Plan, Figure 1. Copies of the signed laboratory data sheets are attached to this work plan.

5. Any known subsurface conduits or utilities are identified on the attached Site Plan, Figure 2.
6. No unusual problems were encountered at the site.
7. All soil excavated, as described in KEI's reports KEI-J90-1001.R1 and KEI-J90-1001.R2 dated November 5, 1990 and November 6, 1990, will be disposed of to an appropriately classed landfill.

8. All required permits for tank removal were acquired by Dan Brenton Construction of San Jose, California. For copies of such permits, the reader is referred to Dan Brenton Construction.

### III. PLAN FOR DETERMINING EXTENT OF SOIL CONTAMINATION ON-SITE

#### A. Method/Technique for Determining Extent of Contamination On-Site

KEI proposes the installation of monitoring wells to further determine the extent of any soil contamination underlying the site. Soil samples will be collected from the borings for the monitoring wells as discussed below in Section IV. B. below.

### IV. PLAN FOR DETERMINING GROUND WATER CONTAMINATION

#### A. Placement and Rationale for Location of Monitoring Wells

To begin to define the extent of ground water contamination, KEI proposes the installation of three monitoring wells. The depth to and direction of ground water flow at the site are presently unknown to KEI; however, the inferred ground water flow direction is toward the northeast roughly parallel with the ground surface. The locations of the wells are as shown on the attached Site Plan, Figure 2.

#### B. Drilling Method for Construction of Monitoring Wells, including Decontamination Procedures

KEI proposes to install three two-inch diameter monitoring wells using truck mounted eight-inch outside diameter hollow stem auger drilling equipment. Permits will be obtained from the Santa Clara Valley Water District as necessary prior to beginning work.

The wells will be drilled approximately 10 to 15 feet into the saturated zone of the first encountered ground water unless a 5 foot thick clay aquitard is encountered first, at which time drilling will be terminated, and any portion of the clay aquitard drilled into will be sealed with bentonite pellets or a cement/sand slurry. However, in the event the ground water is not encountered within 50 feet of the surface, KEI proposes that the borings will be terminated and

well casings not be installed. The boring should then be sealed using a 10-sack cement/sand slurry to the surface.

Soil samples will be collected at a maximum spacing of 5 foot intervals, significant changes in lithology, obvious areas of contamination, and at or within the soil/ground water interface, beginning at a depth of about 5 feet below grade. Sampling for laboratory analysis and lithologic logging purposes will continue until the first water table is encountered. Sampling will continue below the ground water table for lithologic logging purposes only. However, the first boring drilled will be approximately continuously cored for the total depth drilled. Depending on the results of the first boring drilled, the sampling interval may be reduced; however, the sampling criteria outlined above are considered as the minimum sampling proposed. Classification of soil will be done using the Unified Soil Classification System (USCS) by KEI's field engineer or geologist. Samples will be collected in a California modified split-spoon sampler with two-inch diameter brass liners. The sampler will be advanced ahead of the drilling augers at designated depths by dropping a 140 pound hammer 30 inches. Blow counts will be recorded. The samples will be removed from the sampler, retained in the brass liners, and sealed with aluminum foil, plastic caps and tape. They will be labeled and stored in a cooler on ice for delivery to a state certified laboratory.

California modified split-spoon samplers and brass tubes will be decontaminated prior to each use with a trisodium phosphate solution wash followed by a clean water rinse. Hollow stem augers will be steam cleaned prior to each use. Steam cleaning will be performed on visqueen. Water from the steam cleaning will be contained on the visqueen and placed in DOT-approved 55-gallon drums, pending appropriate disposal. The wells will be constructed in the following manner:

Casing Type: Schedule 40 PVC, flush threaded joints, 0.02 inch factory slot, two-inch diameter. Screen to run from total depth of the well to approximately 5 feet above first encountered ground water. Monterey sand (#3) will fill the annular space from total depth to 2 feet above the screened interval. A two foot thick bentonite seal will be placed in the annular

space on top of the sand pack. A 10-sack cement/sand slurry will be placed from the top of the bentonite seal to the surface.

Well casings will be secured with a waterproof cap and a padlock. A round, watertight, flush-mounted well cover will be concreted in place over the top of the casing. A typical well construction diagram is attached to this work plan.

Drilled cuttings will be stored on-site in DOT-approved, 55-gallon drums, or under visqueen, until appropriate disposal can be determined.

Casing elevations will be surveyed by a licensed land surveyor to Mean Sea Level and to a vertical accuracy of 0.01 feet.

The wells will be developed using a surface pump approximately one week after well completion. Wells will be pumped until expelled water is clear and free of turbidity. Effluent generated during well development will be contained in barrels and hauled from the site by a licensed hazardous waste hauler.

C. Ground Water Sampling Plans

Wells will be checked for depth to the water table, the presence of free product and sheen (using an interface probe and/or paste tape) prior to both development and sampling. Water levels will be measured with an electronic sounder or paste tape.

The wells will be purged with a surface bailer of a minimum of four casing volumes prior to sampling, at least 72 hours after development. Samples will be collected using a clean Teflon bailer and will be promptly decanted into 40 ml VOA vials and/or one liter amber bottles as appropriate. Vials and/or bottles will be sealed with Teflon-lined screw caps, labeled and stored in a cooler on ice for delivery to a state certified laboratory. Properly executed chain of custody documentation will accompany all samples. The sampling bailer will be cleaned with soap and a clean water rinse prior to each use.

Selected soil and all water samples will be analyzed by Sequoia Analytical Laboratory in either Redwood City or

Concord, California, a state certified laboratory, for TPH as gasoline using EPA method 5030 in conjunction with modified 8015 and BTX&E using EPA method 8020. In addition, samples from MW1 adjacent to the waste oil tank pit, will be analyzed for TPH as diesel using EPA method 3550, TOG and EPA 8010 constituents.

For quality assurance purposes, one duplicate water sample will be collected from one well during each sampling event.

Analytical results will be presented in tabular form, showing sample depths, results and detection limits. The results will be used to delineate the vertical and lateral extent of the subsurface contaminants. A cross sectional profile will be constructed as appropriate showing subsurface lithology to depth drilled and first water table depth.

If petroleum hydrocarbons in excess of action levels, as set by the regulatory agencies, are found in the soil during well installation, additional monitoring wells and/or borings will be proposed and installed until zero-lines for soil and ground water contamination are defined.

A report documenting field activities and sample results will be submitted within 45 days after the completion of the field work. The report will set out the collected information in an orderly fashion, and include any recommendations for additional needed work.

## PHASE II

Phase II will discuss the alternatives for continuing the subsurface investigation if Phase I reveals contamination levels in the ground water significantly in excess of action levels.

Phase II will include a proposal for additional monitoring wells to define a zero line of ground water contamination. It will also propose a ground water monitoring and sampling program for the wells installed during Phase I.

The main purpose of Phase II will be to establish a zero line of ground water contamination. The proposal/work plan will be submitted to the regulatory agencies.

KEI-P90-1001.P1  
November 8, 1990  
Page 10

PHASE III

Once the zero line is established through the completion of Phase II, a final remedial plan will be developed. This plan will also be submitted.

Should you have any questions regarding this matter, please do not hesitate to call me at (707) 746-6915.

Sincerely,

Kaprealian Engineering, Inc.



Don R. Braun  
Certified Engineering Geologist

License No. 1310  
Exp. Date 6/30/92

\jad

Attachments: Table 1  
Location Map  
Site Plans - Figures 1 & 2  
Laboratory Analyses  
Chain of Custody documentation  
Unauthorized Release Form  
Well Construction Diagram

KEI-P90-1001.P1  
November 8, 1990

TABLE 1  
SUMMARY OF LABORATORY ANALYSES  
(Collected on October 2 & 23, 1990)

<u>Sample</u>	<u>Depth (feet)</u>	<u>Total Lead</u>	<u>TPH as Gasoline</u>	<u>Benzene</u>	<u>Toluene</u>	<u>Xylenes</u>	<u>Ethyl- benzene</u>
A1*	13.5	--	ND	ND	0.010	ND	0.0084
A2*	13.5	--	ND	0.076	0.0056	ND	0.013
B1*	13.5	--	ND	ND	0.013	ND	ND
B2*	15.5	--	31	0.036	0.14	0.14	1.5
B2 (20.5) *	20.5	--	1,900	1.7	68	33	220
P1	3.5	4.4	ND	ND	ND	ND	ND
P2	1.5	2.4	ND	ND	0.072	ND	ND
P3	2.5	ND	ND	ND	0.028	ND	ND
P4	2.5	ND	ND	ND	ND	ND	ND
P5	3.5	ND	ND	ND	0.018	ND	ND
P6	2.5	3.1	ND	ND	0.019	ND	ND
P7	2.0	16	ND	ND	ND	ND	ND
P8	2.5	ND	ND	0.028	0.066	0.05	0.010
P9	2.0	1.6	ND	ND	0.020	ND	ND
P10	1.5	1.6	ND	ND	ND	ND	ND
P11	3.5	ND	8.4	0.021	0.006	0.91	ND
V1	2.5	10	ND	ND	ND	ND	ND
V2	1.5	13	ND	ND	ND	ND	ND
V3	1.5	2.3	ND	ND	ND	ND	ND
V4	1.5	ND	ND	ND	ND	ND	ND
WO1+	10.5	+	ND	ND	ND	ND	ND
WO1(15.5)++	15.5	++	ND	ND	ND	ND	ND
Detection Limits		1.0	1.0	0.0050	0.0050	0.0050	0.0050

\* Organic lead was non-detectable.

+ Analyses indicated TPH as diesel at 2.1 ppm and TOG at 190 ppm. All EPA method 8010 and 8270 constituents, including PCB's, were non-detectable. Metals were as follows: Cadmium was non-detectable; chromium was 83 ppm; lead was 3.0 ppm; and zinc was 3.5 ppm.

KEI-J90-1001.P1  
November 8, 1990

TABLE 1 (Continued)

++ Analyses indicated TPH as diesel at 6.4 ppm with non-detectable levels of TOG and all EPA method 8010 and 8270 constituents, including PCB's. Metals were as follows: Cadmium was non-detectable; chromium was 190 ppm; lead was 2.3 ppm; and zinc was 62 ppm.

-- Indicates analysis not performed.

ND = Non-detectable.

Results in parts per million (ppm), unless otherwise indicated.



# SEQUOIA ANALYTICAL

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Kaprealian Engineering, Inc.  
P.O. Box 996  
Benicia, CA 94510  
Attention: Mardo Kaprealian, P.E.

Client Project ID: Unocal #6115, 4350 El Camino Real,  
Matrix Descript: Soil Los Altos  
Analysis Method: EPA 5030/8015/8020  
First Sample #: 010-0094

Sampled: Oct 2, 1990  
Received: Oct 3, 1990  
Analyzed: Oct 3, 1990  
Reported: Oct 4, 1990

## TOTAL PETROLEUM FUEL HYDROCARBONS with BTEX DISTINCTION (EPA 8015/8020)

Sample Number	Sample Description	Low/Medium B.P. Hydrocarbons mg/kg (ppm)	Benzene mg/kg (ppm)	Toluene mg/kg (ppm)	Ethyl Benzene mg/kg (ppm)	Xylenes mg/kg (ppm)
010-0094	A1	N.D.	N.D.	0.010	N.D.	0.0084
010-0095	A2	N.D.	0.076	0.0056	N.D.	0.013
010-0096	B1	N.D.	N.D.	0.013	N.D.	N.D.
010-0097	B2	31	0.036	0.14	0.14	1.5
010-0098	B2 (20 S)	1,900	1.7	68	33	220

<b>Detection Limits:</b>	<b>1.0</b>	<b>0.0050</b>	<b>0.0050</b>	<b>0.0050</b>	<b>0.0050</b>
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Low to Medium Boiling Point Hydrocarbons are quantitated against a gasoline standard.  
Analytes reported as N D were not present above the stated limit of detection

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Laboratory Director



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Client Project ID: Unocal #6115, 4350 El Camino Real,  
Sample Descript: Soil Los Altos  
Analysis Method: California LUFT Manual, 12/87  
First Sample #: 010-0094

Sampled: Oct 2, 1990  
Received: Oct 3, 1990  
Extracted: Oct 3, 1990  
Analyzed: Oct 3, 1990  
Reported: Oct 4, 1990

## ORGANIC LEAD

Sample Number	Sample Description	Sample Results mg/kg (ppm)
010-0094	A1	N.D.
010-0095	A2	N.D.
010-0096	B1	N.D.
010-0097	B2	N.D.
010-0098	B2 (20 5)	N.D.

Detection Limits:

0.050

Analytes reported as N D were not present above the stated limit of detection.

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Attention: Mardo Kaprealian, P.E

Client Project ID: Unocal #6115, Los Altos  
Matrix Descript: Soil  
Analysis Method: EPA 5030/8015/8020  
First Sample #: 001-0092

Sampled: Oct 2, 1990  
Received: Oct 3, 1990  
Analyzed: Oct 3, 1990  
Reported: Oct 5, 1990

## TOTAL PETROLEUM FUEL HYDROCARBONS with BTEX DISTINCTION (EPA 8015/8020)

Sample Number	Sample Description	Low/Medium B.P.	Benzene	Toluene	Ethyl Benzene	Xylenes
		Hydrocarbons				
		mg/kg	mg/kg	mg/kg	mg/kg	mg/kg
		(ppm)	(ppm)	(ppm)	(ppm)	(ppm)
001-0092	WO1	N.D.	N.D.	N.D.	N.D.	N.D.
001-0093	WO1 (15.5)	N.D.	N.D.	N.D.	N.D.	N.D.

DRAFT

Detection Limits:	1.0	0.0050	0.0050	0.0050	0.0050
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Low to Medium Boiling Point Hydrocarbons are quantitated against a gasoline standard  
Analytes reported as N.D. were not present above the stated limit of detection

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Attention Mardo Kaprealian, P.E.

Client Project ID. Unocal #6115, Los Altos  
Matrix Descript. Soil  
Analysis Method. EPA 3550/8015  
First Sample #. 010-0092

Sampled: Oct 2, 1990  
Received: Oct 3, 1990  
Extracted: Oct 3, 1990  
Analyzed: Oct 3, 1990  
Reported: Oct 5, 1990

## TOTAL PETROLEUM FUEL HYDROCARBONS (EPA 8015)

Sample Number	Sample Description	High B.P. Hydrocarbons mg/kg (ppm)
010-0092	WO1	2.1
010-0093	WO1 (15.5)	6.4

DRAFT

Detection Limits: 1.0

High Boiling Point Hydrocarbons are quantitated against a diesel fuel standard.  
Analytes reported as N D were not present above the stated limit of detection

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Attention: Mardo Kaprealian, P.E.

Client Project ID: Unocal #6115, Los Altos  
Matrix Descript: Soil  
Analysis Method: SM 503 D&E (Gravimetric)  
First Sample #: 010-0092

Sampled: Oct 2, 1990  
Received: Oct 3, 1990  
Extracted: Oct 3, 1990  
Analyzed: Oct 3, 1990  
Reported: Oct 5, 1990

## TOTAL RECOVERABLE PETROLEUM OIL

Sample Number	Sample Description	Oil & Grease mg/kg (ppm)
010-0092	WO1	190
010-0093	WO1 (15 5)	N.D.

DRAFT

Detection Limits:

30

Analytes reported as N.D. were not present above the stated limit of detection

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Attention Mardo Kaprealian, P.E.

Client Project ID: Unocal #6115, Los Altos  
Sample Descript Soil, WO1  
Analysis Method. EPA 5030/8010  
Lab Number. 010-0092

Sampled Oct 2, 1990  
Received Oct 3, 1990  
Analyzed Oct 3, 1990  
Reported Oct 5, 1990

## HALOGENATED VOLATILE ORGANICS (EPA 8010)

Analyte	Detection Limit µg/kg	Sample Results µg/kg
Bromodichloromethane	50	ND
Bromoform	50	ND
Bromomethane	50	ND
Carbon tetrachloride	50	ND
Chlorobenzene	50	ND
Chloroethane	25	ND
2-Chloroethylvinyl ether	50	ND
Chloroform	50	ND
Chloromethane	50	ND
Dibromochloromethane	50	ND
1,2-Dichlorobenzene	10	ND
1,3-Dichlorobenzene	10	ND
1,4-Dichlorobenzene	10	ND
1,1-Dichloroethane	50	ND
1,2-Dichloroethane	50	ND
1,1-Dichloroethene	50	ND
Total 1,2-Dichloroethene	50	ND
1,2-Dichloropropane	50	ND
cis-1,3-Dichloropropene	50	ND
trans-1,3-Dichloropropene	50	ND
Methylene chloride	10	ND
1,1,2,2-Tetrachloroethane	50	ND
Tetrachloroethene	50	ND
1,1,1-Trichloroethane	50	ND
1,1,2-Trichloroethane	50	ND
Trichloroethene	50	ND
Trichlorofluoromethane	50	ND
Vinyl chloride	10	ND

Analytes reported as ND were not present above the stated limit of detection.

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Client Project ID: Unocal #6115, Los Altos  
Sample Descript: Soil, WO1 (15 5)  
Analysis Method: EPA 5030/8010  
Lab Number: 010-0093

Sampled: Oct 2, 1990  
Received: Oct 3, 1990  
Analyzed: Oct 3, 1990  
Reported: Oct 5, 1990

## HALOGENATED VOLATILE ORGANICS (EPA 8010)

Analyte	Detection Limit µg/kg	Sample Results µg/kg
Bromodichloromethane	5.0	N.D.
Bromoform	5.0	N.D.
Bromomethane	5.0	N.D.
Carbon tetrachloride	5.0	N.D.
Chlorobenzene	5.0	N.D.
Chloroethane	25	N.D.
2-Chloroethylvinyl ether	5.0	N.D.
Chloroform	5.0	N.D.
Chloromethane	5.0	N.D.
Dibromochloromethane	5.0	N.D.
1,2-Dichlorobenzene	10	N.D.
1,3-Dichlorobenzene	10	N.D.
1,4-Dichlorobenzene	10	N.D.
1,1-Dichloroethane	5.0	N.D.
1,2-Dichloroethane	5.0	N.D.
1,1-Dichloroethene	5.0	N.D.
Total 1,2-Dichloroethene	5.0	N.D.
1,2-Dichloropropane	5.0	N.D.
cis-1,3-Dichloropropene	5.0	N.D.
trans-1,3-Dichloropropene	5.0	N.D.
Methylene chloride	10	N.D.
1,1,2,2-Tetrachloroethane	5.0	N.D.
Tetrachloroethene	5.0	N.D.
1,1,1-Trichloroethane	5.0	N.D.
1,1,2-Trichloroethane	5.0	N.D.
Trichloroethene	5.0	N.D.
Trichlorofluoromethane	5.0	N.D.
Vinyl chloride	10	N.D.

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Client Project ID: Unocal #6115, Los Altos  
Sample Descript: Soil, WO1  
Analysis Method: EPA 8270  
Lab Number: 010-0092

Sampled: Oct 2, 1990  
Received: Oct 3, 1990  
Extracted: Oct 3, 1990  
Analyzed: Oct 3, 1990  
Reported: Oct 5, 1990

## SEMI-VOLATILE ORGANICS by GC/MS (EPA 8270)

Analyte	Detection Limit µg/kg	Sample Results µg/kg
Acenaphthene	100	ND
Acenaphthylene	100	ND
Aniline	100	ND
Anthracene	100	ND
Benidine	2,500	ND
Benzoic Acid	500	ND
Benzo(a)anthracene	100	ND
Benzo(b)fluoranthene	100	ND
Benzo(k)fluoranthene	100	ND
Benzo(g,h,i)perylene	100	ND
Benzo(a)pyrene	100	ND
Benzyl alcohol	100	ND
Bis(2-chloroethoxy)methane	100	ND
Bis(2-chloroethyl)ether	100	ND
Bis(2-chloroisopropyl)ether	100	ND
Bis(2-ethylhexyl)phthalate	500	ND
4-Bromophenyl phenyl ether	100	ND
Butyl benzyl phthalate	100	ND
4-Chloroaniline	100	ND
2-Chloronaphthalene	100	ND
4-Chloro-3-methylphenol	100	ND
2-Chlorophenol	100	ND
4-Chlorophenyl phenyl ether	100	ND
Chrysene	100	ND
Dibenz(a,h)anthracene	100	ND
Dibenzofuran	100	ND
Di-N-butyl phthalate	500	ND
1,3-Dichlorobenzene	100	ND
1,4-Dichlorobenzene	100	ND
1,2-Dichlorobenzene	100	ND
3,3-Dichlorobenzidine	500	ND
2,4-Dichlorophenol	100	ND
Diethyl phthalate	100	ND
2,4-Dimethylphenol	100	ND
Dimethyl phthalate	100	ND
4,6-Dinitro-2-methylphenol	500	ND
2,4-Dinitrophenol	500	ND



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Attention Mardo Kaprealian, P.E.

Client Project ID: Unocal #6115, Los Altos  
Sample Descript: Soil, WO1  
Analysis Method: EPA 8270  
Lab Number: 010-0092

Sampled: Oct 2, 1990  
Received: Oct 3, 1990  
Extracted: Oct 3, 1990  
Analyzed: Oct 3, 1990  
Reported: Oct 5, 1990

## SEMI-VOLATILE ORGANICS by GC/MS (EPA 8270)

Analyte	Detection Limit µg/kg	Sample Results µg/kg
2,4-Dinitrotoluene	100	N.D.
2,6-Dinitrotoluene	100	N.D.
Di-N-octyl phthalate	100	N.D.
Fluoranthene	100	ND
Fluorene	100	N.D.
Hexachlorobenzene	100	N.D.
Hexachlorobutadiene	100	ND
Hexachlorocyclopentadiene	100	N.D.
Hexachloroethane	100	N.D.
Indeno(1,2,3-cd)pyrene	100	N.D.
Isophorone	100	N.D.
2-Methylnaphthalene	100	N.D.
2-Methylphenol	100	ND
4-Methylphenol	100	N.D.
Naphthalene	100	N.D.
2-Nitroaniline	500	N.D.
3-Nitroaniline	500	N.D.
4-Nitroaniline	500	N.D.
Nitrobenzene	100	N.D.
2-Nitrophenol	100	N.D.
4-Nitrophenol	500	N.D.
N-Nitrosodiphenylamine	100	N.D.
N-Nitroso-di-N-propylamine	100	N.D.
Pentachlorophenol	500	N.D.
Phenathrene	100	N.D.
Phenol	100	ND
Pyrene	100	N.D.
1,2,4-Trichlorobenzene	100	ND
2,4,5-Trichlorophenol	500	N.D.
2,4,6-Trichlorophenol	100	N.D.

Analytes reported as N D were not present above the stated limit of detection

SEQUOIA ANALYTICAL

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Attention: Mardo Kaprealian, P.E.

Client Project ID: Unocal #6115, Los Altos  
Sample Descript: Soil, WO1  
Analysis Method: EPA 8270 & "Open Scan"  
Lab Number: 010-0092

Sampled: Oct 2, 1990  
Received: Oct 3, 1990  
Extracted: Oct 3, 1990  
Analyzed: Oct 4, 1990  
Reported: Oct 5, 1990

## SEMI-VOLATILE ORGANICS by GC/MS, TENTATIVELY IDENTIFIED COMPOUNDS

Analyte	Detection Limit $\mu\text{g}/\text{kg}$	Sample Results $\mu\text{g}/\text{kg}$
Polychlorinated Biphenyls	250	N.D.

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*Belinda C. Vega*  
Belinda C Vega  
Laboratory Director

**Please Note**

All identifications are tentative and concentrations are estimates based upon spectral comparison to the EPA NIST library. Positive identification or specification between isomers cannot be made without retention time standards.



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Attention Mardo Kaprealian, P.E.

Client Project ID: Unocal #6115, Los Altos  
Sample Descript Soil, WO1 (15.5)  
Analysis Method. EPA 8270  
Lab Number. 010-0093

Sampled. Oct 2, 1990  
Received Oct 3, 1990  
Extracted Oct 3, 1990  
Analyzed Oct 3, 1990  
Reported. Oct 5, 1990

## SEMI-VOLATILE ORGANICS by GC/MS (EPA 8270)

Analyte	Detection Limit µg/kg	Sample Results µg/kg
Acenaphthene	100	ND.
Acenaphthylene	100	ND.
Aniline	100	ND.
Anthracene	100	ND.
Benzidine	2,500	ND.
Benzoic Acid	500	ND.
Benzo(a)anthracene	100	ND.
Benzo(b)fluoranthene	100	ND.
Benzo(k)fluoranthene	100	ND.
Benzo(g,h,i)perylene	100	ND.
Benzo(a)pyrene	100	ND.
Benzyl alcohol	100	ND.
Bis(2-chloroethoxy)methane	100	ND.
Bis(2-chloroethyl)ether	100	ND.
Bis(2-chloroisopropyl)ether	100	ND.
Bis(2-ethylhexyl)phthalate	500	ND.
4-Bromophenyl phenyl ether	100	ND.
Butyl benzyl phthalate	100	ND.
4-Chloroaniline	100	ND.
2-Chloronaphthalene	100	ND.
4-Chloro-3-methylphenol	100	ND.
2-Chlorophenol	100	ND.
4-Chlorophenyl phenyl ether	100	ND.
Chrysene	100	ND.
Dibenz(a,h)anthracene	100	ND.
Dibenzofuran	100	ND.
Di-N-butyl phthalate	500	ND.
1,3-Dichlorobenzene	100	ND.
1,4-Dichlorobenzene	100	ND.
1,2-Dichlorobenzene	100	ND.
3,3-Dichlorobenzidine	500	ND.
2,4-Dichlorophenol	100	ND.
Diethyl phthalate	100	ND.
2,4-Dimethylphenol	100	ND.
Dimethyl phthalate	100	ND.
4,6-Dinitro-2-methylphenol	500	ND.
2,4-Dinitrophenol	500	ND.



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Sample Descript: Soil, WO1 (15 5)  
Analysis Method: EPA 8270  
Lab Number: 010-0093

Sampled: Oct 2, 1990  
Received: Oct 3, 1990  
Extracted: Oct 3, 1990  
Analyzed: Oct 3, 1990  
Reported: Oct 5, 1990

## SEMI-VOLATILE ORGANICS by GC/MS (EPA 8270)

Analyte	Detection Limit µg/kg	Sample Results µg/kg
2,4-Dinitrotoluene	100	ND
2,6-Dinitrotoluene	100	ND
Di-N-octyl phthalate	100	ND
Fluoranthene	100	ND
Fluorene	100	ND
Hexachlorobenzene	100	ND
Hexachlorobutadiene	100	ND
Hexachlorocyclopentadiene	100	ND
Hexachloroethane	100	ND
Indeno(1,2,3-cd)pyrene	100	ND
Isophorone	100	ND
2-Methylnaphthalene	100	ND
2-Methylphenol	100	ND
4-Methylphenol	100	ND
Naphthalene	100	ND
2-Nitroaniline	500	ND
3-Nitroaniline	500	ND
4-Nitroaniline	500	ND
Nitrobenzene	100	ND
2-Nitrophenol	100	ND
4-Nitrophenol	500	ND
N-Nitrosodiphenylamine	100	ND
N-Nitroso-di-N-propylamine	100	ND
Pentachlorophenol	500	ND
Phenathrene	100	ND
Phenol	100	ND
Pyrene	100	ND
1,2,4-Trichlorobenzene	100	ND
2,4,5-Trichlorophenol	500	ND
2,4,6-Trichlorophenol	100	ND

Analytes reported as N.D. were not present above the stated limit of detection

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Client Project ID: Unocal #6115, Los Altos  
Sample Descript: Soil, WO1 (15 5)  
Analysis Method: EPA 8270 & "Open Scan"  
Lab Number: 010-0093

Sampled: Oct 2, 1990  
Received: Oct 3, 1990  
Extracted: Oct 3, 1990  
Analyzed: Oct 4, 1990  
Reported: Oct 5, 1990

## SEMI-VOLATILE ORGANICS by GC/MS, TENTATIVELY IDENTIFIED COMPOUNDS

Analyte	Detection Limit $\mu\text{g}/\text{kg}$	Sample Results $\mu\text{g}/\text{kg}$
Polychlorinated Biphenyls	250	N.D.

DRAFT

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Please Note  
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Client Project ID: Unocal #6115, Los Altos  
Sample Descript. Soil, WO1 4350 El Camino Real  
Lab Number: 010-0092

Sampled: Oct 2, 1990  
Received: Oct 3, 1990  
Extracted: Oct 3, 1990  
Analyzed: Oct 4, 1990  
Reported: Oct 5, 1990

## LABORATORY ANALYSIS

Analyte	Detection Limit mg/kg	Sample Results mg/kg
Cadmium	0.50	N.D.
Chromium	0.25	83
Lead	0.25	3.0
Zinc	0.50	3.5

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Analytes reported as N D were not present above the stated limit of detection

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Client Project ID: Unocal #6115, Los Altos  
Sample Descript: Soil 4350 El Camino Real  
WO1(15 5)  
Lab Number: 010-0093

Sampled: Oct 2, 1990  
Received: Oct 3, 1990  
Extracted: Oct 3, 1990  
Analyzed: Oct 4, 1990  
Reported: Oct 5, 1990

## LABORATORY ANALYSIS

Analyte	Detection Limit mg/kg	Sample Results mg/kg
Cadmium	0.50	N.D.
Chromium	0.25	190
Lead	0.25	2.3
Zinc	0.50	62

Analytes reported as N D were not present above the stated limit of detection.

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# KAPREALIAN ENGINEERING, INC.

## CHAIN OF CUSTODY

SAMPLER		SITE NAME & ADDRESS					ANALYSES REQUESTED					TURN AROUND TIME:		
K.M. Beardsall		Unocal #6115 4350 El Camino Real Los Altos, CA					TPH-G4B7E TPH-D TOG BO10 PCB's (B270) Cd, Cr, Pb, Zn					24 HR		
WITNESSING AGENCY Nucal Jalaby SCC												REMARKS		
SAMPLE ID NO.	DATE	TIME	SOIL	WATER	GRAB	COMP	NO. OF CONT.	SAMPLING LOCATION	TPH-G4B7E	TPH-D	TOG	BO10 PCB's (B270)	Cd, Cr, Pb, Zn	REMARKS
W01	10-2	90	✓		✓		1	W.O.Tk. P.T.	✓	✓	✓	✓	✓	6100092 093
W01(CISS)	"	"	✓		✓		1	" " "	✓	✓	✓	✓	✓	
Relinquished by: (Signature)		Date/Time		Received by: (Signature)		<p>The following MUST BE completed by the laboratory accepting samples for analysis:</p> <p>1. Have all samples received for analysis been stored in ice? <input checked="" type="checkbox"/></p> <p>2. Will samples remain refrigerated until analyzed? <input checked="" type="checkbox"/></p> <p>3. Did any samples received for analysis have head space? <input checked="" type="checkbox"/></p> <p>4. Were samples in appropriate containers and properly packaged? <input checked="" type="checkbox"/></p>								
K.M. Beardsall		10/3 9:48		Ken Winter										
Relinquished by: (Signature)		Date/Time		Received by: (Signature)										
Relinquished by: (Signature)		Date/Time		Received by: (Signature)										
Relinquished by: (Signature)		Date/Time		Received by: (Signature)		Signature		Title		Date				
K.M. Beardsall		10/3		Ken Winter		K.M.		SR		10/3				



# SEQUOIA ANALYTICAL

1900 Bates Avenue • Suite LM • Concord, California 94520  
(415) 686-9600 • FAX (415) 686-9689

Kaprealian Engineering, Inc.  
P O Box 996  
Benicia, CA 94510  
Attention Mardo Kaprealian, P.E

Client Project ID. Unocal #6115, 4350 El Camino Real,  
Matrix Descript: Soil Los Altos  
Analysis Method EPA 5030/8015/8020  
First Sample #: 010-0573

Sampled. Oct 23, 1990  
Received. Oct 24, 1990  
Analyzed. Oct 24, 1990  
Reported Oct 25, 1990

## TOTAL PETROLEUM FUEL HYDROCARBONS with BTEX DISTINCTION (EPA 8015/8020)

Sample Number	Sample Description	Low/Medium B.P. Hydrocarbons mg/kg (ppm)	Benzene mg/kg (ppm)	Toluene mg/kg (ppm)	Ethyl Benzene mg/kg (ppm)	Xylenes mg/kg (ppm)
010-0573	P1	N.D.	N.D.	N.D.	N.D.	N.D.
010-0574	P2	N.D.	N.D.	0.072	N.D.	N.D.
010-0575	P3	N.D.	N.D.	0.028	N.D.	N.D.
010-0576	P4	N.D.	N.D.	N.D.	N.D.	N.D.
010-0577	P5	N.D.	N.D.	0.018	N.D.	N.D.
010-0578	P6	N.D.	N.D.	0.019	N.D.	N.D.
010-0579	P7	N.D.	N.D.	N.D.	N.D.	N.D.
010-0580	P8	N.D.	0.028	0.066	0.010	0.050
010-0581	P9	N.D.	N.D.	0.020	N.D.	N.D.
010-0582	P10	N.D.	N.D.	N.D.	N.D.	N.D.

<b>Detection Limits:</b>	<b>1.0</b>	<b>0.0050</b>	<b>0.0050</b>	<b>0.0050</b>	<b>0.0050</b>
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Low to Medium Boiling Point Hydrocarbons are quantitated against a gasoline standard  
Analytes reported as N.D. were not present above the stated limit of detection

SEQUOIA ANALYTICAL

*Belinda C. Vega*  
Belinda C Vega  
Laboratory Director



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Benicia, CA 94510  
Attention Mardo Kaprealian, P.E.

Client Project ID. Unocal #6115, 4350 El Camino Real,  
Matrix Descript. Soil Los Altos  
Analysis Method EPA 5030/8015/8020  
First Sample #. 010-0583

Sampled: Oct 23, 1990  
Received: Oct 24, 1990  
Analyzed: Oct 24, 1990  
Reported: Oct 25, 1990

## TOTAL PETROLEUM FUEL HYDROCARBONS with BTEX DISTINCTION (EPA 8015/8020)

Sample Number	Sample Description	Low/Medium B.P. Hydrocarbons mg/kg (ppm)	Benzene mg/kg (ppm)	Toluene mg/kg (ppm)	Ethyl Benzene mg/kg (ppm)	Xylenes mg/kg (ppm)
010-0583	P11	8.4	0.021	0.0060	N.D.	0.91
010-0584	V1	N.D.	N.D.	N.D.	N.D.	N.D.
010-0585	V2	N.D.	N.D.	N.D.	N.D.	N.D.
010-0586	V3	N.D.	N.D.	N.D.	N.D.	N.D.
010-0587	V4	N.D.	N.D.	N.D.	N.D.	N.D.

<b>Detection Limits:</b>	<b>1.0</b>	<b>0.0050</b>	<b>0.0050</b>	<b>0.0050</b>	<b>0.0050</b>
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Low to Medium Boiling Point Hydrocarbons are quantitated against a gasoline standard.  
Analytes reported as N D were not present above the stated limit of detection.

SEQUOIA ANALYTICAL

Belinda C Vega  
Laboratory Director



# SEQUOIA ANALYTICAL

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Kaprealian Engineering, Inc.  
P.O. Box 996  
Benicia, CA 94510  
Attention: Mardo Kaprealian, P.E.

Client Project ID. Unocal #6115, 4350 El Camino Real,  
Sample Descript: Soil Los Altos  
Analysis for: Total Lead  
First Sample #: 010-0573

Sampled. Oct 23, 1990  
Received. Oct 24, 1990  
Extracted. Oct 24, 1990  
Analyzed. Oct 24, 1990  
Reported. Oct 25, 1990

## LABORATORY ANALYSIS FOR: Total Lead

Sample Number	Sample Description	Detection Limit mg/kg	Sample Result mg/kg
010-0573	P1	0.25	4.4
010-0574	P2	0.25	2.4
010-0575	P3	0.25	N.D.
010-0576	P4	0.25	N.D.
010-0577	P5	0.25	N.D.
010-0578	P6	0.25	3.1
010-0579	P7	0.25	16
010-0580	P8	0.25	N.D.
010-0581	P9	0.25	1.6
010-0582	P10	0.25	1.6
010-0583	P11	0.25	N.D.

Analytes reported as N D were not present above the stated limit of detection.

SEQUOIA ANALYTICAL

*Belinda C. Vega*  
Belinda C Vega  
Laboratory Director



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P.O. Box 996  
Benicia, CA 94510  
Attention: Mardo Kaprealian, P.E.

Client Project ID: Unocal #6115, 4350 El Camino Real,  
Sample Description: Soil Los Altos  
Analysis for: Total Lead  
First Sample #: 010-0584

Sampled: Oct 23, 1990  
Received: Oct 24, 1990  
Extracted: Oct 24, 1990  
Analyzed: Oct 24, 1990  
Reported: Oct 25, 1990

## LABORATORY ANALYSIS FOR: Total Lead

Sample Number	Sample Description	Detection Limit mg/kg	Sample Result mg/kg
010-0584	V1	0.25	10
010-0585	V2	0.25	13
010-0586	V3	0.25	2.3
010-0587	V4	0.25	N.D.

Analytes reported as N D were not present above the stated limit of detection.

SEQUOIA ANALYTICAL

*Belinda C. Vega*  
Belinda C Vega  
Laboratory Director



# KAPREALIAN ENGINEERING, INC.

## CHAIN OF CUSTODY

SAMPLER		SITE NAME & ADDRESS							ANALYSES REQUESTED				TURN AROUND TIME:			
R.M. Braddock		Unocal #6115 4350 El Camino Real Los Altos, CA							TPH-GABVE Total Pb				24 Hr			
WITNESSING AGENCY NICOLE JAKABY Santa Clara Co. Health																
SAMPLE ID NO.	DATE	TIME	SOIL	WATER	GRAB	COMP	NO. OF CONT.	SAMPLING LOCATION					REMARKS			
P1	10-23	-90	✓	✓	✓	✓	1	Product Piping Trail.	✓	✓			0100573			
P2	"		✓	✓	✓	✓	1	" " "	✓	✓			574			
P3	"		✓	✓	✓	✓	1	" " "	✓	✓			575			
P4	"		✓	✓	✓	✓	1	" " "	✓	✓			576			
P5	"		✓	✓	✓	✓	1	" " "	✓	✓			577			
P6	"		✓	✓	✓	✓	1	" " "	✓	✓			578			
P7	"		✓	✓	✓	✓	1	" " "	✓	✓			579			
P8	"		✓	✓	✓	✓	1	" " "	✓	✓			580			
P9	"		✓	✓	✓	✓	1	" " "	✓	✓			581			
Relinquished by: (Signature)		Date/Time		Received by: (Signature)							The following MUST BE completed by the laboratory accepting samples for analysis:					
R.M. Braddock		10-23-90 9:40		[Signature]							1. Have all samples received for analysis been stored in ice? <input checked="" type="checkbox"/>					
Relinquished by: (Signature)		Date/Time		Received by: (Signature)							2. Will samples remain refrigerated until analyzed? <input checked="" type="checkbox"/>					
Relinquished by: (Signature)		Date/Time		Received by: (Signature)							3. Did any samples received for analysis have head space? <input checked="" type="checkbox"/>					
Relinquished by: (Signature)		Date/Time		Received by: (Signature)							4. Were samples in appropriate containers and properly packaged? <input checked="" type="checkbox"/>					
											[Signature]		SR Title		10/24 Date	



# KAPREALIAN ENGINEERING, INC.

## CHAIN OF CUSTODY

SAMPLER <i>R.M. Bradish</i>		SITE NAME & ADDRESS <i>Unocal #6115 4350 El Camino Real Los Altos, CA</i>					ANALYSES REQUESTED <i>TPH-GABTIVE Total Pb</i>			TURN AROUND TIME: <i>24HR</i>		
WITNESSING AGENCY <i>NICOLE JANABY Santa Clara Co. Health</i>										REMARKS		
SAMPLE ID NO.	DATE	TIME	SOIL	WATER	GRAB	COMP	CONT.	NO. OF	SAMPLING LOCATION	TPH-GABTIVE	Total Pb	REMARKS
<i>P10</i>	<i>10-23</i>	<i>90</i>	<i>✓</i>	<i>✓</i>	<i>✓</i>	<i>✓</i>	<i>1</i>	<i>1</i>	<i>Product Pipe Trench</i>	<i>✓</i>	<i>✓</i>	<i>0100582</i>
<i>P11</i>	<i>"</i>	<i>"</i>	<i>✓</i>	<i>✓</i>	<i>✓</i>	<i>✓</i>	<i>1</i>	<i>"</i>	<i>"</i>	<i>✓</i>	<i>✓</i>	<i>583</i>
<i>V1</i>	<i>"</i>	<i>"</i>	<i>✓</i>	<i>✓</i>	<i>✓</i>	<i>✓</i>	<i>1</i>	<i>1</i>	<i>Vent Pipe Trench</i>	<i>✓</i>	<i>✓</i>	<i>584</i>
<i>V2</i>	<i>"</i>	<i>"</i>	<i>✓</i>	<i>✓</i>	<i>✓</i>	<i>✓</i>	<i>1</i>	<i>"</i>	<i>"</i>	<i>✓</i>	<i>✓</i>	<i>585</i>
<i>V3</i>	<i>"</i>	<i>"</i>	<i>✓</i>	<i>✓</i>	<i>✓</i>	<i>✓</i>	<i>1</i>	<i>"</i>	<i>"</i>	<i>✓</i>	<i>✓</i>	<i>586</i>
<i>V4</i>	<i>"</i>	<i>"</i>	<i>✓</i>	<i>✓</i>	<i>✓</i>	<i>✓</i>	<i>1</i>	<i>"</i>	<i>"</i>	<i>✓</i>	<i>✓</i>	<i>587</i>

Relinquished by: (Signature) <i>R.M. Bradish</i>	Date/Time <i>10/23/90 9:40</i>	Received by: (Signature) <i>[Signature]</i>	<p>The following MUST BE completed by the laboratory accepting samples for analysis:</p> <p>1. Have all samples received for analysis been stored in ice? <input checked="" type="checkbox"/></p> <p>2. Will samples remain refrigerated until analyzed? <input checked="" type="checkbox"/></p> <p>3. Did any samples received for analysis have head space? <i>NO</i></p> <p>4. Were samples in appropriate containers and properly packaged? <input checked="" type="checkbox"/></p>
Relinquished by: (Signature)	Date/Time	Received by: (Signature)	
Relinquished by: (Signature)	Date/Time	Received by: (Signature)	
Relinquished by: (Signature)	Date/Time	Received by: (Signature)	

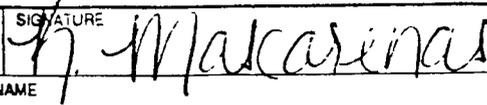
  

<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
Signature	Title	Date

UNDERGROUND STORAGE TANK

UNAUTHORIZED RELEASE (LEAK) / CONTAMINATION

SITE REPORT

EMERGENCY AGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO		FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25180.7 OF THE HEALTH AND SAFETY CODE.	
REPORT DATE 1/0/00 3/9/00		CASE #		SIGNED _____ DATE _____	
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Kristin Mascarenas		PHONE (707) 746-6915		SIGNATURE 
	REPRESENTING <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER		COMPANY OR AGENCY NAME Kaprealian Engineering, Inc.		
	ADDRESS 940 Adams Street Suite R Benicia CA 94510				
RESPONSIBLE PARTY	NAME Unocal Corporation <input type="checkbox"/> UNKNOWN		CONTACT PERSON Ron Bock		PHONE (415) 277-2303
	ADDRESS 2000 Crow Canyon Place Suite #400 San Ramon CA 94583				
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Unocal S/S #6115		OPERATOR Greg Galatolo		PHONE (415) 941-0244
	ADDRESS 4350 El Camino Real Los Altos Santa Clara 94022				
	CROSS STREET Los Altos				
IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME Santa Clara County Health Department		CONTACT PERSON Nicole Jakaby		PHONE (408) 299-6930
	REGIONAL BOARD San Francisco Bay Region		PHONE (415) 464-1255		
SUBSTANCES INVOLVED	(1) NAME gasoline		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN		
	(2) NAME waste oil		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN		
DISCOVERY/ABATEMENT	DATE DISCOVERED 1/0/00 2/9/00		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER		
	DATE DISCHARGE BEGAN <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> REMOVE CONTENTS <input checked="" type="checkbox"/> REPLACE TANK <input type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> OTHER		
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 1/0/00 2/9/00				
SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER		
	CHECK ONE ONLY <input checked="" type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)				
CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> LEAK BEING CONFIRMED <input checked="" type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY				
	CHECK APPROPRIATE ACTION(S) <input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CAP SITE (CD) <input checked="" type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input checked="" type="checkbox"/> OTHER (OT) if contamination exists, install monitoring wells				
COMMENTS	_____				



**KAPREALIAN ENGINEERING, INC.**  
*Consulting Engineers*

PO BOX 996 • BENICIA, CA 94510  
(707) 746-6915 • (707) 746-6916 • FAX (707) 746-5581

KEI-J90-1001.R3  
November 8, 1990

Unocal Corporation  
2000 Crow Canyon Place, Suite #400  
P.O. Box 5155  
San Ramon, CA 94583

Attention: Mr. Ron Bock

RE: Soil Sampling Report  
Unocal Service Station #6115  
4350 El Camino Real  
Los Altos, California

Dear Mr. Bock:

This report summarizes the soil sampling performed by Kaprealian Engineering, Inc. (KEI) at the referenced site. All work was performed in compliance with the guidelines established by the Regional Water Quality Control Board (RWQCB), and the Santa Clara County Department of Environmental Health.

The scope of the work performed by KEI consisted of the following:

Coordination with regulatory agencies.

Collection of soil samples from beneath the fuel and waste oil tanks, and from the product and vent pipe trenches.

Delivery of samples, including proper Chain of Custody documentation, to a certified analytical laboratory.

Technical review and preparation of this report.

SITE DESCRIPTION AND BACKGROUND

The subject site is presently used as a gasoline station. The site is situated on gently sloping northeast trending topography and is located approximately 3.6 miles southwest of the present shoreline of southern San Francisco Bay. A Location Map and Site Plan are attached to this report. No leaks or previous subsurface work performed at the site are known to KEI.

### FIELD ACTIVITIES

KEI's field work was conducted on October 2, 1990, when two underground fuel storage tanks and one waste oil tank were removed from the site. The tanks consisted of one 10,000 gallon regular unleaded fuel storage tank, one 10,000 gallon super unleaded fuel storage tank, and one 550 gallon waste oil tank. The tanks were made of steel. No apparent holes or cracks were observed in the fuel tanks; however, the waste oil tank had approximately six holes up to two-inches in diameter. Ms. Nicole Jakaby of the Santa Clara County Department of Environmental Health was present during tank removal and subsequent soil sampling.

Four soil samples, labeled A1, A2, B1 and B2, were collected from beneath the fuel tanks at depths of approximately 13.5 to 15.5 feet below grade. After additional excavation of the fuel tank pit, one soil sample, labeled B2(20.5), was collected from the fuel tank pit at a depth of approximately 20.5 feet. One soil sample, labeled W01, was collected from beneath the waste oil tank at a depth of approximately 10.5 feet. After further excavation of the waste oil tank pit, an additional sample, labeled W01(15.5) was collected from the waste oil tank pit at a depth of approximately 15.5 feet. Samples were collected from bulk material excavated by backhoe. Samples were placed in clean, two-inch diameter brass tubes, sealed with aluminum foil, plastic caps and tape, and stored in a cooled ice chest for delivery to a certified laboratory. Sample locations are as shown on the attached Site Plan.

In an attempt to remove as much of the contaminated soil as possible, KEI returned to the site on October 12, 1990, to observe additional soil excavation in the area of sample points A2 and B2 as shown on the attached Site Plan. Soil was excavated from a depth of 16 feet to a depth of 21 feet below grade. After completion of the soil excavation but prior to tank pit backfilling, two 12-inch diameter conductor casings were installed in the fuel tank pit to a depth of about 21 feet. Conductor casing locations are also shown on the attached Site Plan.

KEI returned to the site on October 23, 1990, in order to collect soil samples from the product pipe trenches. Eleven samples, labeled P1 through P11, were collected from bulk material excavated by backhoe at depths ranging from 1.5 to 3.5 feet below grade. In addition, four soil samples, labeled V1 through V4, were collected from the vent pipe trenches at depths ranging from 1.5 to 2.5 feet below grade. Samples were collected from bulk material excavated by backhoe. The pipe trench samples were required by the Santa Clara County Department of Environmental

Health. The samples were collected in the presence of Ms. Nicole Jakaby of the Santa Clara County Department of Environmental Health. Pipe trench samples were also collected in clean two-inch diameter brass tubes, and handled as described above. After soil sampling was completed, pipe trenches were excavated to the sample points. Pipe trench sample point locations are shown on the attached Site Plan.

#### REGIONAL GEOLOGY AND SUBSURFACE CONDITIONS

Based on review of regional geologic maps (C.D.M.G. Special Report 107 "Potential Seismic Hazard in Santa Clara County, California" by T.H. Rogers and J.W. Williams, 1974), the subject site is underlain by Quaternary-age Older Alluvial Fan deposits (Qof). The thickness of the alluvial materials underlying the site is estimated at approximately 120 feet based on data indicated on Plate 4 of the above captioned report. Also, as indicated on Plate 5 of the above captioned report, an adjacent CalTrans boring (82-8) was drilled to a depth of 68 feet and encountered ground water at a depth of 35 feet; however, the date drilled is not supplied, but it was drilled prior to 1974, and it is very likely that the depth to the current ground water table has substantially decreased since this boring was drilled.

The subsurface soils exposed in the tank pit excavation appeared to consist primarily of silty clay to a depth of about 16 feet below grade, which are in turn underlain by silty sand materials to the maximum depth explored (21 feet). The pit was dry and there was no visible evidence of high ground water levels in the pit.

#### ANALYTICAL RESULTS

All samples were analyzed by Sequoia Analytical Laboratory in Concord, California and were accompanied by properly executed Chain of Custody documentation. All soil samples were analyzed for total petroleum hydrocarbons (TPH) as gasoline using EPA method 5030 in conjunction with modified 8015, and benzene, toluene, xylenes and ethylbenzene (BTX&E) using EPA method 8020. Samples collected from the fuel tank pit (A1, A2, B1, B2 and B2[20.5]) were analyzed for organic lead using the DHS LUFT Method. Pipe trench samples (P1 through P11 and V1 through V4) were analyzed for total lead. In addition, soil samples W01 and W01(15.5), collected from the waste oil tank pit, were also analyzed for TPH as diesel using EPA method 3550 in conjunction with modified 8015, total oil and grease (TOG) by EPA 503D&E, EPA 8010 constituents, polychlorinated biphenyls using EPA method 8270, and metals - cadmium, chromium, lead and zinc.

Analytical results of the initial soil samples (A1, A2, B1 and B2), collected from the fuel tank pit, indicate non-detectable levels of TPH as gasoline and BTX&E for all samples except for sample B2, which showed 31 ppm of TPH as gasoline. After additional excavation, analyses of soil sample B2(20.5), collected beneath sample B2 at a depth of approximately 20.5 feet, indicated 1,900 ppm of TPH as gasoline. Analyses indicated non-detectable levels of organic lead for all samples.

Analyses of soil samples (P1 through P11) collected from the product and vent pipe trenches, indicate non-detectable levels of TPH as gasoline for all samples except sample P11, which showed 84 ppm. Benzene was detected in samples P8 and P11 at concentrations of 0.028 ppm and 0.021 ppm, respectively. Analyses indicated concentrations of total lead ranging from non-detectable to 16 ppm for pipe trench soil samples.

Analytical results of the soil sample W01, collected from beneath the waste oil tank pit, indicate non-detectable levels of TPH as gasoline, BTX&E, EPA method 8010 constituents, and all EPA 8270 constituents, including PCB's. In sample W01, TPH as diesel was detected at a concentration of 2.1 ppm, and TOG at 190 ppm. However, after further excavation, analyses of sample W01(15.5) collected beneath sample W01 at a depth of 15.5 feet, indicate non-detectable levels of TPH as gasoline, BTX&E, TOG, 8010 constituents and all 8270 constituents including PCB's. TPH as diesel was detected at a concentration of 6.4 ppm. Results of the soil analyses are summarized in Table 1. Copies of the laboratory analyses and the Chain of Custody documentation are attached to this report.

#### DISCUSSION AND RECOMMENDATIONS

Based on the analytical results and in accordance with the guidelines established by the RWQCB, further work is necessary at the site because of the level of contamination found in the soil. To comply with the requirements of the RWQCB, the Santa Clara Valley Water District and the Santa Clara County Department of Environmental Health, KEI recommends the installation of three monitoring wells at the site to determine the ground water flow direction, and to determine if the ground water has been impacted. KEI's proposal for this work is attached for your review and consideration.

DISTRIBUTION

A copy of this report should be sent to Ms. Nicole Jakaby of the Santa Clara County Department of Environmental Health, to Ms. Chris Tulloch of the Santa Clara Valley Water District, and to Ms. Penny Silzer of the RWQCB, San Francisco Bay Region.

LIMITATIONS

Soil deposits and rock formations may vary in thickness, lithology, saturation, strength and other properties across any site. In addition, environmental changes, either naturally-occurring or artificially-induced, may cause changes in the extent and concentration of any contaminants. Our studies assume that the field and laboratory data are reasonably representative of the site as a whole, and assume that subsurface conditions are reasonably conducive to interpolation and extrapolation.

The results of this study are based on the data obtained from the field and laboratory analyses obtained from a state certified laboratory. We have analyzed this data using what we believe to be currently applicable engineering techniques and principles in the Northern California region. We make no warranty, either expressed or implied, regarding the above, including laboratory analyses, except that our services have been performed in accordance with generally accepted professional principles and practices existing for such work.

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November 8, 1990  
Page 6

Should you have any questions regarding this report, please feel free to call me at (707) 746-6915.

Sincerely,

Kaprealian Engineering, Inc.



Richard M. Bradish  
Staff Engineer



Don R. Braun  
Certified Engineering Geologist

License No. 1310  
Exp. Date 6/30/92



Mardo Kaprealian  
President

\jad

Attachments: Table 1  
Location Map  
Site Plan  
Laboratory Analyses  
Chain of Custody documentation  
Proposal

KEI-J90-1001.R3  
November 8, 1990

TABLE 1

SUMMARY OF LABORATORY ANALYSES

(Collected on October 2 & 23, 1990)

<u>Sample</u>	<u>Depth (feet)</u>	<u>Total Lead</u>	<u>TPH as Gasoline</u>	<u>Benzene</u>	<u>Toluene</u>	<u>Xylenes</u>	<u>Ethyl- benzene</u>
A1*	13.5	--	ND	ND	0.010	ND	0.0084
A2*	13.5	--	ND	0.076	0.0056	ND	0.013
B1*	13.5	--	ND	ND	0.013	ND	ND
B2*	15.5	--	31	0.036	0.14	0.14	1.5
B2 (20.5) *	20.5	--	1,900	1.7	68	33	220
P1	3.5	4.4	ND	ND	ND	ND	ND
P2	1.5	2.4	ND	ND	0.072	ND	ND
P3	2.5	ND	ND	ND	0.028	ND	ND
P4	2.5	ND	ND	ND	ND	ND	ND
P5	3.5	ND	ND	ND	0.018	ND	ND
P6	2.5	3.1	ND	ND	0.019	ND	ND
P7	2.0	16	ND	ND	ND	ND	ND
P8	2.5	ND	ND	0.028	0.066	0.05	0.010
P9	2.0	1.6	ND	ND	0.020	ND	ND
P10	1.5	1.6	ND	ND	ND	ND	ND
P11	3.5	ND	8.4	0.021	0.006	0.91	ND
V1	2.5	10	ND	ND	ND	ND	ND
V2	1.5	13	ND	ND	ND	ND	ND
V3	1.5	2.3	ND	ND	ND	ND	ND
V4	1.5	ND	ND	ND	ND	ND	ND
WO1+	10.5	+	ND	ND	ND	ND	ND
WO1(15.5)++	15.5	++	ND	ND	ND	ND	ND
Detection Limits		1.0	1.0	0.0050	0.0050	0.0050	0.0050

\* Organic lead was non-detectable.

+ Analyses indicated TPH as diesel at 2.1 ppm and TOG at 190 ppm. All EPA method 8010 and 8270 constituents, including PCB's, were non-detectable. Metals were as follows: Cadmium was non-detectable; chromium was 83 ppm; lead was 3.0 ppm; and zinc was 3.5 ppm.

KEI-J90-1001.R3  
November 8, 1990

TABLE 1 (Continued)

++ Analyses indicated TPH as diesel at 6.4 ppm with non-detectable levels of TOG and all EPA method 8010 and 8270 constituents, including PCB's. Metals were as follows: Cadmium was non-detectable; chromium was 190 ppm; lead was 2.3 ppm; and zinc was 62 ppm.

-- Indicates analysis not performed.

ND = Non-detectable.

Results in parts per million (ppm), unless otherwise indicated.



# SEQUOIA ANALYTICAL

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Kaprealian Engineering, Inc.  
P O Box 996  
Benicia, CA 94510  
Attention Mardo Kaprealian, P.E.

Client Project ID: Unocal #6115, 4350 El Camino Real,  
Matrix Descript: Soil Los Altos  
Analysis Method: EPA 5030/8015/8020  
First Sample #: 010-0094

Sampled: Oct 2, 1990  
Received: Oct 3, 1990  
Analyzed: Oct 3, 1990  
Reported: Oct 4, 1990

## TOTAL PETROLEUM FUEL HYDROCARBONS with BTEX DISTINCTION (EPA 8015/8020)

Sample Number	Sample Description	Low/Medium B.P. Hydrocarbons mg/kg (ppm)	Benzene mg/kg (ppm)	Toluene mg/kg (ppm)	Ethyl Benzene mg/kg (ppm)	Xylenes mg/kg (ppm)
010-0094	A1	N.D.	N.D.	0.010	N.D.	0.0084
010-0095	A2	N.D.	0.076	0.0056	N.D.	0.013
010-0096	B1	N.D.	N.D.	0.013	N.D.	N.D.
010-0097	B2	31	0.036	0.14	0.14	1.5
010-0098	B2 (20.5)	1,900	1.7	68	33	220

<b>Detection Limits:</b>	<b>1.0</b>	<b>0.0050</b>	<b>0.0050</b>	<b>0.0050</b>	<b>0.0050</b>
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Low to Medium Boiling Point Hydrocarbons are quantitated against a gasoline standard  
Analytes reported as N D were not present above the stated limit of detection.

SEQUOIA ANALYTICAL

Belinda C Vega  
Laboratory Director



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Benicia, CA 94510  
Attention Mardo Kaprelian, P.E.

Client Project ID: Unocal #6115, 4350 El Camino Real,  
Sample Descript: Soil Los Altos  
Analysis Method: California LUFT Manual, 12/87  
First Sample #: 010-0094

Sampled: Oct 2, 1990  
Received: Oct 3, 1990  
Extracted: Oct 3, 1990  
Analyzed: Oct 3, 1990  
Reported: Oct 4, 1990

## ORGANIC LEAD

Sample Number	Sample Description	Sample Results mg/kg (ppm)
010-0094	A1	N D
010-0095	A2	N.D.
010-0096	B1	N.D.
010-0097	B2	N D.
010-0098	B2 (20 5)	N.D.

DRAFT

Detection Limits:

0.050

Analytes reported as N.D were not present above the stated limit of detection

SEQUOIA ANALYTICAL

Belinda C Vega  
Laboratory Director



# KAPREALIAN ENGINEERING, INC.

## CHAIN OF CUSTODY

SAMPLER <i>E.M. Badush</i>		SITE NAME & ADDRESS <i>Unocal #6115 4350 El Camino Real Los Altos, Ca</i>						ANALYSES REQUESTED <i>TPH-G &amp; BTX TEL</i>		TURN AROUND TIME: <i>24 HR</i>	
WITNESSING AGENCY <i>Heate Jakoby SCC</i>											
SAMPLE ID NO.	DATE	TIME	SOIL	WATER	GRAB	NO. OF COMP. CONT.	SAMPLING LOCATION			REMARKS	
A1	<i>10-2-90</i>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1	<i>Fuel Tank Pit</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>0100094</i>	
A2	"		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1	" " "	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>095</i>	
B1	"		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1	" " "	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>096</i>	
B2	"		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1	" " "	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>097</i>	
B2(2as)	"		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	1	" " "	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>098</i>	
Relinquished by: (Signature)		Date/Time		Received by: (Signature)		The following MUST BE completed by the laboratory accepting samples for analysis: 1. Have all samples received for analysis been stored in ice? <input checked="" type="checkbox"/> 2. Will samples remain refrigerated until analyzed? <input checked="" type="checkbox"/> 3. Did any samples received for analysis have head space? <i>NO</i> 4. Were samples in appropriate containers and properly packaged? <input checked="" type="checkbox"/>					
<i>E.M. Badush</i>		<i>10/3 9:48</i>		<i>John Wimer</i>							
Relinquished by: (Signature)		Date/Time		Received by: (Signature)							
Relinquished by: (Signature)		Date/Time		Received by: (Signature)							
Relinquished by: (Signature)		Date/Time		Received by: (Signature)		Signature		Title		Date	
						<i>[Signature]</i>		<i>SR</i>		<i>10/3</i>	



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Attention: Mardo Kaprealian, P.E.

Client Project ID: Unocal #6115, Los Altos  
Matrix Descript: Soil  
Analysis Method: EPA 5030/8015/8020  
First Sample #: 001-0092

Sampled: Oct 2, 1990  
Received: Oct 3, 1990  
Analyzed: Oct 3, 1990  
Reported: Oct 5, 1990

## TOTAL PETROLEUM FUEL HYDROCARBONS with BTEX DISTINCTION (EPA 8015/8020)

Sample Number	Sample Description	Low/Medium B.P.	Benzene	Toluene	Ethyl Benzene	Xylenes
		Hydrocarbons mg/kg (ppm)	mg/kg (ppm)	mg/kg (ppm)	mg/kg (ppm)	mg/kg (ppm)
001-0092	WO1	N.D.	N D	N.D.	N D.	N.D.
001-0093	WO1 (15.5)	N.D.	N.D	N.D	N.D.	N.D.

DRAFT

**Detection Limits:**

1.0

0.0050

0.0050

0.0050

0.0050

Low to Medium Boiling Point Hydrocarbons are quantitated against a gasoline standard.  
Analytes reported as N D were not present above the stated limit of detection

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Attention: Mardo Kaprealian, P.E.

Client Project ID: Unocal #6115, Los Altos  
Matrix Descript: Soil  
Analysis Method: EPA 3550/8015  
First Sample #: 010-0092

Sampled: Oct 2, 1990  
Received: Oct 3, 1990  
Extracted: Oct 3, 1990  
Analyzed: Oct 3, 1990  
Reported: Oct 5, 1990

## TOTAL PETROLEUM FUEL HYDROCARBONS (EPA 8015)

Sample Number	Sample Description	High B.P. Hydrocarbons mg/kg (ppm)
010-0092	WO1	2.1
010-0093	WO1 (15.5)	6.4

Detection Limits:

1.0

High Boiling Point Hydrocarbons are quantitated against a diesel fuel standard  
Analytes reported as N D were not present above the stated limit of detection.

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Attention: Mardo Kaprealian, P.E.

Client Project ID: Unocal #6115, Los Altos  
Matrix Descript: Soil  
Analysis Method: SM 503 D&E (Gravimetric)  
First Sample #: 010-0092

Sampled: Oct 2, 1990  
Received: Oct 3, 1990  
Extracted: Oct 3, 1990  
Analyzed: Oct 3, 1990  
Reported: Oct 5, 1990

## TOTAL RECOVERABLE PETROLEUM OIL

Sample Number	Sample Description	Oil & Grease mg/kg (ppm)
010-0092	WO1	190
010-0093	WO1 (15 5)	N.D.

DRAFT

Detection Limits:

30

Analytes reported as N.D. were not present above the stated limit of detection

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Attention: Mardo Kaprealian, P E.

Client Project ID: Unocal #6115, Los Altos  
Sample Descript: Soil, WO1  
Analysis Method: EPA 5030/8010  
Lab Number: 010-0092

Sampled: Oct 2, 1990  
Received: Oct 3, 1990  
Analyzed: Oct 3, 1990  
Reported: Oct 5, 1990

## HALOGENATED VOLATILE ORGANICS (EPA 8010)

Analyte	Detection Limit µg/kg	Sample Results µg/kg
Bromodichloromethane	50	N.D.
Bromoform	5.0	N.D.
Bromomethane	50	N.D.
Carbon tetrachloride	5.0	ND
Chlorobenzene	50	N.D.
Chloroethane	25	ND
2-Chloroethylvinyl ether	5.0	N.D.
Chloroform	50	ND.
Chloromethane	50	ND.
Dibromochloromethane	50	N.D.
1,2-Dichlorobenzene	10	N.D.
1,3-Dichlorobenzene	10	N.D.
1,4-Dichlorobenzene	10	ND
1,1-Dichloroethane	50	N.D.
1,2-Dichloroethane	50	N.D.
1,1-Dichloroethene	50	ND
Total 1,2-Dichloroethene	50	N.D.
1,2-Dichloropropane	5.0	N.D.
cis-1,3-Dichloropropene	5.0	ND.
trans-1,3-Dichloropropene	5.0	ND
Methylene chloride	10	N.D.
1,1,2-Tetrachloroethane	50	N.D.
Tetrachloroethene	50	N.D.
1,1,1-Trichloroethane	50	ND
1,1,2-Trichloroethane	50	ND.
Trichloroethene	50	N.D.
Trichlorofluoromethane	50	N.D.
Vinyl chloride	10	N.D.

Analytes reported as N D were not present above the stated limit of detection.

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Attention: Mardo Kaprealian, P E

Client Project ID: Unocal #6115, Los Altos  
Sample Descript.: Soil, WO1 (15 5)  
Analysis Method: EPA 5030/8010  
Lab Number: 010-0093

Sampled: Oct 2, 1990  
Received: Oct 3, 1990  
Analyzed: Oct 3, 1990  
Reported: Oct 5, 1990

## HALOGENATED VOLATILE ORGANICS (EPA 8010)

Analyte	Detection Limit µg/kg	Sample Results µg/kg
Bromodichloromethane	5.0	N.D.
Bromoform	5.0	N.D.
Bromomethane	5.0	N.D.
Carbon tetrachloride	5.0	N.D.
Chlorobenzene	5.0	N.D.
Chloroethane	25	N.D.
2-Chloroethylvinyl ether	5.0	N.D.
Chloroform	5.0	N.D.
Chloromethane	5.0	N.D.
Dibromochloromethane	5.0	N.D.
1,2-Dichlorobenzene	10	N.D.
1,3-Dichlorobenzene	10	N.D.
1,4-Dichlorobenzene	10	N.D.
1,1-Dichloroethane	5.0	N.D.
1,2-Dichloroethane	5.0	N.D.
1,1-Dichloroethene	5.0	N.D.
Total 1,2-Dichloroethene	5.0	N.D.
1,2-Dichloropropane	5.0	N.D.
cis-1,3-Dichloropropene	5.0	N.D.
trans-1,3-Dichloropropene	5.0	N.D.
Methylene chloride	10	N.D.
1,1,2,2-Tetrachloroethane	5.0	N.D.
Tetrachloroethene	5.0	N.D.
1,1,1-Trichloroethane	5.0	N.D.
1,1,2-Trichloroethane	5.0	N.D.
Trichloroethene	5.0	N.D.
Trichlorofluoromethane	5.0	N.D.
Vinyl chloride	10	N.D.

Analytes reported as N D were not present above the stated limit of detection

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Attention Mardo Kaprealian, P.E

Client Project ID: Unocal #6115, Los Altos  
Sample Descript: Soil, WO1  
Analysis Method: EPA 8270  
Lab Number: 010-0092

Sampled: Oct 2, 1990  
Received: Oct 3, 1990  
Extracted: Oct 3, 1990  
Analyzed: Oct 3, 1990  
Reported: Oct 5, 1990

## SEMI-VOLATILE ORGANICS by GC/MS (EPA 8270)

Analyte	Detection Limit µg/kg	Sample Results µg/kg
Acenaphthene	100	N.D.
Acenaphthylene	100	N.D.
Aniline	100	N.D.
Anthracene	100	N.D.
Benzidine	2,500	N.D.
Benzoic Acid	500	N.D.
Benzo(a)anthracene	100	N.D.
Benzo(b)fluoranthene	100	N.D.
Benzo(k)fluoranthene	100	N.D.
Benzo(g,h,i)perylene	100	N.D.
Benzo(a)pyrene	100	N.D.
Benzyl alcohol	100	N.D.
Bis(2-chloroethoxy)methane	100	N.D.
Bis(2-chloroethyl)ether	100	N.D.
Bis(2-chloroisopropyl)ether	100	N.D.
Bis(2-ethylhexyl)phthalate	500	N.D.
4-Bromophenyl phenyl ether	100	N.D.
Butyl benzyl phthalate	100	N.D.
4-Chloroaniline	100	N.D.
2-Chloronaphthalene	100	N.D.
4-Chloro-3-methylphenol	100	N.D.
2-Chlorophenol	100	N.D.
4-Chlorophenyl phenyl ether	100	N.D.
Chrysene	100	N.D.
Dibenz(a,h)anthracene	100	N.D.
Dibenzofuran	100	N.D.
Di-N-butyl phthalate	500	N.D.
1,3-Dichlorobenzene	100	N.D.
1,4-Dichlorobenzene	100	N.D.
1,2-Dichlorobenzene	100	N.D.
3,3-Dichlorobenzidine	500	N.D.
2,4-Dichlorophenol	100	N.D.
Diethyl phthalate	100	N.D.
2,4-Dimethylphenol	100	N.D.
Dimethyl phthalate	100	N.D.
4,6-Dinitro-2-methylphenol	500	N.D.
2,4-Dinitrophenol	500	N.D.



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Client Project ID: Unocal #6115, Los Altos  
Sample Description: Soil, WO1  
Analysis Method: EPA 8270  
Lab Number: 010-0092

Sampled: Oct 2, 1990  
Received: Oct 3, 1990  
Extracted: Oct 3, 1990  
Analyzed: Oct 3, 1990  
Reported: Oct 5, 1990

## SEMI-VOLATILE ORGANICS by GC/MS (EPA 8270)

Analyte	Detection Limit µg/kg	Sample Results µg/kg
2,4-Dinitrotoluene	100	N.D.
2,6-Dinitrotoluene	100	N.D.
Di-N-octyl phthalate	100	N.D.
Fluoranthene	100	N.D.
Fluorene	100	N.D.
Hexachlorobenzene	100	N.D.
Hexachlorobutadiene	100	N.D.
Hexachlorocyclopentadiene	100	N.D.
Hexachloroethane	100	N.D.
Indeno(1,2,3-cd)pyrene	100	N.D.
Isophorone	100	N.D.
2-Methylnaphthalene	100	N.D.
2-Methylphenol	100	N.D.
4-Methylphenol	100	N.D.
Naphthalene	100	N.D.
2-Nitroaniline	500	N.D.
3-Nitroaniline	500	N.D.
4-Nitroaniline	500	N.D.
Nitrobenzene	100	N.D.
2-Nitrophenol	100	N.D.
4-Nitrophenol	500	N.D.
N-Nitrosodiphenylamine	100	N.D.
N-Nitroso-di-N-propylamine	100	N.D.
Pentachlorophenol	500	N.D.
Phenathrene	100	N.D.
Phenol	100	N.D.
Pyrene	100	N.D.
1,2,4-Trichlorobenzene	100	N.D.
2,4,5-Trichlorophenol	500	N.D.
2,4,6-Trichlorophenol	100	N.D.

Analytes reported as N D were not present above the stated limit of detection

SEQUOIA ANALYTICAL

Belinda C Vega  
Laboratory Director



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Attention: Mardo Kaprealian, P.E

Client Project ID: Unocal #6115, Los Altos  
Sample Descript: Soil, WO1  
Analysis Method: EPA 8270 & "Open Scan"  
Lab Number: 010-0092

Sampled: Oct 2, 1990  
Received: Oct 3, 1990  
Extracted: Oct 3, 1990  
Analyzed: Oct 4, 1990  
Reported: Oct 5, 1990

## SEMI-VOLATILE ORGANICS by GC/MS, TENTATIVELY IDENTIFIED COMPOUNDS

Analyte	Detection Limit $\mu\text{g}/\text{kg}$	Sample Results $\mu\text{g}/\text{kg}$
Polychlorinated Biphenyls	250	N.D.

DRAFT

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Laboratory Director

**Please Note**

All identifications are tentative and concentrations are estimates based upon spectral comparison to the EPA NIST library. Positive identification or specification between isomers cannot be made without retention time standards.



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Attention Mardo Kaprealian, P.E

Client Project ID: Unocal #6115, Los Altos  
Sample Descript: Soil, WO1 (15.5)  
Analysis Method: EPA 8270  
Lab Number: 010-0093

Sampled: Oct 2, 1990  
Received: Oct 3, 1990  
Extracted: Oct 3, 1990  
Analyzed: Oct 3, 1990  
Reported: Oct 5, 1990

## SEMI-VOLATILE ORGANICS by GC/MS (EPA 8270)

Analyte	Detection Limit µg/kg	Sample Results µg/kg
Acenaphthene	100	ND
Acenaphthylene	100	ND.
Aniline	100	N.D.
Anthracene	100	ND.
Benzidine	2,500	ND.
Benzoic Acid	500	N.D.
Benzo(a)anthracene	100	ND
Benzo(b)fluoranthene	100	ND
Benzo(k)fluoranthene	100	N.D.
Benzo(g,h,i)perylene	100	ND.
Benzo(a)pyrene	100	ND.
Benzyl alcohol	100	N.D.
Bis(2-chloroethoxy)methane	100	ND.
Bis(2-chloroethyl)ether	100	N.D.
Bis(2-chloroisopropyl)ether	100	N.D.
Bis(2-ethylhexyl)phthalate	500	N.D.
4-Bromophenyl phenyl ether	100	ND.
Butyl benzyl phthalate	100	N.D.
4-Chloroaniline	100	N.D.
2-Chloronaphthalene	100	ND
4-Chloro-3-methylphenol	100	ND.
2-Chlorophenol	100	N.D.
4-Chlorophenyl phenyl ether	100	N.D.
Chrysene	100	N.D.
Dibenz(a,h)anthracene	100	N.D.
Dibenzofuran	100	N.D.
Di-N-butyl phthalate	500	N.D.
1,3-Dichlorobenzene	100	ND.
1,4-Dichlorobenzene	100	N.D.
1,2-Dichlorobenzene	100	ND.
3,3-Dichlorobenzidine	500	N.D.
2,4-Dichlorophenol	100	ND.
Diethyl phthalate	100	ND.
2,4-Dimethylphenol	100	ND.
Dimethyl phthalate	100	ND.
4,6-Dinitro-2-methylphenol	500	ND.
2,4-Dinitrophenol	500	ND.



# SEQUOIA ANALYTICAL

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Kaprealian Engineering, Inc  
P.O. Box 996  
Benicia, CA 94510  
Attention: Mardo Kaprealian, P.E.

Client Project ID: Unocal #6115, Los Altos  
Sample Descript: Soil, WO1 (15 5)  
Analysis Method: EPA 8270  
Lab Number: 010-0093

Sampled: Oct 2, 1990  
Received: Oct 3, 1990  
Extracted: Oct 3, 1990  
Analyzed: Oct 3, 1990  
Reported: Oct 5, 1990

## SEMI-VOLATILE ORGANICS by GC/MS (EPA 8270)

Analyte	Detection Limit µg/kg	Sample Results µg/kg
2,4-Dinitrotoluene	100	N.D.
2,6-Dinitrotoluene	100	ND
Di-N-octyl phthalate	100	N.D.
Fluoranthene	100	N.D.
Fluorene	100	N.D.
Hexachlorobenzene	100	N.D.
Hexachlorobutadiene	100	ND
Hexachlorocyclopentadiene	100	ND
Hexachloroethane	100	N.D.
Indeno(1,2,3-cd)pyrene	100	ND
Isophorone	100	N.D.
2-Methylnaphthalene	100	N.D.
2-Methylphenol	100	N.D.
4-Methylphenol	100	ND
Naphthalene	100	ND
2-Nitroaniline	500	ND
3-Nitroaniline	500	N.D.
4-Nitroaniline	500	N.D.
Nitrobenzene	100	N.D.
2-Nitrophenol	100	N.D.
4-Nitrophenol	500	ND
N-Nitrosodiphenylamine	100	ND
N-Nitroso-di-N-propylamine	100	ND
Pentachlorophenol	500	ND
Phenathrene	100	ND
Phenol	100	N.D.
Pyrene	100	ND
1,2,4-Trichlorobenzene	100	ND
2,4,5-Trichlorophenol	500	N.D.
2,4,6-Trichlorophenol	100	N.D.

Analytes reported as N D were not present above the stated limit of detection

SEQUOIA ANALYTICAL

Belinda C Vega  
Laboratory Director



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Kaprealian Engineering, Inc.  
P.O. Box 996  
Benicia, CA 94510  
Attention Mardo Kaprealian, P.E.

Client Project ID: Unocal #6115, Los Altos  
Sample Descript: Soil, WO1 (15.5)  
Analysis Method: EPA 8270 & "Open Scan"  
Lab Number: 010-0093

Sampled: Oct 2, 1990  
Received: Oct 3, 1990  
Extracted: Oct 3, 1990  
Analyzed: Oct 4, 1990  
Reported: Oct 5, 1990

## SEMI-VOLATILE ORGANICS by GC/MS, TENTATIVELY IDENTIFIED COMPOUNDS

Analyte	Detection Limit $\mu\text{g}/\text{kg}$	Sample Results $\mu\text{g}/\text{kg}$
Polychlorinated Biphenyls	250	N.D.

DRAFT

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Belinda C. Vega  
Laboratory Director

Please Note:  
All identifications are tentative and concentrations are estimates based upon spectral comparison to the EPA NIST library. Positive identification or specification between isomers cannot be made without retention time standards.



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Kaprealian Engineering, Inc.  
P.O. Box 996  
Benicia, CA 94510  
Attention: Mardo Kaprealian, P.E.

Client Project ID: Unocal #6115, Los Altos  
Sample Descript: Soil, WO1 4350 El Camino Real  
Lab Number: 010-0092

Sampled: Oct 2, 1990  
Received: Oct 3, 1990  
Extracted: Oct 3, 1990  
Analyzed: Oct 4, 1990  
Reported: Oct 5, 1990

## LABORATORY ANALYSIS

Analyte	Detection Limit mg/kg	Sample Results mg/kg
Cadmium	0.50	N.D.
Chromium	0.25	83
Lead	0.25	3.0
Zinc	0.50	3.5

Analytes reported as N D were not present above the stated limit of detection.

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Belinda C Vega  
Laboratory Director



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Kaprealian Engineering, Inc.  
P O Box 996  
Benicia, CA 94510  
Attention Mardo Kaprealian, P.E

Client Project ID. Unocal #6115, Los Altos  
Sample Descript: Soil 4350 El Camino Real  
WO1(15.5)  
Lab Number: 010-0093

Sampled: Oct 2, 1990  
Received: Oct 3, 1990  
Extracted: Oct 3, 1990  
Analyzed: Oct 4, 1990  
Reported: Oct 5, 1990

## LABORATORY ANALYSIS

Analyte	Detection Limit mg/kg	Sample Results mg/kg
Cadmium	0.50	N.D.
Chromium	0.25	190
Lead	0.25	2.3
Zinc	0.50	62

Analytes reported as N D were not present above the stated limit of detection

SEQUOIA ANALYTICAL

Belinda C. Vega  
Laboratory Director



# KAPREALIAN ENGINEERING, INC.

## CHAIN OF CUSTODY

SAMPLER <i>L.M. Beardsall</i>		SITE NAME & ADDRESS <i>Unocal #6115 4350 El Camino Real Los Altos, CA</i>						ANALYSES REQUESTED <i>TPH-GASTRE TPH-D TOG BOD P&amp;B's (8270) Cd, Cr, Pb, Zn</i>				TURN AROUND TIME: <i>24 HR</i>			
WITNESSING AGENCY <i>Nucal Safety SCC</i>												REMARKS  <i>6100092 093</i>			
SAMPLE ID NO.	DATE	TIME	SOIL	WATER	GRAB	COMP	NO. OF CONT.	SAMPLING LOCATION	TPH-GASTRE	TPH-D	TOG		BOD	P&B's (8270)	Cd, Cr, Pb, Zn
<i>W01</i>	<i>10-2-90</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<i>1</i>	<i>W.O.Tk, P.T</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>W01(155)</i>	<i>"</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<i>1</i>	<i>" " "</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Relinquished by: (Signature) <i>L.M. Beardsall</i>		Date/Time <i>10/3 9:48</i>		Received by: (Signature) <i>Ken Winter</i>		<p>The following MUST BE completed by the laboratory accepting samples for analysis:</p> <ol style="list-style-type: none"> <li>Have all samples received for analysis been stored in ice? <input checked="" type="checkbox"/></li> <li>Will samples remain refrigerated until analyzed? <input checked="" type="checkbox"/></li> <li>Did any samples received for analysis have head space? <i>NO</i></li> <li>Were samples in appropriate containers and properly packaged? <input checked="" type="checkbox"/></li> </ol>									
Relinquished by: (Signature)		Date/Time		Received by: (Signature)											
Relinquished by: (Signature)		Date/Time		Received by: (Signature)											
Relinquished by: (Signature)		Date/Time		Received by: (Signature)											
						<i>[Signature]</i> Signature		<i>SR</i> Title		<i>10/3</i> Date					



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Kaprealian Engineering, Inc  
P O. Box 996  
Benicia, CA 94510  
Attention Mardo Kaprealian, P.E.

Client Project ID: Unocal #6115, 4350 El Camino Real,  
Matrix Descript: Soil Los Altos  
Analysis Method: EPA 5030/8015/8020  
First Sample #: 010-0573

Sampled: Oct 23, 1990  
Received: Oct 24, 1990  
Analyzed: Oct 24, 1990  
Reported: Oct 25, 1990

## TOTAL PETROLEUM FUEL HYDROCARBONS with BTEX DISTINCTION (EPA 8015/8020)

Sample Number	Sample Description	Low/Medium B.P. Hydrocarbons mg/kg (ppm)	Benzene mg/kg (ppm)	Toluene mg/kg (ppm)	Ethyl Benzene mg/kg (ppm)	Xylenes mg/kg (ppm)
010-0573	P1	N.D.	N.D.	N.D.	N.D.	N.D.
010-0574	P2	N.D.	N.D.	0.072	N.D.	N.D.
010-0575	P3	N.D.	N.D.	0.028	N.D.	N.D.
010-0576	P4	N.D.	N.D.	N.D.	N.D.	N.D.
010-0577	P5	N.D.	N.D.	0.018	N.D.	N.D.
010-0578	P6	N.D.	N.D.	0.019	N.D.	N.D.
010-0579	P7	N.D.	N.D.	N.D.	N.D.	N.D.
010-0580	P8	N.D.	0.028	0.066	0.010	0.050
010-0581	P9	N.D.	N.D.	0.020	N.D.	N.D.
010-0582	P10	N.D.	N.D.	N.D.	N.D.	N.D.

**Detection Limits:**

1.0

0.0050

0.0050

0.0050

0.0050

Low to Medium Boiling Point Hydrocarbons are quantitated against a gasoline standard  
Analytes reported as N.D. were not present above the stated limit of detection.

SEQUOIA ANALYTICAL

Belinda C. Vega  
Laboratory Director



# SEQUOIA ANALYTICAL

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Kaprealian Engineering, Inc.  
P O Box 996  
Benicia, CA 94510  
Attention Mardo Kaprealian, P.E.

Client Project ID: Unocal #6115, 4350 El Camino Real,  
Matrix Descript: Soil Los Altos  
Analysis Method: EPA 5030/8015/8020  
First Sample #: 010-0583

Sampled: Oct 23, 1990  
Received: Oct 24, 1990  
Analyzed: Oct 24, 1990  
Reported: Oct 25, 1990

## TOTAL PETROLEUM FUEL HYDROCARBONS with BTEX DISTINCTION (EPA 8015/8020)

Sample Number	Sample Description	Low/Medium B.P. Hydrocarbons		Toluene mg/kg (ppm)	Ethyl Benzene mg/kg (ppm)	Xylenes mg/kg (ppm)
		mg/kg (ppm)	Benzene mg/kg (ppm)			
010-0583	P11	8.4	0.021	0.0060	N.D.	0.91
010-0584	V1	N.D.	N.D.	N.D.	N.D.	N.D.
010-0585	V2	N.D.	N.D.	N.D.	N.D.	N.D.
010-0586	V3	N.D.	N.D.	N.D.	N.D.	N.D.
010-0587	V4	N.D.	N.D.	N.D.	N.D.	N.D.

<b>Detection Limits:</b>	<b>1.0</b>	<b>0.0050</b>	<b>0.0050</b>	<b>0.0050</b>	<b>0.0050</b>
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Low to Medium Boiling Point Hydrocarbons are quantitated against a gasoline standard.  
Analytes reported as N D were not present above the stated limit of detection.

SEQUOIA ANALYTICAL

*Belinda C. Vega*  
Belinda C Vega  
Laboratory Director



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Benicia, CA 94510  
Attention: Mardo Kaprealian, P.E.

Client Project ID: Unocal #6115, 4350 El Camino Real,  
Sample Descript: Soil Los Altos  
Analysis for: Total Lead  
First Sample #: 010-0573

Sampled: Oct 23, 1990  
Received: Oct 24, 1990  
Extracted: Oct 24, 1990  
Analyzed: Oct 24, 1990  
Reported: Oct 25, 1990

## LABORATORY ANALYSIS FOR: Total Lead

Sample Number	Sample Description	Detection Limit mg/kg	Sample Result mg/kg
010-0573	P1	0.25	4.4
010-0574	P2	0.25	2.4
010-0575	P3	0.25	N.D.
010-0576	P4	0.25	N.D.
010-0577	P5	0.25	N.D.
010-0578	P6	0.25	3.1
010-0579	P7	0.25	16
010-0580	P8	0.25	N.D.
010-0581	P9	0.25	1.6
010-0582	P10	0.25	1.6
010-0583	P11	0.25	N.D.

Analytes reported as N D were not present above the stated limit of detection.

SEQUOIA ANALYTICAL

Belinda C. Vega  
Laboratory Director



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P.O. Box 996  
Benicia, CA 94510  
Attention: Mardo Kaprealian, P.E.

Client Project ID: Unocal #6115, 4350 El Camino Real,  
Sample Descript: Soil Los Altos  
Analysis for: Total Lead  
First Sample #: 010-0584

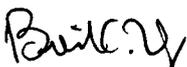
Sampled: Oct 23, 1990  
Received: Oct 24, 1990  
Extracted: Oct 24, 1990  
Analyzed: Oct 24, 1990  
Reported: Oct 25, 1990

## LABORATORY ANALYSIS FOR: Total Lead

Sample Number	Sample Description	Detection Limit mg/kg	Sample Result mg/kg
010-0584	V1	0.25	10
010-0585	V2	0.25	13
010-0586	V3	0.25	23
010-0587	V4	0.25	N.D.

Analytes reported as N D were not present above the stated limit of detection

SEQUOIA ANALYTICAL

  
Belinda C. Vega  
Laboratory Director



# KAPREALIAN ENGINEERING, INC.

## CHAIN OF CUSTODY

SAMPLER		SITE NAME & ADDRESS							ANALYSES REQUESTED				TURN AROUND TIME:			
R.M. Braddock		Unocal #6115 4350 El Camino Real Los Altos, CA							TPH-G & BTEX Total Pb				24 Hr			
WITNESSING AGENCY NICOLE JAKABY Santa Clara Co. Health																
SAMPLE ID NO.	DATE	TIME	SOIL	WATER	GRAB	COMP	NO. OF CONT.	SAMPLING LOCATION			REMARKS					
P1	10-23-90		✓	✓	✓	✓	1	Product Piping Trend.			0100573					
P2	"		✓	✓	✓	✓	1	" " "			574					
P3	"		✓	✓	✓	✓	1	" " "			575					
P4	"		✓	✓	✓	✓	1	" " "			576					
P5	"		✓	✓	✓	✓	1	" " "			577					
P6	"		✓	✓	✓	✓	1	" " "			578					
P7	"		✓	✓	✓	✓	1	" " "			579					
P8	"		✓	✓	✓	✓	1	" " "			580					
P9	"		✓	✓	✓	✓	1	" " "			581					
Relinquished by: (Signature)		Date/Time		Received by: (Signature)							<p>The following MUST BE completed by the laboratory accepting samples for analysis:</p> <ol style="list-style-type: none"> <li>Have all samples received for analysis been stored in ice? <input checked="" type="checkbox"/></li> <li>Will samples remain refrigerated until analyzed? <input checked="" type="checkbox"/></li> <li>Did any samples received for analysis have head space? <input checked="" type="checkbox"/></li> <li>Were samples in appropriate containers and properly packaged? <input checked="" type="checkbox"/></li> </ol>					
R.M. Braddock		10-23-90 9:40		[Signature]												
Relinquished by: (Signature)		Date/Time		Received by: (Signature)												
Relinquished by: (Signature)		Date/Time		Received by: (Signature)												
Relinquished by: (Signature)		Date/Time		Received by: (Signature)							Signature		Title		Date	
											[Signature]		SR		10/24	



# KAPREALIAN ENGINEERING, INC.

## CHAIN OF CUSTODY

SAMPLER <i>R.M. Bradish</i>		SITE NAME & ADDRESS <i>Unocal #6115 4350 El Camino Real San Jose, CA</i>							ANALYSES REQUESTED <i>TPH-G &amp; BTK Total Pb</i>		TURN AROUND TIME: <i>24HR</i>	
WITNESSING AGENCY <i>NICOLE JAKABY Santa Clara Co. Health</i>											REMARKS	
SAMPLE ID NO.	DATE	TIME	SOIL	WATER	GRAB	COMP	NO. OF CONT.	SAMPLING LOCATION				
<i>P10</i>	<i>10-23-90</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<i>1</i>	<i>Product Pipe Trench</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>0100582</i>	
<i>P11</i>	<i>"</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<i>1</i>	<i>" " "</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>583</i>	
<i>V1</i>	<i>"</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<i>1</i>	<i>Vent Pipe Trench</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>584</i>	
<i>V2</i>	<i>"</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<i>1</i>	<i>" " "</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>585</i>	
<i>V3</i>	<i>"</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<i>1</i>	<i>" " "</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>586</i>	
<i>V4</i>	<i>"</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<i>1</i>	<i>" " "</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>587</i>	
Relinquished by: (Signature) <i>R.M. Bradish</i>		Date/Time <i>10-25-90 9:40</i>		Received by: (Signature) <i>[Signature]</i>							The following MUST BE completed by the laboratory accepting samples for analysis:	
Relinquished by: (Signature)		Date/Time		Received by: (Signature)							1. Have all samples received for analysis been stored in ice? <input checked="" type="checkbox"/>	
Relinquished by: (Signature)		Date/Time		Received by: (Signature)							2. Will samples remain refrigerated until analyzed? <input checked="" type="checkbox"/>	
Relinquished by: (Signature)		Date/Time		Received by: (Signature)							3. Did any samples received for analysis have head space? <i>NO</i>	
Relinquished by: (Signature)		Date/Time		Received by: (Signature)							4. Were samples in appropriate containers and properly packaged? <input checked="" type="checkbox"/>	
				Signature <i>[Signature]</i>		Title <i>[Signature]</i>		Date <i>[Signature]</i>				



## KAPREALIAN ENGINEERING, INC.

Consulting Engineers

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KEI-J90-1001.R1  
November 5, 1990

Unocal Corporation  
2000 Crow Canyon Place, Suite #400  
P.O. Box 5155  
San Ramon, CA 94583

Attention: Mr. Ron Bock

RE: Stockpiled Soil Sampling for  
Unocal Service Station #6115  
4350 El Camino Real  
Los Altos, California

Dear Mr. Bock:

This letter report summarizes the results of the stockpiled soil sampling and laboratory analyses for the referenced site. The soil analyses were conducted to comply with the County Health Department requirements for proper disposal of contaminated soil.

On October 2, 1990, soil samples from approximately 250 cubic yards of stockpiled soil excavated from the fuel tank pit were collected to determine proper disposal of the soil. Five composite soil samples (designated as Comp A, Comp B, Comp C, Comp D and Comp E) were taken. Each composite sample consisted of four individual grab samples taken at various locations and depths ranging from 1 to 2 feet. The samples were collected in two-inch diameter, clean brass tubes, which were then sealed with aluminum foil, plastic caps and tape, and placed in a cooled ice chest for subsequent delivery to a certified laboratory for analysis. All samples were analyzed at Sequoia Analytical Laboratory in Concord, California, and were accompanied by properly executed Chain of Custody documentation. Sample point locations are as shown on the attached Site Plan, Figure 1.

On October 12, 1990, KEI returned to the site to collect soil samples from approximately 350 cubic yards of additional stockpiled soil excavated from the fuel tank pit. Seven composite samples (designated as Comp F through Comp L) were collected and stored as described above. Sample point locations are as shown on the attached Site Plan, Figure 2.

On October 15, 1990, KEI returned to the site to collect soil samples from approximately 300 cubic yards of additional stockpiled soil excavated from the fuel tank pit. Six composite samples (designated as Comp M through Comp R) were collected and

stored as described above. Sample point locations are as shown on the attached Site Plan, Figure 3.

On October 18, 1990, soil samples from approximately 100 cubic yards of aerated stockpiled soil (previously sampled as Comp A and Comp C) at the referenced site were collected to determine proper disposal of the soil. Two composite soil samples (designated as Comp 1 and Comp 2) were taken. Samples were collected and stored as described above. Sample point locations are as shown on the attached Site Plan, Figure 4.

On October 29, 1990, KEI returned to the site to collect soil samples from approximately 100 cubic yards of stockpiled soil excavated from the piping trenches. Two composite samples (designated as Comp S and Comp T) were collected and stored as described above. Sample point locations are as shown on the attached Site Plan, Figure 5.

Soil samples were analyzed to determine concentrations of total petroleum hydrocarbons (TPH) as gasoline using EPA method 5030 in conjunction with modified 8015, benzene, toluene, xylenes and ethylbenzene (BTX&E) using EPA method 8020. In addition, sample Comp A was analyzed for organic lead using the DHS LUFT Manual method. Analytical results of the soil samples (Comp A through Comp P, Comp S, Comp T, Comp 1 and Comp 2) indicate levels of TPH as gasoline ranging from non-detectable to 62 ppm. However, analytical results of the soil samples (Comp Q and Comp R) indicate levels of TPH as gasoline at 660 ppm to 270 ppm, respectively. Results of the soil analyses are summarized in Table 1. Copies of the laboratory analyses, and the Chain of Custody documentation are attached to this report.

Based on the analytical results of the soil samples, stockpiled soil represented by samples Comp A through Comp P, Comp S, Comp T, Comp 1 and Comp 2 can be disposed of at an approved Class III disposal site. However, KEI recommends that during disposal, when obvious isolated high contamination is detected within the stockpiled soil, that portion of the soil be separately stockpiled for further sampling and treatment.

Stockpiled soil represented by Comp Q and Comp R should remain on-site for treatment and further sampling or can be disposed of at an approved Class II disposal site.

KEI-J90-1001.R1  
November 5, 1990  
Page 3

DISTRIBUTION

A copy of this report should be sent to Ms. Nicole Jakaby of the Santa Clara County Health Department, and to the Regional Water Quality Control Board, San Francisco Bay Region.

Should you have any questions on this report, please do not hesitate to contact me at (707) 746-6915.

Sincerely,

Kaprealian Engineering, Inc.



Kristin B. Mascarenas

\jad

Attachments: Table 1  
Site Plans - Figures 1 through 5  
Laboratory Results  
Chain of Custody documentation

KEI-J90-1001.R1  
November 5, 1990

TABLE 1

SUMMARY OF LABORATORY ANALYSES

(Collected on October 2, 12, 15 & 18, 1990)

<u>Sample</u>	<u>TPH as Gasoline</u>	<u>Benzene</u>	<u>Toluene</u>	<u>Xylenes</u>	<u>Ethylbenzene</u>
Comp A*	4.2	0.026	0.17	0.32	0.024
Comp B	1.5	0.015	0.13	0.22	0.027
Comp C	1.7	ND	0.030	0.072	0.0056
Comp D	1.3	ND	0.048	0.12	0.0051
Comp E	ND	ND	0.0081	0.010	ND
Comp F	5.2	0.0056	0.0068	0.024	0.0066
Comp G	ND	ND	0.0061	0.011	ND
Comp H	4.2	0.0068	0.030	0.16	0.036
Comp I	12	ND	ND	0.023	0.015
Comp J	1.3	ND	0.0050	0.011	0.011
Comp K	2.3	ND	ND	0.031	ND
Comp L	1.5	ND	ND	ND	ND
Comp M	62	ND	0.20	3.5	0.30
Comp N	5.8	ND	0.027	0.15	0.0080
Comp O	3.0	ND	0.0080	0.14	ND
Comp P	2.1	ND	0.040	0.16	0.013
Comp Q	660	0.068	20	95	14
Comp R	270	ND	3.5	31	4.5
Comp S	3.5	ND	ND	0.015	ND
Comp T	ND	ND	0.0075	ND	ND
Comp 1	ND	ND	0.0082	0.022	0.0054
Comp 2	ND	ND	ND	0.016	ND
Detection Limits	1.0	0.0050	0.0050	0.0050	0.0050

\* Organic lead was non-detectable.

ND = Non-detectable.

Results in parts per million (ppm), unless otherwise indicated.



# SEQUOIA ANALYTICAL

1900 Bates Avenue • Suite LM • Concord, California 94520  
(415) 686-9600 • FAX (415) 686-9689

Kaprealian Engineering, Inc.  
P.O. Box 996  
Benicia, CA 94510  
Attention Mardo Kaprealian, P.E

Client Project ID: Unocal #6115, 4350 El Camino Real,  
Matrix Descript: Soil Los Altos  
Analysis Method: EPA 5030/8015/8020  
First Sample #: 010-0099 A-B

Sampled: Oct 2, 1990  
Received: Oct 3, 1990  
Analyzed: Oct 3, 1990  
Reported: Oct 4, 1990

## TOTAL PETROLEUM FUEL HYDROCARBONS with BTEX DISTINCTION (EPA 8015/8020)

Sample Number	Sample Description	Low/Medium B.P. Hydrocarbons mg/kg (ppm)	Benzene mg/kg (ppm)	Toluene mg/kg (ppm)	Ethyl Benzene mg/kg (ppm)	Xylenes mg/kg (ppm)
010-0099 A-B	Comp A	4.2	0.026	0.17	0.024	0.32
010-0100 A-B	Comp B	1.5	0.015	0.13	0.027	0.22
010-0101 A-B	Comp C	1.7	N.D.	0.030	0.0056	0.072
010-0102 A-B	Comp D	1.3	N.D.	0.048	0.0051	0.12
010-0103 A-B	Comp E	N.D.	N.D.	0.0081	N.D.	0.010

### Detection Limits:

1.0

0.0050

0.0050

0.0050

0.0050

Low to Medium Boiling Point Hydrocarbons are quantitated against a gasoline standard.  
Analytes reported as N D were not present above the stated limit of detection

SEQUOIA ANALYTICAL

Belinda C. Vega  
Laboratory Director



# SEQUOIA ANALYTICAL

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(415) 686-9600 • FAX (415) 686-9689

Kaprealian Engineering, Inc.  
P.O. Box 996  
Benicia, CA 94510  
Attention: Mardo Kaprealian, P.E.

Client Project ID: Unocal #6115, 4350 El Camino Real,  
Sample Description: Soil  
Analysis Method: California LUFT Manual, 12/87  
First Sample #: 010-0099 A-B

Sampled: Oct 2, 1990  
Received: Oct 3, 1990  
Extracted: Oct 3, 1990  
Analyzed: Oct 3, 1990  
Reported: Oct 4, 1990

## ORGANIC LEAD

Sample Number	Sample Description	Sample Results mg/kg (ppm)
010-0099	Comp A	N.D.

DRAFT

Detection Limits:

0.050

Analytes reported as N D were not present above the stated limit of detection

SEQUOIA ANALYTICAL

  
Belinda C Vega  
Laboratory Director

100099 KEI <2>



# KAPREALIAN ENGINEERING, INC.

## CHAIN OF CUSTODY

SAMPLER <i>R.M. Bradish</i>		SITE NAME & ADDRESS <i>Unocal #6115 4350 Camino Real Los Altos, CA</i>						ANALYSES REQUESTED TPH-G/BX/E TEL				TURN AROUND TIME: <u>24 HR</u>
WITNESSING AGENCY												REMARKS
SAMPLE ID NO.	DATE	TIME	SOIL	WATER	GRAB	COMP	NO. OF CONT.	SAMPLING LOCATION	TPH-G/BX/E	TEL		
<i>Comp A</i>	<i>10-2-90</i>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<i>2</i>	<i>Fuel Tank - 90% full</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<i>Comp B</i>	<i>"</i>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<i>2</i>	<i>" " " "</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<i>Comp C</i>	<i>"</i>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<i>2</i>	<i>" " " "</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<i>Comp D</i>	<i>"</i>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<i>2</i>	<i>" " " "</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<i>Comp E</i>	<i>"</i>		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<i>2</i>	<i>" " " "</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Relinquished by: (Signature) <i>R.M. Bradish</i>		Date/Time <i>10/30/98</i>		Received by: (Signature) <i>Jan Winter</i>		The following MUST BE completed by the laboratory accepting samples for analysis: 1. Have all samples received for analysis been stored in ice? <input checked="" type="checkbox"/> 2. Will samples remain refrigerated until analyzed? <input checked="" type="checkbox"/> 3. Did any samples received for analysis have head space? <input checked="" type="checkbox"/> 4. Were samples in appropriate containers and properly packaged? <input checked="" type="checkbox"/>						
Relinquished by: (Signature)		Date/Time		Received by: (Signature)								
Relinquished by: (Signature)		Date/Time		Received by: (Signature)								
Relinquished by: (Signature)		Date/Time		Received by: (Signature)								
						Signature <i>[Signature]</i>		Title <i>SE</i>		Date <i>10/3</i>		



# SEQUOIA ANALYTICAL

1900 Bates Avenue • Suite LM • Concord, California 94520  
(415) 686-9600 • FAX (415) 686-9689

Kaprelian Engineering, Inc.  
P O Box 996  
Benicia, CA 94510  
Attention Mardo Kaprelian, P.E.

Client Project ID: Unocal #6115, 4350 El Camino Real, Los Alto  
Matrix Descript: Soil  
Analysis Method: EPA 5030/8015/8020  
First Sample #: 010-0412 A-B

Sampled: Oct 12, 1990  
Received: Oct 15, 1990  
Analyzed: Oct 15, 1990  
Reported: Oct 16, 1990

## TOTAL PETROLEUM FUEL HYDROCARBONS with BTEX DISTINCTION (EPA 8015/8020)

Sample Number	Sample Description	Low/Medium B.P. Hydrocarbons mg/kg (ppm)	Benzene mg/kg (ppm)	Toluene mg/kg (ppm)	Ethyl Benzene mg/kg (ppm)	Xylenes mg/kg (ppm)
010-0412 A-B	Comp F	5.2	0.0056	0.0068	0.0066	0.024
010-0413 A-B	Comp G	N.D.	N.D.	0.0061	N.D.	0.011
010-0414 A-B	Comp H	4.2	0.0068	0.030	0.036	0.16
010-0415 A-B	Comp I	12	N.D.	N.D.	0.015	0.023
010-0416 A-B	Comp J	1.3	N.D.	0.0050	0.011	0.011
010-0417 A-B	Comp K	2.3	N.D.	N.D.	N.D.	0.031
010-0418 A-B	Comp L	1.5	N.D.	N.D.	N.D.	N.D.

<b>Detection Limits:</b>	<b>1.0</b>	<b>0.0050</b>	<b>0.0050</b>	<b>0.0050</b>	<b>0.0050</b>
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Low to Medium Boiling Point Hydrocarbons are quantitated against a gasoline standard.  
Analytes reported as N.D. were not present above the stated limit of detection.

SEQUOIA ANALYTICAL

*Belinda C. Vega*  
Belinda C Vega  
Laboratory Director





# SEQUOIA ANALYTICAL

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Kaprealian Engineering, Inc.  
P O Box 996  
Benicia, CA 94510  
Attention: Mardo Kaprealian, P.E.

Client Project ID: Unocal #6115, 4350 El Camino Real, Los Alto  
Matrix Descript: Soil  
Analysis Method: EPA 5030/8015/8020  
First Sample #: 010-0462 A-B

Sampled: Oct 5, 1990  
Received: Oct 16, 1990  
Analyzed: Oct 16, 1990  
Reported: Oct 17, 1990

## TOTAL PETROLEUM FUEL HYDROCARBONS with BTEX DISTINCTION (EPA 8015/8020)

Sample Number	Sample Description	Low/Medium B.P. Hydrocarbons mg/kg (ppm)	Benzene mg/kg (ppm)	Toluene mg/kg (ppm)	Ethyl Benzene mg/kg (ppm)	Xylenes mg/kg (ppm)
010-0462 A-B	Comp M	62	N.D.	0.20	0.30	3.5
010-0463 A-B	Comp N	5.8	N.D.	0.027	0.0080	0.15
010-0464 A-B	Comp O	3.0	N.D.	0.0080	N.D.	0.14
010-0465 A-B	Comp P	2.1	N.D.	0.040	0.013	0.16
010-0466 A-B	Comp Q	660	0.068	20	14	95
010-0467 A-B	Comp R	270	N.D.	3.5	4.5	31

<b>Detection Limits:</b>	<b>1.0</b>	<b>0.0050</b>	<b>0.0050</b>	<b>0.0050</b>	<b>0.0050</b>
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Low to Medium Boiling Point Hydrocarbons are quantitated against a gasoline standard.  
Analytes reported as N D were not present above the stated limit of detection.

SEQUOIA ANALYTICAL

Belinda C. Vega  
Laboratory Director

Please Note.  
The above samples do not appear to contain gasoline.



# KAPREALIAN ENGINEERING, INC.

## CHAIN OF CUSTODY

SAMPLER <b>ARAM</b>		SITE NAME & ADDRESS <b>UNOCHL #6115 - LOS ALTOS 4350 EL CAMINO REAL</b>						ANALYSES REQUESTED		TURN AROUND TIME: <b>24 HRS</b>	
WITNESSING AGENCY											
SAMPLE ID NO.	DATE	TIME	SOIL	WATER	GRAB	COMP	NO. OF CONT.	SAMPLING LOCATION	TPH-G	BTXE	REMARKS
COMP M	10/5/90		✓			✓	2	STOCK PILE	✓	✓	<del>OVER 4000</del> <b>RESULTS</b> <b>403</b> <b>404</b> <b>405</b> <b>406</b> <b>407</b>
COMP N	10/5/90		✓			✓	2		✓	✓	
COMP O	10/5/90		✓			✓	2		✓	✓	
COMP P	10/5/90		✓			✓	2		✓	✓	
COMP Q	10/5/90		✓			✓	2		✓	✓	
COMP R	10/5/90		✓			✓	2		✓	✓	
Relinquished by: (Signature)		Date/Time	Received by: (Signature)								
<i>Brian K. K... ..</i>		10/16/90 10:00	<i>[Signature]</i>								
Relinquished by: (Signature)		Date/Time	Received by: (Signature)								
Relinquished by: (Signature)		Date/Time	Received by: (Signature)								
Relinquished by: (Signature)		Date/Time	Received by: (Signature)								

The following **MUST** BE completed by the laboratory accepting samples for analysis:

- Have all samples received for analysis been stored in ice?
- Will samples remain refrigerated until analyzed?
- Did any samples received for analysis have head space? **NO**
- Were samples in appropriate containers and properly packaged?

Signature: *[Signature]* Title: SLC Date: 10/16



# SEQUOIA ANALYTICAL

680 Chesapeake Drive • Redwood City, CA 94063  
(415) 364-9600 • FAX (415) 364-9233

Kapreallan Engineering, Inc.	Client Project ID:	Unocal, 4350 El Camino Real, Los Altos	Sampled:	Oct 29, 1990
P.O. Box 996	Matrix Descript:	Soil	Received:	Oct 29, 1990
Benicia, CA 94510	Analysis Method:	EPA 5030/8015/8020	Analyzed:	Oct 30, 1990
Attention: Mardo Kapreallan, P.E.	First Sample #:	010-4139 A-B	Reported:	Oct 30, 1990

## TOTAL PETROLEUM FUEL HYDROCARBONS with BTEX DISTINCTION (EPA 8015/8020)

Sample Number	Sample Description	Low/Medium B.P. Hydrocarbons mg/kg (ppm)	Benzene mg/kg (ppm)	Toluene mg/kg (ppm)	Ethyl Benzene mg/kg (ppm)	Xylenes mg/kg (ppm)
0104139 A-B	Composite S	3.5	N.D.	N.D.	N.D.	0.015
0104140 A-B	Composite T	N.D.	N.D.	0.0075	N.D.	N.D.

DRAFT

<b>Detection Limits:</b>	<b>1.0</b>	<b>0.0050</b>	<b>0.0050</b>	<b>0.0050</b>	<b>0.0050</b>
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Low to Medium Boiling Point Hydrocarbons are quantitated against a gasoline standard.  
Analytes reported as N D were not present above the stated limit of detection.

SEQUOIA ANALYTICAL

Elizabeth W. Hackl  
Project Manager





# SEQUOIA ANALYTICAL

1900 Bates Avenue • Suite LM • Concord, California 94520  
(415) 686-9600 • FAX (415) 686-9689

Kaprealian Engineering, Inc.  
P.O. Box 996  
Benicia, CA 94510  
Attention: Mardo Kaprealian, P.E.

Client Project ID. Unocal, 4350 El Camino Real, Los Altos  
Matrix Descript: Soil  
Analysis Method: EPA 5030/8015/8020  
First Sample #: 010-0534 A-B

Sampled: Oct 18, 1990  
Received: Oct 18, 1990  
Analyzed: Oct 18, 1990  
Reported: Oct 19, 1990

## TOTAL PETROLEUM FUEL HYDROCARBONS with BTEX DISTINCTION (EPA 8015/8020)

Sample Number	Sample Description	Low/Medium B.P. Hydrocarbons		Toluene mg/kg (ppm)	Ethyl Benzene mg/kg (ppm)	Xylenes mg/kg (ppm)
		mg/kg (ppm)	Benzene mg/kg (ppm)			
010-0534 A-B	Comp 1	N.D.	N.D.	0.0082	0.0054	0.022
010-0535 A-B	Comp 2	N.D.	N.D.	N.D.	N.D.	0.016

<b>Detection Limits:</b>	<b>1.0</b>	<b>0.0050</b>	<b>0.0050</b>	<b>0.0050</b>	<b>0.0050</b>
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Low to Medium Boiling Point Hydrocarbons are quantitated against a gasoline standard  
Analytes reported as N.D. were not present above the stated limit of detection.

SEQUOIA ANALYTICAL

*Belinda C. Vega*  
Belinda C. Vega  
Laboratory Director





**KAPREALIAN ENGINEERING, INC.**

Consulting Engineers

PO BOX 996 • BENICIA CA 94510

(707) 746-6915 • (707) 746-6916 • FAX (707) 746-5581

TRANSMITTAL PAGE

DATE: 10-25-90

SANTA CLARA COUNTY  
DEPT. OF ENVIRONMENTAL HEALTH

TO: NICOLE JAKABY

FROM: R.M. BEARISH

Number of Pages  
(including cover): 8

SUBJECT: Unocal #6115, 4350 EL CAMINO REAL, LOS ALTOS

• Please find attached laboratory analyses and Chain of Custody documentation for fifteen pipe trench samples collected at above referenced location on 10/23/90. Also attached is a sketch indicating sample point locations.

If any problems occur in receiving, please call the number listed above.



# SEQUOIA ANALYTICAL

1900 Bates Avenue • Suite LM • Concord, California 94520  
 (415) 686-9600 • FAX (415) 686-9689

Kaprealian Engineering, Inc. P.O. Box 996 Benicia, CA 94510 Attention: Merdo Kaprealian, P.E.	Client Project ID: Unocal #6115, 4350 El Camino Real, Matrix Descript: Soil Analysis Method: EPA 5030/8015/8020 First Sample #: 010-0573	Los Altos Sampled: Oct 23, 1990 Received: Oct 24, 1990 Analyzed: Oct 24, 1990 Reported: Oct 25, 1990
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## TOTAL PETROLEUM FUEL HYDROCARBONS with BTEX DISTINCTION (EPA 8015/8020)

Sample Number	Sample Description	Low/Medium B.P. Hydrocarbons mg/kg (ppm)	Benzene mg/kg (ppm)	Toluene mg/kg (ppm)	Ethyl Benzene mg/kg (ppm)	Xylenes mg/kg (ppm)
010-0573	P1	N.D.	N.D.	N.D.	N.D.	N.D.
010-0574	P2	N.D.	N.D.	0.072	N.D.	N.D.
010-0575	P3	N.D.	N.D.	0.028	N.D.	N.D.
010-0576	P4	N.D.	N.D.	N.D.	N.D.	N.D.
010-0577	P5	N.D.	N.D.	0.018	N.D.	N.D.
010-0578	P6	N.D.	N.D.	0.019	N.D.	N.D.
010-0579	P7	N.D.	N.D.	N.D.	N.D.	N.D.
010-0580	P8	N.D.	0.028	0.066	0.010	0.050
010-0581	P9	N.D.	N.D.	0.020	N.D.	N.D.
010-0582	P10	N.D.	N.D.	N.D.	N.D.	N.D.

Detection Limits:	1.0	0.0050	0.0050	0.0050	0.0050
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Low to Medium Boiling Point Hydrocarbons are quantitated against a gasoline standard.  
 Analytes reported as N.D. were not present above the stated limit of detection.

SEQUOIA ANALYTICAL

*Belinda C. Vega*  
 Belinda C. Vega



# SEQUOIA ANALYTICAL

1900 Bates Avenue • Suite LM • Concord, California 94520  
 (415) 686-9600 • FAX (415) 686-9689

Kaprealian Engineering, Inc.

P. O. Box 996

Benicia, CA 94510

Attention: Mardo Kaprealian, P.E.

Client Project ID:

Matrix Descript:

Analysis Method:

First Sample #:

Unocal #6115, 4350 El Camino Real,

Soil

EPA 5030/8015/8020

010-0583

Los Altos

Sampled: Oct 23, 1990

Received: Oct 24, 1990

Analyzed: Oct 24, 1990

Reported: Oct 25, 1990

## TOTAL PETROLEUM FUEL HYDROCARBONS with BTEX DISTINCTION (EPA 8015/8020)

Sample Number	Sample Description	Low/Medium B.P.	Benzene	Toluene	Ethyl Benzene	Xylenes
		Hydrocarbons				
		mg/kg	mg/kg	mg/kg	mg/kg	mg/kg
		(ppm)	(ppm)	(ppm)	(ppm)	(ppm)
010-0583	P11	8.4	0.021	0.0060	N.D.	0.91
010-0584	V1	N.D.	N.D.	N.D.	N.D.	N.D.
010-0585	V2	N.D.	N.D.	N.D.	N.D.	N.D.
010-0586	V3	N.D.	N.D.	N.D.	N.D.	N.D.
010-0587	V4	N.D.	N.D.	N.D.	N.D.	N.D.

Detection Limits:

1.0

0.0050

0.0050

0.0050

0.0050

Low to Medium Boiling Point Hydrocarbons are quantitated against a gasoline standard.  
 Analytes reported as N.D. were not present above the stated limit of detection.

SEQUOIA ANALYTICAL

*Belinda C. Vega*

Belinda C. Vega  
 Laboratory Director



# SEQUOIA ANALYTICAL

1900 Bates Avenue • Suite LM • Concord, California 94520  
 (415) 686-9600 • FAX (415) 686-9689

Kaprealian Engineering, Inc

P.O. Box 996

Benicia, CA 94510

Attention: Mardo Kaprealian P.E.

Client Project ID: Unocal #8115, 4350 El Camino Real,

Sample Descript: Soil

Analysis for: Total Lead

First Sample #: 010-0573

Los Altos

Sampled: Oct 23, 1990

Received: Oct 24, 1990

Extracted: Oct 24, 1990

Analyzed: Oct 24, 1990

Reported: Oct 25, 1990

## LABORATORY ANALYSIS FOR: Total Lead

Sample Number	Sample Description	Detection Limit mg/kg	Sample Result mg/kg
010-0573	P1	0.25	4.4
010-0574	P2	0.25	2.4
010-0575	P3	0.25	N.D.
010-0576	P4	0.25	N.D.
010-0577	P5	0.25	N.D.
010-0578	P6	0.25	3.1
010-0579	P7	0.25	15
010-0580	P8	0.25	N.D.
010-0581	P9	0.25	1.6
010-0582	P10	0.25	1.6
010-0583	P11	0.25	N.D.

Analytes reported as N.D. were not present above the stated limit of detection.

SEQUOIA ANALYTICAL

*Belinda C. Vega*

Belinda C. Vega  
 Laboratory Director



# SEQUOIA ANALYTICAL

1900 Bates Avenue • Suite LM • Concord, California 94520  
 (415) 686-9600 • FAX (415) 686-9689

Kaprealian Engineering, Inc	Client Project ID.	Unocal #0115 4350 El Camino Real,	Sampled	Oct 23, 1990
P.O. Box 996	Sample Description	Soil	Received	Oct 24, 1990
Benicia, CA 94510	Analysis for:	Total Lead	Extracted	Oct 24, 1990
Attention: Mardo Kaprealian, P.E.	First Sample #:	010-0584	Analyzed	Oct 24, 1990
			Reported	Oct 25, 1990

## LABORATORY ANALYSIS FOR: Total Lead

Sample Number	Sample Description	Detection Limit mg/kg	Sample Result mg/kg
010-0584	V1	0.25	10
010-0585	V2	0.25	13
010-0586	V3	0.25	23
010-0587	V4	0.25	ND

Analytes reported as ND were not present above the stated limit of detection

SEQUOIA ANALYTICAL

*Belinda C. Vega*  
 Belinda C. Vega  
 Laboratory Director



# KAPREALIAN ENGINEERING, INC.

## CHAIN OF CUSTODY

10/25/90 11 04 2707 3 5581 KAPREALIAN ENG.

SAMPLER		SITE NAME & ADDRESS							ANALYSES REQUESTED			TURN AROUND TIME:
R.M. Prasad		Unocal #6115 4350 El Camino Real Los Altos, CA							TPH-9 DBTE TAMM Pb			24 HR
WITNESSING AGENCY												REMARKS
Nicole Jaraby Santa Clara Co Health												
SAMPLE ID NO.	DATE	TIME	SOIL	WATER	GRAB	COMP	CONT.	SAMPLING LOCATION				
P1	10-23-90		✓	✓			1	Product Piping Track			0100573	
P2	"		✓	✓			1	" " "			574	
P3	"		✓	✓			1	" " "			575	
P4	"		✓	✓			1	" " "			576	
P5	"		✓	✓			1	" " "			577	
P6	"		✓	✓			1	" " "			578	
P7	"		✓	✓			1	" " "			579	
P8	"		✓	✓			1	" " "			580	
P9	"		✓	✓			1	" " "			581	

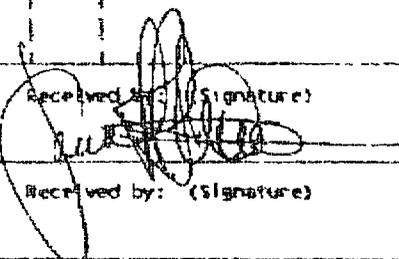
Relinquished by: (Signature) R.M. Prasad	Date/Time 10-23-90 9:40	Received by: (Signature) <i>[Signature]</i>
Relinquished by: (Signature)	Date/Time	Received by: (Signature)
Relinquished by: (Signature)	Date/Time	Received by: (Signature)
Relinquished by: (Signature)	Date/Time	Received by: (Signature)

- The following MUST BE completed by the laboratory accepting samples for analysis:
- Have all samples received for analysis been stored in ice?
  - Will samples remain refrigerated until analyzed?
  - Did any samples received for analysis have head space?
  - Were samples in appropriate containers and properly packaged?
- Signature: *[Signature]* Title: SR Date: 10/24



# KAPREALIAN ENGINEERING, INC.

## CHAIN OF CUSTODY

SAMPLER <i>R.M. Bradish</i>		SITE NAME & ADDRESS <i>Unocal #6115 4350 El Camino Real San Carlos, CA</i>						ANALYSES REQUESTED <i>TPH-QUALITATIVE TSS-QUALITATIVE</i>		TURN AROUND TIME: <i>24HR</i>
WITNESSING AGENCY <i>Santa Clara Co. Health</i>										
SAMPLE ID NO.	DATE	TIME	SOIL	WATER	GRAB	NO. OF CONT.	COMP.	SAMPLING LOCATION	REMARKS	
<i>P10</i>	<i>10-23-90</i>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<i>1</i>		<i>Product Pipe Tranch</i>	<i>0100582</i>	
<i>P11</i>	<i>"</i>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<i>1</i>		<i>" " "</i>	<i>583</i>	
<i>V1</i>	<i>"</i>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<i>1</i>		<i>Vent Pipe Tranch</i>	<i>584</i>	
<i>V2</i>	<i>"</i>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<i>1</i>		<i>" " "</i>	<i>585</i>	
<i>V3</i>	<i>"</i>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<i>1</i>		<i>" " "</i>	<i>586</i>	
<i>V4</i>	<i>"</i>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<i>1</i>		<i>" " "</i>	<i>587</i>	
Relinquished by: (Signature) <i>R.M. Bradish</i>			Date/Time <i>10/23/90 9:40</i>			Received by: (Signature) 			The following MUST BE completed by the laboratory accepting samples for analysis:	
Relinquished by: (Signature)			Date/Time			Received by: (Signature)			1. Have all samples received for analysis been stored in ice? <input checked="" type="checkbox"/>	
Relinquished by: (Signature)			Date/Time			Received by: (Signature)			2. Will samples remain refrigerated until analyzed? <input checked="" type="checkbox"/>	
Relinquished by: (Signature)			Date/Time			Received by: (Signature)			3. Did any samples received for analysis have head space? <i>NO</i>	
Relinquished by: (Signature)			Date/Time			Received by: (Signature)			4. Were samples in appropriate containers and properly packaged? <input checked="" type="checkbox"/>	
									Signature: <i>[Signature]</i>	Title: <i>[Signature]</i>
									Date: <i>10/23/90</i>	

SANTA CLARA COUNTY HEALTH DEPARTMENT  
 OFFICE OF HAZARDOUS MATERIALS  
 2220 MOORPARK AVENUE  
 SAN JOSE, CALIFORNIA 95128  
 TELEPHONE (408) 299-6930

FACILITY CLOSURE PERMIT APPLICATION/CLOSURE PLAN

1. Facility Name: UNOCAL SERVICE STATION 6115  
 Address: 4350 EL CAMINO REAL  
 Contact Person: GREG GALATOLO Phone # (415) 941-0244
2. Tank Closure Contractor: DAN BRENTON CONSTRUCTION  
 Address: 2634 PACER LANE  
 Contact Person: KERRY BRENTON Phone # (408) 226-1920
3. Name and phone number of firm that will take soil samples.  
KAPREALIAN ENGINEERING Phone # (707) 746-6915
4. Name and phone number of laboratory that will analyze soil samples.  
SEQUOIA ANALYTICAL LABS Phone # (415) 364-9222
5. The Tank Closure Permit expires 90 days from date of closure plan approval.
- a. Approximate date of tank closure: 10/1/90
6. Method of tank closure.  
 a. Tank removed  b. Tank filled with concrete slurry
7. Tanks to be removed:  
 Name of tank hauler H&H SHIP SERVICE  
 Destination of tanks 220 CHINA BASIN RD SAN FRANCISCO

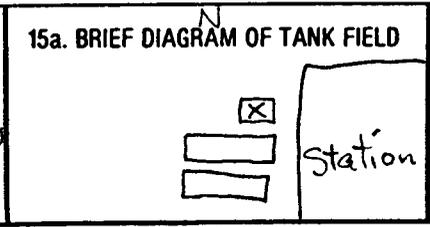
Office of Hazardous Materials  
 Santa Clara County Health Department  
 2220 Moorpark Avenue  
 San Jose, California 95128  
 Approved by: Nicolas Galato  
 Disapproved by: \_\_\_\_\_  
 DATE: 9/27/90  
 PLAN CHECKED BY: \_\_\_\_\_

	<u>Size</u>	<u>Tank Content</u>
Tank 1	<u>10,000 GAL</u>	<u>REG UNLEADED GASOLINE</u>
Tank 2	<u>10,000 GAL</u>	<u>SUP. UNLEADED GASOLINE</u>
Tank 3	<u>550 GAL</u>	<u>WASTE OIL</u>
Tank 4	_____	_____
Tank 5	_____	_____



#6115

15. TANK TO TEST  
North  
 Identity by position  
Waste Oil  
 Brand and Grade



16. CAPACITY

Nominal Capacity 550 Gallons

By most accurate capacity chart available \_\_\_\_\_ Gallons

From  
 Station Chart  
 Tank Manufacturer's Chart  
 Company Engineering Data  
 Charts supplied with Tank Tester  
 Other \_\_\_\_\_

17. FILL-UP FOR TEST

Stick Water Bottom before Fill-up 0" to 1/4" in. \_\_\_\_\_ Gallons \_\_\_\_\_ Tank Diameter 46" in.

Inventory in Tank 550  
 Water Bottom 0  
 Top of equipment 11  
 Total Quantity 561  
 Total Gallons ea. Reading

18. SPECIAL CONDITIONS AND PROCEDURES TO TEST THIS TANK

Water in tank  Line(s) being tested with LVLLT  
 High water table in tank excavation

See manual sections applicable. Check below and record procedure in log (27).

Use maximum allowable test pressure for all tests. Four pound rule does not apply to doublewalled tanks.

Complete section below

1. Is four pound rule required? Yes  No
2. Height to 12" mark from bottom of tank N/A in.
3. Pressure at bottom of tank N/A P.S.I.
4. Pressure at top of tank N/A P.S.I.

19. TANK MEASUREMENTS FOR TSTT ASSEMBLY

Bottom of tank to grade\* 79 1/2" in.  
 Add 30" for "T" probe assembly 30 in.  
 Total tubing to assemble - approximate 109 1/2" in.

20. EXTENSION HOSE SETTING

Tank top to grade\* 33 1/2" in.  
 Extend hose on suction tube 6" or more below tank top 8" in.

\*If fill pipe extends above grade, use top of fill

USE WITH THERMAL SENSOR PN5039 (Blue Box)

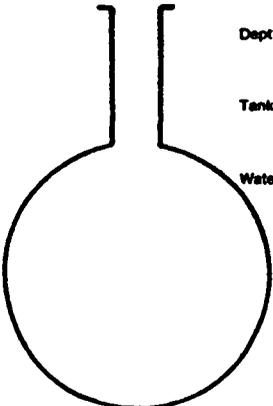
22. Thermal-Sensor reading after circulation 17,112 digits  
74-75 °F

23. Digits per °F in range of expected change 321 digits

21. VAPOR RECOVERY SYSTEM  Stage I  Stage II

24b. COEFFICIENT OF EXPANSION RECIPROCAL METHOD

Type of Product Waste Oil  
 Hydrometer Employed 4 H  
 Temperature in Tank After Circulation 74.4 °F  
 Temperature of Sample 74 °F  
 Difference (+/-) -0.4 °F  
 Observed A.P.I Gravity 32.7  
 Reciprocal 2203 Page # 36  
561 × 2203 = 2546527  
 Total quantity in full tank (17) Reciprocal Volume change in this tank per °F  
 Transfer to Line 26a.



Depth of burial 79 1/2" in.  
 Tank dia. 46" in.  
 Water table to tank bottom 79 1/2" in.

NOTES.

The above calculations are to be used for dry soil conditions to establish a positive pressure advantage, or when using the four pound rule to compensate for the presence of subsurface water in the tank area.

Refer to N.F.P.A. 30, Sections 2-3.2.4 and 2-7.2 and the tank manufacturer regarding allowable system test pressures.

24a. IF USING THERMAL SENSOR DTS-2000 OR QC-2000 WHICH READ 1000 DIGITS PER °F TRANSFER 1000 TO LINE 26, DIGITS PER °F IN TEST RANGE.

24c. FOR TESTING WITH WATER see Table C & D

Water Temperature after Circulation Table C from Thermal Sensor N/A °F

Coefficient of Water Table D N/A

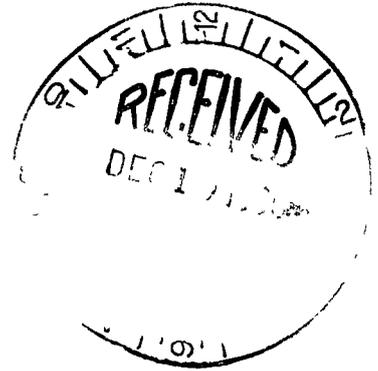
Added Surfactant?  Yes  No Transfer COE to Line 25b

25. (a) N/A × (b) N/A = (c) N/A gallons  
 Total quantity in full tank (17) Coefficient of expansion for involved product Volume change in this tank per °F

26. (a) 2546527 + (b) 321 = (c) .0007933 This is test factor (a)  
 Volume change per °F (25 or 24b) Digits per °F in test Range (23 or 24a) Volume change per digit Compute to 4 decimal places



*Holston*



~~COUNTY OF SANTA CLARA  
Environmental Health Specialist  
Attn: Lee Esquibel  
2220 Moorpark Ave.  
San Jose, CA 95128~~

DRAFT

12/1/89

NICHOLE,

YOU REQUESTED INFORMATION  
FROM 11/14/89 BACK DATING TO 10/10/89  
(MY FIRST DAY OF BUSINESS). MY OCTOBER  
BOOKS ARE STILL WITH MY ACCOUNTANT.  
I'LL HAVE THAT INFORMATION IN APPROX.  
10 DAYS, I'LL SEND IT TO YOU THEN.

GREG GRATLO  
UNOCAL # 6115  
4350 EL CAMINO REAL  
LOS ALTOS CA 94022  
(415) 941-0244





Pg. 1 of 2  
JA

SANTA CLARA COUNTY ENVIRONMENTAL HEALTH SERVICES  
TOXICS CONTROL UNIT  
2220 MOORPARK AVENUE, SAN JOSE, CA 95128 (408) 299-6930  
OFFICIAL NOTICE OF INSPECTION

ENTERED  
10/19/90

DBA/NAME <b>Unocal</b>	DATE <b>10/2/90</b>
ADDRESS <b>4350 El Camino Real, Los Altos</b>	RECHECK DATE
OWNER/OPERATOR	ENTRY NO. <b>646</b>
MAILING ADDRESS <b>Manifest #90389090</b>	WORK AREA <b>606</b>
APPLICABLE LAW <input type="checkbox"/> Calif. H & S Code, Sec. 25100, et Seq. <input type="checkbox"/> S.C.C. Storage Ordinance <input type="checkbox"/> Calif. Admin. Code, Title 22, Sec 66011, et Seq. <input type="checkbox"/> Title 23, Sec. 2610, et Seq <input type="checkbox"/> Other	INSPECTION TIME

COMPUTER NO.	PROGRAM	ELEMENT	SERVICE	VIOLATIONS	TIME
200063	2312		188		2.0
200066	2312		188		1.5
200069	2312		188		1.5

VIOLATIONS	CLASS	
<b>HAZARDOUS WASTES</b>	1	11
Hazardous Waste Determ.		1
EPA ID Number		2
Storage, 90 Days	3	4
Storage, Containers	5	6
Storage, Tanks	7	8
Storage, Security	9	10
Pre-Transportation Requirements		11
Registered Hauler	12	13
Manifests		14
Disposal	15	16
Preparedness		17
Records, Reports		18
Local Permit		19
<b>HAZARDOUS MATERIALS STORAGE</b>		
Contingency Plan	20	
Employee Training	21	
Permit to Operate	22	
Approved Construction	23	
Monitoring System Installed	24	
Monitoring Operational	25	
Unauthor. Releases, Occurrence	26	
Unauthor. Releases, Reports	27	
Abandonment	28	
<b>OCCUPATIONAL HAZARDS</b>		
General Physical Hazard	37	
General Safety Hazard	38	
Personal Protection	39	
Toilets, Wash Facilities	40	
Eating Area	41	
Material Labeling	42	
Employee Training	43	
General Sanitation	44	

The marked items represent violations of the above-referenced codes(s) and must be corrected as follows:

*Closure of 2 - 10,000 gal. gasoline tanks (one unleaded, one leaded). (installed in 1969)*

*Slight corrosion and some pitting over entire surface of tanks but no visible holes. During excavation of one tank spillage occurred from tanks into hole of approximately 5-10 gallons gasoline, water, CO<sub>2</sub> mixture.*

*Soil samples taken from under each tank end at depths of 2', and greater if contamination observed. (5 samples total taken from pit).*

*Visible signs of soil contamination - strong discoloration down to 20', possibly deeper. Strong odor. Samples to be analyzed for TPH as gasoline, BTE & X, tetraethyl lead. Provide analysis to above office within 15 days.*

INSPECTOR: *Nicole Salaty*

RECEIVED BY: *[Signature]*  
SIGNATURE

15 days

SANTA CLARA COUNTY ENVIRONMENTAL HEALTH SERVICES  
 TOXICS CONTROL UNIT  
 2220 MOORPARK AVENUE, SAN JOSE, CA 95128 (408) 299-6930  
OFFICIAL NOTICE OF INSPECTION

DBA/NAME <i>Union 76</i>	DATE <i>10/2/90</i>
ADDRESS <i>4350 El Camino Real, Los Altos</i>	INSPECTOR <i>[Signature]</i>
OWNER/OPERATOR	EMPLOYEE NO. <i>646</i>
MAILING ADDRESS <i>Manifest #90389091</i>	WORK AREA <i>606</i>
APPLICABLE LAW <input type="checkbox"/> Calif. H & S Code, Sec. 25100, et Seq. <input type="checkbox"/> S.C.C. Storage Ordinance <input type="checkbox"/> Calif. Admin Code, Title 22, Sec 66011, et Seq. <input type="checkbox"/> Title 23, Sec. 2610, et Seq. <input type="checkbox"/> Other	INSPECTION TIME

COMPUTER NO.	PROGRAM	ELEMENT	SERVICE	VIOLATIONS	TIME

VIOLATIONS	CLASS	
<b>HAZARDOUS WASTES</b>	1	11
Hazardous Waste Determ.		1
EPA ID Number		2
Storage, 90 Days	3	4
Storage, Containers	5	6
Storage, Tanks	7	8
Storage, Security	9	10
Pre-Transportation Requirements		11
Registered Hauler	12	13
Manifests		14
Disposal	15	16
Preparedness		17
Records, Reports		18
Local Permit		19
<b>HAZARDOUS MATERIALS STORAGE</b>		
Contingency Plan	20	
Employee Training	21	
Permit to Operate	22	
Approved Construction	23	
Monitoring System Installed	24	
Monitoring Operational	25	
Unauthor. Releases, Occurrence	26	
Unauthor. Releases, Reports	27	
Abandonment	28	
<b>OCCUPATIONAL HAZARDS</b>		
General Physical Hazard	37	
General Safety Hazard	38	
Personal Protection	39	
Toilets, Wash Facilities	40	
Eating Area	41	
Material Labeling	42	
Employee Training	43	
General Sanitation	44	

The marked items represent violations of the above-referenced codes(s) and must be corrected as follows:

*Closure of 550 gal. waste oil tank. (Preliminary sample of tank contents tested positive for PCB's).*

*Tank had numerous holes ranging from ~1/4" to ~2" diameter.*

*Visible signs of soil contamination - staining and strong odor. Soil samples taken at 2' below backfill and 15'.*

*Soil samples to be analyzed for TPH gasoline & diesel, oil and grease, BTE & X, Chlorinated Hydrocarbons, Metals (Cd, Cr, Pb, & Zn), and PCBs.*

*Provide copy of analysis to above office attention of Nicole Jakaby, within 15 days.*

INSPECTOR: *Nicole Jakaby*

RECEIVED BY: *[Signature]*  
 SIGNATURE

#177- Ek

**UNDERGROUND STORAGE TANK UNAUTHORIZED RELEASE (LEAK) / CONTAMINATION SITE REPORT**

EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25180.7 OF THE HEALTH AND SAFETY CODE.
--	--	--

REPORT DATE 1   0   0   4   9   0	CASE #	SIGNED <i>Nicole Jakaby</i>	DATE 10/4/90
--------------------------------------	--------	--------------------------------	-----------------

REPORTED BY	NAME OF INDIVIDUAL FILING REPORT <i>Nicole Jakaby</i>	PHONE <i>(408) 299-6930</i>	SIGNATURE <i>Nicole Jakaby</i>
	REPRESENTING <input checked="" type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> OTHER	COMPANY OR AGENCY NAME <i>Santa Clara County Health - TOXICS</i>	
	ADDRESS <i>2220 Moorpark Av., San Jose CA 95128</i>		

RESPONSIBLE PARTY	NAME <i>Unocal Corp.</i>	CONTACT PERSON <i>UNKNOWN</i> <i>Matt Fisher</i>	PHONE <i>(408) 292-7600</i>
	ADDRESS <i>2000 Crow Canyon Place, Suite 400, San Ramon, CA 94583</i>		

SITE LOCATION	FACILITY NAME (IF APPLICABLE) <i>Union #6115</i>	OPERATOR <i>Greg Galatolo</i>	PHONE <i>(415) 941-0244</i>
	ADDRESS <i>4350 El Camino Real Los Altos Santa Clara 94022</i>		
	CROSS STREET <i>LOS ALTOS AVENUE</i>		

IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME <i>Santa Clara County Health</i>	CONTACT PERSON <i>Nicole Jakaby</i>	PHONE <i>(408) 299-6930</i>
	REGIONAL BOARD <i>B.A.R.W.G.C.B.</i>	<i>Tom Callaghan</i>	PHONE <i>(415) 964-1382</i>

SUBSTANCES INVOLVED	(1) NAME <i>Gasoline</i>	QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN
	(2) NAME <i>waste oil</i>	<input checked="" type="checkbox"/> UNKNOWN

DISCOVERY/ABATEMENT	DATE DISCOVERED 1   0   0   4   9   0	HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> OTHER
	DATE DISCHARGE BEGAN <input checked="" type="checkbox"/> UNKNOWN	METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> REPLACE TANK <input checked="" type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> OTHER
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 1   0   0   4   9   0	

SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER	CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER
--------------	---	---

CASE TYPE	CHECK ONE ONLY <input checked="" type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)
-----------	--

CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> LEAK BEING CONFIRMED <input checked="" type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY
----------------	--

REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> CAP SITE (CD) <input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input checked="" type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input type="checkbox"/> OTHER (OT)
-----------------	--

COMMENTS	
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## INSTRUCTIONS

### EMERGENCY

Indicate whether emergency response personnel and equipment were involved at any time. If so, a Hazardous Material Incident Report should be filed with the State Office of Emergency Services (OES) at 2800 Meadowview Road, Sacramento, CA 95832. Copies of the OES report form may be obtained at your local underground storage tank permitting agency. Indicate whether the OES report has been filed as of the date of this report.

### LOCAL AGENCY ONLY

To avoid duplicate notification pursuant to Health and Safety code Section 25180.7, a designated government employee should sign and date the form in this block. A signature here does not mean that the leak has been determined to pose a significant threat to human health or safety, only that notification procedures have been followed if required.

### REPORTED BY

Enter your name, telephone number, and address. Indicate which party you represent and provide company or agency name.

### RESPONSIBLE PARTY

Enter name, telephone number, contact person, and address of the party responsible for the leak. The responsible party would normally be the tank owner.

### SITE LOCATION

Enter information regarding the tank facility. At a minimum, you must provide the facility name and full address.

### IMPLEMENTING AGENCIES

Enter names of the local agency and Regional Water Quality Control Board involved.

### SUBSTANCES INVOLVED

Enter the name and quantity lost of the hazardous substance involved. Room is provided for information on two substances if appropriate. If more than two substances leaked, list the two of most concern for cleanup.

### DISCOVERY/ABATEMENT

Provide information regarding the discovery and abatement of the leak.

### SOURCE/CAUSE

Indicate source(s) of leak. Check box(es) indicating cause of leak.

### CASE TYPE

Indicate the case type category for this leak. Check one box only. Case type is based on the most sensitive resource affected. For example, if both soil and ground water have been affected, case type will be "Ground Water". Indicate "Drinking Water" only if one or more municipal or domestic water wells have actually been affected. A "Ground Water" designation does not imply that the affected water cannot be, or is not, used for drinking water, but only that water wells have not yet been affected. It is understood that case type may change upon further investigation.

### CURRENT STATUS

Indicate the category which best describes the current status of the case. Check one box only. The response should be relative to the case type. For example, if case type is "Ground Water", then "Current Status" should refer to the status of the ground water investigation or cleanup, as opposed to that of soil. Descriptions of options follow:

No Action Taken - No action has been taken by responsible party beyond initial report of leak.

Leak Being Confirmed - Leak suspected at site, but has not been confirmed.

Preliminary Site Assessment Workplan Submitted - workplan/proposal requested of/submitted by responsible party to determine whether ground water has been, or will be, impacted as a result of the release.

Preliminary Site Assessment Underway - implementation of workplan.

Pollution Characterization - responsible party is in the process of fully defining the extent of contamination in soil and ground water and assessing impacts on surface and/or ground water.

Remediation Plan - remediation plan submitted evaluating long term remediation options. Proposal and implementation schedule for appropriate remediation options also submitted.

Cleanup Underway - implementation of remediation plan.

Post Cleanup Monitoring in Progress - periodic ground water or other monitoring at site, as necessary, to verify and/or evaluate effectiveness of remedial activities.

Case Closed - regional board and local agency in concurrence that no further work is necessary at the site.

IMPORTANT: THE INFORMATION PROVIDED ON THIS FORM IS INTENDED FOR GENERAL STATISTICAL PURPOSES ONLY AND IS NOT TO BE CONSTRUED AS REPRESENTING THE OFFICIAL POSITION OF ANY GOVERNMENTAL AGENCY.

### REMEDIAL ACTION

Indicate which action have been used to cleanup or remediate the leak. Descriptions of options follow:

Cap Site - install horizontal impermeable layer to reduce rainfall infiltration.

Containment Barrier - install vertical dike to block horizontal movement of contaminant.

Excavate and Dispose - remove contaminated soil and dispose in approved site.

Excavate and Treat - remove contaminated soil and treat (includes spreading or land farming).

Remove Free Product - remove floating product from water table.

Pump and Treat Groundwater - generally employed to remove dissolved contaminants.

Enhanced Biodegradation - use of any available technology to promote bacterial decomposition of contaminants.

Replace Supply - provide alternative water supply to affected parties.

Treatment at Hookup - install water treatment devices at each dwelling or other place of use.

Vacuum Extract - use pumps or blowers to draw air through soil.

Vent Soil - bore holes in soil to allow volatilization of contaminants.

No Action Required - incident is minor, requiring no remedial action.

COMMENTS - Use this space to elaborate on any aspects of the incident.

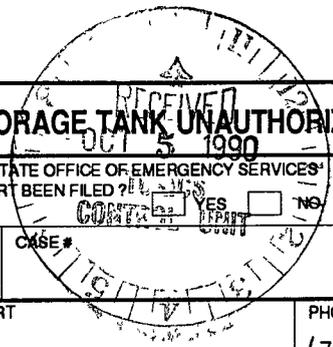
SIGNATURE - Sign the form in the space provided.

### DISTRIBUTION

If the form is completed by the tank owner or his agent, retain the last copy and forward the remaining copies intact to your local tank permitting agency for distribution.

- 1 Original - Local Tank Permitting Agency
- 2 State Water Resources Control Board, Division of Loans and Grants, Underground Storage Tank Program, P O Box 944212, Sacramento, CA 94244-2120
- 3 Regional Water Quality Control Board
- 4 County Board of Supervisors or designee to receive Proposition 65 notifications
- 5 Owner/responsible party

# 1 79 Ek



UNDERGROUND STORAGE TANK UNAUTHORIZED RELEASE (LEAK) / CONTAMINATION SITE REPORT			
EMERGENCY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		HAS STATE OFFICE OF EMERGENCY SERVICES' REPORT BEEN FILED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
REPORT DATE 1 <u>M</u> 0 <u>M</u> 0 <u>D</u> 3 <u>D</u> 9 <u>Y</u> 0 <u>Y</u>		FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25180.7 OF THE HEALTH AND SAFETY CODE. SIGNED: <u>Nicole Jakaby</u> DATE: <u>10/10/90</u>	
REPORTED BY	NAME OF INDIVIDUAL FILING REPORT Kristin Mascarenas		PHONE (707) 746-6915
	REPRESENTING <input checked="" type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD <input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER		SIGNATURE <u>K. Mascarenas</u>
	COMPANY OR AGENCY NAME Kaprealian Engineering, Inc.		
RESPONSIBLE PARTY	ADDRESS 940 Adams Street Suite R STREET CITY STATE ZIP		
	NAME Unocal Corporation <input type="checkbox"/> UNKNOWN		CONTACT PERSON Ron Bock
	ADDRESS 2000 Crow Canyon Place Suite #400 STREET CITY STATE ZIP		PHONE (415) 277-2303
SITE LOCATION	FACILITY NAME (IF APPLICABLE) Unocal S/S #6115		OPERATOR Greg Galatolo
	ADDRESS 4350 El Camino Real STREET CITY COUNTY ZIP		PHONE (415) 941-0244
	CROSS STREET Los Altos		
IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME Santa Clara County Health Department		CONTACT PERSON Nicole Jakaby
	REGIONAL BOARD San Francisco Bay Region		PHONE (408) 299-6930
SUBSTANCES INVOLVED	(1) NAME gasoline		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN
	(2) NAME waste oil		QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN
DISCOVERY/ABATEMENT	DATE DISCOVERED 1 <u>M</u> 0 <u>M</u> 0 <u>D</u> 2 <u>D</u> 9 <u>Y</u> 0 <u>Y</u>		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS <input type="checkbox"/> TANK TEST <input checked="" type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER
	DATE DISCHARGE BEGAN M <u>  </u> M <u>  </u> D <u>  </u> D <u>  </u> Y <u>  </u> Y <u>  </u> <input checked="" type="checkbox"/> UNKNOWN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input checked="" type="checkbox"/> REMOVE CONTENTS <input checked="" type="checkbox"/> REPLACE TANK <input type="checkbox"/> CLOSE TANK <input type="checkbox"/> REPAIR TANK <input type="checkbox"/> REPAIR PIPING <input type="checkbox"/> CHANGE PROCEDURE <input type="checkbox"/> OTHER
	HAS DISCHARGE BEEN STOPPED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE 1 <u>M</u> 0 <u>M</u> 0 <u>D</u> 2 <u>D</u> 9 <u>Y</u> 0 <u>Y</u>		
SOURCE/CAUSE	SOURCE OF DISCHARGE <input type="checkbox"/> TANK LEAK <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		CAUSE(S) <input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL <input type="checkbox"/> CORROSION <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER
	CHECK ONE ONLY <input checked="" type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)		
CURRENT STATUS	CHECK ONE ONLY <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION <input type="checkbox"/> LEAK BEING CONFIRMED <input checked="" type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS <input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY		
	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> CAP SITE (CD) <input checked="" type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input checked="" type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS) <input checked="" type="checkbox"/> OTHER (OT) <u>if contamination exists, install monitoring wells</u>		
COMMENTS			

## INSTRUCTIONS

### EMERGENCY

Indicate whether emergency response personnel and equipment were involved at any time. If so, a Hazardous Material Incident Report should be filed with the State Office of Emergency Services (OES) at 2800 Meadowview Road, Sacramento, CA 95832. Copies of the OES report form may be obtained at your local underground storage tank permitting agency. Indicate whether the OES report has been filed as of the date of this report.

### LOCAL AGENCY ONLY

To avoid duplicate notification pursuant to Health and Safety code Section 25180.7, a designated government employee should sign and date the form in this block. A signature here does not mean that the leak has been determined to pose a significant threat to human health or safety, only that notification procedures have been followed if required.

### REPORTED BY

Enter your name, telephone number, and address. Indicate which party you represent and provide company or agency name.

### RESPONSIBLE PARTY

Enter name, telephone number, contact person, and address of the party responsible for the leak. The responsible party would normally be the tank owner.

### SITE LOCATION

Enter information regarding the tank facility. At a minimum, you must provide the facility name and full address.

### IMPLEMENTING AGENCIES

Enter names of the local agency and Regional Water Quality Control Board involved.

### SUBSTANCES INVOLVED

Enter the name and quantity lost of the hazardous substance involved. Room is provided for information on two substances if appropriate. If more than two substances leaked, list the two of most concern for cleanup.

### DISCOVERY/ABATEMENT

Provide information regarding the discovery and abatement of the leak.

### SOURCE/CAUSE

Indicate source(s) of leak. Check box(es) indicating cause of leak.

### CASE TYPE

Indicate the case type category for this leak. Check one box only. Case type is based on the most sensitive resource affected. For example, if both soil and ground water have been affected, case type will be "Ground Water". Indicate "Drinking Water" only if one or more municipal or domestic water wells have actually been affected. A "Ground Water" designation does not imply that the affected water cannot be, or is not, used for drinking water, but only that water wells have not yet been affected. It is understood that case type may change upon further investigation.

### CURRENT STATUS

Indicate the category which best describes the current status of the case. Check one box only. The response should be relative to the case type. For example, if case type is "Ground Water", then "Current Status" should refer to the status of the ground water investigation or cleanup, as opposed to that of soil. Descriptions of options follow:

No Action Taken - No action has been taken by responsible party beyond initial report of leak

Leak Being Confirmed - Leak suspected at site, but has not been confirmed

Preliminary Site Assessment Workplan Submitted - workplan/proposal requested of/submitted by responsible party to determine whether ground water has been, or will be, impacted as a result of the release

Preliminary Site Assessment Underway - implementation of workplan

Pollution Characterization - responsible party is in the process of fully defining the extent of contamination in soil and ground water and assessing impacts on surface and/or ground water.

Remediation Plan - remediation plan submitted evaluating long term remediation options. Proposal and implementation schedule for appropriate remediation options also submitted.

Cleanup Underway - implementation of remediation plan.

Post Cleanup Monitoring in Progress - periodic ground water or other monitoring at site, as necessary, to verify and/or evaluate effectiveness of remedial activities

Case Closed - regional board and local agency in concurrence that no further work is necessary at the site.

IMPORTANT: THE INFORMATION PROVIDED ON THIS FORM IS INTENDED FOR GENERAL STATISTICAL PURPOSES ONLY AND IS NOT TO BE CONSTRUED AS REPRESENTING THE OFFICIAL POSITION OF ANY GOVERNMENTAL AGENCY

### REMEDIAL ACTION

Indicate which action have been used to cleanup or remediate the leak. Descriptions of options follow:

Cap Site - install horizontal impermeable layer to reduce rainfall infiltration.

Containment Barrier - install vertical dike to block horizontal movement of contaminant.

Excavate and Dispose - remove contaminated soil and dispose in approved site

Excavate and Treat - remove contaminated soil and treat (includes spreading or land farming).

Remove Free Product - remove floating product from water table

Pump and Treat Groundwater - generally employed to remove dissolved contaminants

Enhanced Biodegradation - use of any available technology to promote bacterial decomposition of contaminants.

Replace Supply - provide alternative water supply to affected parties.

Treatment at Hookup - install water treatment devices at each dwelling or other place of use.

Vacuum Extract - use pumps or blowers to draw air through soil.

Vent Soil - bore holes in soil to allow volatilization of contaminants.

No Action Required - incident is minor, requiring no remedial action.

COMMENTS - Use this space to elaborate on any aspects of the incident.

SIGNATURE - Sign the form in the space provided.

### DISTRIBUTION

If the form is completed by the tank owner or his agent, retain the last copy and forward the remaining copies intact to your local tank permitting agency for distribution.

1. Original - Local Tank Permitting Agency
2. State Water Resources Control Board, Division of Loans and Grants, Underground Storage Tank Program, P.O. Box 944212, Sacramento, CA 94244-2120
3. Regional Water Quality Control Board
4. County Board of Supervisors or designee to receive Proposition 65 notifications.
5. Owner/responsible party

SANTA CLARA COUNTY ENVIRONMENTAL HEALTH SERVICES  
 TOXICS CONTROL UNIT  
 2220 MOORPARK AVENUE, SAN JOSE, CA 95128 (408) 299-6930

OFFICIAL NOTICE OF INSPECTION

UBA/NAME: <b>Union #6115</b>	DATE: <b>10/23/90</b>
ADDRESS: <b>4350 El Camino Real, Los Altos</b>	RECHECK DATE:
OWNER/OPERATOR: <b>Greg Galatolo</b>	EMPLOYEE NO.: <b>646</b>
MAILING ADDRESS:	WORK AREA: <b>806</b>
APPLICABLE LAW <input type="checkbox"/> Calif. H & S Code, Sec. 25100, et Seq. <input type="checkbox"/> S.C.C. Storage Ordinance <input type="checkbox"/> Calif. Admin. Code, Title 22, Sec 66011, et Seq. <input type="checkbox"/> Title 23, Sec. 2610, et Seq <input type="checkbox"/> Other	INSPECTION TIME:

**ENTERED**  
 10/29/90

COMPUTER NO.	PROGRAM	ELEMENT	SERVICE	VIOLATIONS	TIME
200063	2312	<del>188</del>	188		3.5

VIOLATIONS	CLASS	
<b>HAZARDOUS WASTES</b>	1	11
Hazardous Waste Determ.		1
EPA ID Number		2
Storage, 90 Days	3	4
Storage, Containers	5	6
Storage, Tanks	7	8
Storage, Security	9	10
Pre-Transportation Requirements		11
Registered Hauler	12	13
Manifests		14
Disposal	15	16
Preparedness		17
Records, Reports		18
Local Permit		19
<b>HAZARDOUS MATERIALS STORAGE</b>		
Contingency Plan	20	
Employee Training	21	
Permit to Operate	22	
Approved Construction	23	
Monitoring System Installed	24	
Monitoring Operational	25	
Unauthor. Releases, Occurrence	26	
Unauthor. Releases, Reports	27	
Abandonment	28	
<b>OCCUPATIONAL HAZARDS</b>		
General Physical Hazard	37	
General Safety Hazard	38	
Personal Protection	39	
Toilets, Wash Facilities	40	
Eating Area	41	
Material Labeling	42	
Employee Training	43	
General Sanitation	44	

The marked items represent violations of the above-referenced codes(s) and must be corrected as follows:

*Soil samples taken along product line and vapor lines (observed to contain fuel) every 20 linear feet and at bends/intersections in pipe. Fifteen (15) total samples taken by Kaprealian Engineering.*

*Samples to be analyzed for TPH - gasoline, BTEX & X and total lead.*

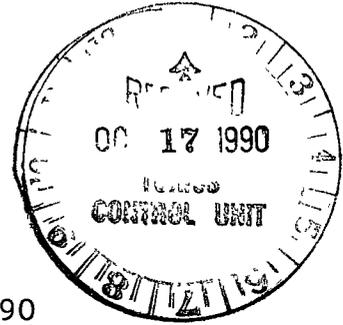
*Provide copy of analysis to Nicole Sakaby at above office within 15 days.*

INSPECTOR: *Nicole Sakaby*

RECEIVED BY: *Bill Huber*  
 SIGNATURE

Unocal Refining & Marketing Division  
Unocal Corporation  
2000 Crow Canyon Place, Suite 400  
San Ramon, California 94583  
Telephone (415) 277-2300

**UNOCAL** 76



October 17, 1990

Northern Division

Ms. Nicole Jakaby  
Santa Clara County Department of  
Environmental Health  
2220 Moorpark Avenue  
San Jose, California 95128

UNOCAL SERVICE STATION NO. 6115  
4350 El Camino Real  
Los Altos, California

NOTE

Dear Ms. Jakaby:

Unocal understands that the Santa Clara County Department of Environmental Health prefers excavation of contaminated soil over other remedial alternatives. However, considering the backfill requirements of the Santa Clara Valley Water District, we do not consider excavation to be an appropriate or cost-effective solution for the above-mentioned site. Consequently, Unocal intends to install the replacement tanks in the existing tank pit without further excavation. A conductor casing will be installed through the tank backfill to allow for the installation of soil vapor extraction wells, which will be utilized to remediate the soil after the tank replacement is completed.

Unocal understands that removal of the replacement tanks may be required in the future if our chosen remedial alternative proves ineffective.

As always, work plans for any future efforts will be submitted to the appropriate regulatory agencies before commencing remedial activities. If you have any questions, please feel free to call me @ (415) 277-2303.

Sincerely,

*Ronald E Bock*

Ronald E. Bock  
Environmental Engineer

cc: R. L. Folda - Unocal  
Dick Bradish - Kaprealian Engineering



Best Thanks  
Friday at  
Annual

OFFICE OF HAZARDOUS MATERIALS

FILE UPDATE

Name of facility: Unocal # 6115  
Address: 4350 El Camino Real, L.A.

Date: 10/17/90

Storage Facility   
Waste Generator   
Other

Tickle Date: \_\_\_\_\_

Specify

COMMENTS

Talked to R. Bock about his FAX of this date. I explained that our department does not do remediation. Our concern was with installation of new tanks in contaminated soil that might require future excavation. I told him that the RWQCB (Penny Silver) had told me that SCVWD requires excavation of soil with TPH > 1000 ppm. (their soil sample was ~~1800~~ 1900 ppm TPH & 1.7 ppm benzene). Also I was advised that is the soil was clay that vapor extraction just would not work. I did say that they could go ahead & install new tanks with the provision that they would be removed if excavation of soil was required.

Nicole



**KAPREALIAN ENGINEERING, INC.**  
Consulting Engineers

PO BOX 996 • BENICIA, CA 94510  
(707) 746-6915 • (707) 746-6916 • FAX (707) 746-5581

TRANSMITTAL PAGE

DATE: 10-4-90

SANTA CLARA County HEALTH DEPT.

TO: NICOLE JAKARJ

FROM: R.M. BRADISH

Number of Pages  
(including cover): 5

SUBJECT: Unseal # 6115 - So. Altos - 4350 El Camino Real

• Pls find attached laboratory analyses and Chain of custody documentation for fuel tank pit sample collected 10/2/90 @ above referenced site. Also attached is a Site Plan indicating sample point locations and location of proposed

If any problems occur in receiving, please call the number listed above.

12" diameter conductor casing



# SEQUOIA ANALYTICAL

1900 Bates Avenue • Suite LM • Concord, California 94520  
(415) 886-9600 • FAX (415) 886-9689

Kaprealian Engineering, Inc.	Client Project ID:	Unocal #6115, 4350 El Camino Real,	Sampled:	Oct 2, 1990
P.O. Box 996	Matrix Descript:	Soil	Received:	Oct 3, 1990
Benicia, CA 94510	Analysis Method:	EPA 5030/8015/8020	Analyzed:	Oct 3, 1990
Attention: Mardo Kaprealian, P.E.	First Sample #:	010-0094	Reported:	Oct 4, 1990

## TOTAL PETROLEUM FUEL HYDROCARBONS with BTEX DISTINCTION (EPA 8015/8020)

Sample Number	Sample Description	Low/Medium B.P. Hydrocarbons mg/kg (ppm)	Benzene mg/kg (ppm)	Toluene mg/kg (ppm)	Ethyl Benzene mg/kg (ppm)	Xylenes mg/kg (ppm)
010-0094	A1	N.D.	N.D.	0.010	N.D.	0.0084
010-0095	A2	N.D.	0.076	0.0056	N.D.	0.013
010-0096	B1	N.D.	N.D.	0.013	N.D.	N.D.
010-0097	B2	31	0.036	0.14	0.14	1.5
010-0098	B2 (20.5)	1,900	1.7	68	33	220

<b>Detection Limits:</b>	1.0	0.0050	0.0050	0.0050	0.0050
--------------------------	-----	--------	--------	--------	--------

Low to Medium Boiling Point Hydrocarbons are quantitated against a gasoline standard. Analytes reported as N.D. were not present above the stated limit of detection.

SEQUOIA ANALYTICAL

*Belinda C. Vega*  
Belinda C. Vega  
Laboratory Director



# SEQUOIA ANALYTICAL

1900 Bates Avenue • Suite LM • Concord, California 94520  
(415) 686-9600 • FAX (415) 686-9689

Kaprealian Engineering, Inc.

P.O. Box 996

Benicia, CA 94510

Attention: Mardo Kaprealian, P.E.

Client Project ID: Unocal #6115, 4350 El Camino Real,

Sample Descript: Soil Los Altos

Analysis Method: California LUFT Manual, 12/87

First Sample #: 010-0094

Sampled: Oct 2, 1990

Received: Oct 3, 1990

Extracted: Oct 3, 1990

Analyzed: Oct 3, 1990

Reported: Oct 4, 1990

## ORGANIC LEAD

Sample Number	Sample Description	Sample Results mg/kg (ppm)
010-0094	A1	N D
010-0095	A2	N.D.
010-0096	B1	N.D.
010-0097	B2	N.D.
010-0098	B2 (20.5)	N.D.

Detection Limits:

0.050

Analytes reported as N.D. were not present above the stated limit of detection

SEQUOIA ANALYTICAL

*Belinda C. Vega*  
Belinda C. Vega  
Laboratory Director



# KAPREALIAN ENGINEERING, INC.

## CHAIN OF CUSTODY

12/04/90 16:04 2707 74 381 SEUOJIA ANAI YITCAL. 68 389

KAPREALIAN INC.

68 389

005 P. 03

CLIENT <i>P.M. Bradish</i>		SITE NAME & ADDRESS <i>Unsed #6115 4350 El Camino Real Los Altos, Ca</i>							ANALYSES REQUESTED <i>TPH &amp; TCE</i>		TURN AROUND TIME: <i>24 HR</i>
ISSUING AGENCY <i>State of Calif SCC</i>											REMARKS  
SAMPLE ID NO.	DATE	TIME	SOIL	WATER	GRAB	COMP	CONT.	SAMPLING LOCATION			
A1	10-2-90		✓		✓		1	Fuel Tank Pit		✓	✓
A2	"		✓		✓		1	" "		✓	✓
B1	"		✓		✓		1	" "		✓	✓
B2	"		✓		✓		1	" "		✓	✓
B2(205)	"		✓		✓		1	" "		✓	✓

0100094  
095  
096  
097  
098

Relinquished by: (Signature) <i>P.M. Bradish</i>	Date/Time 10/3 9:48	Received by: (Signature) <i>Jim Winer</i>
Relinquished by: (Signature)	Date/Time	Received by: (Signature)
Relinquished by: (Signature)	Date/Time	Received by: (Signature)
Relinquished by: (Signature)	Date/Time	Received by: (Signature)

The following MUST BE completed by the laboratory accepting samples for analysis:

- Have all samples received for analysis been stored in ice?
- Will samples remain refrigerated until analyzed?
- Did any samples received for analysis have head space?
- Were samples in appropriate containers and properly packaged?

Signature: *[Signature]* Title: *SR.* Date: *10/3*

**ROBERT H. LEE & ASSOCIATES,**  
 900 Larkspur Landing Circle  
 Suite 125  
 LARKSPUR, CALIFORNIA 94939

LETTER OF TRANSMITTAL

(415) 461-8890  
 FAX (415) 461-8678

DATE	8/22/90	JOB NO	1481.00
ATTENTION	NICOLE JAKABY		
RE	UNOCAL SS 6115 4350 ELCAMINO REAL LOS ALTOS UNDERGROUND TANK REPLACEMENT.		

TO SANTA CLARA CO. HEALTH  
DEPT.

WE ARE SENDING YOU  Attached  Under separate cover via \_\_\_\_\_ the following items:

- Shop drawings     Prints     Plans     Samples     Specifications  
 Copy of letter     Change order     \_\_\_\_\_

COPIES	DATE	NO	DESCRIPTION
1			CHECK FOR \$500.00
1			CLOSURE PERMIT
1			SET A & B FORMS
1			COPY OF LETTER OF CONDITIONS FOR REM. & INST. OF U.G. TANKS.
<del>1</del>			<del>SET OF PLANS - INCLUDES PIPING LEAK MONITOR INFO.</del>
1			SET EQUIP. SPECS. - INCLUDES PIPE MONITOR

THESE ARE TRANSMITTED as checked below.

- For approval     Approved as submitted     Resubmit \_\_\_\_\_ copies for approval  
 For your use     Approved as noted     Submit \_\_\_\_\_ copies for distribution  
 As requested     Returned for corrections     Return \_\_\_\_\_ corrected prints  
 For review and comment     \_\_\_\_\_  
 FOR BIDS DUE \_\_\_\_\_ 19 \_\_\_\_\_  PRINTS RETURNED AFTER LOAN TO US

REMARKS \_\_\_\_\_

DEAR MS. JAKABY,  
 PLEASE FIND LEAK MONITORING INFO. ENCLOSED.  
 THE 'LEAK ALERT' LALS-1A PROBE WILL BE USE  
 IN THE PIPING MONITORING LIQUID SENSING  
 PORT (NOTE # 14 ON SITE PLAN). THERE WILL BE NO  
 EXPOSED METAL.

THANK-YOU  
 JOHN GREGORINI

COPY TO \_\_\_\_\_

SIGNED: \_\_\_\_\_



# County of Santa Clara

Health Department

2220 Moorpark Avenue  
San Jose, California 95128

RECEIVED

OCT 2 11 1989

ROBERT H LEE & ASSOC



September 29, 1989

Tracy W. Lum  
Robert H. Lee & Associates  
900 Larkspur Landing #125  
Larkspur, CA 94939

**RE: Unocal #6115  
4350 El Camino Real, Los Altos, CA**

The plans for the proposed tank system closure and replacement have been reviewed and approved subject to the following conditions and requirements:

#### Closure

1. Submit a closure permit application and fees at least 30 days before the demolition is scheduled to occur (enclosures).
2. Closure and soil sampling shall be witnessed by a representative from this office. The samples shall be collected from a) the tank excavation, b) at piping turns and every 20 ft. along the piping run, c) from the stockpiled soil, d) other locations as required at the discretion of the TCU representative.
3. The tanks shall be removed from the site immediately after excavation and transported as hazardous waste under manifest to an approved disposal site.

#### New Installation

4. The pipeline leak monitoring proposal does not satisfy California Underground Storage Tank Requirements for single walled piping in lined trenches. Submit a revised proposal which includes automatic fuel shut off upon detection of a pipeline leak.
5. Cathodically protect all exposed metal subject to corrosion. Submit a proposal which references protection for metal risers and piping fittings.

**NOTE: SUBMITTALS REQUIRED IN ITEMS #4 & 5 MUST BE REVISED AND APPROVED BY THIS OFFICE PRIOR TO STARTING CONSTRUCTION.**

6. The following construction inspections are **required** and shall be scheduled with at least **48 hours notice**.

- a) Double wall tank holiday test
- b) Double wall tank air pressure test after setting in excavation. Gauges shall be 0-10 or 0-15 psi with pressure relief valves set for 5 psi.
- c) Primary piping air pressure test
- d) Trench liner flood test
- e) Precision tank system test
- f) A leak monitoring system demonstration shall be required during the final construction inspection before tank systems are placed into service.

If you have any questions about the content of this letter or require further assistance, please contact Nicole Jakaby at (408) 299-6930,

Sincerely,

*Charles Nicholson* <sup>do</sup>

Charles Nicholson, R.E.H.S.  
Hazardous Materials Specialist

CN:do

Enclosures



# ROBERT H. LEE & ASSOCIATES, INC.

ARCHITECTURE

PLANNING

ENGINEERING

900 LARKSPUR LANDING CIRCLE, #125, LARKSPUR, CA 94939 · (415) 461-8890

May 16, 1990

Nicole Jakaby  
Santa Clara County  
Health Department  
2200 Moorpark Avenue  
San Jose, CA 95128



Dear Ms. Jakaby:

Enclosed please find two (2) HMMPs for the following UNOCAL Stations in Los Altos:

<u>Station No.</u>	<u>Street Address</u>
6115	4350 El Camino Real
4918	895 San Antonio Blvd

For our records, please sign the Acknowledgement of Receipt below and return it to Robert H. Lee & Associates. Send a copy of the signed letter and any future H.M.M.P information to UNOCAL, Attention Rick Sisk, 2000 Crow Canyon Place, San Ramon, CA 94583.

If there are any

contact me.

Very Truly Yours,  
ROBERT H. LEE & A

George K. Hynek  
Project Manager

*Nicole -  
I mailed the  
2 sheets as  
you indicated, &  
made a copy  
just in case  
you need the  
address.  
R.*

Enclosures

cc: Rick Sisk, UN  
file

Signature

Title

Date

*Haz. Mat'l's Specialist  
6/14/90*



**ROBERT H. LEE & ASSOCIATES, INC.**

**ARCHITECTURE**

**PLANNING**

**ENGINEERING**

800 LARKSPUR LANDING CIRCLE, #125, LARKSPUR, CA 94939 · (415) 461-8890

April 27, 1990

Greg Galatolo  
Unocal SS #6115  
4350 El Camino Real  
Los Altos, CA 94022

RECEIVED  
MAY 1 1990  
ROBERT H. LEE & ASSOCIATES

REFERENCE: **HAZARDOUS MATERIALS MANAGEMENT PLAN**  
**UNOCAL STATION # 6115**  
**JOB NUMBER 1118**

Dear Mr. Galatolo:

Attached is the H.M.M.P. for your station located at 4350 El Camino Real. This is intended to replace the current H.M.M.P. and should be kept up-to-date on the premises. Please sign the Acknowledgement of Receipt at the bottom of this page.

Copies of the H.M.M.P. will be sent to the Santa Clara County Environmental Health and to Mr. Rick Sisk of UNOCAL.

Very truly yours,  
**ROBERT H. LEE & ASSOCIATES**

*George Hynek*  
George Hynek  
Project Manager

Enclosure

cc: Mr. Rick Sisk, UNOCAL  
Ms. Mary Rae Lehman, UNOCAL  
file

**ACKNOWLEDGEMENT OF RECEIPT**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

*[Handwritten Signature]*

*OWNER*

*5-10-90*

SANTA CLARA COUNTY HEALTH DEPARTMENT  
OFFICE OF HAZARDOUS MATERIALS  
2220 MOORPARK AVENUE  
SAN JOSE, CA 95128

HAZARDOUS MATERIALS MANAGEMENT PLAN (HMMP)

If a plan has previously been submitted to any other public agency which includes substantially the same information required for any part(s) of the HMMP, that plan may be submitted in place of the corresponding part(s).

Part I: Facility Description

Address: 4350 EL CAMINO REAL

Business Name: UNOCAL SS # 6115

Nature of Business: AUTOMOBILE REFUELING STATION

Responsible Official: GREG GALATOLO

Title: DEALER Phone: 415-991-0299

Owner: UNION OIL OF CALIFORNIA

Address: 2175 N. CALIFORNIA BLVD, CONCORD CA

Applicant: GREG GALATOLO

Number of Employees: 10 Shifts per Day: 2

Hours of Operation: 6AM - 10PM

Permits Relating to Hazardous Materials Storage from Other Agencies:

BAY AREA AIR QUALITY MANAGEMENT DISTRICT

Flood Zone: "A"

Water Table: 130 FT ±

Earthquake Faults: \_\_\_\_\_

Surrounding General Land Uses Within One Mile (Zoning):

EAST - SHOPPING MALL / COMMERCIAL-RESIDENTIAL

Special Land Uses Within One Mile (Schools, Hospitals, Institutions, Residential:)

EAST - SHOPPING MALL

Emergency Response Persons (Weekend, holiday, evening):

1. Name: CERIE COLATOLO

Title: DEALER

Phone: 408-968-2140

2. Name: SCOTT KENT

Title: MANAGER

Phone: 408-739-6989

Part 2: Facility Map

On a separate sheet (8½" x 11"), draw a map to legible scale showing the location of all buildings and structures, chemical loading areas, parking lots, internal roads, and storm and sewer drains. Indicate specific uses of adjacent properties.

Include in the map, locations of and access to all hazardous materials storage facilities whether interior, exterior, and underground. Indicate the contents and quantity range of each as well as the location of any emergency equipment.

It is recommended that separate maps be drawn for each building within your facility. A facility storage map key may be used to simplify the drawing. A sample map with key is enclosed.

PLEASE SEE ATTACHED SITE PLAN

Part 3: Separation of Materials

Describe methods to be utilized to ensure separation and protection of stored hazardous materials from factors which may cause a fire or explosion, or the production of a flammable, toxic, or poisonous gas, or the deterioration of the primary or secondary containment.

PLEASE SEE ATTACHED VLOCAL FORM

Part 4: Monitoring Program

Describe monitoring methods including location, type, and manufacturer specifications, to be used in each hazardous materials storage facility.

Specify the frequency of inspections of storage facilities to be conducted by the permittee. Include a blank inspection check sheet or log to be used during routine inspections. The sheet shall provide for the recording of the date and time of inspection, the date and time of any corrective action taken, the name of the inspector, and the counter signature of a responsible official designated in the HMMP. Sample logs are enclosed.

PLEASE SEE ATTACHED VLOCAL FORM







# UNOCAL SERVICE STATION MONITORING PLAN

DEALER: Greg Galatolo  
UNOCAL SERVICE STATION # 6115  
ADDRESS: 4350 El Camino Real  
CITY: Los Altos, CA 94022  
PHONE: 415-941-0244 AFTER HOURS: 408-968-2140

UNOCAL REPRESENTATIVE: Matt Fisher  
PHONE: 408-292-7600  
UNOCAL EMERGENCY PHONE: (415) 561-9322 (24 HOURS)

LOCAL AGENCY: Santa Clara County  
Office of Hazardous Materials  
ADDRESS: 2220 Moorpark Avenue  
San Jose, CA 95128  
PHONE: 408-299-6930  
CALIFORNIA OFFICE OF EMERGENCY SERVICES  
PHONE: (800) 852-7550 (24 HOURS)

## UNDERGROUND TANKS

87 OCTANE: 12,000 GAL. DOUBLE WALL  
89 OCTANE: \_\_\_\_\_ GAL. BLENDING VALVE  
92 OCTANE: 12,000 GAL. DOUBLE WALL  
DIESEL: \_\_\_\_\_ GAL.  
WASTE OIL: 520 GAL. DOUBLE WALL  
PIPING CONTAINMENT: DOUBLE WALL  
MONITORING METHODS: LIQUID SENSING LEAK ALERT

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NOT ALL INFORMATION IN THIS BOOKLET WILL BE APPLICABLE. REFER TO THE COVER SHEET TO CONFIRM WHAT EQUIPMENT IS ON SITE.

# EMERGENCY RESPONSE PROCEDURE

In the event of a fire, spill, or a leak or suspected leak in the tanks and/or piping, the following steps are to be taken as applicable:

1. TURN OFF PUMPS using the Emergency Pump Shut-Off Switch.
  2. If there is any immediate danger, ANNOUNCE to all persons on the site: "There is an emergency. Please turn off your engines and leave the station on foot immediately."
  3. CALL FOR HELP in case of an emergency by dialing 9-1-1 and giving the following information:  
  
"THERE IS A FIRE / DANGEROUS GASOLINE SPILL at the UNOCAL Station at (give address)." If anyone is trapped or needs medical attention, tell the answering dispatcher. Stay on the phone and be prepared to answer any questions concerning the situation.
  4. LOOK AROUND to assure that all others have left the station if necessary, particularly those in vehicles who may need assistance or may not have heard the emergency announcement. Assist, or direct assistance to, anyone having difficulty leaving the station area, and anyone who may be injured.
  5. ATTEMPT TO EXTINGUISH any fire if you can do so safely. Have the fire extinguisher ready to use in the event of any dangerous spill. Try to contain any large spill, or use absorbent on smaller spills.
  6. REPORT to arriving emergency response personnel to provide them with any information or assistance they might need.
  7. CONTACT the station dealer if s/he is not already at the station. Use the list below for emergency contacts:
    1. Name/Bus./Home: Greg Galatolo 415-941-0244 / 408-968-2140
    2. Name/Bus./Home: Scott Kent 415-941-0244 / 408-739-6989
  8. NOTIFY your UNOCAL Retail Representative by phone WITHIN 24 HOURS (also use the UNOCAL Emergency Phone, after hours):
    1. UNOCAL REPRESENTATIVE/PHONE NUMBER: M. Fisher 408-292-7600
    2. UNOCAL EMERGENCY PHONE: (415) 561-9322 (24 HOURS)You must mail a completed Unauthorized Release Report to the Rep within 24 hours.
- UNOCAL will notify the appropriate State and Local agencies unless the situation requires urgent immediate response by the agencies, in which case the DEALER should notify these agencies:
1. LOCAL AGENCY: Santa Clara County Office of Hazardous Materials  
PHONE NUMBER: 408-299-6930
  2. CALIFORNIA OFFICE OF EMERGENCY SERVICES: (800) 852-7550 (24 HOURS)
9. Dealer should attempt to isolate leak location by inspection.
  10. UNOCAL Retail Representative will coordinate with UNOCAL Maintenance and Construction whatever corrective actions need to be taken beyond the Dealer's capabilities. UNOCAL Maintenance and Construction will file whatever reports need to be filed with local and state agencies, and send a copy to the station for the Dealer's files.

A COPY OF PAGE MUST BE FILLED OUT AND POSTED CONSPICUOUSLY ON SITE.

## HOW TO USE THIS BOOKLET

The cover sheet of this booklet contains useful information about the underground facilities at your station. Depending on the information given, you must use different forms in this booklet:

1. If your station has any single wall product tanks, use Form C.
2. If your station has any double wall product tanks, use Form B.
3. If your station has a single wall waste oil tank, use Form D.
4. If your station has a double wall waste oil tank, use Form B.
5. If your station has any double wall piping, use Form B.
6. If your station has a piping trench liner, use Form B.
7. If your station has an electronic monitoring system for any double wall piping or trench liner, you need not use Form B for any double wall tanks or piping.
8. If your station has vadose or groundwater monitoring wells, you still need to use Forms C and/or D as applicable.
9. If your station has other hazardous materials (see Daily Visual Monitoring, below), you are responsible also for that portion of Form B.

Also, all stations must complete Form A and send it in every 3 months to the local agency shown on the cover sheet.

In case of a leak or spill, you must complete Form E to attach to Form A, and you must send a copy of Form F to your UNOCAL Representative within 24 hours. You must also notify your representative by phone (and/or call the UNOCAL Emergency Phone after hours).

Your must post a copy of Page 3 at a conspicuous location in your cashiers area.

Your must keep a copy of Form H to document the training received by your employees.

KEEP COPIES OF ALL FORMS YOU MAIL OUT!

### DAILY VISUAL MONITORING

Hazardous Materials stored underground include:

- Gasoline
- Diesel Fuel
- Waste Oil

These products are monitored for leaks in the underground tanks and piping.

Hazardous Materials stored aboveground include:

- Propane
- Waste Oil (prior to dumping in underground tanks)
- Motor Oil
- Transmission Oil
- Gear Lubricant (80W/90)
- Grease
- Solvent (including parts cleaners)
- Battery Acid
- Antifreeze

If your station stores any of these materials, the storage areas must be visually inspected every day for signs of leakage.

If there is a leak or spill of any of the hazardous materials, whether stored above or underground, you must follow the Emergency Response Procedures outlined on Page 3, as applicable.

# MONITORING FOR SINGLE-WALL TANKS

## INSPECTIONS TO BE CONDUCTED BY DEALER

1. Daily reconciliation shall be made of the inventory control records.
2. Daily visual inspection for leaks shall be made in the areas of:
  - Submerged pump
  - Tank fill (also inspected after each delivery)
3. Dealer MUST be aware that a reduction in product flow to 3 gallons per minute (gpm) indicates a potential piping leak.

## PRODUCT TANK GAUGING PROCEDURE

1. Use a gauge stick (dipstick) to measure the level of gasoline in each tank. Lower the stick slowly until it hits the bottom of the tank. The use of fuel-finding paste is recommended.
2. Slowly pull the stick back out, and observe the point where the stick begins to be discolored by the liquid.
3. Write this number down, and repeat the same procedure. If the two numbers are not close, repeat the procedure until the numbers agree.
4. Enter the final number in your dealer books.

If it is raining, water can spoil the readings, and should not be allowed to enter the tank. If it does not stop raining, care must be taken to ensure the stick readings are accurate.

## RECORD KEEPING FOR SINGLE-WALL TANKS

1. Use your dealer books to keep track of your daily dipstick reading.
2. Record daily all dispenser meter readings in your dealer books.
3. Record all deliveries in your dealer books.
4. The dipstick, dispenser meter, and delivery recordings are to be used daily in filling out the "Inventory Reconciliation Sheet" (attached).

## WASTE OIL TANK GAUGING PROCEDURE

1. To monitor the inventory level in the waste oil tank, be prepared to have the tank locked for at least 12 hours or longer if required by your local agency. This shall be done weekly. NO INPUTS OR WITHDRAWALS SHALL OCCUR DURING THESE PERIODS.
2. Stick gauge the tank immediately before closing access to the waste oil tank, and immediately after reopening the tank, and enter those numbers in columns C and D of the "Waste Oil Tank Gauging Sheet" (attached) in both inches and gallons.
3. The difference between those two columns is the actual variation (column E).
4. For allowable variation (column F), use 2.8 gallons if you have a 280 gallon capacity, or 5.0 gallons if you have a 520 or 550 gallon tank.

## WHAT TO DO IF YOU EXCEED THE ALLOWABLE VARIATION

If you EVER exceed the allowable variation (Inventory Reconciliation Sheet, column 13, or Waste Oil Tank Gauging Sheet, column G), follow the RESPONSE PROCEDURE shown on Page 3. Notify your UNOCAL representative within 24 hours of discovery of a suspected leak. UNOCAL will be responsible for coordinating one or more of the following:

- Performing a metered vs. measured inventory reconciliation.
- Contacting the appropriate State and Local agencies.
- Visually inspecting for leaks.
- Calibrating the dispenser meters.
- Hiring a tank tester to determine if there is a leak.
- Having the tank(s) and/or piping repaired or replaced if necessary.

The "Unauthorized Release Report" must be sent to UNOCAL within 24 hours. The "Release Evaluation Checklist" must be attached to the "Inventory Reconciliation Sheet", or the "Waste Oil Tank Gauging Sheet" where the allowable variation was exceeded.

# MONITORING FOR DOUBLE-WALL TANKS

## INSPECTIONS TO BE CONDUCTED BY DEALER

1. Daily reconciliation shall be made of the Inventory Control Records.
2. Daily visual inspection for leaks shall be made in the areas of:
  - Submerged pump
  - Tank fill (also inspected after each delivery)
3. Dealer MUST be aware that a reduction in product flow to 3 gallons per minute (gpm) indicates a potential leak.

## SECONDARY CONTAINMENT MONITORING PROCEDURE

Tank or Piping Secondary Containment (annular space or Piping Trench Liner) shall be monitored daily by the dealer, unless a less frequent period is allowed. This is done to determine if product is leaking from the primary container or if water is entering from an outside source. This procedure is not necessary if an electronic monitoring system is installed to monitor these items. Contact your UNOCAL representative for monitoring port locations.

1. Use a gauge stick (dipstick) to detect any liquid in the tank annular space, double wall piping monitoring ports, or piping trench liner monitoring wells. Lower the stick slowly until it hits the bottom of the tank annular space.
2. Slowly pull the stick back out and observe whether the stick has been discolored by liquid. If product and/or water is detected, immediately contact your representative.
3. Write this number down, and repeat the same procedure. If the two numbers are not close, repeat the procedure until the numbers agree.
4. Enter the final number in the "Secondary Containment Recording Sheet (attached).

NOTE: Piping trench monitoring wells consist of slotted PVC pipe which allows liquid intrusion and a manhole for access. Wells are located at the lowest point of the fiberglass trench liner.

## RECORD KEEPING FOR DOUBLE-WALL TANKS & PIPING

1. Keep track daily of the liquid level on the "Secondary Containment Recording Sheet".
2. If ANY fuel and/or water is discovered in the trench liner, call your representative IMMEDIATELY, and explain the situation.
3. If the representative has been notified, but after 8 hours it has not been possible to remove all the liquid from the secondary containment, dealer must contact the local agency shown on the cover sheet.

## ELECTRONIC MONITORING SYSTEMS

If this station is equipped with an electronic monitoring system for underground tanks and piping, in the event of a leak in the primary containment, product will be contained in the annular space. The sensors for the electronic monitoring system are located at the low end of each tank, and at the low end of the piping where the product will drain back into the tank. There may be sensors at additional locations. Sensors will signal the presence of a leak.

If a leak is discovered, the "Unauthorized Release Report" must be sent to UNOCAL within 24 hours. The "Release Evaluation Checklist" must be attached to the "Quarterly Report".

# OVERFILL/SPILL PROTECTION & CLEANUP

## 1. DELIVERIES/GAUGING

Dealer is responsible to ensure that the delivery he or she requests is not in excess of the tank capacity, taking into consideration the amount currently in tank. Driver is to gauge tank to assure capacity is available for the entire load and must remain in attendance during the entire delivery to monitor the operation.

## 2. BALL VENT LINE FLOAT SYSTEM

(Only for double-wall tanks installed after July 1986.)

The ball float valve system installed with the tank substantially prevents the possibility of overfill occurring. If the tank is filled to the ball float level, the petroleum product delivery will be cut to 3 gallons per minute alerting the driver of a potential overfill condition. In the event that this occurs, the following actions will be taken:

1. The delivery truck driver shall turn off the petroleum product supply at the truck, leaving the hose fully connected to the tank fill pipe line and the truck.
2. The small amount of petroleum product remaining in the hose shall be slowly drained into the tank. Since the ball float valve is 2 to 3 inches below the top of the tank, there remains a 100 + gallon capacity within the tank at the moment when the ball float closes off delivery. The bleed hole in the ball float valve allows the remaining petroleum product in the hose to completely drain through the fill pipe into the tank.
3. The hose shall be disconnected from the fill pipe only when it has fully drained. In the event that spillage occurs upon hose disconnection, the remaining small amount of petroleum product will be properly contained.

## 3. WASTE OIL TANK

1. Station is equipped with waste oil buckets which hold a maximum capacity of 3 gallons (about 3 to 4 cars' worth of waste oil).
2. Prior to dumping any waste oil, dealer is to gauge the tank to assure that holding capacity is greater than that which will be put into the tank.
3. Waste oil is poured directly through fill/pump out pipe, using a funnel. Should any waste oil spill during this operation, it will be properly contained using absorbent material.

#### 4. CLEAN-UP/RECOVERY

1. Small spills (less than 1 gallon and 0.5 inches deep requiring 15 minutes to clean up) shall be cleaned up using absorbent materials.
2. Larger spills occurring during product delivery shall be reported to the terminal by the dealer and/or by delivery truck driver. The terminal supervisor will notify a local petroleum maintenance contractor who is equipped with a N.F.P.A. approved type hand pump, vacuum and transport container. Large spills not caused by delivery shall be reported immediately to your rep.
3. Spills shall be cleaned up within 8 hours of detection, returned to local terminal and/or disposed of in a lawful manner.
4. Dealer shall record all spills whether or not it is due to delivery overflow or accidental spillage, which exceeds approximately one gallon, and action taken on the "Unauthorized Release Report" (attached), and send it to UNOCAL within 24 hours.
5. Large spills (more than 1 gallon) must be reported to the local agency indicated on the cover sheet within 24 hours. If the spill is large enough to pose a significant hazard, it must also be reported to the California Office of Emergency Services at 800-852-7550.

IN CASE OF EMERGENCY CALL 9-1-1

### INSPECTIONS TO BE COORDINATED BY UNOCAL

#### YEARLY INSPECTIONS AND TESTING

Yearly testing shall be made of the following:

1. Pressurized piping systems shall be monitored using in-line leak detectors. Leak detectors shall be tested annually for proper operation. Dealer MUST be aware that a reduction in product flow to 3 gallons per minute (gpm) indicates a potential piping leak.
2. Tanks and piping shall be tested annually for tightness, using a State-Certified test system. (For non-secondarily contained tanks and piping only.)
3. Electronic monitoring systems shall be tested annually for proper operation. (For secondarily contained tanks and piping only.)
4. Dispenser core holes, shear valves, and blending valves shall be annually inspected by UNOCAL for signs of leakage.
5. Dispenser meters (recording total sales in gallons) shall be calibrated once annually by UNOCAL. Any additional calibration will be the responsibility of the dealer. Use the "Dispenser Meter Calibration Form".

#### VADOSE/GROUNDWATER MONITORING WELLS

This section is not applicable unless "Monitoring Methods" line on cover sheet shows "Vadose Wells" or "Groundwater Wells".)

The monitoring of vadose wells and groundwater monitoring wells is contracted out to Applied Geo Systems. Monitoring is performed monthly for vapor analysis of the vadose wells and subjective analysis for traces of product in the groundwater monitoring wells. Monitoring is performed quarterly for laboratory analysis of groundwater samples. Monitoring records are maintained on-site in the dealer's office, and are available for inspection.

# EMPLOYEE TRAINING PLAN

Employees must be given this training before starting work, and refresher courses must be provided annually. Records must be kept to show when each station employee has been given his/her safety training. Use the following outline:

## I. FIRST THINGS TO KNOW

- A. Emergency Pump Shut-off: This turns off the turbine pumps that provide flow to the dispensers from the underground tanks. In case of a leak, shutting off the pumps will help to prevent spills.

LOCATION: South exterior corner of structure

- B. ELECTRICAL PANEL: The panel allows you to selectively cut off power to lights, signs, pumps, etc. The main switch kills all power at the site.

LOCATION: West corner of structure

- C. WATER SHUT-OFF: The water shut-off may be necessary in some cases.

LOCATION: In sidewalk of Los Altos Avenue

- D. FIRST AID KIT:

LOCATION: North wall of storage room

- E. FIRE EXTINGUISHERS: Use only on small fires that you can handle. Do not attempt to extinguish large fires on your own; call 9-1-1 for help.

LOCATION: 2 -north wall of service bay

- F. ABSORBENT: In the form of crystals or cloth, absorbent can soak up small spills of gasoline, diesel fuel, or other petroleum products. Absorbent should be used rather than washing spills down a drain. In case of large spills, merely try to contain it; a vacuum truck should be used to clean up any large spills.

LOCATION: In service bay

- G. NEAREST MEDICAL FACILITY: Employees should know what facilities are available in case customers or other employees need medical attention.

1. NAME: Veterans Memorial Hospital  
ADDRESS: 3801 Miranda Avenue, Palo Alto  
PHONE NUMBER: 408-493-5000

2. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

II. All employees should review the Service Station Monitoring Plan, of which this training plan is a part. Specifically, each employee should understand the procedures to be used in responding to various kinds of emergencies, and know how to monitor for leaks of hazardous materials. As a supplement to this package, employees should also review the Emergency Response Plan filed by your business to the appropriate local agency. Thirdly, employees should review and have access to the Materials Safety Data Sheets you have on file for each of the hazardous materials stored at the station.

III. FIRST AID PROCEDURES (For exposure to gasoline or diesel fuel):

A. EYE CONTACT: For direct contact, flush the affected eye(s) with clean water. If irritation or redness develops, seek medical attention.

B. SKIN CONTACT: Wipe product from skin and remove soaked clothing. Cleanse affected area(s) thoroughly by washing with soap and water. If irritation develops and persists, seek medical attention. Do not use solvents or thinners to remove product from skin.

C. INHALATION (Breathing): If symptoms of exposure develop, move victim away from source of exposure and into fresh air. If symptoms persist, seek medical attention. Symptoms include: flushing, blurred vision, dizziness, nausea, headache, drowsiness, loss of coordination, and fatigue. If victim is not breathing or if breathing difficulties develop, artificial respiration or oxygen should be administered by qualified personnel. Seek immediate medical attention.

D. INGESTION (Swallowing):

DO NOT INDUCE VOMITING BECAUSE GASOLINE CAN ENTER LUNGS AND CAUSE SEVERE LUNG DAMAGE!

If victim is conscious and alert, give 2 to 3 cups of milk or water to drink. Seek medical attention.

E. For further information, consult the Materials Safety Data Sheets for these products and for other hazardous materials.

FIRST AID FOR EXPOSURE TO OTHER MATERIALS: Consult the warning advice on container labels or refer to the MSDS for that product.



# QUARTERLY REPORT

# A

S/S #: \_\_\_\_\_ BUSINESS NAME: \_\_\_\_\_  
 Address: \_\_\_\_\_

Fill out this form quarterly and send in with all other forms, as applicable.  
**KEEP COPIES OF ALL FORMS YOU MAIL OUT.**

Quarter #	Tank #	Capacity (gal)	Product
Start Date:			
End Date:			
Year:			

CHECK ONE BOX BELOW AS APPLICABLE:

I hereby certify under the penalty of perjury that all product level variations for this facility were within allowable limits for this quarter. ("NO" in column 12, Inventory Reconciliation Sheet; "NO" in column 7, Tank Gauging Sheet; "OK" in all applicable columns of the Daily Visual Monitoring Log).

Inventory variation at this facility exceeded the allowable limits for this quarter. I hereby certify under penalty of perjury that the source for the variation(s) was not due to an unauthorized (leak) release. ("YES" to any of the above).

There was an unauthorized (leak) release at this facility during this quarter. I hereby certify under penalty of perjury that all necessary corrective actions have been or are being taken.

DEALER'S SIGNATURE/DATE: \_\_\_\_\_

LIST DATE, TANK # AND AMOUNT FOR ALL VARIATIONS THAT EXCEEDED THE ALLOWABLE LIMITS:

DATE	TANK #	AMOUNT

THIS QUARTERLY REPORT SHALL BE SUBMITTED TO THE REGULATING LOCAL AGENCY WITHIN 15 DAYS OF THE END OF EACH QUARTER:

QUARTER 1	JANUARY-MARCH	Submit by April 15
QUARTER 2	APRIL-JUNE	Submit by July 15
QUARTER 3	JULY-SEPTEMBER	Submit by October 15
QUARTER 4	OCTOBER-DECEMBER	Submit by January 15





# INVENTORY RECONCILIATION

S/S #:

Business Name:

Quarter: \_\_\_\_\_  
Year: \_\_\_\_\_

Tank #: \_\_\_\_\_  
Capacity/Contents: \_\_\_\_\_

Date	1	2	3	4	5	6	7	8	9	10	11	12	13
	Opening Inventory	Deliveries	Metered Sales	Total	Closing Inventory	Metered Sales	Accumulated Metered Sales	x 0015 =	Throughput Error	** Measurement Error	Allowable Variation	Actual Variation	Exceed Allowable Variation
	From Yesterdays Column 4			Column 1+2-3	"Dipstick" Reading	From Column 3	Accumulate Column 6	x 0015 =			Column 9 & 10	Column 4&5 Subtract Smaller # from Larger	*** Is Column 12 greater than 11?
	gallons	gallons	gallons	gallons	Inches gallons	gallons	gallons	x .0015 =	gallons	gallons	gallons	+/- gallons	yes/no
1												+/-	***
2												+/-	
3												+/-	
4												+/-	
5												+/-	
6												+/-	
7												+/-	
8												+/-	
9												+/-	
10												+/-	
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21												+/-	
22												+/-	
23												+/-	
24												+/-	
25												+/-	
26												+/-	
27												+/-	
28												+/-	
29												+/-	
30												+/-	
31												+/-	

\*Opening dipstick reading

\*\*Measurement error is based on tank size

TANK SIZE	MEASUREMENT ERROR
less than 4,000 gal.	25 gal
4,000 to 7,500 gal	50 gal
8,000 or 10,000 gal	75 gal
12,000 gal	100 gal

\*\*\* If Column 4 is less than 5 (+)  
If column 5 is less than 4 (-)

\*\*\* If you answered yes in Column 13 refer to Release (leak Evaluation Action Chart

Fill out this form daily and send it with the Quarterly Report.





# RELEASE EVALUATION CHECKLIST

**E**

S/S #: \_\_\_\_\_ Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Fill out this form whenever the allowable variation is exceeded and send in with the Quarterly Report

Tank #: \_\_\_\_\_ Capacity: \_\_\_\_\_  
Product: \_\_\_\_\_  
Date & Time Allowable Variation was Exceeded: \_\_\_\_\_

CHECK OFF EACH STEP AS IT IS COMPLETED.

STEP 1  RECORDS REVIEWED Date/Time: \_\_\_\_\_ Should be done  
Performed by: \_\_\_\_\_ within 2 hours.

STEP 2  NEW RECONCILIATION PERFORMED Date/Time: \_\_\_\_\_ Should be done  
Performed by: \_\_\_\_\_ within 24 hours.

STEP 3  CALL UNOCAL, REP. AND SEND UNAUTHORIZED RELEASE REPORT TO REP. Date/Time: \_\_\_\_\_ Should be done  
Performed by: \_\_\_\_\_ within 24 hours.

STEP 4  RECORDS REVIEWED FROM LAST STATIC STATION (BY DEALER OR REP.) Date/Time: \_\_\_\_\_ Should be done  
Performed by: \_\_\_\_\_ within 24 hours.

STEP 5  PHYSICALLY INSPECT FACILITY FOR EVIDENCE OF LEAKS Date/Time: \_\_\_\_\_ Should be done  
Performed by: \_\_\_\_\_ within 2 days.

STEP 6  DISPENSER METER CALIBRATION CHECKED (COMPLETE TEST REPORT) Date/Time: \_\_\_\_\_ Should be done  
Performed by: \_\_\_\_\_ within 3 days.

STEP 7  HYDROSTATIC PRESSURE TEST PERFORMED ON PIPING Date/Time: \_\_\_\_\_ Should be done  
Performed by: \_\_\_\_\_ within 4 days.

STEP 8  PRECISION TANK TEST PERFORMED Date/Time: \_\_\_\_\_ Should be done  
Performed by: \_\_\_\_\_ within 5 days.

STEP 9  ADDITIONAL INVESTIGATION PERFORMED AS REQUIRED Date/Time: \_\_\_\_\_ Should be done  
Performed by: \_\_\_\_\_ within 5 days.

Briefly describe the reason the allowable variation was exceeded: \_\_\_\_\_  
\_\_\_\_\_

I hereby certify this is to be a true and accurate report.

Dealer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# UNAUTHORIZED RELEASE REPORT

# F

S/S #: \_\_\_\_\_ Business Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

Complete this form  
 in the event of a  
 confirmed leak or  
 spill and send to  
 your Unocal rep.  
 within 24 hours

Tank #: \_\_\_\_\_ Capacity: \_\_\_\_\_  
 Product: \_\_\_\_\_

## TO BE COMPLETED BY THE DEALER

Date leak was discovered: \_\_\_\_\_  
 Approximate date leak began: \_\_\_\_\_  
 Describe fully the cause of the leak: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 How was the leak discovered? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## TO BE COMPLETED BY THE UNOCAL RETAIL REPRESENTATIVE

Has the leak been stopped? \_\_\_\_\_ Date: \_\_\_\_\_  
 How was the leak stopped? \_\_\_\_\_  
 \_\_\_\_\_

<u>List resources affected:</u>	<u>Yes</u>	<u>No</u>	<u>Threatened</u>	<u># of wells</u>
Soil	_____	_____	_____	
Creek or Storm drains	_____	_____	_____	
Buildings or Utility Vaults	_____	_____	_____	
Groundwater	_____	_____	_____	
Public Drinking Water	_____	_____	_____	_____
Private Drinking Water	_____	_____	_____	_____
Agricultural	_____	_____	_____	_____
Other	_____	_____	_____	_____

### Instructions to Unocal Retail Representatives:

This form must be forwarded to Unocal Maintenance & Construction Department **IMMEDIATELY** so they can submit to the appropriate local agency within 5 days of discovery of any leak.



# EQUIPMENT TEST LOG

**G**

S/S #: \_\_\_\_\_ Business Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contractor:  
 Name of person completing test(s): \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Dealer's Signature: \_\_\_\_\_

Fill out this form for each annual inspection and keep on file

Check off each test when performed:

1.  Shear Valve Inspections - Date: \_\_\_\_\_

2.  Blending Valve Inspections - Date: \_\_\_\_\_

3.  Leak Detector

Product	Model Leak Detector	Full Line Pressure (PSI)		Simulated Line Leak Test		Inspection Date
		Open Max. 12	Close Min. 26	Pass	Fail	
Super Unleaded						
Unleaded						
Diesel						
Other						

4.  Dispenser Meter Calibration Procedure:

- Before starting calibration runs, wet the calibration can with product and return product to storage.
- Run 5 gallons with nozzle wide open into the can. Note gallons and cubic inches drawn, and return product to storage.
- Run 5 gallons with nozzle one-half open into the can. Note gallons and cubic inches drawn, and return product to storage.
- If the volume measured in a 5-gallon calibration can is more than 6 cubic inches above or below the 5-gallon mark, the meter requires calibration by a registered device repairman.

Date/time	Nozzle #	Product	Fast Flow 5-Gal. Draft		Slow Flow 5-Gal. Draft		Vol. Returned to storage Gallons	Calibration Required? YES*/NO
			Gal.	Cu.In.	Gal.	Cu.In.		

\*Note date of Calibration & Device(s) used: \_\_\_\_\_



## Office Directory

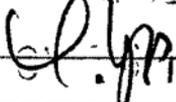
UNOCAL 76

TO	LOCATION
NICOLE GIEN	

- SEE ME/  
CALL ME
- FOR YOUR  
APPROVAL
- PLEASE  
ADVISE
- PLEASE  
HANDLE
- NOTE &  
RETURN
- FOR YOUR  
INFORMATION
- FOR YOUR  
FILE

MESSAGE ATTACHED IS A  
COPY OF 1988 TANK  
TEST RESULTS FOR  
UNOCAL STATION # L-6115.  
ALSO THE STATION IS  
SCHEDULE FOR TANK  
TEST ON 11-21-89 AT 9-a.m.

TONY YAP


  
1989

FROM NCD-WALNUT CREEK	DATE
--------------------------	------

# CERTIFICATE OF PRECISION LEAK TEST

Associated Environmental Systems, Inc. has tested and certifies the following:

Certification #  
887114

DATE: 07/22/88 CERTIFIED TESTER: MCP # 88135

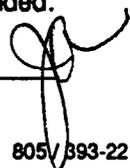
LOCATION: Unocal #6115 4350 El Camino Real, Los Altos, CA

TANKS:	TANK	LINE	PROD/LINE
1. 550 W/O	PASS	PASS	N/A
2. 10K U/L	PASS	PASS	PASS
3. 10K S/UL	PASS	PASS	PASS
4. XXXXXX	XXXX	XXXX	XXXX
5. XXXXXX	XXXX	XXXX	XXXX
6. XXXXXX	XXXX	XXXX	XXXX

**ANY FAILURE LISTED MAY REQUIRE NOTIFICATION OF AGENCY.**

Recertification Date Recommended:

07/89



Associated Environmental Systems, Inc.

Home Office P.O. Box 80427, Bakersfield, CA 93380 • 805/893-2212

DRAFT





Associated Environmental Systems, Inc.

P.O. Box 80427  
Bakersfield, CA 9338  
(805) 393-2212

PRECISION TANK & LINE TEST RESULTS

Invoice Address:	Tank Location:	W.O.#: 7114
UNOCAL CORPORATION	UNOCAL #6115	I.D. Number: 6115
P.O. BOX 8175	4350 EL CAMINO REAL	Technician: M POUND
WALNUT CREEK, CA 94596	LOS ALTOS, CA 94022	Tech.#: 88130 Van#: 6108

Date: 7-22-88      Time Start: 09:00      End: 15:00      County: SC  
 Facility Phone#: 415-941-0244      Groundwater Depth: 20'+      Blue Prints: N/A  
 Contact: FELIX BOLTON      Date; Time system was filled: 7-22-88 09:00

Tank	Tank Capacity	Product	Tank	Fill/Vent Vapor Lines	Product Line	Type Of Vapor Recovery	Inches of Water/Tank	Pump Type	Tank Material
1	550G	W/O	PASS	PASS	N/A	N/A	NONE	N/A	S-W-S
2	10K	U/L	PASS	PASS	PASS	VR/2	NONE	TURB	S-W-S
3	10K	S/UL	PASS	PASS	PASS	VR/2	NONE	TURB	S-W-S
4									
5									
6									

Additional Information: OVERCAST, LOW 80'S

SITE LOG                      TIME

Set Up Equip:                      09:30  
 Bled Product Lines:              09:10  
 Bled Vapor Lines:                09:15  
 Bled Vent lines:                 09:20  
 Bled Turbine:                    09:25  
 Bled Suction Pump:              N/A  
 Risers Installed:                N/A

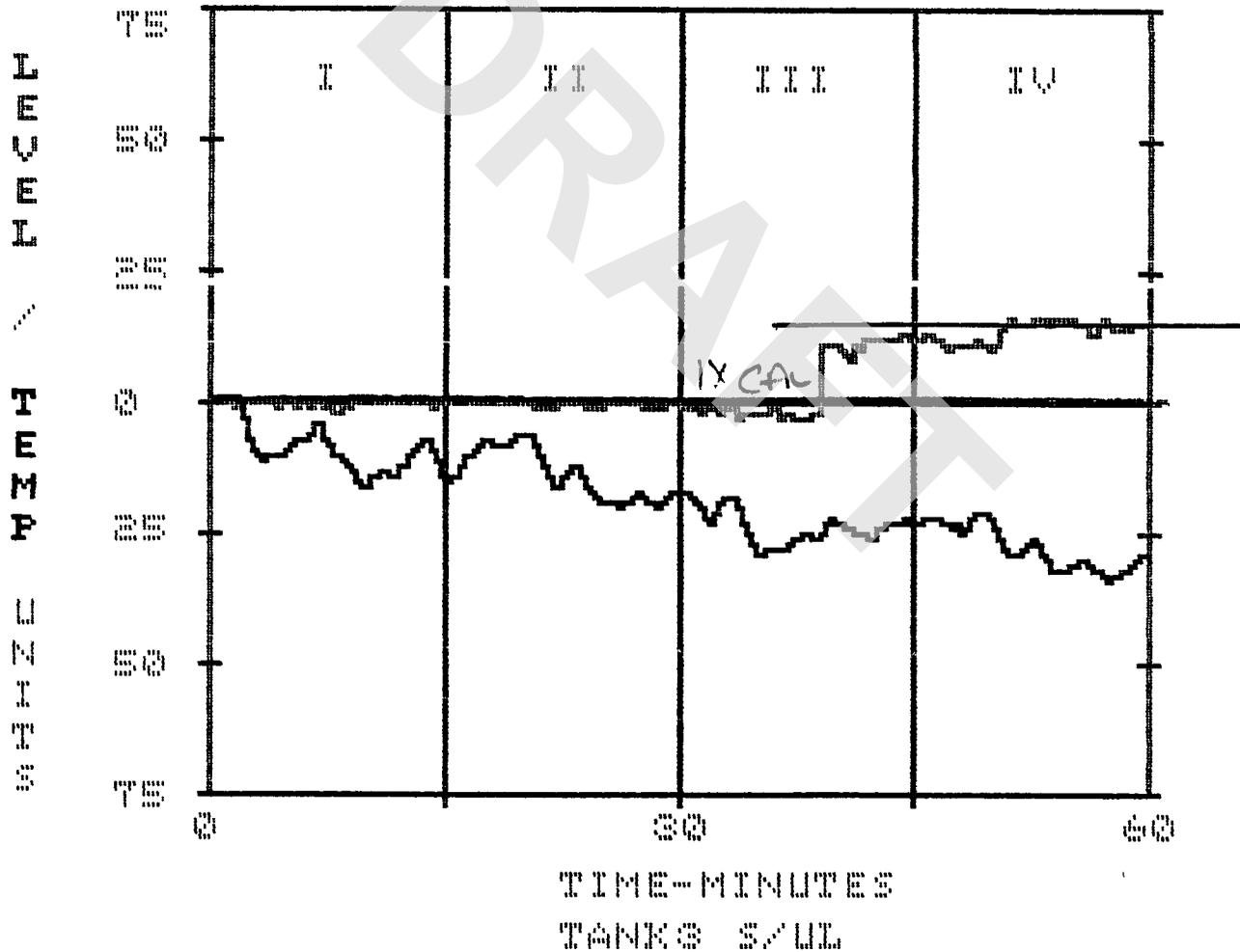
- a) These results obtained using the patented A.E.S./Brockman system.
- b) This system and method meets the criteria set forth in NFPA #329.
- c) Any failure listed above may require further action, check with all regulatory agencies.

Certified Technician Signature: *Mil POUND*      Date: 7/22/88

# AES/Broc. man Precision Leak Test

P.O. Box 80427 Bakersfield, CA 93380 (805) 393-2212

Technician M POUND	Calibration Value 14 UNITS = 05 Gal.
Date 7/22/88	System Variation UNITS   GPH
Time Started 09:06	HIGH LEVEL (FULL SYSTEM)   -3   -01
Gallons 10K	LOW LEVEL ( ) MID LEVEL ( )
Tank Diameter 92"	PRODUCT LINE
Ground Water 20'+	TEST IS <input checked="" type="checkbox"/> PASSED <input type="checkbox"/> FAILED <input type="checkbox"/> INCONCLUSIVE
TEST CONDUCTED AT 137 INCHES   GRADE LEVEL AT 137 INCHES	



FOCUS 1.00 L/ 1.00 T

ORDER NO. T114A

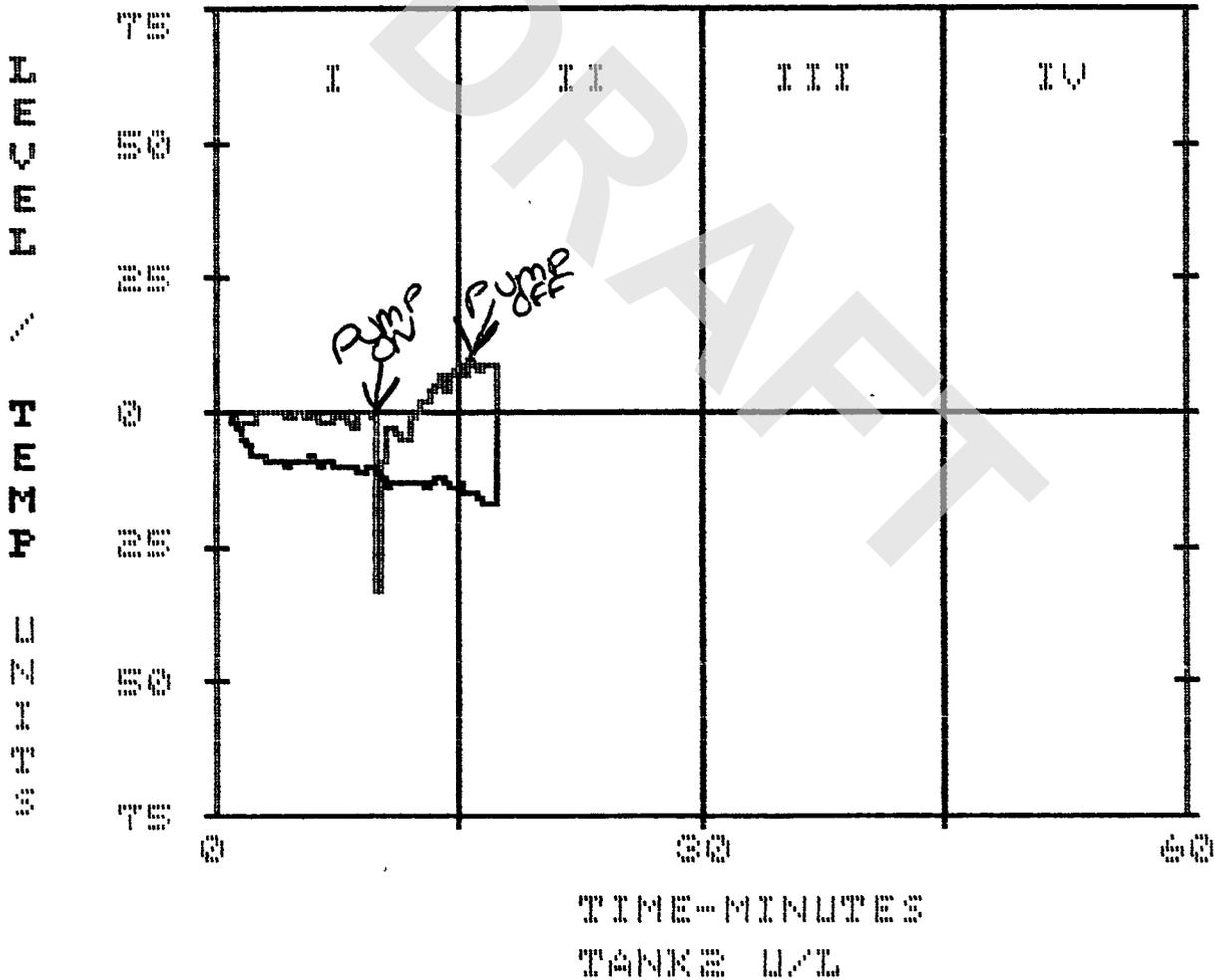
**\*\* Notes**

UNOCAL #6115 4350 EL CAMINO REAL. LOS ALTOS, CA 94022  
 THIS IS A HIGH LEVEL TEST WITH A 1X CAL  
 STRIKER PLATE IN PLACE PRIOR TO ARRIVAL

# AES/Brockman Precision Leak Test

P.O. Box 80427 Bakersfield, CA 93380 (805) 343-2212

Technician	M POUND	Calibration Value	UNITS =	Gal.
Date	7/22/88	System Variation	UNITS	GPH
Time Started	10:09	HIGH LEVEL (FULL SYSTEM)		
Gallons	10K	LOW LEVEL ( ) MID LEVEL ( )		
Tank Diameter	92"	PRODUCT LINE	OK	
Ground Water	20'+	TEST IS	<input checked="" type="checkbox"/> PASSED	<input type="checkbox"/> FAILED <input type="checkbox"/> INCONCLUSIVE
TEST CONDUCTED AT 136 INCHES		GRADE LEVEL AT 136 INCHES		



FOCUS 1.00 L/ 1.00 T

ORDER NO. 7114P

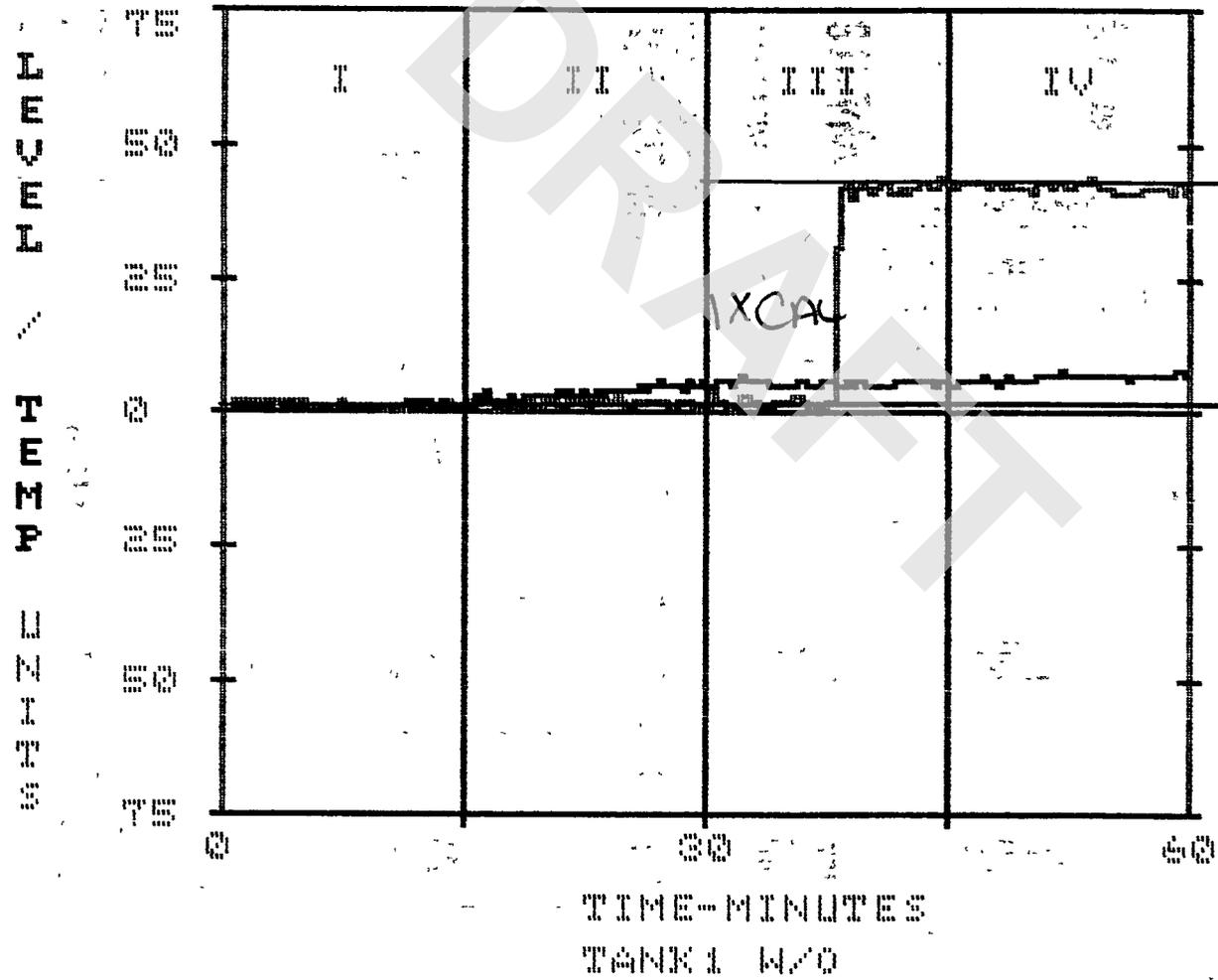
**\*\* Notes**

UNOCAL #6115 4350 EL CAMINO REAL. LOS ALTOS, CA 94022  
 PUMP TEST FOR THE U/L TANK  
 STRIKER PLATE INSERTED BY AES/M POUND ON 7-22-88

**AES/Brockman Precision Leak Test**

P.O. Box 80 / Bakersfield, CA 93380 57 393-2212

Technician	M POUND	Calibration Value	43 UNITS = 05 Gal.
Date	7/22/88	System Variation	UNITS   GPH
Time Started	09:06	HIGH LEVEL (FULL SYSTEM)	0   0
Gallons	5506	LOW LEVEL ( ) MID LEVEL ( )	
Tank Diameter	51"	PRODUCT LINE	
Ground Water	20'+	TEST IS <input checked="" type="checkbox"/> PASSED ( ) FAILED ( ) INCONCLUSIVE	
TEST CONDUCTED AT	80 INCHES	GRADE LEVEL AT	80 INCHES

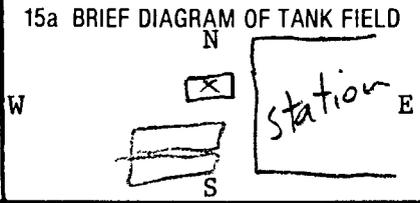


FOCUS 1.00 L/ 1.00 T ORDER NO. 7114A

\*\* Notes  
 UNOCAL #6115 4350 EL CAMINO REAL LOS ALTOS, CA 94022  
 THIS IS A HIGH LEVEL TEST WITH A 1X CAL



15 TANK TO TEST  
North  
 Identity by position  
Waste Oil  
 Brand and Grade



16 CAPACITY  
 Nominal Capacity 550 Gallons  
 By most accurate capacity chart available \_\_\_\_\_ Gallons

- From
- Station Chart
  - Tank Manufacturer's Chart
  - Company Engineering Data
  - Charts supplied with
  - Other \_\_\_\_\_

17 FILL-UP FOR TEST

Stick Water Bottom before Fill-up 0" to 1/4" in \_\_\_\_\_ Gallons  
 Tank Diameter 46 1/4" in \_\_\_\_\_ Inventory 46 1/4" Gallons  
 Total Gallons ea Reading 550  
Water 0  
Top off 12  
562  
 Transfer total to line 25a

18 SPECIAL CONDITIONS AND PROCEDURES TO TEST THIS TANK

- Water in tank
- Line(s) being tested with LVLLT
- High water table in tank excavation

See manual sections applicable Check below and record procedure in log (27)  
 Use maximum allowable test pressure for all tests  
 Four pound rule does not apply to doublewalled tanks  
 Complete section below

- 1 Is four pound rule required? Yes  No
- 2 Height to 12" mark from bottom of tank N/A in
- 3 Pressure at bottom of tank N/A P S I
- 4 Pressure at top of tank N/A P S I

19 TANK MEASUREMENTS FOR TSTT ASSEMBLY

Bottom of tank to grade\* 79 3/4" in  
 Add 30" for "T" probe assy 30 in  
 Total tubing to assemble - approximate 109 3/4" in

20 EXTENSION HOSE SETTING

Tank top to grade\* 33 1/2" in  
 Extend hose on suction tube 6" or more below tank top 8" in  
 \*If Fill pipe extends above grade use top of fill

22 Thermal-Sensor reading after circulation 14,051 digits  
65-66 °F

23 Digits per °F in range of expected change 326 digits

COEFFICIENT OF EXPANSION (Complete after circulation)

24a Corrected A P I Gravity N/A  
 Observed A P I Gravity N/A  
 Hydrometer employed N/A H  
 Observed Sample Temperature N/A °F  
 Corrected A P I Gravity @ 60°F, From Table A N/A  
 Coefficient of Expansion for Involved Product From Table B N/A  
 Transfer COE to Line 25b

21 VAPOR RECOVERY SYSTEM  Stage I  Stage II

24b COEFFICIENT OF EXPANSION RECIPROCAL METHOD

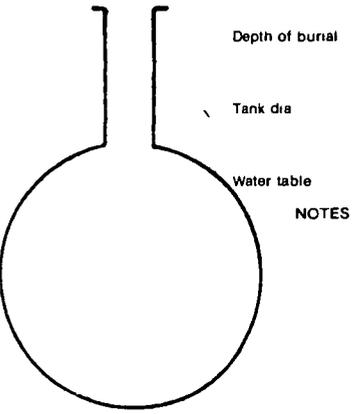
Type of Product Waste Oil  
 Hydrometer Employed 4 H  
 Temperature in Tank After Circulation 65 °F  
 Temperature of Sample 63 °F  
 Difference (+/-) +2.0 °F  
 Observed A P I Gravity 31.8  
 Reciprocal 2222 Page # 35

562 . 2222 = .2529253  
 Total quantity in full tank (16 or 17) Reciprocal Volume change in this tank per °F  
 Transfer to Line 26a

24c FOR TESTING WITH WATER see Table C & D

Water Temperature after Circulation Table C N/A °F  
 Coefficient of Water Table D N/A

Added Surfactant?  Yes  No Transfer COE to Line 25b



NOTES

The above calculations are to be used for dry soil conditions to establish a positive pressure advantage, or when using the four pound rule to compensate for the presence of subsurface water in the tank area.

Refer to NFPA 30, Sections 2-3.2.4 and 2-7.2 and the tank manufacturer regarding allowable system test pressures

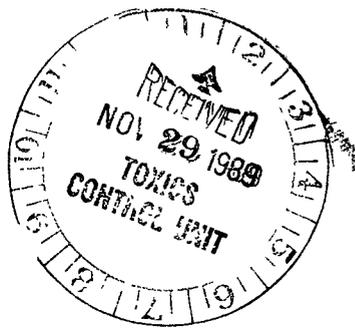
25 (a) N/A Total quantity in full tank (16 or 17) × (b) N/A Coefficient of expansion for involved product = (c) N/A Volume change in this tank per °F gallons

26 (a) .2529253 Volume change per °F (25 or 24b) + (b) 326 Digits per °F in test Range (23) = (c) .0007758 Volume change per digit Compute to 4 decimal places This is test factor (d) (.0008)



SANTA CLARA COUNTY  
Toxic Control Unit  
2220 Moorpark Ave.  
San Jose, CA. 95128

DRAFT



SANTA CLARA COUNTY ENVIRONMENTAL HEALTH SERVICES  
 TOXICS CONTROL UNIT  
 2220 MOORPARK AVENUE, SAN JOSE, CA 95128 (408) 299-6930  
 OFFICIAL NOTICE OF INSPECTION EPA ID#

DBA/NAME <b>Union #6115</b>	DATE <b>11/16/89</b>
ADDRESS <b>4350 El Camino Real, Los Altos</b>	RECHECK DATE
OWNER/OPERATOR <b>Greg Galatolo</b>	EMPLOYE NO. <b>606</b>
MAILING ADDRESS	WORK AREA <b>606</b>
APPLICABLE LAW <input type="checkbox"/> Calif. H & S Code, Sec. 25100, et Seq. <input type="checkbox"/> S C C. Storage Ordinance <input type="checkbox"/> Calif Admin Code, Title 22, Sec 66011, et Seq <input type="checkbox"/> Title 23, Sec. 2610, et Seq <input type="checkbox"/> Other	INSPECTION TIME

COMPUTER NO.	PROGRAM	ELEMENT	SERVICE	VIOLATIONS	TIME
200066			01 25	<b>11/21/89</b> P	.51
200063			01 25	P	.51
200069			01 25	P	.51

VIOLATIONS	CLASS	
<b>HAZARDOUS WASTES</b>	1	11
Hazardous Waste Determ.		1
EPA ID Number		2
Storage, 90 Days	3	4
Storage, Containers	5	6
Storage, Tanks	7	8
Storage, Security	9	10
Pre-Transportation Requirements		11
Registered Hauler	12	13
Manifests		14
Disposal	15	16
Preparedness		17
Records, Reports		18
Local Permit		19
<b>HAZARDOUS MATERIALS STORAGE</b>		
Contingency Plan	20	
Employee Training	21	
Permit to Operate	22	
Approved Construction	23	
Monitoring System Installed	24	
Monitoring Operational	25	X
Unauthor. Releases, Occurrence	26	
Unauthor. Releases, Reports	27	
Abandonment	28	
<b>OCCUPATIONAL HAZARDS</b>		
General Physical Hazard	37	
General Safety Hazard	38	
Personal Protection	39	
Toilets, Wash Facilities	40	
Eating Area	41	
Material Labeling	42	
Employee Training	43	
General Sanitation	44	

The marked items represent violations of the above-referenced codes(s) and must be corrected as follows:

**25) According to the Hazardous Materials Management Plan, this station is using a state monitoring alternative 5 for fuel tanks, and alternative 7 for waste oil tanks. No monitoring records have been kept including records of precision tank tests.**

**Initiate monitoring immediately and provide a copy of last two years records of precision tank tests and last ~~two~~ month's inventory reconciliation records to the above address, attention of Nicole Jakab, within 15 days.**

**Obtain an EPA ID# for this station (call (916) 329-1781) for the disposal of hazardous waste**

INSPECTOR *Nicole Jakab*

RECEIVED BY: *[Signature]*  
 SIGNATURE

*BN*

# County of Santa Clara

Health Department

2220 Moorpark Avenue  
San Jose, California 95128



TO: Tracy Lum OF Robert H Lee & Assoc.  
Project Designer

FROM: Nicole Jakaby OF Toxics Control Unit

NUMBER OF PAGES: 10 (including cover sheet)

*Copy of 9/10/89 letter  
closure guidelines  
permit application  
contractor's declaration*

FAX NO. 298-6261



# County of Santa Clara

Health Department



2220 Moorpark Avenue  
San Jose, California 95128

September 29, 1989

Tracy W. Lum  
Robert H. Lee & Associates  
900 Larkspur Landing #125  
Larkspur, CA 94939

**RE: Unocal #6115  
4350 El Camino Real, Los Altos, CA**

The plans for the proposed tank system closure and replacement have been reviewed and approved subject to the following conditions and requirements:

### Closure

1. Submit a closure permit application and fees at least 30 days before the demolition is scheduled to occur (enclosures).
2. Closure and soil sampling shall be witnessed by a representative from this office. The samples shall be collected from a) the tank excavation, b) at piping turns and every 20 ft. along the piping run, c) from the stockpiled soil, d) other locations as required at the discretion of the TCU representative.
3. The tanks shall be removed from the site immediately after excavation and transported as hazardous waste under manifest to an approved disposal site.

### New Installation

4. The pipeline leak monitoring proposal does not satisfy California Underground Storage Tank Requirements for single walled piping in lined trenches. Submit a revised proposal which includes automatic fuel shut off upon detection of a pipeline leak.
5. Cathodically protect all exposed metal subject to corrosion. Submit a proposal which references protection for metal risers and piping fittings.

**NOTE: SUBMITTALS REQUIRED IN ITEMS #4 & 5 MUST BE REVISED AND APPROVED BY THIS OFFICE PRIOR TO STARTING CONSTRUCTION.**

6. The following construction inspections are **required** and shall be scheduled with at least **48 hours notice**.
- a) Double wall tank holiday test
  - b) Double wall tank air pressure test after setting in excavation. Gauges shall be 0-10 or 0-15 psi with pressure relief valves set for 5 psi.
  - c) Primary piping air pressure test
  - d) Trench liner flood test
  - e) Precision tank system test
  - f) A leak monitoring system demonstration shall be required during the final construction inspection before tank systems are placed into service.

If you have any questions about the content of this letter or require further assistance, please contact Nicole Jakaby at (408) 299-6930,

Sincerely,

*Charles Nicholson* <sup>do</sup>

Charles Nicholson, R.E.H.S.  
Hazardous Materials Specialist

CN:do

Enclosures

**ROBERT H. LEE & ASSOCIATES, INC.**  
 900 Larkspur Landing Circle  
 Suite 125  
 LARKSPUR, CALIFORNIA 94939

**LETTER OF TRANSMITTAL**

(415) 461-8890

TO SANTA CLARA CO. DEPT. OF PUBLIC HEALTH  
2220 MOORPARK AVE.  
SAN JOSE, CA 95128

DATE	<u>8-8-89</u>	JOB NO	<u>LAB1</u>
ATTENTION	<u>NICOLE JAKABT</u>		
RE	<u>UNDERGROUND TANK REPLACEMENT</u>		
	<u>AT UNOCAL SERVICE STATION #6115</u>		
	<u>4360 EL CAMINO REAL</u>		
	<u>LOS ALTOS</u>		

WE ARE SENDING YOU  Attached  Under separate cover via \_\_\_\_\_ the following items:

- Shop drawings     Prints     Plans     Samples     Specifications  
 Copy of letter     Change order     \_\_\_\_\_

COPIES	DATE	NO	DESCRIPTION
<u>2</u>			<u>SETS OF PLANS</u>

THESE ARE TRANSMITTED as checked below.

- For approval     Approved as submitted     Resubmit \_\_\_\_\_ copies for approval  
 For your use     Approved as noted     Submit \_\_\_\_\_ copies for distribution  
 As requested     Returned for corrections     Return \_\_\_\_\_ corrected prints  
 For review and comment     \_\_\_\_\_  
 FOR BIDS DUE \_\_\_\_\_ 19 \_\_\_\_\_     PRINTS RETURNED AFTER LOAN TO US

REMARKS NICOLE JAKABT -

THIS JOB IS CURRENTLY OUT FOR BID. WE WILL HAVE  
THE SELECTED CONTRACTOR CONTACT YOU. PLEASE  
CONTACT ME IF ANY ADDITIONAL INFORMATION  
AND/OR FEES ARE REQUIRED AT THIS TIME.

THANK YOU,

COPY TO TIM ROSS (UNOCAL)

SIGNED: Tracy L.

OFFICE OF HAZARDOUS MATERIALS

FILE UPDATE

Name of facility:

Address: Incident # 6115

Date: 9-13-89

Storage Facility X

Waste Generator —

Other —

4350 El Camino Real L.A.

Tickle Date:

Specify

COMMENTS

- Discussed demolition/remodeling plans with T. Lum with Rob. H. Lee, Assoc. He indicated the plans were incomplete and will send the necessary information:
- 1) System uses single wall piping in a fiber glass trench.
- 2) Piping leak detection was inadvertently deleted.
- 3) I also advised him that the mechanical red jacket leak detector was inadequate. That state board requires auto shut of if leak is detected

BT  
Charles Theodor

LINDA CAL

4350 El Camino Real.

SANTA CLARA COUNTY HEALTH DEPARTMENT

PUBLIC HEALTH PERMIT

FEE/DELINQUENCY ADJUSTMENT

ID NUMBER	PERMIT NUMBER	ADJUSTMENT TYPE: CR/DB	AMOUNT PAID
<u>200069-AC</u>	<u>2815-D</u>	<u>CR</u>	<u>\$25.00</u>

NOTES: Have delinquency fee - sent to wrong address

INITIALS: SL

DATE: 9/14/89

APPROVED: BH

DATE: 9/14/89

LINOCAL  
4350 El Camino Real

SANTA CLARA COUNTY HEALTH DEPARTMENT

PUBLIC HEALTH PERMIT

FEE/DELINQUENCY ADJUSTMENT

ID NUMBER	PERMIT NUMBER	ADJUSTMENT TYPE: CR/DB	AMOUNT PAID
<u>200063-AC</u>	<u>2813-D</u>	<u>CR</u>	<u>\$100.00</u>

NOTES: Waive delinquency fee - bill sent to  
wrong address!

INITIALS: SL

DATE: 9/14/89

APPROVED: BLH

DATE: 9/14/89

UNOCAL  
4350 El Camino Real.

SANTA CLARA COUNTY HEALTH DEPARTMENT

PUBLIC HEALTH PERMIT

FEE/DELINQUENCY ADJUSTMENT

ID NUMBER	PERMIT NUMBER	ADJUSTMENT TYPE: CR/DB	AMOUNT PAID
<u>200066-AC</u>	<u>2814-D</u>	<u>CR</u>	<u>\$25.00</u>

NOTES: Waive delinquency fee - bill sent to  
wrong address

INITIALS: AS

DATE: 9/14/89

APPROVED: BT

DATE: 9/14/89

I. GENERAL INFORMATION

Business Name UNOCAL SS # 6115 / FELIX'S UNION SERVICE  
 Facility Street Address 4350 EL CAMINO REAL AT LOS ALTOS AVENUE  
 Unit or Bldg No. \_\_\_\_\_ City LOS ALTOS ZIP 94022  
 Mailing Address 4350 EL CAMINO REAL City LOS ALTOS  
 State CALIFORNIA ZIP 94022  
 Business Type AUTOMOBILE FUELING/SERVICE Unique ID# UNOCAL SS # 6115  
 SIC Code 5541 EPA ID # \_\_\_\_\_

Persons Responsible for:

	Name	Title	Phone #
Application	<u>DAVID SOLOMON, R.H. LEE &amp; ASSOC.</u>	<u>AGENT FOR UNOCAL</u>	<u>(415) 461-8890</u>
Business	<u>FELIX BOLTON, JR.</u>	<u>DEALER/OWNER</u>	<u>(415) 941-0244</u>
Property	<u>RANDY McFARLANE</u>	<u>MANAGER, UNOCAL DIVISION SERVICES</u>	<u>(415) 945-7676</u>

Persons responsible for responding to an emergency after normal working hours:

Name	Title	Home Phone	Work Phone
<u>FELIX BOLTON, JR</u>	<u>OWNER</u>	<u>(415) 968-2031</u>	<u>(415) 941-0244</u>
<u>JOHN HOLLERBACH</u>	<u>MANAGER</u>	<u>(415) 962-1311</u>	<u>(415) 941-0244</u>
<u>N/A</u>			

## II. EMERGENCY RESPONSE PLAN

This plan describes the personnel, procedures and equipment available for responding to a release or threatened release of hazardous materials that are stored, handled or used at this site.

The immediate response procedures to be followed and the equipment available for response are indicated by a checked box. A check in the box states that that specific procedure is followed at this facility or the equipment specified is available on site.

### NOTIFICATION/ALARM

(1)  CALL 911 FOR FIRE DEPARTMENT (local emergency responder)

(2)  NOTIFY ON SITE RESPONDERS:

Phone No.	Name	Title
(415) 968-2031	FELIX BOLTON, JR.	OWNER
(415) 962-1311	JOHN HOLLERBACH	MANAGER
N/A		

(3)  ACTIVATE LOCAL ALARM SYSTEMS

(4)  Notify State Office of Emergency Services 800-852-7550

### EVACUATION

Immediate area evacuation routes defined and procedures developed

Entire building evacuation procedures developed

Assembly areas preplanned

Evacuation maps posted

Other ALL PERSONS ASKED TO

LEAVE THE SITE ON FOOT.

### EQUIPMENT

ALARM

Verbal  Manual (Pull Station)  Automatic

Other \_\_\_\_\_

MONITORING DEVICES

Hydrogen Detector  Hydrocarbon  Toxic Gas Detector

Other: VISUAL  Other \_\_\_\_\_

**CONTAINMENT**

Spill Cart                       Absorbents                       Plugging/Diking

Other \_\_\_\_\_                       Other \_\_\_\_\_

**CONTROL**      —      NONE

Vapor Scrubber                       Mechanical Ventilation

Collection Containers                       Pumps/Vacuums

Neutralizers                       Other \_\_\_\_\_

**PERSONAL PROTECTION**

Head                       Eye                       Feet                       Hand

S.C.B.A.                       Filtration Mask                       Encapsulating Suit

Portable Exposure Device                       Other \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

\*                      \*                      \*                      \*                      \*                      \*                      \*

For larger and more complex hazardous materials facilities, supplemental and detailed emergency response information should be maintained on site and should be available for review by the inspecting jurisdiction.

Supplemental hazardous materials emergency response procedures maintained on site:

Location \_\_\_\_\_

Responsible person \_\_\_\_\_

Tel. No. \_\_\_\_\_

### III. EMERGENCY RESPONSE TRAINING PLAN

PERSON RESPONSIBLE FOR EMERGENCY RESPONSE TRAINING PROGRAM:

Name FELIX BOLTON Title OWNER

This plan describes the basic training program in use at this facility. The training provided to facility personnel and the records maintained on that training are indicated by a checked box.

#### 1. TRAINING REQUIREMENTS

- All employees are trained and drilled in the following as indicated:
  - Procedures for internal alarm/notification.
  - Procedures for notification of external emergency response organizations.
  - Location and content of emergency response plan.
- Chemical handlers are trained in the following as indicated:
  - Safe methods for handling and storage of hazardous materials.
  - Proper use of personnel protection equipment.
  - Locations and proper use of fire and spill control equipment.
  - Specific hazards of each chemical to which they may be exposed, including the pathways of exposure, i.e., skin absorption, inhalation, ingestion.
- Emergency response team members are trained in the following as indicated:
  - Procedures for shutdown of operations.
  - Procedures for using, maintaining and replacing facility emergency and monitoring equipment.
- All personnel are trained in emergency response procedures within six months of hiring.
- Refresher training is provided at least annually.

2. PERSONNEL TRAINING RECORDS

- Training records are maintained for all employees as indicated:
  - Verification that training was completed by employee.
  - Description of type and amount of introductory and continuing training.
  - Training records of former employees are retained for at least three years.
  - Documentation on facility emergency response drills conducted during the year maintained and available for review

\* \* \* \* \*

For larger and more complex hazardous materials facilities, a more comprehensive and detailed emergency response training plan should be maintained on site and should be available for review by the inspecting jurisdiction.

Comprehensive and detailed emergency response training plan maintained on site:

Location \_\_\_\_\_

Responsible person \_\_\_\_\_

Tel. No. \_\_\_\_\_

**IV. ANNUAL INVENTORY OF HAZARDOUS MATERIALS**

**(A) NON-WASTE MATERIALS**

(1)	(2)	(3)	(4)	(5)	(6)
UN HAZARD CLASS	CHEMICAL ABSTRACT NUMBER	CHEMICAL NAME/COMPOUNDS AND COMPONENTS	COMMON OR TRADE NAME	MAX QUANTITY ON HAND IN LBS/GALS/CUFT	COMMENT
3.	MX 8006619	PETROLEUM HYDROCARBON MIXTURE	GASOLINE	20,000 GAL.	
N/A	66476-34-6	PETROLEUM DISTILLATES	DIESEL #2	-0 GAL.	
N/A	64742-56-9	PETROLEUM HYDROCARBON MIXTURE	MOTOR OIL	400 GAL.	PACKED IN 1-QT. CONTAINERS
N/A	64742-65-0 64742-62-7	PETROLEUM HYDROCARBON MIXTURE	GEAR LUBRICANT	15 GAL.	
N/A	NONE	PETROLEUM HYDROCARBON MIXTURE	GREASE	15 GAL.	
3.		PETROLEUM NAPHTHA	SOLVENT	75 GAL.	
N/A	107-21-1	ETHYLENE GLYCOL	ANTIFREEZE	50 GAL.	PACKED IN 1-GAL. CONTAINERS



V. CERTIFICATION

I hereby certify that this Business Plan is in conformance with the requirements of the California Health and Safety Code, Chapter 6.95, and understand that I may be required to show proof of compliance during any facility inspection conducted by local, County or State authorities.

Name DAVID M SOLOMON Title AGENT FOR UNOCAL  
ROBERT. H. LEE & ASSOCIATES

Signature David M. Solomon Date JANUARY 11, 1988

SAN JOSE COUNTY ENVIRONMENTAL HEALTH SERVICES  
 TOXICS CONTROL UNIT  
 2220 MOORPARK AVENUE, SAN JOSE, CA 95128 (408) 299-6930

200063-AB #1  
 066-AB  
 069-AB

OFFICIAL NOTICE OF INSPECTION

DBA/NAME <b>UNION # 6115</b>	DATE <b>11-16-87</b>
ADDRESS <b>4350 El Camino Real, Los Altos</b>	RECHECK DATE
OWNER/OPERATOR <b>Felix Bolton</b>	EMPLOYEE # <b>646</b>
MAILING ADDRESS	WORK AREA
APPLICABLE LAW <input checked="" type="checkbox"/> Calif. H & S Code, Sec. 25100, et Seq. <input type="checkbox"/> S.C.C. Storage Ordinance <input checked="" type="checkbox"/> Calif. Admin. Code, Title 22, Sec 66011, et Seq. <input type="checkbox"/> Title 23, Sec. 2610, et Seq. <input type="checkbox"/> Other	INSPECTION TIME

COMPUTER NO.	PROGRAM	ELEMENT	SERVICE	VIOLATIONS	TIME

VIOLATIONS	CLASS	
<b>HAZARDOUS WASTES</b>	I	II
Hazardous Waste Determ.		1
EPA ID Number		2
Storage, 90 Days	3	4
Storage, Containers	5	6
Storage, Tanks	7	8
Storage, Security	9	10
Pre-Transportation Requirements		11
Registered Hauler	12	13
Manifests		14
Disposal	15	16
Preparedness		17
Records, Reports		18
Local Permit		19
<b>HAZARDOUS MATERIALS STORAGE</b>		
Contingency Plan	20	
Employee Training	21	
Permit to Operate	22	
Approved Construction	23	
Monitoring System Installed	24	
Monitoring Operational	25	
Unauthor. Releases, Occurrence	26	
Unauthor. Releases, Reports	27	
Abandonment	28	
<b>OCCUPATIONAL HAZARDS</b>		
General Physical Hazard	37	
General Safety Hazard	38	
Personal Protection	39	
Toilets, Wash Facilities	40	
Eating Area	41	
Material Labeling	42	
Employee Training	43	
General Sanitation	44	

The marked items represent violations of the above-referenced codes(s) and must be corrected as follows:

*Owner will use inventory reconciliation for both fuel tanks, and otherwise state alternative 5 (pipeline leak detectors and annual precision testing) is being implemented.*

*waste oil tank is being monitored by state alternative 7 (daily gauging and yearly precision testing).*

*All records including tank test results, inspection reports, and inventory reconciliation reports shall be kept on site.*

*Okay to issue full permit. Permit to expire end August, 1988*

200063-AC #1	Permit # 2813-D	\$250.00
200066-AC #2	2814-D	\$100.00
200069-AC #3	2815-D	\$100.00

INSPECTOR: *Nicole Gien*

RECEIVED BY: *Felix Bolton*  
 SIGNATURE

OFFICE OF HAZARDOUS MATERIALS



FILE UPDATE

Name of facility: Union #6115  
Address: 4350 El Camino, Los Altos

Date: 8/20/87

Storage Facility ✓  
Waste Generator      
Other    

Tickle Date: 9/21/87

Specify

COMMENTS

Talked to Paul Yamamoto. He's going to send me some info. on how double-wall tanks are going to be monitored. He says the operators now know how to do it & have what they need, but are waiting for written instructions before starting. I told him they are operating without a permit & must get going with the monitoring. He will get right on it & call back when implemented.

Nicole

Bob



**ROBERT H. LEE & ASSOCIATES, INC.**

**ARCHITECTURE**

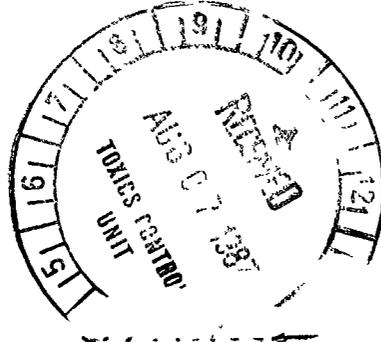
**PLANNING**

**ENGINEERING**

900 LARKSPUR LANDING CIRCLE, #125, LARKSPUR, CA 94939 • (415) 481-8890

August 6, 1987

Santa Clara County Health Department  
Office of Hazardous Materials  
2220 Moorpark Avenue  
San Jose, CA 95128  
Attn: UNDERGROUND TANK MONITORING



UNDERGROUND TANK MONITORING PLANS  
UNOCAL SERVICE STATIONS  
JOB #1183

Gentlemen:

Union Oil Company is now diligently finding their Underground Tank Monitoring Plans to be implemented at gasoline service stations. We regret being still unable to provide you with the final details of these monitoring plans. However, we have advanced to the point where we can give you the essential elements of the final plans that will be implemented as soon as possible.

1. Dealers are required under their lease agreement to perform daily inventory reconciliation at their facilities.
2. All facilities are equipped with pipeline leak detectors.
3. All facilities receive annual meter calibration, inspection of shear valves, and testing of pipeline leak detectors.
4. Annual tank testing is performed at all facilities with single-wall tanks.

Enclosed please find a list of the UNOCAL facilities in your jurisdiction. If you have any questions, please contact:

Union Oil Company of California, dba UNOCAL  
2175 North California Blvd., Suite #650  
Walnut Creek, CA 94596  
Attn: Paul Yamamoto (415)945-7676

Very truly yours,

ROBERT H. LEE AND ASSOCIATES, INC.

*David M. Solomon*

David M. Solomon, Project Designer  
Agent for UNOCAL

DMS/cg

Enclosure

cc: Paul Yamamoto, UNOCAL

Unocal Refining & Marketing Division

Unocal Corporation  
P O Box 8175  
2175 North California Blvd, Suite 650  
Walnut Creek, California 94596  
(415) 945-7676



**UNOCAL** 76

June 23, 1987

Ms. Nicole Gien  
Santa Clara County Toxics Division  
2220 Moorpark Avenue  
San Jose, California 95128

UNOCAL SERVICE STATION 4918  
895 W. SAN ANTONIO ROAD  
LOS ALTOS, CALIFORNIA  
UNOCAL SERVICE STATION 5957  
330 S. SAN ANTONIO ROAD  
LOS ALTOS, CALIFORNIA  
UNOCAL SERVICE STATION 6115  
4350 EL CAMINO REAL  
LOS ALTOS, CALIFORNIA

Dear Ms. Gien:

The fuel and waste oil tanks at Service Station No's 4918 and 5957 are double wall steel fiberglass coated tanks. Monitoring of the annulus consists of "daily sticking" of the access port provided for each tank using a gauge stick and water finding paste.

Service Station No. 6115 has single wall steel fuel and waste oil tanks. State monitoring alternative number five will be utilized for the fuel tank and number seven for the waste oil tank. 1987 tank testing is scheduled for completion by November of this year for our division. Results will be forwarded to your office upon receipt.

Formalized plans will be prepared by our Engineer consultant. Should you have any questions please contact me at (415) 945-7676.

Very truly yours,

*P. M. Yamamoto, ml*  
CONSTRUCTION ENGINEER

PYM:cjm

cc: H.S. Files 4918, 5957, 6115

*inv. rec. testing  
tank pipeline leak  
detectors*

*tank gauging  
tank testing*

BB

OFFICE OF HAZARDOUS MATERIALS

FILE UPDATE

Name of facility: Union #6115  
Address: 4350 El Camino  
Los Altos

Date: 5/14/87

Storage Facility ✓  
Waste Generator —  
Other — Specify

Tickle Date: 6-15-87 ✓

COMMENTS

Spoke w/ Paul Yamamoto of UNOCAL. Tanks are all single-wall. Plans to use option #5 (state regs.) for gas tanks & #7 for waste oil tank. Will submit monitoring plan within 30 days.

Nicole

SANTA CLARA COUNTY HEALTH DEPARTMENT  
OFFICE OF HAZARDOUS MATERIALS  
2220 MOORPARK AVENUE  
SAN JOSE, CALIFORNIA 95128

- OFFICIAL NOTICE OF INSPECTION -

Date May 12, 1987  Inspection  Reinspection  
Facility Union 76 # 6115 (Elix)  
Address 4350 El Camino Real, Los Altos  
Inspection Time \_\_\_\_\_

THE FOLLOWING DESCRIBED VIOLATIONS SHALL BE CORRECTED WITHIN  DAYS  
 IMMEDIATELY

owner shall submit proposed monitoring  
plan, to meet state requirements for underground  
tanks, within 30 days to the above office  
this station is presently operating without a  
permit to store hazardous materials - provisional  
permit expired 3/86 - and a new permit cannot  
be issued until <sup>an approved</sup> monitoring system is in place.

Richard Erb - local rep. 692-7600

Inspected by Janice Tim  
Received by Dennis B. [Signature]

# Permit Application



<input checked="" type="checkbox"/> 01 New Permit	<input checked="" type="checkbox"/> 03 Installed before July 1, 1984	<input type="checkbox"/> 05 Renewed Permit	<input type="checkbox"/> 06 Amended Permit
<input type="checkbox"/> 02 Provisional Permit	<input type="checkbox"/> 04 Installed after July 1, 1984		

## I Owner

Name (Corporation, Individual or Public Agency) <b>UNION OIL COMPANY OF CALIFORNIA</b>			
Street Address <b>2175 NORTH CALIFORNIA BLVD. SUITE 650</b>	City <b>WALNUT CREEK</b>	State <b>CA</b>	ZIP <b>94596</b>

## II Facility

Facility Name <b>UNION OIL SERVICE STATION # 6115</b>		Dealer/Foreman/Supervisor <b>FELIX BOLTON, JR.</b>	
Street Address <b>4350 EL CAMINO REAL</b>		Nearest Cross Street <b>LOS ALTOS</b>	
City <b>LOS ALTOS</b>		County <b>SANTA CLARA</b>	ZIP <b>94022</b>
Mailing Address <b>4350 EL CAMINO REAL</b>		City <b>LOS ALTOS</b>	State <b>CA</b> ZIP <b>94022</b>
Phone w/area code <b>(415) 941-0244</b>		Type of Business <input checked="" type="checkbox"/> 01 Gasoline Station <input type="checkbox"/> 02 Other _____	
NUMBER OF CONTAINERS AT THIS FACILITY <b>3</b>	Rural Areas Only	Township	Range, Section

## III 24 Hour Emergency Contact Person

Days Name (last name first) and Phone w/area code <b>JAURIGUI, L. J. (415) 945-7676</b>	Nights Name (last name first) and Phone w/area code <b>UNION OIL CO. (415) 561-9322</b>
--	--

**COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER**

## IV Description

A <input checked="" type="checkbox"/> 01 Tank <input type="checkbox"/> 02 Other _____		Container Number (if there is no number, assign one) <b>6115-1-1</b>
B Manufacturer (if appropriate) _____	Year of Mfg <b>1969</b>	C Year Installed <b>1969</b> <input type="checkbox"/> Unknown
D Container Capacity <b>10 000</b> gallons <input type="checkbox"/> Unknown	E Does the Container Store (Check One) <input type="checkbox"/> 01 Waste <input checked="" type="checkbox"/> 02 Product	
F Does the Container Store Motor Vehicle Fuel or Waste Oil? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No    If Yes Check appropriate box(es) <input checked="" type="checkbox"/> 01 Unleaded <input type="checkbox"/> 02 Regular <input type="checkbox"/> 03 Premium <input type="checkbox"/> 04 Diesel <input type="checkbox"/> 05 Waste Oil <input type="checkbox"/> 06 Other (List) _____ If you answered yes, do not complete Part VIII.		

## V Container Construction

A Thickness of Primary Containment <b>P.C.S.</b> <input type="checkbox"/> Gauge <input type="checkbox"/> Inches <input type="checkbox"/> cm <input type="checkbox"/> Unknown					
B <input type="checkbox"/> 01 Vaulted (Located in an underground Vault) <input checked="" type="checkbox"/> 02 Non-vaulted <input type="checkbox"/> 03 Unknown					
C <input type="checkbox"/> 01 Double Walled <input checked="" type="checkbox"/> 02 Single Walled <input type="checkbox"/> 03 Lined					
D <input checked="" type="checkbox"/> 01 Carbon Steel <input type="checkbox"/> 02 Stainless Steel <input type="checkbox"/> 03 Fiberglass <input type="checkbox"/> 04 Polyvinyl Chloride <input type="checkbox"/> 05 Concrete <input type="checkbox"/> 06 Aluminum					
<input type="checkbox"/> 07 Steel Clad <input type="checkbox"/> 08 Bronze <input type="checkbox"/> 09 Composite <input type="checkbox"/> 10 Non metallic <input type="checkbox"/> 11 Earthen Walls					
<input type="checkbox"/> 12 Unknown <input type="checkbox"/> 13 Other _____					

**Container Construction**

E  01 Rubber Lined     02 Alkyd Lining     03 Epoxy Lining     04 Phenolic Lining     05 Glass Lining     06 Clay Lining

07 Unlined     08 Unknown     09 Other \_\_\_\_\_

F  01 Polyethylene Wrap     02 Vinyl Wrapping     03 Cathodic Protection

04 Unknown     05 None     06 tar or asphalt     09 Other

**VI Piping**

A. Aboveground Piping     01 Double-walled pipe     02 Concrete-lined trench     03 Gravity     04 Pressure     05 Suction

(Check) appropriate box(es)     06 Unknown     07 None

B. Underground Piping:     01 Double-walled pipe     02 Concrete-lined trench     03 Gravity     04 Pressure     05 Suction

(Check) appropriate box(es)     06 Unknown     07 None

**VII Leak Detection**

01 Visual     02 Stock Inventory     03 Tile Drain     04 Vapor Sniff Wells     05 Sensor Instrument

06 Ground Water Monitoring Wells     07 Pressure Test     08 Internal Inspection     09 None

10 Other PIPING - RED JACKET LEAK DETECTOR - INSTALLED 1980

**VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers**

If you checked yes to IV-F you are not required to complete this section

currently stored	previously stored	CAS # (if known)	Chemical Do Not Use Commercial Name (Use additional paper for more room)
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		

Is Container located on an Agricultural Farm?     01 Yes     02 No

Person Filing (Signature) *J. Sanchez*    Phone w/area code: (415) 945-7676

**For Local Agency Use Only**

AGENCY NAME <b>Santa Clara Co. Health - Hazardous Materials</b>	CITY <b>San Jose</b>	COUNTY <b>Santa Clara</b>
CONTACT PERSON <b>Lee Esquibel</b>	PHONE W/AREA CODE <b>(408) 299-6930</b>	
INSPECTION DATE (1ST INSPECTION)	PERMIT APPROVAL DATE <b>9/23/85</b>	PERMIT ID NUMBER <b>P00086</b> <del>P00070</del>

**FOR STATE USE ONLY**

STATE ID. NUMBER	Accounting Number	County Number
Date Received	<input type="checkbox"/> 01	<input type="checkbox"/> 02 <input type="checkbox"/> 03

# Permit Application



<input type="checkbox"/> 01 New Permit	<input type="checkbox"/> 03 Installed before July 1, 1984	<input type="checkbox"/> 05 Renewed Permit	<input type="checkbox"/> 06 Amended Permit
<input type="checkbox"/> 02 Provisional Permit	<input type="checkbox"/> 04 Installed after July 1, 1984		

## I Owner

Name (Corporation Individual or Public Agency)			
Street Address	City	State	ZIP

## II Facility

Facility Name <b>Union Oil Service Station #6115</b>		Dealer/Foreman/Supervisor	
Street Address		Nearest Cross Street	
City		County	ZIP
Mailing Address		City	State ZIP
Phone w/area code		Type of Business <input type="checkbox"/> 01 Gasoline Station <input type="checkbox"/> 02 Other _____	
NUMBER OF CONTAINERS AT THIS FACILITY	Rural Areas Only	Township	Range Section

## III 24 Hour Emergency Contact Person

Days Name (last name first) and Phone w/area code	Nights Name (last name first) and Phone w/area code
---	---

**COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER**

## IV Description

A <input checked="" type="checkbox"/> 01 Tank <input type="checkbox"/> 02 Other _____		Container Number (if there is no number assign one) <b>6115-4-1</b>
B Manufacturer (if appropriate) _____	Year of Mfg <b>1969</b>	C Year Installed <b>1969</b> <input type="checkbox"/> Unknown
D Container Capacity <b>550</b> gallons <input type="checkbox"/> Unknown	E Does the Container Store (Check One) <input checked="" type="checkbox"/> 01 Waste <input type="checkbox"/> 02 Product	
F Does the Container Store Motor Vehicle Fuel or Waste Oil? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No    If Yes Check appropriate box(es) <input type="checkbox"/> 01 Unleaded <input type="checkbox"/> 02 Regular <input type="checkbox"/> 03 Premium <input type="checkbox"/> 04 Diesel <input checked="" type="checkbox"/> 05 Waste Oil <input type="checkbox"/> 06 Other (List) _____ If you answered yes, do not complete Part VIII.		

## V Container Construction

A Thickness of Primary Containment <b>P.C.S.</b> <input type="checkbox"/> Gauge <input type="checkbox"/> Inches <input type="checkbox"/> cm <input type="checkbox"/> Unknown					
B <input type="checkbox"/> 01 Vaulted (Located in an underground Vault)		<input checked="" type="checkbox"/> 02 Non-vaulted		<input type="checkbox"/> 03 Unknown	
C <input type="checkbox"/> 01 Double Walled		<input checked="" type="checkbox"/> 02 Single Walled		<input type="checkbox"/> 03 Lined	
D <input checked="" type="checkbox"/> 01 Carbon Steel		<input type="checkbox"/> 02 Stainless Steel		<input type="checkbox"/> 03 Fiberglass	
<input type="checkbox"/> 04 Polyvinyl Chloride		<input type="checkbox"/> 05 Concrete		<input type="checkbox"/> 06 Aluminum	
<input type="checkbox"/> 07 Steel Clad		<input type="checkbox"/> 08 Bronze		<input type="checkbox"/> 09 Composite	
<input type="checkbox"/> 10 Non-metallic		<input type="checkbox"/> 11 Earthen Walls			
<input type="checkbox"/> 12 Unknown		<input type="checkbox"/> 13 Other _____			

**Container Construction**

E  01 Rubber Lined     02 Alkyd Lining     03 Epoxy Lining     04 Phenolic Lining     05 Glass Lining     06 Clay Lining

07 Unlined     08 Unknown     09 Other \_\_\_\_\_

---

F  01 Polyethylene Wrap     02 Vinyl Wrapping     03 Cathodic Protection

04 Unknown     05 None     06 tar or asphalt     09 Other

**VI Piping**

A. Aboveground Piping:  01 Double-walled pipe     02 Concrete-lined trench     03 Gravity     04 Pressure     05 Suction

06 Unknown     07 None

[(Check) appropriate box(es)]

---

B. Underground Piping:  01 Double-walled pipe     02 Concrete-lined trench     03 Gravity     04 Pressure     05 Suction

06 Unknown     07 None

[(Check) appropriate box(es)]

**VII Leak Detection**

01 Visual     02 Stock Inventory     03 Tile Drain     04 Vapor Sniff Wells     05 Sensor Instrument

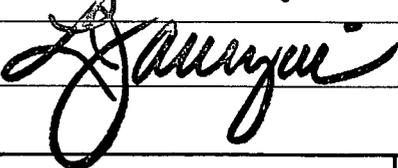
06 Ground Water Monitoring Wells     07 Pressure Test     08 Internal Inspection     09 None

10 Other \_\_\_\_\_

**VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers**  
 If you checked yes to IV -F you are not required to complete this section

currently stored	previously stored	CAS # (if known)	Chemical Do Not Use Commercial Name (Use additional paper for more room)
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		

Is Container located on an Agricultural Farm?  01 Yes     02 No

Person Filing (Signature)  Phone w/area code (415) 945-7676

**For Local Agency Use Only**

AGENCY NAME <b>Santa Clara Co. Health - Hazardous Materials</b>	CITY <b>San Jose</b>	COUNTY <b>Santa Clara</b>
CONTACT PERSON <b>Lee Esquibel</b>	PHONE W/AREA CODE <b>(408) 299-6930</b>	
INSPECTION DATE (1ST INSPECTION)	PERMIT APPROVAL DATE <b>9/23/85</b>	PERMIT ID. NUMBER <b>P00086</b> <del>E00070</del>

**FOR STATE USE ONLY**

STATE ID NUMBER	Accounting Number	County Number
Date Received	<input type="checkbox"/> 01	<input type="checkbox"/> 02 <input type="checkbox"/> 03

# Permit Application



<input type="checkbox"/> 01 New Permit	<input type="checkbox"/> 03 Installed before July 1, 1984	<input type="checkbox"/> 05 Renewed Permit	<input type="checkbox"/> 06 Amended Permit
<input type="checkbox"/> 02 Provisional Permit	<input type="checkbox"/> 04 Installed after July 1, 1984		

## I Owner

Name (Corporation Individual or Public Agency)			
Street Address	City	State	ZIP

## II Facility

Facility Name <b>Union Oil Service Station #6115</b>		Dealer / Foreman / Supervisor	
Street Address		Nearest Cross Street	
City		County	ZIP
Mailing Address		City	State ZIP
Phone w/area code		Type of Business <input type="checkbox"/> 01 Gasoline Station <input type="checkbox"/> 02 Other _____	
NUMBER OF CONTAINERS AT THIS FACILITY	Rural Areas Only:	Township	Range Section

## III 24 Hour Emergency Contact Person

Days Name (last name first) and Phone w/area code	Nights Name (last name first) and Phone w/area code
---	---

**COMPLETE THE FOLLOWING ON A SEPARATE FORM FOR EACH CONTAINER**

## IV Description

A <input checked="" type="checkbox"/> 01 Tank <input type="checkbox"/> 02 Other _____		Container Number (if there is no number assign one) <b>6115-2-1</b>
B Manufacturer (if appropriate) _____	Year of Mfg <b>1969</b>	C Year Installed <b>1969</b> <input type="checkbox"/> Unknown
D Container Capacity <b>10 000</b> gallons <input type="checkbox"/> Unknown	E Does the Container Store (Check One) <input type="checkbox"/> 01 Waste <input checked="" type="checkbox"/> 02 Product	
F Does the Container Store Motor Vehicle Fuel or Waste Oil? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No    // Yes Check appropriate box(es) <input type="checkbox"/> 01 Unleaded <input type="checkbox"/> 02 Regular <input checked="" type="checkbox"/> 03 Premium <input type="checkbox"/> 04 Diesel <input type="checkbox"/> 05 Waste Oil <input type="checkbox"/> 06 Other (List) _____ If you answered yes, do not complete Part VIII.		

## V Container Construction

A Thickness of Primary Containment <b>P.C.S.</b> <input type="checkbox"/> Gauge <input type="checkbox"/> Inches <input type="checkbox"/> cm <input type="checkbox"/> Unknown					
B <input type="checkbox"/> 01 Vaulted (Located in an underground Vault) <input checked="" type="checkbox"/> 02 Non-vaulted <input type="checkbox"/> 03 Unknown					
C <input type="checkbox"/> 01 Double Walled <input checked="" type="checkbox"/> 02 Single Walled <input type="checkbox"/> 03 Lined					
D <input checked="" type="checkbox"/> 01 Carbon Steel <input type="checkbox"/> 02 Stainless Steel <input type="checkbox"/> 03 Fiberglass <input type="checkbox"/> 04 Polyvinyl Chloride <input type="checkbox"/> 05 Concrete <input type="checkbox"/> 06 Aluminum					
<input type="checkbox"/> 07 Steel Clad <input type="checkbox"/> 08 Bronze <input type="checkbox"/> 09 Composite <input type="checkbox"/> 10 Non-metallic <input type="checkbox"/> 11 Earthen Walls					
<input type="checkbox"/> 12 Unknown <input type="checkbox"/> 13 Other _____					

**Container Construction**

E  01 Rubber Lined     02 Alkyd Lining     03 Epoxy Lining     04 Phenolic Lining     05 Glass Lining     06 Clay Lining

07 Unlined     08 Unknown     09 Other \_\_\_\_\_

---

F  01 Polyethylene Wrap     02 Vinyl Wrapping     03 Cathodic Protection

04 Unknown     05 None     06 tar or asphalt     09 Other

**VI Piping**

A. Aboveground Piping     01 Double-walled pipe     02 Concrete-lined trench     03 Gravity     04 Pressure     05 Suction

(Check appropriate box(es))     06 Unknown     07 None

---

B. Underground Piping:     01 Double-walled pipe     02 Concrete-lined trench     03 Gravity     04 Pressure     05 Suction

(Check appropriate box(es))     06 Unknown     07 None

**VII Leak Detection**

01 Visual     02 Stock Inventory     03 Tile Drain     04 Vapor Sniff Wells     05 Sensor Instrument

06 Ground Water Monitoring Wells     07 Pressure Test     08 Internal Inspection     09 None

10 Other PIPING - RED JACKET LEAK DETECTOR - INSTALLED 1980

**VIII Chemical Composition of Materials Currently or Previously Stored in Underground Containers**  
 If you checked yes to IV -F you are not required to complete this section

currently stored	previously stored	CAS # (if known)	Chemical Do Not Use Commercial Name (Use additional paper for more room)
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		
<input type="checkbox"/> 01	<input type="checkbox"/> 02		

Is Container located on an Agricultural Farm?     01 Yes     02 No

Person Filing (Signature) *J. Sanchez*    Phone w/area code (415) 945-7676

**For Local Agency Use Only**

AGENCY NAME <b>Santa Clara Co. Health - Hazardous Materials</b>	CITY <b>San Jose</b>	COUNTY <b>Santa Clara</b>
CONTACT PERSON <b>Lee Esquibel</b>	PHONE W/AREA CODE <b>(408) 299-6930</b>	
INSPECTION DATE (1ST INSPECTION)	PERMIT APPROVAL DATE <b>9/23/85</b>	PERMIT ID NUMBER <b>P00086 F00070</b>

**FOR STATE USE ONLY**

STATE ID. NUMBER	Accounting Number	County Number
Date Received	<input type="checkbox"/> 01	<input type="checkbox"/> 02
		<input type="checkbox"/> 03



- d. Corrosion protection: Steel tanks were installed per code at time and are generally protected from corrosion by wrapping and bituminous coating material.
- e. Piping and fittings: Pipelines are fiberglass or steel. Steel piping is generally wrapped with a vinyl corrosion protective material.

All pipelines are equipped with leak detectors.

- f. Product storage at this site:

	<u>PRODUCT</u>	<u>TANK VOLUME</u>	<u>TANK MATERIAL</u>
(1)	Unleaded gasoline	<u>10,000</u> gallons	<u>Steel</u>
(2)	Leaded gasoline	<u>10,000</u> gallons	<u>Steel</u>
(3)	Waste oil	<u>550</u> gallons	<u>Steel</u>
(4)	Diesel fuel	<u>          </u> gallons	<u>          </u>
(5)	Other:	<u>          </u>	<u>          </u>

7. Separation of material: Each petroleum product grade is stored in individual tank with individual pipeline to dispensers. Each storage tank has a product and capacity tag attached to the fill tube. Fill manhole covers are identified by color code. A greater hazardous situation would not exist due to mixing of products.

- 8. Proposed method for over fill protection:

- a. Operator is to control delivery and gauge tank prior to receiving fuel load to assure tank holding capacity is available for entire delivery. Driver is to gauge tank to assure capacity is available for entire delivery and to remain in attendant during delivery to monitor the operation.
- b. Clean up procedure: Small spills will be cleaned up using absorbent materials. Larger spills will be cleaned up using absorbent materials, pumps, and vacuum truck.
- c. Confirmation of leakages and investigative steps utilized in identifying the source of leak will proceed in accordance with a logical sequential process as outlined in American Petroleum Institute Standard No. 1628, "Underground Spill and Clean-up Manual" or National Fire Protection Association Standard No. 329, "Handling of Underground Leakage of Flammable and Combustible Liquids."

- b. Clean up procedure: Small spills will be cleaned up using absorbent materials. Larger spills will be cleaned up using absorbent materials, pumps, and vacuum truck.
- c. Confirmation of leakages and investigative steps utilized in identifying the source of leak will proceed in accordance with a logical sequential process as outlined in American Petroleum Institute Standard No. 1628, "Underground Spill and Clean-up Manual" or National Fire Protection Association Standard No. 329, "Handling of Underground Leakage of Flammable and Combustible Liquids."

9. Monitoring plan for detection of leaks and spills:

- a. Inventory Control - Inventory records shall be maintained and reconciled by the station operator for each tank and product for indication of possible leakage from tanks or piping. Inventory Control Record Exhibit "C".

The basic daily gasoline inventory record shall contain the following information for each tank:

- 1) Product
- 2) Stick or gauge reading opening physical inventory
- 3) Meter reading of sales
- 4) Delivery receipts
- 5) Inventory balance
- 6) Closing physical inventory
- 7) Volume differential (overage or shortage)
- 8) Signature of person reconciling inventory

Inventory records are to be maintained 1 year and reviewed quarterly.

- b. Inspection

- 1) Daily inspections shall be made of the inventory control records.
- 2) Daily visual inspections shall be made of each tanks submerged pump box and fill box and after each delivery.
- 3) Pressurized piping systems shall be monitored utilizing on line leak detectors. Operator is to be aware that reduction in product flow to 3+ gallons per minute indicates a potential leak. Leak detectors will be tested yearly for proper operation.
- 4) Periodic testing of tanks and piping for tightness will be performed for compliance with National Fire Protection Association Standard No. 329 or local ordinance.
- 5) Dispenser core holes shall be periodically inspected for signs of leakage.

10. Inspection, monitoring, and Recordable Discharge Log

a) Inspections and Monitoring

- 1) Inventory Control Record: Complete daily, review quarterly Exhibit "C".
- 2) Tank area, fill box, pump box, yard area at tanks: Daily visual inspection and after each delivery.
- 3) Dispenser core holes: Inspect quarterly.
- 4) Testing of leak detectors: Yearly test for proper operation.
- 5) Pressure test pipelines: Yearly
- 6) Test tanks: Per NFPA STD No. 329 or as required by local ordinance.
- 7) Safety equipment and supplies: Quarterly or per ordinance.
- 8) Repairs: Enter record of all repairs into Inspection Log.
- 9) All inspection observations and corrective actions to be entered on Visual Inspection Record Exhibit "D".

b. Spill Record Log: Recordable Discharge Log Exhibit "E".

- 1) Record every spill over approximately one gallon in size. Any unauthorized discharge which cannot be cleaned up within 15 minutes shall immediately be reported to owner's representative and entered in log with action taken.

11. Emergency equipment: Record of testing and maintenance

- a) Emergency shut off valves: Inspect Quarterly. Enter results into inspection record.
- b) Leak detectors: Test yearly. Enter test results into inspection record.
- c) Fire extinguishers: Test yearly. Enter test results into inspection record.
- d) Absorbent materials: Inspect supply quarterly. Enter quantity into inspection record.
- e) Emergency power shutoff: Inspect quarterly. Enter test results into inspection record.

f) Other \_\_\_\_\_

g) Delivery vehicle is equipped with following:

a) Fire Extinguishers.

b) Emergency Telephone Numbers.

Maintenance of delivery vehicle is responsibility of driver and terminal.

The above information is true and correct. If there is any change which would materially affect any answer above, I will inform the City and apply for an appropriate amendment to this permit.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this 3 day of OCT, 1984 at

4350 EL CAMINO REAL LOS ALTOS  
Address

FELIX BOLTON OWNER.  
Name & Title of Applicant (Print)

Felix Bolton 10-3-84  
Signature of Applicant Date

Attachments:  
Exhibits A, B, C, D & E

The above hazardous material management plan application has been prepared under my supervisor using Union Oil Company data and field observations and is true and correct to my knowledge as of this date.

ELDER ENGINEERING, INC.  
3820 Auburn Blvd.  
Suite 83  
Sacramento, CA 95821  
(916) 972-8291

James J. Elder RE 14600 Sept. 18, 1984  
James J. Elder License Date  
Registered Civil Number  
Engineer

DAILY GASOLINE INVENTORY RECORD

PERMIT NO. \_\_\_\_\_

S.S. NO. \_\_\_\_\_

EXHIBIT C

	Gauge Inches	Tank Storage	-	Sales	+	Delivery	=	PRODUCT	MO./YEAR	Inventory (+) Balance	Closing Inventory	Over (Short)	Person Making Inventory
1.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
15.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
16.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
17.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
18.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
19.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
20.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
21.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
22.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
23.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
24.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
25.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
26.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
27.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
28.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
29.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
30.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
31.	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Signature of Operator \_\_\_\_\_





Santa Clara County HM  
CUPA Surcharge Data Input Document

Facility Name: Union Station # 256115 Facility ID #: FA 201602

Site Address 4350 EL CAMINO REAL - LA

**SURCHARGE ACTION NEEDED:**

- Add STATE CAL ARP SERVICE FEE (PE 5801) Record
- Add STATE HAZARDOUS MATERIALS SERVICE FEE (PE 5001) Record 370155
- Add STATE UST SERVICE FEE, SINGLE TANK (PE 5011) Record
- Add STATE UST SERVICE FEE, TWO TANKS (PE 5012) Record
- Add STATE UST SERVICE FEE, THREE TANKS (PE 5013) Record
- Add STATE UST SERVICE FEE, FOUR TANKS (PE 5014) Record
- Add STATE UST SERVICE FEE, FIVE TANKS (PE 5015) Record
- Add STATE UST SERVICE FEE, SIX TANKS (PE 5016) Record
- Federal Facility: Inactivate STATE UST SERVICE FEE Record # PR

Staff Name: PROSEMER Date: 4-10-01

Supervisor Initials: ms Date: 4/10/01 Input by: 10096 Date: 5/09/01

Department of Environmental Health  
Data Input Document and Adjustment Form

EFFECTIVE DATE: Now

**CURRENT INFORMATION:**

OWNER ID # 152925 FACILITY ID # 201602 PROGRAM ID # \_\_\_\_\_  
Facility Name VMON STATION # 256115  
Facility Address 4350 EL CAMINO REAL, CA

**NEW INFORMATION (MODIFY):**

OWNER: TOSCO CORP. Phone # \_\_\_\_\_  
FACILITY: \_\_\_\_\_  
BILLING ADDRESS: \_\_\_\_\_  
CARE OF DESIGNATION:  OWNER  FACILITY  BILLING  
(C/O NAME) \_\_\_\_\_  
 CHANGE P/E TO \_\_\_\_\_  STOP BILLING  INACTIVATE PROGRAM  
 CHANGE PERMIT STATUS TO \_\_\_\_\_  OTHER \_\_\_\_\_  
COMMENT: NO OWNERSHIP CHANGE. FACILITY IS TIED TO WRONG OWNER RECORD

Input by 16022 Date 7-19-00

**FISCAL ADJUSTMENT INFORMATION**

ACCT ID # \_\_\_\_\_ INV ID # \_\_\_\_\_ ADJUSTED AMT \$ \_\_\_\_\_  
REASON FOR ADJUSTMENT: (Check all that apply)  
 Waive Delinquency  Refund  Refer to DOR  Other (Explain in  
 Delete Charge  Ownership Change  Close Account Comment)  
 Transfer Payment FROM (Inv ID) \_\_\_\_\_ TO (Inv ID) \_\_\_\_\_  
COMMENT: \_\_\_\_\_

COMMENT: \_\_\_\_\_  
Employee Name/ID # BRETHGARS # 4686 Date 7-13-00  
Supervisor Initials JB Date 7/13 Input by \_\_\_\_\_ Date \_\_\_\_\_

DATE: 7-19-00

Support Staff Employee ID: 10022

# HMCD APPLICATION CODING & TRACKING FORM

## STAFF

## SUPPORT STAFF

Business Code: \_\_\_\_\_  
 Hazardous Category: \_\_\_\_\_  
 City Code: \_\_\_\_\_  
 Business Type: \_\_\_\_\_  
 Employee ID: \_\_\_\_\_  
 Program Element (P/E): \_\_\_\_\_  
 Permit Status: \_\_\_\_\_  
 Type of Permit: \_\_\_\_\_  
 Current Status: \_\_\_\_\_  
 Mail Correspondence To: \_\_\_\_\_

Owner ID: \_\_\_\_\_  
 Multiple Owner ID: \_\_\_\_\_  
 Multiple Owner ID: \_\_\_\_\_  
 Facility ID: \_\_\_\_\_  
 Program Record ID: \_\_\_\_\_  
 Program Record ID: \_\_\_\_\_  
 Program Record ID: \_\_\_\_\_  
 Permit Record ID: \_\_\_\_\_  
 Permit Record ID: \_\_\_\_\_  
 Account Record ID: \_\_\_\_\_

**Business Code:** 01-Corporation, 02-Individual, 03-Partnership, 04-Local Agency, 05-County Agency, 06-State Agency, 07-Federal Agency, 99-Unknown

**Business Type:** 01-Food, 02-Recreation, 03-Hazardous Materials, 04-Hazardous Waste Generator, 05-Water, 06-Solid Waste, 07-Medical Waste, 08-Multi-Hazardous Materials, 09-Pumper, 10-Multi-programs, 99-Unknown

**Hazard Category:** 1-Explosives, 2-Gases, 3-Flammable Liquids, 4-Flammable Solids, 5-Oxidizers-peroxides, 6-Poisons, 7-Radioactive Materials, 8-Corrosives, 9-ORM

**Permit Status:** 02-Inactive permit, 08-Tank removal, 10-Full permit, 21-Active, 50-New permit

**City Code:** 01-Palo Alto, 02-Los Altos, 03-Los Altos Hills, 04-Mountain View, 05-Cupertino, 06-Sunnyvale, 07-Santa Clara, 08-Milpitas, 09-Campbell, 10-Saratoga, 11-Los Gatos, 12-Monte Sereno, 13-San Jose, 14-Morgan Hill, 15-Gilroy, 16-County area, 17-County-at-large, 18-Out-of-County, 19-Stanford, 20-San Martin, 21-Moffett Field

**Type of Permit:** P-Permanent, PE-Permanent exempt

**Current Status:** 01-Active, 02-Inactive, 03-Temporarily inactive, 04-Active, exempt from billing

**Mail To:** 01-Owner, 02-Facility

TA 0100022 ✓  
 TA 0100023 ✓  
 TA 0100024 ✓

## SWITCH

	Owner Name	Owner ID #	Facility ID #	Program ID #	Permit ID #	Account ID #
Switch From:	<del>TOSCO Corp</del> CIRCLE K-	<del>152925</del> 114414	201602	PR0308081 PR0364538	stak see	AR1241553
Switch To:	TOSCO	152925	✓		—	

## Comments:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Department of Environmental Health  
Data Input Document and Adjustment Form**

EFFECTIVE DATE: Now

**CURRENT INFORMATION:**  
OWNER ID # 114414 FACILITY ID # 201602 PROGRAM ID # \_\_\_\_\_  
Facility Name UNION # 6115  
Facility Address 4350 EL CAMINO REAL - LA

**NEW INFORMATION (MODIFY):**  
OWNER: \_\_\_\_\_  
FACILITY: \_\_\_\_\_  
BILLING ADDRESS: \_\_\_\_\_  
CARE OF DESIGNATION:  OWNER  FACILITY  BILLING  
(C/O NAME) \_\_\_\_\_  
 CHANGE P/E TO \_\_\_\_\_  STOP BILLING  INACTIVATE PROGRAM  
 CHANGE PERMIT STATUS TO \_\_\_\_\_  OTHER \_\_\_\_\_  
COMMENT: \_\_\_\_\_

Input by W Date 7-10-98

**FISCAL ADJUSTMENT INFORMATION**

ACCT ID # \_\_\_\_\_ INV ID # \_\_\_\_\_ ADJUSTED AMT \$ \_\_\_\_\_  
REASON FOR ADJUSTMENT: (Check all that apply)  
 Waive Delinquency  Refund  Refer to DOR  Other (Explain in  
 Delete Charge  Ownership Change  Close Account Comment)  
 Transfer Payment FROM (Inv ID) \_\_\_\_\_ TO (Inv ID) \_\_\_\_\_  
COMMENT: \_\_\_\_\_

COMMENT: MODIFY NAME. DO NOT REBILL.  
Employee ID 8881 Date 6-30-98 Supervisor Initials ds Date 7/98  
Input by \_\_\_\_\_ Date \_\_\_\_\_

# Department of Environmental Health Data Input Document and Adjustment Form

Please Indicate

- MODIFY
  INACTIVATE
  FISCAL ADJUSTMENT

EFFECTIVE DATE: 10-1-97

FACILITY ID # 201602 PROGRAM ID # \_\_\_\_\_  
 Facility Name union # 10115 (TOSCO)  
 Facility Address (HMCD ONLY) \_\_\_\_\_

**MODIFY THE FOLLOWING INFORMATION:**

OWNER: \_\_\_\_\_

FACILITY: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CARE OF DESIGNATION:  OWNER  FACILITY  BILLING

CHANGE P/E TO \_\_\_\_\_  STOP BILLING (INACTIVATE PROGRAM)  
 CHANGE PERMIT STATUS TO \_\_\_\_\_  OTHER \_\_\_\_\_

**FISCAL ADJUSTMENT INFORMATION**

ACCT ID # 1241553 INV ID # 71131 ADJUSTED AMT \$ 1054<sup>00</sup>

REASON FOR ADJUSTMENT: (Check all that apply):  
 Waive Delinquency  Refund  Refer to DOR  Other (Explain in Comments)  
 Delete Charge  Ownership Change  Close Account

Transfer Payment FROM (Inv ID) \_\_\_\_\_ TO (Inv ID) \_\_\_\_\_

COMMENTS: penalty amounts: \$163<sup>50</sup>, \$163<sup>50</sup>, \$327 (there will be a \$40 credit)

Employee ID 1111 Date 10-1-97 Supervisor Initials JZ Date 10/2/97  
 Input by \_\_\_\_\_ Date \_\_\_\_\_

DEPARTMENT OF ENVIRONMENTAL HEALTH  
 2220 MOORPARK AVENUE ROOM 100  
 P O BOX 26070  
 SAN JOSE, CA 95159-6070 408-299-6060

30234 Nancy Mueller  
 9/10/97 PAYMENT DUE DATE  
 09/30/97  
 FY I  
 am R  
 Facility ID  
 212377

**ACCOUNT STATEMENT & BILL**

RE: B P OIL CO #2458  
 3501 HOMESTEAD RD

Account # Date

1212377	08/27/97
---------	----------

ACCT BAL: 10.00

ENV COMPLIANCE DC-40  
 TOSCO NORTHWEST CO  
 PO BOX 52084  
 PHOENIX AZ 85072-2084

FOR PROPER CREDIT, PLEASE CUT HERE AND RETURN TOP PORTION WITH YOUR PAYMENT.

Date	Health Program	Description	Amount
------	----------------	-------------	--------

ACCOUNT ID: 1212377 FACILITY ID: 212377 STATEMENT DATE: 08/27/97

Invoice #711824	-- Date of Invoice: 07/26/97		
08/01/97	1619	LIMITED FOOD SALES-CATEGORY 2 B P OIL CO	214.00
		305926	
08/11/97	9991	CREDIT ADJUSTMENT - APPLY BALANCES Batch Generated Adjustment	-204.00
Total for this invoice:			<del>10.00</del>

Business closed  
 Applied 10.00 to  
 Invoice # 711824  
 per invoice  
 9/29/97

1-30 Days	31-60 Days	61-90 Days	91-120 Days	121+ Plus	AMOUNT DUE
10.00	0.00	0.00	0.00	0.00	\$ 10.00

Penalties will be added to all new charges at the rate of 50% of the out-standing balance 30 days after the date of this statement.

DEPARTMENT OF ENVIRONMENTAL HEALTH  
 2220 MOORPARK AVENUE ROOM 100  
 P O BOX 26070  
 SAN JOSE, CA 95159-6070 408-299-6060

PAYMENT DUE DATE  
 09/30/97

Facility ID  
 201602

## ACCOUNT STATEMENT & BILL

RE: UNION #6115  
 4350 EL CAMINO REAL

Account # Date

1201602 08/26/97

ENV COMPLIANCE DC-40  
 TOSCO MARKETING COMPANY  
 PO BOX 52084  
 PHOENIX AZ 85072-2084

ACCT BAL: 1308.00

FOR PROPER CREDIT, PLEASE CUT HERE AND RETURN TOP PORTION WITH YOUR PAYMENT:

Date	Health Program	Description	Amount
------	----------------	-------------	--------

ACCOUNT ID: 1201602 FACILITY ID: 201602 STATEMENT DATE: 08/26/97

Invoice #711131	-- Date of Invoice: 07/26/97		
08/01/97	2311	COMMERCIAL U/G TANK-MULTIPLE TANK-PER TANK	327.00
		100022	
08/01/97	2311	COMMERCIAL U/G TANK-MULTIPLE TANK-PER TANK	327.00
		100023	
08/01/97	2310	COMMERCIAL U/G TANK SITE-SINGLE TANK	654.00
		100024	

Total for this invoice: 1,308.00

1,308.00  
 1,308.00

1-30 Days	31-60 Days	61-90 Days	91-120 Days	121+ Plus	AMOUNT DUE
1,308.00	0.00	0.00	0.00	0.00	\$ 1,308.00

Penalties will be added to all new charges at the rate of 50% of the outstanding balance 30 days after the date of this statement.

DISPLAY IN PUBLIC VIEW

Beginning Date: **11/23/87**

Santa Clara County  
Department of Environmental Health  
2220 Moorpark Avenue  
San Jose, CA 95128  
ENVIRONMENTAL HEALTH PERMIT

Permit Number

**2813-D**

Expiration Date: **08/31/96**

Inventory I.D. No.

This permit is not transferable and may be revoked for cause

**PERMIT HOLDER IS RESPONSIBLE FOR PERMIT**

**200063-AC**

Renew on or before expiration date. If Permit Holder does not receive renewal notice present this Permit to the above address on or before expiration date.

**100024**

Business Name and Location: **UNION #6115 #1  
4350 EL CAMINO REAL  
LOS ALTOS CA 94022**



**2311-A  
COMMERCIAL  
U/G TANK SITE  
SINGLE TANK**

**2310**

Owner Address: **UNOCAL ME 8 C  
C/O UNION #6115 #1  
PO BOX 2390  
BREA CA 92622-2390**

**ATTN: ENV COMPLIANCE**

Vehicle ID:  
License No.  
Year  
Make

Issued by Department of Environmental Health  
County of Santa Clara  
under the authority of  
County Ordinance NS517  
and Section 510 California  
Health and Safety Code

Fee: **\$624.00**

Permit Status: **FULL-TERM**

DISPLAY IN PUBLIC VIEW

Beginning Date: 11/23/87

Santa Clara County  
Department of Environmental Health  
2220 Moorpark Avenue  
San Jose, CA 95128  
ENVIRONMENTAL HEALTH PERMIT

Permit Number

2814-D

Expiration Date: 08/31/96

Inventory I.D. No.

This permit is not transferable and may be revoked for cause.

**PERMIT HOLDER IS RESPONSIBLE FOR PERMIT**

200066-AC

Renew on or before expiration date. If Permit Holder does not receive renewal notice present this Permit to the above address on or before expiration date.

100022

2311

Business Name and Location: UNION #6115 #2  
4350 EL CAMINO REAL  
LOS ALTOS CA 94022



2311-B  
COMMERCIAL  
U/G TANK SITE  
MULT TANKS (EA TANK)

Owner Address: UNOCAL HE & C  
C/O UNION #6115 #2  
PO BOX 2390  
BREA CA 92622-2390

ATTN: ENV COMPLIANCE

Vehicle ID:

License No.

Year

Make

Issued by Department of Environmental Health  
County of Santa Clara  
under the authority of  
County Ordinance NS617  
and Section 510 California  
Health and Safety Code

Fee: \$312.00

Permit Status: FULL TERM

DISPLAY IN PUBLIC VIEW

Beginning Date: **11/23/87**

Santa Clara County  
Department of Environmental Health  
2220 Moorpark Avenue  
San Jose, CA 95128  
ENVIRONMENTAL HEALTH PERMIT

Permit Number

**2815-D**

Expiration Date: **08/31/96**

Inventory I.D. No.

This permit is not transferable and may be revoked for cause

**PERMIT HOLDER IS RESPONSIBLE FOR PERMIT**

**200069-AC**

Renew on or before expiration date. If Permit Holder does not receive renewal notice present this Permit to the above address on or before expiration date.

**100023**

**2311**

Business Name and Location: **UNION #6115 #3  
4350 EL CAMINO REAL  
LOS ALTOS CA 94022**



**2311-B  
COMMERCIAL  
U/G TANK SITE  
MULT TANKS (EA TANK)**

Owner Address: **UNOCAL ME & C ATTN: ENV COMPLIANCE  
C/O UNION #6115 #3  
PO BOX 2390  
BREA CA 92622-2390**

Vehicle ID:

License No.

Year

Make

Issued by Department of Environmental Health  
County of Santa Clara  
under the authority of  
County Ordinance NS517  
and Section 510 California  
Health and Safety Code

Fee: **\$312.00**

Permit Status: **FULL-TERM**

Envision Data Input Document

FACILITY NAME: Union #6115 OLD EHIS # \_\_\_\_\_ Date: 7/14/97

Current Owner ID#: \_\_\_\_\_ New Owner ID#: \_\_\_\_\_ Facility ID#: \_\_\_\_\_ Program ID#: \_\_\_\_\_ Permit ID#: \_\_\_\_\_

Owner Information Changes: \_\_\_\_\_

Facility Information Changes: \_\_\_\_\_

Change of Billing Address: Tosco Marketing Company Env. Compliance, DC-40  
P.O. Box 52084 Phoenix, Arizona 85072-2084

Change of "Care of" Designation  Owner  Facility  Billing: \_\_\_\_\_

Change Permit Status To: \_\_\_\_\_  Change P/E to: \_\_\_\_\_ Effective Date of Change: \_\_\_\_\_

Inactivate Program Record (stop billing) Effective Date: \_\_\_\_\_

Other: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Emp# \_\_\_\_\_ Supervisor Init: gB Date: 7/14/97

Entered by: lll Date: 8-28-97

DATE:

8 28  
7/24/97

Employee ID

1111

### TRACKING FORM

OWNER:

\*Owner ID

Case #

Multiple Owners:

Owner ID

Owner ID

Owner ID

FACILITY:

Facility ID

201602

Facility ID

PROGRAM:

2399, 2205

Record ID

308081

100022

Key 1

Record ID

100023

Key 1

Record ID

100024

Key 1

Record ID

312958

Key 1

PERMIT:

Record ID

417222

Permit

Record ID

417223

Permit

Record ID

417221

Permit

Record ID

417224

Permit

ACCOUNT RECEIVABLE:

Acct ID

120

Invoice

Invoice

Invoice

Acct ID

Invoice

Invoice

Invoice

SERVICE REQUEST:

Record ID

COMPLAINT:

Record ID

SWITCH:	Name (Owner)	Owner #	Facility #	Program #	Permit #	Account #
FROM:		121819	201602			1201602
TO:	TOSCO	114414				1241553

AS Inv # 711131 / Change status to oa on old acct ID

DEPARTMENT OF ENVIRONMENTAL HEALTH  
 2220 MOORPARK AVENUE ROOM 100  
 P O BOX 26070  
 SAN JOSE, CA 95159-6070 408-299-6060

**COPY**

PAYMENT DUE DATE  
 08/31/97

Facility ID

201602

**ACCOUNT STATEMENT & BILL**

RE: UNION #6115 4350 EL CAMINO REAL  
 ENV. COMPLIANCE DC-40  
 TOSCO MARKETING COMPANY  
 PO BOX 52084  
 PHOENIX AZ 85072-2084

*8-4-97 I did a quick fix in order to get the bill out, but facilities still need to be switched to new owner Tosco*

Account #	Date
1201602	08/04/97

ACCT BAL: 1308.00

FOR PROPER CREDIT, PLEASE CUT HERE AND RETURN TOP PORTION WITH YOUR PAYMENT.

Date	Health Program	Description	Amount
------	----------------	-------------	--------

ACCOUNT ID: 1201602 FACILITY ID: 201602 STATEMENT DATE: 08/04/97

Invoice #711131	-- Date of Invoice: 07/26/97		
08/01/97	2311	COMMERCIAL U/G TANK-MULTIPLE TANK-PER TANK 100022	327.00
08/01/97	2311	COMMERCIAL U/G TANK-MULTIPLE TANK-PER TANK 100023	327.00
08/01/97	2310	COMMERCIAL U/G TANK SITE-SINGLE TANK 100024	654.00
Total for this invoice:			1,308.00

1-30 Days	31-60 Days	61-90 Days	91-120 Days	121+ Plus	AMOUNT DUE
1,308.00	0.00	0.00	0.00	0.00	\$ 1,308.00

Penalties will be added to all new charges at the rate of 50% of the outstanding balance 30 days after the date of this statement.

DEPARTMENT OF ENVIRONMENTAL HEALTH  
 2220 MOORPARK AVENUE ROOM 100  
 P O BOX 26070  
 SAN JOSE, CA 95159-6070 408-299-6067

PAYMENT DUE DATE  
 08/31/97

Facility ID

201602

*owner change*

**ACCOUNT STA**

RE: UNION #6115 #1  
 4350 EL CAMINO REAL

ount # Date

1201602 07/31/97

UNOCAL ME & C  
 UNION OIL CO OF CALIFORNIA  
 PO BOX 2390  
 BREA CA 92622-2390

ACCT BAL: 1308.00

FOR PROPER CREDIT, PLEASE CUT HERE AND RETURN TOP PORTION WITH YOUR PAYMENT.

Date	Health Program	Description	Amount
------	----------------	-------------	--------

ACCOUNT ID: 1201602 FACILITY ID: 201602 STATEMENT DATE: 07/31/97

Invoice #711131 Date of Invoice: 07/26/97

08/01/97	2311	COMMERCIAL U/G TANK-MULTIPLE TANK-PER TANK 100022	327.00
08/01/97	2311	COMMERCIAL U/G TANK-MULTIPLE TANK-PER TANK 100023	327.00
08/01/97	2310	COMMERCIAL U/G TANK SITE-SINGLE TANK 100024	654.00

Total for this invoice: 1,308.00

1-30 Days	31-60 Days	61-90 Days	91-120 Days	121+ Plus	AMOUNT DUE
1,308.00	0.00	0.00	0.00	0.00	\$ 1,308.00

Penalties will be added to all new charges at the rate of 50% of the out-standing balance 30 days after the date of this statement.



JUL 8 3 43 PM '97

July 1, 1997

Established 1966

JOHN W. JOHNSON  
Architect  
Co-President

Wayne Yip  
Santa Clara Co. HazMat Compliance Div.  
2220 Moorpark Avenue  
San Jose, CA 95128

BRIAN F. ZITA  
Architect  
Co-President

RE: Change of Ownership, Former 76 Products Company Hazardous Materials Management Plans (HMMP)

To Whom It May Concern:

JOHN B. HICKS  
Architect  
Vice President

On behalf of Tosco Inc., RHL Design Group, Inc. hereby provides notification that effective April 1, 1997, Tosco Inc. acquired the assets of 76 Products Company from Union Oil Company of California (UNOCAL). Former 76 Products dealer-operated sites in your jurisdiction are provided on the attached list. The dealer-operated sites listed now are registered under the ownership of Tosco Inc., but, will continue to operate under the 76 logo. Also, operation of these sites will remain the responsibility of the business owner, dealer or manager as indicated on the current HMMP on file. Accordingly, the Dun & Bradstreet number for Tosco Inc. is: 04-468-3969.

CECIL R. SPENCER  
Architect  
Vice President

The new mailing address for all correspondence and/or invoices regarding the HMMPs or related hazardous materials permits should be directed to:

BRUCE J. GREENFIELD  
Managing Architect  
Associate

Tosco Marketing Company  
Environmental Compliance, DC-40  
PO Box 52084  
Phoenix, Arizona 85072-2084

HOWARD G. KIMURA  
Architect  
Associate

To date, the following items also have been submitted by Tosco Inc.

1. Underground Storage Tank Permit Application - Form A
2. Permit re-applications and permit fees for underground storage tanks
3. Financial Responsibility Statement

CHRIS LAWTON  
Regional Manager  
Associate

Please contact Steven A. Skanderson, RHL Design Group, Inc., at (707) 765-1660 or Guy Standard, Tosco Inc. at (602) 200-4528 if you have any questions or require additional information regarding this notification or HMMPs.

JAMES E. PRESTEN  
Regional Manager  
Associate

Sincerely,

RHL Design Group, Inc.

GARY M. SEMLING  
Managing Architect  
Associate

Steven A. Skanderson  
Project Manager

cc: Guy Standard, Tosco, Inc.

BLYTHE R. WILSON  
Managing Architect  
Associate



COMPUTER INPUT DOCUMENT

DATE: 1/12/94

SUBMITTED BY: M. Baly

MASTER INVENTORY

Inventory ID Number 210066 Add Modify  Delete

Business Name UNOCAL # 6115 # 2

Business Address \_\_\_\_\_

Business Code 2311-B Supervisor \_\_\_\_\_ District 612

Proprietor Name UNOCAL H&C ATTN: ENVIRONMENTAL COMPLIANCE

Billing Address P.O. BOX 2390 BREA, CA 92622-2390

Permit Number \_\_\_\_\_ Permit Status \_\_\_\_\_ Status Date: \_\_\_\_\_

Permit Issue Date \_\_\_\_\_ Permit Exp. Date: \_\_\_\_\_

Legal Owner \_\_\_\_\_

Legal Owner Address \_\_\_\_\_

Legal Owner Telephone \_\_\_\_\_

Contact Person \_\_\_\_\_ Contact Telephone \_\_\_\_\_

Discount Flag \_\_\_\_\_ State Surcharge \_\_\_\_\_ Bill Indicate \_\_\_\_\_

HAZARDOUS MATERIALS INVENTORY

Facility Status \_\_\_\_\_ Facility Status Date \_\_\_\_\_

Leak Status \_\_\_\_\_ Leak Refer-To Code \_\_\_\_\_ SIC Code \_\_\_\_\_

Storage Type \_\_\_\_\_ Monitor Type \_\_\_\_\_ Reports Made \_\_\_\_\_

Notification Letters \_\_\_\_\_ Extreme Hazard Status \_\_\_\_\_

Hazard Class 1 \_\_\_\_\_ Hazard Class 2 \_\_\_\_\_ Hazard Class 3 \_\_\_\_\_

Hazard Class 4 \_\_\_\_\_ Hazard Class 5 \_\_\_\_\_ Hazard Class 6 \_\_\_\_\_

Hazard Class 7 \_\_\_\_\_ Hazard Class 8 \_\_\_\_\_ Hazard Class 9 \_\_\_\_\_

HAZARDOUS WASTE INVENTORY

EPA ID Number \_\_\_\_\_ Treatment/Disposal Method \_\_\_\_\_

Liquid Waste \_\_\_\_\_ Waste Stream Type \_\_\_\_\_

Kilograms Generated \_\_\_\_\_ Frequency of Removal \_\_\_\_\_

Annual Throughput \_\_\_\_\_

*Do not use this*

93

JAN 26 1994  
cf

COMPUTER INPUT DOCUMENT

DATE: 1/12/94

SUBMITTED BY: M. Baly

MASTER INVENTORY

Inventory ID Number: 20069 | Add | Modify  Delete

Business Name: UNOCAL # 615 # 3

Business Address: \_\_\_\_\_

Business Code: 2311-B | Supervisor | District: 612

Proprietor Name: UNOCAL # 15 & C | ATTN: ENVIRONMENTAL COMPLIANCE

Billing Address: P.O. Box 2390, BREA, CA 92622-2390

Permit Number | Permit Status | Status Date

Permit Issue Date | Permit Exp. Date

Legal Owner | \_\_\_\_\_

Legal Owner Address | \_\_\_\_\_

Legal Owner Telephone | \_\_\_\_\_

Contact Person | \_\_\_\_\_ | Contact Telephone | \_\_\_\_\_

Discount Flag | State Surcharge | Bill Indicate

HAZARDOUS MATERIALS INVENTORY

Facility Status | Facility Status Date

Leak Status | Leak Refer-To Code | SIC Code

Storage Type | Monitor Type | Reports Made

Notification Letters | Extreme Hazard Status

Hazard Class 1 | Hazard Class 2 | Hazard Class 3

Hazard Class 4 | Hazard Class 5 | Hazard Class 6

Hazard Class 7 | Hazard Class 8 | Hazard Class 9

HAZARDOUS WASTE INVENTORY

EPA ID Number | Treatment/Disposal Method

Liquid Waste | Waste Stream Type

Kilograms Generated | Frequency of Removal

Annual Throughput

~~No new septic~~

B

JAN 26 1994  
esj

DISPLAY IN PUBLIC VIEW

Beginning Date: 11/23/87

Santa Clara County  
Environmental Health Services  
2220 Moorpark Avenue  
San Jose, CA 95128

Permit Number

2813-D

Expiration Date: 08/31/94

ENVIRONMENTAL HEALTH PERMIT

Inventory I.D. No.

This permit is not transferable and may be revoked for cause.

200063-AC

**PERMIT HOLDER IS RESPONSIBLE FOR PERMIT**

Renew on or before expiration date. If Permit Holder does not receive renewal notice, present this Permit to the above address on or before expiration date.

Business Name and Location:  
UNION #6115 #1  
4350 EL CAMINO REAL  
LOS ALTOS CA 94022



2311-A  
COMMERCIAL  
U76 TANK SITE  
SINGLE TANK

Owner Address:  
FELIX BOLTON JR  
C/O UNION #6115 #1  
4350 EL CAMINO REAL  
LOS ALTOS CA 94022

Vehicle ID:

License No.

Year

Make

Issued by Environmental Health Services  
County of Santa Clara  
under the authority of  
County Ordinance NS517  
and Section 810 California  
Health and Safety Code

Fee: \$500.00

Permit Status: FULL-TERM

DISPLAY IN PUBLIC VIEW

Beginning Date: 11/23/87

Santa Clara County  
Environmental Health Services  
2220 Moorpark Avenue  
San Jose, CA 95128

Permit Number

- 2814-D

Expiration Date: 08/31/94

ENVIRONMENTAL HEALTH PERMIT

Inventory I.D. No

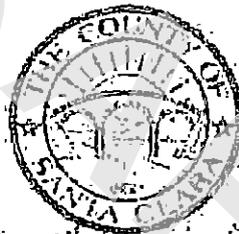
This permit is not transferable and may be revoked for cause:

**PERMIT HOLDER IS RESPONSIBLE FOR PERMIT**

200066-AC

Renew on or before expiration date. If Permit Holder does not receive renewal notice present this Permit to the above address on or before expiration date

Business Name and Location: UNION #6115 #2  
4350 EL CAMINO REAL  
LOS ALTOS CA 94022



2311-B  
COMMERCIAL  
U/G TANK SITE  
MULTI-TANKS (CEA TANK)

Owner Address: FELIX COLTON JR  
C/O UNION #6115 #2  
4350 EL CAMINO REAL  
LOS ALTOS CA 94022

Vehicle ID

License No.

Year

Make

Issued by Environmental Health Services  
County of Santa Clara  
under the authority of  
County Ordinance NS517  
and Section 510 California  
Health and Safety Code

Fee: \$300.00

Permit Status: FULL TERM

DISPLAY IN PUBLIC VIEW

Beginning Date: 11/23/87

Santa Clara County  
Environmental Health Services  
2220 Moorpark Avenue  
San Jose, CA 95128

Permit Number:

2815-0

Expiration Date: 08/31/94

ENVIRONMENTAL HEALTH PERMIT

Inventory I.D. No.

This permit is not transferable and may be revoked for cause.

**PERMIT HOLDER IS RESPONSIBLE FOR PERMIT**

200869-AC

Renew on or before expiration date. If Permit Holder does not receive renewal notice present this Permit to the above address on or before expiration date.

Business Name and Location: UNION #6115 #3  
4350 EL CAMINO REAL  
LOS ALTOS, CA 94022



2811-E  
COMMERCIAL  
U/G TANK SITE  
MULT. TANKS (E.A. TANK)

Owner Address: ELIX BOLTON JR  
670 UNION #6115 #3  
4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

Vehicle ID:  
License No:  
Year:  
Make:

Issued by Environmental Health Services  
County of Santa Clara  
under the authority of  
County Ordinance NSS17  
and Section 810 California  
Health and Safety Code

Fee: \$300.00

Permit Status: FULL TERM

Almon #6115  
4350 El Camino Real

SANTA CLARA COUNTY HEALTH DEPARTMENT  
PUBLIC HEALTH PERMIT

ADJUSTMENT/PAYMENT RECEIPT FORM

ID # 200063-AC  
PERMIT# 2813-D

AMOUNT TO BE ADJUSTED \$ 200.00  
AMOUNT RECEIVED BY CUSTOMER \$: \_\_\_\_\_  
CHECK# \_\_\_\_\_  
CASH \_\_\_\_\_

REASON FOR ADJUSTMENT:

Check One.

- WAIVE DELINQUENCY
- BUSINESS CLOSED (0 BALANCE)
- OWNERSHIP CHANGE (0 BALANCE)
- TRANSFER OF PAYMENT
- REFER TO DOR
- MISC. (REISSUE PERMIT, RESUME, ETC.)

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INITIALS Of

DATE 1-7-91

SUPERVISOR'S INITIALS JS

DATE 1/9/91

Union #6115  
#2

SANTA CLARA COUNTY HEALTH DEPARTMENT

PUBLIC HEALTH PERMIT

ADJUSTMENT/PAYMENT RECEIPT FORM

ID: # 200066-AC  
PERMIT# 2814-D

AMOUNT TO BE ADJUSTED \$ 50.00  
AMOUNT RECEIVED BY CUSTOMER \$ \_\_\_\_\_  
CHECK# \_\_\_\_\_  
CASH \_\_\_\_\_

REASON FOR ADJUSTMENT:

- Check One.
- WAIVE DELINQUENCY
- BUSINESS CLOSED (Q. BALANCE)
- OWNERSHIP CHANGE (Q. BALANCE)
- TRANSFER OF PAYMENT
- REFER TO DOR
- MISC. (REISSUE PERMIT, REBILL, ETC.)

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INITIALS [Signature] DATE 1-7-91  
SUPERVISOR'S INITIALS [Signature] DATE 1/9/91

DRAFT

Union #6115 #3  
4350 El Camino

SANTA CLARA COUNTY HEALTH DEPARTMENT  
PUBLIC HEALTH PERMIT

ADJUSTMENT/PAYMENT RECEIPT FORM

ID # 200069-110  
PERMIT# 2815-D

AMOUNT TO BE ADJUSTED \$ 50.00  
AMOUNT RECEIVED BY CUSTOMER \$ \_\_\_\_\_  
CHECK# \_\_\_\_\_  
CASH \_\_\_\_\_

REASON FOR ADJUSTMENT:

- Check One.
- WAIVE DELINQUENCY
  - BUSINESS CLOSED (Q. BALANCE)
  - OWNERSHIP CHANGE (Q. BALANCE)
  - TRANSFER OF PAYMENT
  - REFER TO DOR
  - MISC. (REISSUE PERMIT, REBILL, ETC.)

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INITIALS JF DATE 1/7-91

SUPERVISOR'S INITIALS JF DATE 1/9/91

Union #6115  
#2

SANTA CLARA COUNTY HEALTH DEPARTMENT  
PUBLIC HEALTH PERMIT

ADJUSTMENT/PAYMENT RECEIPT FORM

ID # 200066-AC  
PERMIT# 2814-D

AMOUNT TO BE ADJUSTED \$ 50.00  
AMOUNT RECEIVED BY CUSTOMER \$ \_\_\_\_\_  
CHECK# \_\_\_\_\_  
CASH \_\_\_\_\_

REASON FOR ADJUSTMENT:

- Check One.
- WAIVE DELINQUENCY
  - BUSINESS CLOSED (Q. BALANCE)
  - OWNERSHIP CHANGE (Q. BALANCE)
  - TRANSFER OF PAYMENT
  - REFER TO DOR
  - MISC. (REISSUE PERMIT, REBILL, ETC.)

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INITIALS JF DATE 1-7-91

SUPERVISOR'S INITIALS JF DATE 1/9/91

RECEIVED 3-7-02 HMD



TOSCO MARKETING COMPANY  
1500 N. Priest Drive  
Tempe, Arizona 85281  
Telephone: (602) 728-8000

February 25, 2002

Greg Galatolo  
El Camino 76 #256115  
4350 El Camino Real  
Los Altos, CA 94022

**AGENCY**

RE: HAZARDOUS MATERIALS MANAGEMENT PLANS

Dear Greg Galatolo:

Attached is the new Hazardous Materials Inventory and Business Plan Certification for your station. This updated HMMP is intended to amend the current HMMP. The "DEALER" copy should be attached to your current HMMP and kept in your "Success at the Pump", and available to all employees and agency personnel at all times.

**DO NOT DISCARD YOUR CURRENT HMMP**

**THESE FORMS MUST BE RETURNED TO RHL DESIGN GROUP AS SOON AS POSSIBLE. FAILURE TO RETURN AND IMPLEMENT THIS PLAN MAY RESULT IN FINES AND/OR CIVIL PENALTIES BY GOVERNMENT ENFORCEMENT AGENCIES.**

Instructions for signing and returning the packet:

1. Please sign all 3 copies of the CERTIFICATION where flagged and indicated with a "X".
2. Please return the 2 copies marked "AGENCY" and "RHL FILE" to RHL Design in the pre-stamped enclosed envelope.
3. Keep this "DEALER" copy in your Success at the Pump binder, and available for inspection.
4. Have your employees read and understand the contents of this package and sign the attached training log. Keep the training log at your station.

A copy of this HMMP Certification will be sent to: Santa Clara Co. Dept. of Env. Health within 30 days. If you have any questions regarding the content of this document, please contact RHL Design Group, Mr. Roger Beach at (707) 765-1660. If you have any additional questions, including invoicing questions, please contact Tosco Marketing Company, Hazardous Materials Coordinator at (602) 728-7080.

Sincerely,

Tosco Marketing Company

cc: RHL Design Group, Inc.

Enclosure

Reviewed by 

Date MARCH 7, 2002

256115

HAZARDOUS MATERIALS  
SUBMITTED FOR CERTIFICATION

# HAZARDOUS MATERIALS BUSINESS PLAN CERTIFICATION FORM

For Use By All Jurisdictions Within the County of Santa Clara  
Authority Cited: H&SC, 25503.3(c)

To: Agency Name: Santa Clara Co. Dept. of Env. Health  
Agency Mailing Address: P.O. Box 28070  
San Jose, CA 95159-8070

Pursuant to Section 25503.3(c) of California Health and Safety Code (H&SC), the Hazardous Materials Business Plan (HMBP) certification described below is hereby submitted for the following facility:

Facility Name: El Camino 76:#256115  
Facility Street Address: 4350 El Camino Real City: Los Altos  
Date of Current HMBP: 01/31/2002

I certify that: (Check the appropriate box.)

- I have personally reviewed the Hazardous Materials Business Plan currently on file with your agency and certify that the HMBP is complete and accurate. (See bottom of page for details.) or
- Revisions to the Hazardous Materials Business Plan are necessary. The HMBP as revised is being implemented. A copy of the revisions is enclosed with this Certification.

**OWNER/OPERATOR CERTIFICATION:** I hereby certify under penalty of law that, based upon my inquiry of those individuals responsible for obtaining the information reported above, I believe that the submitted information is true, accurate, and complete. I understand that a revised HMBP must be submitted within 30 days of any change in this facility's storage or handling of hazardous materials which would require updating of the HMBP.

Name of Owner/Operator (Print): GREG GALATOLO Title: DEALER  
Signature of Owner/Operator: [Signature] Date: 3/4/2

By checking the upper box on this form, you are certifying that:

- The information contained in the HMBP most recently submitted is complete, accurate, and up-to-date; and
- There has been no change in the quantity of any hazardous material as reported in the most recently submitted Hazardous Materials Inventory forms; and
- The facility has not begun handling any hazardous material in a HMBP reportable quantity which is not currently listed in the Hazardous Materials Inventory; and
- The HMBP most recently submitted HMBP contains the information required by Section 11022 of Title 42 of the United States Code; and
- There have been no substantial changes in the facility's hazardous materials operations which would require revision of the current HMBP.

**UNIFIED PROGRAM CONSOLIDATED FOR  
FACILITY INFORMATION**

*To. RECEIVED 3-7-02*

**BUSINESS OWNER/OPERATOR IDENTIFICATION**

Page 1 of 1

**I. IDENTIFICATION**

FACILITY ID#										BEGINNING DATE 3/1/2002		ENDING DATE 3/1/2003	
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) El Camino 76 #256115										BUSINESS PHONE 650-941-0244			
BUSINESS SITE ADDRESS 4350 El Camino Real													
CITY Los Altos										STATE CA		ZIP CODE 94022	
DUN & BRADSTREET 04-8564975										SIC CODE (4 digit #) 5541			
COUNTY Santa Clara													
BUSINESS OPERATOR NAME Greg Galatolo										BUSINESS OPERATOR PHONE 650-941-0244			

**II. BUSINESS OWNER**

OWNER NAME Greg Galatolo										OWNER PHONE 650-941-0244			
OWNER MAILING ADDRESS 4350 El Camino Real													
CITY Los Altos										STATE CA		ZIP CODE 94022	

**III. ENVIRONMENTAL CONTACT**

CONTACT NAME Janette Thompson										CONTACT PHONE 925-277-2404			
CONTACT MAILING ADDRESS 2000 Crow Canyon Pl. Suite 400													
CITY San Ramon										STATE CA		ZIP CODE 94583	

**-PRIMARY-**

**IV. EMERGENCY CONTACTS**

**-SECONDARY-**

NAME Greg Galatolo										NAME Tom Segovia			
TITLE Dealer										TITLE Manager			
BUSINESS PHONE 650-941-0244										BUSINESS PHONE 650-941-0244			
24-HOUR PHONE 650-948-8302										24-HOUR PHONE			
PAGER #										PAGER #			

**ADDITIONAL LOCALLY COLLECTED INFORMATION:**

Property Owner: Tosco Marketing Company Phone No.: 602-728-7080  
Billing Address: P.O. Box 52085, Phoenix, AZ 85702

Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE <i>Greg Galatolo</i>										DATE 3-4-02		NAME OF DOCUMENT PREPARER RHL Design Group, Inc.	
NAME OF SIGNER (print) GREG GALATOLO										TITLE OF SIGNER DEALER			

256115

**EMERGENCY RESPONSE PROCEDURES**  
**MAJOR INCIDENT: FIRE, SPILL OR SUSPECTED LEAK**

1. TURN OFF PUMPS using the Emergency Pump Shut-Off Switch.
2. EVACUATE: verbally ANNOUNCE to all persons on the site: "There is an emergency. Please turn off your engines and leave the station on foot immediately. All employees meet at the emergency assembly area."
3. CALL 9-1-1 Give the following information:  
 "THERE IS A FIRE / GASOLINE SPILL at the Tosco 76 service station at 4350 El Camino Real" If anyone is trapped or needs medical attention, tell the answering dispatcher. Stay on the phone and be prepared to answer any questions concerning the situation.
4. ATTEMPT to contain the spill if you can do it safely.
5. LOOK AROUND to ensure that everyone has left the station, particularly those in vehicles who may need assistance or may not have heard the emergency announcement. Assist or direct assistance to anyone having difficulty leaving the station area, and anyone who may be injured.
6. REPORT to arriving emergency response personnel to provide them with any information or assistance they might need.
7. CONTACT the station operator if s/he is not already at the station. Use the list below for emergency contacts:

Emergency Coordinator: Greg Galatolo Title: Dealer  
 Address: 1531 Arbor Dr. Los Altos Ca 94024  
 Bus#/Home#/Alt#: 650-941-0244 / 650-948-8302 /  
 Alternate Emergency Coordinator: Tom Segovia Title: Manager  
 Address: \_\_\_\_\_  
 Bus#/Home#/Alt#: 650-941-0244 / /

8. NOTIFY the following IMMEDIATELY to assist in the emergency and agency notification process:  
 Tosco Maintenance Call Center: 1-800-726-2312  
 Tosco Business Operations Manager or District Manager  
 Tosco Environmental Compliance Coordinator: North: Janette Thompson (925) 277-2404  
South: Stephen Boyd (714) 428-6572 or (800) 759-8888 pin#1267507

Tosco Corporation will notify the State and Local administering agencies within an appropriate time frame, unless the situation requires urgent immediate response by the agencies, in which case the OPERATOR should notify these agencies:

- a) LOCAL AGENCY: Santa Clara Co. Dept. of Env. Health  
PHONE NUMBER: 408-299-8007
- b) CALIFORNIA OFFICE OF EMERGENCY SERVICES, (800) 852-7550 (24 HOURS)
- c) LOCAL POLICE AND FIRE DEPARTMENTS, 911
- d) NATIONAL RESPONSE CENTER 1-800-424-8802 (24 HOURS).

**MINOR INCIDENT:** Any incident that can be contained and cleaned up as part of the routine operations. Whenever in doubt, consider the incident a major release and use the above procedures.

1. FIRES: Extinguish with fire extinguisher. Recharge fire extinguisher, if used.
2. SPILLS: Clean up with absorbent materials on site and dispose of according to all regulations. Have a fire extinguisher ready for spills of flammable materials. Restock absorbent as necessary. See Training Plan item #H for additional direction.
3. MEDICAL: Treat with on site first aid kit or take to nearest hospital. Employee training plan lists the nearest hospital.
4. RECORD: Record the event in the daily monitoring log.
5. NOTIFY: the dealer of the event.

## EMPLOYEE TRAINING PLAN

Employees must be given this training before starting work, and refresher courses must be provided annually. Records must be kept to show when each station employee has been given his/her safety training. Use the following outline and make copies as needed. Have employee date and sign the attached training log upon completion of training. Retain these records for a minimum of three years.

### I. FIRST THINGS TO KNOW:

A. EMERGENCY PUMP SHUT-OFF: This turns off the turbine pumps that provide flow to the dispensers from the underground tanks. In case of a leak, shutting off the pumps will help to prevent spills.  
Location: 1-NORTH EXT. BLDG. WALL, 1-STORAGE AREA

---

B. ELECTRICAL PANEL: The panel allows you to selectively cut off power to lights, signs, pumps, etc. The main switch kills all power at the site.  
Location: IN SERVICE BAY STORAGE AREA

---

C. TANK MONITORING ALARM: Monitoring panel for the Underground Storage Tanks. This panel will indicate when a leak is detected by a visual and audible alarm.  
Location: SERVICE BAY STORAGE AREA

---

D. WATER SHUT-OFF: The water shut-off may be necessary in some cases.  
Location: NONE

---

E. NATURAL GAS SHUT-OFF: If your station has natural gas, it may be necessary to shut-off the natural gas flow in an emergency.  
Location: NONE

---

F. PROPANE/LPG: If your station has a propane or liquefied petroleum gas tank - In the event of a release or fire, turn off the manual valves and shut off the power to the dispensing pumps. Call your supplier or dial 9-1-1 as appropriate.

G. FIRE EXTINGUISHER: Use only on small fires that you can handle. Do not attempt to extinguish large fires on your own; call 9-1-1 for help.  
Location: 2-IN SERVICE BAY

---

H. ABSORBENT: In the form of kitty litter, absorbent can soak up small spills of gasoline, diesel fuel, or other petroleum products. Absorbent should be used rather than washing spills down a drain. In case of large spill, merely try to contain it; a vacuum truck should be used to clean up any large spill.  
Location: IN SERVICE BAY STORE AREA

---

I. EMERGENCY RESPONSE EQUIPMENT: These items shall be used by employees to prevent direct skin contact with a hazardous material.

1. Broom: SERVICE BAY
  2. Shovel: SERVICE BAY
  3. Gloves: SERVICE BAY
  4. Goggles: SERVICE BAY
- 

J. FIRST AID KIT:  
Location: 1-IN SERVICE BAY STORE AREA

---

K. EMERGENCY ASSEMBLY AREA: Location where all employees are to meet in the event of an emergency.  
Location: SOUTH SIDE OF SITE

---

HAZARDOUS MATERIAL MANAGEMENT PLAN (HMMP) & MATERIAL SAFETY DATA SHEET (MSDS):

Location: SALES OFFICE

**II. NEAREST MEDICAL FACILITY:** Employees should know what facilities are available in case customers or other employees need medical attention.

1. NAME EL CAMINO HOSPITAL

ADDRESS: 2500 GRANT ROAD MOUNTAIN VIEW

PHONE NUMBER: 650-940-7055

NEAREST DESIGNATED TRAUMA CENTER:

2. NAME: STANFORD HOSPITAL

ADDRESS: 300 PASTEUR DR STANFORD

PHONE NUMBER: 650-723-5111

**III.** All employees should review the Hazardous Material Plan, of which this training plan is a part. Specifically, each employee should understand the procedures to be used in responding to various kinds of emergencies, and know how to monitor for leaks of hazardous materials. As a supplement to this package, employees should also review the Emergency Response Plan filed by your business to the appropriate local agency. Thirdly, employees should review and have access to the Materials Safety Data Sheets you have on file for each of the hazardous materials stored at the station and must be drilled in all emergency response procedures contained herein.

**IV. FIRST AID PROCEDURES (For exposure to gasoline or diesel fuel):**

A. EYE CONTACT: Flush with water for 15 minutes while holding eyelids open. Get medical attention.

B. SKIN CONTACT: Flush with water while removing contaminated clothing and shoes. Follow by washing with soap and water. Do not reuse clothing or shoes until cleaned. If irritation persists, get medical attention.

C. INHALATION (Breathing): Remove victim to fresh air and provide oxygen if breathing is difficult. If not breathing, give artificial respiration. Get medical attention.

D. INGESTION (Swallowing):

E. DO NOT INDUCE VOMITING BECAUSE GASOLINE CAN ENTER LUNGS AND CAUSE SEVERE LUNG DAMAGE! If vomiting occurs spontaneously keep head below hips to prevent aspiration of liquid into lungs. Get medical attention.

F. NOTE TO PHYSICIAN: If more than 2.0 ml per kg has been ingested and vomiting has not occurred, emesis should be induced with medical supervision. Keep victim's head below hips to prevent aspiration. If symptoms such as loss of gag reflex, convulsions or unconsciousness occur before emesis, gastric lavage using a cuffed endotracheal tube should be considered.

For further information, consult the Materials Safety Data Sheets for these products and for other hazardous materials.

FIRST AID FOR EXPOSURE TO OTHER MATERIALS: Consult the warning advice on container labels or refer to the MSDS for that product.

This hazardous material management plan meets the requirements of a hazardous waste contingency plan.

Document prepared by: Environmental Staff, RHL Design Group, Inc., 800-765-1025 Last updated: February 25, 2002

# HAZARDOUS MATERIALS TRAINING REQUIREMENTS

As the owner/operator of a business that handles hazardous materials, you must have the following:

- ◆ A Hazard Communication Plan (also known as an Employee Right-to-Know Plan)
- ◆ A SARA Tier II Chemical Inventory Report (in California this report is included in the Hazardous Materials Management Plan, also known as the CA Business Emergency Plan)
- ◆ An Emergency Response Plan
- ◆ An Underground Storage Tank Monitoring and Leak Detection Plan
- ◆ A Release Reporting Plan

Each of these plans requires employee training. Training must be documented by a written description of the topics covered and by a dated signature of the employees receiving the training. Annual refresher training is required. The introduction of new hazardous materials or changes in procedures requires immediate retraining. Training requirements that are common to more than one of these plans only needs to be given once to satisfy all of the plans containing that requirement as long as the training addresses the concerns of each plan.

- ◆ Training for the Hazard Communication Plan must include the following elements:
- ◆ An overview of the requirements contained in the Hazard Communication Regulation and the worker's rights under the Regulation.
- ◆ Locations of any operations in their work area where hazardous substances are present.
- ◆ Location where a copy of the written Hazard Communication program is made available to them.
- ◆ How to read labels and Material Safety Data Sheets (MSDS) to obtain appropriate hazard information, including physical and health effects of hazardous substances in the work place.
- ◆ How to detect the presence of or the release of hazardous substances in the work place.
- ◆ How to minimize their exposure to these hazardous substances by proper use of engineering controls, work practices, and/or personal protective equipment (gloves, etc).
- ◆ Emergency and first aid procedures to follow if employees are exposed to hazardous substances.





ARCHITECTURE • ENGINEERING • ENVIRONMENTAL SERVICES

1137 North McDowell Boulevard, Petaluma, CA 94954-1110 Telephone: (707) 765-1660 Facsimile: (707) 765-9908

John W. Johnson, Architect

Established 1966

March 06, 2002

JOHN W. JOHNSON  
Co-President  
Principal

Santa Clara Co. Dept. of Env. Health  
Greg Breshears  
P.O. Box 28070  
San Jose, CA 95159-8070

BRIAN F. ZITA  
Co-President  
Principal

**HAZARDOUS MATERIALS MANAGEMENT PLANS FOR TOSCO/CIRCLE K**

JOHN B. HICKS  
Vice President  
Principal

Dear Greg Breshears:

Enclosed please find the Hazardous Material Management Plans, HMMP(s), for the **Tosco Corporation** station(s) as listed on the attached sheet.

These inventories and HMMP(s) are being submitted for your review and approval.

CECIL R. SPENCER  
Vice President  
Principal

If there are any further correspondence or invoices related to these submissions, please direct them to:

Regional Compliance Specialist  
Tosco Corporation  
P.O. Box 52085  
Phoenix, AZ 85072-2085

ROY W. PEDRO  
Regional Manager

Sincerely,

**RHL DESIGN GROUP, INC.**

JOHN W. STROBEL  
Regional Manager  
Associate

Environmental Department

Enclosure

JESSE E. MACIAS  
Regional Manager  
Associate

MAR 7 10 44 AM '02

RECEIVED BY  
ENVIRONMENTAL HEALTH  
M000

ALAN K. SHIMABUKURO  
Regional Manager  
Associate

BLTYHE R. WILSON  
Regional Manager  
Associate

BELLEVUE, WA      LA HABRA, CA      MARTINEZ, CA      PETALUMA, CA  
SACRAMENTO, CA      SCOTTSDALE, AZ      VANCOUVER, WA

255957 ✓

Los Altos 76 #255957  
330 South San Antonio Rd.  
Los Altos, CA 94022

256115 ✓

El Camino 76 #256115  
4350 El Camino Real  
Los Altos, CA 94022

2611212 ✓

Saratoga 76 #2611212  
14395 Big Basin Way  
Saratoga, CA 95070

DRAFT

70 SCFD 2-12-01

**UNIFIED PROGRAM CONSOLIDATED FORM  
FACILITY INFORMATION  
BUSINESS OWNER/OPERATOR IDENTIFICATION**

RECEIVED BY  
ENVIRONMENTAL HEALTH

**I. IDENTIFICATION**

FEB 12 10 35 AM '01

FACILITY ID#	BEGINNING DATE	ENDING DATE
	1/1/2001	12/31/2001
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)	BUSINESS PHONE	
El Camino 76 #256115	650-941-0244	
BUSINESS SITE ADDRESS		
4350 El Camino Real		
CITY	STATE	ZIP CODE
Los Altos	CA	94022
DUN & BRADSTREET	SIC CODE (4 digit #)	
04-8564975	5541	
COUNTY		
Santa Clara		
BUSINESS OPERATOR NAME	BUSINESS OPERATOR PHONE	
Greg Galatolo	650-941-0244	

**II. BUSINESS OWNER**

OWNER NAME	OWNER PHONE	
Greg Galatolo	650-941-0244	
OWNER MAILING ADDRESS		
4350 El Camino Real		
CITY	STATE	ZIP CODE
Los Altos	CA	94022

**III. ENVIRONMENTAL CONTACT**

CONTACT NAME	CONTACT PHONE	
Tina Berry	925-277-2319	
CONTACT MAILING ADDRESS		
2000 Crow Canyon Pl. Suite 400		
CITY	STATE	ZIP CODE
San Ramon	CA	94583

**-PRIMARY-**

**IV. EMERGENCY CONTACTS**

**-SECONDARY-**

NAME	NAME
Greg Galatolo	Tom Segovia
TITLE	TITLE
Dealer	Manager
BUSINESS PHONE	BUSINESS PHONE
650-941-0244	650-941-0244
24-HOUR PHONE	24-HOUR PHONE
650-948-8302	
PAGER #	PAGER #

**ADDITIONAL LOCALLY COLLECTED INFORMATION:**

Property Owner: Tosco Marketing Company Phone No.: 602-728-7080  
 Billing Address: P.O. Box 52085, Phoenix, AZ 85702

Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	NAME OF DOCUMENT PREPARER
	2-4-1	RHL Design Group, Inc.
NAME OF SIGNER (print)	TITLE OF SIGNER	
GREG GALATOLO	DEALER	

256115

**UNIFIED PROGRAM CONSOLIDATED FORM  
HAZARDOUS MATERIALS  
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD

DELETE

REVISE

200

Page **3** of **11**

**I. FACILITY INFORMATION**

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)		3
El Camino: 76 #256115      256115		
CHEMICAL LOCATION	201	CHEMICAL LOCATION: CONFIDENTIAL - EPCRA
NORTHWEST SIDE OF LOT		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
FACILITY ID #	MAP# (optional)	GRID# (optional)
	203	204
		A

**II. CHEMICAL INFORMATION**

CHEMICAL NAME	205	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	206
PETROLEUM HYDROCARBON		<small>If Subject to EPCRA, refer to instructions</small>		
COMMON NAME	207	EHS*	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	208
REGULAR UNLEADED		*If EHS is "Yes", all amounts below must be in lbs.		
CAS#	209			
8006-61-9				

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)	210
I-B FLAMMABLE LIQUID	

HAZARDOUS MATERIAL TYPE (Check one item only)	211	RADIOACTIVE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	212	CURIES	213
<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE						

PHYSICAL STATE (Check one item only)	214	LARGEST CONTAINER	12000	215
<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS				

FED HAZARD CATEGORIES (Check all that apply)	216
<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH	

AVERAGE DAILY AMOUNT	217	MAXIMUM DAILY AMOUNT	218	ANNUAL WASTE AMOUNT	219	STATE WASTE CODE	220
6000.00		12000.00					

UNITS* (Check one item only)	221	DAYS ON SITE:	222
<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS		365	
<small>* If EHS, amount must be in pounds.</small>			

STORAGE CONTAINER	223
<input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input checked="" type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON	

STORAGE PRESSURE	224
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	

STORAGE TEMPERATURE	225
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC	

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 1-14%	XYLENES	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1330-20-7
2 1-9%	TOLUENE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	108-88-3
3 <10.0%	ETHANOL	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	64-17-5
4 1-5%	1,2,4 TRIMETHYL BENZENE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	95-63-6
5 1-5%	ETHYL BENZENE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	100-41-4

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION	246
DOT Hazard Class: <u>FL</u>	

If EPCRA, Please Sign Here

**UNIFIED PROGRAM CONSOLIDATED FORM  
HAZARDOUS MATERIALS  
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

 ADD

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200

 Page **4** of **11**

**I. FACILITY INFORMATION**

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

El Camino 76 #256115

256115

CHEMICAL LOCATION

NORTHWEST SIDE OF LOT

201

CHEMICAL LOCATION CONFIDENTIAL - EPCRA

 YES  NO

202

FACILITY ID #

MAP# (optional)

203

GRID# (optional)

204

A

**II. CHEMICAL INFORMATION**

CHEMICAL NAME

PETROLEUM HYDROCARBON

TRADE SECRET

 Yes  No

If Subject to EPCRA, refer to instructions

206

COMMON NAME

PREMIUM UNLEADED

EHS\*

 Yes  No

208

CAS#

8006-61-9

\*If EHS is "Yes", all amounts below must be in lbs.

209

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)

I-B FLAMMABLE LIQUID

210

HAZARDOUS MATERIAL TYPE (Check one item only)

 a. PURE  b. MIXTURE  c. WASTE

211

RADIOACTIVE

 Yes  No

212

CURIES

213

PHYSICAL STATE (Check one item only)

 a. SOLID  b. LIQUID  c. GAS

214

LARGEST CONTAINER

12000

215

FED HAZARD CATEGORIES (Check all that apply)

 a. FIRE  b. REACTIVE  c. PRESSURE RELEASE  d. ACUTE HEALTH  e. CHRONIC HEALTH

216

AVERAGE DAILY AMOUNT

6000.00

MAXIMUM DAILY AMOUNT

12000.00

ANNUAL WASTE AMOUNT

219

STATE WASTE CODE

220

UNITS\* (Check one item only)

 a. GALLONS  b. CUBIC FEET  c. POUNDS  d. TONS

221

DAYS ON SITE:

365

222

STORAGE CONTAINER

 a. ABOVE GROUND TANK  e. PLASTIC/NONMETALLIC DRUM  i. FIBER DRUM  m. GLASS BOTTLE  q. RAIL CAR  
 b. UNDERGROUND TANK  f. CAN  j. BAG  n. PLASTIC BOTTLE  r. OTHER  
 c. TANK INSIDE BUILDING  g. CARBOY  k. BOX  o. TOTE BIN  
 d. STEEL DRUM  h. SILO  l. CYLINDER  p. TANK WAGON

223

STORAGE PRESSURE

 a. AMBIENT  b. ABOVE AMBIENT  c. BELOW AMBIENT

224

STORAGE TEMPERATURE

 a. AMBIENT  b. ABOVE AMBIENT  c. BELOW AMBIENT  d. CRYOGENIC

225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 1-14%	XYLENES	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1330-20-7
2 1-9%	TOLUENE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	108-88-3
3 <10.0%	ETHANOL	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	64-17-5
4 1-5%	1,2,4-TRIMETHYL BENZENE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	95-63-6
5 1-5%	ETHYL BENZENE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	100-41-4

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION

 DOT Hazard Class: FL

246

If EPCRA, Please Sign Here

**UNIFIED PROGRAM CONSOLIDATED FORM  
HAZARDOUS MATERIALS  
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD

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REVISE

200

Page **5** of **11**

**I. FACILITY INFORMATION**

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3

El Camino 76 #256115 256115

CHEMICAL LOCATION 201

IN SERVICE BAY

CHEMICAL LOCATION CONFIDENTIAL - EPCRA

YES  NO

FACILITY ID #

MAP# (optional) 203

1

GRID# (optional) 204

A

**II. CHEMICAL INFORMATION**

CHEMICAL NAME 205

PETROLEUM HYDROCARBON

TRADE SECRET

Yes  No

If Subject to EPCRA, refer to instructions

COMMON NAME 207

MOTOR OIL

EHS\*

Yes  No

CAS# 209

64742-65-0

\*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

III-B COMBUSTIBLE

HAZARDOUS MATERIAL

TYPE (Check one item only):

a. PURE  b. MIXTURE  c. WASTE 211

RADIOACTIVE

Yes  No 212

CURIES 213

PHYSICAL STATE

(Check one item only)

a. SOLID  b. LIQUID  c. GAS 214

LARGEST CONTAINER

240 215

FED HAZARD CATEGORIES

(Check all that apply)

a. FIRE  b. REACTIVE  c. PRESSURE RELEASE  d. ACUTE HEALTH  e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 217

100.00

MAXIMUM DAILY AMOUNT 218

300.00

ANNUAL WASTE AMOUNT 219

STATE WASTE CODE 220

UNITS\*

(Check one item only)

a. GALLONS  b. CUBIC FEET  c. POUNDS  d. TONS 221

DAYS ON SITE: 222

365

STORAGE 03 14

CONTAINER

a. ABOVE GROUND TANK  e. PLASTIC/NONMETALLIC DRUM  i. FIBER DRUM  m. GLASS BOTTLE  q. RAIL CAR  
 b. UNDERGROUND TANK  f. CAN  j. BAG  n. PLASTIC BOTTLE  r. OTHER  
 c. TANK INSIDE BUILDING  g. CARBOY  k. BOX  o. TOTE BIN  
 d. STEEL DRUM  h. SILO  l. CYLINDER  p. TANK WAGON 223

STORAGE PRESSURE

a. AMBIENT  b. ABOVE AMBIENT  c. BELOW AMBIENT 224

STORAGE TEMPERATURE

a. AMBIENT  b. ABOVE AMBIENT  c. BELOW AMBIENT  d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 85% 226	SOLVENT DEWAXD DIST HV PARAFFN 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	64742-65-0 229
2 85% 230	HYDROTREATED DIST. HV PARAFFIN 231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232	64742-54-7 233
3 28% 234	ADDITIVES 235	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236	PROPRIETARY 237
4 15% 238	SOLV. DEWAX DIST. LT PARAFFIN 239	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 240	64742-56-9 241
5 242	243	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

DOT Hazard Class: FL

If EPCRA, Please Sign Here

**UNIFIED PROGRAM CONSOLIDATED FORM  
HAZARDOUS MATERIALS  
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD       DELETE       REVISE      200      Page 6 of 11

**I. FACILITY INFORMATION**

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) <span style="float:right">3</span>	
El Camino 76 #256115      256115	
CHEMICAL LOCATION <span style="float:right">201</span>	CHEMICAL LOCATION CONFIDENTIAL - EPCRA <span style="float:right">202</span>
IN SERVICE BAY	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
FACILITY ID #	MAP# (optional) <span style="float:right">203</span> GRID# (optional) <span style="float:right">204</span>
	1      B

**II. CHEMICAL INFORMATION**

CHEMICAL NAME <span style="float:right">205</span>	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float:right">206</span>
GLYCOLS	<small>If Subject to EPCRA, refer to instructions</small>
COMMON NAME <span style="float:right">207</span>	EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float:right">208</span>
ANTIFREEZE/COOLANT	
CAS# <span style="float:right">209</span>	*If EHS is "Yes", all amounts below must be in lbs.
107-21-1	

FIRE CODE HAZARD CLASSES (Complete if required by CLPA) 210  
**III-B COMBUSTIBLE**

HAZARDOUS MATERIAL TYPE (Check one item only) <span style="float:right">211</span>	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float:right">212</span>	CURIES <span style="float:right">213</span>
<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE		
PHYSICAL STATE (Check one item only) <span style="float:right">214</span>	LARGEST CONTAINER <b>GALLON</b> <span style="float:right">215</span>	
<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS		
FED HAZARD CATEGORIES (Check all that apply) <span style="float:right">216</span>		
<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH		
AVERAGE DAILY AMOUNT <span style="float:right">217</span>	MAXIMUM DAILY AMOUNT <span style="float:right">218</span>	ANNUAL WASTE AMOUNT <span style="float:right">219</span> STATE WASTE CODE <span style="float:right">220</span>
40.00	80.00	

UNITS\* (Check one item only) 221      DAYS ON SITE: 222  
 a. GALLONS     b. CUBIC FEET     c. POUNDS     d. TONS      365  
\* If EHS, amount must be in pounds.

STORAGE CONTAINER 223

<input type="checkbox"/> a. ABOVE GROUND TANK	<input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM	<input type="checkbox"/> i. FIBER DRUM	<input type="checkbox"/> m. GLASS BOTTLE	<input type="checkbox"/> q. RAIL CAR
<input type="checkbox"/> b. UNDERGROUND TANK	<input type="checkbox"/> f. CAN	<input type="checkbox"/> j. BAG	<input checked="" type="checkbox"/> n. PLASTIC BOTTLE	<input type="checkbox"/> r. OTHER
<input type="checkbox"/> c. TANK INSIDE BUILDING	<input type="checkbox"/> g. CARBOY	<input type="checkbox"/> k. BOX	<input type="checkbox"/> o. TOTE BIN	
<input type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> h. SILO	<input type="checkbox"/> l. CYLINDER	<input type="checkbox"/> p. TANK WAGON	

STORAGE PRESSURE 224  
 a. AMBIENT     b. ABOVE AMBIENT     c. BELOW AMBIENT

STORAGE TEMPERATURE 225  
 a. AMBIENT     b. ABOVE AMBIENT     c. BELOW AMBIENT     d. CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 94% <span style="float:right">226</span>	ETHYLENE GLYCOL <span style="float:right">227</span>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float:right">228</span>	107-21-1 <span style="float:right">229</span>
2 1% <span style="float:right">230</span>	DIETHYLENE GLYCOL <span style="float:right">231</span>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float:right">232</span>	111-46-6 <span style="float:right">233</span>
3 3% <span style="float:right">234</span>	ADDITIVES <span style="float:right">235</span>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float:right">236</span>	PROPRIETARY <span style="float:right">237</span>
4 3% <span style="float:right">238</span>	WATER <span style="float:right">239</span>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float:right">240</span>	7732-18-5 <span style="float:right">241</span>
5 2% <span style="float:right">242</span>	DIPOTASSIUM PHOSPHATE <span style="float:right">243</span>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float:right">244</span>	7758-11-4 <span style="float:right">245</span>

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246  
 DOT Hazard Class: NONE

If EPCRA, Please Sign Here

**UNIFIED PROGRAM CONSOLIDATED FORM  
HAZARDOUS MATERIALS  
HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

(One page per material per building or area)

ADD       DELETE       REVISE      200      Page **7** of **11**

**I. FACILITY INFORMATION**

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3  
**El Camino 76 #256115**      256115

CHEMICAL LOCATION: 201      CHEMICAL LOCATION CONFIDENTIAL - EPCRA: 202  
**FRONT OF BUILDING**       YES  NO

FACILITY ID # 203      MAP# (optional) 204      GRID# (optional)  
1      E

**II. CHEMICAL INFORMATION**

CHEMICAL NAME 205      TRADE SECRET  Yes  No 206  
**PETROLEUM HYDROCARBON**      If Subject to EPCRA, refer to instructions

COMMON NAME 207      EHS\*  Yes  No 208  
**PROPANE**

CAS# 209      \*If EHS is "Yes", all amounts below must be in lbs.  
**74-98-6**

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210  
**I-A FLAMMABLE LIQUID**

HAZARDOUS MATERIAL TYPE (Check one item only) 211      RADIOACTIVE  Yes  No 212      CURIES 213  
 a. PURE     b. MIXTURE     c. WASTE

PHYSICAL STATE (Check one item only) 214      LARGEST CONTAINER 215  
 a. SOLID     b. LIQUID     c. GAS      **5 GAL**

FED HAZARD CATEGORIES (Check all that apply) 216  
 a. FIRE     b. REACTIVE     c. PRESSURE RELEASE     d. ACUTE HEALTH     e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217      MAXIMUM DAILY AMOUNT 218      ANNUAL WASTE AMOUNT 219      STATE WASTE CODE 220  
**40.00**      **60.00**

UNITS\* (Check one item only) 221      DAYS ON SITE: 222  
 a. GALLONS     b. CUBIC FEET     c. POUNDS     d. TONS      **365**  
\* If EHS, amount must be in pounds.

STORAGE CONTAINER 223  
 a. ABOVE GROUND TANK     e. PLASTIC/NONMETALLIC DRUM     i. FIBER DRUM     m. GLASS BOTTLE     q. RAIL CAR  
 b. UNDERGROUND TANK     f. CAN     j. BAG     n. PLASTIC BOTTLE     r. OTHER  
 c. TANK INSIDE BUILDING     g. CARBOY     k. BOX     o. TOTE BIN  
 d. STEEL DRUM     h. SILO     l. CYLINDER     p. TANK WAGON

STORAGE PRESSURE 224  
 a. AMBIENT     b. ABOVE AMBIENT     c. BELOW AMBIENT

STORAGE TEMPERATURE 225  
 a. AMBIENT     b. ABOVE AMBIENT     c. BELOW AMBIENT     d. CRYOGENIC

#	%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	226	PROPANE <span style="float:right">227</span>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float:right">228</span>	74-98-6 <span style="float:right">229</span>
2	230	ETHANE <span style="float:right">231</span>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float:right">232</span>	74-84-0 <span style="float:right">233</span>
3	234	BUTANE <span style="float:right">235</span>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float:right">236</span>	106-97-8 <span style="float:right">237</span>
4	238	<span style="float:right">239</span>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float:right">240</span>	<span style="float:right">241</span>
5	242	<span style="float:right">243</span>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float:right">244</span>	<span style="float:right">245</span>

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246  
 DOT Hazard Class: FL

If EPCRA, Please Sign Here

**UNIFIED PROGRAM CONSOLIDATED FORM  
HAZARDOUS MATERIALS  
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD       DELETE      REVISE      200      Page **5** of **11**

**I. FACILITY INFORMATION**

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3  
El Camino 76 #256115      256115

CHEMICAL LOCATION 201      CHEMICAL LOCATION CONFIDENTIAL - EPCRA, 202  
SOUTH SIDE OF SERV BLDG       YES       NO

FACILITY ID # 203      MAP# (optional) 204      GRID# (optional)  
1      D

**II. CHEMICAL INFORMATION**

CHEMICAL NAME 205      TRADE SECRET  Yes  No 206  
PETROLEUM HYDROCARBON      If Subject to EPCRA, refer to instructions;

COMMON NAME 207      EHS\*  Yes  No 208  
USED MOTOR OIL

CAS# 209      \*If EHS is "Yes", all amounts below must be in lbs.  
8002-05-9

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210  
III-B COMBUSTIBLE

HAZARDOUS MATERIAL TYPE (Check one item only) 211      RADIOACTIVE  Yes  No 212      CURIES 213  
 a. PURE     b. MIXTURE     c. WASTE

PHYSICAL STATE (Check one item only) 214      LARGEST CONTAINER 215  
 a. SOLID     b. LIQUID     c. GAS      520

FED HAZARD CATEGORIES (Check all that apply) 216  
 a. FIRE     b. REACTIVE     c. PRESSURE RELEASE     d. ACUTE HEALTH     e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217      MAXIMUM DAILY AMOUNT 218      ANNUAL WASTE AMOUNT 219      STATE WASTE CODE 220  
250.00      520.00      3000.00      221

UNITS\* (Check one item only) 221      DAYS ON SITE: 222  
 a. GALLONS     b. CUBIC FEET     c. POUNDS     d. TONS      365  
\* If EHS, amount must be in pounds.

STORAGE CONTAINER 223  
 a. ABOVE GROUND TANK     c. PLASTIC/NONMETALLIC DRUM     i. FIBER DRUM     m. GLASS BOTTLE     q. RAIL CAR  
 b. UNDERGROUND TANK     f. CAN     j. BAG     n. PLASTIC BOTTLE     r. OTHER  
 e. TANK INSIDE BUILDING     g. CARBOY     k. BOX     o. TOTE BIN  
 d. STEEL DRUM     h. SILO     l. CYLINDER     p. TANK WAGON

STORAGE PRESSURE 224  
 a. AMBIENT     b. ABOVE AMBIENT     c. BELOW AMBIENT

STORAGE TEMPERATURE 225  
 a. AMBIENT     b. ABOVE AMBIENT     c. BELOW AMBIENT     d. CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 100% <span style="float:right">226</span>	MOTOR OIL, USED <span style="float:right">227</span>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float:right">228</span>	8002-05-9 <span style="float:right">229</span>
2 <span style="float:right">230</span>	<span style="float:right">231</span>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float:right">232</span>	<span style="float:right">233</span>
3 <span style="float:right">234</span>	<span style="float:right">235</span>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float:right">236</span>	<span style="float:right">237</span>
4 <span style="float:right">238</span>	<span style="float:right">239</span>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float:right">240</span>	<span style="float:right">241</span>
5 <span style="float:right">242</span>	<span style="float:right">243</span>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float:right">244</span>	<span style="float:right">245</span>

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246  
DOT Hazard Class: FL

If EPCRA, Please Sign Here

**UNIFIED PROGRAM CONSOLIDATED FORM  
HAZARDOUS MATERIALS  
HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD       DELETE       REVISE      200      Page **9** of **11**

**I. FACILITY INFORMATION**

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) <span style="float:right">3</span>	
El Camino 76 #256115	256115
CHEMICAL LOCATION IN SERVICE BAY <span style="float:right">201</span>	CHEMICAL LOCATION CONFIDENTIAL - EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <span style="float:right">202</span>
FACILITY ID #	MAP# (optional) <span style="float:right">203</span> GRID# (optional) <span style="float:right">204</span>
	C

**II. CHEMICAL INFORMATION**

CHEMICAL NAME <span style="float:right">205</span>	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float:right">206</span>
PETROLEUM HYDROCARBON	<small>If Subject to EPCRA, refer to instructions</small>
COMMON NAME <span style="float:right">207</span>	EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float:right">208</span>
USED OIL FILTERS	
CAS# <span style="float:right">209</span>	*If EHS is "Yes", all amounts below must be in lbs.
8002-05-9	

FIRE CODE HAZARD GLASSES (Complete if required by CUPA) <span style="float:right">210</span>
III-B COMBUSTIBLE

HAZARDOUS MATERIAL TYPE (Check one item only) <span style="float:right">211</span>	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float:right">212</span>	CURIES <span style="float:right">213</span>
<input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input checked="" type="checkbox"/> c. WASTE		

PHYSICAL STATE (Check one item only) <span style="float:right">214</span>	LARGEST CONTAINER <span style="float:right">215</span>
<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	55 GAL

FED HAZARD CATEGORIES (Check all that apply) <span style="float:right">216</span>
<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT <span style="float:right">217</span>	MAXIMUM DAILY AMOUNT <span style="float:right">218</span>	ANNUAL WASTE AMOUNT <span style="float:right">219</span>	STATE WASTE CODE <span style="float:right">220</span>
100.00	200.00	600.00	223

UNITS* (Check one item only) <span style="float:right">221</span>	DAYS ON SITE <span style="float:right">222</span>
<input type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input checked="" type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	365
<small>* If EHS, amount must be in pounds.</small>	

STORAGE CONTAINER <span style="float:right">223</span>
<input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> c. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input checked="" type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON

STORAGE PRESSURE <span style="float:right">224</span>
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT

STORAGE TEMPERATURE <span style="float:right">225</span>
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 100% <span style="float:right">226</span>	USED OIL FILTERS <span style="float:right">227</span>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float:right">228</span>	8002-05-9 <span style="float:right">229</span>
2 <span style="float:right">230</span>	USED OIL <span style="float:right">231</span>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float:right">232</span>	8002-05-9 <span style="float:right">233</span>
3 <span style="float:right">234</span>	<span style="float:right">235</span>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float:right">236</span>	<span style="float:right">237</span>
4 <span style="float:right">238</span>	<span style="float:right">239</span>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float:right">240</span>	<span style="float:right">241</span>
5 <span style="float:right">242</span>	<span style="float:right">243</span>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float:right">244</span>	<span style="float:right">245</span>

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION <span style="float:right">246</span>
DOT Hazard Class: <u>FL</u>

If EPCRA, Please Sign Here

**UNIFIED PROGRAM CONSOLIDATED FORM  
HAZARDOUS MATERIALS  
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD

DELETE

REVISE

200

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**I. FACILITY INFORMATION**

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3

El Camino 76 #256115 256115

CHEMICAL LOCATION 201 CHEMICAL LOCATION CONFIDENTIAL 202

IN SERVICE BAY  YES  NO

FACILITY ID # MAP# (optional) 203 GRID# (optional) 204

1 C

**II. CHEMICAL INFORMATION**

CHEMICAL NAME 205 TRADE SECRET  Yes  No 206

GLYCOLS If Subject to EPCRA, refer to instructions.

COMMON NAME 207 EHS\*  Yes  No 208

USED ANTIFREEZE

CAS# 209 \*If EHS is "Yes", all amounts below must be in lbs.

107-21-1

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

III-B COMBUSTIBLE

HAZARDOUS MATERIAL TYPE (Check one item only) 211 RADIOACTIVE  Yes  No 212 CURIES 213

a. PURE  b. MIXTURE  c. WASTE

PHYSICAL STATE (Check one item only) 214 LARGEST CONTAINER **55 GAL** 215

a. SOLID  b. LIQUID  c. GAS

FED HAZARD CATEGORIES (Check all that apply) 216

a. FIRE  b. REACTIVE  c. PRESSURE RELEASE  d. ACUTE HEALTH  e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217 MAXIMUM DAILY AMOUNT 218 ANNUAL WASTE AMOUNT 219 STATE WASTE CODE 220

25.00 55.00 175.00 343

UNITS\* (Check one item only) 221 DAYS ON SITE: 222

a. GALLONS  b. CUBIC FEET  c. POUNDS  d. TONS 365

STORAGE CONTAINER 223

a. ABOVE GROUND TANK  c. PLASTIC/NONMETALLIC DRUM  i. FIBER DRUM  m. GLASS BOTTLE  q. RAIL CAR  
 b. UNDERGROUND TANK  f. CAN  j. BAG  n. PLASTIC BOTTLE  r. OTHER  
 c. TANK INSIDE BUILDING  g. CARBOY  k. BOX  o. TOTE BIN  
 d. STEEL DRUM  h. SILO  l. CYLINDER  p. TANK WAGON

STORAGE PRESSURE  a. AMBIENT  b. ABOVE AMBIENT  c. BELOW AMBIENT 224

STORAGE TEMPERATURE  a. AMBIENT  b. ABOVE AMBIENT  c. BELOW AMBIENT  d. CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #:
1 94%	ETHYLENE GLYCOL	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	107-21-1
2 1%	DIETHYLENE GLYCOL	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	111-46-6
3 10%	WATER	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7732-18-5
4 2%	DIPOTASSIUM PHOSPHATE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7758-11-4
5		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

DOT Hazard Class: NONE

If EPCRA, Please Sign Here

**UNIFIED PROGRAM CONSOLIDATED FORM  
HAZARDOUS MATERIALS  
HAZARDOUS MATERIALS INVENTORY – CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD       DELETE       REVISE      200      Page 11 of 11

**I. FACILITY INFORMATION**

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As) 3  
El Camino 76 #256115      256115

CHEMICAL LOCATION 201      CHEMICAL LOCATION, CONFIDENTIAL - EPCRA 202  
IN SERVICE BAY       YES       NO

FACILITY ID # 203      MAP# (optional) 204      GRID# (optional) 204  
1      C

**II. CHEMICAL INFORMATION**

CHEMICAL NAME 205      TRADE SECRET  Yes       No 206  
LEAD ACID BATTERY      If Subject to EPCRA, refer to instructions

COMMON NAME 207      EHS\*  Yes       No 208  
WASTE BATTERIES

CAS# 209      \*If EHS is "Yes", all amounts below must be in lbs.  
7664-93-9

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210  
CORROSSIVE

HAZARDOUS MATERIAL TYPE (Check one item only) 211      RADIOACTIVE  Yes       No 212      CURIES 213  
 a. PURE       b. MIXTURE       c. WASTE

PHYSICAL STATE (Check one item only) 214      LARGEST CONTAINER 215  
 a. SOLID       b. LIQUID       c. GAS      BATT

FED HAZARD CATEGORIES (Check all that apply) 216  
 a. FIRE       b. REACTIVE       c. PRESSURE RELEASE       d. ACUTE HEALTH       e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217      MAXIMUM DAILY AMOUNT 218      ANNUAL WASTE AMOUNT 219      STATE WASTE CODE 220  
5.00      10.00      100.00      162

UNITS\* (Check one item only): 221      DAYS ON SITE: 222  
 a. GALLONS       b. CUBIC FEET       c. POUNDS       d. TONS      365  
\* If EHS, amount must be in pounds.

STORAGE CONTAINER 18      223  
 a. ABOVE-GROUND TANK       c. PLASTIC/NONMETALLIC DRUM       i. FIBER DRUM       m. GLASS BOTTLE       q. RAIL CAR  
 b. UNDERGROUND TANK       f. CAN       j. BAG       n. PLASTIC BOTTLE       r. OTHER  
 e. TANK INSIDE BUILDING       g. CARBOY       k. BOX       o. TOTE BIN  
 d. STEEL DRUM       h. SILO       l. CYLINDER       p. TANK WAGON

STORAGE PRESSURE 224  
 a. AMBIENT       b. ABOVE AMBIENT       c. BELOW AMBIENT

STORAGE TEMPERATURE 225  
 a. AMBIENT       b. ABOVE AMBIENT       c. BELOW AMBIENT       d. CRYOGENIC

#	%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	35%	SULFURIC ACID (35%)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7664-93-9
2	34%	LEAD	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7439-92-1
3	31%	LEAD DIOXIDE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1309-60-0
4	1%	LEAD SULFATE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7446-14-2
5			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246  
 DOT Hazard Class: COR

If EPCRA, Please Sign Here

## Emergency Response/Contingency Plan (Hazardous Materials Business Plan Module)

Authority Cited: H&SC, Section 25504(b); Title 22, Div. 4.5, Ch. 12, Art. 3 CCR

Page 1 of 11

All facilities that handle hazardous materials in specified quantities must have a written emergency response plan. In addition, facilities that generate 1,000 kilograms or more of hazardous waste per month, or accumulate more than 6,000 kilograms of hazardous waste on-site at any one time, must prepare a contingency plan. Because the requirements are similar, they have been combined in a single document, provided below, for your convenience. This plan is a required module of the Hazardous Materials Business Plan (HMBP). If you already have a plan that meets these requirements, you should not complete the blank plan below, but you must include a copy of your existing plan as part of your HMBP.

This site-specific Emergency Response/Contingency Plan is the facility's plan for dealing with emergencies and shall be implemented immediately whenever there is a fire, explosion, or release of hazardous materials that could threaten human health and/or the environment. At least one copy of the plan shall be maintained at the facility for use in the event of an emergency and for inspection by the local agency. Within Santa Clara County, hospitals and police agencies have delegated receipt of these plans to the local agencies administering Hazardous Materials Business Plans, so additional copies need not be submitted. However, a copy of the plan and any revisions must be provided to any contractor, hospital, or agency with whom special (i.e. contractual) emergency services arrangements have been made (see section 3, below).

### 1. Evacuation Plan:

a. The following alarm signal(s) will be used to begin evacuation of the facility (check all which apply):

Bells;  Horns/Sirens;  Verbal (i.e. shouting);  Other (specify) \_\_\_\_\_

b.  Evacuation map is prominently displayed throughout the facility.

*Note: A properly completed HMBP Site Plan satisfies contingency plan map requirements. This drawing (or any other drawing that shows primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas) must be prominently posted throughout the facility in locations where it will be visible to employees and visitors.*

### 2. a. Emergency Contacts\*:

Fire/Police/Ambulance ..... Phone No. 911

State Office of Emergency Services ..... Phone No. (800) 852-7550

### b. Post-Incident Contacts\*:

Fire Department Hazardous Materials Program ..... Phone No.: 408-299-8007

Santa Clara County Hazardous Materials Compliance Division ..... Phone No. (408) 299-6930

California EPA Department of Toxic Substances Control ..... Phone No. (510) 540-3739

Cal-OSHA Division of Occupational Safety and Health ..... Phone No. (408) 452-7288

Bay Area Air Quality Management District ..... Phone No. (415) 771-6000

Regional Water Quality Control Board ..... Phone No. (510) 622-2300

\* These telephone numbers are provided as a general aid to emergency notification. Be advised that additional agencies may be required to be notified.

### c. Emergency Resources:

Poison Control Center ..... Phone No. (800) 876-4766

Nearest Hospital: Name: EL CAMINO HOSPITAL Phone No.: 650-940-7055

Address: 2500 GRANT ROAD City: MOUNTAIN VIEW

### 3. Arrangements With Emergency Responders:

If you have made special (i.e. contractual) arrangements with any police department, fire department, hospital, contractor, or State or local emergency response team to coordinate emergency services, describe those arrangements on the lines below:

None

**4. Emergency Procedures:**Emergency Coordinator Responsibilities:

- a. Whenever there is an imminent or actual emergency situation such as an explosion, fire, or release, the emergency coordinator (or his/her designee when the emergency coordinator is on call) shall:
- i. Identify the character, exact source, amount, and a real extent of any released hazardous materials.
  - ii. Assess possible hazards to human health or the environment that may result from the explosion, fire, or release. This assessment must consider both direct and indirect effects (e.g. the effects of any toxic, irritating, or asphyxiating gases that are generated, the effects of any hazardous surface water run-off from water or chemical agents used to control fire, etc.).
  - iii. Activate internal facility alarms or communications systems, where applicable, to notify all facility personnel.
  - iv. Notify appropriate local authorities (i.e. call 911).
  - v. Notify the State Office of Emergency Services at 1-800-852-7550.
  - vi. Monitor for leaks, pressure build-up, gas generation, or ruptures in valves, pipes, or other equipment shut down in response to the incident.
  - vii. Take all reasonable measures necessary to ensure that fires, explosions, and releases do not occur, recur, or spread to other hazardous materials at the facility.
- b. Before facility operations are resumed in areas of the facility affected by the incident, the emergency coordinator shall:
- i. Provide for proper storage and disposal of recovered waste, contaminated soil or surface water, or any other material that results from an explosion, fire, or release at the facility.
  - ii. Ensure that no material that is incompatible with the released material is transferred, stored, or disposed of in areas of the facility affected by the incident until cleanup procedures are completed.
  - iii. Ensure that all emergency equipment is cleaned, fit for its intended use, and available for use.
  - iv. Notify the California Environmental Protection Agency's Department of Toxic Substances Control, the County of Santa Clara's Hazardous Materials Compliance Division, and the local fire department's hazardous materials program that the facility is in compliance with requirements b-i and b-ii, above.

Responsibilities of Other Personnel:

On a separate page, list any emergency response functions not covered in the "Emergency Coordinator Responsibilities" section above. Next to each function, list the job title or name of each person responsible for performing the function. Number the page(s) appropriately.

**5. Post-Incident Reporting/Recording:**

The time, date, and details of any hazardous materials incident that requires implementation of this plan shall be noted in the facility's operating record.

Within 15 days of any hazardous materials emergency incident or threatened hazardous materials emergency incident that triggers implementation of this plan, a written Emergency Incident Report, including, but not limited to a description of the incident and the facility's response to the incident, must be submitted to the California Environmental Protection Agency's Department of Toxic Substances Control, the County of Santa Clara's Hazardous Materials Compliance Division, and the local fire department's hazardous materials program. The report shall include:

- a. Name, address, and telephone number of the facility's owner/operator;
- b. Name, address, and telephone number of the facility;
- c. Date, time, and type of incident (e.g. fire, explosion, etc.);
- d. Name and quantity of material(s) involved;
- e. The extent of injuries, if any;
- f. An assessment of actual or potential hazards to human health or the environment, where this is applicable;
- g. Estimated quantity and disposition of recovered material that resulted from the incident;
- h. Cause(es) of the incident;
- i. Actions taken in response to the incident;
- j. Administrative or engineering controls designed to prevent such incidents in the future.

6. Emergency Equipment:

22 CCR, Section 66265.52(e) [as referenced by Section 66262.34(a)(4)] and the Hazardous Materials Storage Ordinance require that emergency equipment at the facility be listed. Completion of the following Emergency Equipment Inventory Table meets this requirement.

EMERGENCY EQUIPMENT INVENTORY TABLE

1. Equipment Category	2. Equipment Type	3. Locations *	4. Description**
Personal Protective, Equipment, Safety Equipment, and First Aid Equipment	<input type="checkbox"/> Cartridge Respirators		
	<input type="checkbox"/> Chemical Monitoring Equipment (describe)		
	<input type="checkbox"/> Chemical Protective Aprons/Coats		
	<input type="checkbox"/> Chemical Protective Boots		
	<input checked="" type="checkbox"/> Chemical Protective Gloves	service bay	Rubber Gloves
	<input type="checkbox"/> Chemical Protective Suits (describe)		
	<input type="checkbox"/> Face Shields		
	<input checked="" type="checkbox"/> First Aid Kits/Stations (describe)	1-in service bay store area	Standard first aid kit
	<input type="checkbox"/> Hard Hats		
	<input type="checkbox"/> Plumbed Eye Wash Stations		
	<input type="checkbox"/> Portable Eye Wash Kits (i.e. bottle type)		
	<input type="checkbox"/> Respirator Cartridges (describe)		
	<input checked="" type="checkbox"/> Safety Glasses/Splash Goggles	service bay	Goggles
	<input type="checkbox"/> Safety Showers		
<input type="checkbox"/> Self-Contained Breathing Apparatuses (SCBA)			
<input type="checkbox"/> Other (describe)			
Fire Extinguishing Systems	<input type="checkbox"/> Automatic Fire Sprinkler Systems		
	<input type="checkbox"/> Fire Alarm Boxes/Stations		
	<input checked="" type="checkbox"/> Fire Extinguisher Systems (describe)	2-in service bay	Portable ABC Capability
	<input type="checkbox"/> Other (describe)		
Spill  Control Equipment and Decontamination Equipment	<input checked="" type="checkbox"/> Absorbents (describe)	in service bay store area	Kitty Litter
	<input type="checkbox"/> Berms/Dikes (describe)		
	<input type="checkbox"/> Decontamination Equipment (describe)		
	<input type="checkbox"/> Emergency Tanks (describe)		
	<input type="checkbox"/> Exhaust Hoods		
	<input type="checkbox"/> Gas Cylinder Leak Repair Kits (describe)		
	<input type="checkbox"/> Neutralizers (describe)		
	<input type="checkbox"/> Overpack Drums		
	<input type="checkbox"/> Sumps (describe)		
	<input type="checkbox"/> Other (describe)		
Communications and Alarm Systems	<input type="checkbox"/> Chemical Alarms (describe)		
	<input type="checkbox"/> Intercoms/ PA Systems		
	<input type="checkbox"/> Portable Radios		
	<input checked="" type="checkbox"/> Telephones	throughout	See site map
	<input checked="" type="checkbox"/> Underground Tank Leak Detection Monitors	service bay storage area	Veeder Root
<input type="checkbox"/> Other (describe)			
Additional Equipment (Use Additional Pages if Needed.)			

\* Use the Location Codes (LC) from the Storage Map(s) prepared earlier for your HMBP.

\*\* Describe the equipment and its capabilities. If applicable, specify any testing/maintenance procedures/intervals. Attach additional pages, numbered appropriately, if needed.

**EMERGENCY RESPONSE PROCEDURE**  
**MAJOR INCIDENT: FIRE, SPILL OR SUSPECTED LEAK**

256115

1. **TURN OFF PUMPS** using the Emergency Pump Shut-Off Switch.
2. **EVACUATE**: Verbally **ANNOUNCE** to all persons on the site: "This is an emergency. Please turn off your engines and leave the station on foot immediately. All employees meet at the emergency assembly area."
3. **CALL 9-1-1**: Give the following information:  
"THERE IS A FIRE / GASOLINE SPILL at the Tosco 76 service station at 4350 El Camino Real  
If anyone is trapped or needs medical attention, tell the answering dispatcher. Stay on the phone and be prepared to answer any questions concerning the situation.
4. **ATTEMPT** to contain the spill if you can do it safely.
5. **LOOK AROUND** to ensure that everyone has left the station, particularly those in vehicles who may need assistance or may not have heard the emergency announcement. Assist or direct assistance to anyone having difficulty leaving the station and anyone who may be injured.
6. **REPORT** to arriving emergency response personnel to provide them with any information or assistance they might need.
7. **CONTACT** the station operator if he/she is not already at the station. Use the list below for emergency contacts:

Emergency Coordinator: Greg Galatolo Title: Dealer  
Address: 1531 Arbor Dr. Los Altos Ca 94024  
Bus#/Home#/Alt#: 650-941-0244 / 650-948-8302 /  
Alternate Emergency Coordinator: Tom Segovia Title: Manager  
Address: \_\_\_\_\_  
Bus#/Home#/Alt#: 650-941-0244 / /

8. **NOTIFY** the following **IMMEDIATELY** to assist in the emergency and agency notification process:

Tosco Maintenance Call Center: 1-800-726-2312

Tosco Business Operations Manager or District Manager.

Tosco Environmental Compliance Coordinator: **North**: Merliza Alcala (925)277-2319 or (888)671-4350

**South**: Stephen Boyd (714)428-6572 or (800)759-8888 pin#1267507

Tosco Corporation will notify the State and Local administering agencies within an appropriate time frame, unless the situation requires urgent immediate response by the agencies, in which case the Operator should notify these agencies.

a) LOCAL AGENCY: Santa Clara Co. Dept. of Env. Health

PHONE NUMBER: 408-299-8007

b) CALIFORNIA OFFICE OF EMERGENCY SERVICES, (800)852-7550(24 HOURS)

c) LOCAL POLICE AND FIRE DEPARTMENTS, **911**

d) NATIONAL RESPONSE CENTER 1-800-424-8802 (24 HOURS).

**MINOR INCIDENT**: Any incident that can be contained and cleaned up as part of the routine operations. Whenever in doubt, consider the incident a major release and use the above procedures.

1. **FIRES**: Extinguish with fire extinguisher. Recharge fire extinguisher, if used
2. **SPILLS**: Clean up with absorbent materials on site and dispose of according to all regulations. Have a fire extinguisher ready for spills of flammable materials. Restock absorbent as necessary. See Training Plan item #H for additional direction.
3. **MEDICAL**: Treat with on site first aid kit or take to nearest hospital. Employee training plan lists the nearest hospital.
4. **RECORD**: Record the event in the daily monitoring log.
5. **NOTIFY**: the dealer of the event.

## EMPLOYEE TRAINING PLAN

Employees must be given this training before starting work, and refresher courses must be provided annually. Records must be kept to show when each station employee has been given his/her safety training. Use the following outline and make copies as needed. Have employee date and sign the attached training log upon completion of training. Retain these records for a minimum of three years.

### **I. FIRST THINGS TO KNOW:**

- A. EMERGENCY PUMP SHUT-OFF: This turns off the turbine pumps that provide flow to the dispensers from the underground tanks. In case of a leak, shutting off the pumps will help to prevent spills.  
Location: 1-NORTH EXT. BLDG. WALL, 1-STORAGE AREA
- B. ELECTRICAL PANEL: The panel allows you to selectively cut off power to lights, signs, pumps, etc. The main switch kills all power at the site.  
Location: IN SERVICE BAY STORAGE AREA
- C. TANK MONITORING ALARM: Monitoring panel for the Underground Storage Tanks. This panel will indicate when a leak is detected by a visual and audible alarm.  
Location: SERVICE BAY STORAGE AREA
- D. WATER SHUT-OFF: The water shut-off may be necessary in some cases.  
Location: IN SIDEWALK ALONG LOS ALTOS AVENUE
- E. NATURAL GAS SHUT-OFF: If your station has natural gas, it may be necessary to shut-off the natural gas flow in an emergency.  
Location: NONE
- F. PROPANE/LPG: If your station has propane or liquefied petroleum gas tank - In the event of a release or fire, turn off the manual valves and shut off the power to the dispensing pumps. Call your supplier or dial 9-1-1 as appropriate.
- G. FIRE EXTINGUISHER: Use only on small fires that you can handle. Do not attempt to extinguish large fires on your own; call 9-1-1 for help.  
Location: 2-IN SERVICE BAY
- H. ABSORBENT: In the form of kitty litter, absorbent can soak up small spills of gasoline, diesel fuel, or other petroleum products. Absorbent should be used rather than washing spills down a drain. In case of large spill, merely try to contain it, a vacuum truck should be used to clean up any large spill  
Location: IN SERVICE BAY STORE AREA
- I. PERSONAL PROTECTIVE EQUIPMENT: These items shall be used by employees to prevent direct skin contact with a hazardous material.
1. Broom: SERVICE BAY
  2. Shovel: SERVICE BAY
  3. Gloves: SERVICE BAY
  4. Goggles: SERVICE BAY
- J. FIRST AID KIT:  
Location: 1-IN SERVICE BAY STORE AREA
- K. EMERGENCY ASSEMBLY AREA: Location where all employees are to meet in the event of an emergency.  
Location: SOUTH SIDE OF SITE

HAZARDOUS MATERIAL MANAGEMENT PLAN (HMMP) MATERIAL SAFETY DATA SHEET (MSDS):

Location: SALES OFFICE

II. **NEAREST MEDICAL FACILITY:** Employees should know what facilities are available in case customers or other employees need medical attention.

1. NAME: EL CAMINO HOSPITAL  
ADDRESS: 2500 GRANT ROAD MOUNTAIN VIEW  
PHONE NUMBER: 650-940-7055

**NEAREST DESIGNATED TRAUMA CENTER:**

2. NAME: STANFORD HOSPITAL  
ADDRESS: 300 PASTEUR DR STANFORD  
PHONE NUMBER: 650-723-5111

III. All employees should review the Hazardous Material Plan, of which this training plan is a part. Specifically, each employee should understand the procedures to be used in responding to various kinds of emergencies; and know how to monitor for leaks of hazardous materials. As a supplement to this package, employees should also review the Emergency Response Plan filed by your business to the appropriate local agency. Thirdly, employees should review and have access to the Materials Safety Data Sheets you have on file for each of the hazardous materials stored at the station and must be drilled in all emergency response procedures contained herein.

IV. **FIRST AID PROCEDURES** (For exposure to gasoline or diesel fuel):

- A. **EYE CONTACT:** Flush with water for 15 minutes while holding eyelids open. Get medical attention.
- B. **SKIN CONTACT:** Flush with water while removing contaminated clothing and shoes. Followed by washing with soap and water. Do not reuse clothing or shoes until cleaned. If irritation persists, get medical attention.
- C. **INHALATION (Breathing):** Remove victim to fresh air and provide oxygen if breathing is difficult. If not breathing, give artificial respiration. Get medical attention.
- D. **INGESTION (Swallowing):**

DO NOT INDUCE VOMITING BECAUSE GASOLINE CAN ENTER LUNGS AND CAUSE SEVERE LUNG DAMAGE! If vomiting occurs spontaneously keep head below hips to prevent aspiration of liquid into lungs. Get medical attention.

- F. **NOTE TO PHYSICIAN:** If more than 2.0 ml per kg has been ingested and vomiting has not occurred, emesis should be induced with medical supervision. Keep victim's head below hips to prevent aspiration. If symptoms such as loss of gag reflex, convulsions, or unconsciousness occur before emesis, gastric lavage using a cuffed endotracheal tube should be considered.

For further information, consult the Materials Safety Data Sheets for these products and for other hazardous materials.

**FIRST AID FOR EXPOSURE TO OTHER MATERIALS:** Consult the warning advice on container labels or refer to the MSDS for that product.

This hazardous material management plan meets the requirements of a hazardous waste contingency plan.

*Document prepared by: Environmental Staff, RHL Design Group, Inc., 800-765-1025 Last updated: December 21, 1999*



**CALIFORNIA ON-SITE STATION TRAINING FORM - NEW EMPLOYEE TRAINING VERIFICATION**

Site Number \_\_\_\_\_ Dealer \_\_\_\_\_

Street Address \_\_\_\_\_

City, Zip Code \_\_\_\_\_

Employee Name (Print) \_\_\_\_\_

**I acknowledge that I have received and understand environmental compliance training in the following areas (please initial):**

	Initial	Date
<b>UST System Operations</b>		
1. The types and locations of the tanks at the station		
2. The type and operation of the leak detection system		
3. For electronic monitors, daily monitoring check log and alarm log		
<b>Hazardous Materials Management (Hazardous Materials Management/Business Plan)</b>		
1. Which materials at the station are hazardous		
2. Where these materials are stored		
3. How these materials are to be handled, stored, and disposed of		
4. What Material Safety Data Sheets (MSDS) are and where they are kept at the station		
5. Training topics included in the HMMP, including review of MSDSs and the emergency response plan		
<b>Waste Management Procedures</b>		
1. Procedures in the service bay		
2. The correct management for products in the station		
3. Proper labeling of wastes		
4. The importance of manifesting or having a receipt for all hazardous materials that leave the site		
<b>Spill and Leak Response (Spill Response Plan)</b>		
1. Location of spill response equipment		
2. Location of spill or leak contact list, reporting procedures		
3. Location of emergency fuel shut-off switch		
<b>Inventory Reconciliation</b>		
1. How to perform accurate inventory control		
2. Follow-up of gasoline inventory overage/shortage (variance)		
3. Reporting and maintaining inventory records		
<b>Daily Self Inspection*</b>		
1. Type and operation of vapor recovery equipment at the facility		
2. How to perform daily inspection of equipment		
3. Procedures for non-compliance equipment (tag out of order), complete maintenance log		
<b>Record Keeping (Maintenance, monitor, testing, wastes, inspections, inventory, permits, training, etc.)</b>		
1. Location where records are kept		
2. Types of records maintained at the facility/ length of time each record should be kept		

Employee Signature \_\_\_\_\_

Social Sec. Number \_\_\_\_\_

Date \_\_\_\_\_

Training verified by \_\_\_\_\_

Dealer/Instructor \_\_\_\_\_

Date \_\_\_\_\_

\* For facilities within the jurisdiction of the South Coast Air Quality Management District, the training provided to employees must be certified by the agency.



# Employee Training Plan

(Hazardous Materials Business Plan Module)

Authority Cited: H&SC, Section 25504(c), Title 22, Div. 4.5, Ch. 12, Art. 3 CCR

Page 4 of 11

All facilities that handle hazardous materials must have a written employee training plan. This plan is a required module of the Hazardous Materials Business Plan (HMBP). A blank plan has been provided below for you to complete and submit if you do not already have such a plan. If you already have a training plan, you are not required to complete the blank plan, below, but you must include a copy of your existing plan as part of your HMBP.

Check all boxes that apply. [Note: Items marked with an asterisk (\*) are required.]:

## 1. Personnel are trained in the following procedures:

<input checked="" type="checkbox"/> Internal alarm/notification *
<input checked="" type="checkbox"/> Evacuation/re-entry procedures & assembly point locations*
<input checked="" type="checkbox"/> Emergency incident reporting
<input checked="" type="checkbox"/> External emergency response organization notification
<input checked="" type="checkbox"/> Location(s) and contents of Emergency Response/Contingency Plan
<input checked="" type="checkbox"/> Facility evacuation drills, which are conducted at least (specify) <u>Annual</u> (e.g. "Quarterly", etc.)

## 2. Chemical Handlers are additionally trained in the following:

<input checked="" type="checkbox"/> Safe methods for handling and storage of hazardous materials *
<input checked="" type="checkbox"/> Location(s) and proper use of fire and spill control equipment
<input checked="" type="checkbox"/> Spill procedures/emergency procedures
<input checked="" type="checkbox"/> Proper use of personal protective equipment *
<input checked="" type="checkbox"/> Specific hazard(s) of each chemical to which they may be exposed, including routes of exposure (i.e. inhalation, ingestion, absorption). *
<input type="checkbox"/> Hazardous Waste Handlers/Managers are trained in all aspects of hazardous waste management specific to their job duties (e.g. container accumulation time requirements, labeling requirements, storage area inspection requirements, manifesting requirements, etc.) *

## 3. Emergency Response Team Members are capable of and engaged in the following:

<input checked="" type="checkbox"/> Personnel rescue procedures
<input checked="" type="checkbox"/> Shutdown of operations
<input checked="" type="checkbox"/> Liaison with responding agencies
<input checked="" type="checkbox"/> Use, maintenance, and replacement of emergency response equipment
<input checked="" type="checkbox"/> Refresher training, which is provided at least annually *
<input checked="" type="checkbox"/> Emergency response drills, which are conducted at least (specify) <u>Annual</u> (e.g. "Quarterly", etc.)

**Record keeping**  
(Hazardous Materials Business Plan Module)

All facilities which handle hazardous materials must maintain records associated with their management. A summary of your record keeping procedures is a required module of the Hazardous Materials Business Plan (HMBP). A blank summary has been provided below for you to complete and submit if you do not already have such a document. If you already have a brief written description of your hazardous materials record keeping systems which addresses all subjects covered below, you are not required to complete this page, but you must include a copy of your existing document as part of your HMBP.

Check all boxes that apply. The following records are maintained at the facility. [Note: Items marked with an asterisk (\*) are required.]:

<input checked="" type="checkbox"/> Current employees' training records (to be retained until closure of the facility) *
<input checked="" type="checkbox"/> Former employees' training records (to be retained at least three years after termination of employment) *
<input checked="" type="checkbox"/> Training Program(s) (i.e. written description of introductory and continuing training) *
<input checked="" type="checkbox"/> Current copy of this Emergency Response/Contingency Plan *
<input checked="" type="checkbox"/> Record of recordable/reportable hazardous material/waste releases *
<input checked="" type="checkbox"/> Record of hazardous material/waste storage area inspections *
<input checked="" type="checkbox"/> Record of hazardous waste tank daily inspections *
<input checked="" type="checkbox"/> Description and documentation of facility emergency response drills

Note: The above list of records does not necessarily identify every type of record required to be maintained by the facility.

A copy of the Inspection Check Sheet(s) or Log(s) used in conjunction with required routine self-inspections of your facility must be submitted with your HMBP. (Exception: Available from your local agency is a Hazardous Materials/Waste Storage Area Inspection Form that you may use if you do not already have your own form. If you use the example provided, you do not need to attach a copy.)

Check the appropriate box:

<input checked="" type="checkbox"/> We will use the "Hazardous Materials/Waste Storage Area Inspection Form" to document inspections.
<input type="checkbox"/> We will use our own documents to record inspections. (A blank copy of each document used must be attached to this HMBP.)

# Aboveground Separation, Containment, and Monitoring Plan

(Appendix to Hazardous Materials Business Plan)

Complete one column for each aboveground storage area shown on the Hazardous Materials Business Plan Storage Map(s). Write the appropriate location code in the box provided at the top of each column, then moving down the column, check all boxes which apply to that location. Make additional copies of this page if needed.

Location Code	<b>B</b>	<b>C</b>	<b>E</b>		
<b>Storage Type</b>	<input checked="" type="checkbox"/> Inside building <input type="checkbox"/> Outside storage shed <input type="checkbox"/> Outdoors	<input type="checkbox"/> Inside building <input checked="" type="checkbox"/> Outside storage shed <input type="checkbox"/> Outdoors	<input type="checkbox"/> Inside building <input type="checkbox"/> Outside storage shed <input checked="" type="checkbox"/> Outdoors	<input type="checkbox"/> Inside building <input type="checkbox"/> Outside storage shed <input type="checkbox"/> Outdoors	<input type="checkbox"/> Inside building <input type="checkbox"/> Outside storage shed <input type="checkbox"/> Outdoors
<b>Primary Containment</b>	<input checked="" type="checkbox"/> Original containers <input type="checkbox"/> Safety cans <input type="checkbox"/> Inside machinery <input checked="" type="checkbox"/> Drums/barrels <input type="checkbox"/> Pressure vessels <input type="checkbox"/> Bulk tanks <input type="checkbox"/> Aboveground piping <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Original containers <input type="checkbox"/> Safety cans <input type="checkbox"/> Inside machinery <input checked="" type="checkbox"/> Drums/barrels <input type="checkbox"/> Pressure vessels <input type="checkbox"/> Bulk tanks <input type="checkbox"/> Aboveground piping <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Original containers <input type="checkbox"/> Safety cans <input type="checkbox"/> Inside machinery <input type="checkbox"/> Drums/barrels <input checked="" type="checkbox"/> Pressure vessels <input type="checkbox"/> Bulk tanks <input type="checkbox"/> Aboveground piping <input type="checkbox"/> Other	<input type="checkbox"/> Original containers <input type="checkbox"/> Safety cans <input type="checkbox"/> Inside machinery <input type="checkbox"/> Drums/barrels <input type="checkbox"/> Pressure vessels <input type="checkbox"/> Bulk tanks <input type="checkbox"/> Aboveground piping <input type="checkbox"/> Other	<input type="checkbox"/> Original containers <input type="checkbox"/> Safety cans <input type="checkbox"/> Inside machinery <input type="checkbox"/> Drums/barrels <input type="checkbox"/> Pressure vessels <input type="checkbox"/> Bulk tanks <input type="checkbox"/> Aboveground piping <input type="checkbox"/> Other
<b>Secondary Containment</b>	<input type="checkbox"/> Approved cabinets <input type="checkbox"/> Secondary drum <input type="checkbox"/> Tray <input type="checkbox"/> Bermed & coated floor <input type="checkbox"/> Tank vault <input type="checkbox"/> Secondary piping or piping trench <input type="checkbox"/> Other	<input type="checkbox"/> Approved cabinets <input type="checkbox"/> Secondary drum <input type="checkbox"/> Tray <input type="checkbox"/> Bermed & coated floor <input type="checkbox"/> Tank vault <input type="checkbox"/> Secondary piping or piping trench <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Approved cabinets <input type="checkbox"/> Secondary drum <input type="checkbox"/> Tray <input type="checkbox"/> Bermed & coated floor <input type="checkbox"/> Tank vault <input type="checkbox"/> Secondary piping or piping trench <input type="checkbox"/> Other	<input type="checkbox"/> Approved cabinets <input type="checkbox"/> Secondary drum <input type="checkbox"/> Tray <input type="checkbox"/> Bermed & coated floor <input type="checkbox"/> Tank vault <input type="checkbox"/> Secondary piping or piping trench <input type="checkbox"/> Other	<input type="checkbox"/> Approved cabinets <input type="checkbox"/> Secondary drum <input type="checkbox"/> Tray <input type="checkbox"/> Bermed & coated floor <input type="checkbox"/> Tank vault <input type="checkbox"/> Secondary piping or piping trench <input type="checkbox"/> Other
<b>Separation</b>	<input checked="" type="checkbox"/> All materials compatible <input type="checkbox"/> One-hour separation wall/partition <input type="checkbox"/> Separation by at least 20 feet <input type="checkbox"/> Approved cabinets <input type="checkbox"/> Other	<input checked="" type="checkbox"/> All materials compatible <input type="checkbox"/> One-hour separation wall/partition <input type="checkbox"/> Separation by at least 20 feet <input type="checkbox"/> Approved cabinets <input type="checkbox"/> Other	<input checked="" type="checkbox"/> All materials compatible <input type="checkbox"/> One-hour separation wall/partition <input type="checkbox"/> Separation by at least 20 feet <input type="checkbox"/> Approved cabinets <input type="checkbox"/> Other	<input type="checkbox"/> All materials compatible <input type="checkbox"/> One-hour separation wall/partition <input type="checkbox"/> Separation by at least 20 feet <input type="checkbox"/> Approved cabinets <input type="checkbox"/> Other	<input type="checkbox"/> All materials compatible <input type="checkbox"/> One-hour separation wall/partition <input type="checkbox"/> Separation by at least 20 feet <input type="checkbox"/> Approved cabinets <input type="checkbox"/> Other
<b>Monitoring Type</b>	<input checked="" type="checkbox"/> Visual <input type="checkbox"/> Automatic sensors <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Visual <input type="checkbox"/> Automatic sensors <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Visual <input type="checkbox"/> Automatic sensors <input type="checkbox"/> Other	<input type="checkbox"/> Visual <input type="checkbox"/> Automatic sensors <input type="checkbox"/> Other	<input type="checkbox"/> Visual <input type="checkbox"/> Automatic sensors <input type="checkbox"/> Other
<b>Monitoring Frequency</b>	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Continuous <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Continuous <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Continuous <input type="checkbox"/> Other	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Continuous <input type="checkbox"/> Other	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Continuous <input type="checkbox"/> Other

In the space provided below, describe the location, type, manufacturer's specifications (if applicable) and suitability of any monitoring methods used other than visual monitoring. Attach additional pages if needed:

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**BUSINESS ACTIVITIES**

**I. FACILITY IDENTIFICATION**

FACILITY ID # (Agency Use Only)	EPA ID # (Hazardous Waste Only) CAL000025915
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) El Camino 76 #256115	

**II. ACTIVITIES DECLARATION**

**NOTE: If you check YES to any part of this list, please submit the Business Owner/Operator Identification page (OES Form 2730).**

Does your facility...	If Yes, please complete these pages of the UPCF...	
<b>A. HAZARDOUS MATERIALS</b> Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	4 Y HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)
<b>B. UNDERGROUND STORAGE TANKS (USTs)</b>		
1. Own or operate underground storage tanks?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	5 Y UST FACILITY (Formerly SWRCB Form A) Y UST TANK (one page per tank) (Formerly Form B)
2. Intend to upgrade existing or install new USTs?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	6 Y UST FACILITY Y UST TANK (one per tank) Y UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C)
3. Need to report closing a UST?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	7 Y UST TANK (closure portion - one page per tank)
<b>C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)</b> Own or operate ASTs above these thresholds: —any tank capacity is greater than 660 gallons, or —the total capacity for the facility is greater than 1,320 gallons?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	8 NO FORM REQUIRED TO CUPAS
<b>D. HAZARDOUS WASTE</b>		
1. Generate hazardous waste?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	9 Y EPA ID NUMBER—provide at the top of this page
2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	10 Y RECYCLABLE MATERIALS REPORT (one per recycler)
3. Treat hazardous waste on site?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	11 Y ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Form 1772) Y ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772A,B,C,D, and L)
4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	12 Y CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)
5. Consolidate hazardous waste generated at a remote site?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13 Y REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196)
6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	14 Y HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)

**E. LOCAL REQUIREMENTS**

(You may also be required to provide additional information by your CUPA or local agency.)

**AGENCY**



**TOSCO**

**TOSCO MARKETING COMPANY**

1500 N. Priest Drive

Tempe, Arizona 85281

Telephone: (602) 728-8000

February 23, 2001

Greg Galatolo  
El Camino 76 #256115  
4350 El Camino Real  
Los Altos, CA 94022

MAR 12 10 35 AM '01

RECEIVED BY  
ENVIRONMENTAL HEALTH  
HMDO

RE: HAZARDOUS MATERIALS MANAGEMENT PLANS

Dear Greg Galatolo:

Attached is the new Hazardous Materials Inventory and Business Plan for your station. This new HMMP is intended to replace the current HMMP. The "DEALER" copy should be kept in your "Success at the Pump: Keeping the Zone in Compliance Manual", and available to all employees and agency personnel at all times.

**THESE FORMS MUST BE RETURNED TO RHL DESIGN GROUP AS SOON AS POSSIBLE. FAILURE TO RETURN AND IMPLEMENT THIS PLAN MAY RESULT IN FINES AND/OR CIVIL PENALTIES BY GOVERNMENT ENFORCEMENT AGENCIES.**

Instructions for signing and returning the packet:

1. Please sign all 3 copies of the HMMP where flagged and indicated with a "X".
2. Please return the 2 copies marked "AGENCY" and "RHL FILE" to RHL Design in the pre-stamped enclosed envelope.
3. Keep the "DEALER" copy of the HMMP in your Environmental Compliance book, and available for inspection.
4. Have your employees read and understand the contents of this package and sign the attached training log. Keep the training log at your station.

A copy of the HMMP will be sent to Santa Clara Co. Dept. of Env. Health within 30 days

If you have any questions regarding the content of this document, please contact RHL Design Group, Mr. Steve Skanderson at (707) 765-1660. If you have any additional questions, including invoicing questions, please contact Tosco Marketing Company, Hazardous Materials Coordinator at (602) 728-7080.

Sincerely,

Tosco Marketing Company

cc: RHL Design Group, Inc.

Enclosure

256115



ARCHITECTURE • ENGINEERING • ENVIRONMENTAL SERVICES

1137 North McDowell Boulevard, Petaluma, CA 94954-1110 Telephone: (707) 765-1660 Facsimile: (707) 765-9908  
John W. Johnson, Architect Established 1966

March 09, 2001

JOHN W. JOHNSON  
Co-President  
Principal

Santa Clara Co. Dept. of Env. Health  
Greg Breshears  
P.O. Box 28070  
San Jose, CA 95159-8070

BRIAN F. ZITA  
Co-President  
Principal

**HAZARDOUS MATERIALS MANAGEMENT PLANS FOR TOSCO/CIRCLE K**

Dear Greg Breshears:

JOHN B. HICKS  
Vice President  
Principal

Enclosed please find the Hazardous Material Management Plans, HMMP(s), for the **Tosco Corporation** station(s) as listed on the attached sheet.

These inventories and HMMP(s) are being submitted for your review and approval:

CECILE R. SPENCER  
Vice President  
Principal

If there are any further correspondence or invoices related to these submissions, please direct them to:

Regional Compliance Specialist  
Tosco Corporation  
P.O. Box 52085  
Phoenix, AZ 85072-2085

CHRIS LAWTON  
Regional Manager  
Associate

Sincerely,

**RHL DESIGN GROUP, INC.**

JAMES E. PRESTEN  
Regional Manager  
Associate

Environmental Department.

Enclosure

GARY M. SEMLING  
Regional Manager  
Associate

MAR 12 10 34 AM '01  
RECEIVED BY HEALTH  
ENVIRONMENTAL HEALTH  
HMMP

ALAN K. SHIMABUKURO  
Regional Manager  
Associate

BLYTHE R. WILSON  
Regional Manager  
Associate

BELLEVUE, WA      LA. HABRA, CA      MARTINEZ, CA      PETALUMA, CA  
SACRAMENTO, CA      SCOTTSDALE, AZ      VANCOUVER, WA

255957  
Los Altos 76 #255957  
330 South San Antonio Rd.  
Los Altos, CA 94022

256115  
El Camino 76 #256115  
4350 El Camino Real  
Los Altos, CA 94022

256859  
Saratoga Union #256859  
12015 Saratoga-Sunnyvale Rd.  
Saratoga, CA 95070

DRAFT



# LETTER OF TRANSMITTAL

Date: September 11, 2000

RHL Job # 3916.10

To: Greg Breshears  
 Santa Clara County

From: Steve Skanderson  
 RHL Design Group, Inc.

RE: Tosco 76

TRANSMITTED: VIA:  U.S. Mail  For approval  For your use  As requested  
 For review and comment  Return  Other

QTY	DATE	REV	DESCRIPTION
1	9/11/00		Revised site maps & inventory - 330 S. San Antonio Rd, Los Altos
1	9/11/00		Revised site maps & inventory - 4350 El Camino Real, Los Altos

REMARKS:  
 Revisions reflect the propane and updated storage locations.

If you have any questions, please feel free to call me.

Thank You  
 Steve Skanderson

RECEIVED BY  
 ENVIRONMENTAL REGULATION  
 DIVISION  
 SEP 13 9 30 AM '00

IF ENCLOSURES ARE NOT AS NOTED, KINDLY NOTIFY US! THANK YOU  
 BELLEVUE, WA      LA HABRA, CA      SACRAMENTO, CA      SCOTTSDALE, AZ

**UNIFIED PROGRAM CONSOLIDATED FORM  
HAZARDOUS MATERIALS  
HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD       DELETE       REVISE      200      Page 1 of 9

**I. FACILITY INFORMATION**

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) <span style="float:right">3</span>	
El Camino 76 #256115      256115	
CHEMICAL LOCATION <span style="float:right">201</span>	CHEMICAL LOCATION CONFIDENTIAL - EPCRA <span style="float:right">202</span>
NORTHWEST SIDE OF LOT	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
FACILITY ID #	MAP# (optional) <span style="float:right">203</span> GRID# (optional) <span style="float:right">204</span>
	1      A

**II. CHEMICAL INFORMATION**

CHEMICAL NAME <span style="float:right">205</span>	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float:right">206</span>
PETROLEUM HYDROCARBON	<small>If Subject to EPCRA, refer to instructions</small>
COMMON NAME <span style="float:right">207</span>	EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float:right">208</span>
REGULAR UNLEADED	
CAS# <span style="float:right">209</span>	*If EHS is "Yes", all amounts below must be in lbs.
8006-61-9	
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) <span style="float:right">210</span>	
I-B. FLAMMABLE LIQUID	
HAZARDOUS MATERIAL TYPE (Check one item only) <span style="float:right">211</span>	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float:right">212</span> CURIES <span style="float:right">213</span>
<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	
PHYSICAL STATE (Check one item only) <span style="float:right">214</span>	LARGEST CONTAINER <span style="float:right">215</span>
<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	12000
FED HAZARD CATEGORIES (Check all that apply) <span style="float:right">216</span>	
<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH	
AVERAGE DAILY AMOUNT <span style="float:right">217</span>	MAXIMUM DAILY AMOUNT <span style="float:right">218</span> ANNUAL WASTE AMOUNT <span style="float:right">219</span> STATE WASTE CODE <span style="float:right">220</span>
6000.00	12000.00
UNITS* (Check one item only) <span style="float:right">221</span>	DAYS ON SITE <span style="float:right">222</span>
<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	365
* If EHS, amount must be in pounds.	
STORAGE CONTAINER <span style="float:right">223</span>	
<input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR	
<input checked="" type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER	
<input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN	
<input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON	
STORAGE PRESSURE <span style="float:right">224</span>	
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	
STORAGE TEMPERATURE <span style="float:right">225</span>	
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC	

#	%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	1-14%	XYLENES	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1330-20-7
2	1-9%	TOLUENE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	108-88-3
3	<10.0%	ETHANOL	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	64-17-5
4	1-5%	1,2,4 TRIMETHYL BENZENE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	95-63-6
5	1-5%	ETHYL BENZENE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	100-41-4

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246  
DOT Hazard Class: FL

If EPCRA, Please Sign Here

**UNIFIED PROGRAM CONSOLIDATED FORM  
HAZARDOUS MATERIALS  
HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD       DELETE       REVISE      200      Page 2 of 9

**I. FACILITY INFORMATION**

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) <span style="float:right">3</span>	
El Camino 76 #256115      256115	
CHEMICAL LOCATION <span style="float:right">201</span>	CHEMICAL LOCATION CONFIDENTIAL - EPCRA <span style="float:right">202</span>
NORTHWEST SIDE OF LOT	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
FACILITY ID #	MAP# (optional) <span style="float:right">203</span> GRID# (optional) <span style="float:right">204</span>
	1      A

**II. CHEMICAL INFORMATION**

CHEMICAL NAME <span style="float:right">205</span>	TRADE SECRET <span style="float:right">206</span>
PETROLEUM HYDROCARBON	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>If Subject to EPCRA, refer to instructions</small>
COMMON NAME <span style="float:right">207</span>	EHS* <span style="float:right">208</span>
PREMIUM UNLEADED	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
CAS# <span style="float:right">209</span>	*If EHS is "Yes", all amounts below must be in lbs.
8006-61-9	
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) <span style="float:right">210</span>	
I-B FLAMMABLE LIQUID	
HAZARDOUS MATERIAL TYPE (Check one item only) <span style="float:right">211</span>	RADIOACTIVE: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float:right">212</span> CURIES <span style="float:right">213</span>
<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	
PHYSICAL STATE (Check one item only) <span style="float:right">214</span>	LARGEST CONTAINER <span style="float:right">215</span>
<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	12000
FED HAZARD CATEGORIES (Check all that apply) <span style="float:right">216</span>	
<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH	
AVERAGE DAILY AMOUNT <span style="float:right">217</span>	MAXIMUM DAILY AMOUNT <span style="float:right">218</span> ANNUAL WASTE AMOUNT <span style="float:right">219</span> STATE WASTE CODE <span style="float:right">220</span>
6000.00	12000.00
UNITS* (Check one item only) <span style="float:right">221</span>	DAYS ON SITE. <span style="float:right">222</span>
<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	365
STORAGE CONTAINER <span style="float:right">223</span>	
<input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR	
<input checked="" type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER	
<input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN	
<input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON	
STORAGE PRESSURE <span style="float:right">224</span>	
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	
STORAGE TEMPERATURE <span style="float:right">225</span>	
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC	

#	%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	1-14%	XYLENES	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1330-20-7
2	1-9%	TOLUENE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	108-88-3
3	<10.0%	ETHANOL	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	64-17-5
4	1-5%	1,2,4-TRIMETHYL BENZENE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	95-63-6
5	1-5%	ETHYL BENZENE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	100-41-4

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246  
DOT Hazard Class: FL

If EPCRA, Please Sign Here

**UNIFIED PROGRAM CONSOLIDATED FORM  
HAZARDOUS MATERIALS  
HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD       DELETE       REVISE      200

Page 3 of 9

**I. FACILITY INFORMATION**

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 201

El Camino 76 #256115: 256115

CHEMICAL LOCATION 201      CHEMICAL LOCATION CONFIDENTIAL - EPCRA 202

IN SERVICE BAY       YES       NO

FACILITY ID#      MAP# (optional) 203      GRID# (optional) 204

1      B

**II. CHEMICAL INFORMATION**

CHEMICAL NAME 205      TRADE SECRET       Yes       No 206

PETROLEUM HYDROCARBON      If Subject to EPCRA, refer to instructions

COMMON NAME 207      EHS\*       Yes       No 208

MOTOR OIL

CAS# 209      \*If EHS is "Yes", all amounts below must be in lbs.

64742-65-0

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

III-B COMBUSTIBLE

HAZARDOUS MATERIAL TYPE (Check one item only) 211      RADIOACTIVE       Yes       No 212      CURIES 213

a. PURE       b. MIXTURE       c. WASTE

PHYSICAL STATE (Check one item only) 214      LARGEST CONTAINER 240

a. SOLID       b. LIQUID       c. GAS

FED HAZARD CATEGORIES (Check all that apply) 216

a. FIRE       b. REACTIVE       c. PRESSURE RELEASE       d. ACUTE HEALTH       e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217      MAXIMUM DAILY AMOUNT 218      ANNUAL WASTE AMOUNT 219      STATE WASTE CODE 220

100.00      300.00

UNITS\* (Check one item only) 221      DAYS ON SITE: 222

a. GALLONS       b. CUBIC FEET       c. POUNDS       d. TONS      365

STORAGE 03 14

CONTAINER       a. ABOVE GROUND TANK       e. PLASTIC/NONMETALLIC DRUM       i. FIBER DRUM       m. GLASS BOTTLE       q. RAIL CAR

b. UNDERGROUND TANK       f. CAN       j. BAG       n. PLASTIC BOTTLE       r. OTHER

c. TANK INSIDE BUILDING       g. CARBOY       k. BOX       o. TOTE BIN

d. STEEL DRUM       h. SILO       l. CYLINDER       p. TANK WAGON 223

STORAGE PRESSURE       a. AMBIENT       b. ABOVE AMBIENT       c. BELOW AMBIENT 224

STORAGE TEMPERATURE       a. AMBIENT       b. ABOVE AMBIENT       c. BELOW AMBIENT       d. CRYOGENIC 225

% WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 85% 226	SOLVENT DEWAXD DIST HV PARAFFN 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	64742-65-0 229
2 85% 230	HYDROTREATED DIST. HV PARAFFIN 231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232	64742-54-7 233
3 28% 234	ADDITIVES 235	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236	PROPRIETARY 237
4 15% 238	SOLV. DEWAX DIST. LT PARAFFIN 239	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 240	64742-56-9 241
5 242	243	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

DOT Hazard Class: FL

If EPCRA, Please Sign Here

**UNIFIED PROGRAM CONSOLIDATED FORM  
HAZARDOUS MATERIALS  
HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD

DELETE

REVISE

200

Page 4 of 9

**I. FACILITY INFORMATION**

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

El Camino 76 #256115 256115

CHEMICAL LOCATION 201 CHEMICAL LOCATION CONFIDENTIAL - 202

IN SERVICE BAY

EPCRA  
 YES  NO

FACILITY ID # 203 MAP# (optional) 204 GRID# (optional)

1

B

**II. CHEMICAL INFORMATION**

CHEMICAL NAME 205 TRADE SECRET  Yes  No 206

GLYCOLS

If Subject to EPCRA, refer to instructions

COMMON NAME 207 EHS\*  Yes  No 208

ANTIFREEZE/COOLANT

CAS# 209 \*If EHS is "Yes", all amounts below must be in lbs.

107-21-1

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

III-B: COMBUSTIBLE

HAZARDOUS MATERIAL TYPE (Check one item only):  a. PURE  b. MIXTURE  c. WASTE 211 RADIOACTIVE  Yes  No 212 CURIES 213

PHYSICAL STATE (Check one item only)  a. SOLID  b. LIQUID  c. GAS 214 LARGEST CONTAINER 215

GALLON

FED HAZARD CATEGORIES (Check all that apply)  a. FIRE  b. REACTIVE  c. PRESSURE RELEASE  d. ACUTE HEALTH  e. CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 217 MAXIMUM DAILY AMOUNT 218 ANNUAL WASTE AMOUNT 219 STATE WASTE CODE 220

40.00

80.00

UNITS\* (Check one item only)  a. GALLONS  b. CUBIC FEET  c. POUNDS  d. TONS 221 DAYS ON SITE: 222

365

STORAGE CONTAINER  a. ABOVE GROUND TANK  e. PLASTIC/NONMETALLIC DRUM  i. FIBER DRUM  m. GLASS BOTTLE  q. RAIL CAR  b. UNDERGROUND TANK  f. CAN  j. BAG  n. PLASTIC BOTTLE  r. OTHER  c. TANK INSIDE BUILDING  g. CARBOY  k. BOX  o. TOTE BIN  d. STEEL DRUM  h. SILO  l. CYLINDER  p. TANK WAGON 223

STORAGE PRESSURE  a. AMBIENT  b. ABOVE AMBIENT  c. BELOW AMBIENT 224

STORAGE TEMPERATURE  a. AMBIENT  b. ABOVE AMBIENT  c. BELOW AMBIENT  d. CRYOGENIC 225

% WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 94%	ETHYLENE GLYCOL	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	107-21-1
2 1%	DIETHYLENE GLYCOL	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	111-46-6
3 3%	ADDITIVES	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PROPRIETARY
4 3%	WATER	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7732-18-5
5 2%	DIPOTASSIUM PHOSPHATE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7758-11-4

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

DOT Hazard Class: NONE

If EPCRA, Please Sign Here

**UNIFIED PROGRAM CONSOLIDATED FORM  
HAZARDOUS MATERIALS  
HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD

DELETE

REVISE

200

Page 5 of 9

**I. FACILITY INFORMATION**

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

El Camino 76 #256115 256115

CHEMICAL LOCATION  
FRONT OF BUILDING

CHEMICAL LOCATION CONFIDENTIAL  
EPCRA  
 YES  NO

FACILITY ID #

MAP# (optional)

GRID# (optional)

1

E

**II. CHEMICAL INFORMATION**

CHEMICAL NAME  
PETROLEUM HYDROCARBON

TRADE SECRET  Yes  No  
If Subject to EPCRA, refer to instructions

COMMON NAME  
PROPANE

EHS\*  Yes  No

CAS#  
74-98-6

\*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)  
I-A FLAMMABLE LIQUID

HAZARDOUS MATERIAL TYPE (Check one item only)  
 a. PURE  b. MIXTURE  c. WASTE

RADIOACTIVE  Yes  No

CURIES:

PHYSICAL STATE (Check one item only)  
 a. SOLID  b. LIQUID  c. GAS

LARGEST CONTAINER 170

FED HAZARD CATEGORIES (Check all that apply)  
 a. FIRE  b. REACTIVE  c. PRESSURE RELEASE  d. ACUTE HEALTH  e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 2000.00  
MAXIMUM DAILY AMOUNT 2043.00

ANNUAL WASTE AMOUNT  
STATE WASTE CODE

UNITS\* (Check one item only)  
 a. GALLONS  b. CUBIC FEET  c. POUNDS  d. TONS

DAYS ON SITE:  
365

STORAGE CONTAINER  
 a. ABOVE GROUND TANK  b. UNDERGROUND TANK  c. TANK INSIDE BUILDING  d. STEEL DRUM  
 e. PLASTIC/NONMETALLIC DRUM  f. CAN  g. CARBOY  h. SILO  
 i. FIBER DRUM  j. BAG  k. BOX  l. CYLINDER  
 m. GLASS BOTTLE  n. PLASTIC BOTTLE  o. TOTE BIN  p. TANK WAGON  q. RAIL CAR  r. OTHER

STORAGE PRESSURE  a. AMBIENT  b. ABOVE AMBIENT  c. BELOW AMBIENT

STORAGE TEMPERATURE  a. AMBIENT  b. ABOVE AMBIENT  c. BELOW AMBIENT  d. CRYOGENIC

% WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	PROPANE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	74-98-6
2	ETHANE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	74-84-0
3	BUTANE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	106-97-8
4		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION  
DOT Hazard Class: EG

If EPCRA, Please Sign Here

**UNIFIED PROGRAM CONSOLIDATED FORM  
HAZARDOUS MATERIALS  
HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD     DELETE     REVISE    200    Page 6 of 9

**I. FACILITY INFORMATION**

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) <span style="float:right">3</span>	
El Camino 76 #256115	256115
CHEMICAL LOCATION <span style="float:right">201</span>	CHEMICAL LOCATION CONFIDENTIAL - EPCRA <span style="float:right">202</span>
SOUTH SIDE OF SERV BLDG	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
FACILITY ID #	MAP# (optional) <span style="float:right">203</span> GRID# (optional) <span style="float:right">204</span>
	1    D

**II. CHEMICAL INFORMATION**

CHEMICAL NAME <span style="float:right">205</span>	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float:right">206</span>
PETROLEUM HYDROCARBON	<small>If Subject to EPCRA, refer to instructions</small>
COMMON NAME <span style="float:right">207</span>	EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float:right">208</span>
USED MOTOR OIL	
CAS# <span style="float:right">209</span>	*If EHS is "Yes", all amounts below must be in lbs.
8002-05-9	

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) <span style="float:right">210</span>
<b>III-B COMBUSTIBLE</b>

HAZARDOUS MATERIAL TYPE (Check one item only) <span style="float:right">211</span>	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float:right">212</span>	CURIES <span style="float:right">213</span>
<input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input checked="" type="checkbox"/> c. WASTE		

PHYSICAL STATE (Check one item only) <span style="float:right">214</span>	LARGEST CONTAINER <span style="float:right">215</span>
<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	520

FED HAZARD CATEGORIES (Check all that apply) <span style="float:right">216</span>
<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT <span style="float:right">217</span>	MAXIMUM DAILY AMOUNT <span style="float:right">218</span>	ANNUAL WASTE AMOUNT <span style="float:right">219</span>	STATE WASTE CODE <span style="float:right">220</span>
250.00	520.00	3000.00	221

UNITS* (Check one item only) <span style="float:right">221</span>	DAYS ON SITE: <span style="float:right">222</span>
<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	365
<small>* If EHS, amount must be in pounds.</small>	

STORAGE CONTAINER <span style="float:right">223</span>
<input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input checked="" type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON

STORAGE PRESSURE <span style="float:right">224</span>
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT

STORAGE TEMPERATURE <span style="float:right">225</span>
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC

#	% WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS:	CAS #
1	100% <span style="float:right">226</span>	MOTOR OIL, USED <span style="float:right">227</span>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float:right">228</span>	8002-05-9 <span style="float:right">229</span>
2	<span style="float:right">230</span>	<span style="float:right">231</span>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float:right">232</span>	<span style="float:right">233</span>
3	<span style="float:right">234</span>	<span style="float:right">235</span>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float:right">236</span>	<span style="float:right">237</span>
4	<span style="float:right">238</span>	<span style="float:right">239</span>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float:right">240</span>	<span style="float:right">241</span>
5	<span style="float:right">242</span>	<span style="float:right">243</span>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float:right">244</span>	<span style="float:right">245</span>

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION <span style="float:right">246</span>
DOT Hazard Class: <u>FL</u>

If EPCRA, Please Sign Here.

**UNIFIED PROGRAM CONSOLIDATED FORM  
HAZARDOUS MATERIALS  
HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD

DELETE

REVISE

200

Page 7 of 9

**I. FACILITY INFORMATION**

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

El Camino 76 #256115

256115

CHEMICAL LOCATION

IN SERVICE BAY

CHEMICAL LOCATION CONFIDENTIAL - EPCRA

YES  NO

FACILITY ID #

MAP# (optional)

GRID# (optional)

1

C

**II. CHEMICAL INFORMATION**

CHEMICAL NAME

PETROLEUM HYDROCARBON

TRADE SECRET

Yes  No

If Subject to EPCRA, refer to Instructions

COMMON NAME

USED OIL FILTERS

EHS\*

Yes  No

CAS#

8002-05-9

\*If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)

III-B COMBUSTIBLE

HAZARDOUS MATERIAL TYPE (Check one item only)

a. PURE  b. MIXTURE  c. WASTE

RADIOACTIVE

Yes  No

CURIES

PHYSICAL STATE (Check one item only)

a. SOLID  b. LIQUID  c. GAS

LARGEST CONTAINER

200

FED HAZARD CATEGORIES (Check all that apply)

a. FIRE  b. REACTIVE  c. PRESSURE RELEASE  d. ACUTE HEALTH  e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT

100.00

MAXIMUM DAILY AMOUNT

200.00

ANNUAL WASTE AMOUNT

600.00

STATE WASTE CODE

223

UNITS\* (Check one item only)

a. GALLONS  b. CUBIC FEET  c. POUNDS  d. TONS

DAYS ON SITE:

365

STORAGE CONTAINER

05

a. ABOVE GROUND TANK  e. PLASTIC/NONMETALLIC DRUM  i. FIBER DRUM  m. GLASS BOTTLE  q. RAIL CAR  
 b. UNDERGROUND TANK  f. CAN  j. BAG  n. PLASTIC BOTTLE  r. OTHER  
 c. TANK INSIDE BUILDING  g. CARBOY  k. BOX  o. TOTE BIN  
 d. STEEL DRUM  h. SILO  l. CYLINDER  p. TANK WAGON

STORAGE PRESSURE

a. AMBIENT  b. ABOVE AMBIENT  c. BELOW AMBIENT

STORAGE TEMPERATURE

a. AMBIENT  b. ABOVE AMBIENT  c. BELOW AMBIENT  d. CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 100%	USED OIL FILTERS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8002-05-9
2	USED OIL	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8002-05-9
3		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION

DOT Hazard Class: FL

If EPCRA, Please Sign Here

**UNIFIED PROGRAM CONSOLIDATED FORM  
HAZARDOUS MATERIALS  
HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD     DELETE     REVISE    200    Page 8 of 9

**I. FACILITY INFORMATION**

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) <span style="float:right">3</span>	
El Camino 76 #256115	256115
CHEMICAL LOCATION <span style="float:right">201</span>	CHEMICAL LOCATION CONFIDENTIAL - EPCRA <span style="float:right">202</span>
IN SERVICE BAY	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
FACILITY ID #	MAP# (optional) <span style="float:right">203</span> GRID# (optional) <span style="float:right">204</span>
	1    C

**II. CHEMICAL INFORMATION**

CHEMICAL NAME <span style="float:right">205</span>	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float:right">206</span>
GLYCOLS	<small>If Subject to EPCRA, refer to Instructions</small>
COMMON NAME <span style="float:right">207</span>	EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float:right">208</span>
USED ANTIFREEZE	
CAS# <span style="float:right">209</span>	*If EHS is "Yes", all amounts below must be in lbs.
107-21-1	

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) <span style="float:right">210</span>
III-B COMBUSTIBLE

HAZARDOUS MATERIAL TYPE (Check one item only) <span style="float:right">211</span>	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float:right">212</span>	CURIES <span style="float:right">213</span>
<input type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input checked="" type="checkbox"/> c. WASTE		

PHYSICAL STATE (Check one item only) <span style="float:right">214</span>	LARGEST CONTAINER <span style="float:right">215</span>
<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	55 GAL

FED HAZARD CATEGORIES (Check all that apply) <span style="float:right">216</span>
<input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT <span style="float:right">217</span>	MAXIMUM DAILY AMOUNT <span style="float:right">218</span>	ANNUAL WASTE AMOUNT <span style="float:right">219</span>	STATE WASTE CODE <span style="float:right">220</span>
25.00	55.00	175.00	343

UNITS* (Check one item only) <span style="float:right">221</span>	DAYS ON SITE: <span style="float:right">222</span>
<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	365
<small>* If EHS, amount must be in pounds.</small>	

STORAGE CONTAINER <span style="float:right">223</span>
<input type="checkbox"/> a. ABOVE GROUND TANK <input checked="" type="checkbox"/> e. PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON

STORAGE PRESSURE <span style="float:right">224</span>
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT

STORAGE TEMPERATURE <span style="float:right">225</span>
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC

% WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1 94% <span style="float:right">226</span>	ETHYLENE GLYCOL <span style="float:right">227</span>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float:right">228</span>	107-21-1 <span style="float:right">229</span>
2 1% <span style="float:right">230</span>	DIETHYLENE GLYCOL <span style="float:right">231</span>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float:right">232</span>	111-46-6 <span style="float:right">233</span>
3 10% <span style="float:right">234</span>	WATER <span style="float:right">235</span>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float:right">236</span>	7732-18-5 <span style="float:right">237</span>
4 2% <span style="float:right">238</span>	DIPOTASSIUM PHOSPHATE <span style="float:right">239</span>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float:right">240</span>	7758-11-4 <span style="float:right">241</span>
5 <span style="float:right">242</span>	<span style="float:right">243</span>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float:right">244</span>	<span style="float:right">245</span>

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION <span style="float:right">246</span>
DOT Hazard Class: <u>NONE</u>

If EPCRA, Please Sign Here.

**UNIFIED PROGRAM CONSOLIDATED FORM  
HAZARDOUS MATERIALS  
HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

(one page per material per building or area)

ADD       DELETE       REVISE      200

Page 9 of 9

**I. FACILITY INFORMATION**

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

El Camino 76 #256115      256115

CHEMICAL LOCATION 201      CHEMICAL LOCATION CONFIDENTIAL - 202

IN SERVICE BAY      EPCRA  
 YES     NO

FACILITY ID # 203      MAP# (optional) 203      GRID# (optional) 204

1      1      C

**II. CHEMICAL INFORMATION**

CHEMICAL NAME 205      TRADE SECRET     Yes     No 206

LEAD ACID BATTERY      If Subject to EPCRA, refer to instructions

COMMON NAME 207      EHS\*     Yes     No 208

WASTE BATTERJES  
CAS# 209      \*If EHS is "Yes", all amounts below must be in lbs.

7664-93-9

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210

CORROSSIVE

HAZARDOUS MATERIAL TYPE (Check one item only) 211      RADIOACTIVE     Yes     No 212      CURIES 213

a. PURE     b. MIXTURE     c. WASTE

PHYSICAL STATE (Check one item only) 214      LARGEST CONTAINER 215

a. SOLID     b. LIQUID     c. GAS      BATT

FED HAZARD CATEGORIES (Check all that apply) 216

a. FIRE     b. REACTIVE     c. PRESSURE RELEASE     d. ACUTE HEALTH     e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217      MAXIMUM DAILY AMOUNT 218      ANNUAL WASTE AMOUNT 219      STATE WASTE CODE 220

5.00      10.00      100.00      162

UNITS\* (Check one item only) 221      DAYS ON SITE: 222

a. GALLONS     b. CUBIC FEET     c. POUNDS     d. TONS      \* If EHS, amount must be in pounds.      365

STORAGE CONTAINER 18      STORAGE PRESSURE 224

a. ABOVE GROUND TANK     e. PLASTIC/NONMETALLIC DRUM     i. FIBER DRUM     m. GLASS BOTTLE     q. RAIL CAR  
 b. UNDERGROUND TANK     f. CAN     j. BAG     n. PLASTIC BOTTLE     r. OTHER  
 c. TANK INSIDE BUILDING     g. CARBOY     k. BOX     o. TOTE BIN  
 d. STEEL DRUM     h. SILO     l. CYLINDER     p. TANK WAGON

STORAGE TEMPERATURE 225

a. AMBIENT     b. ABOVE AMBIENT     c. BELOW AMBIENT     d. CRYOGENIC

#	%WT.	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	35%	SULFURIC ACID (35%)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7664-93-9
2	34%	LEAD	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7439-92-1
3	31%	LEAD DIOXIDE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1309-60-0
4	1%	LEAD SULFATE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7446-14-2
5			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

DOT Hazard Class: COR

If EPCRA, Please Sign Here



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ENVIRONMENTAL HEALTH  
HMCD

ARCHITECTURE • ENGINEERING • ENVIRONMENTAL SERVICES

1137 North McDowell Boulevard, Petaluma, CA 94954-1111 Telephone: (707) 765-9908  
John W. Johnson, Architect Facsimile: (707) 765-9908  
Established 1966

APR 7 3 37 PM '00

April 04, 2000

JOHN W. JOHNSON  
Co-President  
Principal

Santa Clara Co. HazMat Compliance Div.  
Wayne Yip  
2220 Moorpark Avenue  
San Jose, CA 95128

BRIAN F. ZITA  
Co-President  
Principal

**HAZARDOUS MATERIALS MANAGEMENT PLANS FOR TOSCO/CIRCLE K**

JOHN B. HICKS  
Vice President  
Principal

Dear Wayne Yip:

Enclosed please find the Hazardous Material Management Plans, HMMP(s), for the Tosco Corporation station(s) as listed on the attached sheet.

These inventories and HMMP(s) are being submitted for your review and approval.

CECIL R. SPENCER  
Vice President  
Principal

If there are any further correspondence or invoices related to these submissions, please direct them to:

Regional Compliance Specialist  
Tosco Corporation  
P.O. Box 52085  
Phoenix, AZ 85072-2085

CHRIS LAWTON  
Regional Manager  
Associate

Sincerely;

**RHL DESIGN GROUP, INC.**

JAMES E. PRESTEN  
Regional Manager  
Associate

Environmental Department  
*CRH*

Enclosure

GARY M. SEMLING  
Regional Manager  
Associate

ALAN K. SHIMABUKURO  
Regional Manager  
Associate

BLYTHE R. WILSON  
Regional Manager  
Associate

BELLEVUE, WA      LA HABRA, CA      MARTINEZ, CA      PETALUMA, CA  
SACRAMENTO, CA      SCOTTSDALE, AZ      VANCOUVER, WA

255957

Los Altos 76 #255957  
330 South San Antonio Rd.  
Los Altos, CA 94022

256115

El Camino 76 #256115  
4350 El Camino Real  
Los Altos, CA 94022

256859

Saratoga Union #256859  
12015 Saratoga-Sunnyvale Rd.  
Saratoga, CA 95070

DRAFT

RECEIVED 4-7-00 HMCB

# HAZARDOUS MATERIALS BUSINESS PLAN CERTIFICATION FORM

For Use By All Jurisdictions Within the County of Santa Clara  
Authority Cited: H&SC, 25503.3(c)

To: Agency Name: Santa Clara Co. HazMat Compliance Div.  
Agency Mailing Address: 2220 Moorpark Avenue  
San Jose, CA 95128

Pursuant to Section 25503.3(c) of California Health and Safety Code (H&SC), the Hazardous Materials Business Plan (HMBP) certification described below is hereby submitted for the following facility:

Facility Name: El Camino 76 #256115

Facility Street Address: 4350 El Camino Real City: Los Altos

Date of Current HMBP: 4/27/98 ← ? 2-20-97 IS LAST COMPLETE SUBMITAL

I certify that: (Check the appropriate box.)

- I have personally reviewed the Hazardous Materials Business Plan currently on file with your agency and certify that the HMBP is complete and accurate. (See bottom of page for details.) or
- Revisions to the Hazardous Materials Business Plan are necessary. The HMBP as revised is being implemented. A copy of the revisions is enclosed with this Certification.

**OWNER/OPERATOR CERTIFICATION:** I hereby certify under penalty of law that, based upon my inquiry of those individuals responsible for obtaining the information reported above, I believe that the submitted information is true, accurate, and complete. I understand that a revised HMBP must be submitted within 30 days of any change in this facility's storage or handling of hazardous materials which would require updating of the HMBP.

Name of Owner/Operator (Print): X GREG GALATOLD Title: X DEALER  
Signature of Owner/Operator: X [Signature] Date: X 3/30/00

By checking the upper box on this form, you are certifying that:

- The information contained in the HMBP most recently submitted is complete, accurate, and up-to-date; and
- There has been no change in the quantity of any hazardous material as reported in the most recently submitted Hazardous Materials Inventory forms; and
- The facility has not begun handling any hazardous material in a HMBP reportable quantity which is not currently listed in the Hazardous Materials Inventory; and
- The HMBP most recently submitted HMBP contains the information required by Section 11022 of Title 42 of the United States Code; and
- There have been no substantial changes in the facility's hazardous materials operations which would require revision of the current HMBP.

Reviewed: [Signature]  
Date: July 11, 2000

NEED UICF COMPLIANT INVENTORY SUBMITAL & USF FORM

**BUSINESS ACTIVITIES**

<b>I. FACILITY IDENTIFICATION</b>									
FACILITY ID # (Agency Use Only)								EPA ID # (Hazardous Waste Only) CAL000025915	
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) 3 El Camino 76 #256115									

**II. ACTIVITIES DECLARATION**

**NOTE: If you check YES to any part of this list, please submit the Business Owner/Operator Identification page (OES Form 2730).**

Does your facility... If Yes, please complete these pages of the UPCF...

<b>A. HAZARDOUS MATERIALS</b> Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?		<input checked="" type="radio"/> YES <input type="radio"/> NO 4	✓	HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)
<b>B. UNDERGROUND STORAGE TANKS (USTs)</b>				
1. Own or operate underground storage tanks?	<input checked="" type="radio"/> YES <input type="radio"/> NO 5	✓	UST FACILITY (Formerly SWRCB Form A)	
2. Intend to upgrade existing or install new USTs?	<input type="radio"/> YES <input checked="" type="radio"/> NO 6	✓	UST TANK (one page per tank) (Formerly Form B)	
		✓	UST FACILITY	
		✓	UST TANK (one per tank)	
		✓	UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C)	
3. Need to report closing a UST?	<input type="radio"/> YES <input checked="" type="radio"/> NO 7	✓	UST TANK (closure portion - one page per tank)	
<b>C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)</b> Own or operate ASTs above these thresholds: —any tank capacity is greater than 660 gallons, or —the total capacity for the facility is greater than 1,320 gallons?		<input type="radio"/> YES <input checked="" type="radio"/> NO 8		NO FORM REQUIRED TO CUPAS
<b>D. HAZARDOUS WASTE</b>				
1. Generate hazardous waste?	<input checked="" type="radio"/> YES <input type="radio"/> NO 9	✓	EPA ID NUMBER—provide at the top of this page	
2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)?	<input type="radio"/> YES <input checked="" type="radio"/> NO 10	✓	RECYCLABLE MATERIALS REPORT (one per recycler)	
3. Treat hazardous waste on site?	<input type="radio"/> YES <input checked="" type="radio"/> NO 11	✓	ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Form 1772)	
		✓	ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772A, B, C, D, and L)	
4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	<input type="radio"/> YES <input checked="" type="radio"/> NO 12	✓	CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)	
5. Consolidate hazardous waste generated at a remote site?	<input type="radio"/> YES <input checked="" type="radio"/> NO 13	✓	REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1186)	
6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	<input type="radio"/> YES <input checked="" type="radio"/> NO 14	✓	HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)	

**E. LOCAL REQUIREMENTS**

15

(You may also be required to provide additional information by your CUPA or local agency.)

4-7-00

**UNIFIED PROGRAM CONSOLIDATED FOR  
FACILITY INFORMATION**

**BUSINESS OWNER/OPERATOR IDENTIFICATION**

**I. IDENTIFICATION**

FACILITY ID#		43000201602	BEGINNING DATE	100	1/1/2000	ENDING DATE	101	12/31/2000
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)						BUSINESS PHONE		
El Camino 76 #256115						650-941-0244		
BUSINESS SITE ADDRESS								
4350 El Camino Real								
CITY				104	CA	ZIP CODE		105
Los Altos						94022		
DUN & BRADSTREET					106	SIC CODE (4 digit #)		107
04-8564975						5541		
COUNTY								
Santa Clara								
BUSINESS OPERATOR NAME						BUSINESS OPERATOR PHONE		
Greg Galatolo						650-941-0244		

**II. BUSINESS OWNER**

OWNER NAME			111	OWNER PHONE		112	
Greg Galatolo				650-941-0244			
OWNER MAILING ADDRESS							
4350 El Camino Real							
CITY		114	STATE	115	ZIP CODE		116
Los Altos			CA		94022		

**III. ENVIRONMENTAL CONTACT**

CONTACT NAME			117	CONTACT PHONE		118	
Environmental Coordinator				(602) 728-7080			
CONTACT MAILING ADDRESS							
P.O. Box 52085							
CITY		120	STATE	121	ZIP CODE		122
Phoenix			AZ		85072		

**-PRIMARY-**

**IV. EMERGENCY CONTACTS**

**-SECONDARY-**

NAME		123	NAME		128
Greg Galatolo			Jack Galatolo		
TITLE		124	TITLE		129
Dealer			Manager		
BUSINESS PHONE		125	BUSINESS PHONE		130
650-941-0244			650-948-4771		
24-HOUR PHONE		126	24-HOUR PHONE		131
650-948-8302			650-345-7531		
PAGER #		127	PAGER #		132

ADDITIONAL LOCALLY COLLECTED INFORMATION:  
 Property Owner: Tosco Marketing Company Phone No.: 602-728-7080  
 Billing Address: P.O. Box 52085, Phoenix, AZ 85702

Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE		DATE	134	NAME OF DOCUMENT PREPARER		135
<i>Greg Galatolo</i>		03-30-00		RHL Design Group, Inc.		
NAME OF SIGNER (print)		136	TITLE OF SIGNER		137	
Greg GALATOLO			DEALER			

256115





4-7-09

## EMPLOYEE TRAINING PLAN

Employees must be given this training before starting work, and refresher courses must be provided annually. Records must be kept to show when each station employee has been given his/her safety training. Use the following outline and make copies as needed. Have employee date and sign the attached training log upon completion of training. Retain these records for a minimum of three years.

### I. FIRST THINGS TO KNOW:

- A. EMERGENCY PUMP SHUT-OFF: This turns off the turbine pumps that provide flow to the dispensers from the underground tanks. In case of a leak, shutting off the pumps will help to prevent spills.  
Location: 1-NORTH EXT. BLDG. WALL, 1-STORAGE AREA
- B. ELECTRICAL PANEL: The panel allows you to selectively cut off power to lights, signs, pumps, etc. The main switch kills all power at the site.  
Location: IN SERVICE BAY STORAGE AREA
- C. TANK MONITORING ALARM: Monitoring panel for the Underground Storage Tanks. This panel will indicate when a leak is detected by a visual and audible alarm.  
Location: SERVICE BAY STORAGE AREA
- D. WATER SHUT-OFF: The water shut-off may be necessary in some cases.  
Location: IN SIDEWALK ALONG LOS ALTOS AVENUE
- E. NATURAL GAS SHUT-OFF: If your station has natural gas, it may be necessary to shut-off the natural gas flow in an emergency.  
Location: NONE
- F. PROPANE/LPG: If your station has propene or liquefied petroleum gas tank - In the event of a release or fire, turn off the manual valves and shut off the power to the dispensing pumps. Call your supplier or dial 9-1-1, as appropriate.
- G. FIRE EXTINGUISHER: Use only on small fires that you can handle. Do not attempt to extinguish large fires on your own; call 9-1-1 for help.  
Location: 2-IN SERVICE BAY
- H. ABSORBENT: In the form of kitty litter, absorbent can soak up small spills of gasoline, diesel fuel, or other petroleum products. Absorbent should be used rather than washing spills down a drain. In case of large spill, merely try to contain it, a vacuum truck should be used to clean up any large spill  
Location: IN SERVICE BAY STORE AREA
- I. PERSONAL PROTECTIVE EQUIPMENT: These items shall be used by employees to prevent direct skin contact with a hazardous material.
1. Broom: SERVICE BAY
  2. Shovel: SERVICE BAY
  3. Gloves: SERVICE BAY
  4. Goggles: SERVICE BAY
- J. FIRST AID KIT:  
Location: 1-IN SERVICE BAY STORE AREA
- K. EMERGENCY ASSEMBLY AREA: Location where all employees are to meet in the event of an emergency.  
Location: SOUTH SIDE OF SITE
- HAZARDOUS MATERIAL MANAGEMENT PLAN (HMMP), MATERIAL SAFETY DATA SHEET (MSDS):  
Location: SALES OFFICE

47-10  
II. **NEAREST MEDICAL FACILITY:** Employees should know what facilities are available in case customers or other employees need medical attention.

1. NAME: EL CAMINO HOSPITAL

ADDRESS: 2500 GRANT ROAD MOUNTAIN VIEW

PHONE NUMBER: 650-940-7055

**NEAREST DESIGNATED TRAUMA CENTER:**

2. NAME: STANFORD HOSPITAL

ADDRESS: 300 PASTEUR DR STANFORD

PHONE NUMBER: (650) 723-5111

III. All employees should review the Hazardous Material Plan, of which this training plan is a part. Specifically, each employee should understand the procedures to be used in responding to various kinds of emergencies, and know how to monitor for leaks of hazardous materials. As a supplement to this package, employees should also review the Emergency Response Plan filed by your business to the appropriate local agency. Thirdly, employees should review and have access to the Materials Safety Data Sheets you have on file for each of the hazardous materials stored at the station and must be drilled in all emergency response procedures contained herein.

IV. **FIRST AID PROCEDURES** (For exposure to gasoline or diesel fuel):

- A. **EYE CONTACT:** Flush with water for 15 minutes while holding eyelids open. Get medical attention.
- B. **SKIN CONTACT:** Flush with water while removing contaminated clothing and shoes. Followed by washing with soap and water. Do not reuse clothing or shoes until cleaned. If irritation persists, get medical attention.
- C. **INHALATION (Breathing):** Remove victim to fresh air and provide oxygen if breathing is difficult. If not breathing, give artificial respiration. Get medical attention.
- D. **INGESTION (Swallowing):**

**DO NOT INDUCE VOMITING BECAUSE GASOLINE CAN ENTER LUNGS AND CAUSE SEVERE LUNG DAMAGE!** If vomiting occurs spontaneously keep head below hips to prevent aspiration of liquid into lungs. Get medical attention.

- F. **NOTE TO PHYSICIAN:** If more than 2.0 ml per kg has been ingested and vomiting has not occurred, emesis should be induced with medical supervision. Keep victim's head below hips to prevent aspiration. If symptoms such as loss of gag reflex, convulsions, or unconsciousness occur before emesis, gastric lavage using a cuffed endotracheal tube should be considered.

For further information, consult the Materials Safety Data Sheets for these products and for other hazardous materials:

**FIRST AID FOR EXPOSURE TO OTHER MATERIALS:** Consult the warning advice on container labels or refer to the MSDS for that product.

This hazardous material management plan meets the requirements of a hazardous waste contingency plan.

Document prepared by: Environmental Staff, RHL Design Group, Inc., 800-765-1025 Last updated: December 21, 1999



# HAZARDOUS MATERIALS TRAINING REQUIREMENTS

As the owner/operator of a business that handles hazardous materials, you must have the following:

- ◆ A Hazard Communication Plan (also known as an Employee Right-to-Know Plan).
- ◆ A SARA Tier II Chemical Inventory Report (in California this report is included in the Hazardous Materials Management Plan, also known as the CA Business Emergency Plan).
- ◆ An Emergency Response Plan.
- ◆ An Underground Storage Tank Monitoring and Leak Detection Plan.
- ◆ A Release Reporting Plan.

Each of these plans requires employee training. Training must be documented by a written description of the topics covered and by a dated signature of the employees receiving the training. Annual refresher training is required. The introduction of new hazardous materials or changes in procedures requires immediate retraining. Training requirements that are common to more than one of these plans only needs to be given once to satisfy all of the plans containing that requirement as long as the training addresses the concerns of each plan.

- ◆ Training for the Hazard Communication Plan must include the following elements:
  - ◆ An overview of the requirements contained in the Hazard Communication Regulation and the worker's rights under the Regulation.
  - ◆ Locations of any operations in their work area where hazardous substances are present.
  - ◆ Location where a copy of the written Hazard Communication program is made available to them.
  - ◆ How to read labels and Material Safety Data Sheets (MSDS) to obtain appropriate hazard information, including physical and health effects of hazardous substances in the work place.
  - ◆ How to detect the presence of or the release of hazardous substances in the work place.
  - ◆ How to minimize their exposure to these hazardous substances by proper use of engineering controls, work practices, and/or personal protective equipment (gloves, etc).
  - ◆ Emergency and first aid procedures to follow if employees are exposed to hazardous substances.



ARCHITECTURE • ENGINEERING • ENVIRONMENTAL SERVICES  
 1137 North McDowell Blvd., Petaluma, CA 94954-1110 Telephone: (707) 765-1660 Facsimile: (707) 765-9908

RECEIVED

Established 1966

February 17, 1999

FEB 25 1999

JOHN W. JOHNSON  
 Architect  
 Co-President

BRIAN F. ZITA  
 Architect  
 Co-President

JOHN B. HICKS  
 Architect  
 Vice President

CRCIL R. SPENCER  
 Architect  
 Vice President

ALAN SHIMABUKURO  
 Regional Manager  
 Associate

CHRIS LAWTON  
 Regional Manager  
 Associate

JAMES E. PRESTON  
 Regional Manager  
 Associate

GARY M. SEMLING  
 Managing Architect  
 Associate

BLYTHE R. WILSON  
 Managing Architect  
 Associate

Wayne Yip  
 Santa Clara Co. HazMat Compliance Div.  
 2220 Moorpark Avenue  
 San Jose, CA 95128

Dear Wayne Yip;

**HAZARDOUS MATERIAL MANAGEMENT PLANS FOR TOSCO/UNOCAL**

Enclosed please find the Hazardous Materials Management Plans, HMMP(S), and related documents for the Tosco Corporation stations as listed on the attached sheet.

If there is any further correspondence or invoices related to these submissions, please direct them to:

Regional Compliance Specialist  
 Tosco Corporation  
 P.O. Box 52085  
 Phoenix, AZ 85072-2085

Sincerely,

RHL DESIGN GROUP, INC

David Lundy  
 Project Coordinator

Enclosures:

cc: Tosco Corporation  
 File:

February 17, 1999

Unocal Station Roster

Page 1.

SS# 255957

Los Altos, 76 #5957

330 South San Antonio Rd.

Los Altos, CA 94022

SS# 256115

El Camino, 76 #6115

4350 El Camino Real

Los Altos, CA 94

DRAFT



**TOSCO**

RECEIVED

FEB 25 1999

Tosco Marketing Company

**AGENCY**

February 4, 1999

Greg Galatolo  
El Camino 76 #6115  
4350 El Camino Real  
Los Altos, CA 94022

RE: HAZARDOUS MATERIAL MANAGEMENT PLANS

Dear Greg Galatolo:

Attached is the Hazardous Materials Inventory and Business Plan Certification for your station. This Certification is intended to amend the current HMMP. The "DEALER" copy should be attached to your current HMMP and kept in Section 4 of your Green Book, on the premises, and available to all employees and agency personnel at any time.

**DO NOT DISCARD YOUR CURRENT HMMP.**

**THIS CERTIFICATION MUST BE RETURNED TO RHL DESIGN GROUP, INC. AS SOON AS POSSIBLE. FAILURE TO RETURN AND IMPLEMENT THIS PLAN MAY RESULT IN FINES AND/OR CIVIL PENALTIES BY GOVERNMENT ENFORCEMENT AGENCIES.**

Instructions for signing and returning the packet:

1. Please sign all 3 copies of the Certification where flagged and indicated with a "X".
2. Return the 2 copies marked "AGENCY" and "FILE" to RHL Design Group, Inc. in the pre-stamped envelope provided.
3. Place the "DEALER" copy of this HMMP update in your Green Book and keep it on the premises, available to all employees and agency personnel at any time. Place the additional documents in your Green Book as indicated on each.

Copies of the Certification will be sent to the Santa Clara Co. HazMat Compliance Div. within 30 days. If you have any questions regarding the content of this HMMP please contact RHL Design Group, Inc., Mr. David Lundy at (707) 765-1660. If you have any additional questions, including invoicing questions please contact Tosco Marketing Company Hazardous Materials Coordinator at 602-728-8000.

Sincerely,

Tosco Marketing Company

256115

cc: RHL Design Group, Inc.  
.File

(\\moca\forms\DLR-CERT.MRG)

Santa Clara Co. HazMat Compliance Div.  
2220 Moorpark Avenue  
San Jose CA 95128  
408-299-6930

<b>AGENCY USE ONLY</b>
File #:
Reviewed by:
Date:

## HAZARDOUS MATERIALS BUSINESS PLAN / INVENTORY 1999 CERTIFICATION FORM

Business Name: El Camino 76 #6115  
Owner/Operator Name: Greg Galatolo Phone: 650-941-0244  
Business Address: 4350 El Camino Real  
City: Los Altos State: CA Zip: 94022

Environmental Contact: Compliance Specialist Phone: 602-728-8000  
Mailing Address: P.O. Box 52085  
City: Phoenix State: AZ Zip: 85072-2085

### BIENNIAL REVIEW AND RECERTIFICATION:

I certify that the Business Plan has been reviewed and the information contained in it is accurate and complete as of the date below.

I certify that I have review the previously submitted Business Plan and have updated the following items on the attached pages:

- Emergency contacts names and/or phone numbers.
- Site/Facility map.
- Other Updates: \_\_\_\_\_

### ANNUAL INVENTORY UPDATE:

Inventory Forms are correct for the upcoming reporting year. NO changes are necessary.

Inventory Forms required updating. Replace previous inventory pages with attached inventory pages.

I certify under penalty of law, that I have personally examined and I am familiar with the information submitted in this and all attached documents, and based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.

Name:  GREG GALATOLO Signature:  [Signature]  
(Type or Print)  
Title:  DEALER Date:  2-7-99

# UNIFORM HAZARDOUS MATERIALS BUSINESS PLAN

## Section A - General Information

256115

**1. Facility Information:** (Note: Print or type all information. Instructions are located on the other side of this page.)

Business Name: <u>El Camino 76 #6115</u>	Business Phone: <u>650-941-0244</u>
Site Address: <u>4350 El Camino Real</u>	
City: <u>Los Altos</u>	State: <u>CA</u> Zip: <u>94022</u>
Dunn & Bradstreet No.: <u>04-468-3969</u>	Primary SIC Code (4digit): <u>5541</u>
Operator Name: <u>Greg Galatolo</u>	Operator Phone: <u>650-941-0244</u>

**2. Business Owner Information:**

Owner Name: <u>Greg Galatolo</u>	Owner Phone: <u>650-941-0244</u>
Owner Mailing Address: <u>4350 El Camino Real</u>	
City: <u>Los Altos</u>	State: <u>CA</u> Zip: <u>94022</u>

**3. Environmental Contacts:**

Contact Name: <u>Compliance Specialist</u>	Contact Phone: <u>602-728-8000</u>
Contact Mailing Address: <u>P.O. Box 52085</u>	
City: <u>Phoenix</u>	State: <u>AZ</u> Zip: <u>85072-2085</u>

**4. Emergency Contacts:**

Primary Emergency Coordinator	Secondary Emergency Coordinator
Name: <u>Greg Galatolo</u>	Name: <u>Jack Galatolo</u>
Title: <u>Dealer</u>	Title: <u>Manager</u>
Business Phone: <u>650-941-0244</u>	Business Phone: <u>650-948-4771</u>
24 Hour Phone: <u>650-948-8302</u>	24 Hour Phone: <u>650-345-7531</u>
Pager No.: _____	Pager No.: _____

(Check box only if applicable) Additional Emergency Coordinators are listed on page \_\_\_\_\_ of this HMBP.

**5. Acutely Hazardous Materials (AHMs):**

Are AHMs Present On-Site?  Yes;  No (Note: If yes, contact your local agency regarding an AHM Registration appendix to the HMBP.)

**6. Additional Required Information:**

EPA ID No.: <u>CAL000025915</u>	Principal Type of Business: <u>Service Station</u>
Billing Address: <u>P.O. Box 52085</u>	City: <u>Phoenix</u> State: <u>AZ</u> Zip: <u>85072-2085</u>
Industrial Waste Discharge Contact: <u>Tosco Corporation</u>	Phone No.: <u>602-728-8000</u>
Property Owner: <u>Tosco Corporation</u>	Phone No.: <u>602-728-8000</u>
Facility Hours of Operation: <u>24</u>	No. of Employees Per Shift: Day: <u>2</u> ; Swing: <u>2</u> ; Grave: <u>1</u>

**7. OWNER/OPERATOR CERTIFICATION:** I am an officer at the level of Vice-President, General Partner, Sole Proprietor, or higher. I hereby certify under penalty of law that this information was obtained in accordance with applicable requirements. Based upon my inquiry of those individuals responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate, and complete.

Name of HMBP Document Preparer (Print): RHL Design Group, Inc.: Steve Skanderson, Project Manager

Signature of Owner/Operator: X [Signature] Date: X 2-7-99 Page 1 of 3

# Uniform Non-Waste Hazardous Materials Inventory Statement

For Use By All Jurisdictions, Cities and County, Within the Limits of the County of Santa Clara

Site Address: 4350 El Camino Real, Los Altos

Date: February 4, 1999

Agency Use	1. LC	2. Common/Trade Name	3. Chemical Name Components & Concentration	4. Chemical Abstract Service No.	5. Physical State	6. Quantity Stored			7. Units	8. Days On Site	9. Storage Codes			10. SARA Hazard Class(es)	11. IW
						Max.	Average	Lgst. Cont.			Cont. Type(s)	Pressure	Temp.		
	A	REGULAR UNLEADED 256115	<input type="checkbox"/> Same as Column 2. PETROLEUM HYDROCARBON METHYL TERT BUTYL ETHER 15% TOLUENE 15% XYLENE 21%	8006-61-9	pure <input checked="" type="checkbox"/> mixture <input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	12000	6000	12000	X gal. lbs. cu. ft. <input type="checkbox"/> $\mu$ cur.	365	B	<input checked="" type="checkbox"/> amb. <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> amb. <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryo.	X fire pressure reactive X immediate X delayed	<input type="checkbox"/>
	A	PREMIUM UNLEADED 256115	<input type="checkbox"/> Same as Column 2. PETROLEUM HYDROCARBON METHYL TERT BUTYL ETHER 10% TOLUENE 9% XYLENE 14%	8006-61-9	pure <input checked="" type="checkbox"/> mixture <input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	12000	6000	12000	X gal. lbs. cu. ft. <input type="checkbox"/> $\mu$ cur.	365	B	<input type="checkbox"/> amb. <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input type="checkbox"/> amb. <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryo.	X fire pressure reactive X immediate X delayed	<input checked="" type="checkbox"/>
	B	MOTOR OIL 256115	<input type="checkbox"/> Same as Column 2. PETROLEUM HYDROCARBON SOLVENT DEWAXD DIST HV PARAFFIN 85% HYDROTREATED DIST. HV PARAFFIN 85% ADDITIVES 2%	64742-65-0	pure <input checked="" type="checkbox"/> mixture <input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	300	100	240	X gal. lbs. cu. ft. <input type="checkbox"/> $\mu$ cur.	365	C N	<input checked="" type="checkbox"/> amb. <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> amb. <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryo.	X fire pressure reactive immediate X delayed	<input type="checkbox"/>
	B	ANTIFREEZE/COOLANT 256115	<input type="checkbox"/> Same as Column 2. GLYCOLS ETHYLENE GLYCOL 94% DIETHYLENE GLYCOL 1% ADDITIVES 3%	107-21-1	pure <input checked="" type="checkbox"/> mixture <input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	80	40	GALLON	X gal. lbs. cu. ft. <input type="checkbox"/> $\mu$ cur.	365	N	<input checked="" type="checkbox"/> amb. <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> amb. <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryo.	fire pressure reactive X immediate X delayed	<input type="checkbox"/>

*But 1999*

# Uniform Hazardous Waste Inventory Statement

(Hazardous Waste Generator Permit Application/Amendment)

For Use By All Jurisdictions, Cities and County, Within the Limits of the County of Santa Clara

Site Address: 4350 El Camino Real, Los Altos

EPA ID No.: CAL000025915

Date: February 4, 1999

Agency Use	1. LC	2. Waste Stream Name, Components & Concentration	3. Treatment/Disposal Method(s)	4. California Waste Code	5. Physical State	6. Annual Quantity Generated	7. Quantity Stored			8. Units	9. Days On Site	10. Storage Codes			11. SARA Hazard Class(es)
							Max.	Average	Lgst. Cont.			Cont.	Pressure	Temp.	
	D	USED MOTOR OIL 256115	<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input checked="" type="checkbox"/> Shipped off-site for recycling/treatment/disposal	221	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture <input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	3000	520	250	520	X gal. lbs. <input type="checkbox"/> cu. ft. <input type="checkbox"/> μ cur.	365	B	<input checked="" type="checkbox"/> amb. <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> amb. <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryo.	<input checked="" type="checkbox"/> fire <input type="checkbox"/> pressure <input type="checkbox"/> reactive <input type="checkbox"/> immediate <input checked="" type="checkbox"/> delayed
	C	USED OIL FILTERS 256115	<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input checked="" type="checkbox"/> Shipped off-site for recycling/treatment/disposal	223	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture <input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	600	200	100	55 GAL	gal. X lbs. <input type="checkbox"/> cu. ft. <input type="checkbox"/> μ cur.	365	D	<input checked="" type="checkbox"/> amb. <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> amb. <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryo.	<input checked="" type="checkbox"/> fire <input type="checkbox"/> pressure <input type="checkbox"/> reactive <input type="checkbox"/> immediate <input checked="" type="checkbox"/> delayed
	C	USED ANTIFREEZE 256115	<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input checked="" type="checkbox"/> Shipped off-site for recycling/treatment/disposal	343	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture <input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	175	55	25	55 GAL	X gal. lbs. <input type="checkbox"/> cu. ft. <input type="checkbox"/> μ cur.	365	D	<input checked="" type="checkbox"/> amb. <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> amb. <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryo.	<input type="checkbox"/> fire <input type="checkbox"/> pressure <input type="checkbox"/> reactive <input checked="" type="checkbox"/> immediate <input checked="" type="checkbox"/> delayed
	C	WASTE BATTERIES 256115	<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input checked="" type="checkbox"/> Shipped off-site for recycling/treatment/disposal	162	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture <input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	100	10	5	BATT	X gal. lbs. <input type="checkbox"/> cu. ft. <input type="checkbox"/> μ cur.	365	R	<input checked="" type="checkbox"/> amb. <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> amb. <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryo.	<input type="checkbox"/> fire <input type="checkbox"/> pressure <input type="checkbox"/> reactive <input checked="" type="checkbox"/> immediate <input type="checkbox"/> delayed

**MAJOR INCIDENT: FIRE, SPILL OR SUSPECTED LEAK**

1. TURN OFF PUMPS using the Emergency Pump Shut-Off Switch.
2. EVACUATE: verbally ANNOUNCE to all persons on the site: "There is an emergency. Please turn off your engines and leave the station on foot immediately. All employees meet at the emergency assembly area."
3. CALL 9-1-1 Give the following information:  
"THERE IS A FIRE / GASOLINE SPILL at the Tosco 76 service station at 4350 El Camino Real" If anyone is trapped or needs medical attention, tell the answering dispatcher. Stay on the phone and be prepared to answer any questions concerning the situation.
4. ATTEMPT to contain the spill if you can do it safely.
5. LOOK AROUND to ensure that everyone has left the station, particularly those in vehicles who may need assistance or may not have heard the emergency announcement. Assist or direct assistance to anyone having difficulty leaving the station area, and anyone who may be injured.
6. REPORT to arriving emergency response personnel to provide them with any information or assistance they might need.
7. CONTACT the station dealer if s/he is not already at the station. Use the list below for emergency contacts:

Emergency Coordinator: Greg Galatolo Title: Dealer  
 Address: 1531 Arbor Dr. Los Altos Ca 94024  
 Bus#/Home#/Alt#: 650-941-0244 / 650-948-8302 /  
 Alternate Emergency Coordinator: Jack Galatolo Title: Manager  
 Address: 1791 Paroit Drive, San Mateo 94402  
 Bus#/Home#/Alt#: 650-948-4771 / 650-345-7531 /

8. NOTIFY your Fixed Fee contractor IMMEDIATELY.  
 Business Operations Manager: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Tosco Corporation will notify the State and Local administering agencies within an appropriate time frame, unless the situation requires urgent immediate response by the agencies, in which case the DEALER should notify these agencies:

1. LOCAL AGENCY: Santa Clara Co. HazMat Compliance Div.  
 PHONE NUMBER: 408-299-6930
2. CALIFORNIA OFFICE OF EMERGENCY SERVICES, (800) 852-7550 (24 HOURS)
3. LOCAL POLICE AND FIRE DEPARTMENTS, 911
4. NATIONAL RESPONSE CENTER 1-800-424-8802 (24 HOURS):

**MINOR INCIDENT:** Any incident that can be contained and cleaned up as part of the routine operations. Whenever in doubt, consider the incident a major release and use the above procedures.

FIRES: Extinguish with fire extinguisher. Recharge fire extinguisher, if used.  
SPILLS: Clean up with absorbent materials on site and dispose of according to all regulations. Have a fire extinguisher ready for spills of flammable materials. Restock absorbent as necessary. See Training Plan item #H for additional direction.  
MEDICAL: Treat with on site first aid kit or take to nearest hospital. Employee training plan lists the nearest hospital.  
RECORD: Record the event in the daily monitoring log.  
NOTIFY: the dealer of the event.

Employees must be given this training before starting work, and refresher courses must be provided annually. Records must be kept to show when each station employee has been given his/her safety training. Use the following outline and make copies as needed. Have employee date and sign the attached training log upon completion of training. Retain these records for a minimum of three years.

I. FIRST THINGS TO KNOW:

- A. EMERGENCY PUMP SHUT-OFF: This turns off the turbine pumps that provide flow to the dispensers from the underground tanks. In case of a leak, shutting off the pumps will help to prevent spills.  
Location: 1-NORTH EXT. BLDG. WALL, 1-STORAGE AREA
- B. ELECTRICAL PANEL: The panel allows you to selectively cut off power to lights, signs, pumps, etc. The main switch kills all power at the site.  
Location: IN SERVICE BAY STORAGE AREA
- C. TANK MONITORING ALARM: Monitoring panel for the Underground Storage Tanks. This panel will indicate when a leak is detected by a visual and audible alarm.  
Location: SERVICE BAY STORAGE AREA
- D. WATER SHUT-OFF: The water shut-off may be necessary in some cases.  
Location: IN SIDEWALK ALONG LOS ALTOS AVENUE
- E. NATURAL GAS SHUT-OFF: If your station has natural gas, it may be necessary to shut-off the natural gas flow in an emergency.  
Location: NONE
- F. PROPANE/LPG: If your station has a propane or liquified petroleum gas tank - In the event of a release or fire, turn off the manual valves and shut off the power to the dispensing pumps. Call your supplier or dial 9-1-1 as appropriate.
- G. FIRE EXTINGUISHER: Use only on small fires that you can handle. Do not attempt to extinguish large fires on your own; call 9-1-1 for help.  
Location: 2-IN SERVICE BAY
- H. ABSORBENT: In the form of kitty litter, absorbent can soak up small spills of gasoline, diesel fuel, or other petroleum products. Absorbent should be used rather than washing spills down a drain. In case of large spill, merely try to contain it; a vacuum truck should be used to clean up any large spill.  
Location: IN SERVICE BAY STORE AREA
- I. EMERGENCY RESPONSE EQUIPMENT: These items shall be used by employees to prevent direct skin contact with a hazardous material.
  - 1. Broom: SERVICE BAY
  - 2. Shovel: SERVICE BAY
  - 3. Gloves: SERVICE BAY
  - 4. Goggles: SERVICE BAY
- J. FIRST AID KIT:  
Location: 1-IN SERVICE BAY STORE AREA
- K. EMERGENCY ASSEMBLY AREA: Location where all employees are to meet in the event of an emergency.  
Location: SOUTH SIDE OF SITE

L. HAZARDOUS MATERIAL MANAGEMENT PLAN (HMMP) & MATERIAL SAFETY DATA SHEET (MSDS):

Location: SALES OFFICE

II. NEAREST MEDICAL FACILITY: Employees should know what facilities are available in case customers or other employees need medical attention.

1. NAME: EL CAMINO HOSPITAL

ADDRESS: 2500 GRANT ROAD, LOS ALTOS

PHONE NUMBER: 650-940-7055

NEAREST DESIGNATED TRAUMA CENTER:

2. NAME: STANFORD MEDICAL CENTER

ADDRESS: 300 PASTEUR DRIVE, STANFORD

PHONE NUMBER: 650-723-5111

III. All employees should review the Hazardous Material Plan, of which this training plan is a part. Specifically, each employee should understand the procedures to be used in responding to various kinds of emergencies, and know how to monitor for leaks of hazardous materials. As a supplement to this package, employees should also review the Emergency Response Plan filed by your business to the appropriate local agency. Thirdly, employees should review and have access to the Materials Safety Data Sheets you have on file for each of the hazardous materials stored at the station and must be drilled in all emergency response procedures contained herein.

IV. FIRST AID PROCEDURES (For exposure to gasoline or diesel fuel):

A. EYE CONTACT: Flush with water for 15 minutes while holding eyelids open. Get medical attention.

B. SKIN CONTACT: Flush with water while removing contaminated clothing and shoes. Follow by washing with soap and water. Do not reuse clothing or shoes until cleaned. If irritation persists, get medical attention.

C. INHALATION (Breathing): Remove victim to fresh air and provide oxygen if breathing is difficult. If not breathing, give artificial respiration. Get medical attention.

D. INGESTION (Swallowing):

**DO NOT INDUCE VOMITING BECAUSE GASOLINE CAN ENTER LUNGS AND CAUSE SEVERE LUNG DAMAGE!** If vomiting occurs spontaneously keep head below hips to prevent aspiration of liquid into lungs. Get medical attention.

E. NOTE TO PHYSICIAN: If more than 2.0 ml per kg has been ingested and vomiting has not occurred, emesis should be induced with medical supervision. Keep victim's head below hips to prevent aspiration. If symptoms such as loss of gag reflex, convulsions or unconsciousness occur before emesis, gastric lavage using a cuffed endotracheal tube should be considered.

F. For further information, consult the Materials Safety Data Sheets for these products and for other hazardous materials.

FIRST AID FOR EXPOSURE TO OTHER MATERIALS: Consult the warning advice on container labels or refer to the MSDS for that product.

This hazardous material management plan meets the requirements of a hazardous waste contingency plan.

Document prepared by: Environmental Staff, RHL Design Group, Inc., 800-765-1025  
Last updated: February 4, 1999



# HAZARDOUS MATERIALS TRAINING REQUIREMENTS

As the owner/operator of a business that handles hazardous materials, you must have the following:

- ▶ A Hazard Communication Plan (also known as an Employee Right-to-Know Plan)
- ▶ A SARA Tier II Chemical Inventory Report (in California this report is included in the Hazardous Materials Management Plan, also known as the CA Business Emergency Plan)
- ▶ An Emergency Response Plan
- ▶ An Underground Storage Tank Monitoring and Leak Detection Plan
- ▶ A Release Reporting Plan

Each of these plans requires employee training. Training must be documented by a written description of the topics covered and by a dated signature of the employees receiving the training. Annual refresher training is required and the introduction of new hazardous materials or changes in procedures require immediate retraining. Training requirements that are common to more than one of these plans only needs to be given once to satisfy all of the plans containing that requirement as long as the training addresses the concerns of each plan.

Training for the Hazard Communication Plan must include the following elements:

- ◆ An overview of the requirements contained in the Hazard Communication Regulation and the worker's rights under the Regulation.
- ◆ Locations of any operations in their work area where hazardous substances are present.
- ◆ Location where a copy of the written Hazard Communication program is made available to them.
- ◆ How to read labels and Material Safety Data Sheets (MSDS) to obtain appropriate hazard information, including physical and health effects of hazardous substances in the work place.
- ◆ How to detect the presence of or the release of hazardous substances in the work place.
- ◆ How to minimize their exposure to these hazardous substances by proper use of engineering controls, work practices, and/or personal protective equipment (gloves, etc).
- ◆ Emergency and first aid procedures to follow if employees are exposed to hazardous substances.



**AGENCY**

February 14, 1997

Greg Galatolo  
El Camino Unocal #6115  
4350 El Camino Real  
Los Altos, CA 94022

RE: HAZARDOUS MATERIAL MANAGEMENT PLANS

Dear Greg Galatolo:

Attached is the new Hazardous Materials Inventory and Business Plan for your station. This new HMMP is intended to replace the current HMMP. The "DEALER" copy should be kept in Section 4 of your Green Book, on the premises, and available to all employees and agency personnel at any time.

**THESE FORMS MUST BE RETURNED TO RHL DESIGN GROUP, INC. AS SOON AS POSSIBLE. FAILURE TO RETURN AND IMPLEMENT THIS PLAN MAY RESULT IN FINES AND/OR CIVIL PENALTIES BY GOVERNMENT ENFORCEMENT AGENCIES.**

Instructions for signing and returning the packet:

1. Please sign all 3 copies of the HMMP where flagged and indicated with a "X".
2. Return the 2 copies marked "AGENCY" and "FILE" to RHL Design Group, Inc. in the pre-stamped envelope provided.
3. Keep the "DEALER" copy of the HMMP at the site, in Section 4 of your Green Book, and available for inspection. Place the additional documents in your Green Book as indicated on each.
4. Have your employees read and understand the contents of this package and sign the attached training log. Keep the training log at your station.

Copies of the HMMP will be sent to the Santa Clara Co. HazMat Compliance Div. within 30 days. If you have any questions regarding the content of the HMMP please contact RHL Design Group, Inc., Mr. David Lundy (707) 765-1660. If you have any additional questions please contact the ERC Department for 76 Products Company at (714) 428-6557.

Sincerely,

ERC Department

Enclosures

cc: RHL Design Group, Inc.  
File

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# UNIFORM HAZARDOUS MATERIALS BUSINESS PLAN

## Section A - General Information

6115

**1. Facility Information:** (Note: Print or type all information. Instructions are located on the other side of this page.)

Business Name: <u>El Camino Unocal #6115</u>	Business Phone: <u>415 941-0244</u>
Site Address: <u>4350 El Camino Real</u>	
City: <u>Los Altos</u>	State: <u>CA</u> Zip: <u>94022</u>
Dunn & Bradstreet No.: <u>92-931-3872</u>	Primary SIC Code (4digit): <u>5541</u>
Operator Name: <u>Greg Galatolo</u>	Operator Phone: <u>415 941-0244</u>

**2. Business Owner Information:**

Owner Name: <u>Greg Galatolo</u>	Owner Phone: <u>415 941-0244</u>
Owner Mailing Address: <u>4350 El Camino Real</u>	
City: <u>Los Altos</u>	State: <u>CA</u> Zip: <u>94022</u>

**3. Environmental Contacts:**

Contact Name: <u>ERC Department</u>	Contact Phone: <u>714-428-6571</u>
Contact Mailing Address: <u>P.O. Box 25376</u>	
City: <u>Santa Ana</u>	State: <u>CA</u> Zip: <u>92799-5376</u>

**4. Emergency Contacts:**

Primary Emergency Coordinator	Secondary Emergency Coordinator
Name: <u>Greg Galatolo</u>	Name: <u>Scott Kent</u>
Title: <u>Dealer</u>	Title: <u>Manager</u>
Business Phone: <u>415 941-0244</u>	Business Phone: <u>415 941-0244</u>
24 Hour Phone: <u>415 948-8302</u>	24 Hour Phone: <u>209-983-8543</u>
Pager No.:	Pager No.:

(Check box only if applicable) Additional Emergency Coordinators are listed on page \_\_\_\_\_ of this HMBP.

**5. Acutely Hazardous Materials (AHMs):**

Are AHMs Present On-Site?  Yes;  No (Note: If yes, contact your local agency regarding an AHM Registration appendix to the HMBP.)

**6. Additional Required Information:**

EPA ID No.: <u>CAL000025915</u>	Principal Type of Business: <u>Service Station</u>		
Billing Address: <u>P.O. Box 23576</u>	City: <u>Santa Ana</u>	State: <u>CA</u>	Zip: <u>92799-5376</u>
Industrial Waste Discharge Contact: <u>ERC Department</u>	Phone No.: <u>714-428-6571</u>		
Property Owner: <u>76 Products Company</u>	Phone No.: <u>714-428-6571</u>		
Facility Hours of Operation: <u>24</u>	No. of Employees Per Shift: Day: <u>2</u> ; Swing: <u>2</u> ; Grave: <u>1</u>		

**7. OWNER/OPERATOR CERTIFICATION:** I am an officer at the level of Vice-President, General Partner, Sole Proprietor, or higher. I hereby certify under penalty of law that this information was obtained in accordance with applicable requirements. Based upon my inquiry of those individuals responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate, and complete.

Name of HMBP Document Preparer (Print): RHL Design Group, Inc.; Steve Skanderson, Project Manager

Signature of Owner/Operator: [Signature] Date: 2-20-97 Page 1 of 13

6. Emergency Equipment:

22 CCR, Section 66265.52(e) and the Hazardous Materials Storage Ordinance require that emergency equipment at the facility be listed. Completion of the following Emergency Equipment Inventory Table meets this requirement.

EMERGENCY EQUIPMENT INVENTORY TABLE

1. Equipment Category	2. Equipment Type	3. Location *	4. Description**
Personal Protective, Equipment, Safety Equipment, and First Aid Equipment	<input type="checkbox"/> Cartridge Respirators		
	<input type="checkbox"/> Chemical Monitoring Equipment (describe)		
	<input type="checkbox"/> Chemical Protective Aprons/Coats		
	<input type="checkbox"/> Chemical Protective Boots		
	<input type="checkbox"/> Chemical Protective Gloves		
	<input type="checkbox"/> Chemical Protective Suits (describe)		
	<input type="checkbox"/> Face Shields		
	<input checked="" type="checkbox"/> First Aid Kits/Stations (describe)	1-SERV BAY STORE RM	Standard first aid kit
	<input type="checkbox"/> Hard Hats		
	<input type="checkbox"/> Plumbed Eye Wash Stations		
	<input type="checkbox"/> Portable Eye Wash Kits (i.e. bottle type)		
	<input type="checkbox"/> Respirator Cartridges (describe)		
	<input checked="" type="checkbox"/> Safety Glasses/Splash Goggles	SERV BAY	goggles
	<input type="checkbox"/> Safety Showers		
	<input type="checkbox"/> Self-Contained Breathing Apparatuses (SCBA)		
<input type="checkbox"/> Other (describe)			
Fire Extinguishing Systems	<input type="checkbox"/> Automatic Fire Sprinkler Systems		
	<input type="checkbox"/> Fire Alarm Boxes/Stations		
	<input type="checkbox"/> Fire Extinguisher Systems (describe)		
	<input type="checkbox"/> Other (describe)		
Spill Control Equipment and Decontamination Equipment	<input checked="" type="checkbox"/> Absorbents (describe)	SERV BAY STORE RM	powder material for oil/gas spills
	<input type="checkbox"/> Berms/Dikes (describe)		
	<input type="checkbox"/> Decontamination Equipment (describe)		
	<input type="checkbox"/> Emergency Tanks (describe)		
	<input type="checkbox"/> Exhaust Hoods		
	<input type="checkbox"/> Gas Cylinder Leak Repair Kits (describe)		
	<input type="checkbox"/> Neutralizers (describe)		
	<input type="checkbox"/> Overpack Drums		
	<input type="checkbox"/> Sumps (describe)		
<input type="checkbox"/> Other (describe)			
Communications and Alarm Systems	<input type="checkbox"/> Chemical Alarms (describe)		
	<input type="checkbox"/> Intercoms/ PA Systems		
	<input type="checkbox"/> Portable Radios		
	<input checked="" type="checkbox"/> Telephones		
	<input checked="" type="checkbox"/> Underground Tank Leak Detection Monitors	SERV BAY STORE RM	
<input type="checkbox"/> Other (describe)			
Additional Equipment (Use Additional pages if Needed.)			

\* If appropriate, use the location code(s) from the Storage Map(s) prepared earlier for your HMBP.

\*\* Describe the equipment and its capabilities. If applicable, specify any testing/maintenance procedures/intervals. Attach additional pages, numbered appropriately, if needed.

**Employee Training Plan**  
 (Uniform Hazardous Materials Business Plan Module)  
 Authority Cited: H&SC, Section 25504(c); 22 CCR, Section 66265:16

All facilities which handle hazardous materials must have a written employee training plan. This plan is a required module of the Uniform Hazardous Materials Business Plan (HMBP). A blank plan has been provided below for you to complete and submit if you do not already have such a plan. If you already have a training plan, you are not required to complete the blank plan, below, but you must include a copy of your existing plan as part of your HMBP.

Check all boxes which apply. [Note: Items marked with an asterisk (\*) are required.]:

1. Personnel are trained in the following procedures:

<input checked="" type="checkbox"/>	Internal alarm/notification *
<input checked="" type="checkbox"/>	Evacuation/re-entry procedures & assembly point locations*
<input checked="" type="checkbox"/>	Emergency incident reporting
<input checked="" type="checkbox"/>	External emergency response organization notification
<input checked="" type="checkbox"/>	Location(s) and contents of Emergency Response/Contingency Plan
<input checked="" type="checkbox"/>	Facility evacuation drills, which are conducted at least (specify) <u>annually</u> (e.g. "Quarterly", etc.)

2. Chemical Handlers are additionally trained in the following:

<input checked="" type="checkbox"/>	Safe methods for handling and storage of hazardous materials *
<input checked="" type="checkbox"/>	Location(s) and proper use of fire and spill control equipment
<input checked="" type="checkbox"/>	Spill procedures/emergency procedures
<input checked="" type="checkbox"/>	Proper use of personal protective equipment *
<input checked="" type="checkbox"/>	Specific hazard(s) of each chemical to which they may be exposed, including routes of exposure (i.e. inhalation, ingestion, absorption) *
<input checked="" type="checkbox"/>	Hazardous Waste Handlers/Managers are trained in all aspects of hazardous waste management specific to their job duties (e.g. container accumulation time requirements, labeling requirements, storage area inspection requirements, manifesting requirements, etc.) *

3. Emergency Response Team Members are capable of and engaged in the following:

<input checked="" type="checkbox"/>	Personnel rescue procedures
<input checked="" type="checkbox"/>	Shutdown of operations
<input checked="" type="checkbox"/>	Liaison with responding agencies
<input checked="" type="checkbox"/>	Use, maintenance, and replacement of emergency response equipment
<input checked="" type="checkbox"/>	Refresher training, which is provided at least annually *
<input checked="" type="checkbox"/>	Emergency response drills, which are conducted at least (specify) <u>annually</u> (e.g. "Quarterly", etc.)

**Recordkeeping**  
**(Uniform Hazardous Materials Business Plan Module)**

All facilities which handle hazardous materials must maintain records associated with their management. A summary of your recordkeeping procedures is a required module of the Uniform Hazardous Materials Business Plan (HMBP). A blank summary has been provided below for you to complete and submit if you do not already have such a document. If you already have a brief written description of your hazardous materials recordkeeping systems which addresses all subjects covered below, you are not required to complete this page, but you must include a copy of your existing document as part of your HMBP.

Check all boxes which apply. The following records are maintained at the facility. [Note: Items marked with an asterisk (\*) are required.]:

<input checked="" type="checkbox"/>	Current employees' training records (to be retained until closure of the facility) *
<input checked="" type="checkbox"/>	Former employees' training records (to be retained at least three years after termination of employment) *
<input checked="" type="checkbox"/>	Training Program(s) (i.e. written description of introductory and continuing training) *
<input checked="" type="checkbox"/>	Current copy of this Emergency Response/Contingency Plan *
<input checked="" type="checkbox"/>	Record of recordable/reportable hazardous material/waste releases *
<input checked="" type="checkbox"/>	Record of hazardous material/waste storage area inspections *
<input checked="" type="checkbox"/>	Record of hazardous waste tank daily inspections *
<input checked="" type="checkbox"/>	Description and documentation of facility emergency response drills

Note: The above list of records does not necessarily identify every type of record required to be maintained by the facility.

A copy of the Inspection Check Sheet(s) or Log(s) used in conjunction with required routine self-inspections of your facility must be submitted with your HMBP. (Exception: Attached, you will find a Uniform Monitoring Inspection Log Sheet which you may use if you do not already have your own form. If you use the example provided, you do not need to attach a copy.)

Check the appropriate box:

<input checked="" type="checkbox"/>	We will use the Uniform Monitoring Inspection Log Sheet to document inspections.
<input type="checkbox"/>	We will use our own documents to record inspections. A blank copy of each document used is attached to this HMBP.

# Aboveground Separation, Containment, and Monitoring Plan

(Appendix to Uniform Hazardous Materials Business Plan)

Complete one column for each aboveground storage area shown on the Uniform Hazardous Materials Business Plan Storage Map(s). Write the appropriate location code in the box provided at the top of each column, then moving down the column, check all boxes which apply to that location. Make additional copies of this page if needed.

Location Code	B	B			
<b>Storage Type</b>	<input checked="" type="checkbox"/> Inside building <input type="checkbox"/> Outside storage shed <input type="checkbox"/> Outdoors	<input checked="" type="checkbox"/> Inside building <input type="checkbox"/> Outside storage shed <input type="checkbox"/> Outdoors	<input type="checkbox"/> Inside building <input type="checkbox"/> Outside storage shed <input type="checkbox"/> Outdoors	<input type="checkbox"/> Inside building <input type="checkbox"/> Outside storage shed <input type="checkbox"/> Outdoors	<input type="checkbox"/> Inside building <input type="checkbox"/> Outside storage shed <input type="checkbox"/> Outdoors
<b>Primary Containment</b>	<input checked="" type="checkbox"/> Original containers <input type="checkbox"/> Safety cans <input type="checkbox"/> Inside machinery <input type="checkbox"/> Drums/barrels <input type="checkbox"/> Pressure vessels <input type="checkbox"/> Bulk tanks <input type="checkbox"/> Aboveground piping <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Original containers <input type="checkbox"/> Safety cans <input type="checkbox"/> Inside machinery <input type="checkbox"/> Drums/barrels <input type="checkbox"/> Pressure vessels <input type="checkbox"/> Bulk tanks <input type="checkbox"/> Aboveground piping <input type="checkbox"/> Other	<input type="checkbox"/> Original containers <input type="checkbox"/> Safety cans <input type="checkbox"/> Inside machinery <input type="checkbox"/> Drums/barrels <input type="checkbox"/> Pressure vessels <input type="checkbox"/> Bulk tanks <input type="checkbox"/> Aboveground piping <input type="checkbox"/> Other	<input type="checkbox"/> Original containers <input type="checkbox"/> Safety cans <input type="checkbox"/> Inside machinery <input type="checkbox"/> Drums/barrels <input type="checkbox"/> Pressure vessels <input type="checkbox"/> Bulk tanks <input type="checkbox"/> Aboveground piping <input type="checkbox"/> Other	<input type="checkbox"/> Original containers <input type="checkbox"/> Safety cans <input type="checkbox"/> Inside machinery <input type="checkbox"/> Drums/barrels <input type="checkbox"/> Pressure vessels <input type="checkbox"/> Bulk tanks <input type="checkbox"/> Aboveground piping <input type="checkbox"/> Other
<b>Secondary Containment</b>	<input type="checkbox"/> Approved cabinets <input type="checkbox"/> Secondary drum <input type="checkbox"/> Tray <input type="checkbox"/> Bermed & coated floor <input type="checkbox"/> Tank vault <input type="checkbox"/> Secondary piping or piping trench <input type="checkbox"/> Other	<input type="checkbox"/> Approved cabinets <input type="checkbox"/> Secondary drum <input type="checkbox"/> Tray <input type="checkbox"/> Bermed & coated floor <input type="checkbox"/> Tank vault <input type="checkbox"/> Secondary piping or piping trench <input type="checkbox"/> Other	<input type="checkbox"/> Approved cabinets <input type="checkbox"/> Secondary drum <input type="checkbox"/> Tray <input type="checkbox"/> Bermed & coated floor <input type="checkbox"/> Tank vault <input type="checkbox"/> Secondary piping or piping trench <input type="checkbox"/> Other	<input type="checkbox"/> Approved cabinets <input type="checkbox"/> Secondary drum <input type="checkbox"/> Tray <input type="checkbox"/> Bermed & coated floor <input type="checkbox"/> Tank vault <input type="checkbox"/> Secondary piping or piping trench <input type="checkbox"/> Other	<input type="checkbox"/> Approved cabinets <input type="checkbox"/> Secondary drum <input type="checkbox"/> Tray <input type="checkbox"/> Bermed & coated floor <input type="checkbox"/> Tank vault <input type="checkbox"/> Secondary piping or piping trench <input type="checkbox"/> Other
<b>Separation</b>	<input checked="" type="checkbox"/> All materials compatible <input type="checkbox"/> One-hour separation wall/partition <input type="checkbox"/> Separation by at least 20 feet <input type="checkbox"/> Approved cabinets <input type="checkbox"/> Other	<input checked="" type="checkbox"/> All materials compatible <input type="checkbox"/> One-hour separation wall/partition <input type="checkbox"/> Separation by at least 20 feet <input type="checkbox"/> Approved cabinets <input type="checkbox"/> Other	<input type="checkbox"/> All materials compatible <input type="checkbox"/> One-hour separation wall/partition <input type="checkbox"/> Separation by at least 20 feet <input type="checkbox"/> Approved cabinets <input type="checkbox"/> Other	<input type="checkbox"/> All materials compatible <input type="checkbox"/> One-hour separation wall/partition <input type="checkbox"/> Separation by at least 20 feet <input type="checkbox"/> Approved cabinets <input type="checkbox"/> Other	<input type="checkbox"/> All materials compatible <input type="checkbox"/> One-hour separation wall/partition <input type="checkbox"/> Separation by at least 20 feet <input type="checkbox"/> Approved cabinets <input type="checkbox"/> Other
<b>Monitoring Type</b>	<input checked="" type="checkbox"/> Visual <input type="checkbox"/> Continuous (automatic sensors) <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Visual <input type="checkbox"/> Continuous (automatic sensors) <input type="checkbox"/> Other	<input type="checkbox"/> Visual <input type="checkbox"/> Continuous (automatic sensors) <input type="checkbox"/> Other	<input type="checkbox"/> Visual <input type="checkbox"/> Continuous (automatic sensors) <input type="checkbox"/> Other	<input type="checkbox"/> Visual <input type="checkbox"/> Continuous (automatic sensors) <input type="checkbox"/> Other
<b>Monitoring Frequency</b>	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other

Describe the location, type, manufacturer's specifications (if applicable) and suitability of any monitoring methods used other than visual monitoring:

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**Emergency Response/Contingency Plan**  
**(Uniform Hazardous Materials Business Plan Module)**  
*Authority Cited: H&SC, Section 25504(b); Title 22, Div. 4.5, Ch. 15, Art. 4 CCR*

All facilities which handle hazardous materials in specified quantities must have a written emergency response plan. In addition, facilities which generate hazardous waste must prepare a contingency plan. Because the requirements are similar, they have been combined in a single document, provided below, for your convenience. This plan is a required module of the Uniform Hazardous Materials Business Plan (HMBP). If you already have a plan which meets these requirements, you are not required to complete the blank plan, below, but you must include a copy of your existing plan as part of your HMBP.

This site-specific Emergency Response/Contingency Plan is the facility's plan for dealing with emergencies and shall be implemented immediately whenever there is a fire, explosion, or release of hazardous materials which could threaten human health and/or the environment. At least one copy of the plan shall be maintained at the facility for use in the event of an emergency and for inspection by the local agency. Within Santa Clara County, hospitals and police agencies have delegated receipt of these plans to the local agencies administering Hazardous Materials Business Plans, so additional copies need not be submitted. However, a copy of the plan and any revisions must be provided to any contractor, hospital, or agency with whom special (i.e. contractual) emergency services arrangements have been made (see section 3, below).

**1. Evacuation Plan:**

a. The following alarm signal(s) will be used to begin evacuation of the facility (check all which apply):

Bells;  Horns/Sirens;  Verbal (i.e. shouting);  Other (specify) \_\_\_\_\_

b.  Evacuation map is prominently displayed throughout the facility.

*Note: The HMBP Site Plan satisfies contingency plan map requirements. This drawing (or any other drawing which shows primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas) must be prominently posted throughout the facility in locations where it will be visible to employees and visitors.*

**2. a. Emergency Contacts\*:**

Fire/Police/Ambulance ..... Phone No. 911  
State Office of Emergency Services ..... Phone No. (800) 852-7550

**b. Post-Incident Contacts\*:**

Fire Department Hazardous Materials Program ..... Phone No: 408-299-6930  
Santa Clara County Hazardous Materials Compliance Division ..... Phone No. (408) 299-6930  
California EPA Department of Toxic Substances Control ..... Phone No. (510) 540-3739  
Cal-OSHA Division of Occupational Safety and Health ..... Phone No. (415) 557-1677  
Bay Area Air Quality Management District ..... Phone No. (415) 771-6000  
Regional Water Quality Control Board ..... Phone No. (510) 286-1255

\* These telephone numbers are provided as a general aid to emergency notification. Be advised that additional agencies may be required to be notified.

**c. Emergency Resources:**

Poison Control Center ..... Phone No. (408) 885-6000  
Nearest Hospital: Name: EL CAMINO HOSPITAL Phone No.: 415-940-7055  
Address: 2500 GRANT ROAD City: LOS ALTOS

**3. Arrangements With Emergency Responders:**

If you have made special (i.e. contractual) arrangements with any police department, fire department, hospital, contractor, or State or local emergency response team to coordinate emergency services, describe those arrangements on the lines below:

None

4. Emergency Procedures:

Emergency Coordinator Responsibilities:

- a. Whenever there is an imminent or actual emergency situation such as an explosion, fire, or release, the emergency coordinator (or his/her designee when the emergency coordinator is on call) shall:
  - i. Identify the character, exact source, amount, and areal extent of any released hazardous materials.
  - ii. Assess possible hazards to human health or the environment that may result from the explosion, fire, or release. This assessment must consider both direct and indirect effects (e.g. the effects of any toxic, irritating, or asphyxiating gases that are generated, the effects of any hazardous surface water run-off from water or chemical agents used to control fire, etc.).
  - iii. Activate internal facility alarms or communications systems, where applicable, to notify all facility personnel.
  - iv. Notify appropriate local authorities (i.e. call 911).
  - v. Notify the State Office of Emergency Services at 1-800-852-7550.
  - vi. Monitor for leaks, pressure build-up, gas generation, or ruptures in valves, pipes, or other equipment shut down in response to the incident.
  - vii. Take all reasonable measures necessary to ensure that fires, explosions, and releases do not occur, recur, or spread to other hazardous materials at the facility.
- b. Before facility operations are resumed in areas of the facility affected by the incident, the emergency coordinator shall:
  - i. Provide for proper storage and disposal of recovered waste, contaminated soil or surface water, or any other material that results from an explosion, fire, or release at the facility.
  - ii. Ensure that no material that is incompatible with the released material is transferred, stored, or disposed of in areas of the facility affected by the incident until cleanup procedures are completed.
  - iii. Ensure that all emergency equipment is cleaned, fit for its intended use, and available for use.
  - iv. Notify the California Environmental Protection Agency's Department of Toxic Substances Control, the County of Santa Clara's Hazardous Materials Compliance Division, and the local fire department's hazardous materials program that the facility is in compliance with requirements b-i and b-ii, above.

Responsibilities of Other Personnel:

On a separate page, list any emergency response functions not covered in the "Emergency Coordinator Responsibilities" section, above. Next to each function, list the job title or name of each person responsible for performing the function. Number the page(s) appropriately.

5. Post-Incident Reporting/Recording:

The time, date, and details of any hazardous materials incident that requires implementation of this plan shall be noted in the facility's operating record.

Within 15 days of any hazardous materials emergency incident or threatened hazardous materials emergency incident which triggers implementation of this plan, a written Emergency Incident Report, including, but not limited to a description of the incident and the facility's response to the incident, must be submitted to the California Environmental Protection Agency's Department of Toxic Substances Control, the County of Santa Clara's Hazardous Materials Compliance Division, and the local fire department's hazardous materials program. The report shall include:

- a. Name, address, and telephone number of the facility's owner/operator;
- b. Name, address, and telephone number of the facility;
- c. Date, time, and type of incident (e.g. fire, explosion, etc.);
- d. Name and quantity of material(s) involved;
- e. The extent of injuries, if any;
- f. An assessment of actual or potential hazards to human health or the environment, where this is applicable;
- g. Estimated quantity and disposition of recovered material that resulted from the incident;
- h. Cause(es) of the incident;
- i. Actions taken in response to the incident;
- j. Administrative or engineering controls designed to prevent such incidents in the future.

# Underground Separation, Containment, and Monitoring Plan

Appendix to Uniform Hazardous Materials Business Plan

Authority Cited: 23 CCR, Sections 2632(d)(1), 2634(d)(2), and 2641(h)

Complete a separate page for each underground storage tank, sump, vault, below-grade treatment system, etc. shown on the Uniform Hazardous Materials Business Plan Storage Map(s). For items marked with an asterisk (\*), specify the name of the manufacturer of the equipment and the equipment model number on the "Comments" lines provided at the bottom of this page. Make additional copies of this page if needed. Attach a blank copy of the UST monitoring log/form used by the facility. If your facility already has a written separation, containment, and monitoring plan, you do not need to complete the blank plan below, but must submit your current plan with your HMBP.

Location Code: A

**Primary Containment Construction:** (Check all which apply)

Tank	Piping
<input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> Other (specify): <u>Composition</u>	<input type="checkbox"/> Steel <input checked="" type="checkbox"/> Fiberglass <input type="checkbox"/> Other (specify):

**Secondary Containment Details:** (Check all which apply)

Tank	Piping
<input checked="" type="checkbox"/> Double wall tank <input type="checkbox"/> Tank in vault <input checked="" type="checkbox"/> Overflow prevention device(s) installed <input checked="" type="checkbox"/> Overspill prevention device(s) installed <input type="checkbox"/> Other (specify):	<input checked="" type="checkbox"/> Double wall piping <input type="checkbox"/> Piping in trench or vault <input type="checkbox"/> Other (specify):

**Monitoring** (Check all which apply)

Type	Frequency
<input type="checkbox"/> In-tank monitoring system*	<input type="checkbox"/> Continuously; <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Other (specify):
<input type="checkbox"/> Groundwater monitoring wells (Well locations must be shown on HMBP Site Plan)	<input type="checkbox"/> Continuously; <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Other (specify):
<input type="checkbox"/> Vapor (vadose) monitoring* Wells located: <input type="checkbox"/> Inside backfill <input type="checkbox"/> Outside backfill	<input type="checkbox"/> Continuously; <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Other (specify):
<input type="checkbox"/> Monthly precision tank test	<input type="checkbox"/> Continuously; <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Other (specify):
<input checked="" type="checkbox"/> Electronic monitoring of tank/piping interstitial space, vault, or other secondary containment* LEAK ALERT LA-08	<input checked="" type="checkbox"/> Continuously; <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Other (specify):
<input type="checkbox"/> Visual monitoring of tank interstitial space, vault, or other secondary containment	<input type="checkbox"/> Continuously; <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Other (specify):
<input checked="" type="checkbox"/> Automatic line leak detectors* <u>Red Jacket</u>	<input checked="" type="checkbox"/> Continuously; <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Other (specify):
<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Continuously; <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Other (specify):

Monitoring equipment is serviced:  Annually;  Monthly;  Other (specify): \_\_\_\_\_

In the Comments section, below:

1. List the name(s) and title(s) of person(s) responsible for performing monitoring and/or maintaining equipment.
2. For methods of monitoring where the presence of leaked material is not determined directly (e.g. where liquid level measurements in the interstitial space are used as the basis for leak determination), specify the method(s) for determining the presence or absence of hazardous material in the interstitial space if the indirect methods indicate a possible leak.
3. Provide other pertinent information [i.e. Name of equipment manufacturer, equipment model number, manufacturer's specifications (if applicable), suitability of monitoring method, etc.].

**Comments:** (Attach additional pages if needed.)

Greg Galatolo / Dealer

Scott Kent / Manager

Please refer to the Underground Storage Tank Monitoring & Response Plan provided by 76 Products Company.

# Underground Separation, Containment, and Monitoring Plan

Appendix to Uniform Hazardous Materials Business Plan

Authority Cited: 23 CCR, Sections 2632(d)(1), 2634(d)(2), and 2641(h)

Complete a separate page for each underground storage tank, sump, vault, below-grade treatment system, etc. shown on the Uniform Hazardous Materials Business Plan Storage Map(s). For items marked with an asterisk (\*), specify the name of the manufacturer of the equipment and the equipment model number on the "Comments" lines provided at the bottom of this page. Make additional copies of this page if needed. Attach a blank copy of the UST monitoring log/form used by the facility. If your facility already has a written separation, containment, and monitoring plan, you do not need to complete the blank plan below, but must submit your current plan with your HMBP.

Location Code:   A  

**Primary Containment Construction:** (Check all which apply)

Tank	Piping
<input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> Other (specify): <u>Composition</u>	<input type="checkbox"/> Steel <input checked="" type="checkbox"/> Fiberglass <input type="checkbox"/> Other (specify):

**Secondary Containment Details:** (Check all which apply)

Tank	Piping
<input checked="" type="checkbox"/> Double wall tank <input type="checkbox"/> Tank in vault <input checked="" type="checkbox"/> Overfill prevention device(s) installed <input checked="" type="checkbox"/> Overspill prevention device(s) installed <input type="checkbox"/> Other (specify):	<input checked="" type="checkbox"/> Double wall piping <input type="checkbox"/> Piping in trench or vault <input type="checkbox"/> Other (specify):

**Monitoring** (Check all which apply)

Type	Frequency
<input type="checkbox"/> In-tank monitoring system*	<input type="checkbox"/> Continuously; <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Other (specify):
<input type="checkbox"/> Groundwater monitoring wells (Well locations must be shown on HMBP Site Plan)	<input type="checkbox"/> Continuously; <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Other (specify):
<input type="checkbox"/> Vapor (vadose) monitoring* Wells located: <input type="checkbox"/> Inside backfill <input type="checkbox"/> Outside backfill	<input type="checkbox"/> Continuously; <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Other (specify):
<input type="checkbox"/> Monthly precision tank test	<input type="checkbox"/> Continuously; <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Other (specify):
<input checked="" type="checkbox"/> Electronic monitoring of tank/piping interstitial space, vault, or other secondary containment* LEAK ALERT LA-08	<input checked="" type="checkbox"/> Continuously; <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Other (specify):
<input type="checkbox"/> Visual monitoring of tank interstitial space, vault, or other secondary containment	<input type="checkbox"/> Continuously; <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Other (specify):
<input checked="" type="checkbox"/> Automatic line leak detectors* <u>Red Jacket</u>	<input checked="" type="checkbox"/> Continuously; <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Other (specify):
<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Continuously; <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Other (specify):

Monitoring equipment is serviced:  Annually;  Monthly;  Other (specify): \_\_\_\_\_

In the Comments section, below:

1. List the name(s) and title(s) of person(s) responsible for performing monitoring and/or maintaining equipment.
2. For methods of monitoring where the presence of leaked material is not determined directly (e.g. where liquid level measurements in the interstitial space are used as the basis for leak determination), specify the method(s) for determining the presence or absence of hazardous material in the interstitial space if the indirect methods indicate a possible leak.
3. Provide other pertinent information [i.e. Name of equipment manufacturer, equipment model number, manufacturer's specifications (if applicable), suitability of monitoring method, etc.].

**Comments:** (Attach additional pages if needed.)

Greg Galatolo / Dealer

Scott Kent / Manager

Please refer to the Underground Storage Tank Monitoring & Response Plan provided by 76 Products Company.

# Underground Separation, Containment, and Monitoring Plan

Appendix to Uniform Hazardous Materials Business Plan)

Authority Cited: 23 CCR, Sections 2632(d)(1), 2634(d)(2), and 2641(h)

Complete a separate page for each underground storage tank, sump, vault, below-grade treatment system, etc. shown on the Uniform Hazardous Materials Business Plan Storage Map(s). For items marked with an asterisk (\*), specify the name of the manufacturer of the equipment and the equipment model number on the "Comments" lines provided at the bottom of this page. Make additional copies of this page if needed. Attach a blank copy of the UST monitoring log/form used by the facility. If your facility already has a written separation, containment, and monitoring plan, you do not need to complete the blank plan below, but must submit your current plan with your HMBP.

Location Code:   C  

**Primary Containment Construction:** (Check all which apply)

Tank	Piping
<input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> Other (specify): <u>Composition</u>	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (specify):

**Secondary Containment Details:** (Check all which apply)

Tank	Piping
<input checked="" type="checkbox"/> Double wall tank <input type="checkbox"/> Tank in vault <input checked="" type="checkbox"/> Overfill prevention device(s) installed. <input checked="" type="checkbox"/> Overspill prevention device(s) installed. <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Double wall piping <input type="checkbox"/> Piping in trench or vault <input type="checkbox"/> Other (specify):

**Monitoring** (Check all which apply)

Type	Frequency
<input type="checkbox"/> In-tank monitoring system*	<input type="checkbox"/> Continuously; <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Other (specify):
<input type="checkbox"/> Groundwater monitoring wells (Well locations must be shown on HMBP Site Plan)	<input type="checkbox"/> Continuously; <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Other (specify):
<input type="checkbox"/> Vapor (vadose) monitoring* Wells located: <input type="checkbox"/> Inside backfill <input type="checkbox"/> Outside backfill	<input type="checkbox"/> Continuously; <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Other (specify):
<input type="checkbox"/> Monthly precision tank test	<input type="checkbox"/> Continuously; <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Other (specify):
<input checked="" type="checkbox"/> Electronic monitoring of tank/piping interstitial space, vault, or other secondary containment* LEAK ALERT LA-08	<input checked="" type="checkbox"/> Continuously; <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Other (specify):
<input type="checkbox"/> Visual monitoring of tank interstitial space, vault, or other secondary containment	<input type="checkbox"/> Continuously; <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Other (specify):
<input type="checkbox"/> Automatic line leak detectors*	<input type="checkbox"/> Continuously; <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Other (specify):
<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Continuously; <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Other (specify):

Monitoring equipment is serviced:  Annually;  Monthly;  Other (specify): \_\_\_\_\_

In the Comments section, below:

1. List the name(s) and title(s) of person(s) responsible for performing monitoring and/or maintaining equipment.
2. For methods of monitoring where the presence of leaked material is not determined directly (e.g. where liquid level measurements in the interstitial space are used as the basis for leak determination), specify the method(s) for determining the presence or absence of hazardous material in the interstitial space if the indirect methods indicate a possible leak.
3. Provide other pertinent information [i.e. Name of equipment manufacturer, equipment model number, manufacturer's specifications (if applicable), suitability of monitoring method, etc.].

**Comments:** (Attach additional pages if needed.)

Greg Galatolo / Dealer

Scott Kent / Manager

Please refer to the Underground Storage Tank Monitoring & Response Plan provided by 76 Products Company.



# Uniform Non-Waste Hazardous Materials Inventory Statement

For Use By All Jurisdictions, Cities and County, Within the Limits of the County of Santa Clara

Site Address: 4350 El Camino Real, Los Altos

Date: February 14, 1997

Agency Use	1. LC	2. Common/Trade Name	3. Chemical Name Components & Concentration	4. Chemical Abstract Service No.	5. Physical State	6. Quantity Stored			7. Units	8. Days On Site	9. Storage Codes			10. SARA Hazard Class(es)	11. IW
						Max.	Average	Lgst. Cont.			Cont. Type(s)	Pressure	Temp.		
	D2	REGULAR UNLEADED 6115	<input type="checkbox"/> Same as Column 2. PETROLEUM HYDROCARBON METHYL TERT BUTYL ETHER15% TOLUENE15% XYLENE21%	8006-61-9	pure <input checked="" type="checkbox"/> mixture  <input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	12000	6000	12000	X gal. lbs. cu. ft. <input type="checkbox"/> μ cur.	365	B	<input checked="" type="checkbox"/> amb. <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> amb. <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryo.	X fire pressure reactive X immediate X delayed	<input type="checkbox"/>
	D2	PREMIUM UNLEADED 6115	<input type="checkbox"/> Same as Column 2. PETROLEUM HYDROCARBON METHYL TERT BUTYL ETHER10% TOLUENE9% XYLENE14%	8006-61-9	pure <input checked="" type="checkbox"/> mixture  <input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	12000	6000	12000	X gal. lbs. cu. ft. <input type="checkbox"/> μ cur.	365	B	<input checked="" type="checkbox"/> amb. <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> amb. <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryo.	X fire pressure reactive X immediate X delayed	<input type="checkbox"/>
	F5	MOTOR OIL 6115	<input type="checkbox"/> Same as Column 2. PETROLEUM HYDROCARBON SOLVENT DEWAXD DIST HV PARAFFIN85% HYDROTREATED DIST. HV PARAFFIN85% ADDITIVES28%	64742-65-0	pure <input checked="" type="checkbox"/> mixture  <input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	300	100	QUART	X gal. lbs. cu. ft. <input type="checkbox"/> μ cur.	365	F	<input checked="" type="checkbox"/> amb. <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> amb. <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryo.	X fire pressure reactive immediate X delayed	<input type="checkbox"/>
	G5	ANTIFREEZE/COOLANT 6115	<input type="checkbox"/> Same as Column 2. GLYCOLS ETHYLENE GLYCOL94% DIETHYLENE GLYCOL1% ADDITIVES3%	107-21-1	pure <input checked="" type="checkbox"/> mixture  <input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	80	40	GALLON	X gal. lbs. cu. ft. <input type="checkbox"/> μ cur.	365	N	<input checked="" type="checkbox"/> amb. <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> amb. <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryo.	fire pressure reactive X immediate X delayed	<input type="checkbox"/>

# Uniform Hazardous Waste Inventory Statement

(Hazardous Waste Generator Permit Application/Amendment)

For Use By All Jurisdictions, Cities and County, Within the Limits of the County of Santa Clara

Site Address: 4350 El Camino Real, Los Altos

EPA ID No.: CAL000025915

Date: February 14, 1997

Agency Use	1. LC	2. Waste Stream Name, Components & Concentration	3. Treatment/ Disposal Method(s)	4. California Waste Code	5. Physical State	6. Annual Quantity Generated	7. Quantity Stored			8. Units	9. Days On Site	10. Storage Codes			11. SARA Hazard Class(es)
							Max.	Average	Lgst. Cont.			Cont. Type(s)	Pressure	Temp.	
	E6	USED OIL 6115	<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input checked="" type="checkbox"/> Shipped off-site for recycling/treatment/disposal	221	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture <input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	3000	520	250	520	X gal. lbs. <input type="checkbox"/> cu. ft. <input type="checkbox"/> $\mu$ cur.	365	B	<input checked="" type="checkbox"/> amb. <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> amb. <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryo.	X fire <input type="checkbox"/> pressure <input type="checkbox"/> reactive immediate X delayed
	G5	USED OIL FILTERS 6115	<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input checked="" type="checkbox"/> Shipped off-site for recycling/treatment/disposal	223	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture <input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	600	200	100	55 GAL	gal. lbs. <input type="checkbox"/> cu. ft. <input type="checkbox"/> $\mu$ cur.	365	D	<input checked="" type="checkbox"/> amb. <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> amb. <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryo.	X fire <input type="checkbox"/> pressure <input type="checkbox"/> reactive immediate X delayed
	G5	USED ANTIFREEZE 6115	<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input checked="" type="checkbox"/> Shipped off-site for recycling/treatment/disposal	343	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture <input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	175	55	25	55 GAL	X gal. lbs. <input type="checkbox"/> cu. ft. <input type="checkbox"/> $\mu$ cur.	365	D	<input checked="" type="checkbox"/> amb. <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> amb. <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryo.	fire <input type="checkbox"/> pressure <input type="checkbox"/> reactive X immediate delayed
	G5	WASTE BATTERIES 6115	<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input checked="" type="checkbox"/> Shipped off-site for recycling/treatment/disposal	162	<input type="checkbox"/> pure <input checked="" type="checkbox"/> mixture <input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> gas	100	10	5	BATT	X gal. lbs. <input type="checkbox"/> cu. ft. <input type="checkbox"/> $\mu$ cur.	365	R	<input checked="" type="checkbox"/> amb. <input type="checkbox"/> > amb. <input type="checkbox"/> < amb.	<input checked="" type="checkbox"/> amb. <input type="checkbox"/> > amb. <input type="checkbox"/> < amb. <input type="checkbox"/> cryo.	fire <input type="checkbox"/> pressure <input type="checkbox"/> reactive X immediate delayed

**MAJOR INCIDENT: FIRE, SPILL OR SUSPECTED LEAK**

1. TURN OFF PUMPS using the Emergency Pump Shut-Off Switch.
2. EVACUATE: verbally ANNOUNCE to all persons on the site: "There is an emergency. Please turn off your engines and leave the station on foot immediately. All employees meet at the emergency assembly area."
3. CALL 9-1-1 Give the following information:  
"THERE IS A FIRE / GASOLINE SPILL at the 76 Products Company service station at 4350 El Camino Real"  
If anyone is trapped or needs medical attention, tell the answering dispatcher. Stay on the phone and be prepared to answer any questions concerning the situation..
4. ATTEMPT to contain the spill if you can do it safely.
5. LOOK AROUND to ensure that everyone has left the station, particularly those in vehicles who may need assistance or may not have heard the emergency announcement. Assist or direct assistance to anyone having difficulty leaving the station area, and anyone who may be injured.
6. REPORT to arriving emergency response personnel to provide them with any information or assistance they might need.
7. CONTACT the station dealer if s/he is not already at the station. Use the list below for emergency contacts:

Emergency Coordinator: Greg Galatolo Title: Dealer  
 Address: 1531 Arbor Dr. Los Altos Ca 94024  
 Bus#/Home#/Alt#: 415 941-0244 / 415 948-8302 /  
 Alternate Emergency Coordinator: Scott Kent Title: Manager  
 Address: 1054 Wheeler Street, Stockton, CA 95206  
 Bus#/Home#/Alt#: 415 941-0244 / 209-983-8543 /

8. NOTIFY your Fixed Fee contractor IMMEDIATELY.  
 Business Operations Manager: Harry Allen Phone Number: 510-277-2428

76 Products Company will notify the State and Local administering agencies within an appropriate time frame, unless the situation requires urgent immediate response by the agencies, in which case the DEALER should notify these agencies:

1. LOCAL AGENCY: Santa Clara Co. HazMat Compliance Div.  
 PHONE NUMBER: 408-299-6930
2. CALIFORNIA OFFICE OF EMERGENCY SERVICES, (800) 852-7550 (24 HOURS)
3. LOCAL POLICE AND FIRE DEPARTMENTS; 911
4. NATIONAL RESPONSE CENTER 1-800-424-8802 (24 HOURS).

**MINOR INCIDENT:** Any incident that can be contained and cleaned up as part of the routine operations. Whenever in doubt, consider the incident a major release and use the above procedures.

- FIRES: Extinguish with fire extinguisher. Recharge fire extinguisher, if used.  
SPILLS: Clean up with absorbent materials on site and dispose of according to all regulations. Have a fire extinguisher ready for spills of flammable materials. Restock absorbent as necessary. See Training Plan item #H for additional direction.  
MEDICAL: Treat with on site first aid kit or take to nearest hospital. Employee training plan lists the nearest hospital.  
RECORD: Record the event in the daily monitoring log.  
NOTIFY: the dealer of the event.

Employees must be given this training before starting work, and refresher courses must be provided annually. Records must be kept to show when each station employee has been given his/her safety training. Use the following outline and make copies as needed. Have employee date and sign the attached training log upon completion of training. Retain these records for a minimum of three years.

I. FIRST THINGS TO KNOW:

- A. EMERGENCY PUMP SHUT-OFF: This turns off the turbine pumps that provide flow to the dispensers from the underground tanks. In case of a leak, shutting off the pumps will help to prevent spills.  
Location: 1-NORTH EXT. BLDG. WALL, 1-STORAGE AREA
- B. ELECTRICAL PANEL: The panel allows you to selectively cut off power to lights, signs, pumps, etc. The main switch kills all power at the site.  
Location: IN SERVICE BAY STORAGE AREA
- C. TANK MONITORING ALARM: Monitoring panel for the Underground Storage Tanks. This panel will indicate when a leak is detected by a visual and audible alarm.  
Location: SERVICE BAY STORAGE AREA
- D. WATER SHUT-OFF: The water shut-off may be necessary in some cases.  
Location: IN SIDEWALK ALONG LOS ALTOS AVENUE
- E. NATURAL GAS SHUT-OFF: If your station has natural gas, it may be necessary to shut-off the natural gas flow in an emergency.  
Location: NONE
- F. PROPANE/LPG: If your station has a propane or liquified petroleum gas tank. In the event of a release or fire, turn off the manual valves and shut off the power to the dispensing pumps. Call your supplier or dial 9-1-1 as appropriate.
- G. FIRE EXTINGUISHER: Use only on small fires that you can handle. Do not attempt to extinguish large fires on your own; call 9-1-1 for help.  
Location: 2-IN SERVICE BAY
- H. ABSORBENT: In the form of kitty litter, absorbent can soak up small spills of gasoline, diesel fuel, or other petroleum products. Absorbent should be used rather than washing spills down a drain. In case of large spill, merely try to contain it; a vacuum truck should be used to clean up any large spill.  
Location: IN SERVICE BAY STORE AREA
- I. EMERGENCY RESPONSE EQUIPMENT: These items shall be used by employees to prevent direct skin contact with a hazardous material.
1. Broom: SERVICE BAY
  2. Shovel: SERVICE BAY
  3. Gloves: SERVICE BAY
  4. Goggles: SERVICE BAY
- J. FIRST AID KIT:  
Location: 1-IN SERVICE BAY STORE AREA
- K. EMERGENCY ASSEMBLY AREA: Location where all employees are to meet in the event of an emergency.  
Location: SOUTH SIDE OF SITE

I. HAZARDOUS MATERIAL MANAGEMENT PLAN (HMMP) & MATERIAL SAFETY DATA SHEET (MSDS):

Location: SALES OFFICE

II. NEAREST MEDICAL FACILITY: Employees should know what facilities are available in case customers or other employees need medical attention.

1. NAME: EL CAMINO HOSPITAL

ADDRESS: 2500 GRANT ROAD, LOS ALTOS

PHONE NUMBER: 415-940-7055

NEAREST DESIGNATED TRAUMA CENTER:

2. NAME: STANFORD MEDICAL CENTER

ADDRESS: 300 PASTEUR DRIVE, STANFORD

PHONE NUMBER: 415-723-5111

III. All employees should review the Hazardous Material Plan, of which this training plan is a part. Specifically, each employee should understand the procedures to be used in responding to various kinds of emergencies, and know how to monitor for leaks of hazardous materials. As a supplement to this package, employees should also review the Emergency Response Plan filed by your business to the appropriate local agency. Thirdly, employees should review and have access to the Materials Safety Data Sheets you have on file for each of the hazardous materials stored at the station and must be drilled in all emergency response procedures contained herein.

IV. FIRST AID PROCEDURES (For exposure to gasoline or diesel fuel):

A. EYE CONTACT: Flush with water for 15 minutes while holding eyelids open. Get medical attention.

B. SKIN CONTACT: Flush with water while removing contaminated clothing and shoes. Follow by washing with soap and water. Do not reuse clothing or shoes until cleaned. If irritation persists, get medical attention.

C. INHALATION (Breathing): Remove victim to fresh air and provide oxygen if breathing is difficult. If not breathing, give artificial respiration. Get medical attention.

D. INGESTION (Swallowing):

**DO NOT INDUCE VOMITING BECAUSE GASOLINE CAN ENTER LUNGS AND CAUSE SEVERE LUNG DAMAGE!** If vomiting occurs spontaneously keep head below hips to prevent aspiration of liquid into lungs. Get medical attention.

E. NOTE TO PHYSICIAN: If more than 2.0 ml per kg has been ingested and vomiting has not occurred, emesis should be induced with medical supervision. Keep victim's head below hips to prevent aspiration. If symptoms such as loss of gag reflex, convulsions or unconsciousness occur before emesis, gastric lavage using a cuffed endotracheal tube should be considered.

F. For further information, consult the Materials Safety Data Sheets for these products and for other hazardous materials.

FIRST AID FOR EXPOSURE TO OTHER MATERIALS: Consult the warning advice on container labels or refer to the MSDS for that product.

This hazardous material management plan meets the requirements of a hazardous waste contingency plan.

Document prepared by: Environmental Staff, RHL Design Group, Inc., 800-765-1025

Last updated: February 14, 1997



# HAZARDOUS MATERIALS TRAINING REQUIREMENTS

As the owner/operator of a business that handles hazardous materials, you must have the following:

- ▶ A Hazard Communication Plan (also known as an Employee Right-to-Know Plan)
- ▶ A SARA Tier II Chemical Inventory Report (in California this report is included in the Hazardous Materials Management Plan, also known as the CA Business Emergency Plan)
- ▶ An Emergency Response Plan
- ▶ An Underground Storage Tank Monitoring and Leak Detection Plan
- ▶ A Release Reporting Plan

Each of these plans requires employee training. Training must be documented by a written description of the topics covered and by a dated signature of the employees receiving the training. Annual refresher training is required and the introduction of new hazardous materials or changes in procedures require immediate retraining. Training requirements that are common to more than one of these plans only needs to be given once to satisfy all of the plans containing that requirement as long as the training addresses the concerns of each plan.

Training for the Hazard Communication Plan must include the following elements:

- ◆ An overview of the requirements contained in the Hazard Communication Regulation and the worker's rights under the Regulation.
- ◆ Locations of any operations in their work area where hazardous substances are present.
- ◆ Location where a copy of the written Hazard Communication program is made available to them.
- ◆ How to read labels and Material Safety Data Sheets (MSDS) to obtain appropriate hazard information, including physical and health effects of hazardous substances in the work place.
- ◆ How to detect the presence of or the release of hazardous substances in the work place.
- ◆ How to minimize their exposure to these hazardous substances by proper use of engineering controls, work practices, and/or personal protective equipment (gloves, etc).
- ◆ Emergency and first aid procedures to follow if employees are exposed to hazardous substances.



# ROBERT H. LEE & ASSOCIATES, INC.

ARCHITECTURE

PLANNING

ENVIRONMENTAL SERVICES

1137 NORTH McDOWELL BLVD., PETALUMA, CA 94954-1110  
PHONE 707-765-1660

MAILING ADDRESS: P.O. BOX 750908 PETALUMA, CA 94975  
VOICE MAIL 707-765-2344

1996 HMMP

JOHN W. JOHNSON  
Architect  
Co-President

BRIAN F. ZITA  
Architect  
Co-President

JOHN B. HICKS  
Architect  
Vice President

CECIL R. SPENCER  
Architect  
Vice President

JAMES H. RAY  
Civil Engineer

BRUCE J. GREENFIELD  
Architect  
Associate

HOWARD G. KIMURA  
Associate

CHRIS LAWTON  
Associate

JAMES E. PRESTEN  
Associate

GARY M. SEMLING  
Architect  
Associate

BLYTHE R. WILSON  
Architect  
Associate

March 11, 1996

*Mary Anne B.*

~~Wayne Yip~~  
Santa Clara Co. Hlth Dept, Toxic Enforce  
2220 Moorpark Avenue  
San Jose, CA 95128

Dear Wayne Yip;

## HAZARDOUS MATERIAL MANAGEMENT PLANS FOR 76 PRODUCTS CO. LOCATIONS

Enclosed please find the Hazardous Materials Management Plans, HMMP(S), and related documents for the 76 Products Company stations as listed on the attached sheet.

If there is any further correspondence or invoices related to these submissions, please direct them to:

Hazmat Compliance Coordinator  
76 Products Company, LLC  
555 Anton Blvd.  
Costa Mesa, CA 92626  
P.O. Box 25376  
Santa Ana, CA 92799-5376

Sincerely,

ROBERT H. LEE & ASSOCIATES

Steven A. Skanderson,  
Project Manager

Enclosures

cc: 76 Products Company  
File

RECEIVED BY  
ENVIRONMENTAL HEALTH  
HACD  
MAR 15 2 38 PM '96



March 11, 1996

Unocal Station Roster

Page 1

SS# 6115

El Camino Unocal #6115

4350 El Camino Real

Los Altos, CA 94022

DRAFT



76 PRODUCTS COMPANY

**AGENCY**

MAR - 7 1996

February 22, 1996

Greg Galatolo  
El Camino Unocal #6115  
4350 El Camino Real  
Los Altos, CA 94022

RE: HAZARDOUS MATERIAL MANAGEMENT PLANS

Dear Greg Galatolo:

Attached is the Hazardous Materials Inventory and Business Plan Certification for your station. This Certification is intended to amend the current HMMP. The "DEALER" copy should be attached to your current HMMP and kept in Section 4 of your Green Book, on the premises, and available to all employees and agency personnel at any time.

**DO NOT DISCARD YOUR CURRENT HMMP.**

**THIS CERTIFICATION MUST BE RETURNED TO ROBERT H. LEE & ASSOCIATES, INC. AS SOON AS POSSIBLE. FAILURE TO RETURN AND IMPLEMENT THIS PLAN MAY RESULT IN FINES AND/OR CIVIL PENALTIES BY GOVERNMENT ENFORCEMENT AGENCIES.**

Instructions for signing and returning the packet:

1. Please sign all 4 copies of the Certification where flagged and indicated with a "X".
2. Return the 3 copies marked "76 PRODUCTS", "AGENCY" and "FILE" to Robert H. Lee & Associates in the pre-stamped envelope provided.
3. Place the "DEALER" copy of last year's HMMP in your Green Book and keep it on the premises, available to all employees and agency personnel at any time. Place the additional documents in your Green Book as indicated on each.

Copies of the Certification will be sent to the Santa Clara Co. Hlth Dept, Toxic Enforce within 30 days. If you have any questions regarding the content of the HMMP from last year please contact Robert H. Lee & Associates, Mr. Steve Skanderson, (707) 765-1660. If you have any additional questions please contact Mr. Dave Corder of 76 Products Company at (714) 428-6560.

Sincerely,

*David P. Corder*

David P. Corder  
Hazardous Materials Compliance Coordinator

cc: Robert H. Lee & Assoc.  
File

(Unocal/Forms/DLR-CERT.MRG)

Reviewed By M. Bell  
Date 6/19/96

2929 East Imperial Highway  
Brea, California 92621  
FAX (714) 572-7116

A Unocal Company

AGENCY USE ONLY  
 File # \_\_\_\_\_  
 Reviewed by: \_\_\_\_\_  
 Date: \_\_\_\_\_

## HAZARDOUS MATERIALS INVENTORY / BUSINESS RESPONSE PLAN 1996 CERTIFICATION FORM

6115

FACILITY NAME: El Camino Unocal #6115			
FACILITY ADDRESS: 4350 El Camino Real	CITY: Los Altos	STATE: CA	ZIP: 94022
BUSINESS OWNER/OPERATOR: Greg Galatolo		PHONE: 415 941-0244	
76 PRODUCTS COMPANY MAILING ADDRESS: P.O. BOX 25376	CITY: Santa Ana	STATE: CA	ZIP: 92799-5376
76 PRODUCTS COMPANY: Mr. Dave Corder	TITLE: Compliance Coordinator	PHONE: (714) 428-6560	

REVIEW OF INVENTORY FORMS, EMERGENCY CONTACTS, AND SITE MAP HAS BEEN COMPLETED. INDICATE BELOW ALL THAT APPLY.

Inventory forms are correct for the upcoming reporting year. NO changes are necessary.

Emergency contacts and phone numbers are correct for the upcoming reporting year. NO changes are necessary.

Site map is correct for the upcoming year. NO changes are necessary.

Inventory Forms required updating. Attached are new inventory forms.

Emergency contacts and phone numbers require updating. Changes are attached.

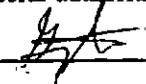
Site map required updating. A new site map is attached.

BIENNIAL REVIEW OF THE COMPLETE BUSINESS PLAN HAS BEEN COMPLETED. INDICATE BELOW ALL THAT APPLY.

Business Response Plan has been reviewed and is correct. NO changes are necessary.

Business Response Plan has been reviewed and requires updating. Changes are indicated and are submitted.

I hereby certify under penalty of perjury, that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I understand that I may be required to show proof of compliance during any facility inspection conducted by local, County, State, or Federal authorities.

Name: Greg Galatolo Signature:   
 (Type or Print)

Title: Dealer Date: 2-28-96

# UNIFORM HAZARDOUS MATERIALS BUSINESS PLAN

## Section A - General Information

<b>BUSINESS NAME</b>	El Camino Unocal #6115	<b>BUSINESS PHONE:</b>	415 941-0244
<b>SITE ADDRESS</b>	4350 El Camino Real		
<b>CITY</b>	Los Altos	<b>STATE</b>	CA
<b>DUN &amp; BRADSTREET</b>	09-944-7344	<b>SIC CODE (4 DIGIT#)</b>	5541 7538
<b>OPERATOR NAME</b>	Greg Galatolo	<b>OPERATOR PHONE</b>	415 941-0244

### OWNER INFORMATION

<b>OWNER NAME</b>	Greg Galatolo	<b>OWNER PHONE</b>	415 941-0244
<b>OWNER MAILING ADDRESS</b>	4350 El Camino Real		
<b>CITY</b>	Los Altos	<b>STATE</b>	CA
		<b>ZIP</b>	94022

### ENVIRONMENTAL CONTACT

<b>CONTACT NAME</b>	Dave Corder	<b>CONTACT PHONE:</b>	(714) 428-6560
<b>MAILING ADDRESS</b>	P.O. Box 25376		
<b>CITY</b>	Santa Ana	<b>STATE</b>	CA
		<b>ZIP</b>	92799-5376

### Primary

### EMERGENCY CONTACTS

### Secondary

<b>NAME:</b>	Greg Galatolo	<b>NAME:</b>	Scott Kent
<b>TITLE:</b>	Dealer	<b>TITLE:</b>	Manager
<b>BUSINESS PHONE:</b>	415 941-0244	<b>BUSINESS PHONE:</b>	415 941-0244
<b>24-HOUR PHONE:</b>	415 948-8302	<b>24-HOUR PHONE:</b>	209-983-8543
<b>PAGER #:</b>		<b>PAGER #:</b>	

### ACUTELY HAZARDOUS MATERIALS (AHM)

ON SITE AHM

Yes  No

If yes, and above Threshold Planning Quantities, attach a sheet of paper with a general description of the process and principal equipment.

### ADDITIONAL REQUIRED INFORMATION

EPA ID No.: CAL000025915	Principal Type of Business: Gas Station
Billing Address P.O. Box 25376	City: Santa Ana State: CA Zip: 92799-5376
Industrial Waste Discharge Contact: Environmental Coordinator	Phone No.: 714-428-6560
Property Owner: Union Oil Company of California Dbq Unocal	Phone No.: 714-428-6560
Facility Hours of Operation: 24	No. of Employees per shift: Day 2; Swing 2; Grave: 1

**OWNER/OPERATOR CERTIFICATION:** I am an officer at the level of Vice-President, General Partner, Sole Proprietor, or higher. I certify under penalty of law that this information was obtained in accordance with applicable requirements. Based upon my inquiry of those individuals responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate, and complete.

Name of HMBP Document Preparer (Print) Robert H. Lee & Associates, Inc.

Signature of Owner/Operator: \_\_\_\_\_

Date: 2-28-95

Page 1 of 1

**MAJOR INCIDENT: FIRE, SPILL OR SUSPECTED LEAK**

1. **TURN OFF PUMPS** using the Emergency Pump Shut-Off Switch.
2. **EVACUATE**: verbally **ANNOUNCE** to all persons on the site: "There is an emergency. Please turn off your engines and leave the station on foot immediately. All employees meet at the emergency assembly area."
3. **CALL 9-1-1** Give the following information:  
"THERE IS A FIRE / GASOLINE SPILL at the 76 Products Company service station at 4350 El Camino Real"  
If anyone is trapped or needs medical attention, tell the answering dispatcher. Stay on the phone and be prepared to answer any questions concerning the situation.
4. **ATTEMPT** to contain the spill if you can do it safely.
5. **LOOK AROUND** to ensure that everyone has left the station, particularly those in vehicles who may need assistance or may not have heard the emergency announcement. Assist or direct assistance to anyone having difficulty leaving the station area, and anyone who may be injured.
6. **REPORT** to arriving emergency response personnel to provide them with any information or assistance they might need.
7. **CONTACT** the station dealer if s/he is not already at the station. Use the list below for emergency contacts:

Emergency Coordinator: Greg Galatolo Title: Dealer

Address: 1521 Topar Dr. Los Altos Ca 94024

Bus#/Home#/Alt#: 415 941-0244 / 415 948-8302 /

Alternate Emergency Coordinator: Scott Kent Title: Manager

Address: 1054 Wheeler Street, Stockton, CA 95206

Bus#/Home#/Alt#: 415 941-0244 / 209-983-8543 /

8. **NOTIFY** the 76 Products Company Leak Reporting Hotline **IMMEDIATELY** at 1-800-955-5325.  
**NOTIFY** Marketing Maintenance Dispatch **IMMEDIATELY** 1-800-723-7600.  
**NOTIFY** your Business Operations Manager **IMMEDIATELY**.  
Business Operations Manager: Harry Allen Phone Number: 510-277-2428

76 Products Company will notify the State and Local administering agencies within an appropriate time frame, unless the situation requires urgent immediate response by the agencies, in which case the **DEALER** should notify these agencies:

1. **LOCAL AGENCY**: Santa Clara Co. Hlth Dept, Toxic Enforce

PHONE NUMBER: 408-299-6930

2. **CALIFORNIA OFFICE OF EMERGENCY SERVICES**, (800) 852-7550 (24 HOURS)

3. **LOCAL POLICE AND FIRE DEPARTMENTS**, **911**

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**MEDICAL**: Treat with on site first aid kit or take to nearest hospital. Employee training plan lists the nearest hospital.

**RECORD**: Record the event in the daily monitoring log.

**NOTIFY**: the dealer of the event.

Employees must be given this training before starting work, and refresher courses must be provided annually. Records must be kept to show when each station employee has been given his/her safety training. Use the following outline and make copies as needed. Have employee date and sign the attached training log upon completion of training. Retain these records for a minimum of three years.

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Location: 1-NORTH EXT, BLDG. WALL, 1-STORAGE AREA
- B. **ELECTRICAL PANEL:** The panel allows you to selectively cut off power to lights, signs, pumps, etc. The main switch kills all power at the site.  
Location: IN SERVICE BAY STORAGE AREA
- C. **TANK MONITORING ALARM:** Monitoring panel for the Underground Storage Tanks. This panel will indicate when a leak is detected by a visual and audible alarm.  
Location: SERVICE BAY STORAGE AREA
- D. **WATER SHUT-OFF:** The water shut-off may be necessary in some cases.  
Location: IN SIDEWALK ALONG LOS ALTOS AVENUE
- E. **NATURAL GAS SHUT-OFF:** If your station has natural gas, it may be necessary to shut-off the natural gas flow in an emergency.  
Location: NONE
- F. **PROPANE/LPG:** If your station has a propane or liquified petroleum gas tank - In the event of a release or fire, turn off the manual valves and shut off the power to the dispensing pumps. Call your supplier or dial 9-1-1 as appropriate.
- G. **FIRE EXTINGUISHER:** Use only on small fires that you can handle. Do not attempt to extinguish large fires on your own; call 9-1-1 for help.  
Location: 2-IN SERVICE BAY
- H. **ABSORBENT:** In the form of kitty litter, absorbent can soak up small spills of gasoline, diesel fuel, or other petroleum products. Absorbent should be used rather than washing spills down a drain. In case of large spill, merely try to contain it; a vacuum truck should be used to clean up any large spill.  
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  3. Gloves: SERVICE BAY
  4. Goggles: SERVICE BAY
- J. **FIRST AID KIT:**  
Location: 1-IN SERVICE BAY STORE AREA
- K. **EMERGENCY ASSEMBLY AREA:** Location where all employees are to meet in the event of an emergency.  
Location: SOUTH SIDE OF SITE

**I. HAZARDOUS MATERIAL MANAGEMENT PLAN (HMMP) MATERIAL SAFETY DATA SHEET (MSDS):**

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ADDRESS: 2500 GRANT ROAD, LOS ALTOS

PHONE NUMBER: 415-940-7055

**NEAREST DESIGNATED TRAUMA CENTER:**

**2. NAME: STANFORD MEDICAL CENTER**

ADDRESS: 300 PASTEUR, STANFORD

PHONE NUMBER: 415 723-7570

**III.** All employees should review the Hazardous Material Plan, of which this training plan is a part. Specifically, each employee should understand the procedures to be used in responding to various kinds of emergencies, and know how to monitor for leaks of hazardous materials. As a supplement to this package, employees should also review the Emergency Response Plan filed by your business to the appropriate local agency. Thirdly, employees should review and have access to the Materials Safety Data Sheets you have on file for each of the hazardous materials stored at the station and must be drilled in all emergency response procedures contained herein.

**IV. FIRST AID PROCEDURES (For exposure to gasoline or diesel fuel):**

**A. EYE CONTACT:** Flush with water for 15 minutes while holding eyelids open. Get medical attention.

**B. SKIN CONTACT:** Flush with water while removing contaminated clothing and shoes. Follow by washing with soap and water. Do not reuse clothing or shoes until cleaned. If irritation persists, get medical attention.

**C. INHALATION (Breathing):** Remove victim to fresh air and provide oxygen if breathing is difficult. If not breathing, give artificial respiration. Get medical attention.

**D. INGESTION (Swallowing):**

**DO NOT INDUCE VOMITING BECAUSE GASOLINE CAN ENTER LUNGS AND CAUSE SEVERE LUNG DAMAGE!** If vomiting occurs spontaneously keep head below hips to prevent aspiration of liquid into lungs. Get medical attention.

**E. NOTE TO PHYSICIAN:** If more than 2.0 ml per kg has been ingested and vomiting has not occurred, emesis should be induced with medical supervision. Keep victim's head below hips to prevent aspiration. If symptoms such as loss of gag reflex, convulsions or unconsciousness occur before emesis, gastric lavage using a cuffed endotracheal tube should be considered.

**F.** For further information, consult the Materials Safety Data Sheets for these products and for other hazardous materials.

**FIRST AID FOR EXPOSURE TO OTHER MATERIALS:** Consult the warning advice on container labels or refer to the MSDS for that product.

This hazardous material management plan meets the requirements of a hazardous waste contingency plan.

Document prepared by: Environmental Staff, Robert H. Lee & Assoc., 800-765-1025

Last updated: February 22, 1996



# HAZARDOUS MATERIALS TRAINING REQUIREMENTS

As the owner/operator of a business that handles hazardous materials, you must have the following:

- ▶ A Hazard Communication Plan (also known as an Employee Right-to-Know Plan)
- ▶ A SARA Tier II Chemical Inventory Report (in California this report is included in the Hazardous Materials Management Plan, also known as the CA Business Emergency Plan)
- ▶ An Emergency Response Plan
- ▶ An Underground Storage Tank Monitoring and Leak Detection Plan
- ▶ A Release Reporting Plan

Each of these plans requires employee training. Training must be documented by a written description of the topics covered and by a dated signature of the employees receiving the training. Annual refresher training is required and the introduction of new hazardous materials or changes in procedures require immediate retraining. Training requirements that are common to more than one of these plans only needs to be given once to satisfy all of the plans containing that requirement as long as the training addresses the concerns of each plan.

Training for the Hazard Communication Plan must include the following elements:

- ◆ An overview of the requirements contained in the Hazard Communication Regulation and the worker's rights under the Regulation.
- ◆ Locations of any operations in their work area where hazardous substances are present.
- ◆ Location where a copy of the written Hazard Communication program is made available to them.
- ◆ How to read labels and Material Safety Data Sheets (MSDS) to obtain appropriate hazard information, including physical and health effects of hazardous substances in the work place.
- ◆ How to detect the presence of or the release of hazardous substances in the work place.
- ◆ How to minimize their exposure to these hazardous substances by proper use of engineering controls, work practices, and/or personal protective equipment (gloves, etc).
- ◆ Emergency and first aid procedures to follow if employees are exposed to hazardous substances.

2/22/96

1996 HMMP SUPPLEMENT  
FACILITY INFORMATION

UNIT: 6115  
Greg Galatolo  
El Camino Unocal #6115  
4350 El Camino Real  
Los Altos, CA 94022  
SITE PHONE: 415 941-0244

EMERGENCY CONTACT PERSONNEL

EMERGENCY CONTACT: Greg Galatolo, Dealer  
1521 Topar Dr. Los Altos Ca 94024  
DAY PHONE: 415 941-0244 24-HOUR PHONE: 415 948-8302

ALT. EMERGENCY CONTACT: Scott Kent, Manager  
1054 Wheeler Street, Stockton, CA 95206  
DAY PHONE: 415 941-0244 24-HOUR PHONE: 209-983-8543

EMERGENCY EQUIPMENT LOCATIONS

PUMP SHUT-OFF: 1-NORTH EXT., BLDG. WALL, 1-STORAGE AREA  
ELEC. SHUT-OFF: IN SERVICE BAY STORAGE AREA  
TANK MONITOR ALARM: SERVICE BAY STORAGE AREA  
WATER SHUT-OFF: IN SIDEWALK ALONG LOS ALTOS AVENUE  
GAS SHUT-OFF: NONE  
GOGGLES: SERVICE BAY  
GLOVES: SERVICE BAY

HMMP: SALES OFFICE  
FIRST AID KIT: 1-IN SERVICE BAY STORE AREA  
FIRE EXTINGUISHERS: 2-IN SERVICE BAY  
ABSORBENT: IN SERVICE BAY STORE AREA  
EMERG. ASSMBLY AREA: SOUTH SIDE OF SITE  
BROOM: SERVICE BAY  
SHOVEL: SERVICE BAY

TANK INFORMATION

	SIZE	#TNKS	MATERIAL	SPLL	OVFL	TYPE	MANUFACTURER	YR. INSTALLED
REGULAR	12000	1	COMP	Y	Y	DW	MODERN	1990
PREMIUM	12000	1	COMP	Y	Y	DW	MODERN	1990
WASTE OIL	520	1	COMP	Y	Y	DW	MODERN	1990

PIPING CONTAINMNT: Double Wall  
PIPING MATERIAL: FG

ANNULAR SPACE MONITOR (Product): LEAK ALERT LA-08  
ANNULAR SPACE MONITOR (Waste Oil): LEAK ALERT LA-08  
PIPING MONITOR: LEAK ALERT

SPLL = OVER SPILL PROTECTION OVFL = OVER FILL PROTECTION  
DW = DOUBLE WALL SW = SINGLE WALL  
FG = FIBERGLASS STL = STEEL

LOCAL ADMINISTERING AGENCY: Santa Clara Co. (Hlth Dept.) Toxic Enforce  
2220 Moorpark Avenue  
408-299-6930

2/22/96

ITEM	MAXIMUM	AVERAGE	THRUPUT	LOCATION
REGULAR UNLEADED	12000	6000		NORTHWEST SIDE OF LOT
PREMIUM UNLEADED	12000	6000		NORTHWEST SIDE OF LOT
MOTOR OIL	300	100		IN SERVICE BAY
ANTIFREEZE/COOLANT	80	40		IN SERVICE BAY
USED OIL	520	250	3000	SOUTH SIDE OF SERV BLDG
USED OIL FILTERS	200	100	600	IN SERVICE BAY
USED ANTIFREEZE	55	25	175	IN SERVICE BAY
WASTE BATTERIES	10	5	100	IN SERVICE BAY

DRAFT

# Instructions for Completing HAZARDOUS WASTE TRAINING

Each employee must be given training in all hazardous waste management procedures he/she is required to perform within six months of hire and annually thereafter.

These documents are permanent records and should be kept in Section 5 of the Greenbook.

1. Read the "Hazardous Waste Training Program."
2. Modify the "Hazardous Waste Training Program" to agree with operations at your station.
  - a. Cross out any sections that do NOT apply to your operation.
  - b. Write in or type in corrections that DO apply to your operation.
  - c. Add numbered sections describing omitted procedures unique to your operation.
3. Make copies of the blank "Job Description and Roster" and "Hazardous Waste Management Training Log" forms before writing on them. You will need several of each.
4. Complete a "Job Description and Roster" for each position at your service station that handles hazardous waste.
  - a. Enter the job title on the appropriate line, (for example, "Mechanic").
  - b. Under Duties and Required Training, enter the sections of your training program that are required for each job description. For example, This job requires training described in Hazardous Waste Training Program Section Numbers 1, 2, 3 and 8.
  - c. Enter the names of employees that are assigned to the job.
5. Document on your "Hazardous Waste Training Log" that each employee has received the hazardous waste management training appropriate to his/her job.

In spaces provided:

- a. Enter the job title
- b. Copy the section numbers from the "Job Description and Roster" page.
- c. Print employee's name.
- d. Have employee sign and date when training has been completed.

## HAZARDOUS WASTE TRAINING PROGRAM

### 1. GENERAL:

The intent of a hazardous waste management program is to protect the environment and human health from hazardous waste. Hazardous wastes are controlled under very strict laws. These laws require that records be kept of the dates when hazardous wastes are generated, the amounts of wastes generated, how and where the wastes are transported from our station, and how they are treated, recycled or disposed. Unless you know what a material is you must treat it as a hazardous waste. If you don't know that a waste is non-hazardous, ask the Dealer/Manager before disposing of it.

In servicing automobiles there are a number of wastes that are routinely generated. Remember:

- ▶ Never mix any of the different types of hazardous waste we generate together. (For example, don't mix used oil and spent solvent.)
- ▶ If you spill any products or hazardous wastes, clean them up immediately and report the spill to the Dealer/Manager immediately. Spills of hazardous materials and hazardous wastes are to be handled in accordance with the Emergency Response Plan found in the HMMP and the Leak Response Plan found in the Underground Storage Tank Monitoring Plan. (Both plans are in the Greenbook).
- ▶ As an employee you are expected to properly handle wastes. If you have any questions about any of the hazardous wastes/materials that you handle or about how to manage them, please ask the Dealer/Manager. Never pour any hazardous waste down a sewer or into a dumpster.
- ▶ All drums containing hazardous waste or recyclable materials (waste) having hazardous waste characteristics must be kept closed at all times except when material is being put into or removed from the drum.

### 2. USED MOTOR OIL:

Used oil is classified as a hazardous waste by California law. Used oil must be recycled properly. Placing used oil into commercial dumpsters or pouring it into sewers, waterways or onto the ground is prohibited by law. This includes oil contained in wastes such as used oil filters.

- ▶ Make sure each time oil is drained from an automobile that all of the used oil is collected and transferred to the used oil tank or properly labelled drum.
- ▶ If any oil is spilled, collect as much of the liquid as possible and transfer it to the used oil tank or drum. Use rags or absorbent as necessary to collect any remaining oil.

- ▶ Used oil may only be accumulated for 90 days from the date the first used oil is generated by an oil change and placed in the used oil drum or underground storage tank. At the end of the 90 days, a recycler must remove all the used oil from the facility. The recycler must leave a shipping paper when the used oil is collected. The shipping paper must have on it:

- The name, address, and telephone number of this station.
- the signature of a station employee
- the date of the pick-up
- a State manifest number
- the volume of used oil picked up
- the words "Used Oil, Non-RCRA Hazardous Waste, liquid."
- the name and address of the facility to which the used oil will be taken.
- the Hauler's name, address, and EPA ID number
- the driver's signature.

- ▶ Make sure this shipping paper is given to the Dealer/Manager.
- ▶ Make sure the Dealer/Manager knows if there is a leak or problem with the used oil tank or container.
- ▶ If the used oil is stored in a drum, the lid must be secured at all times, except when used oil is being added or removed from the drum.

### 3. USED OIL FILTERS:

- ▶ Be sure each time an oil filter is changed to drain all oil from the filter into the container provided. Drain until no further drops of oil come from the filter.
- ▶ Place the drained oil filter in the drum labelled "Drained Used Oil Filters". The drum must remain in an area protected from the rain and must have a secured lid on it at all times, except when filters are being put into it or are being removed.
- ▶ A metal reclaimer will pick up the drum when it is full.
- ▶ The reclaimer must leave a shipping paper like the one described for used oil, except the name of the waste will be "Used Oil Filters, Non-RCRA Hazardous Waste, Solid".
- ▶ Be sure the Dealer/Manager gets this shipping paper.
- ▶ Be sure the Dealer/Manager is immediately informed of any problem with the Used Oil Filter drum.
- ▶ Oil that drains from the used oil filters into the container provided is to be poured into the used oil tank or container.

#### 4. SPENT ETHYLENE GLYCOL ANTIFREEZE:

Antifreeze is regulated as a hazardous waste because it contains ethylene glycol, which is toxic. Antifreeze may also be hazardous due to heavy metals from the engine. It must never be poured down a sewer or drainage system or onto the ground.

- ▶ Anytime there is a possibility of draining antifreeze, make sure there is a container in which to collect it. Pour the spent antifreeze into the drum that is labelled antifreeze. Do not put anything else into the drum.
- ▶ A recycler will pick up the drum every 90 days. A shipping paper like the used oil shipping paper must be left when the antifreeze is picked up, except the name of the waste will be "Spent Ethylene Glycol Antifreeze, Non-RCRA Hazardous Waste, Liquid". Make sure the Dealer/Manager gets this paper.
- ▶ Make sure that the lid is secured on the drum at all times, except when coolant/antifreeze is being added or removed.
- ▶ Make sure the Dealer/Manager knows about any leak or problem with the antifreeze drum.

#### 5. USED LEAD ACID BATTERIES:

- ▶ Anytime you change a battery or receive a used battery, make sure it is stored in the accumulation area.
- ▶ The batteries must be stored off the ground.
- ▶ No battery can be stored on the ground or outside the shop in an unsecured area.
- ▶ Battery acid is very dangerous. Make sure the Dealer/Manager knows immediately if there is a battery acid leak.
- ▶ The supplier of new batteries or a battery recycler will pick up all the used batteries periodically.
- ▶ The supplier or recycler will leave a shipping paper for the pick up. Make sure the Dealer/Manager gets this paper.

#### 6. SOLVENT (PARTS DEGREASER):

- ▶ Anytime you use the solvent tank, make sure there is no leak.
- ▶ Make sure to close the lid when you are finished using the tank. If you see it open when no one is using it, close the lid.
- ▶ Keep all of the solvent in the tank.

- ▶ Promptly clean up any spills and immediately report them to the Dealer/Manager.
- ▶ A solvent recycler will pick up and recycle all the solvent.
- ▶ The recycler will leave a shipping paper like the one for Used Oil. Make sure the Dealer/Manager gets this paper.
- ▶ Make sure the Dealer/Manager knows about any leaks or problems with the solvent tank.

#### 7. REQUIRED INSPECTIONS:

- ▶ Each drum containing hazardous waste must be inspected once a week. Each drum must be inspected to ensure that:
  - the drum is in good condition.
  - there are no signs of deterioration, damage, or corrosion.
  - the label contains the words "Hazardous Waste", the composition of the waste (i.e. used oil), the physical state of the waste (liquid or solid), hazard class or property (ignitable, toxic, corrosive, etc.), the accumulation start date, and the name and address of this service station.
- ▶ Each aboveground tank or aboveground portion of an underground storage tank that contains a hazardous waste must be inspected daily to ensure that:
  - there are no signs of leaks, deterioration, or damage.
  - the fill pipe is labelled with the words "Hazardous Waste", and the composition of the waste contained in the tank.
  - the accumulation start date may be recorded here or in records kept in the office on-site.
- ▶ The inspections must be documented by the inspector of the day signing and dating the daily inspection sheet.
- ▶ Any deficiencies noted in the inspections must be reported to the Dealer/Manager and corrected immediately.

#### 8. RECORD RETENTION:

- ▶ All Uniform Hazardous Waste Manifests must be kept for a minimum of 3 years. Records relating to any enforcement action must be kept until the issue is resolved. The same requirements apply to Milkrun Collection shipping papers, except that they must be kept at your place of business for at least 3 years. The Uniform Hazardous Waste Manifests do not have to be kept on-site, but must be made available to regulatory agents on request.
- ▶ The hazardous waste management training log must be kept until this service station closes or until 3 years after all of the employees shown on a given page are no longer employed at this facility.

- ▶ A copy of each Biennial Report and Exception Report must be kept for at least 3 years after the reports due date.
- ▶ All analyses or determinations of composition of hazardous waste will be kept for at least 3 years after the last date that hazardous waste was recycled or disposed.
- ▶ All hazardous waste container and tank inspection logs must be kept for 3 years.
- ▶ A file for each Milkrun Collection Transporter shall be kept for at least 3 years after a Milkrun agreement has been terminated. The file must contain:
  - o A copy of the Transporter's variance from the State of California allowing the Transporter to operate a Milkrun Collection.
  - o A copy of the agreement between this service station and the Transporter which authorizes the Transporter to provide a Milkrun Collection service to this service station.
  - o A copy of the Land Disposal Restriction notification and certification which must be supplied to the Transporter by this service station.





## **DEALER INSTRUCTIONS FOR THE HAZARDOUS WASTE CONTINGENCY PLAN**

Verify by personal inspection that the information listed on page one of the Hazardous Waste Contingency Plan is found on the pages shown on the form.

Check the line on page one of the Hazardous Waste Contingency Plan in front of each hazardous waste that you generate at your service station.

Call the hospital and trauma center listed in the HMMP Employee Training Plan (page 3) and ask them if they want a copy of your HMMP and Hazardous Waste Contingency Plan. If they want copies, it is your responsibility to supply them the copies. Check the appropriate lines on page two of the Hazardous Waste Contingency Plan.

These documents are permanent records and should be kept in Section 4 of the Greenbook.

## HAZARDOUS WASTE CONTINGENCY PLAN

In accordance with California Health and Safety Code article 25503.4, the following checked items found in this business's Hazardous Materials Management Plan are incorporated as part of the Hazardous Waste Contingency Plan required of Generators of Hazardous Waste.

- ◆ Site Plan Site plan showing the location of emergency shutoff controls, safety equipment, hazardous materials (including hazardous wastes), and emergency response equipment (fire extinguishers, first aid, absorbent, etc.)
  
- ◆ An Emergency Response Plan which includes:
  - Page 1 Release response procedures appropriate to hazardous materials and hazardous wastes found on this site.
  - Page 2 An evacuation procedure.
  - Page 1 The telephone number for the California Office of Emergency Services.
  - Page 1 The names and telephone numbers of local emergency response agencies (police, fire department).
  - Page 1 Required internal (76 Products and Dealer) and external (Regulatory agencies) notifications.
  
- ◆ An Employee HMMP Training Plan which includes:
  - Page 2 Location and operation of emergency shut-offs for the pumps, electrical power, water, and natural gas.
  - Page 1 Location of Underground Storage Tank monitoring alarm, if appropriate
  - Page 2 Location of fire extinguishers, absorbent, first aid kit, emergency response equipment (shovels, gloves, etc.), and emergency assembly area.
  - Page 2 Location of Material Safety Data Sheets.
  - Page 3 Name, address, and phone numbers for the nearest medical facility and the nearest designated trauma center.
  - Page 4 Training Log which has each employee's printed name, signature, date of training, and type of training.

The Emergency Coordinator and Alternate Emergency Coordinator for this Hazardous Waste Contingency Plan are the Primary and Secondary Contacts named in the HMMP.

The hazardous wastes generated by this business are:

- \_\_\_\_\_ Used Oil
- \_\_\_\_\_ Spent Ethylene Glycol Antifreeze
- \_\_\_\_\_ Drained Automotive Oil Filters
- \_\_\_\_\_ Spent Lead Acid Automotive Batteries
- \_\_\_\_\_ Spent Solvent From a Parts Degreasers

Each of the above wastes is normally collected by a recycler. In the event of a release of any of the above wastes, an appropriate combination of scoops, shovels, and absorbent will be used to contain and return as much liquid to containers for recycle as possible. Material collected in absorbent will be stored in an approved drum for disposal.

**AGENCY**

**UNOCAL** 

Reviewed By *[Signature]*  
Date 3-8-95

February 22, 1995

Greg Galatolo  
El Camino Unocal #6115  
4350 El Camino Real  
Los Altos, CA 94022

RE: HAZARDOUS MATERIAL MANAGEMENT PLANS

Dear Greg Galatolo:

Attached is the Hazardous Materials Inventory and Business Plan Certification for your station. This Certification is intended to amend the current HMMP. The "DEALER" copy should be kept in Section 4 of your Green Book, on the premises, and available to all employees and agency personnel at any time.

**DO NOT DISCARD YOUR CURRENT HMMP.**

**THIS CERTIFICATION MUST BE RETURNED TO ROBERT H. LEE & ASSOCIATES, INC. AS SOON AS POSSIBLE. FAILURE TO RETURN AND IMPLEMENT THIS PLAN MAY RESULT IN FINES AND/OR CIVIL PENALTIES BY GOVERNMENT ENFORCEMENT AGENCIES.**

Instructions for signing and returning the packet:

1. Please sign all 4 copies of the Certification where flagged and indicated with a "X".
2. Return the 3 copies marked "UNOCAL", "AGENCY" and "FILE" to Robert H. Lee & Associates in the pre-stamped envelope provided.
3. Place the "DEALER" copy on last year's HMMP, in your Green Book and keep on the premises, and available to all employees and agency personnel at any time. Place the additional documents in your Green Book as indicated on each.

Copies of the Certification will be sent to the Santa Clara Co. Hlth Dept, Toxic Enforce within 30 days. If you have any questions regarding the content of the HMMP from last year please contact Robert H. Lee & Associates, Mr. Steve Skanderson, (707) 765-1660. If you have any additional questions please contact Mr. Dave Corder of Unocal at (714) 572-7651.

Sincerely,

*David P. Corder*

David P. Corder  
Hazardous Materials Compliance Coordinator

Enclosures

cc: Robert H. Lee & Assoc.  
File

AGENCY USE ONLY
File # _____
Reviewed by: _____
Date: _____

## HAZARDOUS MATERIALS INVENTORY / BUSINESS RESPONSE PLAN 1995 CERTIFICATION FORM

9115.

FACILITY NAME: El Camino Unocal #6115			
FACILITY ADDRESS: 4350 El Camino Real	CITY: Los Altos	STATE: CA	ZIP: 94022
BUSINESS OWNER/OPERATOR: Greg Galatolo		PHONE: 415 941-0244	
UNOCAL MAILING ADDRESS: P.O. BOX 2390	CITY: BREA	STATE: CA	ZIP: 92622-2390
UNOCAL CONTACT: Mr. Dave Corder	TITLE: Compliance Coordinator	PHONE: (714) 572-7651	

REVIEW OF INVENTORY FORMS, EMERGENCY CONTACTS, AND SITE MAP HAS BEEN COMPLETED. INDICATE BELOW ALL THAT APPLY.

Inventory forms are correct for the upcoming reporting year. NO changes are necessary.

Emergency contacts and phone numbers are correct for the upcoming reporting year. NO changes are necessary.

Site map is correct for the upcoming year. NO changes are necessary.

Inventory Forms required updating. Attached are new inventory forms.

Emergency contacts and phone numbers require updating. Changes are attached.

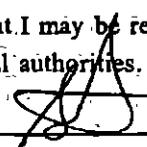
Site map required updating. A new site map is attached.

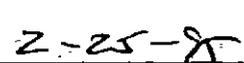
BIENNIAL REVIEW OF THE COMPLETE BUSINESS PLAN HAS BEEN COMPLETED. INDICATE BELOW ALL THAT APPLY.

Business Response Plan has been reviewed and is correct. NO changes are necessary.

Business Response Plan has been reviewed and requires updating. Changes are indicated and are submitted.

I hereby certify under penalty of perjury, that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I understand that I may be required to show proof of compliance during any facility inspection conducted by local, County, State, or Federal authorities.

Name: Greg Galatolo Signature:   
(Type or Print)

Title: Dealer Date: 







# ROBERT H. LEE & ASSOCIATES, INC.

ARCHITECTURE • ENGINEERING • ENVIRONMENTAL SERVICES

14137 NORTH McDOWELL BOULEVARD • PETALUMA, CALIFORNIA 94954-1110 (707) 765-1660

Mailing Address: P.O. Box 750908, Petaluma, CA 94975-0908 Fax (707) 765-9908

BRIAN F. ZITA  
Architect

JOHN W. JOHNSON  
Architect

JOHN B. HICKS  
Architect

CECIL R. SPENCER  
Architect

JAMES H. RAY  
Civil Engineer

March 3, 1995

Wayne Yip  
Santa Clara Co. Hlth Dept, Toxic Enforce  
2220 Moorpark Avenue  
San Jose, CA 95128

Dear Wayne Yip;

## HAZARDOUS MATERIAL MANAGEMENT PLANS FOR UNOCAL 76 LOCATIONS

Enclosed please find the Hazardous Materials Management Plans, HMMP(S), and related documents for the UNOCAL stations as listed on the attached sheet.

If there is any further correspondence or invoices related to these submissions, please direct them to:

Hazmat Compliance Coordinator  
Unocal 76  
2929 East Imperial Highway  
P.O. Box 2390,  
Brea, CA 92622-2390  
714-572-7651

Sincerely,

ROBERT H. LEE & ASSOCIATES

Steven A. Skanderson,  
Project Manager

Reviewed By   
Date 3-8-95

Enclosures

cc: Unocal  
File



6115

Greg Galatolo

El Camino Unocal #6115

4350 El Camino Real

Los Altos, CA 94022

DRAFT

**UNOCAL** 

**AGENCY**  
1994 HMMP

March 8, 1994

Greg Galatolo  
El Camino Unocal #6115  
4350 El Camino Real  
Los Altos, CA 94022

**RE: HAZARDOUS MATERIAL MANAGEMENT PLANS**

Dear Greg Galatolo:

Attached is the Hazardous Materials Inventory and Business Plan Update for your station. This new HMMP is intended to replace the current HMMP. The "DEALER" copy should be kept on the premises, and available to all employees and agency personnel at any time.

**THESE FORMS MUST BE RETURNED TO ROBERT H. LEE & ASSOCIATES, INC. AS SOON AS POSSIBLE. FAILURE TO RETURN AND IMPLEMENT THIS PLAN MAY RESULT IN FINES AND/OR CIVIL PENALTIES BY GOVERNMENT ENFORCEMENT AGENCIES.**

Instructions for signing and returning the packet:

1. Please sign all 4 copies of the HMMP where flagged and indicated with a "X".
2. Return the 3 copies marked "UNOCAL", "AGENCY" and "FILE" to Robert H. Lee & Associates in the pre-stamped envelope provided.
3. Keep the "DEALER" copy at the site and available for inspection.
4. Have your employees read and understand the contents of this package and sign the attached training log. Keep the training log at your station.

Copies of the HMMP will be sent to the Santa Clara County, HD/Toxics Control within 30 days. If you have any questions regarding the content of the HMMP please contact Robert H. Lee & Associates, Mr. Steven Skanderson, (707) 765-1660. If you have any additional questions please contact Mr. David Corder of Unocal at (714) 572-7651.

Sincerely,

*David P. Corder*

David P. Corder  
Hazardous Material Compliance Coordinator

Enclosures

cc: Robert H. Lee & Assoc.  
File

(Unocal Forms/Dealer/MRO)

I. GENERAL INFORMATION

Business Name El Camino Unocal #6115

Facility Street Address 4350 El Camino Real

Unit or Bldg. No. \_\_\_\_\_ City Los Altos Zip 94022

Mailing Address 4350 El Camino Real City Los Altos

State CA Zip 94022

Business Phone Number (415) 941-0244

Nature of Business: Automobile Refueling Station

Dun & Bradstreet # 09-944-0244 SIC Code 5541 EPA# CAD982059628

Persons Responsible for:

Name Address Phone #

Business Plan Greg Galatolo 4350 El Camino Real (415) 941-0244

Business (Owner/Operator) Greg Galatolo

Property (Owner) UNOCAL P.O. Box 2390, Brea CA 92622

Persons responsible for responding to an emergency after normal working hours:

Name Title Home Phone Work Phone (24hr.#)

Greg Galatolo Dealer (415) 948-8302 (415) 941-0244

Scott Kent Manager (408) 739-6964 (415) 941-0244

Local Fire Agency Los Altos Fire Dept. 10 Almond Ave., Los Altos  
Name Address

Trade secret information is attached on separate inventory forms:  
Yes \_\_\_\_\_ No XX

Hours of operation 24 Hrs; number of shifts per day 3;  
number of employees per shift 3/2/1.

PLEASE NOTE: An amended Hazardous Materials Business Plan must be submitted to the County within 30 days of any of the following events: 1) change of business address; 2) change of business ownership; 3) change of business name; 4) any handling of a previously undisclosed hazardous material; 5) a 100% or more increase in the quantity of a previously disclosed hazardous materials; 6) substantial change in the handler's operation.

## II. EMERGENCY RESPONSE PLAN

This plan describes the personnel, procedures and equipment available for responding to a release or threatened release of hazardous materials that are stored, handled or used at this site.

The immediate response procedures to be followed and the equipment available for response are indicated by a checked box. A check in the box states that that specific procedure is followed at this facility or the equipment specified is available on site.

### NOTIFICATION/ALARM

(1)  CALL 911 FOR FIRE DEPARTMENT (Local emergency responder)

(2)  NOTIFY ON SITE RESPONDERS:

Phone No.	Name	Title
(415) 948-8302	Greg Galatolo	Dealer
(408) 739-6964	Scott Kent	Manager

(3)  ACTIVATE LOCAL ALARM SYSTEMS

(4)  NOTIFY State Office of Emergency Services 800-852-7550

(5)  Notify the Administering Agency - Santa Clara County  
Toxics Control Unit (408) 299-6930 or dial 911

### EVACUATION

Immediate area evacuation routes defined and procedures developed

Assembly areas preplanned

Entire building evacuation procedures developed

Evacuation maps posted

Other \_\_\_\_\_

SEE SITE PLAN, FOLLOWING

### EQUIPMENT

ALARM

Verbal

Manual (Pull Station)

Automatic

Other \_\_\_\_\_

### MONITORING DEVICES

Hydrogen Detector

Hydrocarbon

Toxic Gas Detector

Other \_\_\_\_\_

Other \_\_\_\_\_

**CONTAINMENT**

- Spill Cart                       Absorbents                       Plugging/Diking  
 Other \_\_\_\_\_                       Other \_\_\_\_\_

**CONTROL**

- Vapor Scrubber                       Mechanical Ventilation  
 Collection Containers                       Pumps/Vacuums  
 Neutralizers                       Other \_\_\_\_\_

**PERSONAL PROTECTION -SEE UNOCAL MONITORING PLAN**

- Head                       Eye                       Feet                       Hand  
 S.C.B.A.                       Filtration Mask                       Encapsulating Suit  
 Portable Exposure Device                       Other \_\_\_\_\_  
 Other \_\_\_\_\_                       Other \_\_\_\_\_

\* \* \* \* \*

For larger and more complex hazardous materials facilities, supplemental and detailed emergency response information should be maintained on site and should be available for review by the inspecting jurisdiction.

Supplemental hazardous materials emergency response information maintained on site:

Location In Sales Office

Responsible person Greg Galatolo

Telephone Number (415) 941-0244

### III. EMERGENCY RESPONSE TRAINING PLAN

#### PERSON RESPONSIBLE FOR EMERGENCY RESPONSE TRAINING PROGRAM:

Name Greg Galatolo Title Dealer

This plan describes the basic training program in use at this facility. The training provided to facility personnel and the records maintained on that training are indicated by a checked box.

#### 1. TRAINING REQUIREMENTS

- All employees are trained and drilled in the following as indicated:
  - Procedures for internal alarm/notification.
  - Procedures for notification of external emergency response organizations.
  - Location and content of emergency response plan.
- Chemical handlers are trained in the following as indicated below:
  - Safe methods for handling and storage of hazardous materials.
  - Proper use of personnel protection equipment.
  - Locations and proper use of fire and spill control equipment.
  - Specific hazards of each chemical to which they may be exposed, including the pathways of exposure, i.e., skin absorption, inhalation, ingestion.
- Emergency response team members are trained in the following as indicated:
  - Procedures for shutdown of operations.
  - Procedures for using, maintaining and replacing facility emergency and monitoring equipment.
- All personnel are trained in emergency response procedures within six months of hiring.
- Refresher training is provided at least annually.

#### 2. PERSONNEL TRAINING RECORDS

- Training records are maintained for all employees as indicated:

- Verification that training was completed by employee.
- Description of type and amount of introductory and continuing training.
- Training records of former employees are retained for at least three years.
- Documentation on facility emergency response drills conducted during the year maintained and available for review.

\* \* \* \* \*

For larger and more complex hazardous materials facilities, a more comprehensive and detailed emergency response training plan should be maintained on site and should be available for review by the inspecting jurisdiction:

Comprehensive and detailed emergency response training plan maintained on site:

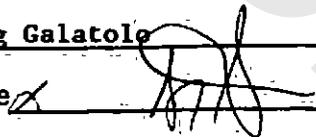
Location IN SALES OFFICE

Responsible Person Greg Galatolo

Telephone Number (415) 941-0244

V. CERTIFICATION

I hereby certify that the information provided in this Business Plan is in conformance with the requirements of the Health and Safety Code, Chapter 6.95 and that the foregoing information is true and correct. I also understand that I may be required to show proof of compliance during any facility inspection conducted by local county or state authorities and that any change in inventory, business address, business ownership, business name and/or operations which differ from this plan requires that an amendment to this Hazardous Materials Business Plan be submitted within 30 days of a change.

Name Greg Galatolo Title Dealer  
Signature  Date 4-1-94

**NOTE:** At least once every two years this Hazardous Materials Business Plan must be reviewed by a responsible company officer to determine if a revision is needed and must certify in writing to the administering agency that a review was made and that any necessary changes were made to the plan. A copy of the revised plan and/or certification must be sent to the Santa Clara County Health Department, Toxics Control Unit.



## SECTION B. CHEMICAL INVENTORY FORM

INSTRUCTIONS: Complete a separate form for each building or area where hazardous materials or waste are located. Please refer to the instruction packet and photo copy extra copies of this form before completing it.

BUSINESS NAME: El Camino Unocal #6115

BUILDING/AREA NAME:

BUSINESS ADDRESS: 4350 El Camino Real

ROOM NAME/NUMBER:

1 PRODUCT DESCRIPTION	2 CHEMICAL ID	3 QUANTITY	4 HAZARD CLASS	5 STORAGE	6 HAZARDS	7 OTHER
1. Name a) Ingredient % b) Ingredient %	a) UN/NA# b) CAS# c) CAS#	a) Max. amt. b) Lg. Cont.	a) code	a) Container b) Pressure c) Temp. F	a) Health b) Physical	a) EHM b) Annual Amt Waste
1. UNLEADED GASOLINE a) METHYL TERT BUTYL ETHER < 15.0% b) TOLUENE < 6.5%	UN/NA# 1203 CAS# a) 1634044 b) 108883	GALS a) 12,000 b) 12,000	a) FL	a) B b) 2 c) 2	a) 1,2 b) 3	a) No b)
2. SUPER UNLEADED GASOLINE a) METHYL TERT BUTYL ETHER < 15.0% b) TOLUENE < 14.0%	UN/NA# 1203 CAS# a) 1634044 b) 108883	GALS a) 12,000 b) 12,000	a) FL	a) B b) 2 c) 2	a) 1,2 b) 3	a) No b)
3. MOTOR OIL a) DISTILLATES > 70.0% b) ADDITIVES < 25.0%	UN/NA# 1270 CAS# a) 94742547 b) MIXTURE	GALS a) 300 b) quart	a) CL	a) F b) 2 c) 2	a) 2 b) NONE	a) No b)
4. ANTIFREEZE a) ETHYLENE GLYCOL 94.0 % b) %	UN/NA# 1142 CAS# a) 107-21-1 b)	GALS a) 80 b) gallon	a) N/A	a) N b) 2 c) 2	a) 1,2 b) NONE	a) No b)

## SECTION B. CHEMICAL INVENTORY FORM

**INSTRUCTIONS:** Complete a separate form for each building or area where hazardous materials or waste are located. Please refer to the instruction packet and photo copy extra copies of this form before completing it.

**BUSINESS NAME:** El Camino Unocal #8115

**BUILDING/AREA NAME:**

**BUSINESS ADDRESS:** 4350 El Camino Real

**ROOM NAME/NUMBER:**

1 WASTE DESCRIPTION	2 CHEMICAL ID	3 QUANTITY	4 HAZARD CLASS	5 STORAGE	6 HAZARDS	7 OTHER
1. Name	a) UN/NA#	a) Max. amt.	a) code	a) Container	a) Health	a) EHM
a) Ingredient %	b) CAS#	b) Lg. Cont.		b) Pressure	b) Physical	b) Annual Amt Waste
b) Ingredient %	c) CAS#			c) Temp. F		
1. WASTE ANTIFREEZE	UN/NA# 9189	GALS	a) N/A	a) D	a) 1,2	a) No
a) WASTE ANTIFREEZE 100.0 %	CAS# a) 107-21-1	a) 55		b) 2	b) NONE	b) 175
b) %	b)	b) 55		c) 2		
2. WASTE OIL	UN/NA# 9189	GALS	a) CL	a) B	a) 2	a) No
a) WASTE OIL 100.0 %	CAS# a) 800-20-59	a) 520		b) 2	b) NONE	b) 3,000
b) %	b)	b) 520		c) 2		
3. USED OIL FILTERS	UN/NA# 9189	FILTERS	a) CL	a) D	a) 2	a) No
a) USED OIL FILTERS 100.0 %	CAS# a) 800-20-59	a) 200 LBS		b) 2	b) NONE	b) 600
b) %	b)	b) 200 GAL		c) 2		
4. WASTE BATTERIES	UN/NA# 2794	BATTERIES	a) CORR	a) R	a) 1	a) No
a) LEAD DIOXIDE 34 %	CAS# a) 1309-60-0	a) 10		b) 2	b) NONE	b) 100
b) SULFURIC ACID 34 %	b) 7664-93-9	b) BATTERY		c) 2		

## UNOCAL LEAK RESPONSE PLAN

All calls for maintenance from Unocal service stations (both Company owned/operated and Company owned/leased to Dealer) come into Maintenance Dispatch in Los Angeles, California via (800) 723-7600. This includes calls to report spills, leaks, dispensers damaged by cars, or alarms triggered by leak detection equipment except fuel delivery spills which are reported through the Supervisor for Safety and Environment.

1. Upon detection of an unauthorized release, spill or overfill of hazardous material from an underground storage tank, the Operator shall immediately notify Unocal Maintenance. Unocal will notify the local agency within 24 hours after detection.

### VARIATION IN INVENTORY RECONCILIATION

If the dealer exceeds the allowable variation on his monthly inventory reconciliation, (variation equals .50% of fuel deliveries plus 100 gallons) he will immediately notify his Territory Manager: T.M. Name: Kathy Crouse Phone Number: 510 277-2457

Unocal T.M. shall do the following:

T.M. will make an immediate inquiry regarding any losses during recent inventory reconciliation. If necessary, he will review the records at the site.

To verify inventory reconciliation records, the territory manager will take the following steps:

1. Within 24 hours of discovering the variation, the territory manager will review the inventory records for the preceding 30 days and determine if there is a calculation error. Within that same 24-hour period, if a variation is confirmed, the T.M. will notify Unocal Maintenance. Maintenance will notify the local agency.
2. Coordinate with Unocal maintenance to check the underground tank system for signs of a leak.
3. Coordinate for calibration of the dispenser meters within 24 hours of the system inspection.
4. The dealer or territory manager will continue to conduct inventory reconciliation as required.

If the review of the inventory reconciliation records indicates that no release has taken place, no further release detection steps need to be taken. Unocal will notify the local agency that the suspected release was not confirmed.

### OTHER SUSPECTED RELEASES INCLUDING:

Tank Overfill  
Tank Monitor Alarm Activated  
Spills  
Drive Offs

The discovery of released hazardous substances at the site including the presence of free product or vapors in soils, basements, sewer lines, utility lines, surface waters, or drinking waters.

Unusual operating conditions such as: erratic behavior of dispensers, sudden loss of product from the product tanks, or the unexplained presence of water in the product tank. The exception is if the equipment is not functioning properly and the system has not leaked.

**IMMEDIATELY REPORT ANY OF THESE CONDITIONS TO UNOCAL MAINTENANCE AT 1-800-723-7600.**

1. Unocal will notify the local agency of any of the above mentioned conditions which are still under investigation after eight hours.
2. Unocal will authorize and order any contractors necessary to assist in the clean up effort.
3. If it is determined at any time during the process that there has been a release (as defined in Chapter 6.7 of Division 20 of the Health & Safety Code), a leak report will be prepared and provided to the local agency within 5 working days in accordance with Article 5, Section 2651(b), of the California Underground Storage Tank Regulations. This report will be filed by the Unocal maintenance engineer. On going remediation will be supervised by the Unocal Area Manager, Environmental Remediation.

#### **BATTERY STORAGE (NEW OR USED)**

All automotive batteries, when stored at the service station, will have a plastic (polyethylene) pan underneath. The pan or pans must have a 1" lip on all four sides of the pan to contain any battery acid that may leak from the batteries stored.

#### **DISPOSAL PROCEDURE FOR ANTI-FREEZE**

Used anti-freeze will be placed in a D.O.T. approved 55 gallon drum or similar container and the container labeled "Waste Anti-freeze / Hazardous Material". The container will be placed on a metal or plastic pan with a 2" to 3" lip all the way around the pan to contain any spills or leaks from the container. When the container is full, the dealer will call an "Anti-freeze Recycling Contractor" to remove the container of used anti-freeze. The dealer will not, under any circumstances, pour used or new anti-freeze or a mixture thereof on the floor or on the ground and hose it down to floor drains or storm drains.

#### **DISPOSAL PROCEDURE FOR USED OIL FILTERS**

The dealer will put Used oil filters in a 55 gallon drum or similar container and the container labeled "Waste Oil Filters / Hazardous Material". The container will be placed on a metal or plastic pan with a 2" to 3" lip all the way around the pan to contain any spills or leaks from the container. When the container is full, the dealer will call a "Waste Oil Recycling Contractor" to remove the container of used oil filters.

The dealer will drain all used oil filters of free-flowing oil prior to placement into the above noted container. Free flowing oil is defined as a continuous stream of oil exiting the filter when the filter is inverted. Oil exiting drop by drop is not considered free flowing. If oil exiting the filter is restricted in any way, the filter shall be manipulated to allow used oil to exit the filter freely.

Used oil filters will not be placed in a refuse disposal container.

**DAI VISUAL MONITORING PROCEDURES  
FOR ABOVEGROUND HAZARDOUS MATERIALS**

**Hazardous Materials stored aboveground include:**

**Motor Oil**

**Transmission Oil**

**Antifreeze**

**Grease**

**Gear Lubricant (80W/90)**

**Solvent (including parts cleaners)**

**Propane**

**Battery Acid \***

**Car Wash Products**

**Kerosene**

**CO<sub>2</sub>**

**Waste Oil (prior to dumping in underground tank)**

**Spent Anti-freeze \***

**Used Oil Filters**

**The storage areas for these hazardous materials must be visually inspected every day for signs of leakage. Items designated with a (\*) require secondary containment with the contents of each container clearly labeled.**

**If there is a leak or spill of any of the hazardous materials, whether stored above- or underground, Dealer must follow the "Emergency Response Procedures," attached.**

**MAJOR INCIDENT: FIRE, SPILL OR SUSPECTED LEAK**

1. TURN OFF PUMPS using the Emergency Pump Shut-Off Switch.
2. EVACUATE: verbally ANNOUNCE to all persons on the site: "There is an emergency. Please turn off your engines and leave the station on foot immediately. All employees meet at the emergency assembly area."
3. CALL 9-1-1 Give the following information:  
 "THERE IS A FIRE / GASOLINE SPILL at the Unocal service station at 4350 El Camino Real" If anyone is trapped or needs medical attention, tell the answering dispatcher. Stay on the phone and be prepared to answer any questions concerning the situation.
4. LOOK AROUND to assure that everyone has left the station, particularly those in vehicles who may need assistance or may not have heard the emergency announcement. Assist, or direct assistance to, anyone having difficulty leaving the station area, and anyone who may be injured.
5. REPORT to arriving emergency response personnel to provide them with any information or assistance they might need.
6. CONTACT the station dealer if s/he is not already at the station. Use the list below for emergency contacts:

Primary Contact: Name: Greg Galatolo Title: Dealer  
 Address: 1521 Topaz Dr. Los Altos Ca 94024  
 Bus #/Home #: 415 941-0244 / 415 948-8302  
 Secondary Contact: Name: Scott Kent Title: Manager  
 Address: 1411 Muender Ave. Sunnyvale 94086  
 Bus #/Home #: 415 941-0244 / 408 739-6964

7. NOTIFY Unocal Maintenance Dispatch by phone IMMEDIATELY 1-800-723-7600.  
NOTIFY your Territory Manager IMMEDIATELY  
 TERRITORY MANAGER: Kathy Crouse Phone Number: 510 277-2457

Unocal will notify the State and Local administering agencies within an appropriate time frame, unless the situation requires urgent immediate response by the agencies, in which case the DEALER should notify these agencies:

1. LOCAL AGENCY: Santa Clara County, HD/Toxics Control  
 PHONE NUMBER: 408-299-6930
2. CALIFORNIA OFFICE OF EMERGENCY SERVICES, (800) 852-7550 (24 HOURS)
3. LOCAL POLICE AND FIRE DEPARTMENTS, 911

**MINOR INCIDENT:**

FIRES: Extinguish with fire extinguisher. Recharge fire extinguisher, if necessary.

SPILLS: Clean up with absorbent materials on site and dispose of according to all regulations. Have a fire extinguisher ready for spills of flammable materials. Restock absorbent as necessary.

MEDICAL: Treat with on-site first aid kit or take to nearest hospital. Employee training plan lists the nearest hospital.

RECORD: Record the event in the daily monitoring log.

NOTIFY: the dealer of the event.

Employees must be given this training before starting work, and refresher courses must be provided annually. Records must be kept to show when each station employee has been given his/her safety training. Use the following outline and make copies as needed. Have employee date and sign this document upon completion of training. Retain these records for a minimum of three years.

I. FIRST THINGS TO KNOW:

- A. EMERGENCY PUMP SHUT-OFF: This turns off the turbine pumps that provide flow to the dispensers from the underground tanks. In case of a leak, shutting off the pumps will help to prevent spills.

LOCATION: NORTH EXTERIOR BLDG. WALL, STORAGE AREA

- B. ELECTRICAL PANEL: The panel allows you to selectively cut off power to lights, signs, pumps, etc. The main switch kills all power at the site.

LOCATION: IN SERVICE BAY STORAGE AREA

- C. TANK MONITORING ALARM: Monitoring panel for the Underground Storage Tanks. This panel will indicate when a leak is detected by a visual and audible alarm.

LOCATION: SERVICE BAY STORAGE AREA

- D. WATER SHUT-OFF: The water shut-off may be necessary in some cases.

LOCATION: IN SIDEWALK ALONG LOS ALTOS AVENUE

- E. NATURAL GAS SHUT-OFF: If your station has natural gas, it may be necessary to shut-off the natural gas flow in an emergency.

LOCATION: NONE

- F. FIRE EXTINGUISHER: Use only on small fires that you can handle. Do not attempt to extinguish large fires on your own; call 9-1-1 for help.

LOCATION: 2-IN SERVICE BAY

- G. ABSORBENT: In the form of kitty litter, absorbent can soak up small spills of gasoline, diesel fuel, or other petroleum products. Absorbent should be used rather than washing spills down a drain. In case of large spill, merely try to contain it; a vacuum truck should be used to clean up any large spill.

LOCATION: IN SERVICE BAY STORE AREA

- H. EMERGENCY RESPONSE EQUIPMENT: These items shall be used by employees to prevent direct skin contact with a hazardous material.

1. Broom: SERVICE BAY

2. Shovel: SERVICE BAY

3. Gloves: SERVICE BAY

4. Goggles: SERVICE BAY

- I. FIRST AID KIT:

LOCATION: IN SERVICE BAY STORE AREA

- J. EMERGENCY ASSEMBLY AREA: Location where all employees are to meet in the event of an emergency.

LOCATION: SOUTH SIDE OF SITE

- K. HAZARDOUS MATERIAL MANAGEMENT PLAN (HMMP) AND MATERIAL SAFETY DATA SHEET (MSDS):

LOCATION: SALES OFFICE

II. NEAREST MEDICAL FACILITY: Employees should know what facilities are available in case customers or other employees need medical attention.

1. NAME: El Camino Hospital

ADDRESS: 2500 Grant Road, Los Altos

PHONE NUMBER: 415 940-7000

NEAREST DESIGNATED TRAUMA CENTER:

2. NAME: Stanford Medical Center

ADDRESS: 300 Pasteur, Stanford

PHONE NUMBER: 415 723-7570

III. All employees should review the Hazardous Material Plan, of which this training plan is a part. Specifically, each employee should understand the procedures to be used in responding to various kinds of emergencies; and know how to monitor for leaks of hazardous materials. As a supplement to this package, employees should also review the Emergency Response Plan filed by your business to the appropriate local agency. Thirdly, employees should review and have access to the Materials Safety Data Sheets you have on file for each of the hazardous materials stored at the station and must be drilled in all emergency response procedures contained herein.

IV. FIRST AID PROCEDURES (For exposure to gasoline or diesel fuel):

A. EYE CONTACT: Flush with water for 15 minutes while holding eyelids open. Get medical attention.

B. SKIN CONTACT: Flush with water while removing contaminated clothing and shoes. Follow by washing with soap and water. Do not reuse clothing or shoes until cleaned. If irritation persists, get medical attention.

C. INHALATION (Breathing): Remove victim to fresh air and provide oxygen if breathing is difficult. If not breathing, give artificial respiration. Get medical attention.

D. INGESTION (Swallowing):

DO NOT INDUCE VOMITING BECAUSE GASOLINE CAN ENTER LUNGS AND CAUSE SEVERE LUNG DAMAGE! If vomiting occurs spontaneously keep head below hips to prevent aspiration of liquid into lungs. Get medical attention.

E. NOTE TO PHYSICIAN: If more than 2.0 ml per kg has been ingested and vomiting has not occurred, emesis should be induced with medical supervision. Keep victim's head below hips to prevent aspiration. If symptoms such as loss of gag reflex, convulsions or unconsciousness occur before emesis, gastric lavage using a cuffed endotracheal tube should be considered.

F. For further information, consult the Materials Safety Data Sheets for these products and for other hazardous materials.

FIRST AID FOR EXPOSURE TO OTHER MATERIALS: Consult the warning advice on container labels or refer to the MSDS for that product.

Document prepared by: Environmental Staff, Robert H. Lee & Assoc., 707-765-1660

(\HAZMAT\UNOCAL\9999\CLT-FRM.MRG)

(updated: March 8, 1994)





# ROBERT H. LEE & ASSOCIATES, INC.

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BRIAN F. ZITA  
Architect

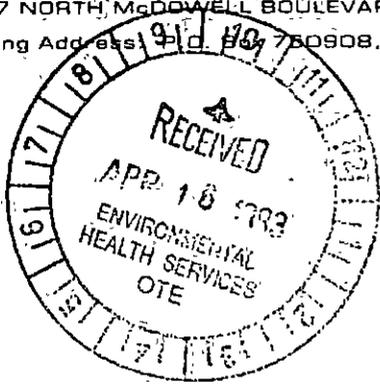
JOHN W. JOHNSON  
Architect

JOHN B. HICKS  
Architect

STEVEN J. KATTNER  
Architect

CÉCIL R. SPENCER  
Architect

JAMES H. RAY  
Civil Engineer



April 14, 1993

*Mary Anne*

~~Wayne Yip~~  
Santa Clara County, HD/Toxics Control  
2200 Moorpark Avenue  
San Jose, CA 95128

Dear Wayne Yip:

## HAZARDOUS MATERIALS MANAGEMENT PLANS FOR UNOCAL 76 LOCATIONS

Enclosed please find the Hazardous Materials Management Plans HMMP(s) and related documents for the UNOCAL station(s) as listed on the attached sheet.

If there is any further correspondence or invoices related to these submissions, please direct them to:

Bill Arbogast  
UNOCAL 76  
911 Wilshire Blvd., 11th Floor  
Los Angeles, CA 90017  
213-977-7850

Sincerely,

ROBERT H. LEE & ASSOCIATES

*Marion K. Miller*  
Marion K. Miller, ~~etc~~  
Project Manager

Enclosures

cc: Mr. Bill Arbogast, UNOCAL  
File

Reviewed By M. Baker  
Date 5/11/93



6115  
Greg Galatolo  
4350 El Camino Real  
Los Altos  
CA 94022

DRAFT

1993 business plan

I. GENERAL INFORMATION

Business Name El Camino Unocal #6115

Facility Street Address 4350 El Camino Real

Unit or Bldg. No. \_\_\_\_\_ City Los Altos Zip 94022

Mailing Address 4350 El Camino Real City Los Altos

State CA Zip 94022

Business Phone Number (408) 941-0244

Nature of Business: Automobil Refueling

Dun & Bradstreet # 09-944-7344 SIC Code 5541 EPA# CAD982059628

Persons Responsible for:

Name	Address	Phone #
Business Plan <u>Greg Galatolo</u>	<u>4350 El Camino Real</u>	<u>415 941-0244</u>

Business (Owner/Operator) Greg Galatolo

Property (Owner) UNOCAL 911 Wilshire Blvd, 11<sup>th</sup> Floor, Los Angeles, CA 90017

Persons responsible for responding to an emergency after normal working hours:

Name	Title	Home Phone	Work Phone (24hr.#)
<u>Greg Galatolo</u>	<u>Dealer</u>	<u>415 948-8302</u>	<u>415 941-0244</u>
<u>Scott Kent</u>	<u>MANAGER</u>	<u>408 739-6964</u>	<u>415 941-0244</u>

Local Fire Agency Los Altos Fire Dept. 10 Almond Ave, Los Altos - 408 948-2404

Trade secret information is attached on separate inventory forms: Yes \_\_\_\_\_ No X

Hours of operation 24hr.; number of shifts per day 3; number of employees per shift 4/3/1

PLEASE NOTE: An amended Hazardous Materials Business Plan must be submitted to the County within 30 days of any of the following events: 1) change of business address; 2) change of business ownership; 3) change of business name; 4) any handling of a previously undisclosed hazardous material; 5) a 100% or more increase in the quantity of a previously disclosed hazardous materials; 6) substantial change in the handler's operation.

## II. EMERGENCY RESPONSE PLAN

This plan describes the personnel, procedures and equipment available for responding to a release or threatened release of hazardous materials that are stored, handled or used at this site.

The immediate response procedures to be followed and the equipment available for response are indicated by a checked box. A check in the box states that that specific procedure is followed at this facility or the equipment specified is available on site.

### NOTIFICATION/ALARM

- (1)  CALL 911 FOR FIRE DEPARTMENT (Local emergency responder)
- (2)  NOTIFY ON SITE RESPONDERS:

Phone No.	Name	Title
415 948-8302	Greg Galatola	Dealer
408 739-6964	Scott Kent	Manager

- (3)  ACTIVATE LOCAL ALARM SYSTEMS
- (4)  NOTIFY State Office of Emergency Services 800-852-7550
- (5)  Notify the Administering Agency - Santa Clara County  
Toxics Control Unit (408) 299-6930 or dial 911

### EVACUATION

- Immediate area evacuation routes defined and procedures developed
- Assembly areas preplanned
- Entire building evacuation procedures developed
- Evacuation maps posted
- Other \_\_\_\_\_

See Site Plan, Following

### EQUIPMENT

- ALARM
- Verbal
- Manual (Pull Station)
- Automatic
- Other \_\_\_\_\_

### MONITORING DEVICES

- Hydrogen Detector
- Hydrocarbon
- Toxic Gas Detector
- Other \_\_\_\_\_
- Other \_\_\_\_\_

CONTAINMENT

- Spill Cart                       Absorbents                       Plugging/Diking  
 Other \_\_\_\_\_                       Other \_\_\_\_\_

CONTROL

- Vapor Scrubber                       Mechanical Ventilation  
 Collection Containers                       Pumps/Vacuums  
 Neutralizers                       Other \_\_\_\_\_

PERSONAL PROTECTION See UNOCAL Monitoring Plan, Following

- Head                       Eye                       Feet                       Hand  
 S.C.B.A.                       Filtration Mask                       Encapsulating Suit  
 Portable Exposure Device                       Other \_\_\_\_\_  
 Other \_\_\_\_\_                       Other \_\_\_\_\_

\* \* \* \* \*

For larger and more complex hazardous materials facilities, supplemental and detailed emergency response information should be maintained on site and should be available for review by the inspecting jurisdiction.

Supplemental hazardous materials emergency response information maintained on site:

Location In Dealers Office  
Responsible person Greg Galatolo  
Telephone Number 415 941-0244

### III. EMERGENCY RESPONSE TRAINING PLAN

PERSON RESPONSIBLE FOR EMERGENCY RESPONSE TRAINING PROGRAM:

Name Greg Galatolo Title Dealer

This plan describes the basic training program in use at this facility. The training provided to facility personnel and the records maintained on that training are indicated by a checked box.

#### 1. TRAINING REQUIREMENTS

- All employees are trained and drilled in the following as indicated:
  - Procedures for internal alarm/notification.
  - Procedures for notification of external emergency response organizations.
  - Location and content of emergency response plan.
- Chemical handlers are trained in the following as indicated below:
  - Safe methods for handling and storage of hazardous materials.
  - Proper use of personnel protection equipment.
  - Locations and proper use of fire and spill control equipment.
  - Specific hazards of each chemical to which they may be exposed, including the pathways of exposure, i.e., skin absorption, inhalation, ingestion.
- Emergency response team members are trained in the following as indicated:
  - Procedures for shutdown of operations.
  - Procedures for using, maintaining and replacing facility emergency and monitoring equipment.
- All personnel are trained in emergency response procedures within six months of hiring.
- Refresher training is provided at least annually.

#### 2. PERSONNEL TRAINING RECORDS

- Training records are maintained for all employees as indicated:

- Verification that training was completed by employee.
- Description of type and amount of introductory and continuing training.
- Training records of former employees are retained for at least three years.
- Documentation on facility emergency response drills conducted during the year maintained and available for review.

See UNOCAL Monitoring Plan, Following -

\* \* \* \* \*

For larger and more complex hazardous materials facilities, a more comprehensive and detailed emergency response training plan should be maintained on site and should be available for review by the inspecting jurisdiction.

Comprehensive and detailed emergency response training plan maintained on site:

Location IN Dealers Office

Responsible Person Greg Galatola

Telephone Number 415 941-0244

V. CERTIFICATION

I hereby certify that the information provided in this Business Plan is in conformance with the requirements of the Health and Safety Code, Chapter 6.95 and that the foregoing information is true and correct. I also understand that I may be required to show proof of compliance during any facility inspection conducted by local county or state authorities and that any change in inventory, business address, business ownership, business name and/or operations which differ from this plan requires that an amendment to this Hazardous Materials Business Plan be submitted within 30 days of a change.

Name Greg Galatolo Title Dealer  
Signature  Date 04-08-93

NOTE: At least once every two years this Hazardous Materials Business Plan must be reviewed by a responsible company officer to determine if a revision is needed and must certify in writing to the administering agency that a review was made and that any necessary changes were made to the plan. A copy of the revised plan and/or certification must be sent to the Santa Clara County Health Department, Toxics Control Unit.



## SECTION B. CHEMICAL INVENTORY FORM

**INSTRUCTIONS:** Complete a separate form for each building or area where hazardous materials or waste are located. Please refer to the instruction packet and photo copy extra copies of this form before completing it.

**BUSINESS NAME:** El Camino Unocal #6115

**BUILDING/AREA NAME:**

**BUSINESS ADDRESS:** 4350 El Camino Real

**ROOM NAME/NUMBER:**

1	2	3	4	5	6	7
PRODUCT DESCRIPTION	CHEMICAL ID	QUANTITY	HAZARD CLASS	STORAGE	HAZARDS	OTHER
1. Name	a) UN/NA#	a) Max. amt.	a) code	a) Container	a) Health	a) EHM
a) Ingredient %	b) CAS#	b) Lg. Cont.		b) Pressure	b) Physical	b) Annual Amt Waste
b) Ingredient %	c) CAS#			c) Temp. F		
@ UNLEADED GASOLINE	UN/NA# 1203	GALS	a) FL	a) B	a) 1,2	a) No
a) METHYL TERT BUTYL ETHER < 15.0%	CAS# a) 1634044	a) 12,000		b) 2	b) 3	b)
b) TOLUENE < 6.5 %	b) 108883	b) 12,000		c) 2		
@ SUPER UNLEADED GASOLINE	UN/NA# 1203	GALS	a) FL	a) B	a) 1,2	a) No
a) METHYL TERT BUTYL ETHER < 15.0%	CAS# a) 1634044	a) 12,000		b) 2	b) 3	b)
b) TOLUENE < 14.0%	b) 108883	b) 12,000		c) 2		
@ MOTOR OIL	UN/NA# 1270	GALS	a) CL	a) N	a) 2	a) No
a) DISTILLATES > 70.0%	CAS# a) 94742547	a) 300		b) 2	b) NONE	b)
b) ADDITIVES < 25.0%	b) MIXTURE	b) quart		c) 2		
@ ANTIFREEZE	UN/NA# 1142	GALS	a) N/A	a) N	a) 1,2	a) No
a) ETHYLENE GLYCOL 94.0 %	CAS# a) 107-21-1	a) 80		b) 2	b) NONE	b)
b) %	b)	b) gallon		c) 2		

## SECTION B. CHEMICAL INVENTORY FORM

**INSTRUCTIONS:** Complete a separate form for each building or area where hazardous materials or waste are located. Please refer to the instruction packet and photo copy extra copies of this form before completing it.

**BUSINESS NAME:** El Camino Unocal #6115

**BUILDING/AREA NAME:**

**BUSINESS ADDRESS:** 4350 El Camino Real

**ROOM NAME/NUMBER:**

1 WASTE DESCRIPTION 1. Name a) Ingredient % b) Ingredient %	2 CHEMICAL ID a) UN/NA# b) CAS# c) CAS#	3 QUANTITY a) Max. amt. b) Lg. Cont.	4 HAZARD CLASS a) code	5 STORAGE a) Container b) Pressure c) Temp. F	6 HAZARDS a) Health b) Physical	7 OTHER a) EHM b) Annual Amt Waste
@ WASTE ANTIFREEZE a) WASTE ANTIFREEZE 100.0 % b) _____ %	UN/NA# 9189 CAS# a) 107-21-1 b) _____	GALS a) 55 b) 55 gal.	a) N/A	a) D b) 2 c) 2	a) 1,2 b) NONE	a) No b) 175
@ WASTE OIL a) WASTE OIL 100.0 % b) _____ %	UN/NA# 9189 CAS# a) 800-20-59 b) _____	GALS a) 520 b) 520	a) CL	a) B b) 2 c) 2	a) 2 b) NONE	a) No b) 3,000
@ USED OIL FILTERS a) USED OIL FILTERS 100.0 % b) _____ %	UN/NA# 9189 CAS# a) 800-20-59 b) _____	FILTERS a) 200 b) 200lbs	a) CL	a) D b) 2 c) 2	a) 2 b) NONE	a) No b) 600
@ WASTE BATTERIES a) LEAD DIOXIDE 34 % b) SULFURIC ACID 34 %	UN/NA# 2794 CAS# a) 1309-60-0 b) 7664-93-9	BATTERIES a) 10 b) BATTERY	a) CORR	a) R b) 2 c) 2	a) 1 b) NONE	a) No b) 100

## UNOCAL LEAK RESPONSE PLAN

All calls for maintenance from Unocal service stations (both Company owned/operated and Company owned/leased to Dealer) come into Maintenance Dispatch in Los Angeles, California via (800) 723-7600. This includes calls to report spills, leaks, dispensers damaged by cars, or alarms triggered by leak detection equipment except fuel delivery spills which are reported through the Supervisor for Safety and Environment.

1. Upon detection of an unauthorized release, spill or overfill of hazardous material from an underground storage tank, the Operator shall immediately notify Unocal Maintenance. Unocal will notify the local agency within 24 hours after detection.

### VARIATION IN INVENTORY RECONCILIATION

If the dealer exceeds the allowable variation on his monthly inventory reconciliation, (variation equals .50% of fuel deliveries plus 100 gallons) he will immediately notify his Territory Manager: (T.M.) Name: Kathy Crouse Phone Number: 510 277-2457

Unocal T.M. shall do the following:

T.M. will make an immediate inquiry regarding any losses during recent inventory reconciliation. If necessary, he will review the records at the site.

To verify inventory reconciliation records, the territory manager will take the following steps:

1. Within 24 hours of discovering the variation, the territory manager will review the inventory records for the preceding 30 days and determine if there is a calculation error. Within that same 24 hour period, if a variation is confirmed, the T.M. will notify Unocal Maintenance. Maintenance will notify the local agency.
2. Coordinate with Unocal maintenance to check the underground tank system for signs of a leak.
3. Coordinate for calibration of the dispenser meters within 24 hours of the system inspection.
4. The dealer or territory manager will continue to conduct inventory reconciliation as required.

If the review of the inventory reconciliation records indicates that no release has taken place, no further release detection steps need to be taken. Unocal will notify the local agency that the suspected release was not confirmed.

### OTHER SUSPECTED RELEASES INCLUDING:

Tank Overfill  
Tank Monitor Alarm Activated  
Spills  
Drive Offs

The discovery of released hazardous substances at the site including the presence of free product or vapors in soils, basements, sewer lines, utility lines, surface waters, or drinking waters.

Unusual operating conditions such as erratic behavior of dispensers, sudden loss of product from the product tanks, or the unexplained presence of water in the product tank. The exception is if the equipment is not functioning properly and the system has not leaked.

**IMMEDIATELY REPORT ANY OF THESE CONDITIONS TO UNOCAL MAINTENANCE AT 1-800-723-7600.**

1. Unocal will notify the local agency of any of the above mentioned conditions which are still under investigation after eight hours.
2. Unocal will authorize and order any contractors necessary to assist in the clean up effort.
3. If it is determined at any time during the process that there has been a release (as defined in Chapter 6.7 of Division 20 of the Health & Safety Code), a leak report will be prepared and provided to the local agency within 5 working days in accordance with Article 5, Section 2651(b), of the California Underground Storage Tank Regulations. This report will be filed by the Unocal maintenance engineer. On going remediation will be supervised by the Unocal Area Manager, Environmental Remediation.

## DISPOSAL PROCEDURE FOR ANTI-FREEZE

Used anti-freeze will be placed in a D.O.T. approved 55 gallon drum or similar container and the container labeled "Waste Anti-freeze / Hazardous Material". The container will be placed on a metal or plastic pan with a 2" to 3" lip all the way around the pan to contain any spills or leaks from the container. When the container is full, the dealer will call an "Anti-freeze Recycling Contractor" to remove the container of used anti-freeze. The dealer will not, under any circumstances, pour used or new anti-freeze or a mixture thereof on the floor or on the ground and hose it down to floor drains or storm drains.

DRAFT

## DISPOSAL PROCEDURE FOR USED OIL FILTERS

The dealer will put Used oil filters in a 55 gallon drum or similar container and the container labeled "Waste Oil Filters / Hazardous Material". The container will be placed on a metal or plastic pan with a 2" to 3" lip all the way around the pan to contain any spills or leaks from the container. When the container is full, the dealer will call a "Waste Oil Recycling Contractor" to remove the container of used oil filters.

The dealer will drain all used oil filters of free-flowing oil prior to placement into the above noted container. Free flowing oil is defined as a continuous stream of oil exiting the filter when the filter is inverted. Oil exiting drop by drop is not considered free flowing. If oil exiting the filter is restricted in any way, the filter shall be manipulated to allow used oil to exit the filter freely.

Used oil filters will not be placed in a refuse disposal container.

DRAFT

DAI VISUAL MONITORING PROCEDURES  
FOR ABOVEGROUND HAZARDOUS MATERIALS

Hazardous Materials stored aboveground include:

- Motor Oil
- Transmission Oil
- Antifreeze
- Grease
- Gear Lubricant (80W/90)
- Solvent (including parts cleaners)
- Propane
- Battery Acid \*
- Car Wash Products
- Kerosene
- CO<sub>2</sub>
- Waste Oil (prior to dumping in underground tank)
- Spent Anti-freeze \*
- Used Oil Filters

The storage areas for these hazardous materials must be visually inspected every day for signs of leakage. Items designated with a (\*) require secondary containment with the contents of each container clearly labeled.

If there is a leak or spill of any of the hazardous materials, whether stored above- or underground, Dealer must follow the "Emergency Response Procedures," attached.

**MAJOR INCIDENT: FIRE, SPILL OR SUSPECTED LEAK**

1. TURN OFF PUMPS using the Emergency Pump Shut-Off Switch.
2. EVACUATE: verbally ANNOUNCE to all persons on the site: "There is an emergency. Please turn off your engines and leave the station on foot immediately. All employees meet at the emergency assembly area."
3. CALL 9-1-1 Give the following information:  
 "THERE IS A FIRE / GASOLINE SPILL at the Unocal service station at 4350 El Camino Real" If anyone is trapped or needs medical attention, tell the answering dispatcher. Stay on the phone and be prepared to answer any questions concerning the situation.
4. LOOK AROUND to assure that everyone has left the station, particularly those in vehicles who may need assistance or may not have heard the emergency announcement. Assist, or direct assistance to, anyone having difficulty leaving the station area, and anyone who may be injured.
5. REPORT to arriving emergency response personnel to provide them with any information or assistance they might need.
6. CONTACT the station dealer if s/he is not already at the station. Use the list below for emergency contacts:

Primary Contact: Name: Greg Galatolo Title: Dealer

Address: 1521 Topar Dr. Los Altos Ca 94024

Bus #/Home #: 415 941-02444 / 415 948-8302

Secondary Contact: Name: Scott Kent Title: Manager

Address: 1411 Muender Ave. Sunnyvale 94086

Bus #/Home #: 415 941-0244 / 408 739-6964

7. NOTIFY Unocal Maintenance Dispatch by phone IMMEDIATELY 1-800-723-7600  
NOTIFY your Territory Manager IMMEDIATELY  
 TERRITORY MANAGER: Kathy Crouse Phone Number: 510 277-2457

Unocal will notify the appropriate State and Local agencies within 24 hours, unless the situation requires urgent immediate response by the agencies, in which case the DEALER should notify these agencies:

1. LOCAL AGENCY: Santa Clara County, HD/Toxics Control  
PHONE NUMBER: 408 299-6930

2. CALIFORNIA OFFICE OF EMERGENCY SERVICES, (800) 852-7550 (24-HOURS)  
 3. LOCAL POLICE AND FIRE DEPARTMENTS; 911

**MINOR INCIDENT:**

FIRES: Extinguish with fire extinguisher. Recharge fire extinguisher, if necessary.

SPILLS: Clean up with absorbent materials on site and dispose of according to all regulations. Have a fire extinguisher ready for spills of flammable materials. Restock absorbent as necessary.

MEDICAL: Treat with on site first aid kit or take to nearest hospital. Employee training plan lists the nearest hospital.

RECORD: Record the event in the daily monitoring log.

NOTIFY: the dealer of the event.

EMPLOYEE TRAINING PLAN

6115

Employees must be given this training before starting work, and refresher courses must be provided annually. Records must be kept to show when each station employee has been given his/her safety training. Use the following outline and make copies as needed. Have employee date and sign this document upon completion of training. Retain these records for a minimum of three years.

I. FIRST THINGS TO KNOW:

- A. EMERGENCY PUMP SHUT-OFF: This turns off the turbine pumps that provide flow to the dispensers from the underground tanks. In case of a leak, shutting off the pumps will help to prevent spills.

LOCATION: 1-NORTH 1-SOUTH SIDE OF SERVICE BUILDING

- B. ELECTRICAL PANEL: The panel allows you to selectively cut off power to lights, signs, pumps, etc. The main switch kills all power at the site.

LOCATION: IN SERVICE BAY STORE ROOM

- C. WATER SHUT-OFF: The water shut-off may be necessary in some cases.

LOCATION: IN SIDEWALK ALONG LOS ALTOS AVENUE

- D. NATURAL GAS SHUT-OFF: If your station has natural gas, it may be necessary to shut-off the natural gas flow in an emergency.

LOCATION: NONE

- E. FIRST AID KIT:

LOCATION: IN SERVICE BAY STORE ROOM

- F. FIRE EXTINGUISHER: Use only on small fires that you can handle. Do not attempt to extinguish large fires on your own; call 9-1-1 for help.

LOCATION: 2-IN SERVICE BAY

- G. ABSORBENT: In the form of kitty litter, absorbent can soak up small spills of gasoline, diesel fuel, or other petroleum products. Absorbent should be used rather than washing spills down a drain. In case of large spill, merely try to contain it; a vacuum truck should be used to clean up any large spill.

LOCATION: IN SERVICE BAY STORE ROOM

- H. EMERGENCY RESPONSE EQUIPMENT: These items shall be used by employees to prevent direct skin contact with a hazardous material.

1. Broom: IN STOREROOM

2. Shovel: IN STOREROOM

3. Gloves: IN STOREROOM

4. Goggles: IN STOREROOM

II. NEAREST MEDICAL FACILITY: Employees should know what facilities are available in case customers or other employees need medical attention.

I. NAME: Veterans Memorial Hospital

ADDRESS: 3801 Miranda Avenue, Palo Alto

PHONE NUMBER: 408 493-5000

NEAREST DESIGNATED TRAUMA CENTER:

2. NAME: Stanford Medical Center

ADDRESS: 300 Pasteur, Stanford

PHONE NUMBER: 415 723-7570

III. All employees should review the Hazardous Material Plan, of which this training plan is a part. Specifically, each employee should understand the procedures to be used in responding to various kinds of emergencies, and know how to monitor for leaks of hazardous materials. As a supplement to this package, employees should also review the Emergency Response Plan filed by your business to the appropriate local agency. Thirdly, employees should review and have access to the Materials Safety Data Sheets you have on file for each of the hazardous materials stored at the station and must be drilled in all emergency response procedures contained herein.

IV. FIRST AID PROCEDURES (For exposure to gasoline or diesel fuel):

A. EYE CONTACT: Flush with water for 15 minutes while holding eyelids open. Get medical attention.

B. SKIN CONTACT: Flush with water while removing contaminated clothing and shoes. Follow by washing with soap and water. Do not reuse clothing or shoes until cleaned. If irritation persists, get medical attention.

C. INHALATION (Breathing): Remove victim to fresh air and provide oxygen if breathing is difficult. If not breathing, give artificial respiration. Get medical attention.

D. INGESTION (Swallowing):

**DO NOT INDUCE VOMITING BECAUSE GASOLINE CAN ENTER LUNGS AND CAUSE SEVERE LUNG DAMAGE** If vomiting occurs spontaneously keep head below hips to prevent aspiration of liquid into lungs. Get medical attention.

E. NOTE TO PHYSICIAN: If more than 2.0 ml per kg has been ingested and vomiting has not occurred, emesis should be induced with medical supervision. Keep victim's head below hips to prevent aspiration. If symptoms such as loss of gag reflex, convulsions or unconsciousness occur before emesis, gastric lavage using a cuffed endotracheal tube should be considered.

F. For further information, consult the Materials Safety Data Sheets for these products and for other hazardous materials.

FIRST AID FOR EXPOSURE TO OTHER MATERIALS: Consult the warning advice on container labels or refer to the MSDS for that product.

I have reviewed, understand and have been properly drilled in the above employee training program.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Initial Training

\_\_\_\_\_  
Refresher  
Training

\_\_\_\_\_  
Employee Name (Please Print)

Document prepared by: Environmental Staff, Robert H. Lee & Assoc., 707-765-1660

(\HAZMAT\UNOCAL\1065\CLT-FRM.MRG)



# ROBERT H. LEE & ASSOCIATES, INC.

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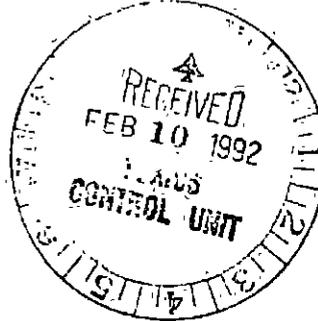
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Architect

JAMES H. RAY  
Civil Engineer

## AGENCY



*1992 business plan*

December 31, 1991

Greg Galatolo  
Unocal SS #6115  
4350 El Camino Real  
Los Altos, CA 94022

Dear Greg Galatolo:

The attached revised Hazardous Materials Management Plan (HMMP) is intended to replace any previous HMMP currently on file at your facility. Verify the information provided, and sign each copy on all pages tagged with flags. The "Dealer" copy is to be placed in the office at the site and kept up to date. All remaining copies are to be returned to Robert H. Lee in the attached envelope. Upon receipt, RHL will distribute these HMMP's to the appropriate governing agencies and UNOCAL departments.

It is very important that you read, understand, and instruct your employees on the implementation of this new HMMP. Should you have any concerns after having made a thorough review of it, notify your UNOCAL Area Representative immediately for clarification.

RHL has made a commitment on behalf of UNOCAL to submit a signed completed HMMP to the local administering agency within 30 days. Please, sign the Acknowledgement of Receipt at the bottom of this page and return it to your area manager.

Sincerely,

ROBERT H. LEE & ASSOCIATES

*George K. Hynek*  
George K. Hynek  
Environmental Specialist

Enclosures

cc: Jim Scott, UNOCAL  
file

ACKNOWLEDGEMENT OF RECEIPT

X *AS*  
SIGNATURE

*DEALER*  
TITLE DATE

I. GENERAL INFORMATION

Business Name UNOCAL SS# 6115

Facility Street Address 4350 EL CAMINO REAL

Unit or Bldg. No. - City LOS ALTOS Zip 94022

Mailing Address 4350 EL CAMINO REAL City LOS ALTOS  
State CA. Zip 94022

Business Phone Number (415) 941-0244

Nature of Business: AUTOMOBILE REFUELING STATION

Dun & Bradstreet # 09-944-7344 SIC Code 5541 EPA# 982-059-628

Persons Responsible for:

Name Address Phone #

Business Plan GREG GALATOLO 4350 EL CAMINO REAL 415-941-0244

Business (Owner/Operator) GREG GALATOLO

Property (Owner) UNOCAL, 911 WILSHIRE BLD. SUITE 1010 LOS ANGELES, CA. 90017

Persons responsible for responding to an emergency after normal working hours:

Name Title Home Phone Work Phone (24hr.#)

GREG GALATOLO DEALER 415-948-8302 415-941-0244  
SCOTT KENT MANAGER 408-739-6964 415-941-0244

Local Fire Agency LOS ALTOS FIRE DEPT. 10 ALMOND AVE. LOS ALTOS (408) 948-2404  
Name Address

Trade secret information is attached on separate inventory forms:  
Yes \_\_\_\_\_ No X

Hours of operation 6A.M.-10P.M.; number of shifts per day 2;  
number of employees per shift 4, 3.

PLEASE NOTE: An amended Hazardous Materials Business Plan must be submitted to the County within 30 days of any of the following events: 1) change of business address; 2) change of business ownership; 3) change of business name; 4) any handling of a previously undisclosed hazardous material; 5) a 100% or more increase in the quantity of a previously disclosed hazardous materials; 6) substantial change in the handler's operation.

DATE: 12-10-91

INVENTORY STATEMENT (WASTE);

Page 1 of 1

INSTRUCTIONS: Complete a separate form for each building or area where hazardous wastes are located. Please refer to the instructions noted on pages 4-6.

BUSINESS NAME: UNOCAL SS# 6115

BUILDING/AREA NAME:

BUSINESS ADDRESS: 4350 EL CAMINO REAL

ROOM NAME/NUMBER:

PRODUCT DESCRIPTION			QUANTITY	STORAGE	HAZARDS
1. Storage Facility	2. Waste Category	5. Chemical Name a) Ingredient % b) Ingredient %	6. Max. Daily Amt. 7. Average Daily Amt. 8. Largest Container Cap. 9. Days/year on site	10. a) Type b) Temp. c) Press	11. DOT Class 12. a) Physical b) Health 13. Annual Throughput
1.	2. WASTE OIL	5. PETROLEUM HYDROCARBONS PETROLEUM	6. 520 GAL	10a) B	11. 3
	3.	5a) HYDROCARBONS 100%	7. 200 GAL.	10b)	12a) F
	4. CAS#	5b) %	8. 520 GAL.	10c)	12b) I, D
			9. 365		13.
1.	2.	5.	6.	10a)	11.
	3.	5a) %	7.	10b)	12a)
	4. CAS#	5b) %	8.	10c)	12b)
			9.		13.
1.	2.	5.	6.	10a)	11.
	3.	5a) %	7.	10b)	12a)
	4. CAS#	5b) %	8.	10c)	12b)
			9.		13.
1.	2.	5.	6.	10a)	11.
	3.	5a) %	7.	10b)	12a)
	4. CAS#	5b) %	8.	10c)	12b)
			9.		13.

DATE: 12-10-91

INVENTORY STATEMENT (NON-WASTE)

INSTRUCTIONS: Complete a separate form for each building or area where hazardous materials are located. Please refer to the instructions noted on pages 4-6.

BUSINESS NAME: UNOCAL SG# 6115

BUILDING/AREA NAME:

BUSINESS ADDRESS: 4350 EL CAMINO REAL

ROOM NAME/NUMBER:

PRODUCT DESCRIPTION			QUANTITY	STORAGE	HAZARDS
1. Storage Facility ID	2. Common Name 3. Physical State 4. CAS #	5. Chemical Name a) Ingredient % b) Ingredient %	6. Max. Daily Amt. 7. Average Daily Amt. 8. Largest Container Cap. 9. Days/year on site	10. a) Type b) Temp. c) Press	11. DOT Class 12. a) Physical b) Health
1. (P1)	2. REGULAR UNLEADED	5. PETROLEUM HYDROCARBONS	6. 12,000 GAL	10a) B	11. 3
	3. M, L	5a) PETROLEUM HYDROCARBONS 100%	7. 6,000 ↓	10b) 4	12a) F
	4. CAS#	5b) %	8. 12,000 ↓	10c) 1	12b) I, D
			9. 365		
1. (P2)	2. PREMIUM UNLEADED	5. PETROLEUM HYDROCARBONS	6. 12,000 GAL	10a) B	11. 3
	3. M, L	5a) PETROLEUM HYDROCARBONS 100%	7. 6,000 ↓	10b) 4	12a) F
	4. CAS#	5b) %	8. 12,000 ↓	10c) 1	12b) I, D
			9. 365		
1.	2.	5.	6.	10a)	11.
	3.	5a) %	7.	10b)	12a)
	4. CAS#	5b) %	8.	10c)	12b)
			9.		
1.	2.	5.	6.	10a)	11.
	3.	5a) %	7.	10b)	12a)
	4. CAS#	5b) %	8.	10c)	12b)
			9.		

II. EMERGENCY RESPONSE PLAN

This plan describes the personnel, procedures and equipment available for responding to a release or threatened release of hazardous materials that are stored, handled or used at this site.

The immediate response procedures to be followed and the equipment available for response are indicated by a checked box. A check in the box states that that specific procedure is followed at this facility or the equipment specified is available on site.

NOTIFICATION/ALARM

(1)  CALL 911 FOR FIRE DEPARTMENT (Local emergency responder)

(2)  NOTIFY ON SITE RESPONDERS:

Phone No.                      Name                                      Title

- PLEASE SEE UNOCAL MONITORING PLAN, FOLLOWING -

(3)  ACTIVATE LOCAL ALARM SYSTEMS

(4)  NOTIFY State Office of Emergency Services 800-852-7550

(5)  Notify the Administering Agency - Santa Clara County  
Toxics Control Unit (408) 299-6930 or dial 911

EVACUATION

Immediate area evacuation routes defined and procedures developed       Assembly areas preplanned

Entire building evacuation procedures developed       Evacuation maps posted

Other \_\_\_\_\_

EQUIPMENT

ALARM

Verbal                       Manual (Pull Station)                       Automatic

Other \_\_\_\_\_

MONITORING DEVICES

Hydrogen Detector       Hydrocarbon                       Toxic Gas Detector

Other \_\_\_\_\_

Other \_\_\_\_\_

CONTAINMENT

- Spill Cart                       Absorbents                       Plugging/Diking  
 Other \_\_\_\_\_                       Other \_\_\_\_\_

CONTROL

- Vapor Scrubber                       Mechanical Ventilation  
 Collection Containers                       Pumps/Vacuums  
 Neutralizers                       Other: \_\_\_\_\_

PERSONAL PROTECTION: SEE UNOCAL MONITORING PLAN, FOLLOWING

- Head                       Eye                       Feet                       Hand  
 S.C.B.A.                       Filtration Mask                       Encapsulating Suit  
 Portable Exposure Device                       Other: \_\_\_\_\_  
 Other \_\_\_\_\_                       Other: \_\_\_\_\_

\* \* \* \* \*

For larger and more complex hazardous materials facilities, supplemental and detailed emergency response information should be maintained on site and should be available for review by the inspecting jurisdiction.

Supplemental hazardous materials emergency response information maintained on site:

Location IN DEALERS OFFICE

Responsible person GREG GALATOLO

Telephone Number 415-941-0244

### III. EMERGENCY RESPONSE TRAINING PLAN

PERSON RESPONSIBLE FOR EMERGENCY RESPONSE TRAINING PROGRAM:

Name GREG GALATOLO Title DEALER

This plan describes the basic training program in use at this facility. The training provided to facility personnel and the records maintained on that training are indicated by a checked box.

#### 1. TRAINING REQUIREMENTS

- All employees are trained and drilled in the following as indicated:
  - Procedures for internal alarm/notification.
  - Procedures for notification of external emergency response organizations.
  - Location and content of emergency response plan.
- Chemical handlers are trained in the following as indicated below:
  - Safe methods for handling and storage of hazardous materials.
  - Proper use of personnel protection equipment.
  - Locations and proper use of fire and spill control equipment.
  - Specific hazards of each chemical to which they may be exposed, including the pathways of exposure, i.e., skin absorption, inhalation, ingestion.
- Emergency response team members are trained in the following as indicated:
  - Procedures for shutdown of operations.
  - Procedures for using, maintaining and replacing facility emergency and monitoring equipment.
- All personnel are trained in emergency response procedures within six months of hiring.
- Refresher training is provided at least annually.

#### 2. PERSONNEL TRAINING RECORDS

- Training records are maintained for all employees as indicated:

- Verification that training was completed by employee.
- Description of type and amount of introductory and continuing training.
- Training records of former employees are retained for at least three years.
- Documentation on facility emergency response drills conducted during the year maintained and available for review.

\* \* \* \* \*

For larger and more complex hazardous materials facilities, a more comprehensive and detailed emergency response training plan should be maintained on site and should be available for review by the inspecting jurisdiction.

Comprehensive and detailed emergency response training plan maintained on site:

Location IN DEALERS OFFICE

Responsible Person GREG GALATOLO

Telephone Number 415-941-0244



V. CERTIFICATION

I hereby certify that the information provided in this Business Plan is in conformance with the requirements of the Health and Safety Code, Chapter 6.95 and that the foregoing information is true and correct. I also understand that I may be required to show proof of compliance during any facility inspection conducted by local county or state authorities and that any change in inventory, business address, business ownership, business name and/or operations which differ from this plan requires that an amendment to this Hazardous Materials Business Plan be submitted within 30 days of a change.

Name GREG GALATOLO Title DEALER  
Signature X [Signature] Date 1-21-92

NOTE: At least once every two years this Hazardous Materials Business Plan must be reviewed by a responsible company officer to determine if a revision is needed and must certify in writing to the administering agency that a review was made and that any necessary changes were made to the plan. A copy of the revised plan and/or certification must be sent to the Santa Clara County Health Department, Toxics Control Unit.

# RELEASE EVALUATION CHECKLIST

**E**

S/S #: \_\_\_\_\_ Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Fill out this form whenever the allowable variation is exceeded and send in with the Quarterly Report.

Tank #: \_\_\_\_\_ Capacity: \_\_\_\_\_  
Product: \_\_\_\_\_  
Date & Time Allowable Variation was Exceeded: \_\_\_\_\_

CHECK OFF EACH STEP AS IT IS COMPLETED:

- STEP 1  RECORDS REVIEWED Date/Time: \_\_\_\_\_ Should be done  
Performed by: \_\_\_\_\_ within 2 hours.
- STEP 2  NEW RECONCILIATION PERFORMED Date/Time: \_\_\_\_\_ Should be done  
Performed by: \_\_\_\_\_ within 24 hours.
- STEP 3  CALL UNOCAL REP. AND SEND UNAUTHORIZED RELEASE REPORT TO REP. Date/Time: \_\_\_\_\_ Should be done  
Performed by: \_\_\_\_\_ within 24 hours.
- STEP 4  RECORDS REVIEWED FROM LAST STATIC STATION (BY DEALER OR REP.) Date/Time: \_\_\_\_\_ Should be done  
Performed by: \_\_\_\_\_ within 24 hours.
- STEP 5  PHYSICALLY INSPECT FACILITY FOR EVIDENCE OF LEAKS Date/Time: \_\_\_\_\_ Should be done  
Performed by: \_\_\_\_\_ within 2 days.
- STEP 6  DISPENSER METER CALIBRATION CHECKED (COMPLETE TEST REPORT) Date/Time: \_\_\_\_\_ Should be done  
Performed by: \_\_\_\_\_ within 3 days.
- STEP 7  HYDROSTATIC PRESSURE TEST PERFORMED ON PIPING Date/Time: \_\_\_\_\_ Should be done  
Performed by: \_\_\_\_\_ within 4 days.
- STEP 8  PRECISION TANK TEST PERFORMED Date/Time: \_\_\_\_\_ Should be done  
Performed by: \_\_\_\_\_ within 5 days.
- STEP 9  ADDITIONAL INVESTIGATION PERFORMED AS REQUIRED Date/Time: \_\_\_\_\_ Should be done  
Performed by: \_\_\_\_\_ within 5 days.

Briefly describe the reason the allowable variation was exceeded: \_\_\_\_\_

I hereby certify this is to be a true and accurate report.

Dealer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# UNAUTHORIZED RELEASE REPORT

**F**

S/S #: \_\_\_\_\_ Business Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

Complete this form  
 in the event of a  
 confirmed leak or  
 spill and send to  
 your Unocal rep.  
 within 24 hours.

Tank #: \_\_\_\_\_ Capacity: \_\_\_\_\_  
 Product: \_\_\_\_\_

**TO BE COMPLETED BY THE DEALER**

Date leak was discovered: \_\_\_\_\_  
 Approximate date leak began: \_\_\_\_\_  
 Describe fully the cause of the leak: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 How was the leak discovered? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**TO BE COMPLETED BY THE UNOCAL RETAIL REPRESENTATIVE**

Has the leak been stopped? \_\_\_\_\_ Date: \_\_\_\_\_  
 How was the leak stopped? \_\_\_\_\_  
 \_\_\_\_\_

List resources affected:	Yes	No	Threatened	# of wells
Soil	_____	_____	_____	_____
Creek or Storm drains	_____	_____	_____	_____
Buildings or Utility Vaults	_____	_____	_____	_____
Groundwater	_____	_____	_____	_____
Public Drinking Water	_____	_____	_____	_____
Private Drinking Water	_____	_____	_____	_____
Agricultural	_____	_____	_____	_____
Other	_____	_____	_____	_____

**Instructions to Unocal Retail Representatives:**

This form must be forwarded to Unocal Maintenance & Construction Department, **IMMEDIATELY** so they can submit to the appropriate local agency within 5 days of discovery of any leak.

# EQUIPMENT TEST LOG

**G**

S/S #: \_\_\_\_\_ Business Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contractor: \_\_\_\_\_  
 Name of person completing test(s): \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Dealer's Signature: \_\_\_\_\_

Fill out this form for each annual inspection and keep on file.

Check off each test when performed:

1.  Shear Valve Inspections - Date: \_\_\_\_\_

2.  Blending Valve Inspections - Date: \_\_\_\_\_

3.  Leak Detector

Product	Model Leak Detector	Full Line Pressure (PSI)		Simulated Line Leak Test		Inspection Date
		Open Max. 12	Close Min. 26	Pass	Fail	
Super Unleaded						
Unleaded						
Diesel						
Other						

4.  Dispenser Meter Calibration Procedure:

- Before starting calibration runs, wet the calibration can with product and return product to storage.
- Run 5 gallons with nozzle wide open into the can. Note gallons and cubic inches drawn, and return product to storage.
- Run 5 gallons with nozzle one-half open into the can. Note gallons and cubic inches drawn, and return product to storage.
- If the volume measured in a 5-gallon calibration can is more than 6 cubic inches above or below the 5-gallon mark, the meter requires calibration by a registered device repairman.

Date/time	Nozzle #	Product	Fast Flow		Slow Flow		Vol. Returned to storage Gallons	Calibration Required? YES*/NO
			5-Gal. Draft	5-Gal. Draft	5-Gal. Draft	5-Gal. Draft		
			Gal.	Cu.In.	Gal.	Cu.In.		

\*Note date of Calibration & Device(s) used: \_\_\_\_\_



# County of Santa Clara

Environmental Resources Agency  
 Department of Environmental Health  
 Hazardous Materials Compliance Division  
 1555 Berger Drive, Suite 300  
 San Jose, CA 95112-2716  
 (408) 918-3400 Fax (408) 280-6479 www.EHinfo.org

COPIES TO BE MADE	DATE	TIME
1	12/31/2002	2:00
1	12/31/2002	2:00
1	12/31/2002	2:00

## OFFICIAL NOTICE OF INSPECTION

Facility Name: <b>Tosco Station #256115</b>	Inspection Date: <b>12/31/2002</b>
Site Address: <b>4350 El Camino Real, Los Altos</b>	Employee No.: <b>4686</b>
Contact Person(s): <b>MIGUEL MARTINEZ</b>	Samples Taken? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No. Photographs Taken? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No.
Inspection Type: <input checked="" type="checkbox"/> Hazardous Materials <input type="checkbox"/> Hazardous Waste <input type="checkbox"/> Tiered Permit <input type="checkbox"/> Toxic Gas <input type="checkbox"/> Cal-Accidental Release Prevention Program <input type="checkbox"/> Other	Hazardous Waste Generator Type: <input type="checkbox"/> < 1,000 Kg./mo. <input type="checkbox"/> ≥ 1,000 Kg./mo. <input type="checkbox"/> CESQG <input type="checkbox"/> Satellite Only

**VIOLATIONS:** Codes noted below in the "Violation Code" column represent specific violations of State law and/or local Ordinance. These codes are defined in the attached Violation Codes document(s). Time granted for correction of violations does not preclude any enforcement action by this Department or other agencies. This facility may be subject to reinspection at any time.

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	<b>Note to Greg Galatolo: Please immediately forward this report to Janette Thompson of Tosco Environmental Compliance.</b>	
<b>2305</b>	<b>Revisions to the station's Hazardous Materials Business Plan (HMBP) were submitted in March of this year. However, the annual HMBP inventory certification was not made as required. Review certification requirements and certify the inventory every year.</b>	
<b>2301</b>	<b>Inventory certified on 3/4/2001 states that largest container size for virgin antifreeze is 1 gallon. Facility has a 110-gallon aboveground tank for this material. Propane storage area is not shown on HMBP Storage Map. The phone number for this Department in the HMBP and in posted emergency information at the station is incorrect. The correct number is (408) 918-3400. Submit HMBP revisions within 30 days. Revise posted emergency information.</b>	
<b>2399</b>	<b>No copy of the UST Permit to Operate is available at the facility.</b>	

All violations must be corrected within 30 days of the inspection date unless noted otherwise, above. Section 25187.8 of the State Health and Safety Code (H&SC) requires that you write a brief description of the corrective actions you have taken to bring this facility into compliance and submit it to this Department within 5 days of achieving compliance, or within 35 days of the inspection date, whichever comes first. (Note: Detailed instructions on actions you must take are printed on the reverse side of this page.)

Received by: *[Signature]* Inspected by: **Greg Breshears** *[Signature]* Entered by: *[Signature]*  
 1/12/03

**Certification:** I certify under penalty of perjury that this facility has complied with directives specified in this Notice to Comply.

Signature of Owner/Operator: \_\_\_\_\_ Title: \_\_\_\_\_ Date: 1 / 1

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.

# THE OFFICIAL NOTICE OF INSPECTION EXPLAINED

This Official Notice of Inspection (Notice of Inspection) describes the findings made during the inspection, including all violations and any actions that must be taken by the facility to correct the violations. All violations must be corrected within 30 days of the inspection date unless noted otherwise by the inspector.

Within five working days of achieving compliance, or within 35 days of the inspection, whichever comes first, you must submit a written response which describes the corrective actions you have taken or - for those violations which are impossible to correct within 30 days - propose to take in order to bring your facility into compliance. Where proposed corrective actions are described, you must specify a date by which you expect each violation to be corrected. After you have addressed each violation, complete the certification box located at the bottom of page 1 of the Notice of Inspection. Your description of corrective actions taken, along with your signed certification of the Notice of Inspection and any required supporting documents, will serve as your written response to the inspection. Your response must be mailed to the Santa Clara County Hazardous Materials Compliance Division (HMCD) at 1555 Berger Drive, Suite 300, San Jose, CA 95112-2716.

## What Does the Information in Each Column Mean?

**Violation Code:** Codes listed in this column identify specific violations of laws, regulations, or codes which were observed during this inspection. Definitions of Violation Codes are listed on the attached Violation Codes document(s).

**Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions:** Information noted in this column describes the circumstances of any violations noted in the first column and describes how the violations may be corrected. Additionally, the inspector may use this space to note any additional observations resulting from the inspection.

**Corrective Actions Taken:** This column on the Notice of Inspection has been provided so that you can note how you have corrected or propose to correct each violation. Where proposed corrective actions are described, you must specify a date by which you expect each violation to be corrected. If more space is needed, attach additional pages.

## Why Were Two Copies of the Notice of Inspection Given to Me?

You have been given two copies so you will have a copy for your own records after you submit your written response to HMCD. Do not separate the copies until you have described all of your corrective actions and signed the certification box on page 1. The yellow copy of each page must be submitted to HMCD. The pink copy is for your records.

## What if I Disagree With a Violation Noted on the Notice of Inspection?

If you disagree with any violation listed in this Notice of Inspection, you must submit a written Notice of Disagreement, within 35 days of the inspection date, to the inspector who cited the violation. In your Notice of Disagreement, you must explain in detail why the violation does not exist. If there is sufficient space, you may use the "Corrective Actions Taken" column of this Notice of Inspection to dispute violations.

## What About Photographs or Samples Taken During the Inspection?

Since this Notice of Inspection was prepared and given to you at the end of the inspection, any photographs and sampling or laboratory results associated with the inspection were not yet available. A copy of any photographs and/or analytical results from sampling taken during this inspection will be provided to you upon written request. Other pertinent information derived from the inspection is attached to this Notice of Inspection. Photographs and sample results may be withheld in the event of a criminal investigation or other ongoing investigation.

\*\*\*\*\*

## Hazardous Waste Violations

- Per H&SC §25187.8(g)(1), failure to sign the certification on this Notice of Inspection and return it to this Department is a violation of State law.
- Per H&SC §25191, a false statement that compliance has been achieved is a violation of State law punishable by a fine of not less than \$2,000 or more than \$25,000 and/or imprisonment in the county jail for up to one year.
- Per H&SC §25187.8(j), this Department has the right to acquire the submittal of reasonable and necessary documentation in support of any claim of compliance made by your facility.

**OFFICIAL NOTICE OF INSPECTION**  
 (Continuation Page)

Facility Name: Tosco Station #256115

Inspection Date: 12-31-2002

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	Post a copy of the permit. No copies of the most recent HMBP, UST Monitoring Plan, UST Response Plan, or UST Financial Responsibility documentation are maintained at the facility. Keep current copies at the facility.	
2358	Facility's written Underground Storage Tank Monitoring Program is still incomplete and not approved. Plan dated 2/7/2002 has no plot plan, does not identify sensor manufacturer/models, does not address fail-safe pump shutdown for piping sump sensors, and does not address required line tightness testing.	
2361	Facility's UST Response Plan does not include the name(s) and title(s) of responsible persons. These are repeat violations.  Submit fully-compliant UST monitoring and response plans within 30 days. Recommend you have your environmental consultant contact this Department regarding regulatory requirements. [Note: Do not use the Unidocs "Underground Separation, Containment, and Monitoring Plan" form as part of your HMBP. That form is obsolete. Recommend you use the new UST Monitoring Plan and UST Response Plan forms now available at <a href="http://www.unidocs.org">www.unidocs.org</a> . Also, please keep UST monitoring and response plans separate from the HMBP (i.e., as stand-alone documents).]	
2371	No test report has been submitted covering the line tightness tests reportedly performed by Tank-Tek on or about 1/18/2002. No	
2366	copy of such a report is available at the facility. Test reports must be submitted within 30 days of testing. Submit a copy of the test	

Received by:  Inspected by: Greg Breshears 

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.



\*\*\*\*\*  
\*\*\* TX REPORT \*\*\*  
\*\*\*\*\*

TRANSMISSION OK

TX/RX NO 4665  
CONNECTION TEL 19252772361  
SUBADDRESS  
CONNECTION ID  
ST. TIME 01/02 09:55  
USAGE T 04'50  
PGS. SENT 9  
RESULT OK

**County of Santa Clara**  
**Environmental Resources Agency**  
**Department of Environmental Health**  
**Hazardous Materials Compliance Division**  
1555 Berger Drive, Suite 300  
San Jose, CA 95112-2716  
(408) 918-3400; Fax (408) 280-6479  
www.EHinfo.org



# Fax

Date: January 2, 2003

Total Pages (including cover sheet): 9

To: Janette Thompson

From: Greg Breshears

Company/Agency: Tosco Marketing Co.

Phone No.: (408) 918-1978

Fax No.: (925) 277-2361

Fax No.: (408) 280-6479

Urgent

Confidential

For Review

Please Reply

## Comments:

Here are copies of the December 31, 2002 Notices of Inspection (NOI) for the following stations:

Tosco Station #255957

Tosco Station #256115

Tosco Station #2611212

Please submit written responses within 35 days of the date of inspection. I instructed the dealers to forward the original NOIs to your attention. The preferred method of response is for you to

# County of Santa Clara

Environmental Resources Agency  
Department of Environmental Health  
Hazardous Materials Compliance Division  
1555 Berger Drive, Suite 300  
San José, California 95112-2716  
(408) 918-3400 FAX (408) 280-6479  
[www.EHinfo.org](http://www.EHinfo.org)



October 9, 2002

JANETTE THOMPSON  
TOSCO CORP.  
2000 CROW CANYON PL., #400  
SAN RAMON, CA 94583

**Re: UST Secondary Containment Testing and Under-Dispenser Containment.**

Dear JANETTE THOMPSON:

This department is the local agency which regulates underground storage tanks (UST) at your facility, TOSCO #256115. We are sending this letter to remind you of upcoming regulatory deadlines regarding management of UST systems.

**The deadline for initial testing of UST secondary containment systems installed prior to January 1, 2001 is January 1, 2003.** Such testing is now required to be performed every three years. If you have not yet had such testing done, you should contact a qualified licensed contractor as soon as possible to ensure that you meet the deadline. Please review the enclosed Guidelines for Testing of UST Secondary Containment Systems and State reminder bulletin. Additional information is available on the Internet at [www.swrcb.ca.gov/cwphome/ust/docs/secondary\\_containment/index.html](http://www.swrcb.ca.gov/cwphome/ust/docs/secondary_containment/index.html).

**The deadline for installation of Under-Dispenser Containment equipment in all UST systems not subject to earlier upgrade deadlines is December 31, 2003.** This requirement applies to tank systems such as those dispensing motor vehicle fuels, including bulk fuel loading systems. Tank systems supplying standby generators typically do not have dispensers. If you do not currently have approved secondary containment (i.e. containment sumps or dispenser pans) for all dispensers, you should contact a qualified licensed contractor as soon as possible to ensure that installation of the new equipment is completed before the deadline. Please note that approval by this Department is required prior to modifying UST systems. Plan check forms and guidelines are available on our website at [www.ehinfo.org/hmcd/hazmat/default.asp](http://www.ehinfo.org/hmcd/hazmat/default.asp).

Owners/operators who fail to meet the above deadlines may be subject to enforcement action. Should you have any questions, please do not hesitate to contact the undersigned at (408) 918-1978.

Sincerely,

Greg Breshears  
Lead Hazardous Materials Specialist  
Hazardous Materials Compliance Division



2000 Crow Canyon Place  
Suite 400  
San Ramon, CA 94583  
925.277.2305  
fax: 925.277.2361

RECEIVED BY  
ENVIRONMENTAL MANAGER  
10/15/01

**Environmental  
Compliance  
Department**

OCT 15 3 09 PM '01

October 8, 2001

To: California Air Districts  
California CUPAs

RE: Phillips Petroleum Company (Phillips 66)  
Gasoline Dispensing Facilities  
California

Dear Agency Representative,

As you may know, Phillips Petroleum Company (Phillips 66) recently acquired Tosco Corporation and its legal entities and assets. Many of the assets acquired by Phillips under this acquisition include the gasoline dispensing facilities and convenience stores operating under the banners of 76 service stations and Circle K convenience stores.

Please be advised that the following contacts are still valid for environmental compliance matters at these facilities:

Tina Berry  
Senior Compliance Specialist  
Phone: 925-277-2319  
Email: [tberry@tosco.com](mailto:tberry@tosco.com); or [berryt@ppco.com](mailto:berryt@ppco.com)  
Contact for Air Districts and air quality issues

Janette Thompson  
Compliance Specialist  
Phone: 925-277-2404  
Email: [jthomps@ppco.com](mailto:jthomps@ppco.com)  
Contact for CUPAs and UST inspection issues

Correspondence should continue to be addressed as follows:

Tosco Marketing Company  
Environmental Compliance Department  
2000 Crow Canyon Place, Suite 400  
San Ramon, CA 94583  
Fax: 925-277-2361

Most of our operating permits are issued under the name of Tosco Corporation or Circle K Stores, Inc. As fully-owned subsidiaries of Phillips 66 Company, these entities are still legal and valid and may continue to be in use for a period of time.

We would also like to request that we be placed on your mailing and distribution lists (if not already) for current and updated ARB and SWRCB-UST regulations and correspondence. Janette and I are also available to assist and respond to notices of violations and non-compliance issued for our stations.

Please contact Janette or me if there are any compliance matters that require our attention. We look forward to working and building our relationships with you.

Sincerely,

Tina Berry  
Senior Compliance Specialist

Janette Thompson  
Compliance Specialist

c: David J. Camille, Regional EC Manager



50303527-2323



**TOSCO**  
Marketing  
Company

2000 Crow Canyon Place  
Suite 400  
San Ramon, CA 94583  
925:277:2305  
fax: 925:277:2361

**Environmental  
Compliance  
Department**

November 20, 2000

Mr. Greg Breshears  
County of Santa Clara  
Department of Environmental Health  
2220 Moorpark Avenue, Rm. 204, East Wing,  
San Jose, CA 95128-2690

Re: Inspection Report - 7/13/00  
Tosco Site # 256115 *UMW STATION # 6115*  
4350 El Camino Real  
Los Altos, CA 94022

Dear Mr. Breshears,

Please, find attached a letter from our Construction group. For some reason this letter was not mailed to you along with the check. Enclosed is a check for permit fees regarding the replacement of the monitoring system.

If you need any additional information, please contact me at (925) 277-2404.

Sincerely,

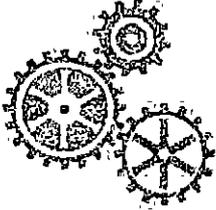
Janette M. Thompson  
Compliance Specialist

Attachments

cc: Compliance File 256115/31096

NOV 21 3 11 PM '00

RECEIVED BY  
ENVIRONMENTAL HEALTH  
HACD



# Construction Management Services

Mr Chester Bennett

P. O. Box 684

Rancho Cordova, CA. 95741

Santa Clara County  
Department of Environmental Health  
Haz. Mat. Compliance Division  
2220 Moorpark Avenue  
PO Box 28070  
San Jose, CA. 95159-8070

October 6<sup>th</sup>, 2000

Re: Union 76 Station # 6115  
4350 El Camino Real  
Los Gatos, CA..

PLEASE FORWARDED  
TO SC COUNTY  
HEALTH.  
ALONG WITH YOUR  
RESPONSE TO  
ITEMS - CHET.

CHECK  
ATTACHED

Subject: Response to Notice of Inspection  
Dated 7/13/2000

Dear Inspector (Greg B. ?),

I am in receipt of the inspection report and am providing the attached plan and fee's in response to items 2351 and 2352 listed in that report.

Our records indicate that in February of 1998, the existing monitoring panel and its associated sensing probes were removed and replaced with a more sophisticated system. The original system (a 'Leak Alert' brand) was functioning and was certified at the time of the replacement. The new system (a Veederroot TLS 350) was installed in the same location as the original system and the exchange was made by a Veederroot approved installer.

As such, we viewed this upgrade as a maintenance item, not a 'construction' project. No new electrical circuits were needed or added. All existing probes were replaced, none were eliminated or added.

Please accept the check for the permit fee's, and the attached plan as our response to your request. It is my understanding that we will then be in full compliance.

Sincerely,

Chester Bennett  
Project Consultant  
916-835-8539



**TOSCO**  
Marketing  
Company

ENVIRONMENTAL HEALTH SERVICES  
HMCO

SEP 8 4 32 PM '00

2000 Crow Canyon Place  
Suite 400  
San Ramon, CA 94583  
(925) 277-2305  
fax: 925.277.2361

**Environmental  
Compliance  
Department**

September 7, 2000

Mr. Greg Breshears  
County of Santa Clara  
Department of Environmental Health  
2220 Moorpark Avenue, Rm. 204, East Wing  
San Jose, CA 95128-2690

Re: Inspection Report - 7/13/00  
Tosco Site # 256115  
4350 El Camino Real  
Los Altos, CA 94022

Dear Mr. Breshears,

Per the subject inspection report (copy attached for reference), attached are the following documents:

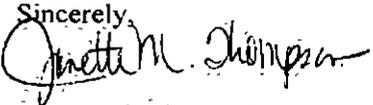
- Monitoring and Spill response plan. *BOTH INCOMPLETE*
- Monitor Certification. *← FAIL 4-26-00 TESTING ONLY (WAS SUBMITTED ON 5-9-00 TOO)*
- New Form A & B. *← MULTIPLE ERRORS*
- Letter to the dealer requesting replacement of hose and nozzles.

Steve Skanderson with RHL Designs will be forwarding a copy of the revised Business plan to you and to the site (Violation Code 2301 & 2302).

Work order documentation/repairs have been issued to our Maintenance Service Center (Violation Code 2377). Repair documents will be forwarded to you upon completion.

In regards to the submittal of the work plans to remove the LeakAlert 08 and to replace the monitoring with a new TLS-350 (Violation Codes 2351 & 2352), our Construction Group is looking into the situation. They should be in contact with you in the near future.

If you need any additional information, please contact me at (925) 277-2305.

Sincerely,  
  
Janelle M. Thompson  
Compliance Specialist

Reviewed By   
Date SEPTEMBER 12, 2000

Attachments

*CORRECTIVE ACTIONS NOT ADDRESSED  
FOR ALL VIOLATIONS CERTIFICATION  
NOT SIGNED*

cc: Store # 256115/31096  
Compliance File 256115/31096





Received  
9-8-00  
HMD

2000 Crow Canyon Place  
Suite 400  
San Ramon, CA 94583  
925.277.2305  
fax: 925.277.2361

**TOSCO**  
Marketing  
Company

**Environmental  
Compliance  
Department**

September 7, 2000

Mr. Greg Galatolo  
Tosco Station #256115/31096  
4350 El Camino Real  
Los Altos, CA 94022

Dear Mr. Galatolo,

Attached is a copy of the inspection report we received that includes findings for your service station, citing the following conditions:

- Replace cracked nozzle vapor recovery boot on Dispenser #3 – 89 Octane.
- Replace cracked nozzle vapor recovery boot on Dispenser #5 – 92 Octane.
- Replace vapor recovery hose on Dispenser #10 – 89 Octane.

Per your Tosco Dealer Service Station Lease and Motor Fuel Supply Agreement, it is your responsibility to address the items listed above. Please make sure that you perform the necessary corrective actions as soon as possible.

We appreciate your assistance in this matter. If you have any questions or require additional information, please contact your Business Operations Manager or myself at (925) 277-2305.

Sincerely,

Janette M. Thompson  
Compliance Specialist

Attachments

cc: Greg Breshears, County of Santa Clara  
Lynda Gerber  
Compliance File 256115/31096

Reviewed By

Date 9-12-00



# County of Santa Clara

Environmental Resources Agency  
Department of Environmental Health  
Hazardous Materials Compliance Division  
2220 Moorpark Avenue, East Wing, Room 204  
San Jose, California 95128-2690  
(408) 299-6930 FAX 280-6479

Mailing Address  
Department of Environmental Health  
Hazardous Materials Compliance Division  
P.O. Box 28070  
San Jose, California 95159-8070



July 31, 2000

Merliza Alcala  
Tosco Marketing Company  
2000 Crow Canyon Place, Suite 400  
San Ramon, CA 94583

COPY

**Re: Copies of Official Notices of Inspection - Union Stations No. 5957 and 6115.**

Ms. Alcala:

This Department inspected the above facilities on July 12 and 13, 2000. At the conclusion of the inspections, the Operator, Greg Galatolo, was given original copies of the Official Notices of Inspection with directions to forward them to Tosco. Enclosed are photocopies of the reports in case this was not done. Please ensure that written responses to all Notices of Violation, along with any applicable document submittals, are sent to my attention by the specified deadlines.

Should you have any questions, please contact me at (408) 299-8007.

Greg Breshears  
Lead Hazardous Materials Specialist  
Hazardous Materials Compliance Division

# County of Santa Clara

Department of Environmental Health  
 Hazardous Materials Compliance Division  
 2220 Moorpark Avenue  
 P.O. Box 28070  
 San Jose, CA 95159-8070  
 (408) 299-6930 Fax (408) 280-6479

Program Record ID	FE	SC	Time
TA100024	2310	02	30
TA100023	2311	02	30
TA100022	2311	02	30
<del>PR300081</del>	<del>2311</del>	<del>02</del>	<del>30</del>

## OFFICIAL NOTICE OF INSPECTION

Facility Name: <u>UMON STATION # 6115</u>	Inspection Date: <u>7-12-2000</u>
Site Address: <u>4350 EL CAMINO REAL - LOS ALTOS</u>	Work Area:
Contact Person(s): <u>GREG GALATTO</u>	Employee No.: <u>4686</u>
Inspection Type: <input checked="" type="checkbox"/> Hazardous Materials' <input type="checkbox"/> Cal-Accidental Release Prevention Program <input checked="" type="checkbox"/> Hazardous Waste <input type="checkbox"/> Medical Waste Storage/Treatment <input type="checkbox"/> Toxic Gas <input type="checkbox"/> Medical Waste Generator	Samples Taken? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No. Photographs Taken? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No.

VIOLATIONS: Codes noted below in the "Violation Code" column represent specific violations of State law and/or local Ordinance. These codes are defined in the attached Violation Codes document(s). Time granted for correction of violations does not preclude any enforcement action by this Department or other agencies. This facility may be subject to reinspection at any time.

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
2301	BUSINESS PLAN MAP <del>DATA</del> DOES NOT SHOW	
2302	PROPANE STORAGE OR SOLVENT PART CLEANER. OIL-WATER SEPARATOR WAS CLOSED SEVERAL YEARS AGO AND SHOULD BE DELETED FROM MAP. INVENTORY DOES NOT INCLUDE PROPANE STORAGE (14 x 17 1/2 # CYLINDERS). BOTH VIRGIN AND WASTE ANTIFREEZE ARE STORED IN POLY BULK TANKS. SUBMIT A REVISED BUSINESS PLAN WITHIN 30 DAYS. (NOTE: PROPANE ON SITE FOR PAST 5 TO 6 MONTHS.) REVISE MAP TO SHOW CORRECT WASTE STORAGE LOCATIONS.	
2358	NO LST MONITORING PLAN WAS SUBMITTED AFTER INSTALLING VEEDER-ROOT TLS-350 MONITORING SYSTEM AND SENSORS. SUBMIT A PLAN WITHIN 30 DAYS. (NOTE: IT IS NOT CLEAR WHETHER PITCHING MONITORING EQUIPMENT WAS DONE WITH PLAN SUBMITTED TO AND APPROVED BY THIS DEPARTMENT.)	

All violations must be corrected within 30 days of the inspection date unless noted otherwise, above. Section 25187.8 of the State Health and Safety Code (H&SC) requires that you write a brief description of the corrective actions you have taken to bring this facility into compliance and submit it to this Department within 5 days of achieving compliance, or within 35 days of the inspection date, whichever comes first. (Note: Detailed instructions on actions you must take are printed on the reverse side of this page.)

Received by: [Signature] Inspected by: GREG BREIDENBACH Entered by: 1002

Certification: I certify under penalty of perjury that this facility has complied with directives specified in this Notice to Comply.

Signature of Owner/Operator: \_\_\_\_\_ Title: \_\_\_\_\_ Date: 7/1/00

## THE OFFICIAL NOTICE OF INSPECTION EXPLAINED

This Official Notice of Inspection (Notice of Inspection) describes the findings made during the inspection, including all violations and any actions that must be taken by the facility to correct the violations. All violations must be corrected within 30 days of the inspection date unless noted otherwise by the inspector.

Within five working days of achieving compliance, or within 35 days of the inspection, whichever comes first, you must submit a written response which describes the corrective actions you have taken or - for those violations which are impossible to correct within 30 days - propose to take in order to bring your facility into compliance. Where proposed corrective actions are described, you must specify a date by which you expect each violation to be corrected. After you have addressed each violation, complete the certification box located at the bottom of page 1 of the Notice of Inspection. Your description of corrective actions taken, along with your signed certification of the Notice of Inspection and any required supporting documents, will serve as your written response to the inspection. Your response must be mailed to the Santa Clara County Hazardous Materials Compliance Division (HMCD) at P.O. Box 28070, San Jose, CA 95159-8070.

### What Does the Information in Each Column Mean?

**Violation Code:** Codes listed in this column identify specific violations of laws, regulations, or codes which were observed during this inspection. Definitions of Violation Codes are listed on the attached Violation Codes document(s).

**Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions:** Information noted in this column describes the circumstances of any violations noted in the first column and describes how the violations may be corrected. Additionally, the inspector may use this space to note any additional observations resulting from the inspection.

**Corrective Actions Taken:** This column on the Notice of Inspection has been provided so that you can note how you have corrected or propose to correct each violation. Where proposed corrective actions are described, you must specify a date by which you expect each violation to be corrected. If more space is needed, attach additional pages.

### Why Were Two Copies of the Notice of Inspection Given to Me?

You have been given two copies so you will have a copy for your own records after you submit your written response to HMCD. Do not separate the copies until you have described all of your corrective actions and signed the certification box on page 1. The yellow copy of each page must be submitted to HMCD. The pink copy is for your records.

### What if I Disagree With a Violation Noted on the Notice of Inspection?

If you disagree with any violation listed in this Notice of Inspection, you must submit a written Notice of Disagreement, within 35 days of the inspection date, to the inspector who cited the violation. In your Notice of Disagreement, you must explain in detail why the violation does not exist. If there is sufficient space, you may use the "Corrective Actions Taken" column of this Notice of Inspection to dispute violations.

### What About Photographs or Samples Taken During the Inspection?

Since this Notice of Inspection was prepared and given to you at the end of the inspection, any photographs and sampling or laboratory results associated with the inspection were not yet available. A copy of any photographs and/or analytical results from sampling taken during this inspection will be provided to you upon written request. Other pertinent information derived from the inspection is attached to this Notice of Inspection. Photographs and sample results may be withheld in the event of a criminal investigation or other ongoing investigation.

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### Hazardous Waste Violations

- Per H&SC, Section 25187.8(g)(1), failure to sign the certification on this Notice of Inspection and return it to this Department is a violation of State law.
- Per H&SC, Section 25191, a false statement that compliance has been achieved is a violation of State law punishable by a fine of not less than \$2,000 or more than \$25,000 and/or imprisonment in the county jail for up to one year.
- Per H&SC, Section 25187.8(j), this Department has the right to acquire the submittal of reasonable and necessary documentation in support of any claim of compliance made by your facility.

OFFICIAL NOTICE OF INSPECTION  
 (Continuation Page)

Facility Name: UNION # 6115

Inspection Date: 7-12-2009

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
2361	UST RESPONSE PLAN HAS NOT BEEN UPDATED SINCE 10-17-95. THAT PLAN IS INCOMPLETE. SUBMIT A REVISED PLAN WITHIN 30 DAYS.	
2377	REMOVE APPROX. 1/2" WATER IN WASTE OIL UST ANNULAR SPACE. DETERMINE HOW WATER IS GAINING ENTRY AND SEAL THE FITTINGS.	
	DISPENSER EMERGENCY SHUT OFF SWITCH IS NOT VISIBLE FROM DISPENSERS ON LOS ALTOS AVENUE SIDE OF STATION. PROVIDE A SIGN IN ACCORDANCE WITH FIRE CODE SHOWING ESD LOCATION. CFC 5201.5.3	
	REPLACE BURNT OUT GREEN POWER INDICATOR BULB ON TWS-350 PANEL.	
	REPLACE OR RECHARGE PARTIALLY DISCHARGED FIRE EXTINGUISHER IN SHOP. CB	
	REPAIR SPILL CONTAINMENT DRAIN VALVE ON REGULAR UNLEADED TANK. VALVE IS JAMMED OPEN.	
	REPLACE CRACKED NOZZLE VAPOR RECOVERY BOOTS <del>FROM</del> ON DISP. #3 89 OCTANE AND DISP. #5 92 OCTANE NOZZLES. REPLACE VAPOR RECOVERY HOSE ON DISP. #10 89 OCTANE HOSE. HOSE IS COMPLETELY <del>REMOVED</del> DESTROYED.	

Received by: [Signature]

Inspected by: [Signature]

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY. CB

OFFICIAL NOTICE OF INSPECTION

(Continuation Page)

Facility Name: UNION # 6115

Inspection Date: 7-13-2000 <sup>13</sup> <sup>CB</sup>

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
2352 2351	SOMETIME BETWEEN 9-24-97 AND 3-14-99, THE UNIVERSAL SENSORS & DEVICES MODEL LA-08 VST MONITORING SYSTEM AND ASSOCIATED SENSORS WERE REMOVED AND REPLACED BY VEEDER-ROOT MONITORING EQUIPMENT WITHOUT PRIOR PLAN SUBMITTAL TO, AND APPROVAL BY, THIS DEPARTMENT. SUBMIT PLANS FOR THIS UPERADE ALONG WITH A CHECK IN THE AMOUNT OF \$291.00 PAYABLE TO SANTA CLARA COUNTY H.M.C.D.	
2357	VST MONITORING EQUIPMENT APPEARS NOT TO HAVE BEEN INSPECTED AND TESTED DURING 1998. ENSURE THAT TESTING IS DONE ANNUALLY WITHOUT FAIL. SUBMIT A COPY OF THE TDS-750 ALARM HISTORY REPORT FOR EACH SENSOR. SUBMIT COMPLETED UNIFIED PROGRAM CONSOLIDATED FORM VST PERMIT RENEWAL FORMS WITHIN 30 DAYS.	
	OBSERVATIONS NOTE: ALL TUMPS & DISPENSER CONTAINMENT SYSTEMS WERE VISUALLY INSPECTED. TANK ANNUAL SENSORS WERE TESTED. NEITHER FIBRETECH SENSOR WAS TESTED BECAUSE STATION WAS BUSY AND ALARMS REPEATEDLY WILL TRIGGER TURBINE SHUT DOWN. MECHANICAL LINE LEAK DETECTORS ARE NOT INSTALLED. WASTE OIL TANK DOES NOT HAVE A REMOTE FILL LINE. PRODUCT LINES ARE FIBRETECH. INSPECTION BEGAN ON 7-12-2000 - ENDED ON 7-13-2000.	

Received by: [Signature]

Inspected by: [Signature]

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.

**HAZARDOUS MATERIALS STORAGE PROGRAM VIOLATION CODES  
 GENERAL STORAGE PROVISIONS**

Authority Cited: *Hazardous Materials Storage Ordinance (SO); Health and Safety Code (H&SC); California Code of Regulations, Title 8, Div. 4.1 (CCR).*

This document has been prepared to explain Violation Codes associated with the storage of hazardous materials which may have been noted in the attached Santa Clara County Hazardous Materials Compliance Division (HMCD) Official Notice of Inspection. The sections of State Law and local Ordinance corresponding to each Violation Code have been briefly described. For a complete citation of these laws and regulations, it is recommended that you use the Internet, visit your local library, or visit our office located at 2220 Moorpark Avenue in San Jose, where the complete text of the laws/regulations referenced below can be viewed. Health and Safety Code is available on the Internet at <http://www.leginfo.ca.gov/calaw.html>. Title 23 CCR is available on the Internet at <http://www.calregs.com>. If you would like to discuss any interpretations of these laws or regulations, please call our department at (408) 299-6930 and ask for the Hazardous Materials Program Manager.

**A. Permits, HMBP/HMMP**

V	N/A	Violation Code	Regulatory Citation
<input type="checkbox"/>	<input checked="" type="checkbox"/>	2300	SO 301.03(a) 303.01
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2301	H&SC 25503.5 SO 304.02

**Hazardous Materials Storage Permit** - Any facility that stores or uses hazardous materials must apply for and obtain a hazardous materials storage permit from HMCD.

**Hazardous Materials Business Plan (HMBP) Submitted/Complete** - The owner of a facility must complete a HMBP and submit a copy to HMCD for each site which handles any individual hazardous material or mixture containing a hazardous material which has an aggregate quantity on site at any one time during the reporting year equal to or greater than 500 pounds for solids, 55 gallons for liquids, or 200 cubic feet for gases. It must include:

- Hazardous materials inventory information;
- Emergency response plans and procedures in the event of a reportable release or threatened release of a hazardous material, including, but not limited to, notification of local emergency response agencies; HMCD, and the state Office of Emergency Services; procedures for the mitigation of a release or threatened release to minimize any potential harm or damage to persons, property, or the environment; and evacuation plans and procedures, including immediate notice, for the facility;
- Training for all new employees and annual training, including refresher courses, for all employees in safety procedures in the event of a release or threatened release of hazardous material, including, but not limited to, familiarity with facility emergency response plans and procedures;
- A facility site plan and hazardous materials storage map.

[Notes: (1) There are limited exceptions to the reporting quantities specified above. The exceptions are listed in the Hazardous Materials Business Plan Information Sheet. (2) Any hazardous material in a rail car or rail or marine freight container remaining at a facility longer than 30 days is deemed stored and subject to HMBP requirements. Per H&SC §25501.4(c), HMCD must be notified immediately of such storage.]

V	N/A	Violation Code	Regulatory Citation	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2302	H&SC 25505(b) 25510	<p><b>HMBP Changes Reported</b> - Within 30 days of any one of the following events, a facility shall submit to HMCD an amended HMBP:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A 100% or more increase in the quantity of a previously disclosed material;</li> <li><input checked="" type="checkbox"/> Any handling of a previously undisclosed hazardous material in HMBP quantities;</li> <li><input type="checkbox"/> Change of business address;</li> <li><input type="checkbox"/> Change of business ownership;</li> <li><input type="checkbox"/> Change of business name;</li> <li><input type="checkbox"/> A substantial change in the handler's operations (e.g. personnel changes, installation or closure of hazardous materials storage/handling systems, etc.) occurs.</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	2303	H&SC 25505(e)	<p><b>HMBP Review/Certification</b> - A facility shall review its HMBP at least once every three years to determine if a revision is needed and shall certify to HMCD that the review was made and that any necessary changes were made to the plan. A copy of any changes to the plan shall accompany the certification.</p>
<input type="checkbox"/>	<input type="checkbox"/>	2304	H&SC 25503.6	<p><b>Written Notice to Property Owner</b> - Any facility which is required to establish and implement a HMBP and is located on leased or rented real property shall notify, in writing, the owner of the property that the business is subject to HMBP requirements (i.e. H&amp;SC §25503.5) and has complied with its provisions, and shall provide a copy of the HMBP to the owner or the owner's agent within five working days after receiving a request for a copy from the owner or the owner's agent. A copy of this notification should be kept at the facility.</p>
<input type="checkbox"/>	<input type="checkbox"/>	2305	H&SC 25505(d)	<p><b>Annual Hazardous Materials Inventory Certification/Submittal</b> - Any facility that handles hazardous materials in HMBP quantities shall, on an annual basis, either: 1.) Submit to HMCD a completed "Hazardous Materials Business Plan Certification Form"; or 2.) Submit a report of its hazardous materials inventory in a format approved by HMCD.</p>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	2306	SO 304.01	<p><b>Hazardous Materials Management Plan (HMMP) Submitted/Complete</b> - Any facility that stores or uses hazardous materials in quantities less than those specified for the HMBP must file a HMMP. The HMMP shall be updated any time there is a significant change in the quantities of hazardous materials or changes in the process in which the hazardous materials are being used. (Note: The Hazardous Materials/Waste Registration Form serves as a Short Form HMMP.)</p>
<input type="checkbox"/>	<input type="checkbox"/>	2307	SO 303.01.	<p><b>Permit for Installation/Construction/Repair/Closure</b> - Any facility which intends to install, construct, repair, or close a hazardous materials storage/handling system or area (e.g. tank, room, etc.) must first obtain a permit from HMCD.</p>
<input type="checkbox"/>	<input type="checkbox"/>	2308	SO 303.06(b)	<p><b>Modifications to a Facility</b> - Any substantial modification to, or repair of, a storage facility, other than minor or emergency repairs, shall be performed in accordance with written plans submitted to and approved by HMCD prior to the initiation of work.</p>
<input type="checkbox"/>	<input type="checkbox"/>	2309	SO 303.04(a) 303.04(c)	<p><b>Abandoned Facility or Tank</b> - No hazardous materials storage facility may be abandoned. Owners/operators of facilities permanently taken out of service, or which are not monitored in accordance with an approved written monitoring plan, shall submit a closure plan application and obtain a closure permit at least 30 days prior to final closure of the facility or aboveground/underground storage tank. Once the plan has been approved, a final walk-through inspection must be completed by HMCD.</p>

**B. Separation, Containment, Monitoring:**

V	N/A	Violation Code	Regulatory Citation	
<input type="checkbox"/>	<input type="checkbox"/>	2310	SO 303.08	<b>Secured Storage Areas</b> - Access to hazardous materials storage areas shall be secured by means of fences and/or locks. Gates and doorways to such areas shall be kept securely locked when unattended.
<input type="checkbox"/>	<input type="checkbox"/>	2311	SO 303.02(e)	<b>Separation of Incompatible Materials</b> - Materials which in combination might cause a fire, explosion, or the production of a flammable or toxic gas shall be separated so as to avoid potential intermixing in the event of a release.
<input type="checkbox"/>	<input type="checkbox"/>	2312	SO 303.07(a)	<b>Safe Chemical Handling</b> - Dispensing and mixing of hazardous materials shall not be done in such a manner as to substantially increase the risk of an unauthorized discharge.
<input type="checkbox"/>	<input type="checkbox"/>	2313	SO 303.07(b)	<b>Movement of Materials Within Facility</b> - Hazardous materials shall not be stored in a travel path (e.g. hallway, aisleway, etc.). They may remain in the travel path only for the time reasonably necessary to move them. Such movement shall be in a manner which will not result in an unauthorized discharge.
<input type="checkbox"/>	<input type="checkbox"/>	2314	SO 303.02(c)(1)	<b>Primary Containment Product-Tight</b> - All primary containment (i.e. the container in which a material is stored) used for the storage of hazardous materials shall be product-tight (i.e. not leaking and compatible with the chemical being stored).
<input type="checkbox"/>	<input type="checkbox"/>	2315	SO 303.02(c)	<b>Secondary Containment Provided</b> - Secondary containment (i.e. containment external to and separate from primary containment) constructed so as not to be structurally weakened as a result of contact with the material stored shall be provided. It shall be capable of containing 110% of the volume of the primary container if a single container is used, or in the case of multiple containers, 150% of the volume of the largest container or 10% of the aggregate, whichever is larger. In addition, the secondary containment, if open to rainfall, must be capable of accommodating the volume of a 24-hour rainfall from a 100-year storm (i.e. approximately an additional 4 1/2 inches in depth or height of the secondary containment).
<input type="checkbox"/>	<input type="checkbox"/>	2316	SO 303.02(f)	<b>Removal of Water from Secondary Containment</b> - Any water which has entered the secondary containment shall be removed, analyzed for contamination by hazardous substances, and disposed of properly. A system to prevent uncontrolled removal of such water shall be provided.
<input type="checkbox"/>	<input type="checkbox"/>	2317	SO 303.02(d)	<b>Overfill Protection Provided</b> - Primary containment of tanks holding hazardous materials shall be equipped with a high-level alarm (i.e. an alarm which sounds when the tank is 90% full) and/or other approved overfill protection devices to prevent spills when filling the tank.
<input type="checkbox"/>	<input type="checkbox"/>	2318	SO 303.02(b) 303.05(a)	<b>Monitoring System (Provided)</b> - Each area in which hazardous materials are stored shall be monitored. Monitoring methods shall include at least one system for detecting leakage from the primary containment. Visual inspection of both primary and secondary containment is preferable; however, other methods may be allowed or required by HMCD. Per SO §303.04(b), facilities which are temporarily out of service, and are intended to be returned to use, shall continue to be monitored and inspected.
<input type="checkbox"/>	<input type="checkbox"/>	2319	SO 303.03 304.01	<b>Monitoring System (Approved)</b> - Procedures and/or equipment used to monitor hazardous materials must be approved by HMCD.

V	N/A	Violation Code	Regulatory Citation	
<input type="checkbox"/>	<input type="checkbox"/>	2320	SO 303.05(b)	<b>Inspection and Testing of Monitoring Equipment</b> - All monitoring systems shall be tested and inspected monthly, at a minimum, to ensure that they are in working order. Records of all inspection/maintenance/repairs shall be kept on-site and be available for inspection by HMCD.
<input type="checkbox"/>	<input type="checkbox"/>	2321	SO 303.05(a)	<b>Visual/Audible Alarm</b> - Whenever monitoring devices are provided, they shall be connected to attention-getting visual and audible alarms.
<input type="checkbox"/>	<input type="checkbox"/>	2322	SO 303.03 304.02(d) 304.03(b)(4)	<b>Written Monitoring Plan Submitted/Approved/Implemented</b> - A written monitoring plan must be prepared and submitted to HMCD. The monitoring plan shall describe the location, type, manufacturer specifications (if applicable), and suitability of monitoring methods used in each storage area. Frequency of monitoring must be specified.
<input type="checkbox"/>	<input type="checkbox"/>	2323	SO 303.05(b)	<b>Monitoring/Maintenance Records</b> - Any facility that stores or uses hazardous materials must test, monitor, and inspect the facility in compliance with the approved written monitoring plan and maintain records adequate to demonstrate compliance therewith. SO §307.02 requires that the facility maintain an inspection check sheet or log, in a format approved by HMCD, designed to be used in conjunction with routine inspections. A blank copy of this log must be submitted as an attachment to the facility's HMBP.
<input type="checkbox"/>	<input type="checkbox"/>	2324	SO 303.06(a)	<b>Maintenance, Repairs, or Replacement</b> - The facility owner/manager shall carry out all necessary maintenance, ordinary upkeep, and minor repairs needed to keep equipment (e.g. monitoring systems, piping, etc.) in proper operating condition. This work shall be performed in a careful and safe manner. Emergency repairs may be made immediately, but within 5 working days after such repairs have been started, a written plan describing the repairs shall be submitted to HMCD for review and approval.

**C. Training, Emergency Response, Unauthorized Discharges**

V	N/A	Violation Code	Regulatory Citation	
<input type="checkbox"/>	<input type="checkbox"/>	2325	H&SC 25504(c)	<b>Emergency Response Training</b> - At facilities required to prepare a HMBP, training shall be provided for all new employees in the event of a release or threatened release of a hazardous material, including, but not limited to, familiarity with the facility's emergency response plans and procedures. Annual refresher courses shall be provided for all employees. The training program may take into consideration the position of each employee. It shall include, but not limited to, all of the following: <ul style="list-style-type: none"> <li><input type="checkbox"/> Immediate notification to HMCD and to appropriate local emergency rescue personnel and the State Office of Emergency Services.</li> <li><input type="checkbox"/> Procedures for the mitigation of a release or threatened release to minimize any potential harm or damage to persons, property, or the environment.</li> <li><input type="checkbox"/> The facility's evacuation plans and procedures.</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	2326	SO 303.09	<b>Emergency Equipment</b> - Emergency equipment shall be provided, regularly tested, and adequately maintained, and shall be reasonable and appropriate to potential emergencies presented by the stored hazardous materials.
<input type="checkbox"/>	<input type="checkbox"/>	2327	SO 303.10	<b>Posted Emergency Procedures</b> - Any facility which stores hazardous materials shall conspicuously post simplified emergency procedures (i.e. what to do in the case of fire, spill, etc.) in locations where hazardous materials are stored.

V	N/A	Violation Code	Regulatory Citation	
<input type="checkbox"/>	<input type="checkbox"/>	2328	SO 306.01(a)(1)	<b>Unauthorized Discharge (Recordable)</b> - Any facility which has had a recordable unauthorized discharge, must record it in the facility's monitoring records. A recordable unauthorized discharge is one that: <ul style="list-style-type: none"> <li>° Is from primary containment to secondary containment; and</li> <li>° Is cleaned up before it leaves the secondary containment; and</li> <li>° Results in no increase in the possibility of explosion or fire.</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	2329	SO 306.01(a)(1)	<b>Unauthorized Discharge (Reportable)</b> - Any facility which has had a reportable unauthorized discharge must report it to HMCD immediately. A reportable discharge is any unauthorized discharge that does not meet the definition of a recordable discharge.
<input type="checkbox"/>	<input type="checkbox"/>	2331	SO 306.01(a) 306.02	<b>Cleanup of Unauthorized Discharge</b> - Any business or facility which stores or uses hazardous materials shall initiate and complete all actions necessary to remedy the effects of any unauthorized discharge.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	2348	H&SC 25270.5(c)	<b>Spill Prevention Control and Countermeasure (SPCC) Plan</b> - The owner or operator of any facility which stores more than 1,320 gallons of petroleum aboveground, or stores petroleum in an aboveground tank larger than 660 gallons in capacity, shall prepare a SPCC Plan in accordance with guidelines contained in Part 112 of Title 40 of the Code of Federal Regulations. <i>(Exception: Tank facilities located on a farm, nursery, logging site, or construction site are not required to prepare a SPCC Plan if no tank exceeds 20,000 gallons and cumulative storage capacity does not exceed 100,000 gallons.)</i>

### D. Record Keeping, Labeling

V	N/A	Violation Code	Regulatory Citation	
<input type="checkbox"/>	<input type="checkbox"/>	2332	SO 307.05	<b>Records (Retention Time)</b> - All records (e.g. maintenance, monitoring, training, unauthorized discharge logs, etc.) shall be maintained for no less than 3 years and must be available for review by HMCD upon request.
<input type="checkbox"/>	<input type="checkbox"/>	2333	8 CCR 5227	<b>Labeling</b> - Hazardous materials containers shall be labeled with either the chemical or common name (not trade name only), of the material and hazard information equivalent to that specified in 8 CCR §5227(c) and 5228.

### E. Urban Runoff

V	N/A	Violation Code	Regulatory Citation	
<input type="checkbox"/>	<input type="checkbox"/>	2349	Ordinance No. NS-517.55 B11.5-3.	<b>Illegal Discharge</b> - It is unlawful to discharge, or cause, allow or permit to be discharged into any part of the stormwater system or watercourse any sewage, industrial wastes, petroleum, or petroleum products, coal tar, chemicals, detergents, solvents, paints, contaminated or chlorinated swimming pool water, pesticides, herbicides and fertilizers, soil sediments, washwater, cans, bottles, refuse, motor vehicles or parts thereof, or any material that may be deleterious to aquatic life.

## HAZARDOUS MATERIALS STORAGE PROGRAM VIOLATION CODES UNDERGROUND STORAGE TANKS

*Authority Cited: Hazardous Materials Storage Ordinance (SO); Health and Safety Code (H&SC);  
 California Code of Regulations, Title 23, Div. 3, Chapter 16 (CCR)*

This document has been prepared to explain any Violation Codes associated with hazardous materials underground storage tank systems which may have been noted in the attached Santa Clara County Hazardous Materials Compliance Division (HMCD) Official Notice of Inspection. If you would like to discuss any interpretations of these laws or regulations, please call our department at (408) 299-6930 and ask for the Hazardous Materials Program Manager.

### A. General Requirements

v	N/A	Violation Code	Regulatory Citation	Description
<input type="checkbox"/>	<input type="checkbox"/>	2350	H&SC 25284(a)	<b>Permit to Operate</b> - Any business or facility that owns or operates an underground storage tank holding a hazardous material must apply for and obtain from HMCD an Underground Storage Tank Permit to Operate. Completion and submittal of Unified Program Consolidated Forms for Underground Storage Tanks [i.e. "Facility" form (for site), Tank Pages 1 and 2 (for each tank), and "Installation Certificate of Compliance" (for new installations and piping replacement)] along with a new or revised Hazardous Materials Business Plan, written UST Monitoring Plan, and written UST Response Plan satisfies permit application requirements.
OK				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2351	H&SC 25286(a)	<b>Change in Tank Usage or Monitoring Procedures</b> - Any business or facility that stores hazardous materials in a UST must notify and receive approval from HMCD prior to making any changes in the usage of the tank, including the storage of different hazardous materials or modification of monitoring procedures. Unified Program Consolidated Forms, Monitoring Plan, and Response Plan must be revised as necessary and submitted along with this notification.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2352	H&SC 25285.1(a)(1)	<b>Compliance With Terms or Conditions of Permit to Operate</b> - USTs must be operated in accordance with the terms and conditions of the permit. Such terms include, but are not limited to, operating according to the approved monitoring procedures and response plan. HMCD may revoke or modify a UST permit for violation of any terms or conditions of the permit.
<input type="checkbox"/>	<input type="checkbox"/>	2353	H&SC 25292.1(a)	<b>Safe Operation</b> - Tanks must be operated to prevent any unauthorized releases, including spills and overfills.
<input type="checkbox"/>	<input type="checkbox"/>	2354	H&SC 25291(b); or 25292(a)	<b>Monitoring Systems Provided</b> - Each tank system must be equipped with monitoring systems (i.e. equipment and procedures) capable of detecting an unauthorized release of the hazardous material stored.
OK				
<input type="checkbox"/>	<input type="checkbox"/>	2355	H&SC 25293	<b>Monitoring System Approved</b> - Each underground tank system must be monitored by the methods required by the Permit to Operate (i.e. in accordance with the facility's written Underground Storage Tank Monitoring Plan approved by HMCD).
OK				

V	N/A	Violation Code	Regulatory Citation	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2357	CCR 2630(d); 2641(j)	<p><b>Installation, Calibration, Operation, and Maintenance of Monitoring Equipment</b> - Equipment and devices used to monitor UST systems must be installed, calibrated, operated, and maintained in accordance with manufacturer's instructions, <u>including routine maintenance and service checks at least once per calendar year</u> for operability or running condition.</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2358	CCR 2632(d)(1); or 2641(h)	<p><b>Written Monitoring Plan</b> - Written monitoring procedures must specify:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The frequency of performing the monitoring (e.g. continuous, monthly, etc.);</li> <li><input checked="" type="checkbox"/> The methods and equipment, <u>identified by name and model</u>, to be used for performing the monitoring;</li> <li><input checked="" type="checkbox"/> The location(s), <u>identified on a plot plan</u>, where the monitoring will be performed (i.e. locations of sensors, line leak detectors, control panels, etc.);</li> <li><input type="checkbox"/> The name(s) and titles(s) of the person(s) responsible for performing the monitoring and/or maintaining the equipment;</li> <li><input type="checkbox"/> The reporting format (e.g. monitoring log sheets);</li> <li><input type="checkbox"/> The preventive maintenance schedule for the monitoring equipment. The schedule must be at least annually and in accordance with the manufacturer's instructions;</li> <li><input type="checkbox"/> A description of the training necessary for the operation of both the tank system and the monitoring equipment;</li> </ul> <p><i>N/A</i> <input type="checkbox"/> For hydrostatic annular monitoring systems, the proposed method(s) for determining the presence or absence of hazardous substance in the interstitial space if monitoring indicates a possible unauthorized release. CCR, 2632(c)(2)(C)</p>
<input type="checkbox"/>	<input type="checkbox"/>	2359	CCR 2712(b)	<p><b>Monitoring Records (content)</b> - Written monitoring records must include:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The date and time of all monitoring or sampling;</li> <li><input type="checkbox"/> Monitoring equipment calibration and maintenance records;</li> <li><input type="checkbox"/> The results of any visual observations;</li> <li><input type="checkbox"/> The results of all sample analyses performed in a laboratory or in the field, including laboratory data sheets and analysis used;</li> <li><input type="checkbox"/> The logs of all readings of gauges or other monitoring equipment, groundwater elevations, or other test results;</li> <li><input type="checkbox"/> The results of inventory readings and reconciliations;</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	2360	CCR 2712(b)	<p><b>Monitoring Records (retention time)</b> - Written monitoring records must be maintained on-site for the following minimum periods:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 3 years for monitoring and maintenance records;</li> <li><input type="checkbox"/> 5 years for written performance claims pertaining to release detection systems and calibration/maintenance records for such systems;</li> <li><input type="checkbox"/> 6½ years for cathodic protection maintenance records.</li> </ul> <p><i>(Exception: If prior approval is received from HMCD, records for unmanned facilities may be maintained off-site at an agreed upon location.)</i></p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2361	CCR 2632(d)(2); or 2641(h)	<p><b>Written Response Plan</b> - A written response plan must demonstrate, to the satisfaction of HMCD, how an unauthorized release will be handled (i.e. controlling the leak or spill, reporting, cleanup, etc.). The response plan must include, but is not limited to, the following:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> A description of the proposed methods and equipment to be used for removing and properly disposing of any hazardous substances, including the location and availability of the required equipment if not permanently on-site, and an equipment maintenance schedule for the equipment located on-site;</li> </ul> <p><i>(Continued on Next Page)</i></p>

*(Written Response Plan - Continued)*

- The name(s) and title(s) of the person(s) responsible for authorizing any work necessary under the response plan;
- In the case of secondarily-contained tanks, the plan must state that any unauthorized release will be removed from the secondary containment system within the time consistent with the ability of the secondary containment system to contain the hazardous substance, but not more than 30 calendar days.

2362 H&SC 25294

**Recording of Unauthorized Release** - Any facility which has had a recordable unauthorized release must record it in the facility monitoring log. A recordable unauthorized release is one that:

- Does not escape from the secondary containment; and
- Is cleaned up within 8 hours after it was detected or reasonably should have been detected; and
- Results in no increase in the possibility of fire or explosion; and
- Does not cause any deterioration of the secondary containment.

2363 H&SC 25295

**Reporting of Unauthorized Release** - Any facility that has had a reportable unauthorized release must report it to HMCD within 24 hours after the release is detected or reasonably should have been detected. A reportable release is any release which does not meet the requirements of a recordable release as described above. State law requires that a full written report [e.g. Underground Storage Tank Unauthorized Release (Leak)/Contamination Site Report] be submitted to HMCD within 5 working days of the release which describes:

- The nature and volume of the release; and
- Any corrective or remedial actions already taken; and
- Any further corrective or remedial actions, including investigative actions, proposed to be taken to clean up the release and abate its effects, including a time schedule for implementation of those actions.

2364 H&SC 25292.2

OK

**Financial Responsibility** - With the exception of state and federal government facilities, owners and operators of USTs must maintain evidence of financial responsibility for taking corrective action and for compensating third parties for bodily injury and property damage caused by a release. This is accomplished through completion and submittal of the "Certification of Financial Responsibility" form and maintenance of the current copy of the certification form and all required supporting documentation (e.g. letters from chief financial officer, certificates of deposit, insurance policies, etc.) at the tank site. If used as financial responsibility mechanisms, financial tests (e.g. chief financial officer letter, government financial test, etc.) must be updated annually. [Note: The "Petroleum Underground Storage Tank Financial Responsibility Guide", a complete guidance document on financial responsibility is available from HMCD at (408) 299-6930 or the State Water Resources Control Board at (800) 813-3863.]

2365 H&SC 25284

OK

**Written Contract Between Tank Owner and Tank Operator** - If the tank owner is not the tank operator, the owner must provide the operator with a copy of the Permit to Operate, enter into a written contract with the operator which requires the operator to monitor the tank system as described in the approved written monitoring plan, and provide the operator with a copy or summary of Health and Safety Code Section 25299 (available from HMCD upon request). A copy of this contract must be kept at the tank site. The tank owner must notify HMCD of any change of operator within 30 days by submitting a revised "Form A."

2366 H&SC 25293

**Record Keeping** - Records of monitoring, testing, repairs, and closure must be maintained in sufficient detail to enable HMCD to determine if a tank system is in compliance. Records must be maintained for at least 3 years and must be available for HMCD review.

2367 H&SC 25287

OK

**Permit Fees** - A permit fee and state surcharge must be paid to HMCD by any person who submits an application for a permit to operate a UST or to renew or amend a permit.

V	N/A	Violation Code	Regulatory Citation	
<input type="checkbox"/>	<input type="checkbox"/>	2368	H&SC: 25298(a)	<b>Abandoned/Out-of-Service Underground Tanks</b> - No facility shall abandon a UST system or close or temporarily cease operating a UST system unless prior approval from HMCD has been granted. Per 23 CCR, 2670(e), the period between cessation of hazardous substance storage and application for tank closure shall not exceed 90 days. UST closure permit applications can be obtained by calling (408) 299-6930.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	2369	H&SC: 25292.1(b)	<b>Training in Cathodic Protection</b> - When equipped with cathodic protection (i.e. sacrificial anodes or impressed current systems), tanks must be operated by persons with sufficient training and experience in corrosion prevention.
<input type="checkbox"/>	<input type="checkbox"/>	2370	H&SC: 25284.4(a)	<b>Integrity Tests</b> - Integrity (i.e. precision) tests of tanks and piping shall be performed only by, or under the direct and personal supervision of, a tank tester with a currently valid tank testing license.
<input type="checkbox"/>	<input type="checkbox"/>	2371	CCR 2643(g)	<b>Tank/Piping Test Reporting</b> - The UST owner or operator must: <ul style="list-style-type: none"> <li><input type="checkbox"/> Notify HMCD 48 hours before conducting a tank or piping integrity test unless the notification requirement is waived by HMCD;</li> <li><input type="checkbox"/> Within 30 calendar days of completion of a UST or piping integrity test, provide HMCD with a written test report;</li> <li><input type="checkbox"/> Within 30 calendar days of completion of any test performed on underground tanks or piping to detect an unauthorized release, submit to HMCD a report in written and/or tabular format, at a level of detail appropriate for the release detection method used.</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	2372	H&SC: 25291(a)(1)	<b>Primary Containment Product-Tight</b> - Primary containment in all tanks and piping used for the storage of hazardous materials must be product-tight.
<input type="checkbox"/>	<input type="checkbox"/>	2399		<b>Other Hazardous Materials Storage Violations</b> - (See the Official Notice of Inspection for details.)

**B. Construction and Monitoring of Tanks**

V	N/A	Violation Code	Regulatory Citation	
<input type="checkbox"/>	<input type="checkbox"/>	2373	H&SC: 25291(a); or CCR 2662(b)	<b>Secondary Containment</b> - All tanks installed on or after 1/1/84, and all tanks installed prior to 1/1/84, that contain hazardous substances other than motor vehicle fuel, must be provided with secondary containment.
<input type="checkbox"/>	<input type="checkbox"/>	2374	CCR 2635(b); or 2665	<b>Spill Prevention Containers</b> - Each tank fill opening must be equipped with an approved spill prevention container of minimum 5 gallon capacity which is equipped with a drain valve to permit spilled hazardous material to be drained into the tank primary containment.
<input type="checkbox"/>	<input type="checkbox"/>	2375	CCR 2635(b); or 2665	<b>Overfill Prevention Equipment</b> - Each tank fill opening must be equipped with approved overfill prevention equipment which can not allow manual override and must either: <ul style="list-style-type: none"> <li>o Alert the transfer operator when the tank is 90% full by restricting the flow into the tank or by triggering an audible and visual alarm; or</li> <li>o Restrict flow to the tank at least 30 minutes prior to tank overfill, provided that the restriction occurs at no more than 95% of tank capacity and triggers an audible and visual alarm at least 5 minutes prior to tank overfill; or</li> <li>o Provide positive shut-off (100% restricted flow) of flow to the tank when the tank is no more than 95% full.</li> </ul>

(Continued on Next Page)

*(Overfill Prevention Equipment - Continued)*

*[Exception: Per 23 CCR, 2635(b)(3), tanks holding used oil may be exempted from this requirement provided that the tank fill inlet is located in an observable area, the spill container is adequate to collect any overfill, and the tank system is filled by transfers of no more than 25 gallons of oil at one time.]*

WASTE OIL



- 2376 CCR 2631(c), or 2662(d) **Striker Plates** - Tank primary containment must be equipped with striker plates or drop-tube-mounted bottom protectors installed beneath each accessible opening.
- 2377 H&SC 25291(e) **Water in Secondary Containment** - The facility must have a means of monitoring for water intrusion into secondary containment systems, and a means for removing any water found. In addition, the removed water must be analyzed for contamination and, if contaminated, properly disposed of at an authorized disposal facility.
- 2378 CCR 2632(c)(2)(B) 2662(b) **Audible and Visual Alarm System** - Continuous monitoring systems must be connected to an audible and visual alarm system approved by HMCD.
- 2379 CCR 2635(a) 2662(b) **Cathodic Protection Systems (Testing)** - Cathodic protection systems (i.e. sacrificial anodes or impressed current corrosion-control systems) must be tested under the direction of a qualified cathodic protection tester within 6 months of installation and at a minimum every three years thereafter.

**C. Construction and Monitoring of Piping Systems**

- | V                        | N/A                                 | Violation Code | Regulatory Citation | Description   |
|--------------------------|-------------------------------------|----------------|---------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/>            | 2380           | CCR 2636(a) 2666    | <b>Secondary Containment</b> - All piping connected to tanks must have secondary containment.<br><i>[Exceptions: 1.) Tank risers, vent piping, and vapor recovery piping, if designed so that they can not contain liquid-phase hazardous material (i.e. through sloping toward tank and installation of mechanical overfill prevention equipment) do not need secondary containment; 2.) Non-metallic or cathodically protected steel motor vehicle fuel piping installed on or before 7/1/87 may be exempted from secondary containment.]</i> |
| <input type="checkbox"/> | <input type="checkbox"/>            | 2381           | CCR 2636(c)(1) 2666 | <b>Secondary Containment Sloped</b> - Secondary containment systems must be sloped so that all releases will flow to a collection sump located at the low point of the piping run.  |
| <input type="checkbox"/> | <input type="checkbox"/>            | 2382           | CCR 2636(f)(1) 2666 | <b>Continuous Monitoring System</b> - Secondary containment systems must be equipped with a continuous monitoring system approved by HMCD.  |
| <input type="checkbox"/> | <input type="checkbox"/>            | 2383           | CCR 2636(f)(1) 2666 | <b>Audible and Visual Alarm System</b> - Secondary containment continuous monitoring systems must be connected to an audible and visual alarm system approved by HMCD.  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2384           | CCR 2636(f)(2)      | <b>Automatic Line Leak Detectors</b> - Pressurized piping systems installed on or after 7/1/87 must be equipped with approved mechanical or electronic line leak detectors (LLD) capable of detecting a 3 gallon per hour leak rate at 10 p.s.i. within 1 hour, with a probability of detection of at least 95% and a probability of false alarm no greater than 5%.  |

*[Exception: A continuous monitoring system which shuts down the pump, in addition to activating the alarm system when a release into secondary containment is detected, satisfies the automatic line leak detector requirement.]*



V	N/A	Violation Code	Regulatory Citation
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	2385	CCR 2636(f)(4)
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**Annual Testing of Pressurized Piping Systems** - An annual pressure test (i.e. precision line test) must be performed on pressurized piping systems installed on or after 7/1/87. Systems shall be tested at a pressure designated by the equipment manufacturer, provided that the method is capable of detecting a minimum release equivalent to 0.1 gallon/hour defined at 150% of the normal operating pressure of the product piping system at the test pressure with at least a 95% probability of detection and not more than a 5% probability of false alarm. Tests may be performed by licensed tank testers or approved electronic line leak detectors.

*(Exception: The annual pressure test requirement is waived if the piping meets all of the following requirements:*

- The piping secondary containment system is equipped with a continuous monitoring system; and
- The continuous monitoring system is connected to an audible and visual alarm system and the pumping system; and
- The continuous monitor shuts down the pump and activates the alarm system when a release is detected; and
- The pumping system shuts down automatically if the continuous monitoring system fails or is disconnected.)

*[Note: Per CCR, 2636(g)(5), the automatic pump shutdown requirements do not apply to emergency generator systems, provided that the monitoring system is checked at least daily. These monitoring system inspections must be documented in the UST monitoring records.]*

<input type="checkbox"/>	<input type="checkbox"/>	2386	CCR 2635(b) 2666(b)
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**Corrosion Protection** - Underground metal piping must be protected against corrosion with cathodic protection. The cathodic protection system for piping must be meet the same requirements tanks are required to meet [see CCR, 2635(a)].

<input type="checkbox"/>	<input checked="" type="checkbox"/>	2391	CCR 2641(f) 2643(c) 2666(c)
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**Monitoring of Single-Wall Pressurized Piping** - Monitoring of pressurized piping systems without secondary containment must include an electronic line leak detector (LLD) that:

- Tests the line at least hourly at any pressure *(Exception: If use of the piping is intermittent, leak detection monitoring is required only at the beginning or end of the period during which the piping is under pressure; but in any event there shall not be more than one hour between the time the equipment initiates the test and detection of an unauthorized release.);* and
- Is capable of detecting a release equivalent to 3.0 gallons/hour defined at 10 p.s.i. within one hour of its occurrence; and
- Shuts off the pump and triggers a visual and audible alarm if an unauthorized release is detected, or if the LLD fails or is disconnected;
- Tests the piping as follows:
  - At least monthly at any pressure with an ability to detect a 0.2 gallon/hour leak at normal system operating pressure; or
  - Once, per calendar year at a pressure designated by the equipment manufacturer with an ability to detect a 0.1 gallon/hour leak at 150% of normal operating pressure.

*[Note: Per CCR, 2666(c), the automatic pump shutdown requirements do not apply to emergency generator systems.]*

V	N/A	Violation Code	Regulatory Citation
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<input type="checkbox"/>	<input checked="" type="checkbox"/>	2392	CCR 2641(c)
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**Monitoring of Single-Wall Suction Piping - Suction piping must be:**

- Monitored daily for the presence of air in the line as described in CCR, Appendix II (i.e. through completion of the inspection items detailed on the SWRCB's "Suction Piping Daily Log") (Exception: Emergency generator systems may be monitored less often, but at least monthly.); and
- Pressure tested at least every three years at a pressure designated by the test equipment manufacturer by a method capable of detecting a 0.1 gallon/hour leak at a minimum of 40 p.s.i.. [If the piping cannot be isolated from the tank for testing purposes, the piping must be tested using an overfilled volumetric tank integrity test or other test method meeting the requirements of CCR, 2643(f), if approved by HMCD.]

(Exceptions: Underground suction piping is exempt from monitoring requirements if all of the following requirements are met:

- It is gravity-flow piping (i.e. it is sloped so that the contents will drain back into the tank if the suction is released); and
- No valves or pumps are installed below grade and only one check valve is located directly below and as close as practical to the suction pump; and
- An inspection method is provided which readily demonstrates compliance with requirements 1 and 2, above.)

<input type="checkbox"/>	<input checked="" type="checkbox"/>	2393	CCR 2643(e)
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**Monitoring of Single-Wall Gravity Piping - Gravity piping must be monitored at least once every two years at a pressure designated by the test equipment manufacturer. The method must be capable of detecting a minimum release equivalent to 0.1 gallons/hour at 40 p.s.i..**

[Exception: If the piping cannot be isolated from the tank for testing purposes, the piping must be tested using an overfilled volumetric tank integrity test or other test method meeting the requirements of CCR, 2643(f), if approved by HMCD.]

**D. Requirements Specific to Single-Wall Underground Storage Tanks**

N/A

(i.e. Tanks installed before 01/01/84)

V	N/A	Violation Code	Regulatory Citation
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<input type="checkbox"/>	<input type="checkbox"/>	2387	CCR 2645
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**Monitoring of Single-Wall Tanks: Manual Tank Gauging - If approved for use, manual tank gauging must:**

- Be conducted weekly in accordance with CCR, 2645;
- Be supplemented by an annual tank integrity test if the tank capacity is greater than 1,000 gallons or if the tank capacity is greater than 500 gallons and the gauging period is less than 60 hours;

<input type="checkbox"/>	<input type="checkbox"/>	2388	CCR 2643(b)(1)
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**Monitoring of Single-Wall Tanks: Automatic Tank Gauging (ATG) - ATG equipment must:**

- Test the tank at least once per month;
  - Conduct its tests after product delivery or when the UST is filled to within 10% of the highest operating level during the previous month;
  - Be capable of detecting a release of 0.2 gallon/hour.
- (Continued on Next Page)

*(Monitoring of Single-Wall Tanks: Automatic Tank Gauging - Continued)*

- Generate a hard copy of all data reported, including:
  - Time and date;
  - Tank identification;
  - Fuel depth;
  - Water depth;
  - Temperature;
  - Liquid volume;
  - Duration of the test.
  - Calculated leak rate and leak threshold *(Required only for systems installed on or after 01/01/95).*

*[Note: Tank capacity, test period, and other test parameters must be in accordance with values published in the SWRCB's "List of Leak Detection Equipment and Methods for Underground Storage Tanks" (i.e. LG-113).]*

2389 CCR 2643(b)(2)

**Monitoring of Single-Wall Tanks: Automatic Tank Gauging Plus Manual Inventory Reconciliation (MIR)** - If this monitoring method is used, MIR must be conducted daily in accordance with CCR, 2646. The automatic tank gauge system must:

- Test the tank at least once per month;
- Conduct its tests when the product level in the tank is at least 3 feet;
- Be capable of detecting a release of 0.1 gallon/hour;
- Generate a hard copy of all data reported, including:
  - Time and date;
  - Tank identification;
  - Fuel depth;
  - Water depth;
  - Temperature;
  - Liquid volume;
  - Duration of the test.
  - Calculated leak rate and leak threshold *(Required only for systems installed on or after 01/01/95).*

*(Note: The restrictions on groundwater level specified in CCR, 2646(b) do not apply when using this monitoring alternative.)*

2395 CCR 2662(c)

**Steel Motor Vehicle Fuel Tanks** - Steel tanks holding motor vehicle fuel must be equipped with approved cathodic protection systems and internal lining or bladder systems.

County of Santa Clara  
Memorandum



To:  
From:  
Subject:

Date: 9-21-98  
@ 11:29

TOM DUMONT - ROSEMEAD COMPL. MGR.  
FAX (925) 277-2361  
TDLUMONT@TJSCO.COM  
2000 CROW CANYON PLACE STE 400  
SAN RAMON, CA 94583

26-A REV 9/92 REORDER CODE NO 963074

Printed on recycled paper

County of Santa Clara  
Memorandum



To: TOSCO FILE  
From: GREG BRESTHEADS  
Subject: MAILED DOCUMENTS

Date: 9-30-98

I MAILED THE FOLLOWING DOCUMENTS TO TOM DUMONT TODAY:

UNIFORM DOCS: 2, 3, 4, 39, 20, 21, 23, 13, 36, 19, 32, 33, 16  
& DISMEM-2

HMCO DOCS: 16, 44, 45, 4, 24, 30, 31, 33, 48, 5

UNION #11212 INFO: OPERATOR CERT #00917, 8-27-98 OIR, 5-7-98 OIR, 4-29-  
OIR, 4-27-98 OIR & VC STREETS, 4-4-97 LETTER TO PATRA  
& VC STREETS.

26-A REV 9/92 REORDER CODE NO 963074

Printed on recycled paper



Tosco Marketing Company  
2000 Crow Canyon Place, Ste. 400  
San Ramon, California 94583  
Telephone: 510-277-2305  
Facsimile: 510-277-2361

Environmental Compliance  
Department

September 18, 1998

Ms. Nicole Pullman  
County of Santa Clara Department of Environmental Health  
2200 Moorpark Avenue, East Wing, Room 204  
San Jose, CA 95128-2690

Dear Ms. Pullman,

Per our conversation, this correspondence should clarify the ownership and responsibility for lube bay operations at Tosco gasoline facilities. The owner and operator of the lube bay operations at each facility is identified in the UST Operator/ Lube Bay Owner column of the attached spreadsheet. All hazardous waste permits pertaining to the lube bay operations should be issued and billed to the actual operator at each facility.

Although Tosco is the owner of the facility itself, Tosco does not own or operate the lube bay operations. (30)

Should you have any questions, please feel free to telephone me at (925) 277-2319.

Sincerely,

A handwritten signature in black ink, appearing to read 'T. DuMont'.

Thomas J. DuMont  
Regional Compliance Manager

Santa Clara County Facilities

on computer as owners

UST Owner	UNIT	ACQ #	ADDRESS	CITY	ST	COUNTY	UST Operator Lube Bay Owner (if applicable)
Circle K Stores Inc.	05441	11208	2696 MCKEE RD ✓	SAN JOSE	CA	SANTA CLARA	Circle K Stores Inc. 208333 -TOSCO
Circle K Stores Inc.	05442	11210	7022 SANTA TERESA BLVD CLOSED	SAN JOSE	CA	SANTA CLARA	Circle K Stores Inc. 210699 -TOSCO
Circle K Stores Inc.	05671	6368	1640 N MILPITAS BLVD FOOD	MILPITAS	CA	SANTA CLARA	Circle K Stores Inc. 230538 -76 PRODUCTS 1195:
Circle K Stores Inc.	05721	7000	20755 STEVENS CREEK BLVD CLOSED	CUPERTINO	CA	SANTA CLARA	Mohammed Ahmadi 250667 -UNOCAL SERV-1508:
Circle K Stores Inc.	05735	7284	4156 MONTEREY HWY	SAN JOSE	CA	SANTA CLARA	Gawco, Inc.
Tosco Corporation	30234	02488	3602 HOMESTEAD RD	SANTA CLARA	CA	SANTA CLARA	Stephen Ng
Tosco Corporation	30235	11209	3951 SNELL RD	SAN JOSE	CA	SANTA CLARA	Stephen Ng
Tosco Corporation	30238	11211	680 SARATOGA AVE FOOD	SAN JOSE	CA	SANTA CLARA	Robert & Michael Sellar 210210 -TOSCO
Tosco Corporation	30237	11212	14396 BIG BASIN WAY ✓	SUNNYVALE	CA	SANTA CLARA	Ratra Enterprises 212937 -TOSCO
Tosco Corporation	30238	11213	1198 EL CAMINO REAL	SUNNYVALE	CA	SANTA CLARA	Ed Bozorghadad
Tosco Corporation	30238	11216	15171 LOS GATOS RD	LOS GATOS	CA	SANTA CLARA	George Rustamzadeh
Tosco Corporation	30240	11216	1633 W CAMPBELL	CAMPBELL	CA	SANTA CLARA	Gurbachan Singh Chahal
Tosco Corporation	30241	11217	666 N SANTA CRUZ	LOS GATOS	CA	SANTA CLARA	D & M Associates
Tosco Corporation	30242	11220	19560 STEVENS CREEK BLVD	CUPERTINO	CA	SANTA CLARA	Joseph Lowell
Tosco Corporation	30243	11223	97 S ABBOTT AVE	MILPITAS	CA	SANTA CLARA	Ferdoon Esfandiary
Tosco Corporation	30244	11224	18995 MONTEREY RD ✓	MORGAN HILL	CA	SANTA CLARA	Associates of JBS, Inc. 203128 -TOSCO
Tosco Corporation	30246	11225	5155 MOORPARK AVE	SAN JOSE	CA	SANTA CLARA	K & J Autocare Partnership
Tosco Corporation	30247	11227	1787 S MAIN ST	MILPITAS	CA	SANTA CLARA	Parviz Firoozye
Tosco Corporation	30248	11228	1099 BLOSSOM HILL RD	SAN JOSE	CA	SANTA CLARA	William Hoang & Richard Hirsch
Tosco Corporation	30249	11229	449 BLOSSOM HILL RD	SAN JOSE	CA	SANTA CLARA	Harkewal Chahal
Tosco Corporation	30261	11231	601 N FAIR OAKS AVE ✓	SUNNYVALE	CA	SANTA CLARA	Fred Soltanzad 214255 -TOSCO
Tosco Corporation	30262	11232	603 OLD SAN FRANCISCO RD ✓	SUNNYVALE	CA	SANTA CLARA	Cyrous Hajian 214067 -TOSCO
Tosco Corporation	30263	11234	21855 HOMESTEAD RD ✓	CUPERTINO	CA	SANTA CLARA	Abdul R. Aryubi 200964 -TOSCO
Tosco Corporation	30264	11235	1271 N 1ST ST	SAN JOSE	CA	SANTA CLARA	Ramzi Sabo
Tosco Corporation	30265	11238	4702 STORY RD ✓	SAN JOSE	CA	SANTA CLARA	Thanh Phan Nguyen 250139 -TOSCO
Tosco Corporation	30495	3364	1104 MERIDIAN RD	SAN JOSE	CA	SANTA CLARA	Matthew E Horton
Tosco Corporation	30633	3668	300 LOS GATOS-SARATOGA RD.	LOS GATOS	CA	SANTA CLARA	Zadoo Enterprises, Inc.
Tosco Corporation	30637	3686	1010 EL MONTE AVE	MOUNTAIN	CA	SANTA CLARA	Hassan Erfan Khaziri
Tosco Corporation	30679	3879	337 EAST HAMILTON AVE ✓	CAMPBELL	CA	SANTA CLARA	Hossain Erfan Khaziri 200354 -Union Oil
Tosco Corporation	30689	3926	1100 S WHITE RD	SAN JOSE	CA	SANTA CLARA	Paul Finch
Tosco Corporation	30697	3969	2850 STEVENS CREEK BLVD	SAN JOSE	CA	SANTA CLARA	Kyoung Suk Rho
Tosco Corporation	30602	4053	601 FIRST ST GILROY	GILROY	CA	SANTA CLARA	Michael A. Bozzo, Jr. 201222 -Union Oil
Tosco Corporation	30827	4297	835 SAN ANTONIO RD ✓	PALO ALTO	CA	SANTA CLARA	John Patrick Ponders 205076 -Union Oil
Tosco Corporation	30828	4315	499 NORTH MATHILDA AVE ✓	SUNNYVALE	CA	SANTA CLARA	Ebrahim Kaabipour 213958 -Union Oil new own
Tosco Corporation	30832	4328	3145 S-BASCOM ✓	CAMPBELL	CA	SANTA CLARA	Ed Bozorghadad 200343 -Union Oil
Tosco Corporation	30847	4386	2690 UNION AVE CLOSED	SAN JOSE	CA	SANTA CLARA	Thomas A. Hadley 208329 -Union Oil

PAGE 2/4

ID: 9252772361

SEP-18-58 09:07 FROM:

11

FILE

OFFICIAL NOTICE OF INSPECTION

DBA/Name	Facility ID #	Hours	Service Code	Date
UNION #6115				9-26-96
Address 4350 EL CAMINO REAL, LOS ALTOS	308081	7 AM-6 PM	01	Work Area Location 612
Contact Person GREG EMATOLO	308083		01	Emp# 4686
Additional Information	308084		01	Prog/Elem
				Permit Exp. Date

- Hazardous Materials
- Hazardous Waste
- Toxic Gas

- Medical Waste Storage & Treatment
- Medical Waste Generator
- Risk Management and Prevention Program

INSPECTION USING GENERAL STORAGE & UNDERGROUND STORAGE TANK (UST) VIOLATION CODE SHEETS (ATTACHED).

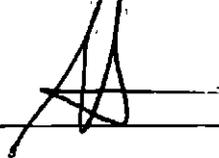
VC (VIOLATION CODE) 2305 - HMIS IN BUSINESS PLAN IS MISSING ALL REQUIRED DATA EXCEPT COMMON NAME, LOCATION, MAXIMUM & AVERAGE STORAGE AMOUNTS & WASTE ANNUAL THROUGHPUT. SUBMIT COMPLETE INVENTORY (SEE HMIS IN HMPP PROVIDED TO YOU FOR REQUIRED INFORMATION).

VC 2359, 2360 & 2366 - THERE ARE GAPS IN THE TANK MONITORING RECORDS AS NOTED IN THE HAZARDOUS WASTE NOTICE OF INSPECTION ALSO PREPARED ON THIS DATE. DOCUMENT PROPER FUNCTIONING OF LEAK ALERT UST MONITORING SYSTEM AS NOTED IN THAT REPORT.

VC 2362 - FITTING INSIDE DISPENSER # 2 APPEARS TO HAVE MINOR LEAK. FIX LEAK & DOCUMENT AS REQUIRED.

~~VIOLATIONS:~~

ALL DISPENSER HOUSINGS & UST FILL MATCHES WERE OPENED & VISUALLY INSPECTED. EXCEPT FOR WASTE OIL OVERFILL, NO PROBLEMS, OTHER THAN THAT NOTED ABOVE, WERE FOUND. MONITORING SYSTEM HAS POWER & APPEARS TO BE FUNCTIONAL.

Received by: 

Inspected by: GREG BRESHEARS 

Page 1 of 2

Mailing Address: Dept. of Environmental Health  
 Hazardous Materials Compliance Division  
 P.O. Box 28070  
 San Jose, CA 95159-8070

Entered by: \_\_\_\_\_

# County of Santa Clara

Environmental Resources Agency  
Department of Environmental Health

2220 Moorpark Avenue  
San Jose, California 95128  
(408) 299-6930  
FAX (408) 280-6479



HAZARDOUS MATERIALS STORAGE  
 HAZARDOUS WASTE GENERATOR  
OFFICIAL NOTICE OF INSPECTION

DATE 9-26-96

DBA/NAME UNION #6115

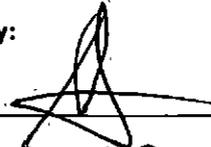
Comments: (see marked violations on page 1)

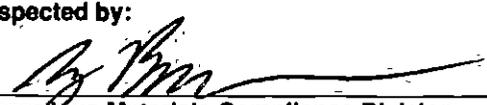
TEST BUTTON WAS PRESSED & AUDIBLE / VISUAL ALARMS WORKED. SYSTEM WAS  
LAST SERVICED BY NDE ENVIRONMENTAL ON 10-28-95. ANNUAL SERVICING WILL  
SOON BE DUE.

SUBMIT COMPLETED CST PERMIT APPLICATION FORMS A&B WITHIN 30 DAYS.  
CORRECT ALL VIOLATIONS WITHIN 30 DAYS. WITHIN 35 DAYS, MAIL A LETTER  
TO THIS DEPT. DESCRIBING CORRECTIVE ACTIONS TAKEN. CALL IF YOU NEED HELP.

NON-POINT SOURCE ADVISORY NOTICE

OBSERVED WATER RUNNING INTO STORM DRAIN FROM SPRAYING BRAKE OUT OFF  
OF VEHICLE. ONLY RAINWATER IS PERMITTED TO FLOW INTO STORM DRAINS. THE  
CITY OF LOS ANGELES COULD CITE YOU FOR DISCHARGES.

Received by: 

Inspected by:   
Hazardous Materials Compliance Division

Samples taken? Yes  No

Photos taken? Yes  No

UNMN # 6115

## HAZARDOUS MATERIALS STORAGE PROGRAM VIOLATION CODES UNDERGROUND STORAGE TANKS

*Authority Cited: Hazardous Materials Storage Ordinance (SO); Health and Safety Code (H&SC);  
 California Code of Regulations, Title 23, Div. 3, Chapter 16 (CCR)*

This document has been prepared to explain any Violation Codes associated with hazardous materials underground storage tank systems which may have been noted in the attached Santa Clara County Hazardous Materials Compliance Division (HMCD) Official Notice of Inspection. The sections of State Law and local Ordinance corresponding to each Violation Code have been **briefly** described. For a complete citation of these laws and regulations, it is recommended that you subscribe to a regulatory update service, visit your local library, or visit our office located at 2220 Moorpark Avenue in San Jose, where the complete text of the laws/regulations referenced below can be viewed. Copies of those documents which are not protected by copyright can be obtained at a cost of \$1.70 for the first page and 5 cents for each additional page. If you would like to discuss any interpretations of these laws or regulations, please call our department at (408) 299-6930 and ask for the Hazardous Materials Storage Program Supervisor.

### A. General Requirements

V	N/A	Violation Code	Regulatory Citation	Description
<input type="checkbox"/>	<input type="checkbox"/>	2350	H&SC 25284(a)	<b>Permit to Operate</b> - Any business or facility that owns or operates an underground storage tank holding a hazardous material shall apply for and obtain from HMCD an Underground Storage Tank Permit to Operate. Completion and submittal of State of California Water Resources Control Board (SWRCB) Underground Storage Tank Program information forms [Form "A" (for site), Form "B" (for each tank), and Form "C" (for new installations/upgrades)], along with a new or revised Hazardous Materials Business Plan, written UST Monitoring Plan, and written UST Response Plan satisfies permit application requirements.
<input type="checkbox"/>	<input type="checkbox"/>	2351	H&SC 25286(a)	<b>Change in Tank Usage or Monitoring Procedures</b> - Any business or facility that stores hazardous materials in a UST shall notify and receive approval from HMCD prior to making any changes in the usage of the tank, including the storage of different hazardous materials or modification of monitoring procedures. SWRCB forms, Monitoring Plan, and Response Plan shall be revised as necessary and submitted along with this notification.
<input type="checkbox"/>	<input type="checkbox"/>	2352	H&SC 25285.1(a)(1)	<b>Violation of Terms or Conditions of Permit to Operate</b> - USTs must be operated in accordance with the terms and conditions of the permit. Such terms include, but are not limited to, operating according to the approved monitoring procedures and response plan. HMCD may revoke or modify a UST permit for violation of any terms or conditions of the permit.
<input type="checkbox"/>	<input type="checkbox"/>	2353	H&SC 25292.1(a)	<b>Operational Requirements</b> - Tanks shall be operated to prevent any unauthorized releases, including spills and overfills.
<input type="checkbox"/>	<input type="checkbox"/>	2354	H&SC 25291(a), 25291(b)	<b>Monitoring System (Installed)</b> - Each tank system shall be equipped with a monitoring system capable of detecting an unauthorized release of the hazardous material stored.

*Farms A&B*

V	N/A	Violation Code	Regulatory Citation	
<input type="checkbox"/>	<input type="checkbox"/>	2355	H&SC 25293(a)	<b>Monitoring System (Approved)</b> - Each underground tank shall be monitored by the method(s) required by the Permit to Operate [i.e. in accordance with written monitoring procedures (plan) approved by HMCD].
<input type="checkbox"/>	<input type="checkbox"/>	2320	SO 303.05(b)	<b>Inspection and Testing of Monitoring Equipment</b> - All monitoring systems shall be tested and inspected monthly, at a minimum, to ensure that they are in working order. Records of all inspection/maintenance/repairs shall be kept on-site and be available for inspection by HMCD.
<input type="checkbox"/>	<input type="checkbox"/>	2357	CCR 2630(d); 2641(j)	<b>Installation, Calibration, Operation, and Maintenance of Monitoring Equipment</b> - Equipment and devices used to monitor UST systems shall be installed, calibrated, operated, and maintained in accordance with manufacturer's instructions, <u>including routine maintenance and service checks at least once per calendar year for operability or running condition.</u>
<input type="checkbox"/>	<input type="checkbox"/>	2358	CCR 2632(d)(1); or 2634(d)(2); or 2641(h)	<p><b>Written Monitoring Plan</b> - Written monitoring procedures shall specify:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The frequency of performing the monitoring;</li> <li><input type="checkbox"/> The methods and equipment, identified by name and model, to be used for performing the monitoring;</li> <li><input type="checkbox"/> The location(s), as identified on a plot plan, where the monitoring will be performed (i.e. locations of sensors, line leak detectors, control panels, etc.);</li> <li><input type="checkbox"/> The name(s) and titles(s) of the person(s) responsible for performing the monitoring and/or maintaining the equipment;</li> <li><input type="checkbox"/> The reporting format;</li> <li><input type="checkbox"/> The preventive maintenance schedule for the monitoring equipment. The schedule shall be at least annually and in accordance with the manufacturer's instructions;</li> <li><input type="checkbox"/> A description of the training necessary for the operation of both the tank system and the monitoring equipment.</li> <li><input type="checkbox"/> For methods of monitoring where the presence of the hazardous substance is not determined directly, (e.g. where liquid level measurements in the interstitial space are used as the basis for determination), the proposed method(s) for determining the presence or absence of the hazardous substance in the interstitial space if the indirect methods indicate a possible unauthorized release. CCR 2632(c)(2)(C); or 2634(d)(3)</li> </ul>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2359	CCR 2712(b)	<p><b>Monitoring Records (content)</b> - Written monitoring records shall include:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The date and time of all monitoring or sampling;</li> <li><input type="checkbox"/> Monitoring equipment calibration and maintenance records;</li> <li><input type="checkbox"/> The results of any visual observations;</li> <li><input type="checkbox"/> The results of all sample analyses performed in a laboratory or in the field, including laboratory data sheets and analysis used;</li> <li><input type="checkbox"/> The logs of all readings of gauges or other monitoring equipment, groundwater elevations, or other test results;</li> <li><input type="checkbox"/> The results of inventory readings and reconciliations.</li> </ul>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2360	CCR 2712(b)	<p><b>Monitoring Records (retention time)</b> - Written monitoring records shall be maintained on-site for the following minimum periods:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 3 years for monitoring and maintenance records;</li> <li><input type="checkbox"/> 5 years for written performance claims pertaining to release detection systems and calibration/maintenance records for such systems.</li> </ul> <p><i>(Exception: If prior approval is received from HMCD, records may be maintained off-site at an agreed upon location.)</i></p>

V	N/A	Violation Code	Regulatory Citation	
<input type="checkbox"/>	<input type="checkbox"/>	2361	CCR 2632(d)(2); or 2634(e); or 2641(h)	<p><b>Written Response Plan</b> - A written response plan shall demonstrate, to the satisfaction of HMCD, that any unauthorized release will be removed from the secondary containment system within the time consistent with the ability of the secondary containment system to contain the hazardous substance, but not more than 30 calendar days. The response plan shall include, but is not limited to, the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A description of the proposed methods and equipment to be used for removing and properly disposing of any hazardous substances, including the location and availability of the required equipment if not permanently on-site, and an equipment maintenance schedule for the equipment located on-site.</li> <li><input type="checkbox"/> The name(s) and title(s) of the person(s) responsible for authorizing any work necessary under the response plan.</li> <li><input type="checkbox"/> For tanks constructed per Alternate Construction Requirements (i.e. per CCR, 2633), if the leak interception and detection system does not meet the volumetric requirements of CCR, 2631(d)(1) through (5), the response plan shall consider the following: CCR, 2634(e)             <ul style="list-style-type: none"> <li><input type="checkbox"/> The volume of the leak interception and detection system in relation to the volume of the primary container;</li> <li><input type="checkbox"/> The amount of time the leak interception and detection system will provide containment in relation to the period of time between detection of an unauthorized release and cleanup of the leaked substance;</li> <li><input type="checkbox"/> The depth from the bottom of the leak interception and detection system to the highest anticipated level of groundwater;</li> <li><input type="checkbox"/> The nature of the unsaturated soils under the leak interception and detection system and their ability to absorb contaminants or to allow movement of contaminants;</li> <li><input type="checkbox"/> The methods and scheduling for removal of all of the hazardous substances which may have been discharged from the primary containment and become located in the unsaturated soils between the primary container and ground water, including the leak interception and detection system sump.</li> </ul> </li> </ul>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2362	H&SC 25294	<p><b>Unauthorized Release (Recordable)</b> - Any facility which has had a recordable unauthorized release must record it in the facility monitoring log. A recordable unauthorized release is one that:</p> <ul style="list-style-type: none"> <li>◦ Does not escape from the secondary containment; and</li> <li>◦ Is cleaned up within 8 hours after it was detected or reasonably should have been detected; and</li> <li>◦ Results in no increase in the possibility of fire or explosion; and</li> <li>◦ Does not cause any deterioration of the secondary containment.</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	2363	H&SC 25295	<p><b>Unauthorized Release (Reportable)</b> - Any facility that has had a reportable unauthorized release must report it to HMCD immediately (i.e. no more than 24 hours after the release was detected or reasonably should have been detected). A reportable release is any release which does not meet the requirements of a recordable release as described above. State law requires that a full written report be submitted to HMCD within 5 working days of the release which describes:</p> <ul style="list-style-type: none"> <li>◦ the nature and volume of the release; and</li> <li>◦ Any corrective or remedial actions already taken; and</li> <li>◦ Any further corrective or remedial actions, including investigative actions, proposed to be taken to clean up the release and abate its effects, including a time schedule for implementation of those actions.</li> </ul>

V	N/A	Violation Code	Regulatory Citation	
<input type="checkbox"/>	<input type="checkbox"/>	2364	H&SC 25292.2	<b>Financial Responsibility</b> - With the exception of state and federal government facilities, owners and operators of USTs must maintain evidence of financial responsibility for taking corrective action and for compensating third parties for bodily injury and property damage caused by a release. This is accomplished through completion and submittal of the "Certification of Financial Responsibility" form and maintenance of the current copy of the certification form and all required supporting documentation (e.g. letters from chief financial officer, certificates of deposit, insurance policies, etc.) at the tank site. [Note: The "Petroleum Underground Storage Tank Financial Responsibility Guide", a complete guidance document on financial responsibility is available from HMCD at (408) 299-6930 or the State Water Resources Control Board at (800) 813-3863.]
<input type="checkbox"/>	<input type="checkbox"/>	2365	H&SC 25293(b)	<b>Written Contract Between Tank Owner and Tank Operator</b> - If the tank owner is not the tank operator, the owner must provide the operator with a copy of the Permit to Operate, enter into a written contract with the operator which requires the operator to monitor the tank system as described in the approved written monitoring plan, and provide the operator with a copy or summary of Health and Safety Code Section 25299 (available from HMCD upon request). A copy of this contract shall be kept at the tank site. The tank owner must notify HMCD of any change of operator.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2366	H&SC 25293(a)	<b>Recordkeeping</b> - Records of monitoring, testing, repairs, and closure shall be maintained in sufficient detail to enable HMCD to determine if a tank system is in compliance. Records of monitoring, testing, repairs, and closure must be maintained for at least 3 years and must be available for HMCD review.
<input type="checkbox"/>	<input type="checkbox"/>	2367	H&SC 25287(a)	<b>Permit Fees</b> - A fee shall be paid to HMCD by any person who submits an application for a permit to operate a UST or to renew or amend a permit.
<input type="checkbox"/>	<input type="checkbox"/>	2368	H&SC 25298(a)	<b>Abandoned/Out-of-Service Underground Tanks</b> - No facility shall abandon a UST system or close or temporarily cease operating a UST system unless prior approval from HMCD has been granted. Closure Permit applications can be obtained by calling (408) 299-6930.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	2369	H&SC 25292.1(b)	<b>Training in Cathodic Protection</b> - When equipped with cathodic protection (i.e. sacrificial anodes or impressed current systems), tanks shall be operated by persons with sufficient training and experience in corrosion prevention.
<input type="checkbox"/>	<input type="checkbox"/>	2370	H&SC 25284.4(a)	<b>Tank Integrity Tests</b> - Tank integrity tests shall be performed only by, or under the direct and personal supervision of, a tank tester with a currently valid tank testing license.
<input type="checkbox"/>	<input type="checkbox"/>	2371	CCR 2643(g)	<b>Tank/Piping Test Reporting</b> - The UST owner or operator shall: <ul style="list-style-type: none"> <li><input type="checkbox"/> Notify HMCD 48 hours before conducting a tank or piping integrity test unless the notification requirement is waived by HMCD;</li> <li><input type="checkbox"/> Within 30 calendar days of completion of a UST or piping integrity test, provide HMCD with a written test report;</li> <li><input type="checkbox"/> Within 30 calendar days of completion of any test performed on underground tanks or piping to detect an unauthorized release, submit to HMCD a report in written and/or tabular format, at a level of detail appropriate for the release detection method used.</li> </ul>

**B. Requirements Specific to New Underground Storage Tanks**

N/A

(i.e. Tanks installed on or after 01/01/84)

V	N/A	Violation Code	Regulatory Citation	
<input type="checkbox"/>	<input type="checkbox"/>	2372	H&SC 25291(a)(1)	<b>Primary Containment Product-Tight</b> - All primary containment used for the storage of hazardous materials shall be product-tight.
<input type="checkbox"/>	<input type="checkbox"/>	2373	H&SC 25291(a)	<b>Secondary Containment Provided</b> - All tanks shall be provided with secondary containment.
<input type="checkbox"/>	<input type="checkbox"/>	2374	CCR 2635(b)	<b>Overspill Prevention Containers</b> - Each tank fill opening shall be equipped with an approved overspill prevention container of minimum 5 gallon capacity which is equipped with a drain valve to permit spilled hazardous material to be drained into the tank primary containment.
<input type="checkbox"/>	<input type="checkbox"/>	2375	CCR 2635(b)	<p><b>Overfill Prevention Devices</b> - Each tank fill opening shall be equipped with an approved overfill prevention device which can not allow manual override and must either:</p> <ul style="list-style-type: none"> <li>◦ Alert the transfer operator when the tank is 90% full by restricting the flow into the tank or by triggering an audible and visual alarm; or</li> <li>◦ Restrict flow to the tank at least 30 minutes prior to tank overfill, provided that the restriction occurs at no more than 95% of tank capacity and triggers an audible and visual alarm at least 5 minutes prior to tank overfill; or</li> <li>◦ Provide positive shut-off (100% restricted flow) of flow to the tank when the tank is no more than 95% full.</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	2376	CCR 2631(c)	<b>Striker Plates</b> - Tank primary containment shall be equipped with striker plates installed, center to center, beneath each accessible opening.
<input type="checkbox"/>	<input type="checkbox"/>	2377	H&SC 25291(e)	<b>Water in Secondary Containment</b> - The facility must have a means of monitoring for water intrusion into the secondary containment and a means for removing any water found. In addition, the removed water must be analyzed for contamination and, if contaminated, properly disposed of at an authorized disposal facility.
<input type="checkbox"/>	<input type="checkbox"/>	2378	CCR 2632(c)(2)(B)	<b>Audible and Visual Alarm System</b> - Continuous monitoring systems shall be connected to an audible and visual alarm system approved by HMCD.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	2379	CCR 2635(a)	<b>Cathodic Protection Systems (Testing)</b> - Cathodic protection systems must be tested under the direction of a qualified cathodic protection tester within 6 months of installation and at a minimum of every three years thereafter.

**C. Requirements Specific to New Underground Piping**

N/A

(i.e. Tank systems installed on or after 01/01/84)

V	N/A	Violation Code	Regulatory Citation	Description
<input type="checkbox"/>	<input type="checkbox"/>	2380	CCR 2636(a)	<p><b>Secondary Containment Provided</b> - With the following exceptions, all piping connected to tanks installed after 07/01/87 shall have secondary containment:</p> <ul style="list-style-type: none"> <li>◦ Vent or tank riser piping;</li> <li>◦ Vapor recovery piping, if designed so that it cannot contain liquid-phase hazardous material (i.e. through sloping toward tank, etc.);</li> <li>◦ Suction piping if <u>all</u> of the following requirements are met:                             <ol style="list-style-type: none"> <li>1. It is gravity-flow piping (i.e. it is sloped so that the contents will drain back into the tank if the suction is released); and</li> <li>2. No valves or pumps are installed below grade and only one check valve is located directly below and as close as practical to the suction pump; and</li> <li>3. An inspection method is provided which readily demonstrates compliance with requirements 1 and 2, above.</li> </ol> </li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	2381	CCR 2636(c)(1)	<p><b>Secondary Containment Sloped</b> - All secondary containment systems shall be sloped so that all releases will flow to a collection sump located at the low point of the underground piping.</p>
<input type="checkbox"/>	<input type="checkbox"/>	2382	CCR 2636(f)(1)	<p><b>Continuous Monitoring System</b> - The secondary containment system shall be equipped with a continuous monitoring system approved by HMCD.</p>
<input type="checkbox"/>	<input type="checkbox"/>	2383	CCR 2636(f)(1)	<p><b>Audible and Visual Alarm System</b> - Continuous monitoring systems shall be connected to an audible and visual alarm system approved by HMCD.</p>
<input type="checkbox"/>	<input type="checkbox"/>	2384	CCR 2636(f)(2)	<p><b>Automatic Line Leak Detectors</b> - Pressurized piping shall be equipped with approved mechanical or electronic line leak detectors capable of detecting a 3 gallon/hour leak rate at 10 p.s.i. within 1 hour with a probability of detection of at least 95% and a probability of false alarm no greater than 5%.</p> <p><i>(Exception: A continuous monitoring system which <u>shuts down the pump</u>, in addition to activating the alarm system, satisfies the automatic line leak detector requirement.)</i></p>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	2385	CCR 2636(f)(4)	<p><b>Annual Pressure Test</b> - An annual pressure test (precision line test) shall be performed on pressurized piping systems. Systems shall be tested at a pressure designated by the equipment manufacturer, provided that the method is capable of detecting a minimum release equivalent to 0.1 gallon/hour defined at 150% of the normal operating pressure of the product piping system at the test pressure with at least a 95% probability of detection and not more than a 5% probability of false alarm.</p> <p><i>(Exception: The annual pressure test requirement is waived if the piping meets <u>all</u> of the following requirements:</i></p> <ul style="list-style-type: none"> <li>◦ <i>The piping secondary containment system is equipped with a continuous monitoring system; and</i></li> <li>◦ <i>The continuous monitoring system is connected to an audible and visual alarm system and the pumping system; and</i></li> <li>◦ <i>The continuous monitor shuts down the pump and activates the alarm system when a release is detected; and</i></li> <li>◦ <i>The pumping system shuts down automatically if the continuous monitoring system fails or is disconnected.</i></li> </ul>

[Note: Per CCR, 2636(g)(5), the automatic pump shutdown requirements do not apply to an emergency generator, provided that the monitoring system is checked at least daily.]

V	N/A	Violation Code	Regulatory Citation	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	2386	CCR 2635(b)	<b>Corrosion Protection</b> - Underground metal piping must be protected against corrosion with cathodic protection. The cathodic protection system for piping must be meet the same requirements the tank systems are required to meet [see CCR, 2635(a)].

**D. Requirements Specific to Existing Underground Storage Tanks**  
*(i.e. Tanks installed before 01/01/84)*

N/A

V	N/A	Violation Code	Regulatory Citation	
<input type="checkbox"/>	<input type="checkbox"/>	2387	CCR 2642(a)	<p><b>Visual Monitoring</b> - An owner or operator who is required to implement a visual monitoring program shall comply with <u>all</u> of the following requirements:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> All visible exterior surfaces shall be inspected at least daily by direct viewing when the substance in the UST is at its highest level;</li> <li><input type="checkbox"/> A written statement of the routine monitoring procedure shall be available at the facility. It shall include:                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Frequency of visual inspections;</li> <li><input type="checkbox"/> Location(s) from which inspections will be made;</li> <li><input type="checkbox"/> Name(s) and title(s) of the person(s) responsible for inspections;</li> <li><input type="checkbox"/> Reporting format;</li> <li><input type="checkbox"/> Written records shall specify the liquid level in the underground storage tank at the time of each inspection. These records shall also include a description of any sampling, analyses, and testing procedures conducted to determine if an unauthorized release has occurred, including any minimum levels of detection used.</li> </ul> </li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	2388	CCR 2643(b)(1)	<p><b>Automatic Tank Gauging</b> - If this monitoring method is used, it shall:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Test the tank at least once per month;</li> <li><input type="checkbox"/> Conduct its tests after product delivery or when the UST is filled to within 10% of the highest operating level during the previous month;</li> <li><input type="checkbox"/> Be capable of detecting a release of 0.2 gallon/hour.</li> <li><input type="checkbox"/> Generate a hard copy of all data reported, including:                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Time and date;</li> <li><input type="checkbox"/> Tank identification;</li> <li><input type="checkbox"/> Fuel depth;</li> <li><input type="checkbox"/> Water depth;</li> <li><input type="checkbox"/> Temperature;</li> <li><input type="checkbox"/> Liquid volume;</li> <li><input type="checkbox"/> Duration of the test.</li> <li><input type="checkbox"/> Calculated leak rate and leak threshold <i>(Required only for systems installed on or after 01/01/95).</i></li> </ul> </li> </ul>

V	N/A	Violation Code	Regulatory Citation	
<input type="checkbox"/>	<input type="checkbox"/>	2389	CCR 2643(b)(2)	<p><b>Automatic Tank Gauging Plus Manual Inventory Reconciliation (MIR):</b> If this monitoring method is used, MIR shall be conducted in accordance with CCR, 2646 except for subsection b. The automatic tank gauge shall:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Test the tank at least once per month;</li> <li><input type="checkbox"/> Conduct its tests when the product level in the tank is at least 3 feet;</li> <li><input type="checkbox"/> Be capable of detecting a release of 0.1 gallon/hour;</li> <li><input type="checkbox"/> Generate a hard copy of all data reported, as described above for automatic tank gauging.</li> </ul> <p><i>(Note: With limited exceptions, HMCD does not consider MIR to be an approved monitoring method.)</i></p>
<input type="checkbox"/>	<input type="checkbox"/>	2390	CCR 2643(b)(4)	<p><b>Manual Inventory Reconciliation (MIR)* Plus Tank Integrity Testing:</b> If this monitoring method is approved for use, MIR shall:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Be conducted at least once per month in accordance with CCR, 2646;</li> <li><input type="checkbox"/> Be capable of detecting a release of 1.0 gallon/hour;</li> <li><input type="checkbox"/> Be supplemented by a tank integrity test which shall be conducted <u>once per year</u> in accordance with CCR, 2643.i.</li> </ul> <p><i>(Note: With limited exceptions, HMCD does not consider MIR to be an approved monitoring method.)</i></p>

**D. Requirements Specific to Existing Underground Piping**  
*(i.e. Systems installed before 01/01/84)*

N/A

V	N/A	Violation Code	Regulatory Citation	
<input type="checkbox"/>	<input type="checkbox"/>	2391	CCR 2641(f); and 2643(c)	<p><b>Monitoring of Pressurized Piping - Non-visual monitoring for underground pressurized piping shall include a quantitative release detection method which shall:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Be conducted at least hourly at any pressure <i>(Exception: If use of the piping is intermittent, leak detection monitoring is required only at the beginning or end of the period during which the piping is under pressure, but in any event there shall not be more than one hour between the time the equipment initiates the test and detection of an unauthorized release.);</i> and</li> <li><input type="checkbox"/> Be capable of detecting a release equivalent to 3.0 gallons/hour defined at 10 p.s.i. within one hour of its occurrence; and</li> <li><input type="checkbox"/> Restrict or shut off the flow of product through the piping <u>or</u> trigger a visual and audible alarm if an unauthorized release occurs; and</li> </ul> <p>Monitoring shall <u>additionally</u> be conducted either:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> At least monthly at any pressure with an ability to detect a 0.2 gallon/hour leak at normal operating pressure; <u>or</u></li> <li><input type="checkbox"/> Once per calendar year at a pressure designated by the equipment manufacturer with an ability to detect a 0.1 gallon/hour leak at 150% of normal operating pressure.</li> </ul>

V	N/A	Violation Code	Regulatory Citation	
<input type="checkbox"/>	<input type="checkbox"/>	2392	CCR 2641(c)	<p><b>Monitoring of Suction Piping</b> - Suction piping shall be:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Monitored daily for the presence of air in the line as described in CCR, Appendix II (i.e. through completion of the inspection items detailed on the SWRCB's "Suction Piping Daily Log") (<i>Exception: Emergency generator systems may be monitored less often, but at least monthly.</i>); and</li> <li><input type="checkbox"/> Pressure tested at least every three years at a pressure designated by the test equipment manufacturer by a method capable of detecting a 0.1 gallon/hour leak at a minimum of 40 p.s.i.. [If the piping cannot be isolated from the tank for testing purposes, the piping shall be tested using an overfilled volumetric tank integrity test or other test method meeting the requirements of CCR, 2643(f), if approved by HMCD.]</li> </ul> <p><i>(Exceptions: Suction piping shall be exempt from monitoring requirements if all of the following requirements are met:</i></p> <ul style="list-style-type: none"> <li><i>o It is gravity-flow piping (i.e. it is sloped so that the contents will drain back into the tank if the suction is released); and</i></li> <li><i>o No valves or pumps are installed below grade and only one check valve is located directly below and as close as practical to the suction pump; and</i></li> <li><i>o An inspection method is provided which readily demonstrates compliance with requirements 1 and 2, above.)</i> </li></ul>
<input type="checkbox"/>	<input type="checkbox"/>	2393	CCR 2643(e)	<p><b>Monitoring of Gravity Piping</b> - Gravity piping shall be monitored at least once every two years at a pressure designated by the test equipment manufacturer. The method shall be capable of detecting a minimum release equivalent to 0.1 gallons/hour at 40 p.s.i..</p> <p><i>(Exception: If the piping cannot be isolated from the tank for testing purposes, the piping shall be tested using an overfilled volumetric tank integrity test or other test method meeting the requirements of CCR, 2643(f), if approved by HMCD.)</i></p>
<input type="checkbox"/>	<input type="checkbox"/>	2394	H&SC 25292(e)(1)	<p><b>Automatic Line Leak Detector</b> - All existing underground pressurized piping shall be equipped with an automatic (i.e. mechanical or electronic) line leak detector and shall be tightness tested (i.e. precision test) annually.</p> <p><i>(Exception: Piping that is monitored at least monthly by a non-visual qualitative release detection method satisfies the annual tightness test requirement.)</i></p>

UMN #6115

## HAZARDOUS MATERIALS STORAGE PROGRAM VIOLATION CODES GENERAL STORAGE PROVISIONS

*Authority Cited: Hazardous Materials Storage Ordinance (SO); Health and Safety Code (H&SC);  
 California Code of Regulations, Title 8, Div. 4.1 (CCR).*

This document has been prepared to explain Violation Codes associated with the storage of hazardous materials which may have been noted in the attached Santa Clara County Hazardous Materials Compliance Division (HMCD) Official Notice of Inspection. The sections of State Law and local Ordinance corresponding to each Violation Code have been **briefly** described. For a complete citation of these laws and regulations, it is recommended that you subscribe to a regulatory update service, visit your local library, or visit our office located at 2220 Moorpark Avenue in San Jose, where the complete text of the laws/regulations referenced below can be viewed. Copies of those documents which are not protected by copyright can be obtained at a cost of \$1.70 for the first page and 5 cents for each additional page. A copy of the Hazardous Materials Storage Ordinance (HMSO) may be obtained for \$3.00. If you would like to discuss any interpretations of these laws or regulations, please call our department at (408) 299-6930 and ask for the Hazardous Materials Storage Program Supervisor.

### A. Permits, HMBP/HMMP

V	N/A	Violation Code	Regulatory Citation	
<input type="checkbox"/>	<input type="checkbox"/>	2300	SO 301.03(a) 303.01	<b>Hazardous Materials Storage Permit</b> - Any facility that stores or uses hazardous materials must apply for and obtain a hazardous materials storage permit from HMCD.
<input type="checkbox"/>	<input type="checkbox"/>	2301	H&SC 25503.5	<p><b>Hazardous Materials Business Plan (HMBP) Submitted/Complete</b> - The owner of a facility must complete a HMBP and submit a copy to HMCD for each site which handles any individual hazardous material or mixture containing a hazardous material which has a quantity at any one time during the reporting year equal to or greater than:</p> <ol style="list-style-type: none"> <li>1. 500 pounds for solid hazardous materials;</li> <li>2. The following amounts for liquid hazardous materials:                             <ol style="list-style-type: none"> <li>a. Lubricating oil as defined by H&amp;SC, 25503.5(b)(2)(B): 55 gallons of each type or 275 gallons aggregate quantity on site;</li> <li>b. All others, including waste oil: 55 gallons;</li> </ol> </li> <li>3. The following amounts of hazardous material gases:                             <ol style="list-style-type: none"> <li>a. Oxygen or Nitrous Oxide stored/handled at a physician, dentist, podiatrist, veterinarian, or pharmacist's place of business: 1,000 cubic feet of each material;</li> <li>b. All others: 200 cubic feet.</li> </ol> </li> <li>4. Amounts of radioactive materials requiring an emergency plan under Parts 30, 40, or 70 of Title 10, Code of Federal Regulations (CFR) or equal to or greater than applicable amounts specified in items 1, 2, or 3, above, whichever amount is smaller.</li> <li>5. Amounts of acutely hazardous materials (AHMs) meeting or exceeding a threshold planning quantity (TPQ) amounts published in Appendix A of Part 355 of Title 40 CFR or in quantities equal to or greater than applicable amounts specified in items 1, 2, or 3, above, whichever amount is smaller. H&amp;SC, 25533(c)(1)</li> </ol> <p><i>(Note: Any hazardous material in a rail car or rail or marine freight container remaining at a facility longer than 30 days is deemed stored and subject to HMBP requirements. Per H&amp;SC, 25501.4(c), HMCD must be notified immediately of such storage.)</i></p>

V	N/A	Violation Code	Regulatory Citation	
<input type="checkbox"/>	<input type="checkbox"/>	2302	H&SC 25505(b) 25510	<p><b>HMBP Changes Reported</b> - Within 30 days of any one of the following events, a facility shall submit to HMCD an amended HMBP:</p> <ol style="list-style-type: none"> <li>1. A 100% or more increase in the quantity of a previously disclosed material;</li> <li>2. Any handling of a previously undisclosed hazardous material in HMBP quantities;</li> <li>3. Change of business address;</li> <li>4. Change of business ownership;</li> <li>5. Change of business name;</li> <li>6. A substantial change in the handler's operations (e.g. personnel changes, installation or closure of hazardous materials storage/handling systems, etc.) occurs.</li> </ol>
<input type="checkbox"/>	<input type="checkbox"/>	2303	H&SC 25505(c)	<p><b>HMBP Biennial Review</b> - A facility shall review its HMBP at least once every two years to determine if a revision is needed and shall certify to HMCD that the review was made and that any necessary changes were made to the plan. A copy of any changes to the plan shall accompany the certification.</p>
<input type="checkbox"/>	<input type="checkbox"/>	2304	H&SC 25503.6	<p><b>Written Notice to Property Owner</b> - Any facility which is required to establish and implement a HMBP and is located on leased or rented real property shall notify, in writing, the owner of the property that the business is subject to HMBP requirements (i.e. H&amp;SC, 25503.5) and has complied with its provisions, and shall provide a copy of the HMBP to the owner or the owner's agent within five working days after receiving a request for a copy from the owner or the owner's agent. A copy of this notification should be kept at the facility.</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2305	H&SC 25505(d)	<p><b>Hazardous Materials Inventory Statement (HMIS) Submitted/Complete</b> - Any facility that handles hazardous materials in HMBP quantities shall submit an inventory of those chemicals in a format approved by HMCD. This form must be updated whenever any substantial change to the inventory is made, and, this form must be reviewed and submitted to HMCD annually.</p>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	2306	SO 304.01	<p><b>Hazardous Materials Management Plan (HMMP) Submitted/Complete</b> - Any facility that stores or uses hazardous materials in quantities less than those specified for the HMBP must file a HMMP. The HMMP shall be updated any time there is a significant change in the quantities of hazardous materials or changes in the process in which the hazardous materials are being used. (Note: The Hazardous Materials/Waste Registration Form serves as a Short Form HMMP.)</p>
<input type="checkbox"/>	<input type="checkbox"/>	2307	SO 303.01	<p><b>Permit for Installation/Construction/Repair/Closure</b> - Any facility which intends to install, construct, repair, or close a hazardous materials storage/handling system or area (e.g. tank, room, etc.) must first obtain a permit from HMCD.</p>
<input type="checkbox"/>	<input type="checkbox"/>	2308	SO 303.06(b)	<p><b>Modifications to a Facility</b> - Any substantial modification to, or repair of, a storage facility, other than minor or emergency repairs, shall be performed in accordance with written plans submitted to and approved by HMCD prior to the initiation of work.</p>
<input type="checkbox"/>	<input type="checkbox"/>	2309	SO 303.04(a) 303.04(c)	<p><b>Abandoned Facility or Tank</b> - No hazardous materials storage facility may be abandoned. Owners/operators of facilities permanently taken out of service, or which are not monitored in accordance with an approved written monitoring plan, shall submit a closure plan application and obtain a closure permit at least 30 days prior to final closure of the facility or aboveground/underground storage tank. Once the plan has been approved, a final walkthrough inspection must be completed by HMCD.</p>

**B. Separation, Containment, Monitoring**

V	N/A	Violation Code	Regulatory Citation	
<input type="checkbox"/>	<input type="checkbox"/>	2310	SO 303.08	<b>Secured Storage Areas</b> - Access to hazardous materials storage areas shall be secured by means of fences and/or locks. Gates and doorways to such areas shall be kept securely locked when unattended.
<input type="checkbox"/>	<input type="checkbox"/>	2311	SO 303.02(e)	<b>Separation of Incompatible Materials</b> - Materials which in combination might cause a fire, explosion, or the production of a flammable or toxic gas shall be separated so as to avoid potential intermixing in the event of a release.
<input type="checkbox"/>	<input type="checkbox"/>	2312	SO 303.07(a)	<b>Safe Chemical Handling</b> - Dispensing and mixing of hazardous materials shall not be done in such a manner as to substantially increase the risk of an unauthorized discharge.
<input type="checkbox"/>	<input type="checkbox"/>	2313	SO 303.07(b)	<b>Movement of Materials Within Facility</b> - Hazardous materials shall not be stored in a travel path (e.g. hallway, aisleway, etc.). They may remain in the travel path only for the time reasonably necessary to move them. Such movement shall be in a manner which will not result in an unauthorized discharge.
<input type="checkbox"/>	<input type="checkbox"/>	2314	SO 303.02(c)(1)	<b>Primary Containment Product-Tight</b> - All primary containment (i.e. the container in which a material is stored) used for the storage of hazardous materials shall be product-tight (i.e. not leaking and compatible with the chemical being stored).
<input type="checkbox"/>	<input type="checkbox"/>	2315	SO 303.02(c)	<b>Secondary Containment Provided</b> - Secondary containment (i.e. containment external to and separate from primary containment) constructed so as not to be structurally weakened as a result of contact with the material stored shall be provided. It shall be capable of containing 110% of the volume of the primary container if a single container is used, or in the case of multiple containers, 150% of the volume of the largest container or 10% of the aggregate, whichever is larger. In addition, the secondary containment, if open to rainfall, must be capable of accommodating the volume of a 24-hour rainfall from a 100-year storm (i.e. approximately an additional 4 1/2 inches in depth or height of the secondary containment).
<input type="checkbox"/>	<input type="checkbox"/>	2316	SO 303.02(f)	<b>Removal of Water from Secondary Containment</b> - Any water which has entered the secondary containment shall be removed, analyzed for contamination by hazardous substances, and disposed of properly. A system to prevent uncontrolled removal of such water shall be provided.
<input type="checkbox"/>	<input type="checkbox"/>	2317	SO 303.02(d)	<b>Overfill Protection Provided</b> - Primary containment of tanks holding hazardous materials shall be equipped with a high-level alarm (i.e. an alarm which sounds when the tank is 90% full) and/or other approved overfill protection devices to prevent spills when filling the tank.
<input type="checkbox"/>	<input type="checkbox"/>	2318	SO 303.02(b) 303.05(a)	<b>Monitoring System (Provided)</b> - Each area in which hazardous materials are stored shall be monitored. Monitoring methods shall include at least one system for detecting leakage from the primary containment. Visual inspection of both primary and secondary containment is preferable; however, other methods may be allowed or required by HMCD. Per SO, 303.04(b), facilities which are temporarily out of service, and are intended to be returned to use, shall continue to be monitored and inspected.
<input type="checkbox"/>	<input type="checkbox"/>	2319	SO 303.03 304.01	<b>Monitoring System (Approved)</b> - Procedures and/or equipment used to monitor hazardous materials must be approved by HMCD.

V	N/A	Violation Code	Regulatory Citation	
<input type="checkbox"/>	<input type="checkbox"/>	2320	SO 303.05(b)	<b>Inspection and Testing of Monitoring Equipment</b> - All monitoring systems shall be tested and inspected monthly, at a minimum, to ensure that they are in working order. Records of all inspection/maintenance/repairs shall be kept on-site and be available for inspection by HMCD.
<input type="checkbox"/>	<input type="checkbox"/>	2321	SO 303.05(a)	<b>Visual/Audible Alarm</b> - Whenever monitoring devices are provided, they shall be connected to attention-getting visual and audible alarms.
<input type="checkbox"/>	<input type="checkbox"/>	2322	SO 303.03 304.02(d) 304.03(b)(4)	<b>Written Monitoring Plan Approved/Implemented</b> - A written monitoring plan must be prepared and submitted to HMCD. The monitoring plan shall describe the location, type, manufacturer specifications (if applicable); and suitability of monitoring methods used in each storage area. Frequency of monitoring must be specified.
<input type="checkbox"/>	<input type="checkbox"/>	2323	SO 303.05(b)	<b>Monitoring/Maintenance Records</b> - Any facility that stores or uses hazardous materials must test, monitor, and inspect the facility in compliance with the approved written monitoring plan and maintain records adequate to demonstrate compliance therewith. SO, 307.02 requires that the facility maintain an inspection check sheet or log, in a format approved by HMCD, designed to be used in conjunction with routine inspections. A blank copy of this log must be submitted as an attachment to the facility's HMBP.
<input type="checkbox"/>	<input type="checkbox"/>	2324	SO 303.06(a)	<b>Maintenance, Repairs, or Replacement</b> - The facility owner/manager shall carry out all necessary maintenance, ordinary upkeep, and minor repairs needed to keep equipment (e.g. monitoring systems, piping, etc.) in proper operating condition. This work shall be performed in a careful and safe manner. Emergency repairs may be made immediately, but within 5 working days after such repairs have been started, a written plan describing the repairs shall be submitted to HMCD for review and approval.

### C. Training, Emergency Response, Unauthorized Discharges

V	N/A	Violation Code	Regulatory Citation	
<input type="checkbox"/>	<input type="checkbox"/>	2325	H&SC 25504(c)	<b>Emergency Response Training</b> - Training shall be provided for all new employees in the event of a release or threatened release of a hazardous material, including, but not limited to, familiarity with the facility's emergency response plans and procedures. Annual refresher courses shall be provided for all employees. The training program may take into consideration the position of each employee. It shall include, but not limited to, all of the following: <ol style="list-style-type: none"> <li>1. Immediate notification to HMCD and to appropriate local emergency rescue personnel and the State Office of Emergency Services.</li> <li>2. Procedures for the mitigation of a release or threatened release to minimize any potential harm or damage to persons, property, or the environment.</li> <li>3. The facility's evacuation plans and procedures.</li> </ol>
<input type="checkbox"/>	<input type="checkbox"/>	2326	SO 303.09	<b>Emergency Equipment</b> - Emergency equipment shall be provided, regularly tested, and adequately maintained, and shall be reasonable and appropriate to potential emergencies presented by the stored hazardous materials.
<input type="checkbox"/>	<input type="checkbox"/>	2327	SO 303.10	<b>Posted Emergency Procedures</b> - Any facility which stores hazardous materials shall conspicuously post simplified emergency procedures (i.e. what to do in the case of fire, spill, etc.) in locations where hazardous materials are stored.

V	N/A	Violation Code	Regulatory Citation	
<input type="checkbox"/>	<input type="checkbox"/>	2328	SO 306.01(a)(1)	<b>Unauthorized Discharge (Recordable)</b> - Any facility which has had a recordable unauthorized discharge, must record it in the facility's monitoring records. A recordable unauthorized discharge is one that: <ul style="list-style-type: none"> <li>◦ Is from primary containment to secondary containment; and</li> <li>◦ Is cleaned up before it leaves the secondary containment; and</li> <li>◦ Results in no increase in the possibility of explosion or fire.</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	2329	SO 306.01(a)(1)	<b>Unauthorized Discharge (Reportable)</b> - Any facility which has had a reportable unauthorized discharge must report it to HMCD immediately. A reportable discharge is any unauthorized discharge that does not meet the definition of a recordable discharge.
<input type="checkbox"/>	<input type="checkbox"/>	2330	H&SC 25507(a)	<b>Reporting of Unauthorized Discharge</b> - Any employee, authorized representative, agent, or designee of a facility shall, upon discovery, immediately report any release or threatened release of a hazardous material to HMCD.
<input type="checkbox"/>	<input type="checkbox"/>	2331	SO 306.01(a) 306.02	<b>Cleanup of Unauthorized Discharge</b> - Any business or facility which stores or uses hazardous materials shall initiate and complete all actions necessary to remedy the effects of any unauthorized discharge.

#### D. Record Keeping, Labeling

V	N/A	Violation Code	Regulatory Citation	
<input type="checkbox"/>	<input type="checkbox"/>	2332	SO 307.05	<b>Records (Retention Time)</b> - All records (e.g. maintenance, monitoring, training, unauthorized discharge logs, etc.) shall be maintained for no less than 3 years and must be available for review by HMCD, upon request.
<input type="checkbox"/>	<input type="checkbox"/>	2333	8 CCR 5227	<b>Labeling</b> - Hazardous materials containers shall be labeled with either the chemical or common name (not trade name only) of the material and hazard information equivalent to that specified in 8 CCR, 5227(c) and 5228.



76 PRODUCTS COMPANY

RECEIVED BY  
ENVIRONMENTAL HEALTH  
HMCD

MAR 4 11 27 AM '96

Date: February 28, 1996

Jim Blamey  
Santa Clara Co. Env. Health  
2220 Moorpark Ave., P.O. Box 2807  
San Jose, CA 95159-8070

Subject: Address Change

As of March 11, we will be relocating to a new office. Our new mailing address is:

Environmental Compliance Dept., 9th Floor  
76 Products Company  
P.O. Box 25376  
Santa Ana, CA 92799-5376

Attached is a listing of "Unocal-controlled" sites that we believe to be within your jurisdiction. According to our database, your agency has regulatory control for the following documents:

Hazwaste Permit  
Health Permit  
UST/Hazmat Permit

We would appreciate your help in verifying the accuracy of our database, both in regard to the site listing and the types of documents. Please notify us in writing of any discrepancies.

As the property owner, we ask that you send all invoices and permits (if applicable) for these sites, including sites currently billed to the "equipment location," to our new mailing address.

Feel free to contact me at (714) 572-7660 (until March 7) and (714) 428-6570 (March 11) if you have any questions with regard to the above requests.

Although 76 Products Company is owned by Union Oil Company (Unocal), the anticipated transfer of assets that was to have taken place on or about January 1, 1996, has not occurred and is on hold. We will notify you of any ownership change in the future.

Thank you in advance for your patience and cooperation.

*J. M. Tyson*  
J. M. (Mike) Tyson  
Manager, Compliance Operations

2929 East Imperial Highway  
P.O. Box 2390  
Brea, California 92622-2390  
FAX (714) 572-7116  
A U n o c a l C o m p a n y.

Unit	Dealer Name	Site Addr	City	County	State	Zip Code	Status
3364	Matthew E. Horton / Willow Glen U	1104 Meridian Rd.	San Jose	Santa Clara	CA	95125	Op
3658	Zadco Enterprises, Inc.	300 Saratoga Ave.	Los Gatos	Santa Clara	CA	95030	Op
3686	Hassan Erfan Khaziri / El Monte Uno	1010 El Monte Ave.	Mountain View	Santa Clara	CA	94040	Op
3879	Hossain Erfan Khaziri / Hamilton Uni	337 E. Hamilton Ave.	Campbell	Santa Clara	CA	95008	Op
3926	Paul Finch / Le Bue's Union	1100 S. White Rd.	San Jose	Santa Clara	CA	95127	Op
3969	Kyoung Suk Rho / Stevens Creek U	2850 Stevens Creek Blvd.	San Jose	Santa Clara	CA	95126	Op
4053	Michael Bozzo, Jr. / Bozzo's Union 7	601 First St.	Gilroy	Santa Clara	CA	95020	Op
4297	John Patrick Ponders / Palo Alto U	835 San Antonio Rd.	Palo Alto	Santa Clara	CA	94303	Op
4315	Ebrahim (Abe) Kaabipour / Sunnyval	499 N. Mathilda Ave.	Sunnyvale	Santa Clara	CA	94086	Op
4328	Asher Javaherian / Camden Unocal	3145 S. Bascom Ave.	Campbell	Santa Clara	CA	95008	Op
4386	Thomas A. Hadley / Union Avenue	2690 Union Ave.	San Jose	Santa Clara	CA	95124	Op
4425	Mike Ahmadi	3499 El Camino Real	Santa Clara	Santa Clara	CA	95050	Op
4553	Westgate Union Serv Inc / A. Kaabip	1690 Saratoga Ave.	San Jose	Santa Clara	CA	95129	Op
4563	Dave / Martha Polanco/Damar Petrol	15380 Los Gatos Blvd.	Los Gatos	Santa Clara	CA	95030	Op
4815	Kathy Nguvet Le	3754 McKee Rd.	San Jose	Santa Clara	CA	95127	Op
4821	Tan Union Service, Inc.	295 Lawrence Expressway	Sunnyvale	Santa Clara	CA	94086	Op
4831	Damar Petroleum, Inc. / Almaden U	3010 Almaden Expressway	San Jose	Santa Clara	CA	95118	Op
4832	David P. Hennessee / Steven's Cree	4185 Stevens Creek Blvd.	Santa Clara	Santa Clara	CA	95051	Op
4848	Robert Nazari / Nazari Unocal	898 E. Fremont Ave.	Sunnyvale	Santa Clara	CA	94086	Op
4921	Mohammed N. Ahmadi / San Jose U	1605 Branham Lane	San Jose	Santa Clara	CA	95118	Op
4934	Kaabipour & Assoc. Co. / Blossom Hill	1761 Blossom Hill Rd.	San Jose	Santa Clara	CA	95124	Op
4959	Daljit Gill / Gill's Hillsdale Union 76	1810 Hillsdale Ave.	San Jose	Santa Clara	CA	95124	Op
5088	Thuy Gia Nguyen / Unocal SS #5088	3035 Winchester Blvd.	Campbell	Santa Clara	CA	95008	Op
5130	Binh Phung / B & K Unocal	27 S. Park Victoria	Milpitas	Santa Clara	CA	95035	Op
5290	Ramona Rita Ancarde / Airport Unocal	2495 De La Cruz Blvd.	Santa Clara	Santa Clara	CA	95050	Op
5368	John Murray / Unocal 76 Corp	1640 N. Milpitas Blvd.	Milpitas	Santa Clara	CA	95035	Op
5428	George Mezzetta / George's Union 7	10490 De Anza Blvd.	Cupertino	Santa Clara	CA	95014	Op
5444	Rick Ratra / Sunrise Plaza Union 76	696 Blossom Hill Rd.	San Jose	Santa Clara	CA	95123	Op
5550	John Hifai / Hifai's Union 76 & Towin	6499 Camden Ave.	San Jose	Santa Clara	CA	95120	Op
5628	Dave Joines / North First Unocal	2101 N. First St.	San Jose	Santa Clara	CA	95131	Op
5661	Raffat Saied / Saied Unocal	101 E. El Camino Real	Mountain View	Santa Clara	CA	94040	Op
5731	James McCarthy	891 W. Hamilton	Campbell	Santa Clara	CA	95008	Op
5815	Hossein B. Noghani	298 Saratoga Ave.	Santa Clara	Santa Clara	CA	95051	Op
5824	Mohsen Erfan Khaziri / Steven's Cre	5696 Stevens Creek Blvd.	Cupertino	Santa Clara	CA	95014	Op
5893	Charles T. Nguyen / Charlie's 76 Ser	1152 Tully Rd.	San Jose	Santa Clara	CA	95122	Op
5902	Dennis Azzarello / Blossom Valley U	102 Poughkeepsie Rd.	San Jose	Santa Clara	CA	95123	Op
5925	Damar Petroleum, Inc. / David Pola	1299 Story Rd.	San Jose	Santa Clara	CA	95122	Op
5954	Hossein Tahsini / Civic Plaza Unocal	1002 N. First St.	San Jose	Santa Clara	CA	95112	Op
5957	John H. Sears / Los Altos Union	330 S. San Antonio Rd.	Los Altos	Santa Clara	CA	94022	Op
5962	Jerry Kennedy / Kennedy's Parktown	3096 Landess Ave.	San Jose	Santa Clara	CA	95132	Op
5995	Zadco Enterprises, Inc. / Santa Tere	6211 Santa Teresa Blvd.	San Jose	Santa Clara	CA	95119	Op
6031	Nick Tali / Evergreen Union Service	3295 S. White Rd.	San Jose	Santa Clara	CA	95148	Op
6080	Tom W. Barnum / Cupertino Union 7	21530 Stevens Creek Blvd.	Cupertino	Santa Clara	CA	95014	Op

Unit	Dealer Name	Site Addr	City	County	State	Zip Code	Status
6115	Greg Galatolo / El Camino Unocal	4350 El Camino Real	Los Altos	Santa Clara	CA	94022	Op
6169	Morgan Hill Auto Serv Inc. / Jim Cow	17015 Monterey Rd.	Morgan Hill	Santa Clara	CA	95037	Op
6230	Leavesly Road Union 76 \ Bill Tolliso	601 Leavesley Rd.	Gilroy	Santa Clara	CA	95020	Op
6231	Damar Petroleum, Inc. / San Carlos	602 W. San Carlos St.	San Jose	Santa Clara	CA	95126	Op
6259	All Raghian / Al's Unocal	1331 Redmond Rd.	San Jose	Santa Clara	CA	95120	Op
6397	Lucia Chang / Chang's Unocal	190 W. Calaveras Blvd.	Milpitas	Santa Clara	CA	95035	Op
6429	Gawfco Inc.	2591 Seaboard Ave.	San Jose	Santa Clara	CA	95131	Op
6859	Mike & Christine Khaziri / Saratoga U	12015 Saratoga-Sunnyvale Roa	Saratoga	Santa Clara	CA	95070	Op
6897	John S. Murray / Pace Setter Self Se	2025 El Camino Real	Santa Clara	Santa Clara	CA	95050	Op
6915	Dewey's Union, Inc. / Dewey's Unio	1708 Tully Rd.	San Jose	Santa Clara	CA	95122	Op
7000	Binh Phung / Unocal S.S. #7000	20755 Stevens Creek Blvd.	Cupertino	Santa Clara	CA	95014	Op
7001	D.W. Pressnell / Dewey's Union, Inc	1501 Parkmoor Avenue	San Jose	Santa Clara	CA	95128-2407	Op
7002	Tony Lee / Tony's Unocal 76	3093 Silvercreek Road	San Jose	Santa Clara	CA	95121	Op
7186	Kaabipour & Assoc. / Blossom Hill U	968 Blossom Hill Rd.	San Jose	Santa Clara	CA	95123	Op
7259	Dewey's Union, Inc. #3 / Susan Pres	2370 Alum Rock Ave.	San Jose	Santa Clara	CA	95116	Op
7284	John S. Murray \ Monterey Road Un	4156 Monterey Hwy.	San Jose	Santa Clara	CA	95111	Op
7322	J. T. Enterprises	1165 S. Bascom Ave.	San Jose	Santa Clara	CA	95128	Op
7390	P & P, Inc. / Pat Peyton / Murph's Un	151 Branham Lane	San Jose	Santa Clara	CA	95136	Op
300233	G. N. Renn, Inc. / Brad Renn	10 Ronan Ave.	Gilroy	Santa Clara	CA	95020	Op

Count(Unit) :

62



November 9, 1995

Ms. Mary Ann Baker *Nov 13 10:31 AM '95*  
County of Santa Clara  
Department of Environmental Health  
2220 Moorpark Ave.  
East Wing, Room 204  
San Jose, CA 95125-2600

**Re: Inspection Report Follow up**  
**Los Altos, CA 94022**  
**Unocal Service Station # 6115**  
**4350 El Camino Real**

Dear Mary:

As per my previous letter dated October 13, 1995, I have enclosed the following information to close the remaining issues regarding the above referenced Unocal service station:

**Hazardous Materials Storage Inspection:**

1. UST electronic monitoring system certification report

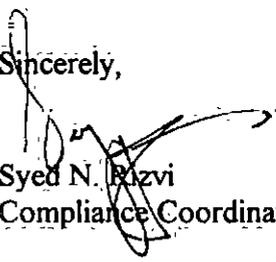
The UST electronic monitoring system certification report. This test was conducted by the NDE Environmental Corporation. As indicated in this report, the product piping is double and is equipped with the positive shutdown system (PSD) on turbines. Please note, the double wall piping containing PSD system does not require the annual line precision test.

2. UST Leak Response Plan

A Response plan has already been mailed to our dealer. This plan must be maintained in his file for your upcoming inspection.

Additionally, with this letter, I am reminding our dealer to mail the Certification of Compliance form to your attention as soon as possible. Thank you for your assistance. If you require any additional information, please call me at (714) 572-7655.

Sincerely,

  
Syed N. Rizvi  
Compliance Coordinator

Enclosures

SNR/snr

cc: S.P. Cerovac - w/o  
J.M. Tyson - w/o  
Unocal Dealer  
Correspondence File - w/o  
Environmental Permit File

Reviewed By M. Rizvi  
Date 6/18/96

2929 East Imperial Highway  
P.O. Box 2390  
Brea, California 92622-7116  
FAX: (714) 572-7116  
A. U. n. o. c. a. l. C. o. m. p. a. n. y.



76 PRODUCTS COMPANY

October 13, 1995

OCT 13 1995

Ms. Mary Ann Baker  
County of Santa Clara  
Department of Environmental Health  
2220 Moorpark Ave.  
East Wing, Room 204  
San Jose, CA 95125-2600

Re: Inspection Report Follow up  
Los Altos, CA 94022  
Unocal Service Station # 6115  
4350 El Camino Real

Dear Mary:

In response to your inspection report dated August 3, 1995, regarding the above referenced Unocal service station, please find the following response to your concerns:

**Hazardous Materials Storage Inspection:**

1. UST financial responsibility statement

The financial responsibility statement has been made available to the operator. A copy of this UST financial statement which applies to all Unocal controlled facilities in your jurisdiction is also being mailed to your attention.

2. UST system monitoring and test records have been made available on site.

3. UST system monitoring plan and a leak response plan are being mailed to the dealer's attention for his file.

4. UST electronic monitoring system certification and line integrity test report

The UST electronic monitoring system certification and the annual product line integrity test will be performed and results will be mailed to your attention.

**Hazardous Waste Generator Inspection:**

1. Hazardous waste accumulated greater than 90 days

Spoke to dealer and verified that hazardous waste of any type is no longer being stored at the facility for more than 90 days.

Reviewed By M. Bely  
Date 6/18/96

2929 East Imperial Highway  
P.O. Box 2390  
Brea, California 92622-7116  
FAX (714) 572-7116  
A Unocal Company

2. Hazardous waste containers are not clearly marked or labeled

Spoke to dealer and verified that hazardous waste containers are clearly marked and labeled according to your instruction.

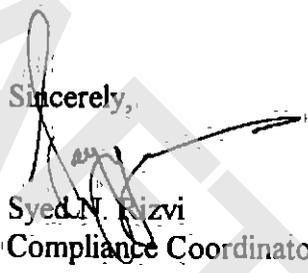
3. Waste manifest receipts were not available or incomplete

Spoke to dealer and verified that all waste manifest receipts have been properly completed and kept on site for your future inspection.

Additionally, the Certification of Compliance form is also being mailed to our dealer to verify in writing that all violation observed during your inspection were properly address and corrected.

Thank you for your assistance regarding this matter. If you require any additional information, please call me at (714) 572-7655.

Sincerely,



Syed N. Rizvi  
Compliance Coordinator

Enclosures

SNR/snr

cc: S.P. Cerovac - w/o  
J.M. Tyson - w/o  
Unocal Dealer  
Correspondence File - w/o  
Environmental Permit File

ATTN.  
DAVE CORDER  
MARY ANN BAKER

ON 8-3-95 MARY ANN SEEN  
A PROBLEM WITH PUMP 6 UNLEADED PLUS  
NOZZLE, ON 8-4-95 I HAD ISLAND EQUIP.  
COME OUT AND INSPECT ALL NOZZLES +  
REPAIR ANY PROBLEMS WITH THIS PUMP.  
I ALSO HAD STAN FROM ISLAND EQUIP.  
REPLACE OUTER HOSE ON PUMP 9 ON THE  
UNLEADED PLUS.

ANY QUESTIONS ON  
THIS YOU CAN CALL ME  
AT 415-941-0244

~~ALSO~~ ALSO DAVE PLEASE CALL ME BACK AND  
GIVE ME YOUR PHONE #

THANKS  
SCOTT KENT MANAGER  
EL CAMINO UNOCAL

p 9 p 2 - blank page

Reviewed By M. Baker  
Date 8/4/95

Island Equipment Co., Inc.  
1000 Park Drive  
San Jose, California 95136  
408-66690

CUSTOMER'S ORDER NO. \_\_\_\_\_ PHONE \_\_\_\_\_

NAME El Camino

ADDRESS \_\_\_\_\_

SOLD BY \_\_\_\_\_ CASH  C.O.D. \_\_\_\_\_

QTY	PRICE	TOTAL
1	3585.00	
1	3140.00	
1	5420.00	

#9 RL  
#10 R  
#6

RECEIVED BY [Signature]

DATE 8-11-95

76

DESCRIPTION	QTY	PRICE	AMOUNT
5.000 Home			86.77
Pepper Kit			10.95
111 Boot Kit			44.90
Kit			
Boot			
Service & Labor			35.00
Shipping			
TAX			11.04
TOTAL			188.46

Interest charged 1.50% per month.

All claims and returned goods MUST be accompanied by this bill.

Thank You

**HAZARDOUS MATERIALS STORAGE PROGRAM - OFFICIAL NOTICE OF INSPECTION**

DBA/Name <i>UNOCAL # 6115</i>	Facility ID #	Hours	Service Code	Work Area <i>612</i>
Address <i>4350 EL CAMINO REAL, LOS ALTOS</i>	<i>2ND63</i>	<i>1.0</i>	<i>01</i>	Emp# <i>671</i>
Contact Person	<i>2ND66</i>	<i>1.0</i>	<i>01</i>	Date <i>8/3/95</i>
Mailing Address	<i>2ND69</i>	<i>1.0</i>	<i>01</i>	Permit Exp. Date
				Re Inspection Date

Items listed below represent violations of referenced sections of the Santa Clara County Hazardous Materials Storage Ordinance (SO), Health and Safety Code (HSC) and/or the California Code of Regulations (CCR). The issuance of this notice does not preclude the County from taking civil or criminal action as a result of the violations noted herein. (v - violation, c - compliance, n/a - not applicable)

**RECORD KEEPING**

- | v                        | c                        | n/a                      | Code Section  |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SO301.03(A) Hazardous materials storage permit.         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HSC25503.5 Business Plan submitted/complete             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HSC25505(b) Substantial HMBP changes - reported         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HSC25503.6 Written notice to property owner - HMBP      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HSC25505(d) Inventory statement filed/updated annually. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SO304.01 HMMP submitted/updated/complete                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SO305.01(C) HMIS submitted/updated/complete             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SO303.04 Closure plan submitted                         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SO303.01 Construction permit issued                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HSC25507 Reporting of release/threatened release        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SO306.01 Unauthorized discharge reported/recorded       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SO303.05(B) Monitoring & maintenance records            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SO304.02(D) Monitoring plan approved/implemented        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SO307.05 Records maintained for 3 years                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | TGO TGO compliance                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | HSC25533 AHM registration submitted/updated             |

**HAZARDOUS MATERIALS A/G**

- |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SO303.05(A) Secondary containment monitored          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SO303.05(A) Visual/audible alarm                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SO303.02(C) Primary containment product tight        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SO303.02(C) Secondary containment approved/provided  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SO303.02(D) Overfill protection/alarm provided       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SO303.02(E) Separation of incompatible materials     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SO303.02(F) Water removed from containment           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SO303.05(B) Inspection/test of monitoring system     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SO303.06(A) Maintenance of monitoring system         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SO303.06(B) Modification to storage area approved    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SO303.07(A) Dispensing/mixing materials unsafely     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SO303.07(B) Hazardous materials stored in passageway |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SO303.08 Storage area secured                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SO303.09 Emergency equipment maintained              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SO303.10 Emergency procedures posted                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SO306.02 Clean-up of unauthorized discharge          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | CCR5227 Containers properly labeled                  |

Other *Monitoring plan NOT implemented*

*cc 6632(b)*

Received by: *S. Kent*

Inspected by: *Nancy Anne J. Bev*

Page 1 of *4*

Entered by: *cjm*

*8-9-95*

# County of Santa Clara

Environmental Resources Agency  
Department of Environmental Health

2220 Moorpark Avenue  
San Jose, California 95128  
(408) 299-6930  
FAX (408) 280-6479



HAZARDOUS MATERIALS STORAGE  
 HAZARDOUS WASTE GENERATOR  
OFFICIAL NOTICE OF INSPECTION

DATE 8/3/95

DBA/NAME Urcal - # 6115

Comments: (see marked violations on page 1)

HSC 25292.1:

- 1) Dispenser 6, unleaded + : Customer complained that nozzle leaked after being disengaged from car fuel tank. This was confirmed after observing another customer pump fuel from the same line. Repair nozzle (probably auto-shut off malfunction). Repair or change nozzle within 24 hrs. This line will be closed if not repaired within 24 hrs.
- 2) Dispenser 9, unleaded + : Hose shows signs of tearing near the nozzle connection. Correct within 15 days.
- 3) Overspill protection device for waste oil tanks had waste oil. This was corrected during the inspection.

HSC 25292.2 - Submit a copy of financial responsibility documentation within 30 days.

HSC 25293 (a) : a) lead - Alert sensors & red jacket lead detection device inspected 5/18/94 & 4/7/94. No records of 1995 inspections/maintenance records on file. Submit copies of 1995 maintenance inspection within 30 days.

~~Written monitoring plan missing~~  
CCR 2652 (a) <sup>(1)(B)</sup> Written monitoring plan missing.

- a) red jacket on equipment list
- b) model #s for all monitoring systems, probes, detectors.

Received by:

Inspected by:

S. Kent

Ray Anne J. Bobb  
Hazardous Materials Compliance Division.

Samples taken? Yes  No

Photos taken? Yes  No

# County of Santa Clara

Environmental Resources Agency  
Department of Environmental Health  
2220 Moorpark Avenue  
San Jose, California 95128  
(408) 299-6930  
FAX (408) 280-6479



HAZARDOUS MATERIALS STORAGE  
 HAZARDOUS WASTE GENERATOR  
OFFICIAL NOTICE OF INSPECTION

DATE 8/3/95

DBA/NAME Unocal # 6115

Comments: (see marked violations on page 1)

CER 2632 (e): Written response plan should be updated to include description of required methods & equipment to be used for moving any hazardous substances. This should be addressed even if contract work is to be used as part of the plan (see letter to D. Corder, copied G. Galatolo, Bob Watson 6/1/94).

CER 2632 (b): Monitoring program not implemented as follows: Audio alarm silenced (off position). This was corrected during the inspection.

Submit the following information within 30 days:

- 1) documentation showing how ruggie & hose ~~etc~~ ~~etc~~ problem cited were corrected. Note that problems must be corrected within time frame given
- 2) financial responsibility documentation
- 3) leak alert & red jacket leak detection device inspection documentation
- 4) updated monitoring plan
- 5) updated response plan
- 6) pipe annual tightness test (1993, 1994, 1995)
- 7) cut-sheet for overfill-prevention device installed for all tanks.

Received by:

S. Kent

Inspected by:

Mary Ann J. Kelly  
Hazardous Materials Compliance Division

Samples taken? Yes  No

Photos taken? Yes  No

Page 3 of 4

# County of Santa Clara

Environmental Resources Agency  
Department of Environmental Health

2220 Moorpark Avenue  
San Jose, California 95128  
(408) 299-6930  
FAX (408) 280-6479



HAZARDOUS MATERIALS STORAGE  
 HAZARDOUS WASTE GENERATOR  
OFFICIAL NOTICE OF INSPECTION

DATE 8/3/95

DBA/NAME Ursul # 6115

Comments: (see marked violations on page 1)

*Additional violation:*  
*HSC 25291 (f): No documentation of more annual piping*  
*tightness test on file. Submit documentation for tests*  
*conducted in 1993, 1994 & 1995.*

Received by: S. Kent

Inspected by: Mary Ann J. Kelly  
Hazardous Materials Compliance Division

Samples taken? Yes  No   
Photos taken? Yes  No

Page 54 of 84

RECEIVED DEC 3 1993

Unocal Petroleum Products & Chemicals Division  
Unocal Corporation  
2929 East Imperial Highway, P.O. Box 2390  
Brea, California 92621  
Facsimile (714) 572-7116

UNOCAL 76

4350 E Camino Real,  
LA

November 10, 1993

Santa Clara Co. Environ. Health Svc.  
2220 Moorpark Ave.  
San Jose, CA 95128

CERTIFIED MAIL

TO WHOM IT MAY CONCERN

Dear Sir/Madam:

Please accept this letter as my written notification for a change of address. Currently, the mail related to environmental compliance issues discussed in the attachment is being directed to the following address:

Unocal Marketing Engineering & Construction (ME&C)  
911 Wilshire Blvd.  
Suite 1100  
Los Angeles, CA 90017  
Attn: Environmental Compliance

Please note, the above address will be changed as of November 15, 1993. The new mailing address is as follows:

Unocal ME&C  
P.O. Box 2390  
Brea, California 92622-2390  
Attn: Environmental Compliance

For your convenience, a list of Environmental Compliance staff and their responsibilities is attached with this letter.

The above request does not include correspondence or permitting for Unocal "branded" Marketing facilities (operated and owned by independent re-sellers and jobbers), or other Unocal Divisions handling their permitting/compliance issues directly with you (i.e. Oil and Gas, Refining, Remediation etc.). Our most current list of Unocal "controlled units" (facilities owned, operated or leased by Unocal) within your jurisdiction is also attached.

Any correspondence concerning on-going site investigation and clean up must continue to be mailed to the responsible Unocal Remediation Engineer at his/her office address.

Thank you for your cooperation in this matter.

Sincerely yours,

*Bea C. Best*  
Bea C. Best

# THE MEC COMPLIANCE DEPT RELOCATES TO SATURN BUSINESS PARK 11/15/93

MEC Environmental Compliance  
Saturn Business Park  
2929 Imperial Hwy  
Brea, California 92621

Mailing Address  
P.O. Box 2390  
Brea, California 92622-2390

## Marketing Facility Service Station/Bulk Plant Compliance Issues:

### For permit renewals, permit fees and permit invoices:

Luis Amado (Permit Analyst) - (714) 572-7659  
Victor Perrin (Permit Analyst) - (714) 572-7658

### For UST/AST compliance, tank closures, tank and line upgrades and monitoring issues:

Bob Matson (UST/AST Coordinator) - (714) 572-7656

### For notices of violation, inspection reports and non-compliance issues:

Syed Rizvi (NOV Coordinator) - (714) 572-7655

### For unauthorized release and spill reporting:

Lynda Chalom (Leak Reporting Coordinator) - (714) 572-7653

### For tank and line test information and electronic monitoring system certification:

Lester Cheng (Tank Testing Analyst) - (714) 572-7657

### For site Business Plans (HMMP's), chemicals inventory disclosure, hazardous waste management, disposal and manifestation, and Permit by Rule information:

Dave Corder (Hazmat Coordinator) - (714) 572-7651

### For NPDES program, industrial waste water discharges, vapor recovery requirements, AB 2588 Plans and Reports, and emission reduction credits:

Jean Young (Air/water coordinator) - (714) 572-7654

### For environmental documentation, file review and records information:

Elvia Heredia (Environmental Clerk) - (714) 572-7665

## Marketing Terminal Compliance Issues:

Jim Scott (Terminal Compliance Coordinator) - (714) 572-7663

Manager Environmental Support  
(714) 572-7649 (To be announced)

DEC 2 11:06 AM '92

Date: November 18, 1992

To: S. C. C. Environmental Health Services  
Attn: Mary Anne J. Baker

From: El Camino Unocal  
4350 El Camino Real  
Los Altos, CA 94022

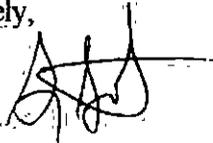
Dear Ms. Baker,

These deficiencies have been corrected as of the month of October:

- (1) Training of personnel on emergency responses to any spills and proper handling and disposing of hazardous waste.
- (2) Started a file of all hazardous waste manifest for easy access.
- (3) Notified Unocal of need to remove six 55 gallon drums known to contain hazardous waste.
- (4) All other violations are currently being addressed.

It has always been my concern of keeping our Service Station environmentally safe and under current regulations.

Sincerely,



Greg Galatolo  
Owner

M. Baker

12/10/92

GG/ag

**SANTA CLARA COUNTY ENVIRONMENTAL HEALTH SERVICES  
TOXICS CONTROL UNIT**  
2220 MOORPARK AVENUE, SAN JOSE, CA 95128 (408) 299-6930

**OFFICIAL NOTICE OF INSPECTION**

E 10-9-92 CP

DBA/NAME <b>UNOCAL #6115</b>	DATE <b>10/5/92</b>
ADDRESS <b>4350 EL CAMINO REAL, LOS ALTOS CA 94022</b>	RECHECK DATE
OWNER/OPERATOR <b>GREG GONZALEZ</b>	EMPLOYEE NO. <b>678</b>
MAILING ADDRESS <b>same</b>	WORK AREA <b>612</b>
APPLICABLE LAW <input type="checkbox"/> Calif. H & S Code, Sec. 25100, et Seq. <input type="checkbox"/> S.C.C. Storage Ordinance <input type="checkbox"/> Calif. Admin. Code, Title 22, Sec. 66011, et Seq. <input checked="" type="checkbox"/> Title 23, Sec. 2610, et Seq. <input type="checkbox"/> Other	INSPECTION TIME <b>1.5</b>

COMPUTER NO.	PROGRAM	ELEMENT	SERVICE	VIOLATIONS						TIME
				1	2	3	4	5	6	
20063	2311		01	25	21					0.5
20066	2312		01	25	21					0.5
20069	2312		01	25	21					0.5

VIOLATIONS	CLASS	
<b>HAZARDOUS WASTES</b>	1	11
Hazardous Waste Determ.		1
EPA ID Number		2
Storage, 90 Days	3	4
Storage, Containers	5	6
Storage, Tanks	7	8
Storage, Security	9	10
Pre-Transportation Requirements		11
Registered Hauler	12	13
Manifests		14
Disposal	15	16
Preparedness		17
Records, Reports		18
Local Permit		19
<b>HAZARDOUS MATERIALS STORAGE</b>		
Contingency Plan	20	
Employee Training	21	X
Permit to Operate	22	
Approved Construction	23	
Monitoring System Installed	24	
Monitoring Operational	25	X
Unauthor. Releases, Occurrence	26	
Unauthor. Releases, Reports	27	
Abandonment	28	
<b>OCCUPATIONAL HAZARDS</b>		
General Physical Hazard	37	
General Safety Hazard	38	
Personal Protection	39	
Toilets, Wash Facilities	40	
Eating Area	41	
Material Labeling	42	
Employee Training	43	
General Sanitation	44	

The marked items represent violations of the above-referenced codes(s) and must be corrected as follows:

(1) Electronic monitoring system with liquid sensors is used to monitor underground tanks (2 fuel & 1 waste oil) and lines. Audible alarm was tested and shown to be functional at time of the inspection. Tanks were installed later part of 1990. Business plan states system will be tested annually for proper operation. No maintenance records were kept on site. Manual that maintenance of monitoring system be kept in accordance with manufacturer's specs and/or business plan. Business plan last updated 1/21/92.

(2) - Personnel training records as required by the emergency response training plan are not kept on site. Documents all training given to personnel & keep on site for 3 years.

Submit a letter to above agency (Attn: M. B.) within 30 days indicating how above violations were addressed.

INSPECTOR: *Mary Ann J. Pelt*  
93

RECEIVED BY: *[Signature]*  
SIGNATURE

# FACILITY FILE INFORMATION

Date Completed: 12/31/02 Staff: BR/MS/MS

**General Information:**

Facility Name: <u>TOSCO STATION # 256115</u>	Facility Phone No.: ( )
Site Address: <u>4350 EL CAMINO RSM</u>	City: <u>LOS ANGELES</u> Zip: _____
Contact Person: <u>GREG CARATOLLO - DIRMAL</u>	Contact Phone No.: ( ) <small>If different from facility No.</small>
Contact Fax No.: ( )	Contact E-mail Address: _____
<input checked="" type="checkbox"/> HazMat Storage Program Facility: <input checked="" type="checkbox"/> UST <input type="checkbox"/> TGO <input type="checkbox"/> CalARP	
<input type="checkbox"/> HazWaste Generator Program Facility: <input type="checkbox"/> On-Site Recycling <input type="checkbox"/> On-Site Treatment <input type="checkbox"/> Remote Consolidation Site	
Previous Business Name(s) at This Address: _____	
Previous Facility Address: _____ City: _____	

**Documents:**

Document (Check box if required)	Status
<input checked="" type="checkbox"/> HM Business Plan	
<input type="checkbox"/> HM/HW Registration Form	
<input type="checkbox"/> A/G Monitoring Plan	<u>NA. LOS ANGELES</u>
<input checked="" type="checkbox"/> UST Permit Form A	
<input checked="" type="checkbox"/> UST Permit Form(s) B	
<input checked="" type="checkbox"/> UST Certification Form C	
<input checked="" type="checkbox"/> UST Monitoring Plan	
<input checked="" type="checkbox"/> UST Response Plan	
<input checked="" type="checkbox"/> UST Certification of Financial Responsibility	
<input type="checkbox"/> CalARP Registration Form	
<input type="checkbox"/> CalARP Plan	
<input type="checkbox"/> SPCC Plan	
<input type="checkbox"/> HW Generator Permit Application	
<input type="checkbox"/> Recyclable Materials Reporting Form	
<input type="checkbox"/> On Site HW Treatment Notification Form	
<input type="checkbox"/> Remote Waste/Consolidation Site Notif. Form	

**Special Equipment Needed for Inspection/Comments:** *(e.g. Unmanned site, etc. Date all comments.)*

Site Address: \_\_\_\_\_

**Aboveground Tank Information:**       No A/G tanks at site:

Volume (Gallons)	Tank Contents	Primary Tank Construction	Equipment Type	Date Installed	Comments (e.g. Location, monitoring, etc.)
_____	<input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> Other: _____	<input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Poly. <input type="checkbox"/> Other: _____	<input type="checkbox"/> Double-wall tank <input type="checkbox"/> Single-wall tank with 2" cont. <input type="checkbox"/> Single-wall w/o 2" cont. <input type="checkbox"/> Other: _____ <input type="checkbox"/> Overspill prev. equipment <input type="checkbox"/> Overfill prev. equipment <input type="checkbox"/> Electronic monitoring	____/____/____	
_____	<input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> Other: _____	<input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Poly. <input type="checkbox"/> Other: _____	<input type="checkbox"/> Double-wall tank <input type="checkbox"/> Single-wall tank with 2" cont. <input type="checkbox"/> Single-wall w/o 2" cont. <input type="checkbox"/> Other: _____ <input type="checkbox"/> Overspill prev. equipment <input type="checkbox"/> Overfill prev. equipment <input type="checkbox"/> Electronic monitoring	____/____/____	
_____	<input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> Other: _____	<input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Poly. <input type="checkbox"/> Other: _____	<input type="checkbox"/> Double-wall tank <input type="checkbox"/> Single-wall tank with 2" cont. <input type="checkbox"/> Single-wall w/o 2" cont. <input type="checkbox"/> Other: _____ <input type="checkbox"/> Overspill prev. equipment <input type="checkbox"/> Overfill prev. equipment <input type="checkbox"/> Electronic monitoring	____/____/____	
_____	<input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> Other: _____	<input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Poly. <input type="checkbox"/> Other: _____	<input type="checkbox"/> Double-wall tank <input type="checkbox"/> Single-wall tank with 2" cont. <input type="checkbox"/> Single-wall w/o 2" cont. <input type="checkbox"/> Other: _____ <input type="checkbox"/> Overspill prev. equipment <input type="checkbox"/> Overfill prev. equipment <input type="checkbox"/> Electronic monitoring	____/____/____	
_____	<input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> Other: _____	<input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Poly. <input type="checkbox"/> Other: _____	<input type="checkbox"/> Double-wall tank <input type="checkbox"/> Single-wall tank with 2" cont. <input type="checkbox"/> Single-wall w/o 2" cont. <input type="checkbox"/> Other: _____ <input type="checkbox"/> Overspill prev. equipment <input type="checkbox"/> Overfill prev. equipment <input type="checkbox"/> Electronic monitoring	____/____/____	
_____	<input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> Other: _____	<input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Poly. <input type="checkbox"/> Other: _____	<input type="checkbox"/> Double-wall tank <input type="checkbox"/> Single-wall tank with 2" cont. <input type="checkbox"/> Single-wall w/o 2" cont. <input type="checkbox"/> Other: _____ <input type="checkbox"/> Overspill prev. equipment <input type="checkbox"/> Overfill prev. equipment <input type="checkbox"/> Electronic monitoring	____/____/____	

Comments: (Date all comments.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# HAZARDOUS MATERIALS STORAGE FILE INFORMATION

Date Completed: 6/19/96 Staff: M. Baker

## General Information:

Facility Name: UNOCAL # 6115 Type of Business: service station  
Site Address: 4350 EL CAMINO REAL City: LOS ANGELES Zip: 94022  
Mailing Address: P.O. Box 2390 City: BREA Zip: 92622  
Contact Person: see blue tag Phone No.: ( ) \_\_\_\_\_  
Property Owner: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_  
Owner's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Registration (Short Form) Facility  HMBP Facility (Date plan last updated: \_\_\_\_\_)  
 TGO Facility  AHM Facility  RMPP Facility  HW Generator/Recycling Facility  
Previous Business Name(s) at This Address: FELIX'S UNION  
Previous Facility Address: \_\_\_\_\_ City: \_\_\_\_\_

Site Address: 4350 62 CAMINO CA.

**Tank Information:**  No tanks at site.

Type & ID Number	Volume (Gallons)	Tank Contents	Tank Construction	Date Tank Installed	Comments (e.g. Tank Location, etc.)
<input checked="" type="checkbox"/> UST <input type="checkbox"/> AST No.: <u>1</u>	<u>12,000</u>	<input checked="" type="checkbox"/> Gasoline (Grade: <u>87 unleaded</u> ) <input type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> Other:	<input checked="" type="checkbox"/> Double-wall <u>Cathodic Protection</u> <input type="checkbox"/> Single-wall <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Steel ( <u>clad</u> ) <input type="checkbox"/> Yes <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other:	<u>11/7/90</u>	<u>GLASSBL TANK.</u>
<input checked="" type="checkbox"/> UST <input type="checkbox"/> AST No.: <u>2</u>	<u>12,000</u>	<input checked="" type="checkbox"/> Gasoline (Grade: <u>92 unleaded</u> ) <input type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> Other:	<input type="checkbox"/> Double-wall <u>Cathodic Protection</u> <input type="checkbox"/> Single-wall <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Steel ( <u>clad</u> ) <input type="checkbox"/> Yes <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other:	<u>11/7/90</u>	
<input checked="" type="checkbox"/> UST <input type="checkbox"/> AST No.: <u>3</u>	<u>520</u>	<input type="checkbox"/> Gasoline (Grade: _____) <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Waste Oil <input type="checkbox"/> Other:	<input type="checkbox"/> Double-wall <u>Cathodic Protection</u> <input type="checkbox"/> Single-wall <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Steel ( <u>clad</u> ) <input type="checkbox"/> Yes <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other:	<u>11/27/90</u>	
<input type="checkbox"/> UST <input type="checkbox"/> AST No.: _____		<input type="checkbox"/> Gasoline (Grade: _____) <input type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> Other:	<input type="checkbox"/> Double-wall <u>Cathodic Protection</u> <input type="checkbox"/> Single-wall <input type="checkbox"/> N/A <input type="checkbox"/> Steel <input type="checkbox"/> Yes <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other:	<u>1/1</u>	
<input type="checkbox"/> UST <input type="checkbox"/> AST No.: _____		<input type="checkbox"/> Gasoline (Grade: _____) <input type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> Other:	<input type="checkbox"/> Double-wall <u>Cathodic Protection</u> <input type="checkbox"/> Single-wall <input type="checkbox"/> N/A <input type="checkbox"/> Steel <input type="checkbox"/> Yes <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other:	<u>1/1</u>	
<input type="checkbox"/> UST <input type="checkbox"/> AST No.: _____		<input type="checkbox"/> Gasoline (Grade: _____) <input type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> Other:	<input type="checkbox"/> Double-wall <u>Cathodic Protection</u> <input type="checkbox"/> Single-wall <input type="checkbox"/> N/A <input type="checkbox"/> Steel <input type="checkbox"/> Yes <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other:	<u>1/1</u>	

**Piping Information:**

Line Type	Line Construction	Line Leak Detector(s)	Date Installed	Comments (e.g. Line location, etc.)
<input checked="" type="checkbox"/> Pressure <input type="checkbox"/> Suction	<input checked="" type="checkbox"/> Double-wall <u>Cathodic Protection</u> <input type="checkbox"/> Single-wall <input type="checkbox"/> N/A <input type="checkbox"/> Steel <input type="checkbox"/> Yes <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other: <u>trench lines</u>	<input type="checkbox"/> Not Installed <input checked="" type="checkbox"/> Installed Type: <u>RAD MURTI</u> <u>PID</u>	<u>11/7/90</u>	

**Monitoring System Information:**  Visual monitoring only:

<b>System 1:</b> Manufacturer: <u>URTC MURTI</u> Model No.: <u>CA-08</u> Date Installed: <u>1/1/90</u> Probe Locations: <input checked="" type="checkbox"/> Tank interstitial spaces; <input type="checkbox"/> Piping sumps; <input type="checkbox"/> Dispenser pans; <input type="checkbox"/> Other:
<b>System 2:</b> Manufacturer: _____ Model No.: _____ Date Installed: <u>1/1</u> Probe Locations: <input type="checkbox"/> Tank interstitial spaces; <input type="checkbox"/> Piping sumps; <input type="checkbox"/> Dispenser pans; <input type="checkbox"/> Other:

UST Servicing Contractor Name: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_

Special Equipment Needed for Inspection/Comments: (e.g. Piping, etc. Date all comments.)

\_\_\_\_\_



# County of Santa Clara

Department of Environmental Health  
Hazardous Materials Compliance Division  
2220 Moorpark Avenue  
P.O. Box 28070  
San Jose, CA 95159-8070  
(408) 299-6930



## Underground Storage Tank Permit to Operate

Permit Number: 201602-308081  
Date Issued: January 1, 2001  
Expiration Date: December 31, 2005  
Facility ID Number: 43-000-201602

Facility Name: UNION STATION #06115  
Site Address: 4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

COPY

Tank Owner Name: TOSCO CORP.  
Permit Contact: MERLIZA ALCALA  
Owner Address: 2000 CROW CANYON PL., #400  
SAN RAMON, CA 94583

The following underground storage tanks are covered by this permit:

<u>Tank Identification Number</u>	<u>Capacity (gal.)</u>	<u>Tank Contents</u>	<u>Owner's Tank ID</u>
43-000-201602-100024	12,000	REGULAR UNLEADED GASOLINE	256115-1
43-000-201602-100023	12,000	PREMIUM UNLEADED GASOLINE	256115-2
43-000-201602-100022	500	WASTE OIL	256115-3

### Permit Conditions

1. In order to maintain this UST permit to operate, the permit holder shall comply with Health and Safety Code, Division 20, Chapters 6.7 and 6.75; and California Code of Regulations (CCR), Title 23, Division 3, Chapters 16 and 18.
2. In the event of a spill, leak, or other unauthorized release, the permittee shall comply with the requirements of 23 CCR, Chapter 16, Article 5. Additionally, the permittee shall operate according to a release Response Plan approved by the County of Santa Clara, Department of Environmental Health, Division of Hazardous Materials Compliance and Solid Waste Enforcement (HMCD).
3. The permittee shall comply with the monitoring procedures described in a UST Monitoring Plan and UST system Plot Plan approved by HMCD.
4. The permittee shall notify, and received approval from, HMCD prior to making any changes in monitoring procedures and/or equipment. The permittee shall notify HMCD within 30 days of any change in the usage of any UST, including changes in hazardous substances stored or change of UST owner and/or operator.
5. The permittee shall perform testing and preventive maintenance on all leak detection monitoring equipment annually, or more frequently if specified by the equipment manufacturer, and maintain documentation of such servicing on-site.
6. The permittee shall obtain approval from HMCD and Fire and Building authorities prior to modifying any UST system.
7. Written records of all monitoring performed shall be maintained on-site by the operator and be available for inspection for a period of at least three years from the date the monitoring was performed.
8. The permittee shall submit annual permit fees and State UST surcharges. Penalties for late payment will be assessed at 25%.
9. Copies of this permit and the approved UST monitoring, response, and plot plans shall be maintained at the tank site.
10. Violation of any of the above conditions may be cause for revocation of this UST permit to operate.

# County of Santa Clara

Environmental Resources Agency  
Department of Environmental Health  
Hazardous Materials Compliance Division  
2220 Moorpark Avenue, East Wing, Room 204  
San Jose, California 95128-2690  
(408) 299-6930 FAX 280-6479

Mailing Address  
Department of Environmental Health  
Hazardous Materials Compliance Division  
P.O. Box 28070  
San Jose, California 95159-8070



January 30, 2001

FILE

MERLIZA ALCALA  
TOSCO CORP.  
2000 CROW CANYON PL., #400  
SAN RAMON, CA 94583

**Re: Permit No. 201602-308081, Underground Storage Tank Permit to Operate.**

Dear MERLIZA ALCALA:

Santa Clara County Environmental Health Department's Hazardous Materials Compliance Division (HMCD) has changed the way we permit underground storage tanks (UST). The new five year UST operating permit for your facility, **UNION STATION #06115**, located at **4350 EL CAMINO REAL, LOS ALTOS, CA**, is enclosed. A copy of this permit must be maintained at the tank site.

Please carefully review the permit information and Permit Conditions. Although the permit term is now five years, fees will continue to be assessed annually as has been our past practice. Should you have any questions, please do not hesitate to contact the undersigned at (408) 299-6930.

Sincerely,

Greg Breshears  
Lead Hazardous Materials Specialist  
Hazardous Materials Compliance Division

enclosures: UST Permit to Operate  
Notif-05

Form Letter No. 20 - 01/29/01

# County of Santa Clara

Environmental Resources Agency  
Department of Environmental Health  
Hazardous Materials Compliance Division  
2220 Moorpark Avenue  
P.O. Box 28070  
San Jose, CA 95159-8070  
(408) 299-6930; Fax (408) 280-6479



## NOTICE TO OWNERS OF UNDERGROUND STORAGE TANKS

**Date: January 30, 2001**

**Subject: Notice to Schedule Annual Underground Storage Tank Compliance Inspections**

Santa Clara County Environmental Health Department's Hazardous Materials Compliance Division (HMCD) now inspects all underground storage tank (UST) facilities annually as required by a recent change in state law.

Effective this year, our compliance inspections will be coordinated to coincide with the required annual testing and certification of your UST monitoring equipment. **Accordingly, please notify the inspector identified below at least fourteen (14) calendar days prior to having your leak detection equipment tested by a qualified technician so that our inspection can be coordinated with the service contractor's visit. Failure to notify and coordinate these visits will result in your having to arrange (and pay for) a second visit by your equipment maintenance contractor.**

Your inspector is identified by the checked box, below:

- Mike Benjamin - (408) 299-6648
- Greg Breshears - (408) 299-8007
- Stephanie Christenberry - (408) 299-3156
- Muhammad Janjua - (408) 299-8852
- Richard Owens - (408) 299-6357

UST leak detection equipment must be tested and certified annually by a qualified technician in accordance with the equipment manufacturer's instructions. This includes functional testing of any programmed automatic pump shut-down capability. Types of equipment affected by this requirement include, but are not limited to, the following:

- Monitoring system control panels;
- Tank annular (interstitial) sensors;
- Piping sump/trench sensors;
- Leak sensors inside dispenser containment sumps/pans (including Bravo Box floats/chains);
- Mechanical or electronic line leak detectors (LLDs) (must be tested by simulating a 3.0 gallon per hour line leak at 10 p.s.i.g.);
- Automatic tank gauge (ATG) probes monitoring single-wall tanks.

# County of Santa Clara

Department of Environmental Health  
Hazardous Materials Compliance Division

CA Cert. No. 00938

Date Issued: October 14, 1998



An upgrade compliance certificate has been issued in connection with the operating permit for the facility indicated below. The certificate number on this facsimile matches the number on the certificate displayed at the facility.

Instructions to the issuing agency: Use the space below to enter the following information in the format of your choice: name of owner; name of operator; name of facility; street address, city, and zip code of facility; facility identification number (from Form A); name of issuing agency; and date of issue. Other identifying information may be added as deemed necessary by the local agency.

Tank Owner Name: **TOSCO INC**  
Facility Name: **UNION STATION #6115**  
Site Address: **4350 EL CAMINO REAL**  
**LOS ALTOS, CA 94022**

Facility ID Number(s): **201602**

Hazardous Materials Compliance Division  
2220 Moorpark Avenue  
P.O. Box 28070  
San Jose, CA 95159-8070  
(408) 299-6930

**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) 3 FACILITY ID# 43 000 201602  
 NEAREST CROSS STREET CAMINO REAL & DEZ MEDIO 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 3 404 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 TOSCO CORPORATION 407 PHONE \_\_\_\_\_ 408  
 MAILING OR STREET ADDRESS 1500 N. PRIEST 409  
 CITY TEMPE 410 STATE AZ 411 ZIP CODE 85281 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 TOSCO CORPORATION 414 PHONE \_\_\_\_\_ 415  
 MAILING OR STREET ADDRESS 1500 N. PRIEST 416  
 CITY TEMPE 417 STATE AZ 418 ZIP CODE 85281 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- 036244 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 BECKY WEAVER DATE 2-12-02 424 PHONE (916) 3035-2444 425  
 NAME OF APPLICANT (print) BECKY WEAVER 426 TITLE OF APPLICANT AGENT FOR OWNER 427  
 STATE UST FACILITY NUMBER (For local use only) 428 1998 UPGRADE CERTIFICATE NUMBER (For local use only) 429

*New*

*mh*

**UNIFIED PROGRAM CONSOLIDATED FORM**  
**UNDERGROUND STORAGE TANKS - TANK PAGE 1**

**TANKS**

(two pages per tank)

TYPE OF ACTION  1 NEW SITE PERMIT  4 AMENDED PERMIT  5 CHANGE OF INFORMATION  6 TEMPORARY SITE CLOSURE  
 (Check one item only) *update*  7 PERMANENTLY CLOSED ON SITE  
 3 RENEWAL PERMIT (Specify reason - for local use only)  8 TANK REMOVED 430

Page \_\_\_ of \_\_\_

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) TASCO #6115 3 FACILITY ID: \_\_\_\_\_ 431

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 MODERN WELDING 433 COMPARTMENTALIZED TANK  Yes  No 434  
 If "Yes", complete one page for each compartment

DATE INSTALLED (YEAR/MO) UNK 435 TANK CAPACITY IN GALLONS 12K UL 436 NUMBER OF COMPARTMENTS \_\_\_\_\_ 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)  1a. REGULAR UNLEADED  2. LEADED  5. JET FUEL  
 2. NON-FUEL PETROLEUM  1b. PREMIUM UNLEADED  3. DIESEL  6. AVIATION FUEL  
 3. CHEMICAL PRODUCT  1c. MIDGRADE UNLEADED  4. GASOHOL  99 OTHER \_\_\_\_\_  
 4. HAZARDOUS WASTE (Includes Used Oil)  
 95. UNKNOWN

COMMON NAME (from Hazardous Materials Inventory page) 441 CAS# (from Hazardous Materials Inventory page) 442

**III. TANK CONSTRUCTION**

TYPE OF TANK (Check one item only)  1. SINGLE WALL  3. SINGLE WALL WITH EXTERIOR MEMBRANE LINER  5. SINGLE WALL WITH INTERNAL BLADDER SYSTEM  95. UNKNOWN 443  
 2. DOUBLE WALL  4. SINGLE WALL IN VAULT  99. OTHER \_\_\_\_\_

TANK MATERIAL - primary tank (Check one item only)  1. BARE STEEL  3. FIBERGLASS / PLASTIC  5. CONCRETE  95. UNKNOWN 444  
 2. STAINLESS STEEL  4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP)  8. FRP COMPATIBLE W/100% METHANOL  99. OTHER \_\_\_\_\_

TANK MATERIAL - secondary tank (Check one item only)  1. BARE STEEL  3. FIBERGLASS / PLASTIC  5. CONCRETE  95. UNKNOWN 445  
 2. STAINLESS STEEL  4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP)  8. FRP COMPATIBLE W/100% METHANOL  99. OTHER \_\_\_\_\_  
 10. COATED STEEL  5. CONCRETE

TANK INTERIOR LINING  1. RUBBER LINED  3. EPOXY LINING  5. GLASS LINING  95. UNKNOWN 446 DATE INSTALLED \_\_\_\_\_ 447

OR COATING (Check one item only)  2. ALKYD LINING  4. PHENOLIC LINING  6. UNLINED  99. OTHER \_\_\_\_\_ (For local use only)

OTHER CORROSION PROTECTION IF APPLICABLE (Check one item only)  1. MANUFACTURED CATHODIC PROTECTION  3. FIBERGLASS REINFORCED PLASTIC  95. UNKNOWN 448  
 2. SACRIFICIAL ANODE  4. IMPRESSED CURRENT  99. OTHER \_\_\_\_\_ (For local use only)

SPILL AND OVERFILL (Check all that apply) YEAR INSTALLED 450 TYPE (local use only) 451 OVERFILL PROTECTION EQUIPMENT: YEAR INSTALLED 452  
 1. SPILL CONTAINMENT 2002  1. ALARM 2002  3. FILL TUBE SHUT OFF VALVE \_\_\_\_\_  
 2. DROP TUBE UNK  2. BALL FLOAT 2002  4. EXEMPT \_\_\_\_\_  
 3. STRIKER PLATE UNK

**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) 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 ESTIMATED QUANTITY OF SUBSTANCE REMAINING 456 TANK FILLED WITH INERT MATERIAL? 457  
 \_\_\_\_\_ gallons  Yes  No

*WJ*

## UNDERGROUND STORAGE TANKS - TANK PAGE 2

### VI. PIPING CONSTRUCTION (Check all that apply)

Page    of   

UNDERGROUND PIPING				ABOVEGROUND PIPING				
SYSTEM TYPE	<input checked="" type="checkbox"/> 1. PRESSURE	<input type="checkbox"/> 2. SUCTION	<input type="checkbox"/> 3. GRAVITY	458	<input 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 type="checkbox"/> 95. UNKNOWN		462
MANUFACTURER	<input checked="" type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 95. UNKNOWN			<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 99. OTHER		
MANUFACTURER	----- <i>Ameron</i> -----			461	MANUFACTURER -----			463
<input type="checkbox"/> 1. BARE STEEL	<input type="checkbox"/> 6. FRP COMPATIBLE w/100% METHANOL	<input type="checkbox"/> 1. BARE STEEL			<input type="checkbox"/> 6. FRP COMPATIBLE w/100% METHANOL			
<input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 7. GALVANIZED STEEL	<input type="checkbox"/> 2. STAINLESS STEEL			<input type="checkbox"/> 7. GALVANIZED STEEL			
<input type="checkbox"/> 3. PLASTIC COMPATIBLE W/ CONTENTS	<input type="checkbox"/> 99. Other	<input type="checkbox"/> 3. PLASTIC COMPATIBLE W/ CONTENTS			<input type="checkbox"/> 8. FLEXIBLE (HDPE)	<input type="checkbox"/> 99. OTHER		
<input checked="" type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 8. FLEXIBLE (HDPE)	<input type="checkbox"/> 4. FIBERGLASS			<input type="checkbox"/> 9. CATHODIC PROTECTION			
<input type="checkbox"/> 5. STEEL W/COATING	<input type="checkbox"/> 9. CATHODIC PROTECTION	<input type="checkbox"/> 5. STEEL W/COATING		464	<input type="checkbox"/> 95. UNKNOWN		465	

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

### VIII. DISPENSER CONTAINMENT

DISPENSER CONTAINMENT	<input checked="" type="checkbox"/> 1. FLOAT MECHANISM THAT SHUTS OFF SHEAR VALVE	<input type="checkbox"/> 4. DAILY VISUAL CHECK	
DATE INSTALLED	<input type="checkbox"/> 2. CONTINUOUS DISPENSER PAN SENSOR + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 5. TRENCH LINER / MONITORING	
<i>2002</i>	<input type="checkbox"/> 3. CONTINUOUS DISPENSER PAN SENSOR <u>WITH</u> AUTO SHUT OFF FOR DISPENSER + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 6. NONE	469

### 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
<i>BERRY WEAVER</i>	<i>2-12-02</i>	
NAME OF OWNER/OPRATOR (print)	TITLE OF OWNER/OPERATOR	472
<i>BERRY WEAVER</i>	<i>AGENT FOR OWNER</i>	

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

UNDERGROUND STORAGE TANKS - TANK PAGE 1

(two pages per tank)

TYPE OF ACTION <input type="checkbox"/> 1 NEW SITE PERMIT <input checked="" type="checkbox"/> 4 AMENDED PERMIT <input type="checkbox"/> 5 CHANGE OF INFORMATION <input type="checkbox"/> 6 TEMPORARY SITE CLOSURE		Page ___ of ___	
(Check one item only) <i>upg/mall</i>		<input type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE	
<input type="checkbox"/> 3 RENEWAL PERMIT (Specify reason - for local use only)		<input type="checkbox"/> 8 TANK REMOVED	
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) <i>TASCO #60115</i>		FACILITY ID. 3	
LOCATION WITHIN SITE (Optional)		430	
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 # <i>2</i>	TANK MANUFACTURER <i>MODERN WELDING</i>	COMPARTMENTALIZED TANK <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DATE INSTALLED (YEAR/MO) <i>UNK</i>	TANK CAPACITY IN GALLONS <i>12K UL</i>	If "Yes", complete one page for each compartment	
ADDITIONAL DESCRIPTION (For local use only)		NUMBER OF COMPARTMENTS	
II. TANK CONTENTS			
TANK USE <input checked="" type="checkbox"/> 1. MOTOR VEHICLE FUEL (If marked complete Petroleum Type) <input type="checkbox"/> 2. NON-FUEL PETROLEUM <input type="checkbox"/> 3. CHEMICAL PRODUCT <input type="checkbox"/> 4. HAZARDOUS WASTE (Includes Used Oil) <input type="checkbox"/> 95 UNKNOWN	PETROLEUM TYPE <input type="checkbox"/> 1a. REGULAR UNLEADED <input type="checkbox"/> 2. LEADED <input type="checkbox"/> 5. JET FUEL <input checked="" type="checkbox"/> 1b. PREMIUM UNLEADED <input type="checkbox"/> 3. DIESEL <input type="checkbox"/> 6. AVIATION FUEL <input type="checkbox"/> 1c. MIDGRADE UNLEADED <input type="checkbox"/> 4. GASOHOL <input type="checkbox"/> 99. OTHER _____	COMMON NAME (from Hazardous Materials Inventory page) 441	
		CAS# (from Hazardous Materials Inventory page) 442	
III. TANK CONSTRUCTION			
TYPE OF TANK (Check one item only) <input type="checkbox"/> 1. SINGLE WALL <input type="checkbox"/> 3. SINGLE WALL WITH EXTERIOR MEMBRANE LINER <input type="checkbox"/> 5. SINGLE WALL WITH INTERNAL BLADDER SYSTEM <input type="checkbox"/> 95 UNKNOWN	<input checked="" type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 4. SIGNLE WALL IN VAULT <input type="checkbox"/> 99 OTHER _____		
TANK MATERIAL - primary tank (Check one item only) <input type="checkbox"/> 1. BARE STEEL <input checked="" type="checkbox"/> 3. FIBERGLASS / PLASTIC <input type="checkbox"/> 5. CONCRETE <input type="checkbox"/> 95. UNKNOWN	<input type="checkbox"/> 2. STAINLESS STEEL <input type="checkbox"/> 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) <input type="checkbox"/> 8. FRP COMPTIBLE W/100% METHANOL <input type="checkbox"/> 99 OTHER _____		
TANK MATERIAL - secondary tank (Check one item only) <input type="checkbox"/> 1. BARE STEEL <input checked="" type="checkbox"/> 3. FIBERGLASS / PLASTIC <input type="checkbox"/> 5. CONCRETE <input type="checkbox"/> 95 UNKNOWN	<input type="checkbox"/> 2. STAINLESS STEEL <input type="checkbox"/> 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) <input type="checkbox"/> 8. FRP COMPTIBLE W/100% METHANOL <input type="checkbox"/> 99 OTHER _____ <input type="checkbox"/> 10 COATED STEEL <input type="checkbox"/> 5. CONCRETE		
TANK INTERIOR LINING OR COATING (Check one item only) <input type="checkbox"/> 1. RUBBER LINED <input type="checkbox"/> 2. ALKYD LINING <input type="checkbox"/> 3. EPOXY LINING <input type="checkbox"/> 4. PHENOLIC LINING <input checked="" type="checkbox"/> 6. UNLINED <input type="checkbox"/> 5. GLASS LINING <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER _____	DATE INSTALLED 446		
OTHER CORROSION PROTECTION IF APPLICABLE (Check one item only) <input type="checkbox"/> 1 MANUFACTURED CATHODIC PROTECTION <input type="checkbox"/> 2 SACRIFICIAL ANODE <input type="checkbox"/> 3 FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 4 IMPRESSED CURRENT <input type="checkbox"/> 95 UNKNOWN <input type="checkbox"/> 99 OTHER	448		
SPILL AND OVERFILL (Check all that apply) <input checked="" type="checkbox"/> 1 SPILL CONTAINMENT <input checked="" type="checkbox"/> 2 DROP TUBE <input checked="" type="checkbox"/> 3 STRIKER PLATE	YEAR INSTALLED <i>2002</i> <i>UNK</i> <i>UNK</i>	TYPE (local use only)	OVERFILL PROTECTION EQUIPMENT YEAR INSTALLED <input checked="" type="checkbox"/> 1 ALARM <input checked="" type="checkbox"/> 2 BALL FLOAT <input type="checkbox"/> 3 FILL TUBE SHUT OFF VALVE <input type="checkbox"/> 4 EXEMPT
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) <input type="checkbox"/> 1 VISUAL (EXPOSED PORTION ONLY) <input type="checkbox"/> 2 AUTOMATIC TANK GAUGING (ATG) <input type="checkbox"/> 3 CONTINUOUS ATG <input type="checkbox"/> 4 STATISTICAL INVENTORY RECONCILIATION (SIR) BIENNIAL TANK TESTING	IF DOUBLE WALL TANK OR TANK WITH BLADDER (Check one item only) <input type="checkbox"/> 1 VISUAL (SINGLE WALL IN VAULT ONLY) <input checked="" type="checkbox"/> 2 CONTINUOUS INTERSTITIAL MONITORING <input type="checkbox"/> 3 MANUAL MONITORING		543
IV. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE			
ESTIMATED DATE LAST USED (YR/MO/DAY)	ESTIMATED QUANTITY OF SUBSTANCE REMAINING	TANK FILLED WITH INERT MATERIAL?	
-----	----- gallons	<input type="checkbox"/> Yes <input type="checkbox"/> No	

*MB*

**UNIFIED PROGRAM CONSOLIDATED FORM**

**TANK**

**UNDERGROUND STORAGE TANKS - TANK PAGE 2**

**VI. PIPING CONSTRUCTION** (Check all that apply)

Page    of   

UNDERGROUND PIPING		ABOVEGROUND PIPING	
SYSTEM TYPE <input checked="" type="checkbox"/> 1. PRESSURE <input type="checkbox"/> 2. SUCTION <input type="checkbox"/> 3. GRAVITY	458	<input 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 type="checkbox"/> 95. UNKNOWN	462
MANUFACTURER <input checked="" type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 95. UNKNOWN	461	<input type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 99. OTHER	463
MANUFACTURER <u>Ameron</u>		MANUFACTURER <u>  </u>	
<input type="checkbox"/> 1. BARE STEEL <input type="checkbox"/> 6. FRP COMPATIBLE w/100% METHANOL		<input type="checkbox"/> 1. BARE STEEL <input type="checkbox"/> 6. FRP COMPATIBLE w/100% METHANOL	
<input type="checkbox"/> 2. STAINLESS STEEL <input type="checkbox"/> 7. GALVANIZED STEEL <input type="checkbox"/> Unknown		<input type="checkbox"/> 2. STAINLESS STEEL <input type="checkbox"/> 7. GALVANIZED STEEL	
<input type="checkbox"/> 3. PLASTIC COMPATIBLE W/ CONTENTS <input type="checkbox"/> 99. Other		<input type="checkbox"/> 3. PLASTIC COMPATIBLE W/ CONTENTS <input type="checkbox"/> 8. FLEXIBLE (HDPE) <input type="checkbox"/> 99. OTHER	
<input checked="" type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 8. FLEXIBLE (HDPE)		<input type="checkbox"/> 4. FIBERGLASS <input type="checkbox"/> 9. CATHODIC PROTECTION	
<input type="checkbox"/> 5. STEEL W/COATING <input type="checkbox"/> 9. CATHODIC PROTECTION	464	<input type="checkbox"/> 5. STEEL W/COATING <input type="checkbox"/> 95. UNKNOWN	465

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

**VIII. DISPENSER CONTAINMENT**

DISPENSER CONTAINMENT	<input checked="" 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
<u>2002</u>	<input type="checkbox"/> 3. CONTINUOUS DISPENSER PAN SENSOR WITH AUTO SHUT OFF FOR DISPENSER + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 6. NONE
		469

**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 <u>Becky Weaver</u>	DATE <u>2-12-02</u>	470
NAME OF OWNER/OPRATOR (print) <u>BECKY WEAVER</u>	TITLE OF OWNER/OPERATOR <u>AGENT FOR OWNER</u>	472

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

*MMZ*

UNDERGROUND STORAGE TANKS - TANK PAGE 1

(two pages per tank)

Page \_\_\_ of \_\_\_

TYPE OF ACTION  1 NEW SITE PERMIT  4 AMENDED PERMIT  5 CHANGE OF INFORMATION  6 TEMPORARY SITE CLOSURE  
 (Check one item only) Upgrade  7 PERMANENTLY CLOSED ON SITE  
 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) IOSCO #6115 FACILITY ID: \_\_\_\_\_

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 # 3 432 TANK MANUFACTURER modern welding. 433 COMPARTMENTALIZED TANK  Yes  No 434  
 If "Yes", complete one page for each compartment

DATE INSTALLED (YEAR/MO) UNK 435 TANK CAPACITY IN GALLONS 550 w/o 436 NUMBER OF COMPARTMENTS \_\_\_\_\_ 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)  1a. REGULAR UNLEADED  2. LEADED  5. JET FUEL  
 2. NON-FUEL PETROLEUM  1b. PREMIUM UNLEADED  3. DIESEL  6. AVIATION FUEL  
 3. CHEMICAL PRODUCT  1c. MIDGRADE UNLEADED  4. GASOHOL  99 OTHER USED OIL  
 4. HAZARDOUS WASTE (Includes Used Oil) COMMON NAME (from Hazardous Materials Inventory page) 441 CAS# (from Hazardous Materials Inventory page) 442  
 95. UNKNOWN

III. TANK CONSTRUCTION

TYPE OF TANK (Check one item only)  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 (Check one item only)  1. BARE STEEL  3. FIBERGLASS / PLASTIC  5. CONCRETE  95. UNKNOWN 444  
 2. STAINLESS STEEL  4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP)  8. FRP COMPATIBLE W/100% METHANOL  99. OTHER \_\_\_\_\_

TANK MATERIAL - secondary tank (Check one item only)  1. BARE STEEL  3. FIBERGLASS / PLASTIC  5. CONCRETE 445  
 2. STAINLESS STEEL  4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP)  8. FRP COMPATIBLE W/100% METHANOL  99. OTHER \_\_\_\_\_  
 10. COATED STEEL

TANK INTERIOR LINING OR COATING (Check one item only)  1. RUBBER LINED  3. EPOXY LINING  5. GLASS LINING  95. UNKNOWN 446 DATE INSTALLED \_\_\_\_\_ 447  
 2. ALKYD LINING  4. PHENOLIC LINING  6. UNLINED  99. OTHER \_\_\_\_\_ (For local use only)

OTHER CORROSION PROTECTION IF APPLICABLE (Check one item only)  1. MANUFACTURED CATHODIC PROTECTION  3. FIBERGLASS REINFORCED PLASTIC  95. UNKNOWN 448  
 2. SACRIFICIAL ANODE  4. IMPRESSED CURRENT  99. OTHER \_\_\_\_\_ (For local use only)

SPILL AND OVERFILL (Check all that apply) YEAR INSTALLED 450 TYPE (local use only) 451 OVERFILL PROTECTION EQUIPMENT: YEAR INSTALLED 452  
 1 SPILL CONTAINMENT 2002  1 ALARM \_\_\_\_\_  3 FILL TUBE SHUT OFF VALVE \_\_\_\_\_  
 2 DROP TUBE N/A  2 BALL FLOAT \_\_\_\_\_  4 EXEMPT  
 3 STRIKER PLATE UNK \_\_\_\_\_

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) 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 ESTIMATED QUANTITY OF SUBSTANCE REMAINING 456 TANK FILLED WITH INERT MATERIAL? 457  
 \_\_\_\_\_ gallons  Yes  No

*MB*

**UNIFIED PROGRAM CONSOLIDATED FORM**

**TANK**

**UNDERGROUND STORAGE TANKS - TANK PAGE 2**

**VI. PIPING CONSTRUCTION (Check all that apply)**

Page    of   

UNDERGROUND PIPING				ABOVEGROUND PIPING				
SYSTEM TYPE	<input type="checkbox"/> 1 PRESSURE	<input type="checkbox"/> 2 SUCTION	<input checked="" type="checkbox"/> 3 GRAVITY	458	<input 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 type="checkbox"/> 95. UNKNOWN		462
MANUFACTURER	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 95 UNKNOWN		461	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 99. OTHER		463
	MANUFACTURER <u>Ameron</u>				MANUFACTURER <u>          </u>			
<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 6 FRP COMPATIBLE w/100% METHANOL	<input type="checkbox"/> Unknown		<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 6 FRP COMPATIBLE W/100% METHANOL			
<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 7 GALVANIZED STEEL	<input type="checkbox"/> 99 Other		<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 7 GALVANIZED STEEL			
<input type="checkbox"/> 3 PLASTIC COMPATIBLE W/ CONTENTS				<input type="checkbox"/> 3 PLASTIC COMPATIBLE W/ CONTENTS	<input type="checkbox"/> 8 FLEXIBLE (HDPE)	<input type="checkbox"/> 99 OTHER		
<input type="checkbox"/> 4 FIBERGLASS	<input type="checkbox"/> 8 FLEXIBLE (HDPE)			<input type="checkbox"/> 4. FIBERGLASS	<input type="checkbox"/> 9 CATHODIC PROTECTION			
<input type="checkbox"/> 5. STEEL W/COATING	<input type="checkbox"/> 9. CATHODIC PROTECTION		464	<input type="checkbox"/> 5 STEEL W/COATING	<input type="checkbox"/> 95. UNKNOWN			465

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

**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
		469

**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
<i>Becky Weaver</i>	2-12-02	
NAME OF OWNER/OPRATOR (print)	TITLE OF OWNER/OPERATOR	472
BECKY WEAVER	AGENT FOR OWNER	

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



**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)

TOSCO #6115

ADDRESS (For local use only)

4350 El Camino Real, Los Altos

FACILITY ID#

TANK ID#

2 12 k U.L.

**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

*Eric V. Montesano*

DATE

2-19-02

NAME OF TANK OWNER/AGENT (print)

Eric V. Montesano

TITLE OF TANK OWNER/AGENT

Agent for Owner.

"Rich"

*WV*



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 USE/MAINT  8. TANK REMOVED  
 6 TEMPORARY SITE CLOSURE 400

I. FACILITY / SITE INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3 FACILITY ID# 43 000 201602  
TOSCO # 6115  
 NEAREST CROSS STREET 401 DEL MEDIO AVE 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 404 3! -> 2 Is facility on Indian Reservation or trustlands? 405  Yes  No 406  
 \*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 407 TOSCO CORPORATION PHONE 408  
 MAILING OR STREET ADDRESS 409 1500 N. PRIEST  
 CITY 410 TEMPE STATE 411 AZ ZIP CODE 412 85281  
 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 TOSCO CORPORATION PHONE 415  
 MAILING OR STREET ADDRESS 416 1500 N. PRIEST  
 CITY 417 TEMPE, AZ STATE 418 AZ ZIP CODE 419 85281  
 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- 036244 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 424 BECKY WEAVER DATE 10/11/01 425 PHONE (916) 635-2444  
 NAME OF APPLICANT (print) 426 BECKY WEAVER TITLE OF APPLICANT 427 AGENT FOR OWNER  
 STATE UST FACILITY NUMBER (For local use only) 428 1998 UPGRADE CERTIFICATE NUMBER (For local use only) 429 00938

**UNIFIED PROGRAM CONSOLIDATED FORM  
FACILITY INFORMATION  
BUSINESS ACTIVITIES**

**I. FACILITY IDENTIFICATION**

FACILITY ID #	43000201602	EPA ID # (Hazardous Waste Only) CAL000161435
BUSINESS NAME (Same as Facility Name of DBA-Doing Business As)		
Tosco Corporation #256115 / 6115 / 31096		

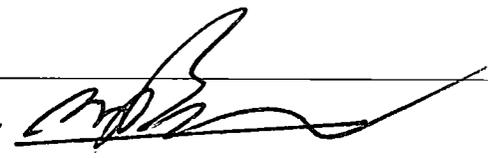
**II. ACTIVITIES DECLARATION**

**NOTE: If you check YES to any part of this list,  
please submit the Business Owner/Operator Identification page (OES Form 2730).**

Does your facility...	If Yes, please complete these pages of the UPCF. ...	
<b>A. HAZARDOUS MATERIALS</b> Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10-CFR Parts 30, 40 or 70?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 4	HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731) (This is reported with the HMMP)
<b>B. UNDERGROUND STORAGE TANKS (USTs)</b> 1. Own or operate underground storage tanks? 2. Intend to upgrade existing or install new USTs? 3. Need to report closing a UST?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 5 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 6 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 7	UST FACILITY (Formerly SWRCB Form A) UST TANK (one page per tank) (Formerly Form B) UST FACILITY UST TANK (one per tank) UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C) UST TANK (closure portion -one page per tank)
<b>C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)</b> Own or operate ASTs above these thresholds: ---any tank capacity is greater than 660 gallons, or ---the total capacity for the facility is greater than 1,320 gallons?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 8	NO FORM REQUIRED TO CUPAs
<b>D. HAZARDOUS WASTE</b> 1. Generate hazardous waste? 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)? 3. Treat hazardous waste on site? 4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)? 5. Consolidate hazardous waste generated at a remote site? 6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 9 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 11 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 12 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 13 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14	EPA ID NUMBER - provide at the top of this page RECYCLABLE MATERIALS REPORT (one per recycler) ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Forms 1772) ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772 A,B,C,D and L) CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232) REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196) HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)

**E. LOCAL REQUIREMENTS**

(You may also be required to provide additional information by your CUPA or local agency.)

Reviewed By   
Date SEPTEMBER 12, 2000  
*MULTIPLE ERRORS*

**UNIFIED PROGRAM CONSOLIDATED FORM  
FACILITY INFORMATION**

**BUSINESS OWNER/OPERATOR IDENTIFICATION**

**I. IDENTIFICATION**

FACILITY ID#	<u>43</u> <u>000</u> <u>201602</u>	BEGINNING DATE	<u>100</u>	ENDING DATE	<u>101</u>
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)			BUSINESS PHONE		
<u>Tosco Corporation #256115 / 6115 / 31096</u>			<u>(415) 941-0244</u>		
BUSINESS SITE ADDRESS					
<u>4350 El Camino Real</u>					
CITY		STATE	ZIP CODE		
<u>Los Altos</u>		<u>CA</u>	<u>94022</u>		
DUN & BRADSTREET			SIC CODE (4 digit #)		
<u>04-8564975</u>			<u>5541</u>		
COUNTY					
<u>SANTA CLARA</u>					
BUSINESS OPERATOR NAME			BUSINESS OPERATOR PHONE		
<u>Greg Galatolo</u>			<u>(415) 941-0244</u>		

**II. BUSINESS OWNER**

OWNER NAME	<u>Tosco Corporation - DC-40</u>	OWNER PHONE	<u>(925) 277-2319</u>
OWNER MAILING ADDRESS			
<u>P.O. Box 52085</u>			
CITY	STATE	ZIP CODE	
<u>Phoenix</u>	<u>AZ</u>	<u>85072-2085</u>	

**III. ENVIRONMENTAL CONTACT**

CONTACT NAME	<u>Merliza Alcala - (TOSCO)</u>	CONTACT PHONE	<u>(925) 277-2319</u>
CONTACT MAILING ADDRESS			
<u>2000 Crow Canyon Pl., #400</u>			
CITY	STATE	ZIP CODE	
<u>San Ramon</u>	<u>CA</u>	<u>94583</u>	

**-PRIMARY-**

**IV. EMERGENCY CONTACTS**

**-SECONDARY-**

NAME	<u>Greg Galatolo</u>	NAME	<u>Tosco Maintenance Call Center</u>
TITLE	<u>Operator</u>	TITLE	
BUSINESS PHONE	<u>(415) 941-0244</u>	BUSINESS PHONE	<u>1-800-726-2312</u>
24-HOUR PHONE	<u>415/948-8302</u>	24-HOUR PHONE	<u>1-800-726-2312</u>
PAGER #		PAGER #	

ADDITIONAL LOCALLY COLLECTED INFORMATION:

Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	NAME OF DOCUMENT PREPARER
<u>Janette M. Thompson</u>	<u>9/7/00</u>	<u>Kathy Strickland</u>
NAME OF SIGNER (print)	TITLE OF SIGNER	
<u>Janette M. Thompson For Circle K Stores, Inc.</u>	<u>Compliance Specialist</u>	

↑  
*TANK OWNER IS LISTED AS TOSCO CORP.*

*CS*

**UNITED PROGRAM CONSOLIDATED FORM**  
**TANKS**  
**UNDERGROUND STORAGE TANKS - FACILITY**

*(one page per site)*

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

Page **3** of **9**

I. FACILITY / SITE INFORMATION	
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3 Tosco Corporation #256115 / 6115 / 31096	FACILITY ID # 43000201602
NEAREST CROSS STREET 401 El Camino Real/Los Altos	FACILITY OWNER TYPE <input checked="" type="checkbox"/> 1. CORPORATION <input type="checkbox"/> 2. INDIVIDUAL <input type="checkbox"/> 3. PARTNERSHIP <input type="checkbox"/> 4. LOCAL AGENCY/DISTRICT* <input type="checkbox"/> 5. COUNTY AGENCY* <input type="checkbox"/> 6. STATE AGENCY* <input type="checkbox"/> 7. FEDERAL AGENCY* 402
BUSINESS TYPE <input checked="" type="checkbox"/> 1 GAS STATION <input type="checkbox"/> 2 DISTRIBUTOR <input type="checkbox"/> 3 FARM <input type="checkbox"/> 4 PROCESSOR <input type="checkbox"/> 5 COMMERCIAL <input type="checkbox"/> 6 OTHER 403	
TOTAL NUMBER OF TANKS REMAINING AT SITE 3 404	Is facility on Indian Reservation or trustlands? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 407 Tosco Corporation	PHONE 408 (925) 277-2319
MAILING OR STREET ADDRESS 409 P.O. Box 52085	
CITY 410 Phoenix	STATE 411 AZ
	ZIP CODE 412 85072
PROPERTY OWNER TYPE <input checked="" type="checkbox"/> 1 CORPORATION <input type="checkbox"/> 2 INDIVIDUAL <input type="checkbox"/> 3 PARTNERSHIP <input type="checkbox"/> 4 LOCAL AGENCY / DISTRICT <input type="checkbox"/> 5 COUNTY AGENCY <input type="checkbox"/> 6 STATE AGENCY 413 <input type="checkbox"/> 7 FEDERAL AGENCY	

III. TANK OWNER INFORMATION	
TANK OWNER NAME 414 Tosco Corporation	PHONE 415 (925) 277-2319
MAILING OR STREET ADDRESS 416 P.O. Box 52085	
CITY 417 Phoenix	STATE 418 AZ
	ZIP CODE 419 85072
TANK OWNER TYPE <input checked="" type="checkbox"/> 1 CORPORATION <input type="checkbox"/> 2 INDIVIDUAL <input type="checkbox"/> 3 PARTNERSHIP <input type="checkbox"/> 4 LOCAL AGENCY / DISTRICT <input type="checkbox"/> 5 COUNTY AGENCY <input type="checkbox"/> 6 STATE AGENCY 420 <input type="checkbox"/> 7 FEDERAL AGENCY	

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER	
TY (TK) HQ 4 4 - 0 3 6 2 4 4	Call (916) 322-9669 if questions arise 421

V. PETROLEUM UST FINANCIAL RESPONSIBILITY	
INDICATE METHOD(S): <input type="checkbox"/> 1 SELF-INSURED <input checked="" type="checkbox"/> 2 GUARANTEE <input type="checkbox"/> 3 INSURANCE <input type="checkbox"/> 4 SURETY BOND <input type="checkbox"/> 5. LETTER OF CREDIT <input type="checkbox"/> 6. EXEMPTION <input type="checkbox"/> 7 STATE FUND <input type="checkbox"/> 8 STATE FUND & CFO LETTER <input type="checkbox"/> 9 STATE FUND & CD <input type="checkbox"/> 10 LOCAL GOV= T MECHANISM <input type="checkbox"/> 99 OTHER 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. <input type="checkbox"/> 1. FACILITY <input type="checkbox"/> 2 PROPERTY OWNER <input checked="" type="checkbox"/> 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 <i>Janette M. Thompson</i>	DATE 424 9/7/00
NAME OF APPLICANT (print) Janette M. Thompson For Circle K Stores, Inc.	PHONE 425 (925) 277-2305
	TITLE OF APPLICANT 426 Compliance Specialist

STATE UST FACILITY NUMBER (For local use only) 427	1998 UPGRADE CERTIFICATE NUMBER (For local use only) 428
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**UNIFIED PROGRAM CONSOLIDATED FORM**

**TANKS**

**UNDERGROUND STORAGE TANKS - TANK PAGE 1**

*(two pages per tank)*

TYPE OF ACTION (Check one item only)  1 NEW SITE PERMIT  4 AMENDED PERMIT  5 CHANGE OF INFORMATION  6. TEMPORARY SITE CLOSURE  7 PERMANENTLY CLOSED ON SITE  8. TANK REMOVED

3 RENEWAL PERMIT (Specify reason - for local use only) (Specify change - for local use only) Page 4 of 7 430

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3 FACILITY ID # 431

Tosco Corporation 256115/6115/31096 43 - 000 - 201602

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 # 432	TANK MANUFACTURER 433	COMPARTMENTALIZED TANK <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 434
1	MODERN WELDING	If Yes, complete one page for each compartment
DATE INSTALLED (YEAR/MO) 435	TANK CAPACITY IN GALLONS 436	NUMBER OF COMPARTMENTS 437
1990	12,000	1
ADDITIONAL DESCRIPTION (For local use only) 438		

**II. TANK CONTENTS**

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

**III. TANK CONSTRUCTION**

TYPE OF TANK (Check one item only)	<input type="checkbox"/> 1 SINGLE WALL <input checked="" type="checkbox"/> 2 DOUBLE WALL <input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR MEMBRANE LINER <input type="checkbox"/> 4 SINGLE WALL IN A VAULT <input type="checkbox"/> 5. SINGLE WALL WITH INTERNAL BLADDER SYSTEM <input type="checkbox"/> 95 XERXES <input type="checkbox"/> 99 OTHER	443
TANK MATERIAL - primary tank (Check one item only)	<input checked="" type="checkbox"/> 1 BARE STEEL <input type="checkbox"/> 2 STAINLESS STEEL <input type="checkbox"/> 3 FIBERGLASS / PLASTIC <input type="checkbox"/> 4 STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) <input type="checkbox"/> 5 CONCRETE <input type="checkbox"/> 8. FRP COMPATIBLE W/100% METHANOL <input type="checkbox"/> 95 XERXES <input type="checkbox"/> 99 OTHER	444
TANK MATERIAL - secondary tank (Check one item only)	<input type="checkbox"/> 1 BARE STEEL <input type="checkbox"/> 2 STAINLESS STEEL <input checked="" type="checkbox"/> 3 FIBERGLASS / PLASTIC <input type="checkbox"/> 4 STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) <input type="checkbox"/> 5 CONCRETE <input type="checkbox"/> 8. FRP COMPATIBLE W/100% METHANOL <input type="checkbox"/> 9 FRP NON-CORRODIBLE JACKET <input type="checkbox"/> 10 COATED STEEL <input type="checkbox"/> 95 XERXES <input type="checkbox"/> 99 OTHER	445
TANK INTERIOR LINING OR COATING (Check one item only)	<input type="checkbox"/> 1 RUBBER LINED <input type="checkbox"/> 2 ALKYD LINING <input type="checkbox"/> 3 EPOXY LINING <input type="checkbox"/> 4 PHENOLIC LINING <input checked="" type="checkbox"/> 5 GLASS LINING <input type="checkbox"/> 6 UNLINED <input type="checkbox"/> 95 XERXES <input type="checkbox"/> 99 OTHER	446 DATE INSTALLED (For local use only) 447
OTHER CORROSION PROTECTION IF APPLICABLE (Check one item only)	<input type="checkbox"/> 1 MANUFACTURED CATHODIC PROTECTION <input checked="" type="checkbox"/> 3 FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 4 IMPRESSED CURRENT <input type="checkbox"/> 95 XERXES <input type="checkbox"/> 99 OTHER	448 DATE INSTALLED (For local use only) 449
SPILL AND OVERFILL (Check all that apply)	<input checked="" type="checkbox"/> 1 SPILL CONTAINMENT <input checked="" type="checkbox"/> 2 DROP TUBE <input checked="" type="checkbox"/> 3 STRIKER PLATE	YEAR INSTALLED 450 TYPE (For local use only) 451
		OVERFILL PROTECTION EQUIPMENT YEAR INSTALLED 452
		<input type="checkbox"/> 1 ALARM <input checked="" type="checkbox"/> 3 FILL TUBE SHUT OFF VALVE <input type="checkbox"/> 2 BALL FLOAT <input type="checkbox"/> 4 EXEMPT

**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) 453	IF DOUBLE WALL TANK OR TANK WITH BLADDER (Check one item only) 454
<input type="checkbox"/> 1. VISUAL (EXPOSED PORTION ONLY) <input type="checkbox"/> 2 AUTOMATIC TANK GAUGING (ATG) <input type="checkbox"/> 3 CONTINUOUS ATG <input type="checkbox"/> 4 STATISTICAL INVENTORY RECONCILIATION (SIR) + BIENNIAL TANK TESTING	<input type="checkbox"/> 5 MANUAL TANK GAUGING (MTG) <input type="checkbox"/> 6 VADOSE ZONE <input type="checkbox"/> 7 GROUNDWATER <input type="checkbox"/> 8. TANK TESTING <input type="checkbox"/> 99 OTHER
	<input type="checkbox"/> 1 VISUAL (SINGLE WALL IN VAULT ONLY) <input checked="" type="checkbox"/> 2 CONTINUOUS INTERSTITIAL MONITORING <input type="checkbox"/> 3. MANUAL MONITORING

**V. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE**

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

CB

UNDERGROUND STORAGE TANKS - TANK PAGE 2

VI. PIPING CONSTRUCTION (Check all that apply)

Page 5 of 9

UNDERGROUND PIPING				ABOVEGROUND PIPING			
SYSTEM TYPE	<input checked="" type="checkbox"/> 1 PRESSURE	<input type="checkbox"/> 2 SUCTION	<input type="checkbox"/> 3 GRAVITY 458	<input type="checkbox"/> 1 PRESSURE	<input type="checkbox"/> 2 SUCTION	<input type="checkbox"/> 3 GRAVITY	459
CONSTRUCTION/ MANUFACTURER	<input checked="" type="checkbox"/> 1 SINGLE WALL	<input checked="" type="checkbox"/> 3 LINED TRENCH	<input type="checkbox"/> 99 OTHER 460	<input type="checkbox"/> 1 SINGLE WALL	<input type="checkbox"/> 95 XERXES	<input type="checkbox"/> 99 OTHER	462
	<input checked="" type="checkbox"/> 2 DOUBLE WALL	<input type="checkbox"/> 95 XERXES	MANUFACTURER 461	<input type="checkbox"/> 2 DOUBLE WALL	<input type="checkbox"/> 99 OTHER	MANUFACTURER	463
MATERIALS AND CORROSION PROTECTION	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 6 FRP COMPATIBLE W/ 100% METHANOL	<input type="checkbox"/> 95 XERXES	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 6 FRP COMPATIBLE W/ 100% METHANOL	<input type="checkbox"/> 99 OTHER	465
	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 7 GALVANIZED STEEL	<input type="checkbox"/> 99 OTHER 464	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 7 GALVANIZED STEEL	<input type="checkbox"/> 95 XERXES	
	<input type="checkbox"/> 3 PLASTIC COMPATIBLE WITH CONTENTS	<input type="checkbox"/> 8 FLEXIBLE (HDPE)		<input type="checkbox"/> 3 PLASTIC COMPATIBLE WITH CONTENTS	<input type="checkbox"/> 8 FLEXIBLE (HDPE)		
	<input checked="" type="checkbox"/> 4 FIBERGLASS	<input type="checkbox"/> 9 CATHODIC PROTECTION		<input type="checkbox"/> 4 FIBERGLASS	<input type="checkbox"/> 9 CATHODIC PROTECTION		
	<input type="checkbox"/> 5 STEEL W/ COATING			<input type="checkbox"/> 5 STEEL W/ COATING			

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	
<b>SINGLE WALL PIPING</b>		<b>SINGLE WALL PIPING</b> 467	
PRESSURIZED PIPING (Check all that apply):		PRESSURIZED PIPING (Check all that apply):	
<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"/> 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"/> 2 MONTHLY 0 2 GPH TEST	
<input type="checkbox"/> 3 ANNUAL INTEGRITY TEST (0 1 GPH)		<input type="checkbox"/> 3 ANNUAL INTEGRITY TEST (0 1 GPH)	
CONVENTIONAL SUCTION SYSTEMS		CONVENTIONAL SUCTION SYSTEMS (Check all that apply)	
<input type="checkbox"/> 5 DAILY VISUAL MONITORING OF PUMPING SYSTEM + TRIENNIAL PIPING INTEGRITY TEST (0.1 GPH)		<input type="checkbox"/> 5 DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM	
SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING)		SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING)	
<input type="checkbox"/> 7 SELF MONITORING		<input type="checkbox"/> 7 SELF MONITORING	
GRAVITY FLOW		GRAVITY FLOW (Check all that apply).	
<input type="checkbox"/> 9 BIENNIAL INTEGRITY TEST (0 1 GPH)		<input type="checkbox"/> 8 DAILY VISUAL MONITORING	
		<input type="checkbox"/> 9 BIENNIAL INTEGRITY TEST (0 1 GPH)	
<b>SECONDARILY CONTAINED PIPING</b>		<b>SECONDARILY CONTAINED PIPING</b>	
PRESSURIZED PIPING (Check all that apply):		PRESSURIZED PIPING (Check all that apply)	
10. CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (Check one)		10 CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (check one)	
<input type="checkbox"/> a AUTO PUMP SHUT OFF WHEN A LEAK OCCURS		<input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS	
<input checked="" type="checkbox"/> b AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION		<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"/> c. NO AUTO PUMP SHUT OFF	
<input checked="" type="checkbox"/> 11. AUTOMATIC LINE LEAK DETECTOR (3 0 GPH TEST) WITH FLOW SHUT OFF OR RESTRICTION		<input type="checkbox"/> 11 AUTOMATIC LEAK DETECTOR	
<input type="checkbox"/> 12 ANNUAL INTEGRITY TEST (0 1 GPH)		<input type="checkbox"/> 12 ANNUAL INTEGRITY TEST (0 1 GPH)	
SUCTION/GRAVITY SYSTEM		SUCTION/GRAVITY SYSTEM.	
<input type="checkbox"/> 13 CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS		<input type="checkbox"/> 13 CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS	
<b>EMERGENCY GENERATORS ONLY (Check all that apply)</b>		<b>EMERGENCY GENERATORS ONLY (Check all that apply)</b>	
<input type="checkbox"/> 14 CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF + AUDIBLE AND VISUAL ALARMS		<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"/> 15 AUTOMATIC LINE LEAK DETECTOR (3 0 GPH TEST)	
<input type="checkbox"/> 16 ANNUAL INTEGRITY TEST (0 1 GPH)		<input type="checkbox"/> 16 ANNUAL INTEGRITY TEST (0 1 GPH)	
<input type="checkbox"/> 17 DAILY VISUAL CHECK		<input type="checkbox"/> 17 DAILY VISUAL CHECK	

VIII. DISPENSER CONTAINMENT

DISPENSER CONTAINMENT	<input checked="" 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 checked="" type="checkbox"/> 5 TRENCH LINER / MONITORING
UNK 11/00	<input type="checkbox"/> 3 CONTINUOUS DISPENSER PAN SENSOR WITH AUTO SHUT OFF FOR DISPENSER + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 6 NONE 469

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
<i>Janette M. Thompson</i>	9/7/00	
NAME OF OWNER/OPERATOR (print) 471	TITLE OF OWNER/OPERATOR	472
JANETTE M. THOMPSON FOR CIRCLE K STORES, INC.	COMPLIANCE SPECIALIST	

Permit Number (For local use only) 473	Permit Approved (For local use only) 474	Permit Expiration Date (For local use only) 475
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*CB*  
NOTE: FIBER TRENCH 2" CONV.

**UNIFIED PROGRAM CONSOLIDATED FORM**

**TANKS**

**UNDERGROUND STORAGE TANKS - TANK PAGE 1**

*(two pages per tank)*

Page 6 of 9

TYPE OF ACTION <i>(Check one item only)</i>	<input type="checkbox"/> 1 NEW SITE PERMIT <input type="checkbox"/> 4 AMENDED PERMIT <input type="checkbox"/> 3 RENEWAL PERMIT <i>(Specify reason - for local use only)</i>	<input checked="" type="checkbox"/> 5. CHANGE OF INFORMATION) <i>(Specify change - for local use only)</i>	<input type="checkbox"/> 6 TEMPORARY SITE CLOSURE <input type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE <input type="checkbox"/> 8 TANK REMOVED	430
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BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) <b>Tosco Corporation 256115/6115/31096</b>	3	FACILITY ID #	<b>43-000-201602</b>	1
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LOCATION WITHIN SITE <i>(Optional)</i>	431
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**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 # <b>2</b>	432	TANK MANUFACTURER <b>MODERN WELDING</b>	433	COMPARTMENTALIZED TANK If Yes, complete one page for each compartment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	434
DATE INSTALLED (YEAR/MO) <b>1990</b>	435	TANK CAPACITY IN GALLONS <b>12,000</b>	436	NUMBER OF COMPARTMENTS <b>1</b>	437
ADDITIONAL DESCRIPTION <i>(For local use only)</i> 438					

**II. TANK CONTENTS**

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

**III. TANK CONSTRUCTION**

TYPE OF TANK <i>(Check one item only)</i>	<input type="checkbox"/> 1 SINGLE WALL <input checked="" type="checkbox"/> 2 DOUBLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR MEMBRANE LINER <input type="checkbox"/> 4 SINGLE WALL IN A VAULT <input type="checkbox"/> 5 SINGLE WALL WITH INTERNAL BLADDER SYSTEM <input type="checkbox"/> 95 XERXES <input type="checkbox"/> 99 OTHER _____	443
TANK MATERIAL - primary tank <i>(Check one item only)</i>	<input checked="" type="checkbox"/> 1 BARE STEEL <input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS / PLASTIC <input type="checkbox"/> 4 STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) <input type="checkbox"/> 5 CONCRETE <input type="checkbox"/> 8 FRP COMPATIBLE W/100% METHANOL <input type="checkbox"/> 95 XERXES <input type="checkbox"/> 99 OTHER _____	444
TANK MATERIAL - secondary tank <i>(Check one item only)</i>	<input type="checkbox"/> 1 BARE STEEL <input type="checkbox"/> 2. STAINLESS STEEL	<input type="checkbox"/> 3 FIBERGLASS / PLASTIC <input checked="" type="checkbox"/> 4 STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) <input type="checkbox"/> 5 CONCRETE <input type="checkbox"/> 8 FRP COMPATIBLE W/100% METHANOL <input type="checkbox"/> 9 FRP NON-CORRODIBLE JACKET <input type="checkbox"/> 10 COATED STEEL <input type="checkbox"/> 95 XERXES <input type="checkbox"/> 99. OTHER _____	445
TANK INTERIOR LINING OR COATING <i>(Check one item only)</i>	<input type="checkbox"/> 1. RUBBER LINED <input type="checkbox"/> 2. ALKYD LINING	<input type="checkbox"/> 3 EPOXY LINING <input type="checkbox"/> 4 PHENOLIC LINING <input checked="" type="checkbox"/> 5 GLASS LINING <input checked="" type="checkbox"/> 6 UNLINED <input type="checkbox"/> 95 XERXES    446 <input type="checkbox"/> 99 OTHER _____	DATE INSTALLED 447
OTHER CORROSION PROTECTION IF APPLICABLE <i>(Check one item only)</i>	<input type="checkbox"/> 1. MANUFACTURED CATHODIC PROTECTION <input type="checkbox"/> 2 SACRIFICIAL ANODE	<input checked="" type="checkbox"/> 3 FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 4 IMPRESSED CURRENT <input type="checkbox"/> 95 XERXES    448 <input type="checkbox"/> 99 OTHER _____	DATE INSTALLED 449

SPILL AND OVERFILL <i>(Check all that apply)</i>	YEAR INSTALLED	TYPE <i>(For local use only)</i>	450	451	OVERFILL PROTECTION EQUIPMENT	YEAR INSTALLED	452
<input checked="" type="checkbox"/> 1 SPILL CONTAINMENT <input checked="" type="checkbox"/> 2 DROP TUBE <input checked="" type="checkbox"/> 3 STRIKER PLATE	<b>1990</b>				<input type="checkbox"/> 1 ALARM <input type="checkbox"/> 2 BALL FLOAT	<b>1990</b>	
					<input checked="" type="checkbox"/> 3 FILL TUBE SHUT OFF VALVE <input type="checkbox"/> 4 EXEMPT		

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

IF SINGLE WALL TANK <i>(Check all that apply)</i>	453	IF DOUBLE WALL TANK OR TANK WITH BLADDER <i>(Check one item only)</i>	454
<input type="checkbox"/> 1. VISUAL (EXPOSED PORTION ONLY) <input type="checkbox"/> 2. AUTOMATIC TANK GAUGING (ATG) <input type="checkbox"/> 3 CONTINUOUS ATG <input type="checkbox"/> 4 STATISTICAL INVENTORY RECONCILIATION (SIR) + BIENNIAL TANK TESTING		<input type="checkbox"/> 5 MANUAL TANK GAUGING (MTG) <input type="checkbox"/> 6 VADOSE ZONE <input type="checkbox"/> 7 GROUNDWATER <input type="checkbox"/> 8 TANK TESTING <input type="checkbox"/> 99 OTHER _____	
		<input type="checkbox"/> 1 VISUAL (SINGLE WALL IN VAULT ONLY) <input checked="" type="checkbox"/> 2 CONTINUOUS INTERSTITIAL MONITORING <input type="checkbox"/> 3 MANUAL MONITORING	

**V. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE**

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

*CB*

UNDERGROUND STORAGE TANKS - TANK PAGE 2

VI. PIPING CONSTRUCTION (Check all that apply)

Page 2 of 9

UNDERGROUND PIPING				ABOVEGROUND PIPING			
SYSTEM TYPE	<input checked="" type="checkbox"/> 1 PRESSURE	<input type="checkbox"/> 2 SUCTION	<input type="checkbox"/> 3 GRAVITY 458	<input type="checkbox"/> 1. PRESSURE	<input type="checkbox"/> 2 SUCTION	<input type="checkbox"/> 3 GRAVITY	459
CONSTRUCTION/ MANUFACTURER	<input type="checkbox"/> 1 SINGLE WALL	<input checked="" type="checkbox"/> 3 LINED TRENCH	<input type="checkbox"/> 99 OTHER 460	<input type="checkbox"/> 1 SINGLE WALL	<input type="checkbox"/> 95 XERXES		462
	<input checked="" type="checkbox"/> 2 DOUBLE WALL	<input type="checkbox"/> 95 XERXES		<input type="checkbox"/> 2 DOUBLE WALL	<input type="checkbox"/> 99 OTHER		463
MATERIALS AND CORROSION PROTECTION	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 6 FRP COMPATIBLE W/ 100% METHANOL		<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 6 FRP COMPATIBLE W/ 100% METHANOL		
	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 7 GALVANIZED STEEL		<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 7 GALVANIZED STEEL		
	<input type="checkbox"/> 3 PLASTIC COMPATIBLE WITH CONTENTS	<input type="checkbox"/> 95 XERXES		<input type="checkbox"/> 3 PLASTIC COMPATIBLE WITH CONTENTS	<input type="checkbox"/> 8 FLEXIBLE (HDPE)	<input type="checkbox"/> 99 OTHER	
	<input checked="" type="checkbox"/> 4 FIBERGLASS	<input type="checkbox"/> 8 FLEXIBLE (HDPE)	<input type="checkbox"/> 99 OTHER	<input type="checkbox"/> 4 FIBERGLASS	<input type="checkbox"/> 9 CATHODIC PROTECTION		
	<input type="checkbox"/> 5 STEEL W/ COATING	<input type="checkbox"/> 9 CATHODIC PROTECTION	464	<input type="checkbox"/> 5 STEEL W/ COATING	<input type="checkbox"/> 95 XERXES		465

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	
SINGLE WALL PIPING		SINGLE WALL PIPING	
<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		<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"/> 2 MONTHLY 0 2 GPH TEST	
<input type="checkbox"/> 3 ANNUAL INTEGRITY TEST (0 1 GPH)		<input type="checkbox"/> 3 ANNUAL INTEGRITY TEST (0 1 GPH)	
<p>CONVENTIONAL SUCTION SYSTEMS</p> <input type="checkbox"/> 5 DAILY VISUAL MONITORING OF PUMPING SYSTEM + TRIENNIAL PIPING INTEGRITY TEST (0 1 GPH)		<p>CONVENTIONAL SUCTION SYSTEMS (Check all that apply)</p> <input type="checkbox"/> 5 DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM	
<p>SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING)</p> <input type="checkbox"/> 7 SELF MONITORING		<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>GRAVITY FLOW (Check all that apply).</p> <input type="checkbox"/> 8 DAILY VISUAL MONITORING	
<p>SECONDARILY CONTAINED PIPING</p> <p>PRESSURIZED PIPING (Check all that apply):</p> <input type="checkbox"/> 10 CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (Check one)		<p>SECONDARILY CONTAINED PIPING</p> <p>PRESSURIZED PIPING (Check all that apply):</p> <input type="checkbox"/> 10 CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (check one)	
<input type="checkbox"/> a AUTO PUMP SHUT OFF WHEN A LEAK OCCURS		<input type="checkbox"/> a AUTO PUMP SHUT OFF WHEN A LEAK OCCURS	
<input checked="" type="checkbox"/> b AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION		<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"/> c NO AUTO PUMP SHUT OFF	
<input checked="" type="checkbox"/> 11. AUTOMATIC LINE LEAK DETECTOR (3 0 GPH TEST) WITH FLOW SHUT OFF OR RESTRICTION		<input type="checkbox"/> 11 AUTOMATIC LEAK DETECTOR	
<input type="checkbox"/> 12 ANNUAL INTEGRITY TEST (0 1 GPH)		<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>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		<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"/> 15 AUTOMATIC LINE LEAK DETECTOR (3 0 GPH TEST)	
<input type="checkbox"/> 16 ANNUAL INTEGRITY TEST (0 1 GPH)		<input type="checkbox"/> 16 ANNUAL INTEGRITY TEST (0 1 GPH)	
<input type="checkbox"/> 17. DAILY VISUAL CHECK		<input type="checkbox"/> 17 DAILY VISUAL CHECK	

VIII. DISPENSER CONTAINMENT

DISPENSER CONTAINMENT	<input checked="" type="checkbox"/> 1 FLOAT MECHANISM THAT SHUTS OFF SHEAR VALVE	<input type="checkbox"/> 4. DAILY VISUAL CHECK
DATE INSTALLED <i>UNK 11/00</i>	<input type="checkbox"/> 2. CONTINUOUS DISPENSER PAN SENSOR + AUDIBLE AND VISUAL ALARMS	<input checked="" 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 <i>Janette M. Thompson</i>	DATE <i>9/7/00</i>	470
NAME OF OWNER/OPERATOR (print) JANETTE M. THOMPSON FOR CIRCLE K STORES, INC.	TITLE OF OWNER/OPERATOR COMPLIANCE SPECIALIST	472

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

*EB*  
*NOTE: FIBER TRENCH 2<sup>ND</sup> CNT.*

**UNIFIED PROGRAM CONSOLIDATED FORM**

**TANKS**

**UNDERGROUND STORAGE TANKS - TANK PAGE 1**

*(two pages per tank)*

TYPE OF ACTION (Check one item only)  1 NEW SITE PERMIT  4 AMENDED PERMIT  5 CHANGE OF INFORMATION  6 TEMPORARY SITE CLOSURE  7 PERMANENTLY CLOSED ON SITE  8 TANK REMOVED

3 RENEWAL PERMIT (Specify reason - for local use only) \_\_\_\_\_ (Specify change - for local use only) \_\_\_\_\_

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BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3 **Tosco Corporation 256115/6115/31096** FACILITY ID # **43-000-201602** 430

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 # <b>3</b> 432	TANK MANUFACTURER <b>MODERN WELDING</b> 433	COMPARTMENTALIZED TANK <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 434 <i>If Yes, complete one page for each compartment</i>
DATE INSTALLED (YEAR/MO) <b>1990</b> 435	TANK CAPACITY IN GALLONS <b>500</b> 436	NUMBER OF COMPARTMENTS <b>1</b> 437
ADDITIONAL DESCRIPTION (For local use only) 438		

**II. TANK CONTENTS**

TANK USE 439 <input type="checkbox"/> 1 MOTOR VEHICLE FUEL (If marked, complete Petroleum Type) <input type="checkbox"/> 2 NON-FUEL PETROLEUM <input type="checkbox"/> 3 CHEMICAL PRODUCT <input checked="" type="checkbox"/> 4 HAZARDOUS WASTE (Includes Used Oil) <input type="checkbox"/> 95 XERXES	PETROLEUM TYPE <input type="checkbox"/> 1a REGULAR UNLEADED <input type="checkbox"/> 1b PREMIUM UNLEADED <input type="checkbox"/> 1c MIDGRADE UNLEADED <input type="checkbox"/> 2 LEADED <input type="checkbox"/> 3 DIESEL <input type="checkbox"/> 4 GASOHOL <input type="checkbox"/> 5 JET FUEL <input type="checkbox"/> 6 AVIATION FUEL <input type="checkbox"/> 99 OTHER _____	COMMON NAME (from Hazardous Materials Inventory page) 441 <b>WASTE OIL</b>	CAS # (from Hazardous Materials Inventory page) 442
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**III. TANK CONSTRUCTION**

TYPE OF TANK (Check one item only) <input type="checkbox"/> 1. SINGLE WALL <input checked="" type="checkbox"/> 2. DOUBLE WALL <input type="checkbox"/> 3. SINGLE WALL WITH EXTERIOR MEMBRANE LINER <input type="checkbox"/> 4. SINGLE WALL IN A VAULT <input type="checkbox"/> 5. SINGLE WALL WITH INTERNAL BLADDER SYSTEM <input type="checkbox"/> 95 XERXES <input type="checkbox"/> 99 OTHER _____	TANK MATERIAL - primary tank (Check one item only) <input checked="" type="checkbox"/> 1. BARE STEEL <input type="checkbox"/> 2. STAINLESS STEEL <input type="checkbox"/> 3. FIBERGLASS / PLASTIC <input type="checkbox"/> 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) <input type="checkbox"/> 5. CONCRETE <input type="checkbox"/> 8. FRP COMPATIBLE W/100% METHANOL <input type="checkbox"/> 95 XERXES <input type="checkbox"/> 99 OTHER _____	TANK MATERIAL - secondary tank (Check one item only) <input type="checkbox"/> 1. BARE STEEL <input type="checkbox"/> 2. STAINLESS STEEL <input checked="" type="checkbox"/> 3. FIBERGLASS / PLASTIC <input checked="" type="checkbox"/> 4. STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP) <input type="checkbox"/> 5. CONCRETE <input type="checkbox"/> 8. FRP COMPATIBLE W/100% METHANOL <input type="checkbox"/> 9. FRP NON-CORRODIBLE JACKET <input type="checkbox"/> 10. COATED STEEL <input type="checkbox"/> 95 XERXES <input type="checkbox"/> 99 OTHER _____	TANK INTERIOR LINING OR COATING (Check one item only) <input type="checkbox"/> 1. RUBBER LINED <input type="checkbox"/> 2. ALKYD LINING <input type="checkbox"/> 3. EPOXY LINING <input type="checkbox"/> 4. PHENOLIC LINING <input checked="" type="checkbox"/> 5. GLASS LINING <input checked="" type="checkbox"/> 6. UNLINED <input type="checkbox"/> 95 XERXES 446 <input type="checkbox"/> 99 OTHER _____	DATE INSTALLED 447
OTHER CORROSION PROTECTION IF APPLICABLE (Check one item only) <input type="checkbox"/> 1. MANUFACTURED CATHODIC PROTECTION <input type="checkbox"/> 2. SACRIFICIAL ANODE <input checked="" type="checkbox"/> 3. FIBERGLASS REINFORCED PLASTIC <input type="checkbox"/> 4. IMPRESSED CURRENT <input type="checkbox"/> 95 XERXES 448 <input type="checkbox"/> 99 OTHER _____	DATE INSTALLED 449	(For local use only)		

SPILL AND OVERFILL (Check all that apply) <input checked="" type="checkbox"/> 1. SPILL CONTAINMENT <b>1990</b> 450 <input type="checkbox"/> 2. DROP TUBE <input checked="" type="checkbox"/> 3. STRIKER PLATE <b>1990</b>	YEAR INSTALLED 450	TYPE (For local use only) 451	OVERFILL PROTECTION EQUIPMENT YEAR INSTALLED 452 <input type="checkbox"/> 1. ALARM <input type="checkbox"/> 2. BALL FLOAT <input type="checkbox"/> 3. FILL TUBE SHUT OFF VALVE <input checked="" type="checkbox"/> 4. EXEMPT
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**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) 453 <input type="checkbox"/> 1. VISUAL (EXPOSED PORTION ONLY) <input type="checkbox"/> 2. AUTOMATIC TANK GAUGING (ATG) <input type="checkbox"/> 3. CONTINUOUS ATG <input type="checkbox"/> 4. STATISTICAL INVENTORY RECONCILIATION (SIR) + BIENNIAL TANK TESTING <input type="checkbox"/> 5. MANUAL TANK GAUGING (MTG) <input type="checkbox"/> 6. VADOSE ZONE <input type="checkbox"/> 7. GROUNDWATER <input type="checkbox"/> 8. TANK TESTING <input type="checkbox"/> 99 OTHER _____	IF DOUBLE WALL TANK OR TANK WITH BLADDER (Check one item only) 454 <input type="checkbox"/> 1. VISUAL (SINGLE WALL IN VAULT ONLY) <input checked="" type="checkbox"/> 2. CONTINUOUS INTERSTITIAL MONITORING <input type="checkbox"/> 3. MANUAL MONITORING
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**V. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE**

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

*GB*

**UNIFIED PROGRAM CONSOLIDATED FORM**  
**UNDERGROUND STORAGE TANKS - TANK PAGE 2**

SITE #256115/6115/31096  
**TANKS**

**VI. PIPING CONSTRUCTION** (Check all that apply)

Page 9 of 9

UNDERGROUND PIPING				ABOVEGROUND PIPING			
SYSTEM TYPE	<input type="checkbox"/> 1 PRESSURE	<input type="checkbox"/> 2 SUCTION	<input type="checkbox"/> 3 GRAVITY 458	<input type="checkbox"/> 1. PRESSURE	<input type="checkbox"/> 2 SUCTION	<input type="checkbox"/> 3 GRAVITY	459
CONSTRUCTION/ MANUFACTURER	<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 type="checkbox"/> 95 XERXES	<input type="checkbox"/> 99 OTHER	462
	<input type="checkbox"/> 2 DOUBLE WALL	<input type="checkbox"/> 95 XERXES	MANUFACTURER <u>N/A</u> 461	<input type="checkbox"/> 2. DOUBLE WALL	<input type="checkbox"/> 99 OTHER	MANUFACTURER	463
MATERIALS AND CORROSION PROTECTION	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 6 FRP COMPATIBLE W/ 100% METHANOL		<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 6 FRP COMPATIBLE W/ 100% METHANOL		
	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 7 GALVANIZED STEEL		<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 7 GALVANIZED STEEL		
	<input type="checkbox"/> 3 PLASTIC COMPATIBLE WITH CONTENTS	<input type="checkbox"/> 95. XERXES		<input type="checkbox"/> 3. PLASTIC COMPATIBLE WITH CONTENTS	<input type="checkbox"/> 8 FLEXIBLE (HDPE)	<input type="checkbox"/> 99 OTHER	
	<input type="checkbox"/> 4 FIBERGLASS	<input type="checkbox"/> 8 FLEXIBLE (HDPE)	<input type="checkbox"/> 99. OTHER	<input type="checkbox"/> 4 FIBERGLASS	<input type="checkbox"/> 9 CATHODIC PROTECTION		
	<input type="checkbox"/> 5 STEEL W/ COATING	<input type="checkbox"/> 9 CATHODIC PROTECTION	464	<input type="checkbox"/> 5. STEEL W/ COATING	<input type="checkbox"/> 95 XERXES		465

**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	
<b>SINGLE WALL PIPING</b>		<b>SINGLE WALL PIPING</b> 467	
PRESSURIZED PIPING (Check all that apply)		PRESSURIZED PIPING (Check all that apply)	
<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"/> 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"/> 2 MONTHLY 0.2 GPH TEST	
<input type="checkbox"/> 3 ANNUAL INTEGRITY TEST (0.1 GPH)		<input type="checkbox"/> 3 ANNUAL INTEGRITY TEST (0.1 GPH)	
CONVENTIONAL SUCTION SYSTEMS		CONVENTIONAL SUCTION SYSTEMS (Check all that apply)	
<input type="checkbox"/> 5 DAILY VISUAL MONITORING OF PUMPING SYSTEM + TRIENNIAL PIPING INTEGRITY TEST (0.1 GPH)		<input type="checkbox"/> 5 DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM	
SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING)		SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING)	
<input type="checkbox"/> 7. SELF MONITORING		<input type="checkbox"/> 7 SELF MONITORING	
GRAVITY FLOW		GRAVITY FLOW (Check all that apply)	
<input type="checkbox"/> 9 BIENNIAL INTEGRITY TEST (0.1 GPH)		<input type="checkbox"/> 8 DAILY VISUAL MONITORING	
		<input type="checkbox"/> 9. BIENNIAL INTEGRITY TEST (0.1 GPH)	
<b>SECONDARILY CONTAINED PIPING</b>		<b>SECONDARILY CONTAINED PIPING</b>	
PRESSURIZED PIPING (Check all that apply)		PRESSURIZED PIPING (Check all that apply)	
<input type="checkbox"/> 10 CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (Check one)		<input type="checkbox"/> 10 CONTINUOUS TURBINE SUMP SENSOR WITH AUDIBLE AND VISUAL ALARMS AND (check one)	
<input type="checkbox"/> a AUTO PUMP SHUT OFF WHEN A LEAK OCCURS		<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"/> b AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION	
<input type="checkbox"/> c NO AUTO PUMP SHUT OFF		<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"/> 11. AUTOMATIC LEAK DETECTOR	
<input type="checkbox"/> 12 ANNUAL INTEGRITY TEST (0.1 GPH)		<input type="checkbox"/> 12. ANNUAL INTEGRITY TEST (0.1 GPH)	
SUCTION/GRAVITY SYSTEM:		SUCTION/GRAVITY SYSTEM	
<input type="checkbox"/> 13 CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS		<input type="checkbox"/> 13. CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS	
<b>EMERGENCY GENERATORS ONLY</b> (Check all that apply)		<b>EMERGENCY GENERATORS ONLY</b> (Check all that apply)	
<input type="checkbox"/> 14 CONTINUOUS SUMP SENSOR WITHOUT AUTO PUMP SHUT OFF + AUDIBLE AND VISUAL ALARMS		<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"/> 15 AUTOMATIC LINE LEAK DETECTOR (3.0 GPH TEST)	
<input type="checkbox"/> 16 ANNUAL INTEGRITY TEST (0.1 GPH)		<input type="checkbox"/> 16 ANNUAL INTEGRITY TEST (0.1 GPH)	
<input type="checkbox"/> 17 DAILY VISUAL CHECK		<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 469

**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 <i>Janette M. Thompson</i>	DATE 9/7/00	470
NAME OF OWNER/OPERATOR (print) JANETTE M. THOMPSON FOR CIRCLE K STORES, INC.	TITLE OF OWNER/OPERATOR COMPLIANCE SPECIALIST	472

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

# Underground Storage Tank Form B+

Facility Name: UNION #6115 Form Completion Date: 10/21/97

Tank: \_\_\_\_\_ Material Stored: RUL Envision Tank ID: 100024

Tank System Currently Meets 12/22/98 Requirements:  Yes;  No

Corrosion Protection:  N/A;  FRP Outer Cladding;  Sacrificial Anodes;  Impressed Current System;  None

Overspill Prevention Equipment:  Not Installed 25  
 Installed - Capacity: 10 gal. Manuf.: CAI MFG. Model No.: 239

Overfill Prevention Equipment:  Not Installed  
 Mechanical Valve - Manufacturer: OPW Model No.: 6150  
 Audible & Visual Alarm -  Wired to Monitoring System;  Wired Independently

Tank Monitoring:  Annular Sensor - Manufacturer: USD Model No.: LALS-1  
 In-Tank Probe - Manufacturer: \_\_\_\_\_ Model No.: \_\_\_\_\_:  0.1;  0.2 g.p.h.  
 Manual Inventory Reconciliation (MIR)  
 Manual Tank Gauging - Testing Period:  36 hours;  60 hours.  
 Precision Tank Test - Frequency:  Annually;  Other: \_\_\_\_\_  
 Monthly Sticking (Allowed for Temporarily Closed Tanks Only!)  
 Other: \_\_\_\_\_

## Piping:

Secondary Containment:  Fiberglass Lines;  Steel Lines;  Fibertrench;  None;  Other: \_\_\_\_\_

Corrosion Protection:  N/A;  Sacrificial Anodes;  Impressed Current;  None;  Other: \_\_\_\_\_

Line Monitoring:  Sump Sensor - Manufacturer: USD Model No.: LALS-1  Auto Shutdown  
 Electronic LLD - Manufacturer: \_\_\_\_\_ Model No.: \_\_\_\_\_  Auto Shutdown  
 Mechanical LLD - Manufacturer: RED TACKET Model No.: PLD  
 Completion of "Suction Piping Daily Inspection Log"  
 Precision Line Test - Frequency:  Annually;  Every 3 years;  Other: \_\_\_\_\_  
 Exempt From Monitoring  
 Other: \_\_\_\_\_

Dispenser Leak Detection:  Float Trips Shear Valve  
 Dispenser Containment Drains to Monitored Piping Secondary Containment  
 Dispenser Not Secondarily Contained  
 None  
 Other: \_\_\_\_\_

Electronic Monitoring System(s):  N/A

Manufacturer: UNIVERSAL SENSORS & DEVICES Model No.: LEAK ALERT LA-08

Manufacturer: \_\_\_\_\_ Model No.: \_\_\_\_\_

All Leak Detection Sensors, Probes, LLDs, etc. are Listed in LG-113:  Yes;  No (If no, explain on back of page why not.)

# Underground Storage Tank Form B+

Facility Name: UNION #6115 Form Completion Date: 10/21/97

Tank: \_\_\_\_\_ Material Stored: SUPREME Envision Tank ID: 100023

Tank System Currently Meets 12/22/98 Requirements:  Yes;  No

Corrosion Protection:  N/A;  FRP Outer Cladding;  Sacrificial Anodes;  Impressed Current System;  None

Overspill Prevention Equipment:  Not Installed  
 Installed - Capacity: 25 gal. ~~10~~ 25 gal. Manuf.: CAI MFG. Model No.: 239

Overfill Prevention Equipment:  Not Installed  
 Mechanical Valve - Manufacturer: OPW Model No.: 6150  
 Audible & Visual Alarm -  Wired to Monitoring System;  Wired Independently

Tank Monitoring:  Annular Sensor - Manufacturer: USD Model No.: LALS-1  
 In-Tank Probe - Manufacturer: \_\_\_\_\_ Model No.: \_\_\_\_\_:  0.1;  0.2 g.p.h.  
 Manual Inventory Reconciliation (MIR)  
 Manual Tank Gauging - Testing Period:  36 hours;  60 hours.  
 Precision Tank Test - Frequency:  Annually;  Other: \_\_\_\_\_  
 Monthly Sticking (Allowed for Temporarily Closed Tanks Only!)  
 Other: \_\_\_\_\_

## Piping:

Secondary Containment:  Fiberglass Lines;  Steel Lines;  Fibertrench;  None;  Other: \_\_\_\_\_

Corrosion Protection:  N/A;  Sacrificial Anodes;  Impressed Current;  None;  Other: \_\_\_\_\_

Line Monitoring:  Sump Sensor - Manufacturer: USD Model No.: LALS-1  Auto Shutdown  
 Electronic LLD - Manufacturer: \_\_\_\_\_ Model No.: \_\_\_\_\_  Auto Shutdown  
 Mechanical LLD - Manufacturer: RED JACKET Model No.: PLD  
 Completion of "Suction Piping Daily Inspection Log"  
 Precision Line Test - Frequency:  Annually;  Every 3 years;  Other: \_\_\_\_\_  
 Exempt From Monitoring  
 Other: \_\_\_\_\_

Dispenser Leak Detection:  Float Trips Shear Valve  
 Dispenser Containment Drains to Monitored Piping Secondary Containment  
 Dispenser Not Secondarily Contained  
 None  
 Other: \_\_\_\_\_

Electronic Monitoring System(s):  N/A

Manufacturer: UNIVERSAL SENSORS & DEVICES Model No.: LEAK ALERT LA-08

Manufacturer: \_\_\_\_\_ Model No.: \_\_\_\_\_

All Leak Detection Sensors, Probes, LLDs, etc. are Listed in LG-113:  Yes;  No (If no, explain on back of page why not.)

# Underground Storage Tank Form B+

Facility Name: UNION # 6115 Form Completion Date: 10/21/97

Tank: \_\_\_\_\_ Material Stored: WASTE OIL Envision Tank ID: 100022

Tank System Currently Meets 12/22/98 Requirements:  Yes;  No

Corrosion Protection:  N/A;  FRP Outer Cladding;  Sacrificial Anodes;  Impressed Current System;  None

Overspill Prevention Equipment:  Not Installed  
 Installed - Capacity: 5 gal. Manuf.: \_\_\_\_\_ Model No.: \_\_\_\_\_

Overfill Prevention Equipment:  Not Installed  
 Mechanical Valve - Manufacturer: \_\_\_\_\_ Model No.: \_\_\_\_\_  
 Audible & Visual Alarm -  Wired to Monitoring System;  Wired Independently

Tank Monitoring:  Annular Sensor - Manufacturer: USD Model No.: LALS-1  
 In-Tank Probe - Manufacturer: \_\_\_\_\_ Model No.: \_\_\_\_\_ :  0.1;  0.2 g.p.h.  
 Manual Inventory Reconciliation (MIR)  
 Manual Tank Gauging - Testing Period:  36 hours;  60 hours.  
 Precision Tank Test - Frequency:  Annually;  Other: \_\_\_\_\_  
 Monthly Sticking (Allowed for Temporarily Closed Tanks Only!)  
 Other: \_\_\_\_\_

## Piping:

Secondary Containment:  Fiberglass Lines;  Steel Lines;  Fibertrench;  None;  Other: \_\_\_\_\_

Corrosion Protection:  N/A;  Sacrificial Anodes;  Impressed Current;  None;  Other: \_\_\_\_\_

Line Monitoring:  Sump Sensor - Manufacturer: \_\_\_\_\_ Model No.: \_\_\_\_\_  Auto Shutdown  
 Electronic LLD - Manufacturer: \_\_\_\_\_ Model No.: \_\_\_\_\_  Auto Shutdown  
 Mechanical LLD - Manufacturer: \_\_\_\_\_ Model No.: \_\_\_\_\_  
 Completion of "Suction Piping Daily Inspection Log"  
 Precision Line Test - Frequency:  Annually;  Every 3 years;  Other: \_\_\_\_\_  
 Exempt From Monitoring  
 Other: \_\_\_\_\_

Dispenser Leak Detection:  Float Trips Shear Valve  
 Dispenser Containment Drains to Monitored Piping Secondary Containment  
 Dispenser Not Secondarily Contained  
 None  
 Other: N/A

Electronic Monitoring System(s):  N/A

Manufacturer: UNIVERSAL SENSORS & DEVICES Model No.: LEAK ALERT LA-08

Manufacturer: \_\_\_\_\_ Model No.: \_\_\_\_\_

All Leak Detection Sensors, Probes, LLDs, etc. are Listed in LG-113:  Yes;  No (If no, explain on back of page why not.)

ELCAMINO UNOCAL  
4350 ELCAMINO PEAL  
LOS ALTOS CA 94022  
415 941-0214

JUL 12. 2000 12:18 PM

SYSTEM STATUS REPORT

ALL FUNCTIONS NORMAL

ELCAMINO UNOCAL  
4350 ELCAMINO PEAL  
LOS ALTOS CA 94022  
415-941-0244

JUL 12. 2000 12:18 PM

SYSTEM STATUS REPORT

ALL FUNCTIONS NORMAL

----- SENSOR ALARM -----  
L 5:WASTE OIL-ANNULAR  
ANNULAR SPACE  
FUEL ALARM  
JUL 12. 2000 12:59 PM

----- SENSOR ALARM -----  
L 3:87-ANNULAR  
ANNULAR SPACE  
FUEL ALARM  
JUL 12. 2000 1:20 PM

----- SENSOR ALARM -----  
L 4:92-ANNULAR  
ANNULAR SPACE  
FUEL ALARM  
JUL 12. 2000 1:24 PM

ELCAMINO UNOCAL



TOSCO

# Underground Storage Tank Monitoring Program

1. Operator/Site Number: GREG GALATOLO

Cost Center # 256115

RE# 31096

2. Site Address and Phone Number: 4350 EL CAMINO REAL LOS ALTOS, CA 94022

ph. (650) 941-0244

### 3. Method and equipment to be used for performing the monitoring (USTs only):

#### TANK DATA:

	Tank 01	Tank 02	Tank 03
Product	Unleaded	Premium Unleaded	Waste Oil
Capacity (gallons)	12032	12032	520
Wall Type	Double	Double	Double
Material	Steel, Fiberglass cladded on outside	Steel, Fiberglass cladded on outside	Steel, Fiberglass cladded on outside
Location (U = under, A = aboveground)	U	U	U
Install Date	01/01/1990	01/01/1990	01/01/1990
Overfill	Yes	Yes	None
Spill Containment	Yes	Yes	Yes
Monitoring Method	Interstitial (Dry)	Interstitial (Dry)	Interstitial (Dry)

#### PIPING DATA:

	Pipe 01	Pipe 02
Wall Type	Double	Double
Material	Fiberglass	Fiberglass
Install Date	01/17/2002	01/17/2002
Monitoring Method	Interstitial	Interstitial
Sump Containment	Yes	Yes
Dispenser Containment	Yes	Yes
Monitor Probe Location	Turbine Sump	Turbine Sump
Mechanical Leak Detector (manuf/model)	Vaporless LD2000	Vaporless LD2000
Electronic Leak Detector Present	No	No

Reviewed By [Signature]  
 Date MARCH 21, 2002

*INCOMPLETE. NOT APPROVED.  
 NO PLOT PLAN. DATES NOT APPROVED  
 FAIL SAFE FROM DISTANCE.  
 ANALYZE LINE TENDRIS TESTING  
 NOT APPROVED. SENSOR MODEL #  
 NOT SPECIFIED.*

#### ELECTRONIC MONITOR:

Make: Veeder Root  
 Model: TLS-350

#### ADDITIONAL ELECTRONIC MONITOR (for Waste Oil Tank):

Make: None  
 Model:

#### ALARMS AND SHUT DOWN MECHANISMS (if present):

Piping equipped with audible/visual alarm, failsafe, and positive shutoff.



**TOSCO**

# Underground Storage Tank Monitoring Program

1. Operator/Site Number: GREG GALATOLO

Cost Center # 256115

RE# 31096

2. Site Address and Phone Number: 4350 EL CAMINO REAL LOS ALTOS, CA 94022

ph. (650) 941-0244

## 4. Frequency of Monitoring Method and location Where Monitoring will be Performed:

Tanks: Tank(s) 01 02 03 are monitored continuously using an electronic probe in the interstitial space of the tank.

Piping: Pipe(s) 01 02 are monitored by a liquid-detecting probe located in the turbine sump.

Dispenser: Dispenser pans are equipped with continuous mechanical monitoring/mechanical shut-off device.

## 5. Name(s) and title(s) of the person(s) responsible for performing the monitoring and/or maintaining the equipment:

Operator Name and Number: GREG GALATOLO - (650) 941-0244

Maintenance: TOSCO Service Contact Center - 1-800-726-2312

## 6. Reporting Format:

The monitor will be certified annually and a report generated and provided to the operator. The operator is to report all audible or visual alarm conditions that may indicate a potential release to the TOSCO Field Representative or District Manager as well as the responsible party for maintenance, listed under #5. In the event of a test failure, the specific piece(s) of equipment are taken out of service and proper reporting procedures followed. The operator is to report all suspected releases to the TOSCO Field Representative or District Manager, as well as the responsible party for maintenance listed under #5.

## 7. State the Preventative Maintenance Schedule for the Monitoring Equipment:

As recommended by the Manufacturer, the electronic monitoring system is certified annually by a third-party contractor. Repairs are made by the responsible listed under #5 upon notification by the station operator. The station operator is responsible for maintaining copies of testing results and repair records on site and available for agency inspectors. The 3rd-party testing requirements and frequencies for the tank system are summarized below.

### Contractor Tank Tightness Testing Requirements/Frequency

Contractor testing of the primary tank is not required.

The tank secondary containment is tested per manufacturer's specifications every 3 years in accordance with CCR Title 23 Section 2837.

### Line and Other UST System Testing Requirements/Frequency

Mechanical leak detector(s) tested annually.

Contractor testing of the primary piping is not required.

Secondary containment testing for piping, turbine sumps and dispenser pans is conducted every 3 years per manufacturer's specification under CCR Title 23.

## 8. Describe the Training Needed for the Operation of Both the Tank System and the Monitoring Equipment:

The operator has been trained to check the tank system and/or monitor daily for proper operation. If the tank system and/or monitor is not functioning correctly, the operator has been instructed to contact the responsible party for maintenance listed under item #5 for repairs.

### B. Summary of Site Operator Requirements:

For pipes monitored electronically, the site operator is to call the specified maintenance company to report monitoring alarms and maintain a record of all monitoring alarms and repairs. For double wall tanks monitored by interstitial probes, the monitoring equipment must be continuously operational with probes in place. Report all non-inventory monitoring alarms to the specified maintenance company and keep a record of alarms and repair work performed. All sites are responsible for maintaining daily and monthly inventory reconciliation records and notifying the TOSCO Field Representative or District Manager and Regional Environmental Compliance Specialist for inventory variances greater than the regulatory limit.

# Spill Response Plan

## For Minor Releases:

If the release is less than 5 gallons and service station personnel can contain the release immediately (and the release does not go off-site, enter any waterway, or contact bare soils), do the following:

1. Turn off the source of the spill (i.e. turn off dispensers, pump, etc.)
2. Contain with absorbent material, making sure that the release does not leave the site or enter any drains.
3. Clean up release material with absorbent material.
4. Place used absorbent material into an approved container for such materials.
5. For proper disposal of used absorbent material, the dealer or designated employee will contact a licensed waste hauler to dispose of the material in accordance with all applicable federal, state, and local regulations.

## For Major Releases:

If the release is greater than 5 gallons, threatens to leave the site, enter any waterway, or contact bare soils, or there is an injury to a person, do the following:

1. Turn off the source of the spill (i.e. turn off dispensers, pump, etc.)
2. Evacuate customers, asking them to leave by foot.
3. Call the Fire Department: 911
4. All employees evacuate the premises.
5. Employees are to meet at a designated emergency assembly area.
6. Station dealer or manager to account for employees and any known customers at meeting place.
7. Dealer or manager should remain in the vicinity to provide information to the fire department, etc.
8. Notify the following personnel:

Regional Environmental Compliance Specialist  
Service Contact Center at 1-800-726-2312

9. Attempt to contain the spill with absorbent material, attempting to prevent the release from leaving the site or entering any drains.
10. In California, call the Office of Emergency Services at 1-800-852-7550.
11. In the case of an unauthorized release from the primary containment, Tosco will respond within 8 hours to address necessary repairs to the primary containment and cleanup of the secondary containment. Exceptions to this will be reported to the agency as required under California Health and Safety Code Section 25295.

TOSCO# 255115 / 5115 - GREG GALATOLO 4350 EL CAMINO REAL LOS ALTOS CA 94022 Phone# (650) 941-0244

Date Printed: 02/07/2002

*RESPONSIBLE PERSONS NOT IDENTIFIED BY NAME IN FILE.*



**Important!**  
**Environmental Compliance Documents**  
**Must be Maintained on Site**

Please find enclosed copies of the Underground Storage Tank documents for your facility, required by Federal Underground Storage Tank Regulations. These are very important documents and **NOT** maintaining copies on site could result in a lease default. All facilities are required to maintain these documents.

In addition, for stations with electronic monitoring systems, you are required to check your monitoring system daily to ensure that it is operating correctly. If your system is not operating correctly or is in alarm, call your Maintenance Service Provider immediately.

Please retain one copy of this Monitoring Plan at your site so that is accessible to all employees and agency personnel upon request. If desired, you may keep an additional copy with your lease.

If you have questions, please contact your Regional Compliance Specialist:

**Southern CA: Stephen Boyd, Phone (714) 428-6572, Fax (714) 428-8080**

**Northern CA: Janette Thompson (925) 277-2404, Fax (925) 277-2361**

**Note: When accepting, you are certifying that the information is accurate. If there are any discrepancies, please make corrections and initial and fax a copy to Environmental Compliance (602) 728-5245.**



# Underground Separation, Containment, and Monitoring Plan

## Appendix to Uniform Hazardous Materials Business Plan

Authority Cited: 23 CCR, Sections 2632(d)(1), 2634(d)(2), and 2641(h)

256115

Complete a separate page for each underground storage tank, sump, vault, below-grade treatment system, etc. shown on the Uniform Hazardous Materials Business Plan Storage Map(s). For items marked with an asterisk (\*), specify the name of the manufacturer of the equipment and the equipment model number on the "Comments" lines provided at the bottom of this page. Make additional copies of this page if needed. Attach a blank copy of the UST monitoring log/form used by the facility. If your facility already has a written separation, containment, and monitoring plan, you do not need to complete the blank plan below, but must submit your current plan with your HMBP.

Location Code:   A  

**Primary Containment Construction:** (Check all which apply)

Tank	Piping
<input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> Other (specify): <u>COMPOSITE</u>	<input type="checkbox"/> Steel <input checked="" type="checkbox"/> Fiberglass <input type="checkbox"/> Other (specify):

**Secondary Containment Details:** (Check all which apply)

Tank	Piping
<input checked="" type="checkbox"/> Double wall tank <input type="checkbox"/> Tank in vault <input checked="" type="checkbox"/> Overfill prevention device(s) installed <input checked="" type="checkbox"/> Overspill prevention device(s) installed <input type="checkbox"/> Other (specify):	<input checked="" type="checkbox"/> Double wall piping <input type="checkbox"/> Piping in trench or vault <input type="checkbox"/> Other (specify):

**Monitoring** (Check all which apply)

Type	Frequency
<input checked="" type="checkbox"/> In-tank monitoring system* Veeder Root <u>TLS-350</u>	<input checked="" type="checkbox"/> Continuously; <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Other (specify):
<input type="checkbox"/> Groundwater monitoring wells <i>(Well locations must be shown on HMBP Site Plan)</i>	<input type="checkbox"/> Continuously; <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Other (specify):
<input type="checkbox"/> Vapor (vadose) monitoring* Wells located: <input type="checkbox"/> Inside backfill <input type="checkbox"/> Outside backfill	<input type="checkbox"/> Continuously; <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Other (specify):
<input type="checkbox"/> Monthly precision tank test	<input type="checkbox"/> Continuously; <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Other (specify):
<input checked="" type="checkbox"/> Electronic monitoring of tank/piping interstitial space, vault, or other secondary containment* <u>VEEDER ROOT TLS-350</u>	<input checked="" type="checkbox"/> Continuously; <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Other (specify):
<input type="checkbox"/> Visual monitoring of tank interstitial space, vault, or other secondary containment	<input type="checkbox"/> Continuously; <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Other (specify):
<input type="checkbox"/> Automatic line leak detectors*	<input type="checkbox"/> Continuously; <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Other (specify):
<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Continuously; <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Other (specify):

Monitoring equipment is serviced:  Annually;  Monthly;  Other (specify): \_\_\_\_\_

In the Comments section, below:

1. List the name(s) and title(s) of person(s) responsible for performing monitoring and/or maintaining equipment.
2. For methods of monitoring where the presence of leaked material is not determined directly (e.g. where liquid level measurements in the interstitial space are used as the basis for leak determination), specify the method(s) for determining the presence or absence of hazardous material in the interstitial space if the indirect methods indicate a possible leak.
3. Provide other pertinent information [i.e. Name of equipment manufacturer, equipment model number, manufacturer's specifications (if applicable), suitability of monitoring method, etc.].

**Comments:** (Attach additional pages if needed.)

Greg Galatolo Dealer

Please refer to the stations Underground Storage Tank Monitoring & Response Plan.

*SCANNED WITH 3-4-01 HMBP*

# Underground Separation, Containment, and Monitoring Plan

## Appendix to Uniform Hazardous Materials Business Plan

Authority Cited: 23 CCR, Sections 2632(d)(1), 2634(d)(2), and 2641(h)

256115

Complete a separate page for each underground storage tank, sump, vault, below-grade treatment system, etc. shown on the Uniform Hazardous Materials Business Plan Storage Map(s). For items marked with an asterisk (\*), specify the name of the manufacturer of the equipment and the equipment model number on the "Comments" lines provided at the bottom of this page. Make additional copies of this page if needed. Attach a blank copy of the UST monitoring log/form used by the facility. If your facility already has a written separation, containment, and monitoring plan, you do not need to complete the blank plan below, but must submit your current plan with your HMBP.

Location Code:   A  

**Primary Containment Construction:** (Check all which apply)

Tank	Piping
<input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> Other (specify): <u>  COMPOSITE  </u>	<input type="checkbox"/> Steel <input checked="" type="checkbox"/> Fiberglass <input type="checkbox"/> Other (specify):

**Secondary Containment Details:** (Check all which apply)

Tank	Piping
<input checked="" type="checkbox"/> Double wall tank <input type="checkbox"/> Tank in vault <input checked="" type="checkbox"/> Overfill prevention device(s) installed <input checked="" type="checkbox"/> Overspill prevention device(s) installed <input type="checkbox"/> Other (specify):	<input checked="" type="checkbox"/> Double wall piping <input type="checkbox"/> Piping in trench or vault <input type="checkbox"/> Other (specify):

**Monitoring** (Check all which apply)

Type	Frequency
<input checked="" type="checkbox"/> In-tank monitoring system* Veeder Root <u>  TLS-350  </u>	<input checked="" type="checkbox"/> Continuously; <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Other (specify):
<input type="checkbox"/> Groundwater monitoring wells <i>(Well locations must be shown on HMBP Site Plan)</i>	<input type="checkbox"/> Continuously; <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Other (specify):
<input type="checkbox"/> Vapor (vadose) monitoring* Wells located: <input type="checkbox"/> Inside backfill <input type="checkbox"/> Outside backfill	<input type="checkbox"/> Continuously; <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Other (specify):
<input type="checkbox"/> Monthly precision tank test	<input type="checkbox"/> Continuously; <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Other (specify):
<input checked="" type="checkbox"/> Electronic monitoring of tank/piping interstitial space, vault, or other secondary containment* <u>  VEEDER ROOT TLS-350  </u>	<input checked="" type="checkbox"/> Continuously; <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Other (specify):
<input type="checkbox"/> Visual monitoring of tank interstitial space, vault, or other secondary containment	<input type="checkbox"/> Continuously; <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Other (specify):
<input type="checkbox"/> Automatic line leak detectors*	<input type="checkbox"/> Continuously; <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Other (specify):
<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Continuously; <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Other (specify):

Monitoring equipment is serviced:  Annually;  Monthly;  Other (specify): \_\_\_\_\_.

In the Comments section, below:

1. List the name(s) and title(s) of person(s) responsible for performing monitoring and/or maintaining equipment.
2. For methods of monitoring where the presence of leaked material is not determined directly (e.g. where liquid level measurements in the interstitial space are used as the basis for leak determination), specify the method(s) for determining the presence or absence of hazardous material in the interstitial space if the indirect methods indicate a possible leak.
3. Provide other pertinent information [i.e. Name of equipment manufacturer, equipment model number, manufacturer's specifications (if applicable), suitability of monitoring method, etc.].

**Comments:** (Attach additional pages if needed.)

  Greg Galatolo Dealer  

Please refer to the stations Underground Storage Tank Monitoring & Response Plan.

Complete a separate page for each underground storage tank, sump, vault, below-grade treatment system, etc. shown on the Uniform Hazardous Materials Business Plan Storage Map(s). For items marked with an asterisk (\*), specify the name of the manufacturer of the equipment and the equipment model number on the "Comments" lines provided at the bottom of this page. Make additional copies of this page if needed. Attach a blank copy of the UST monitoring log/form used by the facility. If your facility already has a written separation, containment, and monitoring plan, you do not need to complete the blank plan below, but must submit your current plan with your HMBP.

Location Code: D

**Primary Containment Construction:** (Check all which apply)

Tank	Piping
<input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> Other (specify): <u>COMPOSITE</u>	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other (specify):

**Secondary Containment Details:** (Check all which apply)

Tank	Piping
<input checked="" type="checkbox"/> Double wall tank <input type="checkbox"/> Tank in vault <input checked="" type="checkbox"/> Overfill prevention device(s) installed <input checked="" type="checkbox"/> Overspill prevention device(s) installed <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Double wall piping <input type="checkbox"/> Piping in trench or vault <input checked="" type="checkbox"/> Other (specify): <u>SINGLE WALL</u>

**Monitoring** (Check all which apply)

Type	Frequency
<input type="checkbox"/> In-tank monitoring system* Veeder Root	<input type="checkbox"/> Continuously; <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Other (specify):
<input type="checkbox"/> Groundwater monitoring wells (Well locations must be shown on HMBP Site Plan)	<input type="checkbox"/> Continuously; <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Other (specify):
<input type="checkbox"/> Vapor (vadose) monitoring* Wells located: <input type="checkbox"/> Inside backfill <input type="checkbox"/> Outside backfill	<input type="checkbox"/> Continuously; <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Other (specify):
<input type="checkbox"/> Monthly precision tank test	<input type="checkbox"/> Continuously; <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Other (specify):
<input checked="" type="checkbox"/> Electronic monitoring of tank/piping interstitial space, vault, or other secondary containment* <u>VEEDER ROOT - TLS350</u>	<input checked="" type="checkbox"/> Continuously; <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Other (specify):
<input type="checkbox"/> Visual monitoring of tank interstitial space, vault, or other secondary containment	<input type="checkbox"/> Continuously; <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Other (specify):
<input type="checkbox"/> Automatic line leak detectors*	<input type="checkbox"/> Continuously; <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Other (specify):
<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Continuously; <input type="checkbox"/> Daily; <input type="checkbox"/> Weekly; <input type="checkbox"/> Other (specify):

Monitoring equipment is serviced:  Annually;  Monthly;  Other (specify): \_\_\_\_\_

In the Comments section, below:

- List the name(s) and title(s) of person(s) responsible for performing monitoring and/or maintaining equipment.
- For methods of monitoring where the presence of leaked material is not determined directly (e.g. where liquid level measurements in the interstitial space are used as the basis for leak determination), specify the method(s) for determining the presence or absence of hazardous material in the interstitial space if the indirect methods indicate a possible leak.
- Provide other pertinent information [i.e. Name of equipment manufacturer, equipment model number, manufacturer's specifications (if applicable), suitability of monitoring method, etc.].

**Comments:** (Attach additional pages if needed.)

Greg Galatolo Dealer

Please refer to the stations Underground Storage Tank Monitoring & Response Plan.

**Underground Separation, Containment, and Monitoring Plan**

Appendix to Uniform Hazardous Materials Business Plan

Authority Cited: 23 CCR, Sections 2632(d)(1), 2634(d)(2), and 2641(h)





# Underground Storage Tank Monitoring Program

ACQ #: 6115  
Cost Center: 256115

## Written Monitoring Procedure

RECEIVED  
9-8-00  
HMCO

1. Site Number: 31096 *VMON # 615*
2. Site Address and phone number:  
4350 El Camino Real Los Altos, CA94022 4159410244

### 3. Frequency of performing the Monitoring Method:

- TankGauge : None.
- Tank Monitor : Continuous interstitial monitoring of the product tanks. *FIBERGLASS TRENCH IS SLOPED, NOT LINED.*
- Line Monitor : Automatic line leak detector capable of detecting a 3 gph leak rate. Double wall lines sloped to the sumps; liquid sensing probes are located in the sumps. Positive shutdown of turbines. *FIBERGLASS TRENCH*
- Dispenser Mon: Continuous mechanical monitoring of the dispenser pans.

### 4. Method and equipment to be used for performing the monitoring (UST's only):

#### Tanks and Lines:

Prod	Size	TkWall	TkMAT	Spill	Ov	Yr_Install	Ln_Wall	Ln_Mat	Ln_Installed	Containment
87	12032	DW	FG/ST	Y	Y	01/1/1990	DW	FG	01/1/1990	C
92	12032	DW	FG/ST	Y	Y	01/1/1990	DW	FG	01/1/1990	C
WO	520	DW	FG/ST	Y		01/1/1990				

Containment:  
C=Contained at dispenser and turbine; S=Contained at turbine, booted at dispenser

DW = Double Wall

FG = Fiberglass  
FG/STL = Steel tank clad with fiberglass

#### Monitors:

Prod	Make	Model	TkMethod	LnMethod	LD	PSD
87	VDR	TLS-350	Inter	Sump	Y	Y
92	VDR	TLS-350	Inter	Sump	Y	Y
WO	VDR	TLS-350	Inter			

*LLD NOT INSTALLED*

*VEEDED-ROTT*

*TRENCH*

Inter = Interstitial Monitoring

LD = Mechanical Leak Detector  
PSD = Positive Shutdown

#### Detail of Automatic Line Leak Detectors (if blank, none are present at site):

TK#	LD_MAKE	LD_MODEL	LD_INSTALL
1	LD	LD2	09/24/1997
2	LD	LD2	09/24/1997

*?*

Reviewed By *[Signature]*

Date SEPTEMBER 12, 2000

*NOT APPROVED. EQUIPMENT MANUFACTURERS NOTED BY INTERNAL TOSCO CODE, NOT NAME. SENSOR MODEL #s NOT SHOWN. NO SYSTEM SITE PLAN. OUP. MONITORING NOT ADDED*



## Underground Storage Tank Monitoring Program

ACQ # : 6115  
Cost Center : 256115

### Written Monitoring Procedure

1. Site Number: 31096
2. Site Address and phone number:  
4350 El Camino Real Los Altos, CA94022 4159410244

#### 5. Locations where monitoring will be performed:

Tanks: Interstitial space of double wall tanks.

Lines: Mechanical line leak detection. Liquid sensor in sump. Positive shutdown of turbines.

#### 6. Name(s) and title(s) of the person(s) responsible for performing the monitoring and/or maintaining the equipment:

Operator Name : Greg Galatolo, Tele: 4159410244

Maintenance : TMC Service - 1-800-726-2312

#### 7. Reporting Format:

Annual monitoring system certification report; reporting of audible or visual alarm conditions to the Business Operations Manager, as well as the responsible party for maintenance, listed under item #6. In the event of a test failure, the specific piece(s) of equipment are taken out of service and proper reporting procedures are followed.

#### 8. State the preventive maintenance schedule for the monitoring equipment.

Annual certification of the electronic monitoring system, as recommended by the manufacturer. Repairs are made by the responsible party for maintenance listed in item #6 when notified by the station operator.

#### 9. Describe the training needed for the operation of both the tank system and the monitoring equipment.

The operator has been trained to check the system daily for proper operation. If the system is not functioning correctly, operator has been instructed to contact the responsible party for Maintenance listed under item #6 for repairs.

Operator Name and Address : Greg Galatolo, 4350 El Camino Real, Los Altos, CA 94022 Tele: 4159410244

RECEIVED  
9-8-00  
HMCO



ACQ #: 6115

## Spill Response Plan

VN0N # 6115

### For Minor Releases:

If the release is a small quantity and service station personnel can contain the release immediately (and the release does not leave the site or enter any waterway), do the following:

1. Turn off the source of the spill. (i.e. turn off dispensers, pump, etc.)
2. Contain with absorbent material, making sure that the release does not leave the site or enter any drains.
3. Clean up released material with absorbent material.
4. Place used absorbent material into an approved container for such materials.
5. For proper disposal of used absorbent, the dealer or designated employee will contact a licensed waste hauler to dispose of the material in accordance with all applicable federal, state and local regulations.

### For Major Releases or breach in secondary containment:

If the release threatens to leave the site or enter a waterway, or there is an injury to a person, do the following:

1. Turn off the source of the spill. (i.e. turn off dispensers, pump, etc.)
2. Evacuate customers, asking them to leave by foot.
3. Call the Fire Department: 9 1 1
4. All employees evacuate the premises.
5. Employees are to meet at a designated emergency assembly area.
6. Station dealer or manager to account for employees and any known customers at meeting place.
7. Dealer or manager should remain in the vicinity to provide information to the fire department, etc.
8. Notify: Regional Environmental Compliance Specialist

Maintenance : TMC Service - 1-800-726-2312

9. Attempt to contain with absorbent material, attempting to prevent the release from leaving the site or entering any drains.
10. In California, call the Office of Emergency Services at 1 (800) 852-7550.
11. The secondary containment will be cleaned up within 30 days. Tosco Corporation's Environmental Remediation Group will investigate and arrange for proper waste disposal.

Reviewed By 

Date SEPTEMBER 12, 2000

INCOMPLETE  
NOT APPROVED

Unit : 31096

Operator Name : Greg Galatolo, 4350 El Camino Real Los Altos, CA 94022 Tele: 4159410244

Date Printed : 09/6/2000



(ACQ\_#): 6115  
Cost Center: 256115

**Important!**  
**Environmental Compliance Documents**  
**Must be maintained on site**

Please find enclosed copies of the Underground Storage Tank documents for your facility, required by **Federal Underground Storage Tank Regulations**. These are very important documents and **NOT** maintaining copies on site could result in regulatory action. **All facilities** are required to maintain these documents.

In addition, for stations with electronic monitoring systems, you are required to check your monitoring system daily to ensure that it is operating correctly. If your system is not operating correctly or is in alarm, call your Maintenance Service Provider immediately.

Please retain one copy at your site so that it is accessible to all employees.

If you have any questions, please contact your Regional Compliance Specialist:

Meriza Alcala - 925-277-2319 (northern CA, OR, WA, ID)

Steve Boyd - 714-428-6572 (southern CA, HI)

Ruth Bulmer - 602-728-3217 (AZ, CO, UT, NV)

Fran Franconi - 813-744-5284 (PA, TN, NC, SC, GA)

Date Printed: 09/6/2000

**Note: Please make sure that the information is accurate.**

**If there are any discrepancies, please call Kathy Strickland at 602-728-7149 or Candy Blackwell at 602-728-6613.**

Unit: 31096  
Lessee Name: Greg Galatolo  
Address: 4350 El Camino Real  
Los Altos, CA 94022

RECEIVED BY  
ENVIRONMENTAL HEALTH  
HMCD

Local #:

6115

105. 612

DEC 31 12 03 PM '97

UNDERGROUND STORAGE TANKS (UST) OWNER/OPERATOR AGREEMENT

California Underground Storage Tank Regulations (CCR, Title 23, Division 3, Chapter 16, Article 2, Section 2620(b)) require Tosco Corporation (the tank owner) to execute a written agreement with our Dealers (the tank operators), requiring them to monitor the underground storage tanks (USTs) containing hazardous substances.

PART I: OWNER CERTIFICATION

Tosco Corporation, as owner of the USTs at the above site, certifies that:

1. It is not the tank operator of the USTs at said site.
2. It has applied for the UST permit, and a valid UST permit is on-site or will be delivered to the tank operator when received from the local implementing agency.
3. A copy of the Health and Safety Code, Section 25299 is attached to this Agreement.
4. It will notify the local implementing agency of any operator change within thirty (30) days of any such change.
5. Both Tosco Corporation and the operator have signed this Agreement.

PART II: OPERATOR CERTIFICATION

The law requires the tank operator of USTs containing motor vehicle fuel to comply with the following standards:

1. A valid UST permit shall be maintained on site.
2. A UST Monitoring Program, approved by the local implementing agency, must be implemented.
3. A Spill Response Plan, approved by the local implementing agency, must be implemented.
4. The requirements stipulated in the UST Monitoring Program and Spill Response Plan (attached), must be complied with. This shall include, if necessary, the submittal of an annual written statement to the local implementing agency, verifying under penalty of perjury that all monthly monitoring reports were summarized, and that all data contained within the monitoring reports are within allowable variations. Alternatively, a listing of the times, dates and corresponding monitoring report data that exceeded the allowable variations must be provided.
5. The monitoring and maintenance records must be maintained. This includes inventory readings and reconciliation records, sampling and testing results, all of which must be maintained on-site for at least 3 years, or in an approved off-site location. Said records must be made available upon request, within 36 hours, to the local implementing agency or the State Water Board.
6. Records must be kept in sufficient detail to enable the local implementing agency, at any time, to determine that the tank operator has undertaken all monitoring activities required by the UST Permit to Operate and/or the UST Monitoring Program.
7. Tosco Corporation must be notified of the detection of any unauthorized releases by the fastest means available (no later than 8 hours) or within the time frame mandated by the local implementing agency. The operator must adhere to the procedures contained in the Spill Response Plan. Tosco Corporation will notify the appropriate agency(s) and submit a written report as may be required by the agency(s).
8. Daily inventory measurements must be performed by a trained facility operator or designated facility personnel for each day the facility is in operation.
9. Tosco Corporation must be notified of any malfunctioning of the UST monitoring system. The monitoring equipment shall be operated and maintained in accordance with the regulation per Title 23, Division 3, Chapter 16, Article 4, Section 2641(j) of the California Code of Regulation.
10. Health and Safety Code Section 25299 (attached) must be reviewed.

Unit: 31096

Date Printed: 4/4/97

Furthermore, Tosco Corporation policy under the Lease Agreement requires the Dealer to comply with the following procedures:

1. Daily gauging, recording and inventory reconciliation of each motor vehicle fuel is required. These readings must be within the allowable variances established by the UST permit or lease agreement whichever is more stringent. If not, please follow procedure #6 below.
2. Daily measurement and recording of any water layer in each UST is required.
3. Daily meter readings and recording of UST input and withdrawals of motor vehicle fuels is required.
4. Monitor and maintain any Aboveground Storage Tank(s) according to the California State Aboveground Petroleum Storage Act Guidelines and/or the Uniform Fire Codes.
5. The inventory reconciliation records must be reviewed monthly.
6. The steps described herein will be implemented by the tank operator if inventory reconciliation indicates a loss of product (book volume to physical volume) greater than the allowable variance for each tank:
  - a. Review the inventory reconciliation records within two hours to determine if an error exists which would explain the loss.
  - b. Take a new inventory reconciliation within 8 hours after the initial inventory reconciliation which triggered the evaluation.
  - c. If loss is still indicated, the operator shall notify Tosco Corporation by the fastest possible means, but always within 8 hours of the completion of the daily reconciliation which verified the loss.
  - d. A complete review of all inventory records from the last time a non-loss condition existed shall be performed. This analysis shall be completed within 24 hours after determination that suspected loss is not due to error by the two-hour review described in 6(a) above.
7. A current Tosco Corporation Certificate of Financial Responsibility Statement shall be maintained on-site for review by governmental authorities.
8. A current Underground Storage Tank Owner/Operator Agreement shall be maintained on-site for review by governmental authorities.
9. All unauthorized releases must be recorded. Such records shall be maintained on-site at all times and be available for review by governmental authorities.

The Dealer Lease Agreement requires the Dealer to pay for all necessary permit fees, renewal fees and any surcharges. It is customary for Tosco Corporation to remit the appropriate fees and invoice the Dealer's account. However, Dealers are responsible for final payment of all fees.

The local UST regulatory agency may have more stringent monitoring procedures in place. The tank operator must take the necessary steps to ensure familiarity with the procedures and follow those regulatory guidelines as required.

Tosco Corporation

[Signature]  
Tosco Corporation Representative Signature

6/25/97  
Date Signed

ACCEPTED AND AGREED TO THIS 25 DAY OF JUNE, 1997

Lessee Name : Greg Galatolo

[Signature]  
Dealer Signature

6/25/97  
Date Signed

Attachments:

- Site specific Underground Storage Tank Monitoring Plan
- Site specific Spill Response Plan

DRAFT

# Underground Storage Tank Monitoring Program

Unocal #: 6115

## Written Monitoring Procedure

1. **Site Name:** 31096
2. **Site Address and phone number:** 4350 El Camino Real Los Altos, CA  
94022 Tele: 4159410244

3. **Frequency of performing the Monitoring Method:**

TankGauge : None.

Tank Monitor : Continuous interstitial monitoring of the product tanks.

Line Monitor : Continuous mechanical line leak detection. Annual line test. Double wall lines angled to the sumps; liquid level probes are located in the sumps.

4. **Method and equipment to be used for performing the monitoring:**

Tanks:

Product	Size	UST?	Material	Cons	Yr_Installed	Spill	Overfill	Line_Type	Line_Mat.
87	12000	U	FG/STL	DW	90	Y	Y	DW	FG
92	12000	U	FG/STL	DW	90	Y	Y	DW	FG
WO	520	U	FG/STL	DW	90	Y			

DW = Double Wall

Monitors:

Product	Method	Mon Make	Mon Model	Line Meth	Line Make	Line Model	PSD	AT	BT
87	Inter			Mech	Red Jacket	PLD			
87	Inter	Leak Alert	LA-08	Sump	Leak Alert	LA-08			
92	Inter			Mech	Red Jacket	PLD			
92	Inter	Leak Alert	LA-08	Sump	Leak Alert	LA-08			
WO	Inter	Leak Alert	LA-08						

Inter = Interstitial Monitoring

PSD = Positive Shutdown  
AT = Annual Tank Test  
BT = Bi-ennial Tank Test

5. **Locations where monitoring will be performed:**

Tanks: Interstitial space of double wall tanks.

Lines: Mechanical line leak detection. Liquid sensor in sump.

**Underground Storage Tank  
Monitoring Program**

Unocal #: 6115

Written Monitoring Procedure

Page 2

1. **Site Name:** 31096
2. **Site Address and phone number:** 4350 El Camino Real Los Altos, CA  
94022 Tele: 4159410244

6. **Name(s) and title(s) of the person(s) responsible for performing the monitoring and/or maintaining the equipment:**

Operator Name : Greg Galatolo Tele: 4159410244

Maintenance : Contractor - Performance West Petroleum - 1 (800) 244-6613

7. **Reporting Format:**

Annual monitoring system certification report; reporting of audible or visual alarm conditions to the local implementing agency, as well as the responsible party for maintenance, listed under item #6.

8. **State the preventive maintenance schedule for the monitoring equipment.**

Annual certification of the electronic monitoring system, as recommended by the manufacturer, and repairs are made when notified by station operator.

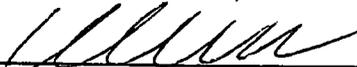
In the event of a test failure, tank is taken out of service and proper reporting procedures are followed.

9. **Describe the training needed for the operation of both the tank system and the monitoring equipment.**

The operator has been trained to check the system daily for proper operation and record the date checked on the "Monitoring System Check Log." All alarms are to be recorded on the "Monitoring System Alarm Log" and reported to the responsible party for Maintenance listed under item #6.

We have read, completed and understand the foregoing information regarding implementation of this monitoring program for the UST(s) located at this facility, and we will monitor the UST(s) accordingly.

OWNER NAME: Tosco Corporation

  
\_\_\_\_\_  
Owner Signature

6/25/97  
\_\_\_\_\_  
Date

Operator : Greg Galatolo

  
\_\_\_\_\_  
Operator Signature

6-25-97  
\_\_\_\_\_  
Date

Date Printed : 4/4/97

# Spill Response Plan

## For Minor Releases:

If the release is less than one gallon and service station personnel can contain the release immediately (and the release does not leave the site or enter any waterway ), do the following:

1. Turn off the source of the spill. (i.e. turn off dispensers, pump, etc.)
2. Contain with absorbent material, making sure that the release does not leave the site or enter any drains.
3. Clean up released material with absorbent material.
4. Placed used absorbent material into an approved container for such materials.
5. For proper disposal of used absorbent, the dealer or designated employee will contact a licensed waste hauler to dispose of the material in accordance with all applicable federal, state and local regulations.

## For Major Releases or breach in secondary containment:

If the release is greater than 1 gallon, or threatens to leave the site or enter a waterway , or there is an injury to a person, do the following:

1. Turn off the source of the spill. (i.e. turn off dispensers, pump, etc.)
2. Evacuate customers, asking them to leave by foot.
3. Call the Fire Department: 9 1 1
4. All employees evacuate the premises.
5. Employees are to meet at a designated emergency assembly area.
6. Station dealer or manager to account for employees and any known customers at meeting place.
7. Dealer or manager should remain in the vicinity to provide information to the fire department, etc.
8. Notify:  
Regional Environmental Compliance Specialist  
Maintenance : Contractor - Performance West Petroleum - 1 (800) 244-8613
9. Attempt to contain with absorbent material, attempting to prevent the release from leaving the site or entering any drains.
10. In California, call the Office of Emergency Services at 1 (800) 852-7550.
11. The secondary containment will be cleaned up within 30 days. Tosco Corporation's Environmental Remediation Group will investigate and arrange for proper waste disposal.

Unit : 31096

Dealer : Greg Galatolo 4350 El Camino Real Los Altos, CA 94022 Phone: 4159410244

Date Printed : 4/4/97

## Underground Storage Tank Monitoring Program

### Written Monitoring Procedure

1. Site Name: Unocal 6115

2. Site Address and phone number: 4350 El Camino Real Los Altos, CA 94022 415/941-0244

3. Frequency of performing the Monitoring Method:

TankGauge : None.

TankMon : Continuous interstitial monitoring of the product tanks.

LineMon : Continuous mechanical line leak detection. Double wall lines angled to sumps with liquid level probes.

4. Method and equipment to be used for performing the monitoring:

Tanks:

Product	Size	Material	Construction	Yr Installed	Spill	Overfill	Line Type	Line Material
87	12000	FG/STL	DW	90	Y	Y	DW	FG
92	12000	FG/STL	DW	90	Y	Y	DW	FG
WO	520	FG/STL	DW	90	Y			

Product	Method	Mon Make	Mon Model	Line Meth	Line Make	Line Model	PSD	AT	BT
87	Inter			Mech	RedJacket	DLD			
87	Inter	Leak Alert	LA-08	Sump	LeakAlert	LA-08			
92	Inter			Mech	RedJacket	DLD			
92	Inter	Leak Alert	LA-08	Sump	LeakAlert	LA-08			
WO	Inter	Leak Alert	LA-08						

Monitoring Plans (current)

5. Locations where monitoring will be performed:

Tanks: Interstitial space of double wall tanks.

Lines: Mechanical line leak detection. Liquid sensor in sump.

**Underground Storage Tank Monitoring Program**

**Written Monitoring Procedure**

Unit : 6115

**6. Name(s) and title(s) of the person(s) responsible for performing the monitoring and/or maintaining the equipment:**

**Operator Name :** Greg Galatolo / El Camino Unocal 415/941-0244

**Maintenance :** Unocal Maintenance Department - 1 (800) 723-7600

**7. Reporting Format:**

Annual monitoring system certification report. Reporting of audible or visual alarm condition to local implementing agency and responsible party for maintenance listed in #6 above.

**8. State the preventive maintenance schedule for the monitoring equipment.**

Annual certification of the electronic monitoring system as recommended by the manufacturer and repairs as needed when notified by station operator.

In the event of a test failure, tank is taken out of service and proper reporting procedures are followed.

**9. Describe the training needed for the operation of both the tanksystem and the monitoring equipment.**

The operator has been trained to check the system for proper operation daily and record that it has been checked on the "Monitoring System Check Log." All alarms are to be recorded on the "Monitoring System Alarm Log" and reported to the responsible party for Maintenance listed in section 6 above. The operator has also been instructed to call Unocal's Leak Reporting Hotline (800) 955-LEAK and local agency. In addition, Unocal's Environmental Guidance Specialists will check these logs when they visit the station.

We have read, completed and understand the foregoing information regarding implementation of this monitoring program for the UST(s) located at this facility, and we will monitor the UST(s) accordingly.

OWNER NAME: Union Oil Company of California, dba Unocal

J. M. Tyson  
Owner Signature

5/8/95  
Date

Operator Name : Greg Galatolo / El Camino Unocal

[Signature]  
Operator Signature

5-22-95  
Date

## Spill Response Plan

### For Minor Releases:

If the release is small enough that the station personnel can contain the release immediately (and the release does not leave the site or enter any waterway), do the following:

1. Turn off the source of the spill. (i.e. turn off dispensers, pump, etc.)
2. Contain with absorbent material, making sure that the release does not leave the site or enter any drains.
3. Clean up released material with absorbent material.
4. Notify local agency:

Santa Clara Co. Env. Health

Phone: 408-984-3084

5. Placed used absorbent material into an approved container.
6. For proper disposal of used absorbent, the dealer or designated employee will contact a licensed waste hauler to dispose of the material in accordance with all applicable federal, state and local regulations.
7. Call Unocal's leak reporting hotline at 1-(800)-955-LEAK.

### For Major Releases or breach in secondary containment:

If the release is greater than 25 gallons, or threatens to leave the site or enter a waterway, or there is an injury, do the following:

1. Turn off the source of the spill. (i.e. turn off dispensers, pump, etc.)
2. Evacuate customers, asking them to leave by foot.
3. Call the Fire Department: 9 1 1 (if necessary)
4. All employees evacuate the premises.
5. Employees are to meet at a designated emergency assembly area.
6. Station dealer or manager to account for employees and any known customers at meeting place.
7. Dealer or manager should remain in the vicinity to provide information to the fire department, etc.
8. Notify:

Local Agency : Santa Clara Co. Env. Health Phone: 408-984-3084

Business Operations Manager

Maintenance : Unocal Maintenance Department - 1(800)723-7600

Unocal Leak Hotline: 1-(800)-955-LEAK

9. Attempt to contain with absorbent material, attempting to prevent the release from leaving the site or entering any drains.
10. In California, call the Office of Emergency Services at 1 (800) 852-7550.
11. The secondary containment will be cleaned up within 30 days. Unocal's Corporate Environmental Remediation Technology Group (CERT) will investigate and hire an independent contractor to conduct proper waste disposal.

Unit : 6115

Dealer : Greg Galatolo / El Camino Unocal 4350 El Camino Real Los Altos, CA 94022 Phone: 415/941-0244

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RECEIVED BY  
ENVIRONMENTAL



# ROBERT H. LEE & ASSOCIATES, INC.

ARCHITECTURE • ENGINEERING • ENVIRONMENTAL SERVICES

1137 NORTH McDOWELL BOULEVARD • PETALUMA, CALIFORNIA 94954-1989 (707) 765-1660

Mailing Address: P.O. Box 750908, Petaluma, CA 94975-0908 Fax (707) 765-9908

June 16, 1994

**BRIAN F. ZITA**  
Architect

**JOHN W. JOHNSON**  
Architect

**JOHN B. HICKS**  
Architect

**CECIL R. SPENCER**  
Architect

**JAMES H. RAY**  
Civil Engineer

Mary Anne Baker  
County of Santa Clara  
Department of Environmental Health  
2220 Moorpark Ave, East Wing, Rm 204  
San Jose, CA 95128-2690

RE: Unocal Station  
4350 El Camino Real  
Los Altos

Dear Ms. Baker:

Enclosed is the updated leak response plan and current underground storage tank monitoring procedures as requested in your June 1 letter to Mr. Dave Corder of Unocal.

It is my assumption that once this plan is submitted and in place, updating is only required when the monitoring or leak response procedures are changed. This plan does not need to be submitted annually with the HMMP. If my assumptions are incorrect, please notify me immediately.

If you have any questions, please feel free to contact me at the address and phone number above.

Sincerely,

**ROBERT H. LEE & ASSOCIATES, INC.**

Steven A. Skanderson  
Project Manager

cc: Dave Corder - Unocal Corporation  
Bob Matson - Unocal Corporation  
Greg Galatolo - Unocal Station #6115

F:\HAZMAT\UNOCAL\1065\BAKER.LTR

**HAZARDOUS MATERIAL MANAGEMENT PLAN &  
UNDERGROUND STORAGE TANK MONITORING PLAN**

STATION NO: 6115

OWNER: UNOCAL

DEALER: Greg Galatolo

P.O. Box 2390

DBA: El Camino Unocal #6115

Brea, CA 92622

STREET: 4350 El Camino Real

CITY: Los Altos, CA ZIP: 94022

SITE PHONE # 415 941-0244

DUNN & BRADSTREET # 09-944-7344 SIC CODE: 5541 7538

**NATURE OF BUSINESS:**

GASOLINE SALES  AUTO REPAIR  CAR WASH  FOOD MART

**EXISTING UNDERGROUND TANKS ARE AS FOLLOWS:**

	No. of TANKS	SIZE (gal)	MATERIAL (STL/FG)	CONST. (SW/DW)	SPILL (Y/N)	OVERFILL (Y/N)
87 UNLEADED	<u>1</u>	<u>12000</u>	<u>COMP</u>	<u>DW</u>	<u>Y</u>	<u>Y</u>
92 UNLEADED	<u>1</u>	<u>12000</u>	<u>COMP</u>	<u>DW</u>	<u>Y</u>	<u>Y</u>
89 UNLEADED	<u>0</u>	<u>0</u>				
DIESEL	<u>0</u>	<u>0</u>				
WASTE OIL	<u>1</u>	<u>520</u>	<u>COMP</u>	<u>DW</u>	<u>Y</u>	<u>Y</u>

PRODUCT LINES: MATERIAL: FG

CONSTRUCTION: Double Wall

LINE LEAK DETECTION METHOD:  ELECTRONIC  MECHANICAL

All product lines have line leak detectors capable of detecting a leak of 3 gallons or more per hour at 10 lbs. per square inch line pressure within 1 hour; see page one for a description of the equipment installed at this location.

All product lines are pressurized using a submerged pumping system and are tested annually to assure the leak detectors are functional. Impact valves are also inspected annually to assure closure.

Repair and/or replacement of all leak detectors and impact valves will be done annually at the time of inspection and retested to meet the above test conditions.

\* This document is to be kept current and at the site. Revision 1, 1993

MONITORING PROCEDURES FOR DOUBLE WALL TANKS

TANK MONITORING

The Underground storage tanks are monitored using an approved continuous electronic monitoring system (see below). This system is able to detect the presence of a leak in the primary as well as secondary containment through the use of an annular space and in- tank inventory gauge.

MONITORING SYSTEM

INTERSTITIAL MONITOR:

   VAPOR      X   LIQUID       NONE (FOLLOWS PROCEDURES FOR SINGLE WALL TANK MONITORING)

EQUIPMENT AT THIS FACILITY: LEAK ALERT LA-08

MAINTENANCE CONTRACTOR: Coordinated through UNOCAL Maintenance Dispatch

Visual monitoring of the tank monitor alarm box is performed daily by the dealer or a designated employee. Please see the attached site map for the location of all equipment and forms for keeping monitoring records at the site.

The electronic monitoring devices are maintained according to manufacturer's recommendations.

The dealer will also perform inventory reconciliation according to the procedure outlined in the Inventory reconciliation section of this plan.

Training will be given which includes information regarding: how to self test the electronic monitoring equipment, what the equipment monitors, how to tell when the alarm goes off, how to perform inventory reconciliation, record keeping requirements and procedures to follow in the event of alarm activation, leak, suspected leak, or other emergency.

RESPONSIBLE PERSONNEL

Primary Contact: Name: Greg Galatolo Title: Dealer

Address: 1521 Topar Dr. Los Altos Ca 94024

Bus #/Home #: 415 941-0244 / 415 948-8302

Secondary Contact: Name: Scott Kent Title: Manager

Address: 1411 Muender Ave. Sunnyvale 94086

Bus #/Home #: 415 941-0244 / 408 739-6964

Maintenance coordinated through Unocal Maintenance Dispatch 24 hour number 1-800-723-7600.

See also "Unocal Leak Response Plan"

MONITORING PROCEDURES  
DOUBLE CONTAINED PIPING-CONTINUOUS  
ELECTRONICALLY MONITORED SUMPS

DOUBLE CONTAINED PIPING

PIPING SUMP MONITOR FOR INTERSTITIAL SPACE:

VAPOR     LIQUID     NONE

EQUIPMENT AT THIS FACILITY IS: LEAK ALERT LA-08

All double contained piping is continuously monitored electronically by a system that can sense a leak anywhere along the piping. Pressurized pipes are also monitored by ~~either an electronic or mechanical~~ line leak detector capable of sensing a pressure loss in the system and activating a valve to restrict or shut off the flow of product through the lines.

Product lines are sloped towards the sump, and in the event of a line leak the leak detector is activated and any product in the annular space will flow backwards to the sump area where a liquid sensor is activated.

Any product which enters the piping annular space will flow into to the sump containment area. There is a sensor in the sump area which detects any product present there. The system has both visible and audible alarms that are activated when there is product in the sump or detected in anywhere in the secondary containment system.

If the system goes into the alarm mode, the dealer or his designate will check the alarm panel to verify that there is a leak condition and then silence the audible alarm. The dealer or his designee will immediately contact Unocal dispatch and advise them of the situation so that they can contact the appropriate responder who will follow the instructions outlined in the "Leak Response Plan", which is part of the Hazardous Material Management Plan.

The tank monitor alarm will be visually monitored daily. The dealer or an employee appointed by the dealer will follow the same procedures as outlined for monitoring the double contained product tanks.

INVENTORY RECONCILIATION

INVENTORY MEASUREMENT METHOD:  X MANUAL  ELECTRONIC

ELECTRONIC INVENTORY EQUIPMENT AT THIS FACILITY IS: \_\_\_\_\_

Daily product inventory reconciliation will be completed by the Unocal Dealer at the facility.

- 1) Approved meters for tank inputs and withdrawals in accordance with CCR Title 4, Chapter 9, Subchapter 1 Tolerance and Specifications for Commercial weighing and measuring devices.
- 2) Inventory reconciliation "exceeding a variation of 1.0 percent of the monthly tank delivery plus 130 gallons must be investigated in accordance with this section."
- 3) The inventory will be reconciled monthly by the dealer, and:

Should inventory reconciliation indicate a loss greater than specified, the investigative steps outlined in California Code of Regulations, Title 23 Waters, Subchapter 16 Underground Tank Regulations, Article 4, Section 2646(k), will be implemented.

- 4) Annually the dealer will submit an inventory certification form to the local agency.

# UNOCAL LEAK RESPONSE PLAN

All calls for maintenance from Unocal service stations (both Company owned/operated and Company owned/leased to Dealer) come into Maintenance Dispatch in Los Angeles, California via (800) 723-7600. This includes calls to report spills, leaks, dispensers damaged by cars, or alarms triggered by leak detection equipment except fuel delivery spills which are reported through the Supervisor for Safety and Environment.

1. Upon detection of an unauthorized release, spill or overfill of hazardous material from an underground storage tank, the Operator shall immediately notify Unocal Maintenance. Unocal will notify the local agency within 24 hours after detection.

**RESPONSIBLE UNOCAL PERSONNEL:** Those persons responsible for authorizing any work necessary under the leak response plan.

<u>NAME</u>	<u>TITLE</u>	<u>PHONE NUMBER</u>
Unocal Maintenance	Dispatch	1-800-723-7600 (24hrs)
Unocal Leak Response	Response Coordinator	1-800-955-LEAK
Kathy Crouse	Territory Manager	510-277-2457

If necessary, Unocal will contract with a licensed contractor to respond to the incident.

## **VARIATION IN INVENTORY RECONCILIATION**

If the dealer exceeds the allowable variation on his monthly inventory reconciliation, (variation equals .50% of fuel deliveries plus 100 gallons) he will immediately notify his Territory Manager listed above.

Unocal T.M. shall do the following:

T.M. will make an immediate inquiry regarding any losses during recent inventory reconciliation. If necessary, he will review the records at the site.

To verify inventory reconciliation records, the territory manager will take the following steps:

1. Within 24 hours of discovering the variation, the territory manager will review the inventory records for the preceding 30 days and determine if there is a calculation error. Within that same 24 hour period, if a variation is confirmed, the T.M. will notify Unocal Maintenance. Maintenance will notify the local agency.
2. Coordinate with Unocal maintenance to check the underground tank system for signs of a leak.
3. Coordinate for calibration of the dispenser meters within 24 hours of the system inspection.
4. The dealer or territory manager will continue to conduct inventory reconciliation as required.

If the review of the inventory reconciliation records indicates that no release has taken place, no further release detection steps need to be taken. Unocal will notify the local agency that the suspected release was not confirmed.

**OTHER SUSPECTED RELEASES INCLUDING:**

Tank Overfill  
Tank Monitor Alarm Activated  
Spills  
Drive Offs

The discovery of released hazardous substances at the site including the presence of free product or vapors in soils, basements, sewer lines, utility lines, surface waters, or drinking waters.

Unusual operating conditions such as: erratic behavior of dispensers, sudden loss of product from the product tanks, or the unexplained presence of water in the product tank. The exception is if the equipment is not functioning properly and the system has not leaked.

**IMMEDIATELY REPORT ANY OF THESE CONDITIONS TO UNOCAL MAINTENANCE AT 1-800-723-7600.**

1. Unocal will notify the local agency of any of the above mentioned conditions which are still under investigation after eight hours.
2. Unocal will authorize and order any contractors necessary to assist in the clean up effort.
3. If it is determined at any time during the process that there has been a release (as defined in Chapter 6.7 of Division 20 of the Health & Safety Code), a leak report will be prepared and provided to the local agency within 5 working days in accordance with Article 5, Section 2651(b), of the California Underground Storage Tank Regulations. This report will be filed by the Unocal maintenance engineer. On going remediation will be supervised by the Unocal Area Manager, Environmental Remediation.

## BATTERY STORAGE (NEW OR USED)

All automotive batteries, when stored at the service station, will have a plastic (polyethylene) pan underneath. The pan or pans must have a 1" lip on all four sides of the pan to contain any battery acid that may leak from the batteries stored.

## DISPOSAL PROCEDURE FOR ANTI-FREEZE

Used anti-freeze will be placed in a D.O.T. approved 55 gallon drum or similar container and the container labeled "Waste Anti-freeze / Hazardous Material". The container will be placed on a metal or plastic pan with a 2" to 3" lip all the way around the pan to contain any spills or leaks from the container. When the container is full, the dealer will call an "Anti-freeze Recycling Contractor" to remove the container of used anti-freeze. The dealer will not, under any circumstances, pour used or new anti-freeze or a mixture thereof on the floor or on the ground and hose it down to floor drains or storm drains.

## DISPOSAL PROCEDURE FOR USED OIL FILTERS

The dealer will put Used oil filters in a 55 gallon drum or similar container and the container labeled "Waste Oil Filters / Hazardous Material". The container will be placed on a metal or plastic pan with a 2" to 3" lip all the way around the pan to contain any spills or leaks from the container. When the container is full, the dealer will call a "Waste Oil Recycling Contractor" to remove the container of used oil filters.

The dealer will drain all used oil filters of free-flowing oil prior to placement into the above noted container. Free flowing oil is defined as a continuous stream of oil exiting the filter when the filter is inverted. Oil exiting drop by drop is not considered free flowing. If oil exiting the filter is restricted in any way, the filter shall be manipulated to allow used oil to exit the filter freely.

Used oil filters will not be placed in a refuse disposal container.

1) attach copies of all forms used to record inspection activities  
i.e., wheel monitoring

a) task of monitor done by  
b) record of alarm situation

DAILEY VISUAL MONITORING PROCEDURES  
FOR ABOVEGROUND HAZARDOUS MATERIALS

Hazardous Materials stored aboveground include:

- Motor Oil
- Transmission Oil
- Antifreeze
- Grease
- Gear Lubricant (80W/90)
- Solvent (including parts cleaners)
- Propane
- Battery Acid \*
- Car Wash Products
- Kerosene
- CO<sub>2</sub>
- Waste Oil (prior to dumping in underground tank)
- Spent Anti-freeze \*
- Used Oil Filters

The storage areas for these hazardous materials must be visually inspected every day for signs of leakage. Items designated with a (\*) require secondary containment with the contents of each container clearly labeled.

If there is a leak or spill of any of the hazardous materials, whether stored above- or underground, Dealer must follow the "Emergency Response Procedures," attached.

MAJOR INCIDENT: FIRE, SPILL OR SUSPECTED LEAK

1. TURN OFF PUMPS using the Emergency Pump Shut-Off Switch.
2. EVACUATE: verbally ANNOUNCE to all persons on the site: "There is an emergency. Please turn off your engines and leave the station on foot immediately. All employees meet at the emergency assembly area."
3. CALL 9-1-1 Give the following information:  

"THERE IS A FIRE / GASOLINE SPILL at the Unocal service station at 4350 El Camino Real" If anyone is trapped or needs medical attention, tell the answering dispatcher. Stay on the phone and be prepared to answer any questions concerning the situation.
4. LOOK AROUND to assure that everyone has left the station, particularly those in vehicles who may need assistance or may not have heard the emergency announcement. Assist, or direct assistance to, anyone having difficulty leaving the station area, and anyone who may be injured.
5. REPORT to arriving emergency response personnel to provide them with any information or assistance they might need.
6. CONTACT the station dealer if s/he is not already at the station. Use the list below for emergency contacts:

Primary Contact: Name: Greg Galatolo Title: Dealer  
 Address: 1521 Topar Dr. Los Altos Ca 94024  
 Bus #/Home #: 415 941-0244 / 415 948-8302  
 Secondary Contact: Name: Scott Kent Title: Manager  
 Address: 1411 Muender Ave. Sunnyvale 94086  
 Bus #/Home #: 415 941-0244 / 408 739-6964

7. NOTIFY Unocal Maintenance Dispatch by phone IMMEDIATELY 1-800-723-7600  
NOTIFY your Territory Manager IMMEDIATELY  
 TERRITORY MANAGER: Kathy Crouse Phone Number: 510-277-2457

Unocal will notify the State and Local administering agencies within an appropriate time frame, unless the situation requires urgent immediate response by the agencies, in which case the DEALER should notify these agencies:

1. LOCAL AGENCY: Santa Clara County, HD/Toxics Control  
 PHONE NUMBER: 408-299-6930
2. CALIFORNIA OFFICE OF EMERGENCY SERVICES, (800) 852-7550 (24 HOURS)
3. LOCAL POLICE AND FIRE DEPARTMENTS, 911

MINOR INCIDENT:

FIRES: Extinguish with fire extinguisher. Recharge fire extinguisher, if necessary.

SPILLS: Clean up with absorbent materials on site and dispose of according to all regulations. Have a fire extinguisher ready for spills of flammable materials. Restock absorbent as necessary.

MEDICAL: Treat with on site first aid kit or take to nearest hospital. Employee training plan lists the nearest hospital.

RECORD: Record the event in the daily monitoring log.

NOTIFY: the dealer of the event.

Employees must be given this training before starting work, and refresher courses must be provided annually. Records must be kept to show when each station employee has been given his/her safety training. Use the following outline and make copies as needed. Have employee date and sign this document upon completion of training. Retain these records for a minimum of three years.

I. **FIRST THINGS TO KNOW:**

- A. **EMERGENCY PUMP SHUT-OFF:** This turns off the turbine pumps that provide flow to the dispensers from the underground tanks. In case of a leak, shutting off the pumps will help to prevent spills.

LOCATION: NORTH EXTERIOR BLDG. WALL, STORAGE AREA

- B. **ELECTRICAL PANEL:** The panel allows you to selectively cut off power to lights, signs, pumps, etc. The main switch kills all power at the site.

LOCATION: IN SERVICE BAY STORAGE AREA

- C. **TANK MONITORING ALARM:** Monitoring panel for the Underground Storage Tanks. This panel will indicate when a leak is detected by a visual and audible alarm.

LOCATION: SERVICE BAY STORAGE AREA

- D. **WATER SHUT-OFF:** The water shut-off may be necessary in some cases.

LOCATION: IN SIDEWALK ALONG LOS ALTOS AVENUE

- E. **NATURAL GAS SHUT-OFF:** If your station has natural gas, it may be necessary to shut-off the natural gas flow in an emergency.

LOCATION: NONE

- F. **FIRE EXTINGUISHER:** Use only on small fires that you can handle. Do not attempt to extinguish large fires on your own; call 9-1-1 for help.

LOCATION: 2-IN SERVICE BAY

- G. **ABSORBENT:** In the form of kitty litter, absorbent can soak up small spills of gasoline, diesel fuel, or other petroleum products. Absorbent should be used rather than washing spills down a drain. In case of large spill, merely try to contain it; a vacuum truck should be used to clean up any large spill.

LOCATION: IN SERVICE BAY STORE AREA

- H. **EMERGENCY RESPONSE EQUIPMENT:** These items shall be used by employees to prevent direct skin contact with a hazardous material.

1. Broom: SERVICE BAY
2. Shovel: SERVICE BAY
3. Gloves: SERVICE BAY
4. Goggles: SERVICE BAY

- I. **FIRST AID KIT:**

LOCATION: IN SERVICE BAY STORE AREA

- J. **EMERGENCY ASSEMBLY AREA:** Location where all employees are to meet in the event of an emergency.

LOCATION: SOUTH SIDE OF SITE

- K. **HAZARDOUS MATERIAL MANAGEMENT PLAN (HMMP) AND MATERIAL SAFETY DATA SHEET (MSDS):**

LOCATION: SALES OFFICE

II. NEAREST MEDICAL FACILITY: Employees should know what facilities are available in case customers or other employees need medical attention.

I. NAME: EL CAMINO HOSPITAL

ADDRESS: 2500 GRANT ROAD, LOS ALTOS

PHONE NUMBER: 415 940-7000

NEAREST DESIGNATED TRAUMA CENTER:

2. NAME: STANFORD MEDICAL CENTER

ADDRESS: 300 PASTEUR, STANFORD

PHONE NUMBER: 415 723-7570

III. All employees should review the Hazardous Material Plan, of which this training plan is a part. Specifically, each employee should understand the procedures to be used in responding to various kinds of emergencies, and know how to monitor for leaks of hazardous materials. As a supplement to this package, employees should also review the Emergency Response Plan filed by your business to the appropriate local agency. Thirdly, employees should review and have access to the Materials Safety Data Sheets you have on file for each of the hazardous materials stored at the station and must be drilled in all emergency response procedures contained herein.

IV. FIRST AID PROCEDURES (For exposure to gasoline or diesel fuel):

A. EYE CONTACT: Flush with water for 15 minutes while holding eyelids open. Get medical attention.

B. SKIN CONTACT: Flush with water while removing contaminated clothing and shoes. Follow by washing with soap and water. Do not reuse clothing or shoes until cleaned. If irritation persists, get medical attention.

C. INHALATION (Breathing): Remove victim to fresh air and provide oxygen if breathing is difficult. If not breathing, give artificial respiration. Get medical attention.

D. INGESTION (Swallowing):

DO NOT INDUCE VOMITING BECAUSE GASOLINE CAN ENTER LUNGS AND CAUSE SEVERE LUNG DAMAGE! If vomiting occurs spontaneously keep head below hips to prevent aspiration of liquid into lungs. Get medical attention.

E. NOTE TO PHYSICIAN: If more than 2.0 ml per kg has been ingested and vomiting has not occurred, emesis should be induced with medical supervision. Keep victim's head below hips to prevent aspiration. If symptoms such as loss of gag reflex, convulsions or unconsciousness occur before emesis, gastric lavage using a cuffed endotracheal tube should be considered.

F. For further information, consult the Materials Safety Data Sheets for these products and for other hazardous materials.

FIRST AID FOR EXPOSURE TO OTHER MATERIALS: Consult the warning advice on container labels or refer to the MSDS for that product.

Document prepared by: Environmental Staff, Robert H. Lee & Assoc., 707-765-1660

(\HAZMAT\UNOCAL\9999\CLT-FRM.MRG)

(updated: June 18, 1994)



# County of Santa Clara

Environmental Resources Agency  
Department of Environmental Health  
Hazardous Materials Compliance Division  
2220 Moorpark Avenue, East Wing, Room 204  
San Jose, California 95128-2690  
(408) 299-6930 FAX 280-6479



# FILE

June 1, 1994

Mr. David Corder  
Unocal Corporation  
P.O. Box 2390  
Brea, CA 92622-2390

Dear Mr. Corder:

Our office has received and reviewed the HMMP for the Unocal Station at 4350 El Camino Real in Los Altos. The leak response plan submitted as part of HMMP does not meet the requirements of Title 23, Division 3, Chapter 16 Section 2632(d)(2). The plan should be updated to include the following information:

- 1) A description of the proposed methods and equipment to be used for removing and properly disposing of any hazardous substances, including the location and availability of the required equipment if not permanently on-site, and an equipment maintenance schedule for the equipment located on site.
- 2) The name(s) and title(s) of the person(s) responsible for authorizing any work necessary under the response plan.

It should be noted that item 1) should be addressed even if contract work will be used as part of the leak response.

Please submit a copy of the updated leak response plan and the current monitoring procedure as defined in Section 2632(d)(1) by July 5, 1994.

Sincerely,

Mary Anne Baker  
Hazardous Materials Specialist

MB:cjm

cc: Greg Galatolo, Unocal #6115  
Bob Matson, Unocal Corporation

HAZARDOUS MATERIAL MANAGEMENT PLAN &  
UNDERGROUND STORAGE TANK MONITORING PLAN

STATION NO: 6115

OWNER: UNOCAL

DEALER: Greg Galatolo

911 Wilshire Blvd. 11th Floor

DBA: El Camino Unocal #6115

Los Angeles, CA 90017

STREET: 4350 El Camino Real

CITY: Los Altos, CA ZIP: 94022

SITE PHONE # 415 941-0244

DUNN & BRADSTREET # 09-944-7344 SIC CODE: 5541 7538

NATURE OF BUSINESS:

GASOLINE SALES  AUTO REPAIR  CAR WASH  FOOD MART

**EXISTING UNDERGROUND TANKS ARE AS FOLLOWS:**

	No. of TANKS	SIZE (gal)	MATERIAL (STL/FG)	CONST. (SW/DW)	SPILL (Y/N)	OVERFILL (Y/N) *
87 UNLEADED	<u>1</u>	<u>12,000</u>	<u>FG/ST</u>	<u>DW</u>	<u>Y</u>	<u>Y</u>
92 UNLEADED	<u>1</u>	<u>12,000</u>	<u>FG/ST</u>	<u>DW</u>	<u>Y</u>	<u>Y</u>
89 UNLEADED	<u>0</u>					
DIESEL	<u>0</u>					
WASTE OIL	<u>1</u>	<u>520</u>	<u>FG/ST</u>	<u>DW</u>	<u>Y</u>	<u>Y</u>

PRODUCT LINES: MATERIAL: FG

CONSTRUCTION: Double Wall

LINE LEAK DETECTION METHOD:  ELECTRONIC  MECHANICAL

All product lines have line leak detectors capable of detecting a leak of 3 gallons or more per hour at 10 lbs. per square inch line pressure within 1 hour; see page one for a description of the equipment installed at this location.

All product lines are pressurized using a submerged pumping system and are tested annually to assure the leak detectors are functional. Impact valves are also inspected annually to assure closure.

Repair and/or replacement of all leak detectors and impact valves will be done annually at the time of inspection and retested to meet the above test conditions.

\* This document is to be kept current and at the site. Revision 1, 1993

*Submitted with  
1993 business plan*

MONITORING PROCEDURES FOR DOUBLE WALL TANKS

TANK MONITORING

The Underground storage tanks are monitored using an approved continuous electronic monitoring system (see below). This system is able to detect the presence of a leak in the primary as well as secondary containment through the use of an annular space and in- tank inventory gauge.

MONITORING SYSTEM

INTERSTITIAL MONITOR:

\_VAPOR    X\_LIQUID     \_NONE (FOLLOWS PROCEDURES FOR SINGLE WALL TANK MONITORING)

EQUIPMENT AT THIS FACILITY:LEAK ALERT

MAINTENANCE CONTRACTOR: Coordinated through UNOCAL Maintenance Dispatch

Visual monitoring of the tank monitor alarm box is performed daily by the dealer or a designated employee. Please see the attached site map for the location of all equipment and forms for keeping monitoring records at the site.

The electronic monitoring devices are maintained according to manufacturer's recommendations.

The dealer will also perform inventory reconciliation according to the procedure outlined in the Inventory reconciliation section of this plan.

Training will be given which includes information regarding: how to self test the electronic monitoring equipment, what the equipment monitors, how to tell when the alarm goes off, how to perform inventory reconciliation, record keeping requirements and procedures to follow in the event of alarm activation, leak, suspected leak, or other emergency.

RESPONSIBLE PERSONNEL

Primary Contact: Name: Greg Galatolo Title: Dealer

Address: 1521 Topar Dr. Los Altos Ca 94024

Bus #/Home #: 415 941-0244 / 415 948-8302

Secondary Contact: Name: Scott Kent Title: Manager

Address: 1411 Muender Ave. Sunnyvale 94086

Bus #/Home #: 415 941-0244 / 408 739-6964

Maintenance coordinated through Unocal Maintenance Dispatch 24 hour number 1-800-723-7600.

See also "Unocal Leak Response Plan"

MONITORING PROCEDURES  
DOUBLE CONTAINED PIPING-CONTINUOUS  
ELECTRONICALLY MONITORED SUMPS

DOUBLE CONTAINED PIPING

PIPING SUMP MONITOR FOR INTERSTITIAL SPACE:

\_VAPOR    \_LIQUID    XNONE

EQUIPMENT AT THIS FACILITY IS: LEAK ALERT

---

All double contained piping is continuously monitored electronically by a system that can sense a leak anywhere along the piping. Pressurized pipes are also monitored by either an electronic or mechanical line leak detector capable of sensing a pressure loss in the system and activating a valve to restrict or shut off the flow of product through the lines.

Product lines are sloped towards the sump, and in the event of a line leak the leak detector is activated and any product in the annular space will flow backwards to the sump area where a liquid sensor is activated.

Any product which enters the piping annular space will flow into to the sump containment area. There is a sensor in the sump area which detects any product present there. The system has both visible and audible alarms that are activated when there is product in the sump or detected in anywhere in the secondary containment system.

If the system goes into the alarm mode, the dealer or his designate will check the alarm panel to verify that there is a leak condition and then silence the audible alarm. The dealer or his designee will immediately contact Unocal dispatch and advise them of the situation so that they can contact the appropriate responder who will follow the instructions outlined in the "Leak Response Plan", which is part of the Hazardous Material Management Plan.

The tank monitor alarm will be visually monitored daily. The dealer or an employee appointed by the dealer will follow the same procedures as outlined for monitoring the double contained product tanks.

INVENTORY RECONCILIATION

INVENTORY MEASUREMENT METHOD:  X MANUAL  ELECTRONIC

ELECTRONIC INVENTORY EQUIPMENT AT THIS FACILITY IS: \_\_\_\_\_

Daily product inventory reconciliation will be completed by the Unocal Dealer at the facility.

- 1) Approved meters for tank inputs and withdrawals in accordance with CCR Title 4, Chapter 9, Subchapter 1 Tolerance and Specifications for Commercial weighing and measuring devices.
- 2) Inventory reconciliation "exceeding a variation of 1.0 percent of the monthly tank delivery plus 130 gallons must be investigated in accordance with this section."
- 3) The inventory will be reconciled monthly by the dealer, and:

Should inventory reconciliation indicate a loss greater than specified, the investigative steps outlined in California Code of Regulations, Title 23 Waters, Subchapter 16 Underground Tank Regulations, Article 4, Section 2646(k), will be implemented.

- 4) Annually the dealer will submit the attached inventory certification form to the local agency.

# UNOCAL SERVICE STATION HAZARDOUS MATERIALS MANAGEMENT MONITORING PLAN

DEALER: Greg Galatolo  
UNOCAL SERVICE STATION: 6115  
ADDRESS: 4350 El Camino Real  
CITY, STATE, ZIP: Los Altos, CA 94022  
TELEPHONE: 415-941-0244  
24-HR. TELEPHONE NUMBER: 800-723-7600

UNOCAL BUSINESS MANAGER: Matt Fischer  
TELEPHONE: (510) 277-2465

UNOCAL EMERGENCY PHONE: (800) 723-7600 (24 HOURS)

LOCAL AGENCY: Santa Clara County, HD/Toxics Control  
ADDRESS: 2200 Moorpark Avenue  
TELEPHONE: 408-299-6930

CALIFORNIA OFFICE OF EMERGENCY SERVICES  
TELEPHONE: (800) 723-7600

UNDERGROUND STORAGE TANKS:			CONST.
			SW/DW
87 OCTANE:	12,000	GAL	DW
89 OCTANE:	BLENDING VALVE		
92 OCTANE:	12,000	GAL	DW
DIESEL:		GAL	
WASTE OIL:	520GAL	GAL	DW

PIPING CONTAINMENT: Double Wall

MONITORING METHODS: INVENTORY RECONCILIATION AND CONTINUOUS  
ELECTRONIC MONITORING OF ANNULAR SPACE, LEAK ALERT.

*submitted with  
1992 business plan*

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**EMERGENCY RESPONSE PROCEDURE.....Page 3**  
A copy of this page must be filled out and posted  
conspicuously on site.

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Vadose/Groundwater Monitoring Wells

**EMPLOYEE TRAINING PLAN.....Pages 9-10**  
Outline for Mandatory Safety Training for All Employees

**FORMS TO BE COMPLETED (Copy these forms for your own use)**

Quarterly Report.....	Form A
Daily Visual Monitoring Log.....	Form B
Inventory Reconciliation Sheet.....	Form C
Waste Oil Tank Gauging Sheet.....	Form D
Release Evaluation Checklist.....	Form E
Unauthorized Release Report.....	Form F
Equipment Test Log.....	Form G
Safety Training Log.....	Form H

**NOT ALL INFORMATION IN THIS BOOKLET WILL BE APPLICABLE. REFER TO THE COVER SHEET TO CONFIRM WHAT EQUIPMENT IS ON SITE.**

## EMERGENCY RESPONSE PROCEDURE

In the event of a fire, spill, leak or suspected leak in the tanks and/or piping, the following steps are to be taken as applicable:

1. **TURN OFF PUMPS** using the Emergency Pump Shut-off Switch.
2. If there is an immediate danger, **ANNOUNCE** to all persons on the site: "THERE IS AN EMERGENCY. Please turn off your engines and leave the Station on foot immediately."
3. For more **SEVERE** emergencies **CALL FOR HELP** by dialing 9-1-1 and giving the following information:  
"THERE IS A FIRE/DANGEROUS GASOLINE SPILL at the UNOCAL Station at (give address.)" Report to the answering dispatcher, whether anyone is trapped or requires immediate medical attention. Stay on the phone and be prepared to answer any questions concerning the situation.
4. If **EVACUATION** is necessary direct everyone to meet at the emergency assembly area and account for everyone at that location. **LOOK AROUND** to assure that all have left, particularly those in vehicles who may not have heard the emergency announcement. Assist, or direct assistance to anyone having difficulty leaving the service station area, and anyone who may be injured.
5. **ATTEMPT TO EXTINGUISH** any fire if you can do so safely. Have the fire extinguisher ready to use in the event of any dangerous spill. Try to contain any large spill, or use absorbent on smaller spills.
6. **REPORT** to arriving emergency response personnel to provide them with any information or assistance they might need.
7. **CONTACT** the station dealer if s/he is not already at the station. Use the emergency contacts listed below:
  1. Name/Bus/Home: Greg Galatolo 415-941-0244/415-948-8302
  2. Name/Bus/Home: Scott Kent 415-941-0244/408-739-6964
8. **NOTIFY UNOCAL** and your Business Manager by phone **WITHIN 24 HOURS**.
  1. UNOCAL EMERGENCY PHONE: (800) 723-7600 (24 HOURS)
  2. UNOCAL BUS. MANAGER/PHONE NUMBER: Matt Fischer (510)277-2465You must mail a completed Unauthorized Release Report to the Business Manager within 24 hours. UNOCAL will notify the appropriate State and Local agencies unless the situation requires urgent immediate response by the agencies, in which case the DEALER should notify these agencies:
  1. LOCAL AGENCY: Santa Clara County, HD/Toxics Control  
PHONE NUMBER: 408-299-6930
  2. CALIFORNIA OFFICE OF EMERGENCY SERVICES: (800) 852-7550 (24 HOURS)
9. Dealer should attempt to isolate leak location by inspection.
10. UNOCAL Business Manager will coordinate with UNOCAL Environmental Compliance Dept. (UECD) whatever corrective actions need to be taken beyond the dealer's capabilities. UECD will file whatever reports need to be filed with local and state agencies, and send a copy to the station for the Dealer's file.

**A COPY OF THIS PAGE MUST BE FILLED OUT AND POSTED CONSPICUOUSLY ON SITE.**

## HOW TO USE THIS BOOKLET

The cover sheet of this booklet contains useful information about the underground facilities at your station. Depending on the information given, you must use different forms in this booklet:

1. If your station has any single wall product tanks, use Form C.
2. If your station has any double wall product tanks, use Form B.
3. If your station has a single wall waste oil tank, use Form D.
4. If your station has a double wall waste oil tank, use Form B.
5. If your station has any double wall piping, use Form B.
6. If your station has a piping trench liner, use Form B.
7. If your station has an electronic monitoring system for any double wall piping or trench liner, you need not use Form B for any double wall tanks or piping.
8. If your station has vadose or groundwater monitoring wells, you still need to use Forms C and/or D as applicable.
9. If your station has other hazardous materials (see Daily Visual Monitoring, below), you are responsible also for that portion of Form B.

Also, all stations must complete Form A and send it in every 3 months to the local agency shown on the cover sheet.

In case of a leak or spill, you must complete Form E to attach to Form A, and you must send a copy of Form F to your UNOCAL Representative within 24 hours. You must also notify your representative by phone (and/or call the UNOCAL Emergency Phone after hours).

You must post a copy of Page 3 at a conspicuous location in your cashiers area.

You must keep a copy of Form H to document the training received by your employees.

**KEEP COPIES OF ALL FORMS YOU MAIL OUT!**

### DAILY VISUAL MONITORING

Hazardous Materials stored underground include:

- Gasoline
- Diesel Fuel
- Waste Oil

These products are monitored for leaks in the underground tanks and piping.

Hazardous Materials stored aboveground include:

- Propane
- Waste Oil (prior to dumping in underground tanks)
- Motor Oil
- Transmission Oil
- Gear Lubricant (80W/90)
- Grease
- Solvent (including parts cleaners)
- Battery Acid
- Antifreeze

If your station stores any of these materials, the storage areas must be visually inspected every day for signs of leakage.

If there is a leak or spill of any of the hazardous materials, whether stored above or underground, you must follow the Emergency Response Procedures outlined on Page 3, as applicable.

**MONITORING FOR SINGLE-WALL TANKS  
INSPECTIONS TO BE CONDUCTED BY DEALER**

1. Daily reconciliation shall be made of the inventory control records.
2. Daily visual inspection for leaks shall be made in the areas of:
  - Submerged pump
  - Tank fill (also inspected after each delivery)
3. Dealer **MUST** be aware that a reduction in product flow to 3 gallons per minute (gpm) indicates a potential piping leak.

**PRODUCT TANK GAUGING PROCEDURE**

1. Use a gauge stick (dipstick) to measure the level of gasoline in each tank. Lower the stick slowly until it hits the bottom of the tank. The use of fuel-finding paste is recommended.
  2. Slowly pull the stick back out, and observe the point where the stick begins to be discolored by the liquid.
  3. Write this number down, and repeat the same procedure. If the two numbers are not close, repeat the procedure until the numbers agree.
  4. Enter the final number in your dealer books.
- If it is raining, water can spoil the readings, and should not be allowed to enter the tank. If it does not stop raining, care must be taken to ensure the stick readings are accurate.

**RECORD KEEPING FOR SINGLE-WALL TANKS**

1. Use your dealer books to keep track of your daily dipstick reading.
2. Record daily all dispenser meter readings in your dealer books.
3. Record all deliveries in your dealer books.
4. The dipstick, dispenser meter, and delivery recordings are to be used daily in filling out the "Inventory Reconciliation Sheet" (attached).

**WASTE OIL TANK GAUGING PROCEDURE**

1. To monitor the inventory level in the waste oil tank, be prepared to have the tank locked for at least 12 hours or longer if required by your local agency. This shall be done weekly. NO INPUTS OR WITHDRAWALS SHALL OCCUR DURING THESE PERIODS.
2. Stick gauge the tank immediately before closing access to the waste oil tank, and immediately after reopening the tank, and enter those numbers in columns C and D of the "Waste Oil Tank Gauging Sheet" (attached) in both inches and gallons.
3. The difference between those two columns is the actual variation (column E).
4. For allowable variation (column F), use 2.8 gallons if you have a 280 gallon capacity, or 5.0 gallons if you have a 520 or 550 gallon tank.

**WHAT TO DO IF YOU EXCEED THE ALLOWABLE VARIATION**

If you **EVER** exceed the allowable variation as indicated on the Inventory Reconciliation Sheet C, column 13, or on the Waste Oil Tank Gauging Sheet D, column 7, follow the **RESPONSE PROCEDURE** shown on Page 3. Notify your UNOCAL representative within 24 hours of discovery of a suspected leak. UNOCAL will be responsible for coordinating one or more of the following:

- Performing a metered vs. measured inventory reconciliation.
- Contacting the appropriate State and Local agencies.
- Visually inspecting for leaks.
- Calibrating the dispenser meters.
- Hiring a tank tester to determine if there is a leak.
- Having the tank(s) and/or piping repaired or replaced if necessary.

The "Unauthorized Release Report" must be sent to UNOCAL within 24 hours. The "Release Evaluation Checklist" must be attached to the "Inventory Reconciliation Sheet", or the "Waste Oil Tank Gauging Sheet" where the allowable variation was exceeded.

## MONITORING FOR DOUBLE-WALL TANKS

### INSPECTIONS TO BE CONDUCTED BY DEALER

1. Daily reconciliation shall be made of the Inventory Control Records.
2. Daily visual inspection for leaks shall be made in the areas of:
  - Submerged pump
  - Tank fill (also inspected after each delivery)
3. Dealer MUST be aware that a reduction in product flow to 3 gallons per minute (gpm) indicates a potential leak.

### SECONDARY CONTAINMENT MONITORING PROCEDURE

Tank or Piping Secondary Containment (annular space or Piping Trench Liner) shall be monitored daily by the dealer, unless a less frequent period is allowed. This is done to determine if product is leaking from the primary container or if water is entering from an outside source. This procedure is not necessary if an electronic monitoring system is installed to monitor these items. Contact your UNOCAL representative for monitoring port locations.

1. Use a gauge stick (dipstick) to detect any liquid in the tank annular space, double wall piping monitoring ports, or piping trench liner monitoring wells. Lower the stick slowly until it hits the bottom of the tank annular space.
2. Slowly pull the stick back out and observe whether the stick has been discolored by liquid. If product and/or water is detected, immediately contact your representative.
3. Write this number down, and repeat the same procedure. If the two numbers are not close, repeat the procedure until the numbers agree.
4. Enter the final number in the "Secondary Containment Recording Sheet (attached).

NOTE: Piping trench monitoring wells consist of slotted PVC pipe which allows liquid intrusion and a manhole for access. Wells are located at the lowest point of the fiberglass trench liner.

### RECORD KEEPING FOR DOUBLE-WALL TANKS & PIPING

1. Keep track daily of the liquid level on the "Secondary Containment Recording Sheet".
2. If ANY fuel and/or water is discovered in the trench liner, call your representative IMMEDIATELY, and explain the situation.
3. If the representative has been notified, but after 8 hours it has not been possible to remove all the liquid from the secondary containment, dealer must contact the local agency shown on the cover sheet.

### ELECTRONIC MONITORING SYSTEMS

If this station is equipped with an electronic monitoring system for underground tanks and piping, in the event of a leak in the primary containment, product will be contained in the annular space. The sensors for the electronic monitoring system are located at the low end of each tank, and at the low end of the piping where the product will drain back into the tank. There may be sensors at additional locations. Sensors will signal the presence of a leak.

If a leak is discovered, the "Unauthorized Release Report" must be sent to UNOCAL within 24 hours. The "Release Evaluation Checklist" must be attached to the "Quarterly Report".

## OVERFILL/SPILL PROTECTION & CLEANUP

### 1. DELIVERIES/GAUGING

Dealer is responsible to ensure that the delivery he or she requests is not in excess of the tank capacity, taking into consideration the amount currently in tank. Driver is to gauge tank to assure capacity is available for the entire load and must remain in attendance during the entire delivery to monitor the operation.

### 2. BALL VENT LINE FLOAT SYSTEM

(Only for double-wall tanks installed after July 1986.)

The ball float valve system installed with the tank substantially prevents the possibility of overfill occurring. If the tank is filled to the ball float level, the petroleum product delivery will be cut to 3 gallons per minute alerting the driver of a potential overfill condition. In the event that this occurs, the following actions will be taken:

1. The delivery truck driver shall turn off the petroleum product supply at the truck, leaving the hose fully connected to the tank fill pipe line and the truck.
2. The small amount of petroleum product remaining in the hose shall be slowly drained into the tank. Since the ball float valve is 2 to 3 inches below the top of the tank, there remains a 100 + gallon capacity within the tank at the moment when the ball float closes off delivery. The bleed hole in the ball float valve allows the remaining petroleum product in the hose to completely drain through the fill pipe into the tank.
3. The hose shall be disconnected from the fill pipe only when it has fully drained. In the event that spillage occurs upon hose disconnection, the remaining small amount of petroleum product will be properly contained.

### 3. WASTE OIL TANK

1. Station is equipped with waste oil buckets which hold a maximum capacity of 3 gallons (about 3 to 4 cars' worth of waste oil).
2. Prior to dumping any waste oil, dealer is to gauge the tank to assure that holding capacity is greater than that which will be put into the tank.
3. Waste oil is poured directly through fill/pump out pipe, using a funnel. Should any waste oil spill during this operation, it will be properly contained using absorbent material.

#### 4. CLEAN-UP/RECORDS

1. Small spills (less than 1 gallon and only requiring 15 minutes to clean up) shall be cleaned up using absorbent materials.
2. Larger spills occurring during product delivery shall be reported to the terminal by the dealer and/or by delivery truck driver. The terminal supervisor will notify a local petroleum maintenance contractor who is equipped with a N.F.P.A. approved type hand pump, vacuum and transport container. Large spills not caused by delivery shall be reported immediately to your rep.
3. Spills shall be cleaned up within 8 hours of detection, returned to local terminal and/or disposed of in a lawful manner.
4. Dealer shall record all spills whether or not it is due to delivery overfill or accidental spillage, which exceeds approximately one gallon, and action taken on the "Unauthorized Release Report" (attached), and send it to UNOCAL within 24 hours.
5. Large spills (more than 1 gallon) must be reported to the local agency indicated on the cover sheet within 24 hours. If the spill is large enough to pose a significant hazard, it must also be reported to the California Office of Emergency Services at 800-852-7550.

IN CASE OF EMERGENCY CALL 9-1-1

#### INSPECTIONS TO BE COORDINATED BY UNOCAL YEARLY INSPECTIONS AND TESTING

Yearly testing shall be made of the following:

1. Pressurized piping systems shall be monitored using in-line leak detectors. Leak detectors shall be tested annually for proper operation. Dealer MUST be aware that a reduction in product flow to 3 gallons per minute (gpm) indicates a potential piping leak.
2. Tanks and piping shall be tested annually for tightness, using a State-Certified test system. (For non-secondarily contained tanks and piping only.)
3. Electronic monitoring systems shall be tested annually for proper operation. (For secondarily contained tanks and piping only.)
4. Dispenser core holes, shear valves, and blending valves shall be annually inspected by UNOCAL for signs of leakage.
5. Dispenser meters (recording total sales in gallons) shall be calibrated once annually by UNOCAL. Any additional calibration will be the responsibility of the dealer. Use the "Dispenser Meter Calibration Form".

#### VADOSE/GROUNDWATER MONITORING WELLS

This section is not applicable unless "Monitoring Methods" line on cover sheet shows "Vadose Wells" or "Groundwater Wells".)

The monitoring of vadose wells and groundwater monitoring wells is contracted out to Applied Geo Systems. Monitoring is performed monthly for vapor analysis of the vadose wells and subjective analysis for traces of product in the groundwater monitoring wells. Monitoring is performed quarterly for laboratory analysis of groundwater samples. Monitoring records are maintained on-site in the dealer's office, and are available for inspection.

## EMPLOYEE TRAINING PLAN

New Employees must be given this training before starting work, and refresher courses must be provided annually. Records must be kept to show when each station employee has been given his/her safety training. Use the following outline:

### I. FIRST THINGS TO KNOW

- A. **EMERGENCY PUMP SHUT-OFF:** This turns off the turbine pumps that provide flow to the dispensers from the underground tanks. In case of a leak, shutting off the pumps will help to prevent spills.

LOCATION: 1-North exterior corner of bldg., 1-At electrical panel

- B. **ELECTRICAL SHUT-OFF:** The panel allows you to selectively cut off power to lights, signs, pumps, etc. The main switch kills all power at the site.

LOCATION: 1-Southeast corner of bldg., 1-At electrical panel

- C. **WATER SHUT-OFF:** The water shut-off may be necessary in some cases.

LOCATION: 1-In sidewalk of Los Altos Ave., 1-Along El Camino Real

- D. **FIRST AID KIT:**

LOCATION: North Wall Of Storage Room

- E. **FIRE EXTINGUISHERS:** Use only on small fires that you can handle. Do not attempt to extinguish large fires on your own; call 9-1-1 for help.

LOCATION: 2-Along the North wall of the lube bays

- F. **ABSORBENT:** In the form of crystals or cloth, absorbent can soak up small spills of gasoline, diesel fuel, or other petroleum products. Absorbent should be used rather than washing spills down a drain. In case of large spills merely try to contain it; a vacuum truck should be used to clean up any large spills.

LOCATION: Storage Room

- G. **NEAREST MEDICAL FACILITY:** Employees should know what facilities are available in case customers or other employees need medical attention:

NAME: Veterans Memorial Hospital

ADDRESS: 3801 Miranda Avenue

CITY: Palo Alto

PHONE NUMBER: 408-493-5000

**NEAREST DESIGNATED TRAUMA CENTER:**

NAME: Stanford Medical Center

ADDRESS: 300 Pasteur

CITY: Stanford, Ca. 94305

PHONE NUMBER: (415) 723-7570

II. All employees should review the Service Station Monitoring Plan, of which this training plan is a part. Specifically, each employee should understand the procedures to be used in responding to various kinds of emergencies, and know how to monitor for leaks of hazardous materials. As a supplement to this package, employees should also review the Emergency Response Plan filed by your business to the appropriate local agency. Thirdly, employees should review and have access to the Materials Safety Data Sheets you have on file for each of the hazardous materials stored at the station.

III. FIRST AID PROCEDURES (For exposure to gasoline or diesel fuel):

A. EYE CONTACT: For direct contact, flush the affected eye(s) with clean water. If irritation or redness develops, seek medical attention.

B. SKIN CONTACT: Wipe product from skin and remove soaked clothing. Cleanse affected area(s) thoroughly by washing with soap and water. If irritation develops and persists, seek medical attention. Do not use solvents or thinners to remove product from skin.

C. INHALATION (Breathing): If symptoms of exposure develop, move victim away from source of exposure and into fresh air. If symptoms persist, seek medical attention. Symptoms include: flushing, blurred vision, dizziness, nausea, headache, drowsiness, loss of coordination, and fatigue. If victim is not breathing or if breathing difficulties develop, artificial respiration or oxygen should be administered by qualified personnel. Seek immediate medical attention.

D. INGESTION (Swallowing):

DO NOT INDUCE VOMITING BECAUSE GASOLINE CAN ENTER LUNGS AND CAUSE SEVERE LUNG DAMAGE!

If victim is conscious and alert, give 2 to 3 cups of milk or water to drink. Seek medical attention.

E. For further information, consult the Materials Safety Data Sheets for these products and for other hazardous materials.

FIRST AID FOR EXPOSURE TO OTHER MATERIALS: Consult the warning advice on container labels or refer to the MSDS for that product.



# QUARTERLY REPORT

# A

S/S #: \_\_\_\_\_ BUSINESS NAME: \_\_\_\_\_  
 Address: \_\_\_\_\_

Fill out this form quarterly and send in with all other forms, as applicable.  
**KEEP COPIES OF ALL FORMS YOU MAIL OUT.**

Quarter #	Tank #	Capacity (gal)	Product
Start Date: _____			
End Date: _____			
Year: _____			

CHECK ONE BOX BELOW AS APPLICABLE:

I hereby certify under the penalty of perjury that all product level variations for this facility were within allowable limits for this quarter. ("NO" in column 12, Inventory Reconciliation Sheet; "NO" in column 7, Tank Gauging Sheet; "OK" in all applicable columns of the Daily Visual Monitoring Log).

Inventory variation at this facility exceeded the allowable limits for this quarter. I hereby certify under penalty of perjury that the source for the variation(s) was not due to an unauthorized (leak) release. ("YES" to any of the above).

There was an unauthorized (leak) release at this facility during this quarter. I hereby certify under penalty of perjury that all necessary corrective actions have been or are being taken.

DEALER'S SIGNATURE/DATE: \_\_\_\_\_

LIST DATE, TANK # AND AMOUNT FOR ALL VARIATIONS THAT EXCEEDED THE ALLOWABLE LIMITS:

DATE	TANK #	AMOUNT

THIS QUARTERLY REPORT SHALL BE SUBMITTED TO THE REGULATING LOCAL AGENCY WITHIN 15 DAYS OF THE END OF EACH QUARTER:

QUARTER 1	JANUARY-MARCH	Submit by April 15
QUARTER 2	APRIL-JUNE	Submit by July 15
QUARTER 3	JULY-SEPTEMBER	Submit by October 15
QUARTER 4	OCTOBER-DECEMBER	Submit by January 15



# INVENTORY RECONCILIATION

S/S #: \_\_\_\_\_ Business Name: \_\_\_\_\_

Quarter: \_\_\_\_\_ Tank #: \_\_\_\_\_  
 Year: \_\_\_\_\_ Capacity/Contents: \_\_\_\_\_

Date	1	2	3	4	5		6	7	8	9	10	11	12	13
	Opening Inventory	Deliveries	Metered Sales	Total	Closing Inventory	Metered Sales	Accumulated Metered Sales	Throughput Error	Measurement Error	Allowable Variation	Actual Variation	Exceed Allowable Variation		
	From Yesterdays Column 4			Column 1+2-3	"Dipstick" Reading	From Column 3	Accumulate Column 6			Column 9 & 10	Column 4&5 Subtract Smaller # from Larger	*** Is Column 12 greater than 11?		
	gallons	gallons	gallons	gallons	Inches gallons	gallons	gallons	x .0015 =	gallons	gallons	gallons	+/- gallons	yes/no	
1								x .0015 =				+/-	***	
2								x .0015 =				+/-		
3								x .0015 =				+/-		
4								x .0015 =				+/-		
5								x .0015 =				+/-		
6								x .0015 =				+/-		
7								x .0015 =				+/-		
8								x .0015 =				+/-		
9								x .0015 =				+/-		
10								x .0015 =				+/-		
11								x .0015 =				+/-		
12								x .0015 =				+/-		
13								x .0015 =				+/-		
14								x .0015 =				+/-		
15								x .0015 =				+/-		
16								x .0015 =				+/-		
17								x .0015 =				+/-		
18								x .0015 =				+/-		
19								x .0015 =				+/-		
20								x .0015 =				+/-		
21								x .0015 =				+/-		
22								x .0015 =				+/-		
23								x .0015 =				+/-		
24								x .0015 =				+/-		
25								x .0015 =				+/-		
26								x .0015 =				+/-		
27								x .0015 =				+/-		
28								x .0015 =				+/-		
29								x .0015 =				+/-		
30								x .0015 =				+/-		
31								x .0015 =				+/-		

\*Opening dipstick reading

\*\*Measurement error is based on tank size:

TANK SIZE	MEASUREMENT ERROR
less than 4,000 gal.	25 gal.
4,000 to 7,500 gal.	50 gal.
8,000 or 10,000 gal.	75 gal.
12,000 gal.	100 gal.

\*\*\* If Column 4 is less than 5 (+)  
 If column 5 is less than 4 (-)

\*\*\* If you answered yes in Column 13 refer to Release (leak Evaluation Action Chart)

Fill out this form daily and send it with the Quarterly Report.





**PHILLIPS 66 COMPANY**

A Division of Phillips Petroleum Company

1500 N. PRIEST DRIVE  
TEMPE, AZ 85281  
P.O. BOX 52085  
PHOENIX, AZ 85072  
PHONE (602) 728-6607  
FAX (602) 728-5208

MAY 3 9 51 PM '02

Phillips 66 Company  
P.O. Box 52085  
Phoenix, Arizona 85072-2085  
1500 North Priest Drive  
Tempe, Arizona 85281

**Sterling Hundley**  
Environmental Compliance  
602/728-4180 (direct line)  
602/728-5245 (facsimile)

April 23, 2002

Re: Financial Responsibility  
40 CFR Part 280, Subpart H

To Agencies Listed on the Attached Exhibit A:

I am enclosing information relating to Phillips Petroleum Company and its subsidiaries including Tosco Corporation requirement to provide financial responsibility for the ownership and operation of underground storage tanks by its operating entities pursuant to 40 CFR Part 280, Subpart H and similar state regulations. Phillips Petroleum Company meets the insurance coverage requirements set forth under 40 CFR § 280.97. It is intended that this financial responsibility likewise satisfy the requirements of authorized state programs.

Phillips provides this financial responsibility for all underground storage tanks at retail locations, terminals and bulk plants which are owned and/or operated by all Phillips entities including Tosco Corporation and Circle K Stores Inc.

The information enclosed consists of a Certificate of Insurance and a Certification of Financial Responsibility in the form prescribed by the federal regulations. Pursuant to EPA guidance, tank lists are not included. Information about where current tank lists are maintained is included as an exhibit to the Certification of Financial Responsibility.

Please forward this information to the appropriate person in your agency. You may direct any questions to me at (602) 728-4180.

Very truly yours,

Sterling Hundley  
Environmental Compliance

Reviewed By   
Date May 7, 2002

CFR2002.DOC

# 256115

**SUPPLEMENT ATTACHMENT TO  
CERTIFICATION OF FINANCIAL RESPONSIBILITY**

**FACILITY LIST**

A list of facilities covered by this financial responsibility mechanism has been filed with:

**California State Water Resources Control Board  
UST Program  
P.O. Box 944212  
Sacramento, CA 94244**

It may also be obtained from:

**Phillips 66 Company  
2000 Crow Canyon Place, Suite 400  
San Ramon, CA 94583  
Attention: David Camille  
(925) 277-2335**

or

**Phillips 66 Company  
3525 Hyland Avenue  
Costa Mesa, CA 92626  
Attention: Mike Bryan  
(714) 428-7606**

## CERTIFICATION OF FINANCIAL RESPONSIBILITY

Tosco Corporation, a wholly owned subsidiary of Phillips Petroleum Company, hereby certifies that it is in compliance with the requirements of Subpart H of 40 CFR Part 280.

The financial assurance mechanism used to demonstrate financial responsibility under Subpart H of 40 CFR Part 280 is as follows:

**Mechanism:** Section 280.97 – Insurance Coverage

**Issuer:** Sooner Insurance Company  
Certificate of Insurance No. 2002-04

**Amount of Coverage:** \$1,000,000 per occurrence  
\$2,000,000 annual aggregate

**Effective Period of Coverage:** From April 1, 2002 until December 1, 2002, unless earlier revoked or replaced by written notice to the Implementing Agencies listed on the attached Exhibit A.

**Coverage:** Taking corrective action and compensating third parties for bodily injury and property damage caused by accidental releases.

TOSCO CORPORATION



J. W. Sheets

Vice President and Treasurer

Date: April 18, 2002

State of Oklahoma )

County of Washington ) ss.

The foregoing instrument was acknowledged before me this 18 day of April  
2002 by J. W. Sheets, personally known to me as  
Treasurer & V.P. of Tosco Corporation, who executed the  
same on behalf of the corporation.

  
Notary Public

My Commission Expires: 6/30/04



# Sooner Insurance Company

## CERTIFICATE OF INSURANCE

Certificate No. 2002-24

Date: March 31, 2002

Policy No.: S-7116A-01/02

Certificate Holder: CA State Water Resources Control Board  
UST Program  
P. O. Box 944212  
Sacramento, CA 94244

Insured: Phillips Petroleum Company and its subsidiaries including Tosco Corporation

Address of The Insured: 4 B2 Phillips Building  
Bartlesville, Oklahoma 74006

Covered Locations: Per the attached list

Policy Term: December 1, 2000 – December 1, 2002

### CERTIFICATION

- (1) Sooner Insurance Company, the Insurer, as identified above, hereby certifies that it has issued liability insurance covering the following underground storage tanks:

[See attached list]

for taking corrective action and/or compensating third parties for bodily injury and property damage caused by accidental releases in accordance with and subject to the limits of liability, exclusions, conditions, and other terms of the policy arising from operating the underground storage tanks identified above.

The limits of liability are \$1,000,000 each occurrence and \$2,000,000 annual aggregate, exclusive of legal defense costs, which are subject to a separate limit under the policy. The coverage is provided under policy S-7116A-01/02. The effective date of said policy is December 1, 2001.

- (2) The Insurer further certifies the following with respect to the insurance described in Paragraph 1:
- (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this certificate applies

**Management Offices**  
402 Phillips Building  
Bartlesville, Oklahoma 74004  
TEL: (918) 661-6181  
FAX: (918) 661-5780

**Administrative Offices**  
112 Lake Street  
Burlington, VT 05401  
TEL: (802) 658-9466  
FAX: (802) 658-5520

- (b) The Insurer is liable for payment of amounts within any deductible applicable to the policy to the provider of corrective action or a damaged third-party, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision shall not apply with respect to that amount of any deductible for which coverage is demonstrated under another mechanism or combination of mechanisms as specified in 40 CFR 280.95-280.102.
- (c) Wherever requested by a Director of an implementing agency, the Insurer agrees to furnish to the Director a signed duplicate original of the policy and all endorsements.
- (d) Cancellation or any other termination of insurance by the Insurer except, for non-payment of premium or misrepresentation by the insured, will be effective only upon written notice and only after expiration of 60 days after a copy of such written notice is received by the insured. Cancellation for non-payment of premium or misrepresentation by the insured will be effective only upon written notice and only after expiration of a minimum of 10 days after a copy of such written notice is received by the insured.
- (e) The insurance covers claims otherwise covered by the policy that are reported to the Insurer within six months of the effective date of cancellation or non-renewal of the policy except where the new or renewed policy has the same retroactive date or a retroactive date earlier than that of the prior policy, and which arise out of any covered occurrence that commenced after the policy retroactive date, if applicable, and prior to such policy renewal or termination date. Claims reported during such extended reporting period are subject to the terms, conditions limits, including limits of liability and exclusions of the policy.

I hereby certify that the wording of the instrument is identical to the wording in 40 CFR 280.97(b)(2) and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more states.



Scott W. Irwin  
Vice President

Authorized Representative of  
Sooner Insurance Company  
4 B2 Phillips Building  
Bartlesville, OK 74004

**Management Offices**  
402 Phillips Building  
Bartlesville, Oklahoma 74004  
TEL: (918) 661-6181  
FAX: (918) 661-5780

**Administrative Offices**  
112 Lake Street  
Burlington, VT 05401  
TEL: (802) 658-9466  
FAX: (802) 658-5520



**TOSCO**  
Marketing  
Company

RECEIVED BY  
ENVIRONMENTAL DEPT  
HMCD

MAY 2 3 54 PM '01

**Tosco Marketing Company**  
P.O. Box 52085  
Phoenix, Arizona 85072-2085  
1500 North Priest Drive  
Tempe, Arizona 85281

**David A. Waldschmidt**  
Assistant General Counsel  
602/728-7470 (direct line)  
602/728-5277 (facsimile)

April 23, 2001

Re: Financial Responsibility  
40 CFR Part 280, Subpart H

To Agencies Listed on the Attached Exhibit A:

I am enclosing information relating to Tosco Corporation's requirement to provide financial responsibility for the ownership and operation of underground storage tanks by its operating entities pursuant to 40 CFR Part 280, Subpart H and similar state regulations. Tosco Corporation meets the financial test of self-insurance set forth under 40 CFR § 280.95. It is intended that this financial responsibility likewise satisfy the requirements of authorized state programs.

Tosco provides this financial responsibility for all underground storage tanks at retail locations, terminals and bulk plants which are owned and/or operated by all Tosco entities including Circle K Stores Inc., Tosco Operating Company, Inc., Tosco Refining L.P., Bayway Refining Company, Tosco Terminal Corporation and Tosco Corporation. For your information, Tosco's retail operations are collectively referred to as "Tosco Marketing Company".

The information enclosed consists of a Certification of Financial Responsibility, a letter from Tosco's Chief Financial Officer in the form prescribed by the federal regulations and a facility address list for your state or region.

Please forward this information to the appropriate person in your agency. You may direct any questions to me at (602) 728-7470.

Very truly yours,

*D. Waldschmidt*  
David A. Waldschmidt  
Assistant General Counsel

Reviewed By *[Signature]*  
Date May 7, 2001

DAW/cs  
8220CS1.DOC





Tosco Corporation  
1700 East Putnam Avenue  
Suite 500  
Old Greenwich, CT 06870  
Telephone: 203-698-7575  
Facsimile 203-698-7910

Craig R. Deasy  
Vice President  
Treasurer

## CERTIFICATION OF FINANCIAL RESPONSIBILITY

Tosco Corporation hereby certifies that it is in compliance with the requirements of Subpart H of 40 CFR Part 280.

The financial assurance mechanism used to demonstrate financial responsibility under Subpart H of 40 CFR Part 280 is as follows:

**Mechanism:** Section 280.95 – Financial Test of Self Insurance

**Amount of Coverage:** \$2,000,000 in the aggregate

**Effective Period of Coverage:** From January 1, 2001 until April 30, 2002, unless earlier revoked or replaced by written notice to the Implementing Agencies listed on the attached Exhibit A.

**Coverage:** Corrective action and third-party compensation for bodily injury and property damage caused by sudden and nonsudden accidental releases arising from the operation of underground storage tanks.

  
\_\_\_\_\_  
By: Craig R. Deasy  
Its: Vice President and Treasurer  
Date: April 16, 2001

State of Connecticut )  
County of Fairfield ) ss.

The foregoing instrument was acknowledged before me this 16th day of April,  
2001 by Craig R. Deasy, personally known to me as Vice President and Treasurer of  
Tosco Corporation, who executed the same on behalf of the corporation.

Denise G. Mecili  
Notary Public

My Commission Expires: March 31, 2006

DENISE G. MECILI  
Notary Public, State of Connecticut  
No. 0111489  
Qualified in Fairfield County  
Commission Expires March 31, 2006



Tosco Corporation  
1700 East Putnam Avenue  
Suite 500  
Old Greenwich Connecticut 06870  
Telephone 203-698-7506  
Facsimile 203-698-7903

Jefferson F. Allen  
President

April 16, 2001

Underground Storage Tank (UST) Financial Responsibility

Letter from Chief Financial Officer

I am the chief financial officer of Tosco Corporation, 1500 Putnam Avenue, Old Greenwich, CT 06870. This letter is in support of the use of the financial test of self-insurance to demonstrate financial responsibility for taking corrective action and compensating third parties for bodily injury and property damage caused by sudden accidental releases and nonsudden accidental releases in the amount of at least \$1,000,000 per occurrence and \$2,000,000 annual aggregate arising from operating underground storage tanks.

Underground storage tanks at the following facilities are assured by this financial test or a financial test under an authorized State program by this owner or operator:

(See Attached Listings)

A financial test is also used by this owner or operator to demonstrate evidence of financial responsibility in the following amounts under other EPA regulations or state programs authorized by EPA under 40 CFR parts 271 and 145:

	Amount
EPA Regulations:	
Closure (§§ 264.143 and 265.143)	\$ None
Post-Closure Care (§§ 264.145 and 265.145)	\$ None
Liability Coverage (§§ 264.147 and 265.147)	\$ None
Corrective Action (§§ 264.101(b))	\$ None
Plugging and Abandonment (§ 144.63)	\$ None
Authorized state programs:	
Closure	\$ 28,509,000
Post-Closure Care	\$ 17,138,000
Liability Coverage	\$ 49,000,000
Corrective Action	\$ 5,997,000
Plugging and Abandonment	\$ None
Total	\$ 100,644,000

This owner or operator has not received an adverse opinion, a disclaimer of opinion, or a "going concern" qualification from an independent auditor on his financial statements for the latest completed fiscal year.

**Alternative II**

1.	Amount of annual UST aggregate coverage being assured by a financial test, and/or guarantee	\$	2,000,000	
2.	Amount of corrective action, closure and post-closure care costs, liability coverage, and plugging and abandonment costs covered by a financial test, and/or guarantee	\$	100,644,000	
3.	Sum of lines 1 and 2	\$	102,644,000	
4.	Total tangible assets	\$	8,407,200,000	
5.	Total liabilities	\$	6,394,100,000	
6.	Tangible net worth	\$	2,013,100,000	
				<b>Yes          No</b>
7.	Total assets in the U.S. (required only if less than 90 percent of assets are located in the U.S.)	\$	N/A	
8.	Is line 6 at least \$10 million?		<u>  X  </u>	<u>      </u>
9.	Is line 6 at least 6 times line 3?		<u>  X  </u>	<u>      </u>
10.	Are at least 90 percent of assets located in the U.S.?		<u>      </u>	<u>  X  </u>
11.	Is line 7 at least 6 times line 3?		<u>  N/A  </u>	<u>      </u>
16.	Current bond rating of most recent bond issue		Baa2	BBB
17.	Name of rating service		Moody's Investor Service	Standard & Poors
18.	Date of maturity of bond		January 1, 2047	

		Yes	No
19.	Have financial statements for the latest fiscal year been filed with the:		
	SEC	<u>  X  </u>	<u>      </u>
	Energy Information Administration	<u>      </u>	<u>  X  </u>
	Rural Electrification Administration	<u>      </u>	<u>  X  </u>

I hereby certify that the wording of this letter is identical to the wording specified in 40 CFR part 280.95(d) and/or WAC 173-380-470 as such regulations were constituted on the date shown immediately below.

  
 \_\_\_\_\_  
 Jefferson F. Allen  
 Chief Financial Officer  
 April 16, 2001

DRAFT

**ATTACHMENT TO LETTER FROM  
CHIEF FINANCIAL OFFICER**

All underground storage tanks (UST's) owned and/or operated by Tosco Corporation and its affiliates and subsidiaries are covered by this financial test of self-insurance. These entities include Circle K Stores Inc., Tosco Operating Company, Inc., Tosco Refining, L.P. (collectively referred to as "Tosco Marketing Company"), Bayway Refining Company, Tosco Corporation, and Tosco Terminal Corporation.

UST's are located at the following refineries, terminals, carbon plant, and bulk plants:

REFINERIES & TERMINALS:

Bayway Refinery  
1400 Park Avenue  
Linden, NJ 07036

Los Angeles Refinery (Wilmington)  
P.O. Box 758  
Wilmington, CA 90748

Sacramento Terminal  
76 Broadway  
Sacramento, CA 95818

Baltimore Terminal  
2155 Northbridge  
Baltimore, MD 21226

Los Angeles Terminal  
13707 S. Broadway  
Los Angeles, CA 90061

San Francisco Refinery-Rodeo  
1380 San Pablo Avenue  
Rodeo, CA 94572

Colton Terminal  
2301 S. Riverside  
Rialto, CA 92316

Portland Terminal  
5528 NW Doane Avenue  
Portland, OR 97210

San Francisco Refinery-  
Carbon Plant  
2101 Franklin Canyon  
Rodeo, CA 94572

Ferndale Refinery  
3901 Unick Road  
Ferndale, WA 98248

Renton Terminal  
2423 Lind Ave SW  
Renton, WA 98055

Tacoma Terminal  
520 East D Street  
Tacoma, WA 98421

Honolulu Terminal  
411 Pacific Street  
Honolulu, HI 96817

Richmond Terminal  
1300 Canal Boulevard  
Richmond, CA 94804

Los Angeles Refinery (Carson)  
1520 East Sepulveda Boulevard  
Carson, CA 90745

Riverhead Terminal  
213 Sound Shore Rd.  
Riverhead, NY 11901

BULK PLANTS:

845 Walnut Ave.  
Greenfield, CA 93927

100 Lee Rd.  
Watsonville, CA 95076

SUPPLEMENTAL ATTACHMENT TO  
LETTER FROM CHIEF FINANCIAL OFFICER

FACILITY LIST

A list of facilities covered by this financial responsibility mechanism has been filed with:

California State Water Resources Control Board  
UST Program  
P.O. Box 944212  
Sacramento, CA 94244

It may also be obtained from:

Tosco Marketing Company  
2000 Crow Canyon Place, Suite 400  
San Ramon, CA 94583  
Attention: David Camille  
(925) 277-2335

or

Tosco Marketing Company  
3525 Hyland Avenue  
Costa Mesa, CA 92626  
Attention: Michael Bryan  
(714) 428-7606



RECEIVED BY ENVIRONMENTAL HEALTH HMCD

APR 26 2 01 PM '00

Tosco Marketing Company
P.O. Box 52085
Phoenix, Arizona 85072-2085
1500 North Priest Drive
Tempe, Arizona 85281

Cortland J. Silver, Jr.
Senior Counsel
602/728-6919 (direct line)
602/728-5277 (facsimile)

April 21, 2000

Re: Financial Responsibility
40 CFR Part 280, Subpart H

DISCARDED LIST

UNION # 5957 330 S. SAN ANDRADO RD.
UNION # 6115 4350 EL CAMINO REAL
UNION # 6859 12015 SARATOGA SUNNYVALE
UNION # 11212 14395 BIE BASIN WAY

To Agencies Listed on the Attached Exhibit A:

I am enclosing information relating to Tosco Corporation's requirement to provide financial responsibility for the ownership and operation of underground storage tanks by its operating entities pursuant to 40 CFR Part 280, Subpart H and similar state regulations. Tosco Corporation meets the financial test of self-insurance set forth under 40 CFR § 280.95. It is intended that this financial responsibility likewise satisfy the requirements of authorized state programs.

Tosco provides this financial responsibility for all underground storage tanks at retail locations, terminals and bulk plants which are owned and/or operated by all Tosco entities including Circle K Stores Inc., Tosco Operating Company, Inc., Tosco Refining, L.P., Bayway Refining Company, Tosco Terminal Corporation and Tosco Corporation. For your information, Tosco's retail operations are collectively referred to as "Tosco Marketing Company".

The information enclosed consists of a Certification of Financial Responsibility and a Letter from Tosco's Chief Financial Officer in the form prescribed by the federal regulations. Pursuant to EPA guidance, tank lists are not included. Information about where current tank lists are maintained is included as an exhibit to the CFO letter.

Please forward this information to the appropriate person in your agency. You may direct any questions to me at (602) 728-6919.

Very truly yours,

[Handwritten signature of Cortland J. Silver, Jr.]

Cortland J. Silver, Jr.
Senior Counsel

CJS/pj
7785CS1.DOC

Reviewed By [Signature]
Date MAY 22, 2000



Tosco Corporation  
72 Cummings Point Road  
Stamford, Connecticut 06902  
Telephone: 203 977-1075  
Facsimile: 203 326-3190

Craig R. Deasy  
Vice President  
Treasurer

## CERTIFICATION OF FINANCIAL RESPONSIBILITY

Tosco Corporation hereby certifies that it is in compliance with the requirements of Subpart H of 40 CFR Part 280.

The financial assurance mechanism used to demonstrate financial responsibility under Subpart H of 40 CFR Part 280 is as follows:

Mechanism: Section 280.95 - Financial Test of Self Insurance

Amount of Coverage: \$2,000,000 in the aggregate

Effective Period of Coverage: From January 1, 2000 until April 30, 2001, unless earlier revoked or replaced by written notice to the Implementing Agencies listed on the attached Exhibit A.

Coverage: Corrective action and third-party compensation for bodily injury and property damage caused by sudden and nonsudden accidental releases arising from the operation of underground storage tanks.

  
By: Craig R. Deasy  
Its: Vice President and Treasurer  
Date: March 29, 2000

State of Connecticut        )  
  ) §  
County of Fairfield         )

The foregoing instrument was acknowledged before me this 29<sup>th</sup> day of March 2000 by Craig R. Deasy, personally known to me as Vice President and Treasurer of Tosco Corporation on behalf of the corporation..

*Denise G. Mececi*

Notary Public

My Commission Expires: March 31, 2001

**DENISE G. MECELI**  
**Notary Public, State of Connecticut**  
**No. 0111489**  
**Qualified in Fairfield County**  
**Commission Expires March 31, 2001**

DRAFT



Tosco Corporation  
72 Cummings Point Road  
Stamford, Connecticut 06902  
Telephone 203 977-1000  
Facsimile: 203 964-3187

March 23, 2000

Underground Storage Tank (UST) Financial Responsibility

Letter from Chief Financial Officer

I am the Chief Financial Officer of Tosco Corporation, 72 Cummings Point Road, Stamford, Connecticut 06902. This letter is in support of the use of the financial test of self-insurance to demonstrate financial responsibility for taking corrective action and compensating third parties for bodily injury and property damage caused by sudden accidental releases and nonsudden accidental releases in the amount of at least \$1,000,000 per occurrence and \$2,000,000 annual aggregate arising from operating underground storage tanks.

Underground storage tanks at the following facilities are assured by this financial test or a financial test under an authorized State program by this owner or operator:

(See Attached Listings)

A financial test is also used by this owner or operator to demonstrate evidence of financial responsibility in the following amounts under other EPA regulations or state programs authorized by EPA under 40 CFR Parts 271 and 145:

	<u>Amount</u>
<b>EPA Regulations:</b>	
Closure (264.143 and 265.143)	\$ None
Post Closure Care (264.145 and 265.145)	\$ None
Liability Coverage (264.147 and 265.147)	\$ None
Corrective Action (264.101 (b))	\$ None
Plugging and Abandonment (144.83)	\$ None
<b>Authorized state programs:</b>	
Closure	\$ 21,652,000
Post Closure Care	\$ 9,654,000
Liability Coverage	\$ 40,000,000
Corrective Action	\$ 5,877,000
Plugging and Abandonment	\$ None

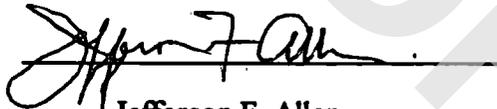
This owner or operator has not received an adverse opinion, a disclaimer of opinion, or a "going concern" qualification from an independent auditor on his financial statement for the latest completed fiscal year.

**ALTERNATIVE II**

1. Amount of annual UST aggregate coverage being assured by a financial test and/or guarantee:			
			\$ 2,000,000
2. Amount of corrective actions closure and post-closure care costs, liability coverage, and plugging and abandonment costs covered by a financial test, and/or guarantee			\$ 77,183,000
3. Sum of lines 1 and 2			\$ 79,183,000
4. Total tangible assets			\$ 5,629,997,000
5. Total liabilities			\$ 4,103,952,000
6. Tangible net worth			\$ 1,526,045,000
		Yes / No	
7. Total assets in the United States (required only if less than 90 percent of firm's assets are located in the United States)			\$ N/A
8. Is line 6 at least \$10 million?		<u>X</u> _____	
9. Is line 6 at least 6 times line 3?		<u>X</u> _____	
10. Are at least 90% of the firms' assets located in the U.S.? If not, complete line 11		<u>X</u> _____	
11. Is line 7 at least 6 times line 1?			N/A
12. Current bond rating of most recent issuance of this firm and name of rating service.	Baa2 Moody's Investors Service	BBB Standard & Poors	
13. Date of issuance of bond	January 14, 1997		
14. Date of maturity of bond	January 1, 2047		

15. Have financial statements for the latest fiscal year been filed with the Securities and Exchange Commission? ..... Yes
16. Have financial statements for the latest fiscal year been filed with the Energy Information Administration? ..... No
17. Have financial statements for the latest fiscal year been filed with the Rural Electrification Administration? ..... No
18. Has financial information been provided to Dun and Bradstreet, and has Dun and Bradstreet provided a financial strength rating of 4A or 5A? ..... Yes

I hereby certify that the wording of this letter is identical to the wording specified in 40 CFR Part 280.95[d] and/or WAC 173-380-470 as such regulations were constituted on the date shown immediately below.



Jefferson F. Allen  
Chief Financial Officer  
March 23, 2000

DRAFT

**ATTACHMENT TO LETTER FROM  
CHIEF FINANCIAL OFFICER**

All underground storage tanks (UST's) owned and/or operated by Tosco Corporation and its affiliates and subsidiaries are covered by this financial test of self-insurance. These entities include Circle K Stores Inc., Tosco Operating Company, Inc., Tosco Refining, L.P. (collectively referred to as "Tosco Marketing Company"), Bayway Refining Company, Tosco Corporation, and Tosco Terminal Corporation.

UST's are located at the following refineries, terminals, carbon plant, and bulk plants:

REFINERIES & TERMINALS:

Bayway Refinery  
1400 Park Avenue  
Linden, NJ 07036

Los Angeles Refinery (Wilmington)  
P.O. Box 758  
Wilmington, CA 90748

Sacramento Terminal  
76 Broadway  
Sacramento, CA 95818

Baltimore Terminal  
2155 Northbridge  
Baltimore, MD 21226

Los Angeles Terminal  
13707 S. Broadway  
Los Angeles, CA 90061

San Francisco Refinery-Rodeo  
1380 San Pablo Avenue  
Rodeo, CA 94572

Colton Terminal  
2301 S. Riverside  
Rialto, CA 92316

Portland Terminal  
5528 NW Doane Avenue  
Portland, OR 97210

San Francisco Refinery-  
Carbon Plant  
2101 Franklin Canyon  
Rodeo, CA 94572

Ferndale Refinery  
3901 Unick Road  
Ferndale, WA 98248

Renton Terminal  
2423 Lind Ave SW  
Renton, WA 98055

Tacoma Terminal  
520 East D Street  
Tacoma, WA 98421

Honolulu Terminal  
411 Pacific Street  
Honolulu, HI 96817

Richmond Terminal  
1300 Canal Boulevard  
Richmond, CA 94804

Los Angeles Refinery (Carson)  
1520 East Sepulveda Boulevard  
Carson, CA 90745

Riverhead Terminal  
213 Sound Shore Rd.  
Riverhead, NY 11901

BULK PLANTS:

845 Walnut Ave.  
Greenfield, CA 93927

13800 Bora Bora Way  
Marina Del Rey, CA 90292

100 Lee Rd.  
Watsonville, CA 95076

125 Harbor Way  
Cabrillo Breakwater  
Santa Barbara, CA 93109

150 W. Sanderson Way,  
Shelton, WA 98362

Pursuant to US EPA guidance, a comprehensive tank list is not attached for service station UST's. Current tank lists are maintained by Tosco at the following locations, and are available upon request:

Tosco Marketing Company  
1500 North Priest Drive  
Tempe, Arizona 85281  
(602) 728-3447 or (602) 728-6986  
Attn.: Don Esperson or Myron Smith

Tosco Marketing Company  
3525 Hyland Avenue  
Costa Mesa, CA 92626  
(714) 428-7606  
Attn.: Mike Bryan

Tosco Marketing Company  
2000 Crow Canyon Pl. Suite 400  
San Ramon, CA 94583  
(925) 277-2335  
Attn.: Dave Camille

Tosco Marketing Company  
5805 Breckenridge Parkway, Suite D  
Tampa, FL 33610  
(813) 744-5266  
Attn: Steve Belin

Tosco Marketing Company  
Domestic Trade Bldg.  
1100 Routes 1 & 9 North  
Linden, NJ 07036  
(609) 731-5707  
Attn: Steve Quattro

DRAFT



**TOSCO**  
Marketing  
Company

RECEIVED  
MAY 5 4 10 PM '99

MAY 5 4 10 PM '99

**Tosco Marketing Company**  
P.O. Box 52085  
Phoenix, Arizona 85072-2085  
1500 North Priest Drive  
Tempe, Arizona 85281

**Cortland J. Silver, Jr.**  
Senior Counsel  
602/728-6919 (direct line)  
602/728-5277 (facsimile)

April 29, 1999

Re: Financial Responsibility  
40 CFR Part 280, Subpart H

UNION # 05957  
UNION # 06115  
UNION # 06859  
UNION # 11212

To Agencies Listed on the Attached Exhibit A:

I am enclosing information relating to Tosco Corporation's requirement to provide financial responsibility for the ownership and operation of underground storage tanks by its operating entities pursuant to 40 CFR Part 280, Subpart H and similar state regulations. Tosco Corporation meets the financial test of self-insurance set forth under 40 CFR § 280.95. It is intended that this financial responsibility likewise satisfy the requirements of authorized state programs.

Tosco provides this financial responsibility for all underground storage tanks at retail locations, terminals and bulk plants which are owned and/or operated by all Tosco entities including Circle K Stores Inc., T Northwest Properties I, Inc., T Northwest Properties II, Inc., Bayway Refining Company and Tosco Corporation. For your information, our retail operations are collectively referred to as "Tosco Marketing Company".

The information enclosed consists of a Certification of Financial Responsibility and a Letter from Tosco's Chief Financial Officer in the form prescribed by the federal regulations. Pursuant to EPA rules, a tank list is not included. Information about where current tank lists are maintained is included as an exhibit to the CFO letter.

Please forward this information to the appropriate person in your agency. You may direct any questions to me at (602) 728-6919.

Very truly yours,

Cortland J. Silver, Jr.  
Senior Counsel

Reviewed By

Date

February 22, 2000

↑

DATE I RECEIVED IT.

CJS/pj  
7257CS1.DOC



**TOSCO**

## CERTIFICATION OF FINANCIAL RESPONSIBILITY

Tosco Corporation hereby certifies that it is in compliance with the requirements of Subpart H of 40 CFR Part 280.

The financial assurance mechanism used to demonstrate financial responsibility under Subpart H of 40 CFR Part 280 is as follows:

Mechanism: Section 280.95 - Financial Test of Self Insurance

Amount of Coverage: \$2,000,000 in the aggregate

Effective Period of Coverage: From January 1, 1999 until revoked or replaced by written notice to the Implementing Agencies listed on the attached Exhibit A.

Coverage: Corrective action and third-party compensation for bodily injury and property damage caused by sudden and nonsudden accidental releases arising from the operation of underground storage tanks.

  
By: Craig R. Deasy  
Its: Vice President and Treasurer  
Date: April 9, 1999

State of Arizona )  
 ) §  
County of Maricopa )

The foregoing instrument was acknowledged before me this 9th day of April 1999 by Craig R. Deasy, personally known to me as Vice President and Treasurer of Tosco Corporation on behalf of the corporation.



*Susan Lewandowski*  
\_\_\_\_\_  
Notary Public

My Commission Expires: September 9, 1999

DRAFT



Tosco Corporation  
72 Cummings Point Road  
Stamford, Connecticut 06902  
Telephone: 203 977-1000  
Facsimile: 203 964-3187

March 25, 1999

Underground Storage Tank (UST) Financial Responsibility

Letter from Chief Financial Officer

I am the Chief Financial Officer of Tosco Corporation, 72 Cummings Point Road, Stamford, Connecticut 06902. This letter is in support of the use of the financial test of self-insurance to demonstrate financial responsibility for taking corrective action and compensating third parties for bodily injury and property damage caused by sudden accidental releases and nonsudden accidental releases in the amount of at least \$1,000,000 per occurrence and \$2,000,000 annual aggregate arising from operating underground storage tanks.

Underground storage tanks at the following facilities are assured by this financial test or a financial test under an authorized State program by this owner or operator:

(See Attached Listings)

A financial test is also used by this owner or operator to demonstrate evidence of financial responsibility in the following amounts under other EPA regulations or state programs authorized by EPA under 40 CFR Parts 271 and 145:

	<u>Amount</u>
EPA Regulations:	
Closure (264.143 and 265.143)	\$ None
Post Closure Care (264.145 and 265.145)	\$ None
Liability Coverage (264.147 and 265.147)	\$ None
Corrective Action (264.101 (b))	\$ None
Plugging and Abandonment (144.83)	\$ None
Authorized state programs:	
Closure	\$ 24,024,000
Post Closure Care	\$ 9,528,000
Liability Coverage	\$ 40,000,000
Corrective Action	\$ 5,792,000
Plugging and Abandonment	\$ None

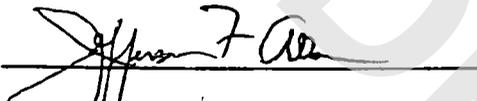
This owner or operator has not received an adverse opinion, a disclaimer of opinion, or a "going concern" qualification from an independent auditor on his financial statement for the latest completed fiscal year.

**ALTERNATIVE II**

1. Amount of annual UST aggregate coverage being assured by a financial test and/or guarantee:	\$ 2,000,000
2. Amount of corrective actions closure and post-closure care costs, liability coverage, and plugging and abandonment costs covered by a financial test, and/or guarantee	\$ 79,344,000
3. Sum of lines 1 and 2	\$ 81,344,000
4. Total tangible assets	\$ 5,204,274,000
5. Total liabilities	\$ 3,929,826,000
6. Tangible net worth	\$ 1,274,448,000
	Yes / No
7. Total assets in the United States (required only if less than 90 percent of firm's assets are located in the United States)	\$ N/A
8. Is line 6 at least \$10 million?	<u> X </u> _____
9. Is line 6 at least 6 times line 3?	<u> X </u> _____
10. Are at least 90% of the firms' assets located in the U.S.? If not, complete line 11	<u> X </u> _____
11. Is line 7 at least 6 times line 1?	N/A
12. Current bond rating of most recent issuance of this firm and name of rating service.	Baa2                      BBB Moody's                  Standard & Poors Investors Service
13. Date of issuance of bond	January 14, 1997
14. Date of maturity of bond	January 1, 2047

- 15. Have financial statements for the latest fiscal year been filed with the Securities and Exchange Commission? ..... Yes
- 16. Have financial statements for the latest fiscal year been filed with the Energy Information Administration? ..... No
- 17. Have financial statements for the latest fiscal year been filed with the Rural Electrification Administration? ..... No
- 18. Has financial information been provided to Dun and Bradstreet, and has Dun and Bradstreet provided a financial strength rating of 4A or 5A? ..... Yes

I hereby certify that the wording of this letter is identical to the wording specified in 40 CFR Part 280.95[d] and/or WAC 173-380-470 as such regulations were constituted on the date shown immediately below.

  
\_\_\_\_\_  
Jefferson F. Allen  
Chief Financial Officer  
March 25, 1999

DRAFT

**ATTACHMENT TO LETTER FROM  
CHIEF FINANCIAL OFFICER**

All underground storage tanks (UST's) owned and/or operated by Tosco Corporation and its affiliates and subsidiaries are covered by this financial test of self-insurance. These entities include Circle K Stores Inc., T Northwest Properties I, Inc., T Northwest Properties II, Inc. (collectively referred to as "Tosco Marketing Company"), Bayway Refining Company, Tosco Corporation, and Tosco Terminal Corporation.

UST's are located at the following refineries, terminals, and bulk plants:

REFINERIES & TERMINALS:

Bayway Refinery  
1400 Park Avenue  
Linden, NJ 07036

Los Angeles Refinery (Wilmington)  
P.O. Box 758  
Wilmington, CA 90748

Sacramento Terminal  
76 Broadway  
Sacramento, CA 95818

Baltimore Terminal  
2155 Northbridge  
Baltimore, MD 21226

Los Angeles Terminal  
13707 S. Broadway  
Los Angeles, CA 90061

San Francisco Refinery-Rodeo  
1380 San Pablo Avenue  
Rodeo, CA 94572

Colton Terminal  
2301 S. Riverside  
Rialto, CA 92316

Portland Terminal  
5528 NW Doane Avenue  
Portland, OR 97210

Tacoma Terminal  
520 East D Street  
Tacoma, WA 98421

Ferndale Refinery  
3901 Unick Road  
Ferndale, WA 98248

Renton Terminal  
2423 Lind Ave SW  
Renton, WA 98055

Honolulu Terminal  
411 Pacific Street  
Honolulu, HI 96817

Richmond Terminal  
1300 Canal Boulevard  
Richmond, CA 94804

Los Angeles Refinery (Carson)  
1520 East Sepulveda Boulevard  
Carson, CA 90745

Riverhead Terminal  
213 Sound Shore Rd.  
Riverhead, NY 11901

BULK PLANTS:

1200 Railroad Rd. Ave.  
Eureka, CA 95501

100 Lee Rd.  
Watsonville, CA 95076

13800 Bora Bora Way  
Marina Del Rey, CA 90292

845 Walnut Ave.  
Greenfield, CA 93927

1260 SW Third  
Corvallis, OR 97330

125 Harbor Way  
Cabrillo Breakwater  
Santa Barbara, CA 93109

3185 Vineyard Ave.  
Oxnard, CA 93030

150 W. Sanderson Way,  
Shelton, WA 98362

Pursuant to US EPA guidance, a comprehensive tank list is not attached for service station UST's. Current tank lists are maintained by Tosco at the following locations, and are available upon request:

Tosco Marketing Company  
1500 North Priest Drive  
Tempe, Arizona 85281  
(602) 728-3447 or (602) 728-6986  
Attn.: Don Esperson or Myron Smith

Tosco Marketing Company  
3525 Hyland Avenue  
Costa Mesa, CA 92626  
(714) 428-7606  
Attn.: Mike Bryan

Tosco Marketing Company  
2000 Crow Canyon Pl. Suite 400  
San Ramon, CA 94583  
(925) 277-2335  
Attn.: Dave Camille

Tosco Marketing Company  
5805 Breckenridge Parkway, Suite D  
Tampa, FL 33610  
(813) 744-5266  
Attn: Steve Belin

DRAFT



RECEIVED BY  
ENVIRONMENTAL HEALTH  
HMCD

MAY 4 4 45 PM '98

Tosco Marketing Company  
3003 N. Central Avenue, Suite 1700  
Phoenix, AZ 85012  
P.O. Box 52084  
Telephone: 602-437-0600  
Facsimile: 602-530-5147

April 28, 1998

To Agencies Listed on the Attached Exhibit A

Re: Financial Responsibility  
40 CFR Part 280, Subpart H

To Whom It May Concern:

I am enclosing information relating to Tosco Corporation's requirement to provide financial responsibility for the ownership and operation of underground storage tanks by its operating entities pursuant to 40 CFR Part 280, Subpart H. Tosco Corporation meets the financial test of self-insurance allowed under 40 CFR § 280.95. It is intended that this financial responsibility likewise satisfy the requirements of authorized state programs.

Tosco provides this financial responsibility for all underground storage tanks at retail locations, terminals and bulk plants which are owned and/or operated by all Tosco entities including Circle K Stores Inc., T Northwest Properties I, Inc., T Northwest Properties II, Inc. (collectively referred to as "Tosco Marketing Company"), Bayway Refining Company and Tosco Corporation.

The information enclosed consists of a Certification of Financial Responsibility and a Letter from Tosco's Chief Financial Officer in the form prescribed by the federal regulations. Pursuant to EPA rules, a tank list is not included. Information about where current tank lists are maintained is included as an exhibit to the CFO letter.

Please forward this information to the appropriate person in your agency. You may direct any questions to me at (602) 530-5138.

Very truly yours,

A handwritten signature in black ink that reads 'Cortland J. Silver, Jr.'.

Cortland J. Silver, Jr.  
Senior Counsel

CJS/pj  
6478CS1.DOC





**TOSCO**

Tosco Corporation  
72 Cummings Point Road  
Stamford, Connecticut 06902  
Telephone: 203 977-1000  
Facsimile: 203 964-3187

## CERTIFICATION OF FINANCIAL RESPONSIBILITY

Tosco Corporation hereby certifies that it is in compliance with the requirements of Subpart H of 40 CFR Part 280.

The financial assurance mechanism used to demonstrate financial responsibility under Subpart H of 40 CFR Part 280 is as follows:

Mechanism: Section 280.95 - Financial Test of Self Insurance

Amount of Coverage: \$2,000,000 in the aggregate

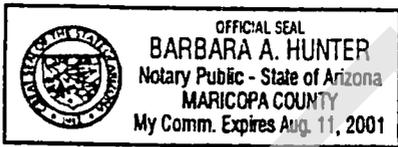
Effective Period of Coverage: From January 1, 1998 until revoked or replaced by notice to the Implementing Agencies listed on the attached Exhibit A.

Coverage: Corrective action and third-party compensation for bodily injury and property damage caused by sudden and nonsudden accidental releases arising from the operation of underground storage tanks.

  
By: Craig R. Deasy  
Its: Vice President and Treasurer  
Date: April 27, 1998

State of Arizona            )  
  ) §  
County of Maricopa        )

The foregoing instrument was acknowledged before me this 27th day of April 1998 by Craig R. Deasy, personally known to me as Vice President and Treasurer of Tosco Corporation on behalf of the corporation.



*Barbara A. Hunter*  
\_\_\_\_\_  
Notary Public

My Commission Expires: 8-11-01

DRAFT



**TOSCO**

Tosco Corporation  
72 Cummings Point Road  
Stamford, Connecticut 06902  
Telephone: 203 977-1000  
Facsimile: 203 964-3187

March 25, 1998

Underground Storage Tank (UST) Financial Responsibility

Letter from Chief Financial Officer

I am the Chief Financial Officer of Tosco Corporation, 72 Cummings Point Road, Stamford, Connecticut 06902. This letter is in support of the use of the financial test of self-insurance to demonstrate financial responsibility for taking corrective action and compensating third parties for bodily injury and property damage caused by sudden accidental releases and nonsudden accidental releases in the amount of at least \$1,000,000 per occurrence and \$2,000,000 annual aggregate arising from operating underground storage tanks.

Underground storage tanks at the following facilities are assured by this financial test or a financial test under an authorized State program by this owner or operator:

(See Attached Listings)

A financial test is also used by this owner or operator to demonstrate evidence of financial responsibility in the following amounts under other EPA regulations or state programs authorized by EPA under 40 CFR Parts 271 and 145:

	<u>Amount</u>
EPA Regulations:	
Closure (264.143 and 265.143)	\$ None
Post Closure Care (264.145 and 265.145)	\$ None
Liability Coverage (264.147 and 265.147)	\$ None
Corrective Action (264.101 (b))	\$ None
Plugging and Abandonment (144.83)	\$ None
Authorized state programs:	
Closure	\$ 23,463,000
Post Closure Care	\$ 9,473,000
Liability Coverage	\$ 48,000,000
Corrective Action	\$ 5,777,000
Plugging and Abandonment	\$ None

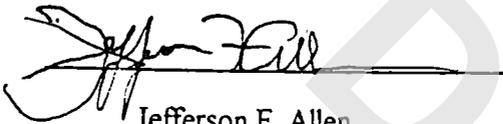
This owner or operator has not received an adverse opinion, a disclaimer of opinion, or a "going concern" qualification from an independent auditor on his financial statement for the latest completed fiscal year.

**ALTERNATIVE II**

- |   |                 |                          |                  |
|---|-----------------|--------------------------|------------------|
| 1. Amount of annual UST aggregate coverage being assured by a financial test and/or guarantee:  |                 |                          |                  |
|   |                 |                          | \$ 2,000,000     |
| 2. Amount of corrective actions closure and post-closure care costs, liability coverage, and plugging and abandonment costs covered by a financial test, and/or guarantee |                 |                          | \$ 78,361,000    |
| 3. Sum of lines 1 and 2   |                 |                          | \$ 80,361,000    |
| 4. Total tangible assets  |                 |                          | \$ 5,275,293,000 |
| 5. Total liabilities  |                 |                          | \$ 4,030,797,000 |
| 6. Tangible net worth   |                 |                          | \$ 1,244,496,000 |
|   |                 |                          | Yes / No         |
| 7. Total assets in the United States (required only if less than 90 percent of firm's assets are located in the United States)  |                 |                          | \$ N/A           |
| 8. Is line 6 at least \$10 million?   |                 |                          | <u>X</u> _____   |
| 9. Is line 6 at least 6 times line 3?   |                 |                          | <u>X</u> _____   |
| 10. Are at least 90% of the firms' assets located in the U.S.?<br>If not, complete line 11  |                 |                          | <u>X</u> _____   |
| 11. Is line 7 at least 6 times line 1?  |                 |                          | N/A              |
| 12. Current bond rating of most recent issuance of this firm and name of rating service.  | Baa1<br>Moody's | BBB-<br>Standard & Poors |                  |
| 13. Date of issuance of bond  | April 8, 1993   |                          |                  |
| 14. Date of maturity of bond  | May 15, 2003    |                          |                  |
| 15. Have financial statements for the latest fiscal year been filed with the Securities and Exchange Commission?  | Yes             |                          |                  |

- 16. Have financial statements for the latest fiscal year been filed with the Energy Information Administration?..... No
- 17. Have financial statements for the latest fiscal year been filed with the Rural Electrification Administration?..... No
- 18. Has financial information been provided to Dun and Bradstreet, and has Dun and Bradstreet provided a financial strength rating of 4A or 5A?..... Yes

I hereby certify that the wording of this letter is identical to the wording specified in 40 CFR Part 280.95[d] and/or WAC 173-380-470 as such regulations were constituted on the date shown immediately below.



Jefferson F. Allen  
Chief Financial Officer  
March 25, 1998

DRAFT

4350 El Camino R1



76 PRODUCTS COMPANY

RECEIVED BY  
ENVIRONMENTAL HEALTH  
HMCD

MAY 23 10 20 AM '96

May 20, 1996

RE: Annual Certification of Financial Responsibility

Dear Regulatory Agency:

In order to remain in compliance with State and Federal regulations, we hereby submit the following annual documents:

1. Letter from the Chief Financial Officer to Demonstrate Financial Responsibility for Owners and Operators of Underground Storage Tanks.
2. Corporate Guarantee Statement.
3. Certification of Financial Responsibility for the State of California, State Water Resources Control Board.

We have also enclosed a database printout of the UNOCAL facilities within your jurisdiction, for which these documents apply.

If you have any questions, or need additional information, please feel free to contact me at (714) 428-6558.

Sincerely,

Thomas J. DuMont  
Compliance Coordinator

/TJD  
Enclosures

cc: J.M. Tyson  
J. Young  
S.A. Matthews  
Correspondence File  
Permit File

AgencyName : Santa Clara Co. Env. Health

Unit	Dealer_Name	Site_Addr	City	State	Zip_Code
5957	John H. Sears / Los Altos Union	330 S. San Antonio Rd.	Los Altos	CA	94022
6115	Greg Galatolo / El Camino Unocal	4350 El Camino Real	Los Altos	CA	94022
6859	Mike & Christine Khaziri / Saratoga	12015 Saratoga-Sunnyvale Road	Saratoga	CA	95070

Count(Unit) : 3

DRAFT

Unocal Corporation  
2141 Rosecrans Avenue  
Suite 4000  
El Segundo, California 90245  
Telephone (310) 726-7621



April 30, 1996

Neal E. Schmale  
Chief Financial Officer

Regional Administrator  
Environmental Protection Agency - Region X  
1200 6th Avenue  
Seattle, WA 98101

RE: LETTER FROM CHIEF  
FINANCIAL OFFICER TO  
DEMONSTRATE FEDERAL  
FINANCIAL RESPONSIBILITY  
FOR OWNERS AND OPERATORS  
OF UNDERGROUND STORAGE TANKS

Dear Regional Administrator:

I am the Chief Financial Officer of Unocal Corporation, 2141 Rosecrans Ave., Suite 4000, El Segundo, California 90245. This letter is in support of the use of the financial test of self-insurance and guarantee to demonstrate financial responsibility for taking corrective action and compensating third parties for bodily injury and property damage caused by sudden accidental releases and nonsudden accidental releases in the amount of at least \$1 million per occurrence and \$2 million annual aggregate arising from operating underground storage tanks.

Underground storage tanks at the following facilities are assured by this financial test or a financial test under an authorized State program by this owner or operator and guarantor:

(See Attachment A)

A financial test and guarantee is also used by this owner or operator and guarantor to demonstrate evidence of financial responsibility in the following amounts under other EPA regulations or state programs authorized by EPA under 40 CFR Parts 271 and 145:

Closure	\$	29,771,000
Post-Closure Care		4,077,000
Liability Coverage		8,000,000
Corrective Action		14,392,000
Plugging and Abandonment		14,660,000
Total	\$	<u>70,900,000</u>

This owner or operator and guarantor has not received an adverse opinion, a disclaimer of opinion, or a "going concern" qualification from an independent auditor on his financial statements for the latest completed fiscal year.

Alternative II

1.	Amount of annual UST aggregate coverage being assured by a financial test, and/or guarantee	\$	2,000,000
2.	Amount of corrective action, closure and post-closure care costs, liability coverage, and plugging and abandonment costs covered by a financial test, and/or guarantee	\$	<u>70,900,000</u>
3.	Sum of lines 1 and 2	\$	72,900,000
4.	Total tangible assets	\$	9,872,000,000
5.	Total liabilities (if any of the amount reported on line 3 is included in total liabilities, you may deduct that amount from this line and add that amount to line 6)	\$	<u>6,961,000,000</u>
6.	Tangible net worth (subtract line 5 from line 4)	\$	2,911,000,000
7.	Total assets in the U.S. (required only if less than 90 percent of assets are located in the U.S.)	\$	7,963,000,000
8.	Is line 6 at least \$10 million?		YES
9.	Is line 6 at least 6 times line 3?		YES
10.	Are at least 90 percent of assets located in the U.S.? (If "No", complete line 11.)		NO
11.	Is line 7 at least 6 times line 3? (Fill in either lines 12-15 or lines 16-18)		YES
12.	Current assets	\$	
13.	Current liabilities	\$	
14.	Net working capital (subtract line 13 from line 12)	\$	
15.	Is line 14 at least 6 times line 3?		
16.	Current bond rating of most recent bond issuance		BBB
17.	Name of rating service		Standard & Poors
18.	Date of maturity of bond		February 1, 2004

19. Have financial statements for the latest fiscal year been filed with the SEC, the Energy Information Administration, or the Rural Electrification Administration?

YES

I hereby certify that the wording of this letter is identical to the wording specified in 40 CFR Part 280.95(d) as such regulations were constituted on the date shown immediately below.



---

Neal E. Schmale  
Chief Financial Officer

---

April 30, 1996

Date

c:\data\wpletter\assure\epa\_ust6.doc

**Unocal Corporation**  
2141 Rosecrans Avenue  
Suite 4000  
El Segundo, California 90245  
Telephone (310) 726-7621

**UNOCAL** 76

April 30, 1996

**Neal E. Schmale**  
Chief Financial Officer

Regional Administrator  
Environmental Protection Agency - Region X  
1200 6th Avenue  
Seattle, WA 98101

RE: CORPORATE GUARANTEE STATEMENT

Dear Regional Administrator:

Guarantee made this April 30, 1996, by Unocal Corporation, a business entity organized under the laws of the state of Delaware, herein referred to as guarantor, to Environmental Protection Agency and to any and all third parties, and obligees, on behalf of Union Oil Company of California, Molycorp, Inc., Poco Graphite, Inc., Automatic Heat Company, Pacific Coast Hemphill Oil Company, and Hemphill Oil Company of 2141 Rosecrans Ave., Suite 4000, El Segundo, California 90245 (herein referred to as "the Subsidiaries").

Recitals

- (1) Guarantor meets or exceeds the financial test criteria of 40 CFR 280.95(b) or (c) and (d) and agrees to comply with the requirements for guarantors as specified in 40 CFR 280.96(b).
- (2) The Subsidiaries own or operate the following underground storage tank(s) covered by this guarantee:

(See Attachment A)

This guarantee satisfies 40 CFR Part 280, Subpart H requirements for assuring funding for taking corrective action and compensating third parties for bodily injury and property damage caused by accidental releases arising from operating the above-identified underground storage tank(s) in the amount of \$1,000,000 per occurrence and \$2,000,000 annual aggregate.

- (3) On behalf of the Subsidiaries, guarantor guarantees to Environmental Protection Agency and to any and all third parties that:

In the event that the Subsidiaries fail to provide alternative coverage within 60 days after receipt of a notice of cancellation of this guarantee and the EPA Regional Administrator has determined or suspects that a release has occurred at an underground storage tank covered by this guarantee, the guarantor, upon instructions from the EPA Regional Administrator, shall fund a standby trust fund in accordance with the provisions of 40 CFR 280.108, in an amount not to exceed the coverage limits specified above.

In the event that the EPA Regional Administrator determines that the Subsidiaries have failed to perform corrective action for releases arising out of the operation of the above-identified tank(s) in accordance with 40 CFR Part 280, Subpart F, the guarantor upon written instructions from the EPA Regional Administrator shall fund a standby trust in accordance with the provisions of 40 CFR 280.108, in an amount not to exceed the coverage limits specified above.

If the Subsidiaries fail to satisfy a judgment or award based on a determination of liability for bodily injury or property damage to third parties caused by sudden and nonsudden accidental releases arising from the operation of the above-identified tank(s), or fail to pay an amount agreed to in settlement of a claim arising from or alleged to arise from such injury or damage, the guarantor, upon written instructions from the EPA Regional Administrator, shall fund a standby trust in accordance with the provisions of 40 CFR 280.108 to satisfy such judgment(s), award(s), or settlement agreement(s) up to the limits of coverage specified above.

- (4) Guarantor agrees that if, at the end of any fiscal year before cancellation of this guarantee, the guarantor fails to meet the financial test criteria of 40 CFR 280.95(b) or (c) and (d), guarantor shall send within 120 days of such failure, by certified mail, notice to the Subsidiaries. The guarantee will terminate 120 days from the date of receipt of the notice by the Subsidiaries, as evidenced by the return receipt.
- (5) Guarantor agrees to notify the Subsidiaries by certified mail of a voluntary or involuntary proceeding under Title 11 (Bankruptcy), U.S. Code naming guarantor as debtor, within 10 days after commencement of the proceeding.
- (6) Guarantor agrees to remain bound under this guarantee notwithstanding any modification or alteration of any obligation of the Subsidiaries pursuant to 40 CFR Part 280.
- (7) Guarantor agrees to remain bound under this guarantee for so long as the Subsidiaries must comply with the applicable financial responsibility requirements of 40 CFR Part 280, Subpart H for the above-identified tank(s), except that guarantor may cancel this guarantee by sending notice by certified mail to the Subsidiaries, such cancellation to become effective no earlier than 120 days after receipt of such notice by the Subsidiaries, as evidenced by the return receipt.
- (8) The guarantor's obligation does not apply to any of the following:
  - (a) Any obligation of the Subsidiaries under a workers' compensation, disability benefits, or unemployment compensation law or other similar law;
  - (b) Bodily injury to an employee of the Subsidiaries arising from, and in the course of, employment by the Subsidiaries;
  - (c) Bodily injury or property damage arising from the ownership, maintenance, use, or entrustment to others of any aircraft, motor vehicle or watercraft;

- (d) Property damage to any property owned, rented, loaded to, in the care, custody, or control of, or occupied by the Subsidiaries that is not the direct result of a release from a petroleum underground storage tank;
  - (e) Bodily damage or property damage for which the Subsidiaries are obligated to pay damages by reason of the assumption of liability in a contract or agreement other than a contract or agreement entered into to meet the requirements of 40 CFR 280.93.
- (9) Guarantor expressly waives notice of acceptance of this guarantee by Environmental Protection Agency, by any or all third parties, or by the Subsidiaries.

I hereby certify that the wording of this guarantee is identical to the wording specified in 40 CFR 280.96(c) as such regulations were constituted on the effective date shown immediately below.

Effective date: April 30, 1996

Unocal Corporation



---

Neal E. Schmale  
Chief Financial Officer



---

Signature of Witness



State of California  
State Water Resources Control Board

For Regulatory Agency Use Only

# CERTIFICATION OF FINANCIAL RESPONSIBILITY

## FOR UNDERGROUND STORAGE TANKS CONTAINING PETROLEUM

A. I am required to demonstrate Financial Responsibility in the required amounts as specified in Section 2807, Chapter 18, Div. 3, Title 23, CCR:

\$500,000 dollars per occurrence  
 or  
 1 million dollars per occurrence

AND

1 million dollars annual aggregate  
 or  
 2 million dollars annual aggregate

Union Oil Company of California

B. dba Unocal hereby certifies that it is in compliance with the requirements of Section 2807,

(Name of Tank Owner or Operator)

Article 3, Chapter 18, Division 3, Title 23, California Code of Regulations.

The mechanisms used to demonstrate financial responsibility as required by Section 2807 are as follows:

C. Mechanism Type	Name and Address of Issuer	Mechanism Number	Coverage Amount	Coverage Period	Corrective Action	Third Party Comp.
Corporate Guarantee	Unocal Corporation 2141 Rosecrans Ave. Suite 4000 El Segundo, CA 90245	N/A	\$1MM per occurrence \$2MM annual aggregate	Continuous	Yes	Yes

Note: If you are using the State Fund as any part of your demonstration of financial responsibility, your execution and submission of this certification also certifies that you are in compliance with all conditions for participation in the Fund.

D. Facility Name see Attachment A	Facility Address
Facility Name	Facility Address

E. Signature of Tank Owner or Operator 	Date 4-30-96	Name and Title of Tank Owner or Operator Neal E. Schmale, Chief Financial Officer
Signature of Witness or Notary 	Date 4-30-96	Name of Witness or Notary Rick A. Brughman

Unocal Corporation  
1201 West 5th Street, P.O. Box 7600  
Los Angeles, California 90051



April 28, 1995

33 S. McDowell  
resident and  
owner

Regional Administrator  
Environmental Protection Agency - Region IX  
215 Fremont Street  
San Francisco, CA 94105

RE: LETTER FROM CHIEF  
ACCOUNTING OFFICER TO  
DEMONSTRATE FEDERAL  
FINANCIAL RESPONSIBILITY  
FOR OWNERS AND OPERATORS  
OF UNDERGROUND STORAGE TANKS

Dear Regional Administrator:

I am the chief accounting officer of Unocal Corporation, 1201 West Fifth Street, P.O. Box 7600, Los Angeles, California 90051. This letter is in support of the use of the financial test of self-insurance and guarantee to demonstrate financial responsibility for taking corrective action and compensating third parties for bodily injury and property damage caused by sudden accidental releases and nonsudden accidental releases in the amount of at least \$1 million per occurrence and \$2 million annual aggregate arising from operating underground storage tanks.

Underground storage tanks at the following facilities are assured by this financial test or a financial test under an authorized State program by this owner or operator and guarantor:

(See Attachment A)

A financial test and guarantee is also used by this owner or operator and guarantor to demonstrate evidence of financial responsibility in the following amounts under other EPA regulations or state programs authorized by EPA under 40 CFR Parts 271 and 145:

Closure	<u>\$33,211,000</u>
Post-Closure Care	<u>\$7,704,000</u>
Liability Coverage	<u>\$8,000,000</u>
Corrective Action	<u>\$14,191,000</u>
Plugging and Abandonment	<u>\$10,850,000</u>
Total	<u>\$73,956,000</u>

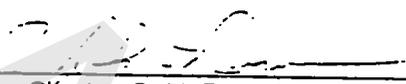
This owner or operator and guarantor has not received an adverse opinion, a disclaimer of opinion, or a "going concern" qualification from an independent auditor on his financial statements for the latest completed fiscal year.

Alternative II

1.	Amount of annual UST aggregate coverage being assured by a financial test, and/or guarantee		<u>\$ 2,000,000</u>
2.	Amount of corrective action, closure and post-closure care costs, liability coverage, and plugging and abandonment costs covered by a financial test, and/or guarantee		<u>\$73,956,000</u>
3.	Sum of lines 1 and 2		<u>\$75,956,000</u>
4.	Total tangible assets		<u>\$ 9,335 million</u>
5.	Total liabilities (if any of the amount reported on line 3 is included in total liabilities, you may deduct that amount from this line and add that amount to line 6)		<u>\$ 6,522 million</u>
6.	Tangible net worth (subtract line 5 from line 4)		<u>\$ 2,813 million</u>
7.	Total assets in the U.S. (required only if less than 90 percent of assets are located in the U.S.)		<u>\$ 7,614 million</u>
		<u>YES</u>	<u>NO</u>
8.	Is line 6 at least \$1.3 million?	<u>X</u>	<u>      </u>
9.	Is line 6 at least 6 times line 3?	<u>X</u>	<u>      </u>
10.	Are at least 90 percent of assets located in the U.S. ? (If "No", complete line 11.)	<u>      </u>	<u>X</u>
11.	Is line 7 at least 6 times line 3? [Fill in either lines 12-15 or lines 16-18]	<u>X</u>	<u>      </u>
12.	Current assets		\$
13.	Current liabilities		\$
14.	Net working capital (subtract line 13 from line 12)		\$
		<u>YES</u>	<u>NO</u>
15.	Is line 14 at least 6 times line 3	<u>      </u>	<u>      </u>

16. Current bond rating of most recent bond issuance BBB
17. Name of rating service Standard & Poor's
18. Date of maturity of bond February 1, 2004
19. Have financial statements for the latest fiscal year been filed  
with the SEC, the Energy Information Administration, or the  
Rural Electrification Administration YES NO  
X

I hereby certify that the wording of this letter is identical to the wording specified in 40 CFR Part 280.95(d) as such regulations were constituted on the date shown immediately below.

  
\_\_\_\_\_  
Charles S. McDowell  
Chief Accounting Officer

April 28, 1995



April 28, 1995

Charles S. McDowell  
President and  
Controller

Regional Administrator  
Environmental Protection Agency - Region IX  
215 Fremont Street  
San Francisco, CA 94105

RE: CORPORATE GUARANTEE STATEMENT

Dear Regional Administrator:

Guarantee made this April 28, 1995, by Unocal Corporation, a business entity organized under the laws of the state of Delaware, herein referred to as guarantor, to Environmental Protection Agency and to any and all third parties, and obligees, on behalf of Union Oil Company of California, Molycorp, Inc., Poco Graphite, Inc., Automatic Heat Company, Pacific Coast Hemphill Oil Company, and Hemphill Oil Company of 1201 West Fifth Street, P.O. Box 7600, Los Angeles, California 90051 (herein referred to as "the Subsidiaries").

Recitals

- (1) Guarantor meets or exceeds the financial test criteria of 40 CFR 280.95(b) or (c) and (d) and agrees to comply with the requirements for guarantors as specified in 40 CFR 280.96(b).
- (2) The Subsidiaries own or operate the following underground storage tank(s) covered by this guarantee:

(See Attachment A)

This guarantee satisfies 40 CFR Part 280, Subpart H requirements for assuring funding for taking corrective action and compensating third parties for bodily injury and property damage caused by accidental releases arising from operating the above-identified underground storage tank(s) in the amount of \$1,000,000 per occurrence and \$2,000,000 annual aggregate.

- (3) On behalf of the Subsidiaries, guarantor guarantees to Environmental Protection Agency and to any and all third parties that:

In the event that the Subsidiaries fail to provide alternative coverage within 60 days after receipt of a notice of cancellation of this guarantee and the EPA Regional Administrator has determined or suspects that a release has occurred at an underground storage tank covered by this guarantee, the guarantor, upon instructions from the EPA Regional Administrator, shall fund a standby trust fund in accordance with the provisions of 40 CFR 280.108, in an amount not to exceed the coverage limits specified above.

In the event that the EPA Regional Administrator determines that the Subsidiaries have failed to perform corrective action for releases arising out of the operation of the above-identified tank(s) in accordance with 40 CFR Part 280, Subpart F, the guarantor upon written instructions from the EPA Regional Administrator shall fund a standby trust in accordance with the provisions of 40 CFR 280.108, in an amount not to exceed the coverage limits specified above.

If the Subsidiaries fail to satisfy a judgment or award based on a determination of liability for bodily injury or property damage to third parties caused by sudden and nonsudden accidental releases arising from the operation of the above-identified tank(s), or fail to pay an amount agreed to in settlement of a claim arising from or alleged to arise from such injury or damage, the guarantor, upon written instructions from the EPA Regional Administrator, shall fund a standby trust in accordance with the provisions of 40 CFR 280.108 to satisfy such judgment(s), award(s), or settlement agreement(s) up to the limits of coverage specified above.

- (4) Guarantor agrees that if, at the end of any fiscal year before cancellation of this guarantee, the guarantor fails to meet the financial test criteria of 40 CFR 280.95(b) or (c) and (d), guarantor shall send within 120 days of such failure, by certified mail, notice to the Subsidiaries. The guarantee will terminate 120 days from the date of receipt of the notice by the Subsidiaries, as evidenced by the return receipt.
- (5) Guarantor agrees to notify the Subsidiaries by certified mail of a voluntary or involuntary proceeding under Title 11 (Bankruptcy), U.S. Code naming guarantor as debtor, within 10 days after commencement of the proceeding.
- (6) Guarantor agrees to remain bound under this guarantee notwithstanding any modification or alteration of any obligation of the Subsidiaries pursuant to 40 CFR Part 280.
- (7) Guarantor agrees to remain bound under this guarantee for so long as the Subsidiaries must comply with the applicable financial responsibility requirements of 40 CFR Part 280, Subpart H for the above-identified tank(s), except that guarantor may cancel this guarantee by sending notice by certified mail to the Subsidiaries, such cancellation to become effective no earlier than 120 days after receipt of such notice by the Subsidiaries, as evidenced by the return receipt.
- (8) The guarantor's obligation does not apply to any of the following:
  - (a) Any obligation of the Subsidiaries under a workers' compensation, disability benefits, or unemployment compensation law or other similar law;
  - (b) Bodily injury to an employee of the Subsidiaries arising from, and in the course of, employment by the Subsidiaries;
  - (c) Bodily injury or property damage arising from the ownership, maintenance, use, or entrustment to others of any aircraft, motor vehicle or watercraft;

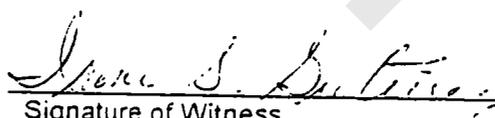
- (d) Property damage to any property owned, rented, loaded to, in the care, custody, or control of, or occupied by the Subsidiaries that is not the direct result of a release from a petroleum underground storage tank;
  - (e) Bodily damage or property damage for which the Subsidiaries are obligated to pay damages by reason of the assumption of liability in a contract or agreement other than a contract or agreement entered into to meet the requirements of 40 CFR 280.93.
- (9) Guarantor expressly waives notice of acceptance of this guarantee by Environmental Protection Agency, by any or all third parties, or by the Subsidiaries

I hereby certify that the wording of this guarantee is identical to the wording specified in 40 CFR 280.96(c) as such regulations were constituted on the effective date shown immediately below.

Effective date: April 28, 1995

Unocal Corporation

  
\_\_\_\_\_  
Charles S. McDowell  
Chief Accounting Officer

  
\_\_\_\_\_  
Signature of Witness



# CERTIFICATION OF FINANCIAL RESPONSIBILITY

## FOR UNDERGROUND STORAGE TANKS CONTAINING PETROLEUM

I am required to demonstrate Financial Responsibility in the required amounts as specified in Section 2507, Chapter 18, Div. 3, Title 23, CCR:

100,000 dollars per occurrence

or

AND

1 million dollars annual aggregate

or

1 million dollars per occurrence

2 million dollars annual aggregate

Union Oil Company of California

dba Unocal

hereby certifies that it is in compliance with the requirements of Section 2507.

(State of Tank Owner or Operator)

Article 3, Chapter 18, Division 3, Title 23, California Code of Regulations.

The mechanisms used to demonstrate financial responsibility as required by Section 2507 are as follows:

Mechanism Type	Name and Address of Issuer	Mechanism Number	Coverage Amount	Coverage Period	Corrective Action	Third Party Comp.
Corporate Guarantee	Unocal Corporation 1201 W. 5th Street Los Angeles, Ca. 90017	N/A	\$1MM per occurrence \$2MM annual aggregate	Continuous	Yes	Yes

Note: If you are using the State Fund as any part of your demonstration of financial responsibility, your execution and submission of this certification also certifies that you are in compliance with all conditions for participation in the Fund.


Signature of Tank Owner or Operator: [Signature] Date: 4-27-95  
 Name and Title of Tank Owner or Operator: Charles S. McDowell-Chief

Signature of Witness of Notary: [Signature] Date: 4-27-95  
 Name of Witness of Notary: Irene S. Gutierrez Accounting Officer



# CERTIFICATION OF FINANCIAL RESPONSIBILITY

## FOR UNDERGROUND STORAGE TANKS CONTAINING PETROLEUM

I am required to demonstrate Financial Responsibility in the required amounts as specified in Section 2807, Chapter 18, Div. 3, Title 23, CCR:

\$100,000 dollars per occurrence

or

1 million dollars per occurrence

AND

1 million dollars annual aggregate

or

2 million dollars annual aggregate

Union Oil Company of California

dba Unocal

hereby certifies that it is in compliance with the requirements of Section 2807,

(Name of Tank Owner or Operator)

Article 3, Chapter 18, Division 3, Title 23, California Code of Regulations.

The mechanisms used to demonstrate financial responsibility as required by Section 2807 are as follows:

Mechanism Type	Name and Address of Issuer	Mechanism Number	Coverage Amount	Coverage Period	Corrective Action	Third Party Comp.
Corporate Guarantee	Unocal Corporation 1201 W. 5th Street Los Angeles, Ca. 90017	N/A	\$1MM per occurrence \$2MM annual aggregate	Continuous	Yes	Yes

Note: If you are using the State Fund as any part of your demonstration of financial responsibility, your execution and submission of this certification also certifies that you are in compliance with all conditions for participation in the Fund.


Name of Tank Owner or Operator: Charles S. McDowell Date: 4-27-95  
 Name and Title of Tank Owner or Operator: Charles S. McDowell-Chief  
 Name of Witness or Notary: Irene S. Gutierrez Date: 4-27-95  
 Name of Witness or Notary: Irene S. Gutierrez Title: Accounting Officer



# CERTIFICATION OF FINANCIAL RESPONSIBILITY FOR UNDERGROUND STORAGE TANKS CONTAINING PETROLEUM

A. I am required to demonstrate Financial Responsibility in the required amount as specified in Section 2807, Chapter 18, Div. 3, Title 23, CCR:  
 500,000 dollars per occurrence  
or  
 1 million dollars per occurrence  
AND  
 1 million dollars annual aggregate  
or  
 2 million dollars annual aggregate

Union Oil Company of California  
B dba Unocal hereby certifies that it is in compliance with the requirements of Section 2807.

Name of Tank Owner or Operator:

Article 3, Chapter 18, Division 3, Title 23 California Code of Regulations

The mechanisms used to demonstrate financial responsibility as required by Section 2807 are as follows:

C. Mechanism Type	Name and Address of issuer	Mechanism Number	Coverage Amount	Coverage Period	Corrective Action	Third Party Comp.
Corporate Guarantee	Unocal Corporation 1201 West 5th Street Los Angeles, CA 90017	NA	\$1MM per occurrence \$2MM annual aggregate	continuous	Yes	Yes

DRAFT

Note: If you are using the State Fund as any part of your demonstration of financial responsibility, your execution and submission of this certification also certifies that you are in compliance with all conditions for participation in the Fund

Facility Name	Facility Address

Signature of Tank Owner or Operator <i>Thomas B. Sleeman</i>	Date 11-27-92	Name and Title of Tank Owner or Operator Thomas B. Sleeman, Senior Vice President & Chief Financial Officer
Signature of Witness or Notary <i>Neil Sore</i>	Date 11/28/92	Name of Witness or Notary

Unocal Corporation  
1201 West 5th Street, P.O. Box 7600  
Los Angeles, California 90051  
Telephone (213) 977-6881

# UNOCAL

April 29, 1993

Regional Administrator  
Environmental Protection Agency - Region IX  
75 Hawthorne Street  
San Francisco, CA 94105

Thomas B. Sleeman  
Senior Vice President and  
Chief Financial Officer

RE: LETTER FROM CHIEF  
FINANCIAL OFFICER TO  
DEMONSTRATE FEDERAL  
FINANCIAL RESPONSIBILITY  
FOR OWNERS AND OPERATORS  
OF UNDERGROUND STORAGE TANKS

Dear Regional Administrator:

I am the chief financial officer of Unocal Corporation, 1201 West Fifth Street, P.O. Box 7600, Los Angeles, California 90051. This letter is in support of the use of the financial test of self-insurance and guarantee to demonstrate financial responsibility for taking corrective action and compensating third parties for bodily injury and property damage caused by sudden accidental releases and nonsudden accidental releases in the amount of at least \$1 million per occurrence and \$2 million annual aggregate arising from operating underground storage tanks.

Underground storage tanks at the following facilities are assured by this financial test or a financial test under an authorized State program by this owner or operator and guarantor:

(See Attachment A)

A financial test and guarantee is also used by this owner or operator and guarantor to demonstrate evidence of financial responsibility in the following amounts under other EPA regulations or state programs authorized by EPA under 40 CFR Parts 271 and 145:

Closure	\$27,208,000
Post-Closure Care	\$ 6,963,000
Liability Coverage	\$ 8,000,000
Corrective Action	\$ 7,055,000
Plugging and Abandonment	\$15,264,000
Total	\$64,490,000

This owner or operator and guarantor has not received an adverse opinion, a disclaimer of opinion, or a "going concern" qualification from an independent auditor on his financial statements for the latest completed fiscal year.

Alternative II

- |   |            |                         |
|---|------------|-------------------------|
| 1. Amount of annual UST aggregate coverage being assured by a financial test, and/or guarantee  |            | <u>\$ 2,000,000</u>     |
| 2. Amount of corrective action, closure and post-closure care costs, liability coverage, and plugging and abandonment costs covered by a financial test, and/or guarantee |            | <u>\$64,490,000</u>     |
| 3. Sum of lines 1 and 2   |            | <u>\$66,490,000</u>     |
| 4. Total tangible assets  |            | <u>\$ 9,450 million</u> |
| 5. Total liabilities (if any of the amount reported on line 3 is included in total liabilities, you may deduct that amount from this line and add that amount to line 6)  |            | <u>\$ 6,321 million</u> |
| 6. Tangible net worth (subtract line 5 from line 4)   |            | <u>\$ 3,129 million</u> |
| 7. Total assets in the U.S. (required only if less than 90 percent of assets are located in the U.S.)   |            | <u>\$ 7,899 million</u> |
|   | <u>YES</u> | <u>NO</u>               |
| 8. Is line 6 at least \$10 million?   | <u>X</u>   | _____                   |
| 9. Is line 6 at least 6 times line 3?   | <u>X</u>   | _____                   |
| 10. Are at least 90 percent of assets located in the U.S.?<br>(If "No", complete line 11.)  | _____      | <u>X</u>                |
| 11. Is line 7 at least 6 times line 3?<br>[Fill in either lines 12-15 or lines 16-18]   | <u>X</u>   | _____                   |
| 12. Current assets  |            | \$ _____                |
| 13. Current liabilities   |            | \$ _____                |
| 14. Net working capital (subtract line 13 from line 12)   |            | \$ _____                |

	Yes	No
15. Is line 14 at least 6 times line 3	_____	_____
16. Current bond rating of most recent bond issuance	_____	_____
17. Name of rating service	_____	_____
18. Date of maturity of bond	_____	_____
19. Have financial statements for the latest fiscal year been filed with the SEC, the Energy Information Administration, or the Rural Electrification Administration	_____	_____

\_\_\_\_\_

\_\_\_\_\_ BBB \_\_\_\_\_

\_\_\_\_\_ Standard & Poor's \_\_\_\_\_

\_\_\_\_\_ 8/15/01 \_\_\_\_\_

\_\_\_\_\_ X \_\_\_\_\_

I hereby certify that the wording of this letter is identical to the wording specified in 40 CFR Part 280.95(d) as such regulations were constituted on the date shown immediately below.

  
\_\_\_\_\_  
Thomas B. Sleeman  
Senior Vice President  
and Chief Financial Officer  
April 29, 1993

-----  
L 0:00  
FUEL ALARM  
JAN 17 2002 11:06 AM

----- SENSOR ALARM -----  
L 0:01 STP-SUMP  
STP SUMP  
FUEL ALARM  
JAN 17 2002 11:06 AM

-----  
L 0:01  
FUEL ALARM  
JAN 17 2002 11:06 AM

----- SENSOR ALARM -----  
L 0:01  
FUEL ALARM  
JAN 17 2002 11:06 AM





11 0000 11 00 00  
4 00 00 00 00 00 00  
1 00 00 00 00 00 00  
4 00 00 00 00

JAN 17 1962 11 00 00

SYSTEM STATUS REPORT

ALL FURNACE IS OFF

INDICATED POSITION

SYSTEM MEMORY - 100000  
VOLUME = 100000  
ULTRA - 100000  
90% VOLUME = 100000  
TC VOLUME = 100000  
HEIGHT = 100000  
WATER VOL = 100000  
WATER = 100000  
TEMP = 100000

THERMISTOR POSITION  
VOLUME = 100000  
ULTRA = 100000  
90% VOLUME = 100000  
TC VOLUME = 100000  
HEIGHT = 57.90 INCHES  
WATER VOL = 12 GALS  
WATER = 0.78 INCHES  
TEMP = 59.7 DEG F

\*\*\*\*\* END \*\*\*\*\*

SYSTEM SETUP

JAN 17, 2002 10:55 AM

SYSTEM UNITS

U.S.  
SYSTEM LANGUAGE  
ENGLISH

SYSTEM DATE/TIME FORMAT  
MON DD YYYY HH:MM:SS XM

EL CAMINO REAL 76  
4350 EL CAMINO REAL  
LOS ALTOS CA 94022  
415-941-0244

SHIFT TIME 1 : 6:00 AM  
SHIFT TIME 2 : DISABLED  
SHIFT TIME 3 : DISABLED  
SHIFT TIME 4 : DISABLED

TEMPERATURE MONITORING  
DISABLED  
TEMPERATURE MONITORING  
DISABLED  
TEMPERATURE MONITORING  
DISABLED  
TEMPERATURE MONITORING  
DISABLED

TEMPERATURE MONITORING  
ENABLED

TEMPERATURE MONITORING  
DISABLED  
TEMPERATURE MONITORING  
DISABLED

TEMPERATURE MONITORING  
DISABLED  
TEMPERATURE MONITORING  
DISABLED  
TEMPERATURE MONITORING  
DISABLED

RS-232 SECURITY  
CODE : 000000

RS-232 END OF MESSAGE  
DISABLED

TANK SETUP

T 1.07-REGULAR UNLEADED  
 PRODUCT CODE : 1  
 THERMAL COEFF : .000700  
 TANK DIAMETER : 110.00  
 TANK PROFILE : 4 FTS  
 FULL VOL : 12050  
 82.5 INCH VOL : 9659  
 55.0 INCH VOL : 6009  
 27.5 INCH VOL : 2364

FLOAT SET: 1.07 1.07 1.07

WATER HEIGHT : 1.0  
 HIGH WATER LIMIT : 2.0

WATER DELIVERY : 1.0  
 WASH DELIVERY : 2.0  
 WASH DELIVERY : 1.0  
 WASH DELIVERY : 1.0  
 WASH DELIVERY : 1.0

WASH DELIVERY : 1.0  
 WASH DELIVERY : 1.0  
 WASH DELIVERY : 1.0  
 WASH DELIVERY : 1.0

WASH DELIVERY : 1.0  
 WASH DELIVERY : 1.0

LEAK MIN PERIODIC : 10%  
 : 1205

LEAK MIN ANNUAL : 10%  
 : 1205

WASH DELIVERY : 1.0  
 WASH DELIVERY : 1.0

DELIVERY DELTA : 1.0

1. 751-FRONTIER UNLTD  
2. DOT CODE : 1  
3. SERIAL COEFF : 100000  
4. DOT DIAMETER : 10.000  
5. DOT PROFILE : 4.100  
6. FILL VOL : 1.000  
7. 25.0 INCH VOL : 1.000  
8. 55.0 INCH VOL : 1.000  
9. 27.5 INCH VOL : 1.000

FLOAT SIZE: 4.0 INCH

WATER WARNING : 1.5  
HIGH WATER LIMIT : 2.0

MAX OR LABEL VOL : 12053  
OVERFILL LIMIT : 90%  
 : 10847  
HIGH PRODUCT : 95%  
 : 11450  
DELIVERY LIMIT : 10%  
 : 1205

LOW PRODUCT : 50  
LEAK ALARM LIMIT : 50  
SUDDEN LOSS LIMIT : 50  
TANK TILT : 0.00

UNFOLDED TANKS  
# : NONE

LEAK MIN PERIODIC : 10%  
 : 1205

LEAK MIN ANNUAL : 10%  
 : 1205

PERIODIC TEST TYPE  
STANDARD

ANNUAL TEST FAIL  
ALARM DISABLED

PERIODIC TEST FAIL  
ALARM DISABLED

LEAK TEST METHOD

TEST ON DATE : ALL TANK

JAN 1, 1986

START TIME : 10:00

END TIME : 11:00

TESTER : J. J. JONES

L 1:101 ANNULAR  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : ANNULAR SPACE

L 2:91 STP-SUMP  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : STP SUMP

L 3:87 ANNULAR  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : ANNULAR SPACE

L 4:91 ANNULAR  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : ANNULAR SPACE

L 5:WASTE-OIL ANNULAR  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : ANNULAR SPACE

OUTPUT RELAY RELAY

R 1:37 RELAY

TYPE:

STANDARD

NORMALLY CLOSED

IN-TANK ALARMS

1: HIGH LEVEL ALARM

1: LOW LEVEL ALARM

IN-TANK ALARMS

1: FUEL ALARM

1: EXCESSIVE OIL ALARM

R 2:91 RELAY

TYPE:

STANDARD

NORMALLY CLOSED

IN-TANK ALARMS

1: HIGH LEVEL ALARM

1: LOW LEVEL ALARM

IN-TANK ALARMS

1: FUEL ALARM

1: EXCESSIVE OIL ALARM

IN-TANK ALARMS

1: FUEL ALARM

1: EXCESSIVE OIL ALARM

IN-TANK ALARMS

1: HIGH LEVEL ALARM

1: LOW LEVEL ALARM

1: FUEL ALARM

1: EXCESSIVE OIL ALARM







DRY  
R  
T

**NATIONAL**  
CONSTRUCTION RENTALS  
TOILETS • FENCES  
POWER POLES • SHEDS  
1-800-352-5675

03 03 22



UNOCAL # 6115

4350 EL CAMINO, WS AUTOS

tank installation

10/90 - 11/90



SHERWOOD

ZVT  
Colerick

30 10 22



GLASTEEL

2011 6





PROTECH

modern

DOUBLE WALL



Yellow label on the drum, partially obscured by a watermark. The text is illegible due to the watermark and image quality.

90 11 8

OFFICIAL NOTICE OF INSPECTION

DBA/Name <i>UNION STATION # 256115</i>	Facility ID # <i>PR308081</i>	Hours <i>90</i>	Service Code <i>207</i>	Date <i>6-4-2002</i>
Address <i>4350 ELLIOTT AVENUE - LOS ALAMOS</i>	<i>PR308081</i>	<i>90</i>	<i>207</i>	Work Area Location
Contact Person <i>DAVE DYER - WATSON ENG.</i>	<i>PR308081</i>	<i>60</i>	<i>75</i>	Emp# <i>4686</i>
Additional Information				Prog/Elem <i>2399</i>
				Permit Exp. Date

- Hazardous Materials
- Hazardous Waste
- Toxic Gas
- Medical Waste Storage & Treatment
- Medical Waste Generator
- Risk Management and Prevention Program

*SB 989 SECONDARY CONTAINMENT TESTING OCCURRED TODAY.*

*I INITIATED BEGINNING OF TESTING. SUMP WATER LEVELS WERE OKAY.*

*I SPoke WITH DAVE DYER OF WATSON ENGINEERING, INC. ABOUT OUR REQUIREMENT FOR SUBMITAL OF TEST REPORTS. HE SAID A DETAILED REPORT WILL BE SUBMITTED WHICH INCLUDES ALL TEST DATA.*

*I ALSO SPoke TO GREG GARLAND AND SCHEDULED COMPLIANCE INSPECTION FOR 6-10-02.*

Received by: *FILE COPY ONLY* Inspected by: *GREG GARLAND*

Page 1 of 1 Mailing Address: Dept. of Environmental Health  
 Hazardous Materials Compliance Division  
 P.O. Box 28070  
 San Jose, CA 95159-8070

Entered by: *10096*

UNAN 256115

6-4-2002

2<sup>o</sup> CNT. IDONE

**ALTON**   
**E** **ENGINEERING, INC.**

*DAVE DYESS*

*916-372-1888*

~~(916) 372-1888 • FAX (916) 373-1172~~

837 Riske Lane • P.O. Box 1025

West Sacramento, CA 95691

# Service Request Update

Staff Name:

M. Balliet

Date:

03/20/02

SR

805861

To: Lead/Manager

- Plans approved on 11/29/01.
- Initial construction inspection on 01/02/02.
- Final construction inspection on 01/17/02.
- Initial closure inspection on 12/17/01.
- Final closure inspection on 01/17/02.
- Closure report attached: okay to sign Closure Cert.
- Follow-up required (describe):

Monitoring Plan

To: Clerical

- Process attached documents.
- Make new file folder.
- Mail yellow copy of closure permit to applicant.
- Return file folder to Staff.
- File in "Pending" file.
- File in active inventory file.
- File in closed storage file.
- File in closed generator file.
- Other (describe):

X

OFFICIAL NOTICE OF INSPECTION

DBA/Name	Union Station #256115	Facility ID #	Hours	Service Code	Date
Address	4350 El Camino Real, CA	SR805861	120	28	01/17/02
Contact Person	Lane Taylor	SR805861	60	75	Work Area Location
Additional Information					Emp# 10028
					Prog/Elem 2323
					Permit Exp. Date

- Hazardous Materials
- Hazardous Waste
- Toxic Gas

- Medical Waste Storage & Treatment
- Medical Waste Generator
- Risk Management and Prevention Program

→ Final UST Upgrade ~~Check~~ Inspection.

→ Tested 3 annular space sensors, 2 sump sensors, Bravo Box plungers that shut off shear valves, emergency shut-off switch, and auto pump shut-off in sumps. All functioned properly.

→ Monitoring system certification was performed on 1/15/02 without our office present. As a condition of your permit we require to be present when this occurs. You must submit a "monitoring system certification" form to our office within 10 days. (Provided)

→ Observed new mechanical line leak detectors installed. This was not on the approved equipment list. Provide our office with a letter stating this change was made and cut sheets for the equipment used, within 10 days.

→ Observed a new spill containment box on the used oil tank. No work was specified for the used oil tank. Provide our office a letter stating this change was made, and cut sheets for the equipment used, within 10 days.

Received by: [Signature]

Inspected by: M. Balliet

Page 1 of 2

Mailing Address: Dept. of Environmental Health  
 Hazardous Materials Compliance Division  
 P.O. Box 28070  
 San Jose, CA 95159-8070

Entered by: 100617  
2/1/02

# County of Santa Clara

Environmental Resources Agency  
Department of Environmental Health  
2220 Moorpark Avenue  
San Jose, California 95128  
(408) 299-6930  
FAX (408) 280-6479



HAZARDOUS MATERIALS STORAGE  
 HAZARDOUS WASTE GENERATOR  
OFFICIAL NOTICE OF INSPECTION

DATE 01/17/02

DBA/NAME Union Station #256115

Comments: (see marked violations on page 1)

- Annual line tightness testing must be performed within 30 days. This is scheduled for tomorrow. This must be performed every year thereafter.
- Submit an updated UST Monitoring plan to our office within 30 days. (Provided)
- Submit the closure report to our office within 30 days.
- Submit updated Forms A, B & C for each tank to our office within 30 days. Forms submitted with plan check are invalid and inaccurate.
- Submit copy of Uelder-Root certification for Kurt Dula (#559747666) to our office within 10 days.
- Provide an approved fire extinguishers for the dispensers.
- All tests performed today passed.
- System is approved for use by our office.

Received by:

Inspected by:

Hazardous Materials Compliance Division

Samples taken? Yes No

Photos taken? Yes No

Page 2 of 2

OFFICIAL NOTICE OF INSPECTION

DBA/Name <i>Union Station #256415</i>	Facility ID # <i>SR805861</i>	Hours <i>120</i>	Service Code <i>29</i>	Date <i>01/07/02</i>
Address <i>4350 El Camino Real, LA</i>	<i>SR805861</i>	<i>120</i>	<i>29</i>	Work Area Location
Contact Person <i>Lane Taylor</i>	<i>SR805861</i>	<i>60</i>	<i>75</i>	Emp# <i>10087</i>
Additional Information				Prog/Elem <i>2323</i>
				Permit Exp. Date

- Hazardous Materials
- Hazardous Waste
- Toxic Gas

- Medical Waste Storage & Treatment
- Medical Waste Generator
- Risk Management and Prevention Program

→ UST Upgrade Inspection

→ Tested secondary product piping. Charged to 3 psi & held for 1 hr while all joints/connections were soaped. Visually inspected all joints for leaks. None were observed. No drop in pressure was observed.

→ Concluded the hydrostatic leak tests for 7 dispensers, 2 turbine sumps & 2 fill sumps. No leaks observed. No drop in water level observed. Test began on 01/04/02.

→ Observed "bleed-off" of secondary product lines at end of inspection.

→ All tests performed today passed.

→ Tait & Associates faxed over a change letter for the piping type.

→ Need to submit letter regarding ~~under~~-dispenser sensor <sup>omission.</sup>

→ Call to schedule next inspection.

Received by: *[Signature]* Inspected by: *M. Balliet*

Page 1 of 1

Mailing Address: Dept. of Environmental Health  
 Hazardous Materials Compliance Division  
 P.O. Box 28070  
 San Jose, CA 95159-8070

*GB*

Entered by: *10067*  
*2/1/02*

OFFICIAL NOTICE OF INSPECTION

DBA/Name	Union Station # 256115	Facility ID #	Hours MINUTES	Service Code	Date
Address	4350 El Caminos Real, Los Altos	SR 805861	60	29	1/4/02
Contact Person	Lance	SR 805861	60	75	Work Area Location
Additional Information					Emp# 4656
					Prog/Elem 2323
					Permit Exp. Date

- Hazardous Materials
- Hazardous Waste
- Toxic Gas
- Medical Waste Storage & Treatment
- Medical Waste Generator
- Risk Management and Prevention Program

9:00 AM. An UST construction inspection was performed. Line pressure test could not be performed because of leaks & will be rescheduled. The start of a hydrostatic test was observed on 7 dispensers, 2 turbine sumps, & 2 fill sumps. All containment areas were filled w/ & marked with paint. Tests to be completed on a follow-up inspection. Contact our office to re-schedule your next inspection.

Mike, 1/4/02  
 They couldn't TEST the piping on Friday because of leaks. I started the hydrostatic tests on Friday for 7 <sup>dispenser</sup> sumps, 2 turbine sumps, & 2 fill sumps. The dispenser sumps are marked orange & the other 4 are marked white. Sorry I couldn't have been more help.  
 This affect you on Monday. Rich

Received by: [Signature] Inspected by: Rick Owens

Page 1 of 1 Mailing Address: Dept. of Environmental Health  
 Hazardous Materials Compliance Division  
 P.O. Box 28070  
 San Jose, CA 95159-8070  
 Entered by: 10069  
3/1/02  
 white - HMCD yellow - Facility pink - Staff

OFFICIAL NOTICE OF INSPECTION

DBA/Name <i>Union Station #256115</i>	Facility ID# <i>SR805861</i>	Hours mins <i>60</i>	Service Code <i>29</i>	Date <i>01/02/02</i>
Address <i>4350 El Camino Real</i>	<i>SR805861</i>	<i>60</i>	<i>29</i>	Work Area Location
Contact Person <i>Lane Taylor</i>	<i>SR805861</i>	<i>60</i>	<i>75</i>	Emp# <i>10088</i>
Additional Information				Prog/Elem <i>2323</i>
				Permit Exp. Date

- Hazardous Materials
- Hazardous Waste
- Toxic Gas

- Medical Waste Storage & Treatment
- Medical Waste Generator
- Risk Management and Prevention Program

→ UST Upgrade Inspection

→ Tested primary product piping. Charged to 52 psi & held for 1 hr. while all joints/connections were soaped. Visually inspected all joints for leaks. None were observed. No drop in pressure.

→ Vapor recovery lines were charged to 5 psi & soaped. No leaks were observed. No drop in pressure.

→ Observed "bleed-off" of primary product lines at end of inspection.

→ All tests performed today passed.

-7 Note: Piping used is Ameron, not Smith Fiberglas Red Thread, as stated on the approved equipment list. I will contact Tait & Associates for certification & how to change the approved equipment list.

Received by: *[Signature]*

Inspected by: *M. Balliet*

Page 1 of 1

Mailing Address: Dept. of Environmental Health  
 Hazardous Materials Compliance Division  
 P.O. Box 28070  
 San Jose, CA 95159-8070

Entered by: *100627*  
*1/14/02*

*[Signature]*

OFFICIAL NOTICE OF INSPECTION

DBA/Name <i>Union Station # 256115</i>	Facility ID # <i>SR805861</i>	Hours Mins <i>120<sup>00</sup></i>	Service Code <i>29</i>	Date <i>12/17/01</i>
Address <i>4350 El Camino Real, LA</i>				Work Area Location <i>—</i>
Contact Person <i>Forrest McFarland</i>	<i>TA100024-2310</i>	<i>10</i>	<i>01</i>	Emp# <i>12088</i>
Additional Information	<i>TA100023-2311</i>	<i>10</i>	<i>01</i>	Prog/Elem <i>2323</i>
	<i>TA100022-2311</i>	<i>10</i>	<i>01</i>	Permit Exp. Date

- Hazardous Materials
- Hazardous Waste
- Toxic Gas

- Medical Waste Storage & Treatment
- Medical Waste Generator
- Risk Management and Prevention Program

*- Observed & directed the taking of 13 soil samples from the piping & dispenser removal.*

*- The samples were collected by Mr. McFarland of Sewer International*

*- Evidence tape was placed on the samples by myself.*

*- The samples were shipped to Sequoia Labs on a chain of custody.*

Received by: *NOT AVAILABLE* Inspected by: *M. Belliet*

Page 1 of *1* Mailing Address: Dept. of Environmental Health  
 Hazardous Materials Compliance Division  
 P.O. Box 28070  
 San Jose, CA 95159-8070

Entered by: *100607*  
*11/4/02*  
 white - HMCD yellow - Facility pink - Staff

# County of Santa Clara

Environmental Resources Agency  
Department of Environmental Health

Hazardous Materials Compliance Division  
2220 Moorpark Avenue, East Wing, Room 204  
San Jose, California 95128-2690  
(408) 299-6930 FAX 280-6479  
www.ehinfo.org

Mailing Address  
Department of Environmental Health  
Hazardous Materials Compliance Division  
P.O. Box 28070  
San Jose, California 95159-8070



December 3, 2001

Becky Weaver  
Tait & Associates  
2880 Sunrise Blvd. Suite #206  
Rancho Cordova, CA 95742

**Re: Plan Check Review – Union Station #256115 at 4350 El Camino Real, Los Altos.**

Ms. Weaver:

Upon review of your submittal regarding upgrading of the underground storage tank piping at the above facility, the Santa Clara County Hazardous Materials Compliance Division (HMCD) approves your plans with the following conditions:

1. Systems shall be configured as described in the enclosed approved plans and Hazardous Materials Storage Tank System Installation Equipment List.
2. Contact HMCD a minimum of 48 hours in advance to schedule the following inspections:
  - Pressure testing of tank primary containment;
  - Pressure testing of tank secondary containment;
  - Pressure testing of primary piping;
  - Pressure testing of secondary piping;
  - Lake testing of sump(s), spill containment, and dispenser containment (as applicable);
  - Complete functional test of monitoring equipment.
3. The following conditions shall also be met for final approval:
  - a) Plans shall be approved by the City of Los Altos and Santa Clara County Fire Department.
  - b) Our Department must be present to direct and witness the sampling activities for the removal of the current piping. Please give at least 48 hours notice to schedule the sampling. Please refer to the enclosed underground storage tank closure guidelines for additional information.

**Any substitution of equipment or reconfiguration of systems as described in approved plans requires prior approval from this Department.**

Be advised that plan approval by the Fire Marshal and/or Building Department may also be required prior to beginning work. One set of approved plans shall remain on the job site until final inspection.

Should you have any questions, contact the undersigned inspector at (408) 299-6930.

Michael Balliet  
Hazardous Materials Specialist  
Hazardous Materials Compliance Division

enclosure: approved plans  
Underground storage tank closure guidelines

**County of Santa Clara**  
 Department of Environmental Health  
 Hazardous Materials Compliance Division  
 2220 Moorpark Avenue  
 P.O. Box 28070  
 San Jose, CA 95159-8070  
 (408) 299-6930

<i>Agency Use Only</i> <input type="checkbox"/> Approved; <input type="checkbox"/> Disapproved.	
Fee Received: \$ <u>291.00 + 315</u>	<u>10/24/01</u>
Receipt No.: _____	Date: <u>10-12-01</u>
Staff: _____	Date: _____

## HAZARDOUS MATERIALS STORAGE TANK SYSTEM INSTALLATION EQUIPMENT LIST

*For Use Within the Cities of Los Altos, Los Altos Hills, Monte Sereno, Saratoga, and in Unincorporated Areas of Santa Clara County*

### I. General Information

This document shall be completed and submitted to the Hazardous Materials Compliance Division along with the project plans, equipment cut sheets, and - in the case of UST installations/upgrades - completed Underground Storage Tank System Installation Supplement.

**II. Project Information** This document covers the:  Installation of  Aboveground Tank(s)  
 Upgrading  X Underground Tank(s)

Provide the following information:

Facility Name (Tank Site): TOSCO UNION STATION # 256115 Bldg. No.: 6115  
 Address: 4350 El Camino Blvd City: Los Altos Zip: 94022  
 Project Contact Name: Becky Weaver Phone No.: (916) 669-1817 ext. \_\_\_\_\_  
 Plan Check No.: SR 805861-2323 Date of Plan Submittal to HMCD: 10/12/01

### III. Equipment Information

In the table below, list the manufacturer name and specific model number for each type of equipment listed in the second column. If an item is not applicable to this project, check the "N/A" box in the "Name of Equipment Manufacturer" column. Brochures and/or manufacturers' cut sheets for all equipment listed shall be submitted as attachments to the plans.

*Note: Shaded areas are for agency use only.*

<i>Agency Use Only</i>	Equipment Type	Name of Equipment Manufacturer	Model No.
<input checked="" type="checkbox"/>	Tank(s)	X N/A	
<input checked="" type="checkbox"/>	Overfill Prevention Devices	<input type="checkbox"/> N/A Veeder-Root	790091/790095
<input type="checkbox"/>	Spill Containment Boxes	<input type="checkbox"/> N/A Phil-Tite	85000/85001
<input checked="" type="checkbox"/>	Ball Float Valves <i>(Not recommended for USTs)</i>	<input type="checkbox"/> N/A OPW	53VML-0120
<input checked="" type="checkbox"/>	Primary Tank Vent Cap(s)	<input type="checkbox"/> N/A Husky	4885

REAL

Agency Use Only	Equipment Type	Name of Equipment Manufacturer	Model No.
<input checked="" type="checkbox"/>	Primary Product Piping	<input type="checkbox"/> N/A AO Smith <del>FIBRELEAD</del> AMERON	Red Thread <del>DUNN</del>
<input checked="" type="checkbox"/>	Piping Secondary Containment	<input type="checkbox"/> N/A AO Smith <del>FIBRELEAD</del> AMERON	Red Thread <del>DUNN</del>
<input checked="" type="checkbox"/>	Flex Connectors	X N/A	
<input checked="" type="checkbox"/>	Flex Boots	<input checked="" type="checkbox"/> N/A Environ	ENFEB-6300
<input checked="" type="checkbox"/>	Vapor Return Piping	<input type="checkbox"/> N/A AO Smith <del>FIBRELEAD</del> AMERON	Red Thread <del>DUNN</del> *changed to AMERON - see letter
<input checked="" type="checkbox"/>	Turbines/Pumps	X N/A	
<input checked="" type="checkbox"/>	Mechanical/Electronic Line Leak Detectors	X N/A	to be installed - see letter
<input checked="" type="checkbox"/>	Electronic Monitoring System Control Panel	X N/A	
<input checked="" type="checkbox"/>	Tank Interstitial Space Leak Detection Sensors	X N/A	
<input checked="" type="checkbox"/>	In-Tank Leak Detection Sensors	X N/A	
<input checked="" type="checkbox"/>	Piping Sump Leak Detection Sensors	<input type="checkbox"/> N/A Veeder-Root	794380-208
<input checked="" type="checkbox"/>	Dispenser Pan Leak Detection Sensors	<input type="checkbox"/> N/A Veeder-Root	794380-208
<input checked="" type="checkbox"/>	Dispensers	<input type="checkbox"/> N/A To Remain	
<input checked="" type="checkbox"/>	Dispenser Secondary Containment Pans/Sumps	<input type="checkbox"/> N/A Bravo	8365-A TMC5
<input type="checkbox"/>	Dispenser Shear/Fusible Link Valves	<input checked="" type="checkbox"/> N/A (Included w. Bravo Pans)	
<input checked="" type="checkbox"/>	Dispenser Hoses	X N/A	
<input checked="" type="checkbox"/>	Dispenser Hose Break-Away Connectors	X N/A	
<input checked="" type="checkbox"/>	Dispenser Nozzles	X N/A	
<input checked="" type="checkbox"/>	Anti-Siphon Devices	X N/A	
<input checked="" type="checkbox"/>	Secondary Piping Containment Fittings	Environ	
<input type="checkbox"/>			

Office of Hazardous Materials  
 Santa Clara County Health Department  
 2280 Moorpark Avenue  
 San Jose, California 95128

PLAN CHECK

Approved  
 Disapproved BY: 

DATE: ~~ENFEB-6300~~  
 11/29/01

**PARADISO MECHANICAL, INC.**

GENERAL & PETROLEUM CONTRACTORS

2600 Williams Street, P.O. Box 1836

San Leandro, CA 94577

(510) 614-8390 FAX (510) 614-8396

Contractors License #677909

**LETTER OF TRANSMITTAL**

TO: County of Santa Clara

Dept. of Environmental Health

2220 Moorpark Avenue

San Jose, CA 95128

DATE 2/19/02	JOB #
ATTN: Mr. Michael Balliet	
RE: Tosco SS# 6115 4350 El Camino Real Los Altos, CA	

*Overnite*

WE ARE SENDING YOU  Attached  Under Separate Cover via ~~US MAIL~~ the following items:

- Shop drawings       Prints       Plans       Sample       Specifications  
 Copy of Letter       Change Order

COPIES	DATE	NO	DESCRIPTION
1	1/25/02		Central Petroleum: Monitoring System Certificate
1	2/15/02		Tait & Associates: Changes for equip. submittals & updated State Forms A, B and C
1	1/28/02		Tank-Tek: Testing
1	2/11/02		Phillips 66: UST Monitoring Plan
1	1/9/02		Secor: Closure Report

THESE ARE TRANSMITTED as checked below:

- For approval       Approved as submitted       Resubmit \_\_\_\_\_ copies for approval  
 For your use       Approved as noted       Submit \_\_\_\_\_ copies for distribution  
 As requested       Returned for corrections       Return \_\_\_\_\_ corrected prints

For review and comment

FOR BIDS DUE \_\_\_\_\_, 19\_\_\_\_  PRINTS RETURNED AFTER LOAN TO US

REMARKS Per your final inspection comments, enclosed are the items you requested.

PLEASE LET ME KNOW, IF YOU NEED ANY FURTHER INFORMATION.

COPY TO \_\_\_\_\_

SIGNED:   
Randa Khan

Reviewed By   
Date 03/20/02



TAIT & Associates, Inc.  
Architecture • Engineering • Environmental

February 15, 2002

Via: Overnight

Mike Baliet  
Santa Clara County HMCDC  
2220 Moorpark Avenue  
San Jose, CA 95128  
Phone (408) 299-7264

RE: Piping Replacement  
Union 76 #6115  
4350 El Camino Blvd, Los Altos  
Tait Job # TC771

Dear Mike:

Please be advised the following equipment changes were made to the approved plans.

- Red Jacket mechanical leak line detectors were installed, specification sheet included.
- OPW spill containment box was installed on the used oil tank, specification sheet included.
- Updated State Forms A, B and C.

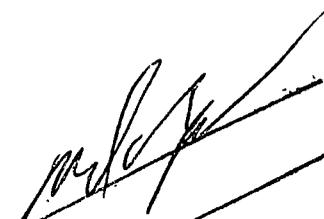
If you have any questions, please contact me at (916) 669-1817 or by email at [bweaver@sac.tait.com](mailto:bweaver@sac.tait.com).

Respectfully,

TAIT AND ASSOCIATES, INC

Becky Weaver  
Project Coordinator

Enc.

Reviewed By   
Date 3/20/02

PIPING

# UNDERGROUND STORAGE TANK SYSTEM CLOSURE PERMIT APPLICATION/CLOSURE PLAN

For use by Unidocs Member Agencies or where approved by your Local Jurisdiction

- Facility Name (Tank Site): TOSCO UMW STATION # 256115 Bldg. No.: 6015  
 Address: 4350 EL CAMINO BLVD City: LOS ALTOS Zip: 94022  
 EPA ID No.: \_\_\_\_\_ Contact Person: GREG GALATOLO Phone No.: (\_\_\_\_) \_\_\_\_\_
  - Tank Owner's Name: TOSCO CORPORATION  
 Address: 1500 N. PRIEST City: TEMPE, AZ Zip: 85281
  - Tank Operator's Name: GREG GALATOLO - EL CAMINO 76  
 Address: 4350 EL CAMINO Real City: LOS ALTOS, CA Zip: 94022
  - Applicant's Name: TAIT & ASSOCIATES  
 Address: 2880 SUNRISE BLVD #206 City: RANCHO CORDOVA, CA Zip: 95742  
 Contact Person: BECKY WEAVER Phone No.: (916) 669-1817
  - Tank Closure Contractor: PARADISO MECHANICAL  
 Address: 2600 WILLIAMS ST City: SAN LEANDRO Zip: 94577  
 Contact Person: BOB CORSON Phone No.: (510) 614-8390
- Hazardous Substance Removal Certificate:  on file;  attached  
 Worker's Compensation Declaration:  on file;  attached;  not applicable  
 Business License (if required):  on file;  attached;  not applicable
- Firm that will take soil/water samples: SEQUOIA ANALYTICAL Phone No.: (650) 364-9600
  - State-certified laboratory that will analyze samples: SECOR Phone No.: (925) 686-9780

**This box is for agency use only**

Laboratory analyses shall test for:										
	TPHG	TPHD	BTEX, MTBE, TAME, ETBE, DIPE, TBA, EDB, EDC (EPA 8260)	Organic Lead (DHS-LUFT)	O&G	Cl HC	Metals (Cd, Cr, Pb, Ni, Zn (ICAP or AA)	PCB, PCP, PNA, Creosote (EPA 8270)	pH	Other (Specify)
Tank 1	X		X							
Tank 2	X		X							
Tank 3										
Tank 4										
Tank 5										
Tank 6										

Additional analyses may be required by inspector in field.

8. Name of Licensed Transporter of Tanks: ECOLOGY CONTROL INDUSTRIES

EPA ID No.: CAD 009466392 Phone No.: (510) 235-1393

9. Destination of Tanks and Piping: ECOLOGY CONTROL INDUSTRIES

10. Tank System:	Size (gallons)	Substance(s) Previously Contained
Tank 1	<u>PIPING</u>	<u>87 GASOLINE</u>
Tank 2	<u>PIPING</u>	<u>92 GASOLINE</u>
Tank 3		
Tank 4		
Tank 5		
Tank 6		

If the owner/operator does not have a current Hazardous Materials Business Plan (HMBP) which includes these tanks on file with the local agency, provide an 8-1/2" x 11" plot plan of the tanks to be closed. Indicate the nearest cross street to the facility, buildings immediately adjacent to the tanks, location(s) of tanks to be closed, and location of nearby utilities.

This Underground Tank Closure Permit expires 6 months from the date of application. If tanks have not been closed within 6 months, a new closure permit application and appropriate fees may be required.

Facility closure inspections must be scheduled at least 48 hours in advance. Call the appropriate local agency to make necessary arrangements.

I certify that I have read the tank closure guidelines and declare that the above information is correct to the best of my knowledge. The owner of the tank(s) described above is aware of the pending closure. I agree to comply with all applicable city and county ordinances and state laws relating to hazardous materials/wastes, and hereby authorize representatives of local agencies to enter upon the within mentioned property for inspection purposes.

BECKY WEAVER Applicant/Agent's Name (Print)      Becky Weaver Applicant/Agent's Signature      10-23-01 Date

*These boxes are for agency use only*

THIS APPROVAL CONSTITUTES A PERMIT FOR REMOVAL OF THE ABOVE LISTED TANKS. PIPING

Agency: SANTA CLARA COUNTY H.M.C.D. Date: DECEMBER 3, 2001

Print Name: GREG BRESTHEARS Sign Name: [Signature]

THIS CERTIFIES THAT ALL TANK SYSTEM CLOSURE ACTIVITIES ARE COMPLETE.\*

Agency: Santa Clara County HMC D Date: 03/20/02 3-21-2002

Print Name: Michael Huttel Sign Name: [Signature]  
GREG BRESTHEARS

\* If contamination of any detectable concentration is found, contact the Santa Clara Valley Water District and/or Regional Water Quality Control Board for cleanup and/or remediation requirements.

January 9, 2002

RECEIVED BY  
ENVIRONMENTAL HEALTH  
DIVISION

**SECOR**  
*International Incorporated*

Mr. Michael Balliet  
County of Santa Clara  
Department of Environmental Health  
2220 Moorpark Avenue,  
San Jose, CA 95128

JAN 10 9 54 AM '02

**RE: COMPLIANCE SOIL SAMPLING ASSOCIATED WITH FIBRE-TRENCH,  
PRODUCT LINE, AND DISPENSER REMOVAL AND REPLACEMENT ACTIVITIES,  
TOSCO SERVICE STATION NO. 6115, 4350 EL CAMINO REAL, LOS ALTOS,  
CALIFORNIA**

Reviewed By [Signature]

Date 03/20/02

Dear Mr. Balliet:

SECOR International Incorporated (SECOR) has prepared this letter on behalf of TOSCO Corporation (TOSCO), a subsidiary of Phillips Petroleum Company (Phillips) to document soil sampling activities during excavation and removal of the fibre-trench, product lines, and fuel dispensers at 4350 El Camino Real, Los Altos, California (the Site).

#### **SITE BACKGROUND**

The Site is currently an active TOSCO Service Station located on the southwest corner of El Camino Real and Los Altos Avenue in Los Altos, California (Figure 1, Site Location Map). Site facilities include the Station Building, underground storage tanks (USTs), and associated piping and fuel dispensers.

In October 1990, Kaprealian Engineers Incorporated (KEI) observed the removal of three USTs. Four soil samples (A1 through A4, approximately 13.5 to 15.5 feet below ground surface (bgs)) were collected from beneath the fuel USTs, and one sample (B2, approximately 20.5 feet bgs) from beneath a waste oil UST, following over-excavation of apparently impacted soils. Soil sample B2 contained 1,900 parts per million (ppm) total petroleum hydrocarbons as gasoline (TPHg). Soil samples were also collected from product and vent piping trenches (P1 through P11 and V1). Soil sample P11 contained TPHg at 84 ppm. TPHg was not detected at or above the laboratory method detection limits (LMDLs) in any other analyzed soil sample. Benzene was detected in soil samples P8 and P11 at concentrations of 0.028 ppm and 0.021 ppm, respectively. Total lead was detected at a maximum concentration of 16 ppm.

In March 1991, KEI installed three two-inch diameter monitoring wells (MW-1, MW-2, and MW-3; See Figure 2). The wells were completed to total depths of between 47 and 53 feet bgs. Groundwater was encountered at between 37 and 45 feet bgs. Groundwater and selected soil samples collected from these wells were analyzed for TPHg and benzene, toluene, ethylbenzene and xylenes (collectively "BTEX compounds"). Soil samples collected from wellbore MW-1 were also analyzed for total petroleum hydrocarbons as diesel (TPHd), total oil and grease (TOG) and halogenated volatile organic compounds (HVOCs). None of the analytes in soil samples were detected at or above LMDLs in the analyzed soil samples, except for methylene chloride at 0.011 ppm in soil sample MW-1 (collected at 25 feet bgs). Analytical results from groundwater collected during this investigation revealed concentrations of TPHg at 66 parts per billion (ppb) and benzene at 0.37 ppb in the groundwater sample collected from well MW-1.

No petroleum hydrocarbons were detected at or above LMDLs in groundwater samples collected from wells MW-2 and MW-3.

In January 1992, KEI installed one additional two-inch monitoring well (MW-4) through a previously installed conductor casing within the UST cavity (Figure 2). The well was completed at a depth of 50 feet bgs, and groundwater was encountered at a depth of 40 feet bgs. TPHg was detected in soil samples collected from the wellbore at a maximum concentration of 290 ppm (33.5 foot sample) and xylenes were detected at a maximum concentration of 50 ppm, in the 33.5 foot sample. Analytical results from groundwater collected from well MW-4 indicated TPHg at 3,200 ppb and xylenes at 1,800 ppb.

From March 23 to April 1, 1992, K&B Environmental (K&B) operated a temporary soil vapor extraction (SVE) system at the Site using existing well MW-4. Influent air samples collected both before and after the SVE system's operation indicated that influent TPHg concentrations increased from an initial concentration of 2.3 milligrams per liter (mg/L) to 2.8 mg/L.

On April 21, 1992, KEI operated a temporary groundwater extraction (GWE) system in well MW-4. Approximately 2,200 gallons of groundwater were extracted over a period of 8.5 hours. The temporary GWE system was subsequently dismantled.

From August 12 to 21, 1992, K&B performed additional SVE using well MW-4. Influent TPHg concentrations decreased from 10.2 mg/L to 0.80 mg/L indicating a 98.7 % reduction in TPHg concentrations.

In September 1994, KEI prepared a closure summary for the Site. The report indicated that groundwater samples collected from wells MW-1 through MW-3 contained no reportable detections of TPHg or BTEX since the first quarter of 1993, at which time well MW-4 was destroyed. Subsequent to the SCVWD granting closure for the Site, the three remaining groundwater monitoring wells were destroyed in December 1996.

On April 26, 27, and 30, 2001, SECOR supervised the advancement of four soil borings (SB-1 to SB-4; See Figure 2) at the Site by Precision Sampling (Precision) to assess whether MtBE and other fuel oxygenates have impacted soil and/or groundwater in the vicinity of the USTs, product piping, or fuel dispensers. With the exception of trace concentrations of toluene and xylenes in boring SB-4, no petroleum hydrocarbons or fuel oxygenates were detected at or above LMDLs in any of the soil samples analyzed.

## **PRODUCT LINE AND DISPENSER REMOVAL ACTIVITIES**

In December 2001, the excavation and removal of the product lines and trench lines, and dispensers was performed by Paradiso Construction. Excavation and sampling activities were observed and approved by Mr. Michael Balliet of the County of Santa Clara Department of Environmental Health (CSCDEH). Water was not encountered within the excavations during SECOR's sampling and oversight activities, however, pooling of water from recent rainfall did occur but was not sampled.

### **Soil Sampling - Product Lines and Dispensers**

On December 17, 2001, SECOR personnel collected a total of 13 soil samples from the area around the product lines, dispensers, and USTs (Figure 2, Site Plan with Sample Locations).

Soil samples were collected from dispenser locations designated as D-1 through D-8. Soil samples were collected from product line locations designated as L-1 through L-5. Product line and dispenser samples were collected from depths of approximately 3 to 4 feet bgs. Soil samples were submitted to Sequoia Analytical Services (Sequoia) for analysis of TPHg using EPA Method 8015 Modified, BTEX and MtBE by EPA Method 8021B, and fuel oxygenates tertiary butyl alcohol (TBA), MtBE, diisopropyl ether (DIPE), ethyl tertiary butyl ether (EtBE), and tertiary amyl methyl ether (TAME) by EPA Method 8260.

### **Soil Sampling Analytical Results**

None of the analyzed soil samples yielded TPHg, BTEX compounds, MtBE, or 7 analyzed fuel oxygenates at or above their respective LMDLs.

Laboratory analytical results of soil samples are presented in Table 1 and soil sample locations are shown on Figure 2. Field and laboratory procedures are presented as Attachment A. Certified analytical reports and chain-of-custody documentation are presented as Attachment B.

### **SUMMARY OF FINDINGS**

- SECOR collected a total of 13 soil samples for analysis from selected locations at the product line fiber-trenches and dispenser locations as directed by Mr. Michael Balliet of the County of Santa Clara
- None of the analyzed soil samples yielded TPHg, BTEX compounds, MtBE, or 7 analyzed fuel oxygenates at or above their respective LMDLs.

### **CONCLUSION**

Data collected during this investigation indicates concentrations of petroleum hydrocarbons are below LMDLs in compliance soil samples collected from the area of fibre-trench, product lines and dispensers. Based on the low residual hydrocarbon concentrations in the soil, an additional investigation with respect to this phase of work is not warranted. SECOR recommends that no further action be required of TOSCO with respect to further Site assessment or remediation.

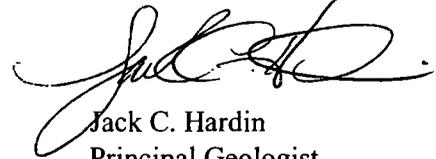
We greatly appreciate the opportunity to submit this report on behalf of TOSCO and trust that this document meets with your approval. Please do not hesitate to contact us at (650) 691-0131 with any questions or comments.

Sincerely,

**SECOR International Incorporated**



Forrest McFarland  
Senior Staff Geologist



Jack C. Hardin  
Principal Geologist

Attachments: Table 1 - Soil Analytical Results  
Figure 1- Site Location Map  
Figure 2- Site Plan with Sample Locations  
Attachment A- Field and Laboratory Procedures  
Attachment B- Certified Analytical Reports and Chain-of-Custody Documentation

cc: Mr. David Camille, TOSCO Corporation  
Mr. Lane Davis, SCVWD  
Mr. Chuck Headlee, RWQCB

**TABLE 1**  
**SOIL ANALYTICAL RESULTS**  
Tosco Service Station No. 6115  
4350 El Camino Real  
Los Altos, California

Sample Number	Sample Depth (ft bgs)	Date Collected	TPHg	Benzene	Toluene	Ethyl-benzene	Total Xylenes	MtBE	TAME	EtBE	DIPE	Ethanol	1,2-DBA	1,2-DCA	TBA
D-1	4	12/17/01	<1.000	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.50	<0.0050	<0.0050	<0.10
D-2	4	12/17/01	<1.000	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.50	<0.0050	<0.0050	<0.10
D-3	4	12/17/01	<1.000	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.50	<0.0050	<0.0050	<0.10
D-4	4	12/17/01	<1.000	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.50	<0.0050	<0.0050	<0.10
D-5	4	12/17/01	<1.000	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.50	<0.0050	<0.0050	<0.10
D-6	4	12/17/01	<1.000	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.50	<0.0050	<0.0050	<0.10
D-7	4	12/17/01	<1.000	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.50	<0.0050	<0.0050	<0.10
D-8	4	12/17/01	<1.000	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.50	<0.0050	<0.0050	<0.10
L-1	4	12/17/01	<1.000	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.50	<0.0050	<0.0050	<0.10
L-2	4	12/17/01	<1.000	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.50	<0.0050	<0.0050	<0.10
L-3	4	12/17/01	<1.000	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.50	<0.0050	<0.0050	<0.10
L-4	4	12/17/01	<1.000	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.50	<0.0050	<0.0050	<0.10
L-5	4	12/17/01	<1.000	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.0050	<0.50	<0.0050	<0.0050	<0.10

**Notes:**

(1) all concentrations are in parts per million (milligrams per kilogram)

**Abbreviations:**

ft bgs = feet below ground surface

TPHg = Total petroleum hydrocarbons as gasoline

MtBE = Methyl tertiary butyl ether

TAME = Tertiary amyl methyl ether

EtBE = Ethyl tertiary butyl ether

DIPE = Di-isopropyl ether

TBA = Tertiary butyl alcohol

1,2-DBA= 1,2-Dibromoethane

1,2-DCA=Dichloroethane

<1.00 defined as not detected above specified laboratory reporting limit

**ATTACHMENT A  
FIELD AND LABORATORY PROCEDURES**

**Soil Sampling**

Soil samples were collected by advancing 2-inch-diameter brass sample liners into undisturbed soil. Soil samples for chemical analysis were retained in the brass liners, labeled, and capped with Teflon sheets and plastic end caps. The samples were then sealed in zip-lock bags, placed on ice, and transported to the laboratory accompanied by the appropriate chain-of-custody documentation.

**Laboratory Analysis of Soil Samples**

Analysis for TPHg was performed by using Method 8015 Modified. BTEX compounds and MtBE were performed by EPA Method 8021B. Fuel oxygenates were performed by EPA Method 8260. Analysis for cadmium, chromium, nickel, lead, and zinc were done by EPA 6000/7000 Series Methods.



Sequoia  
Analytical

1551 Industrial Road  
San Carlos, CA 94070  
(650) 232-9600  
FAX (650) 232-9612  
www.sequoialabs.com

26 December, 2001

Forrest McFarland  
Secor (8)A  
2301 Leghorn St.  
Mt. View, CA 94043

COPY

RE: Tosco DC  
Sequoia Report: L112109

Enclosed are the results of analyses for samples received by the laboratory on 12/17/01 16:45. If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Samples 1-8

Latonya Pelt  
Project Manager

CA ELAP Certificate #2360

Reviewed By *mlp*  
Date 03/20/02



Secor (8)A  
2301 Leghorn St.  
Mt. View CA, 94043

Project: Tosco DC  
Project Number: Tosco #6115, Los Gatos, CA  
Project Manager: Forrest McFarland

**Reported:**  
12/26/01 11:27

**ANALYTICAL REPORT FOR SAMPLES**

Sample ID	Laboratory ID	Matrix	Date Sampled	Date Received
D-1	L112109-01	Soil	12/17/01 11:14	12/17/01 16:45
D-2	L112109-02	Soil	12/17/01 11:17	12/17/01 16:45
D-3	L112109-03	Soil	12/17/01 11:03	12/17/01 16:45
D-4	L112109-04	Soil	12/17/01 11:07	12/17/01 16:45
D-5	L112109-05	Soil	12/17/01 10:44	12/17/01 16:45
D-6	L112109-06	Soil	12/17/01 10:36	12/17/01 16:45
D-7	L112109-07	Soil	12/17/01 10:47	12/17/01 16:45
D-8	L112109-08	Soil	12/17/01 10:30	12/17/01 16:45

Evidence tape was intact and not broken upon receipt.

DRAFT

*MMS*



Secor (8)A  
2301 Leghorn St.  
Mt. View CA, 94043

Project: Tosco DC  
Project Number: Tosco #6115, Los Gatos, CA  
Project Manager: Forrest McFarland

Reported:  
12/26/01 11:27

**Volatile Organic 8 Oxygenated Compounds by EPA Method 8260B**  
**Sequoia Analytical - San Carlos**

Analyte	Result	Reporting Limit	Units	Dilution	Batch	Prepared	Analyzed	Method	Notes
<b>D-1 (L112109-01) Soil Sampled: 12/17/01 11:14 Received: 12/17/01 16:45</b>									
Ethanol	ND	0.50	mg/kg	1	1120081	12/20/01	12/20/01	EPA 8260B	
1,2-Dibromoethane	ND	0.0050	"	"	"	"	"	"	
1,2-Dichloroethane	ND	0.0050	"	"	"	"	"	"	
Di-isopropyl ether	ND	0.0050	"	"	"	"	"	"	
Ethyl tert-butyl ether	ND	0.0050	"	"	"	"	"	"	
Methyl tert-butyl ether	ND	0.0050	"	"	"	"	"	"	
Tert-amyl methyl ether	ND	0.0050	"	"	"	"	"	"	
Tert-butyl alcohol	ND	0.10	"	"	"	"	"	"	
Surrogate: 1,2-Dichloroethane-d4		103 %	70-121	"	"	"	"	"	
Surrogate: Toluene-d8		102 %	81-117	"	"	"	"	"	
<b>D-2 (L112109-02) Soil Sampled: 12/17/01 11:17 Received: 12/17/01 16:45</b>									
Ethanol	ND	0.50	mg/kg	1	1120081	12/20/01	12/20/01	EPA 8260B	
1,2-Dibromoethane	ND	0.0050	"	"	"	"	"	"	
1,2-Dichloroethane	ND	0.0050	"	"	"	"	"	"	
Di-isopropyl ether	ND	0.0050	"	"	"	"	"	"	
Ethyl tert-butyl ether	ND	0.0050	"	"	"	"	"	"	
Methyl tert-butyl ether	ND	0.0050	"	"	"	"	"	"	
Tert-amyl methyl ether	ND	0.0050	"	"	"	"	"	"	
Tert-butyl alcohol	ND	0.10	"	"	"	"	"	"	
Surrogate: 1,2-Dichloroethane-d4		103 %	70-121	"	"	"	"	"	
Surrogate: Toluene-d8		103 %	81-117	"	"	"	"	"	
<b>D-3 (L112109-03) Soil Sampled: 12/17/01 11:03 Received: 12/17/01 16:45</b>									
Ethanol	ND	0.50	mg/kg	1	1120081	12/20/01	12/20/01	EPA 8260B	
1,2-Dibromoethane	ND	0.0050	"	"	"	"	"	"	
1,2-Dichloroethane	ND	0.0050	"	"	"	"	"	"	
Di-isopropyl ether	ND	0.0050	"	"	"	"	"	"	
Ethyl tert-butyl ether	ND	0.0050	"	"	"	"	"	"	
Methyl tert-butyl ether	ND	0.0050	"	"	"	"	"	"	
Tert-amyl methyl ether	ND	0.0050	"	"	"	"	"	"	
Tert-butyl alcohol	ND	0.10	"	"	"	"	"	"	
Surrogate: 1,2-Dichloroethane-d4		105 %	70-121	"	"	"	"	"	
Surrogate: Toluene-d8		102 %	81-117	"	"	"	"	"	

*MM*



Secor (8)A  
2301 Leghorn St.  
Mt. View CA, 94043

Project: Tosco DC  
Project Number: Tosco #6115, Los Gatos, CA  
Project Manager: Forrest McFarland

**Reported:**  
12/26/01 11:27

**Volatile Organic 8 Oxygenated Compounds by EPA Method 8260B**  
**Sequoia Analytical - San Carlos**

Analyte	Result	Reporting Limit	Units	Dilution	Batch	Prepared	Analyzed	Method	Notes
<b>D-4 (L112109-04) Soil Sampled: 12/17/01 11:07 Received: 12/17/01 16:45</b>									
Ethanol	ND	0.50	mg/kg	1	1120081	12/20/01	12/20/01	EPA 8260B	
1,2-Dibromoethane	ND	0.0050	"	"	"	"	"	"	
1,2-Dichloroethane	ND	0.0050	"	"	"	"	"	"	
Di-isopropyl ether	ND	0.0050	"	"	"	"	"	"	
Ethyl tert-butyl ether	ND	0.0050	"	"	"	"	"	"	
Methyl tert-butyl ether	ND	0.0050	"	"	"	"	"	"	
Tert-amyl methyl ether	ND	0.0050	"	"	"	"	"	"	
Tert-butyl alcohol	ND	0.10	"	"	"	"	"	"	
Surrogate: 1,2-Dichloroethane-d4		103 %	70-121	"	"	"	"	"	
Surrogate: Toluene-d8		105 %	81-117	"	"	"	"	"	
<b>D-5 (L112109-05) Soil Sampled: 12/17/01 10:44 Received: 12/17/01 16:45</b>									
Ethanol	ND	0.50	mg/kg	1	1120081	12/20/01	12/21/01	EPA 8260B	
1,2-Dibromoethane	ND	0.0050	"	"	"	"	"	"	
1,2-Dichloroethane	ND	0.0050	"	"	"	"	"	"	
Di-isopropyl ether	ND	0.0050	"	"	"	"	"	"	
Ethyl tert-butyl ether	ND	0.0050	"	"	"	"	"	"	
Methyl tert-butyl ether	ND	0.0050	"	"	"	"	"	"	
Tert-amyl methyl ether	ND	0.0050	"	"	"	"	"	"	
Tert-butyl alcohol	ND	0.10	"	"	"	"	"	"	
Surrogate: 1,2-Dichloroethane-d4		101 %	70-121	"	"	"	"	"	
Surrogate: Toluene-d8		102 %	81-117	"	"	"	"	"	
<b>D-6 (L112109-06) Soil Sampled: 12/17/01 10:36 Received: 12/17/01 16:45</b>									
Ethanol	ND	0.50	mg/kg	1	1120081	12/20/01	12/21/01	EPA 8260B	
1,2-Dibromoethane	ND	0.0050	"	"	"	"	"	"	
1,2-Dichloroethane	ND	0.0050	"	"	"	"	"	"	
Di-isopropyl ether	ND	0.0050	"	"	"	"	"	"	
Ethyl tert-butyl ether	ND	0.0050	"	"	"	"	"	"	
Methyl tert-butyl ether	ND	0.0050	"	"	"	"	"	"	
Tert-amyl methyl ether	ND	0.0050	"	"	"	"	"	"	
Tert-butyl alcohol	ND	0.10	"	"	"	"	"	"	
Surrogate: 1,2-Dichloroethane-d4		103 %	70-121	"	"	"	"	"	
Surrogate: Toluene-d8		104 %	81-117	"	"	"	"	"	



Secor (8)A  
2301 Leghorn St.  
Mt. View CA, 94043

Project: Tosco DC  
Project Number: Tosco #6115, Los Gatos, CA  
Project Manager: Forrest McFarland

Reported:  
12/26/01 11:27

**Volatile Organic 8 Oxygenated Compounds by EPA Method 8260B**  
**Sequoia Analytical - San Carlos**

Analyte	Result	Reporting Limit	Units	Dilution	Batch	Prepared	Analyzed	Method	Notes
<b>D-7 (L112109-07) Soil Sampled: 12/17/01 10:47 Received: 12/17/01 16:45</b>									
Ethanol	ND	0.50	mg/kg	1	1120081	12/20/01	12/21/01	EPA 8260B	
1,2-Dibromoethane	ND	0.0050	"	"	"	"	"	"	
1,2-Dichloroethane	ND	0.0050	"	"	"	"	"	"	
Di-isopropyl ether	ND	0.0050	"	"	"	"	"	"	
Ethyl tert-butyl ether	ND	0.0050	"	"	"	"	"	"	
Methyl tert-butyl ether	ND	0.0050	"	"	"	"	"	"	
Tert-amyl methyl ether	ND	0.0050	"	"	"	"	"	"	
Tert-butyl alcohol	ND	0.10	"	"	"	"	"	"	
Surrogate: 1,2-Dichloroethane-d4		104 %	70-121		"	"	"	"	
Surrogate: Toluene-d8		102 %	81-117		"	"	"	"	
<b>D-8 (L112109-08) Soil Sampled: 12/17/01 10:30 Received: 12/17/01 16:45</b>									
Ethanol	ND	0.50	mg/kg	1	1120081	12/20/01	12/21/01	EPA 8260B	
1,2-Dibromoethane	ND	0.0050	"	"	"	"	"	"	
1,2-Dichloroethane	ND	0.0050	"	"	"	"	"	"	
Di-isopropyl ether	ND	0.0050	"	"	"	"	"	"	
Ethyl tert-butyl ether	ND	0.0050	"	"	"	"	"	"	
Methyl tert-butyl ether	ND	0.0050	"	"	"	"	"	"	
Tert-amyl methyl ether	ND	0.0050	"	"	"	"	"	"	
Tert-butyl alcohol	ND	0.10	"	"	"	"	"	"	
Surrogate: 1,2-Dichloroethane-d4		103 %	70-121		"	"	"	"	
Surrogate: Toluene-d8		105 %	81-117		"	"	"	"	

*WMM*



Secor (8)A  
2301 Leghorn St.  
Mt. View CA, 94043

Project: Tosco DC  
Project Number: Tosco #6115, Los Gatos, CA  
Project Manager: Forrest McFarland

Reported:  
12/26/01 11:27

**Total Petroleum Hydrocarbons as Gasoline and BTEX by EPA 8015M/8020M**  
**Sequoia Analytical - Petaluma**

Analyte	Result	Reporting Limit	Units	Dilution	Batch	Prepared	Analyzed	Method	Notes
<b>D-1 (L112109-01) Soil Sampled: 12/17/01 11:14 Received: 12/17/01 16:45</b>									
Gasoline (C6-C12)	ND	1000	ug/kg	1	1120428	12/19/01	12/19/01	EPA 8015M/8020M	
Benzene	ND	5.0	"	"	"	"	"	"	
Toluene	ND	5.0	"	"	"	"	"	"	
Ethylbenzene	ND	5.0	"	"	"	"	"	"	
Xylenes (total)	ND	5.0	"	"	"	"	"	"	
Methyl tert-butyl ether	ND	50	"	"	"	"	"	"	
Surrogate: a,a,a-Trifluorotoluene		110 %	65-135	"	"	"	"	"	
Surrogate: 4-Bromofluorobenzene		88 %	65-135	"	"	"	"	"	
<b>D-2 (L112109-02) Soil Sampled: 12/17/01 11:17 Received: 12/17/01 16:45</b>									
Gasoline (C6-C12)	ND	1000	ug/kg	1	1120428	12/19/01	12/19/01	EPA 8015M/8020M	
Benzene	ND	5.0	"	"	"	"	"	"	
Toluene	ND	5.0	"	"	"	"	"	"	
Ethylbenzene	ND	5.0	"	"	"	"	"	"	
Xylenes (total)	ND	5.0	"	"	"	"	"	"	
Methyl tert-butyl ether	ND	50	"	"	"	"	"	"	
Surrogate: a,a,a-Trifluorotoluene		111 %	65-135	"	"	"	"	"	
Surrogate: 4-Bromofluorobenzene		86 %	65-135	"	"	"	"	"	
<b>D-3 (L112109-03) Soil Sampled: 12/17/01 11:03 Received: 12/17/01 16:45</b>									
Gasoline (C6-C12)	ND	1000	ug/kg	1	1120428	12/19/01	12/19/01	EPA 8015M/8020M	
Benzene	ND	5.0	"	"	"	"	"	"	
Toluene	ND	5.0	"	"	"	"	"	"	
Ethylbenzene	ND	5.0	"	"	"	"	"	"	
Xylenes (total)	ND	5.0	"	"	"	"	"	"	
Methyl tert-butyl ether	ND	50	"	"	"	"	"	"	
Surrogate: a,a,a-Trifluorotoluene		112 %	65-135	"	"	"	"	"	
Surrogate: 4-Bromofluorobenzene		90 %	65-135	"	"	"	"	"	

*WMB*



Secor (8)A 2301 Leghorn St. Mt. View CA, 94043	Project: Tosco DC Project Number: Tosco #6115, Los Gatos, CA Project Manager: Forrest McFarland	Reported: 12/26/01 11:27
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**Total Petroleum Hydrocarbons as Gasoline and BTEX by EPA 8015M/8020M**  
**Sequoia Analytical - Petaluma**

Analyte	Result	Reporting Limit	Units	Dilution	Batch	Prepared	Analyzed	Method	Notes
<b>D-4 (L112109-04) Soil Sampled: 12/17/01 11:07 Received: 12/17/01 16:45</b>									
Gasoline (C6-C12)	ND	1000	ug/kg	1	1120428	12/19/01	12/19/01	EPA 8015M/8020M	
Benzene	ND	5.0	"	"	"	"	"	"	
Toluene	ND	5.0	"	"	"	"	"	"	
Ethylbenzene	ND	5.0	"	"	"	"	"	"	
Xylenes (total)	ND	5.0	"	"	"	"	"	"	
Methyl tert-butyl ether	ND	50	"	"	"	"	"	"	
Surrogate: a,a,a-Trifluorotoluene		105 %	65-135	"	"	"	"	"	
Surrogate: 4-Bromofluorobenzene		84 %	65-135	"	"	"	"	"	
<b>D-5 (L112109-05) Soil Sampled: 12/17/01 10:44 Received: 12/17/01 16:45</b>									
Gasoline (C6-C12)	ND	1000	ug/kg	1	1120428	12/19/01	12/19/01	EPA 8015M/8020M	
Benzene	ND	5.0	"	"	"	"	"	"	
Toluene	ND	5.0	"	"	"	"	"	"	
Ethylbenzene	ND	5.0	"	"	"	"	"	"	
Xylenes (total)	ND	5.0	"	"	"	"	"	"	
Methyl tert-butyl ether	ND	50	"	"	"	"	"	"	
Surrogate: a,a,a-Trifluorotoluene		111 %	65-135	"	"	"	"	"	
Surrogate: 4-Bromofluorobenzene		95 %	65-135	"	"	"	"	"	
<b>D-6 (L112109-06) Soil Sampled: 12/17/01 10:36 Received: 12/17/01 16:45</b>									
Gasoline (C6-C12)	ND	1000	ug/kg	1	1120427	12/19/01	12/19/01	EPA 8015M/8020M	
Benzene	ND	5.0	"	"	"	"	"	"	
Toluene	ND	5.0	"	"	"	"	"	"	
Ethylbenzene	ND	5.0	"	"	"	"	"	"	
Xylenes (total)	ND	5.0	"	"	"	"	"	"	
Methyl tert-butyl ether	ND	50	"	"	"	"	"	"	
Surrogate: a,a,a-Trifluorotoluene		113 %	65-135	"	"	"	"	"	
Surrogate: 4-Bromofluorobenzene		101 %	65-135	"	"	"	"	"	

*MM*



Secor (8)A  
2301 Leghorn St.  
Mt. View CA, 94043

Project Tosco DC  
Project Number: Tosco #6115, Los Gatos, CA  
Project Manager: Forrest McFarland

Reported:  
12/26/01 11:27

**Total Petroleum Hydrocarbons as Gasoline and BTEX by EPA 8015M/8020M  
Sequoia Analytical - Petaluma**

Analyte	Result	Reporting Limit	Units	Dilution	Batch	Prepared	Analyzed	Method	Notes
<b>D-7 (L112109-07) Soil Sampled: 12/17/01 10:47 Received: 12/17/01 16:45</b>									
Gasoline (C6-C12)	ND	1000	ug/kg	1	1120427	12/19/01	12/19/01	EPA 8015M/8020M	
Benzene	ND	5.0	"	"	"	"	"	"	
Toluene	ND	5.0	"	"	"	"	"	"	
Ethylbenzene	ND	5.0	"	"	"	"	"	"	
Xylenes (total)	ND	5.0	"	"	"	"	"	"	
Methyl tert-butyl ether	ND	50	"	"	"	"	"	"	
Surrogate: a,a,a-Trifluorotoluene		118 %		65-135	"	"	"	"	
Surrogate: 4-Bromofluorobenzene		100 %		65-135	"	"	"	"	
<b>D-8 (L112109-08) Soil Sampled: 12/17/01 10:30 Received: 12/17/01 16:45</b>									
Gasoline (C6-C12)	ND	1000	ug/kg	1	1120427	12/19/01	12/19/01	EPA 8015M/8020M	
Benzene	ND	5.0	"	"	"	"	"	"	
Toluene	ND	5.0	"	"	"	"	"	"	
Ethylbenzene	ND	5.0	"	"	"	"	"	"	
Xylenes (total)	ND	5.0	"	"	"	"	"	"	
Methyl tert-butyl ether	ND	50	"	"	"	"	"	"	
Surrogate: a,a,a-Trifluorotoluene		119 %		65-135	"	"	"	"	
Surrogate: 4-Bromofluorobenzene		96 %		65-135	"	"	"	"	

*WMM*



Secor (8)A  
2301 Leghorn St.  
Mt. View CA, 94043

Project: Tosco DC  
Project Number: Tosco #6115, Los Gatos, CA  
Project Manager: Forrest McFarland

Reported:  
12/26/01 11:27

**Volatile Organic 8 Oxygenated Compounds by EPA Method 8260B - Quality Control  
Sequoia Analytical - San Carlos**

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
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**Batch 1120081 - EPA 5030B [P/T]**

**Blank (1120081-BLK1)**

Prepared & Analyzed: 12/20/01

Ethanol	ND	0.50	mg/kg							
1,2-Dibromoethane	ND	0.0050	"							
1,2-Dichloroethane	ND	0.0050	"							
Di-isopropyl ether	ND	0.0050	"							
Ethyl tert-butyl ether	ND	0.0050	"							
Methyl tert-butyl ether	ND	0.0050	"							
Tert-amyl methyl ether	ND	0.0050	"							
Tert-butyl alcohol	ND	0.10	"							
Surrogate: 1,2-Dichloroethane-d4	0.0515		"	0.0500		103	70-121			
Surrogate: Toluene-d8	0.0514		"	0.0500		103	81-117			

**LCS (1120081-BS1)**

Prepared & Analyzed: 12/20/01

Methyl tert-butyl ether	0.0936	0.0050	mg/kg	0.100		93.6	70-130			
Surrogate: 1,2-Dichloroethane-d4	0.0499		"	0.0500		99.8	70-121			
Surrogate: Toluene-d8	0.0505		"	0.0500		101	81-117			

**Matrix Spike (1120081-MS1)**

Source: L112108-01

Prepared & Analyzed: 12/20/01

Methyl tert-butyl ether	0.0923	0.0050	mg/kg	0.100	ND	92.3	60-140			
Surrogate: 1,2-Dichloroethane-d4	0.0523		"	0.0500		105	70-121			
Surrogate: Toluene-d8	0.0507		"	0.0500		101	81-117			

**Matrix Spike Dup (1120081-MSD1)**

Source: L112108-01

Prepared & Analyzed: 12/20/01

Methyl tert-butyl ether	0.0944	0.0050	mg/kg	0.100	ND	94.4	60-140	2.25	25	
Surrogate: 1,2-Dichloroethane-d4	0.0507		"	0.0500		101	70-121			
Surrogate: Toluene-d8	0.0505		"	0.0500		101	81-117			



Secor (8)A 2301 Leghorn St. Mt. View CA, 94043	Project: Tosco DC Project Number: Tosco #6115, Los Gatos, CA Project Manager: Forrest McFarland	Reported: 12/26/01 11:27
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**Total Petroleum Hydrocarbons as Gasoline and BTEX by EPA 8015M/8020M - Quality Control  
Sequoia Analytical - Petaluma**

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
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**Batch 1120427 - EPA 5030, soils**

**Blank (1120427-BLK1)**

Prepared & Analyzed: 12/19/01

Gasoline (C6-C12)	ND	1000	ug/kg							
Benzene	ND	5.0	"							
Toluene	ND	5.0	"							
Ethylbenzene	ND	5.0	"							
Xylenes (total)	ND	5.0	"							
Methyl tert-butyl ether	ND	50	"							
Surrogate: a,a,a-Trifluorotoluene	587		"	600		98	65-135			
Surrogate: 4-Bromofluorobenzene	591		"	600		98	65-135			

**LCS (1120427-BS1)**

Prepared & Analyzed: 12/19/01

Gasoline (C6-C12)	5140	1000	ug/kg	5500		93	65-135			
Benzene	75.4	5.0	"	66.0		114	65-135			
Toluene	395	5.0	"	397		99	65-135			
Ethylbenzene	81.5	5.0	"	92.0		89	65-135			
Xylenes (total)	425	5.0	"	461		92	65-135			
Methyl tert-butyl ether	113	50	"	105		108	65-135			
Surrogate: a,a,a-Trifluorotoluene	657		"	600		110	65-135			
Surrogate: 4-Bromofluorobenzene	624		"	600		104	65-135			

**Matrix Spike (1120427-MS1)**

Source: P112379-01

Prepared & Analyzed: 12/19/01

Gasoline (C6-C12)	4270	1000	ug/kg	5500	ND	78	65-135			
Benzene	85.7	5.0	"	66.0	ND	130	65-135			
Toluene	450	5.0	"	397	ND	113	65-135			
Ethylbenzene	98.7	5.0	"	92.0	ND	107	65-135			
Xylenes (total)	496	5.0	"	461	ND	108	65-135			
Methyl tert-butyl ether	133	50	"	105	ND	127	65-135			
Surrogate: a,a,a-Trifluorotoluene	718		"	600		120	65-135			
Surrogate: 4-Bromofluorobenzene	494		"	600		82	65-135			

Secor (8)A  
2301 Leghorn St.  
Mt. View CA, 94043

Project: Tosco DC  
Project Number: Tosco #6115, Los Gatos, CA  
Project Manager: Forrest McFarland

**Reported:**  
12/26/01 11:27

**Total Petroleum Hydrocarbons as Gasoline and BTEX by EPA 8015M/8020M - Quality Control  
Sequoia Analytical - Petaluma**

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
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**Batch 1120427 - EPA 5030, soils**

**Matrix Spike Dup (1120427-MSD1)**

Source: P112379-01

Prepared & Analyzed: 12/19/01

Gasoline (C6-C12)	4340	1000	ug/kg	5500	ND	79	65-135	2	20	
Benzene	84.8	5.0	"	66.0	ND	128	65-135	1	20	
Toluene	448	5.0	"	397	ND	113	65-135	0.4	20	
Ethylbenzene	98.5	5.0	"	92.0	ND	107	65-135	0.2	20	
Xylenes (total)	494	5.0	"	461	ND	107	65-135	0.4	20	
Methyl tert-butyl ether	132	50	"	105	ND	126	65-135	0.8	20	
Surrogate: a,a,a-Trifluorotoluene	701	"	"	600		117	65-135			
Surrogate: 4-Bromofluorobenzene	488	"	"	600		81	65-135			

**Batch 1120428 - EPA 5030, soils**

**Blank (1120428-BLK1)**

Prepared & Analyzed: 12/19/01

Gasoline (C6-C12)	ND	1000	ug/kg							
Benzene	ND	5.0	"							
Toluene	ND	5.0	"							
Ethylbenzene	ND	5.0	"							
Xylenes (total)	ND	5.0	"							
Methyl tert-butyl ether	ND	50	"							
Surrogate: a,a,a-Trifluorotoluene	577	"	"	600		96	65-135			
Surrogate: 4-Bromofluorobenzene	562	"	"	600		94	65-135			

**LCS (1120428-BS1)**

Prepared & Analyzed: 12/19/01

Gasoline (C6-C12)	5260	1000	ug/kg	5500		96	65-135			
Benzene	79.9	5.0	"	66.0		121	65-135			
Toluene	396	5.0	"	397		100	65-135			
Ethylbenzene	88.4	5.0	"	92.0		96	65-135			
Xylenes (total)	486	5.0	"	461		105	65-135			
Methyl tert-butyl ether	137	50	"	105		130	65-135			
Surrogate: a,a,a-Trifluorotoluene	586	"	"	600		98	65-135			
Surrogate: 4-Bromofluorobenzene	581	"	"	600		97	65-135			

Secor (8)A  
 2301 Leghorn St.  
 Mt. View CA, 94043

 Project: Tosco DC  
 Project Number: Tosco #6115, Los Gatos, CA  
 Project Manager: Forrest McFarland

**Reported:**  
 12/26/01 11:27

**Total Petroleum Hydrocarbons as Gasoline and BTEX by EPA 8015M/8020M - Quality Control**  
**Sequoia Analytical - Petaluma**

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
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**Batch 1120428 - EPA 5030, soils**

<b>Matrix Spike (1120428-MS1)</b>	<b>Source: P112379-02</b>			<b>Prepared &amp; Analyzed: 12/19/01</b>						
Gasoline (C6-C12)	4920	1000	ug/kg	5500	ND	89	65-135			
Benzene	84.6	5.0	"	66.0	ND	128	65-135			
Toluene	414	5.0	"	397	ND	104	65-135			
Ethylbenzene	92.5	5.0	"	92.0	ND	101	65-135			
Xylenes (total)	508	5.0	"	461	ND	110	65-135			
Methyl tert-butyl ether	145	50	"	105	ND	138	65-135			QM-07
Surrogate: a,a,a-Trifluorotoluene	608		"	600		101	65-135			
Surrogate: 4-Bromofluorobenzene	534		"	600		89	65-135			

<b>Matrix Spike Dup (1120428-MSD1)</b>	<b>Source: P112379-02</b>			<b>Prepared &amp; Analyzed: 12/19/01</b>						
Gasoline (C6-C12)	4940	1000	ug/kg	5500	ND	90	65-135	0.4	20	
Benzene	86.2	5.0	"	66.0	ND	131	65-135	2	20	
Toluene	436	5.0	"	397	ND	110	65-135	5	20	
Ethylbenzene	96.0	5.0	"	92.0	ND	104	65-135	4	20	
Xylenes (total)	522	5.0	"	461	ND	113	65-135	3	20	
Methyl tert-butyl ether	154	50	"	105	ND	147	65-135	6	20	QM-07
Surrogate: a,a,a-Trifluorotoluene	601		"	600		100	65-135			
Surrogate: 4-Bromofluorobenzene	524		"	600		87	65-135			



Secor (8)A  
2301 Leghorn St.  
Mt. View CA, 94043

Project: Tosco DC  
Project Number: Tosco #6115, Los Gatos, CA  
Project Manager: Forrest McFarland

**Reported:**  
12/26/01 11:27

### Notes and Definitions

- QM-07 The spike recovery was outside control limits for the MS and/or MSD. The batch was accepted based on acceptable LCS recovery.
- DET Analyte DETECTED
- ND Analyte NOT DETECTED at or above the reporting limit
- NR Not Reported
- dry Sample results reported on a dry weight basis
- RPD Relative Percent Difference

DRAFT

N<sup>o</sup> 005094  
**TOSCO**

885 Jarvis Drive • Morgan Hill, CA 95037 • (408) 776-9600 • FAX (408) 782-6308  
 819 Striker Ave., Suite 8 • Sacramento, CA 95834 • (916) 921-9600 FAX (916) 921-0100  
 404 N. Wiget Lane • Walnut Creek, CA 94598 • (925) 988-9600 FAX (925) 988-9673  
 1455 McDowell Blvd. North, Suite D • Petaluma, CA 94954 • (707) 792-1865 FAX (707) 792-0342  
 1551 Industrial Road • San Carlos, CA 94070 • (850) 232-9600 FAX (850) 232-9612

Consultant Company: SECOR Project Name: Tosco 6115  
 Address: 2301 Legan TOSCO Engineer (required) Paco Canillo  
 City: Mt. View State: CA Zip Code: 74073  
 Telephone: 650 691-0131 FAX #: 650 691-7837 Site #, City, State: 6115 Los Altos CA  
 Report To: Forrest McFarland Sampler: Forrest QC Data:  Level D (Standard)  Level C  Level B  Level A

Turnaround Time:  10 Work Days  5 Work Days  3 Work Days  Drinking Water  
 2 Work Days  1 Work Day  2-8 Hours  Waste Water  
 CODE:  Misc.  Detect.  Eval.  Remed.  Demol.  Closure  Other

Client Sample I.D.	Date/Time Sampled	Matrix Desc.	# of Cont.	Cont. Type	Sequoia's Sample #	Analyses Requested						Comments
						TPH (EPA 815 Mod. 56)	BTEX (EPA 822)	MTBE (EPA 826)	TPH (EPA 815 Mod. 56)	Volatile Organics (EPA 826)	MTBE Confirmation (EPA 826)	
1. D-1	12/17 11:24	Soil	1	Skene	U12109-00	X	X	X	X	X	X	* Lab to Note
2. D-2	11:17											Condition of
3. D-3	11:03											Evidence
4. D-4	11:07											Tape
5. D-5	10:44											
6. D-6	10:36											
7. D-7	10:47											
8. D-8	10:30											
9.												
10.												

Relinquished By: <u>[Signature]</u>	Date: <u>12/17</u>	Time: <u>14:14</u>	Received By: <u>[Signature]</u>	Date: <u>12/17</u>	Time: <u>4 PM</u>
Relinquished By: <u>[Signature]</u>	Date: <u>12/17</u>	Time: <u>4:45</u>	Received By: <u>[Signature]</u>	Date: <u>12/17</u>	Time: <u>1645</u>
Relinquished By: _____	Date: _____	Time: _____	Received By: _____	Date: _____	Time: _____

More Samples Received in Good Condition?  Yes  No Samples on Ice?  Yes  No Method of Shipment \_\_\_\_\_ Page \_\_\_ of \_\_\_

Completed upon receipt of report:  
 Were the analyses requested on the Chain of Custody reported?  Yes  No If no, what analyses are still needed? \_\_\_\_\_  
 Was the report issued within the requested turnaround time?  Yes  No If no, what was the turnaround time? \_\_\_\_\_

Signature: \_\_\_\_\_ Company: \_\_\_\_\_ Date: \_\_\_\_\_

Pink - Client  
 Yellow - Sequoia  
 White - Sequoia



Sequoia  
Analytical

1551 Industrial Road  
San Carlos, CA 94070  
(650) 232-9600  
FAX (650) 232-9612  
www.sequoialabs.com

COPY

26 December, 2001

Forrest McFarland  
Secor (8)A  
2301 Leghorn St.  
Mt. View, CA 94043

RE: Tosco DC  
Sequoia Report: L112108

Enclosed are the results of analyses for samples received by the laboratory on 12/17/01 16:45. If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Samples 9-13

Latonya Pelt  
Project Manager

CA ELAP Certificate #2360

Reviewed By *mlp*  
Date *02/20/02*



Secor (8)A  
2301 Leghorn St.  
Mt. View CA, 94043

Project: Tosco DC  
Project Number: Tosco #6115, Los Altos, CA  
Project Manager: Forrest McFarland

**Reported:**  
12/26/01 10:47

**ANALYTICAL REPORT FOR SAMPLES**

Sample ID	Laboratory ID	Matrix	Date Sampled	Date Received
L-1	L112108-01	Soil	12/17/01 11:10	12/17/01 16:45
L-2	L112108-02	Soil	12/17/01 10:58	12/17/01 16:45
L-3	L112108-03	Soil	12/17/01 11:21	12/17/01 16:45
L-4	L112108-04	Soil	12/17/01 10:50	12/17/01 16:45
L-5	L112108-05	Soil	12/17/01 10:40	12/17/01 16:45

Evidence tape was intact and not broken upon receipt.

DRAFT



Secor (8)A  
2301 Leghorn St.  
Mt. View CA, 94043

Project Tosco DC  
Project Number Tosco #6115, Los Altos, CA  
Project Manager Forrest McFarland

**Reported:**  
12/26/01 10:47

**Volatile Organic 8 Oxygenated Compounds by EPA Method 8260B  
Sequoia Analytical - San Carlos**

Analyte	Result	Reporting Limit	Units	Dilution	Batch	Prepared	Analyzed	Method	Notes
<b>L-1 (L112108-01) Soil Sampled: 12/17/01 11:10 Received: 12/17/01 16:45</b>									
Ethanol	ND	0.50	mg/kg	1	1120081	12/20/01	12/20/01	EPA 8260B	
1,2-Dibromoethane	ND	0.0050	"	"	"	"	"	"	
1,2-Dichloroethane	ND	0.0050	"	"	"	"	"	"	
Di-isopropyl ether	ND	0.0050	"	"	"	"	"	"	
Ethyl tert-butyl ether	ND	0.0050	"	"	"	"	"	"	
Methyl tert-butyl ether	ND	0.0050	"	"	"	"	"	"	
Tert-amyl methyl ether	ND	0.0050	"	"	"	"	"	"	
Tert-butyl alcohol	ND	0.10	"	"	"	"	"	"	
Surrogate: 1,2-Dichloroethane-d4		105 %	70-121	"	"	"	"	"	
Surrogate: Toluene-d8		100 %	81-117	"	"	"	"	"	
<b>L-2 (L112108-02) Soil Sampled: 12/17/01 10:58 Received: 12/17/01 16:45</b>									
Ethanol	ND	0.50	mg/kg	1	1120081	12/20/01	12/20/01	EPA 8260B	
1,2-Dibromoethane	ND	0.0050	"	"	"	"	"	"	
1,2-Dichloroethane	ND	0.0050	"	"	"	"	"	"	
Di-isopropyl ether	ND	0.0050	"	"	"	"	"	"	
Ethyl tert-butyl ether	ND	0.0050	"	"	"	"	"	"	
Methyl tert-butyl ether	ND	0.0050	"	"	"	"	"	"	
Tert-amyl methyl ether	ND	0.0050	"	"	"	"	"	"	
Tert-butyl alcohol	ND	0.10	"	"	"	"	"	"	
Surrogate: 1,2-Dichloroethane-d4		104 %	70-121	"	"	"	"	"	
Surrogate: Toluene-d8		105 %	81-117	"	"	"	"	"	
<b>L-3 (L112108-03) Soil Sampled: 12/17/01 11:21 Received: 12/17/01 16:45</b>									
Ethanol	ND	0.50	mg/kg	1	1120081	12/20/01	12/20/01	EPA 8260B	
1,2-Dibromoethane	ND	0.0050	"	"	"	"	"	"	
1,2-Dichloroethane	ND	0.0050	"	"	"	"	"	"	
Di-isopropyl ether	ND	0.0050	"	"	"	"	"	"	
Ethyl tert-butyl ether	ND	0.0050	"	"	"	"	"	"	
Methyl tert-butyl ether	ND	0.0050	"	"	"	"	"	"	
Tert-amyl methyl ether	ND	0.0050	"	"	"	"	"	"	
Tert-butyl alcohol	ND	0.10	"	"	"	"	"	"	
Surrogate: 1,2-Dichloroethane-d4		101 %	70-121	"	"	"	"	"	
Surrogate: Toluene-d8		103 %	81-117	"	"	"	"	"	



Secor (8)A 2301 Leghorn St. Mt. View CA, 94043	Project: Tosco DC Project Number: Tosco #6115, Los Altos, CA Project Manager: Forrest McFarland	<b>Reported:</b> 12/26/01 10:47
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**Volatile Organic 8 Oxygenated Compounds by EPA Method 8260B**  
**Sequoia Analytical - San Carlos**

Analyte	Result	Reporting Limit	Units	Dilution	Batch	Prepared	Analyzed	Method	Notes
<b>L-4 (L112108-04) Soil Sampled: 12/17/01 10:50 Received: 12/17/01 16:45</b>									
Ethanol	ND	0.50	mg/kg	1	1120081	12/20/01	12/20/01	EPA 8260B	
1,2-Dibromoethane	ND	0.0050	"	"	"	"	"	"	
1,2-Dichloroethane	ND	0.0050	"	"	"	"	"	"	
Di-isopropyl ether	ND	0.0050	"	"	"	"	"	"	
Ethyl tert-butyl ether	ND	0.0050	"	"	"	"	"	"	
Methyl tert-butyl ether	ND	0.0050	"	"	"	"	"	"	
Tert-amyl methyl ether	ND	0.0050	"	"	"	"	"	"	
Tert-butyl alcohol	ND	0.10	"	"	"	"	"	"	
<i>Surrogate: 1,2-Dichloroethane-d4</i>		103 %		70-121	"	"	"	"	
<i>Surrogate: Toluene-d8</i>		103 %		81-117	"	"	"	"	
<b>L-5 (L112108-05) Soil Sampled: 12/17/01 10:40 Received: 12/17/01 16:45</b>									
Ethanol	ND	0.50	mg/kg	1	1120081	12/20/01	12/20/01	EPA 8260B	
1,2-Dibromoethane	ND	0.0050	"	"	"	"	"	"	
1,2-Dichloroethane	ND	0.0050	"	"	"	"	"	"	
Di-isopropyl ether	ND	0.0050	"	"	"	"	"	"	
Ethyl tert-butyl ether	ND	0.0050	"	"	"	"	"	"	
Methyl tert-butyl ether	ND	0.0050	"	"	"	"	"	"	
Tert-amyl methyl ether	ND	0.0050	"	"	"	"	"	"	
Tert-butyl alcohol	ND	0.10	"	"	"	"	"	"	
<i>Surrogate: 1,2-Dichloroethane-d4</i>		102 %		70-121	"	"	"	"	
<i>Surrogate: Toluene-d8</i>		101 %		81-117	"	"	"	"	



Secor (8)A 2301 Leghorn St. Mt. View CA, 94043	Project Tosco DC Project Number Tosco #6115, Los Altos, CA Project Manager Forrest McFarland	Reported: 12/26/01 10:47
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**Total Petroleum Hydrocarbons as Gasoline and BTEX by EPA 8015M/8020M**  
**Sequoia Analytical - Petaluma**

Analyte	Result	Reporting Limit	Units	Dilution	Batch	Prepared	Analyzed	Method	Notes
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**L-1 (L112108-01) Soil Sampled: 12/17/01 11:10 Received: 12/17/01 16:45**

Gasoline (C6-C12)	ND	1000	ug/kg	1	1120427	12/19/01	12/19/01	EPA 8015M/8020M	
Benzene	ND	5.0	"	"	"	"	"	"	
Toluene	ND	5.0	"	"	"	"	"	"	
Ethylbenzene	ND	5.0	"	"	"	"	"	"	
Xylenes (total)	ND	5.0	"	"	"	"	"	"	
Methyl tert-butyl ether	ND	50	"	"	"	"	"	"	
Surrogate: a,a,a-Trifluorotoluene		111 %		65-135	"	"	"	"	
Surrogate: 4-Bromofluorobenzene		83 %		65-135	"	"	"	"	

**L-2 (L112108-02) Soil Sampled: 12/17/01 10:58 Received: 12/17/01 16:45**

Gasoline (C6-C12)	ND	1000	ug/kg	1	1120428	12/19/01	12/19/01	EPA 8015M/8020M	
Benzene	ND	5.0	"	"	"	"	"	"	
Toluene	ND	5.0	"	"	"	"	"	"	
Ethylbenzene	ND	5.0	"	"	"	"	"	"	
Xylenes (total)	ND	5.0	"	"	"	"	"	"	
Methyl tert-butyl ether	ND	50	"	"	"	"	"	"	
Surrogate: a,a,a-Trifluorotoluene		105 %		65-135	"	"	"	"	
Surrogate: 4-Bromofluorobenzene		87 %		65-135	"	"	"	"	

**L-3 (L112108-03) Soil Sampled: 12/17/01 11:21 Received: 12/17/01 16:45**

Gasoline (C6-C12)	ND	1000	ug/kg	1	1120427	12/19/01	12/19/01	EPA 8015M/8020M	
Benzene	ND	5.0	"	"	"	"	"	"	
Toluene	ND	5.0	"	"	"	"	"	"	
Ethylbenzene	ND	5.0	"	"	"	"	"	"	
Xylenes (total)	ND	5.0	"	"	"	"	"	"	
Methyl tert-butyl ether	ND	50	"	"	"	"	"	"	
Surrogate: a,a,a-Trifluorotoluene		112 %		65-135	"	"	"	"	
Surrogate: 4-Bromofluorobenzene		94 %		65-135	"	"	"	"	



Secor (8)A  
2301 Leghorn St.  
Mt. View CA, 94043

Project Tosco DC  
Project Number: Tosco #6115, Los Altos, CA  
Project Manager: Forrest McFarland

**Reported:**  
12/26/01 10:47

**Total Petroleum Hydrocarbons as Gasoline and BTEX by EPA 8015M/8020M**

**Sequoia Analytical - Petaluma**

Analyte	Result	Reporting Limit	Units	Dilution	Batch	Prepared	Analyzed	Method	Notes
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**L-4 (L112108-04) Soil Sampled: 12/17/01 10:50 Received: 12/17/01 16:45**

Gasoline (C6-C12)	ND	1000	ug/kg	1	1120427	12/19/01	12/19/01	EPA 8015M/8020M	
Benzene	ND	5.0	"	"	"	"	"	"	
Toluene	ND	5.0	"	"	"	"	"	"	
Ethylbenzene	ND	5.0	"	"	"	"	"	"	
Xylenes (total)	ND	5.0	"	"	"	"	"	"	
Methyl tert-butyl ether	ND	50	"	"	"	"	"	"	
Surrogate: <i>a,a,a</i> -Trifluorotoluene		116 %	65-135	"	"	"	"	"	
Surrogate: 4-Bromofluorobenzene		94 %	65-135	"	"	"	"	"	

**L-5 (L112108-05) Soil Sampled: 12/17/01 10:40 Received: 12/17/01 16:45**

Gasoline (C6-C12)	ND	1000	ug/kg	1	1120427	12/19/01	12/19/01	EPA 8015M/8020M	
Benzene	ND	5.0	"	"	"	"	"	"	
Toluene	ND	5.0	"	"	"	"	"	"	
Ethylbenzene	ND	5.0	"	"	"	"	"	"	
Xylenes (total)	ND	5.0	"	"	"	"	"	"	
Methyl tert-butyl ether	ND	50	"	"	"	"	"	"	
Surrogate: <i>a,a,a</i> -Trifluorotoluene		111 %	65-135	"	"	"	"	"	
Surrogate: 4-Bromofluorobenzene		89 %	65-135	"	"	"	"	"	

Secor (8)A  
2301 Leghorn St.  
Mt. View CA, 94043

Project Tosco DC  
Project Number: Tosco #6115, Los Altos, CA  
Project Manager: Forrest McFarland

**Reported:**  
12/26/01 10:47

**Volatile Organic 8 Oxygenated Compounds by EPA Method 8260B - Quality Control**  
**Sequoia Analytical - San Carlos**

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
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**Batch 1120081 - EPA 5030B [P/T]**

**Blank (1120081-BLK1)**

Prepared & Analyzed: 12/20/01

Ethanol	ND	0.50	mg/kg							
1,2-Dibromoethane	ND	0.0050	"							
1,2-Dichloroethane	ND	0.0050	"							
Di-isopropyl ether	ND	0.0050	"							
Ethyl tert-butyl ether	ND	0.0050	"							
Methyl tert-butyl ether	ND	0.0050	"							
Tert-amyl methyl ether	ND	0.0050	"							
Tert-butyl alcohol	ND	0.10	"							
Surrogate: 1,2-Dichloroethane-d4	0.0515		"	0.0500		103	70-121			
Surrogate: Toluene-d8	0.0514		"	0.0500		103	81-117			

**LCS (1120081-BS1)**

Prepared & Analyzed: 12/20/01

Methyl tert-butyl ether	0.0936	0.0050	mg/kg	0.100		93.6	70-130			
Surrogate: 1,2-Dichloroethane-d4	0.0499		"	0.0500		99.8	70-121			
Surrogate: Toluene-d8	0.0505		"	0.0500		101	81-117			

**Matrix Spike (1120081-MS1)**

Source: L112108-01

Prepared & Analyzed: 12/20/01

Methyl tert-butyl ether	0.0923	0.0050	mg/kg	0.100	ND	92.3	60-140			
Surrogate: 1,2-Dichloroethane-d4	0.0523		"	0.0500		105	70-121			
Surrogate: Toluene-d8	0.0507		"	0.0500		101	81-117			

**Matrix Spike Dup (1120081-MSD1)**

Source: L112108-01

Prepared & Analyzed: 12/20/01

Methyl tert-butyl ether	0.0944	0.0050	mg/kg	0.100	ND	94.4	60-140	2.25	25	
Surrogate: 1,2-Dichloroethane-d4	0.0507		"	0.0500		101	70-121			
Surrogate: Toluene-d8	0.0505		"	0.0500		101	81-117			

Secor (8)A  
 2301 Leghorn St.  
 Mt. View CA, 94043

 Project: Tosco DC  
 Project Number: Tosco #6115, Los Altos, CA  
 Project Manager: Forrest McFarland

**Reported:**  
 12/26/01 10:47

**Total Petroleum Hydrocarbons as Gasoline and BTEX by EPA 8015M/8020M - Quality Control**  
**Sequoia Analytical - Petaluma**

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
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**Batch 1120427 - EPA 5030, soils**
**Blank (1120427-BLK1)**

Prepared &amp; Analyzed: 12/19/01

Gasoline (C6-C12)	ND	1000	ug/kg							
Benzene	ND	5.0	"							
Toluene	ND	5.0	"							
Ethylbenzene	ND	5.0	"							
Xylenes (total)	ND	5.0	"							
Methyl tert-butyl ether	ND	50	"							
Surrogate: a,a,a-Trifluorotoluene	587		"	600		98	65-135			
Surrogate: 4-Bromofluorobenzene	591		"	600		98	65-135			

**LCS (1120427-BS1)**

Prepared &amp; Analyzed: 12/19/01

Gasoline (C6-C12)	5140	1000	ug/kg	5500		93	65-135			
Benzene	75.4	5.0	"	66.0		114	65-135			
Toluene	395	5.0	"	397		99	65-135			
Ethylbenzene	81.5	5.0	"	92.0		89	65-135			
Xylenes (total)	425	5.0	"	461		92	65-135			
Methyl tert-butyl ether	113	50	"	105		108	65-135			
Surrogate: a,a,a-Trifluorotoluene	657		"	600		110	65-135			
Surrogate: 4-Bromofluorobenzene	624		"	600		104	65-135			

**Matrix Spike (1120427-MS1)**

Source: L112108-01

Prepared &amp; Analyzed: 12/19/01

Gasoline (C6-C12)	4270	1000	ug/kg	5500	ND	78	65-135			
Benzene	85.7	5.0	"	66.0	ND	130	65-135			
Toluene	450	5.0	"	397	ND	113	65-135			
Ethylbenzene	98.7	5.0	"	92.0	ND	107	65-135			
Xylenes (total)	496	5.0	"	461	ND	108	65-135			
Methyl tert-butyl ether	133	50	"	105	ND	127	65-135			
Surrogate: a,a,a-Trifluorotoluene	718		"	600		120	65-135			
Surrogate: 4-Bromofluorobenzene	494		"	600		82	65-135			

Secor (8)A  
 2301 Leghorn St.  
 Mt. View CA, 94043

 Project Tosco DC  
 Project Number Tosco #6115, Los Altos, CA  
 Project Manager Forrest McFarland

**Reported:**  
 12/26/01 10:47

**Total Petroleum Hydrocarbons as Gasoline and BTEX by EPA 8015M/8020M - Quality Control**  
**Sequoia Analytical - Petaluma**

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
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**Batch 1120427 - EPA 5030, soils**
**Matrix Spike Dup (1120427-MSD1)**
**Source: L112108-01**
**Prepared & Analyzed: 12/19/01**

Gasoline (C6-C12)	4340	1000	ug/kg	5500	ND	79	65-135	2	20	
Benzene	84.8	5.0	"	66.0	ND	128	65-135	1	20	
Toluene	448	5.0	"	397	ND	113	65-135	0.4	20	
Ethylbenzene	98.5	5.0	"	92.0	ND	107	65-135	0.2	20	
Xylenes (total)	494	5.0	"	461	ND	107	65-135	0.4	20	
Methyl tert-butyl ether	132	50	"	105	ND	126	65-135	0.8	20	
<i>Surrogate: a.a.a-Trifluorotoluene</i>	701	"	"	600		117	65-135			
<i>Surrogate: 4-Bromofluorobenzene</i>	488	"	"	600		81	65-135			

**Batch 1120428 - EPA 5030, soils**
**Blank (1120428-BLK1)**
**Prepared & Analyzed: 12/19/01**

Gasoline (C6-C12)	ND	1000	ug/kg							
Benzene	ND	5.0	"							
Toluene	ND	5.0	"							
Ethylbenzene	ND	5.0	"							
Xylenes (total)	ND	5.0	"							
Methyl tert-butyl ether	ND	50	"							
<i>Surrogate: a.a.a-Trifluorotoluene</i>	577	"	"	600		96	65-135			
<i>Surrogate: 4-Bromofluorobenzene</i>	562	"	"	600		94	65-135			

**LCS (1120428-BS1)**
**Prepared & Analyzed: 12/19/01**

Gasoline (C6-C12)	5260	1000	ug/kg	5500		96	65-135			
Benzene	79.9	5.0	"	66.0		121	65-135			
Toluene	396	5.0	"	397		100	65-135			
Ethylbenzene	88.4	5.0	"	92.0		96	65-135			
Xylenes (total)	486	5.0	"	461		105	65-135			
Methyl tert-butyl ether	137	50	"	105		130	65-135			
<i>Surrogate: a.a.a-Trifluorotoluene</i>	586	"	"	600		98	65-135			
<i>Surrogate: 4-Bromofluorobenzene</i>	581	"	"	600		97	65-135			

Secor (8)A  
2301 Leghorn St.  
Mt. View CA, 94043

Project: Tosco DC  
Project Number: Tosco #6115, Los Altos, CA  
Project Manager Forrest McFarland

**Reported:**  
12/26/01 10:47

**Total Petroleum Hydrocarbons as Gasoline and BTEX by EPA 8015M/8020M - Quality Control**  
**Sequoia Analytical - Petaluma**

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
<b>Batch 1120428 - EPA 5030, soils</b>										
<b>Matrix Spike (1120428-MS1)</b>		<b>Source: L112108-02</b>			<b>Prepared &amp; Analyzed: 12/19/01</b>					
Gasoline (C6-C12)	4920	1000	ug/kg	5500	ND	89	65-135			
Benzene	84.6	5.0	"	66.0	ND	128	65-135			
Toluene	414	5.0	"	397	ND	104	65-135			
Ethylbenzene	92.5	5.0	"	92.0	ND	101	65-135			
Xylenes (total)	508	5.0	"	461	ND	110	65-135			
Methyl tert-butyl ether	145	50	"	105	ND	138	65-135			QM-07
Surrogate: a,a,a-Trifluorotoluene	608		"	600		101	65-135			
Surrogate: 4-Bromofluorobenzene	534		"	600		89	65-135			
<b>Matrix Spike Dup (1120428-MSD1)</b>		<b>Source: L112108-02</b>			<b>Prepared &amp; Analyzed: 12/19/01</b>					
Gasoline (C6-C12)	4940	1000	ug/kg	5500	ND	90	65-135	0.4	20	
Benzene	86.2	5.0	"	66.0	ND	131	65-135	2	20	
Toluene	436	5.0	"	397	ND	110	65-135	5	20	
Ethylbenzene	96.0	5.0	"	92.0	ND	104	65-135	4	20	
Xylenes (total)	522	5.0	"	461	ND	113	65-135	3	20	
Methyl tert-butyl ether	154	50	"	105	ND	147	65-135	6	20	QM-07
Surrogate: a,a,a-Trifluorotoluene	601		"	600		100	65-135			
Surrogate: 4-Bromofluorobenzene	524		"	600		87	65-135			



Secor (8)A  
2301 Leghorn St.  
Mt. View CA, 94043

Project Tosco DC  
Project Number. Tosco #6115, Los Altos, CA  
Project Manager: Forrest McFarland

**Reported:**  
12/26/01 10:47

### Notes and Definitions

- QM-07 The spike recovery was outside control limits for the MS and/or MSD. The batch was accepted based on acceptable LCS recovery.
- DET Analyte DETECTED
- ND Analyte NOT DETECTED at or above the reporting limit
- NR Not Reported
- dry Sample results reported on a dry weight basis
- RPD Relative Percent Difference

DRAFT

N<sup>o</sup> 005095  
**TOSCO**

885 Jarvis Drive • Morgan Hill, CA 95037 • (408) 776-9600 • FAX (408) 782-6308  
 819 Striker Ave., Suite 8 • Sacramento, CA 95834 • (916) 921-9600 FAX (916) 921-0100  
 404 N. Wiget Lane • Walnut Creek, CA 94598 • (925) 988-9600 FAX (925) 988-9673  
 1455 McDowell Blvd. North, Suite D • Petaluma, CA 94954 • (707) 792-1865 FAX (707) 792-0342  
 1551 Industrial Road • San Carlos, CA 94070 • (650) 232-9600 FAX (650) 232-9612

Consultant Company: SECDR Project Name: Tosco 6115  
 Address: 2301 Leghorn TOSCO Engineer (required) Dave Camille  
 City: Mr. View State: CA Zip Code: 94043  
 Telephone: 650 691-0131 FAX #: 650 691-9837 Site #, City, State: 6115 Los Altos, CA  
 Report To: Forest McFarland Sampler: Forcast QC Data:  Level D (Standard)  Level C  Level B  Level A

Turnaround Time:  10 Work Days  5 Work Days  3 Work Days  
 2 Work Days  1 Work Day  2-8 Hours

Analyses Requested  
 Drinking Water  
 Waste Water  
 Other

CODE:  Misc.  Detect.  Eval.  Remed.  Demol.  Closure

Client Sample I.D.	Date/Time Sampled	Matrix Desc.	# of Cont.	Cont. Type	Sequoia's Sample #	Analyses Requested						Comments
						TPH (EPA 8015 Mod. Gas)	BTEX (EPA 8020)	MTBE (EPA 8021)	TPH (EPA 8015 Mod. Diesel)	Volatiles Organics (EPA 8060)	MTBE Confirmation (EPA 8021)	
1. L-1	12/17 11:10	Soil	1	Sleeve	411208-0	X	X	X	X	X	X	Lab to Note
2. L-2	10:58	↓	↓	↓		↓	↓	↓	↓	↓	↓	Condition
3. L-3	11:21	↓	↓	↓		↓	↓	↓	↓	↓	↓	of Evidence
4. L-4	10:50	↓	↓	↓		↓	↓	↓	↓	↓	↓	Tape
5. L-5	10:40	↓	↓	↓		↓	↓	↓	↓	↓	↓	
6.												
7.												
8.												
9.												
10.												

Relinquished By: [Signature] Date: 12/17 Time: 14:15 Received By: [Signature] Date: 12/17 Time: 4PM  
 Relinquished By: [Signature] Date: 12/17 Time: 4:45 Received By: [Signature] Date: 12/17 Time: 1645  
 Relinquished By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Are Samples Received in Good Condition?  Yes  No Samples on Ice?  Yes  No Method of Shipment \_\_\_\_\_ Page \_\_\_ of \_\_\_

to be completed upon receipt of report:  
 1) Were the analyses requested on the Chain of Custody reported?  Yes  No If no, what analyses are still needed? \_\_\_\_\_  
 2) Was the report issued within the requested turnaround time?  Yes  No If no, what was the turnaround time? \_\_\_\_\_  
 Approved by: \_\_\_\_\_ Signature: \_\_\_\_\_ Company: \_\_\_\_\_ Date: \_\_\_\_\_

Pink - Client  
 Yellow - Sequoia  
 White - Sequoia

January 9, 2002

County of Santa Clara  
Department of Environmental Health  
Hazardous Materials Compliance Division  
Michael Balliet  
2220 Moorpark Ave  
Room 204, East Wing  
San Jose, CA 95128

Reviewed By *[Signature]*  
Date 03/20/02

RE: Union 76 Station, 4350 El Camino Real, Los Altos, CA, SS#256115

Dear Mr. Balliet,

I am writing to address the issue, which was brought up by your agency for the above mentioned. The approved set of construction drawing site include the installation of "under dispenser sensors". At this time, Tosco Marketing Company would like to exclude said under dispenser sensors.

By this exclusion, Tosco is aware that annual testing will be required at this site. In the event that under dispenser sensors will be required at a later date, Tosco is prepared for the additional monitoring upgrade through installation of spare conduit runs to the dispensers.

If you have any question, feel free to contact me at 253.905.3734. Thank you for your time in this matter.

Sincerely,



Tom Noble  
Contract Project Engineer



**TAIT & Associates, Inc.**  
Architecture • Engineering • Environmental

January 4, 2002

**Via: Fax**

Mike Balia  
Santa Clara County HMCDC  
2220 Moorpark Avenue  
San Jose, CA 95128  
Phone (408) 299-7264

**RE: Proposed Piping Replacement  
TOSCO #6115  
4350 El Camino Blvd, Los Altos  
Tait Job # TC771**

Dear Mike:

This letter is to inform you of a change in the approved equipment list for this project. The petroleum piping product will be Ameron and not A. O. Smith Redthread. I have enclosed a cut sheet for this piping. Feel free to call me should you require additional information.

Respectfully,

TAIT AND ASSOCIATES, INC

Tim Page  
Project Manager

Reviewed By [Signature]  
Date 03/29/02



**TAIT & Associates, Inc.**  
 Architecture • Engineering • Environmental

RECORDED BY  
 ENVIRONMENTAL HEALTH  
 HHCDC

Nov 26 10 23 AM '01

November 21, 2001

Via: Overnight

Mike Balliet  
 Santa Clara County HMCDC  
 2220 Moorpark Avenue  
 San Jose, CA 95128  
 Phone (408) 299-7264

**RE: Proposed Piping Replacement**  
**Union #6115**  
**4350 El Camino Blvd, Los Altos**  
**Tait Job # TC771**

Dear Mike:

Enclosed are plan check comment responses per your e-mail dated November 19, 2001.

1. The tanks are Modern Welding with 43" collars. Western Fiberglass will fiberglass the pipe sump to the collar.
2. Current Worker's Compensation for Paradiso Mechanical provided.
3. The fiber trench will be removed.
4. Dispenser shear valves are OPW # OP10BHMP-830, listed on sheet 3DWF6, line item 12. Specification sheets enclosed.
5. No flex connectors are used. Item re-labeled as secondary piping containment fittings.
6. The Bravo 8000 Series under pan dispenser is fiberglass material. Third party certification is enclosed.
7. Phil-Tite information to be faxed to your attention from Phil-Tite.

We would like to expedite this application, so please let me know if any further fees are incurred. Thank you for your assistance.

Respectfully,

TAIT AND ASSOCIATES, INC

Becky Weaver  
 Project Coordinator

Reviewed By   
 Date 03/20/02

Enc.



TAIT & Associates, Inc. ARCHITECTURE • ENGINEERING • ENVIRONMENTAL HEALTH & SAFETY

SP05861

OCT 24 9 01 AM '01

October 23, 2001

Via: Overnight

Mike Balia  
Santa Clara County HMCDD  
2220 Moorpark Avenue  
San Jose, CA 95128  
Phone (408) 299-7264

RE: Proposed Piping Replacement  
TOSCO #6115  
4350 El Camino Blvd, Los Altos  
Tait Job # TC771

7 not xerox  
tank - collar?  
How to attach  
- tank top?  
- tank collar?

Dear Mike:

Enclosed is the Closure Permit Application we discussed and a \$315.00 check for the rest of the required fees. We would like to expedite this application, so please let me know if any other fees are incurred.

Thanks you for your assistance.

Respectfully,

TAIT AND ASSOCIATES, INC

Becky Weaver  
Project Coordinator

Enc.

Reviewed By [Signature]  
Date 10/23/01



**TAIT & Associates, Inc.**  
Architecture • Engineering • Environmental

RECEIVED BY  
ENVIRONMENTAL HEALTH  
HMCD

OCT 12 8:39 AM '01

October 11, 2001

**Via: Overnight**

Mike Balia  
Santa Clara County HMCD  
2220 Moorpark Avenue  
San Jose, CA 95128  
Phone (408) 299-7264

**RE: Proposed Piping Replacement  
TOSCO #6115  
4350 El Camino Blvd, Los Altos  
Tait Job # TC771**

Dear Mike:

On behalf of our client, TOSCO Marketing, we are submitting for modification of underground storage tanks. Enclosed are the following documents:

- Haz Mat Storage Tank Installation Equipment List
- 2 sets of plans
- Application fee of \$291.00, Tait check #13360
- Scope of Work Statement
- New Install & Old Equipment Tank Forms
- Manufacturer's Specification sheets

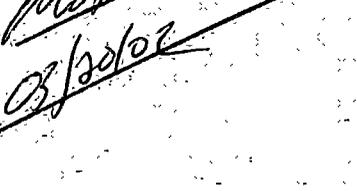
Please call me (916) 669-1817 if you have any questions or additional material is needed. Thank you for your help with this project.

Respectfully,

TAIT AND ASSOCIATES, INC

Becky Weaver  
Project Coordinator

Enc.

Reviewed By   
Date 

# SCOPE OF WORK

**Tosco Facility #6115  
4350 El Camino Road  
Los Altos, CA**

## DESCRIPTION OF WORK TO BE COMPLETED

- Replace the existing piping system. This includes updating the:
  - Primary Product Piping
  - Vapor Recovery Piping
  - Flex Boots
  - Piping Sump Leak Detection Sensors
  - Dispenser Pan Leak Detection Sensors
  - Dispenser Secondary Containment Pans/Sumps
- Compliance with Executive Order VR-101-A, including installation of
  - Phil-Tite Containment Boxes
  - Phil-Tite Vapor Recovery Adapters
  - OPW Ball Float Valve & Drop Tube
  - Overfill Alarm
  - Husky Vent Cap
- Existing dispensers to remain

## PROJECT CONTACT:

TAIT & ASSOCIATES  
Becky Weaver, Project Coordinator  
2880 Sunrise Blvd #206  
Rancho Cordova, CA 95742  
(916) 669-1817  
(916) 635-2606 FAX

Reviewed By   
Date 2/22/02

**OFFICIAL NOTICE OF INSPECTION**

DBA/Name <i>Union Station # 06115</i>	Facility ID # <i>SR803863</i>	Hours <i>60</i>	Service Code <i>28</i>	Date <i>3/1/01</i>
Address <i>4350 El Camino Real, L.A.</i>				Work Area Location
Contact Person <i>Don Brenton</i>				Emp# <i>4658</i>
Additional Information				Prog/Elem <i>2323</i>
				Permit Exp. Date

- Hazardous Materials
- Hazardous Waste
- Toxic Gas
- Medical Waste Storage & Treatment
- Medical Waste Generator
- Risk Management and Prevention Program

*installation of OPW 1-2100, 5 gal spill container.*  
*water level held from marked area on container. No leaks noted on rises.*  
*drain for any overspilled fuel emptied into tank.*  
*Approved for repaving tank area with concrete.*

Received by: *Don Brenton* Inspected by: *Stephanie Christensen*

Page 1 of 1 Mailing Address: Dept. of Environmental Health  
 Hazardous Materials Compliance Division  
 P.O. Box 28070  
 San Jose, CA 95159-8070

Entered by: 10082  
3-16-01  
 white - HMCD yellow - Facility pink - Staff

*CB*  
*OK*

# County of Santa Clara

Environmental Resources Agency  
Department of Environmental Health  
Hazardous Materials Compliance Division  
2220 Moorpark Avenue, East Wing, Room 204  
San Jose, California 95128-2690  
(408) 299-6930 FAX 280-6479

Mailing Address  
Department of Environmental Health  
Hazardous Materials Compliance Division  
P.O. Box 28070  
San Jose, California 95159-8070

COPY



February 26, 2001

Kerry Brenton  
Dan Brenton Construction, Inc.  
2634 Pacer Lane  
San Jose, CA. 95111

**Re: Plan Check Review - Union Station #06115, 4350 El Camino Real, Los Altos.**

Mr. Brenton:

Upon review of your proposal for upgrading of underground storage tank systems at the above facility, this Department approves the plans with the following conditions:

1. Contact HMCD a minimum of 48 hours in advance to schedule the following inspections:
  - a. Confirmation of spill container installation.

**Any substitution of equipment or reconfiguration of systems as described in the approved plans requires prior approval from this Department.** Be advised that plan approval by the Building Department may be required prior to beginning work.

If you have any questions, please contact the undersigned inspector at (408) 299-6930.

Greg Breshears  
Lead Hazardous Materials Specialist  
Hazardous Materials Compliance Division

enclosure: approved plans

**County of Santa Clara**  
 Department of Environmental Health  
 Hazardous Materials Compliance Division  
 2220 Moorpark Avenue  
 P.O. Box 28070  
 San Jose, CA 95159-8070  
 (408) 299-6930

Agency Use Only  Approved;  Disapproved.  
 Fee Received: \$ 291.00  
 Receipt No.: 110787398; Date: 2/22/01  
 Staff: [Signature]; Date: 2-26-2001

**HAZARDOUS MATERIALS STORAGE TANK SYSTEM  
 INSTALLATION EQUIPMENT LIST**

*For Use Within the Cities of Los Altos, Los Altos Hills, Monte Sereno, Saratoga, and in Unincorporated Areas of Santa Clara County*

**I. General Information**

This document shall be completed and submitted to the Hazardous Materials Compliance Division along with the project plans, equipment cut sheets, and - in the case of UST installations/upgrades - completed Underground Storage Tank System Installation Supplement.

**II. Project Information** This document covers the:  Installation of  Aboveground Tank(s)  
 Upgrading of  Underground Tank(s)

Provide the following information:

Facility Name (Tank Site): FOSCO/UNOCAL UMN STATION #6115 Bldg. No.: \_\_\_\_\_  
 Address: 4350 EL CAMINO REAL City: LOS ALTOS Zip: 94022  
 Project Contact Name: Kerry Brenton Phone No.: (408) 226-1920 ext. \_\_\_\_\_  
 Plan Check No.: SR803863-2323 Date of Plan Submittal to HMCD: 2/22/01

**III. Equipment Information**

In the table below, list the manufacturer name and specific model number for each type of equipment listed in the second column. If an item is not applicable to this project, check the "N/A" box in the "Name of Equipment Manufacturer" column. Brochures and/or manufacturers' cut sheets for all equipment listed shall be submitted as attachments to the plans.

*Note: Shaded areas are for agency use only.*

Agency Use Only	Equipment Type	Name of Equipment Manufacturer	Model No.
<input type="checkbox"/>	Tank(s)	<input checked="" type="checkbox"/> N/A	
<input type="checkbox"/>	Overfill Prevention Devices	<input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/>	Spill Containment Boxes	<input type="checkbox"/> N/A <u>OPW</u>	<u>1-2100</u> <u>OPW 2100 (59AL)</u>
<input type="checkbox"/>	Ball Float Valves <i>(Not recommended for USTs)</i>	<input checked="" type="checkbox"/> N/A	
<input type="checkbox"/>	Primary Tank Vent Cap(s)	<input checked="" type="checkbox"/> N/A	

RECEIVED BY  
 ENVIRONMENTAL HEALTH  
 HMCD  
 FEB 22 12 16 PM '01

Tank Installation Equipment List - p. 2 of 2

Tank Site Address (from page 1): 4350 EL CAMINO Real  
LOS ALTOS

Agency Use Only	Equipment Type	Name of Equipment Manufacturer	Model No.
<input type="checkbox"/>	Primary Product Piping	<input checked="" type="checkbox"/> N/A	
<input type="checkbox"/>	Piping Secondary Containment	<input checked="" type="checkbox"/> N/A	
<input type="checkbox"/>	Flex Connectors	<input checked="" type="checkbox"/> N/A	
<input type="checkbox"/>	Flex Boots	<input checked="" type="checkbox"/> N/A	
<input type="checkbox"/>	Vapor Return Piping	<input checked="" type="checkbox"/> N/A	
<input type="checkbox"/>	Turbines/Pumps	<input checked="" type="checkbox"/> N/A	
<input type="checkbox"/>	Mechanical/Electronic Line Leak Detectors	<input checked="" type="checkbox"/> N/A	
<input type="checkbox"/>	Electronic Monitoring System Control Panel	<input checked="" type="checkbox"/> N/A	
<input type="checkbox"/>	Tank Interstitial Space Leak Detection Sensors	<input checked="" type="checkbox"/> N/A	
<input type="checkbox"/>	In-Tank Leak Detection Sensors	<input checked="" type="checkbox"/> N/A	
<input type="checkbox"/>	Piping Sump Leak Detection Sensors	<input checked="" type="checkbox"/> N/A	
<input type="checkbox"/>	Dispenser Pan Leak Detection Sensors	<input checked="" type="checkbox"/> N/A	
<input type="checkbox"/>	Dispensers	<input checked="" type="checkbox"/> N/A	
<input type="checkbox"/>	Dispenser Secondary Containment Pans/Sumps	<input checked="" type="checkbox"/> N/A	
<input type="checkbox"/>	Dispenser Shear/Fusible Link Valves	<input checked="" type="checkbox"/> N/A	
<input type="checkbox"/>	Dispenser Hoses	<input checked="" type="checkbox"/> N/A	
<input type="checkbox"/>	Dispenser Hose Break-Away Connectors	<input checked="" type="checkbox"/> N/A	
<input type="checkbox"/>	Dispenser Nozzles	<input checked="" type="checkbox"/> N/A	PLAN CHECK
<input type="checkbox"/>	Anti-Siphon Devices	<input checked="" type="checkbox"/> N/A	
<input type="checkbox"/>			
<input type="checkbox"/>			

Office of Hazardous Materials  
Santa Clara County Health Department  
2220 Moorpark Avenue  
San Jose, California 95128

Approved  
 Disapproved by: [Signature]

DATE: FEBRUARY 26, 2001

OFFICIAL NOTICE OF INSPECTION

DBA/Name <i>TOSCO Inc., Union Station #6115</i>	Facility ID # <i>7A# PE 100024/2310</i>	Hours <i>50</i>	Service Code <i>28</i>	Date <i>11/19/98</i>
Address <i>4350 El Camino Real, Los Altos</i>				Work Area Location
Contact Person	<i>100023/2311</i>	<i>50</i>	<i>28</i>	Emp# <i>4658</i>
Additional Information				Prog/Elem
				Permit Exp. Date

- Hazardous Materials
- Hazardous Waste
- Toxic Gas
- Medical Waste Storage & Treatment
- Medical Waste Generator
- Risk Management and Prevention Program

*UST upgrade certificate #00938 and two tank tags issued on this date.*

Received by: *[Signature]*

Inspected by: *Stephanie Christensen*

Page 1 of 1

Mailing Address: Dept. of Environmental Health  
 Hazardous Materials Compliance Division  
 P.O. Box 28070  
 San Jose, CA 95159-8070

Entered by: \_\_\_\_\_

*[Handwritten initials]*



January 17, 1992

Santa Clara County  
Department of Toxic Materials  
2220 Moorpark Avenue  
San Jose, California 95128  
Attn: Nicole Jacaby

RE: UNOCAL SERVICE STATION #6115  
4350 El Camino Real  
Los Altos, California

Dear Ms. Jacaby,

Gettler-Ryan Inc., on behalf of UNOCAL Corporation, requests approval to replace the existing dispensers at the above referenced site.

As noted on the enclosed plans, the existing single product dispensers are to be replaced with multi-product dispensers.

This is a "bolt on" type replacement and with the exception of a partial island removal involves no underground piping modifications.

If you have any questions or comments concerning this project, please call.

Sincerely,

A handwritten signature in black ink that reads 'Barry E. McCoy'. The signature is written in a cursive style with a large, sweeping 'B' and 'M'.

Barry E. McCoy  
Safety Manager

BEM/dls

Enclosures

*2/22/92  
No U.G. pipe changes  
will be made except  
for capping of pipe at  
dispenser to be removed.  
No plan check req'd.  
Nicole Jacaby*

SANTA CLARA COUNTY ENVIRONMENTAL HEALTH SERVICES  
 TOXICS CONTROL UNIT  
 2220 MOORPARK AVENUE, SAN JOSE, CA 95128 (408) 299-6930

OFFICIAL NOTICE OF INSPECTION

DUA/HAUL <i>Union #6115</i> ADDRESS <i>4350 El Camino Real, Los Altos</i> OWNER/OPERATOR MAILING ADDRESS APPLICABLE LAW <input type="checkbox"/> Calif. H & S Code, Sec. 25100, et Seq. <input type="checkbox"/> S.C.C. Storage Ordinance <input type="checkbox"/> Calif. Admin. Code, Title 22, Sec 66011, et Seq. <input type="checkbox"/> Title 23, Sec. 2610, et Seq. <input type="checkbox"/> Other	DATE <i>11/20/90</i> RECHECK DATE EMPLOYEE NO. <i>646</i> WORK AREA <i>606</i> INSPECTION TIME
--	--

RECEIVED  
 12/4/90

COMPUTER NO.	PROGRAM	ELEMENT	SERVICE	VIOLATIONS	TIME
<i>200069</i>	<i>2312</i>		<i>29</i>		<i>1.5</i>

VIOLATIONS	CLASS	
<b>HAZARDOUS WASTES</b>	1	11
Hazardous Waste Determ.		1
EPA ID Number		2
Storage, 90 Days	3	4
Storage, Containers	5	6
Storage, Tanks	7	8
Storage, Security	9	10
Pre-Transportation Requirements		11
Registered Hauler	12	13
Manifests		14
Disposal	15	16
Preparedness		17
Records, Reports		18
Local Permit		19
<b>HAZARDOUS MATERIALS STORAGE</b>		
Contingency Plan	20	
Employee Training	21	
Permit to Operate	22	
Approved Construction	23	
Monitoring System Installed	24	
Monitoring Operational	25	
Unauthor. Releases, Occurrence	26	
Unauthor. Releases, Reports	27	
Abandonment	28	
<b>OCCUPATIONAL HAZARDS</b>		
General Physical Hazard	37	
General Safety Hazard	38	
Personal Protection	39	
Toilets, Wash Facilities	40	
Eating Area	41	
Material Labeling	42	
Employee Training	43	
General Sanitation	44	

The marked items represent violations of the above-referenced codes(s) and must be corrected as follows:

*Pressure test of waste oil tank. Inner tank pressurized at 5psi, outer at 3psi, & maintained for 10 minutes. No evidence of leakage was observed.*

INSPECTOR: *Wesley Sakaby*

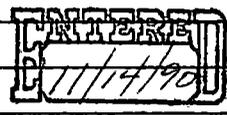
RECEIVED BY: *[Signature]*  
 SIGNATURE

Location: 2

SANTA CLARA COUNTY ENVIRONMENTAL HEALTH SERVICES  
TOXICS CONTROL UNIT  
2220 MOORPARK AVENUE, SAN JOSE, CA 95128 (408) 299-6930

OFFICIAL NOTICE OF INSPECTION

DBA/NAME <i>Union 76</i>	DATE <i>11/7/90</i>
ADDRESS <i>4350 El Camino Real, Los Altos</i>	RECHECK DATE
OWNER/OPERATOR	EMERGENCY NO. <i>606</i>
MAILING ADDRESS	WORK AREA <i>606</i>
APPLICABLE LAW <input type="checkbox"/> Calif. H & S Code, Sec. 25100, et Seq. <input type="checkbox"/> S.C.C. Storage Ordinance	INSPECTION TIME
<input type="checkbox"/> Calif. Admin. Code, Title 22, Sec 66011, et Seq. <input type="checkbox"/> Title 23, Sec. 2610, et Seq. <input type="checkbox"/> Other	



COMPUTER NO.	PROGRAM	ELEMENT	SERVICE	VIOLATIONS	TIME
<i>200066</i>	<i>2312</i>		<i>29</i>		<i>3.0</i>

VIOLATIONS	CLASS	
<b>HAZARDOUS WASTES</b>	1	11
Hazardous Waste Determ.		1
EPA ID Number		2
Storage, 90 Days	3	4
Storage, Containers	5	6
Storage, Tanks	7	8
Storage, Security	9	10
Pre-Transportation Requirements		11
Registered Hauler	12	13
Manifests		14
Disposal	15	16
Preparedness		17
Records, Reports		18
Local Permit		19
<b>HAZARDOUS MATERIALS STORAGE</b>		
Contingency Plan	20	
Employee Training	21	
Permit to Operate	22	
Approved Construction	23	
Monitoring System Installed	24	
Monitoring Operational	25	
Unauthor. Releases, Occurrence	26	
Unauthor. Releases, Reports	27	
Abandonment	28	
<b>OCCUPATIONAL HAZARDS</b>		
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General Safety Hazard	38	
Personal Protection	39	
Toilets, Wash Facilities	40	
Eating Area	41	
Material Labeling	42	
Employee Training	43	
General Sanitation	44	

The marked items represent violations of the above-referenced codes(s) and must be corrected as follows:

*Pressure test of product and vapor lines, primary and secondary tanks (except waste oil tank).*

*Okay to backfill tanks and lines.*

INSPECTOR: *Nicole Satoh*

RECEIVED BY: *Ben Lubner*  
SIGNATURE

SANTA CLARA COUNTY ENVIRONMENTAL HEALTH SERVICES  
TOXICS CONTROL UNIT  
2220 MOORPARK AVENUE, SAN JOSE, CA 95128 (408) 299-6930



OFFICIAL NOTICE OF INSPECTION

DBA/NAME <b>EL CAMINO UNOCAL</b>	DATE <b>11/1/90</b>
ADDRESS <b>430 BOR, LOS ALTOS 94022</b>	RECHECK DATE
OWNER/OPERATOR	EMPLOYEE ID <b>634</b>
MAILING ADDRESS	WORK AREA <b>606</b>
APPLICABLE LAW <input type="checkbox"/> Calif. H & S Code, Sec. 25100, et Seq. <input type="checkbox"/> S.C.C. Storage Ordinance <input type="checkbox"/> Calif. Admin. Code, Title 22, Sec 66011, et Seq. <input type="checkbox"/> Title 23, Sec. 2610, et Seq. <input type="checkbox"/> Other	INSPECTION TIME <b>3.5</b>

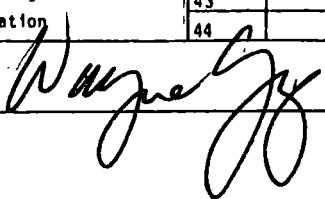
ENTERED  
 11/5/90  
 JF.

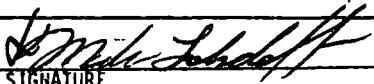
COMPUTER NO.	PROGRAM	ELEMENT	SERVICE	VIOLATIONS	TIME
200066	23	12	29		3.5

VIOLATIONS	CLASS	
<b>HAZARDOUS WASTES</b>	1	11
Hazardous Waste Determ.		1
EPA ID Number		2
Storage, 90 Days	3	4
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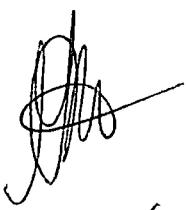
WATER TEST FOR TRENCHLINER WAS CONDUCTED. SIDEWALLS OF THE TRENCHES WERE MARKED AT THE WATER LEVEL IN EACH TRENCH SEGMENT. ~~THE~~ THE WATER LEVEL DID NOT DROP FOR FOUR ~~HOURS~~ HOURS (10-2pm). OK TO REMOVE WATER.

INSPECTOR: 

RECEIVED BY:   
SIGNATURE

SANTA CLARA COUNTY ENVIRONMENTAL HEALTH SERVICES  
 TOXICS CONTROL UNIT  
 2220 MOORPARK AVENUE, SAN JOSE, CA 95128 (408) 299-6930

OFFICIAL NOTICE OF INSPECTION



DBA/NAME <i>Union #6115</i>	DATE <i>11/29/90</i>
ADDRESS <i>4350 El Camino Real, Los Altos</i>	RECHECK DATE
OWNER/OPERATOR	EMPLOYEE NO. <i>606</i>
MAILING ADDRESS	WORK AREA <i>606</i>
APPLICABLE LAW <input type="checkbox"/> Calif. H & S Code, Sec. 25100, et Seq. <input type="checkbox"/> S.C.C. Storage Ordinance <input type="checkbox"/> Calif. Admin. Code, Title 22, Sec 66011, et Seq. <input type="checkbox"/> Title 23, Sec. 2610, et Seq. <input type="checkbox"/> Other	INSPECTION TIME

**ENTERED**  
*12/6/90*

COMPUTER NO.	PROGRAM	ELEMENT	SERVICE	VIOLATIONS	TIME
<i>200069</i>	<i>2312</i>		<i>29</i>		<i>2.0</i>

VIOLATIONS	CLASS	
<b>HAZARDOUS WASTES</b>	1	11
Hazardous Waste Determ.		1
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Toilets, Wash Facilities	40	
Eating Area	41	
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General Sanitation	44	

The marked items represent violations of the above-referenced codes(s) and must be corrected as follows:

*Leak Alert Monitoring System probes tested with water and fuel - all probes were operating properly. (All probes are liquid sensing only.)*

*10 probes total:*

- 3 - annular spaces*
- 2 - pipe sump at tanks*
- 4 - pipeline trenches (2 each island, inner & outer)*

*Monitoring System shall be kept on, including audible alarm, at all times. Above office must be notified immediately of a detected leak.*

*Okay to operate tanks upon approval of Los Altos Building Dept.*

INSPECTOR: *Tracie Salaby*

RECEIVED BY: *Tracie Salaby*  
 SIGNATURE

SANTA CLARA COUNTY ENVIRONMENTAL HEALTH SERVICES  
 TOXICS CONTROL UNIT  
 2220 MOORPARK AVENUE, SAN JOSE, CA 95128 (408) 299-6930

OFFICIAL NOTICE OF INSPECTION

DUA/HAUL <i>Union #6115</i>	DATE <i>6/6/88</i>
ADDRESS <i>4350 El Camino Real, Los Altos</i>	RECHECK DATE
OWNER/OPERATOR <i>Felix Bolton</i>	EMPLOYEE ID. <i>646</i>
MAILING ADDRESS	WORK ABLA <i>609</i>
APPLICABLE LAW <input checked="" type="checkbox"/> Calif. H & S Code, Sec. 25100, et Seq. <input type="checkbox"/> S.C.C. Storage Ordinance <input type="checkbox"/> Calif. Admin. Code, Title 22, Sec 66011, et Seq. <input type="checkbox"/> Title 23, Sec. 2610, et Seq. <input type="checkbox"/> Other	INSPECTION TIME

COMPUTER NO.	PROGRAM	ELEMENT	SERVICE	VIOLATIONS	TIME
<i>200063</i>	<i>23</i>	<i>12</i>	<i>29</i>		<i>2.3</i>
<i>200069</i>	<i>23</i>	<i>12</i>	<i>29</i>		<i>2.25</i>
					<i>2.25</i>
					<i>2.2</i>

VIOLATIONS	CLASS	
<b>HAZARDOUS WASTES</b>	<b>1</b>	<b>11</b>
Hazardous Waste Determ.		1
EPA ID Number		2
Storage, 90 Days	3	4
Storage, Containers	5	6
Storage, Tanks	7	8
Storage, Security	9	10
Pre-Transportation Requirements		11
Registered Hauler	12	13
Manifests		14
Disposal	15	16
Preparedness		17
Records, Reports		18
Local Permit		19
<b>HAZARDOUS MATERIALS STORAGE</b>		
Contingency Plan	20	
Employee Training	21	
Permit to Operate	22	
Approved Construction	23	
Monitoring System Installed	24	
Monitoring Operational	25	
Unauthor. Releases, Occurrence	26	
Unauthor. Releases, Reports	27	
Abandonment	28	
<b>OCCUPATIONAL HAZARDS</b>		
General Physical Hazard	37	
General Safety Hazard	38	
Personal Protection	39	
Toilets, Wash Facilities	40	
Eating Area	41	
Material Labeling	42	
Employee Training	43	
General Sanitation	44	

The marked items represent violations of the above-referenced codes(s) and must be corrected as follows:

*Pipelines tested with 65 psi (after installation of new pipeline sections to blend super and regular products to develop a new product). Both super and regular pipelines passed pressure testing.*

*Okay to operate new lines.*

INSPECTOR: *Nicole Zien*

RECEIVED BY: *Brian Scott Kent*  
 SIGNATURE

*BB*

# County of Santa Clara

Health Department

2220 Moorpark Avenue  
San Jose, California 95128



March 15, 1988

David Solomon  
Robert Lee & Associates, Inc.  
900 Larkspur Landing Circle, #125  
Larkspur, California 94939

RE: UNOCAL #4918, 895 W. San Antonio Road, Los Altos  
UNOCAL #5957, 330 S. San Antonio Road, Los Altos  
UNOCAL #6115, 4350 El Camino Real, Los Altos  
UNOCAL #6859, 12015 Saratoga-Sunnyvale Road, Los Altos

Plans for the above locations have been approved with the following conditions.

1. New piping runs will not exceed 10 feet, as specified in plans.
2. Upon completion of the piping installation, the system is to be tested to confirm tightness.
3. Contact the Toxics Control Unit 48 hours prior to system testing and for final inspection.
4. Any modifications to the plans must be made in writing to this department prior to beginning work.
5. Plans must be submitted to local building departments for their review.

If you have any questions or require further information, contact the undersigned at (408) 299-6930.

Sincerely,

A handwritten signature in cursive script that reads "Jim Blamey".

JIM BLAMEY  
E.H.S.-TOXICS CONTROL UNIT

JB:sg

JUN 12 10 10 AM '02

June 7, 2002

Santa Clara County Environmental Health  
P.O. Box 28070  
San Jose, CA 95159-8070

Dear Sir,

Attached is the SB989 secondary testing results and summary report for:

Tosco S/S #25-6115  
4350 El Camino Real  
Los Altos, CA 94022

We have sent this report to you at the request of Tosco Marketing Company. Should you have any questions regarding the report you may reach me directly at (916) 373-1152.

Sincerely,

WALTON ENGINEERING, INC.



Michael E. Walton  
President

Reviewed By 

Date JUNE 17, 2002

*BRADY JAMES BOSSON*

# SECONDARY CONTAINMENT TESTING - REPORT FORM

TESTING DATE: JUNE 4, 2002

## 1. OWNER INFORMATION

Name **Tosco Marketing Company** Phone # **916-558-7612**  
 Address **76 Broadway, Sacramento, CA 95818**  
 Contact **Bill Borgh**

## 2. FACILITY INFORMATION

Name **Tosco S/S #25-6115** Phone # **916-835-8539**  
 Address **4350 El Camino Real, Los Altos, CA 94022**  
 Contact **Chester Bennett**

## 3. LOCAL AGENCY INFORMATION

Name **Santa Clara County Environmental Health** Notified **May 28, 2002**  
 Address **P.O. Box 28070, San Jose, CA 95159-8070** Phone # **408-299-6930**  
 Contact **Greg Breshears** Fax # **408-280-6479**  
 Inspector Present **Greg Breshears**

## 4. TESTING CONTRACTOR INFORMATION

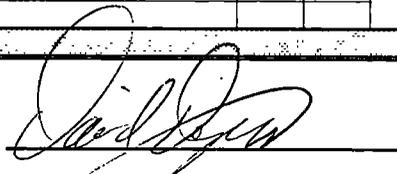
Name **Walton Engineering, Inc.** Lic#/Class **617238 A, B, Haz**  
 Contact **Michael Walton** Phone # **(916) 373-1152**  
 Address **P.O. Box 1025, West Sacramento, CA 95691**  
 Test Technician **David Dyess**

## 5. SUMMARY OF TEST RESULTS

Number of Tanks Tested <b>3</b>	Number of Piping Runs Tested <b>2</b>
Number of Piping Sumps Tested <b>2</b>	Number of UDC Boxes Tested <b>6</b>

Component	Pass	Fail	Comments
Annular - Tank #1 Gasoline - 87	<input checked="" type="radio"/>	<input type="radio"/>	
Annular - Tank #2 Gasoline - 91	<input checked="" type="radio"/>	<input type="radio"/>	
Annular - Tank #3 Waste Oil	<input checked="" type="radio"/>	<input type="radio"/>	
Secondary Pipe #1 Gasoline - 87	<input checked="" type="radio"/>	<input type="radio"/>	
Secondary Pipe #2 Gasoline - 91	<input checked="" type="radio"/>	<input type="radio"/>	
Piping Sump #1 Gasoline - 87	<input checked="" type="radio"/>	<input type="radio"/>	
Piping Sump #2 Gasoline - 91	<input checked="" type="radio"/>	<input type="radio"/>	
UDC #1 Disp # 1/2	<input checked="" type="radio"/>	<input type="radio"/>	
UDC #2 Disp # 3/4	<input checked="" type="radio"/>	<input type="radio"/>	
UDC #3 Disp # 5/6	<input checked="" type="radio"/>	<input type="radio"/>	
UDC #4 Disp # 7/8	<input checked="" type="radio"/>	<input type="radio"/>	
UDC #5 Disp # 9/10	<input checked="" type="radio"/>	<input type="radio"/>	
UDC #6 Disp # 11/12	<input checked="" type="radio"/>	<input type="radio"/>	
UDC #7 Disp # 13/14	<input checked="" type="radio"/>	<input type="radio"/>	

Technician Signature



Date

6/7/02



# SECONDARY PIPE TESTING

**Test Method By:**     Manufacturer     **Industry Standard**     Professional Engr.     Other (see below)

**Test Method Uses:**     **Pressure**     Vacuum     Hydrostatic     Other (see below)

**Measuring Equipment Used:** **Pressure Gauge** (range 0 to 10 psig)

Description	Piping Run #1	Piping Run #2
Pipe Manufacturer	Ameron	Ameron
Pipe Type	FRP	FRP
Primary Pipe Diameter (inches)	2"	2"
Secondary Pipe Diameter (inches)	3"	3"
Product Stored	Gasoline - 87	Gasoline - 91
Method of secondary pipe isolation	Termination Boot	Termination Boot
Location of secondary pipe isolation	Sump	Sump
Estimated length of piping run (feet) (include length of branch runs)	260'	260'
Wait time for pressure to stabilize (hr:min)	0:15	0:19
Test start time	10:13 AM	10:14 AM
Initial pressure (psig)	3	3
Test end time	11:13 AM	11:14 AM
Final pressure (psig)	3	3
Test duration (hours:minutes)	1:00	1:00
Change in pressure (psig)	0	0
Pass/Fail threshold (psig)	0	0
<b>TEST RESULT</b>	<b>PASS</b>	<b>PASS</b>

**Comments:**

Note: Tested both secondary lines at 3 psi on direction from owners representative.

# PIPING SUMP CONTAINMENT TESTING

**Test Method By:**  Manufacturer  **Industry Standard**  Professional Engr.  Other (see below)

**Test Method Uses:**  Pressure  Vacuum  **Hydrostatic**  Other (see below)

**Measuring Equipment Used:** Level Change Indicator (Caldwell System 2001 / Walton Engineering)

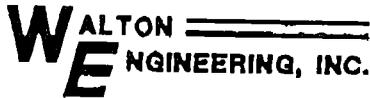
Description	Tank #1	Tank #2
Sump Material	FRP	FRP
Sump Diameter (inches)	42"	42"
Sump Depth (inches)	56"	60"
Product Stored	Gasoline - 87	Gasoline - 91
Height from tank top to highest piping penetration	15"	16"
Height from tank top to lowest electrical penetration	17"	20"
Condition of sump prior to testing	Dry	Wet
Portion of sump tested	Entire	Entire
Is system programed for fail-safe operation?	Yes	Yes
Was fail-safe verified to be operational?	No	No
Was sensor removed for testing?	Yes	Yes
Was sensor properly replaced after testing?	Yes	Yes
Wait time for water level to stabilize (hr:min)	0:09	0:13
Depth of water level from tank top (inches)	18"	19"
Test start time	10:20 AM	10:21 AM
Test end time	10:50 AM	10:51 AM
Test duration (hr:min)	0:30	0:30
Change in water level ( $\pm$ 0.000 inches)	0.000	0.000
Pass/Fail threshold (0.005 inches / ½ Hr.)	0.005	0.005
<b>TEST RESULT</b>	<b>PASS</b>	<b>PASS</b>

**Comments:**

Note: Tightened loose nuts on penetration fittings in sumps for both tanks.







# FACSIMILE TRANSMITTAL

FAX \* (916) 373-1172

TO: GREG BRESHEARS DATE: 5/30/02

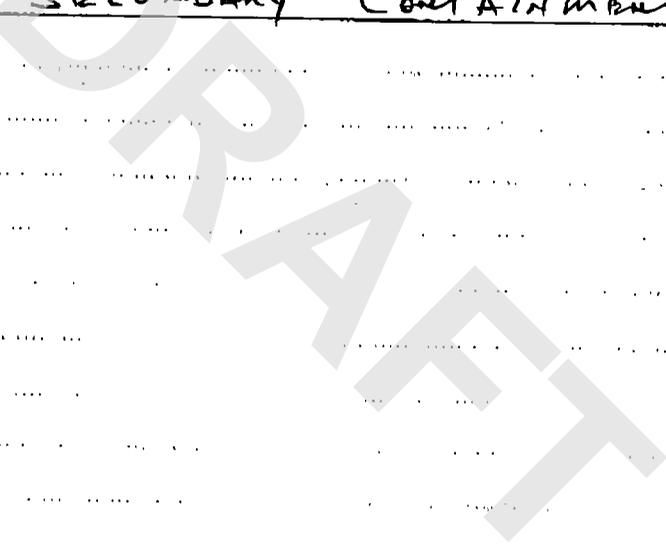
FROM: MICHAEL WALTON

WALTON ENGINEERING, INC.

P.O. BOX 1025 - 843 RISKE LANE, WEST SACRAMENTO, CA 95691

SUBJECT: SECONDARY CONTAINMENT TESTING

COMMENTS:



ORIGINAL TO FOLLOW VIA MAIL SYSTEM:  YES  NO

NO. OF PAGES INCLUDING THIS COVER: 2

PLEASE ADVISE OF POOR TRANSMISSION AT (916) 372-1888



UST Team  
Santa Clara County  
Environmental Health  
Via Fax: 408-280-6479

May 28, 2002

Re: Secondary Containment Testing

Dear Team:

This shall serve as our notification for the testing of the following facility:

6/04/02            Tosco #25-6115  
                         4350 El Camino Real.  
                         Los Altos, CA 94022

*SENT TO EARL*  
↓  
⊙

Our testing Protocol and third party certification is enclosed for your records.

Our representative on each site during the testing will be Jim Day (916-826-3085) or Dave Dyess (916-826-3084).

Sincerely,

WALTON ENGINEERING, INC.

Michael E. Walton  
President  
Phone: 916-373-1152



RECEIVED BY  
ENVIRONMENTAL HEALTH  
DIVISION

MAR 20 11 23 AM '02

Date: *March 15, 02*

Jim Blamey  
County of Santa Clara  
Hazardous Materials Compliance Division  
2220 Moorpark Avenue  
San Jose, CA 95128  
Re: UST System Test Results

Please find attached the tank/line/leak detector test and/or monitor certification results for Tosco Marketing Company facility(ies) in your jurisdiction.

If you have any questions regarding the attached please call (818) 840-7020.

Triangle Environmental, Inc.  
For Tosco Marketing Company

Attachments

cc: Tosco Dealer – Please file the attached test results in your Tosco Compliance binder.  
Thank you for your cooperation.

<u>Site#</u>	<u>Test Date</u>	<u>Site#</u>	<u>Test Date</u>
<i>31096</i>	<i>1/24/02</i>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

# Central Petroleum Maintenance

, , CA  
(925) 462-4060

## UST TESTING SYSTEMS SUMMARY SHEET

### Precision Underground Storage Tank System Leak Test

**Client:**

Phillips 66 Company  
1500 North Priest Drive  
Tempe, AZ 85281  
Kathy StrickLand  
(602) 728-7149

Phillips Facility # 31096

**Test Date:** 1/24/02

**Facility:** 256115 ANNUAL TEST - GDF# 9042

**Work #:** CP31096

Phillips Facility # 31096

**County:** SANTA CLARA

4350 EL CAMINO REAL

**Cross Street:** EL CAMINO REAL/LOS ALTOS

LOS ALTOS, CA 94022

Tank		Test System		Tank		Line	
#	Product	Capacity	Type	Rate/Results	Ullage Result	Rate/Result	L/D Result

**Certified By:**

**Technician:** Central Petroleum

**State Lic. #s:**

**Mfgr's #:**

**Comments:**

Manual entry Monitor Certification. Test conducted by Central Petroleum Maintenance technician Eric Schell.

This precision tank testing system has been third party evaluated according to the guidelines of the EPA procedures for annual leak detection systems and found to exceed the criteria of detecting a leak of 0.10 gph with a Pd >95% and Pfa <5% as required by Local, State and Federal EPA UST Technical Standards Part 280 for precision testing systems. This SB-989 secondary containment testing system exceeds the criteria for detection as required by state and local agencies.

# Central Petroleum Maintenance

## UST MONITOR CERTIFICATION SUMMARY SHEET

**Client:**

Phillips 66 Company  
1500 North Priest Drive  
Tempe, AZ 85281

**Phillips Facility # 3109**

**Test Date: 1/24/02**

**Facility:**

**Phillips Facility # 31096**

4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

**Work #: CP31096**

**County: SANTA CLARA**

**Cross Street: EL CAMINO REAL/LO**

**Monitor model: VEEDER-ROOT TLS-350**

**Serial #:**

**Certification Result: PASS**

<b>Sensor Type:</b>	<b>Quantity:</b>	<b>Result:</b>	
<b>Tank Annular :</b>	2	PASS	<b>Annular Type:</b> DRY
<b>Waste Oil :</b>	1	PASS	<b>Audible Alarm?</b> Yes
<b>Waste Oil Sump:</b>	0	N/A	<b>Visual Alarm?</b> Yes
<b>Vadose Wells :</b>	0	N/A	<b>Fail Safe?</b> Yes
<b>Line Pressure :</b>	0	N/A	<b>Positive Shut-off?</b> Yes
<b>Turbine Sump :</b>	2	PASS	<b>Gauge Only Result:</b> N/A
<b>LineTrenchQty:</b>	0	N/A	<b>ATG Monthly?</b> NO
<b>Fill Sump :</b>	0	N/a	<b>ATG CSLD?</b> NO

**Comments:**

**This certifies that the monitor and sensors, as listed above, are operational and calibrated per the manufacturer's specification.**

**Inspected By:**

Central Petroleum

# MONITORING SYSTEM CERTIFICATION

For Use By All Jurisdictions Within the State of California

Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

This form must be used to document testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

## A. General Information

Facility Name: 76 31096 Bldg. No.: \_\_\_\_\_  
 Site Address: 4350 EL CAMINO REAL City: LOS ALTOS Zip: 94022  
 Facility Contact Person: GREG GALATOW Contact Phone No.: (650) 941-0244  
 Make/Model of Monitoring System: VEEVAE 200T-TLS-350 Date of Testing/Servicing: 1/24/02

## B. Inventory of Equipment Tested/Certified

Check the appropriate boxes to indicate specific equipment inspected/serviced:

<b>Tank ID: 1 - REGULAR</b> <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>794392-420</u> <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>794382-208</u> <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	<b>Tank ID: 2 - SUPER</b> <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>794392-420</u> <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>794382-208</u> <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).
<b>Tank ID: 3 - WASTE OIL</b> <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>794392-420</u> <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	<b>Tank ID: _____</b> <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor. Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).
<b>Dispenser ID: 1-2</b> <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	<b>Dispenser ID: 3-4</b> <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
<b>Dispenser ID: 5-6</b> <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	<b>Dispenser ID: 7-8</b> <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
<b>Dispenser ID: 9-10</b> <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	<b>Dispenser ID: 11-12 - 13-14</b> <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s).

\*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

**C. Certification** - I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report; (check all that apply):  
 System set-up  Alarm history report

Technician Name (print): ERIC SCHELL Signature: Eric Schell  
 Certification No.: \_\_\_\_\_ License No.: 491948  
 Testing Company Name: CENTRAL PETROLEUM MAINTENANCE Phone No.: (925) 462-4060  
 Site Address: 4350 EL CAMINO REAL Date of Testing/Servicing: 1/24/02



Monitoring System Certification

F. In-Tank Gauging / SIR Equipment:

- Check this box if tank gauging is used only for inventory control.
- Check this box if no tank gauging or SIR equipment is installed.

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

Complete the following checklist:

<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all tank gauging probes visually inspected for damage and residue buildup?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system product level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system water level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all probes reinstalled properly?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

\* In the Section H, below, describe how and when these deficiencies were or will be corrected.

G. Line Leak Detectors (LLD):

- Check this box if LLDs are not installed.

Complete the following checklist:

<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? (Check all that apply) Simulated leak rate: <input type="checkbox"/> 3 g.p.h.; <input type="checkbox"/> 0.1 g.p.h; <input type="checkbox"/> 0.2 g.p.h.
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was the testing apparatus properly calibrated?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

\* In the Section H, below, describe how and when these deficiencies were or will be corrected.

H. Comments:

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**INTRINSIC SAFETY CHECK LIST ON BACK-PLEASE COMPLETE.**

The warranty is not valid unless the following registration form is completed and returned to Veeder-Root within 14 days of installation.

**VEEDER-ROOT MONITORING SYSTEMS  
WARRANTY REGISTRATION AND CHECKOUT FORM**

\*INSTALLATION DATE: 1-15-02 NO 161857

\*DENOTES REQUIRED DATA OR WRACO WILL BE RETURNED

**\*INSTALLATION LOCATION**

Oil Company 76 Phillips Site # 6115  
 Brand Name 76  
 Street 4350 El Camino Real  
 City Los Altos St. Ca Zip \_\_\_\_\_  
 Phone 415-941-0244  
 Manager \_\_\_\_\_

**\*CUSTOMER**

I have been trained in the proper operation of this equipment?  YES  NO  
 Name (print) GREG GALATON  
 Signature [Signature] Date 1-15-02  
 Business Category at Installation Location:  
 Oil Company  C-Store  Government  Utility  
 Telephone  Trucking  Rental Car  Airport  
 Other (please specify) \_\_\_\_\_  
 Underground Storage Tank  Aboveground Storage Tank

EQUIPMENT IDENTIFICATION			SENSOR IDENTIFICATION			
*MONITOR FORM NUMBER	*MONITOR SERIAL NUMBER		Existing SENSOR FORM NUMBER	QTY.	LOCATION	
<u>0847090-022</u>	<u>80347353905001</u>		<u>0784280-208</u>	<u>2</u>	<input checked="" type="checkbox"/> Sump <input type="checkbox"/> Tank <input type="checkbox"/> Well	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Dispenser Pan <input type="checkbox"/> Other
<b>PROBE DATA</b>	<b>SERIAL NUMBER</b>	<b>FORM NUMBER</b>				
Probe 1	<u>229180</u>	<u>847390-109</u>	<u>794390-420</u>	<u>3</u>	<input type="checkbox"/> Sump <input type="checkbox"/> Tank <input checked="" type="checkbox"/> Well	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Dispenser Pan <input type="checkbox"/> Other
Probe 2	<u>226059</u>	<u>847390-109</u>			<input type="checkbox"/> Sump <input type="checkbox"/> Tank <input type="checkbox"/> Well	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Dispenser Pan <input type="checkbox"/> Other
Probe 3					<input type="checkbox"/> Sump <input type="checkbox"/> Tank <input type="checkbox"/> Well	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Dispenser Pan <input type="checkbox"/> Other
Probe 4					<input type="checkbox"/> Sump <input type="checkbox"/> Tank <input type="checkbox"/> Well	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Dispenser Pan <input type="checkbox"/> Other
Probe 5					<input type="checkbox"/> Sump <input type="checkbox"/> Tank <input type="checkbox"/> Well	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Dispenser Pan <input type="checkbox"/> Other
Probe 6					<input type="checkbox"/> Sump <input type="checkbox"/> Tank <input type="checkbox"/> Well	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Dispenser Pan <input type="checkbox"/> Other
Probe 7					<input type="checkbox"/> Sump <input type="checkbox"/> Tank <input type="checkbox"/> Well	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Dispenser Pan <input type="checkbox"/> Other
Probe 8					<input type="checkbox"/> Sump <input type="checkbox"/> Tank <input type="checkbox"/> Well	<input type="checkbox"/> Hydrostatic <input type="checkbox"/> Dispenser Pan <input type="checkbox"/> Other

*TANK DATA								(FILL OUT ONLY IF EQUIPPED WITH LLD) PIPING SYSTEM DATA					VLLD/PLLD LINE LEAK DATA	
Gallons	Diameter	Steel	Fiber-glass	Single Wall	Double Wall	Fuel Type		Piping type (Steel, Fiberglass, etc.)	Length	Dia	Single Wall	Double Wall	Check Valve/Serial #	Controller/Sensor Serial #
<u>12053</u>	<u>110.0</u>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<u>GAS</u>		<u>LLD 1</u>						
<u>12053</u>	<u>110.0</u>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<u>GAS</u>		<u>LLD 2</u>						
TANK 3								<u>LLD 3</u>						
TANK 4								<u>LLD 4</u>						
TANK 5								<u>LLD 5</u>						
TANK 6								<u>LLD 6</u>						
TANK 7								<u>LLD 7</u>						
TANK 8								<u>LLD 8</u>						

Is the TLS connected to a modem?  YES  NO  
 If yes, what type of modem?  
 EXTERNAL  INTERNAL  
 Phone Number \_\_\_\_\_

**ADDITIONAL V/R EQUIPMENT, SUCH AS REMOTE DISPLAY, REMOTE PRINTER, ETC**

UNIT	FORM NUMBER	SERIAL NUMBER
UNIT 1	<u>790091 001</u>	<u>029235</u>
UNIT 2	<u>790095 001</u>	<u>025801</u>

**\*DISTRIBUTOR**

I hereby certify that this system has been installed in accordance with the procedures specified in the proper Veeder-Root site rep and installation manual. I have also read all of the warnings and I certify that there are no intrinsic safety violations due to improper installation of this system.

Name (print) Scott D. Dales  
 Signature [Signature]  
 Certification No. 559747666  
 Company Commercial Petroleum Equipment  
 Address 7914 Alay Drive, Sun Valley, CA 91352  
 Date \_\_\_\_\_

**\*STATION OWNER INFO.** **\*INSTALLED BY**

Owner's Name Greg Galatone Co. Name Paradise Mechanical  
 Address 4350 El Camino Real Address \_\_\_\_\_  
 City Los Altos City Sun Valley  
 State CA State Ca Zip \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone 650-941-0244 Tech name \_\_\_\_\_  
 Certification No. \_\_\_\_\_



6th Avenue at Burns Crossing, Post Office Box 1673, Altoona, PA 16603 TEL: (800) 873-3913, FAX (800) 234-5350

**INSTALLATION AND INTRINSIC SAFETY CHECKLIST**

- TLS Monitor is installed indoors in an accessible location.
- TLS Monitor has 12 gauge wire from barrier to earth ground in the power panel.
- Power wires are installed in conduit.
- TLS Monitor has a chassis ground connected.
- Conduits enter TLS Monitor only through formed knock-outs.
- Monitor to probe wiring runs do not exceed 1000 ft.
- Monitor to sensor wiring runs do not exceed 1000 ft.
- Sensor and probe wiring is 14-18 gauge oil and gas resistant wire.
- Sensor and probe wiring is installed in rigid dedicated conduit.
- Sensor and probe wiring is installed in rigid metal conduit.
- Sealoffs are installed between building and tanks on probe and sensor conduits.
- Probe and sensor wiring connections in tank area are installed in suitable weatherproof junction boxes.
- All outdoor wiring connections for probes and sensors are sealed with epoxy sealing kits.

Monitor Software Version and Revision Level 15.01

Have you encountered any problems during check list? If so, list below:

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DRAFT

Retain your copy. Fold, tape, and mail remaining copies. No postage necessary.



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES



**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO. 4 ALTOONA, PA  
POSTAGE WILL BE PAID BY THE ADDRESSEE

ATTN CUSTOMER SERVICE DEPARTMENT  
VEEDER ROOT COMPANY  
PO BOX 1673  
ALTOONA PA 16603-9955





# NOTIFICATION

January 15, 2002

FROM: GINGER MAGAOAY Phone: (707) 446-6151

TO: SANTA CLARA COUNTY  
HAZARDOUS MATERIALS COMPLIANCE DIVISION  
Fax: 408-280-6479  
Attn.: GREG BRESHEARS

CC: STATE WATER RESOURCES CONTROL BOARD  
ATTN: MICHAEL SAHLIN  
FAX: 916-341-5808

Inspector <u>will be present</u> at _____	<u>COMMENTS</u>
Inspector <u>may be present</u> _____	
Inspector <u>will not be present</u> <input checked="" type="checkbox"/>	

TANK-TEK ENVIRONMENTAL CORP. HAS BEEN CONTRACTED BY: PARADISO MECHANICAL, INC.  
TO PERFORM THE FOLLOWING TEST(S):

<input type="checkbox"/> Annual Inspection	<input checked="" type="checkbox"/> Post Construction	<input type="checkbox"/> Retest	<input type="checkbox"/> For Sale	<input type="checkbox"/> Internal Inspection
--	---	---------------------------------	-----------------------------------	--

<input type="checkbox"/> TANK TEST	<input type="checkbox"/> WASTE OIL TANK TEST
◆ 1,000 GALLONS OR LESS —TANK WILL BE EMPTY	

<input checked="" type="checkbox"/> LINE TEST	<input checked="" type="checkbox"/> LEAK DETECTOR TEST	<input type="checkbox"/> MONITORING INSPECTION
---	--	--

**Please note**

Due to Pretest, the Technician may be on site earlier than scheduled time with Inspector.

Test Date: JAN 18/02	Technician on site at: 7:00 AM
Please let us know if date and/or time is not convenient, we would gladly reschedule.	

ON THE UNDERGROUND STORAGE TANK(S) LOCATED AT:

TOSCO #6115  
4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

IF YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE FEEL FREE TO CONTACT ME AT (707) 446 - 6151.

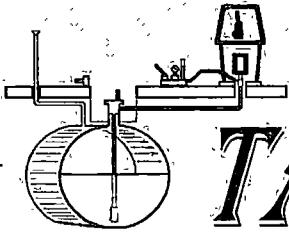
RESPECTFULLY,

GINGER MAGAOAY

Ph. (707) 446 - 6151  
Fax (707) 446 - 6192

507 ELMIRA ROAD, PMB #336  
VACAVILLE, CA 95687

www. tank-tek.com  
tank-tek@cwnet.com



# TANK-TEK

RECEIVED BY  
ENVIRONMENTAL HEALTH  
HMCD

FEB 4 10 02 AM '02

January 28, 2002

County of Santa Clara  
Hazardous Materials Compliance Division  
Toxic Health Department  
2220 Moorpark Ave.  
P.O. Box 28070  
San José, CA 95159-8070

Reviewed By

Date

*[Signature]*  
03/12/02

Attention: Michael Balliet

**RE: TOSCO #6115, 4350 EL CAMINO REAL, EOS ALTOS**

Dear Mr. Balliet:

Please find enclosed a copy of the test results for the testing we recently performed in your area in regards to the above-referenced location.

We are forwarding these reports on behalf of:

**PARADISO MECHANICAL, INC.**

If you have any questions or concerns, please feel free to contact me at (707) 446-6151.

Respectfully,

TANK-TEK ENVIRONMENTAL CORP.

*[Signature]*  
Ginger Magaoay

Enclosure(s)

cc: Dave Mordick, Paradiso Mechanical, Inc.  
Alex Perez, Tosco Marketing Company  
David Camille, Tosco Marketing Company



**Location :** TOSCO  
 4350 EL CAMINO REAL  
 LOS ALTOS, CA 94022

**Facility #:** #6115

**BILL TO:** PARADISO MECHANICAL, INC.

**Contact:** DAVE MORDICK

<b>Work Order</b>	<b>Date</b>
02011801-1	JAN 18/02

<b>SANTA CLARA COUNTY HAZARDOUS MATERIALS COMPLIANCE DIVISION</b>			
Annual Inspection		Retest	<input type="checkbox"/>
Post Construction	X	For Sale	<input type="checkbox"/>
			Non-Regulatory

**Tank Test — Alert 1000**

Tank	Tank Capacity	Product Grade	Product Level		Pressure Tank Bottom PSI	Test Time		Final Leak Rate	
	Gallons		Inches	%		Start	End	G/H	Pass/Fail
1	12,000	REGULAR							
2	12,000	SUPER							
3									
4									
5									

TANK TEST RESULTS	
TANK	PASS/FAIL
1	
2	
3	
4	
5	

Tank	Ullage (Alert 1050X) Time		Ullage Pressure PSI		Ullage Results Pass/Fail
	Start	End	Beg.	End	
1					
2					
3					
4					
5					

**Product Line — Acurite**

Line	Type		Steel Fiberglass ST or FG	Test Pressure PSI	Test Time		Readings G/H			Final Leak Rate	
	P	S			Start	End	10 min	20 min	30 min	G/H	Pass/Fail
1	X		FG	50	7:00 AM	7:30 AM	.0075	.0000	.0000	.0000	PASS
2	X		FG	50	7:35 AM	8:05 AM	.0000	.0000	.0000	.0000	PASS
3											
4											
5											

**Leak Detector — Red Jacket FTA**

LD	Model	Serial Number	Leak Rate Calibration	Pass Fail
1	LD 2000	01101618	3 G/H	FAIL*
2	LD 2000	01101617	3 G/H	FAIL*
*1	STP-MLD	01101333	3 G/H	PASS
*2	STP-MLD	01101335	3 G/H	PASS

**Monitor Wells**

Well	Well Depth	Water Depth	Hydrocarbon (inches)		
1			YES	NO	
2			YES	NO	
3			YES	NO	
4			YES	NO	
5			YES	NO	

<b>Purchase Order</b>	<b>Contract #</b>	<b>Time of test</b>	<b>Technician</b>	<b>Signature</b>	<b>License</b>
732		7:00 AM	PHIL ROOMS		CA: 90-1052 NV: UTT-1083 OR: 17122



# Dan Brenton Construction, Inc.

2634 PACER LANE • SAN JOSE, CALIFORNIA 95111  
TELEPHONE (408) 226-1920 • CONTR. LIC. #396115

SANTA CLARA COUNTY ENVIRONMENTAL HEALTH  
P.O. BOX 280070  
SAN JOSE, CA 95159-8070

8-15-01

AUG 17 9 08 AM '01

RECEIVED AT  
ENVIRONMENTAL HEALTH  
HMSDB

TO WHOM IT MAY CONCERN:

DAN BRENTON CONSTRUCTION, INC. HAS ENTERED INTO CONTRACT WITH TOSCO  
MARKETING COMPANY TO PERFORM TESTING AND CERTIFICATION OF THEIR  
FACILITIES PER SB989 MANDATE. THE FACILITIES WE WILL BE CONDUCTING THESE  
TESTS AT AND THE DATES OF THE TESTS IN YOUR JURISDICTION ARE ATTACHED.  
ALL TESTS DATA AND CERTIFICATIONS WILL BE FORWARDED TO YOU UPON  
COMPLETION. IF YOU HAVE ANY QUESTION OR CONCERNS REGARDING THE SB989  
TESTING IN YOUR AREA, PLEASE GIVE ME A CALL AT 408(226-1920).

THANK YOU  
DAN BRENTON CONSTRUCTIONS, INC.

KERRY BRENTON  
VICE PRESIDENT

**TOSCO MARKETING SB989 TESTING SCHEDULE**

SITE #	SITE ADDRESS	SITE PHONE #	TEST DATE	CONFIRMED
4902	2195 41ST AVE.,SANTA CRUZ 95010	831-476-7200	8/20/01	8-14 MOHMID
5876	201 SEARIDGE,SANTA CRUZ 95003	831-688-7600	8/21/01	8-14 LARRY
6153	99 MT. HERMAN RD.,SCOTTS VLY 95060	831-438-1617	8/22/01	8-14 KEN
6193	1500 SOQUEL DR.,SANTA CRUZ 95060	831-476-3857	8/23/01	8-14 STEVE
3741	676 E. LAKE DR. WATSONVILLE 95076	831-724-7600	8/27/01	
11240	2178 41ST AVE. CAPITOLA 95010	831-476-2926	8/28/01	
5535	1428 FREEDOM BL.WATSONVILLE 95076	831-728-4443	8/29/01	
6169	17015 MONTEREY RD MORGANHILL95037	408-779-2211	8/30/01	
3364	1104 MERIDIAN AVE SAN JOSE 95125	408-267-1222	9/3/01	
3969	2850 STEVENS CREEK BL SANJOSE95126	408-984-8380	9/4/01	
3926	1100 S. WHITE RD. SAN JOSE 95127	408-272-1776	9/5/01	
4386	2690 UNION AVE. SAN JOSE 95124	408-559-0664	9/6/01	
5995	6211 SANTA TERESA SAN JOSE 95119	408-227-6176	9/10/01	
6031	3295 S. WHITE RD. SAN JOSE 95148	408-274-1159	9/11/01	
6231	602 W. SAN CARLOS SAN JOSE 95126	408-279-9786	9/12/01	
670	1480 BROADWAY, BURLIGAME 94011	650-343-3345	9/13/01	
5444	696 BLOSSOM HILL RD SAN JOSE 95123	408-629-0614	9/17/01	
5550	6499 CAMDEN AVE. SAN JOSE 95120	408-997-1221	9/18/01	
3857	170 SAN BRUNO AV,SAN BRUNO 94066	415-875-6601	9/19/01	
5893	1152 TULLY RD.,SAN JOSE 95122	408-293-6106	9/20/01	
4315	499 N. MATHILDA AV.SUNNYVALE94086	408-735-7180	9/24/01	
4821	295 LAWRENCE EXP. SUNNYVALE 94086	408-737-0320	9/25/01	
4832	1185 STEVENS CREEK SANTA CLARA9505	408-296-5258	9/26/01	
4848	898 E. FREMONTAV. SUNNYVALE 94086	408-738-4837	9/27/01	
6323	137 SERRAMONTE BL.,DALY CITY 94015	415-755-5566	10/1/01	
2488	3501 HOMESTEAD RD S.C. 95051	408-249-1696	10/2/01	
11231	801 FAIROAKS SUNNYVALE 94086	408-732-8900	10/3/01	
11232	603 OLD S.F. SUNNYVALE 94086	408-720-1698	10/4/01	
<del>11212</del>	<del>11895 BIG BASIN SANTA CLARA 95070</del>	<del>408-867-0551</del>	<del>10/8/01</del>	
11215	15171 LOS GATOS RD L.G. 95030	408-358-2240	10/9/01	
11217	666 N SANTA CRUZ, L.G. 95030	408-354-3341	10/10/01	
11220	19550 STEVENS CRK CUPERTINO 95014	408-257-2200	10/11/01	
5459	3501 GEARY BL.,SAN FRANCISCO 94118	415-752-3968	10/15/01	
<del>6897</del>	<del>330 S.SAN ANTONIO LOS ALTOS 94022</del>	<del>650-948-1771</del>	<del>10/16/01</del>	
<del>6897</del>	<del>1350 EL CAMINO RL LOS ALTOS 94022</del>	<del>415-941-0244</del>	<del>10/17/01</del>	
6897	2025 EL CAMINO RL.S.C. 95050	408-247-6822	10/18/01	
2913	90 EL CAMINO RL SAN CARLOS 94070	415-595-2600	10/22/01	
4211	1890 S. NORFOLK ST.SAN MATEO 94403	650-377-0457	10/23/01	
4519	699 RALSTON AV. BELMONT 94002	415-598-9477	10/24/01	
5427	700 POLHEMUS RD SAN MATEO 94402	415-573-1881	10/25/01	



*Dan Brenton Construction, Inc.*

2634 PACER LANE • SAN JOSE, CALIF. 95111

KERRY BRENTON  
VICE PRES.

(408) 226-1920  
CONTR. LIC. #396115



# Dan Brenton Construction, Inc.

2634 PACER LANE • SAN JOSE, CALIFORNIA 95111  
TELEPHONE (408) 226-1920 • CONTR. LIC. #396115

SANTA CLARA COUNTY ENVIRO. HEALTH  
2220 MOORPARK AVE.  
RM 100  
SAN JOSE, CA 95159

TOSCO #255957 (HMO)  
TOSCO #256115 (HMO)  
TOSCO #25611270 (SCCP) TO SCCPD 11-27-01  
TOSCO #2511212 (HMO)

NOV 15 9 15 AM '01  
SANTA CLARA COUNTY  
ENVIRONMENTAL HEALTH  
DIVISION

ATTN: HAZMAT DIVISION  
RE: SB 989 SECONDARY CONTAINMENT  
TEST RESULTS.

11-02-01

ALL HAZMAT INSPECTORS:

PLEASE FIND ENCLOSED THE SECONDARY CONTAINMENT TEST RESULTS FOR TOSCO SITES TESTED BY DAN BRENTON CONSTRUCTION, INC. IN YOUR AREA. THEY ARE BEING SENT TO YOU PER THE REQUIREMENT OF SB 989. IF ANY OF THE SECONDARY CONTAINMENT COMPONENTS FAILED AT A FACILITY, REPAIRS WILL BE MADE WITHIN 30 TO 120 DAYS IF FOR SOME REASON REPAIRS WILL TAKE LONGER THAN 120 DAYS YOUR AGENCY WILL BE NOTIFIED.

IF YOU HAVE ANY QUESTIONS OR CONCERNS REGARDING THE ATTACHED RESULTS OR ANY PLANNED REPAIR AND RETEST ACTIVITIES PLEASE CONTACT TOSCO'S CONSTRUCTION MANAGER MR. TOM WRAY @ 925-277-2336. IF YOU ARE UNABLE TO REACH MR. WRAY PLEASE CONTACT TOSCO'S COMPLIANCE SPECIALIST MS. TINA BERRY @ 923-277-2319

Reviewed By   
Date November 27, 2001

THANK YOU  
DAN BRENTON CONSTRUCTION, INC.  
  
KERRY BRENTON  
VICE PRESIDENT

**SB-989 SECONDARY CONTAINMENT TESTING SUMMARY RESULTS**

Site: Tosco Gas Dispensing Facility # 6115				Test Date		10/17/2001	
Address: 4350 El Camino Real				Agency		Santa Clara Co. Enviro. Health	
City: Los Altos, CA				Agency Notification date		11/02/2001	
Testing Performed by: Dan Brenton Const. Inc 2634 Pacer Ln., San Jose, CA. 95111				Contractor Lic. #		396115	
Equip Type	Description			Test Date	Type*	Result	Comments
<b>Tanks:</b>	Manf	Wall	Material				
UNL 87	Mod. Wld.	DBL	FRP	10/17/2001	VA	PASS	<i>17g"?</i> <i>DURAM?</i>
UNL 87							
UNL 89							
UNL 91/92 Diesel	Mod. Wld.	DBL	FRP	10/17/2001	VA	PASS	
<b>Lines:</b>	Manf	Wall	Material				
UNL 87	Smith	Single	FRP	N/A	N/A	N/A	Single wall piping with fiber-trench.
UNL 87							
UNL 89							
UNL 91/92 Diesel	Smith	Single	FRP	N/A	N/A	N/A	
<b>Turbine Sumps</b>	Type	Sensor Type	Lid (Y/N)				
UNL 87	Total Cont.	PLT	Y	10/17/2001	HY	FAIL	Test level dropped 14" in 30 minutes. Leak appears to be at collar.
UNL 87							
UNL 89							
UNL 91/92 Diesel	Total Cont.	PLT	Y	10/17/2001	HY	PASS	
<b>Fill Sumps</b>	Type	Sensor Type	Lid (Y/N)				
UNL 87							
UNL 87							
UNL 89							
UNL 91/92 Diesel							
<b>Spill Buckets:</b>	Manf	Direct (Y/N)	Model/Type				
UNL 87							
UNL 87							
UNL 89							
UNL 91/92 Diesel							
<b>Disp Pans:</b>	DispType	Pan Manf	Model/Type				
Dispenser 1 & 2	Gilbarco	Fib. Trench	N/A	N/A	N/A	N/A	Fiber Trench
Dispenser 3 & 4	Gilbarco	Fib. Trench	N/A	N/A	N/A	N/A	
Dispenser 5 & 6	Gilbarco	Fib. Trench	N/A	N/A	N/A	N/A	
Dispenser 7 & 8	Gilbarco	Fib. Trench	N/A	N/A	N/A	N/A	
Dispenser 9 & 10	Gilbarco	Fib. Trench	N/A	N/A	N/A	N/A	
Dispenser 11 & 12	Gilbarco	Fib. Trench	N/A	N/A	N/A	N/A	
Disp. 13/14	Gilbarco	Fib. Trench	N/A	N/A	N/A	N/A	
<b>NOTES</b>	Waste Oil sump has no sensor, Approx 20" of oil in it. Waste oil annular PASS 1 - 55 gal. Drum left on site.						
							
* Test Types: hy= hydrostatic    pn= pneumatic with nitrogen    va=vacume							

Received 7-18-2001  
MMCO



JULY 12, 2001

To: Implementing UST Program Agency

Re: UST System Test Results and/or Vapor Recovery System Test Results

Please find attached the tank/line/leak detector test, Electronic Monitor Certification(s) and/or Stage II test results for Tosco Marketing Company facility (ies) in your jurisdiction.

If you have any questions regarding the attached please call(818) 840-7020.

Triangle Environmental, Inc.  
For Tosco Marketing Company

Attachments

Cc: Tosco Dealer-Please file the attached test results in your Tosco Compliance binder.

Thank you for your cooperation.

# MONITORING SYSTEM CERTIFICATION

*For Use By All Jurisdictions Within the State of California*

*Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations*

This form must be used to document testing and servicing of monitoring equipment. If more than one monitoring system control panel is installed at the facility, a separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date. Instructions are printed on the back of this page.

## A. General Information

Facility Name: UNocal 76 # 31096 Bldg. No.: \_\_\_\_\_  
 Site Address: 4350 EL Camino Real City: Los Altos Zip: 94022  
 Facility Contact Person: John Contact Phone No.: (650) 941-0244  
 Make/Model of Monitoring System: TLS-350 Vector Root Date of Testing/Service: 4/18/01

## B. Inventory of Equipment Tested/Certified

Check the appropriate boxes to indicate specific equipment inspected/serviced:

Tank ID: <u>UNL 87</u>	Tank ID: <u>WASTE OIL</u>
<input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>MAG-1</u>	<input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: _____
<input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>420</u>	<input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>420</u>
<input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>208</u>	<input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____
<input type="checkbox"/> Fill Sump Sensor(s). Model: _____	<input type="checkbox"/> Fill Sump Sensor(s). Model: _____
<input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model: <u>Vaporless 10000</u>	<input type="checkbox"/> Mechanical Line Leak Detector. Model: _____
<input type="checkbox"/> Electronic Line Leak Detector. Model: _____	<input type="checkbox"/> Electronic Line Leak Detector. Model: _____
<input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor. Model: <u>OPW Drop Tube</u>	<input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____
<input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____	<input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____
<input type="checkbox"/> Shear Valve(s).	<input type="checkbox"/> Shear Valve(s).
<input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	<input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
<input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	<input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).
Tank ID: <u>UNL Prem 92</u>	Tank ID: _____
<input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>MAG</u>	<input type="checkbox"/> In-Tank Gauging Probe. Model: _____
<input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>420</u>	<input type="checkbox"/> Annular Space or Vault Sensor. Model: _____
<input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>208</u>	<input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____
<input type="checkbox"/> Fill Sump Sensor(s). Model: _____	<input type="checkbox"/> Fill Sump Sensor(s). Model: _____
<input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model: <u>Vaporless 10000</u>	<input type="checkbox"/> Mechanical Line Leak Detector. Model: _____
<input type="checkbox"/> Electronic Line Leak Detector. Model: _____	<input type="checkbox"/> Electronic Line Leak Detector. Model: _____
<input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor. Model: <u>OPW Drop Tube</u>	<input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____
<input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____	<input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____
<input type="checkbox"/> Shear Valve(s).	<input type="checkbox"/> Shear Valve(s).
<input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	<input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
<input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	<input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).

C. Certification - I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Site Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the (check all that apply):

System set-up report;  
 Alarm history report.

Technician Name (print): Edward Justice Cert/Lic. No.: \_\_\_\_\_ Signature: [Signature]





# MONITORING SYSTEM EQUIPMENT CERTIFICATION

For Use By All Jurisdictions Within the County of Santa Clara  
 Authority Cited: Title 23, Division 3, Chapter 16 California Code of Regulations:  
 Hazardous Materials Storage Ordinance

State and local laws/regulations require that equipment which monitors tanks and/or piping systems containing hazardous materials be tested/serviced annually or on a schedule specified by the manufacturer, whichever is more frequent. This form, or a service report with equivalent information, must be used to document testing and servicing of monitoring equipment. If more than one monitoring system (e.g. Veeder-Root TLS-350, Ronan X76S, etc.) is installed at the facility, a separate certification or report must be prepared for each monitoring system by the technician who performs the work.

Date of Testing/Servicing: 4/18/01 Facility Name: UNOCAL 76# 31096

Site Address: 4350 EL CAMINO REAL City: LOS ALTOS Zip: 94022

Facility Contact Person: JOHN Contact Phone No.: (650) 941-0244

Make/Model of Monitoring System(s): TLS-350 VEEDER ROOT Location of Control Panel(s): (RIGHT) CENTER REAR W.

Make/Model of Line Leak Detector (LLD): Vaporless 103000 Mech. Line LLD Leak Threshold: 3.0 g.p.m.

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Monitoring system is operable per manufacturer's specifications?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Audible alarm is operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Visual alarm is operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Monitoring system is secured from unauthorized tampering?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For pressurized piping systems, do the turbines automatically shut down if the monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes, which monitoring devices initiate positive shut-down? <u>Sump Sensors (TURBINE)</u>
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For monitoring systems which serve as tank overfill warning devices, does the overfill warning function operate properly? If so, at what percent of tank capacity does the alarm trigger? _____ %

\* In the comments section below, describe how and when these deficiencies will be corrected.

Check the appropriate boxes to indicate specific equipment inspected/serviced:

Tank ID No.: <u>UNL 87</u>	Tank ID No.: <u>Prem 92</u>	Tank ID No.: <u>WASTE OIL</u>	Tank ID No.: _____
<input checked="" type="checkbox"/> Annular Space Sensor	<input checked="" type="checkbox"/> Annular Space Sensor	<input checked="" type="checkbox"/> Annular Space Sensor	<input type="checkbox"/> Annular Space Sensor
<input checked="" type="checkbox"/> Piping Sump Sensor	<input checked="" type="checkbox"/> Piping Sump Sensor	<input type="checkbox"/> Piping Sump Sensor	<input type="checkbox"/> Piping Sump Sensor
<input checked="" type="checkbox"/> In-Tank Gauging Probe	<input checked="" type="checkbox"/> In-Tank Gauging Probe	<input type="checkbox"/> In-Tank Gauging Probe	<input type="checkbox"/> In-Tank Gauging Probe
<input checked="" type="checkbox"/> Dispenser Containment Sensor(s)	<input type="checkbox"/> Dispenser Containment Sensor(s)	<input type="checkbox"/> Dispenser Containment Sensor(s)	<input type="checkbox"/> Dispenser Containment Sensor(s)
<input checked="" type="checkbox"/> Mechanical Line Leak Detector	<input checked="" type="checkbox"/> Mechanical Line Leak Detector	<input checked="" type="checkbox"/> Mechanical Line Leak Detector	<input type="checkbox"/> Mechanical Line Leak Detector
<input type="checkbox"/> Electronic Line Leak Detector	<input type="checkbox"/> Electronic Line Leak Detector	<input type="checkbox"/> Electronic Line Leak Detector	<input type="checkbox"/> Electronic Line Leak Detector

Comments: \_\_\_\_\_

I certify that the equipment identified above was inspected/serviced in accordance with manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturer's checklists, etc.) necessary to verify that the above information is correct and to describe any repairs, replacement, or recalibration of equipment.

Name of Qualified Technician (print): EDWARD JUSTICE Signature: [Signature]

Testing Company Name: TRIANGLE ENVIRONMENTAL Phone No.: (818) 840-7020

IN-TANK SETUP

T 1:87-REGULAR  
PRODUCT CODE : 1  
THERMAL COEFF : .000700  
TANK DIAMETER : 110.00  
TANK PROFILE : 4 PTS  
FULL VOL : 12053  
82.5 INCH VOL : 9659  
55.0 INCH VOL : 6009  
27.5 INCH VOL : 2364

FLOAT SIZE: 4.0 IN 8496

WATER WARNING : 1.5  
HIGH WATER LIMIT: 2.0

MAX OR LABEL VOL: 12053  
OVERFILL LIMIT : 90%

HIGH PRODUCT : 10847  
95%

DELIVERY LIMIT : 11450  
5%  
602

LOW PRODUCT : 500  
LEAK ALARM LIMIT: 50  
SUDDEN LOSS LIMIT: 50  
TANK TILT : 0.00

MANIFOLDED TANKS  
T#: NONE

LEAK MIN PERIODIC: 65%  
7834

LEAK MIN ANNUAL : 65%  
7834

PERIODIC TEST TYPE  
STANDARD

ANNUAL TEST FAIL  
ALARM DISABLED

PERIODIC TEST FAIL  
ALARM DISABLED

GROSS TEST FAIL  
ALARM DISABLED

ANN TEST AVERAGING: OFF  
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 5 MIN

COMMUNICATIONS SETUP

PORT SETTINGS:

COMM BOARD : 1 (RS-232)  
BAUD RATE : 1200  
PARITY : ODD  
STOP BIT : 1 STOP  
DATA LENGTH: 7 DATA

AUTO TRANSMIT SETTINGS:

AUTO LEAK ALARM LIMIT  
DISABLED  
AUTO HIGH WATER LIMIT  
DISABLED  
AUTO OVERFILL LIMIT  
DISABLED  
AUTO LOW PRODUCT  
DISABLED  
AUTO THEFT LIMIT  
DISABLED  
AUTO DELIVERY START  
DISABLED  
AUTO DELIVERY END  
DISABLED  
AUTO EXTERNAL INPUT ON  
DISABLED  
AUTO EXTERNAL INPUT OFF  
DISABLED  
AUTO SENSOR FUEL ALARM  
DISABLED  
AUTO SENSOR WATER ALARM  
DISABLED  
AUTO SENSOR OUT ALARM  
DISABLED

RS-232 SECURITY  
CODE : 000000

RS-232 END OF MESSAGE  
DISABLED

SOFTWARE REVISION LEVEL  
VERSION 15.01  
SOFTWARE# 346015-100-B  
CREATED - 97.10.23.08.56

NO SOFTWARE MODULE  
SYSTEM FEATURES:  
PERIODIC IN-TANK TESTS  
ANNUAL IN-TANK TESTS

SYSTEM SETUP

APR 18, 2001 12:36 PM

SYSTEM UNITS

U.S.  
SYSTEM LANGUAGE  
ENGLISH  
SYSTEM DATE/TIME FORMAT  
MON DD YYYY HH:MM:SS XM

ELCAMINO UNOCAL  
4350 ELCAMINO REAL  
LOS ALTOS CA 94022  
415-941-0244

SHIFT TIME 1 : 6:00 AM  
SHIFT TIME 2 : DISABLED  
SHIFT TIME 3 : DISABLED  
SHIFT TIME 4 : DISABLED

TANK PERIODIC WARNINGS  
DISABLED  
TANK ANNUAL WARNINGS  
DISABLED  
LINE PERIODIC WARNINGS  
DISABLED  
LINE ANNUAL WARNINGS  
DISABLED

PRINT TO VOLUMES  
ENABLED

TEMP COMPENSATION  
VALUE (DEG F) : 60.0  
STICK HEIGHT OFFSET  
DISABLED

H-PROTOCOL DATA FORMAT  
HEIGHT  
DAYLIGHT SAVING TIME  
ENABLED  
START DATE  
APR WEEK 1 SUN  
START TIME  
2:00 AM  
END DATE  
OCT WEEK 4 SUN  
END TIME  
2:00 AM

RE-DIRECT LOCAL PRINTOUT  
DISABLED

SYSTEM SECURITY  
CODE : 000000

OUTPUT RELAY SETUP

R 1:87-REGULAR  
TYPE:  
STANDARD  
NORMALLY CLOSED

IN-TANK ALARMS  
T 1:HIGH WATER ALARM  
T 1:LOW PRODUCT ALARM

LIQUID SENSOR ALMS  
L 1:FUEL ALARM  
L 1:SENSOR OUT ALARM  
L 3:SENSOR OUT ALARM

R 2:92-SUPREME  
TYPE:  
STANDARD  
NORMALLY CLOSED

IN-TANK ALARMS  
T 2:HIGH WATER ALARM  
T 2:LOW PRODUCT ALARM

LIQUID SENSOR ALMS  
L 2:FUEL ALARM  
L 2:SENSOR OUT ALARM  
L 4:SENSOR OUT ALARM

ALARM HISTORY REPORT

----- SYSTEM ALARM -----  
PAPER OUT  
APR 16, 2001 9:24 AM  
PRINTER ERROR  
APR 16, 2001 9:24 AM  
BATTERY IS OFF  
JAN 1, 1996 8:00 AM  
SYS SECURITY WARNING  
APR 26, 2000 11:56 AM

\* \* \* \* \* END \* \* \* \* \*

LEAK TEST METHOD

TEST ON DATE : ALL TANKS  
JAN 1, 1996  
START TIME : DISABLED  
TEST RATE : 0.20 GAL/HR  
DURATION : 2 HOURS

LEAK TEST REPORT FORMAT  
NORMAL

LIQUID SENSOR SETUP

L 1:87-REGULAR STP SUMP  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : STP SUMP

L 2:92-SUPREME STP SUMP  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : STP SUMP

L 3:87-ANNULAR  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : ANNULAR SPACE

L 4:92-ANNULAR  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : ANNULAR SPACE

L 5:WASTE OIL ANNULAR  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : ANNULAR SPACE

T 2:92-SUPREME : 2  
PRODUCT CODE : .000700  
THERMAL COEFF : 110.00  
TANK DIAMETER : 4 PTS  
TANK PROFILE : 12053  
FULL VOL : 9659  
82.5 INCH VOL : 6009  
55.0 INCH VOL : 2364  
27.5 INCH VOL :

FLOAT SIZE: 4.0 IN. 8496

WATER WARNING : 1.5  
HIGH WATER LIMIT: 2.0

MAX OR LABEL VOL: 12053  
OVERFILL LIMIT : 90%

HIGH PRODUCT : 10847  
DELIVERY LIMIT : 95%

DELIVERY LIMIT : 11450  
5%  
602

LOW PRODUCT : 500  
LEAK ALARM LIMIT: 50  
SUDDEN LOSS LIMIT: 50  
TANK TILT : 0.00

MANIFOLDED TANKS  
T#: NONE

LEAK MIN PERIODIC: 65%  
7834

LEAK MIN ANNUAL : 65%  
7834

PERIODIC TEST TYPE  
STANDARD

ANNUAL TEST FAIL  
ALARM DISABLED

PERIODIC TEST FAIL  
ALARM DISABLED

GROSS TEST FAIL  
ALARM DISABLED

ANN TEST AVERAGING: OFF  
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 5 MIN

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
L 1:87-REGULAR STP SUMP  
STP SUMP  
FUEL ALARM  
APR 18, 2001 11:18 AM  
  
FUEL ALARM  
APR 18, 2001 11:10 AM  
  
FUEL ALARM  
APR 26, 2000 10:48 AM

\* \* \* \* \* END \* \* \* \* \*

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
L 2:92-SUPREME STP SUMP  
STP SUMP  
FUEL ALARM  
APR 18, 2001 11:09 AM  
  
FUEL ALARM  
APR 26, 2000 10:49 AM  
  
FUEL ALARM  
MAR 14, 1999 4:09 PM

\* \* \* \* \* END \* \* \* \* \*

ALARM HISTORY REPORT

----- IN-TANK ALARM -----  
T 2:92-SUPREME  
  
LOW PRODUCT ALARM  
NOV 10, 1999 7:59 PM  
DEC 24, 1998 2:05 PM  
DEC 23, 1998 11:52 AM  
  
PROBE OUT  
APR 26, 2000 10:50 AM  
  
DELIVERY NEEDED  
NOV 10, 1999 7:17 PM  
FEB 11, 1999 9:36 AM  
DEC 24, 1998 1:46 PM

\* \* \* \* \* END \* \* \* \* \*

ALARM HISTORY REPORT

----- IN-TANK ALARM -----  
T 3:

\* \* \* \* \* END \* \* \* \* \*

ALARM HISTORY REPORT

----- IN-TANK ALARM -----  
T 1:87-REGULAR  
  
OVERFILL ALARM  
MAR 21, 2001 9:13 AM  
JAN 15, 2001 2:02 PM  
JUL 2, 2000 11:31 AM  
  
LOW PRODUCT ALARM  
MAR 23, 2001 6:43 PM  
DEC 14, 2000 5:42 PM  
NOV 10, 2000 6:54 AM  
  
INVALID FUEL LEVEL  
JAN 28, 2000 11:02 AM  
APR 20, 1999 10:25 PM  
  
PROBE OUT  
APR 26, 2000 10:46 AM  
  
HIGH WATER WARNING  
APR 23, 1998 10:04 AM

DELIVERY NEEDED  
MAR 23, 2001 6:30 PM  
DEC 14, 2000 5:22 PM  
NOV 10, 2000 12:33 AM

\* \* \* \* \* END \* \* \* \* \*

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
L 5: WASTE OIL ANNULAR  
ANNULAR SPACE  
FUEL ALARM  
APR 18, 2001 12:08 PM  
  
FUEL ALARM  
SEP 11, 2000 11:15 AM  
  
FUEL ALARM  
JUL 12, 2000 12:59 PM

\* \* \* \* \* END \* \* \* \* \*

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
L 6:  
OTHER SENSORS

\* \* \* \* \* END \* \* \* \* \*

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
L 3:87-ANNULAR  
ANNULAR SPACE  
FUEL ALARM  
APR 18, 2001 11:55 AM  
  
SENSOR OUT ALARM  
MAR 1, 2001 8:25 AM  
  
FUEL ALARM  
MAR 1, 2001 8:12 AM

\* \* \* \* \* END \* \* \* \* \*

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
L 4:92-ANNULAR  
ANNULAR SPACE  
FUEL ALARM  
APR 18, 2001 12:01 PM  
  
SENSOR OUT ALARM  
MAR 1, 2001 8:27 AM  
  
FUEL ALARM  
JUL 12, 2000 1:24 PM

\* \* \* \* \* END \* \* \* \* \*

# Triangle Environmental, Inc.

## UST MONITOR CERTIFICATION SUMMARY SHEET

**Client:**

Tosco Marketing Co.  
1500 North Priest Drive  
Tempe, AZ 85281

**Tosco Facility # 31096**  
**Test Date: 4/18/01**

**Facility:**

**Tosco Facility # 31096**  
4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

**Work #: 302038**  
**County: SANTA CLARA**  
**Cross Street: EL CAMINO REAL/LO**

**Monitor model: VEEDER-ROOT TLS-350**

**Serial #: 80347353905001**

**Certification Result: PASS**

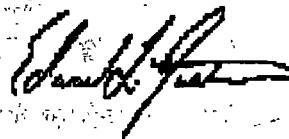
Sensor Type:	Quantity:	Result:	
Tank Annular :	2	PASS	Annular Type: DRY
Waste Oil :	1	PASS	Audible Alarm? Yes
Waste Oil Sump:	0	N/A	Visual Alarm? Yes
Vadose Wells :	0	N/A	Fail Safe? Yes
Line Pressure :	0	N/A	Positive Shut-off? Yes
Turbine Sump :	2	PASS	Gauge Only Result: PASS
LineTrenchQty:	0	N/A	ATG Monthly? No
Fill Sump :	0	N/A	ATG CSLD? No

**Comments: 87 turbine relay sticking.**

**This certifies that the monitor and sensors, as listed above, are operational and calibrated per the manufacturer's specification.**

**Inspected By:**

Ed Justice



# Triangle Environmental, Inc.

2525 West Burbank Blvd., Burbank, CA 91505-2302

(818) 840-7020 (818) 840-6929

## UST TESTING SYSTEMS SUMMARY SHEET

### Precision Underground Storage Tank System Leak Test

**Client:**

Tosco Marketing Co.  
1500 North Priest Drive  
Tempe, AZ 85281  
Kathy StrickLand  
(602) 728-7149

**Tosco Facility # 31096**

**Test Date: 4/18/01**

**Facility: 256115      GDF#: 9042**

**Work #: 302038**

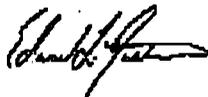
**Tosco Facility # 31096**  
4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

**County: SANTA CLARA**

**Cross Street: EL CAMINO REAL/LOS ALTOS**

Tank #	Product	Capacity	Test System Type	Tank Rate/Results	Ullage Result	Line Rate/Result	L/D Result
1	Unleaded Regular	12032		N/A	N/A	N/A	PASS
2	Unleaded Premium	12032		N/A	N/A	N/A	PASS

**Certified By:**



**Technician: Ed Justice**

**Mfgr's #: TEI-046**

**State Lic. #s:**

**Comments:**

Compliance L/D & monitor certification

This precision tank testing system has been third party evaluated according to the guidelines of the EPA procedures for annual leak detection systems and found to exceed the criteria of detecting a leak of 0.10 gph with a Pd >95% and Pfa <5% as required by Local, State and Federal EPA UST Technical Standards Part 280 for precision testing systems. This SB-989 secondary containment testing system exceeds the criteria for detection as required by state and local agencies.

# Triangle Environmental, Inc.

## SYSTEMS TANK, LINE AND LEAK DETECTOR TEST REPORT

**Facility:** Tosco Facility # 31096

**Tank #:** 1

**Test Date:** 4/18/01

**Product:** Unleaded Regular

**Work #:** 302038

TANK TEST RESULT	
Test Method:	
Capacity:	12032
Diameter (in):	
Product Level (in):	
Liquid Volume (Gals):	
Liquid Percent (%):	
Specific Gravity:	
Coef. of Expansion:	
Water On Tank (in):	
Water In Tank (in):	
Product Temp. (F):	
Head Pressure (psi):	
Test Start Time:	
Test End Time:	
Test Rate (gph):	
Test Result:	N/A

LEAK DETECTOR TEST RESULT	
Test Method:	TLDT
Manufacturer:	Vaporless
L/D Model:	LD2000
L/D Serial #:	66330
Line Drain Back (ml):	180
L/D Trip Time (sec):	3
Holding Pressure (psi):	29
Metering Pressure (psi):	14
L/D Test Rate (gph):	1.0
L/D Result:	PASS
New leak detector?	No

ULLAGE TEST RESULT	
Test Method:	ULLAGE
Ullage Volume (gals.):	
Ullage Test Time:	
Ullage Vacuum (psi):	
Ullage Result:	N/A

LINE TEST RESULT	
Test Method:	
Pump Brand:	
System Type:	
Line Pressure (psi):	
Line Start Time:	
Line End Time:	
Line Start Level:	
Line End Level:	
Line Test Rate (gph):	
Line Test Result:	N/A

COMMENTS	

# Triangle Environmental, Inc.

## SYSTEMS TANK, LINE AND LEAK DETECTOR TEST REPORT

**Facility:** Tosco-Facility # 31096

**Tank #:** 2

**Test Date:** 4/18/01

**Product:** Unleaded Premium

**Work #:** 302038

TANK TEST RESULT	
Test Method:	
Capacity:	12032
Diameter (in):	
Product Level (in):	
Liquid Volume (Gals):	
Liquid Percent (%):	
Specific Gravity:	
Coef. of Expansion:	
Water On Tank (in):	
Water In Tank (in):	
Product Temp. (F):	
Head Pressure (psi):	
Test Start Time:	
Test End Time:	
Test Rate (gph):	
Test Result:	N/A

LEAK DETECTOR TEST RESULT	
Test Method:	TLDT
Manufacturer:	Vaporless
L/D Model:	LD2000
L/D Serial #:	66331
Line Drain Back (ml):	185
L/D Trip Time (sec):	3
Holding Pressure (psi):	30
Metering Pressure (psi):	13
L/D Test Rate (gph):	0.6
L/D Result:	PASS
New leak detector?	No

ULLAGE TEST RESULT	
Test Method:	ULLAGE
Ullage Volume (gals.):	
Ullage Test Time:	
Ullage Vacuum (psi):	
Ullage Result:	N/A

LINE TEST RESULT	
Test Method:	
Pump Brand:	
System Type:	
Line Pressure (psi):	
Line Start Time:	
Line End Time:	
Line Start Level:	
Line End Level:	
Line Test Rate (gph):	
Line Test Result:	N/A

COMMENTS



RECEIVED  
9-8-00  
HMCO

# Triangle Environmental Inc

## UST MONITOR CERTIFICATION SUMMARY SHEET

**Client:**

Tosco Marketing Co.  
1500 North Priest Drive  
Tempe, AZ 85281

**Tosco Facility # 31096**

**Test Date: 4/26/2000**

**Facility:**

**Tosco Facility # 31096**

4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

**Work #: 870335**

**County: SANTA CLARA**

**Cross Street: EL CAMINO REAL/LO**

**Monitor model: VEEDER-ROOT TLS-350**

**Serial #: 80347353905**

**Certification Result: PASS**

Sensor Type:	Quantity:	Result:	
Tank Annular :	2	PASS	Annular Type: DRY
Waste Oil :	1	PASS	Audible Alarm? Yes
Waste Oil Sump:	0	N/A	Visual Alarm? Yes
Vadose Wells :	0	N/A	Fail Safe? Yes
Line Pressure :	0	N/A	Positive Shut-off? Yes
Turbine Sump :	2	PASS	Gauge Only Result: PASS
Line Trench Qty:	0	N/A	ATG Monthly? No
Fill Sump :	0	N/A	ATG CSLD? No

**Comments:**

This certifies that the monitor and sensors, as listed above, are operational and calibrated per the manufacturer's specification.

Inspected By:  
Michael Sweatt

*Michael P. Sweatt*

Reviewed By 

Date SEPTEMBER 12, 2000



RECEIVED BY  
ENVIRONMENTAL HEALTH  
HMCD

MAY 9 3 14 PM '00

May 3, 2000

To: Implementing UST Program Agency

Re: UST System Test Results

Please find attached the tank/line/leak detector test results and/or monitor certification(s) for Tosco marketing Company facility(ies) in your jurisdiction.

If you have any questions regarding the attached please call(818) 840-7020.

Triangle Environmental, Inc.  
For Tosco Marketing Company

Attachments

Cc: Tosco Dealer-Please file the attached test results in your Tosco Compliance binder.

Thank you for your cooperation.

Reviewed By

Date

MAY 22, 2000

# MONITORING SYSTEM CERTIFICATION

*For Use By All Jurisdictions Within the State of California*

*Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations*

This form must be used to document testing and servicing of monitoring equipment. If more than one monitoring system control panel is installed at the facility, a separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date. Instructions are printed on the back of this page.

## A. General Information

Facility Name: TOSCO 81096 Bldg. No.: \_\_\_\_\_  
 Site Address: 4350 EL CAMINO REAL City: LOS ACTOS Zip: 94022  
 Facility Contact Person: DEALER Contact Phone No.: (415) 941-0244  
 Make/Model of Monitoring System: U.R. TLS-350 Date of Testing/Service: 4/26/00

## B. Inventory of Equipment Tested/Certified

Check the appropriate boxes to indicate specific equipment inspected/serviced:

Tank ID: <u>87</u> <input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>MAG</u> <input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>40420</u> <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>208</u> <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	Tank ID: <u>89</u> <input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>MAG</u> <input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>420</u> <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>208</u> <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).
Tank ID: <u>W10</u> <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>40420</u> <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).	Tank ID: _____ <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor. Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s). <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).

**C. Certification** - I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Site Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the (check all that apply):

- System set-up report;
- Alarm history report.

Technician Name (print): M. SWEATT Cert./Lic. No.: \_\_\_\_\_ Signature: Michael P. Sweatt  
 Testing Company Name: TEI Phone No.: (818) 840-7020



**Monitoring System Certification**

Site Address: # 31094

Date of Testing/Serviceing: 4/26/00

**F. In-Tank Gauging / SIR Equipment:**

- Check this box if tank gauging is used only for inventory control.
- Check this box if no tank gauging or SIR equipment is installed.

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all tank gauging probes visually inspected for damage and residue buildup?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system product level readings tested?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system water level readings tested?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all probes reinstalled properly?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

\* In the Section H, below, describe how and when these deficiencies were or will be corrected.

**G. Line Leak Detectors (LLD):**

- Check this box if LLDs are not installed.

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? (Check all that apply) Simulated leak rate: <input checked="" type="checkbox"/> 3 g.p.h. <sup>1</sup> ; <input type="checkbox"/> 0.1 g.p.h. <sup>2</sup> ; <input type="checkbox"/> 0.2 g.p.h. <sup>2</sup> Notes: 1. Required for equipment start-up certification and annual certification. 2. Unless mandated by local agency, certification required only for electronic LLD start-up.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was the testing apparatus properly calibrated?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

\* In the Section H, below, describe how and when these deficiencies were or will be corrected.

**H. Comments:**

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# Triangle Environmental Inc

## SYSTEMS TANK, LINE AND LEAK DETECTOR TEST REPORT

Facility: Tosco Facility # 31096

Tank #: 1

Test Date: 4/26/00

Product: Unleaded Regular

Work #: 870335

TANK TEST RESULT	
Test Method:	
Capacity:	12032
Diameter (in):	
Product Level (in):	
Liquid Volume (Gals):	
Liquid Percent (%):	
Specific Gravity:	
Coef. of Expansion:	
Water On Tank (in):	
Water In Tank (in):	
Product Temp. (F):	
Head Pressure (psi):	
Test Start Time:	
Test End Time:	
Test Rate (gph):	
Test Result:	N/A

LEAK DETECTOR TEST RESULT	
Test Method:	R.J. FTA
Manufacturer:	Vaporless
L/D Model:	LD2000
L/D Serial #:	66330
Line Drain Back (ml):	160
L/D Trip Time (sec):	3
Holding Pressure (psi):	30
Metering Pressure (psi):	18
L/D Test Rate (gph):	0.4
L/D Result:	PASS
New leak detector?	No

ULLAGE TEST RESULT	
Test Method:	ULLAGE
Ullage Volume (gals.):	
Ullage Test Time:	
Ullage Vacuum (psi):	
Ullage Result:	N/A

LINE TEST RESULT	
Test Method:	
Pump Brand:	
System Type:	
Line Pressure (psi):	
Line Start Time:	
Line End Time:	
Line Start Level:	
Line End Level:	
Line Test Rate (gph):	
Line Test Result:	N/A

COMMENTS	

# Triangle Environmental Inc

## SYSTEMS TANK, LINE AND LEAK DETECTOR TEST REPORT

**Facility:** Tosco Facility # 31096

**Tank #:** 2

**Test Date:** 4/26/00

**Product:** Unleaded Premium

**Work #:** 870335

TANK TEST RESULT	
Test Method:	
Capacity:	12032
Diameter (in):	
Product Level (in):	
Liquid Volume (Gals):	
Liquid Percent (%):	
Specific Gravity:	
Coef. of Expansion:	
Water On Tank (in):	
Water In Tank (in):	
Product Temp. (F):	
Head Pressure (psi):	
Test Start Time:	
Test End Time:	
Test Rate (gph):	
Test Result:	N/A

LEAK DETECTOR TEST RESULT	
Test Method:	R.J. FTA
Manufacturer:	Vaporless
L/D Model:	LD2000
L/D Serial #:	66331
Line Drain Back (ml):	150
L/D Trip Time (sec):	2
Holding Pressure (psi):	30
Metering Pressure (psi):	17
L/D Test Rate (gph):	0.2
L/D Result:	PASS
New leak detector?	No

ULLAGE TEST RESULT	
Test Method:	ULLAGE
Ullage Volume (gals.):	
Ullage Test Time:	
Ullage Vacuum (psi):	
Ullage Result:	N/A

LINE TEST RESULT	
Test Method:	
Pump Brand:	
System Type:	
Line Pressure (psi):	
Line Start Time:	
Line End Time:	
Line Start Level:	
Line End Level:	
Line Test Rate (gph):	
Line Test Result:	N/A

COMMENTS	

# Triangle Environmental Inc

## UST MONITOR CERTIFICATION SUMMARY SHEET

**Client:**

Tosco Marketing Co.  
1500 North Priest Drive  
Tempe, AZ 85281

**Tosco Facility # 31096**

**Test Date: 4/26/00**

**Facility:**

**Tosco Facility # 31096**

4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

**Work #: 870335**

**County: SANTA CLARA**

**Cross Street: EL CAMINO REAL/LO**

**Monitor model: VEEDER-ROOT TLS-350**

**Serial #: 80347353905001**

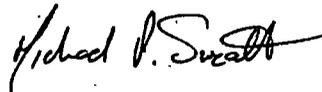
**Certification Result: PASS**

<b>Sensor Type:</b>	<b>Quantity:</b>	<b>Result:</b>		
<b>Tank Annular :</b>	2	PASS	<b>Annular Type:</b>	DRY
<b>Waste Oil Annular :</b>	1	PASS	<b>Audible Alarm?</b>	Yes
<b>Waste Oil Sump:</b>	0	N/A	<b>Visual Alarm?</b>	Yes
<b>Vadose Wells :</b>	0	N/A	<b>Fail Safe?</b>	Yes
<b>Line Pressure :</b>	0	N/A	<b>Positive Shut-off?</b>	Yes
<b>Turbine Sump :</b>	2	PASS	<b>Gauge Only Result:</b>	PASS
<b>Line Trench :</b>	0	N/A	<b>ATG Monthly?</b>	No
<b>Fill Sump :</b>	0	N/A	<b>ATG CSLD?</b>	No

**Comments:**

This certifies that the monitor and sensors, as listed above, are operational and calibrated per the manufacturer's specification.

**Inspected By:**  
Michael Sweatt





Environmental, Inc.

2525 W. BURBANK BLVD.

TEL: (818) 840-7020

BURBANK, CA 91505-2302

FAX: (818) 840-6929

RECEIVED WORK ACKNOWLEDGMENT

DATE: 4-26-00 AUTH#:
FACILITY#: T08CD 31096 G#9042
ADDRESS: 4350 EL CAMINO REAL
CITY/STATE: LOS ALTOS CA
COUNTY SANTA CLARA TECH: 87

SERVICE REQUESTED (CHECK)

- TANK TIGHTNESS TEST
PRODUCT LINE TEST
LEAK-DETECTOR TEST
MONITOR CERTIFICATION
FACILITY INSPECTION
VAPOR RECOVERY TEST
ENVIRONMENTAL REPAIRS
OTHER

SERVICES PERFORMED

- MONITOR CERT - PASSED
- LEAK DETECTOR TEST - PASSED
- FACILITY INSPECTION

PARTS

Table with columns for Quantity and Description, and a sub-table for TIME (ARRIVAL, DEPARTURE), LABOR HOURS, TRAVEL HOURS, and LESS MEAL TIME.

CUSTOMER PRINT NAME: GREG GALATOLO
CUSTOMER SIGNATURE: [Signature]

DATE: 4-26-00

# Triangle Environmental Inc

2525 West Burbank Blvd., Burbank, CA 91505-2302

(818) 840-7020 (818) 840-6929

## UST TESTING SYSTEMS SUMMARY SHEET

Precision Underground Storage Tank System Leak Test

**Client:**

Tosco Marketing Co.  
1500 North Priest Drive  
Tempe, AZ 85281  
Kathy StrickLand  
(602) 728-7149

Tosco Facility # 31096

Test Date: 4/26/00

**Facility:**

Tosco Facility # 31096  
4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

Work #: 870335

County: SANTA CLARA

Cross Street: EL CAMINO REAL/LOS ALTOS

Tank #	Product	Capacity	Test System Type	Tank Rate/Results	Ullage Result	Line Rate/Result	L/D Result
1	Unleaded Regular	12032		N/A	N/A	N/A	PASS
2	Unleaded Premium	12032		N/A	N/A	N/A	PASS

Certified By:

*Michael P. Sweatt*

Technician: Michael Sweatt

Mfgr's #:

State Lic. #s:

**Comments:**

Compliance L/D & monitor certification. G#9042

This precision tank testing system exceeds the criteria required by Local, State and Federal NFPA #329 and EPA UST Technical Standards Part 280 for precision testing systems.

SYSTEM SETUP

APR 26, 2000 10:32 AM

SYSTEM UNITS

U.S.  
SYSTEM LANGUAGE  
ENGLISH  
SYSTEM DATE/TIME FORMAT  
MON DD YYYY HH:MM:SS xM

ELCAMINO UNOCAL  
4350 ELCAMINO REAL  
LOS ALTOS CA 94022  
415-941-0244

SHIFT TIME 1 : 6:00 AM  
SHIFT TIME 2 : DISABLED  
SHIFT TIME 3 : DISABLED  
SHIFT TIME 4 : DISABLED

TANK PERIODIC WARNINGS  
DISABLED  
TANK ANNUAL WARNINGS  
DISABLED  
LINE PERIODIC WARNINGS  
DISABLED  
LINE ANNUAL WARNINGS  
DISABLED

PRINT TO VOLUMES  
ENABLED

TEMP COMPENSATION  
VALUE (DEG F) : 60.0  
STICK HEIGHT OFFSET  
DISABLED

H-PROTOCOL DATA FORMAT  
HEIGHT  
DAYLIGHT SAVING TIME  
ENABLED  
START DATE  
APR . WEEK 1 SUN  
START TIME  
2:00 AM  
END DATE  
OCT WEEK 4 SUN  
END TIME  
2:00 AM

RE-DIRECT LOCAL PRINTOUT  
DISABLED

COMMUNICATIONS SETUP

PORT SETTINGS:

COMM BOARD : 1 (RS-232)  
BAUD RATE : 1200

AUTO TRANSMIT SETTINGS:

AUTO LEAK ALARM LIMIT  
DISABLED  
AUTO HIGH WATER LIMIT  
DISABLED  
AUTO OVERFILL LIMIT  
DISABLED  
AUTO LOW PRODUCT  
DISABLED  
AUTO THEFT LIMIT  
DISABLED  
AUTO DELIVERY START  
DISABLED  
AUTO DELIVERY END  
DISABLED  
AUTO EXTERNAL INPUT ON  
DISABLED  
AUTO EXTERNAL INPUT OFF  
DISABLED  
AUTO SENSOR FUEL ALARM  
DISABLED  
AUTO SENSOR WATER ALARM  
DISABLED  
AUTO SENSOR OUT ALARM  
DISABLED

RS-232 SECURITY  
CODE : 000000

RS-232 END OF MESSAGE  
DISABLED

IN-TANK SETUP

T 1:87-REGULAR  
PRODUCT CODE : 1  
THERMAL COEFF : .000700  
TANK DIAMETER : 110.00  
TANK PROFILE : 4 PTS  
FULL VOL : 12053  
82.5 INCH VOL : 9659  
55.0 INCH VOL : 6009  
27.5 INCH VOL : 2364

FLOAT SIZE: 4.0 IN. 8496

WATER WARNING : 1.5  
HIGH WATER LIMIT: 2.0

MAX OR LABEL VOL: 12053  
OVERFILL LIMIT : 90%  
: 10847  
HIGH PRODUCT : 95%  
: 11450  
DELIVERY LIMIT : 5%  
: 60%

LOW PRODUCT : 50%  
LEAK ALARM LIMIT: 5%  
CURRENT LOSS LIMIT: 5%

LEAK MIN PERIODIC: 65%  
: 7834

LEAK MIN ANNUAL : 65%  
: 7834

PERIODIC TEST TYPE  
STANDARD

ANNUAL TEST FAIL  
ALARM DISABLED

PERIODIC TEST FAIL  
ALARM DISABLED

GROSS TEST FAIL  
ALARM DISABLED

ANN TEST AVERAGING: OFF  
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 5 MIN

GROSS TEST FAIL  
ALARM DISABLED

ANN TEST AVERAGING: OFF  
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 5 MIN

LEAK TEST METHOD

TEST ON DATE : ALL TANK  
JAN 1, 1996  
START TIME : DISABLED  
TEST RATE : 0.20 GAL/HR  
DURATION : 2 HOURS

LEAK TEST REPORT FORMAT  
NORMAL

T 2:92-SUPREME  
PRODUCT CODE : 2  
THERMAL COEFF : .000700  
TANK DIAMETER : 110.00  
TANK PROFILE : 4 PTS  
FULL VOL : 12053  
82.5 INCH VOL : 9659  
55.0 INCH VOL : 6009  
27.5 INCH VOL : 2364

FLOAT SIZE: 4.0 IN. 8496

WATER WARNING : 1.5  
HIGH WATER LIMIT: 2.0

MAX OR LABEL VOL: 12053  
OVERFILL LIMIT : 90%  
10847  
HIGH PRODUCT : 95%  
11450  
DELIVERY LIMIT : 5%  
602

LOW PRODUCT : 500  
LEAK ALARM LIMIT: 50  
SUDDEN LOSS LIMIT: 50  
TANK TILT : 0.00

MANIFOLDED TANKS  
T#: NONE

LEAK MIN PERIODIC: 65%  
: 7834

LEAK MIN ANNUAL : 65%  
: 7834

PERIODIC TEST TYPE  
STANDARD

ANNUAL TEST FAIL  
ALARM DISABLED

OUTPUT RELAY SETUP

R 1:87-REGULAR  
TYPE:  
STANDARD  
NORMALLY CLOSED

IN-TANK ALARMS  
T 1:HIGH WATER ALARM  
T 1:LOW PRODUCT ALARM

LIQUID SENSOR ALMS  
L 1:FUEL ALARM

R 2:92-SUPREME  
TYPE:  
STANDARD  
NORMALLY CLOSED

IN-TANK ALARMS  
T 2:HIGH WATER ALARM  
T 2:LOW PRODUCT ALARM

LIQUID SENSOR ALMS  
L 2:FUEL ALARM

---- IN-TANK ALARM ----  
T 1:87-REGULAR  
PROBE OUT  
APR 26, 2000 10:46 AM

LIQUID SENSOR SETUP

L 1:87-REGULAR STP SUMP  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : STP SUMP

L 2:92-SUPREME STP SUMP  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : STP SUMP

L 3:87-ANNULAR  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : ANNULAR SPACE

L 4:92-ANNULAR  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : ANNULAR SPACE

L 5:WASTE OIL ANNULAR  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : ANNULAR SPACE

---- SENSOR ALARM ----  
L 1:87-REGULAR STP SUMP  
STP SUMP  
FUEL ALARM  
APR 26, 2000 10:48 AM

---- SENSOR ALARM ----  
L 2:92-SUPREME STP SUMP  
STP SUMP  
FUEL ALARM  
APR 26, 2000 10:49 AM

---- IN-TANK ALARM ----  
T 2:92-SUPREME

ELCAMINO UNOCAL  
4350 ELCAMINO REAL  
LOS ALTOS CA 94022  
415-941-0244

APR 26, 2000 10:51 AM

SYSTEM STATUS REPORT

ALL FUNCTIONS NORMAL

ELCAMINO UNOCAL  
4350 ELCAMINO REAL  
LOS ALTOS CA 94022  
415-941-0244

APR 26, 2000 10:51 AM

SYSTEM STATUS REPORT

ALL FUNCTIONS NORMAL

----- SENSOR ALARM -----  
L 3:87-ANNULAR  
ANNULAR SPACE  
FUEL ALARM  
APR 26, 2000 10:52 AM

----- SENSOR ALARM -----  
L 4:92-ANNULAR  
ANNULAR SPACE  
FUEL ALARM  
APR 26, 2000 10:53 AM

----- SENSOR ALARM -----  
L 5:WASTE OIL ANNULAR  
ANNULAR SPACE  
FUEL ALARM  
APR 26, 2000 11:43 AM

SYSTEM STATUS REPORT

ALL FUNCTIONS NORMAL

----- SYSTEM ALARM -----  
SYS SECURITY WARNING  
APR 26, 2000 11:56 AM

SOFTWARE REVISION LEVEL  
VERSION 15.01  
SOFTWARE# 346015-100-B  
CREATED - 97.10.23.08.56

NO SOFTWARE MODULE  
SYSTEM FEATURES:  
PERIODIC IN-TANK TESTS  
ANNUAL IN-TANK TESTS

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
L 1:87-REGULAR STP SUMP  
STP SUMP  
FUEL ALARM  
APR 26, 2000 10:48 AM

FUEL ALARM  
FEB 13, 2000 7:17 PM

FUEL ALARM  
MAR 14, 1999 4:07 PM

\*\*\*\*\* END \*\*\*\*\*

\*\*\*\*\* END \*\*\*\*\*

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
L 3:87-ANNULAR  
ANNULAR SPACE  
FUEL ALARM  
APR 26, 2000 10:52 AM

FUEL ALARM  
APR 23, 1998 12:12 PM

\*\*\*\*\* END \*\*\*\*\*

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
L 4:92-ANNULAR  
ANNULAR SPACE  
FUEL ALARM  
APR 26, 2000 10:53 AM

\*\*\*\*\* END \*\*\*\*\*

RECEIVED BY  
ENVIRONMENTAL HEALTH  
INNOVATION  
APR 9 8 28 AM '99

April 2, 1999

To: Implementing UST Program Agency

Re: UST System Test Results

Please find attached the tank/line/leak detector test results and/or monitor certification(s) for Tosco Marketing Company facility(ies) in your jurisdiction.

If you have any questions regarding the attached please call (818) 840-7020.

Triangle Environmental, Inc.  
for Tosco Marketing Company

Attachments

cc: Tosco Dealer – Please file the attached test results in your Tosco compliance binder.

Thank you for your cooperation.

21096

# MONITORING SYSTEM EQUIPMENT CERTIFICATION

For Use By All Jurisdictions Within the County of Santa Clara  
Authority Cited: Title 23, Division 3, Chapter 16 California Code of Regulations;  
Hazardous Materials Storage Ordinance

State and local laws/regulations require that equipment which monitors tanks and/or piping systems containing hazardous materials be tested/serviced annually or on a schedule specified by the manufacturer, whichever is more frequent. This form, or a service report with equivalent information, must be used to document testing and servicing of monitoring equipment. If more than one monitoring system (e.g. Veeder-Root TLS-350, Ronan X76S, etc.) is installed at the facility, a separate certification or report must be prepared for each monitoring system by the technician who performs the work.

Date of Testing/Servicing: 03/14/99 Facility Name: CINCK

Site Address: 4350 EL CAMINO REAL City: LOS ALTOS Zip: \_\_\_\_\_

Facility Contact Person: KATHY STRICKLAND Contact Phone No.: (602) 728-7149

Make/Model of Monitoring System(s): VEEDER ROOT TLS 350 Location of Control Panel(s): 57015

Make/Model of Line Leak Detector (LLD): VAPORLESS LP-2000 LLD Leak Threshold: \_\_\_\_\_ g.p.m.

### Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Monitoring system is operable per manufacturer's specifications?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Audible alarm is operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Visual alarm is operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Monitoring system is secured from unauthorized tampering?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For pressurized piping systems, do the turbines automatically shut down if the monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes, which monitoring devices initiate positive shut-down? <u>TURBINE SUMP SENSORS</u>
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For monitoring systems which serve as tank overfill warning devices, does the overfill warning function operate properly? If so, at what percent of tank capacity does the alarm trigger? <u>51</u> %

\* In the comments section below, describe how and when these deficiencies will be corrected.

### Check the appropriate boxes to indicate specific equipment inspected/serviced:

Tank ID No.: <u>82</u>	Tank ID No.: <u>92</u>	Tank ID No.: <u>N/A</u>	Tank ID No.: <u>N/A</u>
<input checked="" type="checkbox"/> Annular Space Sensor	<input checked="" type="checkbox"/> Annular Space Sensor	<input type="checkbox"/> Annular Space Sensor	<input type="checkbox"/> Annular Space Sensor
<input type="checkbox"/> Piping Sump Sensor	<input checked="" type="checkbox"/> Piping Sump Sensor	<input type="checkbox"/> Piping Sump Sensor	<input type="checkbox"/> Piping Sump Sensor
<input checked="" type="checkbox"/> In-Tank Gauging Probe	<input checked="" type="checkbox"/> In-Tank Gauging Probe	<input type="checkbox"/> In-Tank Gauging Probe	<input type="checkbox"/> In-Tank Gauging Probe
<input type="checkbox"/> Dispenser Containment Sensor(s)	<input type="checkbox"/> Dispenser Containment Sensor(s)	<input type="checkbox"/> Dispenser Containment Sensor(s)	<input type="checkbox"/> Dispenser Containment Sensor(s)
<input type="checkbox"/> Mechanical Line Leak Detector	<input checked="" type="checkbox"/> Mechanical Line Leak Detector	<input type="checkbox"/> Mechanical Line Leak Detector	<input type="checkbox"/> Mechanical Line Leak Detector
<input type="checkbox"/> Electronic Line Leak Detector	<input type="checkbox"/> Electronic Line Leak Detector	<input checked="" type="checkbox"/> Electronic Line Leak Detector	<input type="checkbox"/> Electronic Line Leak Detector

Comments: \_\_\_\_\_

I certify that the equipment identified above was inspected/serviced in accordance with manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturer's checklists, etc.) necessary to verify that the above information is correct and to describe any repairs, replacement, or recalibration of equipment.

Name of Qualified Technician (print): James Bowen Signature: [Signature]

Testing Company Name: TRIANGLE INC Phone No.: (650) 841-7020

# Triangle Environmental, Inc.

2525 West Burbank Blvd., Burbank, CA 91505-2302

(818) 840-7020 (818) 840-6929

## UST TESTING SYSTEMS SUMMARY SHEET

Precision Underground Storage Tank System Leak Test

**Client:**

Tosco Marketing Co  
1500 North Priest Drive  
Tempe, AZ 85281  
Kathy StrickLand  
(602) 728-7149

Tosco Facility # 31096

Test Date: 3/14/99

**Facility:**

Tosco Facility # 31096  
4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

Work #: 460752

County: SANTA CLARA

Cross Street: EL CAMINO REAL/LOS ALTOS

Tank #	Product	Capacity	Test System Type	Tank Rate/Result	Ullage Result	Line Rate/Result	L/D Result
1	Unleaded Regular	12000		N/A	N/A	N/A	PASS
2	Unleaded Premium	12000		N/A	N/A	N/A	PASS

Certified By:



Technician: James Bowen

Mfgr's # TEI-053

State Lic. #s CA-97-1603

IFCI-98212 AZ-T00033

ID-9634006 CO-0547

**Comments**

Compliance test L/D and Monitor certification

This precision tank testing system exceeds the criteria required by Local, State and Federal NFPA #329 and EPA UST Technical Standards Part 280 for precision testing systems.

# Triangle Environmental, Inc.

## SYSTEMS TANK, LINE AND LEAK DETECTOR TEST REPORT

**Facility** Tosco Facility # 31096

**Tank #:** 1

**Test Date:** 3/14/99

**Product:** Unleaded Regular

**Work #:** 460752

TANK TEST RESULT	
Test Method:	
Capacity:	12000
Diameter (in):	
Product Level (in):	
Liquid Volume (Gals):	
Liquid Percent (%):	
Specific Gravity:	
Coef. of Expansion:	
Water On Tank (in)	
Water In Tank (in)	
Product Temp. (F)	
Head Pressure (psi):	
Test Start Time:	
Test End Time:	
Test Rate (gph):	
Test Result:	N/A

LEAK DETECTOR TEST RESULT	
Test Method:	R.J. FTA
Manufacturer	Vaporless
L/D Model	LD2000
L/D Serial #:	66330
Line Drain Back (ml)	150
L/D Trip Time (sec):	2
Holding Pressure (psi):	20
Metering Pressure (psi):	12
L/D Test Rate (gph):	2.3
L/D Result:	PASS
New leak detector?	No

ULLAGE TEST RESULT	
Test Method:	ULLAGE
Ullage Volume (gals.):	
Ullage Test Time:	
Ullage Vacuum (psi):	
Ullage Result	N/A

LINE TEST RESULT	
Test Method:	
Pump Brand	
System Type:	
Line Pressure (psi):	
Line Start Time:	
Line End Time:	
Line Start Level	
Line End Level:	
Line Test Rate (gph):	
Line Test Result:	N/A

COMMENTS	

# Triangle Environmental, Inc.

## SYSTEMS TANK, LINE AND LEAK DETECTOR TEST REPORT

**Facility** Tosco Facility # 31096

**Tank #:** 2

**Test Date:** 3/14/99

**Product:** Unleaded Premium

**Work #:** 460752

TANK TEST RESULT	
Test Method:	
Capacity:	12000
Diameter (in):	
Product Level (in):	
Liquid Volume (Gals):	
Liquid Percent (%):	
Specific Gravity:	
Coef. of Expansion:	
Water On Tank (in)	
Water In Tank (in)	
Product Temp. (F)	
Head Pressure (psi):	
Test Start Time:	
Test End Time:	
Test Rate (gph):	
Test Result:	N/A

LEAK DETECTOR TEST RESULT	
Test Method:	R.J. FTA
Manufacturer	Vaporless
L/D Model	LD2000
L/D Serial #:	66331
Line Drain Back (ml)	154
L/D Trip Time (sec):	2
Holding Pressure (psi):	23
Metering Pressure (psi):	22
L/D Test Rate (gph):	2.1
L/D Result:	PASS
New leak detector?	No

ULLAGE TEST RESULT	
Test Method:	ULLAGE
Ullage Volume (gals.):	
Ullage Test Time:	
Ullage Vacuum (psi):	
Ullage Result	N/A

LINE TEST RESULT	
Test Method:	
Pump Brand	
System Type:	
Line Pressure (psi):	
Line Start Time:	
Line End Time:	
Line Start Level	
Line End Level:	
Line Test Rate (gph):	
Line Test Result:	N/A

COMMENTS	

# Triangle Environmental, Inc.

## UST MONITOR CERTIFICATION SUMMARY SHEET

**Client:**

Tosco Marketing Co  
1500 North Priest Drive  
Tempe, AZ 85281

**Tosco Facility # 31096**

**Test Date: 3/14/99**

**Facility:**

**Tosco Facility # 31096**

4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

**Work #: 460752**

**County: SANTA CLARA**

**Cross Street: EL CAMINO REAL/LO**

**Monitor model VEEDER-ROOT TLS-350**

**Serial #: 80347353905001**

**Certification Result: Pass**

<b>Sensor Type:</b>	<b>Quantity:</b>	<b>Result:</b>		
<b>Tank Annular</b>	2	PASS	<b>Annular Type</b>	DRY
<b>Waste Oil Annular :</b>	1	PASS	<b>Audible Alarm?</b>	Yes
<b>Waste Oil Sump</b>	0	N/A	<b>Visual Alarm?</b>	Yes
<b>Vadose Wells :</b>	0	N/A	<b>Fail Safe?</b>	Yes
<b>Line Pressure :</b>	0	N/A	<b>Positive Shut-off?</b>	Yes
<b>Turbine Sump :</b>	2	PASS	<b>ATG Result:</b>	PASS
<b>Line Trench :</b>	0	N/A	<b>ATG Monthly</b>	No
<b>Fill Sump :</b>	0	N/A	<b>ATG CSLD?</b>	No

**Comments**

This certifies that the monitor and sensors, as listed above, are operational and calibrated per the manufacturer's specification.

**Inspected By:**

James Bowen



104/612/6115

RECEIVED BY  
ENVIRONMENTAL HEALTH  
NHCD

Nov 6 4 29 PM '97

# Triangle Environmental, Inc.

2525 West Burbank Boulevard, Burbank, California 91505

(818) 840-7020 FAX (818) 840-6929

## T.E.I. UST TESTING SYSTEMS SUMMARY SHEET

### Precision Underground Storage Tank System Leak Test

**Client:**

TOSCO MARKETING COMPANY  
3550 N. Central Ave., 4th Floor  
Phoenix, AZ 85012  
Carmen Tucker  
(602) 200-4530

Unocal #31096

Test Date: 9/24/97

**Facility:**

Unocal #31096  
4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

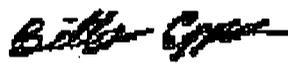
Work #: 50524

County:

Cross Street:

Tank		Test System		Tank		Line	
#	Product	Capacity	Type	Rate/Results	Ullage Result	Rate/Result	L/D Result
1	Unleaded Regular	12000		N/A	N/A	0.000 PASS	PASS
2	Unleaded Premium	12000		N/A	N/A	-0.001 PASS	PASS

Certified By:



Technician: Billy Epps

Mfgr's #: TEI-041

State Lic. #: CA-1573

OR-14649

**Comments:**

Compliance P-L, Monitor Certification.

This precision tank testing system exceeds the criteria required by Local, State and Federal NFPA #329 and EPA UST Technical Standards Part 280 for precision testing systems.

# Triangle Environmental, Inc.

## T.E.I. SYSTEMS TANK, LINE AND LEAK DETECTOR TEST REPORT

**Facility:** Unocal #31096

**Tank #:** 1

**Test Date:** 9/24/97

**Product:** Unleaded Regular

**Work #:** 50524

TANK TEST RESULT	
Test Method:	
Capacity:	12000
Diameter (in):	
Product Level (in):	
Liquid Volume (Gals):	
Liquid Percent (%):	
Specific Gravity:	
Coef. of Expansion:	
Water On Tank (in):	
Water In Tank (in):	
Product Temp. (F):	
Head Pressure (psi):	
Test Start Time:	
Test End Time:	
Test Rate (gph):	
Test Result:	N/A

LEAK DETECTOR TEST RESULT	
Test Method:	R.J. FTA
Manufacturer:	Vaporless
L/D Model:	LD2000
L/D Serial #:	66330
Line Drain Back (ml):	312
L/D Trip Time (sec):	2
Holding Pressure (psi):	26
Metering Pressure (psi):	10
L/D Test Rate (gph):	0.9
L/D Result:	PASS

ULLAGE TEST RESULT	
Test Method:	ULLAGE
Ullage Volume (gals.):	
Ullage Test Time:	
Ullage Vacuum (psi):	
Ullage Result:	N/A

LINE TEST RESULT	
Test Method:	TEI LT-3
Pump Brand:	Red Jacket
System Type:	Pressure
Line Pressure (psi):	50
Line Start Time:	1:00:00 PM
Line End Time:	1:15:00 PM
Line Start Level:	270
Line End Level:	270
Line Test Rate (gph):	0.000
Line Test Result:	PASS

COMMENTS
REPLACED LD

# Triangle Environmental, Inc.

## T.E.I. SYSTEMS TANK, LINE AND LEAK DETECTOR TEST REPORT

**Facility:** Unocal #31096

**Tank #:** 2

**Test Date:** 9/24/97

**Product:** Unleaded Premium

**Work #:** 50524

TANK TEST RESULT	
Test Method:	
Capacity:	12000
Diameter (in):	
Product Level (in):	
Liquid Volume (Gals):	
Liquid Percent (%):	
Specific Gravity:	
Coef. of Expansion:	
Water On Tank (in):	
Water In Tank (in):	
Product Temp. (F):	
Head Pressure (psi):	
Test Start Time:	
Test End Time:	
Test Rate (gph):	
Test Result:	N/A

LEAK DETECTOR TEST RESULT	
Test Method:	R.J. FTA
Manufacturer:	Vaporless
L/D Model:	LD2000
L/D Serial #:	66331
Line Drain Back (ml):	278
L/D Trip Time (sec):	2
Holding Pressure (psi):	27
Metering Pressure (psi):	10
L/D Test Rate (gph):	1.0
L/D Result:	PASS

LINE TEST RESULT	
Test Method:	TEI LT-3
Pump Brand:	Red Jacket
System Type:	Pressure
Line Pressure (psi):	50
Line Start Time:	1:00:00 PM
Line End Time:	1:15:00 PM
Line Start Level:	290
Line End Level:	289
Line Test Rate (gph):	-0.001
Line Test Result:	PASS

ULLAGE TEST RESULT	
Test Method:	ULLAGE
Ullage Volume (gals.):	
Ullage Test Time:	
Ullage Vacuum (psi):	
Ullage Result:	N/A

COMMENTS	
REPLACED LD	



# Triangle Environmental, Inc.

2525 West Burbank Boulevard, Burbank, California 91505

(818) 840-7020 FAX (818) 840-6929

## T.E.I. UST MONITOR CERTIFICATION SUMMARY SHEET

**Client:**

TOSCO MARKETING COMPANY  
3550 N. Central Ave., 4th Floor  
Phoenix, AZ 85012

Unocal #31096

Test Date: 9/24/97

**Facility:**

Unocal #31096

4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

Work #: 50524

County:

Cross Street:

**Monitor model:** LEAKALERT 08

**Serial #:**

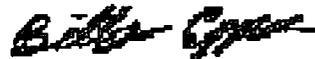
Sensor Type:	Quantity:	Result:		
Tank Annular :	2	PASS	Annular Type:	DRY
Waste Oil :	2	PASS		
Vadose Wells :			Audible Alarm?	Yes
Line Pressure :			Visual Alarm?	Yes
Turbine Sump :	2	PASS	Fail Safe?	No
Fill Sump :			Positive Shut-off:?	No
ATG Result:				

**Comments:**

This certifies that the monitor and sensors, as listed above, are operational and calibrated per the manufacturer's specification.

Inspected By:

Billy Epps



RECEIVED BY  
ENVIRONMENTAL HEALTH  
HWCD

**Triangle Environmental, Inc.**

172 West Verdugo Avenue, Burbank, California 91502

(818) 840-7020 FAX (818) 840-6929

**T.E.I. UST TESTING SYSTEMS SUMMARY SHEET**

Precision Underground Storage Tank System Leak Test

**Client:**

76 PRODUCTS COMPANY  
555 ANTON BL.  
COSTA MESA, CA 92626  
STEPHEN BOYD  
(714) 428-6572

**UNOCAL #6115**

**Test Date: 10/21/96**

**Facility:**

UNOCAL #6115  
4350 El Camino Real  
Los Altos, CA 94022

**Work #: 340168**

**County: Santa Clara**

**Cross Street: Los Altos**

Tank #	Product	Capacity	Test System Type	Tank Rate/Results	Ullage Result	Line Rate/Result	L/D Result
1	Unleaded Premium			N/A	N/A	-0.03 PASS	PASS
2	Unleaded Regular			N/A	N/A	-0.01 PASS	PASS

Certified By:



Technician: Tony Kiani

State Lic. #: 1049

Mfr's #: TEI-

Comments:

This precision tank testing system exceeds the criteria required by Local, State and Federal NFPA #329 and EPA UST Technical Standards Part 280 for precision testing systems.

# Triangle Environmental, Inc.

## T.E.I. SYSTEMS TANK, LINE AND LEAK DETECTOR TEST REPORT

**Facility:** UNOCAL #6115

**Tank #:** 1

**Test Date:** 10/21/96

**Product:** Unleaded Premium

**Work #:** 340168

TANK TEST RESULT	LEAK DETECTOR TEST RESULT
<p>Test Method:</p> <p>Capacity:</p> <p>Diameter (in):</p> <p>Product Level (in):</p> <p>Liquid Volume (Gals):</p> <p>Liquid Percent (%):</p> <p>Specific Gravity:</p> <p>Coef. of Expansion:</p> <p>Water On Tank (in):</p> <p>Water In Tank (in):</p> <p>Product Temp. (F):</p> <p>Head Pressure (psi):</p> <p>Test Start Time:</p> <p>Test End Time:</p> <p>Test Rate (gph):</p> <p>Test Result: N/A</p>	<p>Test Method: R.J. FTA</p> <p>Manufacturer: Red Jacket</p> <p>L/D Model: PLD</p> <p>L/D Serial #: 50790-6126</p> <p>Line Drain Back (ml): 140</p> <p>L/D Trip Time (sec): 3</p> <p>Holding Pressure (psi): 10</p> <p>Metering Pressure (psi): 9</p> <p>L/D Test Rate (gph): 2.1</p> <p>L/D Result: PASS</p>
ULLAGE TEST RESULT	LINE TEST RESULT
<p>Test Method: ULLAGE</p> <p>Ullage Volume (gals.):</p> <p>Ullage Test Time:</p> <p>Ullage Vacuum (psi):</p> <p>Ullage Result: N/A</p>	<p>Test Method: TEI LT-3</p> <p>Pump Brand: Red Jacket</p> <p>System Type: Pressure</p> <p>Line Pressure (psi): 50</p> <p>Line Start Time: 12:15:00 PM</p> <p>Line End Time: 12:30:00 PM</p> <p>Line Start Level: 190</p> <p>Line End Level: 160</p> <p>Line Test Rate (gph): -0.03</p> <p>Line Test Result: PASS</p>
COMMENTS	

# Triangle Environmental, Inc.

## T.E.I. SYSTEMS TANK, LINE AND LEAK DETECTOR TEST REPORT

**Facility:** UNOCAL #6115

**Tank #:** 2

**Test Date:** 10/21/96

**Product:** Unleaded Regular

**Work #:** 340168

TANK TEST RESULT		LEAK DETECTOR TEST RESULT	
Test Method:		Test Method:	R.J. FTA
Capacity:		Manufacturer:	Red Jacket
Diameter (in):		L/D Model:	PLD
Product Level (in):		L/D Serial #:	50790-6106
Liquid Volume (Gals):		Line Drain Back (ml):	150
Liquid Percent (%):		L/D Trip Time (sec):	5
Specific Gravity:		Holding Pressure (psi):	12
Coef. of Expansion:		Metering Pressure (psi):	11
Water On Tank (in):		L/D Test Rate (gph):	1.9
Water In Tank (in):		L/D Result:	PASS
Product Temp. (F):			
Head Pressure (psi):			
Test Start Time:			
Test End Time:			
Test Rate (gph):			
Test Result:	N/A		
ULLAGE TEST RESULT		LINE TEST RESULT	
Test Method:	ULLAGE	Test Method:	TEI LT-3
Ullage Volume (gals.):		Pump Brand:	Red Jacket
Ullage Test Time:		System Type:	Pressure
Ullage Vacuum (psi):		Line Pressure (psi):	50
Ullage Result:	N/A	Line Start Time:	12:35:00 PM
		Line End Time:	12:55:00 PM
		Line Start Level:	110
		Line End Level:	100
		Line Test Rate (gph):	-0.01
		Line Test Result:	PASS
COMMENTS			



# Triangle Environmental, Inc.

172 West Verdugo Avenue, Burbank, California 91502

(818) 840-7020 FAX (818) 840-6929

## T.E.I. UST MONITOR CERTIFICATION SUMMARY SHEET

**Client:**

76 PRODUCTS COMPANY  
555 ANTON BL.  
COSTA MESA, CA 92626

**UNOCAL #6115**

**Test Date: 10/21/96**

**Facility:**

**UNOCAL #6115**

4350 El Camino Real  
Los Altos, CA 94022

**Work #: 340168**

**County: Santa Clara**

**Cross Street: Los Altos**

**Monitor model: LEAK ALERT LA-08**

**Serial #:**

<b>Sensor Type:</b>	<b>Quantity:</b>	<b>Result:</b>	
<b>Tank Annular :</b>	2	PASS	<b>Annular Type: DRY</b>
<b>Waste Oil :</b>	1	PASS	
<b>Vadose Wells :</b>			<b>Audible Alarm? Yes</b>
<b>Line Pressure :</b>			<b>Visual Alarm? Yes</b>
<b>Turbine Sump :</b>	2	PASS	<b>Fail Safe? No</b>
<b>Fill Sump :</b>			<b>Positive Shut-off?: No</b>
<b>ATG Result:</b>			

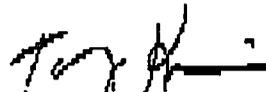
**Comments:**

**CERTIFIED**

**This certifies that the monitor and sensors, as listed above, are operational and calibrated per the manufacturer's specification.**

**Inspected By:**

Tony Kiani



**CERTIFICATE OF UNDERGROUND STORAGE TANK SYSTEM TESTING**

**NDE ENVIRONMENTAL CORPORATION**  
8906 WALL STREET, SUITE 306  
AUSTIN, TEXAS 78764  
(512) 719-4639  
FAX (512) 719-4988



**TEST RESULT SITE SUMMARY REPORT**

**TEST TYPE: VPLT**

**TEST DATE: October 24, 1995**

**WORK ORDER NUMBER: 964898**

**INVOICE DATE: November 3, 1995**

**INVOICE NUMBER: 11432**

**CLIENT: UNOCAL OIL CORP.**  
P. O. BOX 2390  
BREA, CA 92623-2390

**SITE: UNOCAL 6115**  
4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

**ATTN: ATTN: SCOTT CEROVIC**

The following tests were conducted at the site above in accordance with all applicable portions of Federal, NFP A and local regulations.

**Line and Leak Detector Tests**

87	UNLEADED				
92	SUPER				

NDE appreciates the opportunity to serve you, and looks forward to working with you in the future. Please call any time, day or night, when you need us.

**NDE Customer Service Representative:**

**JERRY BELLOLI**

**Test conducted by:**

**SCOTT CEROVIC**

**Reviewed:**

**Technician Certification Number:**

# SERVICE STATION MONITORING SYSTEM CERTIFICATION

STATION ADDRESS: 4350 EL CAMINO REAL

CITY: LOS ALTOS, CA

WIC#: 06115

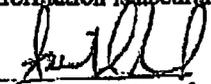
Tank Material:  Fiberglass  Steel  Fibersteel  
 Tank Type:  Single Wall  Double Wall  
 Line Material:  Fiberglass  Steel  Flex Line  
 Line Type:  Single Wall  Double Wall  Trench Containment  
 Waste Oil Tank Type:  Single Wall  Double Wall  Above Ground

QTY	TYPE	POSITIVE SHUT DOWN	FAIL SAFE	OPERATIONAL	MANUFACTURER MODEL NUMBER
2	Interstitial Monitor <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry Annular	No	No	Yes	US&D, INC. LA-03
0	Electronic Tank Level Monitor				
0	Vacuse Monitor				
0	Fill / Vapor Recovery Riser				
Comments:					

QTY	TYPE	OPERATIONAL	MANUFACTURER MODEL NUMBER
1	Interstitial Monitor <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry Annular	Yes	US&D, INC. LA-03
0	Fill / Vapor Recovery Riser		
Comments:			

QTY	TYPE	POSITIVE SHUT DOWN	FAIL SAFE	OPERATIONAL	MANUFACTURER MODEL NUMBER
2	Mechanical Leak Detector			Yes	VAPORLESS LD2000
0	Electronic Line Pressure Monitor				
0	Electronic Line Pressure Monitor with Mechanical Leak Detector				
2	Electronic Tank Sump Monitor	No	No	Yes	US&D, INC. LA-03
0	Electronic Line Trench Monitor				

I certify that the above information is accurate and functioning according to manufacturers specifications.

SIGNATURE:  COMPANY: NDE Environmental Corp.

PRINT NAME: ANEIL CHAND DATE: 10/24/95

# SERVICE STATION CHECKLIST

WIC # D6115



	Grade	Volume	Operative	Storage	Dispensing	Ground	Underground	Underground	Underground	Underground	Underground	Underground
			Yes	No	N/A	Yes	Yes	Yes	Yes	Yes	SP	96
1	Regular	25	Yes	No	N/A	Yes	Yes	Yes	Yes	Yes	SP	96
0	Plus											
1	Premium	25	Yes	No	N/A	Yes	Yes	Yes	Yes	Yes	SP	96
0	Diesel											
0	Other:											
1	Waste Oil	5	Yes	No	N/A	Yes	Yes	Yes	No	SP	98	N/A

Are All Pump Turbines In A Contained Sump? **Yes**

Comments:



	Grade	Volume	Operative	Storage	Dispensing	Ground	Underground	Underground	Underground	Underground	Underground	Underground
			Yes	No	N/A	Yes	Yes	Yes	Yes	Yes	SP	96
1	Regular		No		N/A	Yes	Yes	Yes	No	Yes		
0	Plus											
1	Premium		No		N/A	Yes	Yes	Yes	No	Yes		
0	Other:											

Comments:

# SERVICE STATION CHECKLIST

WIC# 06115

DEPT. OF ENVIRONMENTAL PROTECTION

Grade	Brand	Quantity	Emergency Shutoff Present	ESO Operational	Model:	Comments	Pressure Relief Valves Installed
Regular	GILBARCO	14	Yes	No	Model:		B.S.
Plus	GILBARCO	14		No	Model:		B.S.
Premium	GILBARCO	14	Yes	No	Model:		B.S.
Diesel					Model:		
M-85					Model:		

Comments:

DEPT. OF ENVIRONMENTAL PROTECTION

Qty	Emergency Shutoff (ESO) Present	ESO Operational	
		Emergency Shutoff Present	ESO Operational
1	Exterior	Yes	Yes
1	Interior	Yes	Yes

Are Pressure Relief Valves Installed On Vent Line Stacks	
Grade	Yes
Regular	Yes
Plus	
Premium	Yes
Diesel	
M-85	

General Information:

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NONDESTRUCTIVE EVALUATION



RECEIVED BY  
ENVIRONMENTAL HEALTH  
DIVISION

Nov 13 9 45 AM '95

612  
MAB

NDE ENVIRONMENTAL CORPORATION

November 10, 1995

COUNTY OF SANTA CLARA  
HAZ. MATL DIV  
P.O. BOX 28070  
SAN JOSE, CA 95159

RE: TESTING RESULTS

Dear Sir:

Enclosed please find the results from the recent testing performed in your area.

Unocal Station:

4350 El Camino Real,  
Los Altos

We are forwarding these reports on behalf of Unocal Oil Corp. If you have any questions concerning these results, please contact me at (800)964-0180.

Respectfully,

Jerry Belloli  
Customer Service Rep.  
NDE Environmental Corp.

**CERTIFICATE OF UNDERGROUND STORAGE TANK SYSTEM TESTING**

NDE ENVIRONMENTAL CORPORATION  
 8906 WALL STREET, SUITE 306  
 AUSTIN, TEXAS 78754  
 (512) 719-4633  
 FAX (512) 719-4986



**TEST RESULT SITE SUMMARY REPORT**

**TEST TYPE: VPLT**

TEST DATE: **October 24, 1995**

WORK ORDER NUMBER: **964898**

INVOICE DATE:

INVOICE NUMBER:

CLIENT: **UNOCAL OIL CORP.  
 P. O. BOX 2390  
 BREA, CA 92622-2390**

SITE: **UNOCAL 6115  
 4350 EL CAMINO REAL  
 LOS ALTOS, CA 94022**

ATTN: **ATTN: SCOTT CEROVAC**

The following tests were conducted at the site above in accordance with all applicable portions of Federal, NFP A and local regulations.

**Line and Leak Detector Tests**

TANK NUMBER	PRODUCT	VOLUME CHANGE (gph)				LINE RESULT (P=pass, F=fail, I=inconclusive) A B C D	LEAK DETECTOR PRESENT	LEAK DETECTOR RESULT
		A	B	C	D			
87	UNLEADED							
92	SUPER							

NDE appreciates the opportunity to serve you, and looks forward to working with you in the future. Please call any time, day or night, when you need us.

NDE Customer Service Representative:

**JERRY BELLOLI**

Test conducted by:

**ANEIL CHAND**

Reviewed:

Technician Certification Number:

NDE ENVIRONMENTAL CORPORATION  
8906 WALL STREET, SUITE 306  
AUSTIN, TEXAS 78754  
(512) 719-4633  
FAX (512) 719-4986



TEST DATE: **October 24, 1995**  
CLIENT: **UNOCAL OIL CORP.**

WORK ORDER NUMBER: **964898**  
SITE: **UNOCAL 6115**

### COMMENTS

Fuel tanks are double wall, secondary containment and contained sump pits are electronically monitored by Universal sensors and devices, Inc. Model# LA-08 tank monitoring system. Waste oil tank is double wall, secondary containment is monitored by Universal sensors & devices, Inc. Model# LA-08 tank monitoring system. MONITORING SYSTEMS ARE CERTIFIED OPERATIONAL.

### PARTS REPLACED

QUANTITY	DESCRIPTION

### HELIUM PINPOINT TEST RESULTS (IF APPLICABLE)

ITEMS TESTED

HELIUM PINPOINT LEAK TEST RESULTS

# SERVICE STATION MONITORING SYSTEM CERTIFICATION

STATION ADDRESS: 4350 EL CAMINO REAL

CITY: LOS ALTOS, CA

WIC#: 06115

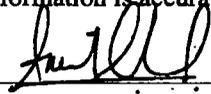
Tank Material:	<input type="checkbox"/> Fiberglass	<input checked="" type="checkbox"/> Steel	<input type="checkbox"/> Fibersteel
Tank Type:	<input type="checkbox"/> Single Wall	<input checked="" type="checkbox"/> Double Wall	
Line Material:	<input checked="" type="checkbox"/> Fiberglass	<input type="checkbox"/> Steel	<input type="checkbox"/> Flex Line
Line Type:	<input type="checkbox"/> Single Wall	<input checked="" type="checkbox"/> Double Wall	<input type="checkbox"/> Trench Containment
Waste Oil Tank Type:	<input type="checkbox"/> Single Wall	<input checked="" type="checkbox"/> Double Wall	<input type="checkbox"/> Above Ground

TANK MONITORING SYSTEM - CERTIFIED: <input type="checkbox"/> OPERATIONAL: <input checked="" type="checkbox"/> NON-OPERATIONAL: <input type="checkbox"/>					
QTY	TYPE	POSITIVE SHUT DOWN	FAIL SAFE	OPERATIONAL	MANUFACTURER MODEL NUMBER
2	Interstitial Monitor <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry Annular	No	No	Yes	US&D, INC. LA-08
0	Electronic Tank Level Monitor				
0	Vadose Monitor				
0	Fill / Vapor Recovery Riser				
Comments:					

WASTE OIL MONITORING SYSTEM - CERTIFIED: <input type="checkbox"/> OPERATIONAL: <input checked="" type="checkbox"/> NON-OPERATIONAL: <input type="checkbox"/>			
QTY	TYPE	OPERATIONAL	MANUFACTURER MODEL NUMBER
1	Interstitial Monitor <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry Annular	Yes	US&D, INC. LA-08
0	Fill / Vapor Recovery Riser		
Comments:			

LINE MONITORING SYSTEM - CERTIFIED: <input type="checkbox"/> OPERATIONAL: <input checked="" type="checkbox"/> NON-OPERATIONAL: <input type="checkbox"/>					
QTY	TYPE	POSITIVE SHUT DOWN	FAIL SAFE	OPERATIONAL	MANUFACTURER MODEL NUMBER
2	Mechanical Leak Detector			Yes	VAPORLESS LD2000
0	Electronic Line Pressure Monitor				
0	Electronic Line Pressure Monitor with Mechanical Leak Detector				
2	Electronic Tank Sump Monitor	No	No	Yes	US&D, INC. LA-08
0	Electronic Line Trench Monitor				

I certify that the above information is accurate and functioning according to manufacturers specifications.

SIGNATURE: 

COMPANY: NDE Environmental Corp.

PRINT NAME: ANEIL CHAND

DATE: 10/24/95

612  
MAB

NONDESTRUCTIVE EVALUATION



RECORDED BY  
ENVIRONMENTAL HEALTH  
DIVISION

NOV 2 8 59 AM '95

NDE ENVIRONMENTAL CORPORATION

October 30, 1995

COUNTY OF SANTA CLARA  
HAZ. MAT'L COMPLIANCE  
2220 MOORPARK AVE  
SAN JOSE, CA 95159-8070

RE: TESTING RESULTS

Dear Sir:

Enclosed please find the results from the recent testing performed in your area.

Unocal Station:

4350 El Camino Real,  
Los Altos

We are forwarding these reports on behalf of Unocal Oil Corp. If you have any questions concerning these results, please contact me at (800)964-0180.

Respectfully,

Jerry Belloli  
Customer Service Rep.  
NDE Environmental Corp.

**CERTIFICATE OF UNDERGROUND STORAGE TANK SYSTEM TESTING**

NDE ENVIRONMENTAL CORPORATION  
8906 WALL STREET, SUITE 306  
AUSTIN, TEXAS 78754  
(512) 719-4633  
FAX (512) 719-4986



**TEST RESULT SITE SUMMARY REPORT**

TEST TYPE: **VPLT**

TEST DATE: **October 17, 1995**

WORK ORDER NUMBER: **964878**

INVOICE DATE:

INVOICE NUMBER:

CLIENT: **UNOCAL OIL CORP.**  
**P. O. BOX 2390**  
**BREA, CA 92622-2390**

SITE: **UNOCAL 6115**  
**4350 EL CAMINO REAL**  
**LOS ALTOS, CA 94022**

ATTN: **ATTN: SCOTT CEROVAC**

The following tests were conducted at the site above in accordance with all applicable portions of Federal, NFP A and local regulations.

**Line and Leak Detector Tests**

TANK NUMBER	PRODUCT	VOLUME CHANGE (gph)				LINE RESULT (P=pass, F=fail, I=inconclusive) A B C D	LEAK DETECTOR PRESENT	LEAK DETECTOR RESULT
		A	B	C	D			
87	UNLEADED	0.000				P	YES	PASS
92	SUPER	0.000				P	YES	PASS

NDE appreciates the opportunity to serve you, and looks forward to working with you in the future. Please call any time, day or night, when you need us.

NDE Customer Service Representative:

**JERRY BELLOLI**

Test conducted by:

**ANEIL CHAND**

Reviewed:

Technician Certification Number:

**INDIVIDUAL TANK/LINE/LEAK DETECTOR TEST REPORT**  
**NDE ENVIRONMENTAL CORPORATION**



TEST DATE: **October 17, 1995**  
 CLIENT: **UNOCAL OIL CORP.**

WORK ORDER NUMBER: **964878**  
 SITE: **UNOCAL 6115**

TANK INFORMATION			
Tank ID:	<b>87</b>	Bottom to top fill in inches:	<b>159.0</b>
Product:	<b>UNLEADED</b>	Bottom to grade fill in inches:	<b>167.0</b>
Capacity in gallons:	<b>12,000</b>	Fill pipe length in inches:	<b>63.0</b>
Diameter in inches:	<b>96.00</b>	Fill pipe diameter in inches:	<b>4.0</b>
Length in inches:	<b>387</b>	Stage I vapor recovery:	<b>DUAL</b>
Material:	<b>DW FIBERG</b>	Stage II vapor recovery:	<b>BALANCE</b>
Manifolded	Tank: <b>NO</b>		
	Vent: <b>NO</b>		
	V/R: <b>YES</b>		
COMMENTS			

TANK TEST RESULTS
Test method:
Psi at tank bottom:
Fluid level in inches:
UFT/OFT:
Fluid volume in gallons:
Water level in inches:
Test time:
Number of thermisters:
Specific gravity:
Water table depth in inches:
Determined by (method):
Leak rate in gph:
RESULT:
COMMENTS

LEAK DETECTOR RESULTS	
	New/passed detector
	Failed/replaced detector
Test method:	<b>FTA</b>
Make:	<b>RED JACKET</b>
Model:	<b>P.L.D.</b>
S/N:	<b>507906106</b>
Open time in sec:	<b>4.00</b>
Holding psi:	<b>22</b>
Resiliency cc:	<b>400</b>
Test leak rate ml/min:	<b>189.0</b>
Metering psi:	<b>10</b>
Calib. leak in gph:	<b>3.00</b>
RESULT:	<b>PASS</b>
COMMENTS	

ULLAGE TEST RESULTS
Test method:
Test time:
Ullage volume:
Ullage pressure:
RESULT:
DATA FOR UTS-4T ONLY:
Time of test 1:
Temperature:
Flow rate (cfh):
Time of test 2:
Temperature:
Flow rate (cfh):
Time of test 3:
Temperature:
Flow rate (cfh):
COMMENTS

LINE TEST RESULTS				
LINE	A	B	C	D
Material:	<b>DW FIBERG</b>			
Diameter (in):	<b>2.0</b>			
Length (ft):	<b>90.0</b>			
Test psi:	<b>50</b>			
Bleedback cc:	<b>80</b>			
Test time (min):	<b>30</b>			
Test 1: start time:	<b>14:00</b>			
finish psi:	<b>50</b>			
vol change cc:	<b>0</b>			
Test 2: start time:	<b>14:10</b>			
finish psi:	<b>50</b>			
vol change cc:	<b>0</b>			
Test 3: start time:	<b>14:20</b>			
finish psi:	<b>50</b>			
vol change cc:	<b>0</b>			
Final gph:	<b>0.000</b>			
RESULT:	<b>PASS</b>			
Test type:	<b>PTR-88</b>			
Pump type:	<b>PRESSURE</b>	Pump make:	<b>RED JACKET</b>	
COMMENTS				

**INDIVIDUAL TANK/LINE/LEAK DETECTOR TEST REPORT**  
**NDE ENVIRONMENTAL CORPORATION**



TEST DATE: **October 17, 1995**  
 CLIENT: **UNOCAL OIL CORP.**

WORK ORDER NUMBER: **964878**  
 SITE: **UNOCAL 6115**

TANK INFORMATION			
Tank ID:	<b>92</b>	Bottom to top fill in inches:	<b>163.0</b>
Product:	<b>SUPER</b>	Bottom to grade fill in inches:	<b>170.0</b>
Capacity in gallons:	<b>12,000</b>	Fill pipe length in inches:	<b>67.0</b>
Diameter in inches:	<b>96.00</b>	Fill pipe diameter in inches:	<b>4.0</b>
Length in inches:	<b>387</b>	Stage I vapor recovery:	<b>DUAL</b>
Material:	<b>DW FIBERG</b>	Stage II vapor recovery:	<b>BALANCE</b>
Tank:	<b>NO</b>		
Manifolded Vent:	<b>NO</b>		
V/R:	<b>YES</b>		
COMMENTS			

TANK TEST RESULTS
Test method:
Psi at tank bottom:
Fluid level in inches:
UFT/OFT:
Fluid volume in gallons:
Water level in inches:
Test time:
Number of thermisters:
Specific-gravity:
Water table depth in inches:
Determined by (method):
Leak rate in gph:
RESULT:
COMMENTS

LEAK DETECTOR RESULTS	
New/passed detector	Failed/replaced detector
Test method:	<b>FTA</b>
Make:	<b>RED JACKET</b>
Model:	<b>P.L.D.</b>
S/N:	<b>507906126</b>
Open time in sec:	<b>4.00</b>
Holding psi:	<b>19</b>
Resiliency cc:	<b>380</b>
Test leak rate ml/min:	<b>189.0</b>
Metering psi:	<b>10</b>
Calib. leak in gph:	<b>3.00</b>
RESULT:	<b>PASS</b>
COMMENTS	

ULLAGE TEST RESULTS
Test method:
Test time:
Ullage volume:
Ullage pressure:
RESULT:
DATA FOR UTS-4T ONLY:
Time of test 1:
Temperature:
Flow rate (cfh):
Time of test 2:
Temperature:
Flow rate (cfh):
Time of test 3:
Temperature:
Flow rate (cfh):
COMMENTS

LINE TEST RESULTS				
LINE	A	B	C	D
Material:	<b>DW FIBERG</b>			
Diameter (in):	<b>2.0</b>			
Length (ft):	<b>95.0</b>			
Test psi:	<b>50</b>			
Bleedback cc:	<b>95</b>			
Test time (min):	<b>30</b>			
Test 1: start time:	<b>14:00</b>			
finish psi:	<b>50</b>			
vol change cc:	<b>0</b>			
Test 2: start time:	<b>14:10</b>			
finish psi:	<b>50</b>			
vol change cc:	<b>0</b>			
Test 3: start time:	<b>14:20</b>			
finish psi:	<b>50</b>			
vol change cc:	<b>0</b>			
Final gph:	<b>0.000</b>			
RESULT:	<b>PASS</b>			
Test type:	<b>PTK-88</b>			
Pump type:	<b>PRESSURE</b>	Pump make:	<b>RED JACKET</b>	
COMMENTS				

**NDE ENVIRONMENTAL CORPORATION**

8906 WALL STREET, SUITE 306

AUSTIN, TEXAS 78754

(512) 719-4633

FAX (512) 719-4986



TEST DATE: **October 17, 1995**

WORK ORDER NUMBER: **964878**

CLIENT: **UNOCAL OIL CORP.**

SITE: **UNOCAL 6115**

**COMMENTS**

All fuel tanks are double wall ,secondary containment is monitored by Universal sensors & devices,inc.All turbines are in total containment sump pits, sump pits are monitored by US&D, Inc.Waste oil tank is double wall,secondary containment is monitored by Universal Sensors & devices, Inc.PLEASE NOTE MONITORING SYSTEMS ARE CERTIFIED NON-OPERATIONAL.

**PARTS REPLACED**

QUANTITY	DESCRIPTION

**HELIUM PINPOINT TEST RESULTS (IF APPLICABLE)**

ITEMS TESTED

HELIUM PINPOINT LEAK TEST RESULTS

# SERVICE STATION MONITORING SYSTEM CERTIFICATION

STATION ADDRESS: 4350 EL CAMINO REAL

CITY: LOS ALTOS, CA

WIC#: 06115

Tank Material:	<input checked="" type="checkbox"/> Fiberglass	<input type="checkbox"/> Steel	<input type="checkbox"/> Fibersteel
Tank Type:	<input type="checkbox"/> Single Wall	<input checked="" type="checkbox"/> Double Wall	
Line Material:	<input checked="" type="checkbox"/> Fiberglass	<input type="checkbox"/> Steel	<input type="checkbox"/> Flex Line
Line Type:	<input type="checkbox"/> Single Wall	<input checked="" type="checkbox"/> Double Wall	<input type="checkbox"/> Trench Containment
Waste Oil Tank Type:	<input type="checkbox"/> Single Wall	<input checked="" type="checkbox"/> Double Wall	<input type="checkbox"/> Above Ground

**TANK MONITORING SYSTEM - CERTIFIED:**  OPERATIONAL  NON-OPERATIONAL

QTY	TYPE	POSITIVE SHUT DOWN	FAIL SAFE	OPERATIONAL	MANUFACTURER MODEL NUMBER
2	Interstitial Monitor <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry Annular	No	No	No	US&D, INC. LA-08
0	Electronic Tank Level Monitor				
0	Vadose Monitor				
0	Fill / Vapor Recovery Riser				

Comments: \_\_\_\_\_

**WASTE OIL MONITORING SYSTEM - CERTIFIED:**  OPERATIONAL  NON-OPERATIONAL

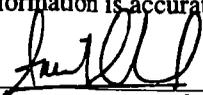
QTY	TYPE	OPERATIONAL	MANUFACTURER MODEL NUMBER
1	Interstitial Monitor <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry Annular	No	US&D, INC. LA-08
0	Fill / Vapor Recovery Riser		

Comments: **US&D, INC. = UNIVERSAL SENSORS AND DEVICES, INC.**

**LINE MONITORING SYSTEM - CERTIFIED:**  OPERATIONAL  NON-OPERATIONAL

QTY	TYPE	POSITIVE SHUT DOWN	FAIL SAFE	OPERATIONAL	MANUFACTURER MODEL NUMBER
2	Mechanical Leak Detector			Yes	REDJACKET PLD
0	Electronic Line Pressure Monitor				
0	Electronic Line Pressure Monitor with Mechanical Leak Detector				
2	Electronic Tank Sump Monitor	No	No	No	US&D, INC.
4	Electronic Line Trench Monitor	No	No	No	US&D, INC.

I certify that the above information is accurate and functioning according to manufacturers specifications.

SIGNATURE: 

COMPANY: NDE Environmental Corp.

PRINT NAME: ANEIL CHAND

DATE: 10/17/95

# SERVICE STATION CHECKLIST

WIC # 06115

## TANK FILL AREA

Qty	Product	Spill Containment Size	Drain Operational	Remote Fill (RF)	Spill Containment On RF	Cap & Gaskets In Place	Lids in Good Condition	Product I.D. Tag Present	Overfill Device Present	Strike Plate Basket Cage or None	Tank Diameter (inches)	Drop Tube Distance From Tank Bottom
1	Regular	25	Yes	No	N/A	Yes	Yes	Yes	Yes	SP	96	3
0	Plus											
1	Premium	25	Yes	No	N/A	Yes	Yes	Yes	Yes	SP	96	4
0	Diesel											
0	Other:											
1	Waste Oil	5	Yes	No	N/A	Yes	Yes	Yes	No	SP	48	N/A

Are All Pump Turbines In A Contained Sump? Yes

Comments:

## VAPOR RECOVERY AREA

Qty	Product	Remote Vapor Recovery	Spill Containment Drain Operational	Cap & Gaskets In Place	Lids In Good Condition	Vapor Recovery I.D. Tag Present	Dry Break In Good Condition
1	Regular	No	N/A	Yes	Yes	No	Yes
0	Plus						
1	Premium	No	N/A	Yes	Yes	No	Yes
0	Other:						

Comments:

# SERVICE STATION CHECKLIST

WIC # **06115**

## DISPENSER AREA

Product	Dispenser Manufacturer	Number of Nozzles	Impact Valves Operational	Dispenser Containment Box	Containment Sensor: Mechanical, Electronic or None If electronic, write model type.	Containment Sensor Operational	B.S.: Balance System H.S.: Healy System V.A.: Vacuum Assist
Regular	<b>GILBARCO</b>	<b>14</b>	<b>Yes</b>	<b>No</b>	<b>N</b> Model:		<b>B.S.</b>
Plus	<b>GILBARCO</b>	<b>14</b>		<b>No</b>	Model:		<b>B.S.</b>
Premium	<b>GILBARCO</b>	<b>14</b>	<b>Yes</b>	<b>No</b>	<b>N</b> Model:		<b>B.S.</b>
Diesel					Model:		
M-85					Model:		

Comments: \_\_\_\_\_

## GENERAL INFORMATION

Qty	Emergency Shutoff (ESO) Present		ESO Operational
<b>1</b>	Exterior	<b>Yes</b>	<b>Yes</b>
<b>1</b>	Interior	<b>Yes</b>	<b>Yes</b>

Are Pressure Relief Valves Installed On Vent Line Stacks	
Regular	<b>Yes</b>
Plus	
Premium	<b>Yes</b>
Diesel	
M-85	

General Information:

**LEAK ALERT MONITORED HAS NO POWER,I CHECKED BREAKER SWITCH AND FOUND IT TO BE ON POSTION,I CHECKED ALERT POWER SWITCH AND I FOUND IT TO BE ON THE ON POSTION.**

NONDESTRUCTIVE EVALUATION



NDE ENVIRONMENTAL CORPORATION

OFFICE OF ENVIRONMENTAL HEALTH HAZARD

SEP 11 1 43 PM '95

105.00 / 612  
Mary Anne

Aug. 30, 1995

COUNTY OF SANTA CLARA  
HAZ. MAT'L COMPLIANCE  
P.O. BOX 28070  
SAN JOSE, CA 95159-8070

Dear Sir:

NDE Environmental will be performing monitor certification on the underground storage tanks located at:

Unocal Station:

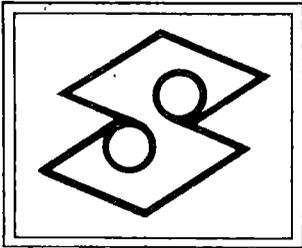
4350 El Camino Real,  
Los Altos

The test will be performed on September 21, 1995

If you have any questions or concerns, please contact me at (800)964-0180.

Respectfully,

Jerry Belloli  
Customer Rep  
NDE Environmental



RECEIVED BY  
ENVIRONMENTAL HEALTH  
HMCD

JUN 1 1 46 PM '94

**SCOTT CO.**

MECHANICAL CONTRACTORS  
1717 Doolittle Drive  
P.O. Box 5555  
San Leandro, California 94577-0655  
(510) 895-2333

Contractors License No. 184480

May 27, 1994

Dear Sir or Madam:

Enclosed, please find regulatory certification forms for UNOCAL Stations within your jurisdiction. Scott Co. of California has been contracted by UNOCAL to perform this work and this information is being submitted per the request of Lester Cheng, UNOCAL Compliance Engineer. Mr. Cheng can be contacted at 714-572-7657.

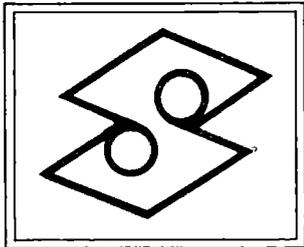
If you have any additional questions, please contact me at 510-895-2333 ext. 385.

Very truly yours,

SCOTT CO. OF CALIFORNIA

Paul Ferreira  
Environmental Estimator

Enclosure



SCOTT CO. OF CALIFORNIA  
 1717 Deolitte Dr.  
 San Leandro, CA 94577

Monitor Certification  
 Inspection

FACILITY 6115  
 STATION \_\_\_\_\_  
 ADDRESS 4350 EL CAMINO  
LOS ALTOS, CA  
 DEALER \_\_\_\_\_

DATE 4-7-94  
 TYPE OF INSPECTION  
 Annual   
 Permit \_\_\_\_\_  
 Recheck \_\_\_\_\_  
 Leak \_\_\_\_\_

This letter certifies that the monitor(s) is/are in place, the probes are in the correct position and the operation of system is functioning.

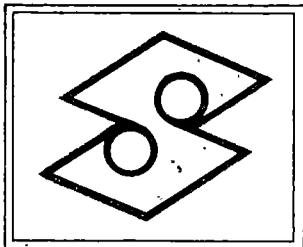
TYPE AND MODEL OF MONITOR LEAK-A-LEAK

SYSTEM FUNCTION

TANKS	ANNULAR SPACE			IN-TANK		
	PASS	FAIL	N/A	PASS	FAIL	N/A
92 Product	---	---	---	---	---	---
87 Product	---	---	---	---	---	---
Diesel	---	---	---	---	---	---
Waste Oil	---	---	---	---	---	---
Other	---	---	---	---	---	---

Comments: MONITORING SYSTEMS POWER IS DOWN. UNABLE TO  
CERT. MONITORS.

PRODUCT LINES	PASS	FAIL	N/A
92 Product	---	---	---
87 Product	---	---	---
Diesel	---	---	---
Other	---	---	---



SCOTT CO. OF CALIFORNIA  
1717 Doolittle Dr.  
San Leandro, CA 94577

Unocal Facility Tank, Product Line  
& Monitor Survey

FACILITY 6115 DATE 4.7.94  
ADDRESS 4350 EL CARINO  
LOS ALTOS, CA  
DEALER \_\_\_\_\_

TANKS	#1 <u>SUP</u>	#2 <u>UNC</u>	#3 <u>W/O</u>	#4	#5
TYPE: steel/fiberglass	<u>FIB.</u>	<u>FIB.</u>	<u>FIB.</u>	_____	_____
sng/dbl wall	<u>DBL</u>	<u>DBL</u>	<u>DBL</u>	_____	_____
capacity	<u>12K</u>	<u>12K</u>	<u>500GAL</u>	_____	_____
suap contained	<u>YES</u>	<u>YES</u>	_____	_____	_____

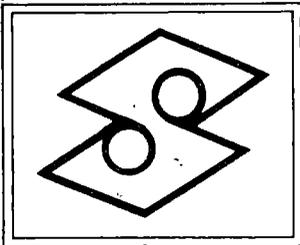
PRODUCT LINES	#1 <u>SUP</u>	#2 <u>UNC</u>	#3	#4	#5
TYPE: steel/fiberglass	<u>FIB.</u>	<u>FIB.</u>	_____	_____	_____
sng/dbl wall	<u>SNG</u>	<u>SNG</u>	_____	_____	_____

TANK/LINE MONITORING SYSTEM	#1 <u>SUP</u>	#2 <u>UNC</u>	#3 <u>W/O</u>	#4	#5
MANUFACTURER Annular	<u>LEAK-A-LEAK</u>	<u>SAME</u>	<u>SAME</u>	_____	_____
In-Tank	<u>NIA</u>	<u>NIA</u>	<u>NIA</u>	_____	_____
PRODUCT LINE Press. Monitor	<u>NIA</u>	<u>NIA</u>	<u>NIA</u>	_____	_____
Suap Monitor	<u>LEAK-A-LEAK</u>	<u>SAME</u>	_____	_____	_____

DISPENSERS # 92 # 89 # 87

NOZZLES # 14 # 14 # 14

Comments: TOTAL OF 7 DISP. EACH SIDE OF DISP HAS 3 NOZZLES.



SCOTT CO. OF CALIFORNIA  
1717 Doolittle Dr.  
San Leandro, CA 94577

Monitor Certification  
Inspection  
(cont.)

Positive shut down of turbine when monitor is in alarm? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, was precision product line test performed? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SENSORS/PROBES

Sump sensors suspended within one inch of sump bottom \_\_\_\_\_

Double walled FRP sensors installed properly in tank \_\_\_\_\_

MONITOR PANEL

Monitor panel mounted and labeled correctly \_\_\_\_\_

Alarm horn functions properly \_\_\_\_\_

Is panel accessible and visible to station personnel \_\_\_\_\_

TRENCH MONITORS

Trench monitors function properly \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INSPECTED BY:

CONTRACTOR: SCOTT CO. OF CALIFORNIA

TECHNICIAN: JAMES R. CHURCH

SIGNATURE: James R. Church

# MECHANICAL LINE LEAK DETECTOR TEST DATA CHART

STATION NUMBER 6115 DATE: 4.7.94

Location: 4350 EL CAMINO LOS ALTOS CA  
Street No. and/or Corner City State Telephone No.

Owner: UNOCAL  
Name Address Representative Position Telephone No.

Operator: UNOCAL  
Name Dealer, Mgr. / Other Address, if Different than Location Telephone No.

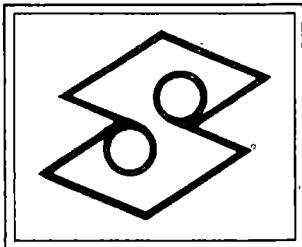
Contractor or Company Making Test  
 Mechanic(s) NAME SCOTT W JAMES R CHURCHILL

## LEAK DETECTOR

1. MAKE: RED JACKET SUP 2. MAKE: RED JACKET UNIL  
 TYPE or MODEL: PLD TYPE or MODEL: PLD  
 SERIAL NUMBER: #50790 6126 SERIAL NUMBER: 50790 6106

3. MAKE: \_\_\_\_\_ 4. MAKE: \_\_\_\_\_  
 TYPE or MODEL: \_\_\_\_\_ TYPE or MODEL: \_\_\_\_\_  
 SERIAL NUMBER: \_\_\_\_\_ SERIAL NUMBER: \_\_\_\_\_

No.	Full Operating Pressure PSI	Opening Time Seconds	Functional Element Holding PSI	Bleed Back ML	Metering Pressure PSI	Test Leak Rate ML/Minute GAL/HR	PASS		REMARKS
							YES	NO	
1.	26	3.5	10	400	19	215	✓		
2.	29	3	6	380	17	230	✓		
3.									
4.									



SCOTT CO. OF CALIFORNIA  
 1717 Doolittle Dr.  
 San Leandro, CA 94577

Monitor Certification  
 Inspection

FACILITY UNUOCAL  
 STATION #6115  
 ADDRESS 4350 El Camino Real  
Los Altos CA  
 DEALER UNUOCAL

DATE 5-18-94  
 TYPE OF INSPECTION  
 Annual \_\_\_\_\_  
 Permit \_\_\_\_\_  
 Recheck   
 Leak \_\_\_\_\_

This letter certifies that the monitor(s) is/are in place, the probes are in the correct position and the operation of system is functioning.

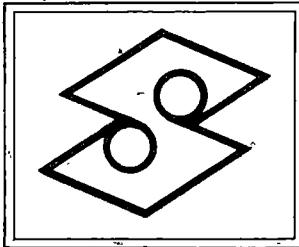
TYPE AND MODEL OF MONITOR LEAK ALERT LA-08

SYSTEM FUNCTION

TANKS	ANNULAR SPACE			IN-TANK		
	PASS	FAIL	N/A	PASS	FAIL	N/A
92 Product	<input checked="" type="checkbox"/>	_____	_____	_____	_____	<input checked="" type="checkbox"/>
87 Product	<input checked="" type="checkbox"/>	_____	_____	_____	_____	<input checked="" type="checkbox"/>
Diesel	_____	_____	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>
Waste Oil	<input checked="" type="checkbox"/>	_____	_____	_____	_____	<input checked="" type="checkbox"/>
Other	_____	_____	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PRODUCT LINES	PASS	FAIL	N/A
<u>Sumps</u>			
92 Product	<input checked="" type="checkbox"/>	_____	_____
87 Product	<input checked="" type="checkbox"/>	_____	_____
Diesel	_____	_____	<input checked="" type="checkbox"/>
Other <u>WAST OIL Sump</u>	<input checked="" type="checkbox"/>	_____	_____



SCOTT CO. OF CALIFORNIA  
1717 Doolittle Dr.  
San Leandro, CA 94577

Monitor Certification  
Inspection  
(cont.)

*UNIFORM*

*5-18-74*

Positive shut down of turbine when monitor is in alarm? Yes  No

If no, was precision product line test performed? Yes  No

Comments: *LINE TEST WAS PREVIOUSLY DONE.*

SENSORS/PROBES

Sump sensors suspended within one inch of sump bottom *Yes*

Double walled FRP sensors installed properly in tank *Yes*

MONITOR PANEL

Monitor panel mounted and labeled correctly *Yes*

Alarm horn functions properly *Yes*

Is panel accessible and visible to station personnel *Yes*

TRENCH MONITORS

Trench monitors function properly *Yes*

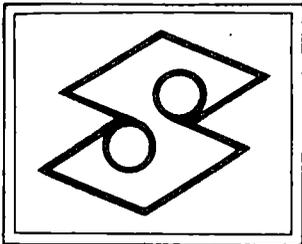
Comments: *ALL SENSORS ARE LIQUID SENSORS.*

INSPECTED BY:

CONTRACTOR: *SCOTT CO. OF CALIFORNIA*

TECHNICIAN: *William McCarthy*

SIGNATURE: *William A. Mc...*



**SCOTT CO.**

MECHANICAL CONTRACTORS  
1717 Doolittle Drive  
P.O. Box 5555  
San Leandro, California 94577-0655  
(510) 895-2333

Contractors License No. 184480



*22  
605.MD.*

October 8, 1993

To Whom It May Concern:

Enclosed, please find regulatory certification forms for UNOCAL Stations within your jurisdiction. Scott Co. of California has been contracted by UNOCAL to perform this work and this information is being submitted per the request of Stephen Campbell, UNOCAL Compliance Engineer. Mr. Campbell can be contacted at 213-977-5862.

If you have any additional questions, please contact me at 510-895-2333 ext. 385.

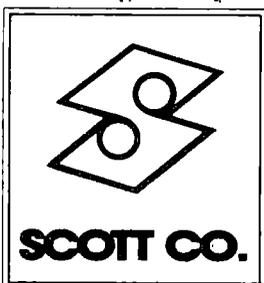
Very truly yours,

SCOTT CO., OF CALIFORNIA

*Paul*  
Paul Ferreira  
Environmental Estimator

Enclosure

Reviewed By M. Baby  
Date 1/12/94



PAUL FERREIRA  
ENVIRONMENTAL SERVICES

MECHANICAL CONTRACTORS  
License No 184480

Fax (510) 895-8426

1717 Doolittle Dr., San Leandro, CA 94577-0655 / (510) 895-2333

NOIAL 76

Location	4360 EL COMINO REAL
	LOS ALTOS, CA
Facility number	6115
Contract work order or authorization number	

On 9-17-93 work was done at this  
Date

location by:

Scott Co.

Contractor name

1717 Doolittle Dr.

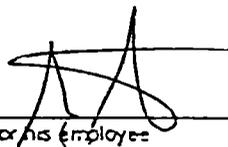
Address

The contractor had 1 personnel here for approximately 1 1/2 hours

and worked on:

INSPECTING MONITORING SYSTEM.

LINE + LD TEST.

  
Signature of dealer or his employee

9-17-93  
Date

Signature of dealer (or employee) does not obligate dealer in any way, nor does it signify any approval of any work done.

Contractor is responsible for filling out this form and obtaining signature. Any invoice for work not covered by a separate contract at a firm price must be accompanied by a completed copy of this form.

Monitor Certification  
Inspection

This letter certifies that the monitor is in place, the probes are in the correct position and the operation of the system.

FACILITY # 6015

DATE 9-17-93

DEALER \_\_\_\_\_

ADDRESS \_\_\_\_\_

TYPE AND MODEL OF MONITOR LENSK-ALERT LA-08

SYSTEM FUNCTION

TANKS	PASS <u>X</u>	FAIL _____	N/A _____
USED OIL	PASS <u>X</u>	FAIL _____	N/A _____
IN LINE	PASS _____	FAIL _____	N/A <u>X</u>
SUMPS MONITOR PRODUCT LINES	PASS <u>X</u>	FAIL _____	N/A _____

WHEN MONITOR IS TURNED OFF OR IN ALARM DOES THE TURBINE SHUT DOWN?

YES \_\_\_\_\_ NO X

IS THE CONSOLE LABELED CORRECTLY? YES X NO \_\_\_\_\_

COMMENTS: Liquid sensors in sumps + annulars

INSPECTED BY:

CONTRACTOR Scott Co.

TECHNICIAN Tony Fontana

SIGNATURE [Signature]

Date 9-17-93

Facility # Collis

Address \_\_\_\_\_

\_\_\_\_\_

Monitor LEAK-ALERT LA-08

I. Verify Intrinsic Safety

- Proper field wire termination.
- Complete isolation of I.S. field wiring from any other wiring.

II. Proper Panel Installation

- Panel mounted in non-hazardous area and accessible to owner/operator.
- All field wiring is labelled at terminal strip.
- All wiring brought through appropriate punch outs.

III. Check for Proper Probe Installation

- Piping sump sensors suspended within one inch of sump bottom.
- Double walled FRP sensors installed properly in tank and where applicable, pull strings installed and accessible.

IV. Check System Operation

- X Verify proper functioning of alarm horn (if applicable).
- X Verify proper functioning of sump sensor (if applicable).
- N/A  
X Verify proper functioning of in-tank sensor (if applicable).
- Verify proper alarm light function for appropriate field sensor.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inspected by:

Company: Scott Co.

Technician: Tony Fontana

Signature: [Handwritten Signature]

LEAK DETECTOR TEST

Date: 9-17-93

No.: 6115

DBA: \_\_\_\_\_

Address: 4350 EL CRIMINO RD

Factor: Scott Co.

Job No. \_\_\_\_\_

Tested by - Name: TONY FONTANA  
 (Print) (Signature)

duct	Pumpblock	Model			Full Line Pressure (PSI)		Simulated Line Leak Test		Seals Leak Detector & Impact Valve (Date)	Corrections Made
		116-011A Old Style	116-017 New Style	116-030 P.L.D.	Open Max. 12	Close Min. 26	Pass	Fail		
eme ---	I			X	17	30	X		93	
lar ---										
aded ----	I			X	11	29	X		93	
r -										

DATA CHART  
For Use With

**petrolife**  
LPG TESTER

1 LOCATION: A350 EL COMINO REAL LOS ALTOS CA  
Street No. and/or Corner City State Telephone No.

2 OWNER: UNOCAL  
Name Address Representative Position Telephone No.

3 OPERATOR: \_\_\_\_\_  
Name Dealer, Mgr. or Other Address (if different than Location) Telephone No.

4 REASON FOR TEST: Regulatory

5 TEST REQUESTED BY: UNOCAL  
Name Position Order No. Billing Address

6 SPECIAL INSTRUCTIONS: NONE

7 CONTRACTOR OR COMPANY MAKING TEST MECHANIC(S) NAME: Scott Co. Tony Fontana

8 IS A TANK TEST TO BE MADE WITH THIS LINE TEST?  YES  NO

9 MAKE AND TYPE OF PUMP OR DISPENSERS: RED-TICKET

10 WEATHER: COOL TEMPERATURE IN TANKS \_\_\_\_\_ °C COVER OVER LINES: CONCRETE APPROXIMATE BURIAL DEPTH: 3'  
Concrete, Block Top, etc.

Name: UNOCAL  
 # 6115  
 City: LOS ALTOS CA  
 State: CA  
 Year: 97  
 Mo: 7  
 Day: 17

11 IDENTIFY EACH LINE WAS TESTED	12 TIME (MILITARY)	13 LOG OF TEST PROCEDURES, AMBIENT TEMPERATURE, WEATHER, ETC.	14 PRESSURE		15 VOLUME		16 TEST RESULTS	
			psi OR kPa		READING			NET CHANGE
			BEFORE	AFTER	BEFORE	AFTER		
LEADED	1130			45		0600		
	1145		41	45	0600	0540	-0040	
	1200		43	45	0540	0540	-0020	
	1215		43	45	0540	0520	-0120	
	1230		45	45	0520	0520	-0000	
							-0020 gph	
UNLEADED	1125			45		0310		
	1140		40	45	0310	0310	-0050	
	1155		42	45	0260	0280	-0030	
	1210		44	45	0280	0220	-0110	
	1225		45	45	0220	0220	-0000	
							-0090 gph	

B.B.  
+029

B.B.  
+027

JOB NUMBER 40040 TEST DATE 28 Nov. 190 ARRIVAL TIME 0745 DEPART TIME 1530

CUSTOMER UNOCAL (BRENTON CONST.)

LOCATION 4350 EL CAMINO REAL LOS ALTOS, CA.

TESTERS CHRIS HENDRICKSON, MARK SHAW

TANK LOCATION	TIGHT/ FAIL	LOSS RATE	PRODUCT TYPE	FULL SYSTEM/ ISOLATED	SEPARATE LINE TEST	EXTRACTOR VALVES	TURBINE/ SUCTION	LEAK DETECTOR	TURBINE TYPE
EAST of 3	TIGHT	+0000 G.P.N.	UNLEADED	F-S	No	YES	TURBINE	No	LED JACKET
WEST of 3	TIGHT	-045 G.P.N.	PREMIUM	F-S	No	YES	TURBINE	No	LED JACKET
SOUTH of 3	TIGHT	-0335 G.P.N.	WASTE OIL TESTED WITH	F-S	N-A	No	N-A	N-A	N-A

VAPOR RECOVERY PURGED? YES  NO  IF "NO" WHY? \_\_\_\_\_

BOTH ENDS OF TANK VENTED? YES  NO  IF "NO" WHY? \_\_\_\_\_

PARTS USED \_\_\_\_\_

COMMENTS NEW INSTALLATION - WASTE OIL TANK TESTED WITH WATER.

It is the responsibility of the owner/operator to immediately advise state/local authorities of any tank system test failure.

SIGNATURE OF OWNER/OPERATOR \_\_\_\_\_ DATE \_\_\_\_\_

  
SIGNATURE OF TESTER

2-102  
NOV-29-90 THU 11:58

# Data Chart for Tank System Tightness Test

PLEASE PRINT

1. OWNER  Property  Tank(s)

Name	Address	Representative	Telephone
UNOCAL	4350 EL CAMINO REAL	LOS ANGELES, CA	

2. OPERATOR

3. REASON FOR TEST (Explain Fully)

MAINTENANCE

4. WHO REQUESTED TEST AND WHEN

Name	Title	Company or Affiliation	Date

5. TANK INVOLVED

Identify by Direction	Capacity	Brand/Supplier	Grade	Approx. Age	Steel/Fiberglass
EAST of 3	12,000	UNOCAL	UNLEADED	NEW	DOUBLE STEEL
WEST of 3	12,000	UNOCAL	PREMIUM	NEW	DOUBLE STEEL
SOUTH of 3	500	H <sub>2</sub> O	H <sub>2</sub> O	NEW	DOUBLE STEEL

Use additional lines for manifolded tanks

6. INSTALLATION DATA

Location	Cover	Fills	Vents	Siphones	Pumps
NORTHWEST SIDE of (North Ins/Oil driveway, Rear of station, etc)	CONCRETE <small>Concrete, Black Top, Earth, etc.</small>	4x <small>Size, Titefill make, Drop tubes, Remote Fills</small>	2" <small>Size, Manifolded</small>	N/A <small>Which tanks?</small>	REMOTE Red Jacket <small>Suction, Remote, Make it known</small>

7. UNDERGROUND WATER

Depth to the Water table \_\_\_\_\_

Is the water over the tank?  Yes  No

8. FILL-UP ARRANGEMENTS

Tanks to be filled \_\_\_\_\_ hr \_\_\_\_\_ Date Arranged by \_\_\_\_\_ Name \_\_\_\_\_ Telephone \_\_\_\_\_

Extra product to "top off" and run tank tester. How and who to provide? Consider NO LEAD.

Terminal or other contact for notice or inquiry \_\_\_\_\_ Company \_\_\_\_\_ Name \_\_\_\_\_ Telephone \_\_\_\_\_

9. CONTRACTOR, MECHANICS, any other contractor involved

10. OTHER INFORMATION OR REMARKS

Additional information on any items above. Officials or others to be advised when testing is in progress or completed. Visitors or observers present during test, etc.

11. TEST RESULTS

Tests were made on the above tank systems in accordance with test procedures prescribed for as detailed on attached test charts with results as follows:

Tank Identification	Tight	Leakage Indicated	Date Tested
UNLEADED	TIGHT	1.0000 G.P.H.	28 Nov. '90
PREMIUM	TIGHT	0.0215 G.P.H.	28 Nov. '90
WATER OIL w/H <sub>2</sub> O	TIGHT	0.0335 G.P.H.	28 Nov. '90

12. SENSOR CERTIFICATION

Date 10-10-90

353

Serial No. of Thermal Sensor

13. This is to certify that these tank systems were tested on the date(s) shown. Those indicated as "Tight" meet the criteria established by the National Fire Protection Association Pamphlet 329.

Technicians

CHRIS A. NEWBERRY

OL #91-1227

MARK SHAW

EA/RTI-EA Becker Division

Testing Contractor or Company. By: Signature

P.O. Box 5058, Napa, CA 94581

Address

The following items were checked and found to be leaking:

- TURBINE - Yes  No  Remedy: \_\_\_\_\_
- FILL RIBER - Yes  No  Remedy: \_\_\_\_\_
- VAPOR RISER - No  Yes  Remedy: \_\_\_\_\_
- VAPOR @ DISPENSER - No  Yes  Remedy: \_\_\_\_\_
- VENTS - No  Yes  Remedy: \_\_\_\_\_
- PRODUCT LINE @ DISPENSERS - No  Yes  Remedy: \_\_\_\_\_
- VAPOR POTS - No  Yes  Remedy: N/A
- TEST EQUIPMENT - No  Yes  Remedy: \_\_\_\_\_

Were there extractor valves? No  Yes  Were they removed? Yes  No

If not, why? \_\_\_\_\_

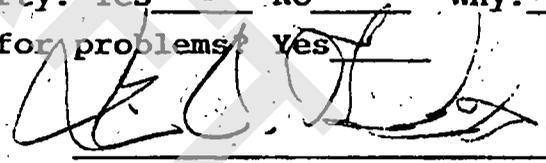
Were you able to bleed both ends of tanks? Yes  No  Why? \_\_\_\_\_

Did you visually check every mancover on property? Yes  No  Why? \_\_\_\_\_

Did you scan the entire perimeter of property for problems? Yes

28 Nov. 1990

Date



Person Making Check

P-04.  
NOV-29-90 THU 12:00

Name of Supplier, Owner or Dealer Address No. and Street(s) City State Date of Test

15. TANK TO TEST

EAST of 3  
Identity by position

UNLEADED  
Brand and Grade

15a. BRIEF DIAGRAM OF TANK FIELD

(See attached diagram.)

16. CAPACITY

Nominal Capacity 12,000 Gallons

By most accurate capacity chart available 12,053 Gallons

- From
- Station Chart
  - Tank Manufacturer's Chart
  - Company Engineering Data
  - Charts supplied with
  - Other

17. FILL-UP FOR TEST

Slick Water Bottom before Fill-up 0 in. to 1/4" in.

Gallons 110 Tank Diameter 110 in.

Inventory 110 Gallons

	Gallons	Total Gallons ea. Reading
Top-off		<u>12,053</u>
Water		<u>32</u>
		<u>0</u>
Transfer total to line 25a		<u>12,085</u>

18. SPECIAL CONDITIONS AND PROCEDURES TO TEST THIS TANK

See manual sections applicable. Check below and record procedure in log (27).

Use maximum allowable test pressure for all tests. Four pound rule does not apply to doublewalled tanks.

Complete section below:

- Water in tank  Line(s) being tested with LVLLT
- High water table in tank excavation

1. Is four pound rule required? Yes  No
2. Height to 12" mark from bottom of tank 178 in.
3. Pressure at bottom of tank 4.63 P.S.I.
4. Pressure at top of tank 1.77 P.S.I.

19. TANK MEASUREMENTS FOR TSTT ASSEMBLY

Bottom of tank to grade\* 157 in.

Add 30" for "T" probe assy. 30 in.

Total tubing to assemble - approximate 187 in.

20. EXTENSION HOSE SETTING

Tank top to grade\* 47 in.

Extend hose on suction tube 6" or more below tank top 12 in.

\*If fill pipe extends above grade, use top of fill

22. Thermal-Sensor reading after circulation 61.383 digits °F

23. Digits per °F in range of expected change 1000 digits

22. Thermal-Sensor reading after circulation \_\_\_\_\_ digits °F

23. Digits per °F in range of expected change \_\_\_\_\_ digits

22. Thermal-Sensor reading after circulation \_\_\_\_\_ digits °F

23. Digits per °F in range of expected change \_\_\_\_\_ digits

26. \_\_\_\_\_

21. VAPOR RECOVERY SYSTEM  Stage I  Stage II

24b. COEFFICIENT OF EXPANSION RECIPROCAL METHOD

Type of Product GASOLINE

Hydrometer Employed 6 H

Temperature in Tank After Circulation 61.383 °F

Temperature of Sample 61.0 °F

Difference (T-t) +0 °F

Observed A.P.I. Gravity 59.7

Reciprocal 1463 Page # 63

25a. 12,085 1463 8.2604237

Total quantity in full tank (16 or 17) Reciprocal Volume change in this tank per °F

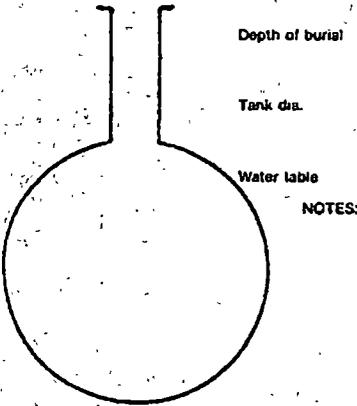
Transfer to Line 26a.

24c. FOR TESTING WITH WATER see Table C & D

Water Temperature after Circulation Table C \_\_\_\_\_ °F

Coefficient of Water Table D \_\_\_\_\_

Added Surfactant?  Yes  No Transfer COE to Line 25b.



NOTES:

The above calculations are to be used for dry soil conditions to establish a positive pressure advantage, or when using the four pound rule to compensate for the presence of subsurface water in the tank area.

Refer to N.F.P.A. 30, Sections 2-3.2.4 and 2-7.2 and the tank manufacturer regarding allowable system test pressures.

(a) 8.2604237 1000 = 0.0022604 This is test factor (a)

Volume change per °F (25 or 24b) Digits per °F in test Range (23) Compute to 4 decimal places.

(a) \_\_\_\_\_ = \_\_\_\_\_ This is test factor (a)

Volume change per °F (25 or 24b) Digits per °F in test Range (23) Compute to 4 decimal places.

(a) \_\_\_\_\_ = \_\_\_\_\_ This is test factor (a)

NOV-29-90 THU 12 03

P. O. T. NOV-29-90 THU 1 04

27. TYPE OF PRODUCT <u>UNLEADED</u>		30. HYDROSTATIC PRESSURE CONTROL	31. VOLUME MEASUREMENTS (V) RECORD TO 001 GAL	34. TEMPERATURE COMPENSATION USE FACTOR (A)			32. CHANGING EACH READING	33. ACCUMULATED CHANGE					
28. DATE	Record details of setting up and running test. (Use full length of line if needed.)	29. Reading No	30. Standpipe Level in Inches		31. Product in Graduate		32. Product Replaced (-)	33. Product Recovered (+)	35. Thermal Sensor Reading	36. Change Higher - Lower - (c)	37. Computation (c) = (a) * Expansion (+) - Contraction -	Temperature Adjustment Volume Minus Expansion (+) or Contraction (-) (33(V) - #37(T))	At Low Level complete Change per Hour (NPPA criteria)
			Beginning of Reading	Level to which Restored	Before Reading	After Reading	Product Replaced (-)						
	<b>PAGE 1</b>								1ST "A" FACTOR			-0083	
0745	ARRIVED ON SITE								2ND "A" FACTOR				
0810	SET UP TESTERS								61.				
0930	PUMP PRIMED & RUNNING ABOVE			42"					383				
1045	1ST SENSOR READING			42"		190							
1100	HIGH LEVEL TEST CONT'D	1		42"		190	180	-010	394	+11	+091	-101	
1115	" "	2		42"		180	190	+010	403	+9	+095	-075	
1130	" "	3		42"		180	190	+010	412	+9	+095	-065	
1145	" "	4		42"		190	210	+020	420	+8	+066	-046	
1200	" "	5		42"		210	235	+025	428	+8	+066	-041	
1213	" "	6		42"		235	265	+030	435	+7	+058	-028	
1230	" "	7		42"		265	300	+035	442	+7	+058	-023	
1245	" "	8		42"		300	340	+040	449	+7	+058	-018	
1247	DROP TO LOW LEVEL			12"			-065		449				
1300	15 MIN. WAITING PERIOD	1		12"		-065	-115	+050	455	+6	+050	+000	
1315	15 MIN. WAITING PERIOD	2		12"		-115	-185	+070	462	+7	+058	+012	
1320	1ST SENSOR READING	3		12"		-185	-200	+015	464	+2	+017	-002	-002
1325	LOW LEVEL TEST CONT'D	4		12"		-200	-215	+015	466	+2	+017	-002	-004
1330	" "	5		12"		-215	-230	+015	468	+2	+017	-002	-006
1335	" "	6		12"		-230	-245	+015	470	+2	+017	-002	-008

**COMMENTS:** USED SELF-LEVELING STANDPIPE & BTS-2000  
 1 HR. STANDBY TIME DUE TO TANK NOT HAVING ENOUGH FUEL  
 got fuel from UNOCAL DOWN THE STREET TO TOP-OFF TANK

TYPE OF TURBINE RED JACKET

27. TYPE OF PRODUCT <u>UNLEADED</u>			30. HYDROSTATIC PRESSURE CONTROL		31. VOLUME MEASUREMENTS (V) RECORD TO 001 GAL		34. TEMPERATURE COMPENSATION USE FACTOR (A)			38. NET VOLUME CHANGING EACH READING	39. ACCUMULATED CHANGE	
28. DATE	Record details of setting up and running test. (Use full length of line if needed.)	29. Reading No.	32. Standpipe Level in Inches		32. Product in Graduate		33. Product Replaced (+) Product Recovered (-)	35. Thermal Sensor Reading	36. Change Higher (+) Lower (-)	37. Computation (C) = (A) + Expansion - Contraction -	Temperature Adjustment Volume Minus Expansion (+) or Contraction (-) (32V) - (37V)	At Low Level compute Change per Hour (NFFA criteria)
			Beginning of Reading	Level to which Restored	Before Reading	After Reading						
	<b>PAGE 2</b>											
340	LOW LEVEL TEST CONTD.	7		12"	245	260	+015	472	+2	+017	-002	.010
45	" "	8		12"	260	275	+015	474	+2	+017	-002	.012
50	" "	9		12"	275	290	+015	476	+2	+017	-002	.011
55	" "	10		12"	290	305	+015	478	+2	+017	-002	.016
100	" "	11		12"	305	320	+015	480	+2	+017	-002	.018
05	" "	12		12"	320	335	+015	482	+2	+017	-002	.020
10	" "	13		12"	335	350	+015	481	+2	+017	-002	.022
1415	" "	14		12"	350	365	+015	485	+1	+008	+007	.015
20	" "	15		12"	365	375	+010	487	+2	+017	-007	.022
25	" "	16		12"	375	385	+010	488	+1	+008	+002	.020
12130	" "	17		12"	385	395	+010	489	+1	+008	+002	.018
35	" "	18		12"	395	405	+010	490	+1	+008	+002	.016
40	" "	19		12"	405	415	+010	491	+1	+008	+002	.011
1445	" "	20		12"	415	425	+010	492	+1	+006	+002	.012
50	" "	21		12"	425	435	+010	493	+1	+006	+002	.010
55	" "	22		12"	435	445	+010	494	+1	+006	+002	.008
1500	" "	23		12"	445	455	+010	495	+1	+008	+002	.006
05	" "	24		12"	455	465	+010	496	+1	+006	+002	.0011
10	" "	25		12"	465	475	+010	497	+1	+006	+002	.002
1525	" "	26		12"	475	485	+010	498	+1	+006	+002	.000

P-T Tank Test Data Chart  
Additional Info

- 2 Statement:
- Tank and product handling system has been tested tight according to the Precision Test Criteria as established by N.F.P.A. publication 329. This is not intended to indicate permission of a leak.
- OR
- Tank and product handling system has failed the tank tightness test according to the Precision Test Criteria as established by N.F.P.A. publication 329

1. Net Volume Change at Conclusion of Precision Test +000 gph

Signature of Tester: [Signature]

Date: 28 Nov 190

NOV-29-90 THU 12:05

15. TANK TO TEST  
West of 3  
 Identify by position  
Premium  
 Brand and Grade

15a. BRIEF DIAGRAM OF TANK FIELD  
 (See attached diagram.)

16. CAPACITY  
 Nominal Capacity 12,000 Gallons  
 By most accurate capacity chart available 12,053 Gallons

- From  
 Station Chart  
 Tank Manufacturer's Chart  
 Company Engineering Data  
 Charts supplied with  
 Other

17. FILL-UP FOR TEST

Stick Water Bottom before Fill-up 0 in. to W" 0 Gallons  
 Tank Diameter 110" in. Inventory 110" Gallons  
 Total Gallons ea. Reading 12,053  
 Top-off 28  
 Water 0  
12,081  
 Transfer total to line 25a

18. SPECIAL CONDITIONS AND PROCEDURES TO TEST THIS TANK

See manual sections applicable. Check below and record procedure in log (27).  
 Use maximum allowable test pressure for all tests. Four pound rule does not apply to doublewalled tanks.  
 Complete section below:

1. Is four pound rule required? Yes  No   
 2. Height to 12" mark from bottom of tank 181 in.  
 3. Pressure at bottom of tank 4.71 P.S.I.  
1.85 P.S.I.  
 4. Pressure at top of tank

Water in tank  Line(s) being tested with LVLTT  
 High water table in tank excavation

19. TANK MEASUREMENTS FOR TSTT ASSEMBLY

Bottom of tank to grade\* 160 in.  
 Add 30" for "T" probe assy. 30 in.  
 Total tubing to assemble - approximate 190 in.

20. EXTENSION HOSE SETTING  
 Tank top to grade\* 350 in.  
 Extend hose on suction tube 6" or more below tank top 12 in.

\*If fill pipe extends above grade, use top of fill  
 22. Thermal-Sensor reading after circulation 56.969 digits  
 Between 100.0 °F

23. Digits per °F in range of expected change  
 digits

22. Thermal-Sensor reading after circulation  
 digits  
 Between °F

23. Digits per °F in range of expected change  
 digits

22. Thermal-Sensor reading after circulation  
 digits  
 Between °F

23. Digits per °F in range of expected change  
 digits

26. (a) 8.0755347  
 Volume change per °F (25 or 24b)

(a) \_\_\_\_\_  
 Volume change per °F (25 or 24b)

(a) \_\_\_\_\_  
 Volume change per °F (25 or 24b)

21. VAPOR RECOVERY SYSTEM  Stage I  Stage II

24b. COEFFICIENT OF EXPANSION RECIPROCAL METHOD

Type of Product GASOLINE  
 Hydrometer Employed 6 H  
 Temperature in Tank After Circulation 56.969 °F  
 Temperature of Sample 57.0 °F  
 Difference (1/-) +0 °F  
 Observed A.P.I. Gravity 57.2

Reciprocal 1496 Page # 61  
 25a 12,081 1496 8.0755347  
 Total quantity in full tank (16 or 17) Reciprocal Volume change in this tank per °F

24c. FOR TESTING WITH WATER see Table C & D

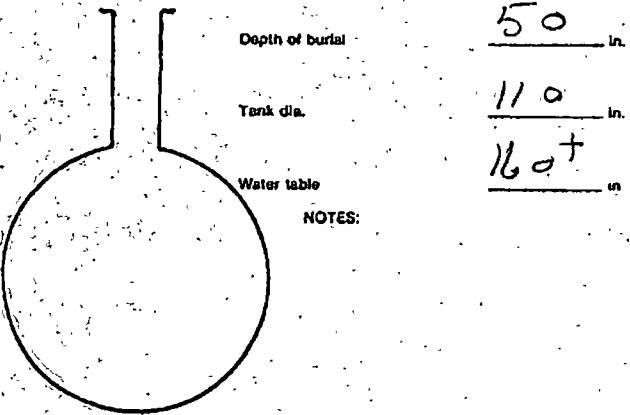
Water Temperature after Circulation Table C \_\_\_\_\_ °F  
 Coefficient of Water Table D \_\_\_\_\_

Added Surfactant?  Yes  No Transfer COE to Line 25b.

1,000 = .0080755 This is test factor (a)

\_\_\_\_\_ = \_\_\_\_\_ This is test factor (a)

\_\_\_\_\_ = \_\_\_\_\_ This is test factor (a)



The above calculations are to be used for dry soil conditions to establish a positive pressure advantage, or when using the four pound rule to compensate for the presence of subsurface water in the tank area.  
 Refer to N.F.P.A. 30, Sections 2-3.2.4 and 2-7.2 and the tank manufacturer regarding allowable system test pressures.

P. 10  
 NOV-29-98 THU 12:09

27. TYPE OF PRODUCT <u>Premium</u>		30. HYDROSTATIC PRESSURE CONTROL	31. VOLUME MEASUREMENTS (V) RECORD TO 001 GAL.			34. TEMPERATURE COMPENSATION USE FACTOR (a)			38. NET VOLUME CHANGING EACH READING	39. ACCUMULATED CHANGE	
28. DATE	Record details of setting up and running test. (Use full length of line if needed.)	29. Reading No.	32. Standpipe Level in Inches		33. Product in Graduate		35. Product Replaced (-)	36. Change Higher + Lower - (c)	37. Computation (c) = (a) = Expansion + Contraction -	Temperature Adjustment Volume Minus Expansion (+) or Contraction (-) (K3(V) - K3(T))	At Low Level compute Change per Hour (NFA criteria)
			Beginning of Reading	Level to which Restored	Before Reading	After Reading	Product Recovered (+)				
	<u>PAGE 1</u>										
	<u>ARRIVED ON SITE</u>								<u>1<sup>ST</sup> "A" FACTOR - 0021</u>		
	<u>SET UP TESTERS</u>								<u>2<sup>ND</sup> "A" FACTOR</u>		
	<u>PUMP PRIMED &amp; RUNNING ABOVE</u>			<u>42"</u>				<u>56</u>			
	<u>1<sup>ST</sup> SENSOR READING</u>			<u>42"</u>		<u>.120</u>		<u>.969</u>			
	<u>HIGH LEVEL TEST CONT'D</u>	<u>1</u>		<u>42"</u>	<u>.120</u>	<u>.160</u>	<u>+040</u>	<u>985</u>	<u>+16</u>	<u>+130</u>	<u>-090</u>
	<u>" "</u>	<u>2</u>		<u>42"</u>	<u>.160</u>	<u>.210</u>	<u>+050</u>	<u>5600</u>	<u>+15</u>	<u>+121</u>	<u>-071</u>
	<u>" "</u>	<u>3</u>		<u>42"</u>	<u>.210</u>	<u>.265</u>	<u>+055</u>	<u>014</u>	<u>+14</u>	<u>+113</u>	<u>-058</u>
	<u>" "</u>	<u>4</u>		<u>42"</u>	<u>.265</u>	<u>.315</u>	<u>+060</u>	<u>029</u>	<u>+15</u>	<u>+121</u>	<u>-061</u>
	<u>" "</u>	<u>5</u>		<u>42"</u>	<u>.315</u>	<u>.380</u>	<u>+065</u>	<u>043</u>	<u>+14</u>	<u>+113</u>	<u>-048</u>
	<u>" "</u>	<u>6</u>		<u>42"</u>	<u>.380</u>	<u>.450</u>	<u>+070</u>	<u>056</u>	<u>+13</u>	<u>+105</u>	<u>-035</u>
	<u>" "</u>	<u>7</u>		<u>42"</u>	<u>.450</u>	<u>.520</u>	<u>+070</u>	<u>068</u>	<u>+12</u>	<u>+097</u>	<u>-027</u>
	<u>" "</u>	<u>8</u>		<u>42"</u>	<u>.520</u>	<u>.595</u>	<u>+075</u>	<u>081</u>	<u>+13</u>	<u>+105</u>	<u>-030</u>
	<u>DROP TO LOW LEVEL</u>			<u>12"</u>		<u>.110</u>		<u>081</u>			
	<u>15 MIN. WAITING PERIOD</u>	<u>1</u>		<u>12"</u>	<u>.110</u>	<u>.235</u>	<u>+125</u>	<u>094</u>	<u>+13</u>	<u>+105</u>	<u>+020</u>
	<u>15 MIN. WAITING PERIOD</u>	<u>2</u>		<u>12"</u>	<u>.235</u>	<u>.325</u>	<u>+090</u>	<u>106</u>	<u>+12</u>	<u>+097</u>	<u>-007</u>
	<u>1<sup>ST</sup> SENSOR READING</u>	<u>3</u>		<u>12"</u>	<u>.325</u>	<u>.360</u>	<u>+035</u>	<u>110</u>	<u>+4</u>	<u>+032</u>	<u>+003</u>
	<u>LOW LEVEL TEST CONT'D</u>	<u>4</u>		<u>12"</u>	<u>.360</u>	<u>.395</u>	<u>+035</u>	<u>114</u>	<u>+4</u>	<u>+032</u>	<u>+003</u>
	<u>" "</u>	<u>5</u>		<u>12"</u>	<u>.395</u>	<u>.425</u>	<u>+030</u>	<u>118</u>	<u>+4</u>	<u>+032</u>	<u>+002</u>
	<u>" "</u>	<u>6</u>		<u>12"</u>	<u>.425</u>	<u>.455</u>	<u>+030</u>	<u>122</u>	<u>+4</u>	<u>+032</u>	<u>+002</u>

COMMENTS: USED SELF LEVELING STANDPIPE - DS3-2000

TYPE OF TURBINE RED JACKET

27. TYPE OF PRODUCT		30. HYDROSTATIC PRESSURE CONTROL		31. VOLUME MEASUREMENTS (V) RECORD TO (O) GAL			34. TEMPERATURE COMPENSATION USE FACTOR (U)			38. NET VOLUME CHANGING EACH READING	39. ACCUMULATED CHANGE	
28. DATE	Record details of setting up and running test. (Use full length of line if needed.)	29. Reading No.	32. Standpipe Level in Inches		32. Product in Graduate		33. Product Replaced (-)	35. Thermal Sensor Reading	36. Change Higher - Lower - (C)	37. Computation (C) = (A) + Expansion - Contraction -	Temperature Adjustment Volume Minus Expansion (-) or Contraction (+) (33)(V) - (37)(U)	At Low Level compute Change per Hour (NFPA criteria)
			Beginning of Reading	Level to which Restored	Before Reading	After Reading	Product Recovered (+)					
	PAGE 2											
	LOW LEVEL TEST CONTD.	7		12"	455	485	+030	126	+4	+032	-002	+000
	" "	8		12"	485	515	+030	130	+4	+032	-002	+002
	" "	9		12"	515	545	+030	134	+4	+032	-002	+004
	" "	10		12"	545	575	+030	138	+4	+032	-002	+006
	" "	11		12"	575	605	+030	142	+4	+032	-002	+008
	" "	12		12"	605	640	+035	146	+4	+032	+003	+005
	" "	13		12"	640	670	+030	150	+4	+032	-002	+007
	" "	14		12"	670	700	+030	154	+4	+032	-002	+009
	" "	15		12"	700	730	+030	158	+4	+032	-002	+011
	" "	16		12"	730	755	+025	162	+4	+032	-007	+018
	" "	17		12"	755	780	+025	165	+3	+044	+001	+017
	" "	18		12"	780	805	+025	169	+2	+032	-007	+021
	" "	19		12"	805	830	+025	173	+2	+032	-007	+031
	" "	20		12"	830	855	+025	176	+3	+021	+001	+030
	" "	21		12"	855	880	+025	180	+4	+032	-002	+032
	" "	22		12"	880	910	+030	183	+3	+044	+001	+031
	" "	23		12"	890	915	+025	186	+3	+024	+001	+030
	" "	24		12"	915	940	+025	186	+3	+024	+001	+030
	" "	25		12"	940	965	+025	190	+4	+032	-007	+037
	" "	26		12"	965	990	+025	194	+4	+032	-007	+044
	" "	27		12"	990	815	+025	197	+3	+024	+001	+043
	" "	28		12"								+0215

P-T Tank Test Data Chart  
Additional Info

1. Net Volume Change at Conclusion of Precision Test \_\_\_\_\_ gph  
 Signature of Tester: [Signature]  
 Date: 28 Nov 1990

- 2 Statement:
- Tank and product handling system has been tested tight according to the Precision Test Criteria as established by N.F.P.A. publication 329. This is not intended to indicate permission of a leak.
- OR
- Tank and product handling system has failed the tank tightness test according to the Precision Test Criteria as established by N.F.P.A. publication 329

15. TANK TO TEST  
SOUTH OF THREE  
Identify by position  
WASTE OIL / WATER  
Brand and Grade

15a. BRIEF DIAGRAM OF TANK FIELD  
 (See attached diagram.)

16. CAPACITY  
 Nominal Capacity 520 Gallons  
 By most accurate capacity chart available 520 Gallons

- From  
 Station Chart  
 Tank Manufacturer's Chart  
 Company Engineering Data  
 Charts supplied with  
 Other

17. FILL-UP FOR TEST  
 Stick Water Bottom before Fill-up 0 in. 0 Gallons 45 Tank Diameter in. Inventory 45 Gallons Total Gallons ea. Reading 520  
Top-off 15  
Water  
535  
 Transfer total to line 25a

18. SPECIAL CONDITIONS AND PROCEDURES TO TEST THIS TANK  
 Water in tank  (Liners) being tested with LVLLT  
 High water table in tank excavation.  
 See manual sections applicable. Check below and record procedure in log (27).  
 Use maximum allowable test pressure for all tests. Four pound rule does not apply to doublewalled tanks.  
 Complete section below:

1. Is four pound rule required? Yes  No   
 2. Height to 12" mark from bottom of tank 111 in.  
 3. Pressure at bottom of tank 4.00 P.S.I.  
 4. Pressure at top of tank 2.38 P.S.I.

19. TANK MEASUREMENTS FOR TSTT ASSEMBLY  
 Bottom of tank to grade 90 in  
 Add 30" for "T" probe assy. 30 in  
 Total tubing to assemble - approximate 120 in.

20. EXTENSION HOSE SETTING  
 Tank top to grade 45 in  
 Extend hose on suction tube 6" or more below tank top 12 in  
 \*If fill pipe extends above grade, use top of fill

22. Thermal-Sensor reading after circulation \_\_\_\_\_ Digits \_\_\_\_\_ °F  
 Between \_\_\_\_\_ °F  
 23. Digits per °F in range of expected change \_\_\_\_\_ Digits

22. Thermal-Sensor reading after circulation 12822 Digits  
61-62 °F  
 Between \_\_\_\_\_ °F  
 23. Digits per °F in range of expected change 322 Digits

22. Thermal-Sensor reading after circulation 13054 Digits  
62-63 °F  
 Between \_\_\_\_\_ °F  
 23. Digits per °F in range of expected change 324 Digits

26. (a) 0.0009173 x 535 = 0.4907555  
 Volume change per °F (25 or 24b) Digits per °F in test Range (23) This is test factor (a)

(a) 0.4907555 = 322 = 0.001524  
 Volume change per °F (25 or 24b) Digits per °F in test Range (23) This is test factor (a)

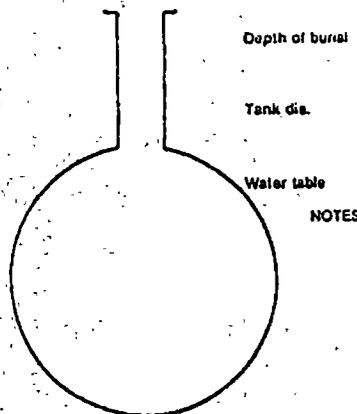
(a) 0.4907555 = 324 = 0.0015146  
 Volume change per °F (25 or 24b) Digits per °F in test Range (23) This is test factor (a)

21. VAPOR RECOVERY SYSTEM  Stage I  Stage II  
NONE

24b. COEFFICIENT OF EXPANSION RECIPROCAL METHOD  
 Type of Product WATER  
 Hydrometer Employed \_\_\_\_\_ H  
 Temperature in Tank After Circulation \_\_\_\_\_ °F  
 Temperature of Sample \_\_\_\_\_ °F  
 Difference (°/°) \_\_\_\_\_ °F  
 Observed API Gravity \_\_\_\_\_  
 Reciprocal \_\_\_\_\_ Page # \_\_\_\_\_

25a. Total quantity in full tank (16 or 17) \_\_\_\_\_ Reciprocal \_\_\_\_\_ Volume change in this tank per °F \_\_\_\_\_  
 Transfer to Line 26a.

24c. FOR TESTING WITH WATER see Table C & D  
 Water Temperature after Circulation Table C 61.2 °F  
 Coefficient of Water Table D 0.0009173  
 Added Surfactant?  Yes  No Transfer COE to Line 25b.



NOTES:

The above calculations are to be used for dry soil conditions to establish a positive pressure advantage, or when using the four pound rule to compensate for the presence of subsurface water in the tank area.  
 Refer to N.F.P.A. 30, Sections 2-3.2.4 and 2-7.2 and the tank manufacturer regarding allowable system test pressures.

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 NOV-29-90 THU 12:13

28. DATE TIME (24 hr.)	Record details of setting up and running test. (Use full length of line if needed.)	29. Reading No	Standpipe Level in inches		32. Product in Graduate		33. Product Replaced (-)	35. Thermal Sensor Reading	36. Change Higher - Lower - (c)	37. Computation (c) = (a) + Expansion - Contraction -	Temperature Adjustment	At Low Level compute Change per Hour (NFPA criteria)
			Beginning of Reading	Level to which Restored	Before Reading	After Reading	Product Recovered (+)	Volume Minus Expansion (+) or Contraction (-) (#3XV) - (#3VT)				
0745	ARRIVED ON SITE							1 <sup>ST</sup> "A" FACTOR .0015				
0800	SET UP TESTERS							2 <sup>ND</sup> "A" FACTOR .0015				
0930	PUMP PRIMED & RUNNING ABOVE *		42"					12				278
1030	1 <sup>ST</sup> SENSOR READING		42"		.190			822				
1045	HIGH LEVEL TEST CONT'D	1	42"		.190	.190	+0.000	849	+27	+0.041	-0.041	
1100	" "	2	42"		.190	.190	+0.000	873	+24	+0.036	-0.036	
1115	" "	3	42"		.190	.195	+0.005	898	+25	+0.038	-0.033	
1130	" "	4	42"		.195	.200	+0.005	921	+23	+0.035	-0.030	
1145	" "	5	42"		.200	.210	+0.010	941	+20	+0.030	-0.020	
	" "	6	42"									
	" "	7	42"									
	" "	8	42"									
1153	DROP TO LOW LEVEL		12"		.100			941				
1200	15 MIN. WAITING PERIOD	1	12"		.100	.110	+0.010	960	+19	+0.029	-0.019	
1215	15 MIN. WAITING PERIOD	2	12"		.110	.130	+0.020	977	+17	+0.026	-0.006	
1220	1 <sup>ST</sup> SENSOR READING	3	12"		.130	.140	+0.010	983	+6	+0.009	+0.001	+0.001
1225	LOW LEVEL TEST CONT'D	4	12"		.140	.145	+0.005	989	+6	+0.009	-0.004	-0.003
1230	" "	5	12"		.145	.150	+0.005	994	5	+0.008	-0.003	-0.006
1235	" "	6	12"	✓	.150	.155	+0.005	999	+5	+0.008	-0.003	-0.009

COMMENTS: \* SELF LEVELING STANDPIPE WAS USED \*\* NFPA DIGIT RANGE # 18  
LOW LEVEL

TYPE OF TURBINE N/A

27. TYPE OF PRODUCT WATER			30. HYDROSTATIC PRESSURE CONTROL		31. VOLUME MEASUREMENTS (V) RECORD TO 001 GAL			34. TEMPERATURE COMPENSATION USE FACTOR (a)			38. NET VOLUME CHANGING EACH READING	39. ACCUMULATED CHANGE
28. DATE	Record details of setting up and running test. (Use full length of line if needed.)	29. Reading No.	30. Standpipe Level in inches		32. Product in Graduate		33. Product Replaced (-)	35. Thermal Sensor Reading	36. Change Higher - Lower - (c)	37. Computation (c) = (a) + Expansion - Contraction -	Temperature Adjustment Volume Minus Expansion (+) or Contraction (-) (#31V) - (#37T)	At Low Level compute Change per Hour (NFPA criteria)
			Beginning of Reading	Level to which Restored	Before Reading	After Reading	Product Recovered (+)					
1240	LOW LEVEL TEST CONTD.	7	*	12"	.155	.160	1.005	13004	+5	+0.08	-0.003	-0.013
1245	" "	8		12"	.160	.165	1.005	009	+5	+0.08	-0.003	-0.015
1250	" "	9		12"	.165	.175	1.010	015	+6	+0.09	+0.001	-0.014
1255	" "	10		12"	.175	.180	1.005	020	+5	+0.08	-0.003	-0.017
1300	" "	11		12"	.180	.185	1.005	025	+5	+0.08	-0.003	-0.020
1305	" "	12		12"	.185	.190	1.005	029	+4	+0.06	-0.001	-0.021
1310	" "	13		12"	.190	.195	1.005	033	+4	+0.06	-0.001	-0.023
1315	" "	14		12"	.195	.195	1.000	037	+4	+0.06	-0.006	-0.028
1320	" "	15		12"	.195	.200	1.005	042	+5	+0.08	-0.003	-0.031
1325	" "	16		12"	.200	.205	1.005	047	+5	+0.08	-0.003	-0.034
1330	" "	17		12"	.205	.210	1.005	052	+5	+0.08	-0.003	-0.037
1335	" "	18		12"	.210	.210	1.000	056	+4	+0.06	-0.006	-0.043
1340	" "	19		12"	.210	.210	1.000	059	+3	+0.05	-0.005	-0.048
1345	" "	20		12"	.210	.215	1.005	063	+4	+0.06	-0.001	-0.049
1350	" "	21		12"	.215	.220	1.005	067	+4	+0.06	-0.001	-0.050
1355	" "	22		12"	.220	.220	1.000	070	+3	+0.05	-0.005	-0.055
1400	" "	23		12"	.220	.220	1.000	074	+4	+0.06	-0.006	-0.061
1405	" "	24		12"	.220	.225	1.005	079	+4	+0.06	-0.001	-0.062
1410	" "	25		12"	.225	.225	1.000	081	+3	+0.05	-0.005	-0.067
1415	" "	26	✓	12"	.225	.230	1.005	084	+3	+0.05	+0.000	-0.067
											= 2	-0.335

P-T Tank Test Data Chart  
Additional Info

1. Net Volume Change at Conclusion of Precision Test -0.335 gph

Signature of Tester: [Signature]

Date: 28 NOV. 90

2. Statement:

Tank and product handling system has been tested tight according to the Precision Test Criteria as established by N.F.P.A. publication 329. This is not intended to indicate permission of a leak.

OR

Tank and product handling system has failed the tank tightness test according to the Precision Test Criteria as established by N.F.P.A. publication 329.

MEAN = \_\_\_\_\_

STANDARD DEVIATION = \_\_\_\_\_

ACCEPTABLE \_\_\_\_\_ UNACCEPTABLE \_\_\_\_\_

# County of Santa Clara

## Department of Environmental Health

### Hazardous Materials Compliance Division

1555 Berger Drive, Suite 300

San Jose, CA 95112-2716

(408) 918-3400



## Underground Storage Tank Permit to Operate

Permit Number: 201602-308081  
Date Issued: March 1, 2008  
Expiration Date: February 28, 2013  
Facility ID Number: 43-000-201602

Facility Name: CONOCOPHILLIPS #256115  
Site Address: 4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

COPY

Tank Owner Name: CONOCOPHILLIPS COMPANY  
Permit Contact: TIANA ANDRIAMANARIVO  
Owner Address: 1380 SAN PABLO AV.  
RODEO, CA 94572

The following underground storage tanks are covered by this permit:

<u>Tank Identification Number</u>	<u>Capacity (gal)</u>	<u>Tank Contents</u>	<u>Owner's Tank ID</u>
43-000-201602-100024	12,000	REGULAR UNLEADED GASOLINE	256115-1
43-000-201602-100023	12,000	PREMIUM UNLEADED GASOLINE	256115-2
43-000-201602-100022	500	WASTE OIL	256115-3

### Permit Conditions

- 1 In order to maintain this UST permit to operate, the permit holder shall comply with Health and Safety Code, Division 20, Chapters 6 7 and 6 75, and California Code of Regulations (CCR), Title 23, Division 3, Chapters 16 and 18
- 2 In the event of a spill, leak, or other unauthorized release, the permittee shall comply with the requirements of 23 CCR, Chapter 16, Article 5. Additionally, the permittee shall operate according to a UST Response Plan approved by the County of Santa Clara, Department of Environmental Health, Hazardous Materials Compliance Division (HMCD)
- 3 The permittee shall comply with the monitoring procedures described in a UST Monitoring Plan and UST system Plot Plan approved by HMCD
- 4 The permittee shall notify, and received approval from, HMCD prior to making any changes in monitoring procedures and/or equipment. The permittee shall notify HMCD within 30 days of any change in the usage of any UST, including changes in hazardous substances stored or change of UST owner and/or operator
- 5 The permittee shall perform testing and preventive maintenance on all leak detection monitoring equipment annually, or more frequently if specified by the equipment manufacturer, and maintain documentation of such servicing on-site
- 6 The permittee shall obtain approval from HMCD and Fire and Building authorities prior to modifying any UST system
- 7 Written records of all monitoring performed shall be maintained on-site by the operator and be available for inspection for a period of at least three years from the date the monitoring was performed
- 8 The permittee shall submit annual permit fees and State UST surcharges. Penalties for late payment will be assessed at 25%
- 9 Copies of this permit and the approved UST monitoring, response, and plot plans shall be maintained at the tank site
- 10 Violation of any of the above conditions may be cause for revocation of this UST permit to operate

# County of Santa Clara

Department of Environmental Health  
Hazardous Materials Compliance Division  
1555 Berger Drive Suite 300  
San Jose California 95112-2716  
(408) 918-3400 FAX (408) 280-6479  
www.EHinfo.org



March 5, 2008

TIANA ANDRIAMANARIVO  
CONOCOPHILLIPS COMPANY  
1380 SAN PABLO AV.  
RODEO, CA 94572

COPY

**Re: Permit No. 201602-308081, Underground Storage Tank Permit to Operate.**

Dear TIANA ANDRIAMANARIVO:

Santa Clara County Department of Environmental Health's Hazardous Materials Compliance Division (HMCD) is the local agency which regulates underground storage tanks (UST) at your facility, **CONOCOPHILLIPS #256115**, located at **4350 EL CAMINO REAL, LOS ALTOS, CA**. The UST operating permit for that facility is enclosed. This permit must be posted at the tank site.

Please note the following provisions of Santa Clara County Ordinance Code:

**Sec. B11-290(f)** Persons performing secondary containment testing of any underground storage tank system subject to section 2637(a)(4) of title 23 of the California Code of Regulations, as amended, must report test results using the State Water Resources Control Board's "Secondary Containment Testing Report Form" or an alternate format approved by the director.

**Sec. B11-290(g)** The owner or operator of any underground storage tank subject to section 2637(b) of title 23 of the California Code of Regulations, as amended, must coordinate annual certification of underground storage tank monitoring equipment to coincide with the department's annual compliance inspection. Notwithstanding section 2637(b)(5), the UST owner or operator must notify the director at least fourteen calendar days prior to annual certification testing unless the notification requirement is waived by the director.

Please carefully review the permit information and Permit Conditions. Although the permit term is five years, fees will be assessed annually. Should you have any questions, please do not hesitate to contact the undersigned at (408) 918-1978.

Sincerely,

A handwritten signature in black ink, appearing to read "Greg Breshears".

Greg Breshears  
Senior Hazardous Materials Specialist  
Hazardous Materials Compliance Division

Form Letter No. 20 - 02/21/06

# County of Santa Clara

Department of Environmental Health  
Hazardous Materials Compliance Division  
1555 Berger Drive Suite 300  
San Jose California 95112-2716  
(408) 918-3400 FAX (408) 280-6479  
www.EHinfo.org



March 5, 2008

GREG GALATOLO  
EL CAMINO UNOCAL  
4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

COPY

**Re: Permit No. 201602-308081, Underground Storage Tank Permit to Operate.**

Dear GREG GALATOLO:

Santa Clara County Department of Environmental Health's Hazardous Materials Compliance Division (HMCD) is the local agency which regulates underground storage tanks (UST) at the following facility:

**CONOCOPHILLIPS #256115, located at 4350 EL CAMINO REAL, LOS ALTOS, CA.**

A copy of the UST operating permit for that facility is enclosed. The original permit has been mailed to the tank owner as specified in the Unified Program Consolidated Form (UPCF) Underground Storage Tank Operating Permit Application – Facility Information page submitted for the facility.

Since the USTs at this facility are owned and operated by separate entities, please be sure that you have a current written agreement between the UST owner and UST operator as required by Health and Safety Code Section 25284(a)(3). Copies of the current written agreement and this permit must be maintained at the tank facility.

Should you have any questions, please do not hesitate to contact the undersigned at (408) 918-1978.

Sincerely,

Greg Breshears  
Senior Hazardous Materials Specialist  
Hazardous Materials Compliance Division

Form Letter No. 24 - 03/05/08

**County of Santa Clara**  
**Environmental Resources Agency**  
**Department of Environmental Health**  
**Hazardous Materials Compliance Division**

1555 Berger Drive, Suite 300  
San Jose, CA 95112-2716  
(408) 918-3400



**Underground Storage Tank**  
**Permit to Operate**

Permit Number: **201602-308081**  
Date Issued: **March 1, 2003**  
Expiration Date: **February 28, 2008**  
Facility ID Number: **43-000-201602**

Facility Name: **CONOCOPHILLIPS #256115**  
Site Address: **4350 EL CAMINO REAL**  
**LOS ALTOS, CA 94022**

**COPY**

Tank Owner Name: **CONOCOPHILLIPS COMPANY**  
Permit Contact: **JANETTE THOMPSON**  
Owner Address: **P.O. BOX 52085**  
**PHOENIX, AZ 85072-2085**

The following underground storage tanks are covered by this permit:

<u>Tank Identification Number</u>	<u>Capacity (gal)</u>	<u>Tank Contents</u>	<u>Owner's Tank ID</u>
43-000-201602-100024	12,000	REGULAR UNLEADED GASOLINE	256115-1
43-000-201602-100023	12,000	PREMIUM UNLEADED GASOLINE	256115-2
43-000-201602-100022	500	WASTE OIL	256115-3

**Permit Conditions**

- 1 In order to maintain this UST permit to operate, the permit holder shall comply with Health and Safety Code, Division 20, Chapters 6 7 and 6 75, and California Code of Regulations (CCR), Title 23, Division 3, Chapters 16 and 18
- 2 In the event of a spill, leak, or other unauthorized release, the permittee shall comply with the requirements of 23 CCR, Chapter 16, Article 5. Additionally, the permittee shall operate according to a release Response Plan approved by the County of Santa Clara, Department of Environmental Health, Division of Hazardous Materials Compliance and Solid Waste Enforcement (HMCD)
- 3 The permittee shall comply with the monitoring procedures described in a UST Monitoring Plan and UST system Plot Plan approved by HMCD
- 4 The permittee shall notify, and received approval from, HMCD prior to making any changes in monitoring procedures and/or equipment. The permittee shall notify HMCD within 30 days of any change in the usage of any UST, including changes in hazardous substances stored or change of UST owner and/or operator
- 5 The permittee shall perform testing and preventive maintenance on all leak detection monitoring equipment annually, or more frequently if specified by the equipment manufacturer, and maintain documentation of such servicing on-site
- 6 The permittee shall obtain approval from HMCD and Fire and Building authorities prior to modifying any UST system
- 7 Written records of all monitoring performed shall be maintained on-site by the operator and be available for inspection for a period of at least three years from the date the monitoring was performed
- 8 The permittee shall submit annual permit fees and State UST surcharges. Penalties for late payment will be assessed at 25%
- 9 Copies of this permit and the approved UST monitoring, response, and plot plans shall be maintained at the tank site
- 10 Violation of any of the above conditions may be cause for revocation of this UST permit to operate

# County of Santa Clara

Environmental Resources Agency  
Department of Environmental Health

1555 Berger Drive Suite 300  
San Jose, California 95112-2716  
(408) 918-3400 FAX (408) 298-6261  
www.EHinfo.org



May 29, 2003

JANETTE THOMPSON  
CONOCOPHILLIPS COMPANY  
P.O. BOX 52085  
PHOENIX, AZ 85072-2085

COPY

**Re: Permit No. 201602-308081, Underground Storage Tank Permit to Operate.**

Dear JANETTE THOMPSON:

Santa Clara County Department of Environmental Health's Hazardous Materials Compliance Division (HMCD) is the local agency which regulates underground storage tanks (UST) at your facility, **CONOCOPHILLIPS #256115**, located at **4350 EL CAMINO REAL, LOS ALTOS, CA**. The new five year UST operating permit for that facility is enclosed. This permit must be posted at the tank site.

Please note the following recently adopted provisions of Santa Clara County Ordinance Code:

**Sec. B11-290(f)** Persons performing secondary containment testing of any underground storage tank system subject to section 2637(a)(4) of title 23 of the California Code of Regulations, as amended, must report test results using the State Water Resources Control Board's "Secondary Containment Testing Report Form" or an alternate format approved by the director

**Sec. B11-290(g)** The owner or operator of any underground storage tank subject to section 2637(b) of title 23 of the California Code of Regulations, as amended, must coordinate annual certification of underground storage tank monitoring equipment to coincide with the department's annual compliance inspection. Notwithstanding section 2637(b)(5), the UST owner or operator must notify the director at least fourteen calendar days prior to annual certification testing unless the notification requirement is waived by the director

Please carefully review the permit information and Permit Conditions. Although the permit term is five years, fees will be assessed annually. Should you have any questions, please do not hesitate to contact the undersigned at (408) 918-1978.

Sincerely,

Greg Breshears  
Lead Hazardous Materials Specialist  
Hazardous Materials Compliance Division

Form Letter No. 20 - 05/29/03





## FACILITY INFORMATION

## BUSINESS OWNER/OPERATOR IDENTIFICATION

Page \_\_\_ of \_\_\_

## I. IDENTIFICATION

FACILITY ID#		BEGINNING DATE	100	ENDING DATE	101
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)	3	BUSINESS PHONE			102
ConocoPhillips Company #256115		(650) 941-0244			
BUSINESS SITE ADDRESS	103	BUSINESS FAX			102a
4350 EL CAMINO REAL					
BUSINESS SITE CITY	104	ZIP CODE	105	COUNTY	108
LOS ALTOS		CA	94022	SANTA CLARA	
DUN & BRADSTREET	106	PRIMARY SIC	107	PRIMARY NAICS	107a
00-136-8265		5541			
BUSINESS MAILING ADDRESS					108a
600 North Dairy Ashford					
BUSINESS MAILING CITY	108b	STATE	108c	ZIP CODE	108d
HOUSTON		TX		77079	
BUSINESS OPERATOR NAME	109	BUSINESS OPERATOR PHONE			110
GREGORY P. GALATOLO		(650) 941-0244			

## II. BUSINESS OWNER

OWNER NAME	111	OWNER PHONE			112
GREGORY P. GALATOLO		(650) 941-0244			
OWNER MAILING ADDRESS					113
4350 EL CAMINO REAL					
OWNER MAILING CITY	114	STATE	115	ZIP CODE	116
LOS ALTOS		CA		94022	

## III. ENVIRONMENTAL CONTACT

CONTACT NAME	117	CONTACT PHONE			118
Stephen Boyd (ConocoPhillips Company)		(714) 428-6572			
CONTACT MAILING ADDRESS	119	CONTACT EMAIL			119a
3611 Harbor Blvd					
CONTACT MAILING CITY	120	STATE	121	ZIP CODE	122
Santa Ana		CA		92704	

-PRIMARY-

## IV. EMERGENCY CONTACTS

-SECONDARY-

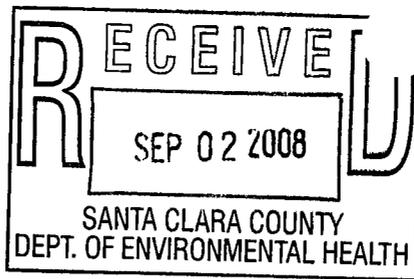
NAME	123	NAME			128
GREGORY P. GALATOLO					
TITLE	124	TITLE			129
Operator					
BUSINESS PHONE	125	BUSINESS PHONE			130
(650) 941-0244					
24-HOUR PHONE	126	24-HOUR PHONE			131
1-866-215-0965					
PAGER #	127	PAGER #			132

ADDITIONAL LOCALLY COLLECTED INFORMATION

133

Certification Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	134	NAME OF DOCUMENT PREPARER	135
	8/26/2008		Stephen Boyd	
NAME OF SIGNER (print)	136	TITLE OF SIGNER		137
Stephen Boyd		HSE Specialist		



3611 Harbor Blvd, Suite 200  
Santa Ana, CA 92704

Phone: (714) 428-6572  
Fax: (714) 428-8080

HSE Department  
Marketing Division

Via: US Mail

August 25, 2008

Santa Clara County DEH  
1555 Berger Dr., Suite 300  
San Jose, CA 95112-2716

Attn: UST Group

**RE: Correction to ConocoPhillips Company's communication dated August 19, 2008, regarding updates to Gasoline Dispensing Facilities Environmental Contact Information**

UST Group,

In a written communication dated August 19, 2008, ConocoPhillips Company submitted updated **Unified Program Consolidated Forms** (formerly Form A) for all ConocoPhillips Company and/or Convenience Retailers LLC gasoline dispensing facilities that fall within your jurisdiction. Due to a glitch in our database, the information submitted to your Agency might not have been correct.

Enclosed please find the corrected **Unified Program Consolidated Forms** (formerly Form A) for all of our locations that fall within your Agency's authority.

We regret this error and sincerely apologize for any inconvenience this may have caused.

Should you require additional information regarding this update or have any questions, please contact me at (714) 428-6572.

Sincerely,

Stephen Boyd  
HSE Specialist-U.S. Marketing  
cc: File

# UNDERGROUND STORAGE TANK SYSTEM OWNER STATEMENTS OF DESIGNATED UST OPERATOR AND UNDERSTANDING OF AND COMPLIANCE WITH UST REQUIREMENTS

*For use by Unidocs Member Agencies or where approved by your Local Jurisdiction  
Authority Cited: Title 23, Div. 3, Ch. 16 California Code of Regulations (CCR)*

FACILITY NAME <b>ConocoPhillips Site #256115</b>	FACILITY PHONE <b>(650) 948-4771</b>
FACILITY SITE ADDRESS <b>4350 EL CAMINO REAL</b>	CITY <b>LOS ALTOS</b>
REASON FOR SUBMITTING THIS FORM (Check One): <input type="checkbox"/> Change of Designated Operator <input checked="" type="checkbox"/> Update of ICC Certification Expiration Date(s)	

**PRIMARY DESIGNATED UST OPERATOR FOR THIS FACILITY**

DESIGNATED OPERATOR NAME: <b>Greg Galatolo</b>	RELATION TO UST FACILITY (Check One)
BUSINESS NAME (If different from above):	<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator <input type="checkbox"/> Employee
DESIGNATED OPERATOR PHONE: <b>(916) 484-1020</b> ext.	<input type="checkbox"/> Service Technician <input type="checkbox"/> Third-Party
INTERNATIONAL CODE COUNCIL CERTIFICATION NO.: <b>52457801-UC</b>	EXPIRATION DATE: <b>7/31/2009</b>

**ALTERNATE 1 DESIGNATED UST OPERATOR FOR THIS FACILITY (Optional)**

DESIGNATED OPERATOR NAME:	RELATION TO UST FACILITY (Check One)
BUSINESS NAME (If different from above):	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
DESIGNATED OPERATOR PHONE: ( ) ext.	<input type="checkbox"/> Service Technician <input type="checkbox"/> Third-Party
INTERNATIONAL CODE COUNCIL CERTIFICATION NO.:	EXPIRATION DATE:

**ALTERNATE 2 DESIGNATED UST OPERATOR FOR THIS FACILITY (Optional)**

DESIGNATED OPERATOR NAME:	RELATION TO UST FACILITY (Check One)
BUSINESS NAME (If different from above):	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
DESIGNATED OPERATOR PHONE: ( ) ext.	<input type="checkbox"/> Service Technician <input type="checkbox"/> Third-Party
INTERNATIONAL CODE COUNCIL CERTIFICATION NO.:	EXPIRATION DATE:

**ALTERNATE 3 DESIGNATED UST OPERATOR FOR THIS FACILITY (Optional)**

DESIGNATED OPERATOR NAME:	RELATION TO UST FACILITY (Check One)
BUSINESS NAME (If different from above):	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
DESIGNATED OPERATOR PHONE: ( ) ext.	<input type="checkbox"/> Service Technician <input type="checkbox"/> Third-Party
INTERNATIONAL CODE COUNCIL CERTIFICATION NO.:	EXPIRATION DATE:

I certify that, for the facility indicated at the top of this page, the individual(s) listed above will serve as Designated UST Operator(s). The individual(s) will conduct and document monthly facility inspections and annual facility employee training in accordance with California Code of Regulations, Title 23, Section 2715(c) through (f). Furthermore, I understand and am in compliance with the requirements (statutes, regulations, and local ordinances) applicable to underground storage tanks.

TANK OWNER NAME: Tiana Andriamanarivo for ConocoPhillips Co.

TANK OWNER TITLE: HSE Specialist OWNER PHONE: (510) 245-5176

TANK OWNER SIGNATURE: Hainjona DATE: August 27, 2007

**INSTRUCTIONS**

1. Report the name(s) of the Designated UST Operator(s) as registered with the International Code Council (ICC). ICC certification information is available on-line at: [www.iccsafe.org/e/certsearch.html](http://www.iccsafe.org/e/certsearch.html). Search for "California UST System Operators."
2. Submit this completed form to the local agency that regulates this facility's USTs. Unidocs member agency jurisdictions and contact information are listed on-line at: [www.unidocs.org/members/whoregulateswhat.html](http://www.unidocs.org/members/whoregulateswhat.html). Contact information for other local agencies within California is available at: [www.swrcb.ca.gov/cwphome/ust/contacts/docs/local\\_agency\\_list.xls](http://www.swrcb.ca.gov/cwphome/ust/contacts/docs/local_agency_list.xls).
3. 23 CCR §2715(a) requires that you notify the local agency of any changes to this information within 30 days of the date of change.

# UNDERGROUND STORAGE TANK SYSTEM OWNER STATEMENTS OF DESIGNATED UST OPERATOR AND UNDERSTANDING OF AND COMPLIANCE WITH UST REQUIREMENTS

*For use by Unidocs Member Agencies or where approved by your Local Jurisdiction  
Authority Cited: Title 23, Div. 3, Ch. 16 California Code of Regulations (CCR)*

<b>FACILITY NAME</b> ConocoPhillips Site #255957	<b>FACILITY PHONE</b> (650) 948-4771
<b>FACILITY SITE ADDRESS</b> 330 S SAN ANTONIO RD	<b>CITY</b> LOS ALTOS
<b>REASON FOR SUBMITTING THIS FORM (Check One):</b> <input type="checkbox"/> Change of Designated Operator <input checked="" type="checkbox"/> Update of ICC Certification Expiration Date(s)	

**PRIMARY DESIGNATED UST OPERATOR FOR THIS FACILITY**

<b>DESIGNATED OPERATOR NAME:</b> Greg Galatolo	<b>RELATION TO UST FACILITY (Check One)</b> <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator <input type="checkbox"/> Employee <input type="checkbox"/> Service Technician <input type="checkbox"/> Third-Party
<b>BUSINESS NAME (If different from above):</b>	
<b>DESIGNATED OPERATOR PHONE:</b> (916) 484-1020 ext.	
<b>INTERNATIONAL CODE COUNCIL CERTIFICATION NO.:</b> 52457801-UC	<b>EXPIRATION DATE:</b> 7/31/2009

**ALTERNATE 1 DESIGNATED UST OPERATOR FOR THIS FACILITY (Optional)**

<b>DESIGNATED OPERATOR NAME</b>	<b>RELATION TO UST FACILITY (Check One)</b> <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee <input type="checkbox"/> Service Technician <input type="checkbox"/> Third-Party
<b>BUSINESS NAME (If different from above):</b>	
<b>DESIGNATED OPERATOR PHONE:</b> ( ) ext.	
<b>INTERNATIONAL CODE COUNCIL CERTIFICATION NO.:</b>	<b>EXPIRATION DATE:</b>

**ALTERNATE 2 DESIGNATED UST OPERATOR FOR THIS FACILITY (Optional)**

<b>DESIGNATED OPERATOR NAME:</b>	<b>RELATION TO UST FACILITY (Check One)</b> <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee <input type="checkbox"/> Service Technician <input type="checkbox"/> Third-Party
<b>BUSINESS NAME (If different from above):</b>	
<b>DESIGNATED OPERATOR PHONE:</b> ( ) ext.	
<b>INTERNATIONAL CODE COUNCIL CERTIFICATION NO.:</b>	<b>EXPIRATION DATE:</b>

**ALTERNATE 3 DESIGNATED UST OPERATOR FOR THIS FACILITY (Optional)**

<b>DESIGNATED OPERATOR NAME:</b>	<b>RELATION TO UST FACILITY (Check One)</b> <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee <input type="checkbox"/> Service Technician <input type="checkbox"/> Third-Party
<b>BUSINESS NAME (If different from above):</b>	
<b>DESIGNATED OPERATOR PHONE:</b> ( ) ext.	
<b>INTERNATIONAL CODE COUNCIL CERTIFICATION NO.:</b>	<b>EXPIRATION DATE:</b>

I certify that, for the facility indicated at the top of this page, the individual(s) listed above will serve as Designated UST Operator(s). The individual(s) will conduct and document monthly facility inspections and annual facility employee training in accordance with California Code of Regulations, Title 23, Section 2715(c) through (f). Furthermore, I understand and am in compliance with the requirements (statutes, regulations, and local ordinances) applicable to underground storage tanks.

TANK OWNER NAME: Tiana Andriamanarivo for ConocoPhillips Co.

TANK OWNER TITLE: HSE Specialist

OWNER PHONE: (510) 245-5176

TANK OWNER SIGNATURE: Haingotiana

DATE: August 27, 2007

**INSTRUCTIONS**

1. Report the name(s) of the Designated UST Operator(s) as registered with the International Code Council (ICC). ICC certification information is available on-line at: [www.iccsafe.org/e/certsearch.html](http://www.iccsafe.org/e/certsearch.html). Search for "California UST System Operators."
2. Submit this completed form to the local agency that regulates this facility's USTs. Unidocs member agency jurisdictions and contact information are listed on-line at: [www.unidocs.org/members/whoregulateswhat.html](http://www.unidocs.org/members/whoregulateswhat.html). Contact information for other local agencies within California is available at: [www.swrcb.ca.gov/cwphome/ust/contacts/docs/local\\_agency\\_list.xls](http://www.swrcb.ca.gov/cwphome/ust/contacts/docs/local_agency_list.xls).
3. 23 CCR §2715(a) requires that you notify the local agency of any changes to this information within 30 days of the date of change.



---

Sent Via Fax

August 27, 2007

Santa Clara County DEHA  
1555 Berger Dr., Suite 300  
San Jose, CA 95112-2716

**Subject: Designated Operator submittal for ConocoPhillips Stations # 255957 and 256115**

Dear Agency:

The purpose of this letter and enclosures is to submit a change/update to the State Water Resources Control Boards Designated Operator for 2 ConocoPhillips stations in your jurisdiction.

This letter and its enclosures should bring these 2 sites into compliance with the Designated Operator requirement. Should you require any additional information regarding these locations or have any questions, please contact me at (510) 245-5176.

Sincerely,

*Haingotiane*

Tiana Andriamanarivo  
HSE Specialist

cc: File



# FAX TRANSMISSION

To: <i>Santa Clara County</i>	From: Tiana Andriamanarivo H&E SPECIALIST
Company: <i>DEHA</i>	Date: <i>8-28-2007</i>
FAX #: <i>408-290-6479</i>	Return FAX #: (510) 245 - 5179

You should receive 4 page(s) including this one. If you do not receive all pages, please call me at (510) 245-5176.



PLEASE RECYCLE THIS FAX COVER

*This message is intended only for the use of the individual or entity to which it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone at the above phone number. Thank You.*

**SUBJECT:**

**MESSAGE:**

PLEASE FEEL FREE TO CONTACT ME IF YOU HAVE ANY ADDITIONAL QUESTIONS/CONCERNS AT 510-245-5176.

SINCERELY,



Tiana Andriamanarivo



RECEIVED BY:  
SANTA CLARA COUNTY  
DEPT. OF ENV. HEALTH  
2005 FEB -8 AM 9: 12

---

Via: Certified Mail  
7003 1010 0002 1979 7708

January 31, 2005

County of Santa Clara – Department of Environmental Health  
2220 Moorpark Ave  
San Jose, CA 95159-8070

**RE: Designated Operator submittal for ConocoPhillips Site 256115, 4350 El Camino Real, Los Altos, CA 94022**

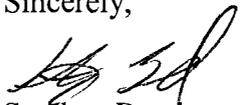
Dear Agency:

The purpose of this letter and enclosures is to submit a change to the State Water Resources Control Boards Designated Operator for this location. Enclosed you will find:

1. Designated UST Operator notification form for the site listed above, and
2. Copies of the examination test results, or the ICC certificates of the assigned Designated Operator.

This letter and its enclosures should bring this site into compliance with the new Designated Operator requirement. Should you require any additional information regarding this location or have any questions, please contact me at (714) 428-6572.

Sincerely,



Stephen Boyd  
Sr. HSE Specialist

cc: File



256115



# Computer Test Report

---

International Code Council

Computer Exam Report

DATE: 11/30/2004

EXAM TITLE:

CA Underground Storage Tank System Operator - UC (CUO)

NAME: GALATOLO, GREG

LOCATOR: GAK00012

EXAMINATION RESULT: PASS

Congratulations! You have passed the CA Underground Storage Tank System Operator - UC (CUO). Your ICC certificate and wallet card will be mailed to you within six weeks after the end of the month in which you passed the exam.

Your name as it appears above on this notice will be printed on your certificate and wallet card. It is very important that you notify LaserGrade and ICC of any changes in your name and/or address.

ICC requires a change of address in writing. Please fax your change of address to ICC at (562) 692-2845 or mail it to:

**DO NOT LOSE THIS REPORT**  
ICC Certification Services  
5360 Workman Mill Road  
Whittier, CA 90601-2298

Sincerely,

LaserGrade

---

LaserGrade Computer Testing  
P O Box 87245  
Vancouver, WA 98687-7245

Applicant Locator: GAK00012  
Testing provided by: LAS95101  
Nice Air Express  
2575 Robert Fowler Way

FIELD PROGRAM CONSOLIDATED RM

TANKS  
UNDERGROUND STORAGE TANKS - FACILITY

(one page per site)

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

Page \_\_\_ of \_\_\_

I. FACILITY / SITE INFORMATION			
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3 ConocoPhillips Company #256115		FACILITY ID #	
BUSINESS SITE ADDRESS 401 4350 EL CAMINO REAL		FACILITY OWNER TYPE <input checked="" type="checkbox"/> 1 CORPORATION <input type="checkbox"/> 2 INDIVIDUAL <input type="checkbox"/> 3 PARTNERSHIP	
BUSINESS TYPE <input checked="" type="checkbox"/> 1 GAS STATION <input type="checkbox"/> 3 FARM <input type="checkbox"/> 5 COMMERCIAL <input type="checkbox"/> 2 DISTRIBUTOR <input type="checkbox"/> 4 PROCESSOR <input type="checkbox"/> 6 OTHER 403		<input type="checkbox"/> 4 LOCAL AGENCY/DISTRICT* <input type="checkbox"/> 5 COUNTY AGENCY* <input type="checkbox"/> 6 STATE AGENCY* <input type="checkbox"/> 7 FEDERAL AGENCY* 402	
TOTAL NUMBER OF TANKS REMAINING AT SITE 3 404	Is facility on Indian Reservation or trustlands? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 407 ConocoPhillips Company		PHONE 408 (281) 293-1000	
MAILING OR STREET ADDRESS 409 600 North Dairy Ashford Dr			
CITY 410 Houston		STATE 411 TX	ZIP CODE 412 77079
PROPERTY OWNER TYPE <input type="checkbox"/> 1 CORPORATION <input type="checkbox"/> 2 INDIVIDUAL <input type="checkbox"/> 3 PARTNERSHIP		<input type="checkbox"/> 4 LOCAL AGENCY / DISTRICT <input type="checkbox"/> 5 COUNTY AGENCY <input type="checkbox"/> 6 STATE AGENCY 413 <input type="checkbox"/> 7 FEDERAL AGENCY	
III. TANK OWNER INFORMATION			
TANK OWNER NAME 414 ConocoPhillips Company		PHONE 415 (281) 283-3276	
MAILING OR STREET ADDRESS 416 600 North Dairy Ashford Dr			
CITY 417 HOUSTON		STATE 418 TX	ZIP CODE 419 77079
TANK OWNER TYPE <input checked="" type="checkbox"/> 1 CORPORATION <input type="checkbox"/> 2 INDIVIDUAL <input type="checkbox"/> 3 PARTNERSHIP		<input type="checkbox"/> 4 LOCAL AGENCY / DISTRICT <input type="checkbox"/> 5 COUNTY AGENCY <input type="checkbox"/> 6 STATE AGENCY 420 <input type="checkbox"/> 7 FEDERAL AGENCY	
IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER			
TYMT	4 4 - 0 4 1 9 9 8	Call (916) 322-9669 if questions arise 421	
V. PETROLEUM UST FINANCIAL RESPONSIBILITY			
INDICATE METHOD(S) <input type="checkbox"/> 1 SELF-INSURED <input type="checkbox"/> 2 GUARANTEE <input checked="" type="checkbox"/> 3 INSURANCE		<input type="checkbox"/> 4 SURETY BOND <input type="checkbox"/> 5 LETTER OF CREDIT <input type="checkbox"/> 6 EXEMPTION	
		<input type="checkbox"/> 7 STATE FUND <input type="checkbox"/> 8 STATE FUND & CFO LETTER <input type="checkbox"/> 9 STATE FUND & CD	
		<input type="checkbox"/> 10 LOCAL GOV=T MECHANISM <input type="checkbox"/> 99 OTHER 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			
		<input type="checkbox"/> 1 FACILITY <input type="checkbox"/> 2 PROPERTY OWNER <input checked="" type="checkbox"/> 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 424 1/25/05	PHONE 425 (510) 245-5218
NAME OF APPLICANT (print) Julie Lee for ConocoPhillips		TITLE OF APPLICANT 426 HSE Specialist	
STATE UST FACILITY NUMBER (For local use only) 427		1998 UPGRADE CERTIFICATE NUMBER (For local use only) 428	

**UNIFIED PROGRAM CONSOLIDATED I  
FACILITY INFORMATION**

**BUSINESS OWNER/OPERATOR IDENTIFICATION**

Page    of   **I. IDENTIFICATION**

FACILITY ID#		BEGINNING DATE	100	ENDING DATE	101
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BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)	3	BUSINESS PHONE	102
ConocoPhillips Company #256115 / 6115 / 31096		(650) 941-0244	

BUSINESS SITE ADDRESS	103
4350 EL CAMINO REAL	

CITY	104	CA	ZIP CODE	105
LOS ALTOS			94022	

DUN & BRADSTREET	106	SIC CODE (4 digit #)	107
00-136-8265		5541	

COUNTY	108
SANTA CLARA	

BUSINESS OPERATOR NAME	109	BUSINESS OPERATOR PHONE	110
GREGORY P. GALATOLO		(650) 941-0244	

**II. BUSINESS OWNER**

OWNER NAME	111	OWNER PHONE	112
GREGORY P. GALATOLO		(650) 941-0244	

OWNER MAILING ADDRESS	113
4350 EL CAMINO REAL	

CITY	114	STATE	115	ZIP CODE	116
LOS ALTOS		CA		94022	

**III. ENVIRONMENTAL CONTACT**

CONTACT NAME	117	CONTACT PHONE	118
Julie Lee - (ConocoPhillips Company)		(510) 245-5218	

CONTACT MAILING ADDRESS	119
1380 San Pablo Ave.	

CITY	120	STATE	121	ZIP CODE	122
Rodeo		CA		94572	

**-PRIMARY-****IV. EMERGENCY CONTACTS****-SECONDARY-**

NAME	123	NAME	128
GREGORY P. GALATOLO			

TITLE	124	TITLE	129
Operator			

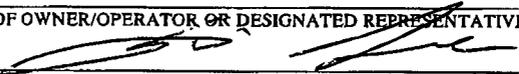
BUSINESS PHONE	125	BUSINESS PHONE	130
(650) 941-0244			

24-HOUR PHONE	126	24-HOUR PHONE	131
1-866-215-0965			

PAGER #	127	PAGER #	132

ADDITIONAL LOCALLY COLLECTED INFORMATION:

Certification Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	134	NAME OF DOCUMENT PREPARER	135
	1/25/05		Marina Tishkova	

NAME OF SIGNER (print)	136	TITLE OF SIGNER	137
Julie Lee for ConocoPhillips		HSE Specialist	

**UNIFIED PROGRAM CONSOLIDATED FORM  
FACILITY INFORMATION  
BUSINESS ACTIVITIES**

**I. FACILITY IDENTIFICATION**

FACILITY ID #	1	EPA ID # (Hazardous Waste Only)
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BUSINESS NAME (Same as Facility Name of DBA-Doing Business As) 3  
**ConocoPhillips Company #256115 / 6115 / 31096**

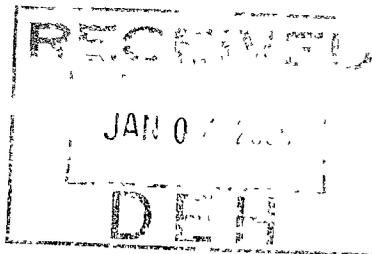
**II. ACTIVITIES DECLARATION**

**NOTE: If you check YES to any part of this list,  
please submit the Business Owner/Operator Identification page (OES Form 2730).**

Does your facility	If Yes, please complete these pages of the UPCF	
<b>A. HAZARDOUS MATERIALS</b>		
Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   4	<b>HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)</b> (This is reported with the HMMP)
<b>B. UNDERGROUND STORAGE TANKS (USTs)</b>		
1. Own or operate underground storage tanks?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   5	<b>UST FACILITY (Formerly SWRCB Form A)</b> <b>UST TANK (one page per tank) (Formerly Form B)</b>
2. Intend to upgrade existing or install new USTs?	<input type="checkbox"/> YES <input type="checkbox"/> NO   6	<b>UST FACILITY</b> <b>UST TANK (one per tank)</b> <b>UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C)</b> <b>UST TANK (closure portion -one page per tank)</b>
3. Need to report closing a UST?	<input type="checkbox"/> YES <input type="checkbox"/> NO   7	
<b>C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)</b>		
Own or operate ASTs above these thresholds ---any tank capacity is greater than 660 gallons, or ---the total capacity for the facility is greater than 1,320 gallons?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   8	<b>NO FORM REQUIRED TO CUPAs</b>
<b>D. HAZARDOUS WASTE</b>		
1. Generate hazardous waste?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO   9	<b>EPA ID NUMBER - provide at the top of this page</b>
2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   10	<b>RECYCLABLE MATERIALS REPORT (one per recycler)</b>
3. Treat hazardous waste on site?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   11	<b>ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Forms 1772)</b> <b>ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772 A,B,C,D and L)</b>
4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   12	<b>CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)</b>
5. Consolidate hazardous waste generated at a remote site?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   13	<b>REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196)</b>
6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   14	<b>HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)</b>

**E. LOCAL REQUIREMENTS** 15

(You may also be required to provide additional information by your CUPA or local agency )



3611 Harbor Blvd, Suite 200  
Santa Ana, CA 92704

Phone: (714) 428-6572  
Fax: (714) 428-8080

HSE – Marketing Division

Via: Certified Mail  
7003 1010 0002 2300 4625

December 16, 2004

County of Santa Clara – Department of Environmental Health  
2220 Moorpark Ave  
San Jose, CA 95159-8070

**RE: Designated Operator submittal for ConocoPhillips**

Dear Agency:

The purpose of this letter and enclosures is to comply with the State Water Resources Control Boards Designated Operator requirement. Attached, please find:

1. A list of the ConocoPhillips site(s) in your jurisdiction,
2. Designated UST Operator notification form(s) for the site(s) contained on this list, and
3. Copies of the examination test results, or the ICC certificates of the assigned Designated Operator.

This letter and its enclosures should bring all of the sites contained on the above mentioned list into compliance with the new Designated Operator requirement. Should you require any additional information regarding this location or have any questions, please contact me at (714) 428-6572.

Sincerely,

Stephen Boyd  
Sr. HSE Specialist

cc: File

## Submittal Site Listing

ConocoPhillips Site Number	Facility Address	City	STATE	zip code	Agency
255957	330 S SAN ANTONIO RD	LOS ALTOS	CA	94022	Santa Clara County DEH
256115	4350 EL CAMINO REAL	LOS ALTOS	CA	94022	Santa Clara County DEH
256859	12015 SARATOGA-SUNNYVALE	SARATOGA	CA	95070	Santa Clara County DEH
2611212	14395 BIG BASIN WAY	SARATOGA	CA	95070	Santa Clara County DEH

DRAFT

## Owner Statements of Designated Underground Storage Tank (UST) Operator and Understanding of and Compliance with UST Requirements

Facility Name: <b>ConocoPhillips Site 256115</b>	Facility ID #
Facility Address <b>4350 EL CAMINO REAL LOS ALTOS, CA 94022</b>	Reason for Submitting this Form ( <i>Check One</i> )
Facility Phone #. <b>(650) 941-0244</b>	<input type="checkbox"/> Change of Designated Operator <input type="checkbox"/> Update Certificate Expiration Date

### Designated UST Operator(s) for this Facility

**PRIMARY**

Designated Operator's Name <b>Teresa Kirby</b>	Relation to UST Facility ( <i>Check One</i> )
Business Name ( <i>If different from above</i> ) <b>USTank</b>	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee <input type="checkbox"/> Service Technician <input checked="" type="checkbox"/> Third-Party
Designated Operator's Phone # <b>530-268-3949</b>	Expiration Date <b>10/23/2006</b>
International Code Council Certification # <b>5244507-UC</b>	

**ALTERNATE 1 (Optional)**

Designated Operator's Name <b>Janine Kirby</b>	Relation to UST Facility ( <i>Check One</i> )
Business Name ( <i>If different from above</i> ) <b>USTank</b>	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee <input type="checkbox"/> Service Technician <input checked="" type="checkbox"/> Third-Party
Designated Operator's Phone # <b>530-268-3949</b>	Expiration Date <b>10/2/2006</b>
International Code Council Certification # <b>5244224-UC</b>	

**ALTERNATE 2 (Optional)**

Designated Operator's Name	Relation to UST Facility ( <i>Check One</i> )
Business Name ( <i>If different from above</i> )	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee <input type="checkbox"/> Service Technician <input type="checkbox"/> Third-Party
Designated Operator's Phone #	Expiration Date
International Code Council Certification #	

**NOTE: THE LOCAL REGULATORY AGENCY MUST BE NOTIFIED OF ANY CHANGES TO THIS INFORMATION WITHIN 30 DAYS OF THE CHANGE.**

I certify that, for the facility indicated at the top of this page, the individual(s) listed above will serve as Designated UST Operator(s). The individual(s) will conduct and document monthly facility inspections and annual facility employee training, in accordance with California Code of Regulations, title 23, section 2715(c) - (f).

**Furthermore, I understand and am in compliance with the requirements (statutes, regulations, and local ordinances) applicable to underground storage tanks.**

NAME OF TANK OWNER

OR OWNER'S AGENT (Please Print):           Stephen Boyd   for ConocoPhillips          

SIGNATURE OF TANK

OWNER OR OWNER'S AGENT:   Stephen Boyd  

DATE:       12/16/2004       OWNER'S PHONE #:       714-428-6572

# INTERNATIONAL CODE COUNCIL

TERESA A KIRBY

*The International Code Council attests that the individual named on this certificate has satisfactorily demonstrated knowledge as required by the International Code Council by successfully completing the prescribed written examination based on codes and standards then in effect, and is hereby issued this certification as:*

CALIFORNIA UST SYSTEM OPERATOR

*given this day of October 23, 2004*

*Frank P. Hodge Jr.*

Frank P. Hodge Jr.

President, ICC Board of Directors

*James L. Witt*

James L. Witt  
ICC Chief Executive Officer

5244507-UC  
Certificate Number



INTERNATIONAL  
CODE COUNCIL®

# INTERNATIONAL CODE COUNCIL

JANINE M KIRBY

*The International Code Council attests that the individual named on this certificate has satisfactorily demonstrated knowledge as required by the International Code Council by successfully completing the prescribed written examination based on codes and standards then in effect, and is hereby issued this certification as:*

CALIFORNIA UST SYSTEM OPERATOR

*given this day of October 2, 2004*

*Frank P. Hodge Jr.*

Frank P. Hodge Jr.

President, ICC Board of Directors

*James L. Witt*

James L. Witt  
ICC Chief Executive Officer

5244224-UC  
Certificate Number



INTERNATIONAL  
CODE COUNCIL®

**UNIFIED PROGRAM CONSOLIDATED FORM**

**TANKS**

**UNDERGROUND STORAGE TANKS - TANK PAGE 1**

*(two pages per tank)*

Page 1 of 6

TYPE OF ACTION <i>(Check one item only)</i>	<input type="checkbox"/> 1 NEW SITE PERMIT <input type="checkbox"/> 4 AMENDED PERMIT	<input checked="" type="checkbox"/> 5 CHANGE OF INFORMATION	<input type="checkbox"/> 6 TEMPORARY SITE CLOSURE
	<input type="checkbox"/> 3 RENEWAL PERMIT		<input type="checkbox"/> 7 PERMANENTLY CLOSED ON SITE
	<i>(Specify reason - for local use only)</i>	<i>(Specify change - for local use only)</i>	<input type="checkbox"/> 8 TANK REMOVED

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) <b>ConocoPhillips Company Site #256115</b>	3	FACILITY ID #	430
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LOCATION WITHIN SITE <i>(Optional)</i>	431
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**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 #	432	TANK MANUFACTURER	433	COMPARTMENTALIZED TANK	434
<b>1</b>		<b>Modern Welding</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If <input type="checkbox"/> Yes <input type="checkbox"/> No, complete one page for each compartment					
DATE INSTALLED (YEAR/MO)	435	TANK CAPACITY IN GALLONS	436	NUMBER OF COMPARTMENTS	437
<b>1990/Jan</b>		<b>12,000</b>		<b>—</b>	
ADDITIONAL DESCRIPTION <i>(For local use only)</i>	438				

**II TANK CONTENTS**

TANK USE	439	PETROLEUM TYPE	440	
<input checked="" type="checkbox"/> 1 MOTOR VEHICLE FUEL <i>(If marked complete Petroleum Type)</i>		<input checked="" type="checkbox"/> 1a REGULAR UNLEADED	<input type="checkbox"/> 2 LEADED	<input type="checkbox"/> 5 JET FUEL
<input type="checkbox"/> 2 NON-FUEL PETROLEUM		<input type="checkbox"/> 1b PREMIUM UNLEADED	<input type="checkbox"/> 3 DIESEL	<input type="checkbox"/> 6 AVIATION FUEL
<input type="checkbox"/> 3 CHEMICAL PRODUCT		<input type="checkbox"/> 1c MIDGRADE UNLEADED	<input type="checkbox"/> 4 GASOHOL	<input type="checkbox"/> 99 OTHER
<input type="checkbox"/> 4 HAZARDOUS WASTE <i>(Includes Used Oil)</i>		COMMON NAME <i>(from Hazardous Materials Inventory page)</i>		CAS # <i>(from Hazardous Materials Inventory page)</i>
<input type="checkbox"/> 95 XERXES				

**III. TANK CONSTRUCTION**

TYPE OF TANK	443			
<i>(Check one item only)</i>		<input type="checkbox"/> 1 SINGLE WALL	<input type="checkbox"/> 3 SINGLE WALL WITH EXTERIOR MEMBRANE LINER	<input type="checkbox"/> 5 SINGLE WALL WITH INTERNAL BLADDER SYSTEM
		<input checked="" type="checkbox"/> 2 DOUBLE WALL	<input type="checkbox"/> 4 SINGLE WALL IN A VAULT	<input type="checkbox"/> 95 XERXES
				<input type="checkbox"/> 99 OTHER
TANK MATERIAL - primary tank	444			
<i>(Check one item only)</i>		<input checked="" type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 3 FIBERGLASS / PLASTIC	<input type="checkbox"/> 5 CONCRETE
		<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 4 STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP)	<input type="checkbox"/> 8 FRP COMPATIBLE W/100% METHANOL
				<input type="checkbox"/> 95 XERXES
				<input type="checkbox"/> 99 OTHER
TANK MATERIAL - secondary tank	445			
<i>(Check one item only)</i>		<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 3 FIBERGLASS / PLASTIC	<input type="checkbox"/> 8 FRP COMPATIBLE W/100% METHANOL
		<input type="checkbox"/> 2 STAINLESS STEEL	<input checked="" type="checkbox"/> 4 STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP)	<input type="checkbox"/> 9 FRP NON-CORRODIBLE JACKET
			<input type="checkbox"/> 5 CONCRETE	<input type="checkbox"/> 10 COATED STEEL
				<input type="checkbox"/> 95 XERXES
				<input type="checkbox"/> 99 OTHER
TANK INTERIOR LINING OR COATING	447			
<i>(Check one item only)</i>		<input type="checkbox"/> 1 RUBBER LINED	<input type="checkbox"/> 3 EPOXY LINING	<input type="checkbox"/> 5 GLASS LINING
		<input type="checkbox"/> 2 ALKYD LINING	<input type="checkbox"/> 4 PHENOLIC LINING	<input type="checkbox"/> 6 UNLINED
				<input type="checkbox"/> 95 XERXES
				<input type="checkbox"/> 99 OTHER
OTHER CORROSION PROTECTION IF APPLICABLE	448			
<i>(Check one item only)</i>		<input type="checkbox"/> 1 MANUFACTURED CATHODIC PROTECTION	<input type="checkbox"/> 3 FIBERGLASS REINFORCED PLASTIC	<input type="checkbox"/> 95 XERXES
		<input type="checkbox"/> 2 SACRIFICIAL ANODE	<input type="checkbox"/> 4 IMPRESSED CURRENT	<input type="checkbox"/> 99 OTHER

SPILL AND OVERFILL	YEAR INSTALLED	450	TYPE <i>(For local use only)</i>	451	OVERFILL PROTECTION EQUIPMENT	YEAR INSTALLED	452
<i>(Check all that apply)</i>					<input checked="" type="checkbox"/> 1 ALARM		
			<input checked="" type="checkbox"/> 1 SPILL CONTAINMENT	<u>2001</u>		<input type="checkbox"/> 3 FILL TUBE SHUT OFF VALVE	
			<input checked="" type="checkbox"/> 2 DROP TUBE	<u>2001</u>		<input type="checkbox"/> 4 EXEMPT	
			<input checked="" type="checkbox"/> 3 STRIKER PLATE	<u>1990</u>			

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

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

**V TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE**

ESTIMATED DATE LAST USED (YR/MO/DAY)	455	ESTIMATED QUANTITY OF SUBSTANCE REMAINING	456	TANK FILLED WITH INERT MATERIAL?	457
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
		gallons			

UNDERGROUND STORAGE TANKS - TANK PAGE 2

VII. PIPING CONSTRUCTION (Check all that apply)

Page 2 of 6

UNDERGROUND PIPING				ABOVEGROUND PIPING			
SYSTEM TYPE	<input checked="" type="checkbox"/> 1 PRESSURE	<input type="checkbox"/> 2 SUCTION	<input type="checkbox"/> 3 GRAVITY 458	<input type="checkbox"/> 1 PRESSURE	<input type="checkbox"/> 2 SUCTION	<input type="checkbox"/> 3 GRAVITY	459
CONSTRUCTION/ MANUFACTURER	<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 type="checkbox"/> 95 XERXES		462
	<input checked="" type="checkbox"/> 2 DOUBLE WALL	<input type="checkbox"/> 95 XERXES		<input type="checkbox"/> 2 DOUBLE WALL	<input type="checkbox"/> 99 OTHER		463
		MANUFACTURER	461		MANUFACTURER		463
MATERIALS AND CORROSION PROTECTION	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 6 FRP COMPATIBLE w/ 100% METHANOL		<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 6 FRP COMPATIBLE w/ 100% METHANOL		
	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 7 GALVANIZED STEEL		<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 7 GALVANIZED STEEL		
	<input type="checkbox"/> 3 PLASTIC COMPATIBLE WITH CONTENTS	<input type="checkbox"/> 95 XERXES		<input type="checkbox"/> 3 PLASTIC COMPATIBLE WITH CONTENTS	<input type="checkbox"/> 8 FLEXIBLE (HDPE)	<input type="checkbox"/> 99 OTHER	
	<input checked="" type="checkbox"/> 4 FIBERGLASS	<input type="checkbox"/> 8 FLEXIBLE (HDPE)	<input type="checkbox"/> 99 OTHER	<input type="checkbox"/> 4 FIBERGLASS	<input type="checkbox"/> 9 CATHODIC PROTECTION		
	<input type="checkbox"/> 5 STEEL W/ COATING	<input type="checkbox"/> 9 CATHODIC PROTECTION	464	<input type="checkbox"/> 5 STEEL W/ COATING	<input type="checkbox"/> 95 XERXES		465

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

UNDERGROUND PIPING		ABOVEGROUND PIPING	
<b>SINGLE WALL PIPING</b>		<b>SINGLE WALL PIPING</b>	
PRESSURIZED PIPING (Check all that apply)		PRESSURIZED PIPING (Check all that apply)	
<input checked="" type="checkbox"/> 1 ELECTRONIC LINE LEAK DETECTOR 3 0 GPH TEST <u>WITH</u> 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 1 GPH)		<input type="checkbox"/> 1 ELECTRONIC LINE LEAK DETECTOR 3 0 GPH TEST <u>WITH</u> 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 1 GPH) <input type="checkbox"/> 4 DAILY VISUAL CHECK	
CONVENTIONAL SUCTION SYSTEMS		CONVENTIONAL SUCTION SYSTEMS (Check all that apply)	
<input type="checkbox"/> 5 DAILY VISUAL MONITORING OF PUMPING SYSTEM + TRIENNIAL PIPING INTEGRITY TEST (0 1 GPH)		<input type="checkbox"/> 5 DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM <input type="checkbox"/> 6 TRIENNIAL INTEGRITY TEST (0 1 GPH)	
SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING)		SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING)	
<input type="checkbox"/> 7 SELF MONITORING		<input type="checkbox"/> 7 SELF MONITORING	
GRAVITY FLOW		GRAVITY FLOW (Check all that apply)	
<input type="checkbox"/> 9 BIENNIAL INTEGRITY TEST (0 1 GPH)		<input type="checkbox"/> 8 DAILY VISUAL MONITORING <input type="checkbox"/> 9 BIENNIAL INTEGRITY TEST (0 1 GPH)	
<b>SECONDARILY CONTAINED PIPING</b>		<b>SECONDARILY CONTAINED PIPING</b>	
PRESSURIZED PIPING (Check all that apply)		PRESSURIZED PIPING (Check all that apply)	
<input type="checkbox"/> 10 CONTINUOUS TURBINE SUMP SENSOR <u>WITH</u> AUDIBLE AND VISUAL ALARMS AND (Check one) <input type="checkbox"/> a AUTO PUMP SHUT OFF WHEN A LEAK OCCURS <input checked="" type="checkbox"/> b AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION <input type="checkbox"/> c NO AUTO PUMP SHUT OFF <input checked="" type="checkbox"/> 11 AUTOMATIC LINE LEAK DETECTOR (3 0 GPH TEST) <u>WITH</u> FLOW SHUT OFF OR RESTRICTION <input type="checkbox"/> 12 ANNUAL INTEGRITY TEST (0 1 GPH)		<input type="checkbox"/> 10 CONTINUOUS TURBINE SUMP SENSOR <u>WITH</u> AUDIBLE AND VISUAL ALARMS AND (check one) <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)	
SUCTION/GRAVITY SYSTEM		SUCTION/GRAVITY SYSTEM	
<input type="checkbox"/> 13 CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS		<input type="checkbox"/> 13 CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS	
<b>EMERGENCY GENERATORS ONLY (Check all that apply)</b>		<b>EMERGENCY GENERATORS ONLY (Check all that apply)</b>	
<input type="checkbox"/> 14 CONTINUOUS SUMP SENSOR <u>WITHOUT</u> AUTO PUMP SHUT OFF + AUDIBLE AND VISUAL ALARMS <input type="checkbox"/> 15 AUTOMATIC LINE LEAK DETECTOR (3 0 GPH TEST) <u>WITHOUT</u> FLOW SHUT OFF OR RESTRICTION <input type="checkbox"/> 16 ANNUAL INTEGRITY TEST (0 1 GPH) <input type="checkbox"/> 17 DAILY VISUAL CHECK		<input type="checkbox"/> 14 CONTINUOUS SUMP SENSOR <u>WITHOUT</u> 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 checked="" 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
1990	<input type="checkbox"/> 3 CONTINUOUS DISPENSER PAN SENSOR <u>WITH</u> AUTO SHUT OFF FOR DISPENSER + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 6 NONE 469

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
<i>David J. Camille</i>	March 10, 2004	
NAME OF OWNER/OPERATOR (print)	TITLE OF OWNER/OPERATOR	472
DAVID CAMILLE FOR CONOCOPHILLIPS	ENVIRONMENTAL COMPLIANCE DIRECTOR	

Permit Number (For local use only) 473	Permit Approved (For local use only) 474	Permit Expiration Date (For local use only) 475
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UNDERGROUND STORAGE TANKS - TANK PAGE 1

(two pages per tank)

Page 3 of 6

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 change - for local use only)  7 PERMANENTLY CLOSED ON SITE  8 TANK REMOVED 430

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3 FACILITY ID # 1  
**ConocoPhillips Company Site #256115**

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 # 432 TANK MANUFACTURER 433 COMPARTMENTALIZED TANK  Yes  No 434  
 If  Yes  No, complete one page for each compartment  
**2** **Modern Welding**  
 DATE INSTALLED (YEAR/MO) 435 TANK CAPACITY IN GALLONS 436 NUMBER OF COMPARTMENTS 437  
**1990/Jan** **12,000**

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)  1a REGULAR UNLEADED  2 LEADED  5 JET FUEL  
 2 NON-FUEL PETROLEUM  1b PREMIUM UNLEADED  3 DIESEL  6 AVIATION FUEL  
 3 CHEMICAL PRODUCT  1c MIDGRADE UNLEADED  4 GASOLINE  99 OTHER  
 4 HAZARDOUS WASTE (Includes Used Oil) COMMON NAME (from Hazardous Materials Inventory page) 441 CAS # (from Hazardous Materials Inventory page) 442  
 95 XERXES

III TANK CONSTRUCTION

TYPE OF TANK (Check one item only)  1 SINGLE WALL  2 DOUBLE WALL  3 SINGLE WALL WITH EXTERIOR MEMBRANE LINER  4 SINGLE WALL IN A VAULT  5 SINGLE WALL WITH INTERNAL BLADDER SYSTEM  95 XERXES  99 OTHER 443

TANK MATERIAL - primary tank (Check one item only)  1 BARE STEEL  2 STAINLESS STEEL  3 FIBERGLASS / PLASTIC  4 STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP)  5 CONCRETE  8 FRP COMPATIBLE W/100% METHANOL  95 XERXES  99 OTHER 444

TANK MATERIAL - secondary tank (Check one item only)  1 BARE STEEL  2 STAINLESS STEEL  3 STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP)  4 FIBERGLASS / PLASTIC  5 CONCRETE  8 FRP COMPATIBLE W/100% METHANOL  9 FRP NON-CORRODIBLE JACKET  10 COATED STEEL  95 XERXES  99 OTHER 445

TANK INTERIOR LINING OR COATING (Check one item only)  1 RUBBER LINED  2 ALKYD LINING  3 EPOXY LINING  4 PHENOLIC LINING  5 GLASS LINING  6 UNLINED  95 XERXES  99 OTHER 446 DATE INSTALLED 447  
 (For local use only)

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

SPILL AND OVERFILL (Check all that apply) YEAR INSTALLED 450 TYPE (For local use only) 451 OVERFILL PROTECTION EQUIPMENT YEAR INSTALLED 452  
 1 SPILL CONTAINMENT 2001 Phichte  1 ALARM  3 FILL TUBE SHUT OFF VALVE  
 2 DROP TUBE 2001  2 BALL FLOAT  4 EXEMPT  
 3 STRIKER PLATE 1990

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) 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

V TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE

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

UNDERGROUND STORAGE TANKS - TANK PAGE 2

VI. PIPING CONSTRUCTION (Check all that apply)

Page 4 of 6

UNDERGROUND PIPING				ABOVEGROUND PIPING			
SYSTEM TYPE	<input checked="" type="checkbox"/> 1 PRESSURE	<input type="checkbox"/> 2 SUCTION	<input type="checkbox"/> 3 GRAVITY 458	<input type="checkbox"/> 1 PRESSURE	<input type="checkbox"/> 2 SUCTION	<input type="checkbox"/> 3 GRAVITY	459
CONSTRUCTION/ MANUFACTURER	<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 type="checkbox"/> 95 XERXES	<input type="checkbox"/> 99 OTHER	462
	<input checked="" type="checkbox"/> 2 DOUBLE WALL	<input type="checkbox"/> 95 XERXES	461	<input type="checkbox"/> 2 DOUBLE WALL	<input type="checkbox"/> 99 OTHER		463
MATERIALS AND CORROSION PROTECTION	<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 6 FRP COMPATIBLE w/ 100% METHANOL		<input type="checkbox"/> 1 BARE STEEL	<input type="checkbox"/> 6 FRP COMPATIBLE W/ 100% METHANOL		
	<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 7 GALVANIZED STEEL		<input type="checkbox"/> 2 STAINLESS STEEL	<input type="checkbox"/> 7 GALVANIZED STEEL		
	<input type="checkbox"/> 3 PLASTIC COMPATIBLE WITH CONTENTS	<input type="checkbox"/> 95 XERXES		<input type="checkbox"/> 3 PLASTIC COMPATIBLE WITH CONTENTS	<input type="checkbox"/> 8 FLEXIBLE (HDPE)	<input type="checkbox"/> 99 OTHER	
	<input checked="" type="checkbox"/> 4 FIBERGLASS	<input type="checkbox"/> 8 FLEXIBLE (HDPE)	<input type="checkbox"/> 99 OTHER	<input type="checkbox"/> 4 FIBERGLASS	<input type="checkbox"/> 9 CATHODIC PROTECTION		
	<input type="checkbox"/> 5 STEEL W/ COATING	<input type="checkbox"/> 9 CATHODIC PROTECTION	464	<input type="checkbox"/> 5 STEEL W/ COATING	<input type="checkbox"/> 95 XERXES		465

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	
<b>SINGLE WALL PIPING</b>		<b>SINGLE WALL PIPING</b>	
PRESSURIZED PIPING (Check all that apply)		PRESSURIZED PIPING (Check all that apply)	
<input type="checkbox"/> 1 ELECTRONIC LINE LEAK DETECTOR 3 0 GPH TEST <u>WITH</u> AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS		<input type="checkbox"/> 1 ELECTRONIC LINE LEAK DETECTOR 3 0 GPH TEST <u>WITH</u> 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"/> 2 MONTHLY 0 2 GPH TEST	
<input type="checkbox"/> 3 ANNUAL INTEGRITY TEST (0 1 GPH)		<input type="checkbox"/> 3 ANNUAL INTEGRITY TEST (0 1 GPH)	
CONVENTIONAL SUCTION SYSTEMS		CONVENTIONAL SUCTION SYSTEMS (Check all that apply)	
<input type="checkbox"/> 5 DAILY VISUAL MONITORING OF PUMPING SYSTEM + TRIENNIAL PIPING INTEGRITY TEST (0 1 GPH)		<input type="checkbox"/> 5 DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM	
SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING)		SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING)	
<input type="checkbox"/> 7 SELF MONITORING		<input type="checkbox"/> 7 SELF MONITORING	
GRAVITY FLOW		GRAVITY FLOW (Check all that apply)	
<input type="checkbox"/> 9 BIENNIAL INTEGRITY TEST (0 1 GPH)		<input type="checkbox"/> 8 DAILY VISUAL MONITORING	
		<input type="checkbox"/> 9 BIENNIAL INTEGRITY TEST (0 1 GPH)	
<b>SECONDARILY CONTAINED PIPING</b>		<b>SECONDARILY CONTAINED PIPING</b>	
PRESSURIZED PIPING (Check all that apply)		PRESSURIZED PIPING (Check all that apply)	
10 CONTINUOUS TURBINE SUMP SENSOR <u>WITH</u> AUDIBLE AND VISUAL ALARMS AND (Check one)		10 CONTINUOUS TURBINE SUMP SENSOR <u>WITH</u> AUDIBLE AND VISUAL ALARMS AND (check one)	
<input type="checkbox"/> a AUTO PUMP SHUT OFF WHEN A LEAK OCCURS		<input type="checkbox"/> a. AUTO PUMP SHUT OFF WHEN A LEAK OCCURS	
<input checked="" type="checkbox"/> b AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION		<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"/> c. NO AUTO PUMP SHUT OFF	
<input checked="" type="checkbox"/> 11 AUTOMATIC LINE LEAK DETECTOR (3 0 GPH TEST) <u>WITH</u> FLOW SHUT OFF OR RESTRICTION		<input type="checkbox"/> 11 AUTOMATIC LEAK DETECTOR	
<input type="checkbox"/> 12 ANNUAL INTEGRITY TEST (0 1 GPH)		<input type="checkbox"/> 12 ANNUAL INTEGRITY TEST (0 1 GPH)	
SUCTION/GRAVITY SYSTEM		SUCTION/GRAVITY SYSTEM	
<input type="checkbox"/> 13 CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS		<input type="checkbox"/> 13 CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS	
<b>EMERGENCY GENERATORS ONLY (Check all that apply)</b>		<b>EMERGENCY GENERATORS ONLY (Check all that apply)</b>	
<input type="checkbox"/> 14 CONTINUOUS SUMP SENSOR <u>WITHOUT</u> AUTO PUMP SHUT OFF + AUDIBLE AND VISUAL ALARMS		<input type="checkbox"/> 14 CONTINUOUS SUMP SENSOR <u>WITHOUT</u> AUTO PUMP SHUT OFF + AUDIBLE AND VISUAL ALARMS	
<input type="checkbox"/> 15 AUTOMATIC LINE LEAK DETECTOR (3 0 GPH TEST) <u>WITHOUT</u> FLOW SHUT OFF OR RESTRICTION		<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"/> 16 ANNUAL INTEGRITY TEST (0 1 GPH)	
<input type="checkbox"/> 17 DAILY VISUAL CHECK		<input type="checkbox"/> 17 DAILY VISUAL CHECK	

VIII. DISPENSER CONTAINMENT

DISPENSER CONTAINMENT	<input checked="" 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
<u>1990</u>	<input type="checkbox"/> 3 CONTINUOUS DISPENSER PAN SENSOR <u>WITH</u> 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
NAME OF OWNER/OPERATOR (print)	TITLE OF OWNER/OPERATOR
471	472
<b>DAVID CAMILLE FOR CONOCOPHILLIPS</b>	<b>ENVIRONMENTAL COMPLIANCE DIRECTOR</b>

Permit Number (For local use only) 473	Permit Approved (For local use only) 474	Permit Expiration Date (For local use only) 475
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UNDERGROUND STORAGE TANKS - TANK PAGE 1

(two pages per tank)

TYPE OF ACTION (Check one item only)  1 NEW SITE PERMIT  4 AMENDED PERMIT  5 CHANGE OF INFORMATION  6 TEMPORARY SITE CLOSURE  7 PERMANENTLY CLOSED ON SITE  8 TANK REMOVED

3 RENEWAL PERMIT (Specify reason - for local use only) (Specify change - for local use only)

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BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3 FACILITY ID # 1  
 ConocoPhillips Company Site #256115

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 # 432 3 TANK MANUFACTURER 433 Modern Welding COMPARTMENTALIZED TANK  Yes  No 434  
 DATE INSTALLED (YEAR/MO) 435 1990/Jan TANK CAPACITY IN GALLONS 436 500 NUMBER OF COMPARTMENTS 437

ADDITIONAL DESCRIPTION (For local use only) 438

II TANK CONTENTS

TANK USE 439  1 MOTOR VEHICLE FUEL (If marked, complete Petroleum Type)  2 NON-FUEL PETROLEUM  3 CHEMICAL PRODUCT  4 HAZARDOUS WASTE (Includes Used Oil)  95 XERXES

PETROLEUM TYPE  1a REGULAR UNLEADED  2 LEADED  5 JET FUEL  1b PREMIUM UNLEADED  3 DIESEL  6 AVIATION FUEL  1c MIDGRADE UNLEADED  4 GASOHOL  99 OTHER WASTE OIL 440

COMMON NAME (from Hazardous Materials Inventory page) 441 CAS # (from Hazardous Materials Inventory page) 442

III. TANK CONSTRUCTION

TYPE OF TANK (Check one item only)  1 SINGLE WALL  2 DOUBLE WALL  3 SINGLE WALL WITH EXTERIOR MEMBRANE LINER  4 SINGLE WALL IN A VAULT  5 SINGLE WALL WITH INTERNAL BLADDER SYSTEM  95 XERXES  99 OTHER 443

TANK MATERIAL - primary tank (Check one item only)  1 BARE STEEL  2 STAINLESS STEEL  3 FIBERGLASS / PLASTIC  4 STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP)  5 CONCRETE  8 FRP COMPATIBLE W/100% METHANOL  95 XERXES  99 OTHER 444

TANK MATERIAL - secondary tank (Check one item only)  1 BARE STEEL  2 STAINLESS STEEL  3 STEEL CLAD W/FIBERGLASS REINFORCED PLASTIC (FRP)  4 FIBERGLASS / PLASTIC  5 CONCRETE  8 FRP COMPATIBLE W/100% METHANOL  9 FRP NON-CORRODIBLE JACKET  10 COATED STEEL  95 XERXES  99 OTHER 445

TANK INTERIOR LINING OR COATING (Check one item only)  1 RUBBER LINED  2 ALKYD LINING  3 EPOXY LINING  4 PHENOLIC LINING  5 GLASS LINING  6 UNLINED  95 XERXES  99 OTHER 446 DATE INSTALLED (For local use only) 447

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

SPILL AND OVERFILL (Check all that apply) YEAR INSTALLED 450 TYPE (For local use only) 451 OVERFILL PROTECTION EQUIPMENT YEAR INSTALLED 452

1 SPILL CONTAINMENT 1990  2 DROP TUBE  3 STRIKER PLATE  1 ALARM  2 BALL FLOAT  3 FILL TUBE SHUT OFF VALVE  4 EXEMPT

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) 453 IF DOUBLE WALL TANK OR TANK WITH BLADDER (Check one item only) 454

1 VISUAL (EXPOSED PORTION ONLY)  2 AUTOMATIC TANK GAUGING (ATG)  3 CONTINUOUS ATG  4 STATISTICAL INVENTORY RECONCILIATION (SIR) + BIENNIAL TANK TESTING  5 MANUAL TANK GAUGING (MTG)  6 VADOSE ZONE  7 GROUNDWATER  8 TANK TESTING  99 OTHER

1 VISUAL (SINGLE WALL IN VAULT ONLY)  2 CONTINUOUS INTERSTITIAL MONITORING  3 MANUAL MONITORING

V. TANK CLOSURE INFORMATION / PERMANENT CLOSURE IN PLACE

ESTIMATED DATE LAST USED (YR/MO/DAY) 455 ESTIMATED QUANTITY OF SUBSTANCE REMAINING 456 TANK FILLED WITH INERT MATERIAL? 457

\_\_\_\_\_ gallons  Yes  No

UNDERGROUND STORAGE TANKS - TANK PAGE 2

VI. PIPING CONSTRUCTION (Check all that apply)

Page 6 of 6

UNDERGROUND PIPING		ABOVEGROUND PIPING	
SYSTEM TYPE	<input type="checkbox"/> 1 PRESSURE <input type="checkbox"/> 2 SUCTION <input type="checkbox"/> 3 GRAVITY 458	<input type="checkbox"/> 1 PRESSURE <input type="checkbox"/> 2 SUCTION <input type="checkbox"/> 3 GRAVITY 459	
CONSTRUCTION/ MANUFACTURER	<input type="checkbox"/> 1 SINGLE WALL <input type="checkbox"/> 3 LINED TRENCH <input type="checkbox"/> 99 OTHER 460 <input type="checkbox"/> 2 DOUBLE WALL <input type="checkbox"/> 95 XERXES MANUFACTURER _____ 461	<input type="checkbox"/> 1 SINGLE WALL <input type="checkbox"/> 95 XERXES 462 <input type="checkbox"/> 2 DOUBLE WALL <input type="checkbox"/> 99 OTHER MANUFACTURER _____ 463	
MATERIALS AND CORROSION PROTECTION	<input type="checkbox"/> 1 BARE STEEL <input type="checkbox"/> 6 FRP COMPATIBLE W/ 100% METHANOL <input type="checkbox"/> 2 STAINLESS STEEL <input type="checkbox"/> 7 GALVANIZED STEEL <input type="checkbox"/> 3 PLASTIC COMPATIBLE WITH CONTENTS <input type="checkbox"/> 95 XERXES <input type="checkbox"/> 4 FIBERGLASS <input type="checkbox"/> 8 FLEXIBLE (HDPE) <input type="checkbox"/> 99 OTHER <input type="checkbox"/> 5 STEEL W/ COATING <input type="checkbox"/> 9 CATHODIC PROTECTION 464	<input type="checkbox"/> 1 BARE STEEL <input type="checkbox"/> 6 FRP COMPATIBLE W/ 100% METHANOL <input type="checkbox"/> 2 STAINLESS STEEL <input type="checkbox"/> 7 GALVANIZED STEEL <input type="checkbox"/> 3 PLASTIC COMPATIBLE WITH CONTENTS <input type="checkbox"/> 8 FLEXIBLE (HDPE) <input type="checkbox"/> 99 OTHER <input type="checkbox"/> 4 FIBERGLASS <input type="checkbox"/> 9 CATHODIC PROTECTION <input type="checkbox"/> 5 STEEL W/ COATING <input type="checkbox"/> 95 XERXES 465	

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><b>SINGLE WALL PIPING</b></p> <p>PRESSURIZED PIPING (Check all that apply)</p> <p><input type="checkbox"/> 1 ELECTRONIC LINE LEAK DETECTOR 3 0 GPH TEST <u>WITH</u> AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS</p> <p><input type="checkbox"/> 2 MONTHLY 0 2 GPH TEST</p> <p><input type="checkbox"/> 3 ANNUAL INTEGRITY TEST (0 1 GPH)</p> <p>CONVENTIONAL SUCTION SYSTEMS</p> <p><input type="checkbox"/> 5 DAILY VISUAL MONITORING OF PUMPING SYSTEM + TRIENNIAL PIPING INTEGRITY TEST (0 1 GPH)</p> <p>SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING)</p> <p><input type="checkbox"/> 7 SELF MONITORING</p> <p>GRAVITY FLOW</p> <p><input type="checkbox"/> 9 BIENNIAL INTEGRITY TEST (0 1 GPH)</p> <p><b>SECONDARILY CONTAINED PIPING</b></p> <p>PRESSURIZED PIPING (Check all that apply)</p> <p>10 CONTINUOUS TURBINE SUMP SENSOR <u>WITH</u> AUDIBLE AND VISUAL ALARMS AND (Check one)</p> <p><input type="checkbox"/> a AUTO PUMP SHUT OFF WHEN A LEAK OCCURS</p> <p><input checked="" type="checkbox"/> b AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION</p> <p><input type="checkbox"/> c NO AUTO PUMP SHUT OFF</p> <p><input type="checkbox"/> 11 AUTOMATIC LINE LEAK DETECTOR (3 0 GPH TEST) <u>WITH</u> FLOW SHUT OFF OR RESTRICTION</p> <p><input type="checkbox"/> 12 ANNUAL INTEGRITY TEST (0 1 GPH)</p> <p>SUCTION/GRAVITY SYSTEM</p> <p><input type="checkbox"/> 13 CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS</p> <p><b>EMERGENCY GENERATORS ONLY (Check all that apply)</b></p> <p><input type="checkbox"/> 14 CONTINUOUS SUMP SENSOR <u>WITHOUT</u> AUTO PUMP SHUT OFF + AUDIBLE AND VISUAL ALARMS</p> <p><input type="checkbox"/> 15 AUTOMATIC LINE LEAK DETECTOR (3 0 GPH TEST) <u>WITHOUT</u> FLOW SHUT OFF OR RESTRICTION</p> <p><input type="checkbox"/> 16 ANNUAL INTEGRITY TEST (0 1 GPH)</p> <p><input type="checkbox"/> 17 DAILY VISUAL CHECK</p>	<p><b>SINGLE WALL PIPING</b> 467</p> <p>PRESSURIZED PIPING (Check all that apply)</p> <p><input type="checkbox"/> 1 ELECTRONIC LINE LEAK DETECTOR 3 0 GPH TEST <u>WITH</u> AUTO PUMP SHUT OFF FOR LEAK, SYSTEM FAILURE, AND SYSTEM DISCONNECTION + AUDIBLE AND VISUAL ALARMS</p> <p><input type="checkbox"/> 2 MONTHLY 0 2 GPH TEST</p> <p><input type="checkbox"/> 3 ANNUAL INTEGRITY TEST (0 1 GPH)</p> <p><input type="checkbox"/> 4 DAILY VISUAL CHECK</p> <p>CONVENTIONAL SUCTION SYSTEMS (Check all that apply)</p> <p><input type="checkbox"/> 5 DAILY VISUAL MONITORING OF PIPING AND PUMPING SYSTEM</p> <p><input type="checkbox"/> 6 TRIENNIAL INTEGRITY TEST (0 1 GPH)</p> <p>SAFE SUCTION SYSTEMS (NO VALVES IN BELOW GROUND PIPING)</p> <p><input type="checkbox"/> 7 SELF MONITORING</p> <p>GRAVITY FLOW (Check all that apply)</p> <p><input type="checkbox"/> 8 DAILY VISUAL MONITORING</p> <p><input type="checkbox"/> 9 BIENNIAL INTEGRITY TEST (0 1 GPH)</p> <p><b>SECONDARILY CONTAINED PIPING</b></p> <p>PRESSURIZED PIPING (Check all that apply)</p> <p>10 CONTINUOUS TURBINE SUMP SENSOR <u>WITH</u> AUDIBLE AND VISUAL ALARMS AND (check one)</p> <p><input type="checkbox"/> a AUTO PUMP SHUT OFF WHEN A LEAK OCCURS</p> <p><input type="checkbox"/> b AUTO PUMP SHUT OFF FOR LEAKS, SYSTEM FAILURE AND SYSTEM DISCONNECTION</p> <p><input type="checkbox"/> c NO AUTO PUMP SHUT OFF</p> <p><input type="checkbox"/> 11 AUTOMATIC LEAK DETECTOR</p> <p><input type="checkbox"/> 12 ANNUAL INTEGRITY TEST (0 1 GPH)</p> <p>SUCTION/GRAVITY SYSTEM</p> <p><input type="checkbox"/> 13 CONTINUOUS SUMP SENSOR + AUDIBLE AND VISUAL ALARMS</p> <p><b>EMERGENCY GENERATORS ONLY (Check all that apply)</b></p> <p><input type="checkbox"/> 14 CONTINUOUS SUMP SENSOR <u>WITHOUT</u> AUTO PUMP SHUT OFF + AUDIBLE AND VISUAL ALARMS</p> <p><input type="checkbox"/> 15 AUTOMATIC LINE LEAK DETECTOR (3 0 GPH TEST)</p> <p><input type="checkbox"/> 16 ANNUAL INTEGRITY TEST (0 1 GPH)</p> <p><input type="checkbox"/> 17 DAILY VISUAL CHECK</p>

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 <u>WITH</u> AUTO SHUT OFF FOR DISPENSER + AUDIBLE AND VISUAL ALARMS	<input type="checkbox"/> 6 NONE 469

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 <i>David J. Camille</i>	DATE 470 March 10, 2004
NAME OF OWNER/OPERATOR (print) 471 DAVID CAMILLE FOR CONOCO PHILLIPS	TITLE OF OWNER/OPERATOR 472 ENVIRONMENTAL COMPLIANCE DIRECTOR

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

**UNIFIED PROGRAM CONSOLIDATED FORM**  
**TANKS**  
**UNDERGROUND STORAGE TANKS – FACILITY**

RECEIVED 1-13-03 HMC

(one page per site) 1067

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

Page \_\_\_ of \_\_\_

**I. FACILITY /SITE INFORMATION**

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3  
**ConocoPhillips Company #256115**

BUSINESS SITE ADDRESS 401  
**4350 EL CAMINO REAL**

BUSINESS TYPE  1 GAS STATION  2 DISTRIBUTOR  3 FARM  4 PROCESSOR  5 COMMERCIAL  6 OTHER 403

FACILITY ID # \_\_\_\_\_

FACILITY OWNER TYPE  1 CORPORATION  2 INDIVIDUAL  3 PARTNERSHIP  4 LOCAL AGENCY/DISTRICT\*  5 COUNTY AGENCY\*  6 STATE AGENCY\*  7 FEDERAL AGENCY\* 402

TOTAL NUMBER OF TANKS REMAINING AT SITE 404  
**3**

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 407  
**ConocoPhillips Company**

PHONE 408  
**(925) 277-2404**

MAILING OR STREET ADDRESS 409  
**P O Box 52085**

CITY 410  
**Phoenix**

STATE 411  
**AZ**

ZIP CODE 412  
**85072**

PROPERTY OWNER TYPE  1 CORPORATION  2 INDIVIDUAL  3 PARTNERSHIP  4 LOCAL AGENCY / DISTRICT  5 COUNTY AGENCY  6 STATE AGENCY 413  7 FEDERAL AGENCY

**III TANK OWNER INFORMATION**

TANK OWNER NAME 414  
**ConocoPhillips Company**

PHONE 415  
**(925) 277-2404**

MAILING OR STREET ADDRESS 416  
**P O Box 52085**

CITY 417  
**Phoenix**

STATE 418  
**AZ**

ZIP CODE 419  
**85072**

TANK OWNER TYPE  1 CORPORATION  2 INDIVIDUAL  3 PARTNERSHIP  4 LOCAL AGENCY / DISTRICT  5 COUNTY AGENCY  6 STATE AGENCY 420  7 FEDERAL AGENCY

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

TY (TK) HQ 4 4 - 0 4 1 9 9 8 Call (916) 322-9669 if questions arise 421

**V. PETROLEUM UST FINANCIAL RESPONSIBILITY**

INDICATE METHOD(S)  1 SELF-INSURED  2 GUARANTEE  3 INSURANCE  4 SURETY BOND  5 LETTER OF CREDIT  6 EXEMPTION  7 STATE FUND  8 STATE FUND & CFO LETTER  9 STATE FUND & CD  10 LOCAL GOV= T MECHANISM  99 OTHER 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 424 \_\_\_\_\_ PHONE 425 **(925) 277-2404**

NAME OF APPLICANT (pnnr) **Pam Ruesga** TITLE OF APPLICANT 426 **Regional Compliance Specialist**

STATE UST FACILITY NUMBER (For local use only) 427 \_\_\_\_\_ 1998 UPGRADE CERTIFICATE NUMBER (For local use only) 428 \_\_\_\_\_

**UNIFIED PROGRAM CONSOLIDATED FOP™**  
**FACILITY INFORMATION**  
**BUSINESS OWNER/OPERATOR IDENTIFICATION**

Page      of     

**I. IDENTIFICATION**

FACILITY ID#		1	BEGINNING DATE	100	ENDING DATE	101	
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)			3 BUSINESS PHONE			102	
ConocoPhillips Company #256115 / <del>61457 31096</del>			(650) 941-0244				
BUSINESS SITE ADDRESS							103
4350 EL CAMINO REAL							
CITY			104	CA	ZIP CODE	105	
LOS ALTOS					94022		
DUN & BRADSTREET			106	SIC CODE (4 digit #)		107	
04-8564975				5541			
COUNTY							108
SANTA CLARA							
BUSINESS OPERATOR NAME			109	BUSINESS OPERATOR PHONE		110	
GREGORY P. GALATOLO				(650) 941-0244			

**II. BUSINESS OWNER**

OWNER NAME			111	OWNER PHONE		112	
ConocoPhillips Company - DC-40				(925) 277-2404			
OWNER MAILING ADDRESS							113
P.O. Box 52085							
CITY			114	STATE	115	ZIP CODE	116
Phoenix				AZ		85072-2085	

**III. ENVIRONMENTAL CONTACT**

CONTACT NAME			117	CONTACT PHONE		118	
Janette Thompson - (TOSCO)				(925) 277-2404			
CONTACT MAILING ADDRESS							119
2000 Crow Canyon Pl., #400							
CITY			120	STATE	121	ZIP CODE	122
San Ramon				CA		94583	

**-PRIMARY-**

**IV. EMERGENCY CONTACTS**

**-SECONDARY-**

NAME	123	NAME	128
GREGORY P. GALATOLO		ConocoPhillips Service Call Center	
TITLE	124	TITLE	129
Operator			
BUSINESS PHONE	125	BUSINESS PHONE	130
(650) 941-0244		1-866-805-4357	
24-HOUR PHONE	126	24-HOUR PHONE	131
		1-866-805-4357	
PAGER #	127	PAGER #	132

**ADDITIONAL LOCALLY COLLECTED INFORMATION**

Certification Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	134	NAME OF DOCUMENT PREPARER	135
			Kathy Strickland	
NAME OF SIGNER (print)	136	TITLE OF SIGNER		137
Pam Ruesga		Regional Compliance Specialist		



RECEIVED BY:  
SANTA CLARA COUNTY  
DEPARTMENT OF ENV. HEALTH  
2009 AUG 31 11:41 AM

**Owner Statements of Designated Underground Storage Tank (UST) Operator  
and Understanding of and Compliance with UST Requirements**

Facility Name: <del>ConocoPhillips Site 2561157</del>	Facility ID #:
Facility Address: <del>4350 EL CAMINO REAL LOS ALTOS, CA 94022</del>	Reason for Submitting this Form (Check One) <input type="checkbox"/> Change of Designated Operator <input checked="" type="checkbox"/> Update Certificate Expiration Date
Facility Phone #: (650) 941-0244	

**Designated UST Operator(s) for this Facility**

**PRIMARY**

Designated Operator's Name: <b>Greg Galatolo</b>	Relation to UST Facility (Check One)
Business Name (If different from above)	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
Designated Operator's Phone #: <b>(650) 941-0244</b>	<input type="checkbox"/> Service Technician <input type="checkbox"/> Third-Party
International Code Council Certification #: <b>52457801-UC</b>	Expiration Date: <b>7/31/2011</b>

**ALTERNATE 1 (Optional)**

Designated Operator's Name:	Relation to UST Facility (Check One)
Business Name (If different from above)	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
Designated Operator's Phone #:	<input type="checkbox"/> Service Technician <input type="checkbox"/> Third-Party
International Code Council Certification #:	Expiration Date:

**ALTERNATE 2 (Optional)**

Designated Operator's Name:	Relation to UST Facility (Check One)
Business Name (If different from above)	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
Designated Operator's Phone #:	<input type="checkbox"/> Service Technician <input type="checkbox"/> Third-Party
International Code Council Certification #:	Expiration Date:

**NOTE: THE LOCAL REGULATORY AGENCY MUST BE NOTIFIED OF ANY CHANGES TO THIS INFORMATION WITHIN 30 DAYS OF THE CHANGE.**

I certify that, for the facility indicated at the top of this page, the individual(s) listed above will serve as Designated UST Operator(s). The individual(s) will conduct and document monthly facility inspections and annual facility employee training, in accordance with California Code of Regulations, title 23, section 2715(c) - (f).

**Furthermore, I understand and am in compliance with the requirements (statutes, regulations, and local ordinances) applicable to underground storage tanks.**

**NAME OF TANK OWNER**

**OR OWNER'S AGENT (Please Print):** \_\_\_\_\_ **Stephen Boyd for ConocoPhillips** \_\_\_\_\_

**SIGNATURE OF TANK**

**OWNER OR OWNER'S AGENT:** \_\_\_\_\_ *Stephen Boyd* \_\_\_\_\_

**DATE:** \_\_\_\_\_ **8/28/2009** \_\_\_\_\_ **OWNER'S PHONE #:** \_\_\_\_\_ **714-428-6572** \_\_\_\_\_



**UNIFIED PROGRAM CONSOLIDATED FORM  
UNDERGROUND STORAGE TANK  
MONITORING PLAN – (Page 2 of 2)**

**VI. UNDER DISPENSER CONTAINMENT (UDC) MONITORING**

*(Check all that apply)*

UDC MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S)

- 1 CONTINUOUS ELECTRONIC MONITORING     2 FLOAT AND CHAIN ASSEMBLY     3 ELECTRONIC STAND-ALONE    490-54a  
 4 NO DISPENSERS     99 OTHER (Specify) \_\_\_\_\_    490-54b

LEAK MONITOR MANUFACTURER N/A    490-55    MODEL # N/A    490-56

LEAK SENSOR MANUFACTURER S Bravo Systems, Inc.    490-57    MODEL #(S) B-2000    490-58

DETECTION OF A LEAK INTO THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS     a YES     b NO    490-59

UDC LEAK ALARM TRIGGERS AUTOMATIC PUMP SHUTDOWN     a YES     b NO    490-60

FAILURE/DISCONNECTION OF UDC MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN     a YES     b NO    490-61

UDC MONITORING STOPS THE FLOW OF PRODUCT AT THE DISPENSER     a YES     b NO    490-62

UDC CONSTRUCTION IS     1 SINGLE WALL     2 DOUBLE WALL    490-63

IF DOUBLE WALL    490-64a

UDC INTERSTITIAL SPACE IS MONITORED BY     a LIQUID     b PRESSURE     c VACUUM    490-64b

A LEAK WITHIN THE SECONDARY CONTAINMENT OF THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS     a YES     b NO

**VII. PERIODIC SYSTEM TESTING**

1 ELD TESTING THIS FACILITY HAS BEEN NOTIFIED BY THE STATE WATER RESOURCES CONTROL BOARD THAT ENHANCED LEAK DETECTION (ELD) MUST BE PERFORMED PERIODIC ELD IS PERFORMED EVERY 36 MONTHS AS REQUIRED [23 CCR §2644.1]    490-65

2 SECONDARY CONTAINMENT COMPONENTS ARE TESTED EVERY 36 MONTHS    490-66

3 SPILL BUCKETS ARE TESTED ANNUALLY    490-67

**VIII. RECORD KEEPING**

The following monitoring/maintenance records are kept for this facility    490-68

- a ALARM LOGS     b VISUAL INSPECTION RECORDS     c TANK INTEGRITY TESTING RESULTS    490-68  
 d SIR TESTING RESULTS (and supporting documentation records)     e TANK GAUGING RESULTS (and supporting documentation records)    490-69  
 f ATG TESTING RESULTS (and supporting documentation records)     g CORROSION PROTECTION 60-DAY LOGS    490-69  
 h EQUIPMENT MAINTENANCE AND CALIBRATION RECORDS    490-69

**IX. TRAINING**

Personnel with UST monitoring responsibilities are familiar with all of the following documents relevant to their job duties    490-69a

REFERENCE DOCUMENTS MAINTAINED AT FACILITY *(Check all that apply)*

THIS UNDERGROUND STORAGE TANK MONITORING PLAN (Required)    490-69b

OPERATING MANUALS FOR ELECTRONIC MONITORING EQUIPMENT (Required)    490-69c

CALIFORNIA UNDERGROUND STORAGE TANK REGULATIONS    490-69d

CALIFORNIA UNDERGROUND STORAGE TANK LAW    490-69e

STATE WATER RESOURCES CONTROL BOARD (SWRCB) PUBLICATION "HANDBOOK FOR TANK OWNERS - MANUAL AND STATISTICAL INVENTORY RECONCILIATION"    490-69f

SWRCB PUBLICATION "UNDERSTANDING AUTOMATIC TANK GAUGING SYSTEMS"    490-69g

OTHER (Specify) \_\_\_\_\_    490-69h

This facility has a "Designated UST Operator" who has passed the California UST System Operator Exam administered by the International Code Council (ICC) The "Designated UST Operator" will train facility employees in the proper operation and maintenance of the UST systems annually, and within 30 days of hire This training will include, but is not limited to, the following    490-70

- Operation of the UST systems in a manner consistent with the facility's best management practices
- The facility employee's role with regard to the monitoring equipment as specified in this UST Monitoring Plan
- The facility employee's role with regard to spills and overfills as specified in the facility's UST Response Plan
- Name(s) of contact person(s) for emergencies and monitoring alarms

**X. COMMENTS/ADDITIONAL INFORMATION**

Provide additional comments here or indicate how many pages with additional information on specific monitoring procedures are attached to this plan    490-71

**XI. PERSONNEL RESPONSIBILITIES**

The UST Owner/Operator is responsible for ensuring that 1) the daily/routine UST monitoring activities and maintenance of UST leak detection equipment covered by this plan occurs, 2) all conditions that indicate a possible release are investigated, and 3) all monitoring records are maintained properly

THE FOLLOWING PERSON(S) ARE RESPONSIBLE FOR PERFORMING THE MONITORING AND EQUIPMENT MAINTENANCE

NAME Gregory P. Galatolo    490-72    TITLE Operator    490-73

NAME Dan Pellegrino    490-74    TITLE Account Manager    490-75

The Designated UST Operator shall perform a monthly visual inspection of the facility, provide a report to the owner/operator, and inform the owner/operator of any conditions that need follow-up action

**XII. OWNER/OPERATOR SIGNATURE**

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

APPLICANT SIGNATURE    DATE    490-77

REPRESENTING  1 Tank Owner/Operator     2 Facility Owner/Operator     3 Authorized Representative of Owner    490-76

APPLICANT NAME (print)    490-78    APPLICANT TITLE    490-79

**Stephen Boyd for ConocoPhillips**

**HSE Specialist**



**UNIFIED PROGRAM CONSOLIDATED FORM  
UNDERGROUND STORAGE TANK  
MONITORING PLAN – (Page 2 of 2)**

**VI. UNDER DISPENSER CONTAINMENT (UDC) MONITORING**

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LEAK MONITOR MANUFACTURER \_\_\_\_\_ 490-55    MODEL # \_\_\_\_\_ 490-56

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IF DOUBLE WALL    490-64a

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d SIR TESTING RESULTS (and supporting documentation records)     e TANK GAUGING RESULTS (and supporting documentation records)

f ATG TESTING RESULTS (and supporting documentation records)     g CORROSION PROTECTION 60-DAY LOGS

h EQUIPMENT MAINTENANCE AND CALIBRATION RECORDS

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OPERATING MANUALS FOR ELECTRONIC MONITORING EQUIPMENT (Required)    490-69c

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SWRCB PUBLICATION "UNDERSTANDING AUTOMATIC TANK GAUGING SYSTEMS"    490-69g

OTHER (Specify) \_\_\_\_\_    490-69h

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- The facility employee's role with regard to spills and overfills as specified in the facility's UST Response Plan
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The UST Owner/Operator is responsible for ensuring that 1 ) the daily/routine UST monitoring activities and maintenance of UST leak detection equipment covered by this plan occurs, 2 ) all conditions that indicate a possible release are investigated, and 3 ) all monitoring records are maintained properly

THE FOLLOWING PERSON(S) ARE RESPONSIBLE FOR PERFORMING THE MONITORING AND EQUIPMENT MAINTENANCE

NAME **Gregory P. Galatolo**    490-72    TITLE **Operator**    490-73

NAME **Dan Pellegrino**    490-74    TITLE **Account Manager**    490-75

The Designated UST Operator shall perform a monthly visual inspection of the facility, provide a report to the owner/operator, and inform the owner/operator of any conditions that need follow-up action

**XII. OWNER/OPERATOR SIGNATURE**

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

APPLICANT SIGNATURE \_\_\_\_\_    DATE **3-12-09**    490-77

REPRESENTING  1 Tank Owner/Operator     2 Facility Owner/Operator     3 Authorized Representative of Owner    490-76

APPLICANT NAME (print) **Stephen Boyd for ConocoPhillips**    490-78    APPLICANT TITLE **HSE Specialist**    490-79

**UNDERGROUND STORAGE TANK  
RESPONSE PLAN – PAGE 1**

RECEIVED BY:  
SANTA CLARA COUNTY  
SANTA CLARA ENV. HEALTH  
(Per form per facility)

TYPE OF ACTION     1 NEW PLAN                       2 CHANGE OF INFORMATION

R01

**I. FACILITY INFORMATION**

2009 FEB -9 PM 3:15

FACILITY ID # (Agency Use Only)

43 - 000 - 201602

FACILITY NAME

ConocoPhillips 256115

R02

FACILITY SITE ADDRESS

4350 EL CAMINO REAL

R03

CITY

LOS ALTOS

R04

**II. SPILL CONTROL AND CLEANUP METHODS**

This plan addresses unauthorized releases from UST systems and supplements the emergency response plans and procedures in the facility's Hazardous Materials Business Plan

- If safe to do so, facility personnel will take immediate measures to control or stop any release (e.g., activate pump shut-off, etc.) and, if necessary, safely remove remaining hazardous material from the UST system
- Any release to secondary containment will be pumped or otherwise removed within a time consistent with the ability of the secondary containment system to contain the hazardous material, but not greater than 30 calendar days, or sooner if required by the local agency. Recovered hazardous materials, unless still suitable for their intended use, will be managed as hazardous waste
- Absorbent material will be used to contain and clean up manageable spills of hazardous materials. Absorbent material may be reused until it becomes too saturated to be effective. It will then be managed properly. Used absorbent material, reusable or waste, will be stored in a properly labeled and sealed container
- Facility personnel will determine whether or not any water removed from secondary containment systems, or from clean-up activity, has been in contact with any hazardous material. If the water is contaminated, it will be managed as hazardous waste. If the water has a petroleum sheen (i.e., rainbow colors), it is contaminated. A thick floating petroleum layer may not necessarily display rainbow colors. Water (hazardous or non-hazardous) from sumps, spill containers, etc. will not be disposed to storm water systems
- We will review secondary containment systems for possible deterioration if any of the following conditions occur:
  - 1 Hazardous material in contact with secondary containment is not compatible with the material used for secondary containment,
  - 2 Secondary containment is prone to damage from any equipment used to remove or clean up hazardous material collected in secondary containment,
  - 3 Hazardous material, other than the product/waste stored in the primary containment system, is placed inside secondary containment to treat or neutralize released product/waste, and the added material or resulting material from such a combination is not compatible with secondary containment

**III. SPILL CONTROL AND CLEAN-UP EQUIPMENT**

**PERIODIC MAINTENANCE:** Spill control and clean-up equipment kept permanently on-site is listed in the facility's Hazardous Materials Business Plan. This equipment is inspected at least monthly, and after each use, and supplies are replenished as needed. Defective equipment is repaired or replaced as necessary

**EQUIPMENT NOT PERMANENTLY ON-SITE, BUT AVAILABLE FOR USE IF NEEDED:** (Complete only if applicable)

EQUIPMENT	LOCATION	AVAILABILITY
R10	R20	R30
R11	R21	R31
R12	R22	R32
R13	R23	R33
R14	R24	R34
R15	R25	R35

**IV. RESPONSIBLE PERSONS**

THE FOLLOWING PERSON(S) IS/ARE RESPONSIBLE FOR AUTHORIZING ANY WORK NECESSARY UNDER THIS RESPONSE PLAN:

NAME	TITLE
GREGORY P GALATOLO	Operator
Dan Pellegrino	Account Manager

**V. INDIRECT HAZARD DETERMINATION**

This information is required only when the presence of the hazardous substance can not be determined directly by the monitoring method used (e.g., where liquid level measurements in a tank annular space or secondary piping are used as the basis for leak determination)

THE FOLLOWING STEPS WILL BE TAKEN TO DETERMINE THE PRESENCE OR ABSENCE OF HAZARDOUS SUBSTANCE IN THE SECONDARY CONTAINMENT IF MONITORING INDICATES A POSSIBLE UNAUTHORIZED RELEASE

R60

## UNDERGROUND STORAGE TANK RESPONSE PLAN – PAGE 2

### VI. LEAK INTERCEPTION AND DETECTION SYSTEM

This information is required only for motor vehicle fuel UST systems constructed per the Alternate Construction Requirements of 23 CCR §2633, and only if the Leak Interception and Detection System (LIDS) does not meet the volumetric requirements of 23 CCR §2631(d)(1) through (5) (i.e., when accounting for rainfall and backfill material, the secondary containment volume is less than 100% of primary tank volume for a single UST, or in the case of multiple USTs in shared secondary containment, 150% of the largest primary tank volume or 10% of aggregate primary tank volume, whichever is greater)

ATTACH AN ADDITIONAL PAGE TO THIS PLAN CONTAINING THE FOLLOWING INFORMATION

- The volume of the LIDS in relation to the volume of the primary container,
- The amount of time the LIDS shall provide containment related to the time between detection of an unauthorized release and cleanup of the leaked substance,
- The depth from the bottom of the LIDS to the highest anticipated level of groundwater,
- The nature of the unsaturated soils under the LIDS and their ability to absorb contaminants or to allow movement of contaminants,
- The methods and scheduling for removal of all hazardous substances which may have been discharged from primary containment and are located in the unsaturated soils between the primary containment and groundwater, including the LIDS sump

### VII. REPORTING AND RECORD KEEPING

We will report/record any overflow, spill, or unauthorized release from a UST system as indicated in this plan

**Recordable Releases:** Any unauthorized release from primary containment which the UST operator is able to clean up within eight (8) hours after the release was detected or should reasonably have been detected, and which does not escape from secondary containment, does not increase the hazard of fire or explosion, and does not cause any deterioration of secondary containment, must be recorded in the facility's monitoring records. Monitoring records must include

- The UST operator's name and telephone number,
- A list of the types, quantities, and concentrations of hazardous substances released,
- A description of the actions taken to control and clean up the release,
- The method and location of disposal of the released hazardous substances, and whether a hazardous waste manifest was or will be used,
- A description of actions taken to repair the UST and to prevent future releases,
- A description of the method used to reactivate interstitial monitoring after replacement or repair of primary containment

**Reportable Releases:** Any overflow, spill, or unauthorized release which escapes from secondary containment (or primary containment if no secondary containment exists), increases the hazard of fire or explosion, or causes any deterioration of secondary containment, is a reportable release. Reportable releases are also recordable

Within 24 hours after a reportable release has been detected, or should have been detected, we will notify the local agency administering the UST program of the release, investigate the release, and take immediate measures to stop the release. If necessary, or if required by the local agency, remaining stored product/waste will be removed from the UST to prevent further releases or facilitate corrective action. If an emergency exists, we will notify the State Office of Emergency Services

Within five (5) working days of a reportable release, we will submit to the local agency a full written report containing all of the following information to the extent that the information is known at the time of filing the report

- The UST owner's or operator's name and telephone number,
- A list of the types, quantities, and concentrations of hazardous materials released,
- The approximate date of the release,
- The date on which the release was discovered,
- The date on which the release was stopped,
- A description of actions taken to control and/or stop the release,
- A description of corrective and remedial actions, including investigations which were undertaken and will be conducted to determine the nature and extent of soil, ground water or surface water contamination due to the release,
- The method(s) of cleanup implemented to date, proposed cleanup actions, and a schedule for implementing the proposed actions,
- The method(s) and location(s) of disposal of released hazardous materials and any contaminated soils, groundwater, or surface water
- Copies of any hazardous waste manifests used for off-site transport of hazardous wastes associated with clean-up activity,
- A description of proposed methods for any repair or replacement of UST system primary/secondary containment systems,
- A description of additional actions taken to prevent future releases

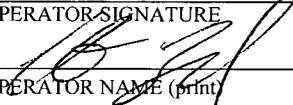
We will follow the reporting procedures described above if any of the following conditions occur

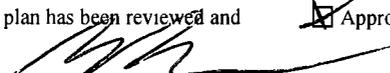
- A recordable unauthorized release can not be cleaned up or is still under investigation within eight (8) hours of detection,
- Released hazardous substances are discovered at the UST site or in the surrounding area,
- Unusual operating conditions are observed, including erratic behavior of product dispensing equipment, sudden loss of product, or the unexplained presence of water in the tank, unless system equipment is found to be defective and is immediately repaired or replaced, and no leak has occurred,
- Monitoring results from UST system monitoring equipment/methods indicate that a release may have occurred, unless the monitoring equipment is found to be defective and is immediately repaired, recalibrated, or replaced, and additional monitoring does not confirm the initial results

**Record Retention** Monitoring records and written reports of unauthorized releases must be maintained on-site (or off-site at a readily available location, if approved by the local agency) for at least 3 years. Hazardous waste shipping/disposal records (e.g., manifests) must be maintained for at least 3 years from the date of shipment

### VIII. OWNER/OPERATOR SIGNATURE

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

OWNER/OPERATOR SIGNATURE 	DATE January 22, 2009
OWNER/OPERATOR NAME (print) Stephen Boyd (for ConocoPhillips)	OWNER/OPERATOR TITLE Owner- HSE Specialist

(Agency Use Only) This plan has been reviewed and  Approved  Approved With Conditions  Disapproved  
Local Agency Signature  Date March 11, 2009

**UNIFIED PROGRAM CONSOLIDATED FORM  
UNDERGROUND STORAGE TANK  
MONITORING PLAN - (Page 1 of 2)**

RECEIVED BY  
SANTA ANA COUNTY  
DEPT OF ENV. HEALTH

TYPE OF ACTION	<input checked="" type="checkbox"/> 1 NEW PLAN	<input type="checkbox"/> 2 CHANGE OF INFORMATION	490-1
PLAN TYPE	<input type="checkbox"/> 1 MONITORING IS IDENTICAL FOR ALL USTs AT THIS FACILITY		490-2
(Check one item only)	<input checked="" type="checkbox"/> 2 THIS PLAN COVERS ONLY THE FOLLOWING UST SYSTEM(S) <u>87 and 91 Products</u>		
<b>I. FACILITY INFORMATION</b> 2009 FEB - 9 PM 3:15			
FACILITY ID # (Agency Use Only)	<u>43 - 000 - 201602</u>		1
BUSINESS NAME (Same as FACILITY NAME)	ConocoPhillips Site 256115 3		
BUSINESS SITE ADDRESS	4350 EL CAMINO REAL 103	CITY	LOS ALTOS 104

**II. EQUIPMENT TESTING AND PREVENTIVE MAINTENANCE**

Testing, preventive maintenance, and calibration of monitoring equipment (e.g., sensors, probes, line leak detectors, etc.) must be performed at the frequency specified by the equipment manufacturers' instructions, or annually, whichever is more frequent, and that such work must be performed by qualified personnel (23 CCR §2632, 2634, 2638, 2641)

MONITORING EQUIPMENT IS SERVICED  1 ANNUALLY  99 OTHER (Specify) 490-3a  
490-3b

**III. MONITORING LOCATIONS**

1. NEW SITE PLOT PLAN/MAP SUBMITTED WITH THIS PLAN.  2. SITE PLOT PLAN/MAP PREVIOUSLY SUBMITTED (23 CCR §2632, 2634) 490-4

**IV. TANK MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S):**

1 CONTINUOUS ELECTRONIC TANK MONITORING OF ANNULAR (INTERSTITIAL) SPACE(S) OR SECONDARY CONTAINMENT VAULT(S) WITH AUDIBLE AND VISUAL ALARMS. (23 CCR §2632, 2634) 490-5

SECONDARY CONTAINMENT IS  a DRY  b LIQUID FILLED  c PRESSURIZED  d UNDER VACUUM 490-6

PANEL MANUFACTURER Veeder Root 490-7 MODEL # TLS350 490-8

LEAK SENSOR MANUFACTURER Veeder Root 490-9 MODEL #(S) 420 794390-420 490-10

2 AUTOMATIC TANK GAUGING (ATG) SYSTEM USED TO MONITOR SINGLE WALL TANK(S). (23 CCR §2643) 490-11

PANEL MANUFACTURER 490-12 MODEL # 490-13

IN-TANK PROBE MANUFACTURER 490-14 MODEL #(S) 490-15

LEAK TEST FREQUENCY  a CONTINUOUS  b DAILY/NIGHTLY  c WEEKLY 490-16

d MONTHLY  e OTHER (Specify) 490-17

PROGRAMMED TESTS  a 0.1 gph  b 0.2 gph  c OTHER (Specify) 490-18  
490-19

3 MONTHLY STATISTICAL INVENTORY RECONCILIATION (23 CCR §2646.1): 490-20

4 WEEKLY MANUAL TANK GAUGING (MTG) (23 CCR §2645). TESTING PERIOD  a 36 HOURS  b 60 HOURS 490-21  
490-22

5 TANK INTEGRITY TESTING (23 CCR §2643.1). TEST FREQUENCY  a ANNUALLY  b BIENNIALLY  c OTHER (Specify) 490-23  
490-24  
490-25

99 OTHER (Specify) 490-26  
490-27

**V. PIPE MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S) (Check all that apply)**

1 CONTINUOUS MONITORING OF PIPE/ PIPING SUMP(S) AND OTHER SECONDARY CONTAINMENT WITH AUDIBLE AND VISUAL ALARMS. (23 CCR §2636) 490-28

SECONDARY CONTAINMENT IS  a DRY  b LIQUID FILLED  c PRESSURIZED  d UNDER VACUUM 490-29

PANEL MANUFACTURER Veeder Root 490-30 MODEL # TLS350 490-31

LEAK SENSOR MANUFACTURER Veeder Root 490-32 MODEL #(S) 208 794380-208 490-33

PIPING LEAK ALARM TRIGGERS AUTOMATIC PUMP (i.e., TURBINE) SHUTDOWN  a YES  b NO 490-34

FAILURE/DISCONNECTION OF THE MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN  a YES  b NO 490-35

2 MECHANICAL LINE LEAK DETECTOR (MLLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS AND RESTRICTS OR SHUTS OFF PRODUCT FLOW WHEN A LEAK IS DETECTED (23 CCR §2636) 490-36

MLLD MANUFACTURER(S) FE Petro 490-37 MODEL #(S) MLD STP-MLD 490-38

3 ELECTRONIC LINE LEAK DETECTOR (ELLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS (23 CCR §2636) 490-39

ELLD MANUFACTURER(S) 490-40 MODEL #(S) 490-41

PROGRAMMED IN LINE LEAK TEST  1 MINIMUM MONTHLY 0.2 g.p.h.  2 MINIMUM ANNUAL 0.1 g.p.h. 490-42

ELLD DETECTION OF A PIPING LEAK TRIGGERS AUTOMATIC PUMP SHUTDOWN  a YES  b NO 490-43

ELLD FAILURE/DISCONNECTION TRIGGERS AUTOMATIC PUMP SHUTDOWN  a YES  b NO 490-44

4 PIPE INTEGRITY TESTING 490-45 TEST FREQUENCY  a ANNUALLY  b EVERY 3 YEARS  c OTHER (Specify) 490-46 490-47

5 VISUAL PIPE MONITORING. 490-48 FREQUENCY  a DAILY  b WEEKLY  c MIN MONTHLY & EACH TIME SYSTEM OPERATED\* 490-49

\* Allowed for monitoring of unburied emergency generator fuel piping only per HSC §25281.5(b)(3)

6 SUCTION PIPING MEETS EXEMPTION CRITERIA [23 CCR §2636(a)(3)]. 490-50

7 NO REGULATED PIPING PER HEALTH AND SAFETY CODE, DIVISION 20, CHAPTER 6.7 IS CONNECTED TO THE TANK SYSTEM 490-51

99 OTHER (Specify) 490-52  
490-53

Reviewed [Signature]  
Date 3-11-2009  
IN COMPLIANCE

**UNIFIED PROGRAM CONSOLIDATED FORM  
UNDERGROUND STORAGE TANK  
MONITORING PLAN (Page 2 of 2)**

**VI. UNDER DISPENSER CONTAINMENT (UDC) MONITORING**

**1. UDC MONITORING IS PERFORMED USING THE FOLLOWING METHOD**

- 1 CONTINUOUS ELECTRONIC MONITORING     2 FLOAT AND CHAIN ASSEMBLY     3 ELECTRONIC STAND-ALONE  
 4 NO DISPENSERS     99 OTHER (Specify)

PANEL MANUFACTURER *N/A* 490-55    MODEL # *N/A* 490-56

LEAK SENSOR MANUFACTURER *S. BRAVO SYSTEMS - INC.* 490-57    MODEL #(S) *R-2000* 490-58

DETECTION OF A LEAK INTO THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS     a YES     b NO 490-59

UDC LEAK ALARM TRIGGERS AUTOMATIC PUMP SHUTDOWN     a YES     b NO 490-60

FAILURE / DISCONNECTION OF UDC MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN     a YES     b NO 490-61

UDC MONITORING STOPS THE FLOW OF PRODUCT AT THE DISPENSER     a YES     b NO 490-62

**2. UDC CONSTRUCTION IS**  1 SINGLE-WALLED     2 DOUBLE-WALLED 490-63

**IF DOUBLE WALLED:** 490-64a

UDC INTERSTITIAL SPACE IS MONITORED BY     1 LIQUID     2 PRESSURE     3 VACUUM

A LEAK WITHIN THE SECONDARY CONTAINMENT OF THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS     a YES     b NO 490-64b

**VII. PERIODIC SYSTEM TESTING**

1 **ELD TESTING** THIS FACILITY HAS BEEN NOTIFIED BY THE STATE WATER RESOURCES CONTROL BOARD THAT ENHANCED LEAK DETECTION (ELD) MUST BE PERFORMED PERIODIC ELD IS PERFORMED EVERY 36 MONTHS AS REQUIRED (23 CCR §2644.1) 490-65

2 **SECONDARY CONTAINMENT COMPONENTS ARE TESTED EVERY 36 MONTHS** 490-66

3 **SPILL BUCKETS ARE TESTED ANNUALLY** 490-67

**VIII. RECORDKEEPING**

The following monitoring/maintenance records are kept for this facility

- Alarm logs 490-68a     Visual Inspection Records 490-68b     Tank integrity testing results 490-68c  
 SIR testing results (and supporting documentation records) 490-68d     Tank gauging results (and supporting documentation records) 490-68e  
 ATG Testing results (and supporting documentation records) 490-68f     Corrosion Protection 60-day logs 490-68g  
 Equipment maintenance and calibration records 490-68h

**IX. TRAINING**

Personnel with UST monitoring responsibilities are familiar with all of the following documents relevant to their job duties 490-69a

REFERENCE DOCUMENTS MAINTAINED AT FACILITY (Check all that apply)

- THIS UNDERGROUND STORAGE TANK MONITORING PLAN (Required) 490-69b  
 OPERATING MANUALS FOR ELECTRONIC MONITORING EQUIPMENT (Required) 490-69c  
 CALIFORNIA UNDERGROUND STORAGE TANK REGULATIONS 490-69d  
 CALIFORNIA UNDERGROUND STORAGE TANK LAW 490-69e  
 STATE WATER RESOURCES CONTROL BOARD (SWRCB) PUBLICATION "HANDBOOK FOR TANK OWNERS - MANUAL AND STATISTICAL INVENTORY RECONCILIATION" 490-69f  
 SWRCB PUBLICATION "UNDERSTANDING AUTOMATIC TANK GAUGING SYSTEMS" 490-69g  
 OTHER (Specify) M69h, M69i

This facility has a "Designated UST Operator" who has passed the California UST System Operator Exam administered by the International Code Council (ICC) The "Designated UST Operator" will train facility employees in the proper operation and maintenance of the UST systems annually, and within 30 days of hire This training will include, but is not limited to, the following

- Operation of the UST systems in a manner consistent with the facility's best management practices
- The facility employee's role with regard to the monitoring equipment as specified in this UST Monitoring Plan
- The facility employee's role with regard to spills and overfills as specified in the UST Response Plan
- Names of contact person(s) for emergencies and monitoring alarms 490-70

**X. COMMENTS/ADDITIONAL INFORMATION**

Provide additional comments here or indicate how many pages with additional information on specific monitoring procedures are attached to this plan 490-71

**XI. PERSONNEL RESPONSIBILITIES**

The UST Owner/Operator is responsible for ensuring that 1) the daily/routine UST monitoring activities and maintenance of UST leak detection equipment covered by this plan occurs, 2) all conditions that indicate a possible release are investigated, and 3) all monitoring records are maintained properly

The following person(s) are responsible for performing the monitoring and equipment maintenance

NAME	TITLE
GREGORY P GALATOLO	Operator
Dan Pellegrino	Account Manager

The Designated Operator shall perform a monthly visual inspection of the facility, provide a report to the owner/operator, and inform the owner/operator of any conditions that need follow-up action

**XII. OWNER/OPERATOR SIGNATURE**

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

APPLICANT SIGNATURE	DATE
	1/22/08

REPRESENTING  1 Tank Owner/Operator     2 Facility Owner/Operator     3 Authorized Representative of Owner

APPLICANT NAME (print)	APPLICANT TITLE
Stephen Boyd for ConocoPhillips	HSE Specialist

(Agency Use Only)

This plan has been reviewed

Approved

Approved With Cond

Local Agency Signature

Date

Comments or Special Conditions

## UST Monitoring Plan – Page 2 Instructions

Complete a separate UST Monitoring Plan for each UST monitoring system at the facility. This form must be submitted with your initial UST Operating Permit Application and within 30 days of changes in the information it contains. Please note that your local agency may require you to obtain approval prior to installing or modifying monitoring equipment. (Note: Numbering of these instructions follows the data element numbers on the form.)

- 490-54a MONITORING OF THE UNDER DISPENSER CONTAINMENT - Indicate the method used for UDC monitoring
- 490-54b SPECIFY-If 99 "Other" is checked, describe other method used
- If VI-1-1, VI-1-2 or VI-1-3 or VI-1-99 is checked, complete 490-55 to 490-64b
- 490-55 PANEL MANUFACTURER - Enter the name of the manufacturer of the monitoring system control panel (console). If there is no control panel (e.g., only an electrical relay box is installed) leave this space blank
- 490-56 MODEL # - Enter the model number for the monitoring system control panel (console). If there is no control panel (e.g., only an electrical relay box is installed) leave this space blank
- 490-57 LEAK SENSOR MANUFACTURER - Enter the name of the manufacturer of the sensor(s)
- 490-58 MODEL #(S) - Enter the model number of the sensor(s) installed. If additional space is needed, use Section X
- 490-59 DETECTION OF A LEAK INTO THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS - Indicate Yes or No
- 490-60 UDC LEAK ALARM TRIGGERS PUMP SHUTDOWN - Indicate Yes or No
- 490-61 FAILURE/DISCONNECTION OF UDC MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN - Indicate Yes or No
- 490-62 UDC MONITORING STOPS THE FLOW OF PRODUCT AT THE DISPENSER - Indicate Yes or No
- 490-63 UDC CONSTRUCTION - Indicate if the construction of the UDC is single-walled, or double-walled
- 490-64a DOUBLE-WALLED INTERSTITIAL SPACE MONITORING - Indicate what is used to monitor the interstitial space
- 490-64b LEAK WITHIN THE SECONDARY CONTAINMENT OF UDC TRIGGERS AUDIBLE AND VISUAL ALARMS - Indicate Yes or No
- 490-65 VII-1 ELD TESTING - Check the box if you have been notified by the State Water Resources Control Board (SWRCB) that the UST(s) covered by this plan is/are subject to Enhanced Leak Detection Requirements (i.e., UST has any single-wall component and is located within 1,000 feet of a public drinking water well)
- 490-66 TESTING OF SECONDARY CONTAINMENT COMPONENTS EVERY 36 MONTHS - Check the box if you have secondary containment that requires testing
- 490-67 SPILL BUCKET TESTING - Check the box if you have spill buckets
- 490-68a-h VIII RECORDKEEPING - Indicate which monitoring and equipment maintenance records are maintained for this facility
- 490-69a IX TRAINING STATEMENT - Check the box to verify that the statement is true
- REFERENCE DOCUMENTS MAINTAINED AT FACILITY - Check the appropriate boxes to describe reference documents maintained at the facility. Note that the first two items on the list must be kept at the facility
- 490-69b MONITORING PLAN - Indicate that this plan is kept as a reference document
- 490-69c OPERATING MANUALS FOR ELECTRONIC EQUIPMENT - Indicate that this plan is kept as a reference document
- 490-69d CA UST REGULATIONS - Indicate that this is kept as a reference document
- 490-69e CA UST LAW - Indicate that this is kept as a reference document
- 490-69f STATE WATER RESOURCES CONTROL BOARD (SWRCB) PUBLICATION - "HANDBOOK FOR TANK OWNERS - MANUAL AND STATISTICAL INVENTORY RECONCILIATION" - Indicate that this is kept as a reference document
- 490-69g SWRCB PUBLICATION "UNDERSTANDING AUTOMATIC TANK GAUGING SYSTEMS" - Indicate that this is kept as a reference document
- 490-69h OTHER - Indicate that other reference documents are kept
- 490-69i SPECIFY-If "OTHER" is checked, enter a brief description of the other document(s) maintained at the facility. If additional space is needed, see Section X
- 490-70 DESIGNATED OPERATOR TRAINING - Check this box to verify that this statement is true
- 490-71 COMMENTS/ADDITIONAL INFORMATION - Make additional comments or you may attach and identify the number of additional pages of information to describe any additional UST system monitoring-related information (e.g., additional information required by your local agency). Attach any monitoring logs that you will be using for the monitoring of your tank system
- 490-72 NAME - Enter the name of the person who routinely conducts the monitoring and equipment maintenance under this plan
- 490-73 TITLE - Enter the title of the person
- 490-74 NAME - Enter the name of the second person, if applicable, who routinely conducts the monitoring and equipment maintenance under this plan
- 490-75 TITLE - Enter the title of the second person
- OWNER/OPERATOR SIGNATURE - The tank owner/operator, facility owner/operator, or an authorized representative of the owner shall sign in the space provided. This signature certifies that the signer believes that all information submitted is true, accurate, and complete, and that the training program specified in Section IX has been implemented
- 490-76 REPRESENTING -- Check the appropriate box to indicate whether the signer is the UST owner/operator, the UST facility owner/operator, or an authorized representative of the owner
- 490-77 DATE - Enter the date the plan was signed
- 490-78 APPLICANT NAME - Print or type the name of the person signing the plan
- 490-79 APPLICANT TITLE - Enter the title of the person signing the plan

**UNIFIED PROGRAM CONSOLIDATED FORM  
UNDERGROUND STORAGE TANK  
MONITORING PLAN - (Page 1 of 2)**

FILED BY:  
SBA COUNTY  
ENV. HEALTH

TYPE OF ACTION  1 NEW PLAN  2 CHANGE OF INFORMATION 490-1

PLAN TYPE  1 MONITORING IS IDENTICAL FOR ALL USTs AT THIS FACILITY 490-2

(Check one item only)  2 THIS PLAN COVERS ONLY THE FOLLOWING UST SYSTEM(S) 490-2

**I. FACILITY INFORMATION**  
FACILITY ID # (Agency Use Only) 43000201602 1

BUSINESS NAME (Same as FACILITY NAME) ConocoPhillips Site 256115 3

BUSINESS SITE ADDRESS 4350 EL CAMINO REAL 103 CITY LOS ALTOS 104

**II. EQUIPMENT TESTING AND PREVENTIVE MAINTENANCE**

Testing, preventive maintenance, and calibration of monitoring equipment (e.g., sensors, probes, line leak detectors, etc.) must be performed at the frequency specified by the equipment manufacturers' instructions, or annually, whichever is more frequent, and that such work must be performed by qualified personnel (23 CCR §2632, 2634, 2638, 2641)

MONITORING EQUIPMENT IS SERVICED  1 ANNUALLY  99 OTHER (Specify) 490-3a  
490-3b

**III. MONITORING LOCATIONS**

1 NEW SITE PLOT PLAN/MAP SUBMITTED WITH THIS PLAN.  2. SITE PLOT PLAN/MAP PREVIOUSLY SUBMITTED (23 CCR §2632, 2634) 490-4

**IV. TANK MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S):**

1 CONTINUOUS ELECTRONIC TANK MONITORING OF ANNULAR (INTERSTITIAL) SPACE(S) OR SECONDARY CONTAINMENT VAULT(S) WITH AUDIBLE AND VISUAL ALARMS. (23 CCR §2632, 2634) 490-5

SECONDARY CONTAINMENT IS  a DRY  b LIQUID FILLED  c PRESSURIZED  d UNDER VACUUM 490-6

PANEL MANUFACTURER Veeder Root 490-7 MODEL # TLS350 490-8

LEAK SENSOR MANUFACTURER Veeder Root 490-9 MODEL #(S) 420 794890-420 490-10

2 AUTOMATIC TANK GAUGING (ATG) SYSTEM USED TO MONITOR SINGLE WALL TANK(S) (23 CCR §2643) 490-11

PANEL MANUFACTURER 490-12 MODEL # 490-13

IN-TANK PROBE MANUFACTURER 490-14 MODEL #(S) 490-15

LEAK TEST FREQUENCY  a CONTINUOUS  b DAILY/NIGHTLY  c WEEKLY 490-16

d MONTHLY  e OTHER (Specify) 490-17

PROGRAMMED TESTS  a 0.1 gph  b 0.2 gph  c OTHER (Specify) 490-18  
490-19

3 MONTHLY STATISTICAL INVENTORY RECONCILIATION (23 CCR §2646 1): 490-20

4 WEEKLY MANUAL TANK GAUGING (MTG) (23 CCR §2645). TESTING PERIOD  a 36 HOURS  b 60 HOURS 490-21  
490-22

5 TANK INTEGRITY TESTING (23 CCR §2643.1): 490-23

TEST FREQUENCY  a ANNUALLY  b BIENNIALLY  c OTHER (Specify) 490-24  
490-25

99 OTHER (Specify) 490-26  
490-27

**V. PIPE MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S) (Check all that apply)**

1 CONTINUOUS MONITORING OF PIPE/ PIPING SUMP(S) AND OTHER SECONDARY CONTAINMENT WITH AUDIBLE AND VISUAL ALARMS. (23 CCR §2636) 490-28

SECONDARY CONTAINMENT IS  a DRY  b LIQUID FILLED  c PRESSURIZED  d UNDER VACUUM 490-29

PANEL MANUFACTURER 490-30 MODEL # 490-31

LEAK SENSOR MANUFACTURER 490-32 MODEL #(S) 490-33

PIPING LEAK ALARM TRIGGERS AUTOMATIC PUMP (i.e., TURBINE) SHUTDOWN  a YES  b NO 490-34

FAILURE/DISCONNECTION OF THE MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN  a YES  b NO 490-35

2 MECHANICAL LINE LEAK DETECTOR (MLLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS AND RESTRICTS OR SHUTS OFF PRODUCT FLOW WHEN A LEAK IS DETECTED (23 CCR §2636) 490-36

MLLD MANUFACTURER(S) 490-37 MODEL #(S) 490-38

3 ELECTRONIC LINE LEAK DETECTOR (ELLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS (23 CCR §2636) 490-39

ELLD MANUFACTURER(S) 490-40 MODEL #(S) 490-41

PROGRAMMED IN LINE LEAK TEST  1 MINIMUM MONTHLY 0.2 g.p.h.  2 MINIMUM ANNUAL 0.1 g.p.h. 490-42

ELLD DETECTION OF A PIPING LEAK TRIGGERS AUTOMATIC PUMP SHUTDOWN  a YES  b NO 490-43

ELLD FAILURE/DISCONNECTION TRIGGERS AUTOMATIC PUMP SHUTDOWN  a YES  b NO 490-44

4 PIPE INTEGRITY TESTING 490-45  
TEST FREQUENCY  a ANNUALLY  b EVERY 3 YEARS  c OTHER (Specify) 490-46 490-47

5 VISUAL PIPE MONITORING. 490-48  
FREQUENCY  a DAILY  b WEEKLY  c MIN MONTHLY & EACH TIME SYSTEM OPERATED\* 490-49  
\* Allowed for monitoring of unburied emergency generator fuel piping only per HSC §25281.5(b)(3)

6 SUCTION PIPING MEETS EXEMPTION CRITERIA [23 CCR §2636(a)(3)]. 490-50

7 NO REGULATED PIPING PER HEALTH AND SAFETY CODE DIVISION 20, CHAPTER 6.7 IS CONNECTED TO THE TANK SYSTEM 490-51

99 OTHER (Specify) 490-52  
490-53

Reviewed: *[Signature]*  
Date: 3-11-2009  
INCOMPLETE

**UNIFIED PROGRAM CONSOLIDATED FORM  
UNDERGROUND STORAGE TANK  
MONITORING PLAN (Page 2 of 2)**

**VI. UNDER DISPENSER CONTAINMENT (UDC) MONITORING**

**1. UDC MONITORING IS PERFORMED USING THE FOLLOWING METHOD**

- 1 CONTINUOUS ELECTRONIC MONITORING     2 FLOAT AND CHAIN ASSEMBLY     3 ELECTRONIC STAND-ALONE  
 4 NO DISPENSERS     99 OTHER (Specify)

490-54a  
490-54b

PANEL MANUFACTURER

490-55

MODEL #

490-56

LEAK SENSOR MANUFACTURER

490-57

MODEL #(S)

490-58

DETECTION OF A LEAK INTO THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS

a YES     b NO

490-59

UDC LEAK ALARM TRIGGERS AUTOMATIC PUMP SHUTDOWN

a YES     b NO

490-60

FAILURE / DISCONNECTION OF UDC MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN

a YES     b NO

490-61

UDC MONITORING STOPS THE FLOW OF PRODUCT AT THE DISPENSER

a YES     b NO

490-62

**2. UDC CONSTRUCTION IS**     1 SINGLE-WALLED     2 DOUBLE-WALLED

490-63

**IF DOUBLE WALLED:**

490-64a

UDC INTERSTITIAL SPACE IS MONITORED BY     1 LIQUID     2 PRESSURE     3 VACUUM

A LEAK WITHIN THE SECONDARY CONTAINMENT OF THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS     a YES     b NO

490-64b

**VII. PERIODIC SYSTEM TESTING**

1 ELD TESTING THIS FACILITY HAS BEEN NOTIFIED BY THE STATE WATER RESOURCES CONTROL BOARD THAT ENHANCED LEAK DETECTION (ELD) MUST BE PERFORMED PERIODIC ELD IS PERFORMED EVERY 36 MONTHS AS REQUIRED (23 CCR §2644.1)

490-65

2 SECONDARY CONTAINMENT COMPONENTS ARE TESTED EVERY 36 MONTHS

490-66

3 SPILL BUCKETS ARE TESTED ANNUALLY

490-67

**VIII. RECORDKEEPING**

The following monitoring/maintenance records are kept for this facility

- Alarm logs 490-68a     Visual Inspection Records 490-68b     Tank integrity testing results 490-68c  
 SIR testing results (and supporting documentation records) 490-68d     Tank gauging results (and supporting documentation records) 490-68e  
 ATG Testing results (and supporting documentation records) 490-68f     Corrosion Protection 60-day logs 490-68g  
 Equipment maintenance and calibration records 490-68h

**IX. TRAINING**

Personnel with UST monitoring responsibilities are familiar with all of the following documents relevant to their job duties 490-69a

REFERENCE DOCUMENTS MAINTAINED AT FACILITY (Check all that apply)

- THIS UNDERGROUND STORAGE TANK MONITORING PLAN (Required) 490-69b  
 OPERATING MANUALS FOR ELECTRONIC MONITORING EQUIPMENT (Required) 490-69c  
 CALIFORNIA UNDERGROUND STORAGE TANK REGULATIONS 490-69d  
 CALIFORNIA UNDERGROUND STORAGE TANK LAW 490-69e  
 STATE WATER RESOURCES CONTROL BOARD (SWRCB) PUBLICATION "HANDBOOK FOR TANK OWNERS - MANUAL AND STATISTICAL INVENTORY RECONCILIATION" 490-69f  
 SWRCB PUBLICATION "UNDERSTANDING AUTOMATIC TANK GAUGING SYSTEMS" 490-69g  
 OTHER (Specify) M69h, M69i

This facility has a "Designated UST Operator" who has passed the California UST System Operator Exam administered by the International Code Council (ICC) The "Designated UST Operator" will train facility employees in the proper operation and maintenance of the UST systems annually, and within 30 days of hire. This training will include, but is not limited to, the following

- > Operation of the UST systems in a manner consistent with the facility's best management practices
- > The facility employee's role with regard to the monitoring equipment as specified in this UST Monitoring Plan
- > The facility employee's role with regard to spills and overfills as specified in the UST Response Plan
- > Names of contact person(s) for emergencies and monitoring alarms 490-70

**X. COMMENTS/ADDITIONAL INFORMATION**

Provide additional comments here or indicate how many pages with additional information on specific monitoring procedures are attached to this plan 490-71

**XI. PERSONNEL RESPONSIBILITIES**

The UST Owner/Operator is responsible for ensuring that 1) the daily/routine UST monitoring activities and maintenance of UST leak detection equipment covered by this plan occurs, 2) all conditions that indicate a possible release are investigated, and 3) all monitoring records are maintained properly

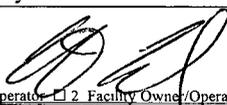
The following person(s) are responsible for performing the monitoring and equipment maintenance

NAME	GREGORY P GALATOLO	490-72	TITLE	Operator	490-73
NAME	Dan Pellegrino	490-74	TITLE	Account Manager	490-75

The Designated Operator shall perform a monthly visual inspection of the facility, provide a report to the owner/operator, and inform the owner/operator of any conditions that need follow-up action

**XII. OWNER/OPERATOR SIGNATURE**

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

APPLICANT SIGNATURE	490-76	DATE	490-77
		1/22/08	

REPRESENTING  1 Tank Owner/Operator     2 Facility Owner/Operator     3 Authorized Representative of Owner

APPLICANT NAME (print)	490-78	APPLICANT TITLE	490-79
Stephen Boyd for ConocoPhillips		HSE Specialist	

(Agency Use Only)

This plan has been reviewed

Approved

Approved With Conditions

Local Agency Signature

Date

Comments or Special Conditions

## UST Monitoring Plan – Page 2 Instructions

Complete a separate UST Monitoring Plan for each UST monitoring system at the facility. This form must be submitted with your initial UST Operating Permit Application and within 30 days of changes in the information it contains. Please note that your local agency may require you to obtain approval prior to installing or modifying monitoring equipment. (Note: Numbering of these instructions follows the data element numbers on the form.)

490-54a MONITORING OF THE UNDER DISPENSER CONTAINMENT - Indicate the method used for UDC monitoring

490-54b SPECIFY-If 99 "Other" is checked, describe other method used

If VI-1-1, VI-1-2 or VI-1-3 or VI-1-99 is checked, complete 490-55 to 490-64b

490-55 PANEL MANUFACTURER - Enter the name of the manufacturer of the monitoring system control panel (console). If there is no control panel (e.g., only an electrical relay box is installed) leave this space blank.

490-56 MODEL # - Enter the model number for the monitoring system control panel (console). If there is no control panel (e.g., only an electrical relay box is installed) leave this space blank.

490-57 LEAK SENSOR MANUFACTURER - Enter the name of the manufacturer of the sensor(s)

490-58 MODEL #(S) - Enter the model number of the sensor(s) installed. If additional space is needed, use Section X.

490-59 DETECTION OF A LEAK INTO THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS - Indicate Yes or No

490-60 UDC LEAK ALARM TRIGGERS PUMP SHUTDOWN - Indicate Yes or No

490-61 FAILURE/DISCONNECTION OF UDC MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN - Indicate Yes or No

490-62 UDC MONITORING STOPS THE FLOW OF PRODUCT AT THE DISPENSER - Indicate Yes or No

490-63 UDC CONSTRUCTION - Indicate if the construction of the UDC is single-walled, or double-walled

490-64a DOUBLE-WALLED INTERSTITIAL SPACE MONITORING - Indicate what is used to monitor the interstitial space

490-64b LEAK WITHIN THE SECONDARY CONTAINMENT OF UDC TRIGGERS AUDIBLE AND VISUAL ALARMS - Indicate Yes or No

490-65 VII-1 ELD TESTING - Check the box if you have been notified by the State Water Resources Control Board (SWRCB) that the UST(s) covered by this plan is/are subject to Enhanced Leak Detection Requirements (i.e., UST has any single-wall component and is located within 1,000 feet of a public drinking water well)

490-66 TESTING OF SECONDARY CONTAINMENT COMPONENTS EVERY 36 MONTHS - Check the box if you have secondary containment that requires testing

490-67 SPILL BUCKET TESTING - Check the box if you have spill buckets

490-68a-h VIII RECORDKEEPING - Indicate which monitoring and equipment maintenance records are maintained for this facility

490-69a IX TRAINING STATEMENT - Check the box to verify that the statement is true

REFERENCE DOCUMENTS MAINTAINED AT FACILITY - Check the appropriate boxes to describe reference documents maintained at the facility. Note that the first two items on the list must be kept at the facility.

490-69b MONITORING PLAN - Indicate that this plan is kept as a reference document

490-69c OPERATING MANUALS FOR ELECTRONIC EQUIPMENT - Indicate that this plan is kept as a reference document

490-69d CA UST REGULATIONS - Indicate that this is kept as a reference document

490-69e CA UST LAW - Indicate that this is kept as a reference document

490-69f STATE WATER RESOURCES CONTROL BOARD (SWRCB) PUBLICATION - "HANDBOOK FOR TANK OWNERS - MANUAL AND STATISTICAL INVENTORY RECONCILIATION" - Indicate that this is kept as a reference document

490-69g SWRCB PUBLICATION "UNDERSTANDING AUTOMATIC TANK GAUGING SYSTEMS" - Indicate that this is kept as a reference document

490-69h OTHER - Indicate that other reference documents are kept

490-69i SPECIFY-If "OTHER" is checked, enter a brief description of the other document(s) maintained at the facility. If additional space is needed, see Section X.

490-70 DESIGNATED OPERATOR TRAINING - Check this box to verify that this statement is true

490-71 COMMENTS/ADDITIONAL INFORMATION - Make additional comments or you may attach and identify the number of additional pages of information to describe any additional UST system monitoring-related information (e.g., additional information required by your local agency). Attach any monitoring logs that you will be using for the monitoring of your tank system.

490-72 NAME - Enter the name of the person who routinely conducts the monitoring and equipment maintenance under this plan

490-73 TITLE - Enter the title of the person

490-74 NAME - Enter the name of the second person, if applicable, who routinely conducts the monitoring and equipment maintenance under this plan

490-75 TITLE - Enter the title of the second person

OWNER/OPERATOR SIGNATURE - The tank owner/operator, facility owner/operator, or an authorized representative of the owner shall sign in the space provided. This signature certifies that the signer believes that all information submitted is true, accurate, and complete, and that the training program specified in Section IX has been implemented.

490-76 REPRESENTING - Check the appropriate box to indicate whether the signer is the UST owner/operator, the UST facility owner/operator, or an authorized representative of the owner.

490-77 DATE - Enter the date the plan was signed

490-78 APPLICANT NAME - Print or type the name of the person signing the plan

490-79 APPLICANT TITLE - Enter the title of the person signing the plan

# Underground Storage Tank Monitoring Program

1. Owner/Operator/Site Number: ConocoPhillips Co

Site # 256115 RE# 31096

2. Site Address and Phone Number: 4350 EL CAMINO REAL LOS ALTOS, CA 94022 ph (650) 941-0244

**3. Method and equipment to be used for performing the monitoring (USTs only):**

<b>TANK DATA:</b>	Tank 01	Tank 02	Tank 03
<b>Product</b>	Unleaded	Premium Unleaded	Waste Oil
<b>Capacity (gallons)</b>	12032	12032	520
<b>Wall Type</b>	Double	Double	Double
<b>Material</b>	Steel, Fiberglass cladded on outside	Steel, Fiberglass cladded on outside	Steel, Fiberglass cladded on outside
<b>Install Date</b>	1/1/1990	1/1/1990	1/1/1990
<b>Overfill</b>	Overfill Alarm/Ball Float (at 90%)	Overfill Alarm/Ball Float	None
<b>Spill Containment</b>	Yes	Yes	Yes
<b>Monitoring Method**</b>	Interstitial (Dry)	Interstitial (Dry)	Interstitial (Dry)

<b>PIPING DATA:</b>	Pipe 01	Pipe 02
<b>Wall Type</b>	Double	Double
<b>Material</b>	Fiberglass	Fiberglass
<b>Install Date</b>	1/17/2002	1/17/2002
<b>Monitoring Method**</b>	Interstitial	Interstitial
<b>Sump Containment</b>	Yes	Yes
<b>Disp. Containment**</b>	Yes	Yes
<b>Monitor Probe Location**</b>	Turbine Sump	Turbine Sump
<b>Mechanical Leak Detector (manuf/model)</b>	FE Petro STP-MLD	FE Petro STP-MLD
<b>Electronic Leak Detector Present</b>	No	No

\*\* If applicable, leak sensor and under-dispenser shut off mechanism model numbers are included in the Monitoring System Certification

**ELECTRONIC MONITOR:**

**Make:** Veeder Root  
**Model:** TLS-350

**ADDITIONAL ELECTRONIC MONITOR**

**Make:** None  
**Model:**

**ALARMS AND SHUT DOWN MECHANISMS (if present):**

Piping equipped with audible/visual alarm, failsafe, and positive shutoff

# Underground Storage Tank Monitoring Program

1. **Owner/Operator/Site Number:** ConocoPhillips Co

Site # 256115 RE# 31096

2. **Site Address and Phone Number:** 4350 EL CAMINO REAL LOS ALTOS, CA 94022 ph (650) 941-0244

## 4. **Frequency of Monitoring Method and location Where Monitoring will be (for Waste Oil Tank):**

**Tanks:** Tank(s) 01 02 are monitored continuously using an electronic probe in the interstitial space of the tank

**Piping:** Pipe(s) 01 02 are monitored continuously by a liquid-detecting probe located in the turbine sump

**Dispenser:** Dispenser pans are equipped with continuous mechanical monitoring/mechanical shut-off device

## 5. **Name(s) and title(s) of the person(s) responsible for performing the monitoring and/or maintaining the equipment:**

**Operator Name and Number:** GREGORY P GALATOLO - (650) 941-0244

**Maintenance:** SolvOne - 1-866-215-0965

## 6. **Reporting Format:**

The monitor will be certified annually and a report generated and provided to the operator. The operator is to report all audible or visual alarm conditions that may indicate a potential release to the ConocoPhillips Field Representative, as well as the responsible party for maintenance listed under #5. In the event of a test failure, the specific piece(s) of equipment are taken out of service and proper reporting procedures followed. The operator is to report all suspected and confirmed releases to the ConocoPhillips Field Representative, as well as the responsible party for maintenance listed under #5.

## 7. **State the Preventative Maintenance Schedule for the Monitoring Equipment:**

The electronic monitoring system is certified annually to be functioning per manufacturer instructions by a properly trained and certified third-party contractor. Repairs are made by the responsible party listed under #5 upon notification by the station operator. The station operator is responsible for maintaining copies of testing results and repair records on site and available for agency inspectors. The 3rd-party testing requirements and frequencies for the tank system are summarized below.

### ***Contractor UST System Testing Requirements/Frequency***

Contractor testing of the primary tank is not required

The tank secondary containment is tested per manufacturer's specifications every 3 years in accordance with CCR Title 23 Section 2637

Fuel spill buckets require annual testing

Mechanical leak detector(s) tested annually

Contractor testing of the primary piping is performed annually

Secondary containment testing for piping, turbine sumps and dispenser pans is conducted every 3 years per manufacturer's specification under CCR Title 23

## 8. **Describe the Training Needed for the Operation of Both the Tank System and the Monitoring Equipment:**

The operator has been trained to check the tank system and/or monitor daily for proper operation. Training topics include performing daily/monthly inventory reconciliation, inspection of the monitoring system to ensure it is operating properly and not in alarm, periodic inspection of under-dispenser for leaks, inspection of fill and vapor spill buckets, inspection of hoses, nozzles, and other ancillary tank system equipment. If the tank system and/or monitor is not functioning correctly, the operator has been instructed to repair the equipment (if appropriate) or contact the responsible party for Maintenance listed under item #5 for repairs.

## 9. **Summary of Site Operator Requirements:**

For pipes monitored electronically, the site operator is to call the specified maintenance company to report monitoring alarms and maintain a record of all monitoring alarms and repairs. For double wall tanks monitored by interstitial probes, the monitoring equipment must be continuously operational with probes in place. Report all non-inventory monitoring alarms to the specified maintenance company and keep a record of alarms and repair work performed. For tanks monitored continuously via CSLD, operator is responsible for maintaining a monthly passing test result, reporting all non-inventory alarms to the specified Maintenance Company, and keeping a record of alarms and repair work performed. All sites are responsible for maintaining daily and monthly inventory reconciliation records and notifying the ConocoPhillips Field Representative and the Regional HSE for inventory variances greater than the regulatory limit.

## **Spill Response Plan**

### **For Minor Releases:**

If the release is less than 5 gallons and service station personnel can contain the release immediately (and the release does not go off-site, enter any waterway, or contact bare soils), do the following:

1. Turn off the source of the spill (i.e. turn off dispensers, pump, etc.)
2. Contain with absorbent material, making sure that the release does not leave the site or enter any drains.
3. Clean up release material with absorbent material.
4. Place used absorbent material into an approved container for such materials.
5. For proper disposal of used absorbent material, the dealer or designated employee will contact a licensed waste hauler to dispose of the material in accordance with all applicable federal, state, and local regulations.

### **For Major Releases:**

If the release is greater than 5 gallons, threatens to leave the site, enter any waterway, or contact bare soils, or there is an injury to a person, do the following:

1. Turn off the source of the spill (i.e. turn off dispensers, pump, etc.)
2. Evacuate customers, asking them to leave by foot.
3. Call the Fire Department: 911
4. All employees evacuate the premises.
5. Employees are to meet at a designated emergency assembly area.
6. Station dealer or manager to account for employees and any known customers at meeting place.
7. Dealer or manager should remain in the vicinity to provide information to the fire department, etc.
8. Notify the following personnel:

Regional HSE Specialist – David Camille – (510) 245-5219  
SolvOne at 1-866-215-0965

9. Attempt to contain the spill with absorbent material, attempting to prevent the release from leaving the site or entering any drains.
10. In California, call the Office of Emergency Services at 1-800-852-7550.
11. In the case of an unauthorized release from the primary containment, ConocoPhillips Company will respond within 8 hours to address necessary repairs to the primary containment and cleanup of the secondary containment. Exceptions to this will be reported to the agency as required under California Health and Safety Code Section 25295.

RECEIVED 1-13-03 HMCA



TOSCO

# Underground Storage Tank Monitoring Program

1. Operator/Site Number: GREGORY P GALATOLO Cost Center # 256115 RE# 31096  
 2. Site Address and Phone Number: 4350 EL CAMINO REAL LOS ALTOS, CA 94022 ph (650) 941-0244

### 3. Method and equipment to be used for performing the monitoring (USTs only):

TANK DATA:	Tank 01	Tank 02	Tank 03
Product	Unleaded	Premium Unleaded	Waste Oil
Capacity (gallons)	12032	12032	520
Wall Type	Double	Double	Double
Material	Steel, Fiberglass cladded on outside	Steel, Fiberglass cladded on outside	Steel, Fiberglass cladded on outside
Install Date	01/01/1990	01/01/1990	01/01/1990
Overfill	fill Alarm/Ball Float (at 9	Overfill Alarm/Ball Float	None
Spill Containment	Yes	Yes	Yes
Monitoring Method**	Interstitial (Dry)	Interstitial (Dry)	

---

PIPING DATA:	Pipe 01	Pipe 02
Wall Type	Double	Double
Material	Fiberglass	Fiberglass
Install Date	01/17/2002	01/17/2002
Monitoring Method	Interstitial	Interstitial
Sump Containment	Yes	Yes
Disp Containment Present	Yes	Yes
Monitor Probe Location	Turbine Sump	Turbine Sump
Mechanical Leak Detector (manuf/model)	Vaporless LD2000	Vaporless LD2000
Electronic Leak Detector Present	No	No

Reviewed By: *[Signature]*  
 Date: FEBRUARY 12, 2003

WASTE OIL TANK INTERSTITIAL MONITORING NOT APPLICABLE. INCORPORATE DETECTOR THAT ANALYZE LEAK DETECTOR TANK IS NOT REQUIRED. NO PLOT PLAN.

← WASTE!

\*\* If applicable, leak sensor and under-dispenser shut off mechanism model numbers are included in the Monitoring System Certification

<b>ELECTRONIC MONITOR:</b>	<b>ADDITIONAL ELECTRONIC MONITOR (for Waste Oil Tank):</b>	<b>ALARMS AND SHUT DOWN MECHANISMS (if present):</b>
Make: Veeder-Root	Make: None	Piping equipped with audible/visual alarm, failsafe, and positive shutoff
Model: TFS-350P	Model:	



TOSCO

# Underground Storage Tank Monitoring Program

1. Operator/Site Number: GREGORY P GALATOLO Cost Center # 256115 RE# 31096  
2. Site Address and Phone Number: 4350 EL CAMINO REAL LOS ALTOS, CA 94022 ph (650) 941-0244

## 4. Frequency of Monitoring Method and location Where Monitoring will be Performed:

Tanks: Tank(s) 01 02 are monitored continuously using an electronic probe in the interstitial space of the tank

↑?  
SMA

Piping: Pipe(s) 01 02 are monitored continuously by a liquid-detecting probe located in the turbine sump

Dispenser: Dispenser pans are equipped with continuous mechanical monitoring/mechanical shut-off device

## 5. Name(s) and title(s) of the person(s) responsible for performing the monitoring and/or maintaining the equipment:

Operator Name and Number: GREGORY P GALATOLO - (650) 941-0244

Maintenance: ConocoPhillips Service Contact Center - 1-866-805-4357

## 6. Reporting Format:

The monitor will be certified annually and a report generated and provided to the operator. The operator is to report all audible or visual alarm conditions that may indicate a potential release to the ConocoPhillips Field Representative, as well as the responsible party for maintenance listed under #5. In the event of a test failure, the specific piece(s) of equipment are taken out of service and proper reporting procedures followed. The operator is to report all suspected and confirmed releases to the ConocoPhillips Field Representative, as well as the responsible party for maintenance listed under #5.

## 7. State the Preventative Maintenance Schedule for the Monitoring Equipment:

The electronic monitoring system is certified annually to be functioning per manufacturer instructions by a properly trained and certified third-party contractor. Repairs are made by the responsible party listed under #5 upon notification by the station operator. The station operator is responsible for maintaining copies of testing results and repair records on site and available for agency inspectors. The 3rd-party testing requirements and frequencies for the tank system are summarized below.

### Contractor Tank Tightness Testing Requirements/Frequency

Contractor testing of the primary tank is not required

The tank secondary containment is tested per manufacturer's specifications every 3 years in accordance with CCR Title 23 Section 2637

### Line and Other UST System Testing Requirements/Frequency

Mechanical leak detector(s) tested annually

Contractor testing of the primary piping is not required

Secondary containment testing for piping, turbine sumps and dispenser pans is conducted every 3 years per manufacturer's specification under CCR Title 23

## 8. Describe the Training Needed for the Operation of Both the Tank System and the Monitoring Equipment:

The operator has been trained to check the tank system and/or monitor daily for proper operation. Training topics include performing daily/monthly inventory reconciliation, inspection of the monitoring system to ensure it is operating properly and not in alarm, periodic inspection of under-dispenser for leaks, inspection of fill and vapor spill buckets, inspection of hoses, nozzles, and other ancillary tank system equipment. If the tank system and/or monitor is not functioning correctly, the operator has been instructed to repair the equipment (if appropriate) or contact the responsible party for Maintenance listed under item #5 for repairs.

## 9. Summary of Site Operator Requirements:

For pipes monitored electronically, the site operator is to call the specified maintenance company to report monitoring alarms and maintain a record of all monitoring alarms and repairs. For double wall tanks monitored by interstitial probes, the monitoring equipment must be continuously operational with probes in place. Report all non-inventory monitoring alarms to the specified maintenance company and keep a record of alarms and repair work performed. All sites are responsible for maintaining daily and monthly inventory reconciliation records and notifying the ConocoPhillips Field Representative and the Regional Environmental Compliance Specialist for inventory variances greater than the regulatory limit.

## Spill Response Plan

### For Minor Releases:

If the release is less than 5 gallons and service station personnel can contain the release immediately (and the release does not go off-site, enter any waterway, or contact bare soils), do the following:

1. Turn off the source of the spill (i.e. turn off dispensers, pump, etc.)
2. Contain with absorbent material, making sure that the release does not leave the site or enter any drains.
3. Clean up release material with absorbent material.
4. Place used absorbent material into an approved container for such materials.
5. For proper disposal of used absorbent material, the dealer or designated employee will contact a licensed waste hauler to dispose of the material in accordance with all applicable federal, state, and local regulations

### For Major Releases:

If the release is greater than 5 gallons, threatens to leave the site, enter any waterway, or contact bare soils, or there is an injury to a person, do the following:

1. Turn off the source of the spill (i.e. turn off dispensers, pump, etc.)
2. Evacuate customers, asking them to leave by foot.
3. Call the Fire Department: 911
4. All employees evacuate the premises.
5. Employees are to meet at a designated emergency assembly area.
6. Station dealer or manager to account for employees and any known customers at meeting place
7. Dealer or manager should remain in the vicinity to provide information to the fire department, etc.
8. Notify the following personnel:  
Service Contact Center at 1-866-805-4357  
Regional Compliance Specialist *NAME?*
9. Attempt to contain the spill with absorbent material, attempting to prevent the release from leaving the site or entering any drains.
10. In California, call the Office of Emergency Services at 1-800-852-7550
11. In the case of an unauthorized release from the primary containment, ConocoPhillips Company will respond within 8 hours to address necessary repairs to the primary containment and cleanup of the secondary containment. Exceptions to this will be reported to the agency as required under California Health and Safety Code Section 25295.

This summary page should be kept in the first folder of your Environmental Compliance Records Box and provides a brief overview of what records are required to be maintained in each of the folders. Each header number below corresponds to the file folder number.

**2. Environmental Contacts (Reference Guide)**

Maintain your environmental contact list in this folder

**3. Fuel Delivery Receipts**

Required at the station for 2 months

**4. Daily/Weekly Inspection Form/Maintenance Log** (Use Form 00950)

Stage I (Tank Fill Equipment) Required Daily

Stage II (Hoses and Nozzles) Required Daily

Vap Rec Maintenance Log Complete the maintenance log for any repairs made to vapor recovery equipment

**5. Maintenance Work Orders/receipts**

Maintain receipts/work orders left by service provider(s) for repair of gasoline equipment

**6. Hazardous Waste Manifests (or receipts for disposal of non-hazardous wastes)**

Receipts or waste manifests must be kept any time there are hazardous or non-hazardous wastes (or recycled materials) removed from the site (examples may include used absorbent, tank water pumpout, used antifreeze, etc). Hazardous wastes shall not be left on-site more than 90 days. If the waste is generated from a dealer activity (for example, waste oil), dealer is responsible for manifests and disposal. Contact your local agency if you have questions regarding hazardous waste requirements.

**7. Material Safety Data Sheets (MSDSs)**

MSDSs must be maintained for all chemicals that employees could be exposed to at your facility. Keep the ones related to gasoline in this folder, make a separate binder for all others (ex: cleaning, bay, car wash).

**8. Employee Training Records** (Use Form 00957 and 00959)

Where required, maintain copies of Stage II, HMMP, and other training records on site.

**9. California - Annual Hazardous Materials Management Plan (HMMP) Gas-Propane-Bulk CO2**

HMMP is required. If the HMMP is more than 1 year old, the site must have a signed certification stating plan is current and correct. For example, if the HMMP was done in November 2000, in November 2001 and November 2002, a one-page certification must be submitted stating that the 2000 plan is still accurate. Call Jennifer Carey at RHL (707-765-1660) if you need a copy of your HMMP or if you would like for RHL to prepare one for you. Dealers are required to pay for these and maintain them on site. If the plan requires changes, notify RHL.

**10. California - Tank Monitoring Plan/Spill Response Plan**

Each site must have a written UST monitoring plan and spill response plan. If you do not have a copy, please contact your Regional Compliance Specialist.

**11. Tank Testing/Monitor Certification**

Test results and monitor certifications are mailed to or left on site by the testing vendor and should be maintained on site.

**Third Party Testing Requirements:**

<b>Tank Testing:</b>	Not required	<b>Monitor Certification:</b>	Required Annually
<b>Line Testing:</b>	Not Required	<b>Leak Detector Testing:</b>	Required Annually

**12. Stage II Test Results**

**System Type** Balance

Stage II Test Results are to be maintained on site and will be provided by the contractor following testing. Below are the test types and frequency required at your station.

Test Type(s)	Frequency
Pressure Decay, Blockage and Liquid Removal	Annually

This summary page should be kept in the first folder of your Environmental Compliance Records Box and provides a brief overview of what records are required to be maintained in each of the folders. Each header number below corresponds to the file folder number.

**13. Monthly Gasoline Inventory** (Use Form 00955)

Keep your daily/monthly gasoline inventory records in this folder

**14. Monthly Monitor Printouts/Alarm Log**

Tank monitored by probe located between two tank walls (interstitial monitoring) Maintain documentation regarding all alarms (Alarm Log, Form 00954) Call the Service Contact Center for all non-inventory alarms

**15. Agency Inspections**

Fax copies of all environmental agency (tanks, vapor recovery, etc.) inspections, including Notices to Comply or Notices of Violation, to your Regional Compliance Specialist and maintain a copy on site

**16. Owner/Operator Agreement**

In CA, WA, OR, NV or AZ, maintain your UST Owner/Operator agreement in this folder. If your site is located in another State and you received an Owner/Operator agreement with your lease, keep it in this folder

**17. 5-Star Survey Results**

Maintain your 5-star audit results in this folder

**18. Monthly Safety/Environmental Meeting Minutes**

Maintain your Safety and Environmental Meeting minutes in this folder

**19. HazCom Program/Emergency Response Plan**

Maintain your Hazardous Communication and/or Emergency Response Plan in this folder

**20. OSHA Records**

If applicable, maintain your OSHA records in this folder

**21. Local Requirements**

**22. Local Requirements**

**23. Local Requirements**

**Regional Compliance Specialist**

Your Regional Compliance Specialist is Irene Jimenez, located in San Ramon at 925-277-2319 or Janette Thompson at 925-277-2404, fax 927-277-2361

Original permits should be posted on site on the bulletin board. If you need a copy of a particular permit, you will need to contact the Permits and Licenses Department at 602-728-6660

This listing of environmental record keeping requirements is intended to provide a summary of record keeping requirements for certain environmental issues related to gasoline storage facilities at the time of printing and does not cover all obligations or requirements at any particular marketing location. Your Station Lease requires compliance with all required local, state, and federal laws. If there are local requirements that are not listed above, fill in the requirement name in your Environmental Records Box and store any necessary documentation in that slot



State of California  
 State Water Resources Control Board  
 Division of Financial Assistance  
 P.O. Box 944212  
 Sacramento, CA 94244-2121

For State Use Only

(Instructions on reverse side)

## CERTIFICATION OF FINANCIAL RESPONSIBILITY FOR UNDERGROUND STORAGE TANKS CONTAINING PETROLEUM

A. I am required to demonstrate Financial Responsibility in the required amounts as specified in California Code of Regulations (CCR), Title 23, Division 3, Chapter 18, Section 2807,

500,000 dollars per occurrence

1 million dollars annual aggregate

1 million dollars per occurrence

AND

2 million dollars annual aggregate

B. ConocoPhillips hereby certifies that it is in compliance with the requirements of Section 2807,  
 (Name of Tank Owner or Operator)

California Code of Regulations, Title 23, Division 3, Chapter 18, Article 3, Section 2807.

The mechanisms used to demonstrate financial responsibility as required by Section 2807 are as follows:

C. Mechanism Type	Name and Address of Issuer	Mechanism Number	Coverage Amount	Coverage Period	Corrective Action	Third Party Comp
Chief Financial Officer Letter	600 N. Dairy Ashford, Houston, TX 77079	N/A for this mechanism	\$1,000,000 per occurrence & \$2,000,000 annual aggregate	April 30, 2009, to April 30, 2010	Yes	Yes

Note:

Note: If you are using the State Fund as any part of your demonstration of financial responsibility, your execution and submission of this certification also certifies that you are in compliance and shall maintain compliance with all conditions for participation in the Fund. See Instructions.

D. Facility Name See attached Schedule A	Facility Address See attached Schedule A
Facility Name	Facility Address
Facility Name	Facility Address
E. Signature of Tank Owner or Operator <i>C. Clayton Reasor</i>	Date 4-13-09
Name and Title of Tank Owner or Operator C. Clayton Reasor, President, U.S. Marketing	
Signature of Witness or Notary <i>Laura Greenwood</i>	Date 4-13-09
Name of Witness or Notary Laura Greenwood	

CFR (Revised 11/08)



**LAURA GREENWOOD**  
 Notary Public  
 STATE OF TEXAS  
 My Comm. Exp. 07-06-2010

Copies - Facility/Site(s)

CERTIFICATION OF FINANCIAL RESPONSIBILITY  
SCHEDULE A

For list of California UST's, please see Attachment A of Appendix I (CFO Letter).

DRAFT

## Attachment A

Site# Or Name	Address	City	State	Zip	County	# of Tanks
255994	195 WEST NAPA ST	SONOMA	CA	95476	SONOMA	3
256010	3860 E 3RD ST	LOS ANGELES	CA	90063	LOS ANGELES	3
256067	2605 STEARNS STREET	SIMI VALLEY	CA	93063	VENTURA	3
256076	390 1ST ST	SAN FRANCISCO	CA	94105	SAN FRANCISCO	4
256080	21530 STEVENS CREEK BLVD	CUPERTINO	CA	95014	SANTA CLARA	3
256115	4350 EL CAMINO REAL	LOS ALTOS	CA	94022	SANTA CLARA	3
256153	99 MOUNT HERMON RD	SCOTT'S VALLEY	CA	95066	SANTA CRUZ	3
256188	20841 DEVONSHIRE ST	CHATSWORTH	CA	91311	LOS ANGELES	3
256201	4176 VENICE BLVD	LOS ANGELES	CA	90019	LOS ANGELES	2
256231	602 W SAN CARLOS ST	SAN JOSE	CA	95126	SANTA CLARA	3
256251	3805 INGRAHAM STREET	SAN DIEGO	CA	92109	SAN DIEGO	3
256277	15803 E 14TH ST	SAN LEANDRO	CA	94578	ALAMEDA	3
256297	2345 W CHAPMAN AVE	ORANGE	CA	92868	ORANGE	3
256323	137 SERRAMONTE CTR	DALY CITY	CA	94015	SAN MATEO	3
256340	13380 LINCOLN WAY	AUBURN	CA	95603	PLACER	2
256390	402 DELAWARE ST	SAN MATEO	CA	94402	SAN MATEO	3
256447	26411 CROWN VLY PRKWY	MISSION VIEJO	CA	92691	ORANGE	2
256521	2690 SAN MIGUEL DR	NEWPORT BEACH	CA	92660	ORANGE	3
256525	5410 WALNUT AVE	IRVINE	CA	92604	ORANGE	4
256540	134 PITTMAN RD	SUISUN	CA	94585	SOLANO	3
256728	575 N VENTU PARK RD	NEWBURY PARK	CA	91320	VENTURA	4
256857	18702 AMAR RD	WALNUT	CA	91789	LOS ANGELES	4
256897	2025 EL CAMINO AVE	SANTA CLARA	CA	95050	SANTA CLARA	2
256898	5040 EL CAJON BLVD	SAN DIEGO	CA	92115	SAN DIEGO	3
256923	2383 SYCAMORE DRIVE	SIMI VALLEY	CA	93065	VENTURA	3
257001	1501 PARKMOOR AVE	SAN JOSE	CA	95128	SANTA CLARA	2
257003	5799A MOWRY AVE	NEWARK	CA	94560	ALAMEDA	2
257006	560 CONTRA COSTA BLVD	PLEASANT HILL	CA	94523	CONTRA COSTA	2
257186	968 BLOSSOM HILL RD	SAN JOSE	CA	95123	SANTA CLARA	3
257259	2370 ALUM ROCK AVE	SAN JOSE	CA	95116	SANTA CLARA	2
257261	7960 SANTA MONICA BLVD	WEST HOLLYWOOD	CA	90046	LOS ANGELES	2
257288	4181 OCEANSIDE BLVD	OCEANSIDE	CA	92056	SAN DIEGO	4
257329	34306 PACIFIC COAST HWY	DANA POINT	CA	92629	ORANGE	3
257331	901 ASHBY AVE	BERKELEY	CA	94710	ALAMEDA	4
257390	151 BRANHAM LN	SAN JOSE	CA	95136	SANTA CLARA	3
257486	1201 S EL CAMINO REAL	SAN CLEMENTE	CA	92672	ORANGE	3

**CERTIFICATION OF FINANCIAL RESPONSIBILITY**

ConocoPhillips Company hereby certifies that it is in compliance with the requirements of Subpart H of section 2807, article 3, chapter 18, division 3, title 23, California Code of Regulations.

The mechanisms used to demonstrate financial responsibility as required by section 2807 are as follows:

**Mechanism:** 40 CFR Section 280.96 – Guarantee (issued by corporate parent ConocoPhillips using 40 CFR Section 280.95 – Financial Test of Self Insurance) and 40 CFR 280.103 – Standby Trust Fund

**Amount of Coverage:** \$1,000,000 per occurrence  
\$2,000,000 annual aggregate

**Effective Period of Coverage:** From April 30, 2009 until April 30, 2010, unless earlier revoked or replaced by written notice.

**Coverage:** Taking corrective action and compensating third parties for bodily injury and property damage caused by accidental releases.

**ConocoPhillips Company**

*C. Clayton Reasor*

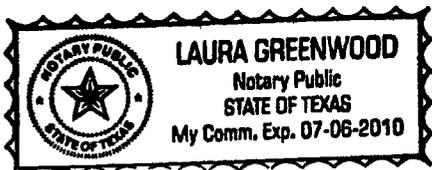
C. Clayton Reasor  
President of U.S. Marketing

*Pub  
Ems*

Date: April 3, 2009

State of Texas        )  
                                  ) ss.  
County of Harris     )

The foregoing instrument was acknowledged before me this 3 day of April, 2009, by C. Clayton Reasor, personally known to me as the President of U.S. Marketing of ConocoPhillips Company, who executed the same on behalf of the corporation.



*Laura Greenwood*

Notary Public  
My Commission Expires: 7-6-10



**Paul I. Hamada**  
Senior Counsel  
North America Refining, Transportation  
& Regulatory Legal Group

McLean 2080  
600 North Dairy Ashford  
Houston, TX 77079  
(281) 293-1036  
(281) 293-5676 (fax)  
paul.hamada@conocophillips.com

April 3, 2009

**VIA UPS OVERNIGHT**

California Environmental Protection Agency  
State Water Resources Control Board  
UST Cleanup Fund  
1001 I Street, 17<sup>th</sup> Floor  
Sacramento, CA 95814

Attention: Ginny Lagomarsino

Re: **UST Financial Assurance**

Dear Ms. Lagomarsino:

The purpose of this letter is to provide demonstration of compliance with the requirements for financial assurance for corrective action and sudden and non-sudden occurrences liability for Underground Storage Tanks (USTs) as specified in Chapter 18, Division 3, Title 23 of the California Code of Regulations.

USTs in California under your jurisdiction are shown in Attachment A of Appendix I (CFO letter).

For purposes of financial assurance, ConocoPhillips is guarantor for ConocoPhillips Company, a wholly-owned subsidiary of ConocoPhillips.

The enclosed information includes:

**Appendix I**—A financial test letter from the Chief Financial Officer of ConocoPhillips.

**Appendix II**—Report of Ernst & Young LLP, independent auditors of ConocoPhillips' financial statements for the year ended December 31, 2008, which is contained in the ConocoPhillips 2008 Annual Report.

**Appendix III**—Corporate Guarantees from ConocoPhillips.

California Environmental Protection Agency  
April 3, 2009  
Page 2

**Appendix IV**—Standby Trust Fund documentation, Certificate of Financial Responsibility.

If questions arise concerning this submission, please contact me at (281) 293-1036 or [paul.hamada@conocophillips.com](mailto:paul.hamada@conocophillips.com).

Sincerely,



Paul Hamada  
Senior Counsel

Enclosures

cc: (w/o annual report)  
T. Border  
J. K. Osborn  
K. R. Keith

DRAFT



April 3, 2009

**LETTER FROM THE CHIEF FINANCIAL OFFICER**

California Environmental Protection Agency  
State Water Resources Control Board  
UST Cleanup Fund  
1001 I Street, 17<sup>th</sup> Floor  
Sacramento, CA 95814

Dear Sir or Madam:

I am the chief financial officer for ConocoPhillips, 600 North Dairy Ashford, Houston, TX 77079. This letter is in support of the use of the Underground Storage Tank Cleanup Fund to demonstrate financial responsibility for taking corrective action and/or compensating third parties for bodily injury and property damage caused by an unauthorized release of petroleum in the amount of at least one million dollars (\$1,000,000.00) per occurrence and two million dollars (\$2,000,000.00) annual aggregate coverage.

Underground storage tanks at the following facilities are assured by this letter:

Refer to Attachment A

1. Amount of annual aggregate coverage being assured by this letter	\$2,000,000
2. Total tangible assets	\$138,240,836,000
3. Total liabilities	\$87,699,232,000
4. Tangible net worth (subtract line 3 from line 2. Line 4 must be at least 10 times line 1.)	\$50,541,604,000

California Environmental Protection Agency

April 3, 2009

Page 2

I hereby certify that the wording of this letter is identical to the wording specified in section 2808.1, subdivision (c)(1), chapter 18, division 3, title 23 of the California Code of Regulations.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief. Executed at 600 North Dairy Ashford, Houston, Texas, on April 3, 2009.

**ConocoPhillips**



Sig Cornelius

Senior Vice President, Finance, and Chief Financial Officer



DRAFT

Attachment A

Internal No	Address	City	State	Zip	County	RMR Status
-------------	---------	------	-------	-----	--------	------------

ConocoPhillips has or continues to undertake required corrective actions and meet third-party liability claim as a responsible party as either the owner or operator of a petroleum underground storage tank ("UST") system(s) at the time of the sudden or non-sudden release(s) or accidental release(s) and/or occurrence(s) of petroleum from UST system(s) that resulted in a need for corrective action and/or third-party liability claim. Financial responsibility for undertake such required corrective actions and meet third-party liability claim may be required under the following applicable state and federal financial responsibility requirements:

1. Title 40 Code of Federal Regulations, Part 280, Subpart H, commencing with Section 280.90;
2. Section 25292.2 of Chapter 6.75 of the California Health and Safety Code;
3. Article 3 of Chapter 6.75 of the California Health and Safety Code Commencing with Section 25299.30; and
4. California Code of Regulations, Title 23, Article 3, Chapter 18.

## GUARANTEE

Guarantee made this April 3, 2009, by ConocoPhillips, a business entity organized under the laws of the state of Delaware, herein referred to as guarantor, to the California State Water Resources Control Board and Environmental Protection Agency Region 9 ("the Agencies") and to any and all third parties, and obligees, on behalf of ConocoPhillips Company of 600 North Dairy Ashford, Houston, Texas 77079.

### Recitals

1. Guarantor meets or exceeds the financial test criteria of 40 CFR 280.95 (b) or (c) and (d) and agrees to comply with the requirements for guarantors as specified in 40 CFR 280.96(b).
2. ConocoPhillips Company owns or operates the following underground storage tanks covered by this guarantee:

See "Attachment A"

This guarantee satisfies 40 CFR part 280, subpart H requirements for assuring funding for taking corrective action and/or compensating third parties for bodily injury and property damage caused by accidental releases arising from operating the above-identified underground storage tanks in the amount of \$1,000,000 per occurrence and \$2,000,000 annual aggregate.

3. On behalf of our subsidiary ConocoPhillips Company, guarantor guarantees to the Agencies and to any and all third parties that:

In the event that ConocoPhillips Company fails to provide alternative coverage within 60 days after receipt of a notice of cancellation of this guarantee and the administrators of the Agencies have determined or suspect that a release has occurred at an underground storage tank covered by this guarantee, the guarantor, upon instructions from the Agencies shall fund a standby trust fund in accordance with the provisions of 40 CFR 280.108, in an amount not to exceed the coverage limits specified above.

In the event that the Agencies determine that ConocoPhillips Company has failed to perform corrective action for releases arising out of the operation of the above-identified tanks in accordance with 40 CFR part 280, subpart F, the guarantor upon written instructions from the Agencies shall fund a standby trust in accordance with the provisions of 40 CFR 280.108, in an amount not to exceed the coverage limits specified above.

If ConocoPhillips Company fails to satisfy a judgment or award based on a determination of liability for bodily injury or property damage to third parties

caused by sudden and/or nonsudden accidental releases arising from the operation of the above-identified tanks, or fails to pay an amount agreed to in settlement of a claim arising from or alleged to arise from such injury or damage, the guarantor, upon written instructions from the Agencies, shall fund a standby trust in accordance with the provisions of 40 CFR 280.108 to satisfy such judgment(s), award(s), or settlement agreement(s) up to the limits of coverage specified above.

4. Guarantor agrees that if, at the end of any fiscal year before cancellation of this guarantee, the guarantor fails to meet the financial test criteria of 40 CFR 280.95 (b) or (c) and (d), guarantor shall send within 120 days of such failure, by certified mail, notice to ConocoPhillips Company. The guarantee will terminate 120 days from the date of receipt of the notice by ConocoPhillips Company, as evidenced by the return receipt.
5. Guarantor agrees to notify ConocoPhillips Company by certified mail of a voluntary or involuntary proceeding under Title 11 (Bankruptcy), U.S. Code naming guarantor as debtor, within 10 days after commencement of the proceeding.
6. Guarantor agrees to remain bound under this guarantee notwithstanding any modification or alteration of any obligation of ConocoPhillips Company pursuant to 40 CFR part 280.
7. Guarantor agrees to remain bound under this guarantee for so long as ConocoPhillips Company must comply with the applicable financial responsibility requirements of 40 CFR part 280, subpart H for the above-identified tanks, except that guarantor may cancel this guarantee by sending notice by certified mail to ConocoPhillips Company, such cancellation to become effective no earlier than 120 days after receipt of such notice by ConocoPhillips Company, as evidenced by the return receipt.
8. The guarantor's obligation does not apply to any of the following:
  - a. Any obligation of ConocoPhillips Company under a workers' compensation, disability benefits, or unemployment compensation law or other similar law;
  - b. Bodily injury to an employee of ConocoPhillips Company arising from, and in the course of, employment by ConocoPhillips Company;
  - c. Bodily injury or property damage arising from the ownership, maintenance, use, or entrustment to others of any aircraft, motor vehicle, or watercraft;
  - d. Property damage to any property owned, rented, loaned to, in the care, custody, or control of, or occupied by ConocoPhillips Company that is not

the direct result of a release from a petroleum underground storage tank;  
and

- e. Bodily damage or property damage for which ConocoPhillips Company is obligated to pay damages by reason of the assumption of liability in a contract or agreement other than a contract or agreement entered into to meet the requirements of 40 CFR 280.93.

- 9. Guarantor expressly waives notice of acceptance of this guarantee by the Agencies, by any or all third parties, or by ConocoPhillips Company.

I hereby certify that the wording of this guarantee is identical to the wording specified in 40 CFR 280.96(c) as such regulations were constituted on the effective date shown immediately below.

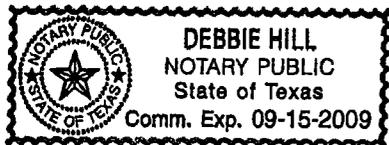
Effective: April 3, 2009

**CONOCOPHILLIPS**

  
Sig Cornelius  
Senior Vice President, Finance, and Chief Financial Officer

State of Texas            )  
  ) ss.  
County of Harris        )

The foregoing instrument was acknowledged before me this 3rd day of April, 2009, by Sig Cornelius, personally known to me as the Senior Vice President, Finance, and Chief Financial Officer of ConocoPhillips, who executed the same on behalf of the corporation.



  
Notary Public  
My Commission Expires: 9-15-2009

## GUARANTEE

For list of California UST's, please see Attachment A of Appendix I (CFO Letter).

## TRUST AGREEMENT

Trust agreement, the "Agreement," entered into as of April 3, 2009 by and between ConocoPhillips Company, a Delaware corporation, the "Grantor," and Arvest Trust Company, N.A., a national bank, the "Trustee."

Whereas, the United States Environmental Protection Agency, "EPA," an agency of the United States Government, has established certain regulations applicable to the Grantor, requiring that an owner or operator of an underground storage tank shall provide assurance that funds will be available when needed for corrective action and third-party compensation for bodily injury and property damage caused by sudden and nonsudden accidental releases arising from the operation of the underground storage tank. The attached Schedule A lists the number of tanks at each facility and the names and addresses of the facilities where the tanks are located that are covered by the standby trust agreement.

Whereas, the Grantor has elected to establish a guarantee to provide all or part of such financial assurance for the underground storage tanks identified herein and is required to establish a standby trust fund able to accept payments from the instrument;

Whereas, the Grantor, acting through its duly authorized officers, has selected the Trustee to be the trustee under this agreement, and the Trustee is willing to act as trustee;

Now, therefore, the Grantor and the Trustee agree as follows:

### Section 1. Definitions

As used in this Agreement:

- a. The term "Grantor" means the owner or operator who enters into this Agreement and any successors or assigns of the Grantor.
- b. The term "Trustee" means the Trustee who enters into this Agreement and any successor Trustee.

### Section 2. Identification of the Financial Assurance Mechanism

This Agreement pertains to the guarantee from which the standby trust fund is established to receive payments.

### **Section 3. Establishment of Fund**

The Grantor and the Trustee hereby establish a trust fund, the "Fund," for the benefit of the California State Water Resources Control Board and the Environmental Protection Agency Region 9 ("Agencies"). The Grantor and the Trustee intend that no third party have access to the Fund except as herein provided. The Fund is established initially as a standby to receive payments and shall not consist of any property. Payments made by the provider of financial assurance pursuant to the Agencies' instruction are transferred to the Trustee and are referred to as the Fund, together with all earnings and profits thereon, less any payments or distributions made by the Trustee pursuant to this Agreement. The Fund shall be held by the Trustee, IN TRUST, as hereinafter provided. The Trustee shall not be responsible nor shall it undertake any responsibility for the amount or adequacy of, nor any duty to collect from the Grantor as provider of financial assurance, any payments necessary to discharge any liability of the Grantor established by the Agencies.

### **Section 4. Payment for Corrective Action and/or Third-Party Liability Claims**

The Trustee shall make payments from the Fund as the Agencies shall direct, in writing, to provide for the payment of the costs of taking corrective action and/or compensating third parties for bodily injury and property damage caused by accidental releases arising from operating the tanks covered by the financial assurance mechanism identified in this Agreement.

The Fund may not be drawn upon to cover any of the following:

- a. Any obligation of Owner under a workers' compensation, disability benefits, or unemployment compensation law or other similar law;
- b. Bodily injury to an employee of Owner arising from, and in the course of employment by Owner;
- c. Bodily injury or property damage arising from the ownership, maintenance, use, or entrustment to others of any aircraft, motor vehicle, or watercraft;
- d. Property damage to any property owned, rented, loaned to, in the care, custody, or control of, or occupied by Owner that is not the direct result of a release from a petroleum underground storage tank; and
- e. Bodily injury or property damage for which Owner is obligated to pay damages by reason of the assumption of liability in a contract or agreement other than a contract or agreement entered into to meet the requirements of 40 CFR 280.93.

The Trustee shall reimburse the Grantor, or other persons as specified by the Agencies, from the Fund for corrective action expenditures and/or third-party liability claims in

such amounts as the Agencies shall direct in writing. In addition, the Trustee shall refund to the Grantor such amounts as the Agencies specify in writing. Upon refund, such funds shall no longer constitute part of the Fund as defined herein.

### **Section 5. Payments Comprising the Fund**

Payments made to the Trustee for the Fund shall consist of cash and securities acceptable to the Trustee.

### **Section 6. Trustee Management**

The Trustee shall invest and reinvest the principal and income of the Fund and keep the Fund invested as a single fund, without distinction between principal and income, in accordance with general investment policies and guidelines which the Grantor may communicate in writing to the Trustee from time to time, subject, however, to the provisions of this Section. In investing, reinvesting, exchanging, selling, and managing the Fund, the Trustee shall discharge his duties with respect to the trust fund solely in the interest of the beneficiaries and with the care, skill, prudence, and diligence under the circumstances then prevailing which persons of prudence, acting in a like capacity and familiar with such matters, would use in the conduct of an enterprise of a like character and with like aims; except that:

- (i) Securities or other obligations of the Grantor, or any other owner or operator of the tanks, or any of their affiliates as defined in the Investment Company Act of 1940, as amended, 15 U.S.C. 80a-2(a), shall not be acquired or held, unless they are securities or other obligations of the federal or a state government;
- (ii) The Trustee is authorized to invest the Fund in time or demand deposits of the Trustee, to the extent insured by an agency of the federal or state government; and
- (iii) The Trustee is authorized to hold cash awaiting investment or distribution uninvested for a reasonable time and without liability for the payment of interest thereon.

## **Section 7. Commingling and Investment**

The Trustee is expressly authorized in its discretion:

- a. To transfer from time to time any or all of the assets of the Fund to any common, commingled, or collective trust fund created by the Trustee in which the Fund is eligible to participate, subject to all of the provisions thereof, to be commingled with the assets of other trusts participating therein; and
- b. To purchase shares in any investment company registered under the Investment Company Act of 1940, 15 U.S.C. 80a-1 et seq., including one which may be created, managed, underwritten, or to which investment advice is rendered or the shares of which are sold by the Trustee. The Trustee may vote such shares in its discretion.

## **Section 8. Express Powers of Trustee**

Without in any way limiting the powers and discretions conferred upon the Trustee by the other provisions of this Agreement or by law, the Trustee is expressly authorized and empowered:

- a. To sell, exchange, convey, transfer, or otherwise dispose of any property held by it, by public or private sale. No person dealing with the Trustee shall be bound to see to the application of the purchase money or to inquire into the validity or expediency of any such sale or other disposition;
- b. To make, execute, acknowledge, and deliver any and all documents of transfer and conveyance and any and all other instruments that may be necessary or appropriate to carry out the powers herein granted;
- c. To register any securities held in the Fund in its own name or in the name of a nominee and to hold any security in bearer form or in book entry, or to combine certificates representing such securities with certificates of the same issue held by the Trustee in other fiduciary capacities, or to deposit or arrange for the deposit of such securities in a qualified central depository even though, when so deposited, such securities may be merged and held in bulk in the name of the nominee of such depository with other securities deposited therein by another person, or to deposit or arrange for the deposit of any securities issued by the United States Government, or any agency or instrumentality thereof, with a Federal Reserve bank, but the books and records of the Trustee shall at all times show that all such securities are part of the Fund;

- d. To deposit any cash in the Fund in interest-bearing accounts maintained or savings certificates issued by the Trustee, in its separate corporate capacity, or in any other banking institution affiliated with the Trustee, to the extent insured by an agency of the federal or state government; and
- e. To compromise or otherwise adjust all claims in favor of or against the Fund.

#### **Section 9. Taxes and Expenses**

All taxes of any kind that may be assessed or levied against or in respect of the Fund and all brokerage commissions incurred by the Fund shall be paid from the Fund. All other expenses incurred by the Trustee in connection with the administration of this Trust, including fees for legal services rendered to the Trustee, the compensation of the Trustee to the extent not paid directly by the Grantor, and all other proper charges and disbursements of the Trustee shall be paid from the Fund.

#### **Section 10. Advice of Counsel**

The Trustee may from time to time consult with counsel, who may be counsel to the Grantor, with respect to any questions arising as to the construction of this Agreement or any action to be taken hereunder. The Trustee shall be fully protected, to the extent permitted by law, in acting upon the advice of counsel.

#### **Section 11. Trustee Compensation**

The Trustee shall be entitled to reasonable compensation for its services as agreed upon in writing from time to time with the Grantor.

#### **Section 12. Successor Trustee**

The Trustee may resign or the Grantor may replace the Trustee, but such resignation or replacement shall not be effective until the Grantor has appointed a successor trustee and this successor accepts the appointment. The successor trustee shall have the same powers and duties as those conferred upon the Trustee hereunder. Upon the successor trustee's acceptance of the appointment, the Trustee shall assign, transfer, and pay over to the successor trustee the funds and properties then constituting the Fund. If for any reason the Grantor cannot or does not act in the event of the resignation of the Trustee, the Trustee may apply to a court of competent jurisdiction for the appointment of a successor trustee or for instructions. The successor trustee shall specify the date on which it assumes administration of the trust in writing sent to the Grantor and the present Trustee by certified mail 10 days before such change becomes effective. Any expenses incurred by the Trustee as a result of any of the acts contemplated by this Section shall be paid as provided in Section 9.

### **Section 13. Instructions to the Trustee**

All orders, requests, and instructions by the Grantor to the Trustee shall be in writing, signed by such persons as are designated in the attached Schedule B or such other designees as the Grantor may designate by amendment to Schedule B. The Trustee shall be fully protected in acting without inquiry in accordance with the Grantor's orders, requests, and instructions. All orders, requests, and instructions by the Agencies to the Trustee shall be in writing, signed by the Agencies, and the Trustee shall act and shall be fully protected in acting in accordance with such orders, requests, and instructions. The Trustee shall have the right to assume, in the absence of written notice to the contrary, that no event constituting a change or a termination of the authority of any person to act on behalf of the Grantor or the Agencies hereunder has occurred. The Trustee shall have no duty to act in the absence of such orders, requests, and instructions from the Grantor and/or the Agencies, except as provided for herein.

### **Section 14. Amendment of Agreement**

This Agreement may be amended by an instrument in writing executed by the Grantor and the Trustee, or by the Trustee and the Agencies if the Grantor ceases to exist.

### **Section 15. Irrevocability and Termination**

Subject to the right of the parties to amend this Agreement as provided in Section 14, this Trust shall be irrevocable and shall continue until terminated at the written direction of the Grantor and the Trustee, or by the Trustee and the Agencies, if the Grantor ceases to exist. Upon termination of the Trust, all remaining trust property, less final trust administration expenses, shall be delivered to the Grantor.

### **Section 16. Immunity and Indemnification**

The Trustee shall not incur personal liability of any nature in connection with any act or omission, made in good faith, in the administration of this Trust, or in carrying out any directions by the Grantor or the Agencies issued in accordance with this Agreement. The Trustee shall be indemnified and saved harmless by the Grantor, from and against any personal liability to which the Trustee may be subjected by reason of any act or conduct in its official capacity, including all expenses reasonably incurred in its defense in the event the Grantor fails to provide such defense.

### **Section 17. Choice of Law**

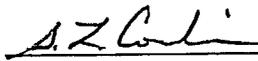
This Agreement shall be administered, construed, and enforced according to the laws of the state of California, or the Comptroller of the Currency in the case of National Association banks.

**Section 18. Interpretation**

As used in this Agreement, words in the singular include the plural and words in the plural include the singular. The descriptive headings for each section of this Agreement shall not affect the interpretation or the legal efficacy of this Agreement.

In Witness whereof the parties have caused this Agreement to be executed by their respective officers duly authorized and their corporate seals (if applicable) to be hereunto affixed and attested as of the date first above written. The parties below certify that the wording of this Agreement is identical to the wording specified in 40 CFR 280.103(b)(1) as such regulations were constituted on the date written above.

**CONOCOPHILLIPS COMPANY**

  
\_\_\_\_\_  
Sig Cornelius  
Senior Vice President, Finance, and Chief Financial Officer



Date: April 3, 2009

Attest: Trustee

Bertha Lanckriet

Bertha Lanckriet

Arvest Trust Company, N.A.

Vice President and Senior Trust Officer

Date: Mar 13, 2009

Seal

Attest: Witness

Dee Ann Willman

Witness: Dee Ann Willman

Title: Asst V.P.

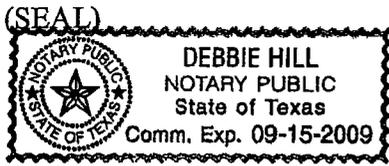
**CERTIFICATE OF ACKNOWLEDGEMENT**

State of Texas     )

County of Harris   )

On this 3rd day of April, 2009, before me personally came Sig L. Cornelius, to me known, who, being by me duly sworn, did depose and say that he resides at 600 N. Dairy Ashford, Houston, Texas 77079, that he is the Senior Vice President, Finance, and Chief Financial Officer of ConocoPhillips Company, the corporation described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to such instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation; and that he signed his name thereto by like order.

Subscribed and sworn to before me this 3rd day of April, 2009.



Debbie Hill  
Notary Public  
My Commission Expires: 9-15-2009

TRUST AGREEMENT  
SCHEDULE A

For list of California UST's, please see Attachment A of Appendix I (CFO Letter).

DRAFT

**SCHEDULE B**

The following individuals are authorized to provide written orders, requests and instructions to the Trustees on behalf of the Grantor:

F. M. Vallejo

Francis M Vallejo

D. P. Bolen

D. P. Bolen

R. N. Heinrich

R. N. Heinrich

DRAFT

**ConocoPhillips**

RECEIVED BY:  
SANTA CLARA COUNTY  
DEPT. OF ENV. HEALTH

APR 20 PM 3:52

600 North Dairy Ashford  
Tarkington Building, 3002  
Houston, TX 77079

Phone: (281) 293 - 4335  
Fax (918) 662 - 6333

HSE Department  
US Marketing Division

Via: Certified US Mail

April 16, 2009

Santa Clara County DEH  
1555 Berger Dr., Suite 300  
San Jose, CA 95112-2716

To Whom It May Concern:

Enclosed, please find information relating to ConocoPhillips Company's requirement to provide financial responsibility for the ownership and operation of underground storage tanks. This filing likewise satisfies the requirements of authorized state programs.

Among other documents, enclosed is a list of our sites that fall within your jurisdiction. Please let me know if there are discrepancies between this list and your records.

Please forward this information to the appropriate person(s) in your agency. You may direct any questions to me at (281) 293-4335.

Sincerely,



Thomas Border  
Senior Analyst  
Marketing HSE  
ConocoPhillips Company  
Email [Thomas.R.Border@conocophillips.com](mailto:Thomas.R.Border@conocophillips.com)

Santa Clara County DEH

Site#	Address	City	State	Zip	County	# of Tanks
256115	4350 EL CAMINO REAL	LOS ALTOS	CA	94022	SANTA CLARA	3
256859	12015 SARATOGA-SUNNYVALE	SARATOGA	CA	95070	SANTA CLARA	3

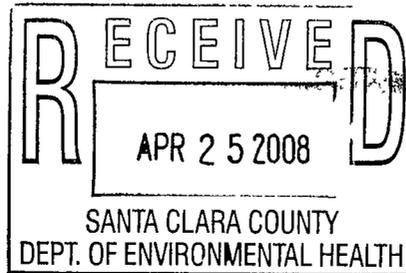
DRAFT



600 North Dairy Ashford  
Tarkington Building, 1026 B  
Houston, TX 77079

Phone (281) 293 - 4335  
Fax (281) 293 - 2959

HSE Department  
US Marketing Division



Via Certified US Mail

April 22, 2008

Santa Clara County Department Environmental Health  
1555 Berger Dr., Suite 300  
San Jose, CA 95112-2716

To Whom It May Concern:

Enclosed, please find information relating to ConocoPhillips Company and its subsidiaries' (including Kayo Oil) requirement to provide financial responsibility for the ownership and operation of underground storage tanks. This filing likewise satisfies the requirements of authorized state programs.

Among other documents, enclosed is a list of our sites that fall within your jurisdiction. Please let me know if there are discrepancies between this list and your records.

Please forward this information to the appropriate person(s) in your agency. You may direct any questions to me at (281) 293-4335.

Sincerely,

Thomas Border  
Senior Analyst  
Marketing HSE  
ConocoPhillips Company  
Email [Thomas.R.Border@conocophillips.com](mailto:Thomas.R.Border@conocophillips.com)

Site# Or Name	Address	City	State	Zip	County	# of Tanks
256115	4350 EL CAMINO REAL	LOS ALTOS	CA	94022	SANTA CLARA	3
256859	12015 SARATOGA-SUNNYVALE	SARATOGA	CA	95070	SANTA CLARA	3
2611212	14395 BIG BASIN WAY	SARATOGA	CA	95070	SANTA CLARA	3

DRAFT

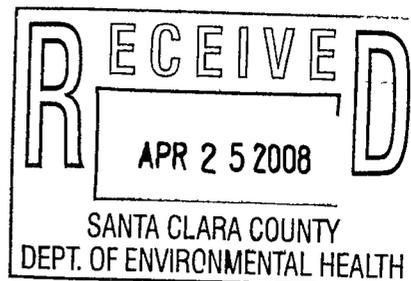


David D. Duncan  
Senior Counsel  
Legal - Environmental  
600 N. Dairy Ashford, ML2112  
Houston, Texas 77079  
Phone. (281) 293-2851  
Fax (281) 293-6998  
E-Mail. david.duncan@conocophillips.com

April 4, 2008

**VIA UPS OVERNIGHT**

California Environmental Protection Agency  
State Water Resources Control Board  
Division of Financial Assistance  
P. O. Box 944212  
1001 I Street  
Sacramento, CA 95814



Attention: Doug Tsuda, Accounts Management Unit

Re: **UST Financial Assurance**

Dear Mr. Tsuda:

The purpose of this letter is to provide demonstration of compliance with the requirements for financial assurance for corrective action and sudden and non-sudden occurrences liability for Underground Storage Tanks (USTs) as specified in Chapter 18, Division 3, Title 23 of the California Code of Regulations.

USTs in California under your jurisdiction are shown in Attachment A of Appendix I (CFO letter).

For purposes of financial assurance, ConocoPhillips is guarantor for ConocoPhillips Company, a wholly-owned subsidiary of ConocoPhillips.

The enclosed information includes:

**Appendix I**—A financial test letter from the Chief Financial Officer of ConocoPhillips.

**Appendix II**—Report of Ernst & Young LLP, independent auditors of ConocoPhillips' financial statements for the year ended December 31, 2007, which is contained in the ConocoPhillips 2007 Annual Report.

**Appendix III**—Corporate Guarantees from ConocoPhillips.

April 4, 2008  
Page 2

**Appendix IV**—Standby Trust Fund documentation, Certificate of Financial Responsibility.

If questions arise concerning this submission, please contact me at (281) 293-2851 or [david.d.duncan@conocophillips.com](mailto:david.d.duncan@conocophillips.com).

Sincerely,



David D. Duncan  
Senior Counsel

Enclosures

cc: (w/o annual report)  
K. Coffman  
J. K. Osborn  
G. J. Broussard

DRAFT



April 4, 2008

**LETTER FROM THE CHIEF FINANCIAL OFFICER**

California Environmental Protection Agency  
State Water Resources Control Board  
Division of Financial Assistance  
P. O. Box 944212  
Sacramento, CA 94244-2120

Dear Sir or Madam:

I am the chief financial officer for ConocoPhillips, 600 North Dairy Ashford, Houston, TX 77079. This letter is in support of the use of the Underground Storage Tank Cleanup Fund to demonstrate financial responsibility for taking corrective action and/or compensating third parties for bodily injury and property damage caused by an unauthorized release of petroleum in the amount of at least one million dollars (\$1,000,000.00) per occurrence and two million dollars (\$2,000,000.00) annual aggregate coverage.

Underground storage tanks at the following facilities are assured by this letter:

Refer to Attachment A

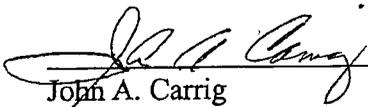
1. Amount of annual aggregate coverage being assured by this letter	\$2,000,000
2. Total tangible assets	\$147,524,996,000
3. Total liabilities	\$88,774,075,000
4. Tangible net worth (subtract line 3 from line 2. Line 4 must be at least 10 times line 1.)	\$58,750,921,000

April 4, 2008  
Page 2

I hereby certify that the wording of this letter is identical to the wording specified in section 2808.1, subdivision (c)(1), chapter 18, division 3, title 23 of the California Code of Regulations.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief. Executed at 600 North Dairy Ashford, Houston, Texas, on April 4, 2008.

**ConocoPhillips**

  
John A. Carrig  
Executive Vice President, Finance, and Chief Financial Officer

*[Handwritten initials]*



State of California  
 State of Water Resources Control Board  
 Division of Financial Assistance  
 P.O. Box 944212  
 Sacramento, CA 94244-2120

(Instructions on reverse side)

For State Use Only

## CERTIFICATION OF FINANCIAL RESPONSIBILITY

### FOR UNDERGROUND STORAGE TANKS CONTAINING PETROLEUM

A. I am required to demonstrate Financial Responsibility in the required amounts as specified in California Code of Regulations (CCR), Title 23, Division 3, Chapter 18, Section 2807,

500,000 dollars per occurrence

1 million dollars annual aggregate

1 million dollars per occurrence

AND

2 million dollars annual aggregate

B. ConocoPhillips hereby certifies that it is in compliance with the requirements of Section 2807,

(Name of Tank Owner or Operator)

California Code of Regulations, Title 23, Division 3, Chapter 18, Article 3, Section 2807

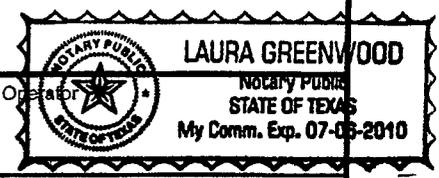
The mechanisms used to demonstrate financial responsibility as required by Section 2807 are as follows.

Mechanism Type	Name and Address of Issuer	Mechanism Number	Coverage Amount	Coverage Period	Corrective Action	Third Party Comp.
Chief Financial Officer Letter	600 N Dairy Ashford Houston, TX 77079	N/A for this mechanism	\$1,000,000 per occurrence & \$2,000,000 annual aggregate	April 30, 2008 to April 30, 2009	Yes	Yes

**Note:** This is a sample certification of a petroleum UST owner or operator using the State Cleanup Fund as the Financial responsibility mechanism, in conjunction with the state alternative mechanism "Letter from Chief Financial Officer." For additional information and requirements refer to Title 23, Division 3, Chapter 18, of the California Code of Regulations and Division 20, Chapter 6.75 of the California Health and Safety Code.

**Note:** If you are using the State Fund as any part of your demonstration of financial responsibility, your execution and submission of this certification also certifies that you are in compliance and shall maintain compliance with all conditions for participation in the Fund. See instructions.

D. Facility Name See attached Schedule A	Facility Address See attached Schedule A
Facility Name	Facility Address
Facility Name	Facility Address
E. Signature of Tank Owner or Operator  Date 4/4/2008	Name and Title of Tank Owner or Operator C. Clayton Reasor
Signature of Witness or Notary  Date 4/4/08	Name of Witness or Notary Laura Greenwood





## GUARANTEE

Guarantee made this April 4, 2008, by ConocoPhillips, a business entity organized under the laws of the state of Delaware, herein referred to as guarantor, to the California State Water Resources Control Board and Environmental Protection Agency Region 9 ("the Agencies") and to any and all third parties, and obligees, on behalf of ConocoPhillips Company of 600 North Dairy Ashford, Houston, Texas 77079.

### Recitals

1. Guarantor meets or exceeds the financial test criteria of 40 CFR 280.95 (b) or (c) and (d) and agrees to comply with the requirements for guarantors as specified in 40 CFR 280.96(b).
2. ConocoPhillips Company owns or operates the following underground storage tanks covered by this guarantee:

See "Attachment A"

This guarantee satisfies 40 CFR part 280, subpart H requirements for assuring funding for taking corrective action and/or compensating third parties for bodily injury and property damage caused by accidental releases arising from operating the above-identified underground storage tanks in the amount of \$1,000,000 per occurrence and \$2,000,000 annual aggregate.

3. On behalf of our subsidiary ConocoPhillips Company, guarantor guarantees to the Agencies and to any and all third parties that:

In the event that ConocoPhillips Company fails to provide alternative coverage within 60 days after receipt of a notice of cancellation of this guarantee and the administrators of the Agencies have determined or suspect that a release has occurred at an underground storage tank covered by this guarantee, the guarantor, upon instructions from the Agencies shall fund a standby trust fund in accordance with the provisions of 40 CFR 280.108, in an amount not to exceed the coverage limits specified above.

In the event that the Agencies determine that ConocoPhillips Company has failed to perform corrective action for releases arising out of the operation of the above-identified tanks in accordance with 40 CFR part 280, subpart F, the guarantor upon written instructions from the Agencies shall fund a standby trust in accordance with the provisions of 40 CFR 280.108, in an amount not to exceed the coverage limits specified above.

If ConocoPhillips Company fails to satisfy a judgment or award based on a determination of liability for bodily injury or property damage to third parties

caused by sudden and/or nonsudden accidental releases arising from the operation of the above-identified tanks, or fails to pay an amount agreed to in settlement of a claim arising from or alleged to arise from such injury or damage, the guarantor, upon written instructions from the Agencies, shall fund a standby trust in accordance with the provisions of 40 CFR 280.108 to satisfy such judgment(s), award(s), or settlement agreement(s) up to the limits of coverage specified above.

4. Guarantor agrees that if, at the end of any fiscal year before cancellation of this guarantee, the guarantor fails to meet the financial test criteria of 40 CFR 280.95 (b) or (c) and (d), guarantor shall send within 120 days of such failure, by certified mail, notice to ConocoPhillips Company. The guarantee will terminate 120 days from the date of receipt of the notice by ConocoPhillips Company, as evidenced by the return receipt.
5. Guarantor agrees to notify ConocoPhillips Company by certified mail of a voluntary or involuntary proceeding under Title 11 (Bankruptcy), U.S. Code naming guarantor as debtor, within 10 days after commencement of the proceeding.
6. Guarantor agrees to remain bound under this guarantee notwithstanding any modification or alteration of any obligation of ConocoPhillips Company pursuant to 40 CFR part 280.
7. Guarantor agrees to remain bound under this guarantee for so long as ConocoPhillips Company must comply with the applicable financial responsibility requirements of 40 CFR part 280, subpart H for the above-identified tanks, except that guarantor may cancel this guarantee by sending notice by certified mail to ConocoPhillips Company, such cancellation to become effective no earlier than 120 days after receipt of such notice by ConocoPhillips Company, as evidenced by the return receipt.
8. The guarantor's obligation does not apply to any of the following:
  - a. Any obligation of ConocoPhillips Company under a workers' compensation, disability benefits, or unemployment compensation law or other similar law;
  - b. Bodily injury to an employee of ConocoPhillips Company arising from, and in the course of, employment by ConocoPhillips Company;
  - c. Bodily injury or property damage arising from the ownership, maintenance, use, or entrustment to others of any aircraft, motor vehicle, or watercraft;
  - d. Property damage to any property owned, rented, loaned to, in the care, custody, or control of, or occupied by ConocoPhillips Company that is not

the direct result of a release from a petroleum underground storage tank;  
and

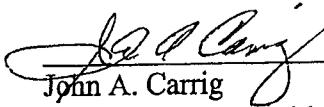
- e. Bodily damage or property damage for which ConocoPhillips Company is obligated to pay damages by reason of the assumption of liability in a contract or agreement other than a contract or agreement entered into to meet the requirements of 40 CFR 280.93.

- 9. Guarantor expressly waives notice of acceptance of this guarantee by the Agencies, by any or all third parties, or by ConocoPhillips Company.

I hereby certify that the wording of this guarantee is identical to the wording specified in 40 CFR 280.96(c) as such regulations were constituted on the effective date shown immediately below.

Effective: April 4, 2008

**CONOCOPHILLIPS**

  
John A. Carrig  
Executive Vice President, Finance, and Chief Financial Officer

State of Texas            )  
                                  ) ss.  
County of Harris        )

The foregoing instrument was acknowledged before me this 4th day of April, 2008, by John A. Carrig, personally known to me as the Executive Vice President, Finance, and Chief Financial Officer of ConocoPhillips, who executed the same on behalf of the corporation.



  
Notary Public  
My Commission Expires: 7/5/2010

## TRUST AGREEMENT

Trust agreement, the "Agreement," entered into as of April 4, 2008 by and between ConocoPhillips Company, a Delaware corporation, the "Grantor," and Arvest Trust Company, N.A., a national bank, the "Trustee."

Whereas, the United States Environmental Protection Agency, "EPA," an agency of the United States Government, has established certain regulations applicable to the Grantor, requiring that an owner or operator of an underground storage tank shall provide assurance that funds will be available when needed for corrective action and third-party compensation for bodily injury and property damage caused by sudden and nonsudden accidental releases arising from the operation of the underground storage tank. The attached Schedule A lists the number of tanks at each facility and the names and addresses of the facilities where the tanks are located that are covered by the standby trust agreement.

Whereas, the Grantor has elected to establish a guarantee to provide all or part of such financial assurance for the underground storage tanks identified herein and is required to establish a standby trust fund able to accept payments from the instrument;

Whereas, the Grantor, acting through its duly authorized officers, has selected the Trustee to be the trustee under this agreement, and the Trustee is willing to act as trustee;

Now, therefore, the Grantor and the Trustee agree as follows:

### **Section 1. Definitions**

As used in this Agreement:

- a. The term "Grantor" means the owner or operator who enters into this Agreement and any successors or assigns of the Grantor.
- b. The term "Trustee" means the Trustee who enters into this Agreement and any successor Trustee.

### **Section 2. Identification of the Financial Assurance Mechanism**

This Agreement pertains to the guarantee from which the standby trust fund is established to receive payments.

### **Section 3. Establishment of Fund**

The Grantor and the Trustee hereby establish a trust fund, the "Fund," for the benefit of the California State Water Resources Control Board and the Environmental Protection Agency Region 9 ("Agencies"). The Grantor and the Trustee intend that no third party have access to the Fund except as herein provided. The Fund is established initially as a standby to receive payments and shall not consist of any property. Payments made by the provider of financial assurance pursuant to the Agencies' instruction are transferred to the Trustee and are referred to as the Fund, together with all earnings and profits thereon, less any payments or distributions made by the Trustee pursuant to this Agreement. The Fund shall be held by the Trustee, IN TRUST, as hereinafter provided. The Trustee shall not be responsible nor shall it undertake any responsibility for the amount or adequacy of, nor any duty to collect from the Grantor as provider of financial assurance, any payments necessary to discharge any liability of the Grantor established by the Agencies.

### **Section 4. Payment for Corrective Action and/or Third-Party Liability Claims**

The Trustee shall make payments from the Fund as the Agencies shall direct, in writing, to provide for the payment of the costs of taking corrective action and/or compensating third parties for bodily injury and property damage caused by accidental releases arising from operating the tanks covered by the financial assurance mechanism identified in this Agreement.

The Fund may not be drawn upon to cover any of the following:

- a. Any obligation of Owner under a workers' compensation, disability benefits, or unemployment compensation law or other similar law;
- b. Bodily injury to an employee of Owner arising from, and in the course of employment by Owner;
- c. Bodily injury or property damage arising from the ownership, maintenance, use, or entrustment to others of any aircraft, motor vehicle, or watercraft;
- d. Property damage to any property owned, rented, loaned to, in the care, custody, or control of, or occupied by Owner that is not the direct result of a release from a petroleum underground storage tank; and
- e. Bodily injury or property damage for which Owner is obligated to pay damages by reason of the assumption of liability in a contract or agreement other than a contract or agreement entered into to meet the requirements of 40 CFR 280.93.

The Trustee shall reimburse the Grantor, or other persons as specified by the Agencies, from the Fund for corrective action expenditures and/or third-party liability claims in

such amounts as the Agencies shall direct in writing. In addition, the Trustee shall refund to the Grantor such amounts as the Agencies specify in writing. Upon refund, such funds shall no longer constitute part of the Fund as defined herein.

#### **Section 5. Payments Comprising the Fund**

Payments made to the Trustee for the Fund shall consist of cash and securities acceptable to the Trustee.

#### **Section 6. Trustee Management**

The Trustee shall invest and reinvest the principal and income of the Fund and keep the Fund invested as a single fund, without distinction between principal and income, in accordance with general investment policies and guidelines which the Grantor may communicate in writing to the Trustee from time to time, subject, however, to the provisions of this Section. In investing, reinvesting, exchanging, selling, and managing the Fund, the Trustee shall discharge his duties with respect to the trust fund solely in the interest of the beneficiaries and with the care, skill, prudence, and diligence under the circumstances then prevailing which persons of prudence, acting in a like capacity and familiar with such matters, would use in the conduct of an enterprise of a like character and with like aims; except that:

- (i) Securities or other obligations of the Grantor, or any other owner or operator of the tanks, or any of their affiliates as defined in the Investment Company Act of 1940, as amended, 15 U.S.C. 80a-2(a), shall not be acquired or held, unless they are securities or other obligations of the federal or a state government;
- (ii) The Trustee is authorized to invest the Fund in time or demand deposits of the Trustee, to the extent insured by an agency of the federal or state government; and
- (iii) The Trustee is authorized to hold cash awaiting investment or distribution uninvested for a reasonable time and without liability for the payment of interest thereon.

## **Section 7. Commingling and Investment**

The Trustee is expressly authorized in its discretion:

- a. To transfer from time to time any or all of the assets of the Fund to any common, commingled, or collective trust fund created by the Trustee in which the Fund is eligible to participate, subject to all of the provisions thereof, to be commingled with the assets of other trusts participating therein; and
- b. To purchase shares in any investment company registered under the Investment Company Act of 1940, 15 U.S.C. 80a-1 et seq., including one which may be created, managed, underwritten, or to which investment advice is rendered or the shares of which are sold by the Trustee. The Trustee may vote such shares in its discretion.

## **Section 8. Express Powers of Trustee**

Without in any way limiting the powers and discretions conferred upon the Trustee by the other provisions of this Agreement or by law, the Trustee is expressly authorized and empowered:

- a. To sell, exchange, convey, transfer, or otherwise dispose of any property held by it, by public or private sale. No person dealing with the Trustee shall be bound to see to the application of the purchase money or to inquire into the validity or expediency of any such sale or other disposition;
- b. To make, execute, acknowledge, and deliver any and all documents of transfer and conveyance and any and all other instruments that may be necessary or appropriate to carry out the powers herein granted;
- c. To register any securities held in the Fund in its own name or in the name of a nominee and to hold any security in bearer form or in book entry, or to combine certificates representing such securities with certificates of the same issue held by the Trustee in other fiduciary capacities, or to deposit or arrange for the deposit of such securities in a qualified central depository even though, when so deposited, such securities may be merged and held in bulk in the name of the nominee of such depository with other securities deposited therein by another person, or to deposit or arrange for the deposit of any securities issued by the United States Government, or any agency or instrumentality thereof, with a Federal Reserve bank, but the books and records of the Trustee shall at all times show that all such securities are part of the Fund;

- d. To deposit any cash in the Fund in interest-bearing accounts maintained or savings certificates issued by the Trustee, in its separate corporate capacity, or in any other banking institution affiliated with the Trustee, to the extent insured by an agency of the federal or state government; and
- e. To compromise or otherwise adjust all claims in favor of or against the Fund.

### **Section 9. Taxes and Expenses**

All taxes of any kind that may be assessed or levied against or in respect of the Fund and all brokerage commissions incurred by the Fund shall be paid from the Fund. All other expenses incurred by the Trustee in connection with the administration of this Trust, including fees for legal services rendered to the Trustee, the compensation of the Trustee to the extent not paid directly by the Grantor, and all other proper charges and disbursements of the Trustee shall be paid from the Fund.

### **Section 10. Advice of Counsel**

The Trustee may from time to time consult with counsel, who may be counsel to the Grantor, with respect to any questions arising as to the construction of this Agreement or any action to be taken hereunder. The Trustee shall be fully protected, to the extent permitted by law, in acting upon the advice of counsel.

### **Section 11. Trustee Compensation**

The Trustee shall be entitled to reasonable compensation for its services as agreed upon in writing from time to time with the Grantor.

### **Section 12. Successor Trustee**

The Trustee may resign or the Grantor may replace the Trustee, but such resignation or replacement shall not be effective until the Grantor has appointed a successor trustee and this successor accepts the appointment. The successor trustee shall have the same powers and duties as those conferred upon the Trustee hereunder. Upon the successor trustee's acceptance of the appointment, the Trustee shall assign, transfer, and pay over to the successor trustee the funds and properties then constituting the Fund. If for any reason the Grantor cannot or does not act in the event of the resignation of the Trustee, the Trustee may apply to a court of competent jurisdiction for the appointment of a successor trustee or for instructions. The successor trustee shall specify the date on which it assumes administration of the trust in writing sent to the Grantor and the present Trustee by certified mail 10 days before such change becomes effective. Any expenses incurred by the Trustee as a result of any of the acts contemplated by this Section shall be paid as provided in Section 9.

### **Section 13. Instructions to the Trustee**

All orders, requests, and instructions by the Grantor to the Trustee shall be in writing, signed by such persons as are designated in the attached Schedule B or such other designees as the Grantor may designate by amendment to Schedule B. The Trustee shall be fully protected in acting without inquiry in accordance with the Grantor's orders, requests, and instructions. All orders, requests, and instructions by the Agencies to the Trustee shall be in writing, signed by the Agencies, and the Trustee shall act and shall be fully protected in acting in accordance with such orders, requests, and instructions. The Trustee shall have the right to assume, in the absence of written notice to the contrary, that no event constituting a change or a termination of the authority of any person to act on behalf of the Grantor or the Agencies hereunder has occurred. The Trustee shall have no duty to act in the absence of such orders, requests, and instructions from the Grantor and/or the Agencies, except as provided for herein.

### **Section 14. Amendment of Agreement**

This Agreement may be amended by an instrument in writing executed by the Grantor and the Trustee, or by the Trustee and the Agencies if the Grantor ceases to exist.

### **Section 15. Irrevocability and Termination**

Subject to the right of the parties to amend this Agreement as provided in Section 14, this Trust shall be irrevocable and shall continue until terminated at the written direction of the Grantor and the Trustee, or by the Trustee and the Agencies, if the Grantor ceases to exist. Upon termination of the Trust, all remaining trust property, less final trust administration expenses, shall be delivered to the Grantor.

### **Section 16. Immunity and Indemnification**

The Trustee shall not incur personal liability of any nature in connection with any act or omission, made in good faith, in the administration of this Trust, or in carrying out any directions by the Grantor or the Agencies issued in accordance with this Agreement. The Trustee shall be indemnified and saved harmless by the Grantor, from and against any personal liability to which the Trustee may be subjected by reason of any act or conduct in its official capacity, including all expenses reasonably incurred in its defense in the event the Grantor fails to provide such defense.

### **Section 17. Choice of Law**

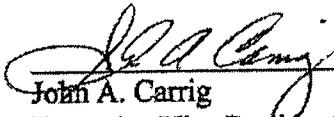
This Agreement shall be administered, construed, and enforced according to the laws of the state of California, or the Comptroller of the Currency in the case of National Association banks.

**Section 18. Interpretation**

As used in this Agreement, words in the singular include the plural and words in the plural include the singular. The descriptive headings for each section of this Agreement shall not affect the interpretation or the legal efficacy of this Agreement.

In Witness whereof the parties have caused this Agreement to be executed by their respective officers duly authorized and their corporate seals (if applicable) to be hereunto affixed and attested as of the date first above written. The parties below certify that the wording of this Agreement is identical to the wording specified in 40 CFR 280.103(b)(1) as such regulations were constituted on the date written above.

**CONOCOPHILLIPS COMPANY**



John A. Carrig

Executive Vice President, Finance, and Chief Financial Officer

Date: April 4, 2008

Attest: Trustee

Bertha Lanckriet

Bertha Lanckriet  
Arvest Trust Company, N.A.  
Vice President and Senior Trust Officer

Date: 3/19, 2008

Seal

Attest: Witness

Dee Ann Willman

Witness: Dee Ann Willman

Title: Asst V.P.

**CERTIFICATE OF ACKNOWLEDGEMENT**

State of Texas     )

County of Harris   )

On this 4<sup>th</sup> day of April, 2008, before me personally came John A. Carrig, to me known, who, being by me duly sworn, did depose and say that he resides at 600 N. Dairy Ashford, Houston, Texas 77079, that he is the Executive Vice President, Finance, and Chief Financial Officer of ConocoPhillips Company, the corporation described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to such instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation; and that he signed his name thereto by like order.

Subscribed and sworn to before me this 4<sup>th</sup> day of April, 2008.

(SEAL)



Gilda McClanahan  
Notary Public  
My Commission Expires: 7/5/2010

SCHEDULE B

The following individuals are authorized to provide written orders, requests and instructions to the Trustees on behalf of the Grantor:

J. W. Sheets

JWS

D. P. Bolen

DPB

C. H. McClain

CHMcClain

DRAFT



2007 MAY -1 11:10:26

600 North Dairy Ashford  
Tarkington Building, 1026 B  
Houston, TX 77079

Phone. (281) 293 - 4335  
Fax. (281) 293 - 2959

HSE Department  
US Marketing Division

Via Certified US Mail

↑  
UPS

April 18, 2007

Santa Clara County Department Environmental Health  
1555 Berger Dr., Suite 300  
San Jose, CA 95112-2716

To Whom It May Concern

Enclosed, please find information relating to ConocoPhillips Company and its subsidiaries' (including Kayo Oil) requirement to provide financial responsibility for the ownership and operation of underground storage tanks. This filing likewise satisfies the requirements of authorized state programs.

Among other documents, enclosed is a list of our sites that fall within your jurisdiction. Please let me know if there are discrepancies between this list and your records.

Please forward this information to the appropriate person(s) in your agency. You may direct any questions to me at (281) 293-4335

Sincerely,

Thomas Border  
Senior Analyst  
Marketing HSE  
ConocoPhillips Company  
Email [Thomas.R.Border@conocophillips.com](mailto:Thomas.R.Border@conocophillips.com)

Agency: Santa Clara County Department Environmental Health

Site#	Address	City	State	Zip	County
255957	330 S SAN ANTONIO RD	LOS ALTOS	CA	94022	SANTA CLARA
256115	4350 EL CAMINO REAL	LOS ALTOS	CA	94022	SANTA CLARA
256859	12015 SARATOGA-SUNNYVALE	SARATOGA	CA	95070	SANTA CLARA
2611212	14395 BIG BASIN WAY	SARATOGA	CA	95070	SANTA CLARA

DRAFT

2007 MAY -1 11:10:26



David D. Duncan  
Senior Counsel  
Legal - Environmental  
600 N. Dairy Ashford, ML2112  
Houston, Texas 77079  
Phone: (281) 293-2851  
Fax: (281) 293-6998  
E-Mail: david.d.duncan@conocophillips.com

April 5, 2007

**VIA UPS OVERNIGHT**

California Environmental Protection Agency  
State Water Resources Control Board  
Division of Financial Assistance  
P. O. Box 944212  
1001 I Street  
Sacramento, CA 95814

Attention: Judi Nash

Re: **UST Financial Assurance**

Dear Ms. Nash:

The purpose of this letter is to provide demonstration of compliance with the requirements for financial assurance for corrective action and sudden and non-sudden occurrences liability for Underground Storage Tanks (USTs) as specified in Chapter 18, Division 3, Title 23 of the California Code of Regulations.

USTs in California under your jurisdiction are shown in Attachment A of Appendix I (CFO letter).

For purposes of financial assurance, ConocoPhillips is guarantor for ConocoPhillips Company, a wholly-owned subsidiary of ConocoPhillips.

The enclosed information includes:

**Appendix I**—A financial test letter from the Chief Financial Officer of ConocoPhillips.

**Appendix II**—Report of Ernst & Young LLP, independent auditors of ConocoPhillips' financial statements for the year ended December 31, 2006, which is contained in the ConocoPhillips 2006 Annual Report.

**Appendix III**—Corporate Guarantees from ConocoPhillips.

2007 MAY -1 AM 10:27

April 5, 2007  
Page 2

**Appendix IV**—Standby Trust Fund documentation, Certificate of Financial Responsibility.

If questions arise concerning this submission, please contact me at (281) 293-2851 or [david.d.duncan@conocophillips.com](mailto:david.d.duncan@conocophillips.com).

Sincerely,



David D. Duncan  
Senior Counsel

Enclosures

cc: (w/o annual report)  
K. Coffman  
J. K. Osborn  
G. J. Broussard

**CERTIFICATION OF FINANCIAL RESPONSIBILITY**

ConocoPhillips Company hereby certifies that it is in compliance with the requirements of Subpart H of section 2807, article 3, chapter 18, division 3, title 23, California Code of Regulations.

The mechanisms used to demonstrate financial responsibility as required by section 2807 are as follows:

**Mechanism:** 40 CFR Section 280.96 – Guarantee (issued by corporate parent ConocoPhillips using 40 CFR Section 280.95 – Financial Test of Self Insurance) and 40 CFR 280.103 – Standby Trust Fund

**Amount of Coverage:** \$1,000,000 per occurrence  
\$2,000,000 annual aggregate

**Effective Period of Coverage:** From April 30, 2007 until April 30, 2008, unless earlier revoked or replaced by written notice.

**Coverage:** Taking corrective action and compensating third parties for bodily injury and property damage caused by accidental releases.

**ConocoPhillips Company**

*C. Clayton Reasor*

C. Clayton Reasor  
President of U.S. Marketing

Date: April 5, 2007

State of Texas            )  
  ) ss.  
County of Harris        )

The foregoing instrument was acknowledged before me this 5<sup>th</sup> day of April, 2007, by C. Clayton Reasor, personally known to me as the President of U.S. Marketing of ConocoPhillips Company, who executed the same on behalf of the corporation.



*Laura Greenwood*

Notary Public  
My Commission Expires: 7-6-2010



April 5, 2007

**LETTER FROM THE CHIEF FINANCIAL OFFICER**

California Environmental Protection Agency  
State Water Resources Control Board  
Division of Financial Assistance  
P. O. Box 944212  
Sacramento, CA 94244-2120

Dear Sir or Madam:

I am the chief financial officer for ConocoPhillips, 600 North Dairy Ashford, Houston, TX 77079. This letter is in support of the use of the Underground Storage Tank Cleanup Fund to demonstrate financial responsibility for taking corrective action and/or compensating third parties for bodily injury and property damage caused by an unauthorized release of petroleum in the amount of at least one million dollars (\$1,000,000.00) per occurrence and two million dollars (\$2,000,000.00) annual aggregate coverage.

Underground storage tanks at the following facilities are assured by this letter:

Refer to Attachment A

1. Amount of annual aggregate coverage being assured by this letter	\$2,000,000
2. Total tangible assets	\$132,342,159,000
3. Total liabilities	\$82,135,059,000
4. Tangible net worth (subtract line 3 from line 2. Line 4 must be at least 10 times line 1.)	\$50,207,100,000

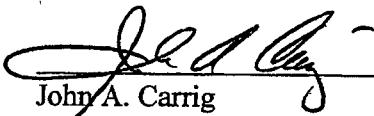
April 5, 2007

Page 2

I hereby certify that the wording of this letter is identical to the wording specified in section 2808.1, subdivision (c)(1), chapter 18, division 3, title 23 of the California Code of Regulations.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief. Executed at 600 North Dairy Ashford, Houston, Texas, on April 7, 2006.

**ConocoPhillips**

  
\_\_\_\_\_  
John A. Carrig  
Executive Vice President, Finance, and Chief Financial Officer

*[Handwritten initials]*

## GUARANTEE

Guarantee made this April 5, 2007 by ConocoPhillips, a business entity organized under the laws of the state of Delaware, herein referred to as guarantor, to the California State Water Resources Control Board and Environmental Protection Agency Region 9 ("the Agencies") and to any and all third parties, and obligees, on behalf of ConocoPhillips Company of 600 North Dairy Ashford, Houston, Texas 77079.

### Recitals

1. Guarantor meets or exceeds the financial test criteria of 40 CFR 280.95 (b) or (c) and (d) and agrees to comply with the requirements for guarantors as specified in 40 CFR 280.96(b).
2. ConocoPhillips Company owns or operates the following underground storage tanks covered by this guarantee:

See "Attachment A"

This guarantee satisfies 40 CFR part 280, subpart H requirements for assuring funding for taking corrective action and/or compensating third parties for bodily injury and property damage caused by accidental releases arising from operating the above-identified underground storage tanks in the amount of \$1,000,000 per occurrence and \$2,000,000 annual aggregate.

3. On behalf of our subsidiary ConocoPhillips Company, guarantor guarantees to the Agencies and to any and all third parties that:

In the event that ConocoPhillips Company fails to provide alternative coverage within 60 days after receipt of a notice of cancellation of this guarantee and the administrators of the Agencies have determined or suspect that a release has occurred at an underground storage tank covered by this guarantee, the guarantor, upon instructions from the Agencies shall fund a standby trust fund in accordance with the provisions of 40 CFR 280.108, in an amount not to exceed the coverage limits specified above.

In the event that the Agencies determine that ConocoPhillips Company has failed to perform corrective action for releases arising out of the operation of the above-identified tanks in accordance with 40 CFR part 280, subpart F, the guarantor upon written instructions from the Agencies shall fund a standby trust in accordance with the provisions of 40 CFR 280.108, in an amount not to exceed the coverage limits specified above.

If ConocoPhillips Company fails to satisfy a judgment or award based on a determination of liability for bodily injury or property damage to third parties

caused by sudden and/or nonsudden accidental releases arising from the operation of the above-identified tanks, or fails to pay an amount agreed to in settlement of a claim arising from or alleged to arise from such injury or damage, the guarantor, upon written instructions from the Agencies, shall fund a standby trust in accordance with the provisions of 40 CFR 280.108 to satisfy such judgment(s), award(s), or settlement agreement(s) up to the limits of coverage specified above.

4. Guarantor agrees that if, at the end of any fiscal year before cancellation of this guarantee, the guarantor fails to meet the financial test criteria of 40 CFR 280.95 (b) or (c) and (d), guarantor shall send within 120 days of such failure, by certified mail, notice to ConocoPhillips Company. The guarantee will terminate 120 days from the date of receipt of the notice by ConocoPhillips Company, as evidenced by the return receipt.
5. Guarantor agrees to notify ConocoPhillips Company by certified mail of a voluntary or involuntary proceeding under Title 11 (Bankruptcy), U.S. Code naming guarantor as debtor, within 10 days after commencement of the proceeding.
6. Guarantor agrees to remain bound under this guarantee notwithstanding any modification or alteration of any obligation of ConocoPhillips Company pursuant to 40 CFR part 280.
7. Guarantor agrees to remain bound under this guarantee for so long as ConocoPhillips Company must comply with the applicable financial responsibility requirements of 40 CFR part 280, subpart H for the above-identified tanks, except that guarantor may cancel this guarantee by sending notice by certified mail to ConocoPhillips Company, such cancellation to become effective no earlier than 120 days after receipt of such notice by ConocoPhillips Company, as evidenced by the return receipt.
8. The guarantor's obligation does not apply to any of the following:
  - a. Any obligation of ConocoPhillips Company under a workers' compensation, disability benefits, or unemployment compensation law or other similar law;
  - b. Bodily injury to an employee of ConocoPhillips Company arising from, and in the course of, employment by ConocoPhillips Company;
  - c. Bodily injury or property damage arising from the ownership, maintenance, use, or entrustment to others of any aircraft, motor vehicle, or watercraft;
  - d. Property damage to any property owned, rented, loaned to, in the care, custody, or control of, or occupied by ConocoPhillips Company that is not

the direct result of a release from a petroleum underground storage tank;  
and

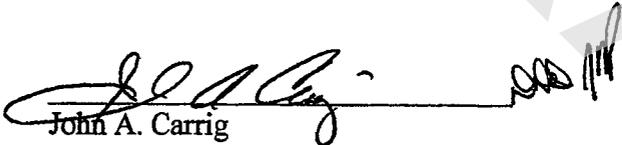
e. Bodily damage or property damage for which ConocoPhillips Company is obligated to pay damages by reason of the assumption of liability in a contract or agreement other than a contract or agreement entered into to meet the requirements of 40 CFR 280.93.

9. Guarantor expressly waives notice of acceptance of this guarantee by the Agencies, by any or all third parties, or by ConocoPhillips Company.

I hereby certify that the wording of this guarantee is identical to the wording specified in 40 CFR 280.96(c) as such regulations were constituted on the effective date shown immediately below.

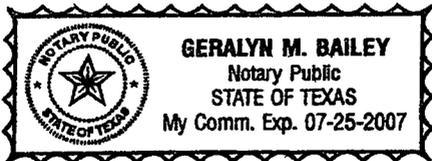
Effective: April 5, 2007

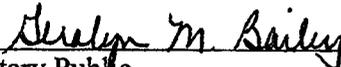
**CONOCOPHILLIPS**

  
John A. Carrig  
Executive Vice President, Finance, and Chief Financial Officer

State of Texas            )  
                                  ) ss.  
County of Harris        )

The foregoing instrument was acknowledged before me this 5th day of April, 2007, by John A. Carrig, personally known to me as the Executive Vice President, Finance, and Chief Financial Officer of ConocoPhillips, who executed the same on behalf of the corporation.



  
Notary Public  
My Commission Expires: July 25, 2007

## TRUST AGREEMENT

Trust agreement, the "Agreement," entered into as of April 5, 2007 by and between ConocoPhillips Company, a Delaware corporation, the "Grantor," and Arvest Trust Company, N.A., a national bank, the "Trustee."

Whereas, the United States Environmental Protection Agency, "EPA," an agency of the United States Government, has established certain regulations applicable to the Grantor, requiring that an owner or operator of an underground storage tank shall provide assurance that funds will be available when needed for corrective action and third-party compensation for bodily injury and property damage caused by sudden and nonsudden accidental releases arising from the operation of the underground storage tank. The attached Schedule A lists the number of tanks at each facility and the names and addresses of the facilities where the tanks are located that are covered by the standby trust agreement.

Whereas, the Grantor has elected to establish a guarantee to provide all or part of such financial assurance for the underground storage tanks identified herein and is required to establish a standby trust fund able to accept payments from the instrument;

Whereas, the Grantor, acting through its duly authorized officers, has selected the Trustee to be the trustee under this agreement, and the Trustee is willing to act as trustee;

Now, therefore, the Grantor and the Trustee agree as follows:

### Section 1. Definitions

As used in this Agreement:

- a. The term "Grantor" means the owner or operator who enters into this Agreement and any successors or assigns of the Grantor.
- b. The term "Trustee" means the Trustee who enters into this Agreement and any successor Trustee.

### Section 2. Identification of the Financial Assurance Mechanism

This Agreement pertains to the guarantee from which the standby trust fund is established to receive payments.

### **Section 3. Establishment of Fund**

The Grantor and the Trustee hereby establish a trust fund, the "Fund," for the benefit of the California State Water Resources Control Board and the Environmental Protection Agency Region 9 ("Agencies"). The Grantor and the Trustee intend that no third party have access to the Fund except as herein provided. The Fund is established initially as a standby to receive payments and shall not consist of any property. Payments made by the provider of financial assurance pursuant to the Agencies' instruction are transferred to the Trustee and are referred to as the Fund, together with all earnings and profits thereon, less any payments or distributions made by the Trustee pursuant to this Agreement. The Fund shall be held by the Trustee, IN TRUST, as hereinafter provided. The Trustee shall not be responsible nor shall it undertake any responsibility for the amount or adequacy of, nor any duty to collect from the Grantor as provider of financial assurance, any payments necessary to discharge any liability of the Grantor established by the Agencies.

### **Section 4. Payment for Corrective Action and/or Third-Party Liability Claims**

The Trustee shall make payments from the Fund as the Agencies shall direct, in writing, to provide for the payment of the costs of taking corrective action and/or compensating third parties for bodily injury and property damage caused by accidental releases arising from operating the tanks covered by the financial assurance mechanism identified in this Agreement.

The Fund may not be drawn upon to cover any of the following:

- a. Any obligation of Owner under a workers' compensation, disability benefits, or unemployment compensation law or other similar law;
- b. Bodily injury to an employee of Owner arising from, and in the course of employment by Owner;
- c. Bodily injury or property damage arising from the ownership, maintenance, use, or entrustment to others of any aircraft, motor vehicle, or watercraft;
- d. Property damage to any property owned, rented, loaned to, in the care, custody, or control of, or occupied by Owner that is not the direct result of a release from a petroleum underground storage tank; and
- e. Bodily injury or property damage for which Owner is obligated to pay damages by reason of the assumption of liability in a contract or agreement other than a contract or agreement entered into to meet the requirements of 40 CFR 280.93.

The Trustee shall reimburse the Grantor, or other persons as specified by the Agencies, from the Fund for corrective action expenditures and/or third-party liability claims in

such amounts as the Agencies shall direct in writing. In addition, the Trustee shall refund to the Grantor such amounts as the Agencies specify in writing. Upon refund, such funds shall no longer constitute part of the Fund as defined herein.

### **Section 5. Payments Comprising the Fund**

Payments made to the Trustee for the Fund shall consist of cash and securities acceptable to the Trustee.

### **Section 6. Trustee Management**

The Trustee shall invest and reinvest the principal and income of the Fund and keep the Fund invested as a single fund, without distinction between principal and income, in accordance with general investment policies and guidelines which the Grantor may communicate in writing to the Trustee from time to time, subject, however, to the provisions of this Section. In investing, reinvesting, exchanging, selling, and managing the Fund, the Trustee shall discharge his duties with respect to the trust fund solely in the interest of the beneficiaries and with the care, skill, prudence, and diligence under the circumstances then prevailing which persons of prudence, acting in a like capacity and familiar with such matters, would use in the conduct of an enterprise of a like character and with like aims; except that:

- (i) Securities or other obligations of the Grantor, or any other owner or operator of the tanks, or any of their affiliates as defined in the Investment Company Act of 1940, as amended, 15 U.S.C. 80a-2(a), shall not be acquired or held, unless they are securities or other obligations of the federal or a state government;
- (ii) The Trustee is authorized to invest the Fund in time or demand deposits of the Trustee, to the extent insured by an agency of the federal or state government; and
- (iii) The Trustee is authorized to hold cash awaiting investment or distribution uninvested for a reasonable time and without liability for the payment of interest thereon.

## **Section 7. Commingling and Investment**

The Trustee is expressly authorized in its discretion:

- a. To transfer from time to time any or all of the assets of the Fund to any common, commingled, or collective trust fund created by the Trustee in which the Fund is eligible to participate, subject to all of the provisions thereof, to be commingled with the assets of other trusts participating therein; and
- b. To purchase shares in any investment company registered under the Investment Company Act of 1940, 15 U.S.C. 80a-1 et seq., including one which may be created, managed, underwritten, or to which investment advice is rendered or the shares of which are sold by the Trustee. The Trustee may vote such shares in its discretion.

## **Section 8. Express Powers of Trustee**

Without in any way limiting the powers and discretions conferred upon the Trustee by the other provisions of this Agreement or by law, the Trustee is expressly authorized and empowered:

- a. To sell, exchange, convey, transfer, or otherwise dispose of any property held by it, by public or private sale. No person dealing with the Trustee shall be bound to see to the application of the purchase money or to inquire into the validity or expediency of any such sale or other disposition;
- b. To make, execute, acknowledge, and deliver any and all documents of transfer and conveyance and any and all other instruments that may be necessary or appropriate to carry out the powers herein granted;
- c. To register any securities held in the Fund in its own name or in the name of a nominee and to hold any security in bearer form or in book entry, or to combine certificates representing such securities with certificates of the same issue held by the Trustee in other fiduciary capacities, or to deposit or arrange for the deposit of such securities in a qualified central depository even though, when so deposited, such securities may be merged and held in bulk in the name of the nominee of such depository with other securities deposited therein by another person, or to deposit or arrange for the deposit of any securities issued by the United States Government, or any agency or instrumentality thereof, with a Federal Reserve bank, but the books and records of the Trustee shall at all times show that all such securities are part of the Fund;

- d. To deposit any cash in the Fund in interest-bearing accounts maintained or savings certificates issued by the Trustee, in its separate corporate capacity, or in any other banking institution affiliated with the Trustee, to the extent insured by an agency of the federal or state government; and
- e. To compromise or otherwise adjust all claims in favor of or against the Fund.

#### **Section 9. Taxes and Expenses**

All taxes of any kind that may be assessed or levied against or in respect of the Fund and all brokerage commissions incurred by the Fund shall be paid from the Fund. All other expenses incurred by the Trustee in connection with the administration of this Trust, including fees for legal services rendered to the Trustee, the compensation of the Trustee to the extent not paid directly by the Grantor, and all other proper charges and disbursements of the Trustee shall be paid from the Fund.

#### **Section 10. Advice of Counsel**

The Trustee may from time to time consult with counsel, who may be counsel to the Grantor, with respect to any questions arising as to the construction of this Agreement or any action to be taken hereunder. The Trustee shall be fully protected, to the extent permitted by law, in acting upon the advice of counsel.

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#### **Section 12. Successor Trustee**

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### **Section 13. Instructions to the Trustee**

All orders, requests, and instructions by the Grantor to the Trustee shall be in writing, signed by such persons as are designated in the attached Schedule B or such other designees as the Grantor may designate by amendment to Schedule B. The Trustee shall be fully protected in acting without inquiry in accordance with the Grantor's orders, requests, and instructions. All orders, requests, and instructions by the Agencies to the Trustee shall be in writing, signed by the Agencies, and the Trustee shall act and shall be fully protected in acting in accordance with such orders, requests, and instructions. The Trustee shall have the right to assume, in the absence of written notice to the contrary, that no event constituting a change or a termination of the authority of any person to act on behalf of the Grantor or the Agencies hereunder has occurred. The Trustee shall have no duty to act in the absence of such orders, requests, and instructions from the Grantor and/or the Agencies, except as provided for herein.

### **Section 14. Amendment of Agreement**

This Agreement may be amended by an instrument in writing executed by the Grantor and the Trustee, or by the Trustee and the Agencies if the Grantor ceases to exist.

### **Section 15. Irrevocability and Termination**

Subject to the right of the parties to amend this Agreement as provided in Section 14, this Trust shall be irrevocable and shall continue until terminated at the written direction of the Grantor and the Trustee, or by the Trustee and the Agencies, if the Grantor ceases to exist. Upon termination of the Trust, all remaining trust property, less final trust administration expenses, shall be delivered to the Grantor.

### **Section 16. Immunity and Indemnification**

The Trustee shall not incur personal liability of any nature in connection with any act or omission, made in good faith, in the administration of this Trust, or in carrying out any directions by the Grantor or the Agencies issued in accordance with this Agreement. The Trustee shall be indemnified and saved harmless by the Grantor, from and against any personal liability to which the Trustee may be subjected by reason of any act or conduct in its official capacity, including all expenses reasonably incurred in its defense in the event the Grantor fails to provide such defense.

### **Section 17. Choice of Law**

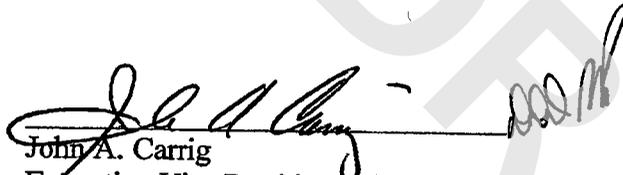
This Agreement shall be administered, construed, and enforced according to the laws of the state of California, or the Comptroller of the Currency in the case of National Association banks.

**Section 18. Interpretation**

As used in this Agreement, words in the singular include the plural and words in the plural include the singular. The descriptive headings for each section of this Agreement shall not affect the interpretation or the legal efficacy of this Agreement.

In Witness whereof the parties have caused this Agreement to be executed by their respective officers duly authorized and their corporate seals (if applicable) to be hereunto affixed and attested as of the date first above written. The parties below certify that the wording of this Agreement is identical to the wording specified in 40 CFR 280.103(b)(1) as such regulations were constituted on the date written above.

**CONOCOPHILLIPS COMPANY**

  
\_\_\_\_\_  
John A. Carrig  
Executive Vice President, Finance, and Chief Financial Officer

Date: April 5, 2007

Attest: Trustee

Bertha Lanckriet  
Bertha Lanckriet  
Arvest Trust Company, N.A.  
Vice President and Senior Trust Officer

Date: March 16, 2007

Seal

Attest: Witness

Dee Ann Willman  
Witness: Dee Ann Willman  
Title: Asst Vice President

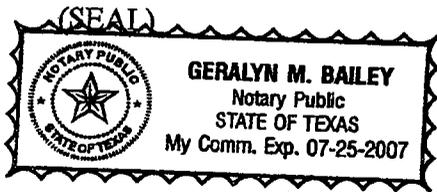
**CERTIFICATE OF ACKNOWLEDGEMENT**

State of Texas     )

County of Harris    )

On this 5<sup>th</sup> day of April, 2007, before me personally came John A. Carrig, to me known, who, being by me duly sworn, did depose and say that he resides at 600 N. Dairy Ashford, Houston, Texas 77079, that he is the Executive Vice President, Finance, and Chief Financial Officer of ConocoPhillips Company, the corporation described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to such instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation; and that he signed his name thereto by like order.

Subscribed and sworn to before me this 5<sup>th</sup> day of April, 2007.



Geralyn M. Bailey  
Notary Public  
My Commission Expires: July 25, 2007

**SCHEDULE B**

The following individuals are authorized to provide written orders, requests and instructions to the Trustees on behalf of the Grantor:

J. W. Sheets

J. W. Sheets

D. P. Bolen

D. P. Bolen

C. H. McClain

C. H. McClain

DRAFT



RECEIVED BY  
SANTA FE COUNTY  
DEPT. OF ENVIRONMENTAL HEALTH

2006 MAY -4 PM 4: 12

P O. Box 2197  
Houston, Texas 77252-2197

**Marina Tishkova**  
Sr HSE Analyst  
281/293-4335 (direct line)  
281/293-4596 (facsimile)

April 25, 2006

Dear Sir or Madam:

I am enclosing information relating to ConocoPhillips and its subsidiaries, including Kayo Oil, requirement to provide financial responsibility for the ownership and operation of underground storage tanks by its operating entities. This filing likewise satisfies the requirements of authorized state programs.

Among other documents, I am attaching site list for your jurisdiction, according to our database. Please let me know if there are discrepancies between this list and your records.

Please forward this information to the appropriate person in your agency. You may direct any questions to me at 281/293-4335.

Very truly yours,

Marina Tishkova  
Sr. HSE Analyst

Enclosures

25595	330 S SAN ANTONIO RD	ALTO5	CA	94022	CLARA	(408) 948-4771	Santa Clara County DEH	1505 Berger Dr, Suite 300	San Jose, CA 95112-2716
258115	4390 EL CAMINO REAL	ALTO5	CA	94022	CLARA	(408) 941-0244	Santa Clara County DEH	1505 Berger Dr, Suite 300	San Jose, CA 95112-2716
258254	RD	COGA	CA	95078	CLARA	(408) 973-0917	Santa Clara County DEH	1505 Berger Dr, Suite 300	San Jose, CA 95112-2716
2611215	14396 BIRCH BASIN WAY	COGA	CA	95070-6050	CLARA	(408) 967-1351	Santa Clara County DEH	1505 Berger Dr, Suite 300	San Jose, CA 95112-2716

9

DRAFT

**CERTIFICATION OF FINANCIAL RESPONSIBILITY**

ConocoPhillips Company hereby certifies that it is in compliance with the requirements of Subpart H of section 2807, article 3, chapter 18, division 3, title 23, California Code of Regulations.

The mechanisms used to demonstrate financial responsibility as required by section 2807 are as follows:

**Mechanism:** 40 CFR Section 280.96 – Guarantee (issued by corporate parent ConocoPhillips using 40 CFR Section 280.95 – Financial Test of Self Insurance) and 40 CFR 280.103 – Standby Trust Fund

**Amount of Coverage:** \$1,000,000 per occurrence  
\$2,000,000 annual aggregate

**Effective Period of Coverage:** From April 30, 2006 until April 30, 2007, unless earlier revoked or replaced by written notice.

**Coverage:** Taking corrective action and compensating third parties for bodily injury and property damage caused by accidental releases.

**ConocoPhillips Company**

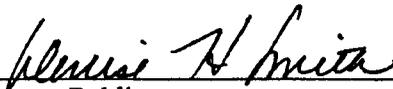


C. Clayton Reasor  
President of U.S. Marketing

Date: April 11, 2006

State of Texas            )  
  ) ss.  
County of Harris        )

The foregoing instrument was acknowledged before me this 11<sup>th</sup> day of April, 2006, by C. Clayton Reasor, personally known to me as the President of U.S. Marketing of ConocoPhillips Company, who executed the same on behalf of the corporation.

  
\_\_\_\_\_  
Notary Public  
My Commission Expires: 6/16/07



David D. Duncan  
Senior Counsel  
Legal - Environmental  
600 N Dairy Ashford, ML2112  
Houston, Texas 77079  
Phone. (281) 293-2851  
Fax (281) 293-6998  
E-Mail: david.duncan@conocophillips.com

April 7, 2006

**VIA UPS OVERNIGHT**

California Environmental Protection Agency  
State Water Resources Control Board  
Division of Financial Assistance  
P. O. Box 944212  
1001 I Street  
Sacramento, CA 95814

Attention: Judi Nash

Re: **UST Financial Assurance**

Dear Ms. Nash:

The purpose of this letter is to provide demonstration of compliance with the requirements for financial assurance for corrective action and sudden and non-sudden occurrences liability for Underground Storage Tanks (USTs) as specified in Chapter 18, Division 3, Title 23 of the California Code of Regulations.

USTs in California under your jurisdiction are shown in Attachment A of Appendix I (CFO letter).

For purposes of financial assurance, ConocoPhillips is guarantor for ConocoPhillips Company, a wholly-owned subsidiary of ConocoPhillips.

The enclosed information includes:

**Appendix I**—A financial test letter from the Chief Financial Officer of ConocoPhillips.

*DISCussed* → **Appendix II**—Report of Ernst & Young LLP, independent auditors of ConocoPhillips' financial statements for the year ended December 31, 2005, which is contained in the ConocoPhillips 2005 Annual Report.

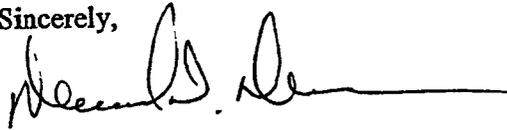
**Appendix III**—Corporate Guarantees from ConocoPhillips.

April 7, 2006  
Page 2

**Appendix IV—Standby Trust Fund documentation, Certificate of Financial Responsibility.**

If questions arise concerning this submission, please contact me at (281) 293-2851 or [david.d.duncan@conocophillips.com](mailto:david.d.duncan@conocophillips.com).

Sincerely,

A handwritten signature in black ink, appearing to read "David D. Duncan", followed by a horizontal line.

David D. Duncan  
Senior Counsel

Enclosures

cc: (w/o annual report)  
K. Coffman  
B. D. Shaw  
P. C. Day

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Attachment I



April 7, 2006

**LETTER FROM THE CHIEF FINANCIAL OFFICER**

California Environmental Protection Agency  
State Water Resources Control Board  
Division of Financial Assistance  
P. O. Box 944212  
Sacramento, CA 94244-2120

Dear Sir or Madam:

I am the chief financial officer for ConocoPhillips, 600 North Dairy Ashford, Houston, TX 77079. This letter is in support of the use of the Underground Storage Tank Cleanup Fund to demonstrate financial responsibility for taking corrective action and/or compensating third parties for bodily injury and property damage caused by an unauthorized release of petroleum in the amount of at least one million dollars (\$1,000,000.00) per occurrence and two million dollars (\$2,000,000.00) annual aggregate coverage.

Underground storage tanks at the following facilities are assured by this letter:

Refer to Attachment A

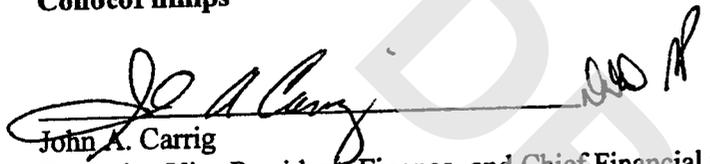
1. Amount of annual aggregate coverage being assured by this letter	\$2,000,000
2. Total tangible assets	\$90,560,104,000
3. Total liabilities	\$54,268,000,000
4. Tangible net worth (subtract line 3 from line 2. Line 4 must be at least 10 times line 1.)	\$36,292,104,000

April 7, 2006  
Page 2

I hereby certify that the wording of this letter is identical to the wording specified in section 2808.1, subdivision (c)(1), chapter 18, division 3, title 23 of the California Code of Regulations.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief. Executed at 600 North Dairy Ashford, Houston, Texas, on April 7, 2006.

**ConocoPhillips**

  
\_\_\_\_\_  
John A. Carrig  
Executive Vice President, Finance, and Chief Financial Officer

# APPENDIX III

## GUARANTEE

Guarantee made this April 7, 2006 by ConocoPhillips, a business entity organized under the laws of the state of Delaware, herein referred to as guarantor, to the California State Water Resources Control Board and Environmental Protection Agency Region 9 ("the Agencies") and to any and all third parties, and obligees, on behalf of ConocoPhillips Company of 600 North Dairy Ashford, Houston, Texas 77079.

### Recitals

1. Guarantor meets or exceeds the financial test criteria of 40 CFR 280.95 (b) or (c) and (d) and agrees to comply with the requirements for guarantors as specified in 40 CFR 280.96(b).
2. ConocoPhillips Company owns or operates the following underground storage tanks covered by this guarantee:

See "Attachment A"

This guarantee satisfies 40 CFR part 280, subpart H requirements for assuring funding for taking corrective action and/or compensating third parties for bodily injury and property damage caused by accidental releases arising from operating the above-identified underground storage tanks in the amount of \$1,000,000 per occurrence and \$2,000,000 annual aggregate.

3. On behalf of our subsidiary ConocoPhillips Company, guarantor guarantees to the Agencies and to any and all third parties that:

In the event that ConocoPhillips Company fails to provide alternative coverage within 60 days after receipt of a notice of cancellation of this guarantee and the administrators of the Agencies have determined or suspect that a release has occurred at an underground storage tank covered by this guarantee, the guarantor, upon instructions from the Agencies shall fund a standby trust fund in accordance with the provisions of 40 CFR 280.108, in an amount not to exceed the coverage limits specified above.

In the event that the Agencies determine that ConocoPhillips Company has failed to perform corrective action for releases arising out of the operation of the above-identified tanks in accordance with 40 CFR part 280, subpart F, the guarantor upon written instructions from the Agencies shall fund a standby trust in accordance with the provisions of 40 CFR 280.108, in an amount not to exceed the coverage limits specified above.

If ConocoPhillips Company fails to satisfy a judgment or award based on a determination of liability for bodily injury or property damage to third parties

caused by sudden and/or nonsudden accidental releases arising from the operation of the above-identified tanks, or fails to pay an amount agreed to in settlement of a claim arising from or alleged to arise from such injury or damage, the guarantor, upon written instructions from the Agencies, shall fund a standby trust in accordance with the provisions of 40 CFR 280.108 to satisfy such judgment(s), award(s), or settlement agreement(s) up to the limits of coverage specified above.

4. Guarantor agrees that if, at the end of any fiscal year before cancellation of this guarantee, the guarantor fails to meet the financial test criteria of 40 CFR 280.95 (b) or (c) and (d), guarantor shall send within 120 days of such failure, by certified mail, notice to ConocoPhillips Company. The guarantee will terminate 120 days from the date of receipt of the notice by ConocoPhillips Company, as evidenced by the return receipt.
5. Guarantor agrees to notify ConocoPhillips Company by certified mail of a voluntary or involuntary proceeding under Title 11 (Bankruptcy), U.S. Code naming guarantor as debtor, within 10 days after commencement of the proceeding.
6. Guarantor agrees to remain bound under this guarantee notwithstanding any modification or alteration of any obligation of ConocoPhillips Company pursuant to 40 CFR part 280.
7. Guarantor agrees to remain bound under this guarantee for so long as ConocoPhillips Company must comply with the applicable financial responsibility requirements of 40 CFR part 280, subpart H for the above-identified tanks, except that guarantor may cancel this guarantee by sending notice by certified mail to ConocoPhillips Company, such cancellation to become effective no earlier than 120 days after receipt of such notice by ConocoPhillips Company, as evidenced by the return receipt.
8. The guarantor's obligation does not apply to any of the following:
  - a. Any obligation of ConocoPhillips Company under a workers' compensation, disability benefits, or unemployment compensation law or other similar law;
  - b. Bodily injury to an employee of ConocoPhillips Company arising from, and in the course of, employment by ConocoPhillips Company;
  - c. Bodily injury or property damage arising from the ownership, maintenance, use, or entrustment to others of any aircraft, motor vehicle, or watercraft;
  - d. Property damage to any property owned, rented, loaned to, in the care, custody, or control of, or occupied by ConocoPhillips Company that is not

the direct result of a release from a petroleum underground storage tank;  
and

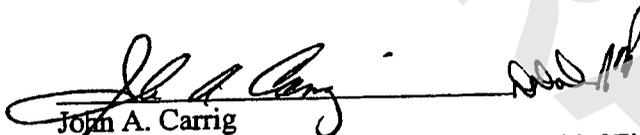
- e. Bodily damage or property damage for which ConocoPhillips Company is obligated to pay damages by reason of the assumption of liability in a contract or agreement other than a contract or agreement entered into to meet the requirements of 40 CFR 280.93.

- 9. Guarantor expressly waives notice of acceptance of this guarantee by the Agencies, by any or all third parties, or by ConocoPhillips Company.

I hereby certify that the wording of this guarantee is identical to the wording specified in 40 CFR 280.96(c) as such regulations were constituted on the effective date shown immediately below.

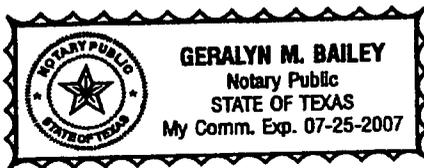
Effective: April 7, 2006

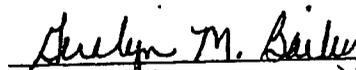
**CONOCOPHILLIPS**

  
John A. Carrig  
Executive Vice President, Finance, and Chief Financial Officer

State of Texas            )  
                                  ) ss.  
County of Harris        )

The foregoing instrument was acknowledged before me this 7<sup>th</sup> day of April, 2006, by John A. Carrig, personally known to me as the Executive Vice President, Finance, and Chief Financial Officer of ConocoPhillips, who executed the same on behalf of the corporation.



  
Notary Public  
My Commission Expires: July 25, 2007

## Appendix IV

### TRUST AGREEMENT

Trust agreement, the "Agreement," entered into as of April 7, 2006 by and between ConocoPhillips Company, a Delaware corporation, the "Grantor," and Arvest Trust Company, N.A., a national bank, the "Trustee."

Whereas, the United States Environmental Protection Agency, "EPA," an agency of the United States Government, has established certain regulations applicable to the Grantor, requiring that an owner or operator of an underground storage tank shall provide assurance that funds will be available when needed for corrective action and third-party compensation for bodily injury and property damage caused by sudden and nonsudden accidental releases arising from the operation of the underground storage tank. The attached Schedule A lists the number of tanks at each facility and the names and addresses of the facilities where the tanks are located that are covered by the standby trust agreement.

Whereas, the Grantor has elected to establish a guarantee to provide all or part of such financial assurance for the underground storage tanks identified herein and is required to establish a standby trust fund able to accept payments from the instrument;

Whereas, the Grantor, acting through its duly authorized officers, has selected the Trustee to be the trustee under this agreement, and the Trustee is willing to act as trustee;

Now, therefore, the Grantor and the Trustee agree as follows:

#### Section 1. Definitions

As used in this Agreement:

- a. The term "Grantor" means the owner or operator who enters into this Agreement and any successors or assigns of the Grantor.
- b. The term "Trustee" means the Trustee who enters into this Agreement and any successor Trustee.

#### Section 2. Identification of the Financial Assurance Mechanism

This Agreement pertains to the guarantee from which the standby trust fund is established to receive payments.

### **Section 3. Establishment of Fund**

The Grantor and the Trustee hereby establish a trust fund, the "Fund," for the benefit of the California State Water Resources Control Board and the Environmental Protection Agency Region 9 ("Agencies"). The Grantor and the Trustee intend that no third party have access to the Fund except as herein provided. The Fund is established initially as a standby to receive payments and shall not consist of any property. Payments made by the provider of financial assurance pursuant to the Agencies' instruction are transferred to the Trustee and are referred to as the Fund, together with all earnings and profits thereon, less any payments or distributions made by the Trustee pursuant to this Agreement. The Fund shall be held by the Trustee, IN TRUST, as hereinafter provided. The Trustee shall not be responsible nor shall it undertake any responsibility for the amount or adequacy of, nor any duty to collect from the Grantor as provider of financial assurance, any payments necessary to discharge any liability of the Grantor established by the Agencies.

### **Section 4. Payment for Corrective Action and/or Third-Party Liability Claims**

The Trustee shall make payments from the Fund as the Agencies shall direct, in writing, to provide for the payment of the costs of taking corrective action and/or compensating third parties for bodily injury and property damage caused by accidental releases arising from operating the tanks covered by the financial assurance mechanism identified in this Agreement.

The Fund may not be drawn upon to cover any of the following:

- a. Any obligation of Owner under a workers' compensation, disability benefits, or unemployment compensation law or other similar law;
- b. Bodily injury to an employee of Owner arising from, and in the course of employment by Owner;
- c. Bodily injury or property damage arising from the ownership, maintenance, use, or entrustment to others of any aircraft, motor vehicle, or watercraft;
- d. Property damage to any property owned, rented, loaned to, in the care, custody, or control of, or occupied by Owner that is not the direct result of a release from a petroleum underground storage tank; and
- e. Bodily injury or property damage for which Owner is obligated to pay damages by reason of the assumption of liability in a contract or agreement other than a contract or agreement entered into to meet the requirements of 40 CFR 280.93.

The Trustee shall reimburse the Grantor, or other persons as specified by the Agencies, from the Fund for corrective action expenditures and/or third-party liability claims in

such amounts as the Agencies shall direct in writing. In addition, the Trustee shall refund to the Grantor such amounts as the Agencies specify in writing. Upon refund, such funds shall no longer constitute part of the Fund as defined herein.

#### **Section 5. Payments Comprising the Fund**

Payments made to the Trustee for the Fund shall consist of cash and securities acceptable to the Trustee.

#### **Section 6. Trustee Management**

The Trustee shall invest and reinvest the principal and income of the Fund and keep the Fund invested as a single fund, without distinction between principal and income, in accordance with general investment policies and guidelines which the Grantor may communicate in writing to the Trustee from time to time, subject, however, to the provisions of this Section. In investing, reinvesting, exchanging, selling, and managing the Fund, the Trustee shall discharge his duties with respect to the trust fund solely in the interest of the beneficiaries and with the care, skill, prudence, and diligence under the circumstances then prevailing which persons of prudence, acting in a like capacity and familiar with such matters, would use in the conduct of an enterprise of a like character and with like aims; except that:

- (i) Securities or other obligations of the Grantor, or any other owner or operator of the tanks, or any of their affiliates as defined in the Investment Company Act of 1940, as amended, 15 U.S.C. 80a-2(a), shall not be acquired or held, unless they are securities or other obligations of the federal or a state government;
- (ii) The Trustee is authorized to invest the Fund in time or demand deposits of the Trustee, to the extent insured by an agency of the federal or state government; and
- (iii) The Trustee is authorized to hold cash awaiting investment or distribution uninvested for a reasonable time and without liability for the payment of interest thereon.

## **Section 7. Commingling and Investment**

The Trustee is expressly authorized in its discretion:

- a. To transfer from time to time any or all of the assets of the Fund to any common, commingled, or collective trust fund created by the Trustee in which the Fund is eligible to participate, subject to all of the provisions thereof, to be commingled with the assets of other trusts participating therein; and
- b. To purchase shares in any investment company registered under the Investment Company Act of 1940, 15 U.S.C. 80a-1 et seq., including one which may be created, managed, underwritten, or to which investment advice is rendered or the shares of which are sold by the Trustee. The Trustee may vote such shares in its discretion.

## **Section 8. Express Powers of Trustee**

Without in any way limiting the powers and discretions conferred upon the Trustee by the other provisions of this Agreement or by law, the Trustee is expressly authorized and empowered:

- a. To sell, exchange, convey, transfer, or otherwise dispose of any property held by it, by public or private sale. No person dealing with the Trustee shall be bound to see to the application of the purchase money or to inquire into the validity or expediency of any such sale or other disposition;
- b. To make, execute, acknowledge, and deliver any and all documents of transfer and conveyance and any and all other instruments that may be necessary or appropriate to carry out the powers herein granted;
- c. To register any securities held in the Fund in its own name or in the name of a nominee and to hold any security in bearer form or in book entry, or to combine certificates representing such securities with certificates of the same issue held by the Trustee in other fiduciary capacities, or to deposit or arrange for the deposit of such securities in a qualified central depository even though, when so deposited, such securities may be merged and held in bulk in the name of the nominee of such depository with other securities deposited therein by another person, or to deposit or arrange for the deposit of any securities issued by the United States Government, or any agency or instrumentality thereof, with a Federal Reserve bank, but the books and records of the Trustee shall at all times show that all such securities are part of the Fund;

- d. To deposit any cash in the Fund in interest-bearing accounts maintained or savings certificates issued by the Trustee, in its separate corporate capacity, or in any other banking institution affiliated with the Trustee, to the extent insured by an agency of the federal or state government; and
- e. To compromise or otherwise adjust all claims in favor of or against the Fund.

#### **Section 9. Taxes and Expenses**

All taxes of any kind that may be assessed or levied against or in respect of the Fund and all brokerage commissions incurred by the Fund shall be paid from the Fund. All other expenses incurred by the Trustee in connection with the administration of this Trust, including fees for legal services rendered to the Trustee, the compensation of the Trustee to the extent not paid directly by the Grantor, and all other proper charges and disbursements of the Trustee shall be paid from the Fund.

#### **Section 10. Advice of Counsel**

The Trustee may from time to time consult with counsel, who may be counsel to the Grantor, with respect to any questions arising as to the construction of this Agreement or any action to be taken hereunder. The Trustee shall be fully protected, to the extent permitted by law, in acting upon the advice of counsel.

#### **Section 11. Trustee Compensation**

The Trustee shall be entitled to reasonable compensation for its services as agreed upon in writing from time to time with the Grantor.

#### **Section 12. Successor Trustee**

The Trustee may resign or the Grantor may replace the Trustee, but such resignation or replacement shall not be effective until the Grantor has appointed a successor trustee and this successor accepts the appointment. The successor trustee shall have the same powers and duties as those conferred upon the Trustee hereunder. Upon the successor trustee's acceptance of the appointment, the Trustee shall assign, transfer, and pay over to the successor trustee the funds and properties then constituting the Fund. If for any reason the Grantor cannot or does not act in the event of the resignation of the Trustee, the Trustee may apply to a court of competent jurisdiction for the appointment of a successor trustee or for instructions. The successor trustee shall specify the date on which it assumes administration of the trust in writing sent to the Grantor and the present Trustee by certified mail 10 days before such change becomes effective. Any expenses incurred by the Trustee as a result of any of the acts contemplated by this Section shall be paid as provided in Section 9.

### **Section 13. Instructions to the Trustee**

All orders, requests, and instructions by the Grantor to the Trustee shall be in writing, signed by such persons as are designated in the attached Schedule B or such other designees as the Grantor may designate by amendment to Schedule B. The Trustee shall be fully protected in acting without inquiry in accordance with the Grantor's orders, requests, and instructions. All orders, requests, and instructions by the Agencies to the Trustee shall be in writing, signed by the Agencies, and the Trustee shall act and shall be fully protected in acting in accordance with such orders, requests, and instructions. The Trustee shall have the right to assume, in the absence of written notice to the contrary, that no event constituting a change or a termination of the authority of any person to act on behalf of the Grantor or the Agencies hereunder has occurred. The Trustee shall have no duty to act in the absence of such orders, requests, and instructions from the Grantor and/or the Agencies, except as provided for herein.

### **Section 14. Amendment of Agreement**

This Agreement may be amended by an instrument in writing executed by the Grantor and the Trustee, or by the Trustee and the Agencies if the Grantor ceases to exist.

### **Section 15. Irrevocability and Termination**

Subject to the right of the parties to amend this Agreement as provided in Section 14, this Trust shall be irrevocable and shall continue until terminated at the written direction of the Grantor and the Trustee, or by the Trustee and the Agencies, if the Grantor ceases to exist. Upon termination of the Trust, all remaining trust property, less final trust administration expenses, shall be delivered to the Grantor.

### **Section 16. Immunity and Indemnification**

The Trustee shall not incur personal liability of any nature in connection with any act or omission, made in good faith, in the administration of this Trust, or in carrying out any directions by the Grantor or the Agencies issued in accordance with this Agreement. The Trustee shall be indemnified and saved harmless by the Grantor, from and against any personal liability to which the Trustee may be subjected by reason of any act or conduct in its official capacity, including all expenses reasonably incurred in its defense in the event the Grantor fails to provide such defense.

### **Section 17. Choice of Law**

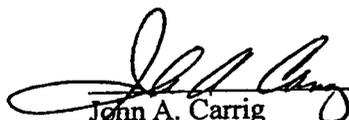
This Agreement shall be administered, construed, and enforced according to the laws of the state of California, or the Comptroller of the Currency in the case of National Association banks.

**Section 18. Interpretation**

As used in this Agreement, words in the singular include the plural and words in the plural include the singular. The descriptive headings for each section of this Agreement shall not affect the interpretation or the legal efficacy of this Agreement.

In Witness whereof the parties have caused this Agreement to be executed by their respective officers duly authorized and their corporate seals (if applicable) to be hereunto affixed and attested as of the date first above written. The parties below certify that the wording of this Agreement is identical to the wording specified in 40 CFR 280.103(b)(1) as such regulations were constituted on the date written above.

**CONOCOPHILLIPS COMPANY**

  
\_\_\_\_\_  
John A. Carrig  
Executive Vice President, Finance, and Chief Financial Officer

Date: April 7, 2006

Attest: Trustee

Bertha Lanckriet

Bertha Lanckriet  
Arvest Trust Company, N.A.  
Vice President and Senior Trust Officer

Date: March 20, 2006

Seal

Attest: Witness

Dee Ann Willman

Witness: Dee Ann Willman

Title: Asst Vice President

**CERTIFICATE OF ACKNOWLEDGEMENT**

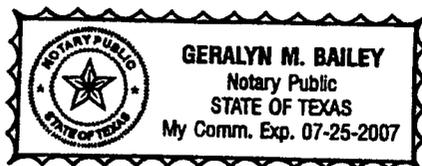
State of Texas     )

County of Harris   )

On this 7<sup>th</sup> day of April, 2006, before me personally came John A. Carrig, to me known, who, being by me duly sworn, did depose and say that he resides at 600 N. Dairy Ashford, Houston, Texas 77079, that he is the Executive Vice President, Finance, and Chief Financial Officer of ConocoPhillips Company, the corporation described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to such instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation; and that he signed his name thereto by like order.

Subscribed and sworn to before me this 7<sup>th</sup> day of April, 2006.

(SEAL)



Geralyn M. Bailey  
Notary Public  
My Commission Expires: July 25, 2007

**SCHEDULE B**

The following individuals are authorized to provide written orders, requests and instructions to the Trustees on behalf of the Grantor:

J. W. Sheets

J. W. Sheets

D. P. Bolen

D. P. Bolen

C. H. McClain

C. H. McClain

DRAFT

December 20, 2002

CA State Water Resources Control Board  
UST Program  
P. O. Box 944212  
Sacramento, CA 94244

### **CERTIFICATION OF FINANCIAL RESPONSIBILITY**

ConocoPhillips Company and all of its subsidiaries, including Circle K Stores Inc., hereby certifies that it is in compliance with the requirements of Subpart H of 40 CFR Part 280.

The financial assurance mechanism used to demonstrate financial responsibility under Subpart H of 40 CFR Part 280 is as follows:

<b>Mechanism:</b>	Section 280.97 – Insurance Coverage
<b>Issuer:</b>	Sooner Insurance Company Certificate of Insurance No. 2003-16
<b>Amount of Coverage:</b>	\$1,000,000 per occurrence \$2,000,000 annual aggregate
<b>Effective Period Of Coverage:</b>	From January 1, 2003 until April 30, 2004, unless earlier Revoked or replaced by written notice to the Implementing Agencies listed on the attached Exhibit A.
<b>Coverage:</b>	Taking corrective action and compensating third parties for bodily injury and property damage caused by accidental releases.

CONOCOPHILLIPS COMPANY

*J.W. Sheets*

J. W. Sheets

Vice President and Treasurer

Date: December 12, 2002

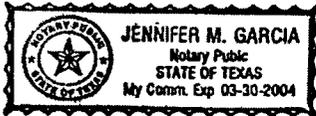
State of Texas     )  
                          ) ss.  
County of Harris    )

The foregoing instrument was acknowledged before me this 12th day of  
December, 2002 by J.W. Sheets, personally known to me as Vice  
President and Treasurer of ConocoPhillips Company, who executed the  
same on behalf of the corporation.

*J. M. Garcia*

Notary Public

My Commission Expires 03-30-2004





# Sooner Insurance Company

## CERTIFICATE OF INSURANCE

Certificate No. 2003-16

Date: December 20, 2002  
Policy No.: S-7501A-03/04

Certificate Holder: CA State Water Resources Control Board  
UST Program  
P. O. Box 944212  
Sacramento, CA 94244

Insured: ConocoPhillips Company and its subsidiaries including Circle K Stores Inc.

Address of The Insured: 600 North Dairy Ashford – ML3136  
Houston, TX 77079

Covered Locations: Per the attached list

Policy Term: December 1, 2002 – December 1, 2004

### CERTIFICATION

- (1) Sooner Insurance Company, the Insurer, as identified above, hereby certifies that it has issued liability insurance covering the following underground storage tanks:

[See attached list]

for taking corrective action and/or compensating third parties for bodily injury and property damage caused by accidental releases in accordance with and subject to the limits of liability, exclusions, conditions, and other terms of the policy arising from operating the underground storage tanks identified above.

The limits of liability are \$1,000,000 each occurrence and \$2,000,000 annual aggregate, exclusive of legal defense costs, which are subject to a separate limit under the policy. The coverage is provided under policy S-7501A-03/04. The effective date of said policy is December 1, 2002.

- (2) The Insurer further certifies the following with respect to the insurance described in Paragraph 1:

- (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this certificate applies

**Management Offices**  
600 North Dairy Ashford – ML 3136  
Houston, TX 77079  
TEL: (281) 293-6680  
FAX: (281) 293-2941

**Administrative Offices**  
112 Lake Street  
Burlington, VT 05401  
TEL: (802) 658-9466  
FAX: (802) 658-5520

- (b) The Insurer is liable for payment of amounts within any deductible applicable to the policy to the provider of corrective action or a damaged third-party, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision shall not apply with respect to that amount of any deductible for which coverage is demonstrated under another mechanism or combination of mechanisms as specified in 40 CFR 280.95-280.102.
- (c) Wherever requested by a Director of an implementing agency, the Insurer agrees to furnish to the Director a signed duplicate original of the policy and all endorsements.
- (d) Cancellation or any other termination of insurance by the Insurer except, for non-payment of premium or misrepresentation by the insured, will be effective only upon written notice and only after expiration of 60 days after a copy of such written notice is received by the insured. Cancellation for non-payment of premium or misrepresentation by the insured will be effective only upon written notice and only after expiration of a minimum of 10 days after a copy of such written notice is received by the insured.
- (e) The insurance covers claims otherwise covered by the policy that are reported to the Insurer within six months of the effective date of cancellation or non-renewal of the policy except where the new or renewed policy has the same retroactive date or a retroactive date earlier than that of the prior policy, and which arise out of any covered occurrence that commenced after the policy retroactive date, if applicable, and prior to such policy renewal or termination date. Claims reported during such extended reporting period are subject to the terms, conditions limits, including limits of liability and exclusions of the policy.

I hereby certify that the wording of the instrument is identical to the wording in 40 CFR 280.97(b)(2) and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more states.



Scott W. Irwin  
Vice President

Authorized Representative of  
Sooner Insurance Company  
600 North Dairy Ashford – ML 3136  
Houston, TX 77079

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FAX: (802) 658-5520

# ConocoPhillips

RECEIVED 2-4-2009 JIMCO

P.O. Box 52085  
Phoenix, Arizona 85072-2085  
1500 North Priest Drive  
Tempe, Arizona 85281

Kathy Strickland  
Environmental Compliance  
602/728-418-7149 (direct line)  
602/728-5245 (facsimile)

December 20, 2002

Re: Financial Responsibility –  
40 CFR Part 280, Subpart H  
Revised for: Name Change to ConocoPhillips and Coverage Period

I am enclosing information relating to ConocoPhillips and its subsidiaries including Circle K Stores Inc. requirement to provide financial responsibility for the ownership and operation of underground storage tanks by its operating entities pursuant to 40 CFR Part 280, Subpart H and similar state regulations. ConocoPhillips Company meets the insurance coverage requirements set forth under 40 CFR § 280.97. It is intended that this financial responsibility likewise satisfy the requirements of authorized state programs.

ConocoPhillips provides this financial responsibility for all underground storage tanks at retail locations, terminals and bulk plants which are owned and/or operated by all ConocoPhillips entities including Circle K Stores Inc.

The information enclosed consists of a Certificate of Insurance and a Certification of Financial Responsibility in the form prescribed by the federal regulations. I am attaching site list for your jurisdiction, according to our database. Please let me know if there are discrepancies between this list and your records.

Please forward this information to the appropriate person in your agency. You may direct any questions to me at (602) 728-7149.

Very truly yours,



Kathy Strickland  
Environmental Compliance

Enclosures

December 20, 2002

CA State Water Resources Control Board  
UST Program  
P. O. Box 944212  
Sacramento, CA 94244

### **CERTIFICATION OF FINANCIAL RESPONSIBILITY**

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The financial assurance mechanism used to demonstrate financial responsibility under Subpart H of 40 CFR Part 280 is as follows:

**Mechanism:** Section 280.97 – Insurance Coverage

**Issuer:** Sooner Insurance Company  
Certificate of Insurance No. 2003-16

**Amount of Coverage:** \$1,000,000 per occurrence  
\$2,000,000 annual aggregate

**Effective Period Of Coverage:** From January 1, 2003 until April 30, 2004, unless earlier Revoked or replaced by written notice to the Implementing Agencies listed on the attached Exhibit A.

**Coverage:** Taking corrective action and compensating third parties for bodily injury and property damage caused by accidental releases.

CONOCOPHILLIPS COMPANY

*J.W. Sheets*

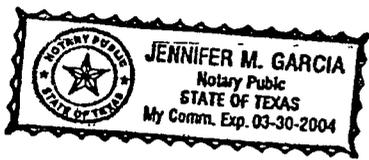
J. W. Sheets

Vice President and Treasurer

Date: December 12, 2002

State of Texas )  
County of Harris ) ss.

The foregoing instrument was acknowledged before me this 12th day of  
December, 2002 by J.W. Sheets, personally known to me as Vice  
President and Treasurer of ConocoPhillips Company, who executed the  
same on behalf of the corporation.



*J.M. Garcia*  
Notary Public

My Commission Expires 03-30-2004



# Sooner Insurance Company

## CERTIFICATE OF INSURANCE

Certificate No. 2003-16

Date: December 20, 2002

Policy No.: S-7501A-03/04

Certificate Holder: CA State Water Resources Control Board  
UST Program  
P. O. Box 944212  
Sacramento, CA 94244

Insured: ConocoPhillips Company and its subsidiaries including Circle K Stores Inc.

Address of The Insured: 600 North Dairy Ashford – ML3136  
Houston, TX 77079

Covered Locations: Per the attached list

Policy Term: December 1, 2002 – December 1, 2004

### CERTIFICATION

- (1) Sooner Insurance Company, the Insurer, as identified above, hereby certifies that it has issued liability insurance covering the following underground storage tanks:

[See attached list]

for taking corrective action and/or compensating third parties for bodily injury and property damage caused by accidental releases in accordance with and subject to the limits of liability, exclusions, conditions, and other terms of the policy arising from operating the underground storage tanks identified above.

The limits of liability are \$1,000,000 each occurrence and \$2,000,000 annual aggregate, exclusive of legal defense costs, which are subject to a separate limit under the policy. The coverage is provided under policy S-7501A-03/04. The effective date of said policy is December 1, 2002.

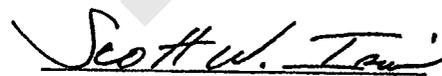
- (2) The Insurer further certifies the following with respect to the insurance described in Paragraph 1:
- (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy to which this certificate applies

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112 Lake Street  
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- (b) The Insurer is liable for payment of amounts within any deductible applicable to the policy to the provider of corrective action or a damaged third-party, with a right of reimbursement by the insured for any such payment made by the Insurer. This provision shall not apply with respect to that amount of any deductible for which coverage is demonstrated under another mechanism or combination of mechanisms as specified in 40 CFR 280.95-280.102.
- (c) Wherever requested by a Director of an implementing agency, the Insurer agrees to furnish to the Director a signed duplicate original of the policy and all endorsements.
- (d) Cancellation or any other termination of insurance by the Insurer except, for non-payment of premium or misrepresentation by the insured, will be effective only upon written notice and only after expiration of 60 days after a copy of such written notice is received by the insured. Cancellation for non-payment of premium or misrepresentation by the insured will be effective only upon written notice and only after expiration of a minimum of 10 days after a copy of such written notice is received by the insured.
- (e) The insurance covers claims otherwise covered by the policy that are reported to the Insurer within six months of the effective date of cancellation or non-renewal of the policy except where the new or renewed policy has the same retroactive date or a retroactive date earlier than that of the prior policy, and which arise out of any covered occurrence that commenced after the policy retroactive date, if applicable, and prior to such policy renewal or termination date. Claims reported during such extended reporting period are subject to the terms, conditions limits, including limits of liability and exclusions of the policy.

I hereby certify that the wording of the instrument is identical to the wording in 40 CFR 280.97(b)(2) and that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one or more states.



Scott W. Irwin  
Vice President

Authorized Representative of  
Sooner Insurance Company  
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FAX: (802) 658-5520

## CFR\_CA

STATE	Site	ADDRESS	CITY	COUNTY	ZIP	ofTanks
CA	253364	1104 MERIDIAN RD	SAN JOSE	SANTA CLARA	95125	3
CA	253686	1010 EL MONTE AVE	MOUNTAIN VIEW	SANTA CLARA	94040	3
CA	253879	337 EAST HAMILTON AVE	CAMPBELL	SANTA CLARA	95008	3
CA	253926	1100 S WHITE RD	SAN JOSE	SANTA CLARA	95127	3
CA	253969	2850 STEVENS CREEK BLVD	SAN JOSE	SANTA CLARA	95126	2
CA	254053	601 FIRST ST	GILROY	SANTA CLARA	95020000C	3
CA	254297	835 SAN ANTONIO RD	PALO ALTO	SANTA CLARA	94303	3
CA	254315	499 NORTH MATHILDA AVE	SUNNYVALE	SANTA CLARA	94086	3
CA	254328	3145 S BASCOM	CAMPBELL	SANTA CLARA	95008	4
CA	254386	2690 UNION AVE	SAN JOSE	SANTA CLARA	95124	2
CA	254425	3499 EL CAMINO REAL	SANTA CLARA	SANTA CLARA	95050000C	3
CA	254553	1690 SARATOGA AVE	SAN JOSE	SANTA CLARA	95129	3
CA	254563	15380 LOS GATOS BLVD.	LOS GATOS	SANTA CLARA	95030	2
CA	254821	295 LAWRENCE EXPRESSWAY	SUNNYVALE	SANTA CLARA	94086	3
CA	254831	3010 ALMADEN EXPRESSWAY	SAN JOSE	SANTA CLARA	95118	3
CA	254832	4185 STEVENS CREEK BLVD	SANTA CLARA	SANTA CLARA	95051	3
CA	254848	898 E FREMONT AVE	SUNNYVALE	SANTA CLARA	94086	2
CA	254921	1605 BRANHAM LANE	SAN JOSE	SANTA CLARA	95118000C	2
CA	254959	1810 HILLSDALE AVE	SAN JOSE	SANTA CLARA	95124	3
CA	255088	3035 WINCHESTER BLVD	CAMPBELL	SANTA CLARA	95008	2
CA	255130	27 S PARK VICTORIA	MILPITAS	SANTA CLARA	95035	3
CA	255290	2495 DE LA CRUZ BLVD	SANTA CLARA	SANTA CLARA	95050	2
CA	255428	10490 DE ANZA BLVD	CUPERTINO	SANTA CLARA	95014	3
CA	255444	696 BLOSSOM HILL RD	SAN JOSE	SANTA CLARA	95123	3
CA	255550	6499 CAMDEN AVE	SAN JOSE	SANTA CLARA	95120	3
CA	255628	2101 N FIRST ST	SAN JOSE	SANTA CLARA	95131	3
CA	255661	101 E EL CAMINO REAL	MOUNTAIN VIEW	SANTA CLARA	94040	3
CA	255815	298 SARATOGA AVE	SANTA CLARA	SANTA CLARA	95050	3
CA	255824	5696 STEVENS CREEK BLVD	CUPERTINO	SANTA CLARA	95014	3
CA	255893	1152 TULLY RD	SAN JOSE	SANTA CLARA	95122	3
CA	255902	102 POUGHKEEPSIE RD	SAN JOSE	SANTA CLARA	95123	3
CA	255925	1299 STORY RD	SAN JOSE	SANTA CLARA	95122	2
CA	255954	1002 N FIRST ST	SAN JOSE	SANTA CLARA	95112	3
CA	255957	330 S SAN ANTONIO RD	LOS ALTOS	SANTA CLARA	94022	3
CA	255962	3096 LANDESS AVE	SAN JOSE	SANTA CLARA	95132	2
CA	255995	6211 SANTA TERESA BLVD.	SAN JOSE	SANTA CLARA	95119	4

## CFR\_CA

CA	256031	3295 S WHITE RD	SAN JOSE	SANTA CLARA	95148	3
CA	256080	21530 STEVENS CREEK BLVD.	CUPERTINO	SANTA CLARA	95014	3
CA	256115	4350 EL CAMINO REAL	LOS ALTOS	SANTA CLARA	94022	3
CA	256169	17015 MONTEREY RD	MORGAN HILL	SANTA CLARA	95037000C	4
CA	256230	601 LEAVESLEY RD	GILROY	SANTA CLARA	95020000C	3
CA	256231	602 W SAN CARLOS ST	SAN JOSE	SANTA CLARA	95126	3
CA	256259	1331 REDMOND RD	SAN JOSE	SANTA CLARA	95120	3
CA	256397	190 W CALAVERAS BLVD	MILPITAS	SANTA CLARA	95035	3
CA	256429	2591 SEABOARD AVE	SAN JOSE	SANTA CLARA	95131	2
CA	256859	12015 SARATOGA SUNNYVALE RD	SARATOGA	SANTA CLARA	95070	3
CA	256897	2025 EL CAMINO REAL	SANTA CLARA	SANTA CLARA	95050	2
CA	256915	1708 TULLY RD	SAN JOSE	SANTA CLARA	95122	2
CA	257001	1501 PARKMOOR AVE	SAN JOSE	SANTA CLARA	95128	2
CA	257186	968 BLOSSOM HILL RD	SAN JOSE	SANTA CLARA	95123	3
CA	257259	2370 ALUM ROCK	SAN JOSE	SANTA CLARA	95116	2
CA	257390	151 BRANHAM LN	SAN JOSE	SANTA CLARA	95136	3
CA	2602488	3501 HOMESTEAD RD	SANTA CLARA	SANTA CLARA	95051-5111	3
CA	2611209	3951 SNELL RD	SAN JOSE	SANTA CLARA	95136	3
CA	2611211	590 SARATOGA AVE	SAN JOSE	SANTA CLARA	95129	4
CA	2611212	14395 BIG BASIN WAY	SARATOGA	SANTA CLARA	95070-6081	3
CA	2611213	1198 EL CAMINO REAL	SUNNYVALE	SANTA CLARA	94087	4
CA	2611215	15171 LOS GATOS RD	LOS GATOS	SANTA CLARA	95030	4
CA	2611216	1533 W CAMPBELL	CAMPBELL	SANTA CLARA	95001	4
CA	2611217	666 N SANTA CRUZ	LOS GATOS	SANTA CLARA	95030	4
CA	2611220	19550 STEVENS CREEK BLVD	CUPERTINO	SANTA CLARA	95014	4
CA	2611223	97 S ABBOTT AVE	MILPITAS	SANTA CLARA	95035	4
CA	2611225	5155 MOORPARK AVE	SAN JOSE	SANTA CLARA	95129-2141	4
CA	2611227	1787 S MAIN ST	MILPITAS	SANTA CLARA	95035	4
CA	2611228	1099 BLOSSOM HILL RD	SAN JOSE	SANTA CLARA	95123	5
CA	2611229	449 BLOSSOM HILL RD	SAN JOSE	SANTA CLARA	95123	4
CA	2611231	801 N FAIR OAKS AVE	SUNNYVALE	SANTA CLARA	94086	5
CA	2611232	603 OLD SAN FRANCISCO RD	SUNNYVALE	SANTA CLARA	94086	4
CA	2611234	21855 HOMESTEAD RD	CUPERTINO	SANTA CLARA	95011	4
CA	2611235	1271 N 1ST ST	SAN JOSE	SANTA CLARA	95112	3
CA	2705441	2695 MCKEE RD	SAN JOSE	SANTA CLARA	95116	3
CA	2705442	7022 SANTA TERESA BLVD	SAN JOSE	SANTA CLARA	95139	3
CA	2705671	1640 N MILPITAS BLVD	MILPITAS	SANTA CLARA	95035-2711	2

CO/PR/SR ID		SC	Time
SRO 830536	2113	28	25
J10830536	2323	75	50

**OFFICIAL NOTICE OF INSPECTION**

Facility Name	CONOCOPHILLIPS COMPANY # 256115	Inspection Date	3-3-2009
Site Address	4350 EL CAMINO REAL, LOS ALTOS	Employee No	4686
Contact Person(s)	JARROD COOKE - TANKNOLOGY	<input type="checkbox"/> Samples Taken	
		<input type="checkbox"/> Photographs Taken	

Inspection Type

<input checked="" type="checkbox"/> Hazardous Materials	<input type="checkbox"/> Hazardous Waste
<input type="checkbox"/> Underground Storage Tank	<input type="checkbox"/> Medical Waste Generator/Storage/Treatment
<input type="checkbox"/> Toxic Gas	<input type="checkbox"/> Other

TIME IN: 13:10  
 TIME OUT: 14:45

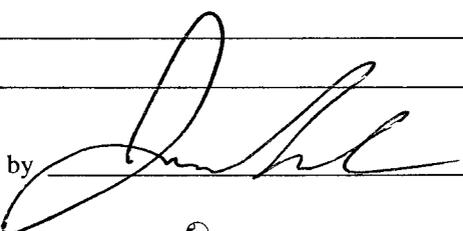
**Comments/Observations**

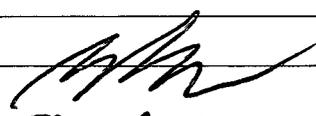
WITNESSED SPILL BUCKET HYDROSTATIC TESTING.

REPLACEMENT OPW SPILL BUCKET FOR WASTE OIL UST WAS TESTED FOR 1 HOUR AND PASSED. UPGRADE REPAIR COMPLETE.

EXISTING SPILL BUCKET FOR 87 OCTANE UST THAT FAILED ANNUAL TEST ON 11-25-2008 WAS TESTED TODAY FOR 1 HOUR AND PASSED.

NOTE TO GREG GALATTO: REPLACE HAZARDOUS WASTE, USED OIL, AND ACCUMULATION START DATE MARKINGS ON WASTE OIL TANK FILL. ALSO REPLACE BURNT OUT GREEN POWER INDICATOR BULB ON VEEDEER-ROOT MONITORING PANEL.

Received by 

Inspected by   
 GREG BRESTEARS

ICCD 5266658-02  
 Entered by 4686

white - HMCD, yellow - Facility, pink - Contractor

**County of Santa Clara**  
**Department of Environmental Health**  
**Hazardous Materials Compliance Division (HMCD)**  
 1555 Berger Drive, Suite 300  
 San Jose, CA 95112-2716  
 (408) 918-3400 Fax (408) 280-6479 www.EHinfo.org

CO/PR/SR ID		SC	Time
SR0830536	2323	078	60
SR0830536	2323	075	50

**OFFICIAL NOTICE OF INSPECTION**

Facility Name <i>ConocoPhillips Company # 256115</i>	Inspection Date <i>2/9/09</i>
Site Address <i>4350 El Camino Real</i>	Employee No <i>10162</i>
Contact Person(s)	<input type="checkbox"/> Samples Taken <input type="checkbox"/> Photographs Taken

Inspection Type

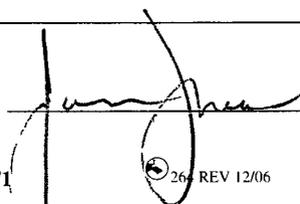
<input type="checkbox"/> Hazardous Materials	<input type="checkbox"/> Hazardous Waste
<input checked="" type="checkbox"/> Underground Storage Tank	<input type="checkbox"/> Medical Waste Generator/Storage/Treatment
<input type="checkbox"/> Toxic Gas	<input type="checkbox"/> Other

**Comments/Observations**

*Used Oil Tank - Spill Bucker Installation Inspection*

*The new spill bucker was tested hydrostatically using an Incon accelerated test. The tests were performed by James A. Moore of Able Maintenance Inc. One test failed, likely as a result of gusty winds. The second test was passed. Within 30 days, submit to our office a copy of the test report and printout. The new bucker is now approved for use.*

Received by



Inspected by



Entered by

*10162*

white - HMCD, yellow - Facility, pink - Contractor

# County of Santa Clara

Department of Environmental Health  
Hazardous Materials Compliance Division  
1555 Berger Drive Suite 300  
San Jose, California 95112-2716  
(408) 918-3400 FAX (408) 280-6479  
www.EHinfo.org



December 18, 2008

Marty Weithman  
Able Maintenance, Inc.  
680 Quinn Av.  
San Jose, CA 95112

COPY

**Re: Plan Check Review SR0830536 – ConocoPhillips Company #256115 at 4350 El Camino Real, Los Altos.**

Dear Mr. Weithman:

Upon review of your submittal regarding replacement of the waste oil UST fill spill bucket at the above facility, the Santa Clara County Hazardous Materials Compliance Division (HMCD) approves the plans with the following conditions:

1. Equipment shall be configured as described in the approved plans.
2. Spill bucket shall be installed high enough and new concrete sufficiently crowned to prevent the accumulation of rainwater above the lid.
3. Contact the undersigned a minimum of 2 working days in advance to schedule an inspection to witness post-installation testing of the bucket.
4. Plan approval may also be required by the City of Los Altos.

**Any substitution of equipment or reconfiguration of systems as described in the approved plans requires prior approval from this Department.**

Should you have any questions, please contact the undersigned inspector at (408) 918-1978.



Greg Breshears  
Senior Hazardous Materials Specialist  
Hazardous Materials Compliance Division

enclosure: approved plans

**County of Santa Clara**  
**Department of Environmental Health**  
**Hazardous Materials Compliance Division**  
 1555 Berger Drive, Bldg 2, Suite 300  
 San Jose, CA 95112-2716  
 (408) 918-3400, Fax (408) 280-6479  
 www.EHinfo.org/hazmat

RECEIVED BY:  
 SANTA CLARA COUNTY  
 ENV. HEALTH  
 2008 DEC 18 AM 10:27

**Agency Use Only**

Received By [Signature], Date 12-18-2008  
 Fee Received \$ 240.00, Date 12-18-2008  
 Receipt No 2895, SR No 0830536, PE 2323

**HAZARDOUS MATERIALS CONSTRUCTION PERMIT APPLICATION**

*For Use Within the Cities of Los Altos Hills, Monte Sereno, Saratoga, and in Unincorporated Areas of Santa Clara County, Including Moffett Field, San Martin, and Stanford*

**I. General Information**

This document must be completed by any person who applies for a permit from the Hazardous Materials Compliance Division (HMCD) to install, retrofit, or upgrade a hazardous materials storage system/area (i.e., fuel tank, dry cleaning machine, laboratory, etc.). If the project involves the installation or retrofitting of a hazardous materials storage tank system, you must also submit a completed Hazardous Materials Tank System Installation/Upgrade Equipment List form. Refer to HMCD's Plan Submittal Requirements for Hazardous Materials Systems for additional requirements. Documents are available at [www.EHinfo.org/hazmat](http://www.EHinfo.org/hazmat).

**II. Project Location Information**

Facility Name Unocal CONNORPHILLIPS COMPANY # 256115 Bldg No \_\_\_\_\_  
 Site Address 4350 El Camino Real City Los Altos Hills Zip 94022  
 Project Contact Name Marty Weithman Phone No (408) 213-6038 ext \_\_\_\_\_  
 County Plan Check No (if applicable) \_\_\_\_\_ Parcel No (APN) \_\_\_\_\_

**III. Contractor Information** [All contractors must be licensed by the Contractor State License Board (CSLB)]

Business Name as Registered with CSLB Able Maintenance Inc. Lic No 312844  
 Mailing Address 3244 Regional Pkwy City Santa Rosa Zip 95403  
 Project Contact Name Marty Weithman Office Phone (408) 213-6038 ext \_\_\_\_\_  
 Cell Phone ( ) \_\_\_\_\_ Fax. (408) 213-6026 eMail martyw@servicestationsystems.com

**IV. Plan Check Contact Information** [Plan check letter will be sent to this contact]  Same as II, above  Same as III

Business Name. ABLE MAINTENANCE, INC. Lic No.. \_\_\_\_\_  
 Mailing Address. 680 AVENUE AV. City SAN JOSE Zip 95112  
 Project Contact Name MARTY WEITHMAN Office Phone (408) 213-6038 ext \_\_\_\_\_  
 Cell Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ eMail \_\_\_\_\_

**V. Scope of Work** [Briefly describe the project]

**Replace one OPW 2100 series direct bury spill bucket ont eh waste oil tank. Excavation and back fill required along with bucket test.**

<b>PLAN CHECK</b> SANTA CLARA COUNTY Hazardous Materials Compliance Div (408) 918-3400	
<input checked="" type="checkbox"/> Approved for HazMat Compliance <input type="checkbox"/> Disapproved <input type="checkbox"/> Approved With Revisions Noted	
BY <u>[Signature]</u>	DATE <u>12-18-2008</u>

**County of Santa Clara**  
**Environmental Resources Agency**  
**Department of Environmental Health**  
**Hazardous Materials Compliance Division**  
 1555 Berger Drive, Suite 300  
 San Jose, CA 95112-2716  
 (408) 918-3400, Fax (408) 280-6479  
 www.EHinfo.org

RECEIVED BY:  
 AGENCY USE ONLY  
 SANTA CLARA COUNTY  
 DEPT. OF ENV. HEALTH

Staff [Signature]; Date 12-18-2008  
 2008 DEC 18 AM 10:27 240.00; Date. 12-18-2008  
 Fee Received. \$  
 Invoice No. chem 2895, SR No.. 0830536, PE 2323

**HAZARDOUS MATERIALS STORAGE TANK SYSTEM  
 INSTALLATION EQUIPMENT LIST**

*For Use Within the Cities of Los Altos, Los Altos Hills, Monte Sereno, Saratoga, and in Unincorporated Areas of Santa Clara County*

**I. General Information**

This document shall be completed and submitted to the Hazardous Materials Compliance Division along with the project plans, equipment cut sheets, and - in the case of UST installations/upgrades - completed Underground Storage Tank System Installation Supplement.

**II. Project Information** This document covers the  Installation of  Aboveground Tank(s)  Upgrading  Underground Tank(s)

Provide the following information:

Facility Name (Tank Site) Unocal Conoco Phillips Company #256115 Bldg No.: \_\_\_\_\_  
 Address: 4350 El Camino Real City: Los Altos Hills Zip 94022  
 Project Contact Name: Marty Weithman Phone No. (408) 213-6038 ext \_\_\_\_\_  
 Plan Check No. N/A Date of Plan Submittal to HMCD: 12/18/08

**III. Equipment Information**

In the table below, list the manufacturer name and specific model number for each type of equipment listed in the second column. If an item is not applicable to this project, check the "N/A" box in the "Name of Equipment Manufacturer" column. Brochures and/or manufacturers' cut sheets for all equipment listed shall be submitted as attachments to the plans.

Agency Use Only	Equipment Type	Name of Equipment Manufacturer	Model No.
<input checked="" type="checkbox"/>	Tank(s)	<input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/>	Overfill Prevention Devices	<input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/>	Spill Containment Boxes	<input type="checkbox"/> N/A <u>OPW</u>	<u>2100 C series</u>
<input checked="" type="checkbox"/>	Ball Float Valves	<input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/>	Primary Tank Vent Cap(s)	<input checked="" type="checkbox"/> N/A	

Agency Use Only	Equipment Type	Name of Equipment Manufacturer	Model No.
<input checked="" type="checkbox"/>	Primary Product Piping	<input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/>	Piping Secondary Containment	<input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/>	Flex Connectors	<input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/>	Flex Boots	<input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/>	Vapor Return Piping	<input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/>	Turbines/Pumps	<input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/>	Mechanical/Electronic Line Leak Detectors	<input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/>	Electronic Monitoring System Control Panel	<input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/>	Tank Interstitial Space Leak Detection Sensors	<input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/>	Piping Sump/Trench Leak Detection Sensors	<input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/>	Dispenser Pan/Sump Leak Detection Sensors	<input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/>	In-Tank Leak Detection Probes	<input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/>	Dispensers	<input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/>	Dispenser Secondary Containment Pans/Sumps	<input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/>	Dispenser Shear/Fusible Link Valves	<input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/>	Dispenser Hoses	<input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/>	Dispenser Hose Break-Away Connectors	<input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/>	Dispenser Nozzles	<input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/>	Anti-Siphon Devices	<input checked="" type="checkbox"/> N/A	
<input type="checkbox"/>			
<input type="checkbox"/>			

**PLAN CHECK**  
**SANTA CLARA COUNTY**  
 Hazardous Materials Compliance Div  
 (408) 918-3400

Approved for HazMat Compliance  
 Disapproved  
 Approved With Revisions Noted

BY: [Signature] DATE: 12-18-2005



RECEIVED BY:  
SANTA CLARA COUNTY  
DEPT OF ENV. HEALTH

2008 DEC 18 AM 10:27  
Compliance Dept.  
680 Quinn Ave  
San Jose, CA 95112  
408-213-6038 - Office  
408-213-6026 - Fax

December 15, 2008

**To: Inspector Greg Breshears, County of Santa Clara DEH, Haz Mat Division**  
**Fr: Marty Weithman, Service Station Systems/ Able Maintenance, Inc.**

As a follow-up to our email exchange, I am enclosing the permit application, check and other documents for the anticipated direct bury bucket replacements at the Unocal, 4350 El Camino Real, in Los Altos Hills. The scope of work is limited to the installation of one OPW 1C2100 series bucket on the waste oil tank.

Please send, fax or email a copy of the permit to me at the address below.

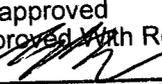
Thank you for your help. Your prompt consideration of this matter is greatly appreciated.

Sincerely,

**Marty Weithman**  
Permit Compliance Officer  
Service Station Systems Inc. /Able Maintenance Inc.  
680 Quinn Ave,  
San Jose, CA 95112  
PH: (408) 213-6038  
FX: (408) 213-6026  
[martyw@servicestationsystems.com](mailto:martyw@servicestationsystems.com)

PLAN CHECK  
SANTA CLARA COUNTY  
Hazardous Materials Compliance Div  
(408) 918-3400

Approved for HazMat Compliance  
 Disapproved  
 Approved With Revisions Noted

BY  DATE 12-18-2008

520839536



8501 N MoPac Expressway, Suite 400  
Austin, Texas 78759  
Phone: (512) 451-6334  
Fax (512) 459-1459

Date Printed and Mailed: 03/17/2009

SANTA CLARA COUNTY  
HAZ/MAT COMPLIANCE - GREG  
1555 BERGER DRIVE, SUITE 300  
SAN JOSE, CA. 95112

Test Date: 03/03/2009  
Order Number: 2264196

Dear Regulator,

Enclosed are the results of recent testing performed at the following facility:

CONOCO PHILLIPS 256115  
4350 EL CAMINO REAL

LOS ALTOS, CA 94022

Testing performed:  
Secondary Containment-Spill Container

Sincerely,

A handwritten signature in cursive script that reads 'Dawn Kohlmeier'.

Dawn Kohlmeier  
Manager, Field Reporting

RECEIVED BY:  
SANTA CLARA COUNTY  
DEPT OF ENV. HEALTH  
2009 MAR 23 PM 3:11

DRAFT







8501 N MOPAC EXPRESSWAY, SUITE 400  
AUSTIN, TEXAS 78759  
(512) 451-6334  
FAX (512) 459-1459

TEST DATE 03/03/09  
CLIENT CONOCO PHILLIPS

WORK ORDER NUMBER 2264196  
SITE CONOCO PHILLIPS 256115

### COMMENTS

Testing passed.

### PARTS REPLACED

QUANTITY	DESCRIPTION

### HELIUM PINPOINT TEST RESULTS (IF APPLICABLE)

ITEMS TESTED

### HELIUM PINPOINT LEAK TEST RESULTS

--



1110 W. Kettleman Lane, Suite 37-38  
 Lodi, Ca 95240  
 Phone (209) 365-1246 Fax (209) 210-0009  
 Ray Simms E-Mail: [rsimms@tanknology.com](mailto:rsimms@tanknology.com)

February 25, 2009

## Testing Notification To:

**Agency Name:** SANTA CLARA COUNTY-HAZ/MAT COMPLIANCE

**Contact:** GREG BRESHEARS

**Phone:** 408-918-1978 (OFFICE) 408-918-3400 Note there are THREE Santa Clara Agencies

**Fax:** 408-280-6479 Call to check agency before sending fax! OK'D BY GREG

## Schedule

### Test Site

**Name:** CONOCO  
**Site #:** 256115  
**Address:** 4350 EL CAMINO REAL  
 LOS ALTOS, CA 94022

**Test Date:** 3/3/09

**Time** 1 PM

Tanknology will conduct the following test(s):

- ◆ SPILL BUCKETs (RETEST)
- REGULAR FILL & WASTE OIL

Please fax reply to (209) 365-1543 if you plan to witness the test. \_\_\_\_\_

Confirmation number (if applicable): \_\_\_\_\_

Please let us know if any of your agency information has changed.

### CONFIDENTIALITY NOTICE

This message is intended for the individual or entity for which it is addressed and may contain information that is legally privileged, confidential, and exempt from disclosure. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you received this communication in error, please notify us immediately by telephone to arrange for the return of the original material.

Thank you!

# MONITORING SYSTEM CERTIFICATION

Enacted by All Jurisdictions Within the State of California  
 Authority Cited Chapter 6.7, Health and Safety Code, Chapter 16, Division 3 Title 23, California Code of Regulations

This form must be used to document testing and servicing of monitoring equipment. If more than one monitoring system control panel is installed at the facility, a separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

### A. General Information

Facility Name CONOCO PHILLIPS 256115 City LOS ALTOS CA Zip 94022  
 Site Address 4350 EL CAMINO REAL Contact Phone No 941-0244  
 Date of Testing/Service 01/20/2009  
 Facility Contact Person MANAGER  
 Make/Model of Monitoring System TLS 350 Work Order Number 2262961

### B Inventory of Equipment Tested/Certified

Check the appropriate boxes to indicate specific equipment inspected/serviced

Tank ID <u>91</u> <input type="checkbox"/> In-Tank Gauging Probe Model _____ <input type="checkbox"/> Annular Space or Vault Sensor Model _____ <input checked="" type="checkbox"/> Piping Sump/Trench Sensor(s) Model <u>208</u> <input type="checkbox"/> Fill Sump Sensor(s) Model _____ <input type="checkbox"/> Mechanical Line Leak Detector Model _____ <input type="checkbox"/> Electronic Line Leak Detector Model _____ <input type="checkbox"/> Tank Overfill/High-Level Sensor Model _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on page 2) _____	Tank ID _____ <input type="checkbox"/> In-Tank Gauging Probe Model _____ <input type="checkbox"/> Annular Space or Vault Sensor Model _____ <input type="checkbox"/> Piping Sump/Trench Sensor(s) Model _____ <input type="checkbox"/> Fill Sump Sensor(s) Model _____ <input type="checkbox"/> Mechanical Line Leak Detector Model _____ <input type="checkbox"/> Electronic Line Leak Detector Model _____ <input type="checkbox"/> Tank Overfill/High-Level Sensor Model _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on page 2) _____
Tank ID _____ <input type="checkbox"/> In-Tank Gauging Probe Model _____ <input type="checkbox"/> Annular Space or Vault Sensor Model _____ <input type="checkbox"/> Piping Sump/Trench Sensor(s) Model _____ <input type="checkbox"/> Fill Sump Sensor(s) Model _____ <input type="checkbox"/> Mechanical Line Leak Detector Model _____ <input type="checkbox"/> Electronic Line Leak Detector Model _____ <input type="checkbox"/> Tank Overfill/High-Level Sensor Model _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on page 2) _____	Tank ID _____ <input type="checkbox"/> In-Tank Gauging Probe Model _____ <input type="checkbox"/> Annular Space or Vault Sensor Model _____ <input type="checkbox"/> Piping Sump/Trench Sensor(s) Model _____ <input type="checkbox"/> Fill Sump Sensor(s) Model _____ <input type="checkbox"/> Mechanical Line Leak Detector Model _____ <input type="checkbox"/> Electronic Line Leak Detector Model _____ <input type="checkbox"/> Tank Overfill/High-Level Sensor Model _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on page 2) _____
Dispenser ID _____ <input type="checkbox"/> Dispenser Containment Sensor(s) Model _____ <input type="checkbox"/> Shear Valve(s) _____ <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s) _____	Dispenser ID _____ <input type="checkbox"/> Dispenser Containment Sensor(s) Model _____ <input type="checkbox"/> Shear Valve(s) _____ <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s) _____
Dispenser ID _____ <input type="checkbox"/> Dispenser Containment Sensor(s) Model _____ <input type="checkbox"/> Shear Valve(s) _____ <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s) _____	Dispenser ID _____ <input type="checkbox"/> Dispenser Containment Sensor(s) Model _____ <input type="checkbox"/> Shear Valve(s) _____ <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s) _____
Dispenser ID _____ <input type="checkbox"/> Dispenser Containment Sensor(s) Model _____ <input type="checkbox"/> Shear Valve(s) _____ <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s) _____	Dispenser ID _____ <input type="checkbox"/> Dispenser Containment Sensor(s) Model _____ <input type="checkbox"/> Shear Valve(s) _____ <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s) _____

\* If the facility contains more tanks or dispensers, copy this form include information for every tank and dispenser at the facility

### C Certification

I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Site Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the (Check all that apply)  System set-up  Alarm history report

Technician Name (print) KRISTOPHER BELL Signature   
 Certification No B33709 License No 743160 (Class 'A' General Engineering Contractor License)  
 Testing Company Name Tanknology Phone No (800) 800-4633  
 Site Address 8501 N MoPac Expressway, suite 400, Austin, TX 78759 Date of Testing/Servicing 01/20/2009

# Monitoring System Certification

Site Address 4350 EL CAMINO REAL

Date of Testing/Service 01/20/2009

## D. Results of Testing/Service

Software Version Installed 15 01

Complete the following checklist

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *		Is the audible alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *		Is the visual alarm operational?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No *		Were all sensors visually inspected, functionally tested, and confirmed operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *		Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No *	<input checked="" type="checkbox"/> N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *	<input type="checkbox"/> N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes, which sensors initiate positive shut-down? (check all that apply) <input checked="" type="checkbox"/> Sump/Trench Sensors, <input type="checkbox"/> Dispenser Containment Sensors Did you confirm positive shut-down due to leaks and sensor failure/disconnection? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No *	<input checked="" type="checkbox"/> N/A	For tank systems that utilize the monitoring system as the primary tank overflow warning device (i.e. no mechanical overflow prevention valve is installed), is the overflow warning alarm visible and audible at the tank fill points(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger? _____ %
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No		Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No		Was liquid found inside any secondary containment systems designed as dry systems? (check all that apply) <input type="checkbox"/> Product, <input type="checkbox"/> Water. If yes, describe causes in Section E, below
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *		Was monitoring system set-up reviewed to ensure proper settings? Attach set-up reports, if applicable
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *		Is all monitoring equipment operational per manufacturers' specifications?

\* In Section E below, describe how and when these deficiencies were or will be corrected.

## E. Comments:

RETESTED 91 STP SENSOR FOR POSITIVE SHUTDOWN



COMMUNICATIONS SETUP

RS-232 END OF MESSAGE  
DISABLED

PORT SETTINGS:

AUTO DIAL ALARM SETUP

COMM BOARD : 1 (RS-232)  
BAUD RATE : 1200  
PARITY : ODD  
STOP BIT : 1 STOP  
DATA LENGTH: 7 DATA

COMM BOARD : 2 (S-SAT )  
BAUD RATE : 9600  
PARITY : NONE  
STOP BIT : 2 STOP  
DATA LENGTH: 8 DATA

SYSTEM SETUP

JAN 22, 2009 4:31 PM

SYSTEM UNITS

U.S.  
SYSTEM LANGUAGE  
ENGLISH  
SYSTEM DATE/TIME FORMAT  
MON DD YYYY HH:MM:SS AM

EL CAMINO REAL 76  
4350 EL CAMINO REAL  
LOS ALTOS CA. 94022  
415-941-0244

SHIFT TIME 1 : 6:00 AM  
SHIFT TIME 2 : DISABLED  
SHIFT TIME 3 : DISABLED  
SHIFT TIME 4 : DISABLED

TANK PERIODIC WARNINGS  
DISABLED  
TANK ANNUAL WARNINGS  
DISABLED  
LINE PERIODIC WARNINGS  
DISABLED  
LINE ANNUAL WARNINGS  
DISABLED

PRINT TO VOLUMES  
ENABLED

TEMP COMPENSATION  
VALUE (DEG F ): 60.0  
STICK HEIGHT OFFSET  
DISABLED

H-PROTOCOL DATA FORMAT  
HEIGHT  
DAYLIGHT SAVING TIME  
ENABLED  
START DATE  
MAR WEEK 3 SUN  
START TIME  
2:00 AM  
END DATE  
NOV WEEK 2 SUN  
END TIME  
2:00 AM

RE-DIRECT LOCAL PRINTOUT  
DISABLED

AUTO TRANSMIT SETTINGS:

AUTO LEAK ALARM LIMIT  
DISABLED  
AUTO HIGH WATER LIMIT  
DISABLED  
AUTO OVERFILL LIMIT  
DISABLED  
AUTO LOW PRODUCT  
DISABLED  
AUTO THEFT LIMIT  
DISABLED  
AUTO DELIVERY START  
DISABLED  
AUTO DELIVERY END  
DISABLED  
AUTO EXTERNAL INPUT ON  
DISABLED  
AUTO EXTERNAL INPUT OFF  
DISABLED  
AUTO SENSOR FUEL ALARM  
DISABLED  
AUTO SENSOR WATER ALARM  
DISABLED  
AUTO SENSOR OUT ALARM  
DISABLED

RECEIVER SETUP:

NONE

AUTO DIAL TIME SETUP:

NONE

RS-232 SECURITY  
CODE : 000000

IN-TANK SETUP

T 1:87-REGULAR UNLEADED  
PRODUCT CODE : 1  
THERMAL COEFF : .000700  
TANK DIAMETER : 110.00  
TANK PROFILE : 4 PTS  
FULL VOL : 12053  
82.5 INCH VOL : 9659  
55.0 INCH VOL : 6009  
27.5 INCH VOL : 2364

FLOAT SIZE: 4.0 IN. 8496

WATER WARNING : 1.5  
HIGH WATER LIMIT: 2.0

MAX OR LABEL VOL: 12053  
OVERFILL LIMIT : 90%  
HIGH PRODUCT : 10847  
HIGH PRODUCT : 95%  
DELIVERY LIMIT : 11450  
DELIVERY LIMIT : 11%  
DELIVERY LIMIT : 1440

LOW PRODUCT : 470  
LEAK ALARM LIMIT: 50  
SUDDEN LOSS LIMIT: 50  
TANK TILT : 0.00

MANIFOLDED TANKS  
T#: NONE

LEAK MIN PERIODIC: 10%  
: 1205

LEAK MIN ANNUAL : 10%  
: 1205

PERIODIC TEST TYPE  
STANDARD

ANNUAL TEST FAIL  
ALARM DISABLED

PERIODIC TEST FAIL  
ALARM DISABLED

GROSS TEST FAIL  
ALARM DISABLED

ANN TEST AVERAGING: OFF  
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 3 MIN

LEAK TEST METHOD  
 -----  
 TEST ON DATE : ALL TANK  
 JAN 1, 1996  
 START TIME : DISABLED  
 TEST RATE : 0.20 GAL/HR  
 DURATION : 2 HOURS

T 2:91-PREMIUM UNLEADED  
 PRODUCT CODE : 2  
 THERMAL COEFF : .000700  
 TANK DIAMETER : 110.00  
 TANK PROFILE : 4 PTS  
 FULL VOL : 12053  
 82.5 INCH VOL : 9659  
 55.0 INCH VOL : 6009  
 27.5 INCH VOL : 2364

FLOAT SIZE: 4.0 IN. 8496

WATER WARNING : 1.5  
 HIGH WATER LIMIT: 2.0

MAX OR LABEL VOL: 12053  
 OVERFILL LIMIT : 90%  
 : 10847  
 HIGH PRODUCT : 95%  
 : 11450  
 DELIVERY LIMIT : 9%  
 : 1139

LOW PRODUCT : 470  
 LEAK ALARM LIMIT: 50  
 SUDDEN LOSS LIMIT: 50  
 TANK TILT : 0.00

MANIFOLDED TANKS  
 T#. NONE

LEAK MIN PERIODIC: 10%  
 : 1205

LEAK MIN ANNUAL : 10%  
 : 1205

PERIODIC TEST TYPE  
 STANDARD

ANNUAL TEST FAIL  
 ALARM DISABLED

PERIODIC TEST FAIL  
 ALARM DISABLED

GROSS TEST FAIL  
 ALARM DISABLED

ANN TEST AVERAGING: OFF  
 PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

INK TST SIPHON BREAK:OFF

DELIVERY DELAY : 3 MIN

LEAK TEST REPORT FORMAT  
 NORMAL

LIQUID SENSOR SETUP  
 -----

L 1:87 STP-SUMP  
 TRI-STATE (SINGLE FLOAT)  
 CATEGORY : STP SUMP

L 2:91 STP-SUMP  
 TRI-STATE (SINGLE FLOAT)  
 CATEGORY : STP SUMP

L 3:87 ANNULAR  
 TRI-STATE (SINGLE FLOAT)  
 CATEGORY : ANNULAR SPACE

L 4:91 ANNULAR  
 TRI-STATE (SINGLE FLOAT)  
 CATEGORY : ANNULAR SPACE

L 5:WASTE-OIL ANNULAR  
 TRI-STATE (SINGLE FLOAT)  
 CATEGORY : ANNULAR SPACE

OUTPUT RELAY SETUP  
 -----

R 1:87 RELAY  
 TYPE:  
 STANDARD  
 NORMALLY CLOSED

IN-TANK ALARMS  
 T 1:HIGH WATER ALARM  
 T 1:LOW PRODUCT ALARM

LIQUID SENSOR ALMS  
 L 1:FUEL ALARM  
 L 1:SENSOR OUT ALARM  
 L 1:SHORT ALARM

R 2:91 RELAY  
 TYPE:  
 STANDARD  
 NORMALLY CLOSED

IN-TANK ALARMS  
 T 2:HIGH WATER ALARM  
 T 2:LOW PRODUCT ALARM

LIQUID SENSOR ALMS  
 L 2:FUEL ALARM  
 L 2:SENSOR OUT ALARM  
 L 2:SHORT ALARM

P 3:OVERFILL ALARM  
 TYPE:  
 STANDARD  
 NORMALLY OPEN

IN-TANK ALARMS  
 ALL:OVERFILL ALARM  
 ALL:HIGH PRODUCT ALARM  
 ALL:MAX PRODUCT ALARM

SOFTWARE REVISION LEVEL  
 VERSION 15.01  
 SOFTWARE# 345015-100-B  
 CREATED - 97.10.23.08.55

NO SOFTWARE MODULE  
 SYSTEM FEATURES:  
 PERIODIC IN-TANK TESTS  
 ANNUAL IN-TANK TESTS

ALARM HISTORY REPORT

ALARM HISTORY REPORT

----- IN-TANK ALARM -----

T 1:87-REGULAR UNLEADED

HIGH WATER ALARM  
NOV 25, 2008 11:04 AM  
NOV 29, 2007 1:33 PM  
NOV 29, 2007 9:35 AM

OVERFILL ALARM  
DEC 5, 2008 1:03 PM  
NOV 25, 2008 10:49 AM  
JAN 5, 2008 10:03 AM

LOW PRODUCT ALARM  
JUN 5, 2007 8:31 PM  
DEC 12, 2006 6:22 PM  
JUL 19, 2006 8:55 PM

HIGH PRODUCT ALARM  
NOV 25, 2008 11:00 AM  
NOV 29, 2007 1:26 PM  
DEC 20, 2006 1:52 PM

INVALID FUEL LEVEL  
DEC 12, 2006 6:24 PM

PROBE OUT  
NOV 25, 2008 11:08 AM  
NOV 25, 2008 10:55 AM  
NOV 25, 2008 10:38 AM

HIGH WATER WARNING  
NOV 25, 2008 11:04 AM  
NOV 29, 2007 1:33 PM  
NOV 29, 2007 9:35 AM

DELIVERY NEEDED  
JAN 9, 2009 10:45 PM  
JAN 5, 2009 9:53 PM  
NOV 25, 2008 10:38 AM

MAX PRODUCT ALARM  
NOV 25, 2008 11:00 AM  
NOV 29, 2007 1:27 PM  
JAN 12, 2005 11:02 AM

----- IN-TANK ALARM -----

T 2:91-PREMIUM UNLEADED

HIGH WATER ALARM  
NOV 25, 2008 11:06 AM  
NOV 29, 2007 1:31 PM  
FEB 8, 2007 2:12 PM

OVERFILL ALARM  
NOV 25, 2008 10:58 AM  
NOV 25, 2008 10:53 AM  
NOV 29, 2007 1:24 PM

LOW PRODUCT ALARM  
DEC 17, 2005 3:52 PM  
NOV 12, 2003 1:05 PM  
AUG 28, 2003 4:11 PM

HIGH PRODUCT ALARM  
NOV 25, 2008 10:59 AM  
NOV 29, 2007 1:24 PM  
DEC 20, 2006 1:19 PM

INVALID FUEL LEVEL  
NOV 29, 2007 1:52 PM  
NOV 29, 2007 1:47 PM  
NOV 29, 2007 1:35 PM

PROBE OUT  
NOV 25, 2008 11:10 AM  
NOV 25, 2008 10:40 AM  
NOV 29, 2007 1:51 PM

HIGH WATER WARNING  
NOV 25, 2008 11:06 AM  
NOV 29, 2007 1:31 PM  
FEB 8, 2007 2:12 PM

DELIVERY NEEDED  
DEC 24, 2008 2:40 PM  
DEC 16, 2008 1:52 PM  
DEC 11, 2008 6:20 PM

MAX PRODUCT ALARM  
NOV 25, 2008 11:00 AM  
NOV 29, 2007 1:25 PM  
JAN 12, 2005 10:55 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----

L 2:91 STP-SUMP  
STP SUMP  
SENSOR OUT ALARM  
JAN 20, 2009 12:30 PM

FUEL ALARM  
JAN 20, 2009 12:21 PM

SENSOR OUT ALARM  
NOV 25, 2008 10:32 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----

L 3:87 ANNULAR  
ANNULAR SPACE  
SENSOR OUT ALARM  
JAN 20, 2009 12:30 PM

SENSOR OUT ALARM  
NOV 25, 2008 10:32 AM

FUEL ALARM  
NOV 25, 2008 10:28 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----

L 4:91 ANNULAR  
ANNULAR SPACE  
SENSOR OUT ALARM  
JAN 20, 2009 12:30 PM

SENSOR OUT ALARM  
NOV 25, 2008 10:32 AM

FUEL ALARM  
NOV 25, 2008 10:28 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----

L 5:WASTE-OIL ANNULAR  
ANNULAR SPACE  
SENSOR OUT ALARM  
JAN 20, 2009 12:30 PM

SENSOR OUT ALARM  
NOV 25, 2008 10:32 AM

FUEL ALARM  
NOV 25, 2008 10:30 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----

L 1:87 STP-SUMP  
STP SUMP  
SENSOR OUT ALARM  
JAN 20, 2009 12:30 PM

SENSOR OUT ALARM  
NOV 25, 2008 10:32 AM

FUEL ALARM  
NOV 25, 2008 10:09 AM



8501 N MOPAC EXPRESSWAY, SUITE 400  
AUSTIN, TEXAS 78759  
(512) 451-6334  
FAX (512) 459-1459

TEST DATE 01/20/09  
CLIENT CONOCO PHILLIPS

WORK ORDER NUMBER 2262961  
SITE CONOCO PHILLIPS 256115

### COMMENTS

RETESTED 91 STP SENSOR FOR POSSITIVE SHUTDOWN. ALL TEST PASSED. HEALY QUARTERLY ALSO DONE

### PARTS REPLACED

QUANTITY	DESCRIPTION

### HELIUM PINPOINT TEST RESULTS (IF APPLICABLE)

ITEMS TESTED

### HELIUM PINPOINT LEAK TEST RESULTS

--



8501 N. MoPac Expressway, Suite 400  
Austin, Texas 78759  
Phone: (512) 451-6334  
Fax (512) 459-1459

RECEIVED BY:  
SANTA CLARA COUNTY  
DEPT. OF ENV. HEALTH

2009 FEB -2 AM 11: 12

Date Printed and Mailed: 01/28/2009

SANTA CLARA COUNTY  
HAZ/MAT COMPLIANCE - GREG  
1555 BERGER DRIVE, SUITE 300  
SAN JOSE, CA. 95112

Test Date: 01/20/2009  
Order Number: 2262961

Dear Regulator,

Enclosed are the results of recent testing performed at the following facility:

CONOCO PHILLIPS 256115  
4350 EL CAMINO REAL

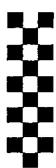
LOS ALTOS, CA. 94022

Testing performed  
Healy Quarterly Inspection  
Monitor Certification

Sincerely,

A handwritten signature in cursive script that reads 'Dawn Kohlmeier'.

Dawn Kohlmeier  
Manager, Field Reporting



1110 W Kettleman I anc, Suite 37-38  
Lodi, Ca 95240  
Phone (209) 365-1246 Fax (209) 210-0009  
Ray Simms E-Mail: [rsimms@tanknology.com](mailto:rsimms@tanknology.com)

January 16, 2009

### Testing Notification To:

**Agency Name:** SANTA CLARA COUNTY-HAZ/MAT COMPLIANCE

**Contact:** GREG BRESHEARS

**Phone:** 408-918-1978 (OFFICE) 408-918-3400 Note there are THREE Santa Clara Agencies

**Fax:** 408-280-6479 Call to check agency before sending fax! **OK'D BY GREG**

### Schedule

<u>Test Site</u>	
<b>Name:</b>	CONOCO
<b>Site #:</b>	256115
<b>Address:</b>	4350 EL CAMINO REAL LOS ALTOS, CA 94022

**Test Date:** 1/20/09

**Time** 1 PM

Tanknology will conduct the following test(s):

- ◆ MONITOR CERTIFICATION  
(RETEST)

*Don't lie, this is  
not an approved mat.  
Don't have any more. I  
will have to do more without  
me there.*

*GRB  
1-20-09  
9:00*

Please fax reply to (209) 365-1543 if you plan to witness the test.

Confirmation number (if applicable): \_\_\_\_\_

Please let us know if any of your agency information has changed.

#### CONFIDENTIALITY NOTICE

This message is intended for the individual or entity for which it is addressed and may contain information that is legally privileged, confidential, and exempt from disclosure. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you received this communication in error, please notify us immediately by telephone to arrange for the return of the original material.

Thank you!

## Secondary Containment Testing Report Form

*This form is intended for use by contractors performing periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.*

### 1. FACILITY INFORMATION

Facility Name CONOCO PHILLIPS 256115	Date of Testing 01/08/2009
Facility Address 4350 EL CAMINO REAL, LOS ALTOS, CA, 94022	
Facility Contact MANAGER	Phone (650) 941-0244
Date Local Agency Was Notified of Testing / /	
Name of Local Agency Inspector (if present during testing)	

### 2. TESTING CONTRACTOR INFORMATION

Company Name TANKNOLOGY, INC.		
Technician Conducting Test JARROD COOKE		
Credentials	<input checked="" type="checkbox"/> CSLB Licensed Contractor	<input type="checkbox"/> SWRCB Licensed Tank Tester
License Type: a	License Number 743160	
Manufacturer	Manufacturer Training Component(s)	Date Training Expires
tanknology	all	07/17/2009
		/ /
		/ /
		/ /

### 3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
Tank Annular 1 REG	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank Annular 2 PRE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank Annular 3 USE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If hydrostatic testing was performed, describe what was done with the water after completion of tests

taken water dog

#### CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

*To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements*

Technician's Signature  Date 01/08/2009

**.. TANK ANNULAR TESTING**

Test Method Developed By	<input type="checkbox"/> Tank Manufacturer	<input checked="" type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer
	<input type="checkbox"/> Other (Specify)		
Test Method Used	<input type="checkbox"/> Pressure	<input checked="" type="checkbox"/> Vacuum	<input type="checkbox"/> Hydrostatic
	<input type="checkbox"/> Other (Specify)		
Test Equipment Used:		Equipment Resolution:	
	<b>Tank # 1 REG</b>	<b>Tank # 2 PRE</b>	<b>Tank # 3 USE</b>
Is Tank Exempt From Testing? <sup>1</sup>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Tank Capacity	12,000	12,000	500
Tank Material	DW STEEL	DW STEEL	DW STEEL
Tank Manufacturer	unknown	unknown	unknown
Product Stored	REG UNLEAD	PREMIUM	USED OIL
Wait time between applying pressure/vacuum/water and starting test	5min	5min	5min
Test Start Time	9:22	9:36	9:41
Initial Reading (R <sub>i</sub> )	10hg	10hg	10hg
Test End Time:	10:22	10:36	10:41
Final Reading (R <sub>F</sub> )	10hg	10hg	10hg
Test Duration	1hr	1hr	1hr
Change in Reading (R <sub>F</sub> - R <sub>i</sub> )	0	0	0
Pass/Fail Threshold or Criteria:	0	0	0
<b>Test Result:</b>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

**Comments - (include information on repairs made prior to testing, and recommended follow-up for failed tests)**

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<sup>1</sup> Secondary containment systems where the continuous monitoring automatically monitors both the primary and secondary containment, such as systems that are hydrostatically monitored or under constant vacuum, are exempt from periodic containment testing {California Code of Regulations, Title 23, Section 2637(a)(6)}



**Tanknology**

RECEIVED BY:  
SANTA CLARA COUNTY  
DEPT. OF ENV. HEALTH

8501 N MoPac Expressway, Suite 400  
Austin, Texas 78759  
Phone: (512) 451-6334  
Fax (512) 459-1459

2009 JAN 20 PM 3: 06

Date Printed and Mailed: 01/16/2009

SANTA CLARA COUNTY  
HAZ/MAT COMPLIANCE - GREG  
1555 BERGER DRIVE, SUITE 300  
SAN JOSE, CA 95112

Test Date: 01/08/2009  
Order Number: 2262539

Dear Regulator,

Enclosed are the results of recent testing performed at the following facility:

CONOCO PHILLIPS 256115  
4350 EL CAMINO REAL

LOS ALTOS, CA. 94022

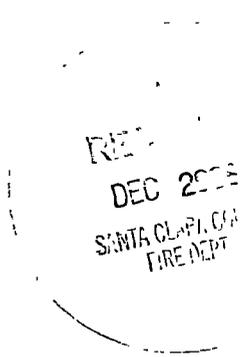
Testing performed:  
Secondary Containment Tank Interstitial  
Tank Interstitial

Sincerely,

Dawn Kohlmeier  
Manager, Field Reporting



1110 W Kettleman Lane, Suite 37-38  
Lodi, Ca 95240  
Phone (209) 365-1246 Fax: (209) 210-0009  
Ray Simms E-Mail: [rsimms@tanknology.com](mailto:rsimms@tanknology.com)



December 30, 2008

**Testing Notification To:**

**Agency Name:** SANTA CLARA COUNTY FIRE PROT. DIST.

**Contact:** DAVE IRVINE

**Phone:** 408-378-4010 (X4443) Note there are THREE Santa Clara Agencies

**Fax:** 408-378-9342 Call to check agency before sending fax!

**Schedule**

<u>Test Site</u>	
<b>Name:</b>	CONOCO
<b>Site #:</b>	256115
<b>Address:</b>	4350 EL CAMINO REAL LOS ALTOS, CA 94022

**Test Date:** 1/08/09

**Time** 8 AM

Tanknology will conduct the following test(s):

- ◆  SB989 (RETEST)

TANK ANNULARS

Please fax reply to (209) 365-1543 if you plan to witness the test. \_\_\_\_\_

Confirmation number (if applicable): \_\_\_\_\_

Please let us know if any of your agency information has changed.

**CONFIDENTIALITY NOTICE**

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**FIRE DEPARTMENT**  
SANTA CLARA COUNTY  
14700 WINCHESTER BLVD  
LOS GATOS, CA 95030-1818

TEL: (408) 378-4010

FAX: (408) 378-9342

**FACSIMILE TRANSMITTAL**

**TO:**

Name: Nicole Pullamn

Address:

FAX No: ( 408 ) 280-6479

Phone No: ( )

**FROM:**

Dave Irvine

Date: 30 December 2008

Time: 10:32

**SUBJECT:**

SB989 TESTING

**COMMENTS:**

Nicole,

These notifications for SB989 testing were faxed to us, but I believe they are in Environmental Health's jurisdiction. Please advise if I should direct them elsewhere. Thank You.

Dave Irvine  
Hazardous Materials OAI  
408-341-4443

Number of Pages to Follow

2

cc

## Secondary Containment Testing Report Form

*This form is intended for use by contractors performing periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.*

### 1. FACILITY INFORMATION

Facility Name: <u>UNION 256115</u>	Date of Testing: <u>2/3/09</u>
Facility Address: <u>4350 EL CAMINO REAL LOS ALTOS CA</u>	
Facility Contact:	Phone:
Date Local Agency Was Notified of Testing:	SB989 -
Name of Local Agency Inspector (if present during testing):	

### 2. TESTING CONTRACTOR INFORMATION

Company Name: <u>ABLE Maintenance, Inc.</u>		
Technician Conducting Test: <u>JAMES MOORE ICC # 5254517-UT</u>		
Credentials: <input checked="" type="checkbox"/> CSLB Licensed Contractor	<input type="checkbox"/> SWRCB Licensed Tank Tester	
License Type: <u>A, B, Haz, C10</u>	License Number: <u>312844</u>	
Manufacturer	Manufacturer Training Component(s)	Date Training Expires
Available upon request		

### 3. SUMMARY OF TEST RESULTS

Component:	Pass	Fail	Not Tested	Repairs Made	Notes:
Tank Annular -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Secondary Pipe -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Turbine Sump -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
UDC -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fill Sump -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TLM Sump -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spill Bucket -	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>INSTALLED NEW WASTE OIL BUCKET</u>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

If hydrostatic testing was performed, describe what was done with the water after completion of tests:

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#### CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

*To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements*

Technician's Signature: \_\_\_\_\_

Date: 2-3-2009



**Compliance Dept**  
680 Quinn Ave.  
San Jose, CA 95112  
408-971-2445 - Office  
408-213-6013 - Fax

## FAX TRANSMITTAL

March 4, 2009

**TO:** Env. Health Inspectors

**COMPANY:** County of Santa Clara

**FAX NO:** (408) 280-6479

**NUMBER OF PAGES INCLUDING COVER SHEET: 4**

**SUBJECT:** Test Results

**Following is the Spill Bucket (waste oil bucket only) performed at;**

Unocal - 4350 El Camino Real, Los Altos

If you have any questions or need any further information please feel free to contact me at (408) 938-7116.

Thank you,  
Theresa Gallego

Service Station Systems, Inc.

## Secondary Containment Testing Report Form

*This form is intended for use by contractors performing periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.*

### 1. FACILITY INFORMATION

Facility Name: <b>Unocal 76 -256115</b>	Date of Testing: <b>2/9/09</b>
Facility Address: <b>4350 El Camino Real - Los Altos, CA94022</b>	
Facility Contact:	Phone:
Date Local Agency Was Notified of Testing : <b>SB989 - Waste Oil Bucket only</b>	
Name of Local Agency Inspector (if present during testing):	

### 2. TESTING CONTRACTOR INFORMATION

Company Name: <b>ABLE Maintenance, Inc.</b>		
Technician Conducting Test <b>James Moore ICC# 5254517 -UT</b>		
Credentials: <input checked="" type="checkbox"/> CSLB Licensed Contractor	SWRCB Licnsed Tank Tester	
License Type: <b>A, B, Haz., C10</b>	License Number <b>312844</b>	
<b>Manufacturer Training</b>		
Manufacturer	Component(s)	Date Training Expires
Available upon request		

### 3. SUMMARY OF TEST RESULTS

Component:	Pass	Fail	Not Tested	Repairs Made	Component:	Pass	Fail	Not Tested	Repairs Made
Waste Oil Bucket	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					

If hydrostatic testing was performed, describe what was done with the water after completion of tests:

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**CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING**

*To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements*

Technician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**4. SPILL/OVERFILL CONTAINMENT BOXES**

Facility is Not Equipped With Spill/Overfill Containment Boxes <input type="checkbox"/>				
Spill/Overfill Containment Boxes are Present, but were Not Tested <input type="checkbox"/>				
Test Method Developed By: <input type="checkbox"/> Spill Bucket Manufacturer <input checked="" type="checkbox"/> Industry Standard <input type="checkbox"/> Professional Engineer <input type="checkbox"/> Other (Specify)				
Test Method Used: <input type="checkbox"/> Pressure <input type="checkbox"/> Vacuum <input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Other (Specify)				
Test Equipment Used: Incon Sump Tester			Equipment Resolution: +/-0.002"	
	Spill Box #	Waste Oil		
Bucket Diameter:	12"			
Bucket Depth:	14"			
Wait time between applying pressure/vacuum/water and starting test:	10 min.			
Test Start Time:	12:27 pm			
Initial Reading (R <sub>I</sub> ):	5.3667			
Test End Time:	12:42 pm			
Final Reading (R <sub>F</sub> ):	5.3668			
Test Duration:	15 min.			
Change in Reading (R <sub>F</sub> -R <sub>I</sub> ):	+0.0001			
Pass/Fail Threshold or Criteria:	+/-0.002"			
Test Result:	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail		

**Comments** – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

Installed new bucket

# MONITORING SYSTEM CERTIFICATION

Authority Cited Chapter 6 7, Health and Safety Code, Chapter 16, Division 3 Title 23, California Code of Regulations

This form must be used to document testing and servicing of monitoring equipment. If more than one monitoring system control panel is installed at the facility, a separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

## A. General Information

Facility Name CONOCO PHILLIPS 256115 City LOS ALTOS CA Zip 94022  
 Site Address 4350 EL CAMINO REAL Contact Phone No 941-0244  
 Date of Testing/Service 11/25/2008  
 Facility Contact Person MANAGER  
 Make/Model of Monitoring System TLS-350 Work Order Number 2261555

## B. Inventory of Equipment Tested/Certified

Check the appropriate boxes to indicate specific equipment inspected/serviced

Tank ID <u>87</u>	Tank ID <u>91</u>
<input checked="" type="checkbox"/> In-Tank Gauging Probe Model <u>MAG</u>	<input checked="" type="checkbox"/> In-Tank Gauging Probe Model <u>MAG</u>
<input checked="" type="checkbox"/> Annular Space or Vault Sensor Model <u>420</u>	<input checked="" type="checkbox"/> Annular Space or Vault Sensor Model <u>420</u>
<input checked="" type="checkbox"/> Piping Sump/Trench Sensor(s) Model <u>208</u>	<input checked="" type="checkbox"/> Piping Sump/Trench Sensor(s) Model <u>208</u>
<input type="checkbox"/> Fill Sump Sensor(s) Model _____	<input type="checkbox"/> Fill Sump Sensor(s) Model _____
<input checked="" type="checkbox"/> Mechanical Line Leak Detector Model <u>F E PETRO</u>	<input checked="" type="checkbox"/> Mechanical Line Leak Detector Model <u>F E PETRO</u>
<input type="checkbox"/> Electronic Line Leak Detector Model _____	<input type="checkbox"/> Electronic Line Leak Detector Model _____
<input type="checkbox"/> Tank Overfill/High-Level Sensor Model _____	<input type="checkbox"/> Tank Overfill/High-Level Sensor Model _____
<input type="checkbox"/> Other (specify equipment type and model in Section E on page 2)	<input type="checkbox"/> Other (specify equipment type and model in Section E on page 2)
Tank ID <u>WASTE OIL</u>	Tank ID _____
<input type="checkbox"/> In-Tank Gauging Probe Model _____	<input type="checkbox"/> In-Tank Gauging Probe Model _____
<input checked="" type="checkbox"/> Annular Space or Vault Sensor Model <u>420</u>	<input type="checkbox"/> Annular Space or Vault Sensor Model _____
<input type="checkbox"/> Piping Sump/Trench Sensor(s) Model _____	<input type="checkbox"/> Piping Sump/Trench Sensor(s) Model _____
<input type="checkbox"/> Fill Sump Sensor(s) Model _____	<input type="checkbox"/> Fill Sump Sensor(s) Model _____
<input type="checkbox"/> Mechanical Line Leak Detector Model _____	<input type="checkbox"/> Mechanical Line Leak Detector Model _____
<input type="checkbox"/> Electronic Line Leak Detector Model _____	<input type="checkbox"/> Electronic Line Leak Detector Model _____
<input type="checkbox"/> Tank Overfill/High-Level Sensor Model _____	<input type="checkbox"/> Tank Overfill/High-Level Sensor Model _____
<input type="checkbox"/> Other (specify equipment type and model in Section E on page 2)	<input type="checkbox"/> Other (specify equipment type and model in Section E on page 2)
Dispenser ID <u>1/2</u>	Dispenser ID <u>3/4</u>
<input type="checkbox"/> Dispenser Containment Sensor(s) Model _____	<input type="checkbox"/> Dispenser Containment Sensor(s) Model _____
<input checked="" type="checkbox"/> Shear Valve(s)	<input checked="" type="checkbox"/> Shear Valve(s)
<input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s)	<input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s)
Dispenser ID <u>5/6</u>	Dispenser ID <u>7/8</u>
<input type="checkbox"/> Dispenser Containment Sensor(s) Model _____	<input type="checkbox"/> Dispenser Containment Sensor(s) Model _____
<input checked="" type="checkbox"/> Shear Valve(s)	<input checked="" type="checkbox"/> Shear Valve(s)
<input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s)	<input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s)
Dispenser ID <u>9/10</u>	Dispenser ID <u>11/12</u>
<input type="checkbox"/> Dispenser Containment Sensor(s) Model _____	<input type="checkbox"/> Dispenser Containment Sensor(s) Model _____
<input checked="" type="checkbox"/> Shear Valve(s)	<input checked="" type="checkbox"/> Shear Valve(s)
<input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s)	<input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s)

\* If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

## C. Certification

I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Site Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the (Check all that apply)  System set-up  Alarm history report

Technician Name (print) BRIAN MCPHEELY Signature Brian McPheely  
 Certification No B36745 License No 743160 (Class 'A' General Engineering Contractor License)  
 Testing Company Name Tanknology Phone No (800) 800-4633  
 Site Address 8501 N MoPac Expressway, suite 400, Austin, TX 78759 Date of Testing/Servicing 11/25/2008

Reviewed By [Signature]

# MONITORING SYSTEM CERTIFICATION

Authority Cited Chapter 6 7, Health and Safety Code, Chapter 16, Division 3 Title 23, California Code of Regulations

This form must be used to document testing and servicing of monitoring equipment. If more than one monitoring system control panel is installed at the facility, a separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

## A. General Information

Facility Name CONOCO PHILLIPS 256115 City LOS ALTOS CA Zip 94022  
 Site Address 4350 EL CAMINO REAL Contact Phone No 941-0244  
 Date of Testing/Service 11/25/2008  
 Facility Contact Person MANAGER  
 Make/Model of Monitoring System \_\_\_\_\_ Work Order Number 2261555

## B. Inventory of Equipment Tested/Certified

Check the appropriate boxes to indicate specific equipment inspected/serviced

Tank ID _____ <input type="checkbox"/> In-Tank Gauging Probe Model _____ <input type="checkbox"/> Annular Space or Vault Sensor Model _____ <input type="checkbox"/> Piping Sump/Trench Sensor(s) Model _____ <input type="checkbox"/> Fill Sump Sensor(s) Model _____ <input type="checkbox"/> Mechanical Line Leak Detector Model _____ <input type="checkbox"/> Electronic Line Leak Detector Model _____ <input type="checkbox"/> Tank Overfill/High-Level Sensor Model _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on page 2) _____	Tank ID _____ <input type="checkbox"/> In-Tank Gauging Probe Model _____ <input type="checkbox"/> Annular Space or Vault Sensor Model _____ <input type="checkbox"/> Piping Sump/Trench Sensor(s) Model _____ <input type="checkbox"/> Fill Sump Sensor(s) Model _____ <input type="checkbox"/> Mechanical Line Leak Detector Model _____ <input type="checkbox"/> Electronic Line Leak Detector Model _____ <input type="checkbox"/> Tank Overfill/High-Level Sensor Model _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on page 2) _____
Tank ID _____ <input type="checkbox"/> In-Tank Gauging Probe Model _____ <input type="checkbox"/> Annular Space or Vault Sensor Model _____ <input type="checkbox"/> Piping Sump/Trench Sensor(s) Model _____ <input type="checkbox"/> Fill Sump Sensor(s) Model _____ <input type="checkbox"/> Mechanical Line Leak Detector Model _____ <input type="checkbox"/> Electronic Line Leak Detector Model _____ <input type="checkbox"/> Tank Overfill/High-Level Sensor Model _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on page 2) _____	Tank ID _____ <input type="checkbox"/> In-Tank Gauging Probe Model _____ <input type="checkbox"/> Annular Space or Vault Sensor Model _____ <input type="checkbox"/> Piping Sump/Trench Sensor(s) Model _____ <input type="checkbox"/> Fill Sump Sensor(s) Model _____ <input type="checkbox"/> Mechanical Line Leak Detector Model _____ <input type="checkbox"/> Electronic Line Leak Detector Model _____ <input type="checkbox"/> Tank Overfill/High-Level Sensor Model _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on page 2) _____
Dispenser ID <u>13/14</u> <input type="checkbox"/> Dispenser Containment Sensor(s) Model _____ <input checked="" type="checkbox"/> Shear Valve(s) <input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s)	Dispenser ID _____ <input type="checkbox"/> Dispenser Containment Sensor(s) Model _____ <input type="checkbox"/> Shear Valve(s) <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s)
Dispenser ID _____ <input type="checkbox"/> Dispenser Containment Sensor(s) Model _____ <input type="checkbox"/> Shear Valve(s) <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s)	Dispenser ID _____ <input type="checkbox"/> Dispenser Containment Sensor(s) Model _____ <input type="checkbox"/> Shear Valve(s) <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s)
Dispenser ID _____ <input type="checkbox"/> Dispenser Containment Sensor(s) Model _____ <input type="checkbox"/> Shear Valve(s) <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s)	Dispenser ID _____ <input type="checkbox"/> Dispenser Containment Sensor(s) Model _____ <input type="checkbox"/> Shear Valve(s) <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s)

\* If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

## C. Certification

I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Site Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the (Check all that apply)  System set-up  Alarm history report

Technician Name (print) BRIAN MCPHEELY Signature *Brian McPheely*  
 Certification No \_\_\_\_\_ License No 743160 (Class 'A' General Engineering Contractor License)  
 Testing Company Name Tanknology Phone No (800) 800-4633  
 Site Address 8501 N MoPac Expressway, suite 400, Austin, TX 78759 Date of Testing/Servicing 11/25/2008

# Monitoring System Certification

Site Address 4350 EL CAMINO REAL

Date of Testing/Service 11/25/2008

## D. Results of Testing/Serviceing

Software Version Installed 15 01

Complete the following checklist

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *		Is the audible alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *		Is the visual alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *		Were all sensors visually inspected, functionally tested, and confirmed operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *		Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No *	<input checked="" type="checkbox"/> N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No *	<input type="checkbox"/> N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes which sensors initiate positive shut-down? (check all that apply) <input checked="" type="checkbox"/> Sump/Trench Sensors, <input type="checkbox"/> Dispenser Containment Sensors Did you confirm positive shut-down due to leaks and sensor failure/disconnection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *	<input type="checkbox"/> N/A	For tank systems that utilize the monitoring system as the primary tank overflow warning device (i.e. no mechanical overflow prevention valve is installed), is the overflow warning alarm visible and audible at the tank fill points(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger? <u>90</u> %
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No		Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No		Was liquid found inside any secondary containment systems designed as dry systems? (check all that apply) <input type="checkbox"/> Product, <input type="checkbox"/> Water If yes, describe causes in Section E, below
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *		Was monitoring system set-up reviewed to ensure proper settings? Attach set-up reports, if applicable
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No *		Is all monitoring equipment operational per manufacturers' specifications?

\* In Section E below, describe how and when these deficiencies were or will be corrected

## E. Comments:

Per the inspectors request and office approval I programmed the out put relays for the 91 and 87 for L1 and L2 for short alarm. The printer on TLS is not working right, and the power light and the warning light are burnt out

# Monitoring System Certification

Site Address 4350 EL CAMINO REAL

Date of Testing/Service 11/25/2008

## F. In-Tank Gauging / SIR Equipment

- Check this box if tank gauging is used only for inventory control  
 Check this box if no tank gauging or SIR equipment is installed

Check this box if no tank gauging or SIR equipment is installed

**This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.**

Complete the following checklist.

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *	Were all tank gauging probes visually inspected for damage and residue buildup?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *	Was accuracy of system product level readings tested?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *	Was accuracy of system water level readings tested?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *	Were all probes reinstalled properly?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *	Were all items on the equipment manufacturers' maintenance checklist completed?

\* In the Section H, below, describe how and when these deficiencies were or will be corrected

## G. Line Leak Detectors (LLD) :

- Check this box if LLDs are not installed

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *	<input type="checkbox"/> N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? (Check all that apply) Simulated leak rate <input checked="" type="checkbox"/> 3 g p h <input type="checkbox"/> 0 1 g p h <input type="checkbox"/> 0 2 g p h
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *		Were all LLDs confirmed operational and accurate within regulatory requirements?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *		Was the testing apparatus properly calibrated?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *	<input type="checkbox"/> N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No *	<input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No *	<input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
<input type="checkbox"/> Yes	<input type="checkbox"/> No *	<input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
<input type="checkbox"/> Yes	<input type="checkbox"/> No *	<input checked="" type="checkbox"/> N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *		Were all items on the equipment manufacturers' maintenance checklist completed?

\* In the Section H, below, describe how and when these deficiencies were or will be corrected

## H. Comments:

The 91 relay/contact is not working properly, needs to be checked out by maintenance

## Secondary Containment Testing Report Form

*This form is intended for use by contractors performing periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.*

### 1. FACILITY INFORMATION

Facility Name: CONOCO PHILLIPS 256115	Date of Testing: 11/25/2008
Facility Address: 4350 EL CAMINO REAL, LOS ALTOS, CA, 94022	
Facility Contact: MANAGER	Phone: (650) 941-0244
Date Local Agency Was Notified of Testing: / /	
Name of Local Agency Inspector (if present during testing):	

### 2. TESTING CONTRACTOR INFORMATION

Company Name: TANKNOLOGY, INC.	
Technician Conducting Test: BRIAN MCPHEELY	
Credentials: <input type="checkbox"/> CSLB Licensed Contractor	<input type="checkbox"/> SWRCB Licensed Tank Tester
License Type:	License Number:
Manufacturer Training	
Manufacturer	Date Training Expires
	/ /
	/ /
	/ /
	/ /

### 3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
Spill Box 1 REG FILL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill Box 1 REG VAPOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill Box 2 PRE FILL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill Box 2 PRE VAPOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill Box 3 USE FILL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill Box 1 REG FILL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If hydrostatic testing was performed, describe what was done with the water after completion of tests

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#### CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

*To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements*

Technician's Signature: Brian McPheely Date: 11/25/2008

# 9. Spill Bucket Testing Report Form

This form is intended for use by contractors performing annual testing of UST spill containment structures. The completed form and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

## 1. FACILITY INFORMATION

Facility Name. CONOCO PHILLIPS 256115	Date of Testing 11/25/2008
Facility Address 4350 EL CAMINO REAL, LOS ALTOS, CA, 94022	
Facility Contact. MANAGER	Phone (650) 941-0244
Date Local Agency Was Notified of Testing / /	
Name of Local Agency Inspector (if present during testing)	

## 2. TESTING CONTRACTOR INFORMATION

Company Name TANKNOLOGY, INC.
Technician Conducting Test BRIAN MCPHEELY
Credentials <sup>1</sup> <input type="checkbox"/> CSLB Contractor <input type="checkbox"/> ICC Service Tech. <input type="checkbox"/> SWRCB Tank Tester <input type="checkbox"/> Other (Specify) _____
License Number _____

## 3. SPILL BUCKET TESTING INFORMATION

Test Method Used	<input type="checkbox"/> Hydrostatic	<input checked="" type="checkbox"/> Vacuum	<input type="checkbox"/> Other	
Test Equipment Used Donut	Equipment Resolution			
Identify Spill Bucket (By Tank Number, Stored Product, etc)	1 1 REG FILL	2 1 REG VAPOR	3 2 PRE FILL	4 2 PRE VAPOR
Bucket Installation Type	<input checked="" type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input checked="" type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input checked="" type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input checked="" type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump
Bucket Diameter	12	12	12	12
Bucket Depth	14	15	14 1/2	16
Wait time between applying vacuum/water and starting test	0	0	0	0
Test Start Time (T <sub>I</sub> )	9:36	9:38	9:30	9:33
Initial Reading (R <sub>I</sub> )	30wc	30wc	30wc	30wc
Test End Time (T <sub>F</sub> )	9:37	9:39	9:31	9:34
Final Reading (R <sub>F</sub> )	20wc	30wc	30wc	30wc
Test Duration	60sec	60sec	60sec	60sec
Change in Reading (R <sub>F</sub> - R <sub>I</sub> )	10wc	0	0	0
Pass/Fail Threshold or Criteria	4inwc60sec	4inwc60sec	4inwc60sec	4inwc60sec
Test Result:	<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail

Comments - (include information on repairs made prior to testing, and recommended follow-up for failed tests)

### CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements.

Technician's Signature Brian McPheely Date 11/25/2008

<sup>1</sup> State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements

## 9. Spill Bucket Testing Report Form

This form is intended for use by contractors performing annual testing of UST spill containment structures. The completed form and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

### 1. FACILITY INFORMATION

Facility Name CONOCO PHILLIPS 256115	Date of Testing 11/25/2008
Facility Address 4350 EL CAMINO REAL, LOS ALTOS, CA, 94022	
Facility Contact MANAGER	Phone (650) 941-0244
Date Local Agency Was Notified of Testing / /	
Name of Local Agency Inspector (if present during testing)	

### 2. TESTING CONTRACTOR INFORMATION

Company Name TANKNOLOGY, INC.
Technician Conducting Test BRIAN MCPHEELY
Credentials <sup>1</sup> <input type="checkbox"/> CSLB Contractor <input type="checkbox"/> ICC Service Tech <input type="checkbox"/> SWRCB Tank Tester <input type="checkbox"/> Other (Specify) _____
License Number _____

### 3. SPILL BUCKET TESTING INFORMATION

Test Method Used	<input type="checkbox"/> Hydrostatic	<input checked="" type="checkbox"/> Vacuum	<input type="checkbox"/> Other
Test Equipment Used Donut	Equipment Resolution		
Identify Spill Bucket (By Tank Number, Stored Product, etc)	1 3 USE FILL	2 1 REG FILL	3
Bucket Installation Type	<input checked="" type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input checked="" type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump
Bucket Diameter	11	12	
Bucket Depth	11	14	
Wait time between applying vacuum/water and starting test	1min	5min	
Test Start Time (T <sub>I</sub> )	11:03	12:43	
Initial Reading (R <sub>I</sub> )	9 7/8	12	
Test End Time (T <sub>F</sub> )	12:03	1:43	
Final Reading (R <sub>F</sub> )	9 3/4	12	
Test Duration	60min	60min	
Change in Reading (R <sub>F</sub> - R <sub>I</sub> )	1/8	0	
Pass/Fail Threshold or Criteria	no visual	no visual	
Test Result:	<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Comments - (include information on repairs made prior to testing, and recommended follow-up for failed tests)

#### CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements.

Technician's Signature Brian McPhely Date 11/25/2008

<sup>1</sup> State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements

## Emergency Shut Off (ESO) & Dispenser Emergency Shutoff Valve (ESV) ANNUAL TEST RECORD LOCATIONS AND TEST DATA

Testing Company:	TANKNOLOGY	Date:	11-25-08		
Location Name:	CONOCO	Store #:	256115	State ID #:	
Address:	4350 Elcamino Real	City:	Los Altos	State:	CA

### Emergency Shut Off (ESO) Testing Results

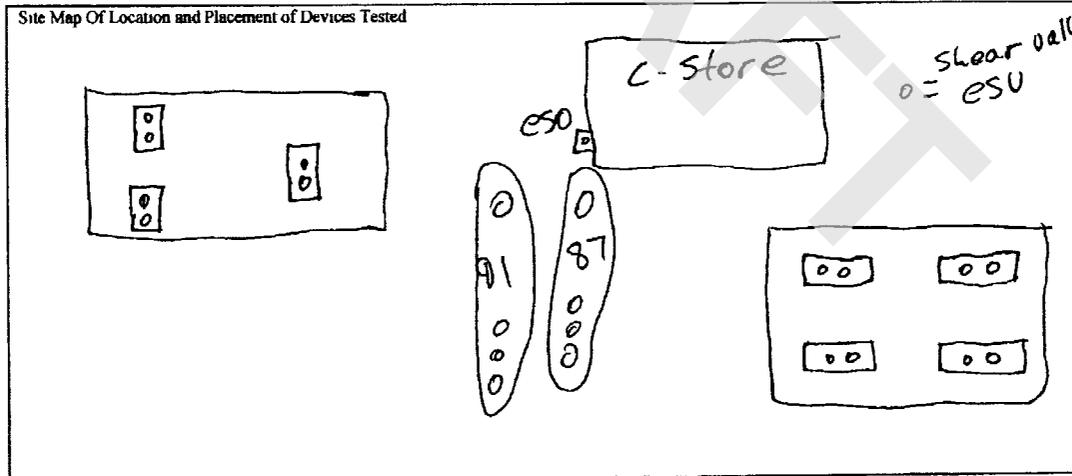
On 11-25-08 in accordance with "ESO Vendor Letter (3-21-05) doc", from Retail Compliance Department, as a part of annual compliance testing, this representative tested the Emergency Shut Off (ESO) switches indicated on this sketch. Findings listed below:

Emergency Shut Off (ESO) Operational?		If No, Provide Maintenance Log #	Date Called	
[X]				

### Dispenser Emergency Shutoff Valve (ESV) Testing Results

On 11-25-08 in accordance with NFPA 30A this representative tested the automatic-closing feature of the Dispenser Emergency Shutoff VALVE(S) (ESV) located in the supply lines at the base of each individual island type dispenser indicated on the diagram below. Each device (#) 14 in all, would automatically close. Findings listed below:

Disp. Emergency Shut Off Valve (ESV) Operational?		If No, Provide Maintenance Log #	Date Called	
[X]				



Signature Of Representative: Brion M. [Signature]



8501 N MOPAC EXPRESSWAY, SUITE 400  
AUSTIN, TEXAS 78759  
(512) 451-6334  
FAX (512) 459-1459

TEST DATE 11/25/08  
CLIENT CONOCO PHILLIPS

WORK ORDER NUMBER 2261555  
SITE CONOCO PHILLIPS 256115

### COMMENTS

Waste Oil spill bucket failed. All other testing passed.

### PARTS REPLACED

QUANTITY	DESCRIPTION

### HELIUM PINPOINT TEST RESULTS (IF APPLICABLE)

ITEMS TESTED

HELIUM PINPOINT LEAK TEST RESULTS



**TANKNOLOGY CERTIFICATE OF TESTING**  
 8501 N MOPAC EXPRESSWAY, SUITE 400 AUSTIN, TEXAS 78759  
 TELEPHONE (512) 451-6334 FAX (512) 459-1459

**TEST RESULT SUMMARY REPORT**

PURPOSE COMPLIANCE

TEST DATE 11/25/08

WORK ORDER NUMBER. 2261555

CUSTOMER PO:

CLIENT. CONOCO PHILLIPS  
 3611 HARBOR BLVD , SUITE 200  
 USER ID: HAKIMK  
 SANTA ANA, CA 92704  
 KARIM HAKIM  
 (714)428-7630

SITE CONOCO PHILLIPS 256115  
 4350 EL CAMINO REAL  
 LOS ALTOS, CA 94022  
 MANAGER  
 (650)941-0244

**Product Pipe Tightness Test Results**

LINE ID	LINE PRODUCT	LINE MATERIAL	DELIVERY TYPE	TEST RESULT				FINAL LEAK RATE (gph)				IMPACT VALVE FUNCTION
				A	B	C	D	A	B	C	D	
1	REG UNLEAD	DW STEEL	PRESSURE									
2	PREMIUM	DW STEEL	PRESSURE									
3	USED OIL											

**Existing Line Leak Detector Test**

LINE ID	EXISTING LEAK DETECTOR #1				RESULT	EXISTING LEAK DETECTOR #2			
	MANUFACTURER	MODEL #	SERIAL #	RESULT		MANUFACTURER	MODEL #	SERIAL #	RESULT
1	FE PETRO	MLD	01101333	P					
2	FE PETRO	MLD	01101335	P					
3									

**New Replacement Line Leak Detector Test**

LINE ID	REPLACED LEAK DETECTOR #1				RESULT	REPLACED LEAK DETECTOR #2			
	MANUFACTURER	MODEL #	SERIAL #	RESULT		MANUFACTURER	MODEL #	SERIAL #	RESULT

For owner detailed report information, visit [www.tanknology.com](http://www.tanknology.com) and select On-Line Reports-WRAP, or contact your local Tanknology office

Tester Name **BRIAN MCPHEELY**

Technician Certification Number

*Brian McPheely*

# INDIVIDUAL TANK INFORMATION AND TEST RESULTS



TEST DATE 11/25/08  
CLIENT CONOCO PHILLIPS

8501 N MOPAC EXPRESSWAY, SUITE 400  
AUSTIN, TEXAS 78759 (512) 451-6334

WORK ORDER NUMBER 2261555  
SITE CONOCO PHILLIPS 256115

## TANK INFORMATION

Tank ID 1	Tank manifolded NO	Bottom to top fill in inches
Product REG UNLEAD	Vent manifolded YES	Bottom to grade in inches
Capacity in gallons 12,053	Vapor recovery manifolded YES	Fill pipe length in inches
Diameter in inches 110.00	Overfill protection YES	Fill pipe diameter in inches
Length in inches 296	Overspill protection YES	Stage I vapor recovery
Material DW STEEL	Installed ATG	Stage II vapor recovery.
	CP installed on. / /	DUAL ASSIST

COMMENTS

TANK TEST RESULTS Test Method:	LEAK DETECTOR TEST RESULTS Test method:
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PSI at tank bottom Fluid level in inches UFT/OFT Fluid volume in gallons Tank water level in inches Test time Number of thermisters Specific gravity Water table depth in inches Determined by (method) Leak rate in gph Result:	<table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">New/passed L D. #1</td> <td style="text-align: center;">Failed/replaced L D. #1</td> <td style="text-align: center;">New/passed L D. #2</td> <td style="text-align: center;">Failed/replaced L D. #2</td> </tr> <tr> <td>Make</td> <td colspan="4" style="text-align: center;">FE PETRO</td> </tr> <tr> <td>Model</td> <td colspan="4" style="text-align: center;">MLD</td> </tr> <tr> <td>S/N.</td> <td colspan="4" style="text-align: center;">01101333</td> </tr> <tr> <td>Open time in sec</td> <td colspan="4" style="text-align: center;">6.00</td> </tr> <tr> <td>Holding psi</td> <td colspan="4" style="text-align: center;">15</td> </tr> <tr> <td>Resiliency cc</td> <td colspan="4" style="text-align: center;">185</td> </tr> <tr> <td>Test leak rate ml/m</td> <td colspan="4" style="text-align: center;">189.0</td> </tr> <tr> <td>Metering psi</td> <td colspan="4" style="text-align: center;">11</td> </tr> <tr> <td>Calib leak in gph</td> <td colspan="4" style="text-align: center;">3.00</td> </tr> <tr> <td>Results</td> <td colspan="4" style="text-align: center;">PASS</td> </tr> </table>		New/passed L D. #1	Failed/replaced L D. #1	New/passed L D. #2	Failed/replaced L D. #2	Make	FE PETRO				Model	MLD				S/N.	01101333				Open time in sec	6.00				Holding psi	15				Resiliency cc	185				Test leak rate ml/m	189.0				Metering psi	11				Calib leak in gph	3.00				Results	PASS			
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NOT TESTED

NOT TESTED

COMMENTS

COMMENTS

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NOT TESTED

NOT TESTED TESTED TESTED TESTED

COMMENTS

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Impact Valves Operational UNKNOWN

# INDIVIDUAL TANK INFORMATION AND TEST RESULTS



TEST DATE 11/25/08  
CLIENT CONOCO PHILLIPS

8501 N MOPAC EXPRESSWAY, SUITE 400  
AUSTIN, TEXAS 78759 (512) 451-6334

WORK ORDER NUMBER 2261555  
SITE CONOCO PHILLIPS 256115

## TANK INFORMATION

Tank ID	2	Tank manifolded	NO	Bottom to top fill in inches	
Product	PREMIUM	Vent manifolded	YES	Bottom to grade in inches	
Capacity in gallons	12,053	Vapor recovery manifolded	YES	Fill pipe length in inches	
Diameter in inches	110.00	Overfill protection	YES	Fill pipe diameter in inches	
Length in inches	296	Overspill protection	YES	Stage I vapor recovery	DUAL
Material	DW STEEL	Installed	ATG	Stage II vapor recovery	ASSIST
		CP installed on	/ /		

COMMENTS

TANK TEST RESULTS	Test Method:	LEAK DETECTOR TEST RESULTS	Test method:
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COMMENTS

COMMENTS

Impact Valves Operational UNKNOWN



8501 N MoPac Expressway, Suite 400  
Austin, Texas 78759  
Phone (512) 451-6334  
Fax (512) 459-1459

RECEIVED BY:  
SANTA CLARA COUNTY  
DEPT. OF ENV. HEALTH

2008 DEC 15 PM 1:29

Date Printed and Mailed. 12/08/2008

SANTA CLARA COUNTY  
HAZ/MAT COMPLIANCE - GREG  
1555 BERGER DRIVE, SUITE 300  
SAN JOSE, CA. 95112

Test Date. 11/25/2008  
Order Number. 2261555

Dear Regulator,

Enclosed are the results of recent testing performed at the following facility

CONOCO PHILLIPS 256115  
4350 EL CAMINO REAL

LOS ALTOS, CA 94022

Testing performed.  
Leak detector tests  
Monitor Certification  
Secondary Containment-Spill Container

Sincerely,

A handwritten signature in cursive script that reads 'Dawn Kohlmeier'.

Dawn Kohlmeier  
Manager, Field Reporting



1110 W Kettleman Lane, Suite 37-38  
 Lodi, Ca 95240  
 Phone (209) 365-1246 Fax (209) 210-0009  
 Ray Simms E-Mail [rsimms@tanknology.com](mailto:rsimms@tanknology.com)

November 12, 2008

## Testing Notification To:

**Agency Name:** SANTA CLARA COUNTY-HAZ/MAT COMPLIANCE

**Contact:** GREG BERSHEARS

**Phone:** 408-918-1978 (OFFICE) 408-918-3400 Note there are THREE Santa Clara Agencies

**Fax:** 408-280-647 Call to check agency before sending fax! **OK'D BY GREG**

## Schedule

### Test Site

**Name:** CONOCO  
**Site #:** 256115  
**Address:** 4350 EL CAMINO REAL  
 LOS ALTOS, CA 94022

**Test Date:** 11/25/08

**Time** 9 AM

Tanknology will conduct the following test(s):

- ◆ MONITOR, LDs
- ◆ SPILL BUCKETS
- ◆ SURVEY
- ◆ E-STOP
- ◆ SHEAR

Please fax reply to (209) 365-1543 if you plan to witness the test. \_\_\_\_\_

Confirmation number (if applicable): \_\_\_\_\_

Please let us know if any of your agency information has changed.

#### CONFIDENTIALITY NOTICE

This message is intended for the individual or entity for which it is addressed and may contain information that is legally privileged, confidential, and exempt from disclosure. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you received this communication in error, please notify us immediately by telephone to arrange for the return of the original material.

Thank you!



1110 W Kettleman Lane, Suite 37-38  
Lodi, Ca 95240  
Phone (209) 365-1246 Fax (209) 210-0009  
Ray Simms E-Mail [rsimms@tanknology.com](mailto:rsimms@tanknology.com)

*Scheduled & confirmed by call 11/5/08*

*E.H. does Annual Inspects*

November 6, 2008

*Understand Liz notes to Inspect 11/5*

**Testing Notification To:**

**Agency Name:** SANTA CLARA COUNTY FIRE PROT. DIST.

**Contact:** LORI GUTIERREZ

**Phone:** 408-378-4010 (X4443) Note there are THREE Santa Clara Agencies

**Fax:** 408-378-9342 Call to check agency before sending fax! INSP. JOHN

**Schedule**

<u>Test Site</u>	
<b>Name:</b>	CONOCO
<b>Site #:</b>	256115
<b>Address:</b>	4350 EL CAMINO REAL LOS ALTOS, CA 94022

*LOS Altos 2nd floor is MHN View*

**Test Date:** 11/14/08

**Time:** 1 PM

Tanknology will conduct the following test(s):

- ◆ MONITOR. LDs
- ◆ SPILL BUCKETs
- ◆ SURVEY
- ◆ E-STOP
- ◆ SHEAR

*11-7-2008 014:09  
Completed by [unclear]  
11-12-2008 12:10  
A TO 11-25 0 11:00  
CONF. to LIZ.*

Please fax reply to (209) 365-1543 if you plan to witness the test.

Confirmation number (if applicable): \_\_\_\_\_

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Thank you!



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Austin, Texas 78759  
Phone: (512) 451-6334  
Fax: (512) 459-1459

RECEIVED  
SANTA CLARA COUNTY  
HEALTH DEPARTMENT

2007 DEC 24 PM 12: 28

Date Printed and Mailed: 12/21/2007

SANTA CLARA COUNTY  
HAZ/MAT COMPLIANCE - GREG  
1555 BERGER DRIVE, SUITE 300  
SAN JOSE, CA 95112

Test Date: 12/06/2007  
Order Number: 2253308

Dear Regulator,

Enclosed are the results of recent testing performed at the following facility:

CONOCO PHILLIPS 256115  
4350 EL CAMINO REAL

LOS ALTOS, CA. 94022

Testing performed:  
Line Interstitial  
Secondary Containment Line Interstitial  
Secondary Containment Tank Interstitial  
Secondary Containment Turbine Sump  
Secondary Containment-Dispenser Pan\Sump  
Tank Interstitial

Sincerely,

Dawn Kohlmeier  
Manager, Field Reporting

Reviewed by 

Date

APRIL 28, 2008

## Secondary Containment Testing Report Form

*This form is intended for use by contractors performing periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.*

### 1. FACILITY INFORMATION

Facility Name CONOCO PHILLIPS 256115	Date of Testing: 2007 DEC 21 12/06/2007
Facility Address 4350 EL CAMINO REAL, LOS ALTOS, CA, 94022	
Facility Contact: MANAGER	Phone (650) 941-0244
Date Local Agency Was Notified of Testing: / /	
Name of Local Agency Inspector (if present during testing)	

### 2. TESTING CONTRACTOR INFORMATION

Company Name TANKNOLOGY, INC.		
Technician Conducting Test JARROD COOKE		
Credentials	<input checked="" type="checkbox"/> CSLB Licensed Contractor	<input type="checkbox"/> SWRCB Licensed Tank Tester
License Type: a	License Number 743160	
Manufacturer	Manufacturer Training Component(s)	Date Training Expires
tanknology	all	07/17/2009
		/ /
		/ /
		/ /

### 3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
Tank Annular 1 REG	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UDC 11/12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank Annular 2 PRE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UDC 13/14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank Annular 3 USE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Pipe 1 REG REG	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Pipe 2 PRE SUP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piping Sump 1 REG	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piping Sump 2 PRE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UDC 1/2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UDC 3/4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UDC 5/6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UDC 7/8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UDC 9/10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If hydrostatic testing was performed, describe what was done with the water after completion of tests

taken water dog

#### CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

*To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements*

Technician's Signature: 

Date: 12/06/2007

**4. TANK ANNULAR TESTING**

Test Method Developed By  Tank Manufacturer  Industry Standard  Professional Engineer  
 Other (Specify)

Test Method Used:  Pressure  Vacuum  Hydrostatic  
 Other (Specify)

Test Equipment Used \_\_\_\_\_ Equipment Resolution \_\_\_\_\_

	Tank # 1 REG	Tank # 2 PRE	Tank # 3 USE	Tank #
Is Tank Exempt From Testing? <sup>1</sup>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank Capacity:	12,000	12,000	500	
Tank Material	DW STEEL	DW STEEL	DW STEEL	
Tank Manufacturer	unknown	unknown	unknown	
Product Stored	REG UNLEAD	PREMIUM	USED OIL	
Wait time between applying pressure/vacuum/water and starting test	5min	5min	5min	
Test Start Time	10:00	10:26	11:09	
Initial Reading (R <sub>i</sub> )	7hg	7hg	7hg	
Test End Time:	11:00	11:26	12:09	
Final Reading (R <sub>F</sub> )	7hg	7hg	7hg	
Test Duration	1hr	1hr	1hr	
Change in Reading (R <sub>F</sub> - R <sub>i</sub> )	0	0	0	
Pass/Fail Threshold or Criteria	1.7hg	1.7hg	1.7hg	
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

**Comments - (include information on repairs made prior to testing, and recommended follow-up for failed tests)**

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<sup>1</sup> Secondary containment systems where the continuous monitoring automatically monitors both the primary and secondary containment, such as systems that are hydrostatically monitored or under constant vacuum, are exempt from periodic containment testing. {California Code of Regulations, Title 23, Section 2637(a)(6)}



**6. PIPING SUMP TESTING**

Test Method Developed By  Sump Manufacturer  Industry Standard  Professional Engineer  
 Other (Specify)

Test Method Used  Pressure  Vacuum  Hydrostatic  
 Other (Specify)

Test Equipment Used. vpl t Equipment Resolution vpl t to gph

	Sump # 1 REG	Sump # 2 PRE	Sump #	Sump #
Sump Diameter:	42"	42'		
Sump Depth:	59"	59'		
Sump Material	fiberglass	fiberglass		
Height from Tank Top to Top of Highest Piping Penetration	13"	13"		
Height from Tank Top to Lowest Electrical Penetration	13"	13"		
Condition of sump prior to testing	good	good		
Portion of Sump Tested: <sup>1</sup>	15"	15"		
Does turbine shut down when sump sensor detects liquid (both product and water)?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Turbine shutdown response time	2-5sec	2-5sec		
Is system programmed for fail-safe shutdown?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was fail-safe verified to be operational?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Wait time between applying pressure/vacuum/water and starting test	5min	5min		
Test Start Time	9:38	9:30		
Initial Reading (R <sub>I</sub> )	7.993	6.340		
Test End Time	10:08	10:00		
Final Reading (R <sub>F</sub> )	7.993	6.310		
Test Duration	30min	30min		
Change in Reading (R <sub>F</sub> - R <sub>I</sub> )	.000gph	.003GPH		
Pass/Fail Threshold or Criteria	.05GPH	.05GPH		
<b>Test Results</b>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

**Comments** - (include information on repairs made prior to testing, and recommended follow-up for failed tests)

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<sup>1</sup> If the entire depth of the sump is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (\*) is "NO" or "NA", the entire sump must be tested. (See SWRCB LG-160)

**7. UNDER-DISPENSER CONTAINMENT (UDC) TESTING**

Test Method Developed By					<input type="checkbox"/> UDC Manufacturer	<input type="checkbox"/> Industry Standard	<input checked="" type="checkbox"/> Professional Engineer		
					<input type="checkbox"/> Other (Specify)				
Test Method Used					<input type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input checked="" type="checkbox"/> Hydrostatic		
					<input type="checkbox"/> Other (Specify)				
Test Equipment Used VPLT					Equipment Resolution VPLT TO GPH				
	UDC#	1/2	UDC#	3/4	UDC#	5/6	UDC#	7/8	
UDC Manufacturer:	bravo		bravo		bravo		bravo		
UDC Material	fiberglass		fiberglass		fiberglass		fiberglass		
UDC Depth	30"		30"		30"		30"		
Height from UDC Top to Top of Highest Piping Penetration	14"		14"		14"		14"		
Height from UDCTop to Lowest Electrical Penetration	0		0		0		0		
Condition of UDC prior to testing	GOOD		GOOD		GOOD		GOOD		
Portion of UDC Tested <sup>1</sup>	16"		16"		16"		16"		
Does turbine shut down when sump sensor detects liquid (both product and water)?*	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Turbine shutdown response time:	2-5SEC		2-5SEC		2-5SEC		2-5SEC		
Is system programmed for fail-safe shutdown?*	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA
Was fail-safe verified to be operational?*	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA
Wait time between applying pressure/vacuum/water and starting test:	5MIN		5MIN		5MIN		5MIN		
Test Start Time	12:16		12:33		12:17		11:01		
Initial Reading (R <sub>I</sub> )	2.815		10.000		7.366		8.724		
Test End Time	12:31		12:48		12:32		11:16		
Final Reading (R <sub>F</sub> )	2.815		10.000		7.366		8.671		
Test Duration	15MIN		15MIN		15MIN		15MIN		
Change in Reading (R <sub>F</sub> - R <sub>I</sub> )	.000GPH		.000GPH		.000GPH		.006GPH		
Pass/Fail Threshold or Criteria	.05GPH		.05GPH		.05GPH		.05GPH		
<b>Test Result:</b>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail		<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail		
Was sensor removed for testing?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA

**Comments** - (include information on repairs made prior to testing, and recommended follow-up for failed tests)

<sup>1</sup> If the entire depth of the UDC is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (\*) is "NO" or "NA", the entire UDC must be tested. (See SWRCB LG-160)

**7. UNDER-DISPENSER CONTAINMENT (UDC) TESTING**

Test Method Developed By	<input type="checkbox"/> UDC Manufacturer	<input type="checkbox"/> Industry Standard	<input checked="" type="checkbox"/> Professional Engineer
	<input type="checkbox"/> Other (Specify)		
Test Method Used	<input type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input checked="" type="checkbox"/> Hydrostatic
	<input type="checkbox"/> Other (Specify)		
Test Equipment Used VPLT	Equipment Resolution VPLT TO GPH		
	UDC # 9/10	UDC # 11/12	UDC # 13/14
UDC Manufacturer	bravo	bravo	bravo
UDC Material	fiberglass	fiberglass	fiberglass
UDC Depth:	30"	30"	30"
Height from UDC Top to Top of Highest Piping Penetration	14"	14"	14"
Height from UDCTop to Lowest Electrical Penetration	0	0	0
Condition of UDC prior to testing	GOOD	GOOD	GOOD
Portion of UDC Tested <sup>1</sup>	16"	16"	16"
Does turbine shut down when sump sensor detects liquid (both product and water)?*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Turbine shutdown response time	2-5SEC	2-5SEC	2-5SEC
Is system programmed for fail-safe shutdown?*	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Was fail-safe verified to be operational?*	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Wait time between applying pressure/vacuum/water and starting test	5MIN	5MIN	5MIN
Test Start Time	11:00	11:20	11:21
Initial Reading (R <sub>I</sub> )	7.884	10.796	4.227
Test End Time	11:15	11:35	11:36
Final Reading (R <sub>F</sub> )	7.884	10.796	4.227
Test Duration	15MIN	15MIN	15MIN
Change in Reading (R <sub>F</sub> - R <sub>I</sub> )	.000GPH	.000GPH	.000GPH
Pass/Fail Threshold or Criteria	.05GPH	.05GPH	.05GPH
<b>Test Results</b>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA

**Comments** - (include information on repairs made prior to testing, and recommended follow-up for failed tests)

<sup>1</sup> If the entire depth of the UDC is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (\*) is "NO" or "NA", the entire UDC must be tested. (See SWRCB LG-160)



8501 N MOPAC EXPRESSWAY, SUITE 400  
AUSTIN, TEXAS 78759  
(512) 451-6334  
FAX (512) 459-1459

TEST DATE 12/06/07  
CLIENT CONOCO PHILLIPS

WORK ORDER NUMBER 2253308  
SITE CONOCO PHILLIPS 256115

### COMMENTS

All testing passed.

### PARTS REPLACED

QUANTITY	DESCRIPTION

### HELIUM PINPOINT TEST RESULTS (IF APPLICABLE)

ITEMS TESTED

### HELIUM PINPOINT LEAK TEST RESULTS

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# MONITORING SYSTEM CERTIFICATION

Authorized by All Jurisdictions Within the State of California  
 Authority Cited Chapter 67, Title 23, and Safety Code, Chapter 16, Division 3 Title 23, via Code of Regulations

This form must be used to document testing and servicing of monitoring equipment. If more than one monitoring system control panel is installed at the facility, a separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

### A. General Information

Facility Name CONOCO PHILLIPS 256115 City LOS ALTOS CA Zip 94022  
 Site Address 4350 EL CAMINO REAL Contact Phone No 941-0244  
 Date of Testing/Service 11/29/2007  
 Facility Contact Person MANAGER  
 Make/Model of Monitoring System TLS 350 Work Order Number 2253218

### B. Inventory of Equipment Tested/Certified

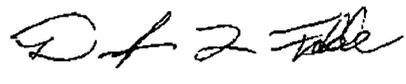
Check the appropriate boxes to indicate specific equipment inspected/serviced

Tank ID <u>87</u> <input checked="" type="checkbox"/> In-Tank Gauging Probe Model <u>VEEDER ROOT</u> <input checked="" type="checkbox"/> Annular Space or Vault Sensor Model <u>420</u> <input checked="" type="checkbox"/> Piping Sump/Trench Sensor(s) Model <u>208</u> <input type="checkbox"/> Fill Sump Sensor(s) Model _____ <input checked="" type="checkbox"/> Mechanical Line Leak Detector Model <u>FE MLD</u> <input type="checkbox"/> Electronic Line Leak Detector Model _____ <input type="checkbox"/> Tank Overfill/High-Level Sensor Model _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on page 2) _____	Tank ID _____ <input checked="" type="checkbox"/> In-Tank Gauging Probe Model <u>VEEDER ROOT</u> <input checked="" type="checkbox"/> Annular Space or Vault Sensor Model <u>420</u> <input checked="" type="checkbox"/> Piping Sump/Trench Sensor(s) Model <u>208</u> <input type="checkbox"/> Fill Sump Sensor(s) Model _____ <input checked="" type="checkbox"/> Mechanical Line Leak Detector Model <u>FE MLD</u> <input type="checkbox"/> Electronic Line Leak Detector Model _____ <input type="checkbox"/> Tank Overfill/High-Level Sensor Model _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on page 2) _____
Tank ID <u>USED OIL</u> <input type="checkbox"/> In-Tank Gauging Probe Model _____ <input checked="" type="checkbox"/> Annular Space or Vault Sensor Model <u>420</u> <input type="checkbox"/> Piping Sump/Trench Sensor(s) Model _____ <input type="checkbox"/> Fill Sump Sensor(s) Model _____ <input type="checkbox"/> Mechanical Line Leak Detector Model _____ <input type="checkbox"/> Electronic Line Leak Detector Model _____ <input type="checkbox"/> Tank Overfill/High-Level Sensor Model _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on page 2) _____	Tank ID _____ <input type="checkbox"/> In-Tank Gauging Probe Model _____ <input type="checkbox"/> Annular Space or Vault Sensor Model _____ <input type="checkbox"/> Piping Sump/Trench Sensor(s) Model _____ <input type="checkbox"/> Fill Sump Sensor(s) Model _____ <input type="checkbox"/> Mechanical Line Leak Detector Model _____ <input type="checkbox"/> Electronic Line Leak Detector Model _____ <input type="checkbox"/> Tank Overfill/High-Level Sensor Model _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on page 2) _____
Dispenser ID <u>1-2,3-4</u> <input type="checkbox"/> Dispenser Containment Sensor(s) Model _____ <input checked="" type="checkbox"/> Shear Valve(s) <input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s)	Dispenser ID <u>5-6</u> <input type="checkbox"/> Dispenser Containment Sensor(s) Model _____ <input checked="" type="checkbox"/> Shear Valve(s) <input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s)
Dispenser ID <u>7-8</u> <input type="checkbox"/> Dispenser Containment Sensor(s) Model _____ <input checked="" type="checkbox"/> Shear Valve(s) <input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s)	Dispenser ID _____ <input type="checkbox"/> Dispenser Containment Sensor(s) Model _____ <input checked="" type="checkbox"/> Shear Valve(s) <input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s)
Dispenser ID <u>11-12</u> <input type="checkbox"/> Dispenser Containment Sensor(s) Model _____ <input checked="" type="checkbox"/> Shear Valve(s) <input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s)	Dispenser ID <u>13-14</u> <input type="checkbox"/> Dispenser Containment Sensor(s) Model _____ <input checked="" type="checkbox"/> Shear Valve(s) <input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s)

\* If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

### C. Certification

I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Site Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the (Check all that apply)  System set-up  Alarm history report

Technician Name (print) DOUG FALDE Signature   
 Certification No B34906 License No \_\_\_\_\_  
 Testing Company Name Tanknology Phone No (800) 800-4633  
 Site Address 8501 N MoPac Expressway, suite 400, Austin, TX 78759 Date of Testing/Servicing 11/29/2007

# Monitoring System Certification

Site Address 4350 EL CAMINO REAL

Date of Testing/Service 11/29/2007

## D. Results of Testing/Servicing

Software Version Installed 15 01

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *		Is the audible alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *		Is the visual alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *		Were all sensors visually inspected, functionally tested, and confirmed operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *		Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *	<input type="checkbox"/> N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *	<input type="checkbox"/> N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes, which sensors initiate positive shut-down? (check all that apply) <input checked="" type="checkbox"/> Sump/Trench Sensors, <input type="checkbox"/> Dispenser Containment Sensors Did you confirm positive shut-down due to leaks and sensor failure/disconnection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *	<input type="checkbox"/> N/A	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e. no mechanical overfill prevention valve is installed), is the overfill warning alarm visible and audible at the tank fill point(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger? <u>90</u> %
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No		Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No		Was liquid found inside any secondary containment systems designed as dry systems? (check all that apply) <input type="checkbox"/> Product, <input type="checkbox"/> Water If yes, describe causes in Section E, below
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *		Was monitoring system set-up reviewed to ensure proper settings? Attach set-up reports, if applicable
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *		Is all monitoring equipment operational per manufacturers' specifications?

\* In Section E below, describe how and when these deficiencies were or will be corrected

## E. Comments:



## Secondary Containment Testing Report Form

*This form is intended for use by contractors performing periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.*

### 1. FACILITY INFORMATION

Facility Name CONOCO PHILLIPS 256115	Date of Testing 11/29/2007
Facility Address 4350 EL CAMINO REAL, LOS ALTOS, CA, 94022	
Facility Contact MANAGER	Phone (650) 941-0244
Date Local Agency Was Notified of Testing . / /	
Name of Local Agency Inspector (if present during testing). GREG BRESHEARS	

### 2. TESTING CONTRACTOR INFORMATION

Company Name TANKNOLOGY, INC.		
Technician Conducting Test DOUG FALDE		
Credentials <input type="checkbox"/> CSLB Licensed Contractor	<input type="checkbox"/> SWRCB Licensed Tank Tester	
License Type ICC	License Number 5307847-UT	
Manufacturer	Manufacturer Training Component(s)	Date Training Expires
OPW	PHASE 1	07/24/2009
		/ /
		/ /
		/ /

### 3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
Spill Box 1 REG FILL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill Box 1 REG VAPOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill Box 2 PRE FILL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill Box 2 PRE VAPOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill Box 3 USE FILL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If hydrostatic testing was performed, describe what was done with the water after completion of tests

RECLAIMED FOR REUSE

#### CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

*To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements*

Technician's Signature                     *D. Falde*                     Date           11/29/2007



## 9. Spill Bucket Testing Report Form

*This form is intended for use by contractors performing annual testing of UST spill containment structures. The completed form and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.*

### 1. FACILITY INFORMATION

Facility Name: CONOCO PHILLIPS 256115	Date of Testing: 11/29/2007
Facility Address: 4350 EL CAMINO REAL, LOS ALTOS, CA, 94022	
Facility Contact: MANAGER	Phone: (650) 941-0244
Date Local Agency Was Notified of Testing: / /	
Name of Local Agency Inspector (if present during testing): GREG BRESHEARS	

### 2. TESTING CONTRACTOR INFORMATION

Company Name: TANKNOLOGY, INC.
Technician Conducting Test: DOUG FALDE
Credentials <sup>1</sup> : <input type="checkbox"/> CSLB Contractor <input checked="" type="checkbox"/> ICC Service Tech <input type="checkbox"/> SWRCB Tank Tester <input checked="" type="checkbox"/> Other (Specify) <u>ICC</u>
License Number: 5307847-UT

### 3. SPILL BUCKET TESTING INFORMATION

Test Method Used: <input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Other				
Test Equipment Used: TEST FLUID AND TAPE MEASURE	Equipment Resolution			
Identify Spill Bucket (By Tank Number, Stored Product, etc)	1	2	3	4
Bucket Installation Type	<input checked="" type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump
Bucket Diameter:	11			
Bucket Depth:	11			
Wait time between applying vacuum/water and starting test:	5MIN			
Test Start Time (T <sub>I</sub> ):	1330			
Initial Reading (R <sub>I</sub> ):	8.5			
Test End Time (T <sub>F</sub> ):	1430			
Final Reading (R <sub>F</sub> ):	8.5			
Test Duration:	1HR			
Change in Reading (R <sub>F</sub> - R <sub>I</sub> ):	0			
Pass/Fail Threshold or Criteria:	P			
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

**Comments -** (include information on repairs made prior to testing, and recommended follow-up for failed tests)

#### CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

*I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements.*

Technician's Signature

*D. Falde*

Date: 11/29/2007

<sup>1</sup> State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements



8501 N MOPAC EXPRESSWAY, SUITE 400  
AUSTIN, TEXAS 78759  
(512) 451-6334  
FAX (512) 459-1459

TEST DATE 11/29/07  
CLIENT CONOCO PHILLIPS

WORK ORDER NUMBER 2253218  
SITE CONOCO PHILLIPS 256115

### COMMENTS

ALL TESTS PASSED  
CUSTOMER PROVIDED 2- 8' GOODYEAR HOSES AND 1- 4005-004 NOZZLE.  
TANKNOLOGY PROVIDED...  
4-8' GOODYEAR HOSES  
6-4005-004 NOZZLES  
8-4005-118 NOZZLES  
1-MORRISON 305XPA ADAPTER  
1-ATG CABLE  
PO#807242

### PARTS REPLACED

QUANTITY	DESCRIPTION

### HELIUM PINPOINT TEST RESULTS (IF APPLICABLE)

ITEMS TESTED

### HELIUM PINPOINT LEAK TEST RESULTS

--



**TANKNOLOGY CERTIFICATE OF TESTING**  
 8501 N MOPAC EXPRESSWAY, SUITE 400 AUSTIN, TEXAS 78759  
 TELEPHONE (512) 451-6334 FAX (512) 459-1459

**TEST RESULT SUMMARY REPORT**

PURPOSE: COMPLIANCE

TEST DATE: 11/29/07

WORK ORDER NUMBER 2253218

CUSTOMER PO:

CLIENT: CONOCO PHILLIPS  
 3611 HARBOR BLVD , SUITE 200  
 USER ID: HAKIMK  
 SANTA ANA, CA 92704  
 KARIM HAKIM  
 (714)428-7630

SITE CONOCO PHILLIPS 256115  
 4350 EL CAMINO REAL  
 LOS ALTOS, CA 94022  
 MANAGER  
 (650)941-0244

**Product Pipe Tightness Test Results**

LINE ID	LINE PRODUCT	LINE MATERIAL	DELIVERY TYPE	TEST RESULT				FINAL LEAK RATE (gph)				IMPACT VALVE FUNCTION	
				A	B	C	D	A	B	C	D		
1	REG UNLEAD	DW STEEL	PRESSURE										Y
2	PREMIUM	DW STEEL	PRESSURE										Y
3	USED OIL												

**Existing Line Leak Detector Test**

LINE ID	EXISTING LEAK DETECTOR #1				RESULT	EXISTING LEAK DETECTOR #2			
	MANUFACTURER	MODEL #	SERIAL #	RESULT		MANUFACTURER	MODEL #	SERIAL #	RESULT
1	FE PETRO	MLD	0110133	P					
2	FE PETRO	MLD	01101335	P					
3									

**New Replacement Line Leak Detector Test**

LINE ID	REPLACED LEAK DETECTOR #1				RESULT	REPLACED LEAK DETECTOR #2			
	MANUFACTURER	MODEL #	SERIAL #	RESULT		MANUFACTURER	MODEL #	SERIAL #	RESULT

For owner detailed report information, visit [www.tanknology.com](http://www.tanknology.com) and select On-Line Reports-WRAP, or contact your local Tanknology office

Tester Name **DOUG FALDE**

Technician Certification Number

# INDIVIDUAL TANK INFORMATION AND TEST RESULTS



TEST DATE 11/29/07  
CLIENT CONOCO PHILLIPS

8501 N MOPAC EXPRESSWAY, SUITE 400  
AUSTIN, TEXAS 78759 (512) 451-6334

WORK ORDER NUMBER 2253218  
SITE CONOCO PHILLIPS 256115

## TANK INFORMATION

Tank ID 1	Tank manifolded NO	Bottom to top fill in inches
Product REG UNLEAD	Vent manifolded YES	Bottom to grade in inches
Capacity in gallons 12,053	Vapor recovery manifolded YES	Fill pipe length in inches
Diameter in inches 110.00	Overfill protection YES	Fill pipe diameter in inches
Length in inches 296	Overspill protection YES	Stage I vapor recovery
Material DW STEEL	Installed ATG	Stage II vapor recovery
	CP installed on / /	DUAL BALANCE
<b>COMMENTS</b>		

TANK TEST RESULTS	Test Method:
PSI at tank bottom	
Fluid level in inches:	
UFT/OFT:	
Fluid volume in gallons	
Tank water level in inches	
Test time	NOT TESTED
Number of thermisters	
Specific gravity	
Water table depth in inches	
Determined by (method)	
Leak rate in gph:	
Result:	
<b>COMMENTS</b>	

LEAK DETECTOR TEST RESULTS	Test method:
	New/passed L.D. #1    Failed/replaced L.D. #1    New/passed L.D. #2    Failed/replaced L.D. #2
Make:	FE PETRO
Model:	MLD
S/N:	0110133
Open time in sec:	3.00
Holding psi:	29
Resiliency cc:	190
Test leak rate ml/m:	189.0
Metering psi:	13
Calib leak in gph:	3.00
Results:	PASS
<b>COMMENTS</b>	

ULLAGE TEST RESULTS	Test Method:
Test time:	
Ullage volume:	
Ullage pressure:	
Results:	
<b>DATA FOR UTS-4T ONLY:</b>	
Time of test 1	
Temperature	NOT TESTED
Flow rate (cfh)	TESTED
Time of test 2	
Temperature	
Flow rate (cfh)	
Time of test 3	
Temperature	
Flow rate (cfh)	
<b>COMMENTS</b>	

LINE TEST RESULTS	Test type:
Material:	DW STEEL
Diameter (in):	
Length (ft):	
Test psi:	
Bleedback cc:	
Test time (min):	
Test 1 Start time	
Finish psi	NOT TESTED
Vol change cc	TESTED
Test 2 Start time	
Finish psi	NOT TESTED
Vol change cc	TESTED
Test 3 Start time	
Finish psi	NOT TESTED
Vol change cc	TESTED
Final gph	
Result	
Pump type:	PRESSURE
Pump make:	RED JACKET
<b>COMMENTS</b>	
Impact Valves Operational YES	

# INDIVIDUAL TANK INFORMATION AND TEST RESULTS



TEST DATE 11/29/07  
CLIENT CONOCO PHILLIPS

8501 N MOPAC EXPRESSWAY, SUITE 400  
AUSTIN, TEXAS 78759 (512) 451-6334

WORK ORDER NUMBER 2253218  
SITE CONOCO PHILLIPS 256115

## TANK INFORMATION

Tank ID 2	Tank manifolded NO	Bottom to top fill in inches
Product PREMIUM	Vent manifolded YES	Bottom to grade in inches
Capacity in gallons 12,053	Vapor recovery manifolded YES	Fill pipe length in inches
Diameter in inches 110.00	Overfill protection YES	Fill pipe diameter in inches
Length in inches 296	Overflow protection YES	Stage I vapor recovery
Material: DW STEEL	Installed ATG	Stage II vapor recovery
	CP installed on / /	DUAL BALANCE
<b>COMMENTS</b>		

TANK TEST RESULTS	LEAK DETECTOR TEST RESULTS
Test Method:	Test method:
PSI at tank bottom	New/passed L D. #1
Fluid level in inches	Failed/replaced L D. #1
UFT/OFT:	New/passed L D. #2
Fluid volume in gallons	Failed/replaced L D. #2
Tank water level in inches	Make FE PETRO
Test time	Model MLD
Number of thermisters	S/N. 01101335
Specific gravity	Open time in sec 2.00
Water table depth in inches	Holding psi 28
Determined by (method)	Resiliency cc 220
Leak rate in gph	Test leak rate ml/m 189.0
Result	Metering psi 13
	Calib leak in gph 3.00
	Results PASS
<b>COMMENTS</b>	<b>COMMENTS</b>

ULLAGE TEST RESULTS	LINE TEST RESULTS
Test Method:	Test type:
Test time.	Material. DW STEEL
Ullage volume.	Diameter (in)
Ullage pressure.	Length (ft)
Results:	Test psi
	Bleedback cc
<b>DATA FOR UTS-4T ONLY:</b>	Test time (min)
Time of test 1:	Test 1 Start time
Temperature. NOT TESTED	Finish psi NOT
Flow rate (cfh) TESTED	Vol change cc TESTED
Time of test 2	Test 2 Start time TESTED
Temperature	Finish psi NOT
Flow rate (cfh)	Vol change cc TESTED
Time of test 3:	Test 3 Start time TESTED
Temperature	Finish psi NOT
Flow rate (cfh)	Vol change cc TESTED
	Final gph
<b>COMMENTS</b>	Result
	Pump type PRESSURE
	Pump make RED JACKET
	<b>COMMENTS</b> Impact Valves Operational YES



FLCAT SIZE: 4.0 IN. 8490  
 WATER WARNING : 1.5  
 HIGH WATER LIMIT: 2.0  
 MAX OP LABIN VOL: 10000  
 OVEFFILL LIMIT : 90%  
 HIGH PRODUCT : 10847  
 DELIVER. LIMIT : 11450  
 LOW PRODUCT : 470  
 LEAK ALARM LIMIT: 50  
 SUDDEN LOW LIMIT: 50  
 TANK TILT : 1.00

MANIFOLD/TANKS  
 TR: NONE

LEAK MIN PERIODIC : 10%  
 : 1205  
 LEAK MIN ANNUAL : 10%  
 : 1205

PERIODIC TEST TYPE  
 STANDARD

ANNUAL TEST FAIL  
 ALARM DISABLED

PERIODIC TEST FAIL  
 ALARM DISABLED

GROUP TEST FAIL  
 ALARM DISABLED

ANN. TEST AVERAGING: OFF  
 PER TEST AVERAGING: OFF

TANK TILT NOTIFY: OFF

TANK TEST SILENCE REPEAT: OFF

DELIVER. DELAY : 3 MIN

T 3:91-PREMIUM UNIFADED  
 PRODUCT CODE : 2  
 THERMAL COEFF : 10700  
 TANK DIAMETER : 110.00  
 TANK PROFILE : 1 PTS  
 FULL VOL : 10553  
 32.5 INCH VOL : 9059  
 25.0 INCH VOL : 5009  
 27.5 INCH VOL : 2364

FLCAT SIZE: 4.0 IN. 8490

WATER WARNING : 1.5  
 HIGH WATER LIMIT: 2.0  
 MAX OP LABIN VOL: 10053  
 OVEFFILL LIMIT : 90%  
 HIGH PRODUCT : 10847  
 DELIVERY LIMIT : 11450  
 LOW PRODUCT : 470  
 LEAK ALARM LIMIT: 50  
 SUDDEN LOW LIMIT: 50  
 TANK TILT : 1.00

MANIFOLD/TANKS  
 TR: NONE

LEAK MIN PERIODIC : 10%  
 : 1205

LEAK MIN ANNUAL : 10%  
 : 1205

PERIODIC TEST TYPE  
 STANDARD

ANNUAL TEST FAIL  
 ALARM DISABLED

PERIODIC TEST FAIL  
 ALARM DISABLED

GROUP TEST FAIL  
 ALARM DISABLED

ANN TEST AVERAGING: OFF  
 PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TANK TEST SILENCE REPEAT: OFF

DELIVER. DELAY : 3 MIN

LEAK TEST METHOD  
 TEST ON UNIT : ALL TANK  
 JAN 1, 1998  
 START TIME : DISRUPT  
 TEST RATE : 10.00 GAL HR  
 DURATION : 2 HOURS

LEAK TEST REPOS: NORMAL  
 NORMAL

LIQUID SENSOR SETUP

L 1:87 STP-SUMP  
 TRI-STATE (SINGLE FLOAT)  
 CATEGORY : STP-SUMP

L 2:91 STP-SUMP  
 TRI-STATE (SINGLE FLOAT)  
 CATEGORY : STP-SUMP

L 3:87 ANNULAR  
 TRI-STATE (SINGLE FLOAT)  
 CATEGORY : ANNULAR SPACE

L 4:91 ANNULAR  
 TRI-STATE (SINGLE FLOAT)  
 CATEGORY : ANNULAR SPACE

L 5 WASTE-OIL ANNULAR  
 TRI-STATE (SINGLE FLOAT)  
 CATEGORY : ANNULAR SPACE

GROUP PERM. SETUP

F 1:87 RELAY  
 TYPE:  
 STANDARD  
 NORMALLY CLOSED

IN-TANK ALARMS:  
 1 HIGH WATER ALARM  
 1 LOW PRODUCT ALARM

LIQUID SENSOR ALARMS  
 L 1:FUEL ALARM  
 L 2:SENSOR OUT ALARM

F 3:91 RELAY  
 TYPE:  
 STANDARD  
 NORMALLY CLOSED

IN-TANK ALARMS  
 1 HIGH WATER ALARM  
 1 LOW PRODUCT ALARM

LIQUID SENSOR ALARMS  
 L 2:FUEL ALARM  
 L 3:SENSOR OUT ALARM

R 3:00 OVEFFILL ALARM  
 TYPE:  
 STANDARD  
 NORMALLY OPEN

IN-TANK ALARMS  
 ALL OVEFFILL ALARM  
 ALL HIGH PRODUCT ALARM  
 ALL MAX PRODUCT ALARM

ALARM HISTORY REPORT

--- IN-TANK ALARM ---

T 1:87-REGULAR UNLEADED

HIGH WATER ALARM  
NOV 29, 2007 1:03 PM  
NOV 29, 2007 9:35 AM  
DEC 20, 2006 1:25 PM

OVERFILL ALARM  
NOV 29, 2007 1:26 PM  
JAN 21, 2007 11:45 PM  
DEC 20, 2006 1:52 PM

LOW PRODUCT ALARM  
JUN 5, 2007 3:31 PM  
DEC 11, 2006 5:22 PM  
JUL 29, 2006 5:55 PM

HIGH PRODUCT ALARM  
NOV 29, 2007 1:26 PM  
DEC 20, 2006 1:52 PM  
DEC 20, 2006 1:18 PM

INVALID FUEL LEVEL  
DEC 11, 2006 6:14 PM

PROBE OUT  
NOV 29, 2007 1:34 PM  
NOV 29, 2007 12:56 PM  
NOV 29, 2007 9:26 AM

HIGH WATER WARNING  
NOV 29, 2007 1:33 PM  
NOV 29, 2007 9:35 AM  
DEC 20, 2006 1:25 PM

DELIVERY NEEDED  
NOV 2, 2007 5:58 PM  
OCT 4, 2007 9:51 PM  
SEP 27, 2007 6:15 PM

MAX PRODUCT ALARM  
NOV 29, 2007 1:27 PM  
JAN 12, 2007 11:00 PM  
FEB 13, 2004 12:00 PM

ALARM HISTORY REPORT

--- SENSOR ALARM ---

L 1:87 STP-SUMP  
STP SUMP  
SENSOR OUT ALARM  
NOV 29, 2007 2:07 PM

FUEL ALARM  
NOV 29, 2007 1:22 PM

SENSOR OUT ALARM  
DEC 20, 2006 3:28 PM

ALARM HISTORY REPORT

--- IN-TANK ALARM ---

T 1:31 PREMIUM UNLEADED

HIGH WATER ALARM  
NOV 29, 2007 1:31 PM  
FEB 8, 2007 2:12 PM  
FEB 8, 2007 11:53 AM

OVERFILL ALARM  
NOV 29, 2007 1:24 PM  
DEC 20, 2006 1:14 PM  
DEC 20, 2006 1:15 PM

LOW PRODUCT ALARM  
DEC 17, 2005 3:52 PM  
NOV 12, 2005 1:05 PM  
AUG 28, 2005 4:11 PM

HIGH PRODUCT ALARM  
NOV 29, 2007 1:24 PM  
DEC 20, 2006 1:19 PM  
DEC 20, 2006 1:15 PM

INVALID FUEL LEVEL  
NOV 29, 2007 1:52 PM  
NOV 29, 2007 1:47 PM  
NOV 29, 2007 1:35 PM

PROBE OUT  
NOV 29, 2007 1:51 PM  
NOV 29, 2007 1:51 PM  
NOV 29, 2007 1:47 PM

HIGH WATER WARNING  
NOV 29, 2007 1:31 PM  
FEB 8, 2007 2:12 PM  
FEB 8, 2007 11:53 AM

DELIVERY NEEDED  
NOV 29, 2007 1:46 PM  
OCT 25, 2007 4:54 PM  
JUN 27, 2007 6:37 PM

MAX PRODUCT ALARM  
NOV 29, 2007 1:25 PM  
JAN 12, 2007 11:55 PM  
DEC 13, 2006 11:32 AM

ALARM HISTORY REPORT

--- SENSOR ALARM ---

L 2:31 STP-SUMP  
STP SUMP  
SENSOR OUT ALARM  
NOV 29, 2007 2:07 PM

FUEL ALARM  
NOV 29, 2007 1:45 PM

SENSOR OUT ALARM  
DEC 20, 2006 3:28 PM

ALARM HISTORY REPORT

--- SENSOR ALARM ---

L 1:87 ANNULAR  
ANNULAR LEAK  
SENSOR OUT ALARM  
NOV 29, 2007 2:07 PM

FUEL ALARM  
NOV 29, 2007 1:24 PM

SENSOR OUT ALARM  
DEC 20, 2006 3:28 PM

ALARM HISTORY REPORT

--- SENSOR ALARM ---

L 4:01 ANNULAR  
ANNULAR SPACE  
SENSOR OUT ALARM  
NOV 29, 2007 2:07 PM

FUEL ALARM  
NOV 29, 2007 1:24 PM

SENSOR OUT ALARM  
DEC 20, 2006 3:28 PM

ALARM HISTORY REPORT

--- SENSOR ALARM ---

L 1:04 WASTE-OIL ANNULAR  
ANNULAR SPACE  
SENSOR OUT ALARM  
NOV 29, 2007 1:07 PM

FUEL ALARM  
NOV 29, 2007 1:41 PM

SENSOR OUT ALARM  
DEC 20, 2006 3:28 PM



8501 N. MoPac Expressway, Suite 400  
Austin, Texas 78759  
Phone (512) 451-6334  
Fax (512) 459-1459

Date Printed and Mailed: 12/06/2007

SANTA CLARA COUNTY  
HAZ/MAT COMPLIANCE - GREG  
1555 BERGER DRIVE, SUITE 300  
SAN JOSE, CA. 95112

Test Date: 11/29/2007  
Order Number: 2253218

Dear Regulator,

Enclosed are the results of recent testing performed at the following facility:

CONOCO PHILLIPS 256115  
4350 EL CAMINO REAL

LOS ALTOS, CA. 94022

Testing performed:

- Dynamic Pressure Source
- EVR-Stage I Pressure Integrity Drop Tube
- EVR-Stage I Static Torque tests
- Impact Valve
- Leak detector tests
- Liquid Removal tests
- Monitor Certification
- Secondary Containment-Spill Container
- Stage II pressure decay tests

Sincerely,

A handwritten signature in black ink that reads 'Dawn Kohlmeier'.

Dawn Kohlmeier  
Manager, Field Reporting

2007 DEC 10 PM 1:15  
SANTA CLARA COUNTY  
HAZ/MAT COMPLIANCE

DRAFT



8501 N MoPac Expressway, Suite 400  
Austin, Texas 78759  
Phone. (512) 451-6334  
Fax (512) 459-1459

RECEIVED BY:  
SANTA CLARA COUNTY  
ENVIRONMENTAL HEALTH

2007 JAN -4 PM 2: 12

Date Printed and Mailed: 12/27/2006

SANTA CLARA COUNTY  
HAZ/MAT COMPLIANCE - GREG  
1555 BERGER DRIVE, SUITE 300  
SAN JOSE, CA. 95112

Test Date: 12/20/2006  
Order Number: 2246418

Dear Regulator,

Enclosed are the results of recent testing performed at the following facility.

CONOCO PHILLIPS 256115  
4350 EL CAMINO REAL

LOS ALTOS, CA 94022

Testing performed:

- Dynamic Pressure Source
- EVR-Stage I Pressure Integrity Drop Tube
- EVR-Stage I Static Torque tests
- Impact Valve
- Leak detector tests
- Monitor Certification
- Stage II pressure decay tests

Sincerely,

A handwritten signature in cursive script that reads 'Dawn Kohlmeier'.

Dawn Kohlmeier  
Manager, Field Reporting

# MONITORING SYSTEM CERTIFICATION

Authority Cited Chapter 67, F, *By All Jurisdictions Within the State of California*  
and Safety Code, Chapter 16, Division 3 Title 23, *via Code of Regulations*

This form must be used to document testing and servicing of monitoring equipment. If more than one monitoring system control panel is installed at the facility, a separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

## A. General Information

Facility Name CONOCO PHILLIPS 256115 City LOS ALTOS CA Zip 94022  
 Site Address 4350 EL CAMINO REAL Contact Phone No 941-0244  
 Date of Testing/Service 12/20/2006  
 Facility Contact Person MANAGER  
 Make/Model of Monitoring System VRTLS350 Work Order Number 2246418

## B Inventory of Equipment Tested/Certified

Check the appropriate boxes to indicate specific equipment inspected/serviced

<p>Tank ID <u>1-87</u></p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe Model <u>MAG</u></p> <p><input checked="" type="checkbox"/> Annular Space or Vault Sensor Model <u>420</u></p> <p><input checked="" type="checkbox"/> Piping Sump/Trench Sensor(s) Model <u>208</u></p> <p><input type="checkbox"/> Fill Sump Sensor(s) Model _____</p> <p><input checked="" type="checkbox"/> Mechanical Line Leak Detector Model <u>MLD</u></p> <p><input type="checkbox"/> Electronic Line Leak Detector Model _____</p> <p><input type="checkbox"/> Tank Overfill/High-Level Sensor Model _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on page 2)</p>	<p>Tank ID <u>2-91</u></p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe Model <u>MAG</u></p> <p><input checked="" type="checkbox"/> Annular Space or Vault Sensor Model <u>420</u></p> <p><input checked="" type="checkbox"/> Piping Sump/Trench Sensor(s) Model <u>208</u></p> <p><input type="checkbox"/> Fill Sump Sensor(s) Model _____</p> <p><input checked="" type="checkbox"/> Mechanical Line Leak Detector Model <u>MLD</u></p> <p><input type="checkbox"/> Electronic Line Leak Detector Model _____</p> <p><input type="checkbox"/> Tank Overfill/High-Level Sensor Model _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on page 2)</p>
<p>Tank ID <u>WO</u></p> <p><input type="checkbox"/> In-Tank Gauging Probe Model _____</p> <p><input checked="" type="checkbox"/> Annular Space or Vault Sensor Model <u>420</u></p> <p><input type="checkbox"/> Piping Sump/Trench Sensor(s) Model _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s) Model _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector Model _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector Model _____</p> <p><input type="checkbox"/> Tank Overfill/High-Level Sensor Model _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on page 2)</p>	<p>Tank ID _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe Model _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor Model _____</p> <p><input type="checkbox"/> Piping Sump/Trench Sensor(s) Model _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s) Model _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector Model _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector Model _____</p> <p><input type="checkbox"/> Tank Overfill/High-Level Sensor Model _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on page 2)</p>
<p>Dispenser ID <u>1/2</u></p> <p><input type="checkbox"/> Dispenser Containment Sensor(s) Model _____</p> <p><input checked="" type="checkbox"/> Shear Valve(s)</p> <p><input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s)</p>	<p>Dispenser ID <u>3/4</u></p> <p><input type="checkbox"/> Dispenser Containment Sensor(s) Model _____</p> <p><input checked="" type="checkbox"/> Shear Valve(s)</p> <p><input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s)</p>
<p>Dispenser ID <u>5/6</u></p> <p><input type="checkbox"/> Dispenser Containment Sensor(s) Model _____</p> <p><input checked="" type="checkbox"/> Shear Valve(s)</p> <p><input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s)</p>	<p>Dispenser ID <u>7/8</u></p> <p><input type="checkbox"/> Dispenser Containment Sensor(s) Model _____</p> <p><input checked="" type="checkbox"/> Shear Valve(s)</p> <p><input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s)</p>
<p>Dispenser ID <u>9/10</u></p> <p><input type="checkbox"/> Dispenser Containment Sensor(s) Model _____</p> <p><input checked="" type="checkbox"/> Shear Valve(s)</p> <p><input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s)</p>	<p>Dispenser ID <u>11/12</u></p> <p><input type="checkbox"/> Dispenser Containment Sensor(s) Model _____</p> <p><input checked="" type="checkbox"/> Shear Valve(s)</p> <p><input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s)</p>

\* If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

## C. Certification

I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Site Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the (Check all that apply)  System set-up  Alarm history report

Technician Name (print) BRYAN KEYS Signature   
 Certification No 006053152 License No \_\_\_\_\_  
 Testing Company Name Tanknology Phone No (800) 800-4633  
 Site Address 8501 N MoPac Expressway, suite 400, Austin, TX 78759 Date of Testing/Servicing 12/20/2006

# MONITORING SYSTEM CERTIFICATION

Authority Cited Chapter 6 7, f By All Jurisdictions Within the State of California and Safety Code, Chapter 16, Division 3 Title 23, c mia Code of Regulations

This form must be used to document testing and servicing of monitoring equipment. If more than one monitoring system control panel is installed at the facility, a separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

## A. General Information

Facility Name CONOCO PHILLIPS 256115 City LOS ALTOS CA Zip 94022  
Site Address 4350 EL CAMINO REAL Contact Phone No 941-0244  
Date of Testing/Service 12/20/2006  
Facility Contact Person MANAGER  
Make/Model of Monitoring System \_\_\_\_\_ Work Order Number 2246418

## B. Inventory of Equipment Tested/Certified

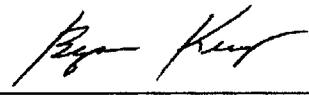
Check the appropriate boxes to indicate specific equipment inspected/serviced

Tank ID _____	Tank ID _____
<input type="checkbox"/> In-Tank Gauging Probe Model _____	<input type="checkbox"/> In-Tank Gauging Probe Model _____
<input type="checkbox"/> Annular Space or Vault Sensor Model _____	<input type="checkbox"/> Annular Space or Vault Sensor Model _____
<input type="checkbox"/> Piping Sump/Trench Sensor(s) Model _____	<input type="checkbox"/> Piping Sump/Trench Sensor(s) Model _____
<input type="checkbox"/> Fill Sump Sensor(s) Model _____	<input type="checkbox"/> Fill Sump Sensor(s) Model _____
<input type="checkbox"/> Mechanical Line Leak Detector Model _____	<input type="checkbox"/> Mechanical Line Leak Detector Model _____
<input type="checkbox"/> Electronic Line Leak Detector Model _____	<input type="checkbox"/> Electronic Line Leak Detector Model _____
<input type="checkbox"/> Tank Overfill/High-Level Sensor Model _____	<input type="checkbox"/> Tank Overfill/High-Level Sensor Model _____
<input type="checkbox"/> Other (specify equipment type and model in Section E on page 2)	<input type="checkbox"/> Other (specify equipment type and model in Section E on page 2)
Tank ID _____	Tank ID _____
<input type="checkbox"/> In-Tank Gauging Probe Model _____	<input type="checkbox"/> In-Tank Gauging Probe Model _____
<input type="checkbox"/> Annular Space or Vault Sensor Model _____	<input type="checkbox"/> Annular Space or Vault Sensor Model _____
<input type="checkbox"/> Piping Sump/Trench Sensor(s) Model _____	<input type="checkbox"/> Piping Sump/Trench Sensor(s) Model _____
<input type="checkbox"/> Fill Sump Sensor(s) Model _____	<input type="checkbox"/> Fill Sump Sensor(s) Model _____
<input type="checkbox"/> Mechanical Line Leak Detector Model _____	<input type="checkbox"/> Mechanical Line Leak Detector Model _____
<input type="checkbox"/> Electronic Line Leak Detector Model _____	<input type="checkbox"/> Electronic Line Leak Detector Model _____
<input type="checkbox"/> Tank Overfill/High-Level Sensor Model _____	<input type="checkbox"/> Tank Overfill/High-Level Sensor Model _____
<input type="checkbox"/> Other (specify equipment type and model in Section E on page 2)	<input type="checkbox"/> Other (specify equipment type and model in Section E on page 2)
Dispenser ID <u>13/14</u>	Dispenser ID _____
<input type="checkbox"/> Dispenser Containment Sensor(s) Model _____	<input type="checkbox"/> Dispenser Containment Sensor(s) Model _____
<input checked="" type="checkbox"/> Shear Valve(s)	<input type="checkbox"/> Shear Valve(s)
<input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s)	<input type="checkbox"/> Dispenser Containment Float(s) and Chain(s)
Dispenser ID _____	Dispenser ID _____
<input type="checkbox"/> Dispenser Containment Sensor(s) Model _____	<input type="checkbox"/> Dispenser Containment Sensor(s) Model _____
<input type="checkbox"/> Shear Valve(s)	<input type="checkbox"/> Shear Valve(s)
<input type="checkbox"/> Dispenser Containment Float(s) and Chain(s)	<input type="checkbox"/> Dispenser Containment Float(s) and Chain(s)
Dispenser ID _____	Dispenser ID _____
<input type="checkbox"/> Dispenser Containment Sensor(s) Model _____	<input type="checkbox"/> Dispenser Containment Sensor(s) Model _____
<input type="checkbox"/> Shear Valve(s)	<input type="checkbox"/> Shear Valve(s)
<input type="checkbox"/> Dispenser Containment Float(s) and Chain(s)	<input type="checkbox"/> Dispenser Containment Float(s) and Chain(s)

\* If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

## C. Certification

I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Site Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the (Check all that apply)  System set-up  Alarm history report

Technician Name (print) BRYAN KEYS Signature   
Certification No \_\_\_\_\_ License No \_\_\_\_\_  
Testing Company Name Tanknology Phone No (800) 800-4633  
Site Address 8501 N MoPac Expressway, suite 400, Austin, TX 78759 Date of Testing/Servicing 12/20/2006

# Monitoring System Certification

Site Address 4350 EL CAMINO REAL

Date of Testing/Service 12/20/2006

## D. Results of Testing/Service

Software Version Installed 15 01

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *		Is the audible alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *		Is the visual alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *		Were all sensors visually inspected, functionally tested, and confirmed operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *		Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No *	<input checked="" type="checkbox"/> N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *	<input type="checkbox"/> N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes, which sensors initiate positive shut-down? (check all that apply) <input checked="" type="checkbox"/> Sump/Trench Sensors, <input type="checkbox"/> Dispenser Containment Sensors Did you confirm positive shut-down due to leaks and sensor failure/disconnection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *	<input type="checkbox"/> N/A	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e. no mechanical overfill prevention valve is installed), is the overfill warning alarm visible and audible at the tank fill points(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger? <u>90</u> %
<input checked="" type="checkbox"/> Yes*	<input type="checkbox"/> No		Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No		Was liquid found inside any secondary containment systems designed as dry systems? (check all that apply) <input type="checkbox"/> Product, <input type="checkbox"/> Water If yes, describe causes in Section E, below
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *		Was monitoring system set-up reviewed to ensure proper settings? Attach set-up reports, if applicable
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *		Is all monitoring equipment operational per manufacturers' specifications?

\* In Section E below, describe how and when these deficiencies were or will be corrected

## E. Comments:

CHANGED 420 ANNULAR FOR WO TANK



**ATG Information**

Work Order # 2246418

□  
I10100  
DEC 20, 2006 7 09 PM

EL CAMINO REAL 76  
4350 EL CAMINO REAL  
LOS ALTOS CA 94022  
415-941-0244  
SYSTEM STATUS REPORT  
ALL FUNCTIONS NORMAL

□  
□  
I20100  
DEC 20, 2006 7 09 PM

EL CAMINO REAL 76  
4350 EL CAMINO REAL  
LOS ALTOS CA 94022  
415-941-0244  
IN-TANK INVENTORY

TANK	PRODUCT	VOLUME	TC VOLUME	ULLAGE	HEIGHT	WATER	TEMP
1	87-REGULAR UNLEADED	9408	9405	2645	80 45	0 00	60 44
2	91-PREMIUM UNLEADED	4164	4164	7889	41 51	0 90	59 62

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I20200  
DEC 20, 2006 7 09 PM

EL CAMINO REAL 76  
4350 EL CAMINO REAL  
LOS ALTOS CA 94022  
415-941-0244  
DELIVERY REPORT

T 1 87-REGULAR UNLEADED

INCREASE	DATE / TIME	GALLONS	TC GALLONS	WATER	TEMP DEG F	HEIGHT
END	DEC 20, 2006 1 56 PM	11445	11527	0 90	49 73	99 49
START	DEC 20, 2006 1 52 PM	9489	9556	0 82	49 85	81 10
AMOUNT		1956	1971			
END	DEC 20, 2006 1 22 PM	11919	12010	5 40	49 02	106 28
START	DEC 20, 2006 1 15 PM	9036	9106	5 26	48 85	77 48
AMOUNT		2883	2904			
END	DEC 19, 2006 11 14 PM	9683	9692	0 77	58 64	82 70
START	DEC 19, 2006 10 52 PM	3635	3621	0 77	65 23	37 53
AMOUNT		6048	6071			
END	DEC 18, 2006 4 34 PM	7657	7646	0 77	61 91	67 00
START	DEC 18, 2006 4 15 PM	1709	1698	0 77	69 00	21 88
AMOUNT		5948	5948			
END	DEC 16, 2006 5 32 PM	6604	6589	0 77	63 13	59 30
START	DEC 16, 2006 5 13 PM	699	693	0 77	70 90	11 79
AMOUNT		5905	5896			
END	DEC 14, 2006 1 41 AM	9278	9254	0 77	63 62	79 40
START	DEC 14, 2006 1 21 AM	3236	3219	0 77	67 43	34 47
AMOUNT		6042	6035			
END	DEC 12, 2006 7 41 PM	6129	6116	0 77	62 85	55 87
START	DEC 12, 2006 7 20 PM	340	337	0 77	71 53	7 21
AMOUNT		5789	5779			
END	DEC 10, 2006 2 28 AM	8737	8701	0 77	65 89	75 15
START	DEC 10, 2006 2 13 AM	4115	4090	0 77	68 41	41 15
AMOUNT		4622	4611			
END	DEC 7, 2006 11 57 PM	9843	9623	0 77	63 00	82 37
START	DEC 7, 2006 11 34 PM	3590	3567	0 77	68 97	37 19
AMOUNT		6053	6056			
END	DEC 6, 2006 1 40 AM	10432	10392	0 77	65 33	89 17
START	DEC 6, 2006 1 20 AM	4252	4226	0 77	68 61	42 17
AMOUNT		6180	6166			

T 2 91-PREMIUM UNLEADED

INCREASE	DATE / TIME	GALLONS	TC GALLONS	WATER	TEMP DEG F	HEIGHT
END	DEC 20, 2006 1 47 PM	11307	11389	5 22	49 52	97 89
START	DEC 20, 2006 1 43 PM	9799	9869	5 22	49 67	83 67
AMOUNT		1508	1520			
END	DEC 20, 2006 1 18 PM	11549	11643	5 02	48 28	100 76
START	DEC 20, 2006 1 14 PM	10127	10209	0 00	48 39	86 47

2246418

ATG Information

Work Order # 2246418

AMOUNT	1422	1434			
END DEC 20, 2006 12 53 PM	10128	10146	0 00	57 36	86 47
START DEC 20, 2006 9 15 AM	4132	4134	0 80	58 98	41 27
AMOUNT	5996	6012			
END DEC 19, 2006 11 03 PM	4314	4311	0 80	60 85	42 63
START DEC 19, 2006 10 52 PM	1629	1625	0 81	63 41	21 15
AMOUNT	2685	2686			
END DEC 18, 2006 4 28 PM	3719	3716	0 81	61 05	38 18
START DEC 18, 2006 4 16 PM	847	844	0 81	64 45	13 45
AMOUNT	2872	2872			
END DEC 16, 2006 5 28 PM	3671	3661	0 81	63 73	37 81
START DEC 16, 2006 5 18 PM	998	993	0 81	66 49	15 06
AMOUNT	2673	2668			
END DEC 14, 2006 1 36 AM	5293	5282	0 81	62 88	49 81
START DEC 14, 2006 1 23 AM	2496	2488	0 81	64 48	28 59
AMOUNT	2797	2794			
END DEC 12, 2006 7 47 PM	4237	4224	0 81	64 04	42 06
START DEC 12, 2006 7 37 PM	1448	1442	0 81	65 33	19 48
AMOUNT	2789	2782			
END DEC 10, 2006 2 31 AM	5184	5182	0 81	60 52	49 01
START DEC 10, 2006 2 16 AM	1119	1115	0 81	64 42	16 29
AMOUNT	4065	4067			
END DEC 7, 2006 11 45 PM	3838	3831	0 81	62 51	39 07
START DEC 7, 2006 11 35 PM	1068	1063	0 81	65 81	15 78
AMOUNT	2770	2768			

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I20400  
DEC 20, 2006 7 10 PM

EL CAMINO REAL 76  
4350 EL CAMINO REAL  
LOS ALTOS CA 94022  
415-941-0244  
SHIFT REPORT

SHIFT 1 TIME 6 00 AM

TANK PRODUCT

1 87-REGULAR UNLEADED	VOLUME TC	VOLUME	ULLAGE	HEIGHT	WATER	TEMP
SHIFT 1 STARTING VALUES	6773	6757	5280	60 53	0 77	63 17
ENDING VALUES	9687	9691	2366	82 73	0 77	59 40
DELIVERY VALUE	6048					
TOTALS	3134					

2 91-PREMIUM UNLEADED	VOLUME TC	VOLUME	ULLAGE	HEIGHT	WATER	TEMP
SHIFT 1 STARTING VALUES	3174	3173	8879	33 99	0 81	60 62
ENDING VALUES	4311	4316	7742	42 60	0 80	57 99
DELIVERY VALUE	2685					
TOTALS	1548					

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I20800  
DEC 20, 2006 7 10 PM

PREVIOUS IN TANK LEAK TEST RESULTS

TANK 1 87-REGULAR UNLEADED  
TEST TYPE START TIME RESULT RATE HOURS VOLUME  
ANNUAL NO TEST DATA AVAILABLE  
PERIODIC NO TEST DATA AVAILABLE  
GROSS NO TEST DATA AVAILABLE  
TANK 2 91-PREMIUM UNLEADED  
TEST TYPE START TIME RESULT RATE HOURS VOLUME  
ANNUAL NO TEST DATA AVAILABLE  
PERIODIC NO TEST DATA AVAILABLE  
GROSS NO TEST DATA AVAILABLE

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I25100  
DEC 20, 2006 7 10 PM

EL CAMINO REAL 76

4350 EL CAMINO REAL  
LOS ALTOS CA 94022  
415-941-0244

CSLD TEST RESULTS  
TANK PRODUCT            RESULT

I30100  
DEC 20, 2006 7 10 PM

EL CAMINO REAL 76  
4350 EL CAMINO REAL  
LOS ALTOS CA 94022  
415-941-0244

LIQUID STATUS REPORT

SENSOR LOCATION	STATUS
1 87 STP-SUMP	SENSOR NORMAL
2 91 STP-SUMP	SENSOR NORMAL
3 87 ANNULAR	SENSOR NORMAL
4 91 ANNULAR	SENSOR NORMAL
5 WASTE-OIL ANNULAR	SENSOR NORMAL

I50301  
DEC 20, 2006 7 10 PM

# 1 EL CAMINO REAL 76

I50302  
DEC 20, 2006 7 10 PM

# 2 4350 EL CAMINO REAL

I50303  
DEC 20, 2006 7 10 PM

# 3 LOS ALTOS CA 94022

I50304  
DEC 20, 2006 7 10 PM

# 4 415-941-0244

I51700  
DEC 20, 2006 7 10 PM

SYSTEM TYPE AND LANGUAGE FLAG

SYSTEM UNITS  
U S  
SYSTEM LANGUAGE  
ENGLISH  
SYSTEM DATE/TIME FORMAT  
MON DD YYYY HH MM SS xM

I50F00  
DEC 20, 2006 7 10 PM

MON DD YYYY HH MM SS xM

I10200  
DEC 20, 2006 7 10 PM

**ATG Information**

Work Order # 2246418

EL CAMINO REAL 76  
4350 EL CAMINO REAL  
LOS ALTOS CA 94022  
415-941-0244

SYSTEM CONFIGURATION

SLOT	BOARD TYPE	POWER ON RESET	CURRENT
1	4 PROBE / G T	160865	160825
2	INTERSTITIAL BD	199216	199271
3	UNUSED	15000000	15000000
4	UNUSED	15000000	15000000
5	UNUSED	15000000	15000000
6	UNUSED	15000000	15000000
7	UNUSED	15000000	15000000
8	UNUSED	15000000	15000000
9	RELAY BOARD	14964	14964
10	UNUSED	15000000	15000000
11	UNUSED	15000000	15000000
12	UNUSED	15000000	15000000
13	UNUSED	15000000	15000000
14	UNUSED	15000000	15000000
15	UNUSED	15000000	15000000
16	UNUSED	15000000	15000000
	COMM 1 RS232 SERIAL BD	14976	14981
	COMM 2 SERIAL SAT BD	15000000	474832
	COMM 3 PRINTER BOARD	9969	9968

I60100  
DEC 20, 2006 7 11 PM

TANK CONFIGURATION

DEVICE LABEL	CONFIGURED
1 87-REGULAR UNLEADED	ON
2 91-PREMIUM UNLEADED	ON
3	OFF
4	OFF

I60200  
DEC 20, 2006 7 11 PM

TANK PRODUCT LABEL

TANK	PRODUCT LABEL
1	87-REGULAR UNLEADED
2	91-PREMIUM UNLEADED
3	
4	

I60300  
DEC 20, 2006 7 11 PM

TANK PRODUCT CODE

TANK	PRODUCT LABEL	
1	87-REGULAR UNLEADED	1
2	91-PREMIUM UNLEADED	2
3		3
4		4

I60400  
DEC 20, 2006 7 11 PM

TANK FULL VOLUME

TANK	PRODUCT LABEL	GALLONS
1	87-REGULAR UNLEADED	12053
2	91-PREMIUM UNLEADED	12053
3		0
4		0

I60700

**ATG Information**

Work Order # 2246418

DEC 20, 2006 7 11 PM

TANK DIAMETER

TANK	PRODUCT LABEL	INCHES
1	87-REGULAR UNLEADED	110 00
2	91-PREMIUM UNLEADED	110 00
3	0 00	
4	0 00	

I60900

DEC 20, 2006 7 11 PM

TANK THERMAL COEFFICIENT

TANK	PRODUCT LABEL	
1	87-REGULAR UNLEADED	0 000700
2	91-PREMIUM UNLEADED	0 000700
3	0 000000	
4	0 000000	

I61200

DEC 20, 2006 7 11 PM

TANK MANIFOLDED PARTNERS

TANK	PRODUCT LABEL	MANIFOLDED TANKS
1	87-REGULAR UNLEADED	NONE
2	91-PREMIUM UNLEADED	NONE
3	NONE	
4	NONE	

I62100

DEC 20, 2006 7 11 PM

TANK LOW PRODUCT LIMIT

TANK	PRODUCT LABEL	GALLONS
1	87-REGULAR UNLEADED	470
2	91-PREMIUM UNLEADED	470
3	0	
4	0	

I62200

DEC 20, 2006 7 11 PM

TANK HIGH PRODUCT LIMIT

TANK	PRODUCT LABEL	GALLONS
1	87-REGULAR UNLEADED	11450
2	91-PREMIUM UNLEADED	11450
3	0	
4	0	

I62300

DEC 20, 2006 7 11 PM

TANK OVERFILL LEVEL LIMIT

TANK	PRODUCT LABEL	GALLONS
1	87-REGULAR UNLEADED	10847
2	91-PREMIUM UNLEADED	10847
3	0	
4	0	

I62400

DEC 20, 2006 7 11 PM

TANK HIGH WATER LEVEL LIMIT

TANK	PRODUCT LABEL	INCHES
1	87-REGULAR UNLEADED	2 0
2	91-PREMIUM UNLEADED	2 0

**ATG Information**

Work Order # 2246418

I62800  
DEC 20, 2006 7 11 PM

TANK MAXIMUM VOLUME LIMIT

TANK	PRODUCT LABEL	GALLONS
1	87-REGULAR UNLEADED	12053
2	91-PREMIUM UNLEADED	12053
3	0	
4	0	

I62900  
DEC 20, 2006 7 11 PM

TANK DELIVERY REQUIRED LIMIT

TANK	PRODUCT LABEL	GALLONS
1	87-REGULAR UNLEADED	1440
2	91-PREMIUM UNLEADED	1139
3	0	
4	0	

I70300  
DEC 20, 2006 7 11 PM

LIQUID TYPE

SENSOR LOCATION	TYPE
1 87 STP-SUMP	TRI-STATE (SINGLE FLOAT)
2 91 STP-SUMP	TRI-STATE (SINGLE FLOAT)
3 87 ANNULAR	TRI-STATE (SINGLE FLOAT)
4 91 ANNULAR	TRI-STATE (SINGLE FLOAT)
5 WASTE-OIL ANNULAR	TRI-STATE (SINGLE FLOAT)
6	TRI-STATE (SINGLE FLOAT)
7	TRI-STATE (SINGLE FLOAT)
8	TRI-STATE (SINGLE FLOAT)

I90200  
DEC 20, 2006 7 11 PM  
SOFTWARE REVISION LEVEL  
VERSION 15 01  
SOFTWARE# 346015-100-B  
CREATED - 97 10 23 08 56

NO SOFTWARE MODULE  
SYSTEM FEATURES  
PERIODIC IN-TANK TESTS  
ANNUAL IN-TANK TESTS

I11100  
DEC 20, 2006 7 11 PM

EL CAMINO REAL 76  
4350 EL CAMINO REAL  
LOS ALTOS CA 94022  
415-941-0244

PRIORITY ALARM HISTORY

ID	CATEGORY	DESCRIPTION	ALARM TYPE	STATE	DATE	TIME
L 3	ANNULAR	87 ANNULAR	SENSOR OUT ALARM	CLEAR	12-20-06	3 29PM
L 2	STP SUMP	91 STP-SUMP	SENSOR OUT ALARM	CLEAR	12-20-06	3 29PM
L 1	STP SUMP	87 STP-SUMP	SENSOR OUT ALARM	CLEAR	12-20-06	3 29PM
L 5	ANNULAR	WASTE-OIL ANNULAR	SENSOR OUT ALARM	CLEAR	12-20-06	3 29PM
L 4	ANNULAR	91 ANNULAR	SENSOR OUT ALARM	CLEAR	12-20-06	3 29PM
L 1	STP SUMP	87 STP-SUMP	SENSOR OUT ALARM	ALARM	12-20-06	3 28PM
L 5	ANNULAR	WASTE-OIL ANNULAR	SENSOR OUT ALARM	ALARM	12-20-06	3 28PM
L 4	ANNULAR	91 ANNULAR	SENSOR OUT ALARM	ALARM	12-20-06	3 28PM
L 3	ANNULAR	87 ANNULAR	SENSOR OUT ALARM	ALARM	12-20-06	3 28PM
L 2	STP SUMP	91 STP-SUMP	SENSOR OUT ALARM	ALARM	12-20-06	3 28PM
T 1	TANK	87-REGULAR UNLEADED	PROBE OUT	CLEAR	12-20-06	3 27PM

T 1 TANK 87-REGULAR UNLEADED PROBE OUT ALARM 12-20-06 3 25PM  
 T 1 TANK 87-REGULAR UNLEADED PROBE OUT CLEAR 12-20-06 3 24PM  
 L 2 STP SUMP 91 STP-SUMP FUEL ALARM CLEAR 12-20-06 3 15PM  
 L 2 STP SUMP 91 STP-SUMP FUEL ALARM ALARM 12-20-06 3 15PM  
 L 1 STP SUMP 87 STP-SUMP FUEL ALARM CLEAR 12-20-06 3 14PM  
 T 1 TANK 87-REGULAR UNLEADED PROBE OUT ALARM 12-20-06 3 14PM  
 L 1 STP SUMP 87 STP-SUMP FUEL ALARM ALARM 12-20-06 3 13PM  
 L 5 ANNULAR WASTE-OIL ANNULAR FUEL ALARM CLEAR 12-20-06 2 06PM  
 L 5 ANNULAR WASTE-OIL ANNULAR FUEL ALARM ALARM 12-20-06 2 06PM  
 L 5 ANNULAR WASTE-OIL ANNULAR SENSOR OUT ALARM CLEAR 12-20-06 2 05PM  
 T 1 TANK 87-REGULAR UNLEADED OVERFILL ALARM CLEAR 12-20-06 1 56PM  
 L 5 ANNULAR WASTE-OIL ANNULAR SENSOR OUT ALARM ALARM 12-20-06 1 54PM  
 T 1 TANK 87-REGULAR UNLEADED OVERFILL ALARM ALARM 12-20-06 1 52PM  
 T 2 TANK 91-PREMIUM UNLEADED OVERFILL ALARM CLEAR 12-20-06 1 47PM  
 T 2 TANK 91-PREMIUM UNLEADED HIGH WATER ALARM CLEAR 12-20-06 1 47PM  
 T 1 TANK 87-REGULAR UNLEADED HIGH WATER ALARM CLEAR 12-20-06 1 45PM  
 T 2 TANK 91-PREMIUM UNLEADED OVERFILL ALARM ALARM 12-20-06 1 44PM  
 T 1 TANK 87-REGULAR UNLEADED HIGH WATER ALARM ALARM 12-20-06 1 25PM  
 T 2 TANK 91-PREMIUM UNLEADED HIGH WATER ALARM ALARM 12-20-06 1 23PM  
 T 1 TANK 87-REGULAR UNLEADED OVERFILL ALARM CLEAR 12-20-06 1 22PM  
 T 2 TANK 91-PREMIUM UNLEADED OVERFILL ALARM CLEAR 12-20-06 1 18PM  
 T 1 TANK 87-REGULAR UNLEADED OVERFILL ALARM ALARM 12-20-06 1 18PM  
 T 2 TANK 91-PREMIUM UNLEADED OVERFILL ALARM ALARM 12-20-06 1 15PM  
 L 1 STP SUMP 87 STP-SUMP FUEL ALARM CLEAR 12-20-06 1 03PM  
 L 1 STP SUMP 87 STP-SUMP FUEL ALARM ALARM 12-20-06 1 03PM  
 L 2 STP SUMP 91 STP-SUMP FUEL ALARM CLEAR 12-20-06 1 02PM  
 L 2 STP SUMP 91 STP-SUMP FUEL ALARM ALARM 12-20-06 1 02PM  
 L 3 ANNULAR 87 ANNULAR FUEL ALARM CLEAR 12-20-06 1 01PM  
 L 3 ANNULAR 87 ANNULAR FUEL ALARM ALARM 12-20-06 1 00PM  
 L 4 ANNULAR 91 ANNULAR FUEL ALARM CLEAR 12-20-06 1 00PM  
 L 4 ANNULAR 91 ANNULAR FUEL ALARM ALARM 12-20-06 12 59PM  
 L 5 ANNULAR WASTE-OIL ANNULAR FUEL ALARM CLEAR 12-20-06 12 58PM  
 L 5 ANNULAR WASTE-OIL ANNULAR FUEL ALARM ALARM 12-20-06 12 57PM  
 L 5 ANNULAR WASTE-OIL ANNULAR FUEL ALARM CLEAR 12-20-06 12 56PM  
 L 5 ANNULAR WASTE-OIL ANNULAR FUEL ALARM ALARM 12-20-06 12 54PM  
 T 1 TANK 87-REGULAR UNLEADED LOW PRODUCT ALARM CLEAR 12-12-06 7 20PM  
 T 1 TANK 87-REGULAR UNLEADED LOW PRODUCT ALARM ALARM 12-12-06 6 22PM  
 T 1 TANK 87-REGULAR UNLEADED LOW PRODUCT ALARM CLEAR 7-20-06 12 41AM  
 T 1 TANK 87-REGULAR UNLEADED LOW PRODUCT ALARM ALARM 7-19-06 8 55PM

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I11200  
 DEC 20, 2006 7 12 PM

EL CAMINO REAL 76  
 4350 EL CAMINO REAL  
 LOS ALTOS CA 94022  
 415-941-0244

NON-PRIORITY ALARM HISTORY

ID	CATEGORY	DESCRIPTION	ALARM TYPE	STATE	DATE	TIME
T 1 TANK	87-REGULAR UNLEADED	HIGH PRODUCT ALARM	CLEAR	12-20-06	1 53PM	
T 1 TANK	87-REGULAR UNLEADED	HIGH PRODUCT ALARM	ALARM	12-20-06	1 52PM	
T 2 TANK	91-PREMIUM UNLEADED	HIGH WATER WARNING	CLEAR	12-20-06	1 47PM	
T 1 TANK	87-REGULAR UNLEADED	HIGH WATER WARNING	CLEAR	12-20-06	1 45PM	
T 1 TANK	87-REGULAR UNLEADED	HIGH WATER WARNING	ALARM	12-20-06	1 25PM	
T 2 TANK	91-PREMIUM UNLEADED	HIGH WATER WARNING	ALARM	12-20-06	1 23PM	
T 2 TANK	91-PREMIUM UNLEADED	HIGH PRODUCT ALARM	CLEAR	12-20-06	1 20PM	
T 2 TANK	91-PREMIUM UNLEADED	HIGH PRODUCT ALARM	ALARM	12-20-06	1 19PM	
T 1 TANK	87-REGULAR UNLEADED	HIGH PRODUCT ALARM	CLEAR	12-20-06	1 19PM	
T 1 TANK	87-REGULAR UNLEADED	HIGH PRODUCT ALARM	ALARM	12-20-06	1 18PM	
T 2 TANK	91-PREMIUM UNLEADED	HIGH PRODUCT ALARM	CLEAR	12-20-06	1 15PM	
T 2 TANK	91-PREMIUM UNLEADED	HIGH PRODUCT ALARM	ALARM	12-20-06	1 15PM	
SYSTEM		SYS SECURITY WARNING	CLEAR	12-19-06	5 14PM	
SYSTEM		SYS SECURITY WARNING	ALARM	12-19-06	4 42PM	
T 2 TANK	91-PREMIUM UNLEADED	DELIVERY NEEDED	CLEAR	12-18-06	4 17PM	
T 2 TANK	91-PREMIUM UNLEADED	DELIVERY NEEDED	ALARM	12-18-06	2 35PM	
T 2 TANK	91-PREMIUM UNLEADED	DELIVERY NEEDED	CLEAR	12-16-06	5 19PM	
T 1 TANK	87-REGULAR UNLEADED	DELIVERY NEEDED	CLEAR	12-16-06	5 15PM	
T 2 TANK	91-PREMIUM UNLEADED	DELIVERY NEEDED	ALARM	12-16-06	3 24PM	
T 1 TANK	87-REGULAR UNLEADED	DELIVERY NEEDED	ALARM	12-16-06	2 16PM	
T 1 TANK	87-REGULAR UNLEADED	DELIVERY NEEDED	CLEAR	12-12-06	7 22PM	
T 1 TANK	87-REGULAR UNLEADED	INVALID FUEL LEVEL	CLEAR	12-12-06	7 20PM	
T 1 TANK	87-REGULAR UNLEADED	INVALID FUEL LEVEL	ALARM	12-12-06	6 24PM	
T 1 TANK	87-REGULAR UNLEADED	DELIVERY NEEDED	ALARM	12-12-06	2 36PM	

T 2 TANK 91-PREMIUM UNLEADED DELIVERY NEEDED CLEAR 12-10-06 2 16AM  
 T 2 TANK 91-PREMIUM UNLEADED DELIVERY NEEDED ALARM 12-09-06 8 43PM  
 T 2 TANK 91-PREMIUM UNLEADED DELIVERY NEEDED CLEAR 12-07-06 11 35PM  
 T 2 TANK 91-PREMIUM UNLEADED DELIVERY NEEDED ALARM 12-07-06 8 24PM  
 T 2 TANK 91-PREMIUM UNLEADED DELIVERY NEEDED CLEAR 12-02-06 3 10PM  
 T 1 TANK 87-REGULAR UNLEADED DELIVERY NEEDED CLEAR 12-02-06 3 02PM  
 T 1 TANK 87-REGULAR UNLEADED DELIVERY NEEDED ALARM 12-02-06 3 00PM  
 T 2 TANK 91-PREMIUM UNLEADED DELIVERY NEEDED ALARM 12-02-06 11 01AM  
 SYSTEM PRINTER ERROR CLEAR 11-24-06 9 03AM  
 SYSTEM PRINTER ERROR ALARM 11-24-06 9 01AM  
 SYSTEM PRINTER ERROR CLEAR 11-24-06 9 01AM  
 SYSTEM PAPER OUT CLEAR 11-24-06 9 01AM  
 SYSTEM PAPER OUT ALARM 11-24-06 9 01AM  
 SYSTEM PRINTER ERROR ALARM 11-24-06 9 01AM  
 SYSTEM PRINTER ERROR CLEAR 11-22-06 8 27PM  
 SYSTEM PAPER OUT CLEAR 11-22-06 8 27PM  
 SYSTEM PAPER OUT ALARM 11-22-06 8 26PM  
 SYSTEM PRINTER ERROR ALARM 11-22-06 8 26PM  
 SYSTEM PRINTER ERROR CLEAR 11-22-06 8 26PM  
 SYSTEM PAPER OUT CLEAR 11-22-06 8 26PM  
 SYSTEM PAPER OUT ALARM 11-22-06 8 26PM  
 SYSTEM PRINTER ERROR ALARM 11-22-06 8 26PM  
 SYSTEM PRINTER ERROR CLEAR 11-22-06 8 26PM  
 SYSTEM PAPER OUT CLEAR 11-22-06 8 26PM  
 SYSTEM PRINTER ERROR ALARM 11-22-06 8 25PM  
 SYSTEM PAPER OUT ALARM 11-22-06 8 25PM

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 IA0100  
 DEC 20, 2006 7 12 PM

	TYPE	CODE	LENGTH	SERIAL NO	D/CODE
TANK 1	87-REGULAR UNLEADED	MAG	C000	120 00	229180 1084
TANK 2	91-PREMIUM UNLEADED	MAG	C000	120 00	226089 0784

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 IA0200  
 DEC 20, 2006 7 13 PM  
 TANK 1 87-REGULAR UNLEADED MAG GRADIENT = 350 8300  
 TANK 2 91-PREMIUM UNLEADED MAG GRADIENT = 352 7000

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 I20600  
 DEC 20, 2006 7 13 PM

EL CAMINO REAL 76  
 4350 EL CAMINO REAL  
 LOS ALTOS CA 94022  
 415-941-0244

TANK ALARM HISTORY

TANK 1 87-REGULAR UNLEADED  
 HIGH WATER ALARM DEC 20, 2006 1 25 PM  
 DEC 28, 2005 10 58 AM  
 JAN 12, 2005 11 05 AM  
 OVERFILL ALARM DEC 20, 2006 1 52 PM  
 DEC 20, 2006 1 18 PM  
 DEC 28, 2005 10 31 AM  
 LOW PRODUCT ALARM DEC 12, 2006 6 22 PM  
 JUL 19, 2006 8 55 PM  
 SEP 2, 2005 5 31 PM  
 HIGH PRODUCT ALARM DEC 20, 2006 1 52 PM  
 DEC 20, 2006 1 18 PM  
 DEC 28, 2005 10 32 AM  
 INVALID FUEL LEVEL DEC 12, 2006 6 24 PM  
 PROBE OUT DEC 20, 2006 3 25 PM  
 DEC 20, 2006 3 14 PM  
 DEC 28, 2005 11 11 AM  
 HIGH WATER WARNING DEC 20, 2006 1 25 PM  
 DEC 28, 2005 10 58 AM  
 JAN 12, 2005 11 05 AM  
 DELIVERY NEEDED DEC 16, 2006 2 16 PM

DEC 12, 2006 2 36 PM  
 DEC 2, 2006 3 00 PM  
 MAX PRODUCT ALARM JAN 12, 2005 11 02 AM  
 DEC 13, 2004 12 00 PM  
 DEC 13, 2004 11 52 AM  
 TANK 2 91-PREMIUM UNLEADED  
 HIGH WATER ALARM DEC 20, 2006 1 23 PM  
 DEC 28, 2005 10 59 AM  
 JAN 12, 2005 11 12 AM  
 OVERFILL ALARM DEC 20, 2006 1 44 PM  
 DEC 20, 2006 1 15 PM  
 DEC 28, 2005 10 39 AM  
 LOW PRODUCT ALARM DEC 17, 2005 3 52 PM  
 NOV 12, 2003 1 05 PM  
 AUG 28, 2003 4 11 PM  
 HIGH PRODUCT ALARM DEC 20, 2006 1 19 PM  
 DEC 20, 2006 1 15 PM  
 JAN 12, 2005 10 54 AM  
 INVALID FUEL LEVEL DEC 28, 2005 11 10 AM  
 JAN 12, 2005 11 18 AM  
 PROBE OUT DEC 28, 2005 11 09 AM  
 DEC 28, 2005 10 37 AM  
 JAN 12, 2005 12 34 PM  
 HIGH WATER WARNING DEC 20, 2006 1 23 PM  
 DEC 28, 2005 10 59 AM  
 JAN 12, 2005 11 12 AM  
 DELIVERY NEEDED DEC 18, 2006 2 35 PM  
 DEC 16, 2006 3 24 PM  
 DEC 9, 2006 8 43 PM  
 MAX PRODUCT ALARM JAN 12, 2005 10 55 AM  
 DEC 13, 2004 11 32 AM  
 DEC 13, 2004 11 30 AM

IB0100  
 DEC 20, 2006 7 13 PM

LIQUID DIAGNOSTIC REPORT

	SAMPLE	HIGH	LOW	VALUE
	SENSOR COUNTER	REF	REF	
1	5 4953	732	100254	
2	5 4951	733	100247	
3	5 4954	732	100180	
4	5 4953	732	100188	
5	5 4954	731	100291	
6	5 4954	731	15969538	
7	5 4953	731	15969974	
8	5 4954	731	15969482	

I30200  
 DEC 20, 2006 7 13 PM

EL CAMINO REAL 76  
 4350 EL CAMINO REAL  
 LOS ALTOS CA 94022  
 415-941-0244

LIQUID ALARM HISTORY REPORT

SENSOR	LOCATION	ALARM
1	87 STP-SUMP	
	DEC 20, 2006 3 28 PM	SENSOR OUT ALARM
	DEC 20, 2006 3 13 PM	FUEL ALARM
	DEC 20, 2006 1 03 PM	FUEL ALARM
2	91 STP-SUMP	
	DEC 20, 2006 3 28 PM	SENSOR OUT ALARM
	DEC 20, 2006 3 15 PM	FUEL ALARM
	DEC 20, 2006 1 02 PM	FUEL ALARM
3	87 ANNULAR	
	DEC 20, 2006 3 28 PM	SENSOR OUT ALARM
	DEC 20, 2006 1 00 PM	FUEL ALARM
	DEC 28, 2005 11 03 AM	SENSOR OUT ALARM
4	91 ANNULAR	
	DEC 20, 2006 3 28 PM	SENSOR OUT ALARM

**ATG Information**

Work Order # 2246418

DEC 20, 2006 12 59 PM FUEL ALARM  
DEC 28, 2005 11 03 AM SENSOR OUT ALARM  
5 WASTE-OIL ANNULAR  
DEC 20, 2006 3 28 PM SENSOR OUT ALARM  
DEC 20, 2006 2 06 PM FUEL ALARM  
DEC 20, 2006 1 54 PM SENSOR OUT ALARM

I20700  
DEC 20, 2006 7 13 PM

EL CAMINO REAL 76  
4350 EL CAMINO REAL  
LOS ALTOS CA 94022  
415-941-0244

TANK LEAK TEST HISTORY

T 1 87-REGULAR UNLEADED  
LAST GROSS TEST PASSED

NO TEST PASSED

LAST ANNUAL TEST PASSED  
NO TEST PASSED

FULLEST ANNUAL TEST PASS

NO TEST PASSED  
LAST PERIODIC TEST PASS

NO TEST PASSED

FULLEST PERIODIC TEST  
PASSED EACH MONTH

TEST START TIME      HOURS    VOLUME    % VOLUME    TEST TYPE

TANK LEAK TEST HISTORY

T 2 91-PREMIUM UNLEADED

LAST GROSS TEST PASSED  
NO TEST PASSED

LAST ANNUAL TEST PASSED

NO TEST PASSED  
FULLEST ANNUAL TEST PASS

NO TEST PASSED

LAST PERIODIC TEST PASS

NO TEST PASSED

FULLEST PERIODIC TEST  
PASSED EACH MONTH

TEST START TIME      HOURS    VOLUME    % VOLUME    TEST TYPE

I30100  
DEC 20, 2006 7 13 PM

EL CAMINO REAL 76  
4350 EL CAMINO REAL  
LOS ALTOS CA 94022  
415-941-0244

LIQUID STATUS REPORT

SENSOR LOCATION	STATUS
1 87 STP-SUMP	SENSOR NORMAL
2 91 STP-SUMP	SENSOR NORMAL
3 87 ANNULAR	SENSOR NORMAL
4 91 ANNULAR	SENSOR NORMAL
5 WASTE-OIL ANNULAR	SENSOR NORMAL

I30600  
DEC 20, 2006 7 13 PM

I31100  
DEC 20, 2006 7 13 PM

I34100  
DEC 20, 2006 7 13 PM

I34600  
DEC 20, 2006 7 14 PM

I34800  
DEC 20, 2006 7 14 PM

I35100  
DEC 20, 2006 7 14 PM

I37400  
DEC 20, 2006 7 14 PM

I38900  
DEC 20, 2006 7 14 PM

I9999FF18

DRAFT



**TANKNOLOGY CERTIFICATE OF TESTING**  
 8501 N MOPAC EXPRESSWAY, SUITE 400 AUSTIN, TEXAS 78759  
 TELEPHONE (512) 451-6334 FAX (512) 459-1459

**TEST RESULT SUMMARY REPORT**

PURPOSE: COMPLIANCE

TEST DATE: 12/20/06

WORK ORDER NUMBER 2246418

CUSTOMER PO:

CLIENT: CONOCO-PHILLIPS  
 P O BOX 2200  
 USER ID=WASHICJ  
 BARTLESVILLE, OK 74005  
 CAROLYN WASHINGTON  
 (281)293-5420

SITE: CONOCO PHILLIPS 256115  
 4350 EL CAMINO REAL  
 LOS ALTOS, CA 94022

MANAGER  
 (650)941-0244

**Product Pipe Tightness Test Results**

LINE ID	LINE PRODUCT	LINE MATERIAL	DELIVERY TYPE	TEST RESULT				FINAL LEAK RATE (gph)				IMPACT VALVE FUNCTION	
				A	B	C	D	A	B	C	D		
1	REG UNLEAD	DW STEEL	PRESSURE										Y
2	PREMIUM	DW STEEL	PRESSURE										Y

**Existing Line Leak Detector Test**

LINE ID	EXISTING LEAK DETECTOR #1				RESULT	EXISTING LEAK DETECTOR #2			
	MANUFACTURER	MODEL #	SERIAL #	RESULT		MANUFACTURER	MODEL #	SERIAL #	RESULT
1	FE PETRO	MLD	01101333	P					
2	FE PETRO	MLD	01101335	P					

**New Replacement Line Leak Detector Test**

LINE ID	REPLACED LEAK DETECTOR #1				RESULT	REPLACED LEAK DETECTOR #2			
	MANUFACTURER	MODEL #	SERIAL #	RESULT		MANUFACTURER	MODEL #	SERIAL #	RESULT

For owner detailed report information, visit [www.tanknology.com](http://www.tanknology.com) and select On-Line Reports-WRAP, or contact your local Tanknology office

Tester Name **BRYAN KEYS**

Technician Certification Number

# INDIVIDUAL TANK INFORMATION AND TEST RESULTS



TEST DATE 12/20/06  
CLIENT CONOCO-PHILLIPS

8501 N MOPAC EXPRESSWAY, SUITE 400  
AUSTIN, TEXAS 78759 (512) 451-6334

WORK ORDER NUMBER 2246418  
SITE CONOCO PHILLIPS 256115

## TANK INFORMATION

Tank ID 1	Tank manifolded NO	Bottom to top fill in inches
Product REG UNLEAD	Vent manifolded YES	Bottom to grade in inches
Capacity in gallons 12,053	Vapor recovery manifolded YES	Fill pipe length in inches
Diameter in inches 110.00	Overfill protection YES	Fill pipe diameter in inches
Length in inches 296	Overspill protection YES	Stage I vapor recovery
Material DW STEEL	Installed ATG	Stage II vapor recovery
	CP installed on / /	<b>DUAL BALANCE</b>

COMMENTS

TANK TEST RESULTS Test Method:	LEAK DETECTOR TEST RESULTS Test Method:
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PSI at tank bottom Fluid level in inches UFT/OFT Fluid volume in gallons Tank water level in inches Test time Number of thermisters Specific gravity Water table depth in inches Determined by (method) Leak rate in gph Result	<table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">New/passed L.D. #1</td> <td style="text-align: center;">Failed/replaced L.D. #1</td> <td style="text-align: center;">New/passed L.D. #2</td> <td style="text-align: center;">Failed/replaced L.D. #2</td> </tr> <tr> <td>Make</td> <td colspan="4" style="text-align: center;">FE PETRO</td> </tr> <tr> <td>Model</td> <td colspan="4" style="text-align: center;">MLD</td> </tr> <tr> <td>S/N</td> <td colspan="4" style="text-align: center;">01101333</td> </tr> <tr> <td>Open time in sec</td> <td colspan="4" style="text-align: center;">9.00</td> </tr> <tr> <td>Holding psi</td> <td colspan="4" style="text-align: center;">15</td> </tr> <tr> <td>Resiliency cc</td> <td colspan="4" style="text-align: center;">176</td> </tr> <tr> <td>Test leak rate ml/m</td> <td colspan="4" style="text-align: center;">189.0</td> </tr> <tr> <td>Metering psi</td> <td colspan="4" style="text-align: center;">10</td> </tr> <tr> <td>Calib leak in gph</td> <td colspan="4" style="text-align: center;">3.00</td> </tr> <tr> <td>Results</td> <td colspan="4" style="text-align: center;">PASS</td> </tr> </table>		New/passed L.D. #1	Failed/replaced L.D. #1	New/passed L.D. #2	Failed/replaced L.D. #2	Make	FE PETRO				Model	MLD				S/N	01101333				Open time in sec	9.00				Holding psi	15				Resiliency cc	176				Test leak rate ml/m	189.0				Metering psi	10				Calib leak in gph	3.00				Results	PASS			
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Results	PASS																																																							

NOT  
TESTED

NOT  
TESTED

COMMENTS

COMMENTS

ULLAGE TEST RESULTS Test Method:	LINE TEST RESULTS Test type:
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Test time Ullage volume Ullage pressure Results  <b>DATA FOR UTS-4T ONLY:</b> Time of test 1 Temperature Flow rate (cfh) Time of test 2 Temperature Flow rate (cfh) Time of test 3 Temperature Flow rate (cfh)	<table border="0" style="width: 100%;"> <tr> <td>Material</td> <td colspan="4" style="text-align: center;">DW STEEL</td> </tr> <tr> <td>Diameter (in)</td> <td colspan="4"></td> </tr> <tr> <td>Length (ft)</td> <td colspan="4"></td> </tr> <tr> <td>Test psi</td> <td colspan="4"></td> </tr> <tr> <td>Bleedback cc</td> <td colspan="4"></td> </tr> <tr> <td>Test time (min)</td> <td colspan="4"></td> </tr> <tr> <td>Test 1 Start time</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Finish psi</td> <td style="text-align: center;">NOT</td> <td style="text-align: center;">NOT</td> <td style="text-align: center;">NOT</td> <td style="text-align: center;">NOT</td> </tr> <tr> <td>Vol change cc</td> <td style="text-align: center;">TESTED</td> <td style="text-align: center;">TESTED</td> <td style="text-align: center;">TESTED</td> <td style="text-align: center;">TESTED</td> </tr> <tr> <td>Test 2 Start time</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Finish psi</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Vol change cc</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Test 3 Start time</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Finish psi</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Vol change cc</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Final gph</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Result:</td> <td colspan="4"></td> </tr> <tr> <td>Pump type</td> <td colspan="4" style="text-align: center;">PRESSURE</td> </tr> <tr> <td>Pump make</td> <td colspan="4" style="text-align: center;">RED JACKET</td> </tr> </table>	Material	DW STEEL				Diameter (in)					Length (ft)					Test psi					Bleedback cc					Test time (min)					Test 1 Start time					Finish psi	NOT	NOT	NOT	NOT	Vol change cc	TESTED	TESTED	TESTED	TESTED	Test 2 Start time					Finish psi					Vol change cc					Test 3 Start time					Finish psi					Vol change cc					Final gph					Result:					Pump type	PRESSURE				Pump make	RED JACKET			
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COMMENTS

COMMENTS

Impact Valves Operational. YES

# INDIVIDUAL TANK INFORMATION AND TEST RESULTS



TEST DATE 12/20/06  
CLIENT CONOCO-PHILLIPS

8501 N MOPAC EXPRESSWAY, SUITE 400  
AUSTIN, TEXAS 78759 (512) 451-6334

WORK ORDER NUMBER 2246418  
SITE CONOCO PHILLIPS 256115

## TANK INFORMATION

Tank ID <b>2</b>	Tank manifolded <b>NO</b>	Bottom to top fill in inches
Product <b>PREMIUM</b>	Vent manifolded <b>YES</b>	Bottom to grade in inches
Capacity in gallons <b>12,053</b>	Vapor recovery manifolded <b>YES</b>	Fill pipe length in inches
Diameter in inches <b>110.00</b>	Overfill protection <b>YES</b>	Fill pipe diameter in inches
Length in inches <b>296</b>	Overspill protection <b>YES</b>	Stage I vapor recovery. <b>DUAL</b>
Material <b>DW STEEL</b>	Installed <b>ATG</b>	Stage II vapor recovery. <b>BALANCE</b>
	CP installed on <b>/ /</b>	

COMMENTS

TANK TEST RESULTS Test Method:	LEAK DETECTOR TEST RESULTS Test Method:
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PSI at tank bottom: Fluid level in inches UFT/OFT Fluid volume in gallons Tank water level in inches Test time Number of thermisters: Specific gravity Water table depth in inches Determined by (method). Leak rate in gph. Result:	<table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">New/passed L.D. #1</td> <td style="text-align: center;">Failed/replaced L.D. #1</td> <td style="text-align: center;">New/passed L.D. #2</td> <td style="text-align: center;">Failed/replaced L.D. #2</td> </tr> <tr> <td>Make</td> <td colspan="4" style="text-align: center;">FE PETRO</td> </tr> <tr> <td>Model</td> <td colspan="4" style="text-align: center;">MLD</td> </tr> <tr> <td>S/N</td> <td colspan="4" style="text-align: center;">01101335</td> </tr> <tr> <td>Open time in sec</td> <td colspan="4" style="text-align: center;">4.00</td> </tr> <tr> <td>Holding psi</td> <td colspan="4" style="text-align: center;">27</td> </tr> <tr> <td>Resiliency cc</td> <td colspan="4" style="text-align: center;">236</td> </tr> <tr> <td>Test leak rate ml/m</td> <td colspan="4" style="text-align: center;">189.0</td> </tr> <tr> <td>Metering psi</td> <td colspan="4" style="text-align: center;">10</td> </tr> <tr> <td>Calib. leak in gph</td> <td colspan="4" style="text-align: center;">3.00</td> </tr> <tr> <td>Results</td> <td colspan="4" style="text-align: center;">PASS</td> </tr> </table>		New/passed L.D. #1	Failed/replaced L.D. #1	New/passed L.D. #2	Failed/replaced L.D. #2	Make	FE PETRO				Model	MLD				S/N	01101335				Open time in sec	4.00				Holding psi	27				Resiliency cc	236				Test leak rate ml/m	189.0				Metering psi	10				Calib. leak in gph	3.00				Results	PASS			
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NOT  
TESTED

NOT  
TESTED

COMMENTS

COMMENTS

ULLAGE TEST RESULTS Test Method:	LINE TEST RESULTS Test type:
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Test time Ullage volume Ullage pressure. Results.  <b>DATA FOR UTS-4T ONLY:</b> Time of test 1 Temperature <b>NOT TESTED</b> Flow rate (cfh) <b>TESTED</b> Time of test 2 Temperature. Flow rate (cfh) Time of test 3 Temperature Flow rate (cfh)	<table border="0" style="width: 100%;"> <tr> <td>Material</td> <td colspan="4" style="text-align: center;">DW STEEL</td> </tr> <tr> <td>Diameter (in)</td> <td colspan="4"></td> </tr> <tr> <td>Length (ft).</td> <td colspan="4"></td> </tr> <tr> <td>Test psi.</td> <td colspan="4"></td> </tr> <tr> <td>Bleedback cc.</td> <td colspan="4"></td> </tr> <tr> <td>Test time (min)</td> <td colspan="4"></td> </tr> <tr> <td>Test 1 Start time</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Finish psi</td> <td style="text-align: center;">NOT</td> <td style="text-align: center;">NOT</td> <td style="text-align: center;">NOT</td> <td style="text-align: center;">NOT</td> </tr> <tr> <td>Vol change cc</td> <td style="text-align: center;">TESTED</td> <td style="text-align: center;">TESTED</td> <td style="text-align: center;">TESTED</td> <td style="text-align: center;">TESTED</td> </tr> <tr> <td>Test 2 Start time</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Finish psi</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Vol change cc</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Test 3 Start time</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Finish psi</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Vol change cc</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Final gph</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Result:</td> <td colspan="4"></td> </tr> <tr> <td>Pump type</td> <td colspan="4" style="text-align: center;">PRESSURE</td> </tr> <tr> <td>Pump make</td> <td colspan="4" style="text-align: center;">RED JACKET</td> </tr> </table>	Material	DW STEEL				Diameter (in)					Length (ft).					Test psi.					Bleedback cc.					Test time (min)					Test 1 Start time					Finish psi	NOT	NOT	NOT	NOT	Vol change cc	TESTED	TESTED	TESTED	TESTED	Test 2 Start time					Finish psi					Vol change cc					Test 3 Start time					Finish psi					Vol change cc					Final gph					Result:					Pump type	PRESSURE				Pump make	RED JACKET			
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Pump type	PRESSURE																																																																																															
Pump make	RED JACKET																																																																																															

COMMENTS

COMMENTS

Impact Valves Operational: YES



8501 N MOPAC EXPRESSWAY, SUITE 400  
AUSTIN, TEXAS 78759  
(512) 451-6334  
FAX (512) 459-1459

TEST DATE 12/20/06  
CLIENT CONOCO-PHILLIPS

WORK ORDER NUMBER 2246418  
SITE CONOCO PHILLIPS 256115

### COMMENTS

ALL PASS. ESO, SHEAR OPERATIONAL. SOLVE ONE CONTACTED FOR FSA INSTALL #588413, COMPLETED. SOLVE ONE CONTACTED FOR NEW '91 ATG RISER #588713, PENDING. PARTS CHANGED ON LIST.

### PARTS REPLACED

QUANTITY	DESCRIPTION

### HELIUM PINPOINT TEST RESULTS (IF APPLICABLE)

ITEMS TESTED

HELIUM PINPOINT LEAK TEST RESULTS

## Secondary Containment Testing Report Form

*This form is intended for use by contractors performing periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.*

### 1. FACILITY INFORMATION

Facility Name <b>CONOCO PHILLIPS 256115</b>	Date of Testing <b>12/20/2006</b>
Facility Address <b>4350 EL CAMINO REAL , LOS ALTOS, CA, 94022</b>	
Facility Contact <b>MANAGER</b>	Phone <b>(650) 941-0244</b>
Date Local Agency Was Notified of Testing <b>/ /</b>	
Name of Local Agency Inspector (if present during testing).	

### 2. TESTING CONTRACTOR INFORMATION

Company Name <b>TANKNOLOGY, INC.</b>		
Technician Conducting Test <b>BRYAN KEYS</b>		
Credentials <input type="checkbox"/> CSLB Licensed Contractor	<input type="checkbox"/> SWRCB Licensed Tank Tester	
License Type	License Number.	
Manufacturer	Manufacturer Training Component(s)	Date Training Expires
		/ /
		/ /
		/ /
		/ /

### 3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
Spill Box 87 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill Box 87 V 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill Box 91 3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill Box 91 V 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill Box WO 5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If hydrostatic testing was performed, describe what was done with the water after completion of tests

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#### CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

*To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements*

Technician's Signature: *Bryan Keys* Date 12/20/2006





# Tanknology

## Site Part Replacement Log

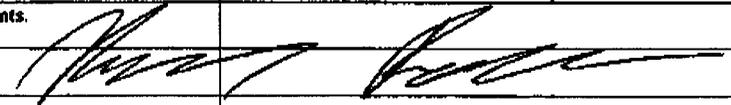
Site ID: 256115

Date: 12-20-20

WO#: 2246418

Disp #	Grade	Nozzle Make/	Break-a-Way	Hose 2	Miscellaneous
1	87	Emco 4005 J23821			
2	87	Emco 4005 J43803			
4	91		Husky 3360		
5	87	Emco 4005 J23818			
6	87	Emco 4005 J33501			1 Snaptop
6	87	Emco 4005 J43806			
6	91		Husky 3360		1 Snaptop
9	87	Emco 4005 J23822			
12	87			Goodyear 8'	
14	87	Emco 4005 J43805			
14	91		Husky 3360	Goodyear 8'	
Tanks					2 FSA, 2 Gaskets
WC					420 Air Sensor

Comments:





677 East Lockeford, Lind, CA 95240  
Phone (209)365-1246 Fax: (209) 210-0000  
Jeff Conger E-Mail: [jdconger@tanknology.com](mailto:jdconger@tanknology.com)

2006

December 18,

**Testing Notification To:**

**Agency Name:** SANTA CLARA COUNTY-HAZ/MAT COMPLIANCE  
**Contact:** GREG BRESHEARS  
**Phone:** 408-918-1978  
**Fax:** 408-280-6479

**Already scheduled w/Greg**

<u>Test Site</u>	
<b>Name:</b>	CONOCO
<b>Site #:</b>	256115
<b>Address:</b>	4350 EL CAMINO REAL LOS ALTOS, CA 94022

**Test Date:** 12/20/06

**Time** 1 PM

Tanknology will conduct the following test(s):

- ◆ MONITOR, LDs
- ◆ SPILL BUCKETs
- ◆ E-STOP

Please fax reply to (209) 365-1543 if you plan to witness the test.

Confirmation number (if applicable): \_\_\_\_\_

Please let us know if any of your agency information has changed.

**CONFIDENTIALITY NOTICE**

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Thank you!



677 East Lockeford, Lodi, CA 95240  
Phone (209)365-1246 Fax: (209) 210-0009  
Jeff Conger E-Mail: [jdconger@tanknology.com](mailto:jdconger@tanknology.com)

December 29,

2005

**Testing Notification To:**

**Agency Name:** SANTA CLARA COUNTY-HAZ/MAT COMPLIANCE

**Contact:** GREG BRESHEARS

**Phone:** 408-918-1978

**Fax:** 408-280-6479

**Schedule**

**Test Site**

**Name:** CONOCO  
**Site #:** 256115  
**Address:** 4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

**Test Date:** 1/10/06

**Time** 9 AM

Tanknology will conduct the following test(s):

- ◆ MONITOR, LDs ◆
- ◆ SPILL BUCKETs ◆
- ◆ E-STOP ◆

Please fax reply to (209) 365-1543 if you plan to witness the test. \_\_\_\_\_

Confirmation number (if applicable): \_\_\_\_\_

Please let us know if any of your agency information has changed.

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Thank you!



677 East Lockeford, Lodi, CA 95240  
Phone (209)365-1246 Fax (209) 210-0009  
Jeff Conger E-Mail: [jdconger@tanknology.com](mailto:jdconger@tanknology.com)

December 29,

2005

**Testing Notification To:**

**Agency Name:** SANTA CLARA COUNTY-HAZ/MAT COMPLIANCE

**Contact:** GREG BRESHEARS

**Phone:** 408-918-1978

**Fax:** 408-280-6479

**Schedule**

**Test Site**

**Name:** BP  
**Site #:** 00707  
**Address:** 988 SAN ANTONIO RD  
LOS ALTOS, CA 94022

**Test Date:** 1/13/06

**Time** 9 AM

Tanknology will conduct the following test(s):

- ◆ MONITOR, LDs ◆
- ◆ SPILL BUCKETs ◆
- ◆ E-STOP ◆

Please fax reply to (209) 365-1543 if you plan to witness the test. \_\_\_\_\_

Confirmation number (if applicable): \_\_\_\_\_

Please let us know if any of your agency information has changed.

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Thank you!

# MONITORING SYSTEM CERTIFICATION

Use By All Jurisdictions Within the State of California

Authority Cited Chapter 6 7, and Safety Code, Chapter 16, Division 3 Title 23, California Code of Regulations

This form must be used to document testing and servicing of monitoring equipment. If more than one monitoring system control panel is installed at the facility, a separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

### A. General Information

Facility Name CONOCO PHILLIPS 256115 City LOS ALTOS CA Zip 94022  
 Site Address 4350 EL CAMINO REAL Contact Phone No 941-0244  
 Date of Testing/Service 12/28/2005  
 Facility Contact Person MANAGER Work Order Number 2239991  
 Make/Model of Monitoring System V R TLS-350

### B. Inventory of Equipment Tested/Certified

Check the appropriate boxes to indicate specific equipment inspected/serviced

<p><b>Tank ID</b> <u>1-87</u></p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe Model <u>MAG</u></p> <p><input checked="" type="checkbox"/> Annular Space or Vault Sensor Model <u>420</u></p> <p><input checked="" type="checkbox"/> Piping Sump/Trench Sensor(s) Model <u>208</u></p> <p><input type="checkbox"/> Fill Sump Sensor(s) Model _____</p> <p><input checked="" type="checkbox"/> Mechanical Line Leak Detector Model <u>F E PETRO - MLD</u></p> <p><input type="checkbox"/> Electronic Line Leak Detector Model _____</p> <p><input type="checkbox"/> Tank Overfill/High-Level Sensor Model _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on page 2)</p>	<p><b>Tank ID</b> <u>2-91</u></p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe Model <u>MAG</u></p> <p><input checked="" type="checkbox"/> Annular Space or Vault Sensor Model <u>420</u></p> <p><input checked="" type="checkbox"/> Piping Sump/Trench Sensor(s) Model <u>208</u></p> <p><input type="checkbox"/> Fill Sump Sensor(s) Model _____</p> <p><input checked="" type="checkbox"/> Mechanical Line Leak Detector Model <u>F E PETRO - MLD</u></p> <p><input type="checkbox"/> Electronic Line Leak Detector Model _____</p> <p><input type="checkbox"/> Tank Overfill/High-Level Sensor Model _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on page 2)</p>
<p><b>Tank ID</b> _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe Model _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor Model _____</p> <p><input type="checkbox"/> Piping Sump/Trench Sensor(s) Model _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s) Model _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector Model _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector Model _____</p> <p><input type="checkbox"/> Tank Overfill/High-Level Sensor Model _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on page 2)</p>	<p><b>Tank ID</b> _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe Model _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor Model _____</p> <p><input type="checkbox"/> Piping Sump/Trench Sensor(s) Model _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s) Model _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector Model _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector Model _____</p> <p><input type="checkbox"/> Tank Overfill/High-Level Sensor Model _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on page 2)</p>
<p><b>Dispenser ID</b> <u>1/2</u></p> <p><input type="checkbox"/> Dispenser Containment Sensor(s) Model _____</p> <p><input checked="" type="checkbox"/> Shear Valve(s)</p> <p><input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s)</p>	<p><b>Dispenser ID</b> <u>3/4</u></p> <p><input type="checkbox"/> Dispenser Containment Sensor(s) Model _____</p> <p><input checked="" type="checkbox"/> Shear Valve(s)</p> <p><input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s)</p>
<p><b>Dispenser ID</b> <u>5/6</u></p> <p><input type="checkbox"/> Dispenser Containment Sensor(s) Model _____</p> <p><input checked="" type="checkbox"/> Shear Valve(s)</p> <p><input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s)</p>	<p><b>Dispenser ID</b> <u>7/8</u></p> <p><input type="checkbox"/> Dispenser Containment Sensor(s) Model _____</p> <p><input checked="" type="checkbox"/> Shear Valve(s)</p> <p><input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s)</p>
<p><b>Dispenser ID:</b> <u>9/10</u></p> <p><input type="checkbox"/> Dispenser Containment Sensor(s) Model _____</p> <p><input checked="" type="checkbox"/> Shear Valve(s)</p> <p><input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s)</p>	<p><b>Dispenser ID:</b> <u>11/14</u></p> <p><input type="checkbox"/> Dispenser Containment Sensor(s) Model _____</p> <p><input checked="" type="checkbox"/> Shear Valve(s)</p> <p><input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s)</p>

\* If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

### C. Certification

I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Site Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the (Check all that apply)  System set-up  Alarm history report

Technician Name (print) JOEY MESA Signature   
 Certification No 006-05-1532 License No \_\_\_\_\_  
 Testing Company Name Tanknology Phone No (800) 800-4633  
 Site Address 8501 N MoPac Expressway, suite 400, Austin, TX 78759 Date of Testing/Servicing 12/28/2005

## Monitoring System Certification

Site Address 4350 EL CAMINO REAL

Date of Testing/Service 12/28/2005

### D. Results of Testing/Service

Software Version Installed 15 01

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *		Is the audible alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *		Is the visual alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *		Were all sensors visually inspected, functionally tested, and confirmed operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *		Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No *	<input checked="" type="checkbox"/> N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *	<input type="checkbox"/> N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes, which sensors initiate positive shut-down? (check all that apply) <input checked="" type="checkbox"/> Sump/Trench Sensors, <input type="checkbox"/> Dispenser Containment Sensors Did you confirm positive shut-down due to leaks and sensor failure/disconnection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *	<input type="checkbox"/> N/A	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e. no mechanical overfill prevention valve is installed), is the overfill warning alarm visible and audible at the tank fill points(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger? <u>90</u> %
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No		Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No		Was liquid found inside any secondary containment systems designed as dry systems? (check all that apply) <input type="checkbox"/> Product, <input type="checkbox"/> Water If yes, describe causes in Section E, below
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *		Was monitoring system set-up reviewed to ensure proper settings? Attach set-up reports, if applicable
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *		Is all monitoring equipment operational per manufacturers' specifications?

\* In Section E below, describe how and when these deficiencies were or will be corrected

### E. Comments:



ALARM HISTORY REPORT

SENSOR ALARM  
L 1:87 STP-SUMP  
STP SUMP  
SENSOR OUT ALARM  
DEC 28, 2005 11:03 AM  
FUEL ALARM  
DEC 28, 2005 10:20 AM  
SENSOR OUT ALARM  
JAN 12, 2005 12:34 PM

\*\*\*\*\* END \*\*\*\*\*

ALARM HISTORY REPORT

SENSOR ALARM  
L 4:91 ANNULAR  
ANNULAR SPACE  
SENSOR OUT ALARM  
DEC 28, 2005 11:03 AM  
FUEL ALARM  
DEC 28, 2005 10:24 AM  
SENSOR OUT ALARM  
JAN 12, 2005 12:33 PM

\*\*\*\*\* END \*\*\*\*\*

ALARM HISTORY REPORT

SENSOR ALARM  
L 2:51 STP-SUMP  
STP SUMP  
SENSOR OUT ALARM  
DEC 28, 2005 11:03 AM  
FUEL ALARM  
DEC 28, 2005 10:21 AM  
FUEL ALARM  
JAN 12, 2005 10:50 AM

ALARM HISTORY REPORT

SENSOR ALARM  
L 5:11 WASTE-OIL ANNULAR  
ANNULAR SPACE  
SENSOR OUT ALARM  
DEC 28, 2005 11:03 AM  
FUEL ALARM  
DEC 28, 2005 10:17 AM  
SENSOR OUT ALARM  
JAN 12, 2005 12:33 PM

ALARM HISTORY REPORT

SENSOR ALARM  
L 3:87 ANNULAR  
ANNULAR SPACE  
SENSOR OUT ALARM  
DEC 28, 2005 11:03 AM  
FUEL ALARM  
DEC 28, 2005 10:23 AM  
FUEL ALARM  
JAN 12, 2005 10:47 AM

\*\*\*\*\* END \*\*\*\*\*

ALARM HISTORY REPORT

---- IN-TANK ALARM ----

T-1:87-REGULAR UNLEADED

HIGH WATER ALARM  
DEC 28, 2005 10:58 AM  
JAN 12, 2005 11:05 AM

OVERFILL ALARM  
DEC 28, 2005 10:31 AM  
FEB 16, 2005 8:25 AM  
DEC 13, 2004 12:00 PM

LOW PRODUCT ALARM  
SEP 2, 2005 5:31 PM  
AUG 20, 2005 1:02 PM  
JUN 22, 2005 11:10 PM

HIGH PRODUCT ALARM  
DEC 28, 2005 10:32 AM  
JAN 12, 2005 11:02 AM  
DEC 13, 2004 12:05 PM

PRIME OUT  
DEC 28, 2005 11:11 AM  
DEC 28, 2005 10:29 AM  
DEC 28, 2005 10:26 AM

HIGH WATER WARNING  
DEC 28, 2005 10:58 AM  
JAN 12, 2005 11:05 AM

DELIVERY NEEDED  
SEP 2, 2005 3:21 PM  
AUG 20, 2005 10:21 AM  
AUG 13, 2005 7:51 PM

MAX PRODUCT ALARM  
JAN 12, 2005 11:02 AM  
DEC 13, 2004 12:00 PM  
DEC 13, 2004 11:52 AM

ALARM HISTORY REPORT

---- IN-TANK ALARM ----

T-2:91-PREMIUM UNLEADED

HIGH WATER ALARM  
DEC 28, 2005 10:59 AM  
JAN 12, 2005 11:12 AM

OVERFILL ALARM  
DEC 28, 2005 10:39 AM  
DEC 13, 2004 11:29 AM

LOW PRODUCT ALARM  
DEC 17, 2005 3:52 PM  
NOV 12, 2003 1:05 PM  
AUG 28, 2003 4:11 PM

HIGH PRODUCT ALARM  
JAN 12, 2005 10:54 AM  
DEC 13, 2004 11:32 AM  
DEC 13, 2004 11:30 AM

INVALID FUEL LEVEL  
DEC 28, 2005 11:10 AM  
JAN 12, 2005 11:18 AM

PRIME OUT  
DEC 28, 2005 11:09 AM  
DEC 28, 2005 10:37 AM  
JAN 12, 2005 12:34 PM

HIGH WATER WARNING  
DEC 28, 2005 10:59 AM  
JAN 12, 2005 11:12 AM

DELIVERY NEEDED  
DEC 20, 2005 11:12 PM  
DEC 16, 2005 10:15 PM  
DEC 9, 2005 6:05 PM

MAX PRODUCT ALARM  
JAN 12, 2005 10:55 AM  
DEC 13, 2004 11:32 AM  
DEC 13, 2004 11:30 AM

\*\*\*\*\* END \*\*\*\*\*

SB-985 SECONDARY CONTAINMENT SUMMARY RESULTS



TEST DATE 12/28/2005

WORK ORDER NO 2239991

CLIENT CONOCO-PHILLIPS

SITE CONOCO PHILLIPS 256115

P.O. BOX 2200

4350 EL CAMINO REAL

USER ID=WASHICJ

BARTLESVILLE OK 74005

LOS ALTOS CA 94022

CAROLYN WASHINGTON

281-293-5420

**Tank Interstitial Tests**

**Piping Interstitial Tests**

PRODUCT	MANUFACTURER	TANK RESULTS

PRODUCT	MANUFACTURER	LINE RESULTS

**Sump & Under-Dispenser Containment Tests**

Sump/ DISP.#	MANUFACTURER	P/F
1-87	Phil-Tite	Pass
2-91	Phil-Tite	Pass
WASTE	OPW	Pass



Test Date 12/28/2005

Work Order 2239991

### SECONDARY CONTAINMENT TEST RESULTS

#### SUMP TESTS

Type	Tank or Disp #	Manufacturer	Model or Material	Diam /Width/Length (")	Depth (")	Test Method	Start Time	Initial Level	Level Change	Finish Time	Final Result	Pass/Fail
Spill Container	1-87	Phil-Tite	Plastic	13	14		9 03	9"	0"	10 03	9"	Pass
Spill Container	2-91	Phil-Tite	Plastic	13	14		9 03	9"	0"	10 03	9"	Pass
Spill Container	WASTE	OPW	Plastic	11	14		10 00	8"	0"	11 00	8"	Pass

DRAFT

Comments HYDROSTATIC TEST (60MIN TEST)



8501 N MOPAC EXPRESSWAY, SUITE 400  
AUSTIN, TEXAS 78759  
(512) 451-6334  
FAX (512) 459-1459

TEST DATE 12/28/05  
CLIENT CONOCO-PHILLIPS

WORK ORDER NUMBER 239991  
SITE CONOCO PHILLIPS 256115

### COMMENTS

E-STOP AND ALL SHEAR VALVES CONFORMED OPERATIONAL.

### PARTS REPLACED

QUANTITY	DESCRIPTION

### HELIUM PINPOINT TEST RESULTS (IF APPLICABLE)

ITEMS TESTED

### HELIUM PINPOINT LEAK TEST RESULTS

--

## UST FACILITY INSPECTION/AUDIT SHEET

Facility: **ConocoPhillips Facility # 256115**  
 Street: **8350 El Comino Road**  
 City: **San Marcos**  
 County: **Comal**  
 Cross Street: **US 480**

Work Order # **2239991**  
 Test Date: **2/28/08**

Legend	Oil Cont.	Fuel Pos.	Oil Spill	Flg - Drop Into Sump	Oil Cont. Tank
Oil Cont.	Oil Cont.	Fuel Pos.	Oil Spill	Flg - High Level Alarm	Oil Cont. Tank
Oil Cont.	Oil Cont.	Fuel Pos.	Oil Spill	Flg - High Level Alarm	Oil Cont. Tank

Tank Top	V/R Cover: <b>5</b>	Striker Plates:	Overfill: <b>5</b>
Fill Covers: <b>3</b>	V/R Cap:	Turbine Sump: <b>3</b>	Prod. Overfill Mfg: <b>2/1/08</b>
Fill Caps: <b>3</b>	V/R Gasket: <b>5</b>	Turbine Sump Surface Lid: <b>3</b>	Prod. Overfill Type:
Fill Cap Gaskets: <b>3</b>	V/R D-Beak: <b>5</b>	Turbine Sump Containment:	W/O Overfill Mfg:
Fill Type: <b>2/1/08</b>	Small Back: <b>1/1/08</b>	Swing Joint Type:	W/O Overfill Type:
Fill Consistent: <b>3</b>	Drop Tub:		

Dispenser	Total # of Noz. <b>4</b>		Total # of Noz. DSL: <b>4</b>	
Phase II Manufacturer: <b>Blanco</b>	Dispenser Part: <b>3</b>		Impact Valve: <b>3</b>	
	All Dispensers Identical: <b>Y/N</b>		Vertical Check Valve:	
Fuel Pos. 2/4	Fuel Pos. 5/5	Fuel Pos. 6/6	Fuel Pos. 7/7	Fuel Pos. 8/8
# of Gas Noz. <b>4</b>	# of Gas Noz. <b>5</b>	# of Gas Noz. <b>6</b>	# of Gas Noz. <b>7</b>	# of Gas Noz. <b>8</b>
# of DSL Noz. <b>4</b>	# of DSL Noz. <b>5</b>	# of DSL Noz. <b>6</b>	# of DSL Noz. <b>7</b>	# of DSL Noz. <b>8</b>
Other:	Other:	Other:	Other:	Other:
Disp. Part Mfg: <b>Blanco</b>	Disp. Part Mfg: <b>Blanco</b>	Disp. Part Mfg: <b>Blanco</b>	Disp. Part Mfg: <b>Blanco</b>	Disp. Part Mfg: <b>Blanco</b>
Fuel Pos. 9/9	Fuel Pos. 10/10	Fuel Pos. 11/11	Fuel Pos. 12/12	Fuel Pos. 13/13
# of Gas Noz. <b>9</b>	# of Gas Noz. <b>10</b>	# of Gas Noz. <b>11</b>	# of Gas Noz. <b>12</b>	# of Gas Noz. <b>13</b>
# of DSL Noz. <b>9</b>	# of DSL Noz. <b>10</b>	# of DSL Noz. <b>11</b>	# of DSL Noz. <b>12</b>	# of DSL Noz. <b>13</b>
Other:	Other:	Other:	Other:	Other:
Disp. Part Mfg: <b>Blanco</b>	Disp. Part Mfg: <b>Blanco</b>	Disp. Part Mfg:	Disp. Part Mfg:	Disp. Part Mfg:

Miscellaneous	Vapor Poles: <b>Y/N</b>	1-2/ Drop tube height from tank (1) bottom: <b>5'</b>
Waiver On Remote Fill: <b>Y/N</b>	Vapor Poles sensors: <b>Y/N</b>	2-9/ Drop tube height from tank (2) bottom: <b>5'</b>
Phase I Vapor: <b>Y/N</b>	Low points sensors: <b>Y/N</b>	Drop tube height from tank (3) bottom:
		Drop tube height from tank (4) bottom:

Comments and/or List items that need immediate attention:

I certify the information in this inspection report to be correct and accurate.

*[Signature]*  
 Technician Signature

Describe this item's condition and/or cleanliness:



**TANKNOLOGY CERTIFICATE OF TESTING**  
 8501 N MOPAC EXPRESSWAY, SUITE 400 AUSTIN, TEXAS 78759  
 TELEPHONE (512) 451-6334 FAX (512) 459-1459

**TEST RESULT SUMMARY REPORT**

PURPOSE: COMPLIANCE

TEST DATE: 12/28/05

WORK ORDER NUMBER: 2239991

CUSTOMER PO:

CLIENT: CONOCO-PHILLIPS  
 P O. BOX 2200  
 USER ID=WASHICJ  
 BARTLESVILLE, OK 74005  
 CAROLYN WASHINGTON  
 (281)293-5420

SITE: CONOCO PHILLIPS 256115  
 4350 EL CAMINO REAL  
 LOS ALTOS, CA 94022  
 MANAGER  
 (650)941-0244

**Product Pipe Tightness Test Results**

LINE ID	LINE PRODUCT	LINE MATERIAL	DELIVERY TYPE	TEST RESULT				FINAL LEAK RATE (gph)				IMPACT VALVE FUNCTION	
				A	B	C	D	A	B	C	D		
1	REG UNLEAD	DW STEEL	PRESSURE										Y
2	PREMIUM	DW STEEL	PRESSURE										Y

**Existing Line Leak Detector Test**

LINE ID	EXISTING LEAK DETECTOR #1				EXISTING LEAK DETECTOR #2			
	MANUFACTURER	MODEL #	SERIAL #	RESULT	MANUFACTURER	MODEL #	SERIAL #	RESULT
1	FE PETRO	MLD	01101333	P				
2	FE PETRO	MLD	01101335	P				

**New Replacement Line Leak Detector Test**

LINE ID	REPLACED LEAK DETECTOR #1				REPLACED LEAK DETECTOR #2			
	MANUFACTURER	MODEL #	SERIAL #	RESULT	MANUFACTURER	MODEL #	SERIAL #	RESULT

For owner detailed report information, visit [www.tanknology.com](http://www.tanknology.com) and select On-Line Reports-WRAP, or contact your local Tanknology office

Tester Name: JOEY MESA

Technician Certification Number.

# INDIVIDUAL TANK INFORMATION AND TEST RESULTS



8501 N MOPAC EXPRESSWAY, SUITE 400  
AUSTIN, TEXAS 78759 (512) 451-6334

WORK ORDER NUMBER 2239991  
SITE. CONOCO PHILLIPS 256115

TEST DATE 12/28/05  
CLIENT CONOCO-PHILLIPS

### TANK INFORMATION

Tank ID: 1	Tank manifolded: NO	Bottom to top fill in inches:
Product: REG UNLEAD	Vent manifolded: YES	Bottom to grade in inches:
Capacity in gallons: 12,053	Vapor recovery manifolded: YES	Fill pipe length in inches:
Diameter in inches: 110.00	Overfill protection: YES	Fill pipe diameter in inches:
Length in inches: 296	Overspill protection: YES	Stage I vapor recovery: DUAL
Material: DW STEEL	Installed: ATG	Stage II vapor recovery: BALANCE
	CP installed on: / /	

**COMMENTS**

TANK TEST RESULTS	Test Method:
PSI at tank bottom	
Fluid level in inches	
UFT/OFT	
Fluid volume in gallons	
Tank water level in inches	
Test time:	NOT TESTED
Number of thermisters	
Specific gravity:	
Water table depth in inches:	
Determined by (method):	
Leak rate in gph	
Result	

**COMMENTS**

LEAK DETECTOR TEST RESULTS	Test method:
	New/passed L.D. #1    Failed/replaced L.D. #1    New/passed L.D. #2    Failed/replaced L.D. #2
Make	FE PETRO
Model	MLD
S/N:	01101333
Open time in sec:	6.00
Holding psi	14
Resiliency cc	192
Test leak rate ml/m	189.0
Metering psi	11
Calib. leak in gph	3.00
Results:	PASS

**COMMENTS**

ULLAGE TEST RESULTS	Test Method:
Test time	
Ullage volume:	
Ullage pressure:	
Results:	
<b>DATA FOR UTS-4T ONLY:</b>	
Time of test 1	
Temperature:	NOT TESTED
Flow rate (cfh)	TESTED
Time of test 2	
Temperature	
Flow rate (cfh)	
Time of test 3.	
Temperature	
Flow rate (cfh)	

**COMMENTS**

LINE TEST RESULTS	Test type:
Material:	DW STEEL
Diameter (in):	
Length (ft):	
Test psi	
Bleedback cc.	
Test time (min):	
Test 1 Start time	
Finish psi	NOT TESTED
Vol change cc	NOT TESTED
Test 2 Start time:	TESTED
Finish psi:	TESTED
Vol change cc	TESTED
Test 3 Start time	
Finish psi	
Vol change cc	
Final gph	
Result	
Pump type	PRESSURE
Pump make	RED JACKET

**COMMENTS**                      Impact Valves Operational. YES

# INDIVIDUAL TANK INFORMATION AND TEST RESULTS



8501 N MOPAC EXPRESSWAY, SUITE 400  
AUSTIN, TEXAS 78759 (512) 451-6334

WORK ORDER NUMBER 2239991  
SITE CONOCO PHILLIPS 256115

TEST DATE 12/28/05  
CLIENT CONOCO-PHILLIPS

## TANK INFORMATION

Tank ID: 2	Tank manifolded: NO	Bottom to top fill in inches
Product: PREMIUM	Vent manifolded: YES	Bottom to grade in inches
Capacity in gallons: 12,053	Vapor recovery manifolded: YES	Fill pipe length in inches
Diameter in inches: 110.00	Overfill protection: YES	Fill pipe diameter in inches
Length in inches: 296	Overspill protection: YES	Stage I vapor recovery: <span style="float: right;">DUAL</span>
Material: DW STEEL	Installed: ATG	Stage II vapor recovery: <span style="float: right;">BALANCE</span>
	CP installed on: / /	

COMMENTS

TANK TEST RESULTS	LEAK DETECTOR TEST RESULTS
-------------------	----------------------------

PSI at tank bottom Fluid level in inches UFT/OFT Fluid volume in gallons Tank water level in inches Test time. Number of thermisters. Specific gravity: Water table depth in inches Determined by (method): Leak rate in gph Result	NOT TESTED
--	---------------

	New/passed	Failed/replaced	New/passed	Failed/replaced
	L.D. #1	L.D. #1	L.D. #2	L.D. #2
Make	FE PETRO			
Model	MLD			
S/N	01101335			
Open time in sec.	2.00			
Holding psi	28			
Resiliency cc.	220			
Test leak rate ml/m	189.0			
Metering psi	13			
Calib. leak in gph	3.00			
Results	PASS			

COMMENTS

COMMENTS

ULLAGE TEST RESULTS	LINE TEST RESULTS
---------------------	-------------------

Test time Ullage volume. Ullage pressure Results:  <b>DATA FOR UTS-4T ONLY:</b> Time of test 1 Temperature: NOT Flow rate (cfh): TESTED Time of test 2 Temperature Flow rate (cfh) Time of test 3 Temperature Flow rate (cfh)	NOT TESTED
---	---------------

Material: DW STEEL Diameter (in): Length (ft) Test psi Bleedback cc Test time (min) Test 1 Start time: Finish psi: NOT Vol change cc: NOT Test 2 Start time: TESTED Finish psi: TESTED Vol change cc: TESTED Test 3 Start time: Finish psi: Vol change cc: Final gph: Result Pump type: PRESSURE Pump make: RED JACKET	NOT TESTED TESTED TESTED TESTED
--	---

COMMENTS

COMMENTS Impact Valves Operational YES



8501 N MoPac Expressway, Suite 400  
Austin, Texas 78759  
Phone (512) 451-6334  
Fax (512) 459-1459

Date Printed and Mailed: 01/03/2006

SANTA CLARA COUNTY  
HAZ/MAT COMPLIANCE - GREG  
1555 BERGER DRIVE, SUITE 300  
SAN JOSE, CA. 95112

Test Date: 12/28/2005  
Order Number: 2239991

Dear Regulator,

Enclosed are the results of recent testing performed at the following facility:

CONOCO PHILLIPS 256115  
4350 EL CAMINO REAL

LOS ALTOS, CA. 94022

Testing performed:

- Dynamic Pressure Source
- Impact Valve
- Leak detector tests
- Monitor Certification
- Secondary Containment-Spill Container
- Stage II pressure decay tests

Sincerely,

A handwritten signature in black ink that reads 'Dawn Kohlmeier'.

Dawn Kohlmeier  
Manager, Field Reporting

RECEIVED BY:  
SANTA CLARA COUNTY  
DEPT OF ENV. HEALTH  
2006 JAN -9 PM 2:22

DRAFT



677 East Lockeford, Lodi, CA 95240  
Phone (209)365-1246 Fax: (209) 210-0009  
Jeff Conger E-Mail: [jdconger@tanknology.com](mailto:jdconger@tanknology.com)

December 15,

2005

**Testing Notification To:**

**Agency Name:** SANTA CLARA COUNTY-HAZ/MAT COMPLIANCE

**Contact:** GREG BRESHEARS

**Phone:** 408-918-1978

**Fax:** 408-280-6479

**Already SCHEDULED via Email w/Greg**

<u>Test Site</u>	
<b>Name:</b>	CONOCO
<b>Site #:</b>	256115
<b>Address:</b>	4350 EL CAMINO REAL LOS ALTOS, CA 94022

**Test Date:** 12/28/05

**Time** 9 AM

Tanknology will conduct the following test(s):

- ◆ MONITOR, LDs ◆
- ◆ SPILL BUCKETs ◆
- ◆ ◆

Please fax reply to (209) 365-1543 if you plan to witness the test. \_\_\_\_\_

Confirmation number (if applicable): \_\_\_\_\_

Please let us know if any of your agency information has changed.

**CONFIDENTIALITY NOTICE**

This message is intended for the individual or entity for which it is addressed and may contain information that is legally privileged, confidential, and exempt from disclosure. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you received this communication in error, please notify us immediately by telephone to arrange for the return of the original material

Thank you!

12-28-2005

SYSTEM-PRG-...  
PORTS 5000-TANK-PRG-...  
EL CAMINO REAL 75  
4350 EL CAMINO REAL  
LOS ALTOS CA 94022  
415-941-0244

SHIFT TIME 1 6:00 AM  
SHIFT TIME 2 DISABLED  
SHIFT TIME 3 DISABLED  
SHIFT TIME 4 DISABLED

TANK PERIODIC WARNINGS  
DISABLED  
TANK ANNUAL WARNINGS  
DISABLED  
LINE PERIODIC WARNINGS  
DISABLED  
LINE ANNUAL WARNINGS  
DISABLED

PRINT TO VOLUMES  
ENABLED  
TEMP COMPENSATION  
VALUE (DEG F): 60.0  
STICK HEIGHT OFFSET  
DISABLED

A-PROTOCOL DATA FORMAT  
HEIGHT  
DAYLIGHT SAVING TIME  
DISABLED  
RE-DIRECT LOCAL PRINTOUT  
DISABLED

COMMUNICATIONS SETUP

PORT SETTINGS.

COMM BOARD : 1 (RS-232)  
BAUD RATE : 1200  
PARITY : ODD  
STOP BIT : 1 STOP  
DATA LENGTH: 7 DATA

COMM BOARD : 2 (S-SAT)  
BAUD RATE : 9600  
PARITY : NONE  
STOP BIT : 2 STOP  
DATA LENGTH: 8 DATA

AUTO TRANSMIT SETTINGS

AUTO LEAK ALARM LIMIT  
DISABLED  
AUTO HIGH WATER LIMIT  
DISABLED  
AUTO OVERFILL LIMIT  
DISABLED  
AUTO LOW PRODUCT  
DISABLED  
AUTO THEFT LIMIT  
DISABLED  
AUTO DELIVERY START  
DISABLED  
AUTO DELIVERY END  
DISABLED  
AUTO EXTERNAL INPUT ON  
DISABLED  
AUTO EXTERNAL INPUT OFF  
DISABLED  
AUTO SENSOR FUEL ALARM  
DISABLED  
AUTO SENSOR WATER ALARM  
DISABLED  
AUTO SENSOR OUT ALARM  
DISABLED

AUTO DIAL TIME SETUP.

D 5 FQ  
DIAL DAILY  
DIAL TIME : DISABLED  
RECEIVER REPORTS:

RS-232 SECURITY  
CODE : 000000

RS-232 END OF MESSAGE.  
DISABLED

AUTO DIAL ALARM SETUP

D 5 FQ  
IN-TANK ALARMS  
ALL:LOW PRODUCT ALARM  
ALL:DELIVERY NEEDED

RECEIVER SETUP.

D 5 FQ  
C090  
RCVR TYPE: COMPUTER  
PORT NO: 2  
RETRY NO 3  
RETRY DELAY: 3  
CONFIRMATION REPORT: OFF

IN-TANK SETUP

T 1:87-REGULAR UNLEADED  
PRODUCT CODE : 1  
THERMAL COEFF : .000700  
TANK DIAMETER : 110.00  
TANK PROFILE : 4 PTS  
FULL VOL 12053  
82.5 INCH VOL : 9654  
55.0 INCH VOL : 6004  
27.5 INCH VOL 2364

FLOAT SIZE: 4.0 IN. 8496  
WATER WARNING : 1.5  
HIGH WATER LIMIT : 2.0  
MAX OR LABEL VOL : 12053  
OVERFILL LIMIT : 90%  
10847  
HIGH PRODUCT : 95%  
11450  
DELIVERY LIMIT : 10%  
1205

LOW PRODUCT : 500  
LEAK ALARM LIMIT : 50  
SUDDEN LOSS LIMIT : 50  
TANK TILT : 0.00

MANIFOLDED TANKS  
TH: NONE

LEAK MIN PERIODIC : 10%  
1205  
LEAK MIN ANNUAL : 10%  
1205

PERIODIC TEST TYPE  
STANDARD

ANNUAL TEST FAIL  
ALARM DISABLED

PERIODIC TEST FAIL  
ALARM DISABLED

GROSS TEST FAIL  
ALARM DISABLED

ANN TEST AVERAGING: OFF  
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF  
TNY TEST SIPHON BREAK:OFF  
DELIVERY DELAY : 3 MIN

T 2:91-PREMIUM UNLEADED  
PRODUCT CODE : 2  
THERMAL COEFF : .000700  
TANK DIAMETER : 110.00  
TANK PROFILE : 4 PTS  
FULL VOL 12053  
82.5 INCH VOL : 9659  
55.0 INCH VOL : 6009  
27.5 INCH VOL 2364

FLOAT SIZE: 4.0 IN. 8496  
WATER WARNING : 1.5  
HIGH WATER LIMIT : 2.0  
MAX OR LABEL VOL : 12053  
OVERFILL LIMIT : 90%  
10847  
HIGH PRODUCT : 95%  
11450  
DELIVERY LIMIT : 10%  
1205

LOW PRODUCT : 500  
LEAK ALARM LIMIT : 50  
SUDDEN LOSS LIMIT : 50  
TANK TILT : 0.00

MANIFOLDED TANKS  
TH: NONE

LEAK MIN PERIODIC : 10%  
1205  
LEAK MIN ANNUAL : 10%  
1205

PERIODIC TEST TYPE  
STANDARD

ANNUAL TEST FAIL  
ALARM DISABLED

PERIODIC TEST FAIL  
ALARM DISABLED

GROSS TEST FAIL  
ALARM DISABLED

ANN TEST AVERAGING: OFF  
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF  
TNY TEST SIPHON BREAK:OFF  
DELIVERY DELAY : 3 MIN

Chaco Mill No. #256115  
12-28-2005 START

LEAK TEST METHOD  
TEST ON DATE . ALL TANK  
JAN 1, 1996  
START TIME DISABLED  
TEST RATE .020 GAL/HR  
DURATION : 2 HOURS

LEAK TEST REPORT FORMAT  
NORMAL

LIQUID SENSOR SETUP

L 1:87 STP-SUMP  
TPI-STATE (SINGLE FLOAT)  
CATEGORY . STP SUMP

L 2:91 STP-SUMP  
TPI-STATE (SINGLE FLOAT)  
CATEGORY : STP SUMP

L 3:87 ANNULAR  
TPI-STATE (SINGLE FLOAT)  
CATEGORY . ANNULAR SPACE  
\*\*\*\*\*

L 5:WASTE-OIL ANNULAR  
TPI-STATE (SINGLE FLOAT)  
CATEGORY . ANNULAR SPACE

OUTPUT RELAY SETUP

R 1:87 RELAY  
TYPE:  
STANDARD  
NORMALLY CLOSED

IN-TANK ALARMS  
T 1:HIGH WATER ALARM  
T 1:LOW PRODUCT ALARM

LIQUID SENSOR ALMS  
L 1:FUEL ALARM  
L 1:SENSOR OUT ALARM

R 2:91 RELAY  
TYPE:  
STANDARD  
NORMALLY CLOSED

IN-TANK ALARMS  
T 2:HIGH WATER ALARM  
T 2:LOW PRODUCT ALARM

LIQUID SENSOR ALMS  
L 2:FUEL ALARM  
L 2:SENSOR OUT ALARM  
R 3:OVERFILL ALARM  
TYPE:  
STANDARD  
NORMALLY OPEN

IN-TANK ALARMS  
ALL:OVERFILL ALARM  
ALL:HIGH PRODUCT ALARM  
ALL:MAX PRODUCT ALARM

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
L 1:87 STP-SUMP  
STP SUMP  
SENSOR OUT ALARM  
JAN 12, 2005 12:34 PM

FUEL ALARM  
JAN 12, 2005 10:50 AM

SENSOR OUT ALARM  
DEC 13, 2004 12:15 PM

\*\*\*\*\* END \*\*\*\*\*

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
L 2:91 STP-SUMP  
STP SUMP  
FUEL ALARM  
JAN 12, 2005 10:50 AM

SENSOR OUT ALARM  
DEC 13, 2004 12:15 PM

FUEL ALARM  
DEC 13, 2004 11:24 AM

\*\*\*\*\* END \*\*\*\*\*

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
L 3:87 ANNULAR  
ANNULAR SPACE  
FUEL ALARM  
JAN 12, 2005 10:47 AM

SENSOR OUT ALARM  
DEC 13, 2004 12:15 PM

FUEL ALARM  
DEC 13, 2004 10:45 AM

\*\*\*\*\* END \*\*\*\*\*

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
L 4:91 ANNULAR  
ANNULAR SPACE  
SENSOR OUT ALARM  
JAN 12, 2005 12:33 PM

FUEL ALARM  
JAN 12, 2005 10:48 AM

SENSOR OUT ALARM  
DEC 13, 2004 12:15 PM

\*\*\*\*\* END \*\*\*\*\*

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
L 5:WASTE-OIL ANNULAR  
ANNULAR SPACE  
SENSOR OUT ALARM  
JAN 12, 2005 12:33 PM

FUEL ALARM  
JAN 12, 2005 10:37 AM

SENSOR OUT ALARM  
DEC 13, 2004 12:15 PM

\*\*\*\*\* END \*\*\*\*\*

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
L 6:  
OTHER SENSORS

INVENTORY INCREASE  
DECREASE START: 10 AM  
SENSOR OUT ALARM  
DEC 28 2005 11:03 AM  
FUEL ALARM  
DEC 28 2005 10:23 AM

12-28-2005 END

ALARM HISTORY REPORT

----- SENSOR ALARM -----

L 1:87 STP-SUMP

STP SUMP

SENSOR OUT ALARM

DEC 28, 2005 11:03 AM

FUEL ALARM

DEC 28, 2005 10 20 AM

SENSOR OUT ALARM

JAN 12, 2005 12:34 PM

ALARM HISTORY REPORT

----- SENSOR ALARM -----

L 3.87 ANNULAR

ANNULAR SPACE

SENSOR OUT ALARM

DEC 28 2005 11 03 AM

FUEL ALARM

DEC 28, 2005 10:23 AM

FUEL ALARM

JAN 12, 2005 10:47 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----

L 5.WASTE-OIL ANNULAR

ANNULAR SPACE

SENSOR OUT ALARM

DEC 28, 2005 11:03 AM

FUEL ALARM

DEC 28, 2005 10:17 AM

SENSOR OUT ALARM

JAN 12, 2005 12:33 PM

\*\*\*\*\* END \*\*\*\*\*

\*\*\*\*\* END \*\*\*\*\*

\*\*\*\*\* END \*\*\*\*\*

ALARM HISTORY REPORT

----- SENSOR ALARM -----

L 2:91 STP-SUMP

STP SUMP

SENSOR OUT ALARM

DEC 28, 2005 11:03 AM

FUEL ALARM

DEC 28, 2005 10:21 AM

FUEL ALARM

JAN 12, 2005 10:50 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----

L 4.91 ANNULAR

ANNULAR SPACE

SENSOR OUT ALARM

DEC 28, 2005 11:03 AM

FUEL ALARM

DEC 28, 2005 10:24 AM

SENSOR OUT ALARM

JAN 12, 2005 12:33 PM

\*\*\*\*\* END \*\*\*\*\*

\*\*\*\*\* END \*\*\*\*\*

# MONITORING SYSTEM CERTIFICATION

By All Jurisdictions Within the State of California

Authority Cited Chapter 6 7, Health and Safety Code, Chapter 16, Division 3 Title 23, California Code of Regulations

This form must be used to document testing and servicing of monitoring equipment. If more than one monitoring system control panel is installed at the facility, a separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

**A. General Information**

Facility Name CONOCO PHILLIPS 256115 City LOS ALTOS CA Zip 94022  
 Site Address 4350 EL CAMINO REAL Contact Phone No 941-0244  
 Date of Testing/Service 01/12/2005  
 Facility Contact Person MANAGER  
 Make/Model of Monitoring System VR TLS-350 Work Order Number 2233857

**B. Inventory of Equipment Tested/Certified**

Check the appropriate boxes to indicate specific equipment inspected/serviced

<p>Tank ID <u>1</u></p> <table style="width: 100%; border-collapse: collapse;"> <tr><td><input checked="" type="checkbox"/> In-Tank Gauging Probe</td><td>Model <u>ATG</u></td></tr> <tr><td><input checked="" type="checkbox"/> Annular Space or Vault Sensor</td><td>Model <u>420</u></td></tr> <tr><td><input checked="" type="checkbox"/> Piping Sump/Trench Sensor(s)</td><td>Model <u>208</u></td></tr> <tr><td><input type="checkbox"/> Fill Sump Sensor(s)</td><td>Model _____</td></tr> <tr><td><input checked="" type="checkbox"/> Mechanical Line Leak Detector</td><td>Model <u>FE PETRO MLD</u></td></tr> <tr><td><input type="checkbox"/> Electronic Line Leak Detector</td><td>Model _____</td></tr> <tr><td><input type="checkbox"/> Tank Overfill/High-Level Sensor</td><td>Model _____</td></tr> <tr><td><input type="checkbox"/> Other (specify equipment type and model in Section E on page 2)</td><td>_____</td></tr> </table>	<input checked="" type="checkbox"/> In-Tank Gauging Probe	Model <u>ATG</u>	<input checked="" type="checkbox"/> Annular Space or Vault Sensor	Model <u>420</u>	<input checked="" type="checkbox"/> Piping Sump/Trench Sensor(s)	Model <u>208</u>	<input type="checkbox"/> Fill Sump Sensor(s)	Model _____	<input checked="" type="checkbox"/> Mechanical Line Leak Detector	Model <u>FE PETRO MLD</u>	<input type="checkbox"/> Electronic Line Leak Detector	Model _____	<input type="checkbox"/> Tank Overfill/High-Level Sensor	Model _____	<input type="checkbox"/> Other (specify equipment type and model in Section E on page 2)	_____	<p>Tank ID _____</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td><input checked="" type="checkbox"/> In-Tank Gauging Probe</td><td>Model <u>ATG</u></td></tr> <tr><td><input checked="" type="checkbox"/> Annular Space or Vault Sensor</td><td>Model <u>420</u></td></tr> <tr><td><input checked="" type="checkbox"/> Piping Sump/Trench Sensor(s)</td><td>Model <u>208</u></td></tr> <tr><td><input type="checkbox"/> Fill Sump Sensor(s)</td><td>Model _____</td></tr> <tr><td><input checked="" type="checkbox"/> Mechanical Line Leak Detector</td><td>Model <u>FE PETRO MLD</u></td></tr> <tr><td><input type="checkbox"/> Electronic Line Leak Detector</td><td>Model _____</td></tr> <tr><td><input type="checkbox"/> Tank Overfill/High-Level Sensor</td><td>Model _____</td></tr> <tr><td><input type="checkbox"/> Other (specify equipment type and model in Section E on page 2)</td><td>_____</td></tr> </table>	<input checked="" type="checkbox"/> In-Tank Gauging Probe	Model <u>ATG</u>	<input checked="" type="checkbox"/> Annular Space or Vault Sensor	Model <u>420</u>	<input checked="" type="checkbox"/> Piping Sump/Trench Sensor(s)	Model <u>208</u>	<input type="checkbox"/> Fill Sump Sensor(s)	Model _____	<input checked="" type="checkbox"/> Mechanical Line Leak Detector	Model <u>FE PETRO MLD</u>	<input type="checkbox"/> Electronic Line Leak Detector	Model _____	<input type="checkbox"/> Tank Overfill/High-Level Sensor	Model _____	<input type="checkbox"/> Other (specify equipment type and model in Section E on page 2)	_____
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\* If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

**C. Certification**

I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Site Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the (Check all that apply)  System set-up  Alarm history report

Technician Name (print) KELVIN CRUZ Signature   
 Certification No \_\_\_\_\_ License No \_\_\_\_\_  
 Testing Company Name Tanknology Phone No (800) 800-4633  
 Site Address 8900 Shoal Creek, Bldg 200 Austin, TX 78757 Date of Testing/Servicing 01/12/2005

## M. Monitoring System Certification

Site Address 4350 EL CAMINO REAL

Date of Testing/Service 01/12/2005

### D. Results of Testing/Service

Software Version Installed 15.01

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *		Is the audible alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *		Is the visual alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *		Were all sensors visually inspected, functionally tested, and confirmed operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *		Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *	<input type="checkbox"/> N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *	<input type="checkbox"/> N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes, which sensors initiate positive shut-down? (check all that apply) <input checked="" type="checkbox"/> Sump/Trench Sensors, <input type="checkbox"/> Dispenser Containment Sensors Did you confirm positive shut-down due to leaks and sensor failure/disconnection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *	<input type="checkbox"/> N/A	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e. no mechanical overfill prevention valve is installed), is the overfill warning alarm visible and audible at the tank fill points(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger? <u>90</u> %
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No		Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No		Was liquid found inside any secondary containment systems designed as dry systems? (check all that apply) <input type="checkbox"/> Product, <input type="checkbox"/> Water If yes, describe causes in Section E, below
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *		Was monitoring system set-up reviewed to ensure proper settings? Attach set-up reports, if applicable
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No *		Is all monitoring equipment operational per manufacturers' specifications?

\* In Section E below, describe how and when these deficiencies were or will be corrected

### E. Comments:



SYSTEM SETUP

JAN 12. 2005 10:04 AM

SYSTEM UNITS

U.S.  
 SYSTEM LANGUAGE  
 ENGLISH  
 SYSTEM DATE/TIME FORMAT  
 MON DD YYYY HH:MM:SS xM

EL CAMINO REAL 76  
 4350 EL CAMINO REAL  
 LOS ALTOS CA. 94022  
 415-941-0244

SHIFT TIME 1 : 6:00 AM  
 SHIFT TIME 2 : DISABLED  
 SHIFT TIME 3 : DISABLED  
 SHIFT TIME 4 : DISABLED

TANK PERIODIC WARNINGS  
 DISABLED  
 TANK ANNUAL WARNINGS  
 DISABLED  
 LINE PERIODIC WARNINGS  
 DISABLED  
 LINE ANNUAL WARNINGS  
 DISABLED

PRINT TO VOLUMES  
 ENABLED

TEMP COMPENSATION  
 VALUE (DEG F) : 60.0  
 STICK HEIGHT OFFSET : 2.0  
 DISABLED

H-PROTOCOL DATA FORMAT  
 HEIGHT  
 DAYLIGHT SAVING TIME  
 DISABLED  
 RE-DIRECT LOCAL PRINTOUT  
 DISABLED

COMMUNICATIONS SETUP

PORT SETTINGS:

COMM BOARD : 1 (RS-232)  
 BAUD RATE : 1200  
 PARITY : ODD  
 STOP BIT : 1 STOP  
 DATA LENGTH : 7 DATA

COMM BOARD : 2 (S-SAT)  
 BAUD RATE : 9600  
 PARITY : NONE  
 STOP BIT : 2 STOP  
 DATA LENGTH : 8 DATA

AUTO TRANSMIT SETTINGS

AUTO LEAK ALARM LIMIT  
 DISABLED  
 AUTO HIGH WATER LIMIT  
 DISABLED  
 AUTO OVERFILL LIMIT  
 DISABLED  
 AUTO LOW PRODUCT  
 DISABLED  
 AUTO THEFT LIMIT  
 DISABLED  
 AUTO DELIVERY START  
 DISABLED  
 AUTO DELIVERY END  
 DISABLED  
 AUTO EXTERNAL INPUT ON  
 DISABLED  
 AUTO EXTERNAL INPUT OFF  
 DISABLED  
 AUTO SENSOR FUEL ALARM  
 DISABLED  
 AUTO SENSOR WATER ALARM  
 DISABLED  
 AUTO SENSOR OIL ALARM  
 DISABLED

RECEIVER SETUP:

NONE

AUTO DIAL TIME SETUP:

NONE

RS-232 SECURITY  
 CODE : 000000

RS-232 END OF MESSAGE  
 DISABLED

AUTO DIAL ALARM SETUP

IN-TANK SETUP

T 1:87-REGULAP UNLEADED  
 PRODUCT CODE :  
 THERMAL COEFF : 000701  
 TANK DIAMETER : 110.01  
 TANK PROFILE : 4 PTS  
 FULL VOL : 12051  
 82.5 INCH VOL : 9651  
 55.0 INCH VOL : 6001  
 27.5 INCH VOL : 2361

FLOAT SIZE: 4.0 IN. 8491

WATER WARNING : 111  
 HIGH WATER LIMIT: 211

MAX OR LABEL VOL: 12051  
 OVERFILL LIMIT : 901

HIGH PRODUCT : 10841  
 DELIVERY LIMIT : 11451

LOW PRODUCT : 101  
 LEAK ALARM LIMIT: 51  
 SUDDEN LOSS LIMIT: 51  
 TANK TILT : 0.01

MANIFOLDED TANKS

T#: NONE

LEAK MIN PERIODIC: 101  
 : 1201

LEAK MIN ANNUAL : 101  
 : 1201

PERIODIC TEST TYPE

STANDARI

ANNUAL TEST FAIL  
 ALARM DISABLE1

PERIODIC TEST FAIL  
 ALARM DISABLE1

GROSS TEST FAIL  
 ALARM DISABLE1

ANN TEST AVERAGING: OF1  
 PER TEST AVERAGING: OF1

TANK TEST NOTIFY: OF1

TNK TST SIPHON BREAK:OF1

DELIVERY DELAY : 3 MIN

T: 2:91-PREMIUM UNLEADED  
 PRODUCT CODE : 2  
 THERMAL COEFF : .000700  
 TANK DIAMETER : 110.00  
 TANK PROFILE : 4 PTS  
 FULL VOL : 12053  
 82.5 INCH VOL : 9659  
 55.0 INCH VOL : 6009  
 27.5 INCH VOL : 2364

FLOAT SIZE: 4.0 IN. 8496

WATER WARNING : 1.5  
 HIGH WATER LIMIT: 2.0

MAX OR LABEL VOL: 12053  
 OVERFILL LIMIT : 90%  
 HIGH PRODUCT : 10847  
 : 95%  
 DELIVERY LIMIT : 11450  
 : 10%  
 : 1205

LOW PRODUCT : 500  
 LEAK ALARM LIMIT: 50  
 SUDDEN LOSS LIMIT: 50  
 TANK TILT : 0.00

MANIFOLDED TANKS  
 TR: NONE

LEAK MIN PERIODIC: 10%  
 : 1205

LEAK MIN ANNUAL : 10%  
 : 1205

PERIODIC TEST TYPE  
 STANDARD

ANNUAL TEST FAIL  
 ALARM DISABLED

PERIODIC TEST FAIL  
 ALARM DISABLED

GROSS TEST FAIL  
 ALARM DISABLED

ANN TEST AVERAGING: OFF  
 PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK: OFF

DELIVERY DELAY : 3-MIN

LEAK TEST METHOD

TEST ON DATE : ALL TANK  
 JAN 1, 1996  
 START TIME : DISABLED  
 TEST RATE : 0.20 GAL/HR  
 DURATION : 2 HOURS

LEAK TEST REPORT FORMAT  
 NORMAL

LIQUID SENSOR SETUP

L 1:87 STP-SUMP  
 TRI-STATE (SINGLE FLOAT)  
 CATEGORY : STP SUMP

L 2:91 STP-SUMP  
 TRI-STATE (SINGLE FLOAT)  
 CATEGORY : STP SUMP

L 3:87 ANNULAR  
 TRI-STATE (SINGLE FLOAT)  
 CATEGORY : ANNULAR SPACE

L 4:91 ANNULAR  
 TRI-STATE (SINGLE FLOAT)  
 CATEGORY : ANNULAR SPACE

L 5:WASTE-OIL ANNULAR  
 TRI-STATE (SINGLE FLOAT)  
 CATEGORY : ANNULAR SPACE

OUTPUT RELAY SETUP

R 1:87 RELAY  
 TYPE:  
 STANDARD  
 NORMALLY CLOSED

IN-TANK ALARMS  
 T 1:HIGH WATER ALARM  
 T 1:LOW PRODUCT ALARM

LIQUID SENSOR ALMS  
 L 1:FUEL ALARM  
 L 1:SENSOR OUT ALARM

R 2:91 RELAY  
 TYPE:  
 STANDARD  
 NORMALLY CLOSED

IN-TANK ALARMS  
 T 2:HIGH WATER ALARM  
 T 2:LOW PRODUCT ALARM

LIQUID SENSOR ALMS  
 L 2:FUEL ALARM  
 L 2:SENSOR OUT ALARM

R 3:OVERFILL ALARM  
 TYPE:  
 STANDARD  
 NORMALLY OPEN

IN-TANK ALARMS  
 ALL:OVERFILL ALARM  
 ALL:HIGH PRODUCT ALARM  
 ALL:MAX PRODUCT ALARM

SOFTWARE REVISION LEVEL  
 VERSION 15.01  
 SOFTWARE# 346015-100-B  
 CREATED - 97.10.23.08.56

NO SOFTWARE MODULE  
 SYSTEM FEATURES:  
 PERIODIC IN-TANK TESTS  
 ANNUAL IN-TANK TESTS

----- SYSTEM ALARM -----  
SYS SECURITY WARNING  
JAN 12. 2005 10:09 AM

----- SENSOR ALARM -----  
L 5:WASTE-OIL ANNULAR  
ANNULAR SPACE  
FUEL ALARM  
JAN 12. 2005 10:37 AM

----- SENSOR ALARM -----  
L 3:87 ANNULAR  
ANNULAR SPACE  
FUEL ALARM  
JAN 12. 2005 10:47 AM

----- SENSOR ALARM -----  
L 4:91 ANNULAR  
ANNULAR SPACE  
FUEL ALARM  
JAN 12. 2005 10:48 AM

----- SENSOR ALARM -----  
L 1:87 STP-SUMP  
STP SUMP  
FUEL ALARM  
JAN 12. 2005 10:50 AM

----- SENSOR ALARM -----  
L 2:91 STP-SUMP  
STP SUMP  
FUEL ALARM  
JAN 12. 2005 10:50 AM

----- IN-TANK ALARM -----  
T 2:91-PREMIUM UNLEADED  
DELIVERY NEEDED  
JAN 12. 2005 10:53 AM

----- IN-TANK ALARM -----  
T 2:91-PREMIUM UNLEADED  
PROBE OUT  
JAN 12. 2005 10:53 AM

----- IN-TANK ALARM -----  
T 2:91-PREMIUM UNLEADED  
HIGH PRODUCT ALARM  
JAN 12. 2005 10:54 AM

----- IN-TANK ALARM -----  
T 2:91-PREMIUM UNLEADED  
MAX. PRODUCT ALARM  
JAN 12. 2005 10:55 AM

----- IN-TANK ALARM -----  
T 1:87-REGULAR UNLEADED  
PROBE OUT  
JAN 12. 2005 10:58 AM

----- IN-TANK ALARM -----  
T 1:87-REGULAR UNLEADED  
HIGH PRODUCT ALARM  
JAN 12. 2005 11:02 AM

----- IN-TANK ALARM -----  
T 1:87-REGULAR UNLEADED  
MAX PRODUCT ALARM  
JAN 12. 2005 11:02 AM

----- IN-TANK ALARM -----  
T 1:87-REGULAR UNLEADED  
HIGH WATER ALARM  
JAN 12. 2005 11:05 AM

----- IN-TANK ALARM -----  
T 1:87-REGULAR UNLEADED  
HIGH WATER WARNING  
JAN 12. 2005 11:05 AM

----- IN-TANK ALARM -----  
T 1:87-REGULAR UNLEADED  
PROBE OUT  
JAN 12. 2005 11:06 AM

T 2:91-PREMIUM UNLEADED  
INVENTORY INCREASE

INCREASE START  
JAN 12 2005 10:57 AM

VOLUME = 6700 GALS  
HEIGHT = 60.00 INCHES  
WATER = 26.66 INCHES  
TEMP = 55.7 DEG F

INCREASE END  
JAN 12. 2005 11:09 AM

VOLUME = 7042 GALS  
HEIGHT = 62.48 INCHES  
WATER = 8.94 INCHES  
TEMP = 48.8 DEG F

GROSS INCREASE= 342  
TC NET INCREASE= 377

----- SENSOR ALARM -----  
L 4:91 ANNULAR  
ANNULAR SPACE  
SENSOR OUT ALARM  
JAN 12. 2005 12:33 PM

----- SENSOR ALARM -----  
L 5:WASTE-OIL ANNULAR  
ANNULAR SPACE  
SENSOR OUT ALARM  
JAN 12. 2005 12:33\*PM

----- IN-TANK ALARM -----  
T 2:91-PREMIUM UNLEADED  
HIGH WATER ALARM  
JAN 12. 2005 11:12 AM

----- SENSOR ALARM -----  
L 1:87 STP-SUMP  
STP SUMP  
SENSOR OUT ALARM  
JAN 12. 2005 12:34 PM

----- IN-TANK ALARM -----  
T 2:91-PREMIUM UNLEADED  
HIGH WATER WARNING  
JAN 12 2005 11:12 AM

----- IN-TANK ALARM -----  
T 1:87-REGULAR UNLEADED  
PROBE OUT  
JAN 12. 2005 12:34 PM

----- IN-TANK ALARM -----  
T 2:91-PREMIUM UNLEADED  
PROBE OUT  
JAN 12. 2005 11:16 AM

----- IN-TANK ALARM -----  
T 2:91-PREMIUM UNLEADED  
PROBE OUT  
JAN 12. 2005 12:34 PM

----- IN-TANK ALARM -----  
T 2:91-PREMIUM UNLEADED  
INVALID FUEL LEVEL  
JAN 12. 2005 11:18 AM

EL CAMINO REAL 76  
4350 EL CAMINO REAL  
LOS ALTOS CA. 94022  
415-941-0244  
JAN 12. 2005 12:36 PM

-----  
SYSTEM STATUS REPORT  
-----

T 1:PROBE OUT

T 2:PROBE OUT



**TANKNOLOGY CERTIFICATE OF TESTING**  
 8501 N MOPAC EXPRESSWAY, SUITE 400 AUSTIN, TEXAS 78759  
 TELEPHONE (512) 451-6334 FAX (512) 459-1459

PURPOSE: COMPLIANCE

**TEST RESULT SUMMARY REPORT**

TEST DATE: 01/12/05

WORK ORDER NUMBER: 2233857

CUSTOMER PO:

CLIENT: CONOCO-PHILLIPS  
 600 N. DAIRY ASHFORD  
 HOUSTON, TX 77079

SITE: CONOCO PHILLIPS 256115  
 4350 EL CAMINO REAL  
 LOS ALTOS, CA 94022

CAROLYN WASHINGTON  
 (281)293-5420

MANAGER  
 (650)941-0244

**Product Pipe Tightness Test Results**

LINE ID	LINE PRODUCT	LINE MATERIAL	DELIVERY TYPE	TEST RESULT				FINAL LEAK RATE (gph)				IMPACT VALVE FUNCTION
				A	B	C	D	A	B	C	D	
1	REG UNLEAD	DW STEEL	SUCTION									
2	PREMIUM	DW STEEL	SUCTION									

**Existing Line Leak Detector Test**

LINE ID	EXISTING LEAK DETECTOR #1				EXISTING LEAK DETECTOR #2			
	MANUFACTURER	MODEL #	SERIAL #	RESULT	MANUFACTURER	MODEL #	SERIAL #	RESULT
1	FE PETRO	MLD	01101335	P				
2	FE PETRO	MLD		P				

**New Replacement Line Leak Detector Test**

LINE ID	REPLACED LEAK DETECTOR #1				REPLACED LEAK DETECTOR #2			
	MANUFACTURER	MODEL #	SERIAL #	RESULT	MANUFACTURER	MODEL #	SERIAL #	RESULT

For owner detailed report information, visit [www.tanknology.com](http://www.tanknology.com) and select On-Line Reports-WRAP, or contact your local Tanknology office

Tester Name **KELVIN CRUZ**

Technician Certification Number

# INDIVIDUAL TANK INFORMATION AND TEST RESULTS



TEST DATE 01/12/05  
CLIENT CONOCO-PHILLIPS

8501 N MOPAC EXPRESSWAY, SUITE 400  
AUSTIN, TEXAS 78759 (512) 451-6334

WORK ORDER NUMBER 2233857  
SITE CONOCO PHILLIPS 256115

## TANK INFORMATION

Tank ID. 1	Tank manifolded	Bottom to top fill in inches
Product REG UNLEAD	Vent manifolded	Bottom to grade in inches
Capacity in gallons 12,053	Vapor recovery manifolded	Fill pipe length in inches
Diameter in inches 110.00	Overfill protection	Fill pipe diameter in inches
Length in inches 296	Overspill protection	Stage I vapor recovery
Material DW STEEL	Installed	Stage II vapor recovery
	CP installed on / /	

COMMENTS

## TANK TEST RESULTS

Test Method:

PSI at tank bottom  
Fluid level in inches  
UFT/OFT  
Fluid volume in gallons  
Tank water level in inches:  
Test time  
Number of thermisters  
Specific gravity  
Water table depth in inches  
Determined by (method)  
Leak rate in gph  
Result

**NOT TESTED**

COMMENTS

## LEAK DETECTOR TEST RESULTS

Test method:

	New/passed LD #1	Failed/replaced LD #1	New/passed L.D. #2	Failed/replaced L.D. #2
Make	FE PETRO			
Model	MLD			
S/N	01101335			
Open time in sec	7.00			
Holding psi	30			NOT TESTED
Resiliency cc	270			
Test leak rate ml/m	189.0			
Metering psi	13			
Calib leak in gph.	3.00			
Results	PASS			

COMMENTS

## ULLAGE TEST RESULTS

Test Method:

Test time  
Ullage volume  
Ullage pressure  
Results

**DATA FOR UTS-4T ONLY:**

Time of test 1  
Temperature  
Flow rate (cfh)  
Time of test 2  
Temperature  
Flow rate (cfh)  
Time of test 3  
Temperature  
Flow rate (cfh):

**NOT TESTED**

COMMENTS

## LINE TEST RESULTS

Test type:

Material.	DW STEEL			
Diameter (in)				
Length (ft)				
Test psi.				
Bleedback cc				
Test time (min)				
Test 1 Start time				
Finish psi	NOT TESTED	NOT TESTED	NOT TESTED	NOT TESTED
Vol change cc				
Test 2 Start time				
Finish psi				
Vol change cc				
Test 3 Start time				
Finish psi				
Vol change cc				
Final gph				
Result				
Pump type.	SUCTION			
Pump make	RED JACKET			

Impact Valves Operational: UNKNOWN

COMMENTS

# INDIVIDUAL TANK INFORMATION AND TEST RESULTS



TEST DATE 01/12/05  
CLIENT CONOCO-PHILLIPS

8501 N MOPAC EXPRESSWAY, SUITE 400  
AUSTIN, TEXAS 78759 (512) 451-6334

WORK ORDER NUMBER 2233857  
SITE CONOCO PHILLIPS 256115

## TANK INFORMATION

Tank ID	2	Tank manifolded:	Bottom to top fill in inches
Product	PREMIUM	Vent manifolded:	Bottom to grade in inches
Capacity in gallons	12,053	Vapor recovery manifolded:	Fill pipe length in inches
Diameter in inches	110.00	Overfill protection	Fill pipe diameter in inches
Length in inches	296	Overspill protection	Stage I vapor recovery
Material	DW STEEL	Installed	Stage II vapor recovery
		CP installed on	/ /
<b>COMMENTS</b>			

TANK TEST RESULTS	Test Method:
PSI at tank bottom	
Fluid level in inches	
UFT/OFT:	
Fluid volume in gallons	
Tank water level in inches	
Test time:	NOT TESTED
Number of thermisters	
Specific gravity	
Water table depth in inches.	
Determined by (method):	
Leak rate in gph	
Result	
<b>COMMENTS</b>	

LEAK DETECTOR TEST RESULTS	Test method:
	New/passed L D #1    Failed/replaced L.D. #1    New/passed L D. #2    Failed/replaced L D. #2
Make	FE PETRO
Model	MLD
S/N	
Open time in sec	4.00
Holding psi	10
Resiliency cc	160
Test leak rate ml/m	189.0
Metering psi:	12
Calib leak in gph.	3.00
Results	PASS
<b>COMMENTS</b>	

ULLAGE TEST RESULTS	Test Method:
Test time.	
Ullage volume	
Ullage pressure	
Results:	
<b>DATA FOR UTS-4T ONLY:</b>	
Time of test 1	
Temperature:	NOT TESTED
Flow rate (cfh):	
Time of test 2	
Temperature	
Flow rate (cfh)	
Time of test 3:	
Temperature	
Flow rate (cfh):	
<b>COMMENTS</b>	

LINE TEST RESULTS	Test type:
Material	DW STEEL
Diameter (in)	
Length (ft)	
Test psi	
Bleedback cc	
Test time (min)	
Test 1 Start time	
Finish psi	NOT TESTED
Vol change cc	NOT TESTED
Test 2 Start time	NOT TESTED
Finish psi	NOT TESTED
Vol change cc	NOT TESTED
Test 3 Start time	
Finish psi	
Vol change cc	
Final gph	
Result.	
Pump type	SUCTION
Pump make	RED JACKET
<b>COMMENTS</b> Impact Valves Operational: UNKNOWN	



8501 N MOPAC EXPRESSWAY, SUITE 400  
AUSTIN, TEXAS 78759  
(512) 451-6334  
FAX (512) 459-1459

TEST DATE 01/12/05  
CLIENT CONOCO-PHILLIPS

WORK ORDER NUMBER 2233857  
SITE CONOCO PHILLIPS 256115

### COMMENTS

TESTED 14 SHEAR VALVES AND E- STOP.

### PARTS REPLACED

QUANTITY	DESCRIPTION

### HELIUM PINPOINT TEST RESULTS (IF APPLICABLE)

ITEMS TESTED

### HELIUM PINPOINT LEAK TEST RESULTS

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# SB-989 SECONDARY CONTAINMENT SUMMARY RESULTS



TEST DATE 01/12/2005

WORK ORDER NO 2233857

CLIENT CONOCO-PHILLIPS  
600 N. DAIRY ASHFORD

SITE CONOCO PHILLIPS 256115  
4350 EL CAMINO REAL

HOUSTON TX 77079  
CAROLYN WASHINGTON  
281-293-5420

LOS ALTOS CA 94022

### Tank Interstitial Tests

### Piping Interstitial Tests

PRODUCT	MANUFACTURER	TANK RESULTS	PRODUCT	MANUFACTURER	LINE RESULTS
REG UNLEAD PREMIUM					

### Sump & Under-Dispenser Containment Tests

Sump/ DISP.#	MANUFACTURER	P/F
1 FILL	Phil-Tite	Pass
1 VAPOR	Phil-Tite	Pass
2 FILL	Phil-Tite	Pass
2 VAPOR	Phil-Tite	Pass
3 W/O FILL	Phil-Tite	Pass

Tanknology representative MARK SHAW

Services conducted by KELVIN CRUZ



Test Date 01/12/2005

Work Order 2233857

### SECONDARY CONTAINMENT TEST RESULTS

#### SUMP TESTS

Type	Tank or Disp #	Manufacturer	Model or Material	Diam /Width/Length (")	Depth (")	Test Method	Start Time	Initial Level	Level Change	Finish Time	Final Result	Pass/Fail
Spill Container	1 FILL	Phil-Tite	Plastic	10"X11"	12"		0945	6"	0	1045	6"	Pass
Spill Container	1 VAPOR	Phil-Tite	Plastic	10"X11"	12"		0945	6"	0	1045	6"	Pass
Spill Container	2 FILL	Phil-Tite	Plastic	10"X11"	12"		0945	6"	0	1045	6"	Pass
Spill Container	2 VAPOR	Phil-Tite	Plastic	10"X11"	12"		0945	6"	0	1045	6"	Pass
Spill Container	3 W/O FILL	Phil-Tite	Plastic	10"X11"	12"		0945	6"	0	1045	6"	Pass

DRAFT

Comments



677 East Lockeford, Lodi, CA 95240  
Phone (209)365-1246 Fax. (209) 210-0009  
Cindy Belloli E-Mail. [cbelloli@tanknology.com](mailto:cbelloli@tanknology.com)

January 4, 2005

## **Testing Notification To:**

**Agency Name:** Santa Clara County Haz Mat'l  
**Contact:** Greg Breshears  
**Phone:**  
**Fax:** 408-280-6479

---

**Schedule**

### **Test Site**

**Name:** Conoco Phillips  
**Site #:** 256115  
**Address:** 4350 El Camino Real  
Los Altos, CA

**Test Date:** January 12, 2005

**Time:** 9:00 AM

### **Tanknology will conduct the following test(s):**

- ◆ Monitor Certification ◆
- ◆ Spill Bucket Test ◆
- ◆ ◆

Please fax reply to (209) 365-1543 if you plan to witness the test. \_\_\_\_\_

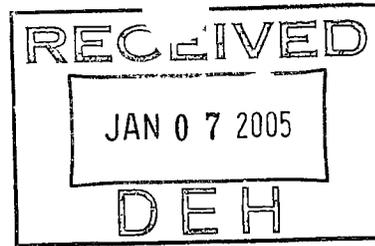
Confirmation number (if applicable): \_\_\_\_\_

Please let us know if any of your agency information has changed.

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Thank you!



Date: 1-5-05

County of Santa Clara  
Environmental Health Department  
1555 Berger Dr. Suite 300  
San Jose, CA 95112  
Re: UST System Test Results

Please find attached the tank/line/leak detector test and/or monitor certification results for Conoco Phillips Marketing Company facility(ies) in your jurisdiction.

If you have any questions regarding the attached, please call (818) 840-7020.

Triangle Environmental Inc  
For Conoco Phillips Marketing Company  
Attachments

Reviewed By [Signature]  
Date MAY 24 - 2005  
REPORT NOT STENAD  
WITHIN 36 MONTHS AS REQUIRED.

<u>Site #</u>	<u>Test Date</u>	<u>Site #</u>	<u>Test Date</u>
31096	12-6-04		

# Wayne Perry Inc.

30 Main Ave. Suite 5, Sacramento, CA 95838

(916) 646-9680 (916) 646-9683

## UST TESTING SYSTEMS SUMMARY SHEET

### Precision Underground Storage Tank System Leak Test

**Client:**

Conoco Phillips Co  
600 N Dairy Ashford  
Houston, TX 77079  
David Camille

**Facility # 256115**

**Test Date: 12/ 6/04**

31096

**Facility: 256115 ANNUAL TEST - GDF# 9042**

**Work #: 20008138**

**Facility # 256115**

**County: SANTA CLARA**

**4350 EL CAMINO REAL**

**Cross Street: EL CAMINO REAL/LOS ALTOS**

**LOS ALTOS, CA 94022**

Tank #	Product	Capacity	Test System Type	Tank Rate/Results	Ullage Result	Line Rate/Result	L/D Result
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**Certified By**

**Technician: Wayne Perry Inc**

**State Lic. #s:**

**Mfgr's #:**

**Comments:**

SB-989 Secondary containment tests Test conducted by Nick Harvey

This precision tank testing system has been third party evaluated according to the guidelines of the EPA procedures for annual leak detection systems and found to exceed the criteria of detecting a leak of 0.10 gph with a Pd >95% and Pfa <5% as required by Local, State and Federal EPA UST Technical Standards Part 280 for precision testing systems. This SB-989 secondary containment testing system exceeds the criteria for detection as required by state and local agencies.

## Secondary Containment Testing Report Form

This form is to be used for use by contractors performing periodic testing of UST secondary containment systems. Use this form to report results for all testing conducted. The completed form, written test procedures and printouts of results (if applicable) should be provided to the facility owner/operator for submittal to the local regulatory agency.

### 1. FACILITY INFORMATION

Facility Name	Conoco Phillips Facility # 253115	Date of Testing	December 6, 2004
Facility Address	4350 El Camino Real, Los Altos, CA 94022		
Facility Contact	Phone:		
Has Local Agency Was Notified of Testing?			
Name of Local Agency Inspector (if present during testing)	NA		

### 2. TESTING CONTRACTOR INFORMATION

Company Name	Wayne Perry Inc.		
Inspector/Conducting Test	Nick Harvey		
Contractor	<input checked="" type="checkbox"/> CSLB Licensed Contractor	<input type="checkbox"/> SWRCB Licensed Tank Tester	
License Type	A 5 ASB C-10 HAZ D40	License Number	300345
<u>Manufacturer Training</u>			
Manufacturer	Component of	Date Training Expires	
SUPPLIED UPON REQUEST			

### 3. SUMMARY OF TEST RESULTS

Component	Pass/Fail		No. Repairs		Component	Pass/Fail		No. Repairs	
	Pass	Fail	Tested	Made		Pass	Fail	Tested	Made
87 Tank Annular	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9" Tank Annular	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waste C Annular	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87 Secondary Line	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9" Secondary Line	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87 Tank Bottom	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9" Tank Bottom	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UCC # 12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UCC # 32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UCC # 53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UCC # 78	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UCC # 910	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UCC # 1112	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UCC # 1214	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If bottom cleaning was performed, describe what was done with the water after completion of tests:

#### CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements

Technician Signature \_\_\_\_\_ Date: December 6, 2004

4. TANK ANNULAR TESTING

Test Method Developed By:	<input type="checkbox"/> Tank Manufacturer	<input checked="" type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer
	<input type="checkbox"/> Other / Specify:		
Test Method Used:	<input type="checkbox"/> Pressure	<input checked="" type="checkbox"/> Vacuum	<input type="checkbox"/> Hydrostatic
	<input type="checkbox"/> Other / Specify:		
Test Equipment Used: DIAL GAUGE	Equipment Resolution: 0 to 25" Hg Vacuum		
	Tank #7	Tank #	Tank Waste Oil Tank
Is Tank Empty (No Leaking)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Test Capacity	GALLONS	GALLONS	GALLONS
Tank Material	Steel	Steel	Steel
Tank Manufacturer			
Fluid Type	Gasoline	Gasoline	Waste Oil
Wait time between application of pressure to maximum or 15 minutes	15 Minutes	15 Minutes	15 Minutes
Test Start Date	11:30 AM	1:00 PM	1:30 PM
Initial Reading	10.00" HG	12.00" HG	10.00" HG
Test Start Time	12:50 PM	2:00 PM	2:30 PM
Final Reading	10.00" HG	0.00" HG	10.00" HG
Test Duration	1 Hour	1 hour	1 hour
Change in Reading	0.00" HG	0.00" HG	0.00" HG
Pressure Threshold	Zero	Zero	Zero
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor recalibrated?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly stored and verified functional after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Comments - All test equipment in report was present and recommended follow-up for failed tests

Conoco Phillips - #256115  
 4550 El Camino Real  
 Los Altos, CA 94022  
 N041159 - SB 989 Testing

\* See notes on the other systems where the continuous monitoring system, monitors both the primary and secondary containment systems that are hydrostatically monitored or under constant vacuum, are exempt from periodic containment testing. (California Code of Regulations, Title 23, Section 2627.2.2)

5. SECONDARY PIPE TESTING

Test Method Deviance By:	<input type="checkbox"/> Piping Manufacturer	<input checked="" type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer	
	<input type="checkbox"/> Other (Specify):			
Test Method Used:	<input checked="" type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input type="checkbox"/> Hydraulic	
	<input type="checkbox"/> Other (Specify):			
Test Equipment Used: DIAL GAUGE	Equipment Resolution: 0 to 15" PSI			
	Piping #7	Piping #1	Piping	Piping
Piping Material:	Fiberglass	Fiberglass		
Piping Manufacturer:	AD Smith	AD Smith		
Piping Diameter:	3"	3"		
Length of Piping Run:	250 Feet	250 Feet	Feet	Feet
Fluid Medium:	Gasoline	Gasoline		
Method of Installation:	Test Boon in Sump	Test Boon in Sump	Test Boon in Sump	
Waiting Time Before Testing (including soak-in water and surface test):	15 Minutes	15 Minutes	15 Minutes	
Test Start Time:	9:45 AM	9:45 AM		
Inst. of Reading (PSI):	0 PSI	0 PSI	5 PSI	5 PSI
Test End Time:	10:43 AM	10:43 AM		
Final Reading (PSI):	5.00 PSI	5.00 PSI	PSI	PSI
Test Duration:	1 Hour	1 Hour	1 Hour	1 Hour
Change of Reading (PSI):	0 PSI	0 PSI	PSI	PSI
Pressure Loss (PSI):	Zero	Zero	Zero	Zero
Test Results:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Comments - No leaks observed on any runs made, and recommended follow-up for field tests

Conoco Phillips - #256115  
 4550 El Camino Real  
 Los Altos, Ca. 94022  
 N041159 - SB 989 Testing

### 6. PIPING SUMP TESTING

Test Method Developed By	<input type="checkbox"/> Sump Manufacturer	<input checked="" type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer
	<input type="checkbox"/> Other - Specify:		
Test Method Used	<input type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input checked="" type="checkbox"/> Hydrostatic
	<input type="checkbox"/> Other - Specify:		
Test Equipment Used: Wayne Perry Inc	Equipment Resolution: 0.01"		
	Sump # 57	Sump # 91	Sump #
Sump Diameter	48"	48"	"
Sump Depth	50"	60"	"
Sump Material	Fiberglass	Fiberglass	
Height from Top Top to Top of Highest Piping Penetration	12"	10"	"
Height from Top Top to Lowest Electric Penetration	10"	10"	"
Location of Highest Piping Penetration	0-00	0-00	"
Location of Sump Test	2" ABOVE HIGHEST PIPING PENETRATION	2" ABOVE HIGHEST PIPING PENETRATION	2" ABOVE HIGHEST PIPING PENETRATION
Does test vessel (sump) have sump cover or other top protection?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Is test vessel a sump or other?	NA	NA	NA
Is system programmed for safe shutdown?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Was test vessel tested for leaks?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
What is the test duration?	15 Minutes	15 Minutes	15 Minutes
Test Start Time	10:20 AM	10:26 AM	
Initial Reading	0.000	0.000	
Test End Time	10:35 AM	10:43 AM	
Final Reading	0.000	0.000	
Test Duration	15 Min	15 Min	15 Min
Change in Reading	0.000	0.000	
Pass/Fail Test Results Criteria	0.0020 / 0.0020	0.0020 / 0.0020	0.0020 / 0.0020
Test Results:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed or tested?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Comments - *no leaks detected on pressure vessel prior to testing and recommended follow up per test results*

Conoco Phillips - #256115  
 4350 El Camino Real  
 Los Altos, Ca 94022  
 N041159 - SB 989 Testing

**7. UNDER-DISPENSER CONTAINMENT (UDC) TESTING**

Test Method Used: 33.	UDC Manufacturer <input type="checkbox"/>	Industry Standard <input checked="" type="checkbox"/>	Professional Engineer <input type="checkbox"/>					
Other (Specify):								
Test Method Used:	Pressure <input type="checkbox"/>	Vacuum <input type="checkbox"/>	Hydrostatic <input checked="" type="checkbox"/>					
Other (Specify):								
Test Equipment Used: Wayne Perry Inc	See Attached Testing Results		Equipment Resolution: 0005					
<b>Under-Dispenser Containment Number Below</b>								
	1/2"	1/4"	3/8"	7/8"	9/16"	1 1/2"	1 3/4"	-
UDC Manufacturer								
UDC Material	Fiberglass							
UDC Depth	25"	25"	25"	25"	25"	25"	25"	
Height from UDC to Work Pip or Highest Piping Below	11"	8"	8"	8"	8"	8"	8"	
Height from UDC to Work Pip Lowest Essential Penetration	0"	0"	0"	0"	0"	0"	0"	
Condition of UDC prior to test	Good							
Height of Highest Penetration	2' Above Highest Penetration	2' Above Highest Penetration	2' Above Highest Penetration	2' Above Highest Penetration	2' Above Highest Penetration	2' Above Highest Penetration	2' Above Highest Penetration	
Dispenser contained spill (see UDC report for details)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
Leakage stopped w/o response time	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
Required to be stopped at safe emergency level	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
Was closure sufficient to prevent spill	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
Was time allowed appropriate to ensure suction was and was sufficient	15 Minutes							
Test Start Time:	8:35 PM	9:21 PM	9:55 PM	12:44 PM	12:59 PM	11:42 AM	11:33 AM	
Initial Reading:	7.00%	4.00%	4.00%	4.50%	3.20%	3.83%	4.37%	
Test End Time:	2:50 PM	1:46 PM	1:55 PM	12:59 PM	12:45 PM	12:04 PM	11:45 AM	
Final Reading:	5.82%	3.57%	4.10%	3.50%	5.83%	5.60%	4.32%	
Test Duration:	15 Min							
Change of Headers: Yes/No	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	
Pass/Fail Threshold or Criteria:	0.002	0.002	0.002	0.0025	0.0000	0.003	0.002	0.002
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail						
Was test performed as testing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
Was safety protocol followed and verified before testing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	

Comments - 2 of 8 dispensers had repairs made on 10/10/02. Sub recommended follow-up for failed tests  
 Clean dispensers that were dirty

Conoco Phillips - #256115  
 4350 E. Camel Back Road  
 Los Alamos, CA 94322  
 N041159 - SB 989 Testing

RECEIVED BY  
ENVIRONMENTAL HEALTH  
RFD

WAYNE PERRY INC. DEC 16 2 34 AM '04  
30 MAIN AVE. SUITE 5  
SACRAMENTO, CA. 95838

## RESULT SUBMITTAL COVER SHEET

FAX # (408) 280-6479  
PHONE # (408) 918-3400

To Greg Breshears  
Of City of LOS ALTOS in SANTA CLARA County  
From Jeff Funk  
Client/Matter **SB-989 Secondary Containment Test Results**  
Date December 13, 2004

Dear Greg Breshears,

Here are the results for the testing completed on December 6, 2004 at the Conoco Phillips station located at 4350 EL CAMINO REAL in LOS ALTOS, CA 94022

These results include dispenser pans, fiberglass tanks sumps, tank annular space, and secondary product piping

Sincerely,

Jeff Funk  
Project Manager  
Wayne Perry Inc  
Phone 916-646-9680  
Fax 916-646-9683

## Secondary Containment Testing Report Form

This form is intended for use by contractors performing periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and printouts from tests (if applicable) **Conoco Phillips - #256115** operator for submittal to the local regulatory agency

Facility Name: <b>4350 El Camino Real</b>	Date of Testing: <b>12-6-04</b>
Facility Address: <b>Los Altos, Ca. 94022</b>	Phone: _____
Facility Contact: <b>N041159 - SB 989 Testing</b>	
Date Local Agency Was Notified of Testing: _____	
Name of Local Agency Inspector (if present during testing): <b>NA</b>	

### 2. TESTING CONTRACTOR INFORMATION

Company Name: <b>Wayne Perry Inc.</b>		
Technician Conducting Test: <b>NICK HARVEY</b>		
Credentials:	<input checked="" type="checkbox"/> CSLB Licensed Contractor	<input type="checkbox"/> SWRCB Licensed Tank Tester
License Type: <b>A B ASB C-10 HAZ D40</b>	License Number: <b>300345</b>	
Manufacturer Training		
Manufacturer	Component(s)	Date Training Expires
<b>SUPPLIED UPON REQUEST</b>		

### 3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
<i>Annular</i> 87	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
" 91	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
" w/o	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Secondary Pipe</i> 87	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
" 91	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Pipe Sump</i> 87	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
" 91	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>U.D.C.</i> 1-2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
" 3-4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
" 5-6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
" 7-8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
" 9-10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
" 11-12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
" 13-14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If hydrostatic testing was performed, describe what was done with the water after completion of tests:

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#### CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements

Technician's Signature: *Nick Harvey* Date: 12.6.04

### 4. TANK ANNULAR TESTING

Test Method Developed By	<input type="checkbox"/> Tank Manufacturer	<input checked="" type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer	
	<input type="checkbox"/> Other (Specify)			
Test Method Used	<input type="checkbox"/> Pressure	<input checked="" type="checkbox"/> Vacuum	<input type="checkbox"/> Hydrostatic	
	<input type="checkbox"/> Other (Specify)			
Test Equipment Used. DIAL GAUGE			Equipment Resolution: 0 to 15" Hg Vacuum	
	Tank # <u>87</u>	Tank # <u>91</u>	Tank # <u>w/o</u>	Tank #
Is Tank Exempt From Testing? <sup>1</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank Capacity:	GALLONS	GALLONS	GALLONS	GALLONS
Tank Material:	<u>STEEL</u>	<u>STEEL</u>	<u>STEEL</u>	
Tank Manufacturer:				
Product Stored:	<u>GAS 87</u>	<u>GAS 91</u>	<u>Waste oil</u>	
Wait time between applying pressure/vacuum/water and starting test	15 Minutes	15 Minutes	15 Minutes	15 Minutes
Test Start Time:	<u>11:30</u>	<u>1:00</u>	<u>1:30</u>	
Initial Reading (R <sub>I</sub> ):	<u>10" HG</u>	<u>10" HG</u>	<u>10" HG</u>	" HG
Test End Time:	<u>12:30</u>	<u>2:00</u>	<u>2:30</u>	
Final Reading (R <sub>F</sub> ):	<u>10" HG</u>	<u>10" HG</u>	<u>10" HG</u>	" HG
Test Duration	1 Hour	1 Hour	1 Hour	1 Hour
Change in Reading (R <sub>F</sub> -R <sub>I</sub> ):	<u>0</u> " HG	<u>0</u> " HG	<u>0</u> " HG	" HG
Pass/Fail Threshold or Criteria.	Zero	Zero	Zero	Zero
<b>Test Result:</b>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

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**Conoco Phillips - #256115**  
 4350 El Camino Real  
 Los Altos, Ca. 94022  
**N041159 – SB 989 Testing**

<sup>1</sup> Secondary containment systems where the continuous monitoring automatically monitors both the primary and secondary containment, such as systems that are hydrostatically monitored or under constant vacuum, are exempt from periodic containment testing {California Code of Regulations, Title 23, Section 2637(a)(6)}



**6. PIPING SUMP TESTING**

Test Method Developed By:	<input type="checkbox"/> Sump Manufacturer	<input checked="" type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer	
	<input type="checkbox"/> Other (Specify)			
Test Method Used	<input type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input checked="" type="checkbox"/> Hydrostatic	
	<input type="checkbox"/> Other (Specify)			
Test Equipment Used. Wayne Perry Inc.	Equipment Resolution 0007"			
	Sump # <u>87</u>	Sump # <u>91</u>	Sump #	Sump #
Sump Diameter:	<u>48"</u>	<u>48"</u>	"	"
Sump Depth:	<u>56"</u>	<u>60"</u>	"	"
Sump Material	<u>FIBERGLASS</u>	<u>FIBERGLASS</u>		
Height from Tank Top to Top of Highest Piping Penetration:	<u>13"</u>	<u>13"</u>	"	"
Height from Tank Top to Lowest Electrical Penetration.	<u>18"</u>	<u>20"</u>	"	"
Condition of sump prior to testing:	<u>CLEAN</u>	<u>CLEAN</u>		
Portion of Sump Tested <sup>1</sup>	<u>2" ABOVE HIGHEST PIPING PENETRATION</u>			
Does turbine shut down when sump sensor detects liquid (both product and water)?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Turbine shutdown response time	<u>NA</u>	<u>NA</u>	NA	
Is system programmed for fail-safe shutdown?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Was fail-safe verified to be operational?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Wait time between applying pressure/vacuum/water and starting test:	<u>15 Minutes</u>	<u>15 Minutes</u>	<u>15 Minutes</u>	<u>15 Minutes</u>
Test Start Time.	<u>10:29</u>	<u>10:28</u>		
Initial Reading (R <sub>I</sub> ):	<u>3.7789</u>	<u>3.2007</u>		
Test End Time:	<u>10:44</u>	<u>10:43</u>		
Final Reading (R <sub>F</sub> ):	<u>3.7789</u>	<u>3.2007</u>		
Test Duration:	15 Min	15 Min	15 Min	15 Min
Change in Reading (R <sub>F</sub> -R <sub>I</sub> ).	<u>.00000</u>	<u>.00001</u>		
Pass/Fail Threshold or Criteria:	-0.0020	-0.0020	-0.0020	-0.0020
<b>Test Result:</b>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

**Comments** – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

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**Conoco Phillips - #256115**  
 4350 El Camino Real  
 Los Altos, Ca. 94022  
 N041159 – SB 989 Testing

**7. UNDER-DISPENSER CONTAINMENT (UDC) TESTING**

Test Method Developed By:	UDC Manufacturer <input type="checkbox"/>	Industry Standard <input checked="" type="checkbox"/>	Professional Engineer <input type="checkbox"/>					
	Other (Specify)							
Test Method Used	Pressure <input type="checkbox"/>	Vacuum <input type="checkbox"/>	Hydrostatic <input checked="" type="checkbox"/>					
	Other (Specify)							
Test Equipment Used:	Wayne Perry Inc See Attached Testing Results		Equipment Resolution. 00007					
<b>Under-Dispenser Containment Number Below</b>								
	1-2	3-4	5-6	7-8	9-10	11-12	13-14	
UDC Manufacturer:								
UDC Material:	FIBERGLASS		FIBERGLASS		FIBERGLASS		FIBERGLASS	
UDC Depth:	"	29"	29"	29"	29"	29"	29"	"
Height from UDC Bottom to Top of Highest Piping Penetration:	"	11"	11"	9"	8"	8"	8"	"
Height from UDC Bottom to Lowest Electrical Penetration:	"	0"	0"	0"	0"	0"	0"	"
Condition of UDC prior to testing:	clean		clean		dirty		dirty	
Portion of UDC Tested <sup>1</sup>	2" Above Highest Penetration		2" Above Highest Penetration		2" Above Highest Penetration		2" Above Highest Penetration	
Does turbine shut down when UDC sensor detects liquid.	<input type="checkbox"/> Yes <input type="checkbox"/> No NA <input checked="" type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No NA <input checked="" type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No NA <input checked="" type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No NA <input checked="" type="checkbox"/>	
Turbine shutdown response time	<input type="checkbox"/> Yes <input type="checkbox"/> No NA <input checked="" type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No NA <input checked="" type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No NA <input checked="" type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No NA <input checked="" type="checkbox"/>	
Is system programmed for fail-safe shutdown?*	<input type="checkbox"/> Yes <input type="checkbox"/> No NA <input checked="" type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No NA <input checked="" type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No NA <input checked="" type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No NA <input checked="" type="checkbox"/>	
Was fail-safe verified to be operational?*	<input type="checkbox"/> Yes <input type="checkbox"/> No NA <input checked="" type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No NA <input checked="" type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No NA <input checked="" type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No NA <input checked="" type="checkbox"/>	
Wait time between applying pressure/vacuum/water and starting test	15 Minutes		15 Minutes		15 Minutes		15 Minutes	
Test Start Time	2:35	1:31	1:44	12:44	12:39	11:49	11:33	
Initial Reading (R <sub>I</sub> ):	3.68286	4.68259	4.99006	4.58692	5.82613	3.86048	4.83509	
Test End Time:	2:50	1:46	1:54	12:59	12:45	12:04	11:48	
Final Reading (R <sub>F</sub> ):	3.68217	4.68259	4.99006	4.58692	5.82613	3.86048	4.83410	
Test Duration:	15 Min	15 Min	15 Min	15 Min	15 Min	15 Min	15 Min	15 Min
Change in Reading (R <sub>F</sub> -R <sub>I</sub> ):	-0.00069	0.00000	0.00000	0.00000	0.00000	0.00000	0.00099	
Pass/Fail Threshold or Criteria:	-0.0020	-0.0020	-0.0020	-0.0020	-0.0020	-0.0020	-0.0020	-0.0020
<b>Test Result:</b>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No NA <input checked="" type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No NA <input checked="" type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No NA <input checked="" type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No NA <input checked="" type="checkbox"/>	
Was sensor properly replaced and verified functional after testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No NA <input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No NA <input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No NA <input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No NA <input type="checkbox"/>	

**Comments** – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

*clean dispensers that were dirty*

**Conoco Phillips - #256115**  
 4350 El Camino Real  
 Los Altos, Ca. 94022  
**N041159 – SB 989 Testing**

# Secondary Containment Test Panel

## Test Parameters

### Test Site

Conoco Phillips  
4350 El Camino Real  
Los Altos, Ca 94022

### Product

87

### Type

Tank Sump Turbine

### Test Start Time

Mon, Dec 06, 2004 10:29 AM

### Test End Time

Mon, Dec 06, 2004 10:44 AM

### Length (min)

15

### Limit (in)

0.0020

### Test Result

Test passed.

### Comments

N041159

## Test Status

### Status

Saving...

### Change

0.00000

### Pass/Fail

PASS

## Function Menu

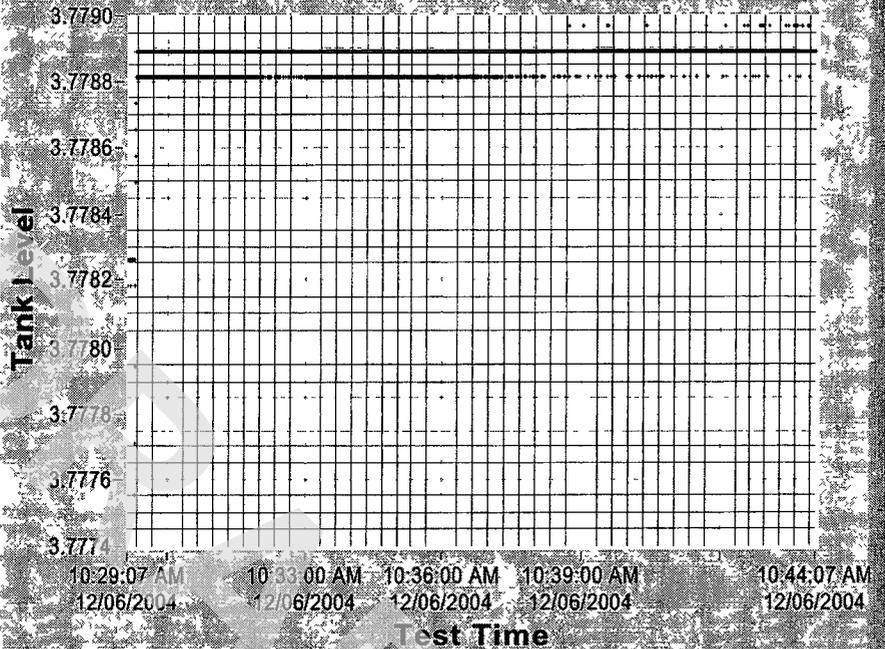
Restart

Abort

Save

Return

## Test Results



# Secondary Containment Test Panel

## Test Parameters

### Test Site

Conoco Phillips  
4350 El Camino Real  
Los Altos, Ca 94022

### Product

91

### Type

Tank Sump Turbine

### Test Start Time

Mon, Dec 06, 2004 10:28 AM

### Test End Time

Mon, Dec 06, 2004 10:43 AM

### Length (min)

15

### Limit (in)

0.0020

### Test Result

Test passed.

### Comments

N041159

## Test Status

### Status

Saving...

### Change

0.00001

### Pass/Fail

PASS

## Function Menu

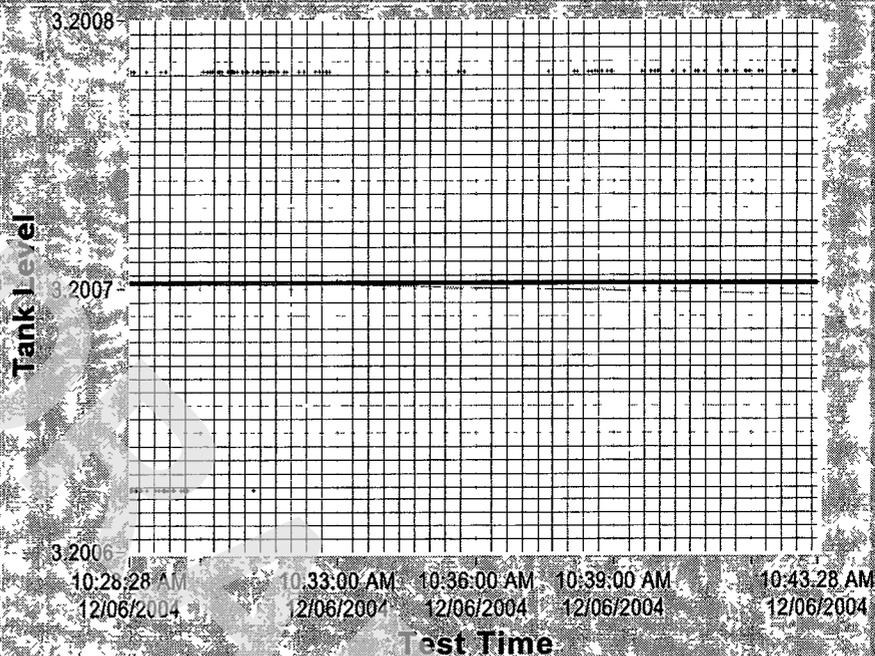
Restart

Abort

Save

Return

## Test Results



# Secondary Containment Test Panel

## Test Parameters

### Test Site

Conoco Phillips  
4350 El Camino Real  
Los Altos, Ca 94022

### Product

disp pan

### Type

Dispenser 1&2

### Test Start Time

Mon, Dec 06, 2004 2:35 PM

### Test End Time

Mon, Dec 06, 2004 2:50 PM

### Length (min)

15

### Limit (in)

0.0020

### Test Result

Test passed.

### Comments

N041159

## Test Status

### Status

Saving...

### Change

0.00069

### Pass/Fail

PASS

## Function Menu

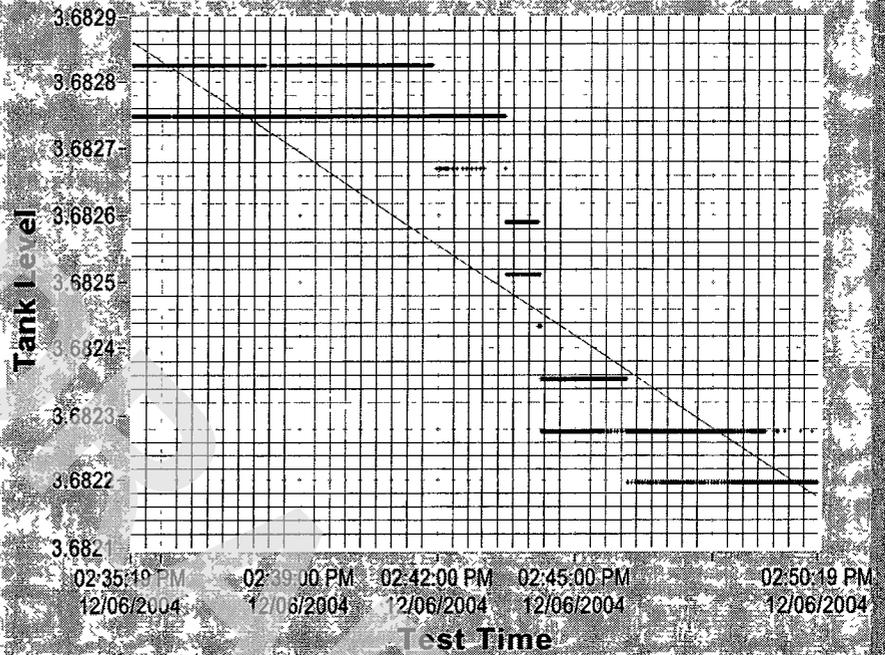
Restart

Abort

Save

Return

## Test Results



# Secondary Containment Test Panel

## Test Parameters

### Test Site

Conoco Phillips  
4350 El Camino Real  
Los Altos, Ca 94022

### Product

disp pan

### Type

Dispenser 3&4

### Test Start Time

Mon, Dec 06, 2004 1:31 PM

### Test End Time

Mon, Dec 06, 2004 1:46 PM

### Length (min)

15

### Limit (in)

0.0020

### Test Result

Test passed

### Comments

N041159

## Test Status

### Status

Saving...

### Change

0.00000

### Pass/Fail

PASS

## Function Menu

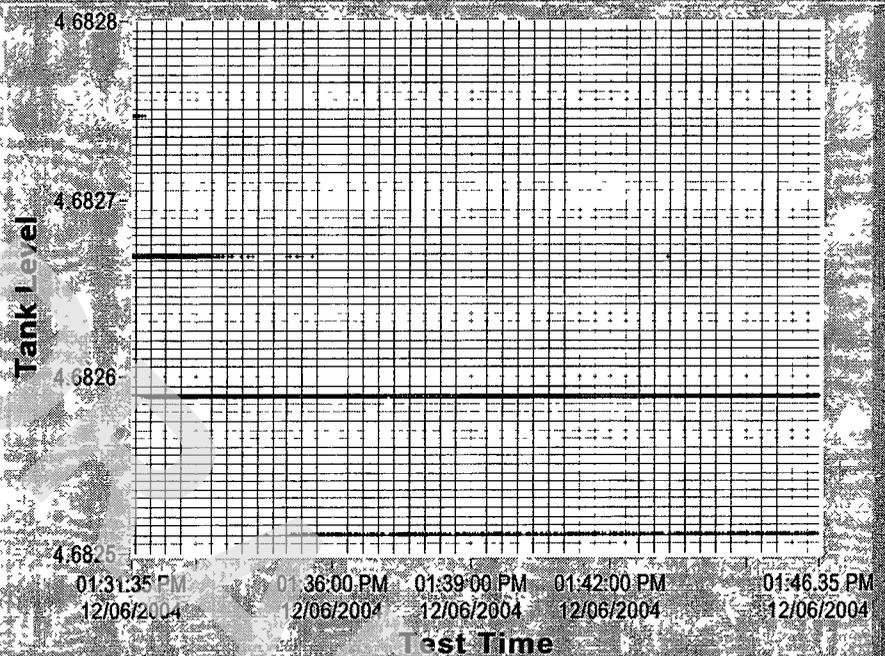
Restart

Abort

Save

Return

## Test Results



# Secondary Containment Test Panel

## Test Parameters

### Test Site

Conoco Phillips  
4350 El Camino Real  
Los Altos, Ca 94022

### Product

disp pan

### Type

Dispenser 5&6

### Test Start Time

Mon, Dec 06, 2004 1:44 PM

### Test End Time

Mon, Dec 06, 2004 1:59 PM

### Length (min)

15

### Limit (in)

0.0020

### Test Result

Test passed.

### Comments

N041159

## Test Status

### Status

Saving...

### Change

0.00000

### Pass/Fail

PASS

## Function Menu

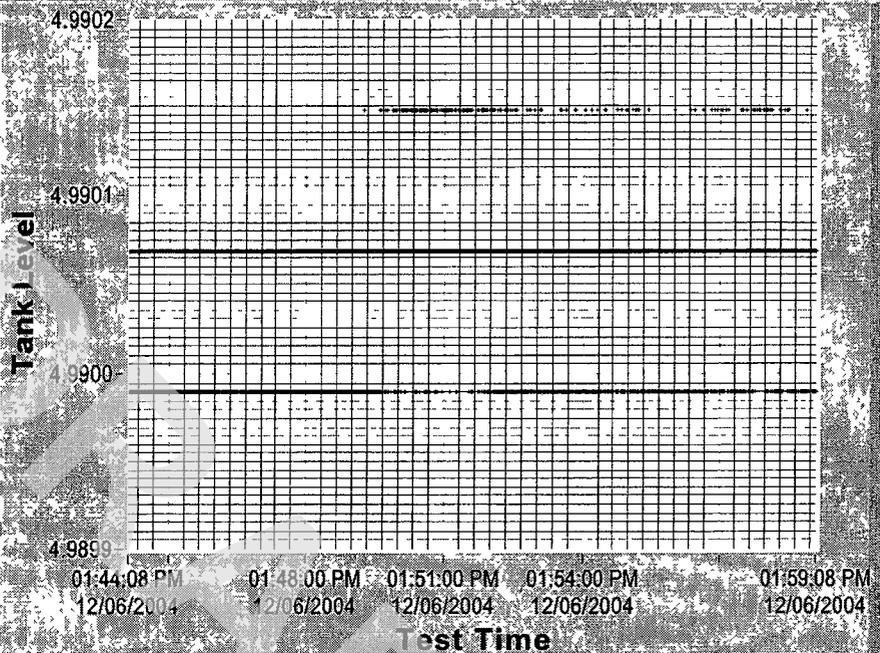
Restart

Abort

Save

Return

## Test Results



# Secondary Containment Test Panel

## Test Parameters

### Test Site

Conoco Phillips  
4350 El Camino Real  
Los Altos, Ca 94022

### Product

disp pan

### Type

Dispenser 7&8

### Test Start Time

Mon, Dec 06, 2004 12:44 PM

### Test End Time

Mon, Dec 06, 2004 12:59 PM

### Length (min)

15

### Limit (in)

0 0020

### Test Result

Test passed.

### Comments

## Test Status

### Status

Saving...

### Change

0.00000

### Pass/Fail

PASS

## Function Menu

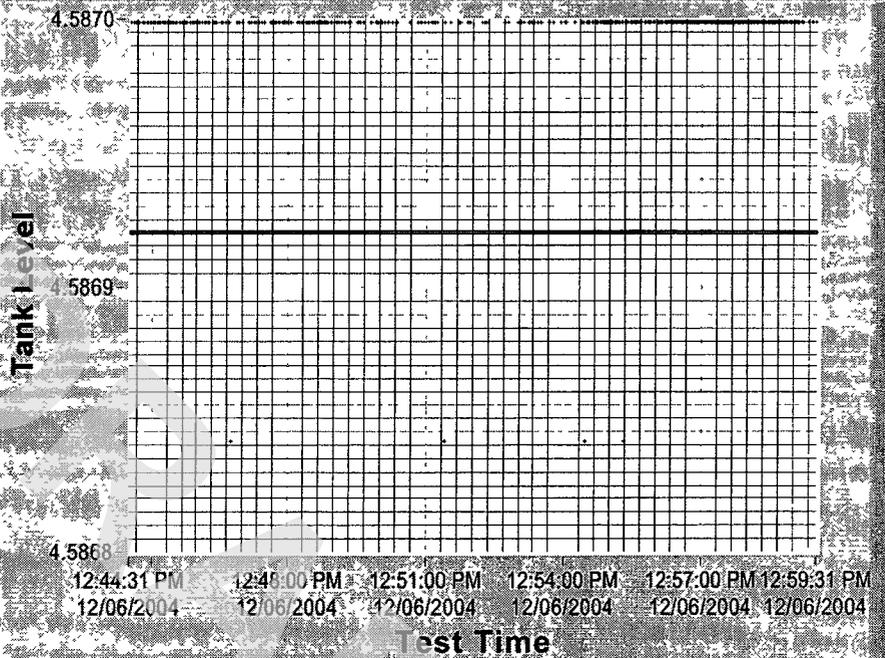
Restart

Abort

Save

Return

## Test Results



# Secondary Containment Test Panel

## Test Parameters

### Test Site

Conoco Phillips  
4350 El Camino Real  
Los Altos, Ca 94022

### Product

disp pan

### Type

Dispenser 9&10

### Test Start Time

Mon, Dec 06, 2004 12.39 PM

### Test End Time

Mon, Dec 06, 2004 12.54 PM

### Length (min)

15

### Limit (in)

0.0020

### Test Result

Test passed.

### Comments

## Test Status

### Status

Saving...

### Change

0.00000

### Pass/Fail

PASS

## Function Menu

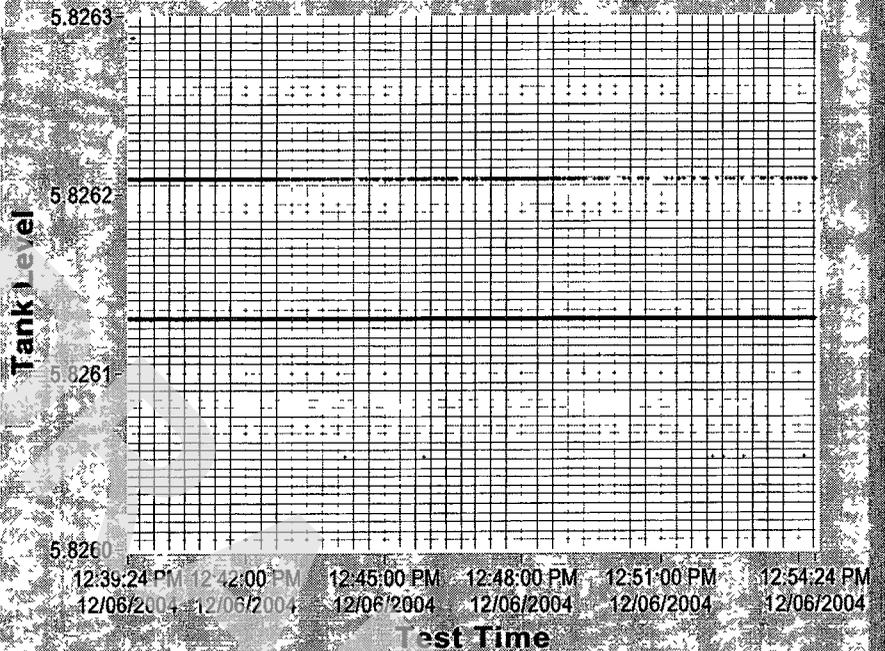
Restart

Abort

Save

Return

## Test Results



# Secondary Containment Test Panel

## Test Parameters

### Test Site

Conoco Phillips  
4350 El Camino Real  
Los Altos, Ca 94022

### Product

disp pan

### Type

Dispenser 11&12

### Test Start Time

Mon, Dec 06, 2004 11:49 AM

### Test End Time

Mon, Dec 06, 2004 12:04 PM

### Length (min)

15

### Limit (in)

0.0020

### Test Result

Test passed.

### Comments

## Test Status

### Status

Saving...

### Pass/Fail

PASS

### Change

0.00000

## Function Menu

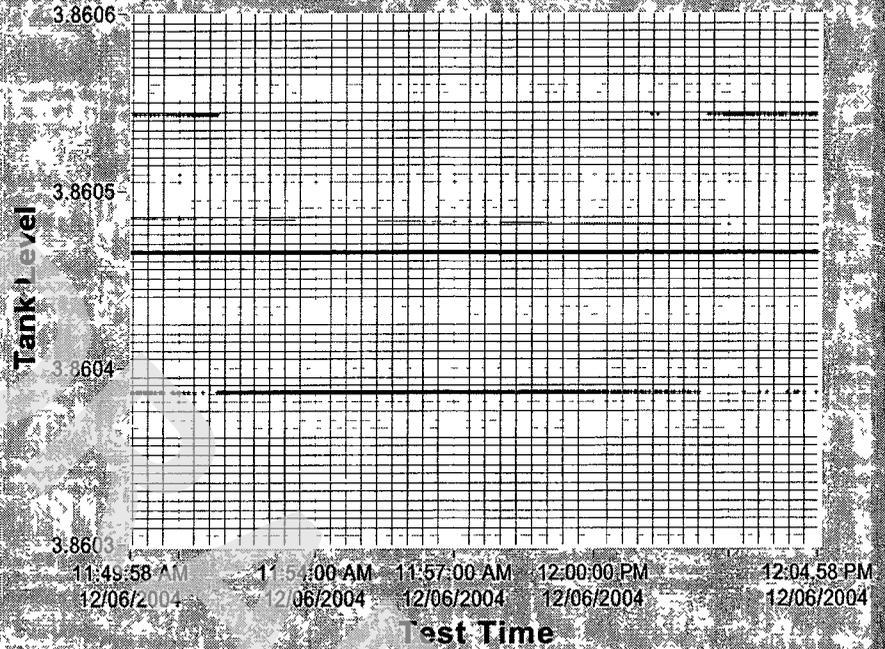
Restart

Abort

Save

Return

## Test Results



# Secondary Containment Test Panel

## Test Parameters

### Test Site

Conoco Phillips  
4350 El Camino Real  
Los Altos, Ca 94022

### Product

disp pan

### Type

Dispenser 13&14

### Test Start Time

Mon, Dec 06, 2004 11:33 AM

### Test End Time

Mon, Dec 06, 2004 11:48 AM

### Length (min)

15

### Limit (in)

0.0020

### Test Result

Test passed.

### Comments

## Test Status

### Status

Saving...

Change

0.00099

### Pass/Fail

PASS

## Function Menu

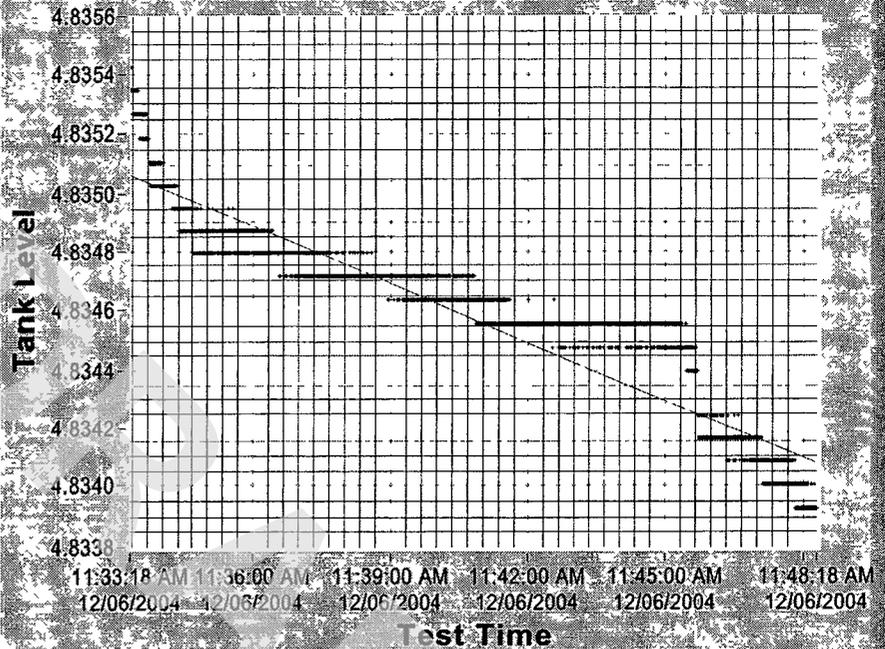
Restart

Abort

Save

Return

## Test Results



# NOTIFICATION FAX

**WAYNE PERRY INC.  
30 MAIN AVE. SUITE 5  
SACRAMENTO, CA 95838  
PHONE: 916-646-9680  
FAX: 916-646-9683**

CUPA FAX # : (408) 280-6479  
CUPA PHONE # : (408) 918-3400

To: Greg Breshears  
County of: SANTA CLARA  
From: Jeff Funk  
Client/Matter: **SB-989 Secondary Containment Test Notification**  
Date: November 24, 2004  
Number of pages, including cover page: 1

Dear Greg,

Test Date: **December 6, 2004**  
Test Location: **4350 EL CAMINO REAL, LOS ALTOS CA**  
Test Time: **7:00 A.M.**

This test will consist of dispenser pans; tank sumps, tank annular space, and secondary product piping.

Sincerely,

Jeff Funk  
Project Manager  
Wayne Perry Inc.

*CONFIRMED IN JEFFS EMAIL 12-2-04 @ 15:57  
REMOVED OF SCC FOOTPRINT*

TRIANGLE  
ENVIRONMENTAL, INC.

2525 W. BURBANK BLVD., BURBANK CA 91505

# FAX

Date: November 22 2004

Number of pages including cover sheet: 1

County of Santa Clara Hazardous  
Materials Division

To Compliance testing/Tim Apperson

Monitor certification

Phone: \_\_\_\_\_

Fax phone: 408 280 6479

CC: \_\_\_\_\_

From: Roy Soffé

Phone: 818 840-7020

Fax phone: 818 840-6929

REMARKS:

Urgent

For your review

Reply ASAP

Please comment

## NOTIFICATION!

In accordance with Article 3, Section 2637 (b) (5) (48-hr notification), of California Code of Regulations Title 23, Division 3, Chapter 16, Underground Storage Tank Regulations (Secondary Testing and Annual Maintenance Certification). This is to notify you that the following Tosco gasoline service station(s) is/are scheduled for annual Tank Monitor Certification on the following date(s);

1. CircleK 31096 4350 E. Camino Real, Los Altos 94022 12/13/04 @ 9:00 AM (EM & LD)

Thank you, Roy Soffe

*12-20-04 @ 15:48  
ANNOUNCED INB.*



RECEIVED BY  
ENVIRONMENTAL HEALTH  
HMCO

FEB 12 3 44 PM '04

Date: 2/2/04

County of Santa Clara *Greg Breascher*  
Environmental Health Department  
1555 Berger Dr. Suite 300  
San Jose, CA 95112  
Re: UST System Test Results

Please find attached the tank/line/leak detector test and/or monitor certification results for Conoco Phillips Marketing Company facility(ies) in your jurisdiction.

If you have any questions regarding the attached, please call (818) 840-7020.

Triangle Environmental Inc  
For Conoco Phillips Marketing Company  
Attachments

<u>Site #</u>	<u>Test Date</u>	<u>Site #</u>	<u>Test Date</u>
31096	1/13/04		

# Triangle Environmental, Inc.

2525 West Burbank Blvd., Burbank, CA 91505-2302

(818) 840-7020 (818) 840-6929

## UST TESTING SYSTEMS SUMMARY SHEET

Precision Underground Storage Tank System Leak Test

**Client:**

Conoco Phillips Co.  
1500 North Priest Drive  
Tempe, AZ 85281  
Kathy Strickland  
(602) 728-7149

Facility # 256115

Test Date: 1/13/04

31096

Site #: 256115 ANNUAL TEST - GDF# 9042

Work #: 20003232

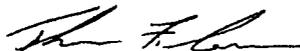
4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

County: SANTA CLARA

Cross Street: EL CAMINO REAL/LOS ALTOS

Tank #	Product	Capacity	Test System Type	Tank Rate/Results	Ullage Result	Line Rate/Result	L/D Result
1	Unleaded Regular	12032	System 4000	N/A	N/A	0.016 PASS	PASS
2	Unleaded Premium	12032	System 4000	N/A	N/A	0.016 PASS	PASS

Certified By:



Technician: Tom Corcoran

Mfgr's #: TEI-067

State Lic. #s: 02-1626

VR-7539

**Comments:**

Stage II pressure decay failed, monitor certification, LD, FI, Product line test

This precision tank testing system has been third party evaluated according to the guidelines of the EPA procedures for annual leak detection systems and found to exceed the criteria of detecting a leak of 0.10 gph with a Pd >95% and Pfa <5% as required by Local, State and Federal EPA UST Technical Standards Part 280 for precision testing systems. This SB-989 secondary containment testing system exceeds the criteria for detection as required by state and local agencies.

# Triangle Environmental, Inc.

## SYSTEMS TANK, LINE AND LEAK DETECTOR TEST REPORT

**Facility:** Facility # 256115

**Tank #:** 1

**Test Date:** 1/13/04

**Product:** Unleaded Regular

**Work #:** 20003232

TANK TEST RESULT	
Test Method:	System 4000
Capacity	12032
Diameter (in)	
Product Level (in)	
Liquid Volume (Gals)	
Liquid Percent (%)	
Specific Gravity:	
Coef. of Expansion:	
Water On Tank (in)	
Water In Tank (in)	
Product Temp. (F):	
Head Pressure (psi)	
Test Start Time:	
Test End Time	
Test Rate (gph):	
Test Result:	N/A

LEAK DETECTOR TEST RESULT	
Test Method	TLDT
Manufacturer.	FE Petro
L/D Model.	STD
L/D Serial #:	01102335
Line Dram Back (ml).	138
L/D Trip Time (sec)	2
Holding Pressure (psi).	12
Metering Pressure (psi):	14
L/D Test Rate (gph)	3.0
L/D Result	PASS
New leak detector?	No

LINE TEST RESULT	
Test Method:	TEI LT-3
Pump Brand	Red Jacket
System Type:	Pressure
Line Pressure (psi):	50
Line Start Time:	1:30 PM
Line End Time:	1 45 PM
Line Start Level.	205
Line End Level	190
Line Test Rate (gph)	0 016
Line Test Result:	PASS

ULLAGE TEST RESULT	
Test Method.	ULLAGE
Ullage Volume (gals.):	
Ullage Test Time:	
Ullage Vacuum (psi):	
Ullage Result:	N/A

### COMMENTS

--

# Triangle Environmental, Inc.

## SYSTEMS TANK, LINE AND LEAK DETECTOR TEST REPORT

**Facility:** Facility # 256115

**Tank #:** 2

**Test Date:** 1/13/04

**Product:** Unleaded Premium

**Work #:** 20003232

TANK TEST RESULT		LEAK DETECTOR TEST RESULT	
Test Method:	System 4000	Test Method:	TLDT
Capacity:	12032	Manufacturer:	FE Petro
Diameter (in):		L/D Model:	STP
Product Level (in):		L/D Serial #:	01102333
Liquid Volume (Gals):		Line Drain Back (ml):	152
Liquid Percent (%):		L/D Trip Time (sec):	2
Specific Gravity:		Holding Pressure (psi):	12
Coef of Expansion:		Metering Pressure (psi):	14
Water On Tank (in):		L/D Test Rate (gph):	3.0
Water In Tank (in):		L/D Result:	PASS
Product Temp. (F):		New leak detector?	No
Head Pressure (psi):			
Test Start Time:			
Test End Time:			
Test Rate (gph):			
Test Result:	N/A		
ULLAGE TEST RESULT		LINE TEST RESULT	
Test Method:	ULLAGE	Test Method:	TEI LT-3
Ullage Volume (gals.):		Pump Brand:	Red Jacket
Ullage Test Time:		System Type:	Pressure
Ullage Vacuum (psi):		Line Pressure (psi):	580
Ullage Result:	N/A	Line Start Time:	1:30 PM
		Line End Time:	1.45 PM
		Line Start Level:	190
		Line End Level:	175
		Line Test Rate (gph):	0.016
		Line Test Result:	PASS

### COMMENTS

--

# Triangle Environmental, Inc.

## UST MONITOR CERTIFICATION SUMMARY SHEET

**Client:**

Conoco Phillips Co.  
1500 North Priest Drive  
Tempe, AZ 85281

**Facility # 256115**

**est Date: 1/13/04**

**Facility: 256115**

**Facility # 256115**

4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

**Work #: 20003232**

**County: SANTA CLARA**

**Cross Street: EL CAMINO REAL/LO**

**Monitor model: VEEDER-ROOT TLS-350**

**Serial #: 8034735390500**

**Certification Result: PASS**

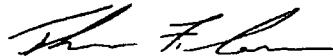
<b>Sensor Type:</b>	<b>Quantity:</b>	<b>Result:</b>		
<b>Tank Annular :</b>	2	Pass	<b>Annular Type:</b>	Dry
<b>Waste Oil :</b>	1	Pass	<b>Audible Alarm?</b>	Yes
<b>Waste Oil Sump:</b>	0	N/A	<b>Visual Alarm?</b>	Yes
<b>Vadose Wells :</b>	0	N/A	<b>Fail Safe?</b>	Yes
<b>Line Pressure :</b>	0	N/A	<b>Positive Shut-off?</b>	Yes
<b>Turbine Sump :</b>	2	Pass	<b>Gauge Only Result:</b>	Pass
<b>LineTrenchQty:</b>	0	N/A	<b>ATG Monthly?</b>	No
<b>Fill Sump :</b>	0	N/A	<b>ATG CSLD?</b>	No

**Comments:**

This certifies that the monitor and sensors, as listed above, are operational and calibrated per the manufacturer's specification.

**Inspected By:**

Tom Corcoran



# MONITORING SYSTEM CERTIFICATION

Authority Cited: Chapter 6 7, Health and Safety Code; Chapter 16, Division 3, Title 22, California Code of Regulations

This form must be used to document testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

### A. General Information

Facility Name: CONOCO # 31096-256115 Dist. No. \_\_\_\_\_  
 Site Address: 4350 EL CAMINO REAL City: LOS ALTOS Zip: \_\_\_\_\_  
 Facility Contact Person: GREG Contact Phone No.: (\_\_\_\_) \_\_\_\_\_  
 Make/Model of Monitoring System: TLS 330 Date of Testing/Servicing: 1/13/04

### B. Inventory of Equipment Tested/Certified 8034735390509

Check the appropriate boxes to indicate specific equipment inspected/serviced:

<p>Tank ID: <u>87</u></p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>MA9-1</u></p> <p><input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>VR420</u></p> <p><input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>JR 206</u></p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model: <u>FE PERD</u></p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor. Model: <u>PH/ATE EVR</u></p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID: <u>91</u></p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>MA9-1</u></p> <p><input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>JR 420</u></p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>VR 206</u></p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model: <u>FE PERD SID mlr</u></p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor. Model: <u>PH/ATE EVR</u></p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>
<p>Tank ID: <u>U.O.</u></p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>VR420</u></p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>	<p>Tank ID: _____</p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2).</p>
<p>Dispenser ID: <u>1/2</u></p> <p><input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input checked="" type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p>Dispenser ID: <u>3/4</u></p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input checked="" type="checkbox"/> Shear Valve(s).</p> <p><input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>
<p>Dispenser ID: <u>5/6</u></p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input type="checkbox"/> Shear Valve(s).</p> <p><input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p>Dispenser ID: <u>7/8</u></p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input checked="" type="checkbox"/> Shear Valve(s).</p> <p><input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>
<p>Dispenser ID: <u>9/10</u></p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input checked="" type="checkbox"/> Shear Valve(s).</p> <p><input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p>Dispenser ID: <u>11/12</u></p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input checked="" type="checkbox"/> Shear Valve(s).</p> <p><input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>

\*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

**C. Certification** - I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report; (check all that apply):  System set-up  Alarm history report

Technician Name (print): Tom Corcoran Signature: [Signature]

Certification No.: 007539 License No.: 02-1626

Testing Company Name: Triangle Environmental, Inc. Phone No.: (818)840 7020

Site Address: \_\_\_\_\_ Date of Testing/Servicing: 1/13/04

**D. Results of Testing/Serviceing**

Software Version Installed: \_\_\_\_\_

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is the audible alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is the visual alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g. modem) operational?
	<input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shut-down? (Check all that apply) <input checked="" type="checkbox"/> Sump/Trench Sensors; <input type="checkbox"/> Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? <input checked="" type="checkbox"/> Yes; <input type="checkbox"/> No.
	<input type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e. no mechanical overfill prevention valve is installed), is the overfill warning alarm visible and audible at the tank fill point(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger? <u>90</u> %
	<input type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Yes*	<input type="checkbox"/> No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below.
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No	Was liquid found inside any secondary containment systems designed as dry systems? (Check all that apply) <input type="checkbox"/> Product; <input type="checkbox"/> Water. If yes, describe causes in Section E, below
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is all monitoring equipment operational per manufacturer's specifications?

\* In Section E below, describe how and when these deficiencies were or will be corrected.

**E. Comments:**

TCS 350

**F. Tank Gauging / SIF Equipment:**

Check this box if tank gauging is used only for inventory control  
 Check this box if tank gauging equipment is used for leak detection monitoring

... is completed if in tank gauging equipment is used to perform leak detection monitoring.

Complete the following checklist:

<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Has all inlet wiring been inspected for proper size, and termination, including testing for ground faults?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all tank gauging probes visually inspected for damage and residue buildup?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system probe level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all probes reinstalled properly?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

\* In the Section H, below, describe how and when these deficiencies were or will be corrected.

**G. Line Leak Detectors (LLD):**  Check this box if LLDs are not installed.

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	For equipment start-up or annual equipment verification, was a leak simulated to verify LLD performance? (Check all that apply) Simulated leak rate: <input checked="" type="checkbox"/> 5 g.p.m., <input type="checkbox"/> 10 g.p.m., <input type="checkbox"/> 50 g.p.m.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was the testing apparatus properly calibrated?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No*	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No*	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No*	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No*	For electronic LLDs, have all accessible wiring connections been visually inspected?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

\* In the Section H, below, describe how and when these deficiencies were or will be corrected.

**H. Comments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



ALARM HISTORY REPORT

----- SENSOR ALARM -----  
L 3:87 ANNULAR  
ANNULAR SPACE  
SENSOR OUT ALARM  
JAN 13, 2004 10:48 AM  
  
FUEL ALARM  
JAN 13, 2004 10:40 AM  
  
SENSOR OUT ALARM  
JAN 15, 2003 10:11 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
L 5:WASTE-OIL ANNULAR  
ANNULAR SPACE  
FUEL ALARM  
JAN 13, 2004 11:08 AM  
  
FUEL ALARM  
JAN 13, 2004 11:05 AM  
  
FUEL ALARM  
JAN 13, 2004 11:03 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
L 1:87 STP SUMP  
STP SUMP  
SENSOR OUT ALARM  
JAN 13, 2004 10:48 AM  
  
FUEL ALARM  
JAN 13, 2004 10:35 AM  
  
FUEL ALARM  
FEB 25, 2003 2:03 PM

\*\*\*\*\* END \*\*\*\*\*

\*\*\*\*\* END \*\*\*\*\*

\*\*\*\*\* END \*\*\*\*\*

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
L 4:91 ANNULAR  
ANNULAR SPACE  
SENSOR OUT ALARM  
JAN 13, 2004 10:48 AM  
  
FUEL ALARM  
JAN 13, 2004 10:44 AM  
  
SENSOR OUT ALARM  
JAN 15, 2003 10:10 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
L 6:  
OTHER SENSORS

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
L 2:51 STP-SUMP  
STP SUMP  
SENSOR OUT ALARM  
JAN 13, 2004 10:48 AM  
  
FUEL ALARM  
JAN 13, 2004 10:31 AM  
  
FUEL ALARM  
FEB 25, 2003 2:06 PM

\*\*\*\*\* END \*\*\*\*\*

\*\*\*\*\* END \*\*\*\*\*

\*\*\*\*\* END \*\*\*\*\*

L 5:WASTE-OIL ANNULAR  
SAMPLES= 5  
LOW REF1= 732  
HIGH REF1= 4954  
VALUE1= 99761

L 6:  
SAMPLES= 5  
LOW REF1= 732  
HIGH REF1= 4958  
VALUE1= 15967499

L 7:  
SAMPLES= 5  
LOW REF1= 732  
HIGH REF1= 4955  
VALUE1= 15967506

L 8  
SAMPLES= 5  
LOW REF1= 732  
HIGH REF1= 4955  
VALUE1= 15967563

INCREASE END  
JAN 12, 2004 5:52 PM

VOLUME = 4645 GALS  
HEIGHT = 45.07 INCHES  
WATER = 0.90 INCHES  
TEMP = 59.6 DEG F

GROSS INCREASE= 2968  
TC NET INCREASE= 2971

EL CAMINO REAL 76  
4350 EL CAMINO REAL  
LOS ALTOS CA. 94022  
415-941-0244

JAN 13, 2004 1:58 PM

SYSTEM STATUS REPORT

ALL FUNCTIONS NORMAL

\*\*\*\*\* END \*\*\*\*\*

ALARM HISTORY REPORT

IN-TANK ALARM

T 2:01 REGULAR UNLEADED

LOW PRODUCT ALARM  
NOV 12, 2003 1:05 PM  
AUG 28, 2003 4:11 PM  
AUG 24, 2003 9:15 PM

DRY RUN OUT  
MAY 29, 2003 12:45 PM  
JAN 24, 2003 10:53 AM  
JAN 24, 2003 10:47 AM

DEFICER, NEEDED  
NOV 11, 2003 7:12 PM  
AUG 31, 2003 5:02 PM  
AUG 28, 2003 7:50 AM

ALARM HISTORY REPORT

IN-TANK ALARM

T 1:01 REGULAR UNLEADED

SWEEPILL ALARM  
NOV 29, 2003 9:55 AM  
MAY 20, 2003 7:04 AM  
JUL 20, 2003 7:34 AM

LOW PRODUCT ALARM  
DEC 17, 2003 1:40 PM  
OCT 4, 2003 8:11 AM  
AUG 16, 2003 5:31 PM

HIGH PRODUCT ALARM  
T 1 R  
NOV 10, 2003 10:17 AM  
DEC 28, 2003 8:48 AM

DEFICER, NEEDED  
DEC 17, 2003 11:04 AM  
DEC 11, 2003 11:56 AM  
OCT 29, 2003 11:30 AM

ALARM HISTORY REPORT

IN-TANK ALARM

T 3:

\*\*\*\*\* END \*\*\*\*\*

EL CAMINO REAL 76  
4350 EL CAMINO REAL  
LOS ALTOS CA. 94022  
415-941-0244

EL CAMINO REAL 76  
4350 EL CAMINO REAL  
LOS ALTOS CA. 94022  
415-941-0244

EL CAMINO REAL 76  
4350 EL CAMINO REAL  
LOS ALTOS CA. 94022  
415-941-0244

JAN 13. 2004 1:49 PM

JAN 13. 2004 1:58 PM

JAN 13. 2004 1:58 PM

803973539DS007

T 1:87-REGULAR UNLEADED  
INVENTORY INCREASE

SYSTEM STATUS REPORT

SYSTEM STATUS REPORT

INCREASE START  
JAN 12. 2004 5:40 PM

ALL FUNCTIONS NORMAL

ALL FUNCTIONS NORMAL

VOLUME = 2303 GALS  
HEIGHT = 27.00 INCHES  
WATER = 0.82 INCHES  
TEMP = 59.1 DEG F

INCREASE END  
JAN 12. 2004 6:04 PM

EL CAMINO REAL 76  
4350 EL CAMINO REAL  
LOS ALTOS CA. 94022  
415-941-0244

SOFTWARE REVISION LEVEL  
VERSION 15.01  
SOFTWARE# 346015-100-B  
CREATED - 97 10.23.00.56

VOLUME = 8219 GALS  
HEIGHT = 71.19 INCHES  
WATER = 0.82 INCHES  
TEMP = 57.7 DEG F

JAN 13. 2004 1:58 PM

NO SOFTWARE MODULE  
SYSTEM FEATURES:  
PERIODIC IN-TANK TESTS  
ANNUAL IN TANK TESTS

GROSS INCREASE= 5916  
TC NET INCREASE= 5927

SYSTEM STATUS REPORT

ALL FUNCTIONS NORMAL

INVENTORY REPORT

LIQUID ULLAGE TEST

L 1:87 STE-SUMI  
SAMPLES= 5  
LOW REF1= 733  
HIGH REF1= 4953  
VALUE1= 100295

EL CAMINO REAL 76  
4350 EL CAMINO REAL  
LOS ALTOS CA. 94022  
415-941-0244

JAN 13. 2004 1:58 PM

T 1:87-REGULAR UNLEADED  
VOLUME = 6607 GALS  
ULLAGE = 5446 GALS  
90% ULLAGE= 4240 GALS  
TC VOLUME = 6614 GALS  
HEIGHT = 59.33 INCHES  
WATER VOL = 13 GALS  
WATER = 0.82 INCHES  
TEMP = 58.5 DEG F

L 2:91 STE-SUMI  
SAMPLES= 5  
LOW REF1= 733  
HIGH REF1= 4955  
VALUE1= 100189

T 2:91-PREMIUM UNLEADED  
INVENTORY INCREASE

INCREASE START  
JAN 12. 2004 5:38 PM

T 2:91-PREMIUM UNLEADED  
VOLUME = 3993 GALS  
ULLAGE = 8060 GALS  
90% ULLAGE= 6854 GALS  
TC VOLUME = 3992 GALS  
HEIGHT = 40.24 INCHES  
WATER VOL = 15 GALS  
WATER = 0.90 INCHES  
TEMP = 60.4 DEG F

L 1:87 ANNULAR  
SAMPLES= 5  
LOW REF1= 733  
HIGH REF1= 4953  
VALUE1= 100145

VOLUME = 1677 GALS  
HEIGHT = 21.59 INCHES  
WATER = 0.90 INCHES  
TEMP = 61.5 DEG F

\*\*\*\*\* END \*\*\*\*\*

L 2:91 ANNULAR  
SAMPLES= 5  
LOW REF1= 733  
HIGH REF1= 4955  
VALUE1= 100111

\*\*\*\*\* END \*\*\*\*\*

L 7:  
SAMPLES= 5  
LOW REF1= 731  
HIGH REF1= 4954  
VALUE1= 15973030

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
L 5:WASTE-OIL ANNULAR  
ANNULAR SPACE  
SENSOR OUT ALARM  
JAN 15, 2003 10:11 AM

FUEL ALARM  
JAN 15, 2003 10:01 AM

FUEL ALARM  
JAN 24, 2002 11:06 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
L 8:  
OTHER SENSORS

\*\*\*\*\* END \*\*\*\*\*

\*\*\*\*\* END \*\*\*\*\*

ALARM HISTORY REPORT

----- IN-TANK ALARM -----

F 1:52 REGULAR UNLEADED

OVERFILL ALARM  
NOV 27, 2003 8:45 AM  
OCT 20, 2003 7:04 AM  
JUL 20, 2003 5:14 AM

LOW PRODUCT ALARM  
DEC 17, 2003 1:40 PM  
OCT 4, 2003 8:11 AM  
AUG 16, 2003 5:31 PM

HIGH PRODUCT ALARM  
P11 F  
AUTO TRANSDUCER PARALLEL

JUN 10, 2003 10:17 AM  
DEC 26, 2002 8:48 AM

DELIVER. NEEDED  
DEC 17, 2003 11:04 AM  
DEC 11, 2003 11:56 AM  
OCT 25, 2003 10:39 AM

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
L 6:  
OTHER SENSORS

\*\*\*\*\* END \*\*\*\*\*

EL CAMINO REAL 76  
4350 EL CAMINO REAL  
LOS ALTOS CA. 94022  
415-941-0244

JAN 15, 2004 9:11 AM

SYSTEM STATUS REPORT  
-----  
ALL FUNCTIONS NORMAL

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
L 7:  
OTHER SENSORS

----- SYSTEM ALARM -----  
NOV 27, 2003 8:45 AM  
JAN 15, 2004 9:11 AM

\*\*\*\*\* END \*\*\*\*\*

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
L 3:87 ANNULAR  
ANNULAR SPACE  
SENSOR OUT ALARM  
JAN 15. 2003 10:11 AM

FUEL ALARM  
JAN 15. 2003 9:37 AM

FUEL ALARM  
JAN 24. 2002 10:33 AM

\*\*\*\*\* END \*\*\*\*\*

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
L 4:91 ANNULAR  
ANNULAR SPACE  
SENSOR OUT ALARM  
JAN 15. 2003 10:10 AM

FUEL ALARM  
JAN 15. 2003 9:40 AM

FUEL ALARM  
JAN 24. 2002 10:33 AM

\*\*\*\*\* END \*\*\*\*\*

FLOAT SIZE: 4.0 IN. 8496

WATER WARNING : 1.5  
HIGH WATER LIMIT: 2.0

MAX OR LABEL VOL: 12053  
OVERFILL LIMIT : 90%  
: 10847  
HIGH PRODUCT : 95%  
: 11450  
DELIVERY LIMIT : 10%  
: 1205

LOW PRODUCT : 500  
LEAK ALARM LIMIT: 50  
SUDDEN LOSS LIMIT: 50  
TANK TILT : 0.00

UNFOLDED TANKS  
T# NONE

LEAK OUT PERCENT : 10%  
: 1205

LEAK OUT ANNUAL : 10%  
: 1205

PERIODIC TEST TYPE  
STANDARD

ANNULAR TEST FAIL  
ALARM DISABLED

PERIODIC TEST FAIL  
ALARM DISABLED

GROSS TEST FAIL  
ALARM DISABLED

ANN TEST AVERAGING: OFF  
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 3 MIN

T 2.91 FREIGHT UNLEADED  
PRODUCT CODE : 2  
THERMAL COEFF : 1.000700  
TANK DIAMETER : 110.00  
TANK PROFILE : 4 FT6  
FULL VOL : 12053  
87.5 INCH VOL : 9653  
55.0 INCH VOL : 6009  
22.5 INCH VOL : 2364

FLOAT SIZE 4.0 IN. 8496

WATER WARNING 1.5  
HIGH WATER LIMIT 2.0

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
L 1:87 STP-SUMP  
STP SUMP  
FUEL ALARM  
FEB 25. 2003 2:03 PM

SENSOR OUT ALARM  
JAN 15. 2003 10:11 AM

FUEL ALARM  
JAN 15. 2003 9:56 AM

\*\*\*\*\* END \*\*\*\*\*

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
L 2:91 STP-SUMP  
STP SUMP  
FUEL ALARM  
FEB 25. 2003 2:06 PM

SENSOR OUT ALARM  
JAN 15. 2003 10:11 AM

FUEL ALARM  
JAN 15. 2003 9:56 AM

\*\*\*\*\* END \*\*\*\*\*

COMMUNICATIONS SETUP

PORT SETTINGS:

COMM BOARD : 1 (RS-232)
BAUD RATE : 1200
PARITY : ODD
STOP BIT : 1 STOP
DATA LENGTH: 7 DATA

AUTO TRANSMIT SETTINGS:

AUTO LEAK ALARM LIMIT
DISABLED
AUTO HIGH WATER LIMIT
DISABLED
AUTO OVERFILL LIMIT
DISABLED
AUTO LOW PRODUCT
DISABLED
AUTO THEFT LIMIT
DISABLED
AUTO DELIVERY START
DISABLED
AUTO DELIVERY END
DISABLED
AUTO EXTERNAL INPUT ON
DISABLED
AUTO EXTERNAL INPUT OFF
DISABLED
AUTO SENSOR FUEL ALARM
DISABLED
AUTO SENSOR WATER ALARM
DISABLED
AUTO SENSOR OIL ALARM
DISABLED

RS-232 SECURITY
CODE : 000000

RECEIVE END OF MESSAGE
DISABLED

TANK SETUP

1.100-FEET OF UNLEADED
PRODUCT CODE : 1
INTERNAL GALLON 000700
TANK HEIGHT 110.00
TANK HEADLINE 4.00
FUEL 1 12053
2.5 INCH 1 3659
3.0 INCH 1 2009
4.0 INCH 1 2064

MAX OR LABEL VOL: 12053
OVERFILL LIMIT : 90%
10847
HIGH PRODUCT : 95%
11450
DELIVERY LIMIT : 10%
1205
LOW PRODUCT : 500
LEAK ALARM LIMIT: 50
SUDDEN LOSS LIMIT: 50
TANK TILT : 0.00

MANIFOLDED TANKS
T#: NONE

LEAK MIN PERIODIC: 10%
1205
LEAK MIN ANNUAL : 10%
1205

PERIODIC TEST LIFE
STANDARD

ANNUAL TEST FAIL
ALARM DISABLED

PERIODIC TEST FAIL
ALARM DISABLED

ANNUAL TEST FAIL
ALARM DISABLED

MIN TEST AVERAGING: OFF
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TWO TSI SIPHON BREAK:OFF

DELIVERY DELAY : 3 MIN

LEAK TEST METHOD:
TEST ON DATE : ALL TANK
JAN 1 1996
START TIME : DISABLED
TEST RATE : 0.20 GAL HP
DURATION : 2 HOURS

LEAK TEST PERIODIC FORMAT
NORMAL

WATER TEMP: 0.90 INCHES
69.7 DEG F

\*\*\*\*\* END \*\*\*\*\*

EL CAMINO REAL 76
4350 EL CAMINO REAL
LOS ALTOS CA. 94022
415-941-0244

JAN 13. 2004 9:01 AM

SYSTEM STATUS BEFORE
ALL FUNCTIONS NORMAL

SYSTEM SETUP
JAN 13. 2004 9:01 AM

SYSTEM UNITS
U.S.
SYSTEM LANGUAGE
ENGLISH
SYSTEM DATE TIME FORMAT
DD MM YY HH:MM:SS AM

EL CAMINO REAL 76
4350 EL CAMINO REAL
LOS ALTOS CA. 94022
415-941-0244

SHIFT TIME 1 : 6:00 AM
SHIFT TIME 2 : DISABLED
SHIFT TIME 3 : DISABLED
SHIFT TIME 4 : DISABLED

TANK PERIODIC WARNINGS
DISABLED
TANK ANNUAL WARNINGS
DISABLED
LINE PERIODIC WARNINGS
DISABLED
LINE ANNUAL WARNINGS
DISABLED

FUEL TO VOLUMES
ENABLED

TEMP COMPENSATION
VALUE OFFSET : 0.0
STICK HEIGHT OFFSET
DISABLED

HEIGHT TO TANK FORMER
HEIGHT
DATA POINTS/100 TANK
DISABLED
FEEDBACK TO TANK FORMER
DISABLED

IN-TANK ALARMS  
ALL:OVERFILL ALARM  
ALL:HIGH PRODUCT ALARM  
ALL:MAX PRODUCT ALARM

SOFTWARE REVISION LEVEL  
VERSION 15.01  
SOFTWARE# 346015-100 B  
OPERATED 97.10.23.05.56

NO SOFTWARE MODULE  
SYSTEM FEATURES  
PERIODIC IN-TANK TESTS  
ANNUAL IN-TANK TESTS

### ALARM HISTORY REPORT

----- IN-TANK ALARM -----

T 2:91-PREMIUM UNLEADED

LOW PRODUCT ALARM  
NOV 12. 2003 1:05 PM  
AUG 28. 2003 4:11 PM  
AUG 24. 2003 7:45 PM

#### PROBE OUT

MAY 9. 2003 12:45 PM  
JAN 24. 2002 10:53 AM  
JAN 24. 2002 10:47 AM

#### DELIVERY NEEDED

NOV 11. 2003 7:12 PM  
AUG 31. 2003 5:02 PM  
AUG 28. 2003 7:50 AM

### LIQUID SENSOR SETUP

L 1:87 STP-SUMP  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : STP SUMP

L 2:91 STP-SUMP  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : STP SUMP

L 3:87 ANNULAR  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : ANNULAR SPACE

L 4:91 ANNULAR  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : ANNULAR SPACE

L 5:87 OIL ANNULAR  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : ANNULAR SPACE

### LIQUID DIAGNOSTIC

L 1:87 STP-SUMP  
SAMPLES= 5  
LOW REF1= 733  
HIGH REF1= 4952  
VALUE1= 100259

L 2:91 STP-SUMP  
SAMPLES= 5  
LOW REF1= 733  
HIGH REF1= 4952  
VALUE1= 100203

L 3:87 ANNULAR  
SAMPLES= 5  
LOW REF1= 733  
HIGH REF1= 4952  
VALUE1= 100179

L 4:91 ANNULAR  
SAMPLES= 5  
LOW REF1= 733  
HIGH REF1= 4951  
VALUE1= 100160

L 5:87 OIL ANNULAR  
SAMPLES= 5  
LOW REF1= 731  
HIGH REF1= 4954  
VALUE1= 39040

L 6  
SAMPLES= 5  
LOW REF1= 731  
HIGH REF1= 4956  
VALUE1= 19971160

\*\*\*\*\* END \*\*\*\*\*

### ALARM HISTORY REPORT

----- IN-TANK ALARM -----

T 3:

\*\*\*\*\* END \*\*\*\*\*

### OUTPUT RELAY SETUP

R 1:87 RELAY  
TYPE:  
STANDARD  
INITIALLY CLOSED

IN-TANK ALARMS  
1 1:HIGH OILER ALARM  
1 1:LOW PRODUCT ALARM

LIQUID SENSOR ALMS  
L 1:FUEL ALARM  
L 1:SENSOR OUT ALARM

R 2:91 RELAY  
TYPE:  
STANDARD  
INITIALLY CLOSED

IN-TANK ALARMS  
1 2:HIGH OILER ALARM  
1 2:LOW PRODUCT ALARM

LIQUID SENSOR ALMS  
L 2:FUEL ALARM  
L 1:SENSOR OUT ALARM

R 2:OVERFILL ALARM  
TYPE:  
STANDARD  
INITIALLY OPEN



Environmental, Inc.

2525 W. BURBANK BLVD. TEL: (818) 840-7020

BURBANK, CA 91505-2302 FAX: (818) 840-6929

JAN 19 2004

WORK ACKNOWLEDGMENT

DATE: 1-13-04 AUTH#:
FACILITY#: 31096 - 256113
ADDRESS: 4350 EL CAMINO REAL
CITY/STATE: Los Altos CA
COUNTY SANTA CLARA TECH: R

SERVICE REQUESTED (CHECK)

- TANK TIGHTNESS TEST [ ]
PRODUCT LINE TEST [x]
LEAK DETECTOR TEST [x]
MONITOR CERTIFICATION [x]
FACILITY INSPECTION [x]
VAPOR RECOVERY TEST [x]
ENVIRONMENTAL REPAIRS [ ]
OTHER [x]

201.1B 201.1C
201.4; 201.6C

SERVICES PERFORMED

MONITOR COST w/INSP PASS
Facility Inspection DONE w/INSP
LEAK DETECTOR (2) PASS
Product Line Test (2)
SI 30 PRESSURE DECAY FAILED (TOO MUCH HANGING
HARDWARE TO TEST + REPLACE NOTIFIED SAMS 1 \* 0901130207
DID NOT PERFORM 201.4 OR 201.6C
TURBINES CONTINUOUSLY RUNNING - INSPECT + CORRECT

ENTD JAN 23 2004

PARTS

Table with 4 columns: Quantity, Description, Quantity, Description

Summary table with 4 columns: TIME: 8:00, LABOR HOURS: 6 1/4, ARRIVAL: 8:30, TRAVEL HOURS: 1/2, DEPARTURE: 2:45, LESS MEAL TIME:

CUSTOMER PRINT NAME: Greg Galatolo
CUSTOMER SIGNATURE: [Signature]

DATE: 1/13/04

TRIANGLE ENVIRONMENTAL, INC.

2525 W. BURBANK BLVD., BURBANK, CA 91505

# FAX

Date: December 22, 2003

Number of pages including cover sheet: 1

County of Santa Clara Hazardous Materials Division

To Compliance testing/Greg Bershears

Spill bucket test

Phone: \_\_\_\_\_

Fax phone: **408 280-6479**

CC: \_\_\_\_\_

From: Lorraine Soffe

Phone: 818 840-7020

Fax phone: 818 840-6929

REMARKS:     Urgent     For your review     Reply ASAP     Please comment

### NOTIFICATION!

In accordance with Article 3, Section 2637 (b) (5) (48-hr notification), of California Code of Regulations Title 23, Division 3, Chapter 16, Underground Storage Tank Regulations (Secondary Testing)

1. Circle K 31096 4350 EL CAMINO REAL., LOS ALTOS 94022 1/13/04 @ 9:00 AM (spill bucket test only)

Faxed with this is a copy of our requirements & procedures for the spill bucket test as well as the form the technician will be filling out. If you have any questions or concerns regarding these procedures, please give me a call.

Thank you,  
Lorraine Soffe

# TRIANGLE ENVIRONMENTAL, INC.

## SPECIFICATIONS AND REQUIREMENTS

### UNDERGRAND STORAGE TANK SPILL CONTAINMENT TESTING PROCEDURE

---

Reference: California Fire Code, 2001 Edition  
California Health and Safety Code, Chapter 6.7  
California Code of Regulations, Title 23, Division 3, Chapter 16

#### REQUIREMENT

Under the authority of California Health and Safety Code, Chapter 6.7 Section 25284.2, spill containment must be tested annually to demonstrate that the structure is capable of containing a hazardous substance until it is detected and cleaned up. This test procedure applies to all spill containers, whether directly buried in the ground or located within a secondary containment system. This testing is to be performed as part of the required annual inspection.

#### PROCEDURE

1. Remove any liquid and debris from the spill container.
2. Visually evaluate the container's integrity, including: bottom, sides, and connection to the fill pipe, all threaded joints and drain valve. If all appear intact then proceed to item #3. If not, stop here and fail the spill container based on visual inspection.
3. Verify the drain valve is fully closed and fill container with the appropriate product to below the top of the fill adaptors. **Note: For Direct Bury System water must be used for testing.**
4. Direct bury fill spill containers: remove the fill cap, and look for an immediate drop of the level of the water, check if the water is entering the tank through the drain valve, mark a line on the fill riser for the start of the test and test the container for 30 minutes. If the water level has dropped over this period, the container has failed.
5. For spill containers located within a secondary containment system (Sump): remove the fill cap, and look for an immediate drop of the level of the product, check if this water is entering the tank through the fill riser and observe whether it is dropping into the secondary containment. If the product does not remain in the spill container, then it has failed.
3. The disposal of the test water will be left on site to be picked up and disposed of. The product will be drained back into the tank.



TRIANGLE ENVIRONMENTAL, INC.

2525 W. BURBANK BLVD., BURBANK, CA 91505

# FAX

Date: September 24, 2003

Number of pages including cover sheet: 1

County of Santa Clara Hazardous Materials Division

To Compliance testing/Greg Bershears

Phone: \_\_\_\_\_

Fax phone: 408 280 6479

CC. \_\_\_\_\_

From: Lorraine Soffe

Phone: 818 840-7020

Fax phone: 818 840-6929

REMARKS:  Urgent  For your review  Reply ASAP  Please comment

### NOTIFICATION!

In accordance with Article 3, Section 2637 (b) (5) (48-hr notification), of California Code of Regulations Title 23, Division 3, Chapter 16, Underground Storage Tank Regulations (Secondary Testing and Annual Maintenance Certification). This is to notify you that the following Tosco gasoline service station(s) is/are scheduled for annual Tank Monitor Certification on the following date(s);

1. Circle K 31096 4350 E. Camino Real, Los Altos 94022 1/13/04 @ 9:00 AM (EM & LD)

Thank you,  
Lorraine Soffe

*12-27-2003  
 COMPLIANCE APPOINTMENT L. SOFFE  
 SPILL REPORT WILL ALSO BE TESTED.  
 THE TANK TECHNICIAN WILL BE  
 MARTIN MARTINEZ. HE IS NOT A  
 TANK TESTER. TO HAVE TEST WILL BE  
 DONE BY TOM CARLSON SIMULTANEOUSLY.  
 LORRAINE WILL SAY THEIR TRAINING  
 CERT. THEY DO NOT HAVE  
 VARIOUS TRAINING.*



RECEIVED BY  
ENVIRONMENTAL HEALTH  
HMCD

Nov 13 10 34 AM '03

Date: 11/7/03

Reviewed By 

Date

12-18-2003

TRB Bill Bennett only.



County of Santa Clara  
Environmental Health Department  
1555 Berger Dr. Suite 300  
San Jose, CA 95112  
Re: UST System Test Results

Please find attached the tank/line/leak detector test and/or monitor certification results for Conoco Phillips Marketing Company facility(ies) in your jurisdiction.

If you have any questions regarding the attached, please call (818) 840-7020.

Triangle Environmental Inc  
For Conoco Phillips Marketing Company  
Attachments

<u>Site #</u>	<u>Test Date</u>	<u>Site #</u>	<u>Test Date</u>
31096	10/3/03		

# Triangle Environmental, Inc.

2525 West Burbank Blvd., Burbank, CA 91505-2302

(818) 840-7020 (818) 840-6929

## UST TESTING SYSTEMS SUMMARY SHEET

Precision Underground Storage Tank System Leak Test

**Client:**

Conoco Phillips Co.  
1500 North Priest Drive  
Tempe, AZ 85281  
Kathy Strickland  
(602) 728-7149

Facility # 256115

Test Date: 10/ 3/03

31096

Site #: 256115 ANNUAL TEST - GDF# 9042

Work #: 20002136

4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

County: SANTA CLARA

Cross Street: EL CAMINO REAL/LOS ALTOS

Tank #	Product	Capacity	Test System Type	Tank Rate/Results	Ullage Result	Line Rate/Result	L/D Result
--------	---------	----------	------------------	-------------------	---------------	------------------	------------

Certified By:

Technician: Martin Martinez

State Lic. #s:

Mfgr's #:

**Comments:**

Spill Bucket testing

This precision tank testing system has been third party evaluated according to the guidelines of the EPA procedures for annual leak detection systems and found to exceed the criteria of detecting a leak of 0.10 gph with a Pd >95% and Pfa <5% as required by Local, State and Federal EPA UST Technical Standards Part 280 for precision testing systems. This SB-989 secondary containment testing system exceeds the criteria for detection as required by state and local agencies.

# Triangle Environmental, Inc.

2525 West Burbank Blvd., Burbank, CA 91505-2302

(818) 840-7020 (818) 840-6929

## SB-989 SECONDARY CONTAINMENT RESULTS

**Client:**

Conoco Phillips Co  
1500 North Priest Drive  
Tempe, AZ 85281  
Kathy Strickland  
(602) 728-7149

Facility # 256115

Test Date: 10/ 3/03

Facility: 256115

Work #: 20002136

Facility # 256115

County: SANTA CLARA

4350 EL CAMINO REAL

Cross Street: EL CAMINO REAL/LOS ALTOS

LOS ALTOS, CA 94022

Contractor's License # 673971, "A", "C-10", "HAZ"

**Tanks:**

**Lines:**

**Sumps:**

Product	Description	Test Type	Result	Comments
Unleaded Regular	Spill Box	1	PASS	Fill
Unleaded Premium	Spill Box	1	PASS	Fill
Waste Oil	Spill Box	1	PASS	Fill

**Dispensers**

**Notes:**

**Test Types** Type #1 is hydrostatic with water, Type #2 is pneumatic with nitrogen and Type #3 is vacuum

# TRIANGLE ENVIRONMENTAL, INC. SPILL BOX ANNUAL INSPECTION REPORT FORM

## 1. FACILITY INFORMATION

Facility Name: <u>Circle K # 31096</u>	Date of Testing: <u>10/03/03</u>
Facility Address: <u>4350 El Camino Real</u>	
Facility Contact:	Phone: <u>(650) 941-0244</u>
Date Local Agency Was Notified of Testing:	
Name of Local Agency inspector (if present during testing): <u>None</u>	

## 2. TESTING CONTRACTOR INFORMATION

Martin Martinez  
 Triangle Environmental, Inc.  
 2525 West Burbank Blvd.  
 Burbank, California 91505  
 (818) 840-7020, (818) 840-6929 FAX

California Contractor License # 673971, A, C-10, HAZ, HIC

## 3. TEST RESULTS - DATA

Spill box/ Tank #	Episode	Product	Box Mfr	Size (gals)	Location Fill/Vapor	Start Time	End Time	Test type Hydrostatic Or Visual	Result P/F
1	1	87	Phil tite	5	Fill	2:43	3:13	Both	PASS
2	1	91	Phil tite	5	Fill	2:45	3:15	Both	PASS
3	1	Oil	OPW	5	Fill	2:50	3:20	Both	PASS

Comments: Spill bucket test PASSED.

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**CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING**  
 To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements

Technician's Signature: Martin Martinez Date 10/03/03



Environmental, Inc.

2525 W. BURBANK BLVD.

TEL: (818) 840-7020

BURBANK, CA 91505-2302

FAX: (818) 840-6929

RECEIVED

OCT 22 2003

WORK ACKNOWLEDGMENT

DATE: 10-03-03 AUTH#: 256115
FACILITY # 76 Circle K # 31096
ADDRESS: 4350 El Camino Real
CITY/STATE: Los Altos CA 94022
COUNTY Santa Clara TECH: Martin

SERVICE REQUESTED (CHECK)

- TANK TIGHTNESS TEST [ ]
PRODUCT LINE TEST [ ]
LEAK DETECTOR TEST [ ]
MONITOR CERTIFICATION [ ]
FACILITY INSPECTION [ ]
VAPOR RECOVERY TEST [ ]
ENVIRONMENTAL REPAIRS [ ]
OTHER [x] Spill bucket test

SERVICES PERFORMED

Performed Spill bucket test PASSED.
87, 91 and Oil Spill bucket PASSED VISUAL & Hydrostatic TEST.

PARTS

Table with 4 columns: Quantity, Description, Quantity, Description. Includes a row for 'NO PARTS' and a summary section for TIME, LABOR HOURS, ARRIVAL, DEPARTURE, TRAVEL HOURS, and LESS MEAL TIME.

CUSTOMER PRINT NAME Rene Martinez
CUSTOMER SIGNATURE Rene Martinez

DATE: 10/3/03

TRIANGLE ENVIRONMENTAL, INC.

2525 W. BURBANK BLVD.,

BURBANK, CA 91505

**FAX**

Date: September 24, 2003

Number of pages including cover sheet: 1

County of Santa Clara Hazardous Materials Division

To Compliance testing/Greg Bershears

Phone:

Fax phone: **408 280 6479**

CC:

From: Lorraine Soffé

Phone: 818 840-7020

Fax phone: 818 840-6929

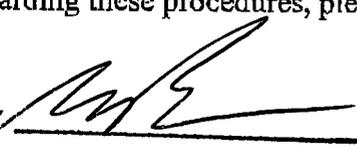
REMARKS:  Urgent  For your review  Reply ASAP  Please comment

**NOTIFICATION!**

In accordance with Article 3, Section 2637 (b) (5) (48-hr notification), of California Code of Regulations Title 23, Division 3, Chapter 16, Underground Storage Tank Regulations (Secondary Testing and Annual Maintenance Certification). This is to notify you that the following Tosco gasoline service station(s) is/are scheduled for annual Tank Monitor Certification on the following date(s);

1. Circle K 31096 4350 E. Camino Real., Los Altos 94022 10/3/03 @ 2:00 PM (Spill bucket testing)  
 Faxed with this is a copy of our requirements & procedures for the spill bucket test as well as the form the technician will be filling out. If you have any questions or concerns regarding these procedures, please give me a call.

Thank you,  
Lorraine Soffé

Reviewed By: 

Date: September 30, 2003

# TRIANGLE ENVIRONMENTAL, INC.

## SPECIFICATIONS AND REQUIREMENTS

### UNDERGRAND STORAGE TANK SPILL CONTAINMENT TESTING PROCEDURE

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Reference: California Fire Code, 2001 Edition  
California Health and Safety Code, Chapter 6.7  
California Code of Regulations, Title 23, Division 3, Chapter 16

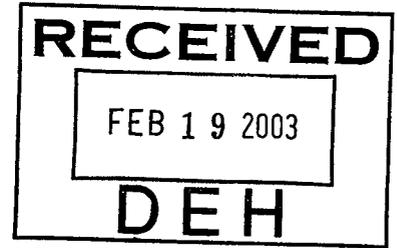
#### REQUIREMENT

Under the authority of California Health and Safety Code, Chapter 6.7 Section 25284.2, spill containment must be tested annually to demonstrate that the structure is capable of containing a hazardous substance until it is detected and cleaned up. This test procedure applies to all spill containers, whether directly buried in the ground or located within a secondary containment system. This testing is to be performed as part of the required annual inspection.

#### PROCEDURE

1. Remove any liquid and debris from the spill container.
2. Visually evaluate the container's integrity, including: bottom, sides, and connection to the fill pipe, all threaded joints and drain valve. If all appear intact then proceed to item #3. If not, stop here and fail the spill container based on visual inspection.
3. Verify the drain valve is fully closed and fill container with the appropriate product to 2" below the top of the fill adaptors. **Note: For Direct Bury System water must be used for testing.**
4. Direct bury fill spill containers: remove the fill cap, and look for an immediate drop of the level of the water, check if the water is entering the tank through the drain valve, mark a line on the fill riser for the start of the test and test the container for 30 minutes. If the water level has dropped over this period, the container has failed.
5. For spill containers located within a secondary containment system (Sump): remove the fill cap, and look for an immediate drop of the level of the product, check if this water is entering the tank through the fill riser and observe whether it is dropping into the secondary containment. If the product does not remain in the spill container, then it has failed.
6. The disposal of the test water will be left on site to be picked up and disposed of. The product will be drained back into the tank.





Date: 2-14-03

County of Santa Clara  
Environmental Health Department  
1555 Berger Dr. Suite 300  
San Jose, CA 95112  
Re: UST System Test Results

Please find attached the tank/line/leak detector test and/or monitor certification results for Conoco Phillips Marketing Company facility(ies) in your jurisdiction.

If you have any questions regarding the attached, please call (818) 840-7020.

Triangle Environmental Inc  
For Conoco Phillips Marketing Company  
Attachments

<u>Site #</u>	<u>Test Date</u>	<u>Site #</u>	<u>Test Date</u>
31096	1-15-03	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

# Triangle Environmental, Inc.

2525 West Burbank Blvd., Burbank, CA 91505-2302

(818) 840-7020 (818) 840-6929

## UST TESTING SYSTEMS SUMMARY SHEET

### Precision Underground Storage Tank System Leak Test

**Client:**

Phillips 66 Company  
1500 North Priest Drive  
Tempe, AZ 85281  
Kathy StrickLand  
(602) 728-7149

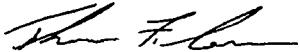
**Tosco Corp. Facility # 31096**  
**Test Date: 1/15/03**

**Facility: 256115 ANNUAL TEST - GDF# 9042**  
Tosco Corp. Facility # 31096  
4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

**Work #: 12901160**  
**County: SANTA CLARA**  
**Cross Street: EL CAMINO REAL/LOS ALTOS**

Tank #	Product	Capacity	Test System Type	Tank Rate/Results	Ullage Result	Line Rate/Result	L/D Result
1	Unleaded Regular	12032		N/A	N/A	-0.005 PASS	PASS
2	Unleaded Premium	12032		N/A	N/A	-0.011 PASS	PASS

**Certified By:**



**Technician: Tom Corcoran**

**Mfgr's #: TEI-067**

**State Lic. #: 02-1626**

VR-7539

**Comments:**

Compliance P-L/TST & monitor certification witnessed by Greg Breshers from the County of Santa Clara Environmental Health Department. Turbine Grounding conducted. Stage II Pressure failed, vapor blockage not conducted & Exhibit 4 & 5 conducted

This precision tank testing system has been third party evaluated according to the guidelines of the EPA procedures for annual leak detection systems and found to exceed the criteria of detecting a leak of 0.10 gph with a Pd >95% and Pfa <5% as required by Local, State and Federal EPA UST Technical Standards Part 280 for precision testing systems. This SB-989 secondary containment testing system exceeds the criteria for detection as required by state and local agencies.

# Triangle Environmental, Inc.

## SYSTEMS TANK, LINE AND LEAK DETECTOR TEST REPORT

**Facility:** Tosco Corp. Facility # 31096

**Tank #:** 1

**Test Date:** 1/15/03

**Product:** Unleaded Regular

**Work #:** 12901160

TANK TEST RESULT	
Test Method:	
Capacity:	12032
Diameter (in):	
Product Level (in):	
Liquid Volume (Gals):	
Liquid Percent (%):	
Specific Gravity:	
Coef. of Expansion:	
Water On Tank (in):	
Water In Tank (in):	
Product Temp. (F):	
Head Pressure (psi):	
Test Start Time:	
Test End Time:	
Test Rate (gph):	
Test Result:	N/A

ULLAGE TEST RESULT	
Test Method:	ULLAGE
Ullage Volume (gals.):	
Ullage Test Time:	
Ullage Vacuum (psi):	
Ullage Result:	N/A

LEAK DETECTOR TEST RESULT	
Test Method:	R J. FTA
Manufacturer:	FEPetro
L/D Model:	
L/D Serial #:	01101333
Line Dram Back (ml):	170
L/D Trip Time (sec):	2
Holding Pressure (psi):	28
Metering Pressure (psi):	14
L/D Test Rate (gph):	3.0
L/D Result:	PASS
New leak detector?	No

LINE TEST RESULT	
Test Method:	TEI LT-3
Pump Brand:	Red Jacket
System Type:	Pressure
Line Pressure (psi):	52
Line Start Time:	1:30:00 PM
Line End Time:	1:45 00 PM
Line Start Level:	290
Line End Level:	285
Line Test Rate (gph):	-0.005
Line Test Result:	PASS

COMMENTS

# Triangle Environmental, Inc.

## SYSTEMS TANK, LINE AND LEAK DETECTOR TEST REPORT

Facility: Tosco Corp. Facility # 31096

Tank #: 2

Test Date: 1/15/03

Product: Unleaded Premium

Work #: 12901160

TANK TEST RESULT	
Test Method:	
Capacity:	12032
Diameter (in):	
Product Level (in):	
Liquid Volume (Gals):	
Liquid Percent (%):	
Specific Gravity:	
Coef. of Expansion:	
Water On Tank (in):	
Water In Tank (in):	
Product Temp (F):	
Head Pressure (psi):	
Test Start Time:	
Test End Time:	
Test Rate (gph):	
Test Result:	N/A

LEAK DETECTOR TEST RESULT	
Test Method:	R.J. FTA
Manufacturer:	FEPetro
L/D Model:	
L/D Serial #:	01101335
Line Drain Back (ml):	205
L/D Trip Time (sec):	2
Holding Pressure (psi):	28
Metering Pressure (psi):	14
L/D Test Rate (gph):	2.8
L/D Result:	PASS
New leak detector?	No

LINE TEST RESULT	
Test Method:	TEI LT-3
Pump Brand:	Red Jacket
System Type:	Pressure
Line Pressure (psi):	52
Line Start Time:	1:30:00 PM
Line End Time:	1:45:00 PM
Line Start Level:	310
Line End Level:	300
Line Test Rate (gph):	-0.011
Line Test Result:	PASS

ULLAGE TEST RESULT	
Test Method:	ULLAGE
Ullage Volume (gals.):	
Ullage Test Time:	
Ullage Vacuum (psi):	
Ullage Result:	N/A

COMMENTS	

# Triangle Environmental, Inc.

## UST MONITOR CERTIFICATION SUMMARY SHEET

**Client:**

Phillips 66 Company  
1500 North Priest Drive  
Tempe, AZ 85281

**Tosco Corp. Facility # 31096**  
**est Date: 1/15/03**

**Facility: 256115**

**Tosco Corp. Facility # 31096**

4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

**Work #: 12901160**

**County: SANTA CLARA**

**Cross Street: EL CAMINO REAL/LO**

**Monitor model: VEEDER-ROOT TLS-350**

**Serial #:**

**Certification Result: PASS**

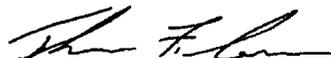
<b>Sensor Type:</b>	<b>Quantity:</b>	<b>Result:</b>		
<b>Tank Annular :</b>	2	PASS	<b>Annular Type:</b>	DRY
<b>Waste Oil Annular :</b>	1	PASS	<b>Audible Alarm?</b>	Yes
<b>Waste Oil Sump:</b>	0	N/A	<b>Visual Alarm?</b>	Yes
<b>Vadose Wells :</b>	0	N/A	<b>Fail Safe?</b>	Yes
<b>Line Pressure :</b>	0	N/A	<b>Positive Shut-off?</b>	Yes
<b>Turbine Sump :</b>	2	PASS	<b>Gauge Only Result:</b>	PASS
<b>Line Trench :</b>	0	N/A	<b>ATG Monthly?</b>	No
<b>Fill Sump :</b>	0	N/A	<b>ATG CSLD?</b>	No

**Comments:**

Site is a Phil-tite upgrade. It also has an external overfill alarm

This certifies that the monitor and sensors, as listed above, are operational and calibrated per the manufacturer's specification.

**Inspected By:**  
Tom Corcoran



# Triangle Environmental, Inc.

## UST FACILITY INSPECTION/AUDIT SHEET

**Facility:** 256115  
**Tosco Corp. Facility #** 31096  
 4350 EL CAMINO REAL  
 LOS ALTOS, CA 94022  
**County:** SANTA CLARA  
**Cross Street:** EL CAMINO REAL/LO

**Test Date:** 1/15/03

**Work #:** 12901160

<p><b>Status</b></p> <p>N= Not Present or Observed          S= Satisfactory          U= Unsatisfactory</p> <p><b>Fill Cover:</b> S</p> <p><b>Fill Cap:</b> S</p> <p><b>Fill Cap Seal:</b> S</p> <p><b>Drop Tube:</b> S</p> <p><b>Strike Plate:</b> S</p> <p><b>V/R Cover:</b> S</p> <p><b>V/R Cap:</b> S</p> <p><b>V/R Seal:</b> S</p> <p><b>V/R Dry Break:</b> S</p> <p><b>Sub Pump:</b> S</p> <p><b>Sub Pump Cover:</b> S</p> <p><b>Overfill:</b> S</p> <p><b>Overfill Mfr:</b> OTHER</p>	<p><b>Type</b></p> <p>C= Coaxial      P= Pressure      F= Flex          D= Dual          A= Angle Check      M= Metallic          N= No Stage I      V= Vertical Check</p> <p><b>Fill Type:</b> D</p> <p><b>Product Line Type:</b> P</p> <p><b>Tank Swing Joint Type:</b> F</p> <p><b>Dispenser Swing Joint Type:</b> F</p>	<p><b>Number of</b></p> <table border="1"> <thead> <tr> <th></th> <th>Disp.</th> <th>Hoses</th> </tr> </thead> <tbody> <tr> <td><b>Regular:</b></td> <td>7</td> <td>14</td> </tr> <tr> <td><b>Plus:</b></td> <td>7</td> <td>14</td> </tr> <tr> <td><b>Premium:</b></td> <td>7</td> <td>14</td> </tr> <tr> <td><b>Diesel:</b></td> <td></td> <td></td> </tr> <tr> <td><b>Kerosene:</b></td> <td></td> <td></td> </tr> <tr> <td><b>Total # of Gas Nozzles:</b></td> <td></td> <td>42</td> </tr> </tbody> </table>		Disp.	Hoses	<b>Regular:</b>	7	14	<b>Plus:</b>	7	14	<b>Premium:</b>	7	14	<b>Diesel:</b>			<b>Kerosene:</b>			<b>Total # of Gas Nozzles:</b>		42
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<p><b>Status</b></p> <p>N= Not Present          S= Satisfactory          U= Unsatisfactory</p> <p><b>Impact Valve:</b> S</p> <p><b>Vertical Check Valve:</b> S</p> <p><b>Fill Spill Containment:</b> S</p> <p><b>Fill Spill Mfr:</b> OTHER</p> <p><b>Dispenser Containment:</b> S</p> <p><b>Sub Pump Containment:</b> S</p>	<p><b>Stage II</b></p> <p>B= Balance          A= Astst</p> <p><b>System Type:</b> B</p> <p><b>Assist Mfr:</b> Gilbarco</p>																						

**Comments:**

All 87 chains were too loose to trip shear valves. Adjusted correctly

**Compliance Detail: (List items that need immediate attention.)**



# MONITORING SYSTEM CERTIFICATION

For Use By All Jurisdictions Within the State of California

Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

This form must be used to document testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

## A. General Information

Facility Name: Perco # 31096 256115 Bldg. No.: -  
 Site Address: 4350 El Camino Real City: LOS ALTOS Zip: -  
 Facility Contact Person: John Contact Phone No.: (415) 941-0244  
 Make/Model of Monitoring System: TLS 350 Date of Testing/Serviceing: 1/15/03

## B. Inventory of Equipment Tested/Certified

Check the appropriate boxes to indicate specific equipment inspected/serviced:

Tank ID: <u>87</u> <input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>MAG 1</u> <input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>420</u> <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>208</u> <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model: <u>FE PETRO</u> <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: <u>PLT 4, 7E</u> <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2). _____ <hr/> Tank ID: <u>WASTE OIL</u> <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>420</u> <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2). _____ <hr/> Dispenser ID: <u>1/2</u> <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input checked="" type="checkbox"/> Shear Valve(s). <input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s). <hr/> Dispenser ID: <u>5/6</u> <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input checked="" type="checkbox"/> Shear Valve(s). <input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s). <hr/> Dispenser ID: <u>9/10</u> <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input checked="" type="checkbox"/> Shear Valve(s). <input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	Tank ID: <u>91</u> <input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>MAG-1</u> <input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>420</u> <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>208</u> <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model: <u>FE PETRO</u> <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor. Model: <u>PLT 4, 7E</u> <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2). _____ <hr/> Tank ID: _____ <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor. Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2). _____ <hr/> Dispenser ID: <u>3/11</u> <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input checked="" type="checkbox"/> Shear Valve(s). <input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s). <hr/> Dispenser ID: <u>7/8</u> <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input checked="" type="checkbox"/> Shear Valve(s). <input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s). <hr/> Dispenser ID: <u>11/12</u> <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input checked="" type="checkbox"/> Shear Valve(s). <input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
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\*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

C. Certification - I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the reports (check all that apply):  
 System set-up  Alarm history report

Technician Name (print): T. CORCORAN Signature: [Signature]

Certification No.: 007539 License No.: 02-1626

Testing Company Name: Triangle Environmental Phone No.: (818) 840-7020

Site Address: 2525 W. Burbank Blvd., Burbank CA 91505 Date of Testing/Serviceing: 1/15/03

# MONITORING SYSTEM CERTIFICATION

For Use By All Jurisdictions Within the State of California

*Authority Cited. Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations*

This form must be used to document testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

**A. General Information**

Facility Name Tosco # 31096 Bldg No \_\_\_\_\_  
 Site Address 4350 Old Camino Real City Los Altos Zip \_\_\_\_\_  
 Facility Contact Person Greg Contact Phone No (415) 941-0244  
 Make/Model of Monitoring System TJ550 Date of Testing/Servicing 1/15/03

**B. Inventory of Equipment Tested/Certified**

Check the appropriate boxes to indicate specific equipment inspected/serviced:

Tank ID _____ <input type="checkbox"/> In-Tank Gauging Probe Model _____ <input type="checkbox"/> Annular Space or Vault Sensor Model _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s) Model _____ <input type="checkbox"/> Fill Sump Sensor(s) Model _____ <input type="checkbox"/> Mechanical Line Leak Detector Model _____ <input type="checkbox"/> Electronic Line Leak Detector Model _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor Model _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2) _____	Tank ID _____ <input type="checkbox"/> In-Tank Gauging Probe Model _____ <input type="checkbox"/> Annular Space or Vault Sensor Model _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s) Model _____ <input type="checkbox"/> Fill Sump Sensor(s) Model _____ <input type="checkbox"/> Mechanical Line Leak Detector Model _____ <input type="checkbox"/> Electronic Line Leak Detector Model _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor Model _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2) _____
Tank ID: _____ <input type="checkbox"/> In-Tank Gauging Probe Model _____ <input type="checkbox"/> Annular Space or Vault Sensor Model _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s) Model _____ <input type="checkbox"/> Fill Sump Sensor(s) Model _____ <input type="checkbox"/> Mechanical Line Leak Detector Model _____ <input type="checkbox"/> Electronic Line Leak Detector Model _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor Model _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2) _____	Tank ID: _____ <input type="checkbox"/> In-Tank Gauging Probe Model _____ <input type="checkbox"/> Annular Space or Vault Sensor Model _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s) Model _____ <input type="checkbox"/> Fill Sump Sensor(s) Model _____ <input type="checkbox"/> Mechanical Line Leak Detector Model _____ <input type="checkbox"/> Electronic Line Leak Detector Model _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor Model _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2) _____
Dispenser ID: <u>13/14</u> <input type="checkbox"/> Dispenser Containment Sensor(s) Model _____ <input checked="" type="checkbox"/> Shear Valve(s) <input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s)	Dispenser ID _____ <input type="checkbox"/> Dispenser Containment Sensor(s) Model _____ <input type="checkbox"/> Shear Valve(s) <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s)
Dispenser ID _____ <input type="checkbox"/> Dispenser Containment Sensor(s) Model _____ <input type="checkbox"/> Shear Valve(s) <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s)	Dispenser ID _____ <input type="checkbox"/> Dispenser Containment Sensor(s) Model _____ <input type="checkbox"/> Shear Valve(s) <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s)
Dispenser ID _____ <input type="checkbox"/> Dispenser Containment Sensor(s) Model _____ <input type="checkbox"/> Shear Valve(s) <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s)	Dispenser ID _____ <input type="checkbox"/> Dispenser Containment Sensor(s) Model _____ <input type="checkbox"/> Shear Valve(s) <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s)

\*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

**C. Certification** - I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report; (check all that apply):  System set-up  Alarm history report

Technician Name (pnnt) T. Conner Signature \_\_\_\_\_  
 Certification No 007539 License No 02-1626  
 Testing Company Name TJSD Phone No (\_\_\_\_\_) \_\_\_\_\_  
 Site Address \_\_\_\_\_ Date of Testing/Servicing 1/15/03



**F. In-Tank Gauging / SIR Equipment:**

- Check this box if tank gauging is used only for inventory control.  
 Check this box if no tank gauging or SIR equipment is installed.

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

Complete the following checklist:

<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all tank gauging probes visually inspected for damage and residue buildup?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system product level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system water level readings tested?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all probes reinstalled properly?
<input type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

\* In the Section H, below, describe how and when these deficiencies were or will be corrected.

**G. Line Leak Detectors (LLD):**

- Check this box if LLDs are not installed.

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? (Check all that apply) Simulated leak rate: <input checked="" type="checkbox"/> 3 g.p.h.; <input type="checkbox"/> 0.1 g.p.h.; <input type="checkbox"/> 0.2 g.p.h.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was the testing apparatus properly calibrated?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

\* In the Section H, below, describe how and when these deficiencies were or will be corrected.

**H. Comments:**

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ALARM HISTORY REPORT

----- SENSOR ALARM -----  
L 3:87 ANNULAR  
ANNULAR SPACE  
FUEL ALARM  
JAN 24, 2002 10:33 AM  
  
FUEL ALARM  
JAN 17, 2002 11:07 AM  
  
FUEL ALARM  
JAN 15, 2002 10:50 AM

\* \* \* \* \* END \* \* \* \* \*

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
L 5:04ASTE-OIL ANNULAR  
ANNULAR SPACE  
FUEL ALARM  
JAN 24, 2002 11:06 AM  
  
FUEL ALARM  
JAN 17, 2002 11:15 AM  
  
FUEL ALARM  
JAN 15, 2002 10:47 AM

\* \* \* \* \* END \* \* \* \* \*

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
L 4:91 ANNULAR  
ANNULAR SPACE  
FUEL ALARM  
JAN 24, 2002 10:39 AM  
  
FUEL ALARM  
JAN 17, 2002 11:08 AM  
  
FUEL ALARM  
JAN 15, 2002 10:50 AM

\* \* \* \* \* END \* \* \* \* \*

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
L 6:  
OTHER SENSORS

\* \* \* \* \* END \* \* \* \* \*

EL CAMINO REAL 76  
4350 EL CAMINO REAL  
LOS ALTOS CA. 94022  
415-941-0244

JAN 15, 2003 9:16 AM

SYSTEM STATUS REPORT

ALL FUNCTIONS NORMAL

ALARM HISTORY REPORT

---- IN-TANK ALARM ----

\*\*\*\*\* END \*\*\*\*\*

T 1:87-REGULAR UNLEADED

EL CAMINO REAL 76  
4350 EL CAMINO REAL  
LOS ALTOS CA. 94022  
415-941-0244

OVERFILL ALARM  
DEC 26, 2002 8:38 AM  
JUN 23, 2002 10:48 AM  
MAY 13, 2002 12:17 AM

JAN 15, 2003 9:16 AM

LOW PRODUCT ALARM  
APR 16, 2002 6:35 PM

LEAK TEST REPORT

HIGH PRODUCT ALARM  
DEC 26, 2002 8:48 AM

T 1:87-REGULAR UNLEADED  
PROBE SERIAL NUM 226089

DELIVERY NEEDED  
JAN 2, 2003 6:59 PM  
DEC 22, 2002 2:26 PM  
SEP 21, 2002 10:27 AM

NO TEST DATA AVAILABLE

\*\*\*\*\* END \*\*\*\*\*

ALARM HISTORY REPORT

----- SENSOR ALARM -----

L 1:87 STP-SUMP  
STP SUMP  
FUEL ALARM  
JAN 24, 2002 10:57 AM

FUEL ALARM  
JAN 17, 2002 11:06 AM

FUEL ALARM  
JAN 15, 2002 11:07 AM

EL CAMINO REAL 76  
4350 EL CAMINO REAL  
LOS ALTOS CA. 94022  
415-941-0244

\*\*\*\*\* END \*\*\*\*\*

JAN 15, 2003 9:16 AM

LEAK TEST REPORT

T 2:91-PREMIUM UNLEADED  
PROBE SERIAL NUM 229180

NO TEST DATA AVAILABLE

\*\*\*\*\* END \*\*\*\*\*

\*\*\*\*\* END \*\*\*\*\*

ALARM HISTORY REPORT

---- IN-TANK ALARM ----

T 2:91-PREMIUM UNLEADED

LOW PRODUCT ALARM  
MAY 7, 2002 10:35 PM

PROBE OUT  
JAN 24, 2002 10:53 AM  
JAN 24, 2002 10:47 AM  
JAN 17, 2002 11:10 AM

DELIVERY NEEDED  
DEC 22, 2002 2:13 PM  
DEC 13, 2002 8:46 AM  
NOV 21, 2002 2:32 PM

ALARM HISTORY REPORT

----- SENSOR ALARM -----

L 2:91 STP-SUMP  
STP SUMP  
FUEL ALARM  
JAN 24, 2002 11:03 AM

FUEL ALARM  
JAN 17, 2002 11:06 AM

FUEL ALARM  
JAN 15, 2002 11:06 AM

\*\*\*\*\* END \*\*\*\*\*

T 2:91-PREMIUM UNLEADED  
PRODUCT CODE : 2  
THERMAL COEFF : .000700  
TANK DIAMETER : 110.00  
TANK PROFILE : 4 PTS  
FULL VOL : 12053  
82.5 INCH VOL : 9659  
55.0 INCH VOL : 6009  
27.5 INCH VOL : 2364

FLOAT SIZE: 4.0 IN. 8496  
WATER WARNING : 1.5  
HIGH WATER LIMIT: 2.0  
MAX OR LABEL VOL: 12053  
OVERFILL LIMIT : 90%  
HIGH PRODUCT : 10847  
DELIVERY LIMIT : 95%  
DELIVERY LIMIT : 11450  
DELIVERY LIMIT : 10%  
DELIVERY LIMIT : 1205  
LOW PRODUCT : 500  
LEAK ALARM LIMIT: 50  
SUDDEN LOSS LIMIT: 50  
TANK TILT : 0.00

MANIFOLDED TANKS  
T#: NONE  
LEAK MIN PERIODIC: 10%  
: 1205  
LEAK MIN ANNUAL : 10%  
: 1205

PERIODIC TEST TYPE  
STANDARD  
ANNUAL TEST FAIL  
ALARM DISABLED  
PERIODIC TEST FAIL  
ALARM DISABLED  
GROSS TEST FAIL  
ALARM DISABLED  
ANN TEST AVERAGING: OFF  
PER TEST AVERAGING: OFF  
TANK TEST NOTIFY: OFF  
TNK TST SIPHON BREAK:OFF  
DELIVERY DELAY : 3 MIN

LEAK TEST METHOD  
-----  
TEST ON DATE : ALL TANK  
JAN 1, 1996  
START TIME : DISABLED  
TEST RATE : 0.20 GAL HR  
DURATION : 2 HOURS

LEAK TEST REPORT FORMAT  
NORMAL

LIQUID SENSOR SETUP  
-----

L 1:87 STP-SUMP  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : STP SUMP

L 2:91 STP-SUMP  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : STP SUMP

L 3:87 ANNULAR  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : ANNULAR SPACE

L 4:91 ANNULAR  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : ANNULAR SPACE

L 5:WASTE-OIL ANNULAR  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : ANNULAR SPACE

OUTPUT RELAY SETUP  
-----

P 1:87 RELAY  
TYPE:  
STANDARD  
NORMALLY CLOSED

IN-TANK ALARMS  
T 1:HIGH WATER ALARM  
T 1:LOW PRODUCT ALARM

LIQUID SENSOR ALMS  
L 1:FUEL ALARM  
L 1:SENSOR OUT ALARM

R 2:91 RELAY  
TYPE:  
STANDARD  
NORMALLY CLOSED

IN-TANK ALARMS  
T 2:HIGH WATER ALARM  
T 2:LOW PRODUCT ALARM

LIQUID SENSOR ALMS  
L 2:FUEL ALARM  
L 2:SENSOR OUT ALARM

R 3:OVERFILL ALARM  
TYPE:  
STANDARD  
NORMALLY OPEN

IN-TANK ALARMS  
ALL:OVERFILL ALARM  
ALL:HIGH PRODUCT ALARM  
ALL:MAX PRODUCT ALARM

SOFTWARE REVISION LEVEL  
VERSION 15.01  
SOFTWARE# 346015-100-B  
CREATED - 97.10.23.08.56

NO SOFTWARE MODULE  
SYSTEM FEATURES:  
PERIODIC IN-TANK TESTS  
ANNUAL IN-TANK TESTS

EL CAMINO REAL 76  
4350 EL CAMINO REAL  
LOS ALTOS CA. 94022  
415-941-0244

JAN 15, 2003 9:15 AM

SYSTEM STATUS REPORT  
ALL FUNCTIONS NORMAL

SYSTEM SETUP  
JAN 15, 2003 9:15 AM

SYSTEM UNITS  
U.S.  
SYSTEM LANGUAGE  
ENGLISH  
SYSTEM DATE/TIME FORMAT  
MON DD YY HH:MM:SS AM

EL CAMINO REAL 76  
4350 EL CAMINO REAL  
LOS ALTOS CA. 94022  
415-941-0244

SHIFT TIME 1 : 6:00 AM  
SHIFT TIME 2 : DISABLED  
SHIFT TIME 3 : DISABLED  
SHIFT TIME 4 : DISABLED

TANK PERIODIC WARNINGS  
DISABLED  
TANK ANNUAL WARNINGS  
DISABLED  
LINE PERIODIC WARNINGS  
DISABLED  
LINE ANNUAL WARNINGS  
DISABLED

PRINT TIMES  
ENABLED

TEMP COMPENSATION  
VALUE (DELTA T): 0.0  
STICK HEIGHT OFFSET  
DISABLED

H-PROTOCOL DATA FORM  
HEIGHT  
DAYLIGHT SAVING TIME  
DISABLED  
RE-DIRECT LOCAL PRINTOUT  
DISABLED

COMMUNICATIONS SETUP

PORT SETTINGS:  
COMM BOARD : 1 (RS-232)  
BAUD RATE : 1200  
PARITY : ODD  
STOP BIT : 1 STOP  
DATA LENGTH: 7 DATA

AUTO TRANSMIT SETTINGS:

AUTO LEAK ALARM LIMIT  
DISABLED  
AUTO HIGH WATER LIMIT  
DISABLED  
AUTO OVERFILL LIMIT  
DISABLED  
AUTO LOW PRODUCT  
DISABLED  
AUTO THEFT LIMIT  
DISABLED  
AUTO DELIVERY START  
DISABLED  
AUTO DELIVERY END  
DISABLED  
AUTO EXTERNAL INPUT ON  
DISABLED  
AUTO EXTERNAL INPUT OFF  
DISABLED  
AUTO SENSOR FUEL ALARM  
DISABLED  
AUTO SENSOR WATER ALARM  
DISABLED  
AUTO SENSOR OUT ALARM  
DISABLED

RS-232 SECURITY  
CODE : 000000

RS-232 END OF MESSAGE  
DISABLED

IN-TANK SETUP

T 1:87-REGULAR UNLEADED  
PRODUCT CODE : 1  
THERMAL COEFF : .000700  
TANK DIAMETER : 110.00  
TANK PROFILE : 4 PTS  
FULL VOL : 12053  
82.5 INCH VOL : 9659  
55.0 INCH VOL : 6009  
27.5 INCH VOL : 2364

FLIGHT SIZE: 4.0 IN. 8496

WATER WARNING : 1.5  
HIGH WATER LIMIT: 2.0

MAX OR LABEL VOL: 12053  
OVERFILL LIMIT : 90%  
: 10847  
HIGH PRODUCT : 95%  
DELIVERY LIMIT : 11450  
: 10%  
: 1205

LOW PRODUCT : 500  
LEAK ALARM LIMIT: 50  
SUDDEN LOSS LIMIT: 50  
TANK TILT : 0.00

MANIFOLDED TANKS  
T#: NONE

LEAK MIN PERIODIC: 10%  
: 1205

LEAK MIN ANNUAL : 10%  
: 1205

PERIODIC TEST TYPE  
STANDARD

ANNUAL TEST FAIL  
ALARM DISABLED

PERIODIC TEST FAIL  
ALARM DISABLED

GROSS TEST FAIL  
ALARM DISABLED

ANN TEST AVERAGING: OFF  
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TUK TST SIPHON BREAK:OFF

DELIVERY DELAY : 3 MIN

# County of Santa Clara

## Department of Environmental Health Hazardous Materials Compliance Division

1555 Berger Drive, Suite 300  
San Jose, CA 95112-2716  
(408) 918-3400  
www.EHinfo.org/hazmat



## Underground Storage Tank Permit to Operate

Permit Number: 251391-308081  
Effective Date: January 1, 2010  
Expiration Date: May 31, 2014  
Facility ID Number: 43-000-251391

Facility Name: EL CAMINO UNOCAL  
Site Address: 4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

Tank Owner Name: GREGORY GALATOLO  
Permit Contact: GREG GALATOLO  
Owner Address: 330 S. SAN ANTONIO RD.  
LOS ALTOS, CA 94022

COPY

(650) 941-0244

The following underground storage tanks are covered by this permit:

<u>Tank Identification Number</u>	<u>Capacity (gal.)</u>	<u>Tank Contents</u>	<u>Owner's Tank ID</u>
43-000-251391-100024	12,000	REGULAR UNLEADED GASOLINE	TANK 1
43-000-251391-100023	12,000	PREMIUM UNLEADED GASOLINE	TANK 2
43-000-251391-100022	500	WASTE OIL	TANK 3

### Permit Conditions

- In order to maintain this UST permit to operate, the permit holder shall comply with Health and Safety Code, Division 20, Chapters 6.7 and 6.75; and California Code of Regulations (CCR), Title 23, Division 3, Chapters 16 and 18.
- In the event of a spill, leak, or other unauthorized release, the permittee shall comply with the requirements of 23 CCR, Chapter 16, Article 5. Additionally, the permittee shall operate according to a UST Response Plan approved by the County of Santa Clara, Department of Environmental Health, Hazardous Materials Compliance Division (HMCD).
- The permittee shall comply with the monitoring procedures described in a UST Monitoring Plan and UST system Plot Plan approved by HMCD.
- The permittee shall notify, and received approval from, HMCD prior to making any changes in monitoring procedures and/or equipment. The permittee shall notify HMCD within 30 days of any change in the usage of any UST, including changes in hazardous substances stored or change of UST owner and/or operator.
- The permittee shall perform testing and preventive maintenance on all leak detection monitoring equipment annually, or more frequently if specified by the equipment manufacturer, and maintain documentation of such servicing on-site.
- The permittee shall obtain approval from HMCD and Fire and Building authorities prior to modifying any UST system.
- Written records of all monitoring performed shall be maintained on-site by the operator and be available for inspection for a period of at least three years from the date the monitoring was performed.
- The permittee shall submit annual permit fees and State UST surcharges. Penalties for late payment will be assessed at 25%.
- Copies of this permit and the approved UST monitoring, response, and plot plans shall be maintained at the tank site.
- Violation of any of the above conditions may be cause for revocation of this UST permit to operate.

# County of Santa Clara

Department of Environmental Health  
Hazardous Materials Compliance Division (HMCD)  
Hazardous Materials Program  
1555 Berger Drive, Suite 300  
San Jose, California 95112-2716  
(408)918-3400; Fax (408)280-6479  
[www.EHinfo.org/hazmat](http://www.EHinfo.org/hazmat)



February 24, 2010

GREG GALATOLO  
GREGORY GALATOLO  
330 S. SAN ANTONIO RD.  
LOS ALTOS, CA 94022

COPY

**Re: Permit No. 251391-308081, Underground Storage Tank Permit to Operate.**

Dear GREG GALATOLO:

Santa Clara County Department of Environmental Health's Hazardous Materials Compliance Division (HMCD) is the local agency which regulates underground storage tanks (UST) at your facility, **EL CAMINO UNOCAL**, located at **4350 EL CAMINO REAL, LOS ALTOS, CA**. The UST operating permit for that facility is enclosed. This permit must be posted at the tank site.

Please note the following provisions of Santa Clara County Ordinance Code:

**Sec. B11-290(f)** Persons performing secondary containment testing of any underground storage tank system subject to section 2637(a)(4) of title 23 of the California Code of Regulations, as amended, must report test results using the State Water Resources Control Board's "Secondary Containment Testing Report Form" or an alternate format approved by the director.

**Sec. B11-290(g)** The owner or operator of any underground storage tank subject to section 2637(b) of title 23 of the California Code of Regulations, as amended, must coordinate annual certification of underground storage tank monitoring equipment to coincide with the department's annual compliance inspection. Notwithstanding section 2637(b)(5), the UST owner or operator must notify the director at least fourteen calendar days prior to annual certification testing unless the notification requirement is waived by the director.

Please carefully review the permit information and Permit Conditions. Although the permit term is five years, fees will be assessed annually. Should you have any questions, please do not hesitate to contact the undersigned at (408) 918-1978.

Sincerely,

Greg Breshears  
Senior Hazardous Materials Specialist  
Hazardous Materials Compliance Division

Form Letter 20 - 02/24/10

**Board of Supervisors: Donald F. Gage, George Shirakawa, Dave Cortese, Ken Yeager, Liz Kniss**  
**County Executive: Jeffrey V. Smith**





# HAZARDOUS MATERIALS BUSINESS PLAN CERTIFICATION FORM

For Use by Unidocs Member Agencies or where approved by your Local Jurisdiction  
Authority Cited: Health and Safety Code §25503.3(c); 19 CCR §2729.5(c)

To: Agency Name: SANTA CLARA HMCID  
Agency Mailing Address: 1555 BERGEX DR. # 300  
SAN JOSE, CA 95112-2766

Pursuant to Section 25503.3(c) of California Health and Safety Code (HSC), the Hazardous Materials Business Plan (HMBP) certification described below is hereby submitted for the following facility:

Facility Name: EL CAMINO 76  
Facility Street Address: 4350 EL CAMINO REAL City: LOS ALTOS  
Date of Current HMBP: 1-5-10

I certify that: (Check the appropriate box.)

I have personally reviewed the Hazardous Materials Business Plan currently on file with your agency and certify that the HMBP is complete and accurate. (See bottom of page for details.) If this facility is subject to Federal Emergency Planning and Community Right to Know Act (EPCRA) reporting requirements, I have submitted the following documents with this Certification Form: Unified Program Consolidated Form (UPCF) Business Activities page; UPCF Business Owner/Operator Identification page with current signature and date; Hazardous Materials Inventory Statement page(s) with an original signature, photocopy of an original signature, or signature stamp on each page for all Extremely Hazardous Substances (EHS) handled at or above their Federal Threshold Planning Quantity (TPQ) or 500 pounds, whichever is less.

<sup>or</sup> Revisions to the Hazardous Materials Business Plan are necessary. The HMBP as revised is complete and accurate and is being implemented. A copy of the revisions has been electronically submitted or is enclosed with this Certification along with a signed UPCF Business Owner/Operator Identification page and UPCF Business Activities page if the HMBP revision include changes to the Hazardous Materials Inventory Statement.

**OWNER/OPERATOR CERTIFICATION:** I hereby certify under penalty of law that, based upon my inquiry of those individuals responsible for obtaining the information reported above, I believe that the submitted information is true, accurate, and complete. I understand that a revised HMBP must be submitted within 30 days of any change in this facility's storage or handling of hazardous materials that would require updating of the HMBP.

Name of Owner/Operator (Print): GREG GALATINO Title: OWNER  
Phone: 408-941-0244 Signature: [Signature] Date: 1-5-10

- By checking the upper box on this form, you are certifying that:
- The information contained in the HMBP most recently submitted is complete, accurate, and up-to-date; and
  - There has been no change in the quantity of any hazardous material as reported in the most recently submitted Hazardous Materials Inventory forms; and
  - The facility has not begun handling any hazardous material in a HMBP reportable quantity that is not currently listed in the Hazardous Materials Inventory; and
  - The most recently submitted HMBP contains the information required by Section 11022 of Title 42 of the United States Code; and
  - There have been no substantial changes in the facility's operations that would require revision of the current HMBP.

**UNIDOCs  
FACILITY INFORMATION  
BUSINESS OWNER/OPERATOR IDENTIFICATION PAGE**

Page \_\_\_\_\_ of \_\_\_\_\_

**I. IDENTIFICATION**

FACILITY ID # <i>(Agency Use Only)</i>		BEGINNING DATE	ENDING DATE
BUSINESS NAME <i>(Same as Facility Name or DBA - Doing Business As)</i> <b>EL CAMINO 76</b>		BUSINESS PHONE <b>(650) 941-0244</b>	
BUSINESS SITE ADDRESS <b>4350 EL CAMINO REAL</b>		BUSINESS FAX <b>(650) 941-2576</b>	
BUSINESS SITE CITY <b>LOS ALTOS</b>	CA	ZIP CODE <b>94022</b>	COUNTY <b>SANTA CLARA</b>
DUN & BRADSTREET <b>00-136-8265</b>	PRIMARY SIC <b>5541</b>	PRIMARY NAICS <b>447190</b>	
BUSINESS MAILING ADDRESS <b>4350 EL CAMINO REAL</b>			
BUSINESS MAILING CITY <b>Los Altos</b>	STATE <b>CA.</b>	ZIP CODE <b>94022</b>	
BUSINESS OPERATOR NAME <b>Greg GALATOLD</b>	BUSINESS OPERATOR PHONE <b>(650) 941-0244</b>		

**II. BUSINESS OWNER**

OWNER NAME <b>Greg GALATOLD</b>	OWNER PHONE <b>(650) 941-0244</b>
OWNER MAILING ADDRESS <b>4350 EL CAMINO REAL</b>	
OWNER MAILING CITY <b>Los Altos</b>	STATE <b>CA.</b>
	ZIP CODE <b>94022</b>

**III. ENVIRONMENTAL CONTACT**

CONTACT NAME <b>Greg GALATOLD</b>	CONTACT PHONE <b>(650) 941-0244</b>
CONTACT MAILING ADDRESS <b>4350 EL CAMINO REAL</b>	CONTACT EMAIL <b>ELCAMINOUNOCAL@MINDO.G</b>
CONTACT MAILING CITY <b>Los Altos</b>	STATE <b>CA.</b>
	ZIP CODE <b>94022</b>

**IV. EMERGENCY CONTACTS**

-PRIMARY-	-SECONDARY-
NAME <b>Greg GALATOLD</b>	NAME
TITLE <b>OWNER</b>	TITLE
BUSINESS PHONE <b>(650) 941-0244</b>	BUSINESS PHONE
24-HOUR PHONE <b>(415) 699-0933</b>	24-HOUR PHONE
PAGER # <b>( )</b>	PAGER #

**ADDITIONAL LOCALLY COLLECTED INFORMATION:**

Billing Address: \_\_\_\_\_  
 Property Owner: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_

**Certification:** Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE <i>[Signature]</i>	DATE <b>1-5-10</b>	NAME OF DOCUMENT PREPARER <b>Greg GALATOLD</b>
NAME OF SIGNER (print) <b>Greg GALATOLD</b>	TITLE OF SIGNER <b>OWNER</b>	

**BUSINESS ACTIVITIES**

**I. FACILITY IDENTIFICATION**

FACILITY ID# (Agency Use Only)		EPA ID# (Hazardous Waste Only)	2
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business AS)	El Camino 76 #256115	256115	3
BUSINESS SITE ADDRESS	4350 El Camino Real 103		
BUSINESS SITE CITY	Los Altos	CA	ZIP CODE 94022 105

**L. ACTIVITIES DECLARATION**

**NOTE: If you check YES to any part of this list, please submit the Business Owner/Operator Identification page**

Does your facility... If Yes, please complete these pages of the UPCF...

<b>A. HAZARDOUS MATERIALS</b> Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 4	HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION
<b>B. REGULATED SUBSTANCES</b> Have Regulated Substances stored on site in quantities greater than the Threshold quantities established by the California Accidental Release prevention Program (CalARP)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 4a	Coordinate with your agency responsible for CalARP.
<b>C. UNDERGROUND STORAGE TANKS (USTs)</b> Own or operate underground storage tanks?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 5	UST FACILITY (Formerly SWRCB Form A) UST TANK (One page per tank) (Formerly Form B)
<b>D. ABOVE GROUND PETROLEUM STORAGE</b> Own or operate ASTs above these thresholds: Store greater than 1,320 gallons of petroleum products (new or used) in aboveground tanks and containers	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 8	NO FORM REQUIRED TO CUPAS
<b>E. HAZARDOUS WASTE</b> Generate hazardous waste? Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143.2)? Treat hazardous waste on site? Treatment subject to financial assurance requirements (for Permit by Rule and Conditional authorization)? Consolidate hazardous waste generated at a remote site? Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite? Generate in any single calendar month 1,000 kilograms (kg) (2,200 pounds) or more of federal RCRA hazardous waste, or generate in any single calendar month, or accumulate at any time, 1 kg (2.2 pounds) or RCRA acute hazardous waste; or generate or accumulate at any time more than 100 kg (220 pounds) of spill cleanup materials contaminated with RCRA acute hazardous waste. Household Hazardous Waste (HHW) Collection Site?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 9 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 11 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 12 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 13 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14a <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14b	EPA ID NUMBER—provide at the top of this page RECYCLABLE MATERIALS REPORT (one per recycler) ONSITE HAZARDOUS WASTE TREATMENT - FACILITY ONSITE HAZARDOUS WASTE TREATMENT-UNIT (one page per unit) CERTIFICATION OF FINANCIAL ASSURANCE REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION HAZARDOUS WASTE TANK CLOSURE CERTIFICATION Obtain federal EPA ID Number, file Biennial Report (EPA Form 8700-13A/B), and satisfy requirements for RCRA Large Quantity Generator. See CUPA for required forms.

**CAL REQUIREMENTS**

(You may also be required to provide additional information by your CUPA or local agency.)

76  
4350 EL CAMINO REAL  
LOS ALTOS CA  
415-914-0244

JAN 4 2011 8:50 AM

SYSTEM STATUS REPORT

ALL FUNCTIONS NORMAL

INVENTORY REPORT

T 1:87  
VOLUME = 3944 GALS  
ULLAGE = 8109 GALS  
90% ULLAGE = 6903 GALS  
TC VOLUME = 3951 GALS  
HEIGHT = 39.87 INCHES  
WATER VOL = 0 GALS  
WATER = 0.00 INCHES  
TEMP = 57.2 DEG F

T 2:91  
VOLUME = 4645 GALS  
ULLAGE = 7408 GALS  
90% ULLAGE = 6202 GALS  
TC VOLUME = 4645 GALS  
HEIGHT = 45.08 INCHES  
WATER VOL = 14 GALS  
WATER = 0.87 INCHES  
TEMP = 59.8 DEG F

\* \* \* \* \* END \* \* \* \* \*

76  
4350 EL CAMINO REAL  
LOS ALTOS CA  
415-914-0244

JAN 4 2011 8:50 AM

SYSTEM STATUS REPORT

ALL FUNCTIONS NORMAL

INVENTORY REPORT

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90% ULLAGE = 6202 GALS  
TC VOLUME = 4645 GALS  
HEIGHT = 45.07 INCHES  
WATER VOL = 14 GALS  
WATER = 0.87 INCHES  
TEMP = 59.8 DEG F

\* \* \* \* \* END \* \* \* \* \*

SYSTEM UNITS

U.S.

SYSTEM LANGUAGE

ENGLISH

SYSTEM DATE TIME FORMAT  
MON DD YYYY HH:MM:SS AM

76

4350 EL CAMINO REAL

LOS ALTOS CA

415-914-0244

SHIFT TIME 1 : 6:00 AM  
SHIFT TIME 2 : DISABLED  
SHIFT TIME 3 : DISABLED  
SHIFT TIME 4 : DISABLED

TANK PER TST NEEDED WRN  
DISABLED

TANK ANN TST NEEDED WRN  
DISABLED

LINE RE-ENABLE METHOD  
PASS LINE TEST

LINE PER TST NEEDED WRN  
DISABLED

LINE ANN TST NEEDED WRN  
DISABLED

PRINT TO VOLUMES  
ENABLED

TEMP COMPENSATION  
VALUE (DEG F) : 80.0  
STICK HEIGHT OFFSET  
DISABLED  
ULLAGE : 90%

H-PROTOCOL DATA FORMAT  
HEIGHT  
DAYLIGHT SAVING TIME  
DISABLED  
RE-DIRECT LOCAL PRINTOUT  
DISABLED

EURO PROTOCOL PREFIX  
S

MAINTENANCE HISTORY  
DISABLED

TANK CHART SECURITY  
DISABLED

CUSTOM ALARMS  
DISABLED

SERVICE NOTICE  
DISABLED

ISO 3166 COUNTRY  
CODE:

MASS DENSITY  
DISABLED

PORT SETTINGS:

COMM BOARD : 1 (EDIM )  
RS-232 SECURITY  
CODE : DISABLED

COMM BOARD : 2 (S-SAT )  
BAUD RATE : 9600  
PARITY : NONE  
STOP BIT : 1 STOP  
DATA LENGTH: 8 DATA  
RS-232 SECURITY  
CODE : DISABLED  
DTR NORMAL STATE: HIGH

COMM BOARD : 5 (RS-485)  
BAUD RATE : 2400  
PARITY : EVEN  
STOP BIT : 1 STOP  
DATA LENGTH: 7 DATA  
RS-232 SECURITY  
CODE : DISABLED

COMM BOARD : 6 (RS-232)  
BAUD RATE : 9600  
PARITY : NONE  
STOP BIT : 1 STOP  
DATA LENGTH: 8 DATA  
RS-232 SECURITY  
CODE : DISABLED

AUTO TRANSMIT SETTINGS:

AUTO LEAK ALARM LIMIT  
DISABLED  
AUTO HIGH WATER LIMIT  
DISABLED  
AUTO OVERFILL LIMIT  
DISABLED  
AUTO LOW PRODUCT  
DISABLED  
AUTO THEFT LIMIT  
DISABLED  
AUTO DELIVERY START  
DISABLED  
AUTO DELIVERY END  
DISABLED  
AUTO EXTERNAL INPUT ON  
DISABLED  
AUTO EXTERNAL INPUT OFF  
DISABLED  
AUTO SENSOR FUEL ALARM  
DISABLED  
AUTO SENSOR WATER ALARM  
DISABLED  
AUTO SENSOR OIL ALARM  
DISABLED

RECEIVER SETUP:

NONE

AUTO DIAL TIME SETUP:

NONE

RS-232 END OF MESSAGE  
DISABLED

AUTO DIAL ALARM SETUP

IN-TANK SETUP

T 2:91

PRODUCT CODE : 2  
THERMAL COEFF : 000700  
TANK DIAMETER : 110.00  
TANK PROFILE : 4 PTS  
FULL VOL : 12053  
82.5 INCH VOL : 9659  
55.0 INCH VOL : 6009  
27.5 INCH VOL : 2364

FLOAT SIZE: 4.0 IN.

WATER WARNING : 1.5  
HIGH WATER LIMIT: 2.0

MAX OF LABEL VOL: 12053  
OVERFILL LIMIT : 90%  
: 10847  
HIGH PRODUCT : 95%  
: 11450  
DELIVERY LIMIT : 10%  
: 1205

LOW PRODUCT : 450  
LEAK ALARM LIMIT: 50  
SUDDEN LOSS LIMIT: 50  
TANK TILT : 0.00  
PROBE OFFSET : 0.00

SIPHON MANIFOLDED TANKS  
T#: NONE  
LINE MANIFOLDED TANKS  
T#: NONE

LEAK MIN PERIODIC: 0%  
: 0

LEAK MIN ANNUAL : 0%  
: 0

PERIODIC TEST TYPE  
STANDARD

ANNUAL TEST FAIL  
ALARM DISABLED

PERIODIC TEST FAIL  
ALARM DISABLED

GROSS TEST FAIL  
ALARM DISABLED

ANN TEST AVERAGING: OFF  
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK: OFF

DELIVERY DELAY : 1 MIN  
PUMP THRESHOLD : 10.00%

LEAK TEST METHOD

T 1:87  
PRODUCT CODE : 1  
THERMAL COEFF : .000700  
TANK DIAMETER : 110.00  
TANK PROFILE : 4 FTS  
FULL VOL : 12053  
82.5 INCH VOL : 9659  
55.0 INCH VOL : 6009  
27.5 INCH VOL : 2364

FLOAT SIZE: 4.0 IN.  
WATER WARNING : 1.5  
HIGH WATER LIMIT: 2.0  
MAX OR LABEL VOL: 12053  
OVERFILL LIMIT : 90%  
: 10847  
HIGH PRODUCT : 95%  
: 11450  
DELIVERY LIMIT : 10%  
: 1205  
LOW PRODUCT : 450  
LEAK ALARM LIMIT: 50  
SUDDEN LOSS LIMIT: 50  
TANK TILT : 0.00  
PROBE OFFSET : 0.00

SIPHON MANIFOLDED TANKS  
T#: NONE  
LINE MANIFOLDED TANKS  
T#: NONE

LEAK MIN PERIODIC: 50%  
: 6026  
LEAK MIN ANNUAL : 50%  
: 6026

PERIODIC TEST TYPE  
STANDARD

ANNUAL TEST FAIL  
ALARM DISABLED

PERIODIC TEST FAIL  
ALARM DISABLED

GROSS TEST FAIL  
ALARM DISABLED

ANN TEST AVERAGING: OFF  
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 2 MIN  
PUMP THRESHOLD : 10.00%

TEST ON DATE : ALL TANK  
JUL 1, 2009  
START TIME : DISABLED  
TEST RATE : 0.20 GAL/HR  
DURATION : 2 HOURS

TEST EARLY STOP: DISABLED

LEAK TEST REPORT FORMAT  
NORMAL

LIQUID SENSOR SETUP  
-----

L 1:87 STP  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : STP SUMP

L 2:91 STP  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : STP SUMP

L 3:87 ANNULAR  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : ANNULAR SPACE

L 4:91 ANNULAR  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : ANNULAR SPACE

L 5:WASTE OIL ANNULAR  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : ANNULAR SPACE

OUTPUT RELAY SETUP  
-----

R 1:87 SHUTDOWN

TYPE:

STANDARD

NORMALLY CLOSED

TANK #: 1

IN-TANK ALARMS

T 1:HIGH WATER ALARM

T 1:LOW PRODUCT ALARM

LIQUID-SENSOR ALARMS

L 1:FUEL ALARM

L 1:SHORT ALARM

L 1:WATER ALARM

ISD SITE ALARMS

ISD GROSS PRES FAIL

ISD DEGRD PRES FAIL

ISD VAPOR LEAK FAIL

ISD VP PRES FAIL

ISD VP STATUS FAIL

ISD SETUP FAIL

ISD SENSOR OUT FAIL

ISD HOSE ALARMS

ALL:GROSS COLLECT FAIL

ALL:DEGRD COLLECT FAIL

ALL:FLOW COLLECT FAIL

R 2:91 SHUTDOWN

TYPE:

STANDARD

NORMALLY CLOSED

TANK #: 2

IN-TANK ALARMS

T 2:HIGH WATER ALARM

T 2:LOW PRODUCT ALARM

LIQUID SENSOR ALARMS

L 2:FUEL ALARM

L 2:SENSOR OUT ALARM

L 2:SHORT ALARM

ISD SITE ALARMS

ISD GROSS PRES FAIL

ISD DEGRD PRES FAIL

ISD VAPOR LEAK FAIL

ISD VP PRES FAIL

ISD VP STATUS FAIL

ISD SETUP FAIL

ISD SENSOR OUT FAIL

ISD HOSE ALARMS

ALL:GROSS COLLECT FAIL

ALL:DEGRD COLLECT FAIL

ALL:FLOW COLLECT FAIL

R 3:OVERFILL

TYPE:

STANDARD

NORMALLY OPEN

TANK #: NONE

IN-TANK ALARMS

ALL:OVERFILL ALARM

ALL:HIGH PRODUCT ALARM

SMARTSENSOR SETUP

5 1:VFM 1-2  
CATEGORY AIR FLOW METER

6 2:VFM 3-4  
CATEGORY AIR FLOW METER

5 3:VFM 5-6  
CATEGORY AIR FLOW METER

5 4:VFM 7-8  
CATEGORY AIR FLOW METER

5 5:VFM 9-10  
CATEGORY AIR FLOW METER

5 6:VFM 11-12  
CATEGORY AIR FLOW METER

5 7:VFM 13-14  
CATEGORY AIR FLOW METER

5 8:PRESSURE SENSOR  
CATEGORY VAPOR PRESSURE

EVR: ISD SETUP

EVR TYPE: VACUUM ASSIST  
VACUUM ASSIST TYPE  
HEAVY VAC

NOZZLE H L RANGE  
MAX: 1.15 MIN: 0.95

VAPOR PROCESSOR TYPE  
NONE

ANALYSIS TIMES  
TIME: 11:59 PM  
DELAY MINUTES: 1

ACCEPT HIGH ORVR:  
DISABLED.

ISD HOSE TABLE

ID	FP	FL	HL	AA	RR
01	01	01	03	01	UU
02	01	01	04	01	UU
03	01	01	05	01	UU
04	02	02	03	01	UU
05	02	02	04	01	UU
06	02	02	05	01	UU
07	03	03	03	02	UU
08	03	03	04	02	UU
09	03	03	05	02	UU
10	04	04	03	02	UU
11	04	04	04	02	UU
12	04	04	05	02	UU
13	05	05	03	03	UU
14	05	05	04	03	UU
15	05	05	05	03	UU
16	06	06	03	03	UU
17	06	06	04	03	UU
18	06	06	05	03	UU
19	07	07	03	04	UU
20	07	07	04	04	UU
21	07	07	05	04	UU
22	08	08	03	04	UU
23	08	08	04	04	UU
24	08	08	05	04	UU
25	09	09	03	05	UU
26	09	09	04	05	UU
27	09	09	05	05	UU
28	16	10	03	05	UU
29	16	10	04	05	UU
30	16	10	05	05	UU
31	17	11	03	06	UU
32	17	11	04	06	UU
33	17	11	05	06	UU
34	18	12	03	06	UU
35	18	12	04	06	UU
36	18	12	05	06	UU
37	19	13	03	07	UU
38	19	13	04	07	UU
39	19	13	05	07	UU
40	20	14	03	07	UU
41	20	14	04	07	UU
42	20	14	05	07	UU

ISD AIRFLOW METER MAF  
ID SERIAL NUM LABEL

1	50289	VFM 1-2
2	50287	VFM 3-4
3	50290	VFM 5-6
4	50085	VFM 7-8
5	50117	VFM 9-10
6	51007	VFM 11-12
7	50281	VFM 13-14

ISD FUEL GRADE HOSE MAF  
1 2 3 4  
FP MHH MHH MHH MHH AA

01	101	902	203	U U	1
02	104	905	206	U U	1
03	107	908	209	U U	2
04	110	911	212	U U	2
05	113	914	215	U U	3
06	116	917	218	U U	3
07	119	920	221	U U	4
08	122	923	224	U U	4
09	125	926	227	U U	5
16	128	929	230	U U	5
17	131	932	233	U U	6
18	134	935	236	U U	6
19	137	938	239	U U	7
20	140	941	242	U U	7

LABEL TABLE

1: UNASSIGNED  
2: BLEND3  
3: REGULAR  
4: MID GRADE  
5: PREMIUM  
6: GOLD  
7: BRONZE  
8: SILVER  
9: BLEND2  
10: BLEND4

FMC SETUP

FMC VERSION: 01.02

VAPOR PROCESSOR: TYPE

NONE

PROCESSOR CONTROL LEVEL:

NONE

T 1:87

INVENTORY INCREASE

INCREASE START

JAN 4, 2011 9:02 AM

VOLUME = 3009 GALS  
HEIGHT = 32.70 INCHES  
WATER = 0.00 INCHES  
TEMP = 57.2 DEG F

INCREASE END

JAN 4, 2011 9:05 AM

VOLUME = 9087 GALS  
HEIGHT = 77.88 INCHES  
WATER = 0.75 INCHES  
TEMP = 56.6 DEG F

GROSS INCREASE= 6078

TO NET INCREASE= 6094

T 2:91

INVENTORY INCREASE

INCREASE START

JAN 4, 2011 9:03 AM

VOLUME = 1970 GALS  
HEIGHT = 24.17 INCHES  
WATER = 0.00 INCHES  
TEMP = 59.9 DEG F

INCREASE END

JAN 4, 2011 9:06 AM

VOLUME = 9267 GALS  
HEIGHT = 79.31 INCHES  
WATER = 0.00 INCHES  
TEMP = 59.0 DEG F

GROSS INCREASE= 7297

TO NET INCREASE= 7303

SOFTWARE REVISION LEVEL

VERSION 329.02

SOFTWARE# 346329-100-C

CREATED = 09.07.01.16.29

S-MODULE# 330160-004-a

SYSTEM FEATURES:

PERIODIC IN-TANK TESTS:

ANNUAL IN-TANK TESTS:

ISD

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
L 1:87 STP  
STP SUMP

\* \* \* \* \* END \* \* \* \* \*

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
L 2:91 STP  
STP SUMP

\* \* \* \* \* END \* \* \* \* \*

PORT SETTINGS:

COMM BOARD : 1 (RS-232)  
BAUD RATE : 1200  
PARITY : ODD  
STOP BIT : 1 STOP  
DATA LENGTH: 7 DATA  
RS-232 SECURITY  
CODE : DISABLED

COMM BOARD : 2 (S-SAT )  
BAUD RATE : 9600  
PARITY : NONE  
STOP BIT : 1 STOP  
DATA LENGTH: 8 DATA  
RS-232 SECURITY  
CODE : DISABLED  
DTR NORMAL STATE: HIGH

COMM BOARD : 5 (RS-485)  
BAUD RATE : 2400  
PARITY : EVEN  
STOP BIT : 1 STOP  
DATA LENGTH: 7 DATA  
RS-232 SECURITY  
CODE : DISABLED

COMM BOARD : 6 (RS-232)  
BAUD RATE : 1200  
PARITY : ODD  
STOP BIT : 1 STOP  
DATA LENGTH: 7 DATA  
RS-232 SECURITY  
CODE : DISABLED

AUTO TRANSMIT SETTINGS:

AUTO LEAK ALARM LIMIT  
DISABLED  
AUTO HIGH WATER LIMIT  
DISABLED  
AUTO OVERFILL LIMIT  
DISABLED  
AUTO LOW PRODUCT  
DISABLED  
AUTO THEFT LIMIT  
DISABLED  
AUTO DELIVERY START  
DISABLED  
AUTO DELIVERY END  
DISABLED  
AUTO EXTERNAL INPUT ON  
DISABLED  
AUTO EXTERNAL INPUT OFF  
DISABLED  
AUTO SENSOR FUEL ALARM  
DISABLED  
AUTO SENSOR WATER ALARM  
DISABLED  
AUTO SENSOR OUT ALARM  
DISABLED

RECEIVER SETUP:

NONE

AUTO DIAL TIME SETUP:

NONE

RS-232 END OF MESSAGE  
DISABLED

AUTO DIAL ALARM SETUP

SYSTEM SETUP

MAY 14. 2010 2:19 PM

SYSTEM UNITS

U.S.

SYSTEM LANGUAGE

ENGLISH

SYSTEM DATE TIME FORMAT

MON DD YYYY HH:MM:SS AM

76

4350 EL CAMINO REAL

LOS ALTOS

415-941-0244

SHIFT TIME 1 : 6:00 AM

SHIFT TIME 2 : DISABLED

SHIFT TIME 3 : DISABLED

SHIFT TIME 4 : DISABLED

TANK PER TST NEEDED WRN

DISABLED

TANK ANN TST NEEDED WRN

DISABLED

LINE RE-ENABLE METHOD

PASS LINE TEST

LINE PER TST NEEDED WRN

DISABLED

LINE ANN TST NEEDED WRN

DISABLED

PRINT TO VOLUMES

ENABLED

TEMP COMPENSATION

VALUE (DEG F) : 60.0

STICK HEIGHT OFFSET

DISABLED

ULLAGE: 90%

H-PROTOCOL DATA FORMAT

HEIGHT

DAYLIGHT SAVING TIME

ENABLED

START DATE

MAR WEEK 2 SUN

START TIME

2:00 AM

END DATE

NOV WEEK 1 SUN

END TIME

2:00 AM

RE-DIRECT LOCAL PRINTOUT

DISABLED

EURO PROTOCOL PREFIX

S

SYSTEM SECURITY

CODE : 000000

MAINTENANCE HISTORY

DISABLED

TANK CHART SECURITY

DISABLED

CUSTOM ALARMS

DISABLED

SERVICE NOTICE

DISABLED

ISO 3166 COUNTRY

CODE:

MASS DENSITY

DISABLED

COMMUNICATIONS SETUP

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
L 3:87 ANNULAR  
ANNULAR SPACE

\* \* \* \* \* END \* \* \* \* \*

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
L 4:91 ANNULAR  
ANNULAR SPACE

\* \* \* \* \* END \* \* \* \* \*

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
L 5:08 WASTE OIL ANNULAR  
ANNULAR SPACE

\* \* \* \* \* END \* \* \* \* \*

----- SENSOR ALARM -----  
L 2:91 STF  
STF SUMP  
FUEL ALARM  
JAN 4 2011 9:22 AM

----- SENSOR ALARM -----  
L 1:87 STP  
STP SUMP  
FUEL ALARM  
JAN 4. 2011 9:22 AM

----- SENSOR ALARM -----  
L 4:91 ANNULAR  
ANNULAR SPACE  
FUEL ALARM  
JAN 4. 2011 9:23 AM

----- SENSOR ALARM -----  
L 3:87 ANNULAR  
ANNULAR SPACE  
FUEL ALARM  
JAN 4. 2011 9:24 AM

----- SENSOR ALARM -----  
L 5:WASTE OIL ANNULAR  
ANNULAR SPACE  
FUEL ALARM  
JAN 4. 2011 9:26 AM

7b  
4350 EL CAMINO REAL  
LOS ALTOS CA  
415-914-0244

JAN 4. 2011 9:26 AM

SYSTEM STATUS REPORT

-----  
ALL FUNCTIONS NORMAL

---- IN-TANK ALARM ----  
T 2:91  
HIGH PRODUCT ALARM  
JAN 4. 2011 9:27 AM

---- IN-TANK ALARM ----  
T 2:91  
PROBE OUT  
JAN 4. 2011 9:28 AM

----- IN-TANK ALARM -----

T 2:91

LOW TEMP WARNING

JAN 4. 2011 9:28 AM

----- IN-TANK ALARM -----

T 1:87

HIGH PRODUCT ALARM

JAN 4. 2011 9:29 AM

----- IN-TANK ALARM -----

T 1:87

PROBE OUT

JAN 4. 2011 9:29 AM

76

4350 EL CAMINO REAL

LOS ALTOS CA

415-914-0244

JAN 4. 2011 9:31 AM

SYSTEM STATUS REPORT

-----

ALL FUNCTIONS NORMAL

----- SENSOR ALARM -----

L 1:87 STF

STF SUMP

SENSOR OUT ALARM

JAN 4. 2011 9:32 AM

----- SENSOR ALARM -----

L 5:WASTE OIL ANNULAR

ANNULAR SPACE

SENSOR OUT ALARM

JAN 4. 2011 9:32 AM

----- SENSOR ALARM -----

L 2:91 STF

STF SUMP

SENSOR OUT ALARM

JAN 4. 2011 9:32 AM

----- SENSOR ALARM -----

L 3:87 ANNULAR

ANNULAR SPACE

SENSOR OUT ALARM

JAN 4. 2011 9:32 AM

----- SENSOR ALARM -----

L 4:91 ANNULAR

ANNULAR SPACE

SENSOR OUT ALARM

JAN 4. 2011 9:32 AM

IN-TANK SETUP

T 1:87

PRODUCT CODE : 1  
 THERMAL COEFF : .000700  
 TANK DIAMETER : 110.00  
 TANK PROFILE : 4 PTS  
     FULL VOL : 12053  
     82.5 INCH VOL : 9659  
     55.0 INCH VOL : 6009  
     27.5 INCH VOL : 2364

FLOAT SIZE: 4.0 IN.

WATER WARNING : 1.5  
 HIGH WATER LIMIT: 2.0

MAX OR LABEL VOL: 12053  
 OVERFILL LIMIT : 90%  
                   : 10847  
 HIGH PRODUCT : 95%  
                   : 11450  
 DELIVERY LIMIT : 0%  
                   : 0

LOW PRODUCT : 470  
 LEAK ALARM LIMIT: 50  
 SUDDEN LOSS LIMIT: 500  
 TANK TILT : 0.00  
 PROBE OFFSET : 0.00

SIPHON MANIFOLDED TANKS  
 T#: NONE  
 LINE MANIFOLDED TANKS  
 T#: NONE

LEAK MIN PERIODIC: 10%  
                   : 1205

LEAK MIN ANNUAL : 10%  
                   : 1205

PERIODIC TEST TYPE  
                                   STANDARD

ANNUAL TEST FAIL  
                                   ALARM DISABLED

PERIODIC TEST FAIL  
                                   ALARM DISABLED

GROSS TEST FAIL  
                                   ALARM DISABLED

ANN TEST AVERAGING: OFF  
 PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 2 MIN  
 PUMP THRESHOLD : 10.00%

T 2:91

PRODUCT CODE : 2  
THERMAL COEFF : 000700  
TANK DIAMETER : 110.00  
TANK PROFILE : 4 PTS  
FULL VOL : 12053  
82.5 INCH VOL : 9659  
55.0 INCH VOL : 6009  
27.5 INCH VOL : 2364

FLOAT SIZE: 4.0 IN.

WATER WARNING : 1.5  
HIGH WATER LIMIT: 2.0

MAX OR LABEL VOL: 12053  
OVERFILL LIMIT : 90%  
: 10847

HIGH PRODUCT : 95%  
: 11450

DELIVERY LIMIT : 9%  
: 1084

LOW PRODUCT : 470

LEAK ALARM LIMIT: 50

SUDDEN LOSS LIMIT: 50

TANK TILT : 0.00

PROBE OFFSET : 0.00

SIPHON MANIFOLDED TANKS

T#: NONE

LINE MANIFOLDED TANKS

T#: NONE

LEAK MIN PERIODIC: 0%  
: 0

LEAK MIN ANNUAL : 0%  
: 0

PERIODIC TEST TYPE  
STANDARD

ANNUAL TEST FAIL  
ALARM DISABLED

PERIODIC TEST FAIL  
ALARM DISABLED

GROSS TEST FAIL  
ALARM DISABLED

ANN TEST AVERAGING: OFF  
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK: OFF

DELIVERY DELAY : 2 MIN  
PUMP THRESHOLD : 10.00%

LEAK TEST METHOD

TEST ON DATE : ALL TANK  
JUL 1, 2009  
START TIME : DISABLED  
TEST RATE : 0.20 GAL. HR  
DURATION : 2 HOURS

TST EARLY STOP:DISABLED

LEAK TEST REPORT FORMAT  
NORMAL

LIQUID SENSOR SETUP  
-----

L 1:87 STP ✓  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : STP SUMP

L 2:91 STP ✓  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : STP SUMP

L 3:87 ANNULAR ✓  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : ANNULAR SPACE

L 4:91 ANNULAR /  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : ANNULAR SPACE

L 5:WASTE OIL ANNULAR ✓  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : ANNULAR SPACE

OUTPUT RELAY SETUP

5 1:VFM 1-2  
CATEGORY AIR FLOW METER

5 2:VFM 3-4  
CATEGORY AIR FLOW METER

5 3:VFM 5-6  
CATEGORY AIR FLOW METER

5 4:VFM 7-8  
CATEGORY AIR FLOW METER

5 5:VFM 9-10  
CATEGORY AIR FLOW METER

5 6:VFM 11-12  
CATEGORY AIR FLOW METER

5 7:VFM 13-14  
CATEGORY AIR FLOW METER

5 8:PRESSURE SENSOR  
CATEGORY VAPOR PRESSURE

#### EVR/ISD SETUP

EVR TYPE: VACUUM ASSIST  
VACUUM ASSIST TYPE  
HEALY VAC

NOZZLE A L RANGE  
MAX: 1.15 MIN: 0.95

VAPOR PROCESSOR TYPE  
NONE

ANALYSIS TIMES  
TIME: 10:00 AM  
DELAY MINUTES: 1

ACCEPT HIGH ORVR:  
DISABLED

ISD HOSE TABLE  
ID FF FL HL HA RR

01	UU	01	03	00	UU
02	UU	01	04	00	UU
03	UU	01	05	00	UU
04	UU	02	03	00	UU
05	UU	02	04	00	UU
06	UU	02	05	00	UU
07	UU	03	03	02	UU
08	UU	03	04	02	UU
09	UU	03	05	02	UU
10	UU	04	03	02	UU
11	UU	04	04	02	UU
12	UU	04	05	02	UU
13	UU	05	03	03	UU
14	UU	05	04	03	UU
15	UU	05	05	03	UU
16	UU	06	03	03	UU
17	UU	06	04	03	UU
18	UU	06	05	03	UU
19	UU	07	03	04	UU
20	UU	07	04	04	UU
21	UU	07	05	04	UU
22	UU	08	03	04	UU
23	UU	08	04	04	UU
24	UU	08	05	04	UU
25	UU	09	03	05	UU
26	UU	09	04	05	UU
27	UU	09	05	05	UU
28	UU	10	03	05	UU
29	UU	10	04	05	UU
30	UU	10	05	05	UU
31	UU	11	03	06	UU
32	UU	11	04	06	UU
33	UU	11	05	06	UU
34	UU	12	03	06	UU
35	UU	12	04	06	UU
36	UU	12	05	06	UU
37	UU	13	03	07	UU
38	UU	13	04	07	UU
39	UU	13	05	07	UU
40	UU	14	03	07	UU
41	UU	14	04	07	UU
42	UU	14	05	07	UU

ISD AIRFLOW METER MAP  
ID SERIAL NUM LABEL

2	50287	VFM 3-4
3	50290	VFM 5-6
4	50085	VFM 7-8
5	50117	VFM 9-10
6	50297	VFM 11-12
7	50281	VFM 13-14

ISD FUEL GRADE HOSE MAP

	1	2	3	4	
FP	MHH	MHH	MHH	MHH	AA

-----  
TABLE EMPTY

LABEL TABLE

-----  
1: UNASSIGNED  
2: BLEND3  
3: REGULAR  
4: MID GRADE  
5: PREMIUM  
6: GOLD  
7: BRONZE  
8: SILVER  
9: BLEND2  
10: BLEND4

PMC SETUP

PMC VERSION: 01.02

VAPOR PROCESSOR TYPE  
NONE

PROCESSOR CONTROL LEVEL:  
NONE

TEST ON DATE : ALL TANK  
JAN 1. 1996  
START TIME : DISABLED  
TEST RATE : 0.20 GAL/HR  
DURATION : 2 HOURS

LEAK TEST REPORT FORMAT  
NORMAL

LIQUID SENSOR SETUP  
-----

L 1:87 STP-SUMP  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : STP SUMP

L 2:91 STP-SUMP  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : STP SUMP

L 3:87 ANNULAR  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : ANNULAR SPACE

L 4:91 ANNULAR  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : ANNULAR SPACE

L 5:WASTE-OIL ANNULAR  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : ANNULAR SPACE

OUTPUT RELAY SETUP  
-----

R 1:87 RELAY  
TYPE:  
STANDARD  
NORMALLY CLOSED

IN-TANK ALARMS  
T 1:HIGH WATER ALARM  
T 1:LOW PRODUCT ALARM

LIQUID SENSOR ALMS  
L 1:FUEL ALARM  
L 1:SENSOR OUT ALARM  
L 1:SHORT ALARM

R 2:91 RELAY  
TYPE:  
STANDARD  
NORMALLY OPEN

IN-TANK ALARMS  
T 2:HIGH WATER ALARM  
T 2:LOW PRODUCT ALARM

LIQUID SENSOR ALMS  
L 2:FUEL ALARM  
L 2:SENSOR OUT ALARM  
L 2:SHORT ALARM

R 3:OVERFILL ALARM  
TYPE:  
STANDARD  
NORMALLY OPEN

IN-TANK ALARMS  
ALL:OVERFILL ALARM  
ALL:HIGH PRODUCT ALARM  
ALL:LOW PRODUCT ALARM

T 1:37-REGULAR UNLEADED  
PRODUCT CODE : 1  
THERMAL COEFF : .000700  
TANK DIAMETER : 110.00  
TANK PROFILE : 4 FTS  
FULL VOL : 12053  
82.5 INCH VOL : 9659  
55.0 INCH VOL : 6009  
27.5 INCH VOL : 2364

FLOAT SIZE: 4.0 IN. 8496

WATER WARNING : 1.5  
HIGH WATER LIMIT: 2.0

MAX OR LABEL VOL: 12053  
OVERFILL LIMIT : 90%  
: 10847  
HIGH PRODUCT : 95%  
: 11450  
DELIVERY LIMIT : 11%  
: 1440

LOW PRODUCT : 470  
LEAK ALARM LIMIT: 50  
SUDDEN LOSS LIMIT: 50  
TANK TILT : 0.00

MANIFOLDED TANKS  
T#: NONE

LEAK MIN PERIODIC: 10%  
: 1205

LEAK MIN ANNUAL : 10%  
: 1205

PERIODIC TEST TYPE  
STANDARD

ANNUAL TEST FAIL  
ALARM DISABLED

PERIODIC TEST FAIL  
ALARM DISABLED

CROSS TEST FAIL  
ALARM DISABLED

ANN TEST AVERAGING: OFF  
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 3 MIN

T: 2:91-PREMIUM UNLEADED 2  
PRODUCT CODE : .000700  
THERMAL COEFF : 160.00  
TANK DIAMETER : 4 PTS  
TANK PROFILE : 12053  
FULL VOL : 9659  
82.5 INCH VOL : 6009  
55.0 INCH VOL : 2364  
27.5 INCH VOL :

FLOAT SIZE: 4.0 IN. 8496

WATER WARNING : 1.5  
HIGH WATER LIMIT: 2.0

MAX OR LABEL VOL: 12053  
OVERFILL LIMIT : 90%

HIGH PRODUCT : 10847  
: 95%

DELIVERY LIMIT : 11450  
: 9%

LOW PRODUCT : 470

LEAK ALARM LIMIT: 50

SUDDEN LOSS LIMIT: 50

TANK TILT : 0.00

MANIFOLDED TANKS  
T#: NONE

LEAK MIN PERIODIC: 10%  
: 1205

LEAK MIN ANNUAL : 10%  
: 1205

PERIODIC TEST TYPE  
STANDARD

ANNUAL TEST FAIL  
ALARM DISABLED

PERIODIC TEST FAIL  
ALARM DISABLED

GROSS TEST FAIL  
ALARM DISABLED

ANN TEST AVERAGING: OFF

PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK: OFF

DELIVERY DELAY : 3 MIN

LEAK TEST METHOD

PORT SETTINGS:

COMM BOARD : 1 (RS-232)  
BAUD RATE : 1200  
PARITY : ODD  
STOP BIT : 1 STOP  
DATA LENGTH: 7 DATA

COMM BOARD : 2 (S-SAT )  
BAUD RATE : 9600  
PARITY : NONE  
STOP BIT : 2 STOP  
DATA LENGTH: 8 DATA

AUTO TRANSMIT SETTINGS:

AUTO LEAK ALARM LIMIT  
DISABLED  
AUTO HIGH WATER LIMIT  
DISABLED  
AUTO OVERFILL LIMIT  
DISABLED  
AUTO LOW PRODUCT  
DISABLED  
AUTO THEFT LIMIT  
DISABLED  
AUTO DELIVERY START  
DISABLED  
AUTO DELIVERY END  
DISABLED  
AUTO EXTERNAL INPUT ON  
DISABLED  
AUTO EXTERNAL INPUT OFF  
DISABLED  
AUTO SENSOR FUEL ALARM  
DISABLED  
AUTO SENSOR WATER ALARM  
DISABLED  
-AUTO SENSOR-OUT ALARM.:  
DISABLED

RECEIVER SETUP:

NONE

AUTO DIAL TIME SETUP:  
NONE

RS-232 SECURITY  
CODE : 000000

RS-232 END OF MESSAGE  
DISABLED

AUTO DIAL ALARM SETUP  
-----

IN-TANK SETUP  
-----

R 1:87 SHUTDOWN

TYPE:

STANDARD  
NORMALLY CLOSED

TANK #: 1

IN-TANK ALARMS

T 1:HIGH WATER ALARM  
T 1:LOW PRODUCT ALARM

LIQUID SENSOR ALMS.

L 1:FUEL ALARM  
L 1:SENSOR OUT ALARM  
L 1:SHORT ALARM

ISD SITE ALARMS

ISD GROSS PRES FAIL  
ISD DEGRD PRES FAIL  
ISD VAPOR LEAK FAIL  
ISD VP PRES FAIL  
ISD VP STATUS FAIL  
ISD SETUP FAIL  
ISD SENSOR OUT FAIL

ISD HOSE ALARMS

ALL:GROSS COLLECT FAIL  
ALL:DEGRD COLLECT FAIL  
ALL:FLOW COLLECT FAIL

R 2:91 SHUTDOWN

TYPE:

STANDARD  
NORMALLY CLOSED

TANK #: 2

IN-TANK ALARMS

T 1:HIGH WATER ALARM  
T 1:LOW PRODUCT ALARM

LIQUID SENSOR ALMS

L 2:FUEL ALARM  
L 2:SENSOR OUT ALARM  
L 2:SHORT ALARM

ISD SITE ALARMS

ISD GROSS PRES FAIL  
ISD DEGRD PRES FAIL  
ISD VAPOR LEAK FAIL  
ISD VP PRES FAIL  
ISD VP STATUS FAIL  
ISD SETUP FAIL  
ISD SENSOR OUT FAIL

ISD HOSE ALARMS

ALL:GROSS COLLECT FAIL  
ALL:DEGRD COLLECT FAIL  
ALL:FLOW COLLECT FAIL

SMARTSENSOR SETUP



# UNDERGROUND STORAGE TANK RESPONSE PLAN – PAGE 1

(One form per facility)

TYPE OF ACTION     1. NEW PLAN                       2. CHANGE OF INFORMATION

R01.

## I. FACILITY INFORMATION

FACILITY ID # (Agency Use Only) 1.

BUSINESS NAME (Same as FACILITY NAME) 3.

El CAMINO T6

BUSINESS SITE ADDRESS 103. BUSINESS SITE CITY 104.

4350 El CAMINO REAL

LOS ANGELES

## II. SPILL CONTROL AND CLEANUP METHODS

This plan addresses unauthorized releases from UST systems and supplements the emergency response plans and procedures in the facility's Hazardous Materials Business Plan (HMBP).

- If safe to do so, facility personnel will take immediate measures to control or stop any release (e.g., activate pump shut-off, etc.) and, if necessary, safely remove remaining hazardous material from the UST system.
- Any release to secondary containment will be pumped or otherwise removed within a time consistent with the ability of the secondary containment system to contain the hazardous material, but not greater than 30 calendar days, or sooner if required by the local agency. Recovered hazardous materials, unless still suitable for their intended use, will be managed as hazardous waste.
- Absorbent material will be used to contain and clean up manageable spills of hazardous materials. Absorbent material which has become too saturated to be effective or which is no longer intended for use will be managed as hazardous waste unless a waste determination in accordance with 22 CCR §66262.11 finds that it is non-hazardous. Used absorbent material, reusable or waste, will be stored in a properly labeled and sealed container. Waste material shall be disposed of appropriately.
- Facility personnel will determine whether any water removed from secondary containment systems, or from clean-up activity, has been in contact with any hazardous material. If the water is contaminated, it will be managed as hazardous waste unless a hazardous waste determination in accordance with 22 CCR §66262.11 finds that it is non-hazardous. If the water has a petroleum sheen (i.e., rainbow colors), it is contaminated. A thick floating petroleum layer may not necessarily display rainbow colors. Water (hazardous or non-hazardous) from sumps, spill containers, etc. will not be disposed to storm water systems.
- We will review secondary containment systems for possible deterioration if any of the following conditions occur:
  1. Hazardous material in contact with secondary containment is not compatible with the material used for secondary containment;
  2. Secondary containment is prone to damage from any equipment used to remove or clean up hazardous material collected in secondary containment;
  3. Hazardous material, other than the product/waste stored in the primary containment system, is placed inside secondary containment to treat or neutralize released product/waste, and the added material or resulting material from such a combination is not compatible with secondary containment.

## III. SPILL CONTROL AND CLEAN-UP EQUIPMENT

**PERIODIC MAINTENANCE:** Spill control and clean-up equipment kept permanently on-site is listed in the facility's Hazardous Materials Business Plan. This equipment is inspected at least monthly, and after each use, supplies are replenished as needed. Defective equipment is repaired or replaced as necessary.

**EQUIPMENT NOT PERMANENTLY ON-SITE, BUT AVAILABLE FOR USE IF NEEDED:** (Complete only if applicable)

EQUIPMENT	LOCATION	AVAILABILITY
R10.	R20.	R30.
R11.	R21.	R31.
R12.	R22.	R32.
R13.	R23.	R33.
R14.	R24.	R34.
R15.	R25.	R35.

## IV. RESPONSIBLE PERSONS

**THE FOLLOWING PERSON(S) IS/ARE RESPONSIBLE FOR AUTHORIZING ANY WORK NECESSARY UNDER THIS RESPONSE PLAN:**

NAME	R40.	TITLE	R50.
Greg GALATOTO		OWNER	
NAME	R41.	TITLE	R51.
NAME	R42.	TITLE	R52.
NAME	R43.	TITLE	R53.

## V. MONITORING INDICATORS

IF MONITORING INDICATES A POSSIBLE UNAUTHORIZED RELEASE, STEPS TO VERIFY THE RELEASE WILL BE MADE AS FOLLOWS:

1. ADDITIONAL SYSTEM TESTING OR DATA COLLECTION   
  2. INSPECTION BY QUALIFIED PERSONS   
  3. RECALIBRATION OF EQUIPMENT   
 R60.
99. OTHER (Specify): \_\_\_\_\_   
 R61.

## UNDERGROUND STORAGE TANK RESPONSE PLAN – PAGE 2

### VI. REPORTING AND RECORD KEEPING

We will report/record any overflow, spill, or unauthorized release from a UST system as indicated in this plan.

**Recordable Releases:** Any unauthorized release from primary containment which the UST operator is able to clean up within eight (8) hours after the release was detected or should reasonably have been detected, and which does not escape from secondary containment, does not increase the hazard of fire or explosion, and does not cause any deterioration of secondary containment, must be recorded in the facility's monitoring records. Monitoring records must include:

- The UST operator's name and telephone number;
- A list of the types, quantities, and concentrations of hazardous substances released;
- A description of the actions taken to control and clean up the release;
- The method and location of disposal of the released hazardous substances, and whether a hazardous waste manifest was or will be used;
- A description of actions taken to repair the UST and to prevent future releases;
- A description of the method used to reactivate interstitial monitoring after replacement or repair of primary containment.

**Reportable Releases:** Any overflow, spill, or unauthorized release which escapes from secondary containment (or primary containment if no secondary containment exists), increases the hazard of fire or explosion, or causes any deterioration of secondary containment, is a reportable release. Reportable releases are also recordable.

Within 24 hours after a reportable release has been detected, or should have been detected, we will notify the local agency administering the UST program of the release, investigate the release, and take immediate measures to stop the release. If necessary, or if required by the local agency, remaining stored product/waste will be removed from the UST to prevent further releases or facilitate corrective action. If an emergency exists, we will notify the California Emergency Management Agency at (800) 852-7550.

Within five (5) working days of a reportable release, we will submit to the local agency a full written report containing all of the following information to the extent that the information is known at the time of filing the report:

- The UST owner's or operator's name and telephone number;
- A list of the types, quantities, and concentrations of hazardous materials released;
- The approximate date of the release;
- The date on which the release was discovered;
- The date on which the release was stopped;
- A description of actions taken to control and/or stop the release;
- A description of corrective and remedial actions, including investigations which were undertaken and will be conducted to determine the nature and extent of soil, ground water or surface water contamination due to the release;
- The method(s) of cleanup implemented to date, proposed cleanup actions, and a schedule for implementing the proposed actions;
- The method(s) and location(s) of disposal of released hazardous materials and any contaminated soils, groundwater, or surface water.
- Copies of any hazardous waste manifests used for off-site transport of hazardous wastes associated with clean-up activity;
- A description of proposed methods for any repair or replacement of UST system primary/secondary containment systems;
- A description of additional actions taken to prevent future releases.

We will follow the reporting procedures described above if any of the following conditions occur:

- A recordable unauthorized release can not be cleaned up or is still under investigation within eight (8) hours of detection;
- Released hazardous substances are discovered at the UST site or in the surrounding area;
- Unusual operating conditions are observed, including erratic behavior of product dispensing equipment, sudden loss of product, or the unexplained presence of water in the tank, unless system equipment is found to be defective and is immediately repaired or replaced, and no leak has occurred;
- Monitoring results from UST system monitoring equipment/methods indicate that a release may have occurred, unless the monitoring equipment is found to be defective and is immediately repaired, recalibrated, or replaced, and additional monitoring does not confirm the initial results.

**Record Retention:** Monitoring records and written reports of unauthorized releases must be maintained on-site (or off-site at a readily available location, if approved by the local agency) for at least 3 years. Hazardous waste shipping/disposal records (e.g., manifests) must be maintained for at least 3 years from the date of shipment.

### VII. OWNER/OPERATOR SIGNATURE

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

OWNER/OPERATOR SIGNATURE	DATE
	2-28-11
OWNER/OPERATOR NAME (print)	OWNER/TITLE
Greg Galatow	OWNER

(Agency Use Only) This plan has been reviewed and:  Approved  Approved With Conditions  Disapproved

Local Agency Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## UST Response Plan – Instructions

Complete one UST Response Plan for each UST facility. This form must be submitted with your initial UST Operating Permit Application and within 30 days of changes in the information it contains. It supplements the Emergency Response Plans and Procedures in the facility's Hazardous Materials Business Plan (HMBP). (Note: Numbering of these instructions follows the data element numbers on the form.)

R01. TYPE OF ACTION – Check the appropriate box to indicate why this plan is being submitted.

1. FACILITY ID NUMBER – This space is for agency use only.
3. BUSINESS NAME – Enter the complete Facility Name.
103. BUSINESS SITE ADDRESS – Enter the street address where the facility is located, including building number, if applicable. Post office box numbers are not acceptable. This information must provide a means to locate the facility geographically.
104. BUSINESS SITE CITY – Enter the city or unincorporated area in which the facility is located.
- R10. EQUIPMENT – If you have spill control or clean-up equipment kept off-site, list that equipment in sections R10 through R15. If no equipment is kept off-site, leave this section blank.
- R20. LOCATION – If you have spill control or clean-up equipment kept off-site, list the equipment location(s) sections R20 through R25. If no equipment is kept off-site, leave this section blank.
- R30. AVAILABILITY – If you have spill control or clean-up equipment kept off-site, list the equipment availability in sections R30 through R35. If no equipment is kept off-site, leave this section blank.
- R40. NAME – At least one person responsible for authorizing any work necessary under this UST Response Plan must be identified. Use sections R40 through R43 to list the name(s) of the responsible person(s).
- R50. TITLE – At least one person responsible for authorizing any work necessary under this UST Response Plan must be identified. Use sections R50 through R53 to list the job title(s) of the responsible person(s).
- R60. MONITORING INDICATORS – Briefly describe the steps that will be taken to verify the presence or absence of a release if the monitoring system indicates the possibility of a release.
- R61. SPECIFY – If Box R60-99 is checked, provide additional details regarding the additional steps that will be taken.

OWNER/OPERATOR SIGNATURE – The owner/operator shall sign in the space provided. This signature certifies that the signer believes that all information submitted is true, accurate, and complete.

R70. DATE – Enter the date the plan was signed.

R71. OWNER/OPERATOR NAME – Print or type the name of the person signing the plan.

R72. OWNER/OPERATOR TITLE – Enter the title of the person signing the plan.

**UNIFIED PROGRAM CONSOLIDATED FORM  
UNDERGROUND STORAGE TANK  
MONITORING PLAN - (Page 1 of 2)**

RECEIVED BY:  
SANTA CLARA COUNTY  
DEPT. OF ENV. HEALTH

TYPE OF ACTION  1. NEW PLAN  2. CHANGE OF INFORMATION 490-1.  
 PLAN TYPE  1. MONITORING IS IDENTICAL FOR ALL USTs AT THIS FACILITY. 490-2.  
 (Check one item only)  2. THIS PLAN COVERS ONLY THE FOLLOWING UST SYSTEM(S): 2011 MAY 18 PM 12:49

**I. FACILITY INFORMATION**

FACILITY ID # (Agency Use Only) \_\_\_\_\_ 1.  
 BUSINESS NAME (Same as Facility Name or DBA) El CAMINO TO 3.  
 BUSINESS SITE ADDRESS 4350 EICAMINO REAL 103. CITY Los Altos 104.

**II. EQUIPMENT TESTING AND PREVENTIVE MAINTENANCE**

Testing, preventive maintenance, and calibration of monitoring equipment (e.g., sensors, probes, line leak detectors, etc.) must be performed at the frequency specified by the equipment manufacturers' instructions, or annually, whichever is more frequent. Such work must be performed by qualified personnel. [23 CCR §2632, 2634, 2638, 2641]  
 MONITORING EQUIPMENT IS SERVICED  1. ANNUALLY  99. OTHER (Specify): 490-3a.  
 490-3b.

**III. MONITORING LOCATIONS**

1. NEW SITE PLOT PLAN/MAP SUBMITTED WITH THIS PLAN  2. SITE PLOT PLAN/MAP PREVIOUSLY SUBMITTED [23 CCR §2632, 2634] 490-4.

**IV. TANK MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S)** (Check all that apply)

1. CONTINUOUS ELECTRONIC TANK MONITORING OF ANNULAR (INTERSTITIAL) SPACE(S) OR SECONDARY CONTAINMENT VAULT(S) WITH AUDIBLE AND VISUAL ALARMS. [23 CCR §2632, 2634] 490-5.  
 SECONDARY CONTAINMENT IS:  a. DRY  b. LIQUID FILLED  c. PRESSURIZED  d. UNDER VACUUM 490-6.  
 PANEL MANUFACTURER: VEEPEL ROOT 490-7. MODEL #: 7LS 350 490-8.  
 LEAK SENSOR MANUFACTURER: FE PETRO MLD 490-9. MODEL #(S): \_\_\_\_\_ 490-10.  
 2. AUTOMATIC TANK GAUGING (ATG) SYSTEM USED TO MONITOR SINGLE WALL TANK(S). [23 CCR §2643] 490-11.  
 PANEL MANUFACTURER: \_\_\_\_\_ 490-12. MODEL #: \_\_\_\_\_ 490-13.  
 IN-TANK PROBE MANUFACTURER: \_\_\_\_\_ 490-14. MODEL #(S): \_\_\_\_\_ 490-15.  
 LEAK TEST FREQUENCY:  a. CONTINUOUS  b. DAILY/NIGHTLY  c. WEEKLY 490-16.  
 d. MONTHLY  e. OTHER (Specify): \_\_\_\_\_ 490-17.  
 PROGRAMMED TESTS:  a. 0.1 g.p.h.  b. 0.2 g.p.h.  c. OTHER (Specify): \_\_\_\_\_ 490-18.  
 3. MONTHLY STATISTICAL INVENTORY RECONCILIATION [23 CCR §2646.1] 490-20.  
 4. WEEKLY MANUAL TANK GAUGING (MTG) [23 CCR §2645] TESTING PERIOD:  a. 36 HOURS  b. 60 HOURS 490-21.  
 5. TANK INTEGRITY TESTING PER [23 CCR §2643.1] 490-22.  
 TEST FREQUENCY:  a. ANNUALLY  b. BIENNIALY  c. OTHER (Specify): \_\_\_\_\_ 490-24.  
 99. OTHER (Specify): \_\_\_\_\_ 490-25.  
 490-26.  
 490-27.

**V. PIPE MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S)** (Check all that apply)

1. CONTINUOUS MONITORING OF PIPE/PIPING SUMP(S) AND OTHER SECONDARY CONTAINMENT WITH AUDIBLE & VISUAL ALARMS. [23 CCR §2636] 490-28.  
 SECONDARY CONTAINMENT IS:  a. DRY  b. LIQUID FILLED  c. PRESSURIZED  d. UNDER VACUUM 490-29.  
 PANEL MANUFACTURER: VEEPEL ROOT 490-30. MODEL #: 7LS 350 490-31.  
 LEAK SENSOR MANUFACTURER: FE PETRO MLD 490-32. MODEL #(S): 794380-208 490-33.  
 PIPING LEAK ALARM TRIGGERS AUTOMATIC PUMP (i.e., TURBINE) SHUTDOWN.  a. YES  b. NO 490-34.  
 FAILURE/DISCONNECTION OF THE MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN.  a. YES  b. NO 490-35.  
 2. MECHANICAL LINE LEAK DETECTOR (MLLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS AND RESTRICTS OR SHUTS OFF PRODUCT FLOW WHEN A LEAK IS DETECTED. [23 CCR §2636] 490-36.  
 MLLD MANUFACTURER(S): \_\_\_\_\_ 490-37. MODEL #(S): \_\_\_\_\_ 490-38.  
 3. ELECTRONIC LINE LEAK DETECTOR (ELLD) THAT ROUTINELY PERFORMS 3.0 g.p.h. LEAK TESTS. [23 CCR §2636] 490-39.  
 ELLD MANUFACTURER(S): \_\_\_\_\_ 490-40. MODEL #(S): \_\_\_\_\_ 490-41.  
 PROGRAMMED IN LINE LEAK TEST:  a. MINIMUM MONTHLY 0.2 g.p.h.  b. MINIMUM ANNUAL 0.1 g.p.h. 490-42.  
 ELLD DETECTION OF A PIPING LEAK TRIGGERS AUTOMATIC PUMP SHUTDOWN.  a. YES  b. NO 490-43.  
 ELLD FAILURE/DISCONNECTION TRIGGERS AUTOMATIC PUMP SHUTDOWN.  a. YES  b. NO 490-44.  
 4. PIPE INTEGRITY TESTING. 490-45.  
 TEST FREQUENCY:  a. ANNUALLY  b. EVERY 3 YEARS  c. OTHER (Specify) \_\_\_\_\_ 490-46.  
 5. VISUAL PIPE MONITORING. 490-48.  
 FREQUENCY:  a. DAILY  b. WEEKLY  c. MIN. MONTHLY & EACH TIME SYSTEM OPERATED\* 490-49.  
 \* Allowed for monitoring of unburied emergency generator fuel piping only per HSC §25281.5(b)(3)  
 6. SUCTION PIPING MEETS EXEMPTION CRITERIA. [23 CCR §2636(a)(3)] 490-50.  
 7. NO REGULATED PIPING PER HEALTH AND SAFETY CODE, DIVISION 20, CHAPTER 6.7 IS CONNECTED TO THE TANK SYSTEM. 490-51.  
 99. OTHER (Specify) \_\_\_\_\_ 490-52.  
 490-53.

# UPCF UST Monitoring Plan – Page 1 Instructions

Complete a separate UST Monitoring Plan for each UST monitoring system at the facility. This form must be submitted with your initial UST Operating Permit Application and within 30 days of changes in the information it contains. Your local agency may require you to obtain approval prior to installing or modifying monitoring equipment. (Note: Numbering of these instructions follows the data element numbers on the form.)

- 490-1. TYPE OF ACTION – Check the appropriate box to indicate why this plan is being submitted.
- 490-2. PLAN TYPE – Check the appropriate box to indicate whether this plan covers all, or merely some, of the USTs at the facility. If the plan covers only some of the tanks, identify those tanks in the space provided [e.g., by using the Tank ID #(s) in item 432 of the UST Operating Permit Application – Tank Information Form(s)].
1. FACILITY ID NUMBER – This space is for agency use only.
3. BUSINESS NAME – Enter the complete Facility Name.
103. BUSINESS SITE ADDRESS – Enter the street address where the facility is located, including building number, if applicable. Post office box numbers are not acceptable. This information must provide a means to locate the facility geographically.
104. CITY – Enter the city or unincorporated area in which the facility is located.
- 490-3a. MONITORING EQUIPMENT IS SERVICED – Check the appropriate box to specify the frequency of monitoring equipment testing/certification.
- 490-3b. Specify Other frequency for monitoring equipment servicing.
- 490-4. SITE PLAN – Indicate if a site plan/map is submitted with this monitoring plan or if it was submitted previously and is current for the facility. Monitoring plans must include a Site Plot Plan/Map showing the tank and piping layouts and the locations where monitoring is performed (i.e., location of sensors, probes, line leak detectors, monitoring system control panel, etc.).
- 490-5. IV-1 CONTINUOUS ELECTRONIC MONITORING – Indicate if this monitoring method is being used to monitor the tanks.
- 490-6. SECONDARY CONTAINMENT – If IV-1 is checked, check the appropriate box to describe the environment inside the tank secondary containment.
- 490-7. PANEL MANUFACTURER – If IV-1 is checked, enter the name of the manufacturer of the monitoring system control panel (console).
- 490-8. MODEL # – If IV-1 is checked, enter the model number for the monitoring system control panel.
- 490-9. LEAK SENSOR MANUFACTURER – If IV-1 is checked, enter the name of the manufacturer of the sensor(s). If additional space is needed, use Section X.
- 490-10. MODEL #(S) – If IV-1 is checked, enter the model number for each type of sensor installed. If additional space is needed, use Section X.
- 490-11. IV-2 AUTOMATIC TANK GAUGING-Indicate if this method is used for monitoring the UST's.
- 490-12. PANEL MANUFACTURER – If IV-2 is checked, enter the name of the manufacturer of the monitoring system control panel (console).
- 490-13. MODEL # – If IV-2 is checked, enter the model number for the monitoring system control panel.
- 490-14. IN-TANK PROBE MANUFACTURER – If IV-2 is checked, enter the name of the manufacturer of the probe(s).
- 490-15. MODEL #(S) – If IV-2 is checked, enter the model number for each type of in-tank probe installed. If additional space is needed, use Section X.
- 490-16. LEAK TEST FREQUENCY – If IV-2 is checked, check the appropriate box to describe the in-tank leak test frequency.
- 490-17. SPECIFY – If 490-16e is checked, enter the frequency of programmed leak tests.
- 490-18. PROGRAMMED TESTS – If IV-2 is checked, check the appropriate box to describe the tests programmed into the ATG system.
- 490-19. SPECIFY – If 490-18c is checked, enter the frequency of in-tank leak testing.
- 490-20. IV-3 INVENTORY RECONCILIATION – Check the box if statistical inventory reconciliation is performed.
- 490-21. IV-4 WEEKLY MANUAL TANK GAUGING. Indicate if this method is used to monitor the tanks.
- 490-22. TESTING PERIOD – If IV-4 is checked, check the appropriate box to describe the MTG testing period.
- 490-23. IV-5 TANK INTEGRITY TESTING: Indicate if this method is used to monitor the tanks.
- 490-24. TEST FREQUENCY – If IV-5 is checked, check the appropriate box to describe the frequency of tank integrity testing.
- 490-25. OTHER: If 490-24c is checked, specify other test frequency.
- 490-26. IV-99 OTHER: Indicate if monitoring of the tanks occurs that is not indicated in any other category.
- 490-27. If IV-99 is checked, enter a brief description of the other tank monitoring method(s) used (e.g., vadose zone monitoring per 23 CCR §2647, groundwater monitoring per 23CCR §2648). Include the monitoring frequency (e.g., Continuous, Weekly). If additional space is needed, use Section X.
- 490-28. V-1 CONTINUOUS MONITORING OF PIPE/PIPING SUMP(S) AND OTHER SECONDARY CONTAINMENT WITH AUDIBLE AND VISUAL ALARMS: Indicate if this is the monitoring method used for the piping.
- 490-29. SECONDARY CONTAINMENT: If V-1 is checked, Check the appropriate box to describe the environment inside piping secondary containment.
- 490-30. PANEL MANUFACTURER – If V-1 is checked, enter the name of the manufacturer of the monitoring system control panel (console).
- 490-31. MODEL # – If V-1 is checked, enter the model number for the monitoring system control panel.
- 490-32. LEAK SENSOR MANUFACTURER – If V-1 is checked, enter the name of the manufacturer of the sensor(s).
- 490-33. MODEL #(S) – If V-1 is checked, enter the model number for each type of sensor installed. If additional space is needed, use Section X.
- 490-34. PIPING LEAK ALARM TRIGGERS AUTOMATIC PUMP SHUTDOWN – If V-1 is checked, check Yes or No.
- 490-35. FAILURE/DISCONNECTION OF THE MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN – If V-1 is checked, check Yes or No.
- 490-36. V-2 PIPE MECHANICAL LINE LEAK DETECTORS PERFORM 3 GPH LEAK TESTS: Indicate if this monitoring method is used to monitor the pipelines.
- 490-37. MLLD MANUFACTURER(S) – If V-2 is checked, enter the name(s) of the manufacturer(s) of the mechanical line leak detector(s). If additional space is needed, use Section X.
- 490-38. MODEL #(s) – If V-2 is checked, Enter the model number for each type of mechanical line leak detector installed. If additional space is needed, use Section X.
- 490-39. V-3 PIPE ELECTRONIC LINE LEAK DETECTORS: Indicate if this monitoring method is used to monitor the pipelines.
- 490-40. ELLD MANUFACTURER – If V-3 is checked, Enter the name of the manufacturer of the electronic line leak detector(s).
- 490-41. MODEL #(S) – If V-3 is checked, enter the model number for each type of electronic line leak detector installed. If additional space is needed, use Section X.
- 490-42. PROGRAMMED LINE INTEGRITY TESTS – If V-3 is checked, check the appropriate box to describe the type of tests programmed into the monitoring system.
- 490-43. ELLD DETECTION OF A PIPING LEAK ALARM TRIGGERS PUMP SHUTDOWN – If V-1 is checked, check Yes or No.
- 490-44. ELLD DETECTION OF A PIPING LEAK FAILURE/DISCONNECTION TRIGGERS PUMP SHUTDOWN – If V-1 is checked, check Yes or No.
- 490-45. V-4 PIPE INTEGRITY TESTING – Indicate if this monitoring method is used to monitor the pipelines.
- 490-46. TEST FREQUENCY – If V-4 is checked, check the appropriate box to describe the frequency of pipe integrity testing.
- 490-47. SPECIFY – If 490-46-99 is checked, enter the frequency of pipe integrity testing.
- 490-48. V-5 VISUAL PIPE MONITORING – Indicate if this monitoring method is used to monitor the pipelines.
- 490-49. If V-5 is checked, check the appropriate box to describe the frequency of visual monitoring.
- 490-50. SUCTION PIPING MEETS EXEMPTION CRITERIA - Indicate if this monitoring method is used to monitor the pipelines.
- 490-51. NO REGULATED PIPING PER HEALTH AND SAFETY CODE, DIVISION 20, CHAPTER 6.7 IS CONNECTED TO THE TANK SYSTEM - Check this box if no piping in the tank system is regulated under the UST law, or there is no piping.
- 490-52. V-99 OTHER – Indicate if another method is used for pipeline monitoring.
- 490-53. SPECIFY – Enter a brief description of the other line monitoring method(s) used. If additional space is needed, see Section X. Be sure to clearly describe monitoring method(s) and frequency.

This monitoring plan must include a Site Plan showing the general tank and piping layouts and the locations where monitoring is performed (i.e., location of each sensor, line leak detector, monitoring system control panel, etc.). If you already have a diagram (e.g., current UST Monitoring Site Plan from a Monitoring System Certification form, Hazardous Materials Business Plan map, etc.) that shows all required information, include it with this plan.

**UNIFIED PROGRAM CONSOLIDATED FORM  
UNDERGROUND STORAGE TANK  
MONITORING PLAN – (Page 2 of 2)**

**VI. UNDER DISPENSER CONTAINMENT (UDC) MONITORING**

*(Check all that apply)*

UDC MONITORING IS PERFORMED USING THE FOLLOWING METHOD(S)

1. CONTINUOUS ELECTRONIC MONITORING  2. FLOAT AND CHAIN ASSEMBLY <sup>1</sup>  3. ELECTRONIC STAND-ALONE 490-54a.  
 4. NO DISPENSERS  99. OTHER (Specify) 490-54b.

LEAK MONITOR MANUFACTURER: VEEDER ROOT 490-55. MODEL #: \_\_\_\_\_ 490-56.

LEAK SENSOR MANUFACTURER: FE PETRO 490-57. MODEL #(S): \_\_\_\_\_ 490-58.

DETECTION OF A LEAK INTO THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS.  a. YES  b. NO 490-59.

UDC LEAK ALARM TRIGGERS AUTOMATIC PUMP SHUTDOWN.  a. YES  b. NO 490-60.

FAILURE/DISCONNECTION OF UDC MONITORING SYSTEM TRIGGERS AUTOMATIC PUMP SHUTDOWN.  a. YES  b. NO 490-61.

UDC MONITORING STOPS THE FLOW OF PRODUCT AT THE DISPENSER.  a. YES  b. NO 490-62.

UDC CONSTRUCTION IS:  1. SINGLE WALL  2. DOUBLE WALL 490-63.

IF DOUBLE WALL: \_\_\_\_\_ 490-64a.

UDC INTERSTITIAL SPACE IS MONITORED BY:  a. LIQUID  b. PRESSURE  c. VACUUM 490-64b.

A LEAK WITHIN THE SECONDARY CONTAINMENT OF THE UDC TRIGGERS AUDIBLE AND VISUAL ALARMS.  a. YES  b. NO 490-64b.

**VII. PERIODIC SYSTEM TESTING**

1. ELD TESTING: THIS FACILITY HAS BEEN NOTIFIED BY THE STATE WATER RESOURCES CONTROL BOARD THAT ENHANCED LEAK DETECTION (ELD) MUST BE PERFORMED. PERIODIC ELD IS PERFORMED EVERY 36 MONTHS AS REQUIRED. [23 CCR §2644.1] 490-65.

2. SECONDARY CONTAINMENT COMPONENTS ARE TESTED EVERY 36 MONTHS. 490-66.

3. SPILL BUCKETS ARE TESTED ANNUALLY. 490-67.

**VIII. RECORD KEEPING**

The following monitoring/maintenance records are kept for this facility: 490-68.

- a. ALARM LOGS  b. VISUAL INSPECTION RECORDS  c. TANK INTEGRITY TESTING RESULTS  
 d. SIR TESTING RESULTS (and supporting documentation records)  e. TANK GAUGING RESULTS (and supporting documentation records)  
 f. ATG TESTING RESULTS (and supporting documentation records)  g. CORROSION PROTECTION 60-DAY LOGS  
 h. EQUIPMENT MAINTENANCE AND CALIBRATION RECORDS

**IX. TRAINING**

Personnel with UST monitoring responsibilities are familiar with all of the following documents relevant to their job duties: 490-69a.

REFERENCE DOCUMENTS MAINTAINED AT FACILITY *(Check all that apply)*

THIS UNDERGROUND STORAGE TANK MONITORING PLAN (Required) 490-69b.

OPERATING MANUALS FOR ELECTRONIC MONITORING EQUIPMENT (Required) 490-69c.

CALIFORNIA UNDERGROUND STORAGE TANK REGULATIONS 490-69d.

CALIFORNIA UNDERGROUND STORAGE TANK LAW 490-69e.

STATE WATER RESOURCES CONTROL BOARD (SWRCB) PUBLICATION: "HANDBOOK FOR TANK OWNERS - MANUAL AND STATISTICAL INVENTORY RECONCILIATION" 490-69f.

SWRCB PUBLICATION: "UNDERSTANDING AUTOMATIC TANK GAUGING SYSTEMS" 490-69g.

OTHER (Specify): \_\_\_\_\_ 490-69h.

This facility has a "Designated UST Operator" who has passed the California UST System Operator Exam administered by the International Code Council (ICC). The "Designated UST Operator" will train facility employees in the proper operation and maintenance of the UST systems annually, and within 30 days of hire. This training will include, but is not limited to, the following: 490-70.

- > Operation of the UST systems in a manner consistent with the facility's best management practices.
- > The facility employee's role with regard to the monitoring equipment as specified in this UST Monitoring Plan.
- > The facility employee's role with regard to spills and overfills as specified in the facility's UST Response Plan.
- > Name(s) of contact person(s) for emergencies and monitoring alarms.

**X. COMMENTS/ADDITIONAL INFORMATION**

Provide additional comments here or indicate how many pages with additional information on specific monitoring procedures are attached to this plan. 490-71.

**XI. PERSONNEL RESPONSIBILITIES**

The UST Owner/Operator is responsible for ensuring that: 1.) the daily/routine UST monitoring activities and maintenance of UST leak detection equipment covered by this plan occurs; 2.) all conditions that indicate a possible release are investigated; and 3.) all monitoring records are maintained properly.

THE FOLLOWING PERSON(S) ARE RESPONSIBLE FOR PERFORMING THE MONITORING AND EQUIPMENT MAINTENANCE:

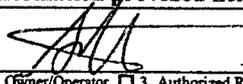
NAME: GREG GALATOLO 490-72. TITLE: OWNER 490-73.

NAME: \_\_\_\_\_ 490-74. TITLE: \_\_\_\_\_ 490-75.

The Designated UST Operator shall perform a monthly visual inspection of the facility, provide a report to the owner/operator, and inform the owner/operator of any conditions that need follow-up action.

**XII. OWNER/OPERATOR SIGNATURE**

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

APPLICANT SIGNATURE  DATE: \_\_\_\_\_ 490-77.

REPRESENTING:  1. Tank Owner/Operator  2. Facility Owner/Operator  3. Authorized Representative of Owner 490-76.

APPLICANT NAME (print): GREG GALATOLO 490-78. APPLICANT TITLE: OWNER 490-79.

## Underground Storage Tank Monitoring Program

1. Owner/Operator/Site: GREGORY P GALATOLO Site # 256115  
2. Site Address and Phone: 4350 EL CAMINO REAL LOS ALTOS CA 94022

### 4. Frequency of Monitoring Method and location Where Monitoring will be Performed:

#### Tanks:

Tank(s) 01 02 are monitored continuously using an electronic probe in the interstitial space of the tank.

Tank(s) 03 are monitored monthly using an in-tank gauge equipped with leak detection capable detecting a 0.2 gallon per hour leak.

#### Piping:

Pipe(s) 01 02 are monitored continuously by a liquid detecting probe located in the turbine sump.

#### Dispenser:

Dispenser pans are continuously monitored and equipped with automatic shut-off devices.

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### 5. Name(s) and title(s) of the person(s) responsible for performing the monitoring and/or maintaining the equipment:

Operator Name and Number: GREGORY P GALATOLO - (650) 941-0244

Maintenance: Service station systems 408-971-2445

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### 6. Reporting Format:

The monitor will be certified annually and a report generated and provided to the operator. The operator is to report all audible or visual alarm conditions that may indicate a potential release to the responsible party for maintenance listed under #5. In the event of a test failure, the specific piece(s) of equipment are taken out of service and proper reporting procedures followed.

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### 7. State the Preventative Maintenance Schedule for the Monitoring Equipment

The electronic monitoring system is certified annually to be functioning per manufacturer instructions by a properly trained and certified third-party contractor. Repairs are made by the responsible party listed under #5 upon notification by the station operator. The station operator is responsible for maintaining copies of testing results and repair records on site and available for agency inspectors. The 3rd-party testing requirements and frequencies for the tank system are summarized below.

#### **Contractor UST System Testing Requirements/Frequency**

Contractor testing of the primary tank(s) is not required.

Line leak detector(s) tested annually.

All secondary containment components are tested every 3 years.

Contractor testing of the primary piping is not required.

Fuel spill buckets require annual testing.

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### 8. Describe the Training Needed for the Operation of Both the Tank System and the Monitoring Equipment

The operator has been trained to check the tank system and/or monitor daily for proper operation. Training topics include performing daily/monthly inventory reconciliation, inspection of the monitoring system to ensure it is operating properly and not in alarm, periodic inspection of under-dispenser for leaks, inspection of fill and vapor spill buckets, inspection of hoses, nozzles, and other ancillary tank system equipment. If the tank system and/or monitor is not functioning correctly, the operator has been instructed to repair the equipment (if appropriate) or contact the responsible party for Maintenance listed under Item #5 for repairs.

## Spill Response Plan

2011 MAY 18 PM 12:49

### For Minor Releases:

If the release is less than 5 gallons and service station personnel can contain the release immediately (and the release does not go off-site, enter any waterway, or contact bare soils), do the following:

1. Turn off the source of the spill (i.e. turn off dispensers, pump, etc.)
2. Contain with absorbent material, making sure that the release does not leave the site or enter any drains.
3. Clean up release material with absorbent material.
4. Place used absorbent material into an approved container for such materials.
5. For proper disposal of used absorbent material, the dealer or designated employee will contact a licensed waste hauler to dispose of the material in accordance with all applicable federal, state, and local regulations.

### For Major Releases:

If the release is greater than 5 gallons, threatens to leave the site, enter any waterway, or contact bare soils, or there is an injury to a person, do the following:

1. Turn off the source of the spill (i.e. turn off dispensers, pump, etc.)
2. Evacuate customers, asking them to leave by foot.
3. Call the Fire Department: 911
4. All employees evacuate the premises.
5. Employees are to meet at a designated emergency assembly area.
6. Station dealer or manager to account for employees and any known customers at meeting place.
7. Dealer or manager should remain in the vicinity to provide information to the fire department, etc.
8. Notify the following personnel: SolvOne at 1-866-215-0965 Regional HSE Specialist
9. Attempt to contain the spill with absorbent material, attempting to prevent the release from leaving the site or entering any drains.
10. In California, call the Office of Emergency Services at 1-800-852-7550.
11. In the case of an unauthorized release from the primary containment, Greg Galatolo will be the party to notify a license and qualified contractor to respond to the spill within 8 hours, and address all required repairs. Exceptions to this will be reported to the agency as required under California health and safety code section 25295.

# Underground Storage Tank Monitoring Program

1. Owner/Operator/Site: GREGORY P GALATOLO Site # 256115  
2. Site Address and Phone: 4350 EL CAMINO REAL LOS ALTOS CA 94022

## 4. Frequency of Monitoring Method and location Where Monitoring will be Performed:

**Tanke:** Tank(s) 01 02 are monitored continuously using an electronic probe in the interstitial space of the tank.  
Tank(s) 03 are monitored monthly using an in-tank gauge equipped with leak detection capable detecting a 0.2 gallon per hour leak.

**Piping:** Pipe(s) 01 02 are monitored continuously by a liquid detecting probe located in the turbine sump.

**Dispenser:** Dispenser pans are continuously monitored and equipped with automatic shut-off devices.

## 5. Name(s) and title(s) of the person(s) responsible for performing the monitoring and/or maintaining the equipment:

Operator Name and Number: GREGORY P GALATOLO - (650) 941-0244  
Maintenance: SolvOne - 1-866-215-0986

## 6. Reporting Format:

The monitor will be certified annually and a report generated and provided to the operator. The operator is to report all audible or visual alarm conditions that may indicate a potential release to the responsible party for maintenance listed under #5. In the event of a test failure, the specific piece(s) of equipment are taken out of service and proper reporting procedures followed. The operator is to report all suspected and confirmed releases to the ConocoPhillips Field Representative, as well as the responsible party for maintenance listed under #5.

## 7. State the Preventative Maintenance Schedule for the Monitoring Equipment

The electronic monitoring system is certified annually to be functioning per manufacturer instructions by a properly trained and certified third-party contractor. Repairs are made by the responsible party listed under #5 upon notification by the station operator. The station operator is responsible for maintaining copies of testing results and repair records on site and available for agency inspectors. The 3rd-party testing requirements and frequencies for the tank system are summarized below.

### Contractor UST System Testing Requirements/Frequency

Contractor testing of the primary tank(s) is not required.

Line leak detector(s) tested annually.

All secondary containment components are tested every 3 years.

Contractor testing of the primary piping is not required.

Fuel spill buckets require annual testing.

## 8. Describe the Training Needed for the Operation of Both the Tank System and the Monitoring Equipment

The operator has been trained to check the tank system and/or monitor daily for proper operation. Training topics include performing daily/monthly inventory reconciliation, inspection of the monitoring system to ensure it is operating properly and not in alarm, periodic inspection of under-dispenser for leaks, inspection of fill and vapor spill buckets, inspection of hoses, nozzles, and other ancillary tank system equipment. If the tank system and/or monitor is not functioning correctly, the operator has been instructed to repair the equipment (if appropriate) or contact the responsible party for Maintenance listed under Item #5 for repairs.

**Record Keeping**  
(Hazardous Materials Business Plan Module)

All facilities that handle hazardous materials must maintain records associated with their management. A summary of your record keeping procedures is a required module of the Unidocs Hazardous Materials Business Plan (HMBP). A blank summary has been provided below for you to complete and submit if you do not already have such a document. **If you already have a brief written description of your hazardous materials record keeping systems that addresses all subjects covered below, you are not required to complete this page, but you must include a copy of your existing document as part of your HMBP.**

Check all boxes that apply. The following records are maintained at the facility. *[Note: Items marked with an asterisk (\*) are required.]*:

<input checked="" type="checkbox"/>	Current employees' training records <i>(to be retained until closure of the facility)</i> *
<input checked="" type="checkbox"/>	Former employees' training records <i>(to be retained at least three years after termination of employment)</i> *
<input checked="" type="checkbox"/>	Training Program(s) <i>(i.e., written description of introductory and continuing training)</i> *
<input checked="" type="checkbox"/>	Current copy of this Emergency Response/Contingency Plan *
<input checked="" type="checkbox"/>	Record of recordable/reportable hazardous material/waste releases *
<input checked="" type="checkbox"/>	Record of hazardous material/waste storage area inspections *
<input checked="" type="checkbox"/>	Record of hazardous waste tank daily inspections *
<input type="checkbox"/>	Description and documentation of facility emergency response drills

*Note: The above list of records does not necessarily identify every type of record required to be maintained by the facility.*

**Note: The following section applies where local agencies require facility owners/operators to perform and document routine facility self-inspections:**

A copy of the Inspection Check Sheet(s) or Log(s) used in conjunction with required routine self-inspections of your facility must be submitted with your HMBP. *[Exception: Unidocs provides a Hazardous Materials/Waste Storage Area Inspection Form that you may use if you do not already have your own form. If you use the Unidocs form (available at [www.unidocs.org](http://www.unidocs.org)), you do not need to attach a copy.]*

Check the appropriate box:

<input checked="" type="checkbox"/>	We will use the Unidocs "Hazardous Materials/Waste Storage Area Inspection Form" to document inspections.
<input type="checkbox"/>	We will use our own documents to record inspections. <i>(A blank copy of each document used must be attached to this HMBP.)</i>

# Underground Storage Tank Monitoring Program

1. Owner/Operator/Site: GREGORY P GALATOLO  
 2. Site Address and Phone: 4350 EL CAMINO REAL

Site # 256115  
 LOS ALTOS CA 94022

**3. Method and equipment to be used for performing the monitoring (USTs Only)**

TANK DATA:	Tank 01	Tank 02	Tank 03			
Product	Unleaded	Premium Unleaded	Waste Oil			
Capacity (gallons)	12032	12032	520			
Wall Type	Double	Double	Double			
Material	Steel, Fiberglass Cladded on Outside	Steel, Fiberglass Cladded on Outside	Steel, Fiberglass Cladded on Outside			
Install Date	1/1/1990	1/1/1990	1/1/1990			
Overfill	Overfill Alarm/Ball Float (at 90%)	Overfill Alarm/Ball Float (at 90%)				
Spill Containment	Yes	Yes	Yes			
Monitoring Method**	Interstitial (DRY)	Interstitial (DRY)	Continuously Monitored			
PIPING DATA:	Pipe 01	Pipe 02				
Wall Type	Double	Double				
Material	Fiberglass	Fiberglass				
Install Date	1/17/2002	1/17/2002				
Monitoring Method**	Interstitial	Interstitial				
Sump Containment	Yes	Yes				
Disp. Containment**	Yes	Yes				
Monitor Probe Location**	Turbine Sump	Turbine Sump				
Mechanical Leak Detector (manuf/model)	FE Peiro MLD	FE Peiro MLD				
Electronic Leak Detector Present	No	No				

\*\* If applicable, leak sensor and under-dispenser shut off mechanism model numbers are included in the Monitoring System Certification.

**ELECTRONIC MONITOR:**

Make: Veeder Root  
 Model: TLS-350

**ADDITIONAL ELECTRONIC MONITOR  
 (for Waste Oil Tank):**

Make: None  
 Model:

**ALARMS AND SHUT DOWN  
 MECHANISMS (If present):**

Piping and tanks equipped with audible/visual alarm, failsafe, and positive shutoff.

EMPLOYEE TRAINING PLAN (con't)

MEDICAL FACILITIES:

PRIMARY FACILITY:

EL CAMINO HOSPITAL  
2500 GRANT ROAD MOUNTAIN VIEW  
650-940-7055

ALTERNATE FACILITY:

STANFORD HOSPITAL  
300 PASTEUR DR PALO ALTO  
650-723-5111

FIRST AID PROCEDURES (for gasoline and/or diesel fuel): For further information, refer to the MSDS sheets.

EYE CONTACT:

If irritation or redness develops, move victim away from exposure and into fresh air. Flush eyes with water clean water. If symptoms persist, seek medical attention immediately.

SKIN CONTACT:

Removing contaminated clothing and shoes, flush affected area(s) with large amounts of water. If skin is not damaged, proceed to cleanse the affected area with mild soap and water. If symptoms become worse, seek medical attention immediately.

INHALATION (Breathing):

Remove victim from source of exposure and into fresh air. If victim is not breathing, give artificial respiration and seek medical attention immediately.

INGESTION (Swallowing):

Aspiration Hazard: **DO NOT INDUCE VOMITING.**

do not give anything by mouth because it can enter the lungs and cause severe lung damage. If victim is drowsy or unconscious and vomiting, place on the left side with the head down. Seek medical attention immediately.

FIRST AID FOR EXPOSURE TO OTHER MATERIALS:

Consult the warning advice on container labels or refer to the Material Safety Data Sheet (MSDS) for that product.

## EMPLOYEE TRAINING PLAN

Employees must be given this training before starting work, and refresher courses must be provided annually. Records must be kept to show when each station employee has been given his/her safety training. Use the following outline and make copies as needed. Have employee date and sign the attached training log upon completion of training. Retain these records for a minimum of three years.

All employees should review the Hazardous Material Plan, (this document). Specifically, each employee should understand the procedures to be used in responding to various kinds of emergencies, and know how to monitor the site for leaks of hazardous materials. As a supplement to this package, employees should also review and have access to the the Emergency Response Plan and the Materials Safety Data Sheets. Each employee must be drilled in all emergency response procedures contained herein.

### UTILITY SHUT-OFFS

- \* **PUMP SHUT-OFF:** This turns off the turbine pumps that provide flow to the dispensers from the underground storage tanks. Shut-off pumps in case of a leak to help prevent spills.  
Location: 1-NORTH EXT. BLDG. WALL, 1-STORAGE AREA
- \* **TANK MONITORING ALARM:** This is used to monitor the Underground Storage Tanks. This panel may indicate when a potential leak is detected by a visual and audible alarm.  
Location: SERVICE BAY STORAGE AREA
- \* **ELECTRICAL PANEL:** The panel allows you to selectively cut power to lights, signs, and pumps. The main switch allows you to cut-off all power at the site.  
Location: IN SERVICE BAY STORAGE AREA
- \* **WATER SHUT-OFF:** The water shut-off may be necessary in some cases.  
Location: IN SIDEWALK ALONG LOS ALTOS AVENUE
- \* **NATURAL GAS SHUT-OFF:** If your facility has natural gas, it may be necessary to shut-off the flow in case of an emergency.  
Location: NONE
- \* **PROPANE/LPG SHUT-OFF:**  
If your facility has propane or liquefied petroleum gas, be sure to turn off the manual valves and shut off the power to the dispensing pumps in case of a release or fire. Call your supplier or dial 9-1-1 as necessary.

### EMERGENCY EQUIPMENT

- \* **FIRE EXTINGUISHER:** Use only on small fires that you can contain. Do not attempt to extinguish large fires on your own; call 9-1-1 for help.  
Location: 2-IN SERVICE BAY
- \* **SPILL/CLEAN UP KIT:**  
This can soak up small spills of gasoline, diesel fuel, or other petroleum products. Absorbent should be used rather than washing spills down a drain. In case of large spill, see the "Major Incident" section on the previous page.  
Location: IN SERVICE BAY STORE AREA
- \* **RESPONSE EQUIPMENT:** These items are to be used to prevent skin contact with hazardous materials  
Broom: SERVICE BAY  
Shovel: SERVICE BAY  
Gloves: SERVICE BAY  
Goggles: SERVICE BAY
- \* **FIRST AID KIT:** Use for minor incidents and treatment.  
Location: 1-IN SERVICE BAY STORE AREA
- \* **EVACUATION ASSEMBLY AREA:** All employees must know where to meet in the event of an emergency.  
Location: SOUTH SIDE OF SITE
- \* **ENVIRONMENTAL DOCUMENTS / HMMP MSDS SHEETS:**  
Location: SALES OFFICE

# UNDERGROUND STORAGE TANK RESPONSE PLAN – PAGE 1

(One form per facility)

TYPE OF ACTION     1. NEW PLAN     2. CHANGE OF INFORMATION

R01.

## I. FACILITY INFORMATION

FACILITY ID # (Agency Use Only)    1.

BUSINESS NAME (Same as FACILITY NAME)    3

BUSINESS SITE ADDRESS    103. BUSINESS SITE CITY    104.

4350 EL CAMINO REAL    LOS ALTOS

## II. SPILL CONTROL AND CLEANUP METHODS

This plan addresses unauthorized releases from UST systems and supplements the emergency response plans and procedures in the facility's Hazardous Materials Business Plan (HMBP).

- If safe to do so, facility personnel will take immediate measures to control or stop any release (e.g., activate pump shut-off, etc.) and, if necessary, safely remove remaining hazardous material from the UST system.
- Any release to secondary containment will be pumped or otherwise removed within a time consistent with the ability of the secondary containment system to contain the hazardous material, but not greater than 30 calendar days, or sooner if required by the local agency. Recovered hazardous materials, unless still suitable for their intended use, will be managed as hazardous waste.
- Absorbent material will be used to contain and clean up manageable spills of hazardous materials. Absorbent material which has become too saturated to be effective or which is no longer intended for use will be managed as hazardous waste unless a waste determination in accordance with 22 CCR §66262.11 finds that it is non-hazardous. Used absorbent material, reusable or waste, will be stored in a properly labeled and sealed container. Waste material shall be disposed of appropriately.
- Facility personnel will determine whether any water removed from secondary containment systems, or from clean-up activity, has been in contact with any hazardous material. If the water is contaminated, it will be managed as hazardous waste unless a hazardous waste determination in accordance with 22 CCR §66262.11 finds that it is non-hazardous. If the water has a petroleum sheen (i.e., rainbow colors), it is contaminated. A thick floating petroleum layer may not necessarily display rainbow colors. Water (hazardous or non-hazardous) from sumps, spill containers, etc. will not be disposed to storm water systems.
- We will review secondary containment systems for possible deterioration if any of the following conditions occur:
  1. Hazardous material in contact with secondary containment is not compatible with the material used for secondary containment;
  2. Secondary containment is prone to damage from any equipment used to remove or clean up hazardous material collected in secondary containment;
  3. Hazardous material, other than the product/waste stored in the primary containment system, is placed inside secondary containment to treat or neutralize released product/waste, and the added material or resulting material from such a combination is not compatible with secondary containment.

## III. SPILL CONTROL AND CLEAN-UP EQUIPMENT

**PERIODIC MAINTENANCE:** Spill control and clean-up equipment kept permanently on-site is listed in the facility's Hazardous Materials Business Plan. This equipment is inspected at least monthly, and after each use, supplies are replenished as needed. Defective equipment is repaired or replaced as necessary.

**EQUIPMENT NOT PERMANENTLY ON-SITE, BUT AVAILABLE FOR USE IF NEEDED:** (Complete only if applicable)

EQUIPMENT	LOCATION	AVAILABILITY
R10.		R20. R30.
R11.		R21. R31.
R12.		R22. R32.
R13.		R23. R33.
R14.		R24. R34.
R15.		R25. R35.

## IV. RESPONSIBLE PERSONS

THE FOLLOWING PERSON(S) IS/ARE RESPONSIBLE FOR AUTHORIZING ANY WORK NECESSARY UNDER THIS RESPONSE PLAN:

NAME	R40.	TITLE	R50.
Corey Galatolo		OWNER	
NAME	R41.	TITLE	R51.
NAME	R42.	TITLE	R52.
NAME	R43.	TITLE	R53.

## V. MONITORING INDICATORS

IF MONITORING INDICATES A POSSIBLE UNAUTHORIZED RELEASE, STEPS TO VERIFY THE RELEASE WILL BE MADE AS FOLLOWS:

1. ADDITIONAL SYSTEM TESTING OR DATA COLLECTION   
  2. INSPECTION BY QUALIFIED PERSONS   
  3. RECALIBRATION OF EQUIPMENT    R60  
 99. OTHER (Specify):    R61.

**UNDERGROUND STORAGE TANK  
RESPONSE PLAN – PAGE 2**

**VI. REPORTING AND RECORD KEEPING**

We will report/record any overflow, spill, or unauthorized release from a UST system as indicated in this plan.

**Recordable Releases:** Any unauthorized release from primary containment which the UST operator is able to clean up within eight (8) hours after the release was detected or should reasonably have been detected, and which does not escape from secondary containment, does not increase the hazard of fire or explosion, and does not cause any deterioration of secondary containment, must be recorded in the facility's monitoring records. Monitoring records must include:

- The UST operator's name and telephone number;
- A list of the types, quantities, and concentrations of hazardous substances released;
- A description of the actions taken to control and clean up the release;
- The method and location of disposal of the released hazardous substances, and whether a hazardous waste manifest was or will be used;
- A description of actions taken to repair the UST and to prevent future releases;
- A description of the method used to reactivate interstitial monitoring after replacement or repair of primary containment.

**Reportable Releases:** Any overflow, spill, or unauthorized release which escapes from secondary containment (or primary containment if no secondary containment exists), increases the hazard of fire or explosion, or causes any deterioration of secondary containment, is a reportable release. Reportable releases are also recordable.

Within 24 hours after a reportable release has been detected, or should have been detected, we will notify the local agency administering the UST program of the release, investigate the release, and take immediate measures to stop the release. If necessary, or if required by the local agency, remaining stored product/waste will be removed from the UST to prevent further releases or facilitate corrective action. If an emergency exists, we will notify the State Office of Emergency Services.

Within five (5) working days of a reportable release, we will submit to the local agency a full written report containing all of the following information to the extent that the information is known at the time of filing the report:

- The UST owner's or operator's name and telephone number;
- A list of the types, quantities, and concentrations of hazardous materials released;
- The approximate date of the release;
- The date on which the release was discovered;
- The date on which the release was stopped;
- A description of actions taken to control and/or stop the release;
- A description of corrective and remedial actions, including investigations which were undertaken and will be conducted to determine the nature and extent of soil, ground water or surface water contamination due to the release;
- The method(s) of cleanup implemented to date, proposed cleanup actions, and a schedule for implementing the proposed actions;
- The method(s) and location(s) of disposal of released hazardous materials and any contaminated soils, groundwater, or surface water;
- Copies of any hazardous waste manifests used for off-site transport of hazardous wastes associated with clean-up activity;
- A description of proposed methods for any repair or replacement of UST system primary/secondary containment systems;
- A description of additional actions taken to prevent future releases.

We will follow the reporting procedures described above if any of the following conditions occur:

- A recordable unauthorized release can not be cleaned up or is still under investigation within eight (8) hours of detection;
- Released hazardous substances are discovered at the UST site or in the surrounding area;
- Unusual operating conditions are observed, including erratic behavior of product dispensing equipment, sudden loss of product, or the unexplained presence of water in the tank, unless system equipment is found to be defective and is immediately repaired or replaced, and no leak has occurred;
- Monitoring results from UST system monitoring equipment/methods indicate that a release may have occurred, unless the monitoring equipment is found to be defective and is immediately repaired, recalibrated, or replaced, and additional monitoring does not confirm the initial results.

**Record Retention:** Monitoring records and written reports of unauthorized releases must be maintained on-site (or off-site at a readily available location, if approved by the local agency) for at least 3 years. Hazardous waste shipping/disposal records (e.g., manifests) must be maintained for at least 3 years from the date of shipment.

**VII. OWNER/OPERATOR SIGNATURE**

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

OWNER/OPERATOR SIGNATURE 	DATE 1-5-10
OWNER/OPERATOR NAME (print) Greg Galatolo	OWNER/OPERATOR TITLE OWNER

(Agency Use Only) This plan has been reviewed and:  Approved  Approved With Conditions  Disapproved

Local Agency Signature: \_\_\_\_\_ Date: \_\_\_\_\_



State of California  
 State Water Resources Control Board  
 Division of Financial Assistance  
 P.O. Box 944212  
 Sacramento, CA 94244-2120

For State Use Only

## CERTIFICATION OF FINANCIAL RESPONSIBILITY FOR UNDERGROUND STORAGE TANKS CONTAINING PETROLEUM

- A.** I am required to demonstrate Financial Responsibility in the required amounts as specified in CCR, Title 23 Division 3, Chapter 18, Section 2807:
- 500,000 dollars per occurrence       1 million dollars annual aggregate  
 or      **AND**      or  
 1 million dollars per occurrence       2 million dollars annual aggregate

**B.** Greg Galatolo hereby certifies that it is in compliance with the requirements of California Code of Regulations, Title 23, Division 3, Chapter 18, Article 3, Section 2807.  
(Name of Tank Owner or Operator)

The mechanisms used to demonstrate financial responsibility as required by Section 2807 are as follows:

C. Mechanism Type	Name and Address of Issuer	Mechanism Number	Coverage Amount	Coverage Period	Corrective Action	Third Party Compensation
UST CLEAN UP FUND	UST CLEAN UP FUND P.O. Box 944212 Sac. CA 94244	N/A	\$ 995,000.00	CONT.	YES	YES
CFO/ OWNER LETTER	CFO/ OWNER LETTER	N/A	\$ 5,000.00		YES	YES

Note: If you are using the State Fund as any part of your demonstration of financial responsibility, your execution and submission of this certification also certifies that you are in compliance and shall remain in compliance with all conditions for participation in the Fund.

D. Facility Name	Facility Address
El Camino Tp	4350 El Camino Real
	Los Altos CA 94022

<b>E.</b> Signature of Tank Owner or Operator 	Date 2-27-11	Name and Title of Tank Owner or Operator Greg Galatolo
Signature of Witness or Notary	Date	Name of Witness or Notary

**Submit original to local UST regulatory agency. Keep a copy at each UST facility.**

(Instructions on Next Page)

**Comment [GB1]:** Effective July 1, 1995, California Small Businesses and California Businesses with 500 or fewer employees must demonstrate at least \$5,000 of underground storage tank financial responsibility, exclusive of the State UST Cleanup Fund; businesses with more than 500 employees must demonstrate at least \$10,000 exclusive of the UST Cleanup Fund. [H&SC §25299.32]

The Chief Financial Officer or the owner or operator must sign, under penalty of perjury, a letter worded EXACTLY as shown in this template (please refer to the "Help Text" in the lower left corner of your monitor screen):

### LETTER FROM CHIEF FINANCIAL OFFICER

I am the Chief Financial Officer for el, camino, 76,

This letter is in support of the use of the **Underground Storage Tank Cleanup Fund** to demonstrate financial responsibility for taking corrective action and/or compensating third parties for bodily injury and property damage caused by an unauthorized release of petroleum in the amount of at least \$ \$5,000.00 per occurrence and \$ \$5,000.00 annual aggregate coverage.

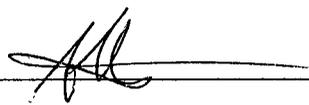
Underground storage tanks at the following facilities are assured by this letter:

el camino 76  
4350 el camino real  
los altos, ca 94022

1. Amount of annual aggregate coverage being assured by this letter	\$ <u>\$5,00</u> <u>0.00</u>
2. Total tangible assets	\$ <u>\$10,2</u> <u>45,000.00</u>
3. Total liabilities	\$ <u>\$4,25</u> <u>0,000.00</u>
4. Tangible net worth (subtract line 3 from line 2. Line 4 must be at least 10 times line 1)	\$ <u>\$5,99</u> <u>5,000.00</u>

I hereby certify that the wording of this letter is identical to the wording specified in section 2808.1, subdivision (c)(1), Chapter 18, Division 3, Title 23 of the California Code of Regulations.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief. Executed at los altos ca on February 27, 2011.

  
\_\_\_\_\_  
(Signature)

greg galatolo  
\_\_\_\_\_  
(Printed Name)

owner  
\_\_\_\_\_  
(Title)



## LETTER FROM CHIEF FINANCIAL OFFICER

I am the Chief Financial Officer for el, camino, 76.

This letter is in support of the use of the **Underground Storage Tank Cleanup Fund** to demonstrate financial responsibility for taking corrective action and/or compensating third parties for bodily injury and property damage caused by an unauthorized release of petroleum in the amount of at least \$5,000.00 per occurrence and \$5,000.00 annual aggregate coverage.

Underground storage tanks at the following facilities are assured by this letter:

el camino 76  
4350 el camino real  
los altos, ca 94022

1. Amount of annual aggregate coverage being assured by this letter	\$5,000.00
2. Total tangible assets	\$8,645,000.0
	0
3. Total liabilities	\$4,320,000.0
	0
4. Tangible net worth (subtract line 3 from line 2. Line 4 must be at least 10 times line 1)	\$4,325,000.0
	0

I hereby certify that the wording of this letter is identical to the wording specified in subsection 2808.1(d)(1), Chapter 18, Division 3, Title 23 of the California Code of Regulations.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Executed at los altos,ca

On November 17, 2009.

  
\_\_\_\_\_  
(Signature)

greg galatolo

\_\_\_\_\_  
(Printed Name)

owner

\_\_\_\_\_  
(Title)

# County of Santa Clara

Department of Environmental Health  
Hazardous Materials Compliance Division (HMCD)  
Hazardous Materials Program  
1555 Berger Drive, Suite 300  
San Jose, California 95112-2716  
(408)918-3400; Fax (408)280-6479  
[www.EHinfo.org/hazmat](http://www.EHinfo.org/hazmat)



June 16, 2010

GREG GALATOLO  
GREGORY GALATOLO  
330 S. SAN ANTONIO RD.  
LOS ALTOS, CA 94022

COPY

**Re: State Fire Marshal/California Air Resources Board Alert Regarding Vapor Systems Technologies (VST) Fuel Dispensing Nozzles.**

Dear GREG GALATOLO:

Attached is an alert bulletin from the California State Fire Marshal regarding safety issues associated with **Model VST-EVR-NB gasoline dispensing nozzles**. If your facilities operate fuel dispensers equipped with this type of nozzle, please carefully review the bulletin and immediately begin performing and documenting the daily checks specified in California Air Resources Board (CARB) Special Advisory Number 418.

Should you have any questions, please contact CARB at (916) 327-0900.

Sincerely,

Jim Blamey  
Hazardous Materials Program Manager  
Hazardous Materials Compliance Division

Board of Supervisors: Donald F. Gage, George Shirakawa, Dave Cortese, Ken Yeager, Liz Kniss  
County Executive: Jeffrey V. Smith

CO/PR/SR ID	FE	SC	Time
SOB 33826	2323	028	120

**OFFICIAL NOTICE OF INSPECTION**

Facility Name: <i>El Camino Unocal</i>	Inspection Date: <i>5-14-10</i>
Site Address: <i>4350 El Camino Real, Los Altos</i>	Employee No.: <i>10265</i>
Contact Person(s): <i>Greg Galardo</i>	<input type="checkbox"/> Samples Taken <input type="checkbox"/> Photographs Taken

Inspection Type:  Hazardous Materials  Hazardous Waste  
 Underground Storage Tank  Medical Waste Generator/Storage/Treatment  
 Toxic Gas  Other

**Comments/Observations**

- On site with Asa Cosby a representative from A&J Environmental.  
 - Verified Mr. Cosby's credentials from VeederRoot. ICC certificates for technician and installer.  
 - Verified the following components to verify operability of the system after the EVR phase II/cold start:  
 • Liquid sensors (annulars & sump) - functional  
 • Overfill alarms - functional.  
 - Obtained set up & alarm history prior to and after cold start.

Received by: *x Asa Cosby* Inspected by: *[Signature]* Entered by: *10265*  
 white - HMCD, yellow - Facility, pink - Contractor  
 Page 1 of 1. *EB* Rev. 11/28/06

ALARM HISTORY REPORT  
NOV 03 11:11 AM

\* \* \* \* \* END \* \* \* \* \*

ALARM HISTORY REPORT

----- SENSOR ALARM -----

L 12:91 STP-SUMP  
STP SUMP  
SENSOR OUT ALARM  
NOV 3, 2009 11:16 AM

FUEL ALARM  
NOV 3, 2009 11:09 AM

SENSOR OUT ALARM  
JAN 20, 2009 12:30 PM

\* \* \* \* \* END \* \* \* \* \*

ALARM HISTORY REPORT  
NOV 03 11:12 AM

FUEL ALARM  
NOV 3, 2009 11:12 AM

SENSOR OUT ALARM  
JAN 20, 2009 12:30 PM

\* \* \* \* \* END \* \* \* \* \*

----- SENSOR ALARM -----  
L 4:91 ANNULAR  
ANNULAR SPACE  
SENSOR OUT ALARM  
NOV 3, 2009 11:16 AM

FUEL ALARM  
NOV 3, 2009 11:12 AM

SENSOR OUT ALARM  
JAN 20, 2009 12:30 PM

\* \* \* \* \* END \* \* \* \* \*

### ALARM HISTORY REPORT

----- SENSOR ALARM -----  
L 5:WASTE-OIL ANNULAR  
ANNULAR SPACE  
SENSOR OUT ALARM  
JAN 12, 2010 2:45 PM

FUEL ALARM  
JAN 12, 2010 2:44 PM

SENSOR OUT ALARM  
JAN 12, 2010 2:39 PM

\* \* \* \* \* END \* \* \* \* \*

----- SENSOR ALARM -----  
L 6:  
OTHER SENSORS

\* \* \* \* \* END \* \* \* \* \*

## ALARM HISTORY REPORT

----- SYSTEM ALARM -----

PAPER OUT  
 MAR 27, 2010 5:09 PM  
 PRINTER ERROR  
 MAR 27, 2010 5:41 PM  
 BATTERY IS OFF  
 JAN 17, 2008 11:00 AM  
 SYS SECURITY WARNING  
 FEB 10, 2010 6:06 PM  
 CLOCK IS INCORRECT  
 MAY 10, 2008 12:02 PM

----- END -----

-----

NOV 3, 2009 12:51 PM  
 NOV 25, 2008 11:00 AM  
 DEC 5, 2008 1:00 PM

OVERFILL ALARM  
 NOV 3, 2009 12:51 PM  
 DEC 5, 2008 1:00 PM

LOW PRODUCT ALARM  
 MAR 19, 2010 4:27 PM  
 MAR 11, 2009 2:44 PM  
 JUN 5, 2007 8:31 PM

HIGH PRODUCT ALARM  
 NOV 3, 2009 12:53 PM  
 NOV 25, 2008 11:00 AM  
 NOV 29, 2007 1:26 PM

INVALID FUEL LEVEL  
 NOV 3, 2009 12:46 PM  
 DEC 12, 2006 6:24 PM

PROBE OUT  
 NOV 3, 2009 1:03 PM  
 NOV 3, 2009 12:46 PM  
 NOV 25, 2008 11:08 AM

HIGH WATER WARNING  
 NOV 3, 2009 1:01 PM  
 NOV 25, 2008 11:04 AM  
 NOV 29, 2007 1:33 PM

DELIVERY NEEDED  
 APR 21, 2010 7:30 PM  
 MAR 19, 2010 12:28 PM  
 MAR 17, 2010 10:10 PM

MAX PRODUCT ALARM  
 NOV 3, 2009 12:53 PM  
 NOV 25, 2008 11:00 AM  
 NOV 29, 2007 1:27 PM

-----

NOV 3, 2009 12:51 PM  
 NOV 25, 2008 11:00 AM  
 DEC 5, 2008 1:00 PM

OVERFILL ALARM  
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 AUG 6, 2009 12:29 AM  
 DEC 5, 2008 1:00 PM

LOW PRODUCT ALARM  
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 AUG 6, 2009 12:29 AM  
 DEC 5, 2008 1:00 PM

ALARM HISTORY REPORT



# County of Santa Clara

Department of Environmental Health  
Hazardous Materials Compliance Division (HMCD)  
Hazardous Materials Program  
1555 Berger Drive, Suite 300  
San Jose, California 95112-2716  
(408)918-3400; Fax (408)280-6479  
www.EHinfo.org/hazmat



March 9, 2010

**Project Contact:** George Zoumalan  
**Company Name:** Ramtox Corporation  
**Mailing Address:** 7538 Carmenita Lane  
West Hills, CA 91304

**Re: Plan Check Review: SR0833826; County Plan Check Number: NA**  
**Facility Name: El Camino Unocal**  
**Project Location: 4350 El Camino Real, Los Altos**  
**Project Description: Install ISD/Cold Start UST Monitoring System**

Santa Clara County Hazardous Materials Program has reviewed the submittal for the project referenced above and **approves the plans with the following conditions:**

1. Systems shall be configured as described in the enclosed approved Hazardous Materials Construction Permit Application and plans.
2. Contact HMCD a minimum of 2 working days in advance to schedule the following inspection(s):
  - a. UST Monitoring System Certification / Final Inspection
3. The following conditions shall also be met for final approval: N/A

**Any substitution of equipment or reconfiguration of systems as described in approved plans requires prior approval from this Department. New equipment shall not be placed in service until inspection sign-off is received from HMCD. Be advised that plan check review and approval by the Fire Marshal and/or City Building Department may also be required prior to beginning work. A copy of this letter and one set of approved plans shall remain on the job site until final inspection.**

Should you have any questions, contact the undersigned inspector at (408) 918-4795.

Jennifer Kaahaaina  
Hazardous Materials Specialist II  
Hazardous Materials Program

enclosure: approved plans  
cc: Santa Clara County Fire Department

Form Letter 17C - 01/26/10

**Board of Supervisors: Donald F. Gage, George Shirakawa, Dave Cortese, Ken Yeager, Liz Kniss**  
**County Executive: Jeffrey V. Smith**

**RAMTOX**  
Environmental Compliance Consulting & Technology Services CORPORATION

**George S. Zoumalan**

Chemical & Environmental Compliance Specialist

7538 Carmenita Ln. • West Hills • CA • 91304  
Tel:818/992.8981 • Fax:818/992.8982 • Cell:818/429.6184  
email: [george@ramtox.com](mailto:george@ramtox.com)  
[www.ramtox.com](http://www.ramtox.com)

MAIL JENNIFER KAHAANA

RECEIVED BY:  
SANTA CLARA COUNTY  
DEPT. OF ENV. HEALTH

**County of Santa Clara**  
**Department of Environmental Health**  
**Hazardous Materials Compliance Division**  
1555 Berger Drive, Bldg. 2, Suite 300  
San Jose, CA 95112-2716  
(408) 918-3400; Fax (408) 280-6479  
www.EHinfo.org/hazmat

Agency Use Only	
Received By: <u>J. Kahaana</u>	2010 FEB 26 PM 2:00 Date: <u>3/1/10</u>
Fee Received: \$ <u>361.00</u>	Date: <u>2/26/10</u>
Check Receipt No.: <u>30900</u>	SR No.: <u>B33826</u> ; PE: <u>2323</u>

**HAZARDOUS MATERIALS CONSTRUCTION PERMIT APPLICATION**

*For Use Within the Cities of Los Altos Hills, Monte Sereno, Saratoga, and in Unincorporated Areas of Santa Clara County, Including Moffett Field, San Martin, and Stanford*

**I. General Information**

This document must be completed by any person who applies for a permit from the Hazardous Materials Compliance Division (HMCD) to install, retrofit, or upgrade a hazardous materials storage system/area (i.e., fuel tank, dry cleaning machine, laboratory, etc.). If the project involves the installation or retrofitting of a hazardous materials storage tank system, you must also submit a completed Hazardous Materials Tank System Installation/Upgrade Equipment List form. Refer to HMCD's Plan Submittal Requirements for Hazardous Materials Systems for additional requirements. Documents are available at [www.EHinfo.org/hazmat](http://www.EHinfo.org/hazmat).

**II. Project Location Information**

Facility Name: GREGORY P. GALATELO Bldg. No.: 76  
 Site Address: 4350 EL CAMINO REAL City: LOS ALTOS CA Zip: 94022  
 Project Contact Name: GEORGE ZOUNALAN Phone No.: (818) 429-6184 ext. \_\_\_\_\_  
 County Plan Check No. (if applicable): \_\_\_\_\_ Parcel No. (APN): \_\_\_\_\_

**III. Contractor Information** [All contractors must be licensed by the Contractor State License Board (CSLB)]

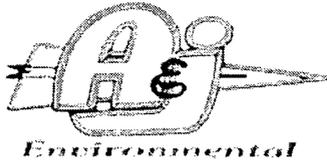
Business Name as Registered with CSLB: ASA COSBY 653381 / AJ ENVIRONMENTAL Lic. No.: 653381  
 Mailing Address: 9085 MISSION BLVD. City: RIVERSIDE Zip: \_\_\_\_\_  
 Project Contact Name: AT-PMB 85 Office Phone: ( ) ext. \_\_\_\_\_  
 Cell Phone: (951) 377-5997 Fax: ( ) eMail: AJENVIRON@MSN.COM

**IV. Plan Check Contact Information** [Plan check letter will be sent to this contact]  Same as II, above  Same as III

Business Name: RANTOX CORP., Agent of Contractor Lic. No.: \_\_\_\_\_  
 Mailing Address: 1538 CARMENITA LN City: WEST HILLS CA Zip: 91354  
 Project Contact Name: GEORGE ZOUNALAN Office Phone: (818) 429-6184 ext. \_\_\_\_\_  
 Cell Phone: (818) 429-6184 Fax: (818) 992-8982 Mail: GEORGE@RANTOX.COM

**V. Scope of Work** [Briefly describe the project]

INSTALLATION TSD (Flow Meter / Membrane Separator) IN  
UDCs & Cold Spout of T2S350  
PLZ mail the permit to George Zounalan.

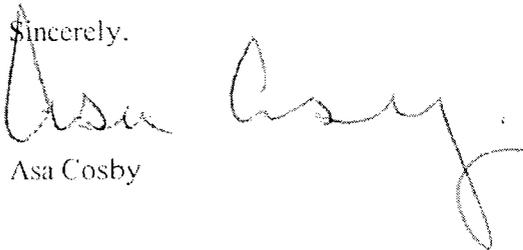


To who it may concern

I, Asa Cosby, the principal and owner of A & J ENVIRONMENTAL, having state license contractor # 653381 with HAZ license have hired Mr. Sarkiss Zoumalan, to act as my agent and I authorize him to pull permits such as fire department, building and safety, and CUPA for facilities that have been filed with any local agency of your organization for phase II EVR upgrade installation at multiple site locations.

If you should have any further questions or may require any further information please do not hesitate to contact me at 909-597-9702

Sincerely,



Asa Cosby

# MONITORING SYSTEM CERTIFICATION

*For Use By All Jurisdictions Within the State of California*

*Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations*

This form must be used to document testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of this date.

## A. General Information

Facility Name: El Camino 76 Bldg. No.: \_\_\_\_\_  
 Site Address: 4350 El Camino Real City: Los Altos Zip: 94022  
 Facility Contact Person: Greg Galato Contact Phone No.: 650-941-0244  
 Make/Model of Monitoring System: Gilbarco EMC Date of Testing/Servicing: 11/29/2011

## B. Inventory of Equipment Tested/Certified

Check the appropriate boxes to indicate specific equipment inspected/serviced.

<p><b>Tank ID: 12000 gal. Regular</b></p> <input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>847390-107</u> <input checked="" type="checkbox"/> Annular Space or Vault Probe. Model: <u>794390-420</u> <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>794380-208</u> <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model: <u>FE Petro</u> <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input checked="" type="checkbox"/> Tank Overfill / High Level Sensor. Model: <u>847390-107</u> <input type="checkbox"/> Other (specify equip. type and model in Sec. E on Pg. 2) _____	<p><b>Tank ID: 12000 gal. Super</b></p> <input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>847390-107</u> <input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>794390-420</u> <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>794380-208</u> <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model: <u>FE Petro</u> <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input checked="" type="checkbox"/> Tank Overfill / High Level Sensor. Model: <u>847390-107</u> <input type="checkbox"/> Other (specify equip. type and model in Sec. E on Pg. 2) _____
<p><b>Tank ID: Waste Oil</b></p> <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>794390-420</u> <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equip. type and model in Sec. E on Pg. 2) _____	<p><b>Tank ID: _____</b></p> <input type="checkbox"/> In-Tank Gauging Probe. Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor. Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____ <input type="checkbox"/> Fill Sump Sensor(s). Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector. Model: _____ <input type="checkbox"/> Electronic Line Leak Detector. Model: _____ <input type="checkbox"/> Tank Overfill / High Level Sensor. Model: _____ <input type="checkbox"/> Other (specify equip. types and model in Sec. E on Pg. 2) _____
<p><b>Dispenser ID: 1-2</b></p> <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input checked="" type="checkbox"/> Shear Valve(s). <input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	<p><b>Dispenser ID: 3-4</b></p> <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input checked="" type="checkbox"/> Shear Valve(s). <input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
<p><b>Dispenser ID: 5-6</b></p> <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input checked="" type="checkbox"/> Shear Valve(s). <input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chains(s).	<p><b>Dispenser ID: 7-8</b></p> <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input checked="" type="checkbox"/> Shear Valve(s). <input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
<p><b>Dispenser ID: 9-10</b></p> <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input checked="" type="checkbox"/> Shear Valve(s). <input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	<p><b>Dispenser ID: 11-12 &amp; 13-14</b></p> <input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____ <input checked="" type="checkbox"/> Shear Valve(s). <input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s).

\*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

**C. Certification** - I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklist) necessary to verify that this information is correct and a plot plan showing the layout of monitoring equipment. For equipment capable of generating such reports, I have attached a copy of the report; (check all that apply)  System Set-up  Alarm history report

Technician Name (print): Bryan A Self Signature: Bryan A Self  
 Certification No: B37501 License No: 804904  
 Testing Company Name: Confidence UST Services, Inc. Phone No: 800-339-9930  
 Site Address: 4350 El Camino Real, Los Altos, CA 94022 Date of Testing/Servicing: 11/29/2011





SYSTEM SETUP

NOV 29, 2011 9:43 AM

76  
4350 EL CAMINO REAL  
LOS ALTOS CA  
415-914-0344

NOV 29, 2011 9:43 AM

SYSTEM STATUS REPORT  
ALL FUNCTIONS NORMAL

INVENTORY REPORT

T 1:07  
VOLUME = 5747 GALS  
ULLAGE = 2306 GALS  
90% ULLAGE = 1100 GALS  
TC VOLUME = 9753 GALS  
HEIGHT = 83.23 INCHES  
WATER VOL = 0 GALS  
WATER = 0.00 INCHES  
TEMP = 52.6 DEG F

T 2:01  
VOLUME = 5493 GALS  
ULLAGE = 6560 GALS  
90% ULLAGE = 5354 GALS  
TC VOLUME = 5482 GALS  
HEIGHT = 51.26 INCHES  
WATER VOL = 15 GALS  
WATER = 0.92 INCHES  
TEMP = 62.5 DEG F

\*\*\*\*\* END \*\*\*\*\*

SOFTWARE REVISION LEVEL  
VERSION 239.02  
SOFTWARE# 3d,329-100-C  
CREATED# 09.07.01.16.29

SCHEDULE# 200160-004-a  
SYSTEM FEATURES:  
PERIODIC IN-TANK TESTS  
ANNUAL IN-TANK TESTS  
150

SYSTEM UNITS

U.S.  
SYSTEM LANGUAGE  
ENGLISH  
SYSTEM DATE/TIME FORMAT  
MON DD YYYY HH:MM:SS AM

76  
4350 EL CAMINO REAL  
LOS ALTOS CA  
415 914-0344

SHIFT TIME 1 : 6:00 AM  
SHIFT TIME 2 : DISABLED  
SHIFT TIME 3 : DISABLED  
SHIFT TIME 4 : DISABLED

TANK PER TST NEEDED WRN  
DISABLED  
TANK ANN TST NEEDED WRN  
DISABLED

LINE RE-ENABLE METHOD  
PASS LINE TEST

LINE PER TST NEEDED WRN  
DISABLED  
LINE ANN TST NEEDED WRN  
DISABLED

PRINT TO VOLUMES  
ENABLED

TEMP COMPENSATION  
VALUE (DEG F) : 50.0  
STICH HEIGHT OFFSET  
DISABLED  
ULLAGE: 90%

RT-PROTOCOL DATA FORMAT  
HEIGHT  
DAYLIGHT SAVING TIME  
DISABLED  
RE-DIRECT LOCAL PRINTOUT  
DISABLED

EURO PROTOCOL PREFIX  
S

SYSTEM SECURITY  
CODE : 00000

MAINTENANCE HISTORY  
DISABLED

TANK CHART SECURITY  
DISABLED

CUSTOM ALARMS  
DISABLED

SERVICE NOTICE  
DISABLED

ISO 3168 COUNTRY  
CODE:

MASS DENSITY  
DISABLED

COMMUNICATIONS SETUP

PORT SETTINGS:

COMM BOARD : 1 (EP1K)  
RS-232 SECURITY  
CODE : DISABLED

COMM BOARD : 2 (RS485)  
BAUD RATE : 9600  
PARITY : NONE  
STOP BIT : 1 STOP  
DATA LENGTH: 8 DATA  
RS-232 SECURITY  
CODE : DISABLED  
DTR NORMAL STATE: HIGH

COMM BOARD : 5 (RS-485)  
BAUD RATE : 2400  
PARITY : EVEN  
STOP BIT : 1 STOP  
DATA LENGTH: 7 DATA  
RS-232 SECURITY  
CODE : DISABLED

COMM BOARD : 6 (RS-232)  
BAUD RATE : 9600  
PARITY : NONE  
STOP BIT : 1 STOP  
DATA LENGTH: 8 DATA  
RS-232 SECURITY  
CODE : DISABLED

AUTO TRANSMIT SETTINGS:

AUTO LEAK ALARM LIMIT  
DISABLED  
AUTO HIGH WATER LIMIT  
DISABLED  
AUTO OVERFILL LIMIT  
DISABLED  
AUTO LOW PRODUCT  
DISABLED  
AUTO THEFT LIMIT  
DISABLED  
AUTO DELIVERY START  
DISABLED  
AUTO DELIVERY END  
DISABLED  
AUTO EXTERNAL INPUT ON  
DISABLED  
AUTO EXTERNAL INPUT OFF  
DISABLED  
AUTO SENSOR FUEL ALARM  
DISABLED  
AUTO SENSOR WATER ALARM  
DISABLED  
AUTO SENSOR OIL ALARM  
DISABLED

RECEIVER SETUP:

NONE

AUTO DIAL TIME SETUP:

NONE

RS-132 END OF MESSAGE  
DISABLED

AUTO DIAL ALARM SETUP

IN-TANK SETUP

T 1:87  
PRODUCT CODE : 1  
THERMAL COEFF : 000700  
TANK DIAMETER : 110.00  
TANK PROFILE : 4 PTS  
FULL VOL : 12059  
82.5 INCH VOL : 9559  
55.0 INCH VOL : 6009  
27.5 INCH VOL : 2364

FLOAT SIZE: 4.0 IN.

WATER WARNING : 1.5  
HIGH WATER LIMIT: 2.0

MAX OR LABEL VOL: 12059  
OVERFILL LIMIT : 90%

HIGH PRODUCT : 95%  
DELIVERY LIMIT : 11450

LOW PRODUCT : 450  
LEAK ALARM LIMIT: 50

SUDDEN LOSS LIMIT: 50  
TANK TILT : 0.00  
PROBE OFFSET : 0.00

SIPHON MANIFOLDED TANKS  
TR: NONE

LINE MANIFOLDED TANKS  
TR: NONE

LEAK MIN PERIODIC: 50%  
: 6026

LEAK MIN ANNUAL : 50%  
: 6026

PERIODIC TEST TYPE  
STANDARD

ANNUAL TEST FAIL  
ALARM DISABLED

PERIODIC TEST FAIL  
ALARM DISABLED

GROSS TEST FAIL  
ALARM DISABLED

MIN TEST AVERAGING: OFF  
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK: OFF

DELIVERY DELAY : 2 MIN  
PUMP THRESHOLD : 10.00%

T 2:91  
PRODUCT CODE : 2  
THERMAL COEFF : 000700  
TANK DIAMETER : 110.00  
TANK PROFILE : 4 PTS  
FULL VOL : 12059  
82.5 INCH VOL : 9559  
55.0 INCH VOL : 6009  
27.5 INCH VOL : 2364

FLOAT SIZE: 4.0 IN.

WATER WARNING : 1.5  
HIGH WATER LIMIT: 2.0

MAX OR LABEL VOL: 12059  
OVERFILL LIMIT : 90%

HIGH PRODUCT : 95%  
DELIVERY LIMIT : 11450

LOW PRODUCT : 450  
LEAK ALARM LIMIT: 50

SUDDEN LOSS LIMIT: 50  
TANK TILT : 0.00  
PROBE OFFSET : 0.00

SIPHON MANIFOLDED TANKS  
TR: NONE

LINE MANIFOLDED TANKS  
TR: NONE

LEAK MIN PERIODIC: 50%  
: 6026

LEAK MIN ANNUAL : 50%  
: 6026

PERIODIC TEST TYPE  
STANDARD

ANNUAL TEST FAIL  
ALARM DISABLED

PERIODIC TEST FAIL  
ALARM DISABLED

GROSS TEST FAIL  
ALARM DISABLED

MIN TEST AVERAGING: OFF  
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK: OFF

DELIVERY DELAY : 1 MIN  
PUMP THRESHOLD : 10.00%

LEAK TEST METHOD

TEST ON DATE : ALL TANK  
JUL 1, 2009  
START TIME : DISABLED  
TEST RATE : 0.20 GAL/HR  
DURATION : 2 HOURS

TST EARLY STOP: DISABLED

LEAK TEST REPORT FORMAT  
NORMAL

LIQUID SENSOR SETUP

L 1:87 STP  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : STP SUMP

L 2:91 STP  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : STP SUMP

L 3:82 ANNULAR  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : ANNULAR SPACE

L 4:91 ANNULAR  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : ANNULAR SPACE

L 5:WASTE OIL ANNULAR  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : ANNULAR SPACE

OUTPUT RELAY SETUP

R 1:07 SHUTDOWN  
TYPE:  
STANDARD  
NORMALLY CLOSED

TANK #: 1

IN-TANK ALARMS  
T 1:HIGH WATER ALARM  
T 1:LOW PRODUCT ALARM

LIQUID SENSOR ALMS  
L 1:FUEL ALARM  
L 1:SHORT ALARM  
L 1:WATER ALARM

ISD SITE ALARMS  
ISD GROSS PRES FAIL  
ISD DEGED PRES FAIL  
ISD VAPOR LEAK FAIL  
ISD VP PRES FAIL  
ISD VP STATUS FAIL  
ISD SETUP FAIL  
ISD SENSOR OUT FAIL

ISD ROSE ALARMS  
ALL:GROSS COLLECT FAIL  
ALL:DEGED COLLECT FAIL  
ALL:FLOW COLLECT FAIL

R 2:01 SHUTDOWN  
TYPE:  
STANDARD  
NORMALLY CLOSED

TANK #: 2

IN-TANK ALARMS  
T 2:HIGH WATER ALARM  
T 2:LOW PRODUCT ALARM

LIQUID SENSOR ALMS  
L 2:FUEL ALARM  
L 2:SENSOR OUT ALARM  
L 2:SHORT ALARM

ISD SITE ALARMS  
ISD GROSS PRES FAIL  
ISD DEGED PRES FAIL  
ISD VAPOR LEAK FAIL  
ISD VP PRES FAIL  
ISD VP STATUS FAIL  
ISD SETUP FAIL  
ISD SENSOR OUT FAIL

ISD ROSE ALARMS  
ALL:GROSS COLLECT FAIL  
ALL:DEGED COLLECT FAIL  
ALL:FLOW COLLECT FAIL

R 3:OVERFILL  
TYPE:  
STANDARD  
NORMALLY OPEN

TANK #: NONE

IN-TANK ALARMS  
ALL:OVERFILL ALARM  
ALL:HIGH PRODUCT ALARM

SMARTSENSOR SETUP

S 1:VFM 1-2  
CATEGORY AIR FLOW METER

S 2:VFM 3-4  
CATEGORY AIR FLOW METER

S 3:VFM 5-6  
CATEGORY AIR FLOW METER

S 4:VFM 7-8  
CATEGORY AIR FLOW METER

S 5:VFM 9-10  
CATEGORY AIR FLOW METER

S 6:VFM 11-12  
CATEGORY AIR FLOW METER

S 7:VFM 13-14  
CATEGORY AIR FLOW METER

S 8:PRESSURE SENSOR  
CATEGORY VAPOR PRESSURE

EVR:ISD SETUP

EVR TYPE: VACUUM ASSIST  
VACUUM ASSIST TYPE  
HEAVY VAC

NOZZLE W/L RANGE  
RANG: 1.15 MIN: 0.95

VAPOR PROCESSOR TYPE  
NONE

ANALYSIS TIMES  
TIME: 2:21 PM  
DELAY MINUTES: 1

ACCEPT HIGH  
DISABLED

ISD ROSE TABLE

ID	FP	FL	HL	AA	RR
01	01	01	03	01	00
02	01	01	04	01	00
03	01	01	05	01	00
04	02	02	03	01	00
05	02	02	04	01	00
06	02	02	05	01	00
07	03	03	03	02	00
08	03	03	04	02	00
09	03	03	05	02	00
10	04	04	03	02	00
11	04	04	04	02	00
12	04	04	05	02	00
13	05	05	03	03	00
14	05	05	04	03	00
15	05	05	05	03	00
16	06	06	03	03	00
17	06	06	04	03	00
18	06	06	05	03	00
19	07	07	03	04	00
20	07	07	04	04	00
21	07	07	05	04	00
22	08	08	03	04	00
23	08	08	04	04	00
24	08	08	05	04	00
25	09	09	03	05	00
26	09	09	04	05	00
27	09	09	05	05	00
28	10	10	03	05	00
29	10	10	04	05	00
30	10	10	05	05	00
31	11	11	03	06	00
32	11	11	04	06	00
33	11	11	05	06	00
34	12	12	03	06	00
35	12	12	04	06	00
36	12	12	05	06	00
37	13	13	03	07	00
38	13	13	04	07	00
39	13	13	05	07	00
40	14	14	03	07	00
41	14	14	04	07	00
42	14	14	05	07	00

ISD AIRFLOW METER MAP  
ID SERIAL NUM LABEL

1	50289	VFM 1-2
2	50287	VFM 3-4
3	50290	VFM 5-6
4	50085	VFM 7-8
5	50117	VFM 9-10
6	51007	VFM 11-12
7	50291	VFM 13-14

USD FUEL GRADE HDSE MAP

	1	2	3	4		
FF	HH	MM	MM	MM	AA	
01	101	900	203	U	U	1
02	104	905	208	U	U	1
03	107	909	209	U	U	2
04	110	911	213	U	U	2
05	113	914	215	U	U	3
06	116	917	218	U	U	3
07	119	920	221	U	U	4
08	122	923	224	U	U	4
09	125	926	227	U	U	5
10	128	929	230	U	U	5
11	131	932	233	U	U	6
12	134	935	236	U	U	6
13	137	938	239	U	U	7
14	140	941	242	U	U	7

LABEL TABLE

- 1: UNASSIGNED
- 2: BLEND3
- 3: REGULAR
- 4: MID GRADE
- 5: PREMIUM
- 6: GOLD
- 7: BRONZE
- 8: SILVER
- 9: BLEND2
- 10: BLEND4

PMC SETUP

PMC VERSION: 01.00

VAFOR PROCESSOR TYPE  
NONE

PROCESSOR CONTROL LEVEL:  
NONE

ALARM HISTORY REPORT

----- SWITCH ALARM -----  
 FAPER OUT  
 AUG 21, 2011 7:56 PM  
 PRINTER ERROR  
 AUG 21, 2011 7:56 PM

----- END -----

ALARM HISTORY REPORT

----- IN-TANK ALARM -----

T 1:87

OVERFILL ALARM  
 OCT 13, 2011 8:23 PM  
 SEP 5, 2011 7:21 AM  
 JUL 5, 2011 6:17 PM

LOW PRODUCT ALARM  
 SEP 25, 2011 8:27 PM  
 FEB 5, 2011 6:50 PM

HIGH PRODUCT ALARM  
 JAN 4, 2011 9:29 AM

INVALID FUEL LEVEL  
 FEB 5, 2011 6:50 PM

PROBE OUT  
 JAN 4, 2011 9:29 AM

DELIVERY NEEDED  
 NOV 29, 2011 9:59 PM  
 SEP 25, 2011 4:31 PM  
 SEP 18, 2011 8:18 PM

----- END -----

ALARM HISTORY REPORT

----- IN-TANK ALARM -----

T 2:91

HIGH PRODUCT ALARM  
 JAN 4, 2011 9:27 AM

PROBE OUT  
 JAN 4, 2011 9:28 AM

DELIVERY NEEDED  
 AUG 18, 2011 12:27 PM  
 JUN 11, 2011 3:56 PM

LOW TEMP WARNING  
 JAN 4, 2011 9:29 AM

----- END -----

ALARM HISTORY REPORT

----- SENSOR ALARM -----

L 1:87 STP  
 STP SUMP  
 FUEL ALARM  
 MAY 10, 2011 10:06 AM

SENSOR OUT ALARM  
 JAN 4, 2011 9:32 AM

FUEL ALARM  
 JAN 4, 2011 9:22 AM

----- END -----

ALARM HISTORY REPORT

----- SENSOR ALARM -----

L 2:91 STP  
 STP SUMP  
 FUEL ALARM  
 MAY 10, 2011 10:12 AM

FUEL ALARM  
 MAY 10, 2011 9:59 AM

SENSOR OUT ALARM  
 JAN 4, 2011 9:32 AM

----- END -----

----- IN-TANK ALARM -----  
T 2191  
IN-TANK ALARM  
NOV 29 2011 9:58 AM

T 2191  
URGENTLY INCREASE

INCREASE START  
NOV 29 2011 10:01 AM

VOLUME = 1047 GALS  
HEIGHT = 21.97 INCHES  
DEPTH = 0.00 INCHES  
TEMP = 56.5 DEG F

INCREASE END  
NOV 29 2011 10:05 AM

VOLUME = 1163 GALS  
HEIGHT = 28.57 INCHES  
DEPTH = 0.00 INCHES  
TEMP = 56.4 DEG F

INCREASE IN REACTOR 7221  
TO NET INCREASE 7222

----- IN-TANK ALARM -----  
T 2191  
IN-TANK ALARM  
NOV 29 2011 9:58 AM

----- IN-TANK ALARM -----  
T 2191  
IN-TANK ALARM  
NOV 29 2011 10:01 AM

----- IN-TANK ALARM -----  
T 2191  
IN-TANK ALARM  
NOV 29 2011 10:02 AM

----- IN-TANK ALARM -----  
T 2191  
IN-TANK ALARM  
NOV 29 2011 10:02 AM

----- IN-TANK ALARM -----  
T 2191  
HIGH PRODUCT ALARM  
NOV 29 2011 10:05 AM

IN-TANK ALARM  
URGENTLY INCREASE

INCREASE START  
NOV 29 2011 10:00 AM

VOLUME = 5110 GALS  
HEIGHT = 32.54 INCHES  
DEPTH = 12.88 INCHES  
TEMP = 56.4 DEG F

----- IN-TANK ALARM -----  
T 2191  
HIGH PRODUCT ALARM  
NOV 29 2011 10:05 AM

INCREASE END  
NOV 29 2011 10:01 AM

VOLUME = 5110 GALS  
HEIGHT = 32.54 INCHES  
DEPTH = 12.88 INCHES  
TEMP = 56.2 DEG F

----- IN-TANK ALARM -----  
T 2191  
IN-TANK ALARM  
NOV 29 2011 10:06 AM

----- IN-TANK ALARM -----  
T 2191  
IN-TANK ALARM  
NOV 29 2011 10:07 AM

----- IN-TANK ALARM -----  
T 2191  
IN-TANK ALARM  
NOV 29 2011 10:07 AM

----- IN-TANK ALARM -----  
T 2191  
IN-TANK ALARM  
NOV 29 2011 10:07 AM

----- END -----

----- IN-TANK ALARM -----  
T 1187  
HIGH PRODUCT ALARM  
NOV 29, 2011 10:09 AM

T 1187  
INVENTORY INCREASE  
INCREASE START  
NOV 29, 2011 10:07 AM

VOLUME = 8701 GALS  
HEIGHT = 74.87 INCHES  
WATER = 0.87 INCHES  
TEMP = 49.3 DEG F

76  
4350 EL CAMINO REAL  
LOS ALTOS CA  
415-914-0244  
NOV 29, 2011 10:34 AM

SYSTEM STATUS REPORT  
L 3 FUEL ALARM  
L 4 FUEL ALARM

----- IN-TANK ALARM -----  
T 1187  
OVERFILL ALARM  
NOV 29, 2011 10:28 AM

INCREASE END  
NOV 29, 2011 10:31 AM

VOLUME = 13019 GALS  
HEIGHT = 103.54 INCHES  
WATER = 2.10 INCHES  
TEMP = 49.4 DEG F

GROSS INCREASE# 3318  
TY NET INCREASE# 3342

----- IN-TANK ALARM -----  
T 1187  
PROBE OUT  
NOV 29, 2011 10:28 AM

----- SENSOR ALARM -----  
L 5 WASTE OIL ANNULAR  
ANNULAR SPACE  
FUEL ALARM  
NOV 29, 2011 10:54 AM

----- SENSOR ALARM -----  
L 2:01 STP  
STP SUMP  
FUEL ALARM  
NOV 29, 2011 10:32 AM

T 2191  
INVENTORY INCREASE

INCREASE START  
NOV 29, 2011 10:25 AM

VOLUME = 10157 GALS  
HEIGHT = 70.52 INCHES  
WATER = 0.96 INCHES  
TEMP = 49.7 DEG F

76  
4350 EL CAMINO REAL  
LOS ALTOS CA  
415-914-0244  
NOV 29, 2011 10:56 AM

----- SENSOR ALARM -----  
L 1:07 STP  
STP SUMP  
FUEL ALARM  
NOV 29, 2011 10:32 AM

SYSTEM STATUS REPORT  
ALL FUNCTIONS NORMAL

INCREASE END  
NOV 29, 2011 10:20 AM

VOLUME = 11015 GALS  
HEIGHT = 64.27 INCHES  
WATER = 1.25 INCHES  
TEMP = 49.6 DEG F

GROSS INCREASE# 1048  
TY NET INCREASE# 1662

----- SENSOR ALARM -----  
L 3:07 ANNULAR  
ANNULAR SPACE  
FUEL ALARM  
NOV 29, 2011 10:33 AM

----- SENSOR ALARM -----  
L 5 WASTE OIL ANNULAR  
ANNULAR SPACE  
FUEL ALARM  
NOV 29, 2011 11:01 AM

----- IN-TANK ALARM -----  
T 1187  
LOW TEMP WARNING  
NOV 29, 2011 10:39 AM

----- SENSOR ALARM -----  
L 4:01 ANNULAR  
ANNULAR SPACE  
FUEL ALARM  
NOV 29, 2011 10:34 AM

----- SENSOR ALARM -----  
L 1:07 STP  
STP SUMP  
SENSOR OUT ALARM  
NOV 29, 2011 11:09 AM

SENSOR ALARM -----  
L 1107 STP  
STP SUMP  
FUEL ALARM  
NOV 29 2011 11:04 AM

SENSOR ALARM -----  
L 1107 STP  
STP SUMP  
FUEL ALARM  
NOV 29 2011 11:21 AM

SENSOR ALARM -----  
L 1107 STP  
STP SUMP  
FUEL ALARM  
NOV 29 2011 11:05 AM

SENSOR ALARM -----  
L 1107 STP  
STP SUMP  
FUEL ALARM  
NOV 29 2011 11:22 AM

SENSOR ALARM -----  
L 1107 STP  
STP SUMP  
FUEL ALARM  
NOV 29 2011 11:10 AM

SENSOR ALARM -----  
L 1107 STP  
STP SUMP  
FUEL ALARM  
NOV 29 2011 11:22 AM

SENSOR ALARM -----  
L 1107 STP  
STP SUMP  
FUEL ALARM  
NOV 29 2011 11:10 AM

SENSOR ALARM -----  
L 1107 STP  
STP SUMP  
FUEL ALARM  
NOV 29 2011 11:22 AM

IN-TANK ALARM -----  
T 191  
HIGH LEVEL ALARM  
NOV 29 2011 11:20 AM

IN-TANK ALARM -----  
T 191  
HIGH LEVEL ALARM  
NOV 29 2011 11:20 AM

IN-TANK ALARM -----  
T 191  
LOW TEMP DRAINING  
NOV 29 2011 11:21 AM

IN-TANK ALARM -----  
T 191  
LOW TEMP DRAINING  
NOV 29 2011 11:25 AM

IN-TANK ALARM -----  
T 191  
LOW TEMP DRAINING  
NOV 29 2011 11:26 AM

## Spill Bucket Testing Report Form

*This form is intended for use by contractors performing annual testing of UST spill containment structures. The completed form and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.*

### 1. FACILITY INFORMATION

Facility Name: El Camino 76	Date of Testing: 11/29/2011
Facility Address: 4350 El Camino Real, Los Altos, CA 94022	
Facility Contact: Greg Galato	Phone: 650-941-0244
Date Local Agency Was Notified of Testing: 10/21/2011	
Name of Local Agency Inspector (if present during testing): Andrew Dyer/Rich Owens	

### 2. TESTING CONTRACTOR INFORMATION

Company Name: Confidence UST Services, Inc.	
Technician Conducting Test: Bryan A Self	
Credentials <sup>1</sup> : <input checked="" type="checkbox"/> CSLB Contractor <input checked="" type="checkbox"/> ICC Service Tech. <input checked="" type="checkbox"/> SWRCB Tank Tester <input type="checkbox"/> Other (Specify)	
License Number(s): CSLB# 804904 ICC# 8022804-UT TT# 11-1756	

### 3. SPILL BUCKET TESTING INFORMATION

Test Method Used: <input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Other				
Test Equipment Used: Lake Test	Equipment Resolution: 0.0625"			
Identify Spill Bucket (By Tank Number, Stored Product, etc.)	1 Regular	2 Super	3 Waste Oil	4
Bucket Installation Type:	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> Contained in Sump	<input checked="" type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump
Bucket Diameter:	12.00"	12.00"	12.00"	
Bucket Depth:	10.75"	10.50"	12.5"	
Wait time between applying vacuum/water and start of test:	5 min.	5 min.	5 min.	
Test Start Time (T <sub>i</sub> ):	9:10am	9:10am	9:10am	
Initial Reading (R <sub>i</sub> ):	9.00"	9.00"	7.75"	
Test End Time (T <sub>f</sub> ):	10:10am	10:10am	10:10am	
Final Reading (R <sub>f</sub> ):	9.00"	9.00"	7.75"	
Test Duration (T <sub>f</sub> - T <sub>i</sub> ):	1 hour	1 hour	1 hour	
Change in Reading (R <sub>f</sub> - R <sub>i</sub> ):	0.00"	0.00"	0.00"	
Pass/Fail Threshold or Criteria:	0.0625"	0.0625"	0.0625"	
<b>Test Result:</b>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

**Comments** – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

#### CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

*I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements.*

Technician's Signature: \_\_\_\_\_

Date: 11/29/2011

<sup>1</sup> State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements may be more stringent.

# MONITORING SYSTEM CERTIFICATION

For Use By All Jurisdictions Within the State of California

Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

RECEIVED BY:  
SANTA CRUZ COUNTY  
DEPT. OF ENV. HEALTH

2011 FEB 17 PM 1:05

This form must be used to document testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of this date.

## A. General Information

Facility Name: El Camino 76 Bldg. No.: \_\_\_\_\_  
 Site Address: 4350 El Camino Real City: Los Altos Zip: 94022  
 Facility Contact Person: Greg Galato Contact Phone No.: 650-941-0244  
 Make/Model of Monitoring System: Gilbarco EMC Date of Testing/Servicing: 01/04/2011

## B. Inventory of Equipment Tested/Certified

Check the appropriate boxes to indicate specific equipment inspected/serviced:

<p><b>Tank ID: 12000 gal. Regular</b></p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>847390-107</u></p> <p><input checked="" type="checkbox"/> Annular Space or Vault Probe. Model: <u>794390-420</u></p> <p><input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>794380-208</u></p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model: <u>FE Petro</u></p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input checked="" type="checkbox"/> Tank Overfill / High Level Sensor. Model: <u>847390-107</u></p> <p><input type="checkbox"/> Other (specify equip. type and model in Sec. E on Pg. 2)</p>	<p><b>Tank ID: 12000 gal. Super</b></p> <p><input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>847390-107</u></p> <p><input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>794390-420</u></p> <p><input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model: <u>794380-208</u></p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model: <u>FE Petro</u></p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input checked="" type="checkbox"/> Tank Overfill / High Level Sensor. Model: <u>847390-107</u></p> <p><input type="checkbox"/> Other (specify equip. type and model in Sec. E on Pg. 2)</p>
<p><b>Tank ID: Waste Oil</b></p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>794390-420</u></p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensors(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equip. type and model in Sec. E on Pg. 2)</p>	<p><b>Tank ID: _____</b></p> <p><input type="checkbox"/> In-Tank Gauging Probe. Model: _____</p> <p><input type="checkbox"/> Annular Space or Vault Sensor. Model: _____</p> <p><input type="checkbox"/> Piping Sump / Trench Sensor(s). Model: _____</p> <p><input type="checkbox"/> Fill Sump Sensor(s). Model: _____</p> <p><input type="checkbox"/> Mechanical Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Electronic Line Leak Detector. Model: _____</p> <p><input type="checkbox"/> Tank Overfill / High Level Sensor. Model: _____</p> <p><input type="checkbox"/> Other (specify equip. types and model in Sec. E on Pg. 2)</p>
<p><b>Dispenser ID: 1-2</b></p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input checked="" type="checkbox"/> Shear Valve(s).</p> <p><input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p><b>Dispenser ID: 3-4</b></p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input checked="" type="checkbox"/> Shear Valve(s).</p> <p><input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>
<p><b>Dispenser ID: 5-6</b></p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input checked="" type="checkbox"/> Shear Valve(s).</p> <p><input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chains(s).</p>	<p><b>Dispenser ID: 7-8</b></p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input checked="" type="checkbox"/> Shear Valve(s).</p> <p><input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>
<p><b>Dispenser ID: 9-10</b></p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input checked="" type="checkbox"/> Shear Valve(s).</p> <p><input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>	<p><b>Dispenser ID: 11-12 &amp; 13-14</b></p> <p><input type="checkbox"/> Dispenser Containment Sensor(s). Model: _____</p> <p><input checked="" type="checkbox"/> Shear Valve(s).</p> <p><input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s).</p>

\*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

**C. Certification** - I certify that the equipment identified in this document was inspected/services in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklist) necessary to verify that this information is correct and a plot plan showing the layout of monitoring equipment. For equipment capable of generating such reports, I have attached a copy of the report; (check all that apply)  System Set-up  Alarm history report

Technician Name (print): Kristopher Karns Signature: Kristopher Karns  
 Certification No: B34106 License No: 804904  
 Testing Company Name: Confidence UST Services, Inc. Phone No: 800-339-9930  
 Site Address: 4350 El Camino Real, Los Altos, CA 94022 Date of Testing/Servicing: 01/04/2011





76  
4350 EL CAMINO REAL  
LOS ALTOS CA  
415-914-0244

JAN 4, 2011 10:20 AM

SYSTEM STATUS REPORT

ALL FUNCTIONS NORMAL

INVENTORY REPORT

T 1:87  
VOLUME = 3953 GALS  
ULLAGE = 8100 GALS  
90% ULLAGE = 6894 GALS  
TC VOLUME = 3960 GALS  
HEIGHT = 39.93 INCHES  
WATER VOL = 0 GALS  
WATER = 0.00 INCHES  
TEMP = 57.2 DEG F

T 2:91  
VOLUME = 4637 GALS  
ULLAGE = 7416 GALS  
90% ULLAGE = 6210 GALS  
TC VOLUME = 4637 GALS  
HEIGHT = 45.01 INCHES  
WATER VOL = 16 GALS  
WATER = 0.94 INCHES  
TEMP = 60.0 DEG F

\*\*\*\*\* END \*\*\*\*\*

SYSTEM SETUP

JAN 4, 2011 10:20 AM

SYSTEM UNITS  
U.S.

SYSTEM LANGUAGE  
ENGLISH  
SYSTEM DATE/TIME FORMAT  
MON DD YYYY HH:MM:SS xM

76  
4350 EL CAMINO REAL  
LOS ALTOS CA  
415-914-0244

SHIFT TIME 1 : 6:00 AM  
SHIFT TIME 2 : DISABLED  
SHIFT TIME 3 : DISABLED  
SHIFT TIME 4 : DISABLED

TANK PER TST NEEDED WRN  
DISABLED  
TANK ANN TST NEEDED WRN  
DISABLED

LINE RE-ENABLE METHOD  
PASS LINE TEST

LINE PER TST NEEDED WRN  
DISABLED  
LINE ANN TST NEEDED WRN  
DISABLED

PRINT TO VOLUMES  
ENABLED

TEMP COMPENSATION  
VALUE (DEG F) : 60.0  
STICK HEIGHT OFFSET  
DISABLED  
ULLAGE: 90%

H-PROTOCOL DATA FORMAT  
HEIGHT  
DAYLIGHT SAVING TIME  
DISABLED  
RE-DIRECT LOCAL PRINTOUT  
DISABLED

EURO PROTOCOL PREFIX  
S

MAINTENANCE HISTORY  
DISABLED

TANK CHART SECURITY  
DISABLED

CUSTOM ALARMS  
DISABLED

SERVICE NOTICE  
DISABLED

ISO 3166 COUNTRY  
CODE:

MASS/DENSITY  
DISABLED

COMMUNICATIONS SETUP

PORT SETTINGS:

COMM BOARD : 1 (EDIM )  
RS-232 SECURITY  
CODE : DISABLED

COMM BOARD : 2 (S-SAT )  
BAUD RATE : 9600  
PARITY : NONE  
STOP BIT : 1 STOP  
DATA LENGTH: 8 DATA  
RS-232 SECURITY  
CODE : DISABLED  
DTR NORMAL STATE: HIGH

COMM BOARD : 5 (RS-485)  
BAUD RATE : 2400  
PARITY : EVEN  
STOP BIT : 1 STOP  
DATA LENGTH: 7 DATA  
RS-232 SECURITY  
CODE : DISABLED

COMM BOARD : 6 (RS-232)  
BAUD RATE : 9600  
PARITY : NONE  
STOP BIT : 1 STOP  
DATA LENGTH: 8 DATA  
RS-232 SECURITY  
CODE : DISABLED

AUTO TRANSMIT SETTINGS:

AUTO LEAK ALARM LIMIT  
DISABLED  
AUTO HIGH WATER LIMIT  
DISABLED  
AUTO OVERFILL LIMIT  
DISABLED  
AUTO LOW PRODUCT  
DISABLED  
AUTO THEFT LIMIT  
DISABLED  
AUTO DELIVERY START  
DISABLED  
AUTO DELIVERY END  
DISABLED  
AUTO EXTERNAL INPUT ON  
DISABLED  
AUTO EXTERNAL INPUT OFF  
DISABLED  
AUTO SENSOR FUEL ALARM  
DISABLED  
AUTO SENSOR WATER ALARM  
DISABLED  
AUTO SENSOR OUT ALARM  
DISABLED

RECEIVER SETUP:

NONE

AUTO DIAL TIME SETUP:

NONE

RS-232 END OF MESSAGE  
DISABLED

AUTO DIAL ALARM SETUP

T 2:91  
PRODUCT CODE : 2  
THERMAL COEFF : .000700  
TANK DIAMETER : 110.00  
TANK PROFILE : 4 PTS  
FULL VOL : 12053  
82.5 INCH VOL : 9659  
55.0 INCH VOL : 6009  
27.5 INCH VOL : 2364

LEAK TEST METHOD  
TEST ON DATE : ALL TANK  
JUL 1, 2009  
START TIME : DISABLED  
TEST RATE : 0.20 GAL/HR  
DURATION : 2 HOURS  
TST EARLY STOP:DISABLED  
LEAK TEST REPORT FORMAT  
NORMAL

IN-TANK SETUP

T 1:87  
PRODUCT CODE : 1  
THERMAL COEFF : .000700  
TANK DIAMETER : 110.00  
TANK PROFILE : 4 PTS  
FULL VOL : 12053  
82.5 INCH VOL : 9659  
55.0 INCH VOL : 6009  
27.5 INCH VOL : 2364

FLOAT SIZE: 4.0 IN.  
WATER WARNING : 1.5  
HIGH WATER LIMIT: 2.0  
MAX OR LABEL VOL: 12053  
OVERFILL LIMIT : 90%  
HIGH PRODUCT : 10847  
DELIVERY LIMIT : 95%  
LOW PRODUCT : 11450  
LEAK ALARM LIMIT: 10%  
SUDDEN LOSS LIMIT: 1205  
TANK TILT : 450  
PROBE OFFSET : 50  
0.00  
0.00

LIQUID SENSOR SETUP  
L 1:87 STP  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : STP SUMP

FLOAT SIZE: 4.0 IN.

WATER WARNING : 1.5  
HIGH WATER LIMIT: 2.0

MAX OR LABEL VOL: 12053  
OVERFILL LIMIT : 90%  
HIGH PRODUCT : 10847  
DELIVERY LIMIT : 95%  
LOW PRODUCT : 11450  
LEAK ALARM LIMIT: 10%  
SUDDEN LOSS LIMIT: 1205  
TANK TILT : 450  
PROBE OFFSET : 50  
0.00  
0.00

SIPHON MANIFOLDED TANKS  
T#: NONE  
LINE MANIFOLDED TANKS  
T#: NONE

L 2:91 STP  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : STP SUMP

LOW PRODUCT : 450  
LEAK ALARM LIMIT: 50  
SUDDEN LOSS LIMIT: 50  
TANK TILT : 0.00  
PROBE OFFSET : 0.00

LEAK MIN PERIODIC: 0%  
LEAK MIN ANNUAL : 0%  
PERIODIC TEST TYPE  
STANDARD

L 3:87 ANNULAR  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : ANNULAR SPACE

SIPHON MANIFOLDED TANKS  
T#: NONE  
LINE MANIFOLDED TANKS  
T#: NONE

PERIODIC TEST TYPE  
STANDARD

L 4:91 ANNULAR  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : ANNULAR SPACE

LEAK MIN PERIODIC: 50%  
LEAK MIN ANNUAL : 50%

ANNUAL TEST FAIL  
ALARM DISABLED

L 5:WASTE OIL ANNULAR  
TRI-STATE (SINGLE FLOAT)  
CATEGORY : ANNULAR SPACE

LEAK MIN ANNUAL : 50%  
PERIODIC TEST TYPE  
STANDARD

PERIODIC TEST FAIL  
ALARM DISABLED

GROSS TEST FAIL  
ALARM DISABLED

ANN TEST AVERAGING: OFF  
PER TEST AVERAGING: OFF

PERIODIC TEST TYPE  
STANDARD

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

ANNUAL TEST FAIL  
ALARM DISABLED

DELIVERY DELAY : 1 MIN  
PUMP THRESHOLD : 10.00%

PERIODIC TEST FAIL  
ALARM DISABLED

GROSS TEST FAIL  
ALARM DISABLED

ANN TEST AVERAGING: OFF  
PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 2 MIN  
PUMP THRESHOLD : 10.00%

OUTPUT RELAY SETUP

R 1:87 SHUTDOWN  
 TYPE:  
 STANDARD  
 NORMALLY CLOSED

TANK #: 1

IN-TANK ALARMS  
 T 1:HIGH WATER ALARM  
 T 1:LOW PRODUCT ALARM

LIQUID SENSOR ALMS  
 L 1:FUEL ALARM  
 L 1:SHORT ALARM  
 L 1:WATER ALARM

ISD SITE ALARMS  
 ISD GROSS PRES FAIL  
 ISD DEGRD PRES FAIL  
 ISD VAPOR LEAK FAIL  
 ISD VP PRES FAIL  
 ISD VP STATUS FAIL  
 ISD SETUP FAIL  
 ISD SENSOR OUT FAIL

ISD HOSE ALARMS  
 ALL:GROSS COLLECT FAIL  
 ALL:DEGRD COLLECT FAIL  
 ALL:FLOW COLLECT FAIL

R 2:91 SHUTDOWN  
 TYPE:  
 STANDARD  
 NORMALLY CLOSED

TANK #: 2

IN-TANK ALARMS  
 T 2:HIGH WATER ALARM  
 T 2:LOW PRODUCT ALARM

LIQUID SENSOR ALMS  
 L 2:FUEL ALARM  
 L 2:SENSOR OUT ALARM  
 L 2:SHORT ALARM

ISD SITE ALARMS  
 ISD GROSS PRES FAIL  
 ISD DEGRD PRES FAIL  
 ISD VAPOR LEAK FAIL  
 ISD VP PRES FAIL  
 ISD VP STATUS FAIL  
 ISD SETUP FAIL  
 ISD SENSOR OUT FAIL

ISD HOSE ALARMS  
 ALL:GROSS COLLECT FAIL  
 ALL:DEGRD COLLECT FAIL  
 ALL:FLOW COLLECT FAIL

R 3:OVERFILL  
 TYPE:  
 STANDARD  
 NORMALLY OPEN

TANK #: NONE

IN-TANK ALARMS  
 ALL:OVERFILL ALARM  
 ALL:HIGH PRODUCT ALARM

SMARTSENSOR SETUP

s 1:VFM 1-2  
 CATEGORY AIR FLOW METER

s 2:VFM 3-4  
 CATEGORY AIR FLOW METER

s 3:VFM 5-6  
 CATEGORY AIR FLOW METER

s 4:VFM 7-8  
 CATEGORY AIR FLOW METER

s 5:VFM 9-10  
 CATEGORY AIR FLOW METER

s 6:VFM 11-12  
 CATEGORY AIR FLOW METER

s 7:VFM 13-14  
 CATEGORY AIR FLOW METER

s 8:PRESSURE SENSOR  
 CATEGORY VAPOR PRESSURE

EVR/ISD SETUP

EVR TYPE: VACUUM ASSIST  
 VACUUM ASSIST TYPE  
 HEALY VAC

NOZZLE A/L RANGE  
 MAX: 1.15 MIN: 0.95

VAPOR PROCESSOR TYPE  
 NONE

ANALYSIS TIMES  
 TIME: 11:59 PM  
 DELAY MINUTES: 1

ACCEPT HIGH ORVR:  
 DISABLED

ISD HOSE TABLE

ID	FP	FL	HL	AA	RR
01	01	01	03	01	UU
02	01	01	04	01	UU
03	01	01	05	01	UU
04	02	02	03	01	UU
05	02	02	04	01	UU
06	02	02	05	01	UU
07	03	03	03	02	UU
08	03	03	04	02	UU
09	03	03	05	02	UU
10	04	04	03	02	UU
11	04	04	04	02	UU
12	04	04	05	02	UU
13	05	05	03	03	UU
14	05	05	04	03	UU
15	05	05	05	03	UU
16	06	06	03	03	UU
17	06	06	04	03	UU
18	06	06	05	03	UU
19	07	07	03	04	UU
20	07	07	04	04	UU
21	07	07	05	04	UU
22	08	08	03	04	UU
23	08	08	04	04	UU
24	08	08	05	04	UU
25	09	09	03	05	UU
26	09	09	04	05	UU
27	09	09	05	05	UU
28	16	10	03	05	UU
29	16	10	04	05	UU
30	16	10	05	05	UU
31	17	11	03	06	UU
32	17	11	04	06	UU
33	17	11	05	06	UU
34	18	12	03	06	UU
35	18	12	04	06	UU
36	18	12	05	06	UU
37	19	13	03	07	UU
38	19	13	04	07	UU
39	19	13	05	07	UU
40	20	14	03	07	UU
41	20	14	04	07	UU
42	20	14	05	07	UU

ISD AIRFLOW METER MAP  
 ID SERIAL NUM LABEL

1	50289	VFM 1-2
2	50287	VFM 3-4
3	50290	VFM 5-6
4	50085	VFM 7-8
5	50117	VFM 9-10
6	51007	VFM 11-12
7	50281	VFM 13-14

ISD FUEL GRADE HOSE MAP

	1	2	3	4			
FP	MHH	MHH	MHH	MHH	AA		
01	101	902	203	U	U	1	
02	104	905	206	U	U	1	
03	107	908	209	U	U	2	
04	110	911	212	U	U	2	
05	113	914	215	U	U	3	
06	116	917	218	U	U	3	
07	119	920	221	U	U	4	
08	122	923	224	U	U	4	
09	125	926	227	U	U	5	
16	128	929	230	U	U	5	
17	131	932	233	U	U	6	
18	134	935	236	U	U	6	
19	137	938	239	U	U	7	
20	140	941	242	U	U	7	

LABEL TABLE

- 1: UNASSIGNED
- 2: BLEND3
- 3: REGULAR
- 4: MID GRADE
- 5: PREMIUM
- 6: GOLD
- 7: BRONZE
- 8: SILVER
- 9: BLEND2
- 10: BLEND4

PMC SETUP

PMC VERSION: 01.02  
 VAPOR PROCESSOR TYPE  
 NONE  
 PROCESSOR CONTROL LEVEL:  
 NONE

SOFTWARE REVISION LEVEL  
 VERSION 329.02  
 SOFTWARE# 346329-100-C  
 CREATED - 09.07.01.16.29

S-MODULE# 330160-004-a  
 SYSTEM FEATURES:  
 PERIODIC IN-TANK TESTS  
 ANNUAL IN-TANK TESTS  
 ISD

ALARM HISTORY REPORT

----- IN-TANK ALARM -----  
 T 1:87  
 HIGH PRODUCT ALARM  
 JAN 4, 2011 9:29 AM  
 PROBE OUT  
 JAN 4, 2011 9:29 AM  
 DELIVERY NEEDED  
 AUG 22, 2010 6:32 PM  
 AUG 20, 2010 7:19 PM  
 JUL 13, 2010 12:40 PM

\*\*\*\*\* END \*\*\*\*\*

ALARM HISTORY REPORT

----- IN-TANK ALARM -----  
 T 2:91  
 HIGH PRODUCT ALARM  
 JAN 4, 2011 9:27 AM  
 PROBE OUT  
 JAN 4, 2011 9:28 AM  
 LOW TEMP WARNING  
 JAN 4, 2011 9:28 AM

\*\*\*\*\* END \*\*\*\*\*

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
 L 1:87 STP  
 STP SUMP  
 SENSOR OUT ALARM  
 JAN 4, 2011 9:32 AM  
 FUEL ALARM  
 JAN 4, 2011 9:22 AM

\*\*\*\*\* END \*\*\*\*\*

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
 L 2:91 STP  
 STP SUMP  
 SENSOR OUT ALARM  
 JAN 4, 2011 9:32 AM  
 FUEL ALARM  
 JAN 4, 2011 9:22 AM

\*\*\*\*\* END \*\*\*\*\*

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
 L 3:87 ANNULAR  
 ANNULAR SPACE  
 SENSOR OUT ALARM  
 JAN 4, 2011 9:32 AM  
 FUEL ALARM  
 JAN 4, 2011 9:24 AM

\*\*\*\*\* END \*\*\*\*\*

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
g 2:  
OTHER SENSORS

\* \* \* \* \* END \* \* \* \* \*

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
L 4:91 ANNULAR  
ANNULAR SPACE  
SENSOR OUT ALARM  
JAN 4, 2011 9:32 AM  
FUEL ALARM  
JAN 4, 2011 9:23 AM

\* \* \* \* \* END \* \* \* \* \*

ALARM HISTORY REPORT

----- SENSOR ALARM -----  
L 5:WASTE OIL ANNULAR  
ANNULAR SPACE  
SENSOR OUT ALARM  
JAN 4, 2011 9:32 AM  
FUEL ALARM  
JAN 4, 2011 9:26 AM

\* \* \* \* \* END \* \* \* \* \*

## Spill Bucket Testing Report Form

*This form is intended for use by contractors performing annual testing of UST spill containment structures. The completed form and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.*

### 1. FACILITY INFORMATION

Facility Name: El Camino 76	Date of Testing: 01/04/2011
Facility Address: 4350 El Camino Real, Los Altos, CA 94022	
Facility Contact: Greg Galato	Phone: 650-941-0244
Date Local Agency Was Notified of Testing: 12/21/2010	
Name of Local Agency Inspector (if present during testing): Socorro Carillo	

### 2. TESTING CONTRACTOR INFORMATION

Company Name: Confidence UST Services, Inc.	
Technician Conducting Test: Kristopher Karns	
Credentials <sup>1</sup> : <input checked="" type="checkbox"/> CSLB Contractor <input checked="" type="checkbox"/> ICC Service Tech. <input checked="" type="checkbox"/> SWRCB Tank Tester <input type="checkbox"/> Other (Specify)	
License Number(s): CSLB# 804904 ICC# 5264406-UT TT# 09-1743	

### 3. SPILL BUCKET TESTING INFORMATION

Test Method Used: <input checked="" type="checkbox"/> Hydrostatic <input type="checkbox"/> Vacuum <input type="checkbox"/> Other				
Test Equipment Used: Lake Test			Equipment Resolution: 0.0625"	
Identify Spill Bucket (By Tank Number, Stored Product, etc.)	<b>1 Regular</b>	<b>2 Super</b>	<b>3 Waste Oil</b>	<b>4</b>
Bucket Installation Type:	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input checked="" type="checkbox"/> Contained in Sump	<input checked="" type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump
Bucket Diameter:	12.00"	12.00"	12.00"	
Bucket Depth:	10.75"	10.50"	12.5"	
Wait time between applying vacuum/water and start of test:	5 min.	5 min.	5 min.	
Test Start Time (T <sub>I</sub> ):	9:15am	9:15am	9:15am	
Initial Reading (R <sub>I</sub> ):	7.50"	7.50"	9.00"	
Test End Time (T <sub>F</sub> ):	10:15am	10:15am	10:15am	
Final Reading (R <sub>F</sub> ):	7.50"	7.50"	9.00"	
Test Duration (T <sub>F</sub> - T <sub>I</sub> ):	1 hour	1 hour	1 hour	
Change in Reading (R <sub>F</sub> - R <sub>I</sub> ):	0.00"	0.00"	0.00"	
Pass/Fail Threshold or Criteria:	0.0625"	0.0625"	0.0625"	
<b>Test Result:</b>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

**Comments** – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

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#### CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

*I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements.*

Technician's Signature: 

Date: 01/04/2011

<sup>1</sup> State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements may be more stringent.

## Secondary Containment Testing Report Form

*This form is intended for use by contractors performing periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.*

### 1. FACILITY INFORMATION

Facility Name: EL Camino 76	Date of Testing: 05-10-2011
Facility Address: 4350 El Camino Real Los Altos, CA 94022	
Facility Contact: Greg Galatolo	Phone: 650-948-4771
Date Local Agency Was Notified of Testing: 3/29/2011	
Name of Local Agency Inspector (if present during testing):	

### 2. TESTING CONTRACTOR INFORMATION

Company Name: Confidence UST Services		
Technician Conducting Test: Bryan A Self		
Credentials: x CSLB Licensed Contractor	<input type="checkbox"/> SWRCB Licensed Tank Tester	
License Type: CSLB	License Number: 804904	
Manufacturer Training		
Manufacturer	Component(s)	Date Training Expires
Franklin Fueling	TS-ST5	1-06-2013
UST Service technician	ICC	7-13-2011
Star. Smith. Fibercast	Fiber Glass Systems	N.A.

### 3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
87 Product Line	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UDC 5-6	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91 Product Line	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UDC 7-8	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87 STP Sump	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UDC 9-10	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91 STP Sump	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UDC 11-12	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87 Fill SB	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UDC 13-14	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87 Vapor SB	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Waste Oil SB	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91 Fill SB	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Waste Oil Annular	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91 Vapor SB	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87 Annular	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91 Annular	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UCD 1-2	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UCD 3-4	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

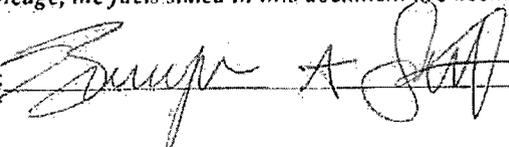
If hydrostatic testing was performed, describe what was done with the water after completion of tests:

Water was put back into test trailer and waste drum

#### CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

*To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements*

Technician's Signature: \_\_\_\_\_



Date: 05-10-2011



76  
4350 EL CAMINO REAL  
LOS ALTOS CA  
415-914-0244

NOV 19. 2012 8:35 AM

SYSTEM STATUS REPORT

ALL FUNCTIONS NORMAL

INVENTORY REPORT

T 1:87

VOLUME = 10031 GALS  
ULLAGE = 2022 GALS  
90% ULLAGE = 816 GALS  
TC VOLUME = 10017 GALS  
HEIGHT = 85.64 INCHES  
WATER VOL = 13 GALS  
WATER = 0.83 INCHES  
TEMP = 62.0 DEG F

T 2:91

VOLUME = 4196 GALS  
ULLAGE = 7857 GALS  
90% ULLAGE = 6651 GALS  
TC VOLUME = 4173 GALS  
HEIGHT = 41.76 INCHES  
WATER VOL = 13 GALS  
WATER = 0.83 INCHES  
TEMP = 67.7 DEG F

\* \* \* \* \* END \* \* \* \* \*

SYSTEM SETUP

SYSTEM UNITS

U.S.

SYSTEM LANGUAGE

ENGLISH

SYSTEM DATE/TIME FORMAT

MON DD YYYY HH:MM:SS AM

76

4350 EL CAMINO REAL

LOS ALTOS CA

415-914-0244

SHIFT TIME 1 : 6:00 AM

SHIFT TIME 2 : DISABLED

SHIFT TIME 3 : DISABLED

SHIFT TIME 4 : DISABLED

TANK PER TST NEEDED WRN

DISABLED

TANK ANN TST NEEDED WRN

DISABLED

LINE RE-ENABLE METHOD

PASS LINE TEST

LINE PER TST NEEDED WRN

DISABLED

LINE ANN TST NEEDED WRN

DISABLED

PRINT TO VOLUMES

ENABLED

TEMP COMPENSATION

VALUE (DEG F) : 60.0

STICK HEIGHT OFFSET

DISABLED

ULLAGE : 90%

H-PROTOCOL DATA FORMAT

HEIGHT

DAYLIGHT SAVING TIME

DISABLED

RE-DIFF LOCAL PRINTOUT

DISABLED

EURO PROTOCOL PREFIX

S

SYSTEM SECURITY

CODE : 000000

MAINTENANCE HISTORY

DISABLED

TANK CHART SECURITY

DISABLED

CUSTOM ALARMS

DISABLED

SERVICE NOTICE

DISABLED

ISO. 3166 COUNTRY

CODE:

MASS/DENSITY

DISABLED

PORT SETTINGS:

COMM BOARD : 1 (EDIM )  
RS-232 SECURITY  
CODE : DISABLED

COMM BOARD : 2 (S-SAT )  
BAUD RATE : 9600  
PARITY : NONE  
STOP BIT : 1 STOP  
DATA LENGTH: 8 DATA  
RS-232 SECURITY  
CODE : DISABLED  
DTR NORMAL STATE: HIGH

COMM BOARD : 5 (RS-485)  
BAUD RATE : 2400  
PARITY : EVEN  
STOP BIT : 1 STOP  
DATA LENGTH: 7 DATA  
RS-232 SECURITY  
CODE : DISABLED

COMM BOARD : 6 (RS-232)  
BAUD RATE : 9600  
PARITY : NONE  
STOP BIT : 1 STOP  
DATA LENGTH: 8 DATA  
RS-232 SECURITY  
CODE : DISABLED

AUTO TRANSMIT SETTINGS:

AUTO LEAK ALARM LIMIT  
DISABLED  
AUTO HIGH WATER LIMIT  
DISABLED  
AUTO OVERFILL LIMIT  
DISABLED  
AUTO LOW PRODUCT  
DISABLED  
AUTO THEFT LIMIT  
DISABLED  
AUTO DELIVERY START  
DISABLED  
AUTO DELIVERY END  
DISABLED  
AUTO EXTERNAL INPUT ON  
DISABLED  
AUTO EXTERNAL INPUT OFF  
DISABLED  
AUTO SENSOR FUEL ALARM  
DISABLED  
AUTO SENSOR WATER ALARM  
DISABLED  
AUTO SENSOR OUT ALARM  
DISABLED

RECEIVER SETUP:

NONE

AUTO DIAL TIME SETUP:

NONE

RS-232 END OF MESSAGE  
DISABLED

AUTO DIAL ALARM SETUP

# IN-TANK SETUP

T 1:87  
 PRODUCT CODE : 1  
 THERMAL COEFF : .000700  
 TANK DIAMETER : 110.00  
 TANK PROFILE : 4 PTS  
     FULL VOL : 12053  
     82.5 INCH VOL : 9659  
     55.0 INCH VOL : 6009  
     27.5 INCH VOL : 2364

FLOAT SIZE: 4.0 IN.

WATER WARNING : 1.5  
 HIGH WATER LIMIT: 2.0

MAX OR LABEL VOL: 12053  
 OVERFILL LIMIT : 90%  
                   : 10847  
 HIGH PRODUCT : 95%  
                   : 11450  
 DELIVERY LIMIT : 10%  
                   : 1205

LOW PRODUCT : 450  
 LEAK ALARM LIMIT: 50  
 SUDDEN LOSS LIMIT: 50  
 TANK TILT : 0.00  
 PROBE OFFSET : 0.00

## SIPHON MANIFOLDED TANKS

T#: NONE

## LINE MANIFOLDED TANKS

T#: NONE

LEAK MIN PERIODIC: 50%  
                   : 6026

LEAK MIN ANNUAL : 50%  
                   : 6026

PERIODIC TEST TYPE  
                                   STANDARD

ANNUAL TEST FAIL  
                                   ALARM DISABLED

PERIODIC TEST FAIL  
                                   ALARM DISABLED

GROSS TEST FAIL  
                                   ALARM DISABLED

ANN TEST AVERAGING: OFF  
 PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK: OFF

DELIVERY-DELAY : 2 MIN  
 PUMP THRESHOLD : 10.00%

T 2:91  
PRODUCT CODE : 2  
THERMAL COEFF : .000700  
TANK DIAMETER : 110.00  
TANK PROFILE : 4 PTS  
FULL VOL : 12053  
82.5 INCH VOL : 9659  
55.0 INCH VOL : 6009  
27.5 INCH VOL : 2364

FLOAT SIZE: 4.0 IN.

WATER WARNING : 1.5

HIGH WATER LIMIT: 2.0

MAX OR LABEL VOL: 12053

OVERFILL LIMIT : 90%

: 10847

HIGH PRODUCT : 95%

: 11450

DELIVERY LIMIT : 10%

: 1205

LOW PRODUCT : 450

LEAK ALARM LIMIT: 50

SUDDEN LOSS LIMIT: 50

TANK TILT : 0.00

PROBE OFFSET : 0.00

SIPHON MANIFOLDED TANKS

T#: NONE

LINE MANIFOLDED TANKS

T#: NONE

LEAK MIN PERIODIC: 0%

: 0

LEAK MIN ANNUAL : 0%

: 0

PERIODIC TEST TYPE  
STANDARD

ANNUAL TEST FAIL  
ALARM DISABLED

PERIODIC TEST FAIL  
ALARM DISABLED

GROSS TEST FAIL  
ALARM DISABLED

ANN TEST AVERAGING: OFF

PER TEST AVERAGING: OFF

TANK TEST NOTIFY: OFF

TNK TST SIPHON BREAK:OFF

DELIVERY DELAY : 1 MIN

PUMP THRESHOLD : 10.00%

LEAK TEST METHOD

- - - - -

TEST ON DATE : ALL TANK

JUL 1, 2009

START TIME : DISABLED

TEST RATE : 0.20 GAL/HR

DURATION : 2 HOURS

TST EARLY STOP:DISABLED

LEAK TEST REPORT FORMAT

NORMAL

LIQUID SENSOR SETUP

L 1:87 STP

TRI-STATE (SINGLE FLOAT)

CATEGORY : STP SUMP

L 2:91 STP

TRI-STATE (SINGLE FLOAT)

CATEGORY : STP SUMP

L 3:87 ANNULAR

TRI-STATE (SINGLE FLOAT)

CATEGORY : ANNULAR SPACE

L 4:91 ANNULAR

TRI-STATE (SINGLE FLOAT)

CATEGORY : ANNULAR SPACE

L 5:WASTE OIL ANNULAR

TRI-STATE (SINGLE FLOAT)

CATEGORY : ANNULAR SPACE

OUTPUT RELAY SETUP

S 1:VFM 1-2  
CATEGORY AIR FLOW METER

S 2:VFM 3-4  
CATEGORY AIR FLOW METER

S 3:VFM 5-6  
CATEGORY AIR FLOW METER

S 4:VFM 7-8  
CATEGORY AIR FLOW METER

S 5:VFM 9-10  
CATEGORY AIR FLOW METER

S 6:VFM 11-12  
CATEGORY AIR FLOW METER

S 7:VFM 13-14  
CATEGORY AIR FLOW METER

S 8:PRESSURE SENSOR  
CATEGORY VAPOR PRESSURE

EVR/ISD SETUP

EVR TYPE: VACUUM ASSIST  
VACUUM ASSIST TYPE  
HEALY VAC

NOZZLE A/L RANGE  
MAX: 1.15 MIN: 0.95

VAPOR PROCESSOR TYPE  
NONE

ANALYSIS TIMES  
TIME: 2:21 PM  
DELAY MINUTES: 1

ACCEPT HIGH ORVR:  
DISABLED

ISD HOSE TABLE  
ID FP FL HL AA RR

01	01	01	03	01	UU
02	01	01	04	01	UU
03	01	01	05	01	UU
04	02	02	03	01	UU
05	02	02	04	01	UU
06	02	02	05	01	UU
07	03	03	03	02	UU
08	03	03	04	02	UU
09	03	03	05	02	UU
10	04	04	03	02	UU
11	04	04	04	02	UU
12	04	04	05	02	UU
13	05	05	03	03	UU
14	05	05	04	03	UU
15	05	05	05	03	UU
16	06	06	03	03	UU
17	06	06	04	03	UU
18	06	06	05	03	UU
19	07	07	03	04	UU
20	07	07	04	04	UU
21	07	07	05	04	UU
22	08	08	03	04	UU
23	08	08	04	04	UU
24	08	08	05	04	UU
25	09	09	03	05	UU
26	09	09	04	05	UU
27	09	09	05	05	UU
28	16	10	03	05	UU
29	16	10	04	05	UU
30	16	10	05	05	UU
31	17	11	03	06	UU
32	17	11	04	06	UU
33	17	11	05	06	UU
34	18	12	03	06	UU
35	18	12	04	06	UU
36	18	12	05	06	UU
37	19	13	03	07	UU
38	19	13	04	07	UU
39	19	13	05	07	UU
40	20	14	03	07	UU
41	20	14	04	07	UU
42	20	14	05	07	UU

ISD AIRFLOW METER MAP

ID SERIAL NUM LABEL

1	50289	VFM 1-2
2	50287	VFM 3-4
3	50290	VFM 5-6
4	50085	VFM 7-8
5	50117	VFM 9-10
6	51007	VFM 11-12
7	50281	VFM 13-14

ISD FUEL GRADE HOSE MAP

1 2 3 4

FP MHH MHH MHH MHH AA

01	101	902	203	U U	1
02	104	905	206	U U	1
03	107	908	209	U U	2
04	110	911	212	U U	2
05	113	914	215	U U	3
06	116	917	218	U U	3
07	119	920	221	U U	4
08	122	923	224	U U	4
09	125	926	227	U U	5
16	128	929	230	U U	5
17	131	932	233	U U	6
18	134	935	236	U U	6
19	137	938	239	U U	7
20	140	941	242	U U	7

LABEL TABLE

1	: UNASSIGNED
2	: BLEND3
3	: REGULAR
4	: MID GRADE
5	: PREMIUM
6	: GOLD
7	: BRONZE
8	: SILVER
9	: BLEND2
10	: BLEND4

PMC SETUP

PMC VERSION: 01.02

VAPOR PROCESSOR TYPE

NONE

PROCESSOR CONTROL LEVEL:

NONE

ALARM HISTORY REPORT

----- SYSTEM ALARM -----  
PAPER OUT  
SEP 4. 2012 9:23 AM  
PRINTER ERROR  
SEP 4. 2012 9:23 AM

\* \* \* \* \* END \* \* \* \* \*

ALARM HISTORY REPORT

----- IN-TANK ALARM -----

T 1:87

OVERFILL ALARM

MAY 7. 2012 5:30 AM  
APR 29. 2012 8:11 AM  
APR 29. 2012 8:03 AM

LOW PRODUCT ALARM

SEP 25. 2011 8:27 PM  
FEB 5. 2011 6:50 PM

HIGH PRODUCT ALARM

APR 29. 2012 7:13 AM  
NOV 29. 2011 10:27 AM  
JAN 4. 2011 9:29 AM

INVALID FUEL LEVEL

FEB 5. 2011 6:50 PM

PROBE OUT

NOV 29. 2011 10:28 AM  
NOV 29. 2011 9:59 AM  
JAN 4. 2011 9:29 AM

DELIVERY NEEDED

NOV 13. 2012 8:40 PM  
JUN 16. 2012 3:45 PM  
JUN 14. 2012 8:43 PM

LOW TEMP WARNING

NOV 29. 2011 10:29 AM

\* \* \* \* \* END \* \* \* \* \*

ALARM HISTORY REPORT

----- IN-TANK ALARM -----

T 2:91

HIGH PRODUCT ALARM  
NOV 29, 2011 11:25 AM  
NOV 29, 2011 10:25 AM  
JAN 4, 2011 9:27 AM

INVALID FUEL LEVEL  
NOV 29, 2011 10:02 AM

PROBE OUT  
NOV 29, 2011 11:25 AM  
NOV 29, 2011 11:20 AM  
NOV 29, 2011 10:26 AM

DELIVERY NEEDED  
AUG 29, 2012 8:12 PM  
APR 20, 2012 5:55 PM  
APR 18, 2012 8:18 PM

MAX PRODUCT ALARM  
NOV 29, 2011 10:25 AM

LOW TEMP WARNING  
NOV 29, 2011 11:26 AM  
NOV 29, 2011 11:21 AM  
NOV 29, 2011 10:27 AM

\* \* \* \* \* END \* \* \* \* \*

ALARM HISTORY REPORT

----- SENSOR ALARM -----

L 1:87 STP  
STP SUMP  
FUEL ALARM  
NOV 29, 2011 11:22 AM

SENSOR OUT ALARM  
NOV 29, 2011 11:09 AM

FUEL ALARM  
NOV 29, 2011 10:32 AM

\* \* \* \* \* END \* \* \* \* \*

ALARM HISTORY REPORT

----- SENSOR ALARM -----

L 2:91 STP  
STP SUMP  
FUEL ALARM  
NOV 29, 2011 11:21 AM

SENSOR OUT ALARM  
NOV 29, 2011 11:09 AM

FUEL ALARM  
NOV 29, 2011 10:32 AM

\* \* \* \* \* END \* \* \* \* \*

ALARM HISTORY REPORT

----- SENSOR ALARM -----

L 3:87 ANNULAR  
ANNULAR SPACE  
FUEL ALARM  
NOV 29, 2011 11:22 AM

SENSOR OUT ALARM  
NOV 29, 2011 11:09 AM

FUEL ALARM  
NOV 29, 2011 10:33 AM

\* \* \* \* \* END \* \* \* \* \*

ALARM HISTORY REPORT

----- SENSOR ALARM -----

L 5:WASTE OIL ANNULAR  
ANNULAR SPACE  
SENSOR OUT ALARM  
NOV 29, 2011 11:10 AM

FUEL ALARM  
NOV 29, 2011 11:01 AM

FUEL ALARM  
NOV 29, 2011 10:54 AM

\* \* \* \* \* END \* \* \* \* \*

ALARM HISTORY REPORT

----- SENSOR ALARM -----

L 6:  
OTHER SENSORS

\* \* \* \* \* END \* \* \* \* \*

R 1:87 SHUTDOWN

TYPE:

STANDARD  
NORMALLY CLOSED

TANK #: 1

IN-TANK ALARMS

T 1:HIGH WATER ALARM  
T 1:LOW PRODUCT ALARM

LIQUID SENSOR ALMS

L 1:FUEL ALARM  
L 1:SENSOR OUT ALARM  
L 3:SENSOR OUT ALARM  
L 1:SHORT ALARM  
L 1:WATER ALARM

ISD SITE ALARMS

ISD GROSS PRES FAIL  
ISD DEGRD PRES FAIL  
ISD VAPOR LEAK FAIL  
ISD VP PRES FAIL  
ISD VP STATUS FAIL  
ISD SETUP FAIL  
ISD SENSOR OUT FAIL

ISD HOSE ALARMS

ALL:GROSS COLLECT FAIL  
ALL:DEGRD COLLECT FAIL  
ALL:FLOW COLLECT FAIL

R 2:91 SHUTDOWN

TYPE:

STANDARD  
NORMALLY CLOSED

TANK #: 2

IN-TANK ALARMS

T 2:HIGH WATER ALARM  
T 2:LOW PRODUCT ALARM

LIQUID SENSOR ALMS

L 2:FUEL ALARM  
L 2:SENSOR OUT ALARM  
L 2:SHORT ALARM

ISD SITE ALARMS

ISD GROSS PRES FAIL  
ISD DEGRD PRES FAIL  
ISD VAPOR LEAK FAIL  
ISD VP PRES FAIL  
ISD VP STATUS FAIL  
ISD SETUP FAIL  
ISD SENSOR OUT FAIL

ISD HOSE ALARMS

ALL:GROSS COLLECT FAIL  
ALL:DEGRD COLLECT FAIL  
ALL:FLOW COLLECT FAIL

R 3:OVERFILL

TYPE:

STANDARD  
NORMALLY OPEN

TANK #: NONE

IN-TANK ALARMS

ALL:OVERFILL ALARM  
ALL:HIGH PRODUCT ALARM

SMARTSENSOR SETUP



**6. PIPING SUMP TESTING**

Test Method Developed By:	<input type="checkbox"/> Sump Manufacturer	<input checked="" type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer	
	<input type="checkbox"/> Other (Specify)			
Test Method Used:	<input type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input checked="" type="checkbox"/> Hydrostatic	
	<input type="checkbox"/> Other (Specify)			
Test Equipment Used: Ts-sts	Equipment Resolution:			
	<b>Sump # Regular</b>	<b>Sump # Super</b>	<b>Sump #</b>	<b>Sump #</b>
Sump Diameter:	36.00"	38.00"		
Sump Depth:	56.00"	60.00"		
Sump Material:	FRP	FRP		
Height from Tank Top to Top of Highest Piping Penetration:	18.00"	14.00"		
Height from Tank Top to Lowest Electrical Penetration:	21.00"	14.00"		
Condition of sump prior to testing:	Clean & Dry	Clean & Dry		
Portion of Sump Tested <sup>1</sup>	Pipe Penetration	Pipe Penetration		
Does turbine shut down when sump sensor detects liquid (both product and water)?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Turbine shutdown response time	N. A.			
Is system programmed for fail-safe shutdown?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was fail-safe verified to be operational?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Wait time between applying pressure/vacuum/water and starting test:	5 Minutes	5 Minutes		
Test Start Time:				
Initial Reading (R <sub>I</sub> ):	<b>See INCON Results</b>			
Test End Time:				
Final Reading (R <sub>F</sub> ):				
Test Duration:				
Change in Reading (R <sub>F</sub> -R <sub>I</sub> ):				
Pass/Fail Threshold or Criteria:				
<b>Test Result:</b>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

**Comments** – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

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<sup>1</sup> If the entire depth of the sump is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (\*) is "NO" or "NA", the entire sump must be tested. (See SWRCB LG-160)

**7. UNDER-DISPENSER CONTAINMENT (UDC) TESTING**

Test Method Developed By:	<input type="checkbox"/> UDC Manufacturer		<input checked="" type="checkbox"/> Industry Standard		<input type="checkbox"/> Professional Engineer	
	<input type="checkbox"/> Other (Specify)					
Test Method Used:	<input type="checkbox"/> Pressure		<input type="checkbox"/> Vacuum		<input checked="" type="checkbox"/> Hydrostatic	
	<input type="checkbox"/> Other (Specify)					
Test Equipment Used: Ts-sts			Equipment Resolution:			
	<b>UDC # 1-2</b>	<b>UDC #3-4</b>	<b>UDC #5-6</b>	<b>UDC #7-8</b>		
UDC Manufacturer:	Bravo	Bravo	Bravo	Bravo		
UDC Material:	FRP	FRP	FRP	FRP		
UDC Depth:	30.00"	31.00"	28.00"	30.00"		
Height from UDC Bottom to Top of Highest Piping Penetration:	15.00"	17.00"	15.00"	16.00"		
Height from UDC Bottom to Lowest Electrical Penetration:	Base	Base	Base	Base		
Condition of UDC prior to testing:	Clean & Dry	Clean & Dry	Clean & Dry	Clean & Dry		
Portion of UDC Tested <sup>1</sup>	Pipe Penetration	Pipe Penetration	Pipe Penetration	Pipe Penetration		
Does turbine shut down when UDC sensor detects liquid (both product and water)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA		
Turbine shutdown response time	N.A.	N.A.	N.A.	N.A.		
Is system programmed for fail-safe shutdown?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA		
Was fail-safe verified to be operational?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA		
Wait time between applying pressure/vacuum/water and starting test	5 Min	5 Min	5 Min	5 Min		
Test Start Time:	<b>See INCON Results</b>		<b>See INCON Results</b>			
Initial Reading (R <sub>i</sub> ):						
Test End Time:						
Final Reading (R <sub>f</sub> ):						
Test Duration:						
Change in Reading (R <sub>f</sub> -R <sub>i</sub> ):						
Pass/Fail Threshold or Criteria:						
<b>Test Result:</b>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail					
Was sensor removed for testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
Was sensor properly replaced and verified functional after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		

**Comments** – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

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<sup>1</sup> If the entire depth of the UDC is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (\*) is "NO" or "NA", the entire UDC must be tested. (See SWRCB LG-160)

**7. UNDER-DISPENSER CONTAINMENT (UDC) TESTING**

Test Method Developed By:	<input type="checkbox"/> UDC Manufacturer	<input checked="" type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer	
	<input type="checkbox"/> Other (Specify)			
Test Method Used:	<input type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input checked="" type="checkbox"/> Hydrostatic	
	<input type="checkbox"/> Other (Specify)			
Test Equipment Used: Ts-sts	Equipment Resolution:			
	<b>UDC # 9-10</b>	<b>UDC # 11-12</b>	<b>UDC # 13-14</b>	<b>UDC #</b>
UDC Manufacturer:	Bravo	Bravo	Bravo	
UDC Material:	FRP	FRP	FRP	
UDC Depth:	31.00"	31.00"	30.00"	
Height from UDC Bottom to Top of Highest Piping Penetration:	17.00"	14.00"	13.00"	
Height from UDC Bottom to Lowest Electrical Penetration:	Base	Base	Base	
Condition of UDC prior to testing:	Clean & Dry	Clean & Dry	Clean & Dry	
Portion of UDC Tested <sup>1</sup>	Pipe Penetration	Pipe Penetration	Pipe Penetration	
Does turbine shut down when UDC sensor detects liquid (both product and water)?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Turbine shutdown response time	N.A.	N.A.	N.A.	
Is system programmed for fail-safe shutdown?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was fail-safe verified to be operational?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Wait time between applying pressure/vacuum/water and starting test	5 Min	5 Min	5 Min	
Test Start Time:	<b>See INCON Results</b>			
Initial Reading (R <sub>i</sub> ):				
Test End Time:				
Final Reading (R <sub>f</sub> ):				
Test Duration:				
Change in Reading (R <sub>f</sub> -R <sub>i</sub> ):				
Pass/Fail Threshold or Criteria:				
<b>Test Result:</b>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

**Comments** – include information on repairs made prior to testing, and recommended follow-up for failed tests

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<sup>1</sup> If the entire depth of the UDC is not tested, specify how much was tested. If the answer to any of the questions indicated with an asterisk (\*) is "NO" or "NA", the entire UDC must be tested. (See SWRCB LG-160)

**8. FILL RISER CONTAINMENT SUMP TESTING**

Facility is Not Equipped With Fill Riser Containment Sumps: <input checked="" type="checkbox"/> X				
Fill Riser Containment Sumps are Present, but were Not Tested: <input type="checkbox"/>				
Test Method Developed By: <input type="checkbox"/> Sump Manufacturer <input type="checkbox"/> Industry Standard <input type="checkbox"/> Professional Engineer <input type="checkbox"/> Other (Specify)				
Test Method Used: <input type="checkbox"/> Pressure <input type="checkbox"/> Vacuum <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Other (Specify)				
Test Equipment Used:			Equipment Resolution:	
	Fill Sump #	Fill Sump #	Fill Sump #	Fill Sump #
Sump Diameter:				
Sump Depth:				
Height from Tank Top to Top of Highest Piping Penetration:				
Height from Tank Top to Lowest Electrical Penetration:				
Condition of sump prior to testing:				
Portion of Sump Tested				
Sump Material:				
Wait time between applying pressure/vacuum/water and starting test:				
Test Start Time:				
Initial Reading (R <sub>i</sub> ):				
Test End Time:				
Final Reading (R <sub>f</sub> ):				
Test Duration:				
Change in Reading (R <sub>f</sub> -R <sub>i</sub> ):				
Pass/Fail Threshold or Criteria:				
<b>Test Result:</b>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail			
Is there a sensor in the sump?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the sensor alarm when either product or water is detected?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor removed for testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

**Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)**

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EL CAMINO 76  
4350 EL CAMINO REAL  
LOS ALTOS CA 94022  
916-381-6284  
INVOICE 26909

05/10/2011 10:58 AM

SUMP LEAK TEST REPORT

87 SIP

TEST STARTED 10:22 AM  
TEST STARTED 05/10/2011  
BEGIN LEVEL 3.0076 IN  
END TIME 10:39 AM  
END DATE 05/10/2011  
END LEVEL 3.0070 IN  
LEAK THRESHOLD 0.002 IN  
TEST RESULT PASSED

91 SIP

TEST STARTED 10:30 AM  
TEST STARTED 05/10/2011  
BEGIN LEVEL 3.0201 IN  
END TIME 10:50 AM  
END DATE 05/10/2011  
END LEVEL 3.0250 IN  
LEAK THRESHOLD 0.002 IN  
TEST RESULT PASSED

EL CAMINO 76  
4350 EL CAMINO REAL  
LOS ALTOS CA 94022  
916-381-6284  
INVOICE 26909

05/10/2011 11:44 AM

SUMP LEAK TEST REPORT

91-FILL

TEST STARTED 11:29 AM  
TEST STARTED 05/10/2011  
BEGIN LEVEL 6.1779 IN  
END TIME 11:44 AM  
END DATE 05/10/2011  
END LEVEL 6.1778 IN  
LEAK THRESHOLD 0.002 IN  
TEST RESULT PASSED

91-VAP

TEST STARTED 11:29 AM  
TEST STARTED 05/10/2011  
BEGIN LEVEL 6.4983 IN  
END TIME 11:44 AM  
END DATE 05/10/2011  
END LEVEL 6.4982 IN  
LEAK THRESHOLD 0.002 IN  
TEST RESULT PASSED

87-FILL

TEST STARTED 11:29 AM  
TEST STARTED 05/10/2011  
BEGIN LEVEL 6.0997 IN  
END TIME 11:44 AM  
END DATE 05/10/2011  
END LEVEL 6.0993 IN  
LEAK THRESHOLD 0.002 IN  
TEST RESULT PASSED

87-VAP

TEST STARTED 11:29 AM  
TEST STARTED 05/10/2011  
BEGIN LEVEL 6.3446 IN  
END TIME 11:44 AM  
END DATE 05/10/2011  
END LEVEL 6.3446 IN  
LEAK THRESHOLD 0.002 IN  
TEST RESULT PASSED

EL CAMINO 76  
4350 EL CAMINO REAL  
LOS ALTOS CA 94022  
916-381-4284  
INVOICE 26909

05/10/2011 1:27 PM

SUMP LEAK TEST REPORT

UDC 7-8

TEST STARTED 1:11 PM  
TEST STARTED 05/10/2011  
BEGIN LEVEL 4.4129 IN  
END TIME 1:26 PM  
END DATE 05/10/2011  
END LEVEL 4.4128 IN  
LEAK THRESHOLD 0.002 IN  
TEST RESULT PASSED

UDC9-10

TEST STARTED 1:11 PM  
TEST STARTED 05/10/2011  
BEGIN LEVEL 4.1217 IN  
END TIME 1:26 PM  
END DATE 05/10/2011  
END LEVEL 4.1212 IN  
LEAK THRESHOLD 0.002 IN  
TEST RESULT PASSED

UDC1112

TEST STARTED 1:11 PM  
TEST STARTED 05/10/2011  
BEGIN LEVEL 3.3052 IN  
END TIME 1:26 PM  
END DATE 05/10/2011  
END LEVEL 3.3049 IN  
LEAK THRESHOLD 0.002 IN  
TEST RESULT PASSED

UDC1314

TEST STARTED 1:11 PM  
TEST STARTED 05/10/2011  
BEGIN LEVEL 2.4707 IN  
END TIME 1:26 PM  
END DATE 05/10/2011  
END LEVEL 2.4741 IN  
LEAK THRESHOLD 0.002 IN  
TEST RESULT PASSED

EL CAMINO 76  
4350 EL CAMINO REAL  
LOS ALTOS CA 94022  
916-381-4284  
INVOICE 26909

05/10/2011 4:20 PM

SUMP LEAK TEST REPORT

UDC 1-2

TEST STARTED 4:05 PM  
TEST STARTED 05/10/2011  
BEGIN LEVEL 5.8410 IN  
END TIME 4:20 PM  
END DATE 05/10/2011  
END LEVEL 5.8411 IN  
LEAK THRESHOLD 0.002 IN  
TEST RESULT PASSED

UDC 3-4

TEST STARTED 4:05 PM  
TEST STARTED 05/10/2011  
BEGIN LEVEL 6.1471 IN  
END TIME 4:20 PM  
END DATE 05/10/2011  
END LEVEL 6.1472 IN  
LEAK THRESHOLD 0.002 IN  
TEST RESULT PASSED

UDC 5-6

TEST STARTED 4:05 PM  
TEST STARTED 05/10/2011  
BEGIN LEVEL 5.8249 IN  
END TIME 4:20 PM  
END DATE 05/10/2011  
END LEVEL 5.8248 IN  
LEAK THRESHOLD 0.002 IN  
TEST RESULT PASSED

# MONITORING SYSTEM CERTIFICATION

Use By All Jurisdictions Within the State of California

Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3 Title 23, California Code of Regulations

This form must be used to document testing and servicing of monitoring equipment. If more than one monitoring system control panel is installed at the facility, a separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

## A. General Information

Facility Name: CONOCO PHILLIPS 256115 City: LOS ALTOS CA Zip: 94022  
Site Address: 4350 EL CAMINO REAL Contact Phone No: 941-0244  
Date of Testing/Service: 11/03/2009  
Facility Contact Person: MANAGER Work Order Number: 2270221  
Make/Model of Monitoring System: TLS-350

## B. Inventory of Equipment Tested/Certified

Check the appropriate boxes to indicate specific equipment inspected/serviced

Tank ID: <u>91</u>	Tank ID: <u>87</u>
<input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>MAG</u>	<input checked="" type="checkbox"/> In-Tank Gauging Probe. Model: <u>MAG</u>
<input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>420</u>	<input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>420</u>
<input checked="" type="checkbox"/> Piping Sump/Trench Sensor(s). Model: <u>208</u>	<input checked="" type="checkbox"/> Piping Sump/Trench Sensor(s). Model: <u>208</u>
<input type="checkbox"/> Fill Sump Sensor(s). Model: _____	<input type="checkbox"/> Fill Sump Sensor(s). Model: _____
<input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model: <u>MLD</u>	<input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model: <u>MLD</u>
<input type="checkbox"/> Electronic Line Leak Detector. Model: _____	<input type="checkbox"/> Electronic Line Leak Detector. Model: _____
<input checked="" type="checkbox"/> Tank Overfill/High-Level Sensor. Model: <u>EXT ALARM</u>	<input checked="" type="checkbox"/> Tank Overfill/High-Level Sensor. Model: <u>EXT ALARM</u>
<input type="checkbox"/> Other (specify equipment type and model in Section E on page 2).	<input type="checkbox"/> Other (specify equipment type and model in Section E on page 2).
Tank ID: <u>USED OIL</u>	Tank ID: _____
<input type="checkbox"/> In-Tank Gauging Probe. Model: _____	<input type="checkbox"/> In-Tank Gauging Probe. Model: _____
<input checked="" type="checkbox"/> Annular Space or Vault Sensor. Model: <u>420</u>	<input type="checkbox"/> Annular Space or Vault Sensor. Model: _____
<input type="checkbox"/> Piping Sump/Trench Sensor(s). Model: _____	<input type="checkbox"/> Piping Sump/Trench Sensor(s). Model: _____
<input type="checkbox"/> Fill Sump Sensor(s). Model: _____	<input type="checkbox"/> Fill Sump Sensor(s). Model: _____
<input type="checkbox"/> Mechanical Line Leak Detector. Model: _____	<input type="checkbox"/> Mechanical Line Leak Detector. Model: _____
<input type="checkbox"/> Electronic Line Leak Detector. Model: _____	<input type="checkbox"/> Electronic Line Leak Detector. Model: _____
<input type="checkbox"/> Tank Overfill/High-Level Sensor. Model: _____	<input type="checkbox"/> Tank Overfill/High-Level Sensor. Model: _____
<input type="checkbox"/> Other (specify equipment type and model in Section E on page 2).	<input type="checkbox"/> Other (specify equipment type and model in Section E on page 2).
Dispenser ID: <u>1/2</u>	Dispenser ID: <u>3/4</u>
<input type="checkbox"/> Dispenser Containment Sensor(s) Model: _____	<input type="checkbox"/> Dispenser Containment Sensor(s) Model: _____
<input checked="" type="checkbox"/> Shear Valve(s).	<input checked="" type="checkbox"/> Shear Valve(s).
<input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	<input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
Dispenser ID: <u>5/6</u>	Dispenser ID: <u>7/8</u>
<input type="checkbox"/> Dispenser Containment Sensor(s) Model: _____	<input type="checkbox"/> Dispenser Containment Sensor(s) Model: _____
<input checked="" type="checkbox"/> Shear Valve(s).	<input checked="" type="checkbox"/> Shear Valve(s).
<input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	<input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
Dispenser ID: <u>9/10</u>	Dispenser ID: <u>11/12</u>
<input type="checkbox"/> Dispenser Containment Sensor(s) Model: _____	<input type="checkbox"/> Dispenser Containment Sensor(s) Model: _____
<input checked="" type="checkbox"/> Shear Valve(s).	<input checked="" type="checkbox"/> Shear Valve(s).
<input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	<input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s).

\* If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility.

## C. Certification

I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this certification is information (e.g manufacturers' checklists) necessary to verify that this information is correct. and a Site Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the (Check all that apply):  System set-up  Alarm history report

Technician Name (print): KRISTOPHER BELL Signature:   
Certification No.: B33709 License No.: 743160 (Class 'A' General Engineering Contractor License)  
Testing Company Name: Tanknology Phone No.: (800) 800-4633  
Site Address: 11000 N. MoPac Expressway, suite 500, Austin, TX 78759 Date of Testing/Servicing: 11/03/2009





## Secondary Containment Testing Report Form

*This form is intended for use by contractors performing periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.*

### 1. FACILITY INFORMATION

Facility Name: CONOCO PHILLIPS 256115	Date of Testing: 11/03/2009
Facility Address: 4350 EL CAMINO REAL , LOS ALTOS, CA, 94022	
Facility Contact: MANAGER	Phone: (650) 941-0244
Date Local Agency Was Notified of Testing : / /	
Name of Local Agency Inspector (if present during testing): RAY	

### 2. TESTING CONTRACTOR INFORMATION

Company Name: TANKNOLOGY, INC.		
Technician Conducting Test: KRISTOPHER BELL		
Credentials:	<input type="checkbox"/> CSLB Licensed Contractor	<input type="checkbox"/> SWRCB Licensed Tank Tester
License Type:	License Number: 5297793-UT	
Manufacturer	<u>Manufacturer Training</u> Component(s)	Date Training Expires
PHILTITE	INSTALATION	/ /
		/ /
		/ /
		/ /

### 3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
Spill Box 1 REG FILL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill Box 1 REG VAPOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill Box 2 PRE FILL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill Box 2 PRE VAPOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill Box 3 USE FILL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If hydrostatic testing was performed, describe what was done with the water after completion of tests:

LEFT IN DRUM ONSITE

#### CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

*To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements*

Technician's Signature: *Kristopher Bell*

Date: 11/03/2009

# 9. Spill Bucket Testing Report Form

*This form is intended for use by contractors performing annual testing of UST spill containment structures. The completed form and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.*

## 1. FACILITY INFORMATION

Facility Name: CONOCO PHILLIPS 256115	Date of Testing: 11/03/2009
Facility Address: 4350 EL CAMINO REAL , LOS ALTOS, CA, 94022	
Facility Contact: MANAGER	Phone: (650) 941-0244
Date Local Agency Was Notified of Testing : / /	
Name of Local Agency Inspector (if present during testing): RAY	

## 2. TESTING CONTRACTOR INFORMATION

Company Name: TANKNOLOGY, INC.
Technician Conducting Test: KRISTOPHER BELL
Credentials <sup>1</sup> : <input type="checkbox"/> CSLB Contractor <input checked="" type="checkbox"/> ICC Service Tech. <input type="checkbox"/> SWRCB Tank Tester <input type="checkbox"/> Other (Specify)
License Number: 5297793-UT

## 3. SPILL BUCKET TESTING INFORMATION

Test Method Used:	<input checked="" type="checkbox"/> Hydrostatic	<input type="checkbox"/> Vacuum	<input type="checkbox"/> Other
Test Equipment Used: TAPE MEASURE	Equipment Resolution: NO VISIBLE LOSS		
Identify Spill Bucket (By Tank Number, Stored Product, etc.)	1 1 REG FILL	2 1 REG VAPOR	3 2 PRE FILL
Bucket Installation Type:	<input checked="" type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input checked="" type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input checked="" type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump
Bucket Diameter:	14 "	14 "	14 "
Bucket Depth:	13 1/2 "	14 1/2 "	15 "
Wait time between applying vacuum/water and starting test:	5 MIN	5 MIN	5 MIN
Test Start Time (T <sub>I</sub> ):	9:26	10:36	10:36
Initial Reading (R <sub>I</sub> ):	12 3/4 "	13 3/4 "	14 3/4 "
Test End Time (T <sub>F</sub> ):	10:26	11:36	11:36
Final Reading (R <sub>F</sub> ):	12 3/4 "	13 3/4 "	14 3/4 "
Test Duration:	1 HR	1 HR	1 HR
Change in Reading (R <sub>F</sub> - R <sub>I</sub> ):	0 "	0 "	0 "
Pass/Fail Threshold or Criteria:	0 "	0 "	0 "
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail

**Comments -** (include information on repairs made prior to testing, and recommended follow-up for failed tests)

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### CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

*I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements.*

Technician's Signature: *Kristopher Bell* Date: 11/03/2009

<sup>1</sup> State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements

# 9. Spill Bucket Testing Report Form

This form is intended for use by contractors performing annual testing of UST spill containment structures. The completed form and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.

## 1. FACILITY INFORMATION

Facility Name: CONOCO PHILLIPS 256115	Date of Testing: 11/03/2009
Facility Address: 4350 EL CAMINO REAL , LOS ALTOS, CA, 94022	
Facility Contact: MANAGER	Phone: (650) 941-0244
Date Local Agency Was Notified of Testing : / /	
Name of Local Agency Inspector (if present during testing): RAY	

## 2. TESTING CONTRACTOR INFORMATION

Company Name: TANKNOLOGY, INC.
Technician Conducting Test: KRISTOPHER BELL
Credentials <sup>1</sup> : <input type="checkbox"/> CSLB Contractor <input checked="" type="checkbox"/> ICC Service Tech. <input type="checkbox"/> SWRCB Tank Tester <input type="checkbox"/> Other (Specify) _____
License Number: 5297793 -UT

## 3. SPILL BUCKET TESTING INFORMATION

Test Method Used:	<input checked="" type="checkbox"/> Hydrostatic	<input type="checkbox"/> Vacuum	<input type="checkbox"/> Other	
Test Equipment Used: TAPE MEASURE	Equipment Resolution: NO VISIBLE LOSS			
Identify Spill Bucket (By Tank Number, Stored Product, etc.)	1	2	3	4
	3 USE FILL			
Bucket Installation Type:	<input checked="" type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump	<input type="checkbox"/> Direct Bury <input type="checkbox"/> Contained in Sump
Bucket Diameter:	14 "			
Bucket Depth:	12 1/2 "			
Wait time between applying vacuum/water and starting test:	5 MIN			
Test Start Time (T <sub>I</sub> ):	9:26			
Initial Reading (R <sub>I</sub> ):	12 "			
Test End Time (T <sub>F</sub> ):	10:26			
Final Reading (R <sub>F</sub> ):	12 "			
Test Duration:	1 HR			
Change in Reading (R <sub>F</sub> - R <sub>I</sub> ):	0 "			
Pass/Fail Threshold or Criteria:	0 "			
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

**Comments - (include information on repairs made prior to testing, and recommended follow-up for failed tests)**

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### CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

I hereby certify that all the information contained in this report is true, accurate, and in full compliance with legal requirements.

Technician's Signature: Kristopher Bell

Date: 11/03/2009

<sup>1</sup> State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements



8501 N MOPAC EXPRESSWAY, SUITE 400  
AUSTIN, TEXAS 78759  
(512) 451-6334  
FAX (512) 459-1459

TEST DATE: 11/03/09  
CLIENT: CONOCO PHILLIPS

WORK ORDER NUMBER 2270221  
SITE: CONOCO PHILLIPS 256115

### COMMENTS

ALL TEST PASSED.

### PARTS REPLACED

QUANTITY	DESCRIPTION

### HELIUM PINPOINT TEST RESULTS (IF APPLICABLE)

ITEMS TESTED

### HELIUM PINPOINT LEAK TEST RESULTS

--

## Emergency Shut Off (ESO) & Dispenser Emergency Shutoff Valve (ESV) ANNUAL TEST RECORD LOCATIONS AND TEST DATA

Testing Company:	TANKNOLOGY	Date:	11-3-09		
Location Name:	CONOCO PHILLIPS	Store #:	256115	State ID #:	74360
Address:	4350 El Camino Real	City:	Los Altos	State:	CA

### Emergency Shut Off (ESO) Testing Results

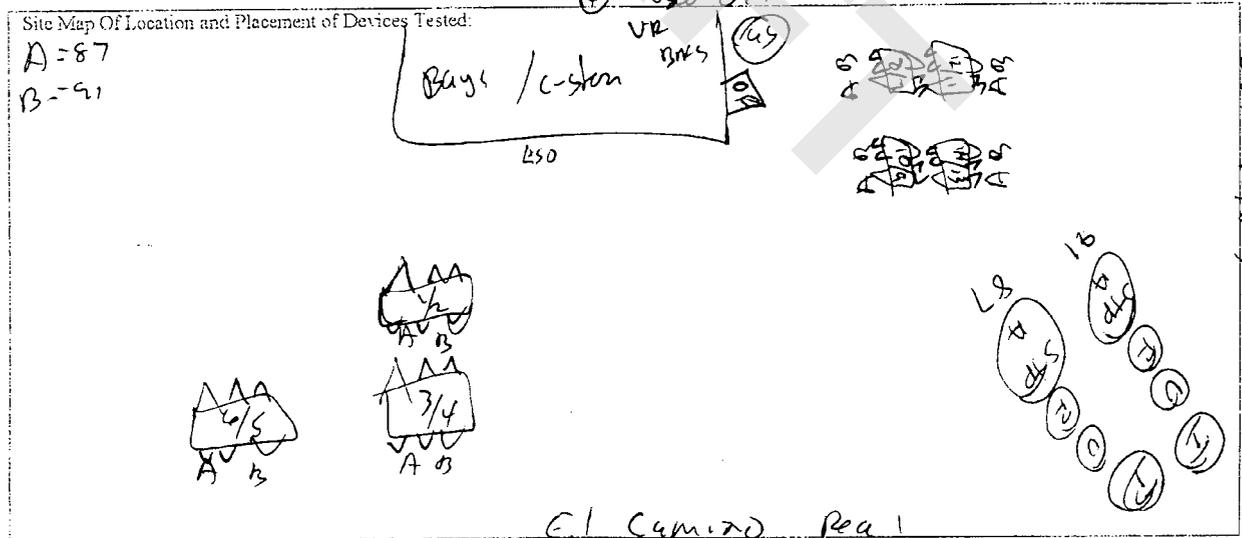
On 11-3-09 in accordance with "ESO Vendor Letter (3-21-05).doc", from Retail Compliance Department, as a part of annual compliance testing, this representative tested the Emergency Shut Off (ESO) switches as indicated on this sketch. Findings listed below:

Emergency Shut Off (ESO) Operational?	(Y) N	If No, Provide Maintenance Log #	Date Called :
---------------------------------------	-------	----------------------------------	---------------

### Dispenser Emergency Shutoff Valve (ESV) Testing Results

On 11-3-09 in accordance with NFPA 30A this representative tested the automatic-closing feature of the Dispenser Emergency Shutoff VALVE(S) (ESV) located in the supply lines at the base of each individual island type dispenser indicated on the diagram below. Each device (#) 14 in all, would automatically close. Findings listed below:

Disp. Emergency Shut Off Valve (ESV) Operational?	(Y) N	If No, Provide Maintenance Log #	Date Called :
---	-------	----------------------------------	---------------



Signature Of Representative: [Signature]

I10100  
 NOV 3, 2009 1:43 PM  
 EL CAMINO REAL 76  
 4350 EL CAMINO REAL  
 LOS ALTOS CA. 94022  
 415-941-0244  
 SYSTEM STATUS REPORT  
 ALL FUNCTIONS NORMAL

I50301  
 NOV 3, 2009 1:44 PM  
 # 1:EL CAMINO REAL 76

I50302  
 NOV 3, 2009 1:44 PM  
 # 2:4350 EL CAMINO REAL

I50303  
 NOV 3, 2009 1:44 PM  
 # 3:LOS ALTOS CA. 94022

I50304  
 NOV 3, 2009 1:44 PM  
 # 4:415-941-0244

I51700  
 NOV 3, 2009 1:44 PM  
 SYSTEM TYPE AND LANGUAGE FLAG  
 SYSTEM UNITS  
 U.S.  
 SYSTEM LANGUAGE  
 ENGLISH  
 SYSTEM DATE/TIME FORMAT  
 MON DD YYYY HH:MM:SS xM

I50F00  
 NOV 3, 2009 1:44 PM  
 MON DD YYYY HH:MM:SS xM

I60100  
 NOV 3, 2009 1:44 PM  
 TANK CONFIGURATION  

DEVICE LABEL	CONFIGURED
1 87-REGULAR UNLEADED	ON
2 91-PREMIUM UNLEADED	ON
3	OFF
4	OFF

I60200  
 NOV 3, 2009 1:44 PM  
 TANK PRODUCT LABEL  
 TANK PRODUCT LABEL  

1	87-REGULAR UNLEADED
2	91-PREMIUM UNLEADED
3	
4	

I60300  
 NOV 3, 2009 1:44 PM  
 TANK PRODUCT CODE  
 TANK PRODUCT LABEL  

1	87-REGULAR UNLEADED	1
2	91-PREMIUM UNLEADED	2
3		3
4		4

□

□

I60400

NOV 3, 2009 1:44 PM

TANK FULL VOLUME

TANK	PRODUCT LABEL	GALLONS
1	87-REGULAR UNLEADED	12053
2	91-PREMIUM UNLEADED	12053
3		0
4		0

□

□

I60700

NOV 3, 2009 1:44 PM

TANK DIAMETER

TANK	PRODUCT LABEL	INCHES
1	87-REGULAR UNLEADED	110.00
2	91-PREMIUM UNLEADED	110.00
3		0.00
4		0.00

□

□

I60900

NOV 3, 2009 1:44 PM

TANK THERMAL COEFFICIENT

TANK	PRODUCT LABEL	
1	87-REGULAR UNLEADED	0.000700
2	91-PREMIUM UNLEADED	0.000700
3		0.000000
4		0.000000

□

□

I61200

NOV 3, 2009 1:44 PM

TANK MANIFOLDED PARTNERS

TANK	PRODUCT LABEL	MANIFOLDED TANKS
1	87-REGULAR UNLEADED	NONE
2	91-PREMIUM UNLEADED	NONE
3		NONE
4		NONE

□

□

I62100

NOV 3, 2009 1:44 PM

TANK LOW PRODUCT LIMIT

TANK	PRODUCT LABEL	GALLONS
1	87-REGULAR UNLEADED	470
2	91-PREMIUM UNLEADED	470
3		0
4		0

□

□

I62200

NOV 3, 2009 1:44 PM

TANK HIGH PRODUCT LIMIT

TANK	PRODUCT LABEL	GALLONS
1	87-REGULAR UNLEADED	11450
2	91-PREMIUM UNLEADED	11450
3		0
4		0

□

□

I62300

NOV 3, 2009 1:44 PM

TANK OVERFILL LEVEL LIMIT

TANK	PRODUCT LABEL	GALLONS
1	87-REGULAR UNLEADED	10847
2	91-PREMIUM UNLEADED	10847
3		0
4		0

□

□

I62400

NOV 3, 2009 1:44 PM

TANK HIGH WATER LEVEL LIMIT

TANK	PRODUCT LABEL	INCHES
------	---------------	--------

1 87-REGULAR UNLEADED 2.0  
 2 91-PREMIUM UNLEADED 2.0

I62800

NOV 3, 2009 1:44 PM

TANK MAXIMUM VOLUME LIMIT

TANK	PRODUCT LABEL	GALLONS
1	87-REGULAR UNLEADED	12053
2	91-PREMIUM UNLEADED	12053
3	0	
4	0	

I62900

NOV 3, 2009 1:44 PM

TANK DELIVERY REQUIRED LIMIT

TANK	PRODUCT LABEL	GALLONS
1	87-REGULAR UNLEADED	1440
2	91-PREMIUM UNLEADED	1139
3	0	
4	0	

I70300

NOV 3, 2009 1:44 PM

LIQUID TYPE

SENSOR	LOCATION	TYPE
1	87 STP-SUMP	TRI-STATE (SINGLE FLOAT)
2	91 STP-SUMP	TRI-STATE (SINGLE FLOAT)
3	87 ANNULAR	TRI-STATE (SINGLE FLOAT)
4	91 ANNULAR	TRI-STATE (SINGLE FLOAT)
5	WASTE-OIL ANNULAR	TRI-STATE (SINGLE FLOAT)
6		TRI-STATE (SINGLE FLOAT)
7		TRI-STATE (SINGLE FLOAT)
8		TRI-STATE (SINGLE FLOAT)

I90200

NOV 3, 2009 1:45 PM

SOFTWARE REVISION LEVEL

VERSION 15.01

SOFTWARE# 346015-100-B

CREATED - 97.10.23.08.56

NO SOFTWARE MODULE

SYSTEM FEATURES:

PERIODIC IN-TANK TESTS  
 ANNUAL IN-TANK TESTS

I20600

NOV 3, 2009 1:45 PM

EL CAMINO REAL 76

4350 EL CAMINO REAL

LOS ALTOS CA. 94022

415-941-0244

TANK ALARM HISTORY

TANK 1 87-REGULAR UNLEADED

HIGH WATER ALARM NOV 3, 2009 1:01 PM  
 NOV 25, 2008 11:04 AM  
 NOV 29, 2007 1:33 PM

OVERFILL ALARM NOV 3, 2009 12:51 PM  
 AUG 6, 2009 12:29 AM  
 DEC 5, 2008 1:03 PM

LOW PRODUCT ALARM MAR 11, 2009 2:44 PM  
 JUN 5, 2007 8:31 PM  
 DEC 12, 2006 6:22 PM

HIGH PRODUCT ALARM NOV 3, 2009 12:53 PM  
 NOV 25, 2008 11:00 AM  
 NOV 29, 2007 1:26 PM

INVALID FUEL LEVEL NOV 3, 2009 12:46 PM  
 DEC 12, 2006 6:24 PM

PROBE OUT NOV 3, 2009 1:03 PM  
 NOV 3, 2009 12:46 PM  
 NOV 25, 2008 11:08 AM

HIGH WATER WARNING NOV 3, 2009 1:01 PM

NOV 25, 2008 11:04 AM  
 NOV 29, 2007 1:33 PM  
 DELIVERY NEEDED OCT 10, 2009 7:43 PM  
 OCT 8, 2009 11:21 PM  
 SEP 30, 2009 9:19 PM  
 MAX PRODUCT ALARM NOV 3, 2009 12:53 PM  
 NOV 25, 2008 11:00 AM  
 NOV 29, 2007 1:27 PM  
 TANK 2 91-PREMIUM UNLEADED  
 HIGH WATER ALARM NOV 3, 2009 1:09 PM  
 NOV 25, 2008 11:06 AM  
 NOV 29, 2007 1:31 PM  
 OVERFILL ALARM NOV 3, 2009 12:58 PM  
 NOV 25, 2008 10:58 AM  
 NOV 25, 2008 10:53 AM  
 LOW PRODUCT ALARM MAR 11, 2009 4:15 PM  
 DEC 17, 2005 3:52 PM  
 NOV 12, 2003 1:05 PM  
 HIGH PRODUCT ALARM NOV 3, 2009 12:59 PM  
 NOV 25, 2008 10:59 AM  
 NOV 29, 2007 1:24 PM  
 INVALID FUEL LEVEL NOV 29, 2007 1:52 PM  
 NOV 29, 2007 1:47 PM  
 NOV 29, 2007 1:35 PM  
 PROBE OUT NOV 3, 2009 1:47 PM  
 NOV 3, 2009 12:47 PM  
 NOV 25, 2008 11:10 AM  
 HIGH WATER WARNING NOV 3, 2009 1:09 PM  
 NOV 25, 2008 11:06 AM  
 NOV 29, 2007 1:31 PM  
 DELIVERY NEEDED NOV 3, 2009 12:48 PM  
 MAR 25, 2009 1:01 PM  
 MAR 12, 2009 7:28 PM  
 MAX PRODUCT ALARM NOV 3, 2009 12:59 PM  
 NOV 25, 2008 11:00 AM  
 NOV 29, 2007 1:25 PM  
 LOW TEMP WARNING NOV 3, 2009 1:48 PM

□  
 □

I30200  
 NOV 3, 2009 1:45 PM  
 EL CAMINO REAL 76  
 4350 EL CAMINO REAL  
 LOS ALTOS CA. 94022  
 415-941-0244

LIQUID ALARM HISTORY REPORT

SENSOR LOCATION

1 87 STP-SUMP  
 NOV 3, 2009 11:16 AM SENSOR OUT ALARM  
 NOV 3, 2009 11:11 AM FUEL ALARM  
 NOV 3, 2009 11:09 AM FUEL ALARM  
 2 91 STP-SUMP  
 NOV 3, 2009 11:16 AM SENSOR OUT ALARM  
 NOV 3, 2009 11:09 AM FUEL ALARM  
 JAN 20, 2009 12:30 PM SENSOR OUT ALARM  
 3 87 ANNULAR  
 NOV 3, 2009 11:16 AM SENSOR OUT ALARM  
 NOV 3, 2009 11:12 AM FUEL ALARM  
 JAN 20, 2009 12:30 PM SENSOR OUT ALARM  
 4 91 ANNULAR  
 NOV 3, 2009 11:16 AM SENSOR OUT ALARM  
 NOV 3, 2009 11:12 AM FUEL ALARM  
 JAN 20, 2009 12:30 PM SENSOR OUT ALARM  
 5 WASTE-OIL ANNULAR  
 NOV 3, 2009 11:16 AM SENSOR OUT ALARM  
 NOV 3, 2009 11:13 AM FUEL ALARM  
 JAN 20, 2009 12:30 PM SENSOR OUT ALARM

□





**TANKNOLOGY CERTIFICATE OF TESTING**  
 8501 N MOPAC EXPRESSWAY, SUITE 400 AUSTIN, TEXAS 78759  
 TELEPHONE (512) 451-6334 FAX (512) 459-1459

PURPOSE: COMPLIANCE

**TEST RESULT SUMMARY REPORT**

TEST DATE: 11/03/09

WORK ORDER NUMBER: 2270221

CUSTOMER PO:

CLIENT: CONOCO PHILLIPS  
 3611 HARBOR BLVD., SUITE 200  
 USER ID: SBOYD  
 SANTA ANA, CA 92704  
 STEVE BOYD  
 (714)428-6572

SITE: CONOCO PHILLIPS 256115  
 4350 EL CAMINO REAL  
 LOS ALTOS, CA 94022  
 MANAGER  
 (650)941-0244

**Product Pipe Tightness Test Results**

LINE ID	LINE PRODUCT	LINE MATERIAL	DELIVERY TYPE	TEST RESULT				FINAL LEAK RATE (gph)				IMPACT VALVE FUNCTION	
				A	B	C	D	A	B	C	D		
1	REG UNLEAD	DW STEEL	PRESSURE										Y
2	PREMIUM	DW STEEL	PRESSURE										Y
3	USED OIL												

**Existing Line Leak Detector Test**

LINE ID	EXISTING LEAK DETECTOR #1				RESULT	EXISTING LEAK DETECTOR #2			
	MANUFACTURER	MODEL #	SERIAL #	RESULT		MANUFACTURER	MODEL #	SERIAL #	RESULT
1	FE PETRO	MLD	01101333	P					
2	FE PETRO	MLD	01101335	P					
3									

**New Replacement Line Leak Detector Test**

LINE ID	REPLACED LEAK DETECTOR #1				RESULT	REPLACED LEAK DETECTOR #2			
	MANUFACTURER	MODEL #	SERIAL #	RESULT		MANUFACTURER	MODEL #	SERIAL #	RESULT

For owner detailed report information, visit [www.tanknology.com](http://www.tanknology.com) and select On-Line Reports-WRAP, or contact your local Tanknology office.

Tester Name: KRISTOPHER BELL

Technician Certification Number:

# INDIVIDUAL TANK INFORMATION AND TEST RESULTS



TEST DATE: 11/03/09  
 CLIENT: CONOCO PHILLIPS

8501 N MOPAC EXPRESSWAY, SUITE 400  
 AUSTIN, TEXAS 78759 (512) 451-6334

WORK ORDER NUMBER: 2270221  
 SITE: CONOCO PHILLIPS 256115

## TANK INFORMATION

Tank ID: 1	Tank manifolded: NO	Bottom to top fill in inches:
Product: REG UNLEAD	Vent manifolded: YES	Bottom to grade in inches:
Capacity in gallons: 12,053	Vapor recovery manifolded: YES	Fill pipe length in inches:
Diameter in inches: 110.00	Overfill protection: YES	Fill pipe diameter in inches:
Length in inches: 296	Overspill protection: YES	Stage I vapor recovery: DUAL
Material: DW STEEL	Installed: ATG	Stage II vapor recovery: ASSIST
	CP installed on: / /	

COMMENTS

TANK TEST RESULTS	LEAK DETECTOR TEST RESULTS
-------------------	----------------------------

**Test Method:**

PSI at tank bottom:  
 Fluid level in inches:  
 UFT/OFT:  
 Fluid volume in gallons:  
 Tank water level in inches:  
 Test time: **NOT TESTED**  
 Number of thermisters:  
 Specific gravity:  
 Water table depth in inches:  
 Determined by (method):  
 Leak rate in gph:  
 Result:

COMMENTS

**Test method:**

	New/passed L.D. #1	Failed/replaced L.D. #1	New/passed L.D. #2	Failed/replaced L.D. #2
Make:	FE PETRO			
Model:	MLD			
S/N:	01101333			
Open time in sec:	6.00			
Holding psi:	15			
Resiliency cc:	205			
Test leak rate ml/m:	189.0			
Metering psi:	12			
Calib. leak in gph:	3.00			
Results:	PASS			

COMMENTS

ULLAGE TEST RESULTS	LINE TEST RESULTS
---------------------	-------------------

**Test Method:**

Test time:  
 Ullage volume:  
 Ullage pressure:  
 Results:

**DATA FOR UTS-4T ONLY:**

Time of test 1:  
 Temperature: **NOT TESTED**  
 Flow rate (cfh): **TESTED**  
 Time of test 2:  
 Temperature:  
 Flow rate (cfh):  
 Time of test 3:  
 Temperature:  
 Flow rate (cfh):

COMMENTS

**Test type:**

	A	B	C	D
Material:	DW STEEL			
Diameter (in):				
Length (ft):				
Test psi:				
Bleedback cc:				
Test time (min):				
Test 1: Start time:				
Finish psi:	NOT	NOT	NOT	NOT
Vol change cc:	TESTED	TESTED	TESTED	TESTED
Test 2: Start time:				
Finish psi:				
Vol change cc:				
Test 3: Start time:				
Finish psi:				
Vol change cc:				
Final gph:				
Result:				
Pump type:	PRESSURE			
Pump make:	RED JACKET			

COMMENTS      Impact Valves Operational: YES

# INDIVIDUAL TANK INFORMATION AND TEST RESULTS



TEST DATE: 11/03/09  
 CLIENT: CONOCO PHILLIPS

8501 N MOPAC EXPRESSWAY, SUITE 400  
 AUSTIN, TEXAS 78759 (512) 451-6334

WORK ORDER NUMBER: 2270221  
 SITE: CONOCO PHILLIPS 256115

## TANK INFORMATION

Tank ID: <b>2</b>	Tank manifolded: <b>NO</b>	Bottom to top fill in inches:
Product: <b>PREMIUM</b>	Vent manifolded: <b>YES</b>	Bottom to grade in inches:
Capacity in gallons: <b>12,053</b>	Vapor recovery manifolded: <b>YES</b>	Fill pipe length in inches:
Diameter in inches: <b>110.00</b>	Overfill protection: <b>YES</b>	Fill pipe diameter in inches:
Length in inches: <b>296</b>	Overspill protection: <b>YES</b>	Stage I vapor recovery: <b>DUAL</b>
Material: <b>DW STEEL</b>	Installed: <b>ATG</b>	Stage II vapor recovery: <b>ASSIST</b>
	CP installed on: <b>/ /</b>	

COMMENTS

TANK TEST RESULTS	LEAK DETECTOR TEST RESULTS
-------------------	----------------------------

Test Method:

PSI at tank bottom:  
 Fluid level in inches:  
 UFT/OFT:  
 Fluid volume in gallons:  
 Tank water level in inches:  
 Test time:  
 Number of thermisters:  
 Specific gravity:  
 Water table depth in inches:  
 Determined by (method):  
 Leak rate in gph:  
 Result:

**NOT TESTED**

COMMENTS

Test method:

	New/passed L.D. #1	Failed/replaced L.D. #1	New/passed L.D. #2	Failed/replaced L.D. #2
--	-----------------------	----------------------------	-----------------------	----------------------------

Make: **FE PETRO**  
 Model: **MLD**  
 S/N: **01101335**  
 Open time in sec: **4.00**  
 Holding psi: **30**  
 Resiliency cc: **225**  
 Test leak rate ml/m: **189.0**  
 Metering psi: **13**  
 Calib. leak in gph: **3.00**  
 Results: **PASS**

**NOT TESTED**

COMMENTS

ULLAGE TEST RESULTS	LINE TEST RESULTS
---------------------	-------------------

Test Method:

Test time:  
 Ullage volume:  
 Ullage pressure:  
 Results:

**DATA FOR UTS-4T ONLY:**

Time of test 1:  
 Temperature: **NOT TESTED**  
 Flow rate (cfh): **TESTED**  
 Time of test 2:  
 Temperature:  
 Flow rate (cfh):  
 Time of test 3:  
 Temperature:  
 Flow rate (cfh):

COMMENTS

Test type:

	LINE	A	B	C	D
--	------	---	---	---	---

Material: **DW STEEL**  
 Diameter (in):  
 Length (ft):  
 Test psi:  
 Bleedback cc:  
 Test time (min):  
 Test 1: Start time:  
 Finish psi: **NOT TESTED**  
 Vol change cc: **TESTED**  
 Test 2: Start time: **TESTED**  
 Finish psi: **NOT TESTED**  
 Vol change cc: **TESTED**  
 Test 3: Start time: **TESTED**  
 Finish psi: **NOT TESTED**  
 Vol change cc: **TESTED**  
 Final gph:  
 Result:  
 Pump type: **PRESSURE**  
 Pump make: **RED JACKET**

**Impact Valves Operational: YES**

COMMENTS



11000 N. MoPac Expressway, Suite 500  
Austin, Texas 78759  
Phone: (512) 451-6334  
Fax: (512) 459-1459

RECEIVED BY:  
SANTA CLARA COUNTY  
DEPT. OF ENV. HEALTH

2009 NOV 19 PM 1:52

Date Printed and Mailed: 11/17/2009

SANTA CLARA COUNTY  
HAZ/MAT COMPLIANCE - LINDSAY GIPE  
1555 BERGER DRIVE, SUITE 300  
SAN JOSE, CA. 95112

Test Date: 11/03/2009  
Order Number: 2270221

Dear Regulator,

Enclosed are the results of recent testing performed at the following facility:

CONOCO PHILLIPS 256115  
4350 EL CAMINO REAL

LOS ALTOS, CA. 94022

Testing performed:  
Impact Valve  
Leak detector tests  
Monitor Certification  
Secondary Containment-Spill Container

Sincerely,

*Dawn Kohlmeyer*

Dawn Kohlmeyer  
Manager, Field Reporting

Reviewed By *Suzanne Camillo*  
Date *12-23-09*

# HMCD Application Coding and Computer Input Document (CID)

(Information in Red Font or Otherwise Highlighted Requires Data Entry)

New Facility/Owner     Facility Closed/Sold     Add Record(s)     Modify Record(s)     Invoice Adjustment

Facility Name: **EL CAMINO 76**

Site Address: **4350 EL CAMINO REAL** City: **LOS ALTOS**

**FACILITY:** Facility ID: **FA0251391** Facility Owner ID: **OW0153140**

Care of \_\_\_\_\_ Location \_\_\_\_\_ City Code \_\_\_\_\_  
 Postal Address (line 1) \_\_\_\_\_  
 Postal Address (line 2): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Last HMIRRP \_\_\_\_\_ Business Code 02 - Individual \_\_\_\_\_ Business Type 10 - Multi-Program \_\_\_\_\_  
 User-Defined Fields \_\_\_\_\_

## GENERAL HEALTH PROGRAM & GENERAL PERMIT:

Designated Employee (Inspector) \_\_\_\_\_ Mail to: \_\_\_\_\_  
 Set Date of Last Billing as: \_\_\_\_\_ for \_\_\_\_\_ effective \_\_\_\_\_

Program (PR) or Tank (TA) Record ID	Program Element	Current Status	Discount Code	Permit Status	Permit Type
<b>PR0376905</b>	<b>BP02</b>	01 - Active	<b>GMOS</b> ✓	21 - Full, Ongoing Permit	

Create Special Program/Surcharge Records:

Other PE(s)

Permit is Valid from: **6/1/11** Permit is Valid to: **5/31/12**

## SWITCH FACILITY / PROGRAM RECORD(S):

From	Owner Name	Owner ID #	Facility ID #	Program ID #
To:				

## ACCOUNTING:

Account ID: \_\_\_\_\_

Bill/Rebill Now?

Account Status: \_\_\_\_\_

Set A/R Mailing Code To \_\_\_\_\_

**NOV 26 5 77**

## Fiscal Adjustment Information:

Invoice ID: \_\_\_\_\_ Adjusted Amount \_\_\_\_\_ Invoice ID: \_\_\_\_\_ Adjusted Amount \_\_\_\_\_

Reason(s) for Adjustment: (Check all that apply)

Close Account,  Delete Charge,  Ownership Change,  Refer to DOR,  Refund,  Waive Delinquency;

Transfer Payment FROM Invoice ID \_\_\_\_\_ TO Invoice ID \_\_\_\_\_

Other (describe) \_\_\_\_\_

## COMMENTS: On-site 11/29/2011 for UST Monitoring Cert Inspection.

3 Tanks on Site

**FACILITY HAS 6 REACTOR CHEMICALS**

Prepared by: A. Dyer / Bill Owens

Date: 12/2/2011

Senior/Manager Initials: g Date: 12/6/11

Input by: SP Date: 12/27/11

California Home

Tuesday, November 29, 2011



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## Department of Toxic Substances Control

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DTSC HWTS Reports

### HWTS EPA ID Profile

**EPA ID:** CAL000025915    **Name:** EL CAMINO 76  
**Status:** ACTIVE    **Inactive Date:**    **Contact:** GREG GALATOLO  
**County:** SANTA CLARA    **SIC:**    **Record Entered:** 1990-05-10  
**Last updated:** 2011-03-24

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Help

	Name	Address	City	State	ZIP	Phone
<b>Location</b>	EL CAMINO 76	4350 EL CAMINO REAL	LOS ALTOS	CA	940221001	
<b>Mailing</b>		4350 EL CAMINO REAL	LOS ALTOS	CA	940221001	
<b>Owner</b>	GREG GALAJOLO	4350 EL CAMINO REAL	LOS ALTOS	CA	940221001	6509410244
<b>Oper/Contact</b>	GREG GALATOLO	4350 EL CAMINO REAL	LOS ALTOS	CA	940221001	6509410244

Based ONLY upon EPA ID: CAL000025915

Calif. Manifests?	Out-of-State Manifests?	Transporter Registration?	Toxic Release Inventory Data?	Calsites Data?
YES	NO	NO	NO	NO

EPA ID

2399  
2205  
2501

Calif. Manifest Counts and Total Tonnage					
m = Manifest Count    t = Total Tonnage					
Ship Year	Generator	Trans. 1	Trans. 2	TSDF	Alt. TSDF
1993	5 (m) 1 13900 (t)	0 (m) 0.00000 (t)	0 (m) 0.00000 (t)	0 (m) 0.00000 (t)	0 (m) 0.00000 (t)
1994	8 (m) 2 51600 (t)	0 (m) 0.00000 (t)	0 (m) 0.00000 (t)	0 (m) 0.00000 (t)	0 (m) 0.00000 (t)
1995	7 (m) 2 15900 (t)	0 (m) 0.00000 (t)	0 (m) 0.00000 (t)	0 (m) 0.00000 (t)	0 (m) 0.00000 (t)
1996	9 (m) 2 73700 (t)	0 (m) 0.00000 (t)	0 (m) 0.00000 (t)	0 (m) 0.00000 (t)	0 (m) 0.00000 (t)
1997	7 (m) 2 43680 (t)	0 (m) 0.00000 (t)	0 (m) 0.00000 (t)	0 (m) 0.00000 (t)	0 (m) 0.00000 (t)
1998	7 (m) 2 14200 (t)	0 (m) 0.00000 (t)	0 (m) 0.00000 (t)	0 (m) 0.00000 (t)	0 (m) 0.00000 (t)
	5 (m)	0 (m)	0 (m)	0 (m)	0 (m)

1999	1 70000 (t)	0 00000 (t)	0 00000 (t)	0 00000 (t)	0 00000 (t)
2000	4 (m) 1 39400 (t)	0 (m) 0 00000 (t)	0 (m) 0 00000 (t)	0 (m) 0 00000 (t)	0 (m) 0 00000 (t)
2001	3 (m) 1 02000 (t)	0 (m) 0 00000 (t)	0 (m) 0 00000 (t)	0 (m) 0 00000 (t)	0 (m) 0 00000 (t)
2002	5 (m) 1 37700 (t)	0 (m) 0 00000 (t)	0 (m) 0 00000 (t)	0 (m) 0 00000 (t)	0 (m) 0 00000 (t)
2003	3 (m) 0 96900 (t)	0 (m) 0 00000 (t)	0 (m) 0 00000 (t)	0 (m) 0 00000 (t)	0 (m) 0 00000 (t)
2004	6 (m) 1 81900 (t)	0 (m) 0 00000 (t)	0 (m) 0 00000 (t)	0 (m) 0 00000 (t)	0 (m) 0 00000 (t)
2005	2 (m) 0 66300 (t)	0 (m) 0 00000 (t)	0 (m) 0 00000 (t)	0 (m) 0 00000 (t)	0 (m) 0 00000 (t)
2006	5 (m) 1 37700 (t)	0 (m) 0 00000 (t)	0 (m) 0 00000 (t)	0 (m) 0 00000 (t)	0 (m) 0 00000 (t)
2007	2 (m) 0 59500 (t)	0 (m) 0 00000 (t)	0 (m) 0 00000 (t)	0 (m) 0 00000 (t)	0 (m) 0 00000 (t)

08 ?  
1  
11 ?

Waste Code By Year Matrix Report					
Calif.	Generator	Trans 1	Trans 2	TSDF	Alt TSDF
RCRA	Generator	Trans 1	Trans 2	TSDF	Alt TSDF

End of Report



Cal/EPA | Air Resources Board | California Integrated Waste Management Board | Department of Pesticide Regulation  
Office of Environmental Health Hazard Assessment | State Water Resources Control Board

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2213A  
kg. gm 4000  
Dep 501658  
606

COUNTY OF SANTA CLARA HAZARDOUS WASTE GENERATOR PERMIT APPLICATION

BUSINESS NAME (dba): UNOCAL SERVICE STATION NO. 6115

DBA LOCATION ADDRESS: 4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

MAILING ADDRESS (IF DIFFERENT): SAME AS ABOVE

PROPRIETOR/BILLING NAME: SAME AS ABOVE

BILLING ADDRESS:  
(MAILING ADDRESS IF DIFFERENT FROM MAILING ADDRESS)

BUSINESS PHONE: (415) 941-2044 HOURS OF OPERATION: 6am - 10pm

CONTACT PERSON: SERVICE STATION DEALER PHONE:

TYPE OF BUSINESS: RETAIL GASOLINE SID CODE: 5171

EPA IDENTIFICATION NUMBER: CAD 982 059 628

LIST ANY OTHER PERMITS YOU HAVE FOR THE STORAGE, TREATMENT, OR DISPOSAL OF HAZARDOUS WASTE: UNDERGROUND STORAGE TANK ANNUAL PERMIT FEE

THE ANNUAL PERMIT FEE IF DETERMINED BY THE QUANTITY OF HAZARDOUS WASTE GENERATED PER YEAR. LISTED BELOW IS A DESCRIPTION OF THE TYPE OF WASTE GENERATED BY OUR BUSINESS OVER THE PAST YEAR:

HAZARDOUS WASTE GENERATION  
GENERATES LESS THAN 5 TONS/YEAR

THE UNDERSIGNED HEREBY APPLIES FOR A HAZARDOUS WASTE GENERATOR PERMIT FROM THE COUNTY OF SANTA CLARA AND AGREES TO COMPLY WITH ALL APPLICABLE HAZARDOUS WASTE REGULATIONS AND WITH INSPECTIONAL PROCEDURES NEED TO ENSURE COMPLIANCE.

Rick Lide / UNOCAL INC.  
SIGNATURE OF OWNER/OPERATOR, TITLE

9-13-90  
DATE

WASTE INVENTORY FORM

Please complete the following information:

Identify all waste streams generated by your facility. For each waste stream, identify the California Waste Code, annual quantities produced and current method of disposal for all waste manifested off site (i.e., recycle (01), incineration (07), etc.) See the attached table for reference in selecting proper numerical codes for waste streams and disposal methods.

<u>Waste Stream</u>	<u>CA Waste Code</u>	<u>Annual Quantity Generated</u>	<u>Current Disposal Method</u>
Waste-oil	221	1000 gallons	01
Antifreeze	342	50 gallons	01
Misc. solvents	214	50 gallons	01

Census 105.00

Work Area 604

Health Department  
2220 Moorpark Avenue  
San Jose California 95128

County of Santa Clara Permit 1

Toxic Control Unit  
(408) 299-6930

California

Kg. Gen. 4

Location 2

201658-AA  
5216-D  
5-16-88

Business 2213-B **HAZARDOUS WASTE GENERATOR PERMIT APPLICATION**

UNOCAL SS# 6115

Business Name: FELIX'S UNION SERVICE

Business Address: 4350 EL CAMINO REAL, LOS ALTOS, CA 94022

Mailing Address (if different): SAME AS ABOVE

Legal Owner: FELIX BOLTON, JR.

Legal Owner Address: SAME AS ABOVE

Owner Telephone: (415) 941-0244 Hours of Operation: \_\_\_\_\_

Contact Person: FELIX BOLTON, JR. Phone: (415) 941-0244

Type of Business: GASOLINE SERVICE STATION SIC Code: 5541

EPA ID No.: NONE

List any other permits you have for the storage, treatment, or disposal of hazardous waste: UNDERGROUND STORAGE TANK PERMITS FOR WASTE OIL TANK; HAZARDOUS MATERIALS STORAGE PERMITS.

The annual permit fee is determined by the quantity of hazardous waste generated per year. Check the one line below that best describes the amount and kind of waste generated by your business over the past year.

Hazardous Waste Generated

- Dry cleaner generating less than 200 gals/month
- Generate and recycle **waste oil/solvents only** less than 100 gals/month
- Generate less than 2400 lbs/year
- Generate 2401 lbs to 5 tons/year
- Generate 6 to 50 tons/year
- Generate 51 to 250 tons/year
- Generate 251 to 2,500 tons/year
- Generate greater than 2,500 tons/year

The undersigned hereby applies for a hazardous waste generator permit from the County of Santa Clara and agrees to comply with all applicable hazardous waste regulations and with inspectional procedures needed to ensure compliance.

Signature of Owner/Operator, Title  
David M. Solomon, AGENT FOR UNOCAL

Date  
3/23/88

# HMCD Application Coding and Computer Input Document (CID)

(Information in Red Font or Otherwise Highlighted Requires Data Entry)

New Facility/Owner     Facility Closed/Sold     Add Record(s)     Modify Record(s)     Invoice Adjustment

Facility Name: **EL CAMINO UNOCAL**

Site Address: **4350 EL CAMINO REAL**

City: **LOS ALTOS**

**FACILITY:**

Facility ID: **FA0251391**

Facility Owner ID: **OW0151945**

Care of \_\_\_\_\_ Location \_\_\_\_\_ City Code \_\_\_\_\_  
 Postal Address (line 1) \_\_\_\_\_  
 Postal Address (line 2) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Last HMIRRP \_\_\_\_\_ Business Code \_\_\_\_\_ Business Type \_\_\_\_\_  
 User-Defined Fields \_\_\_\_\_

**GENERAL HEALTH PROGRAM & GENERAL PERMIT:**

Designated Employee (Inspector) Carrillo, Socorro - 10265 Mail to \_\_\_\_\_

Set Date of Last Billing as 5/1/2009  for Records Listed Below effective After Billing Now

Program (PR) or Tank (TA) Record ID	Program Element	Current Status	Discount Code	Permit Status	Permit Type
PR0308081	2399	04 - Active, Exempt fr			
TA0100024	2310	01 - Active	8884 - Five Month Dis	<input checked="" type="checkbox"/>	
TA0100023	2311	01 - Active	8884 - Five Month Dis	<input checked="" type="checkbox"/>	
TA0100022	2311	01 - Active	8884 - Five Month Dis	<input checked="" type="checkbox"/>	
<i>MW</i> PR0391388	5013	01 - Active	0 - No Discount		

Create Special Program/Surcharge Records

Other PE(s)

Permit is Valid from \_\_\_\_\_

Permit is Valid to \_\_\_\_\_

**SWITCH FACILITY / PROGRAM RECORD(S):**

	Owner Name	Owner ID #	Facility ID #	Program ID #
From.				
To				

**ACCOUNTING:**

Account ID \_\_\_\_\_

Bill/Rebill Now? Yes

Account Status \_\_\_\_\_

Set A/R Mailing Code To \_\_\_\_\_

**Fiscal Adjustment Information:**

Invoice ID \_\_\_\_\_ Adjusted Amount \_\_\_\_\_ Invoice ID \_\_\_\_\_ Adjusted Amount \_\_\_\_\_

Reason(s) for Adjustment (Check all that apply)

Close Account,  Delete Charge,  Ownership Change,  Refer to DOR,  Refund,  Waive Delinquency,

Transfer Payment FROM Invoice ID \_\_\_\_\_ TO Invoice ID \_\_\_\_\_

Other (describe) \_\_\_\_\_

**COMMENTS:** ~~Ownership change on 11/9/2009. Update Tank Owner Record to be Gregory Galatolo (OW0151945/AR1253369). Bill now for the 3 UST permit fees and State UST Service Fee only.~~

Prepared by: Greg Breshears

Date: 11/18/2009

Senior/Manager Initials: GB Date: 11/09

Input by: JR Date: 11/30/09



**UNIDOCs  
FACILITY INFORMATION  
BUSINESS OWNER/OPERATOR IDENTIFICATION PAGE**

Page \_\_\_\_ of \_\_\_\_

**I. IDENTIFICATION**

FACILITY ID # <i>(Agency Use Only)</i>		BEGINNING DATE <sup>100</sup>	ENDING DATE <sup>101</sup>
BUSINESS NAME <i>(Same as Facility Name or DBA - Doing Business As)</i>		BUSINESS PHONE <sup>3</sup>	BUSINESS FAX <sup>102a</sup>
BUSINESS SITE ADDRESS		BUSINESS PHONE	BUSINESS FAX
BUSINESS SITE CITY <sup>104</sup>	STATE <sup>104</sup>	ZIP CODE <sup>105</sup>	COUNTY <sup>108</sup>
DUN & BRADSTREET <sup>106</sup>	PRIMARY SIC <sup>107</sup>	PRIMARY NAICS <sup>107a</sup>	
BUSINESS MAILING ADDRESS <sup>108a</sup>			
BUSINESS MAILING CITY <sup>108b</sup>	STATE <sup>108c</sup>	ZIP CODE <sup>108d</sup>	
BUSINESS OPERATOR NAME <sup>109</sup>		BUSINESS OPERATOR PHONE <sup>110</sup>	

**II. BUSINESS OWNER**

OWNER NAME <sup>111</sup>	OWNER PHONE <sup>112</sup>
OWNER MAILING ADDRESS <sup>113</sup>	
OWNER MAILING CITY <sup>114</sup>	STATE <sup>115</sup>
ZIP CODE <sup>116</sup>	

**III. ENVIRONMENTAL CONTACT**

CONTACT NAME <sup>117</sup>	CONTACT PHONE <sup>118</sup>
CONTACT MAILING ADDRESS <sup>119</sup>	CONTACT EMAIL <sup>119a</sup>
CONTACT MAILING CITY <sup>120</sup>	STATE <sup>121</sup>
ZIP CODE <sup>122</sup>	

**IV. EMERGENCY CONTACTS**

-PRIMARY-	IV. EMERGENCY CONTACTS	-SECONDARY-
NAML <sup>123</sup>	NAME <sup>128</sup>	
TITLE <sup>124</sup>	TITLE <sup>129</sup>	
BUSINESS PHONE <sup>125</sup>	BUSINESS PHONE <sup>130</sup>	
24-HOUR PHONE <sup>126</sup>	24-HOUR PHONE <sup>131</sup>	
PAGER # <sup>127</sup>	PAGER # <sup>132</sup>	

ADDITIONAL LOCALLY COLLECTED INFORMATION <sup>133</sup>

Billing Address \_\_\_\_\_  
 Property Owner \_\_\_\_\_ Phone No ( ) \_\_\_\_\_

**Certification.** Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE _____	DATE <sup>134</sup>	NAME OF DOCUMENT PREPARER <sup>135</sup>
NAME OF SIGNER (print) <sup>136</sup>	TITLE OF SIGNER <sup>137</sup>	



# Emergency Response/Contingency Plan (Hazardous Materials Business Plan Module)

Authority Cited HSC§ 25504(b), 19 CCR §2731, 22 CCR §66262 34(a)(4)

Page \_\_\_ of \_\_\_

All facilities that handle hazardous materials in HMBP quantities must have a written emergency response plan. In addition, facilities that generate 1,000 kilograms or more of hazardous waste (or more than 1 kilogram of acutely hazardous waste or 100 kilograms of debris resulting from the spill of an acutely hazardous waste) per month, or accumulate more than 6,000 kilograms of hazardous waste on-site at any one time, must prepare a hazardous waste contingency plan. Because the requirements are similar, they have been combined in a single document, provided below, for your convenience. This plan is a required module of the Hazardous Materials Business Plan (HMBP). **If you already have a plan that meets these requirements, you should not complete the blank plan, below, but you must include a copy of your existing plan as part of your HMBP.**

This site-specific Emergency Response/Contingency Plan is the facility's plan for dealing with emergencies and shall be implemented immediately whenever there is a fire, explosion, or release of hazardous materials that could threaten human health and/or the environment. **At least one copy of the plan shall be maintained at the facility for use in the event of an emergency and for inspection by the local agency.** A copy of the plan and any revisions must be provided to any contractor, hospital, or agency with whom special (i.e., contractual) emergency services arrangements have been made (see section 3, below)

### 1. Evacuation Plan:

a. The following alarm signal(s) will be used to begin evacuation of the facility (check all that apply)

Bells,  Horns/Sirens,  Verbal (i.e., shouting),  Other (specify) \_\_\_\_\_

b.  Evacuation map is prominently displayed throughout the facility

Note: A properly completed HMBP Site Plan satisfies contingency plan map requirements. This drawing (or any other drawing that shows primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas) must be prominently posted throughout the facility in locations where it will be visible to employees and visitors

### 2. a. Emergency Contacts:\*

Fire/Police/Ambulance \_\_\_\_\_ Phone No **911**  
California Emergency Management Agency \_\_\_\_\_ Phone No **(800) 852-7550**

### b. Post-Incident Contacts:\*

~~Certified Unified Program Agency (CUPA)~~ \_\_\_\_\_ Phone No \_\_\_\_\_  
Local Hazardous Materials Program \_\_\_\_\_ Phone No **(708) 280-6479**  
California Department of Toxic Substances Control (DTSC) \_\_\_\_\_ Phone No \_\_\_\_\_  
Cal/OSHA Division of Occupational Safety and Health \_\_\_\_\_ Phone No \_\_\_\_\_  
Air Quality Management District \_\_\_\_\_ Phone No **(415) 749-4920**  
Regional Water Quality Control Board \_\_\_\_\_ Phone No **(408) 265-2600**

\* Phone numbers for agencies in Unidocs Member Agency geographic jurisdictions are available at [www.unidocs.org](http://www.unidocs.org)

### c. Emergency Resources:

Poison Control Center\* \_\_\_\_\_ Phone No **(800) 876-4766**  
Nearest Hospital: Name El Camino Hospital Phone No (408) 940-7055  
Address 2500 Grant Rd City MT. VIEW

### 3. Arrangements With Emergency Responders:

If you have made special (i.e., contractual) arrangements with any police department, fire department, hospital, contractor, or State or local emergency response team to coordinate emergency services, describe those arrangements below

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4. Emergency Procedures:

Emergency Coordinator Responsibilities

- a Whenever there is an imminent or actual emergency situation such as an explosion, fire, or release, the emergency coordinator (*or his/her designee when the emergency coordinator is on call*) shall
  - i Identify the character, exact source, amount, and areal extent of any released hazardous materials
  - ii Assess possible hazards to human health or the environment that may result from the explosion, fire, or release This assessment must consider both direct and indirect effects (*e.g., the effects of any toxic, irritating, or asphyxiating gases that are generated, the effects of any hazardous surface water run-off from water or chemical agents used to control fire, etc*)
  - iii Activate internal facility alarms or communications systems, where applicable, to notify all facility personnel
  - iv Notify appropriate local authorities (*i.e., call 911*)
  - v Notify the California Emergency Management Agency at (800) 852-7550
  - vi Monitor for leaks, pressure build-up, gas generation, or ruptures in valves, pipes, or other equipment shut down in response to the incident
  - vii Take all reasonable measures necessary to ensure that fires, explosions, and releases do not occur, recur, or spread to other hazardous materials at the facility
- b Before facility operations are resumed in areas of the facility affected by the incident, the emergency coordinator shall
  - i Provide for proper storage and disposal of recovered waste, contaminated soil or surface water, or any other material that results from an explosion, fire, or release at the facility
  - ii Ensure that no material that is incompatible with the released material is transferred, stored, or disposed of in areas of the facility affected by the incident until cleanup procedures are completed
  - iii Ensure that all emergency equipment is cleaned, fit for its intended use, and available for use
  - iv Notify the California Department of Toxic Substances Control, the local CUPA, and the local fire department's hazardous materials program that the facility is in compliance with requirements b-i and b-ii, above

Responsibilities of Other Personnel

On a separate page, list any emergency response functions not covered in the "Emergency Coordinator Responsibilities" section, above Next to each function, list the job title or name of each person responsible for performing the function Number the page(s) appropriately

5. Post-Incident Reporting/Recording:

The time, date, and details of any hazardous materials incident that requires implementation of this plan shall be noted in the facility's operating record

Within 15 days of any hazardous materials emergency incident or threatened hazardous materials emergency incident that triggers implementation of this plan, a written Emergency Incident Report, including, but not limited to a description of the incident and the facility's response to the incident, must be submitted to the California Department of Toxic Substances Control, the local CUPA, and the local fire department's hazardous materials program The report shall include

- a Name, address, and telephone number of the facility's owner/operator,
- b Name, address, and telephone number of the facility,
- c Date, time, and type of incident (*e.g., fire, explosion, etc*),
- d Name and quantity of material(s) involved,
- e The extent of injuries, if any,
- f An assessment of actual or potential hazards to human health or the environment, where this is applicable,
- g Estimated quantity and disposition of recovered material that resulted from the incident,
- h Cause(es) of the incident,
- i Actions taken in response to the incident,
- j Administrative or engineering controls designed to prevent such incidents in the future

6 + ?  
7

6. Earthquake Vulnerability: [19 CCR §2731(e)]

As an attachment to this plan, you must identify any areas of the facility and mechanical or other systems that require immediate inspection or isolation because of their vulnerability to earthquake-related ground motion

7. Hazard Mitigation/Prevention/Abatement [19 CCR §2731(e)]

As an attachment to this plan, you must include procedures that provide for mitigation, prevention, or abatement of hazards to persons, property, or the environment These procedures must be scaled appropriately for the size and nature of the business, the nature of the damage potential of the hazardous materials handled, and the proximity of the business to residential areas and other populations

**Record Keeping**  
(Hazardous Materials Business Plan Module)

All facilities that handle hazardous materials must maintain records associated with their management. A summary of your record keeping procedures is a required module of the Unidocs Hazardous Materials Business Plan (HMBP). A blank summary has been provided below for you to complete and submit if you do not already have such a document. **If you already have a brief written description of your hazardous materials record keeping systems that addresses all subjects covered below, you are not required to complete this page, but you must include a copy of your existing document as part of your HMBP.**

Check all boxes that apply. The following records are maintained at the facility. [Note: Items marked with an asterisk (\*) are required].

<input checked="" type="checkbox"/>	Current employees' training records (to be retained until closure of the facility) *
<input checked="" type="checkbox"/>	Former employees' training records (to be retained at least three years after termination of employment) *
<input checked="" type="checkbox"/>	Training Program(s) (i.e., written description of introductory and continuing training) *
<input checked="" type="checkbox"/>	Current copy of this Emergency Response/Contingency Plan *
<input checked="" type="checkbox"/>	Record of recordable/reportable hazardous material/waste releases *
<input checked="" type="checkbox"/>	Record of hazardous material/waste storage area inspections *
<input checked="" type="checkbox"/>	Record of hazardous waste tank daily inspections *
<input checked="" type="checkbox"/>	Description and documentation of facility emergency response drills

Note: The above list of records does not necessarily identify every type of record required to be maintained by the facility.

**Note: The following section applies where local agencies require facility owners/operators to perform and document routine facility self-inspections:**

A copy of the Inspection Check Sheet(s) or Log(s) used in conjunction with required routine self-inspections of your facility must be submitted with your HMBP. [Exception: Unidocs provides a Hazardous Materials/Waste Storage Area Inspection Form that you may use if you do not already have your own form. If you use the Unidocs form (available at [www.unidocs.org](http://www.unidocs.org)), you do not need to attach a copy.]

Check the appropriate box

<input checked="" type="checkbox"/>	We will use the Unidocs "Hazardous Materials/Waste Storage Area Inspection Form" to document inspections
<input type="checkbox"/>	We will use our own documents to record inspections (A blank copy of each document used must be attached to this HMBP.)



8. Emergency Equipment:

22 CCR §66265 52(e) [as referenced by 22 CCR §66262 34(a)(4)] requires that emergency equipment at the facility be listed. Completion of the following Emergency Equipment Inventory Table meets this requirement.

**EMERGENCY EQUIPMENT INVENTORY TABLE**

1. Equipment Category	2. Equipment Type	3. Locations *	4. Description**
Personal Protective Equipment, Safety Equipment, and First Aid Equipment	<input type="checkbox"/> Cartridge Respirators		
	<input type="checkbox"/> Chemical Monitoring Equipment (describe)		
	<input type="checkbox"/> Chemical Protective Aprons/Coats		
	<input type="checkbox"/> Chemical Protective Boots		
	<input checked="" type="checkbox"/> Chemical Protective Gloves		MAIN OFFICE
	<input type="checkbox"/> Chemical Protective Suits (describe)		
	<input type="checkbox"/> Face Shields		
	<input checked="" type="checkbox"/> First Aid Kits/Stations (describe)		OVER SINK
	<input type="checkbox"/> Hard Hats		
	<input type="checkbox"/> Plumbed Eye Wash Stations		
	<input checked="" type="checkbox"/> Portable Eye Wash Kits (i.e., bottle type)		OVER SINK
	<input type="checkbox"/> Respirator Cartridges (describe)		
	<input checked="" type="checkbox"/> Safety Glasses/Splash Goggles		TOOL BOXES
Fire Extinguishing Systems	<input type="checkbox"/> Self-Contained Breathing Apparatuses (SCBA)		
	<input type="checkbox"/> Other (describe)		
	<input type="checkbox"/> Automatic Fire Sprinkler Systems		
	<input type="checkbox"/> Fire Alarm Boxes/Stations		
	<input checked="" type="checkbox"/> Fire Extinguishers (describe)		SHOP
Spill Control Equipment and Decontamination Equipment	<input type="checkbox"/> Other (describe)		
	<input checked="" type="checkbox"/> Absorbents (describe)		3RD FLOOR HAZ-STORE
	<input type="checkbox"/> Berms/Dikes (describe)		
	<input type="checkbox"/> Decontamination Equipment (describe)		
	<input type="checkbox"/> Emergency Tanks (describe)		
	<input type="checkbox"/> Exhaust Hoods		
	<input type="checkbox"/> Gas Cylinder Leak Repair Kits (describe)		
	<input type="checkbox"/> Neutralizers (describe)		
	<input type="checkbox"/> Overpack Drums		
	<input type="checkbox"/> Sumps (describe)		
Communications and Alarm Systems	<input type="checkbox"/> Other (describe)		
	<input type="checkbox"/> Chemical Alarms (describe)		
	<input type="checkbox"/> Intercoms/ PA Systems		
	<input type="checkbox"/> Portable Radios		
	<input type="checkbox"/> Telephones		
Additional Equipment (Use Additional Pages if Needed)	<input type="checkbox"/> Tank Leak Detection Systems		
	<input type="checkbox"/>		

\* Use the map and grid numbers from the Storage Map prepared earlier for your HMBP

\*\* Describe the equipment and its capabilities. If applicable, specify any testing/maintenance procedures/intervals. Attach additional pages, numbered appropriately, if needed.

# Employee Training Plan

## (Hazardous Materials Business Plan Module)

Authority Cited HSC, Section 25504(c), 22 CCR §66262 34(a)(4)

Page \_\_\_\_ of \_\_\_\_

All facilities that handle hazardous materials in HMBP quantities must have a written employee training plan. This plan is a required module of the Hazardous Materials Business Plan (HMBP). A blank plan has been provided below for you to complete and submit if you do not already have such a plan. **If you already have a brief written description of your training program that addresses all subjects covered below, you are not required to complete the blank plan, below, but you must include a copy of your existing document as part of your HMBP.**

Check all boxes that apply. [Note Items marked with an asterisk (\*) are required ]:

### 1. Personnel are trained in the following procedures:

<input checked="" type="checkbox"/>	Internal alarm/notification *
<input checked="" type="checkbox"/>	Evacuation/re-entry procedures & assembly point locations*
<input checked="" type="checkbox"/>	Emergency incident reporting
<input type="checkbox"/>	External emergency response organization notification
<input type="checkbox"/>	Location(s) and contents of Emergency Response/Contingency Plan
<input type="checkbox"/>	Facility evacuation drills, that are conducted at least (specify) <span style="float: right;">(e.g., Quarterly etc)</span>

### 2. Chemical Handlers are additionally trained in the following:

<input checked="" type="checkbox"/>	Safe methods for handling and storage of hazardous materials *
<input checked="" type="checkbox"/>	Location(s) and proper use of fire and spill control equipment
<input checked="" type="checkbox"/>	Spill procedures/emergency procedures
<input checked="" type="checkbox"/>	Proper use of personal protective equipment *
<input type="checkbox"/>	Specific hazard(s) of each chemical to which they may be exposed, including routes of exposure (i.e., inhalation, ingestion, absorption) *
<input checked="" type="checkbox"/>	<b>Hazardous Waste Handlers/Managers</b> are trained in all aspects of hazardous waste management specific to their job duties (e.g., container accumulation time requirements, labeling requirements, storage area inspection requirements, manifesting requirements, etc) *

### 3. Emergency Response Team Members are capable of and engaged in the following:

Complete this section only if you have an in-house emergency response team

<input type="checkbox"/>	Personnel rescue procedures
<input checked="" type="checkbox"/>	Shutdown of operations
<input type="checkbox"/>	Liaison with responding agencies
<input type="checkbox"/>	Use, maintenance, and replacement of emergency response equipment
<input checked="" type="checkbox"/>	Refresher training, which is provided at least annually *
<input type="checkbox"/>	Emergency response drills, which are conducted at least (specify) <span style="float: right;">(e.g., "Quarterly", etc)</span>

**EMPLOYEE TRAINING PLAN (con't)**

**MEDICAL FACILITIES:**

**PRIMARY FACILITY:**

EL CAMINO HOSPITAL  
2500 GRANT ROAD MOUNTAIN VIEW  
650-940-7055

**ALTERNATE FACILITY:**

STANFORD HOSPITAL  
300 PASTEUR DR PALO ALTO  
650-723-5111

**FIRST AID PROCEDURES** (for gasoline and/or diesel fuel): For further information, refer to the MSDS sheets.

**EYE CONTACT:**

If irritation or redness develops, move victim away from exposure and into fresh air. Flush eyes with water clean water. If symptoms persist, seek medical attention immediately.

**SKIN CONTACT:**

Removing contaminated clothing and shoes, flush affected area(s) with large amounts of water. If skin is not damaged, proceed to cleanse the affected area with mild soap and water. If symptoms become worse, seek medical attention immediately.

**INHALATION (Breathing):**

Remove victim from source of exposure and into fresh air. If victim is not breathing, give artificial respiration and seek medical attention immediately.

**INGESTION (Swallowing):**

Aspiration Hazard: **DO NOT INDUCE VOMITING.**

do not give anything by mouth because it can enter the lungs and cause severe lung damage. If victim is drowsy or unconscious and vomiting, place on the left side with the head down. Seek medical attention immediately.

**FIRST AID FOR EXPOSURE TO OTHER MATERIALS:**

Consult the warning advice on container labels or refer to the Material Safety Data Sheet (MSDS) for that product.

## EMPLOYEE TRAINING PLAN

Employees must be ~~given training before starting work~~ and refresher courses must be provided annually. Records must be ~~maintained until each employee has been given his/her safety training~~. Use the following outline ~~to ensure that all employees are trained~~. Have employee date and sign the attached training log upon completion of training. ~~Keep these records for a minimum of three years.~~

All employees ~~should review the Emergency Material Plan~~, (this document). Specifically, each employee should understand ~~the procedures to be used in responding~~ to various kinds of emergencies, and know how to monitor the site for leaks ~~of hazardous materials~~. As a supplement to this package, employees should also review and have access to ~~the Emergency Response Plan~~ and the Materials Safety Data Sheets. Each employee must be drilled in all emergency ~~response procedures~~ contained herein.

### UTILITY SHUT-OFFS

- \* PUMP SHUT-OFF: ~~The turns off the turbine pumps that provide flow to the dispensers from the underground storage tanks~~. Shut-off pumps in case of a leak to help prevent spills.  
Location: NORTH EXT. BLDG. WALL, 1-STORAGE AREA
- \* TANK MONITORING ALARM: This is used to monitor the Underground Storage Tanks. This panel may ~~indicate when a potential leak is detected by a visual and audible alarm~~.  
Location: SERVICE BAY STORAGE AREA
- \* ELECTRICAL PANEL: The panel allows you to selectively cut power to lights, signs, and pumps. ~~The main switch allows you to cut-off all power at the site.~~  
Location: IN SERVICE BAY STORAGE AREA
- \* WATER SHUT-OFF: The water shut-off may be necessary in some cases.  
Location: N SIDEWALK ALONG LOS ALTOS AVENUE
- \* NATURAL GAS SHUT-OFF: If your facility has natural gas, it may be necessary to shut-off the flow ~~in case of an emergency.~~  
Location: NONE
- \* PROPANE/LPG SHUT-OFF:  
If your facility has propane or liquefied petroleum gas, be sure to turn off the manual valves and shut off the power to the dispensing pumps in case of a release or fire. Call your supplier or dial 9-1-1 as necessary.

### EMERGENCY EQUIPMENT

- \* FIRE EXTINGUISHER: Use only on small fires that you can contain. Do not attempt to extinguish large fires on your own; call 9-1-1 for help.  
Location: 2-IN SERVICE BAY
- \* SPILL/ CLEAN UP KIT:  
This can soak up small spills of gasoline, diesel fuel, or other petroleum products. Absorbent should be used rather than washing spills down a drain. In case of large spill, see the "Major Incident" section on the previous page.  
Location: IN SERVICE BAY STORE AREA
- \* RESPONSE EQUIPMENT: These items are to be used to prevent skin contact with hazardous materials
  - Broom: SERVICE BAY
  - Shovel: SERVICE BAY
  - Gloves: SERVICE BAY
  - Goggles: SERVICE BAY
- \* FIRST AID KIT: Use for minor incidents and treatment.  
Location: 1-IN SERVICE BAY STORE AREA
- \* EVACUATION ASSEMBLY AREA: All employees must know where to meet in the event of an emergency.  
Location: SOUTH SIDE OF SITE
- \* ENVIRONMENTAL DOCUMENTS / HMMP MSDS SHEETS:  
Location: SALES OFFICE

**UNIFIED PROGRAM CONSOLIDATED FORM  
HAZARDOUS MATERIALS  
HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

One page per material per building or area

ADD \_\_\_\_\_ DELETE \_\_\_\_\_ X REVISE \_\_\_\_\_ 200 \_\_\_\_\_ Page 11 of 11

**I. FACILITY INFORMATION**

BUSINESS NAME (Same as FACILITY NAME or DBA - Do not list as El Camino 76 #256115 *part of legal name?* 256115

CHEMICAL LOCATION TRASH ENCLOSED AREA CHEMICAL LOCATION CONFIDENTIAL EPCRA  YES  NO

FACILITY ID# \_\_\_\_\_ MAP# 1 GRID# C

(Agency Use Only)

**II. CHEMICAL INFORMATION**

CHEMICAL NAME LEAD ACID BATTERY 205 TRADE SECRET  Yes  No

COMMON NAME WASTE BATTERIES 207 EHS  Yes  No

CAS# 7664-93-9 209 If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by EPCRA) CORROSSIVE

HAZARD MATERIAL TYPE (Check one item) a. PURE b. MIXTURE  c. WASTE 211 RADIOACTIVE  Yes  No 212 CURIES

PHYSICAL STATE (Check one item only) a. SOLID  b. LIQUID  c. GAS 214 LARGEST CONTAINER 1

FED HAZARD CATEGORIES (Check all that apply) a. FIRE  b. REACTIVE  c. PRESSURE RELEASE  d. ACUTE HEALTH  e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 5 217 MAXIMUM DAILY AMOUNT 10 218 ANNUAL WASTE AMOUNT 80 219 STATE WASTE CODE 162

UNITS\* (Check one item only)  a. GALLONS  b. CUBIC FEET  c. POUNDS  d. TONS 221 DAYS ON SITE: 365

STORAGE CONTAINER a. ABOVE GROUND TANK  e. PLASTIC/NONMETALLIC DRUM  i. FIBER DRUM  m. GLASS BOTTLE  o. RAIL CAR  
b. UNDERGROUND TANK  f. CAN  j. BAG  n. PLASTIC BOTTLE  p. OTHER  
c. TANK INSIDE BUILDING  g. CARBOY  k. BOX  o. TOTE BIN  
d. STEEL DRUM  h. SILO  l. CYLINDER  p. TANK WAGON

STORAGE PRESSURE  a. AMBIENT  b. ABOVE AMBIENT  c. BELOW AMBIENT

STORAGE TEMPERATURE  a. AMBIENT  b. ABOVE AMBIENT  c. BELOW AMBIENT  d. CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
1 35%	226 SULFURIC ACID (35%)	227 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	228 7664-93-9
2 34%	230 LEAD	231 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	232 7439-92-1
3 31%	234 LEAD DIOXIDE	235 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	236 1309-60-0
4 1%	238 LEAD SULFATE	239 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	240 7446-14-2
5	242	243 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	244

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

**ADDITIONAL LOCALLY COLLECTED INFORMATION**

Hazard Class: COR

**UNIFIED PROGRAM CONSOLIDATED FORM  
HAZARDOUS MATERIALS  
HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

ADD                      DELETE                      X REVISE

**I. FACILITY INFORMATION**

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

**El Camino 76 #256115**

CHEMICAL LOCATION

**TRASH ENCLOSED AREA**

FACILITY ID#

(Agency Use Only)

**II. CHEMICAL INFORMATION**

CHEMICAL NAME

**GLYCOLS**

COMMON NAME

**USED ANTIFREEZE**

CAS#

**107-21-1**

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)

**III-B COMBUSTIBLE**

HAZARD MATERIAL TYPE (Check one item)

a. PURE     b. MIXTURE     c. WASTE

211 RADIOACTIVE     Yes     No

PHYSICAL STATE (Check one item only)

a. SOLID     b. LIQUID     c. GAS

214 LARGEST CONTAINER    **110**

FED HAZARD CATEGORIES (Check all that apply)

a. FIRE     b. REACTIVE     c. PRESSURE RELEASE     d. ACUTE HEALTH     e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT

217

MAXIMUM DAILY AMOUNT

218

ANNUAL WASTE AMOUNT

220

219 STATE WASTE CODE

**343**

UNITS\*

(Check one item only)

a. GALLONS     b. CUBIC FEET     c. POUNDS     d. TONS

221 DAYS ON SITE

**365**

STORAGE CONTAINER

a. ABOVE GROUND TANK     c. PLASTIC/NONMETALLIC DRUM     i. FIBER DRUM     m. GLASS BOTTLE  
 b. UNDERGROUND TANK     e. CAN     j. BAG     n. PLASTIC BOTTLE  
 c. TANK INSIDE BUILDING     g. CARBOY     k. BOX     o. TOTE BIN  
 d. STEEL DRUM     h. SILO     l. CYLINDER     p. TANK WAGON

STORAGE PRESSURE

a. AMBIENT     b. ABOVE AMBIENT     c. BELOW AMBIENT

STORAGE TEMPERATURE

a. AMBIENT     b. ABOVE AMBIENT     c. BELOW AMBIENT     d. CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
1 50	226 ETHYLENE GLYCOL	227 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	228 107-21-1
2 50	230 WATER	231 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	232 7732-18-5
3	234	235 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	236
4	238	239 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	240
5	242	243 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	244

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

**ADDITIONAL LOCALLY COLLECTED INFORMATION**

Hazard Class: **N.O.S.**

REGRA. Please Sign Here

**UNIFIED PROGRAM CONSOLIDATED FOR  
HAZARDOUS MATERIALS  
HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

ADD                      DELETE                       REVISE                      2X                      Page 1 of 1

**I. FACILITY INFORMATION**

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

**El Camino 76 #256115**

CHEMICAL LOCATION

**TRASH ENCLOSED AREA**

FACILITY ID#

(Agency Use Only)

CHEMICAL NAME

**PETROLEUM HYDROCARBON**

COMMON NAME

**USED OIL FILTERS**

AS#

**8002-05-9**

HAZARD CODE HAZARD CLASSES

(Composites as required by CUPA)

**III-B COMBUSTIBLE**

HAZARD MATERIAL TYPE (Check one item)

a. PURE     b. MIXTURE     c. WASTE

PHYSICAL STATE (Check one item only)

a. SOLID     b. LIQUID     c. GAS

SELECTED HAZARD CATEGORIES (Check all that apply)

a. FIRE     b. REACTIVE     c. PRESSURE RELEASE     d. ACUTE HEALTH     e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT

**30**

217 MAXIMUM DAILY AMOUNT

**50**

218 ANNUAL WASTE AMOUNT

**600**

219 STATE WASTE CODE

**223**

UNITS\*

(Check one item only)

a. GALLONS     b. CUBIC FEET     c. POUNDS     d. TONS

if EHS, amount must be in pounds.

221 DAYS ON SITE:

**365**

STORAGE CONTAINER

a. ABOVE GROUND TANK     c. PLASTIC/NONMETALLIC DRUM     i. FIBER DRUM     m. GLASS BOTTLE  
 b. UNDERGROUND TANK     f. CAN     j. BAG     n. PLASTIC BOTTLE  
 c. TANK INSIDE BUILDING     g. CARBOY     k. BOX     o. TOTE BIN  
 d. STEEL DRUM     h. SILO     l. CYLINDER     p. TANK WAGON

STORAGE PRESSURE

a. AMBIENT     b. ABOVE AMBIENT     c. BELOW AMBIENT

STORAGE TEMPERATURE

a. AMBIENT     b. ABOVE AMBIENT     c. BELOW AMBIENT     d. CRYOGENIC

% WT

HAZARDOUS COMPONENT (For mixture or waste only)

	% WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
1	100%	226 USED OIL FILTERS	227 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	228 8002-05-9
2		230 USED OIL	231 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	232 8002-05-9
3		234	235 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	236
4		238	239 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	240
5		242	243 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	244

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

**ADDITIONAL LOCALLY COLLECTED INFORMATION**

Hazard Class: **FL**

UNIFIED PROGRAM CONSOLIDATED FORM

HAZARDOUS MATERIALS

HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION

One page per material, per building or area

ADD

DELETE

REVISE

ZC

Page 8 of 11

I. FACILITY INFORMATION

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

El Camino 76 #256115

256115

3

CHEMICAL LOCATION

SOUTH SIDE OF SERV BLDG

CHEMICAL LOCATION CONFIDENTIAL EPCRA

YES  NO

202

CITY ID#

(Agency Use Only)

MAP#

1

25 30

2

204

II. CHEMICAL INFORMATION

CHEMICAL NAME

PETROLEUM HYDROCARBON

205

TRADE SECRET

Yes  No

206

If Subject to EPCRA, refer to Section

COMMON NAME

USED MOTOR OIL

207

EHS

Yes  No

208

UNTS#

8002-05-9

209

If EHS is "Yes", all amounts below must be in lbs.

REGULATORY HAZARD CLASSES

(Complete if required by CUPA)

III-B COMBUSTIBLE

210

HAZARD MATERIAL TYPE (Check one item)

a. PURE  b. MIXTURE  c. WASTE

211

RADIOACTIVE

Yes  No

212

CURIES

213

PHYSICAL STATE (Check one item only)

a. SOLID  b. LIQUID  c. GAS

214

LARGEST CONTAINER

520

215

ADDITIONAL HAZARD CATEGORIES (Check all that apply)

a. FIRE  b. REACTIVE  c. PRESSURE RELEASE  d. ACUTE HEALTH  e. CHRONIC HEALTH

216

AVERAGE DAILY AMOUNT

250

217 MAXIMUM DAILY AMOUNT

520

218 ANNUAL WASTE AMOUNT

3000

219 STATE WASTE CODE

221

220

UNITS\*

(Check one item only)

a. GALLONS  b. CUBIC FEET  c. POUNDS

d. TONS

221

DAYS ON SITE:

365

222

STORAGE CONTAINER

a. ABOVE GROUND TANK  e. PLASTIC/NONMETALLIC DRUM  l. FIBER DRUM  m. GLASS BOTTLE  o. RAIL CAR  
 b. UNDERGROUND TANK  f. CAN  j. BAG  n. PLASTIC BOTTLE  p. OTHER  
 c. TANK INSIDE BUILDING  g. CARBOY  k. BOX  o. TOTE BIN  
 d. STEEL DRUM  h. SILO  l. CYLINDER  p. TANK WAGON

223

STORAGE PRESSURE

a. AMBIENT  b. ABOVE AMBIENT

c. BELOW AMBIENT

224

STORAGE TEMPERATURE

a. AMBIENT  b. ABOVE AMBIENT

c. BELOW AMBIENT  d. CRYOGENIC

225

%WT

HAZARDOUS COMPONENT (For mixture or waste only)

EHS

CAS#

100%

226

MOTOR OIL, USED

227

Yes  No

228

8002-05-9

229

230

231

Yes  No

232

233

234

235

Yes  No

236

237

238

239

Yes  No

240

241

242

243

Yes  No

244

245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION

246

Hazard Class: FL

EPCRA: Please Sign Here

**UNIFIED PROGRAM CONSOLIDATED FORM**

**HAZARDOUS MATERIALS**

**HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

Use page for chemical description only

ADD

DELETE

X REVISE

ZI

Page

of

**I. FACILITY INFORMATION**

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

**El Camino 76 #256115**

CHEMICAL LOCATION

**FRONT OF BUILDING**

FACILITY ID#

(Agency Use Only)

**II. CHEMICAL INFORMATION**

CHEMICAL NAME

**Propane**

COMMON NAME

**PROPANE**

AS#

**74-98-6**

HAZARD CODE HAZARD CLASSES

Combinations reported by CLPA)

**Flammable Gas**

HAZARD MATERIAL TYPE (Check one item)

a. PURE  b. MIXTURE  c. WASTE

PHYSICAL STATE (Check one item only)

a. SOLID  b. LIQUID  c. GAS

SELECTED HAZARD CATEGORIES (Check all that apply)

a. FIRE  b. REACTIVE  c. PRESSURE RELEASE  d. ACUTE HEALTH  e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT

**60**

MAXIMUM DAILY AMOUNT

**105**

ANNUAL WASTE AMOUNT

STATE WASTE CODE

UNITS\*

(Check one item only)

a. GALLONS  b. CUBIC FEET  c. POUNDS  d. TONS

DAYS ON SITE:  
**365**

STORAGE CONTAINER

a. ABOVE GROUND TANK  e. PLASTIC/NONMETALLIC DRUM  i. FIBER DRUM  m. GLASS BOTTLE  o. RAIL CAR  
 b. UNDERGROUND TANK  f. CAN  j. BAG  n. PLASTIC BOTTLE  p. OTHER  
 c. TANK INSIDE BUILDING  g. CARBOY  k. BOX  o. TOTE BIN  
 d. STEEL DRUM  h. SILO  l. CYLINDER  p. TANK WAGON

STORAGE PRESSURE

a. AMBIENT  b. ABOVE AMBIENT  c. BELOW AMBIENT

STORAGE TEMPERATURE

a. AMBIENT  b. ABOVE AMBIENT  c. BELOW AMBIENT  d. CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
>65	PROPANE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	74-98-6
<35	Propylene	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	115-07-1
<6	Ethane	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	74-84-0
<5	Total Butanes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	78-28-5
<0.1	Ethyle Mercaptan	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	75-08-1

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

**ADDITIONAL LOCALLY COLLECTED INFORMATION**

DOT Hazard Class: **FG**

EPCRA Phase 2 Sign Here

# UNIFIED PROGRAM CONSOLIDATED FORM HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION

ADD                      DELETE                      X REVISE

## I. FACILITY INFORMATION

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

**El Camino 76 #256115**

CHEMICAL LOCATION

**IN SERVICE BAY**

FACILITY ID#  
(Agency Use Only)

## II. CHEMICAL INFORMATION

CHEMICAL NAME

**GLYCOLS**

COMMON NAME

**ANTIFREEZE COOLANT**

CAS#

**107-21-1**

FIRE CODE HAZARD CLASSES (Complete as required by CUPA)

**Combustible 3B**

HAZARD MATERIAL TYPE (Check one item)

a. PURE    b. MIXTURE    c. WASTE

211 RADIOACTIVE   Yes    No   212 **CRBS**

PHYSICAL STATE (Check one item only)

a. SOLID    b. LIQUID    c. GAS

214 LARGEST CONTAINER   **110**

FED HAZARD CATEGORIES (Check all that apply)

a. FIRE    b. REACTIVE    c. PRESSURE RELEASE    d. ACUTE HEALTH    e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT

**55**

217 MAXIMUM DAILY AMOUNT

**110**

218 ANNUAL WASTE AMOUNT

219 STATE WASTE CODE

UNITS\* (Check one item only)

a. GALLONS    b. CUBIC FEET    c. POUNDS    d. TONS

221 DAYS ON SITE: **365**

STORAGE CONTAINER

a. ABOVE GROUND TANK    e. PLASTIC/NONMETALLIC DRUM    i. FIBER DRUM    m. GLASS BOTTLE  
 b. UNDERGROUND TANK    f. CAN    j. BAG    n. PLASTIC BOTTLE  
 c. TANK INSIDE BUILDING    g. CARBOY    k. BOX    o. TOTE BIN  
 d. STEEL DRUM    h. SILO    l. CYLINDER    p. TANK WAGON

STORAGE PRESSURE    a. AMBIENT    b. ABOVE AMBIENT    c. BELOW AMBIENT

STORAGE TEMPERATURE    a. AMBIENT    b. ABOVE AMBIENT    c. BELOW AMBIENT    d. CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
1 50	226 ETHYLENE GLYCOL	227 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	228 107-21-1
2 0-5	230 Diethylene Glycol	231 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	232 111-46-6
3	234	235 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	236
4	238	239 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	240
5	242	243 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	244

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

### ADDITIONAL LOCALLY COLLECTED INFORMATION

Hazard Class: **N.O.S.**

UNIDOC PROGRAM CONSOLIDATED FORM

HAZARDOUS MATERIALS

HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION

ADD

DELETE

X REVISE

XX

I. FACILITY INFORMATION

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

El Camino 76 #256115

CHEMICAL LOCATION

IN SERVICE BAY

FACILITY ID#

(Agency Use Only)

II. CHEMICAL INFORMATION

CHEMICAL NAME

PETROLEUM HYDROCARBON

COMMON NAME

MOTOR OIL (All Grades)

CAS#

64742-65-0

HAZARD CODE HAZARD CLASSES (Complete if required by CUPA)

III-B COMBUSTIBLE

HAZARD MATERIAL TYPE (Check one item)

a. PURE  b. MIXTURE  c. WASTE

211 RADIOACTIVE Yes  No  212 CURIES

PHYSICAL STATE (Check one item only)

a. SOLID  b. LIQUID  c. GAS

214 LARGEST CONTAINER 240

ADDITIONAL HAZARD CATEGORIES (Check all that apply)

a. FIRE  b. REACTIVE  c. PRESSURE RELEASE  d. ACUTE HEALTH  e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT

217 100

218 MAXIMUM DAILY AMOUNT 300

219 ANNUAL WASTE AMOUNT STATE WASTE CODE

UNITS\*

(Check one item only)

a. GALLONS  b. CUBIC FEET  c. POUNDS  d. TONS

221 DAYS ON SITE: 365

STORAGE CONTAINER

a. ABOVE GROUND TANK  e. PLASTIC/NONMETALLIC DRUM  l. FIBER DRUM  m. GLASS BOTTLE  o. RAIL CAR  
 b. UNDERGROUND TANK  f. CAN  j. BAG  n. PLASTIC BOTTLE  p. OTHER  
 c. TANK INSIDE BUILDING  g. CARBOY  k. BOX  o. TOTE BIN  
 d. STEEL DRUM  h. SILO  l. CYLINDER  p. TANK WAGON

STORAGE PRESSURE

a. AMBIENT  b. ABOVE AMBIENT  c. BELOW AMBIENT

STORAGE TEMPERATURE

a. AMBIENT  b. ABOVE AMBIENT  c. BELOW AMBIENT  d. CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
80-85	226 LUBRICATING BASE OIL	227 Yes <input checked="" type="checkbox"/> No	228 Various
1	230 Zinc Compound	231 Yes <input checked="" type="checkbox"/> No	232 Proprietary
15-20	234 Additives	235 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	236 Proprietary
	238	239 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	240
	242	243 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	244

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION

Hazard Class: CL

If EPCRA, Please Sign Here

**UNIFIED PROGRAM CONSOLIDATED FORM  
HAZARDOUS MATERIALS  
HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

One page per material per listing of item

ADD DELETE  REVISE 200 Page 4 of 5

**I. FACILITY INFORMATION**

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) El Camino 76 #256115 256115

CHEMICAL LOCATION NORTHWEST SIDE OF LOT CHEMICAL LOCATION CONFIDENTIAL EPCRA  YES  NO

FACILITY ID# 1 MAP# 203 GRID# A  
(Agency Use Only)

**II. CHEMICAL INFORMATION**

CHEMICAL NAME GASOLINE 205 TRADE SECRET  Yes  No

COMMON NAME PREMIUM UNLEADED GASOLINE 207 EHS  Yes  No

CAS# 8006-61-9 209 If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES I-B FLAMMABLE LIQUID

HAZARD MATERIAL TYPE (Check one item) a. FIRE  b. MIXTURE  c. WASTE  211 RADIOACTIVE  Yes  No 212 CURIES

PHYSICAL STATE (Check one item only) a. SOLID  b. LIQUID  c. GAS  214 LARGEST CONTAINER 12000

FED HAZARD CATEGORIES (Check all that apply)  a. FIRE  b. REACTIVE  c. PRESSURE RELEASE  d. ACUTE HEALTH  e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 6000 MAXIMUM DAILY AMOUNT 12000 ANNUAL WASTE AMOUNT 12000 STATE WASTE CODE 219

UNITS\* (Check one item only)  a. GALLONS  b. CUBIC FEET  c. POUNDS  d. TONS 221 DAYS ON SITE: 365

STORAGE CONTAINER  a. ABOVE GROUND TANK  e. PLASTIC/NONMETALLIC DRUM  i. FIBER DRUM  m. GLASS BOTTLE  o. RAIL CAR  
 b. UNDERGROUND TANK  f. CAN  j. BAG  n. PLASTIC BOTTLE  p. OTHER  
 c. TANK INSIDE BUILDING  g. CARBOY  k. BOX  o. TOTE BIN  
 d. STEEL DRUM  h. SILO  l. CYLINDER  p. TANK WAGON

STORAGE PRESSURE  a. AMBIENT  b. ABOVE AMBIENT  c. BELOW AMBIENT

STORAGE TEMPERATURE  a. AMBIENT  b. ABOVE AMBIENT  c. BELOW AMBIENT  d. CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
1 100	226 GASOLINE	227 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	228 8006-61-9
2 1-9	230 TOLUENE	231 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	232 108-88-3
3 1-14	234 XYLENES	235 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	236 1330-20-7
4 1-5	238 1,2,4-TRIMETHYL BENZENE	239 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	240 95-63-6
5 1-5	242 Ethyl Benzene	243 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	244 100-41-4

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information

**ADDITIONAL LOCALLY COLLECTED INFORMATION**

Hazard Class: FL

HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION

One page per material per building or area

I. FACILITY INFORMATION

Facility Name: El Camino #26115, Location: NORTHWEST SIDE OF LOT, MAP: 1, GRID: A

II. CHEMICAL INFORMATION

Material Name: GASOLINE, Regular Unleaded Gasoline, S006-61-9

HAZARD CLASSES: I-B FLAMMABLE LIQUID

Material Type: MIXTURE, State: LIQUID, Largest Container: 12000

Hazard Categories: FIRE, ACUTE HEALTH, CHRONIC HEALTH

Average Daily Amount: 6000, Maximum Daily Amount: 12000, Days on Site: 365

Storage Container: UNDERGROUND TANK, STEEL DRUM

Storage Pressure: AMBIENT

Storage Temperature: AMBIENT

Table with columns: %WT, HAZARDOUS COMPONENT, EHS (Yes/No), CAS#, and ID numbers (228-242)

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION

Hazard Class: FL, END, If EPCRA, Please Sign Here

# HAZARDOUS MATERIALS BUSINESS PLAN CERTIFICATION FORM

For Use by Unidocs Member Agencies or where approved by your Local Jurisdiction  
Authority Cited Health and Safety Code §25503 3(c), 19 CCR §2729 5(c)

To: Agency Name: Santa Clara Co. Dept. of Env. Health  
Agency Mailing Address: 1555 Berger Dr., Ste 300  
San Jose CA 95112-2716

Pursuant to Section 25503.3(c) of California Health and Safety Code (HSC), the Hazardous Materials Business Plan (HMBP) certification described below is hereby submitted for the following facility:

Facility Name: El Camino 76 #256115  
Facility Street Address: 4350 El Camino Real City: Los Altos  
Date of Current HMBP: 2/6/07

I certify that: (Check the appropriate box.)

I have personally reviewed the Hazardous Materials Business Plan currently on file with your agency and certify that the HMBP is complete and accurate. (See bottom of page for details.) If this facility is subject to Federal Emergency Planning and Community Right to Know Act (EPCRA) reporting requirements, I have submitted the following documents with this Certification Form: Unified Program Consolidated Form (UPCF) Business Activities page; UPCF Business Owner/Operator Identification page with current signature and date; Hazardous Materials Inventory Statement page(s) with an original signature, photocopy of an original signature, or signature stamp on each page for all Extremely Hazardous Substances (EHS) handled at or above their Federal Threshold Planning Quantity (TPQ) or 500 pounds, whichever is less.

or

Revisions to the Hazardous Materials Business Plan are necessary. The HMBP as revised is being implemented. A copy of the revisions is enclosed with this Certification along with a signed Unified Program Consolidated Form (UPCF) Business Owner/Operator Identification page and UPCF Business Activities page if the HMBP revision include changes to the Hazardous Materials Inventory Statement.

**OWNER/OPERATOR CERTIFICATION: I hereby certify under penalty of law that, based upon my inquiry of those individuals responsible for obtaining the information reported above, I believe that the submitted information is true, accurate, and complete. I understand that a revised HMBP must be submitted within 30 days of any change in this facility's storage or handling of hazardous materials which would require updating of the HMBP.**

Name of Owner/Operator (Print): X Greg Galatolo Title: X DEALER  
Signature of Owner/Operator: X [Signature] Date: February 14, 2008

By checking the upper box on this form, you are certifying that:

- The information contained in the HMBP most recently submitted is complete, accurate, and up-to-date; and
- There has been no change in the quantity of any hazardous material as reported in the most recently submitted Hazardous Materials Inventory forms; and
- The facility has not begun handling any hazardous material in a HMBP reportable quantity which is not currently listed in the Hazardous Materials Inventory; and
- The most recently submitted HMBP contains the information required by Section 11022 of Title 42 of the United States Code; and
- There have been no substantial changes in the facility's hazardous materials operations which would require revision of the current HMBP

**BUSINESS OWNER/OPERATOR IDENTIFICATION**

**I. IDENTIFICATION**

FACILITY ID#	43000251391	BEGINNING DATE	01/01/2008	ENDING DATE	12/31/2008
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)	El Camino 76 #256115			BUSINESS PHONE	650-941-0244
BUSINESS SITE ADDRESS	4350 El Camino Real				
CITY	Los Altos	CA	ZIP CODE	94022	
DUN BRADSTREET	00-136-8265	SIC CODE (4 digit #)	5541		
COUNTY	Santa Clara				
BUSINESS OPERATOR NAME	Greg Galatolo	BUSINESS OPERATOR PHONE	650-941-0244		

**II. BUSINESS OWNER**

OWNER NAME	Greg Galatolo	OWNER PHONE	650-941-0244		
OWNER MAILING ADDRESS	4350 El Camino Real				
CITY	Los Altos	STATE	CA	ZIP CODE	94022

**III. ENVIRONMENTAL CONTACT**

CONTACT NAME	Tiana Andriamanarivo	CONTACT PHONE	510-245-5176		
CONTACT MAILING ADDRESS	1380 San Pablo Avenue				
CITY	Rodeo	STATE	CA	ZIP CODE	94572

**PRIMARY**

**IV. EMERGENCY CONTACTS**

**SECONDARY**

NAME	Greg Galatolo	NAME	John Hollerbach
TITLE	Dealer	TITLE	Manager
BUSINESS PHONE	650-941-0244	BUSINESS PHONE	650-941-0244
24-HOUR PHONE	650-948-8302	24-HOUR PHONE	408-605-5984
PAGER#	650-704-8168	PAGER#	

ADDITIONAL LOCALLY COLLECTED INFORMATION

Property Owner: ConocoPhillips - License Permits Phone No : 281-293-1000

Billing Address: 600 North Dairy Ashford, TR1032A, Houston, TX 77079

Certification Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	NAME OF DOCUMENT PREPARER
<i>[Signature]</i>	3-1-8	RHL DESIGN GROUP, INC - ENVIRONMENTAL DEPT
NAME OF SIGNER (print)	TITLE OF SIGNER	
Greg Galatolo	Dealer	

*EV*

**UNIFIED PROGRAM CONSOLIDATED FOR  
HAZARDOUS MATERIALS  
HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

One page per material per building or area)

ADD

DELETE

REVISE

200

Page **3** of **11**

**I. FACILITY INFORMATION**

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 256115 3  
**El Camino 76 #256115**

CHEMICAL LOCATION CHEMICAL LOCATION CONFIDENTIAL EPCRA 202  
**NORTHWEST SIDE OF LOT**  YES  NO

FACILITY ID# 1 MAP# 203 GRID# 204  
A  
*(Agency Use Only)*

**II. CHEMICAL INFORMATION**

CHEMICAL NAME 205 TRADE SECRET  Yes  No 206  
**GASOLINE** If Subject to EPCRA, refer to instructions

COMMON NAME 207 EHS Yes X No 208  
**REGULAR UNLEADED GASOLINE**

CAS# 209 If EHS is "Yes", all amounts below must be in lbs  
**8006-61-9**

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210  
**I-B FLAMMABLE LIQUID**

HAZARD MATERIAL TYPE (Check one item) 211 RADIOACTIVE  Yes  No 212 CURIES 213  
 a PURE  b MIXTURE  c. WASTE

PHYSICAL STATE (Check one item only) 214 LARGEST CONTAINER **12000** 215  
 a SOLID  b LIQUID  c GAS

FED HAZARD CATEGORIES (Check all that apply) 216  
 a FIRE  b REACTIVE  c PRESSURE RELEASE  d ACUTE HEALTH  e CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217 MAXIMUM DAILY AMOUNT 218 ANNUAL WASTE AMOUNT 219 STATE WASTE CODE 220  
**6000** **12000**

UNITS\* (Check one item only) 221 DAYS ON SITE 222  
 a GALLONS  b CUBIC FEET  c POUNDS  d TONS **365**  
 if EHS, amount must be in pounds.

STORAGE CONTAINER 223  
 a ABOVE GROUND TANK  e PLASTIC/NONMETALLIC DRUM  i FIBER DRUM  m GLASS BOTTLE  o RAIL CAR  
 b UNDERGROUND TANK  f CAN  j BAG  n PLASTIC BOTTLE  p OTHER  
 c. TANK INSIDE BUILDING  g CARBOY  k. BOX  o TOTE BIN  
 d. STEEL DRUM  h SILO  l CYLINDER  p. TANK WAGON

STORAGE PRESSURE  a. AMBIENT  b ABOVE AMBIENT  c BELOW AMBIENT 224

STORAGE TEMPERATURE  a AMBIENT  b ABOVE AMBIENT  c BELOW AMBIENT  d CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
1 100	226 Gasoline	227 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	228 8006-61-9 <span style="float:right">229</span>
2 1-9	230 TOLUENE	231 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	232 108-88-3 <span style="float:right">233</span>
3 1-14	234 XYLENES	235 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	236 1330-20-7 <span style="float:right">237</span>
4 1-5	238 1,2,4-TRIMETHYL BENZENE	239 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	240 95-63-6 <span style="float:right">241</span>
5 1-5	242 Ethyl Benzene	243 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	244 100-41-4 <span style="float:right">245</span>

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

DOT Hazard Class: **FL**

If EPCRA, Please Sign Here

**UNIDOC PROGRAM CONSOLIDATED FOR  
HAZARDOUS MATERIALS  
HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

One page per material per building or area

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REVISE

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Page 4 of 11

**I. FACILITY INFORMATION**

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

**El Camino 76 #256115**

256115

3

CHEMICAL LOCATION

**NORTHWEST SIDE OF LOT**

CHEMICAL LOCATION CONFIDENTIAL EPCRA

YES  NO

202

FACILITY ID#

1 MAP#

203 GRID#

204

(Agency Use Only)

A

**II. CHEMICAL INFORMATION**

CHEMICAL NAME

**GASOLINE**

205 TRADE SECRET Yes  No

206

If Subject to EPCRA, refer to instructions

COMMON NAME

**PREMIUM UNLEADED GASOLINE**

207 EHS Yes  No

208

CAS#

**8006-61-9**

209 If EHS is "Yes", all amounts below must be in lbs

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)

**I-B FLAMMABLE LIQUID**

210

HAZARD MATERIAL TYPE (Check one item)

a PURE  b MIXTURE  c WASTE

211 RADIOACTIVE  Yes  No

212 CURIES

213

PHYSICAL STATE (Check one item only)

a SOLID  b LIQUID  c GAS

214 LARGEST CONTAINER 12000

215

FED HAZARD CATEGORIES (Check all that apply)

a FIRE  b REACTIVE  c PRESSURE RELEASE  d ACUTE HEALTH  e CHRONIC HEALTH

216

AVERAGE DAILY AMOUNT

217 MAXIMUM DAILY AMOUNT **12000**

218 ANNUAL WASTE AMOUNT

219 STATE WASTE CODE

220

UNITS\*

a GALLONS  b CUBIC FEET  c POUNDS  d TONS

221 DAYS ON SITE 365

222

(Check one item only)

if EHS, amount must be in pounds

STORAGE CONTAINER

a ABOVE GROUND TANK  b UNDERGROUND TANK  c TANK INSIDE BUILDING  d STEEL DRUM  e PLASTIC/NONMETALLIC DRUM  f CAN  g CARBOY  h SILO  i FIBER DRUM  j BAG  k BOX  l CYLINDER  m GLASS BOTTLE  n PLASTIC BOTTLE  o TOTE BIN  p TANK WAGON  q RAIL CAR  r OTHER

223

STORAGE PRESSURE

a AMBIENT  b ABOVE AMBIENT  c BELOW AMBIENT

224

STORAGE TEMPERATURE

a AMBIENT  b ABOVE AMBIENT  c BELOW AMBIENT  d CRYOGENIC

225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
1 100	226 GASOLINE	227 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	228 8006-61-9
2 1-9	230 TOLUENE	231 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	232 108-88-3
3 1-14	234 XYLENES	235 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	236 1330-20-7
4 1-5	238 1,2,4-TRIMETHYL BENZENE	239 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	240 95-63-6
5 1-5	242 Ethyl Benzene	243 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	244 100-41-4

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information

ADDITIONAL LOCALLY COLLECTED INFORMATION

246

DOT Hazard Class: **FL**

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UNIFORM PROGRAM CONSOLIDATED FORM

HAZARDOUS MATERIALS

HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION

One page per material per building or area

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REVISE

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Page 5 of 11

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 256115 3  
**El Camino 76 #256115**

CHEMICAL LOCATION IN SERVICE BAY CHEMICAL LOCATION CONFIDENTIAL EPCRA 202  
 YES  NO

FACILITY ID# 1 MAP# 203 GRID# 204  
 (Agency Use Only) I A

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 PETROLEUM HYDROCARBON TRADE SECRET Yes X No 206  
 COMMON NAME 207 MOTOR OIL (All Grades) EHS  Yes X No 208  
 CAS# 209 64742-65-0 If EHS is "Yes", all amounts below must be in lbs

III-B COMBUSTIBLE

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210  
 HAZARD MATERIAL TYPE (Check one item) 211 a PURE  b MIXTURE c WASTE RADIOACTIVE Yes X No 212 CURIES 213  
 PHYSICAL STATE (Check one item only) 214 a SOLID  b LIQUID c GAS LARGEST CONTAINER 240 215  
 FED HAZARD CATEGORIES (Check all that apply)  a FIRE  b REACTIVE  c PRESSURE RELEASE  d ACUTE HEALTH  e CHRONIC HEALTH 216  
 AVERAGE DAILY AMOUNT 217 100 MAXIMUM DAILY AMOUNT 218 300 ANNUAL WASTE AMOUNT 219 STATE WASTE CODE 220  
 UNITS\* (Check one item only)  a GALLONS  b CUBIC FEET  c POUNDS  d TONS 221 DAYS ON SITE 365 222  
 STORAGE CONTAINER  a ABOVE GROUND TANK  e PLASTIC/NONMETALLIC DRUM  i FIBER DRUM  m GLASS BOTTLE  o RAIL CAR  
 b UNDERGROUND TANK  f CAN  j BAG  n PLASTIC BOTTLE  p OTHER  
 c TANK INSIDE BUILDING  g CARBOY  k BOX  o TOTE BIN  
 d STEEL DRUM  h SILO  l CYLINDER  p TANK WAGON 223  
 STORAGE PRESSURE  a AMBIENT  b ABOVE AMBIENT  c BELOW AMBIENT 224  
 STORAGE TEMPERATURE  a AMBIENT  b ABOVE AMBIENT  c BELOW AMBIENT  d CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
1 80-85	226 LUBRICATING BASE OIL	227 Yes <input checked="" type="checkbox"/> No	228 Various 229
2 1	230 Zinc Compound	231 Yes <input checked="" type="checkbox"/> No	232 Proprietary 233
3 15-20	234 Additives	235 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	236 Proprietary 237
4	238	239 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	240 241
5	242	243 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	244 245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

DOT Hazard Class: CL

If EPCRA, Please Sign Here

**UNIDOC PROGRAM CONSOLIDATED FOR  
HAZARDOUS MATERIALS  
HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

One page per material per building or area)

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Page 6 of 11

**I. FACILITY INFORMATION**

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 256115 3  
**El Camino 76 #256115**  
 CHEMICAL LOCATION CHEMICAL LOCATION CONFIDENTIAL EPCRA 202  
**IN SERVICE BAY**  YES  NO

FACILITY ID# 1 MAP# 203 GRID# 204  
 (Agency Use Only) 1 B

**II. CHEMICAL INFORMATION**

CHEMICAL NAME 205 TRADE SECRET  Yes  No 206  
**GLYCOLS**  
 COMMON NAME 207 EHS  Yes  No 208  
**ANTIFREEZE/COOLANT**

CAS# 209 If EHS is "Yes", all amounts below must be in lbs  
**107-21-1**

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210  
**Combustible 3B**

HAZARD MATERIAL TYPE (Check one item) 211 RADIOACTIVE  Yes  No 212 CURIES 213  
 a PURE  b MIXTURE  c WASTE

PHYSICAL STATE (Check one item only) 214 LARGEST CONTAINER 110 215  
 a SOLID  b LIQUID  c GAS

FED HAZARD CATEGORIES (Check all that apply) 216  
 a FIRE  b REACTIVE  c PRESSURE RELEASE  d ACUTE HEALTH  e CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217 MAXIMUM DAILY AMOUNT 218 ANNUAL WASTE AMOUNT 219 STATE WASTE CODE 220  
**55** **110**

UNITS\* (Check one item only) 221 DAYS ON SITE 365 222  
 a GALLONS  b CUBIC FEET  c POUNDS  d TONS  
 if EHS, amount must be in pounds.

STORAGE CONTAINER 223  
 a ABOVE GROUND TANK  e PLASTIC/NONMETALLIC DRUM  i FIBER DRUM  m GLASS BOTTLE  o RAIL CAR  
 b UNDERGROUND TANK  f CAN  j BAG  n PLASTIC BOTTLE  p OTHER  
 c TANK INSIDE BUILDING  g CARBOY  k BOX  o TOTE BIN  
 d STEEL DRUM  h. SILO  l. CYLINDER  p TANK WAGON

STORAGE PRESSURE  a AMBIENT  b ABOVE AMBIENT  c BELOW AMBIENT 224

STORAGE TEMPERATURE  a AMBIENT  b ABOVE AMBIENT  c BELOW AMBIENT  d CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
1 50	226 ETHYLENE GLYCOL	227 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	228 107-21-1 <span style="float:right">229</span>
2 0-5	230 Diethylene Glycol	231 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	232 111-46-6 <span style="float:right">233</span>
3	234	235 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	236 <span style="float:right">237</span>
4	238	239 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	240 <span style="float:right">241</span>
5	242	243 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	244 <span style="float:right">245</span>

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

DOT Hazard Class: N.O.S.

If EPCRA, Please Sign Here

UNIFIED PROGRAM CONSOLIDATED FORM

HAZARDOUS MATERIALS

HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION

One page per material per building or area

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Page 7 of 11

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) El Camino 76 #256115 256115 3
CHEMICAL LOCATION FRONT OF BUILDING CHEMICAL LOCATION CONFIDENTIAL EPCRA YES X NO 202
FACILITY ID# (Agency Use Only) 1 MAP# 203 GRID# E 204

II. CHEMICAL INFORMATION

CHEMICAL NAME Propane 205 TRADE SECRET Yes X No 206
COMMON NAME PROPANE 207 EHS Yes X No 208
CAS# 74-98-6 209 If EHS is "Yes", all amounts below must be in lbs
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) Flammable Gas 210
HAZARD MATERIAL TYPE (Check one item) a PURE X b MIXTURE c WASTE 211 RADIOACTIVE Yes X No 212 CURIES 213
PHYSICAL STATE (Check one item only) a SOLID X b LIQUID c GAS 214 LARGEST CONTAINER 5 215
FED HAZARD CATEGORIES (Check all that apply) X a FIRE b REACTIVE X c PRESSURE RELEASE X d ACUTE HEALTH e CHRONIC HEALTH 216
AVERAGE DAILY AMOUNT 60 217 MAXIMUM DAILY AMOUNT 105 218 ANNUAL WASTE AMOUNT 219 STATE WASTE CODE 220
UNITS\* (Check one item only) X a GALLONS b CUBIC FEET c POUNDS d TONS 221 DAYS ON SITE 365 222
STORAGE CONTAINER a ABOVE GROUND TANK b UNDERGROUND TANK c TANK INSIDE BUILDING d STEEL DRUM e PLASTIC/NONMETALLIC DRUM f CAN g CARBOY h SILO i FIBER DRUM j BAG k BOX X l CYLINDER m GLASS BOTTLE n PLASTIC BOTTLE o RAIL CAR p OTHER 223
STORAGE PRESSURE a AMBIENT X b ABOVE AMBIENT c BELOW AMBIENT 224
STORAGE TEMPERATURE X a AMBIENT b ABOVE AMBIENT c BELOW AMBIENT d CRYOGENIC 225

Table with 4 columns: %WT, HAZARDOUS COMPONENT (For mixture or waste only), EHS (Yes/No), CAS#. Rows include Propane, Propylene, Ethane, Total Butanes, and Ethyle Mercaptan.

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0 1% by weight if carcinogenic, attach additional sheets of paper capturing the required information

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

DOT Hazard Class: FG

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**UNIDOC PROGRAM CONSOLIDATED FORM**  
**HAZARDOUS MATERIALS**  
**HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

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**I. FACILITY INFORMATION**

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 256115 3  
**El Camino 76 #256115**

CHEMICAL LOCATION CHEMICAL LOCATION CONFIDENTIAL EPCRA 202  
**SOUTH SIDE OF SERV BLDG**  YES  NO

FACILITY ID# 1 MAP# 203 GRID# 204  
 (Agency Use Only) 1 D

**II. CHEMICAL INFORMATION**

CHEMICAL NAME 205 TRADE SECRET  Yes  No 206  
**PETROLEUM HYDROCARBON** If Subject to EPCRA, refer to instructions

COMMON NAME 207 EHS  Yes  No 208  
**USED MOTOR OIL**

CAS# 209 If EHS is "Yes", all amounts below must be in lbs  
**8002-05-9**

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210  
**III-B COMBUSTIBLE**

HAZARD MATERIAL TYPE (Check one item) 211 RADIOACTIVE  Yes  No 212 CURIES 213  
 a PURE  b MIXTURE  c WASTE

PHYSICAL STATE (Check one item only) 214 LARGEST CONTAINER 520 215  
 a SOLID  b LIQUID  c GAS

FED HAZARD CATEGORIES (Check all that apply) 216  
 a FIRE  b REACTIVE  c.PRESSURE RELEASE  d ACUTE HEALTH  e CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217 MAXIMUM DAILY AMOUNT 218 ANNUAL WASTE AMOUNT 219 STATE WASTE CODE 220  
**250** **520** **3000** **221**

UNITS\* (Check one item only) 221 DAYS ON SITE 365 222  
 a GALLONS  b CUBIC FEET  c POUNDS  d TONS  
 if EHS, amount must be in pounds.

STORAGE CONTAINER 223  
 a ABOVE GROUND TANK  e PLASTIC/NONMETALLIC DRUM  i FIBER DRUM  m GLASS BOTTLE  o RAIL CAR  
 b UNDERGROUND TANK  f CAN  j BAG  n PLASTIC BOTTLE  p OTHER  
 c TANK INSIDE BUILDING  g CARBOY  k BOX  o TOTE BIN  
 d STEEL DRUM  h SILO  l CYLINDER  p TANK WAGON

STORAGE PRESSURE 224  
 a AMBIENT  b ABOVE AMBIENT  c BELOW AMBIENT

STORAGE TEMPERATURE 225  
 a AMBIENT  b. ABOVE AMBIENT  c BELOW AMBIENT  d CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
1 100%	226 MOTOR OIL, USED	227 Yes <input checked="" type="checkbox"/> No	228 8002-05-9
2	230	231 Yes <input checked="" type="checkbox"/> No	232
3	234	235 Yes <input checked="" type="checkbox"/> No	236
4	238	239 Yes <input checked="" type="checkbox"/> No	240
5	242	243 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	244

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information

**ADDITIONAL LOCALLY COLLECTED INFORMATION** 246

DOT Hazard Class: FL

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**UNIFIED PROGRAM CONSOLIDATED FORM**  
**HAZARDOUS MATERIALS**  
**HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

One page per material per building or area)

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Page 9 of 11

**I. FACILITY INFORMATION**

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 256115 3  
**El Camino 76 #256115**

CHEMICAL LOCATION CHEMICAL LOCATION CONFIDENTIAL EPCRA 202  
**TRASH ENCLOSED AREA** YES  NO

FACILITY ID# 1 MAP# 203 GRID# 204  
 (Agency Use Only) 1 C

**II. CHEMICAL INFORMATION**

CHEMICAL NAME 205 TRADE SECRET Yes  No  206  
**PETROLEUM HYDROCARBON** If Subject to EPCRA, refer to instructions

COMMON NAME 207 EHS Yes  No  208  
**USED OIL FILTERS**

CAS# 209 If EHS is "Yes", all amounts below must be in lbs  
**8002-05-9**

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210  
**III-B COMBUSTIBLE**

HAZARD MATERIAL TYPE (Check one item) 211 RADIOACTIVE Yes  No  212 CURIES 213  
 a PURE  b MIXTURE  c WASTE

PHYSICAL STATE (Check one item only) 214 LARGEST CONTAINER 200 215  
 a SOLID  b LIQUID  c GAS

FED HAZARD CATEGORIES (Check all that apply) 216  
 a FIRE  b REACTIVE  c PRESSURE RELEASE  d ACUTE HEALTH  e CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217 MAXIMUM DAILY AMOUNT 218 ANNUAL WASTE AMOUNT 219 STATE WASTE CODE 220  
**30** **50** 600 **223**

UNITS\* (Check one item only) 221 DAYS ON SITE 365 222  
 a GALLONS  b CUBIC FEET  c POUNDS  d TONS

STORAGE CONTAINER 223  
 a ABOVE GROUND TANK  e PLASTIC/NONMETALLIC DRUM  i FIBER DRUM  m GLASS BOTTLE  o RAIL CAR  
 b UNDERGROUND TANK  f CAN  j BAG  n PLASTIC BOTTLE  p OTHER  
 c TANK INSIDE BUILDING  g CARBOY  k BOX  o TOTE BIN  
 d STEEL DRUM  h SILO  l CYLINDER  p TANK WAGON

STORAGE PRESSURE 224  
 a AMBIENT  b ABOVE AMBIENT  c BELOW AMBIENT

STORAGE TEMPERATURE 225  
 a AMBIENT  b ABOVE AMBIENT  c BELOW AMBIENT  d CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
1 100%	226 USED OIL FILTERS	227 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	228 8002-05-9
2	230 USED OIL	231 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	232 8002-05-9
3	234	235 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	236
4	238	239 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	240
5	242	243 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	244

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

DOT Hazard Class: FL

If EPCRA, Please Sign Here

**UNIDOC PROGRAM CONSOLIDATED FOR  
HAZARDOUS MATERIALS  
HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

One page per material per building or area

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**I. FACILITY INFORMATION**

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 256115 3  
**El Camino 76 #256115**

CHEMICAL LOCATION CHEMICAL LOCATION CONFIDENTIAL EPCRA 202  
**TRASH ENCLOSED AREA** YES  NO

FACILITY ID# 1 MAP# 203 GRID# 204  
C  
*(Agency Use Only)*

**II. CHEMICAL INFORMATION**

CHEMICAL NAME 205 TRADE SECRET Yes  No  206  
**GLYCOLS** If Subject to EPCRA, refer to instructions

COMMON NAME 207 EHS Yes  No  208  
**USED ANTIFREEZE**

CAS# 209 If EHS is "Yes", all amounts below must be in lbs  
**107-21-1**

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210  
**III-B COMBUSTIBLE**

HAZARD MATERIAL TYPE (Check one item) 211 RADIOACTIVE Yes  No  212 CURIES 213  
 a PURE  b MIXTURE  c WASTE

PHYSICAL STATE (Check one item only) 214 LARGEST CONTAINER 110 215  
 a SOLID  b LIQUID  c GAS

FED HAZARD CATEGORIES (Check all that apply) 216  
 a FIRE  b REACTIVE  c PRESSURE RELEASE  d ACUTE HEALTH  e CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217 MAXIMUM DAILY AMOUNT 218 ANNUAL WASTE AMOUNT 219 STATE WASTE CODE 220  
**55** 110 220 343

UNITS\* (Check one item only) 221 DAYS ON SITE 365 222  
 a GALLONS  b CUBIC FEET  c POUNDS  d TONS  
 if EHS, amount must be in pounds.

STORAGE CONTAINER 223  
 a ABOVE GROUND TANK  c PLASTIC/NONMETALLIC DRUM  i FIBER DRUM  m GLASS BOTTLE  o RAIL CAR  
 b UNDERGROUND TANK  f CAN  j BAG  n PLASTIC BOTTLE  p OTHER  
 c TANK INSIDE BUILDING  g CARBOY  k BOX  o TOTE BIN  
 d STEEL DRUM  h SILO  l CYLINDER  p TANK WAGON

STORAGE PRESSURE 224  
 a AMBIENT  b ABOVE AMBIENT  c BELOW AMBIENT

STORAGE TEMPERATURE 225  
 a AMBIENT  b ABOVE AMBIENT  c BELOW AMBIENT  d CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
1 50	226 ETHYLENE GLYCOL	227 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	228 107-21-1
2 50	230 WATER	231 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	232 7732-18-5
3	234	235 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	236
4	238	239 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	240
5	242	243 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	244

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

DOT Hazard Class: N.O.S.

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UNIFIED PROGRAM CONSOLIDATED FORM

HAZARDOUS MATERIALS

HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION

One page per material per building or area)

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Page 11 of 11

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 256115 3  
**El Camino 76 #256115**  
 CHEMICAL LOCATION TRASH ENCLOSED AREA CHEMICAL LOCATION CONFIDENTIAL EPCRA 202  
 YES  NO

FACILITY ID# 1 MAP# 203 GRID# 204  
 (Agency Use Only) 1 C

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 LEAD ACID BATTERY TRADE SECRET  Yes  No 206  
 COMMON NAME 207 WASTE BATTERIES EHS  Yes  No 208  
 CAS# 209 7664-93-9 If EHS is "Yes", all amounts below must be in lbs

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210  
 CORROSSIVE  
 HAZARD MATERIAL TYPE (Check one item) 211 a PURE b MIXTURE  c WASTE 212 RADIOACTIVE Yes  No CURIES 213

PHYSICAL STATE (Check one item only) 214 a. SOLID  b. LIQUID c. GAS 214 LARGEST CONTAINER 1 215

FED HAZARD CATEGORIES (Check all that apply) 216 a FIRE  b REACTIVE c PRESSURE RELEASE  d ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217 5 MAXIMUM DAILY AMOUNT 218 10 ANNUAL WASTE AMOUNT 219 80 STATE WASTE CODE 220 162  
 UNITS\* (Check one item only) 221  a GALLONS b CUBIC FEET c POUNDS d TONS 221 DAYS ON SITE 365

STORAGE CONTAINER 223 a ABOVE GROUND TANK b UNDERGROUND TANK c TANK INSIDE BUILDING d STEEL DRUM e PLASTIC/NONMETALLIC DRUM f CAN g CARBOY h SILO i FIBER DRUM j BAG k BOX l CYLINDER m GLASS BOTTLE n PLASTIC BOTTLE o TOTE BIN p TANK WAGON o RAIL CAR X p OTHER

STORAGE PRESSURE  a AMBIENT b. ABOVE AMBIENT c BELOW AMBIENT 224

STORAGE TEMPERATURE  a AMBIENT b ABOVE AMBIENT c BELOW AMBIENT d CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
1 35%	226 SULFURIC ACID (35%)	227 Yes <input checked="" type="checkbox"/> No	228 7664-93-9 229
2 34%	230 LEAD	231 Yes <input checked="" type="checkbox"/> No	232 7439-92-1 233
3 31%	234 LEAD DIOXIDE	235 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	236 1309-60-0 237
4 1%	238 LEAD SULFATE	239 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	240 7446-14-2 241
5	242	243 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	244 245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

DOT Hazard Class: COR

If EPCRA, Please Sign Here

# CONOCOPHILLIPS EMERGENCY RESPONSE PROCEDURES

256115

## MAJOR INCIDENT: FIRE, SPILL OR SUSPECTED LEAK

### MINOR INCIDENT: (less than 5 gallons)

1. **FIRES:** Extinguish with fire extinguisher. Recharge fire extinguisher, if used
2. **SPILLS:** Clean up with absorbent materials on site and dispose of according to all regulations. Use personal protective equipment (i.e. gloves, goggles) as necessary. Have a fire extinguisher ready for spills of flammable materials. Restock absorbent as necessary. See the Emergency Equipment Section for additional information.
3. **MEDICAL:** Treat with on site first aid kit or take to nearest hospital. Employee training plan lists the nearest hospital.
4. **RECORD:** Record the event in the Daily Systems Inspection Form.
5. **NOTIFY:** The ConocoPhillips SolvOne Help Desk if the spill flows off site, enters a storm drain or contacts bare soil or groundwater.

### MAJOR INCIDENT: (more than 5 gallons)

Any incident that can not be contained and cleaned up as part of the routine operations, should be considered a major release and use the following procedures.

1. **TURN OFF PUMPS** using the Emergency Pump Shut-Off Switch.
2. **EVACUATE:** Verbally **ANNOUNCE** to all persons on the site: "This is an emergency. Please turn off your engines and leave the station on foot immediately. All employees meet at the emergency assembly area."
3. **Call 9-1-1:** Give the following information:  
"THERE IS A FIRE/GASOLINE SPILL at the ConocoPhillips/76 service station at: 4350 El Camino Real  
If anyone is trapped or needs medical attention, tell the answering dispatcher. Stay on the phone and be prepared to answer any questions concerning the situation.
4. **ATTEMPT** to contain the spill if you can do it safely.
5. **LOOK AROUND** to ensure that everyone has left the station, particularly those in vehicles who may need assistance or may not have heard the emergency announcement. Assist or direct assistance to anyone having difficulty leaving the station are and anyone who may be injured.
6. **REPORT** to arriving emergency response personnel to provide them with any information or assistance they might need. Immediately notify the SolveOne Help Desk.

---

## EMERGENCY PHONE NUMBERS

### EMERGENCY RESPONSE CONTRACTOR

ConocoPhillips SolveOne Help Desk, located in Portland, OR: 1-866-215-0965

### CONOCOPHILLIPS STORE PERSONNEL

District Manager: Dan Pelligrino 831-297-3463  
Marketing HSE Specialist: Tiana Andriamanarivo 510-245-5176

### FACILITY CONTACTS

Primary: Greg Galatolo Dealer Day: 650-941-0244  
24-hour: 650-948-8302  
Secondary: John Hollerbach Manager Day: 650-941-0244  
24-hour: 408-605-5984

---

ConocoPhillips will notify the State and Local administering agencies within an appropriate time frame unless the situation requires urgent immediate response by the agencies, in which case the **Operator** should notify these agencies.

- a) **LOCAL AGENCY:** Santa Clara Co. Dept. of Env. Health  
**PHONE NUMBER:** 408-918-3400
- b) **CALIFORNIA OFFICE OF EMERGENCY SERVICES:** (800) 852-7550 or (916) 845-8911
- c) **LOCAL POLICE AND FIRE DEPARTMENTS:** 9-1-1
- d) **NATIONAL RESPONSE CENTER:** (800) 424-8802 (24-Hours)

## EMPLOYEE TRAINING PLAN

Employees must be given this training before starting work, and refresher courses must be provided annually. Records must be kept to show when each station employee has been given his/her safety training. Use the following outline and make copies as needed. Have employee date and sign the attached training log upon completion of training. **Retain these records for a minimum of three years.**

All employees should review the Hazardous Material Plan, (this document). Specifically, each employee should understand the procedures to be used in responding to various kinds of emergencies, and know how to monitor the site for leaks of hazardous materials. As a supplement to this package, employees should also review and have access to the the Emergency Response Plan and the Materials Safety Data Sheets. Each employee must be drilled in all emergency response procedures contained herein.

### UTILITY SHUT-OFFS

- \* **PUMP SHUT-OFF:** This turns off the turbine pumps that provide flow to the dispensers from the underground storage tanks. Shut-off pumps in case of a leak to help prevent spills.  
Location: 1-NORTH EXT BLDG. WALL, 1-STORAGE AREA
- \* **TANK MONITORING ALARM:** This is used to monitor the Underground Storage Tanks. This panel may indicate when a potential leak is detected by a visual and audible alarm.  
Location: SERVICE BAY STORAGE AREA
- \* **ELECTRICAL PANEL:** The panel allows you to selectively cut power to lights, signs, and pumps. The main switch allows you to cut-off all power at the site.  
Location: IN SERVICE BAY STORAGE AREA
- \* **WATER SHUT-OFF:** The water shut-off may be necessary in some cases  
Location: IN SIDEWALK ALONG LOS ALTOS AVENUE
- \* **NATURAL GAS SHUT-OFF:** If your facility has natural gas, it may be necessary to shut-off the flow in case of an emergency.  
Location: NONE
- \* **PROPANE/LPG SHUT-OFF:**  
If your facility has propane or liquefied petroleum gas, be sure to turn off the manual valves and shut off the power to the dispensing pumps in case of a release or fire. Call your supplier or dial 9-1-1 as necessary.

### EMERGENCY EQUIPMENT

- \* **FIRE EXTINGUISHER:** Use only on small fires that you can contain. Do not attempt to extinguish large fires on your own; call 9-1-1 for help.  
Location: 2-IN SERVICE BAY
- \* **SPILL/ CLEAN UP KIT:**  
This can soak up small spills of gasoline, diesel fuel, or other petroleum products. Absorbent should be used rather than washing spills down a drain. In case of large spill, see the "Major Incident" section on the previous page.  
Location: IN SERVICE BAY STORE AREA
- \* **RESPONSE EQUIPMENT:** These items are to be used to prevent skin contact with hazardous materials  
Broom: SERVICE BAY  
Shovel: SERVICE BAY  
Gloves: SERVICE BAY  
Goggles: SERVICE BAY
- \* **FIRST AID KIT:** Use for minor incidents and treatment.  
Location: 1-IN SERVICE BAY STORE AREA
- \* **EVACUATION ASSEMBLY AREA:** All employees must know where to meet in the event of an emergency.  
Location: SOUTH SIDE OF SITE
- \* **ENVIRONMENTAL DOCUMENTS / HMMP MSDS SHEETS:**  
Location: SALES OFFICE

**EMPLOYEE TRAINING PLAN (con't)**

**MEDICAL FACILITIES:**

**PRIMARY FACILITY:**

EL CAMINO HOSPITAL  
2500 GRANT ROAD MOUNTAIN VIEW  
650-940-7055

**ALTERNATE FACILITY:**

STANFORD HOSPITAL  
300 PASTEUR DR PALO ALTO  
650-723-5111

**FIRST AID PROCEDURES** (for gasoline and/or diesel fuel): For further information, refer to the MSDS sheets

**EYE CONTACT:**

If irritation or redness develops, move victim away from exposure and into fresh air. Flush eyes with water clean water. If symptoms persist, seek medical attention immediately.

**SKIN CONTACT:**

Removing contaminated clothing and shoes, flush affected area(s) with large amounts of water. If skin is not damaged, proceed to cleanse the affected area with mild soap and water. If symptoms become worse, seek medical attention immediately.

**INHALATION (Breathing):**

Remove victim from source of exposure and into fresh air. If victim is not breathing, give artificial respiration and seek medical attention immediately.

**INGESTION (Swallowing):**

Aspiration Hazard: **DO NOT INDUCE VOMITING.**

do not give anything by mouth because it can enter the lungs and cause severe lung damage. If victim is drowsy or unconscious and vomiting, place on the left side with the head down. Seek medical attention immediately.

**FIRST AID FOR EXPOSURE TO OTHER MATERIALS:**

Consult the warning advice on container labels or refer to the Material Safety Data Sheet (MSDS) for that product.

# Hazardous Materials Training Requirements

As the owner/operator of a business that handles hazardous materials, you must have the following:

- \* A Hazard Communication Plan (also known as an Employee Right-to-Know Plan)
- \* The Hazardous Materials Management Plan (Chemical Inventory, also known as the CA Business Emergency Plan)
- \* An Emergency Response Plan
- \* An Underground Storage Tank Monitoring and Response Plan
- \* A Release Reporting Plan

**Each of these plans requires employee training. Training must be documented by a written description of the topics covered and by a dated signature of the employees receiving the training. Annual refresher training is required. The introduction of new hazardous materials or changes in procedures requires immediate retraining. Training requirements that are common to more than one of these plans only need to be given once to satisfy all of the plans containing that requirement as long as the training addresses the concerns of each plan.**

- \* Training for the Hazard Communication Plan must include the following elements.
- \* An overview of the requirements contained in the Hazard Communication Regulation and the worker's rights under the Regulation.
- \* Locations of any operations in the work area where hazardous substances are present
- \* Location where a copy of the written Hazard Communication programs is made available to them
- \* How to read labels and Material Safety Data Sheets (MSDS) to obtain appropriate hazard information, including physical and health effects of hazardous substances in the work place
- \* How to detect the presence of or the release of hazardous substances in the work place
- \* How to minimize their exposure to these hazardous substances by proper use of engineering controls, work practices, and/or personal protective equipment (gloves, etc).
- \* Emergency and first aid procedures to follow if employees are exposed to hazardous substances





## Spill Response Plan

### For Minor Releases:

If the release is less than 5 gallons and service station personnel can contain the release immediately (and the release does not go off-site, enter any waterway, or contact bare soils), do the following:

1. Turn off the source of the spill (i.e. turn off dispensers, pump, etc.)
2. Contain with absorbent material, making sure that the release does not leave the site or enter any drains.
3. Clean up release material with absorbent material.
4. Place used absorbent material into an approved container for such materials.
5. For proper disposal of used absorbent material, the dealer or designated employee will contact a licensed waste hauler to dispose of the material in accordance with all applicable federal, state, and local regulations.

### For Major Releases:

If the release is greater than 5 gallons, threatens to leave the site, enter any waterway, or contact bare soils, or there is an injury to a person, do the following:

1. Turn off the source of the spill (i.e. turn off dispensers, pump, etc.)
2. Evacuate customers, asking them to leave by foot.
3. Call the Fire Department: 911
4. All employees evacuate the premises.
5. Employees are to meet at a designated emergency assembly area.
6. Station dealer or manager to account for employees and any known customers at meeting place.
7. Dealer or manager should remain in the vicinity to provide information to the fire department, etc.
8. Notify the following personnel: SolvOne at 1-866-215-0965 Regional HSE Specialist
9. Attempt to contain the spill with absorbent material, attempting to prevent the release from leaving the site or entering any drains.
10. In California, call the Office of Emergency Services at 1-800-852-7550.
11. In the case of an unauthorized release from the primary containment, ConocoPhillips Company will respond within 8 hours to address necessary repairs to the primary containment and cleanup of the secondary containment. Exceptions to this will be reported to the agency as required under California Health and Safety Code Section 25295.

**OFFICIAL NOTICE OF INSPECTION**  
 (Continuation Page)

12-15-09

Facility Name: El Camino Unical

Inspection Date: 12-15-09

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	-Line leak detectors (passed)	
	-Hydrostatic test of product-fill spill buckets (passed)	
	-All dispenser containments and shear valves (passed)	
	-Automatic tank gauge (ATG) overfill alarm (passed)	
	-Waste oil tank's annular space liquid sensor (passed)	
	Notes: Observed fail safe, sensor out and the emergency shut-off button functions were operable.	
2350	Facility failed to submit a permit application to reflect the Mr. Galatolo's recent acquisition/ownership of the 3-USTs. <b>Required Action:</b> Submit permit application for the 2-12,000 gallon gasoline tanks and 1-500 gallon waste oil tank.	APPLICATION SENT
2357	The printer on the TLS-350 monitoring console is malfunctioning. <b>Required Action:</b> Repair or replace the console printer.	PRINTER REPAIRED
2358	Facility failed to submit a revised UST Monitoring Plan to reflect the Mr. Galatolo's recent acquisition/ownership of the 3-USTs. <b>Required Action:</b> Submit a revised UST Monitoring Plan for the 2-12,000 gallon gasoline tanks and 1-500 gallon waste oil tank.	SUBMITTED NEW PLAN
2361	Facility failed to submit a revised UST Response Plan to reflect the Mr. Galatolo's recent acquisition/ownership of the 3-USTs. <b>Required Action:</b> Submit a revised UST Response Plan for the 2-12,000 gallon gasoline tanks and 1-500 gallon waste oil tank.	SUBMITTED NEW PLAN
2364	2364: Facility failed to submit a "Certification of Financial Responsibility" form to reflect the Mr. Galatolo's recent	Received during follow-up inspection on 12-15-09

Received by: [Signature]

Inspected by: Ray Maiden & Socorro Carillo

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.

# Emergency Response/Contingency Plan

(Hazardous Materials Business Plan Module)

Authority Cited: HSC § 25504(b); 19 CCR § 2731; 22 CCR § 66262.34(a)(4)

Page \_\_\_\_\_ of \_\_\_\_\_

All facilities that handle hazardous materials in HMBP quantities must have a written emergency response plan. In addition, facilities that generate 1,000 kilograms or more of hazardous waste (or more than 1 kilogram of acutely hazardous waste or 100 kilograms of debris resulting from the spill of an acutely hazardous waste) per month, or accumulate more than 6,000 kilograms of hazardous waste on-site at any one time, must prepare a hazardous waste contingency plan. Because the requirements are similar, they have been combined in a single document, provided below, for your convenience. This plan is a required module of the Hazardous Materials Business Plan (HMBP). If you already have a plan that meets these requirements, you should not complete the blank plan, below, but you must include a copy of your existing plan as part of your HMBP.

This site-specific Emergency Response/Contingency Plan is the facility's plan for dealing with emergencies and shall be implemented immediately whenever there is a fire, explosion, or release of hazardous materials that could threaten human health and/or the environment. At least one copy of the plan shall be maintained at the facility for use in the event of an emergency and for inspection by the local agency. A copy of the plan and any revisions must be provided to any contractor, hospital, or agency with whom special (i.e., contractual) emergency services arrangements have been made (see section 3, below).

## 1. Evacuation Plan:

a. The following alarm signal(s) will be used to begin evacuation of the facility (check all that apply):

Bells;  Horns/Sirens;  Verbal (i.e., shouting);  Other (specify \_\_\_\_\_)

b.  Evacuation map is prominently displayed throughout the facility.

Note: A properly completed HMBP Site Plan satisfies contingency plan map requirements. This drawing (or any other drawing that shows primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas) must be prominently posted throughout the facility in locations where it will be visible to employees and visitors

## 2. a. Emergency Contacts\*:

Fire/Police/Ambulance ..... Phone No.: 911

State Office of Emergency Services ..... Phone No.: (800) 852-7550

## b. Post-Incident Contacts\*:

Certified Unified Program Agency (CUPA) ..... Phone No.: ( )

Local Hazardous Materials Program ..... Phone No.: (408) 280-6479

California EPA Department of Toxic Substances Control ..... Phone No.: (916) 223-2514

Cal-OSHA Division of Occupational Safety and Health ..... Phone No.: ( )

Air Quality Management District ..... Phone No.: (415) 749-4920

Regional Water Quality Control Board ..... Phone No.: (408) 265-2600

\* Phone numbers for agencies in Unidocs Member Agency geographic jurisdictions are available at [www.unidocs.org](http://www.unidocs.org).

## c. Emergency Resources:

Poison Control Center\* ..... Phone No.: ( )

Nearest Hospital: Name: El CAMINO HOSPITAL Phone No.: (415) 940-7055

Address: 2500 GRANT RD. City: MT. VIEW

## 3. Arrangements With Emergency Responders:

If you have made special (i.e., contractual) arrangements with any police department, fire department, hospital, contractor, or State or local emergency response team to coordinate emergency services, describe those arrangements below:

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### Employee Training Plan

(Hazardous Materials Business Plan Module)

Authority Cited: HSC, Section 25504(c); 22 CCR §66262.34(a)(4)

Page \_\_\_\_ of \_\_\_\_

All facilities that handle hazardous materials in HMBP quantities must have a written employee training plan. This plan is a required module of the Hazardous Materials Business Plan (HMBP). A blank plan has been provided below for you to complete and submit if you do not already have such a plan. If you already have a brief written description of your training program that addresses all subjects covered below, you are not required to complete the blank plan, below, but you must include a copy of your existing document as part of your HMBP.

Check all boxes that apply. [Note: Items marked with an asterisk (\*) are required.]:

#### 1. Personnel are trained in the following procedures:

<input checked="" type="checkbox"/>	Internal alarm/notification *
<input checked="" type="checkbox"/>	Evacuation/re-entry procedures & assembly point locations*
<input type="checkbox"/>	Emergency incident reporting
<input type="checkbox"/>	External emergency response organization notification
<input checked="" type="checkbox"/>	Location(s) and contents of Emergency Response/Contingency Plan
<input type="checkbox"/>	Facility evacuation drills, that are conducted at least (specify): <span style="float: right;">(e.g., "Quarterly", etc.)</span>

#### 2. Chemical Handlers are additionally trained in the following:

<input checked="" type="checkbox"/>	Safe methods for handling and storage of hazardous materials *
<input checked="" type="checkbox"/>	Location(s) and proper use of fire and spill control equipment
<input checked="" type="checkbox"/>	Spill procedures/emergency procedures
<input checked="" type="checkbox"/>	Proper use of personal protective equipment *
<input type="checkbox"/>	Specific hazard(s) of each chemical to which they may be exposed, including routes of exposure (i.e., inhalation, ingestion, absorption) *
<input type="checkbox"/>	Hazardous Waste Handlers/Managers are trained in all aspects of hazardous waste management specific to their job duties (e.g., container accumulation time requirements, labeling requirements, storage area inspection requirements, manifesting requirements, etc.) *

#### 3. Emergency Response Team Members are capable of and engaged in the following:

Complete this section only if you have an in-house emergency response team

<input type="checkbox"/>	Personnel rescue procedures
<input checked="" type="checkbox"/>	Shutdown of operations
<input type="checkbox"/>	Liaison with responding agencies
<input type="checkbox"/>	Use, maintenance, and replacement of emergency response equipment
<input checked="" type="checkbox"/>	Refresher training, which is provided at least annually *
<input type="checkbox"/>	Emergency response drills, which are conducted at least (specify): <span style="float: right;">(e.g., "Quarterly", etc.)</span>



**John W. Johnson**  
Co-President  
Architect

March 14, 2008

**Brian F. Zita**  
Co-President  
Architect

Santa Clara Co Dept of Env Health  
Greg Breshears  
1555 Berger Dr , Ste 300  
San Jose, CA 95112-2716

**John B. Hicks**  
Vice President

**HAZARDOUS MATERIALS MANAGEMENT PLANS FOR  
CONOCOPHILLIPS / KAYO OIL**

*Regional Managers*

**Brad A. Gubser**

Dear Greg Breshears.

**Jesse E. Macias**

Enclosed please find the Hazardous Material Management Plans, HMMP(s), for the ConocoPhillips/Kayo Oil station(s) as listed on the attached sheet

**Roy W. Pedro**

**Alan K. Shimabukuro**

**John W. Strobel**

These inventories and HMMP(s) are being submitted for your review and approval

If there are any further correspondence or invoices related to these submissions, please direct them to the local Marketing HSE Specialist in your region

Northern California  
Marketing HSE Specialist  
ConocoPhillips  
1380 San Pablo Avenue  
Rodeo, CA 94572

Southern California  
Marketing HSE Specialist  
ConocoPhillips  
3611 Harbor Blvd  
Santa Ana, CA 92704

Established 1966

Sincerely,

**RHL DESIGN GROUP, INC.**

  
Environmental Department

*Offices*

ANAHEIM, CA

BELLEVUE, WA

CAMAS, WA

DENVER, CO

Enclosure

MARTINEZ, CA

PETALUMA, CA

ROSEVILLE, CA

SCOTTSDALE, AZ

256115  
El Camino 76 #256115  
4350 El Camino Real  
Los Altos, CA 94022



DRAFT



**John W. Johnson**  
Co-President  
Architect

February 14, 2007

**Brian F. Zita**  
Co-President  
Architect

Santa Clara Co Dept of Env Health  
Greg Breshears  
1555 Berger Dr , Ste 300  
San Jose, CA 95112-2716

**John B. Hicks**  
Vice President

**HAZARDOUS MATERIALS MANAGEMENT PLANS FOR  
CONOCOPHILLIPS / KAYO OIL**

*Regional Managers*

**Brad A. Gubser**

Dear Greg Breshears

**Jesse E. Macias**

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1380 San Pablo Avenue  
Rodeo, CA 94572

Southern California  
Marketing HSE Specialist  
ConocoPhillips  
3611 Harbor Blvd  
Santa Ana, CA 92704

Established 1966

Sincerely,

**RHL DESIGN GROUP, INC.**  
*LR*  
Environmental Department

*Offices*

- ANAHEIM, CA
- BELLEVUE, WA
- CAMAS, WA
- DENVER, CO
- MARTINEZ, CA
- PETALUMA, CA
- ROSEVILLE, CA

Enclosure

SCOTTSDALE, AZ

2007 FEB 20 11:08:25

255957

Los Altos 76 # 255957  
330 South San Antonio Rd  
Los Altos, CA 94022

256115

El Camino 76 #256115  
4350 El Camino Real  
Los Altos, CA 94022

DRAFT

H 065

FACILITY INFORMATION

**BUSINESS OWNER/OPERATOR IDENTIFICATION**

**I. IDENTIFICATION**

FACILITY ID#		1	BEGINNING DATE	100	ENDING DATE	101
			01/01/2007		12/31/2007	
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)	3			BUSINESS PHONE	102	
El Camino 76 #256115				650-941-0244		
BUSINESS SITE ADDRESS						103
4350 El Camino Real						
CITY	104	CA	ZIP CODE	105		
Los Altos			94022			
DUN BRADSTREET	106	SIC CODE (4 digit #)		107		
00-136-8265		5541				
COUNTY						108
Santa Clara						
BUSINESS OPERATOR NAME	109			BUSINESS OPERATOR PHONE	110	
Greg Galatolo				650-941-0244		

**II. BUSINESS OWNER**

OWNER NAME	111			OWNER PHONE	112	
Greg Galatolo				650-941-0244		
OWNER MAILING ADDRESS						113
4350 El Camino Real						
CITY	114	STATE	115	ZIP CODE	116	
Los Altos		CA		94022		

**III. ENVIRONMENTAL CONTACT**

CONTACT NAME	117			CONTACT PHONE	118	
Julie Lee ConocoPhillips - HSE Specialist				510-245-5218		
CONTACT MAILING ADDRESS						119
1380 San Pablo Avenue						
CITY	120	STATE	121	ZIP CODE	122	
Rodeo		CA		94572		

**PRIMARY**

**IV. EMERGENCY CONTACTS**

**SECONDARY**

NAME	123	NAME	128			
Greg Galatolo		John Hollerbach				
TITLE	124	TITLE	129			
Dealer		Manager				
BUSINESS PHONE	125	BUSINESS PHONE	130			
650-941-0244		650-941-0244				
24-HOUR PHONE	126	24-HOUR PHONE	131			
650-948-8302		408-605-5984				
PAGER#	127	PAGER#	132			
650-704-8168						

ADDITIONAL LOCALLY COLLECTED INFORMATION

Property Owner ConocoPhillips - License Permits Phone No 281-293-1000  
 Billing Address 600 North Dairy Ashford, TR1030B, Houston, TX 77079

Certification Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	134	NAME OF DOCUMENT PREPARER	135	
<i>[Signature]</i>	X2-13-7		RHL DESIGN GROUP, INC - ENVIRONMENTAL DEPT		
NAME OF SIGNER (print)	136	TITLE OF SIGNER	137		
X Greg GALATOLO		X Dealer			

HAZARDOUS MATERIALS

**HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

One page per material per building or area

ADD                      DELETE                      X REVISE                      200                      Page                      of

**I. FACILITY INFORMATION**

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 256115 3  
**El Camino 76 #256115**

CHEMICAL LOCATION CHEMICAL LOCATION CONFIDENTIAL EPCRA 202  
 NORTHWEST SIDE OF LOT YES      X NO

FACILITY ID# 1 MAP# 203 GRID# 204  
 (Agency Use Only) I A

**II. CHEMICAL INFORMATION**

CHEMICAL NAME 205 TRADE SECRET Yes X No 206  
**GASOLINE** If Subject to EPCRA, refer to instructions

COMMON NAME 207 EHS Yes X No 208  
**REGULAR UNLEADED GASOLINE**

CAS# 209 If EHS is "Yes", all amounts below must be in lbs  
**8006-61-9**

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210  
**I-B FLAMMABLE LIQUID**

HAZARD MATERIAL TYPE (Check one item) 211 RADIOACTIVE Yes X No 212 CURIES 213  
 a PURE  b MIXTURE  c WASTE

PHYSICAL STATE (Check one item only) 214 LARGEST CONTAINER 12000 215  
 a SOLID  b LIQUID  c GAS

FED HAZARD CATEGORIES (Check all that apply) 216  
 a FIRE  b REACTIVE  c PRESSURE RELEASE  d ACUTE HEALTH  e CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217 MAXIMUM DAILY AMOUNT 218 ANNUAL WASTE AMOUNT 219 STATE WASTE CODE 220  
**6000** 12000

UNITS\* (Check one item only) 221 DAYS ON SITE 365 222  
 a GALLONS  b CUBIC FEET  c POUNDS  d TONS

STORAGE CONTAINER 223  
 a ABOVE GROUND TANK  e PLASTIC/NONMETALLIC DRUM  i FIBER DRUM  m GLASS BOTTLE  o RAIL CAR  
 b UNDERGROUND TANK  f CAN  j BAG  n PLASTIC BOTTLE  p OTHER  
 c TANK INSIDE BUILDING  g CARBOY  k BOX  o TOTE BIN  
 d STEEL DRUM  h SILO  l CYLINDER  p TANK WAGON

STORAGE PRESSURE  a AMBIENT  b ABOVE AMBIENT  c BELOW AMBIENT 224

STORAGE TEMPERATURE  a AMBIENT  b ABOVE AMBIENT  c BELOW AMBIENT  d CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
1 100	226 Gasoline	227 Yes X No	228 8006-61-9
2 1-9	230 TOLUENE	231 Yes X No	232 108-88-3
3 1-14	234 XYLENES	235 Yes X No	236 1330-20-7
4 1-5	238 1,2,4-TRIMETHYL BENZENE	239 Yes X No	240 95-63-6
5 1-5	242 Ethyl Benzene	243 Yes X No	244 100-41-4

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic attach additional sheets of paper capturing the required information

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

DOT Hazard Class: FL

If EPCRA, Please Sign Here

HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION

ADD

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Page of

I. FACILITY INFORMATION

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

**El Camino 76 #256115**

256115

3

CHEMICAL LOCATION

**NORTHWEST SIDE OF LOT**

CHEMICAL LOCATION CONFIDENTIAL EPCRA

YES X NO

202

FACILITY ID#

(Agency Use Only)

1 MAP#

1

203 GRID#

A

204

II. CHEMICAL INFORMATION

CHEMICAL NAME

**GASOLINE**

205 TRADE SECRET

Yes X No

206

If Subject to LPCRA refer to instructions

COMMON NAME

**PREMIUM UNLEADED GASOLINE**

207 EHS

Yes X No

208

CAS#

**8006-61-9**

209

If EHS is "Yes" all amounts below must be in lbs

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)

**I-B FLAMMABLE LIQUID**

210

HAZARD MATERIAL TYPE (Check one item)

a PURE  b MIXTURE  c WASTE

211 RADIOACTIVE

Yes X No

212

CURIES

213

PHYSICAL STATE (Check one item only)

a SOLID  b LIQUID  c GAS

214 LARGEST CONTAINER

12000

215

FED HAZARD CATEGORIES (Check all that apply)

X a FIRE b REACTIVE c PRESSURE RELEASE X d ACUTE HEALTH X e CHRONIC HEALTH

216

AVERAGE DAILY AMOUNT

**6000**

217 MAXIMUM DAILY AMOUNT

**12000**

218 ANNUAL WASTE AMOUNT

219 STATE WASTE CODE

220

UNITS\*

(Check one item only)

X a GALLONS b CUBIC FEET c POUNDS d TONS

221 DAYS ON SITE

365

222

STORAGE CONTAINER

X a ABOVE GROUND TANK b UNDERGROUND TANK c TANK INSIDE BUILDING d STEEL DRUM e PLASTIC/NONMETALLIC DRUM f CAN g CARBOY h SILO i FIBER DRUM j BAG k BOX l CYLINDER m GLASS BOTTLE n PLASTIC BOTTLE o TOTE BIN p TANK WAGON

223

STORAGE PRESSURE

X a AMBIENT b ABOVE AMBIENT c BELOW AMBIENT

224

STORAGE TEMPERATURE

X a AMBIENT b ABOVE AMBIENT c BELOW AMBIENT d CRYOGENIC

225

%WT

HAZARDOUS COMPONENT (For mixture or waste only)

EHS

CAS#

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
1 100	226 GASOLINE	227 Yes X No	228 8006-61-9
2 1-9	230 TOLUENE	231 Yes X No	232 108-88-3
3 1-14	234 XYLENES	235 Yes X No	236 1330-20-7
4 1-5	238 1,2,4-TRIMETHYL BENZENE	239 Yes X No	240 95-63-6
5 1-5	242 Ethyl Benzene	243 Yes X No	244 100-41-4

If more hazardous components are present at greater than 1% by weight if non-carcinogenic or 0.1% by weight if carcinogenic attach additional sheets of paper capturing the required information

ADDITIONAL LOCALLY COLLECTED INFORMATION

246

DOT Hazard Class: FL

If EPCRA, Please Sign Here

**UNIFIED PROGRAM CONSOLIDATED FOR  
HAZARDOUS MATERIALS  
HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

One page per material per building or area)

ADD                      DELETE                      X REVISE                      200                      Page                      of

**I. FACILITY INFORMATION**

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 256115 3  
**El Camino 76 #256115**  
 CHEMICAL LOCATION CHEMICAL LOCATION CONFIDENTIAL EPCRA 202  
**IN SERVICE BAY** YES      X NO

FACILITY ID# 1 MAP# 203 GRID# 204  
 (Agency Use Only) 1 A

**II. CHEMICAL INFORMATION**

CHEMICAL NAME 205 TRADE SECRET Yes X No 206  
**PETROLEUM HYDROCARBON** If Subject to EPCRA, refer to instructions  
 COMMON NAME 207 EHS Yes X No 208  
**MOTOR OIL (All Grades)**  
 CAS# 209 If EHS is "Yes", all amounts below must be in lbs  
 64742-65-0

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210  
**III-B COMBUSTIBLE**

HAZARD MATERIAL TYPE (Check one item) 211 RADIOACTIVE Yes X No 212 CURIES 213  
 a PURE  b MIXTURE c WASTE

PHYSICAL STATE (Check one item only) 214 LARGEST CONTAINER 240 215  
 a SOLID  b LIQUID c GAS

FED HAZARD CATEGORIES (Check all that apply) 216  
 a FIRE      b REACTIVE      c PRESSURE RELEASE      d ACUTE HEALTH       e CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217 MAXIMUM DAILY AMOUNT 218 ANNUAL WASTE AMOUNT 219 STATE WASTE CODE 220  
**100**                      **300**

UNITS\* (Check one item only) 221 DAYS ON SITE 365 222  
 a GALLONS      b CUBIC FEET      c POUNDS      d TONS

STORAGE CONTAINER 223  
 a ABOVE GROUND TANK      e PLASTIC/NONMETALLIC DRUM      i FIBER DRUM      m GLASS BOTTLE      o RAIL CAR  
 b UNDERGROUND TANK      f CAN      j BAG      n PLASTIC BOTTLE      p OTHER  
 c TANK INSIDE BUILDING      g CARBOY      k BOX      o TOTE BIN  
 d STEEL DRUM      h SILO      l CYLINDER      p TANK WAGON

STORAGE PRESSURE 224  
 a AMBIENT      b ABOVE AMBIENT      c BELOW AMBIENT

STORAGE TEMPERATURE 225  
 a AMBIENT      b ABOVE AMBIENT      c BELOW AMBIENT      d CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
1 80-85	226 LUBRICATING BASE OIL	227 Yes X No	228 Various 229
2 1	230 Zinc Compound	231 Yes X No	232 Proprietary 233
3 15-20	234 Additives	235 Yes X No	236 Proprietary 237
4	238	239 Yes X No	240 241
5	242	243 Yes X No	244 245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic or 0.1% by weight if carcinogenic attach additional sheets of paper capturing the required information

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

DOT Hazard Class: CL

If EPCRA, Please Sign Here

HAZARDOUS MATERIALS

**HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

One page per material per building or area)

ADD                      DELETE                      X REVISE                      200                      Page                      of

**I. FACILITY INFORMATION**

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 256115 3  
**El Camino 76 #256115**  
 CHEMICAL LOCATION CHEMICAL LOCATION CONFIDENTIAL EPCRA 202  
**IN SERVICE BAY** YES      X NO  
 FACILITY ID# 1 MAP# 203 GRID# 204  
 (Agency Use Only) I B

**II. CHEMICAL INFORMATION**

CHEMICAL NAME 205 TRADE SECRET Yes X No 206  
**GLYCOLS** If Subject to EPCRA, refer to instructions  
 COMMON NAME 207 EHS Yes X No 208  
**ANTIFREEZE/COOLANT**  
 CAS# 209 If EHS is "Yes", all amounts below must be in lbs  
**107-21-1**  
 FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210  
**Combustible 3B**

HAZARD MATERIAL TYPE (Check one item) 211 RADIOACTIVE Yes X No 212 CURIES 213  
 a PURE  b MIXTURE  c WASTE

PHYSICAL STATE (Check one item only) 214 LARGEST CONTAINER 110 215  
 a SOLID  b LIQUID  c GAS

FED HAZARD CATEGORIES (Check all that apply) 216  
 a FIRE  b REACTIVE  c PRESSURE RELEASE  d ACUTE HEALTH  e CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217 MAXIMUM DAILY AMOUNT 218 ANNUAL WASTE AMOUNT 219 STATE WASTE CODE 220  
**55** 110

UNITS\* (Check one item only) 221 DAYS ON SITE 365 222  
 X a GALLONS  b CUBIC FEET  c POUNDS  d TONS

STORAGE CONTAINER 223  
 a ABOVE GROUND TANK  b UNDERGROUND TANK  c TANK INSIDE BUILDING  d STEEL DRUM   
 e PLASTIC/NONMETALLIC DRUM  f CAN  g CARBOY  h SILO   
 i FIBER DRUM  j BAG  k BOX  l CYLINDER   
 m GLASS BOTTLE  n PLASTIC BOTTLE  o RAIL CAR  p OTHER  q TOTE BIN  r TANK WAGON

STORAGE PRESSURE 224  
 X a AMBIENT  b ABOVE AMBIENT  c BELOW AMBIENT

STORAGE TEMPERATURE 225  
 X a AMBIENT  b ABOVE AMBIENT  c BELOW AMBIENT  d CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
1 50	226 ETHYLENE GLYCOL	227 Yes X No	228 107-21-1
2 0-5	230 Diethylene Glycol	231 Yes X No	232 111-46-6
3	234	235 Yes X No	236
4	238	239 Yes X No	240
5	242	243 Yes X No	244

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

DOT Hazard Class **NOS**

If EPCRA, Please Sign Here

**UNIDOC PROGRAM CONSOLIDATED FORM**

**HAZARDOUS MATERIALS**

**HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

One page per material per building or area

ADD                      DELETE                      X REVISE                      200                      Page                      of

**I. FACILITY INFORMATION**

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 256115 3  
**El Camino 76 #256115**

CHEMICAL LOCATION CHEMICAL LOCATION CONFIDENTIAL EPCRA 202  
**FRONT OF BUILDING** YES      X NO

FACILITY ID# 1 MAP# 203 GRID# 204  
 (Agency Use Only) I E

**II. CHEMICAL INFORMATION**

CHEMICAL NAME 205 TRADE SECRET Yes X No 206  
**Propane** If Subject to EPCRA refer to instructions

COMMON NAME 207 EHS Yes X No 208  
**PROPANE**

CAS# 209 If EHS is "Yes", all amounts below must be in lbs  
**74-98-6**

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210  
**Flammable Gas**

HAZARD MATERIAL TYPE (Check one item) 211 RADIOACTIVE Yes X No 212 CURIES 213  
 a PURE  b MIXTURE c WASTE

PHYSICAL STATE (Check one item only) 214 LARGEST CONTAINER 5 215  
 a SOLID  b LIQUID c GAS

FED HAZARD CATEGORIES (Check all that apply) 216  
 a FIRE  b REACTIVE  c PRESSURE RELEASE  d ACUTE HEALTH  e CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217 MAXIMUM DAILY AMOUNT 218 ANNUAL WASTE AMOUNT 219 STATE WASTE CODE 220  
**40** 60

UNITS\* (Check one item only) 221 DAYS ON SITE 365 222  
 a GALLONS  b CUBIC FEET  c POUNDS  d TONS  
 if EHS, amount must be in pounds

STORAGE CONTAINER 223  
 a ABOVE GROUND TANK e PLASTIC/NONMETALLIC DRUM i FIBER DRUM m GLASS BOTTLE o RAIL CAR  
 b UNDERGROUND TANK f CAN j BAG n PLASTIC BOTTLE p OTHER  
 c TANK INSIDE BUILDING g CARBOY k BOX o TOTE BIN  
 d STEEL DRUM h SILO X l CYLINDER p TANK WAGON

STORAGE PRESSURE 224  
 a AMBIENT  b ABOVE AMBIENT  c BELOW AMBIENT

STORAGE TEMPERATURE 225  
 a AMBIENT  b ABOVE AMBIENT  c BELOW AMBIENT  d CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
1 >65	226 PROPANE	227 Yes X No	228 74-98-6
2 <35	230 Propylene	231 Yes X No	232 115-07-1
3 <6	234 Ethane	235 Yes X No	236 74-84-0
4 <5	238 Total Butanes	239 Yes X No	240 78-28-5
5 <0.1	242 Ethyle Mercaptan	243 Yes X No	244 75-08-1

If more hazardous components are present at greater than 1% by weight if non carcinogenic or 0.1% by weight if carcinogenic attach additional sheets of paper capturing the required information

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

DOT Hazard Class **FG**

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**UNIDOC PROGRAM CONSOLIDATED FORM**

**HAZARDOUS MATERIALS**

**HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

One page per material per building or area)

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**I. FACILITY INFORMATION**

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

**El Camino 76 #256115**

256115

3

CHEMICAL LOCATION

**SOUTH SIDE OF SERV BLDG**

CHEMICAL LOCATION CONFIDENTIAL EPCRA

202

YES X NO

FACILITY ID#

(Agency Use Only)

1 MAP#

203 GRID#

204

1

D

**II. CHEMICAL INFORMATION**

CHEMICAL NAME

**PETROLEUM HYDROCARBON**

205 TRADE SECRET

Yes X No

206

If Subject to EPCRA, refer to instructions

COMMON NAME

**USED MOTOR OIL**

207

EHS

Yes X No

208

CAS#

**8002-05-9**

209

If EHS is "Yes", all amounts below must be in lbs

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)

**III-B COMBUSTIBLE**

210

HAZARD MATERIAL TYPE (Check one item)

a PURE b MIXTURE  c WASTE

211 RADIOACTIVE

Yes X No

212

CURIES

213

PHYSICAL STATE (Check one item only)

a SOLID  b LIQUID c GAS

214 LARGEST CONTAINER

520

215

FED HAZARD CATEGORIES (Check all that apply)

a FIRE b REACTIVE c PRESSURE RELEASE d ACUTE HEALTH  e CHRONIC HEALTH

216

AVERAGE DAILY AMOUNT

**250**

217 MAXIMUM DAILY AMOUNT

**520**

218 ANNUAL WASTE AMOUNT

3000

219 STATE WASTE CODE

221

220

UNITS\*

(Check one item only)

a GALLONS b CUBIC FEET c POUNDS

d TONS

221 DAYS ON SITE

365

222

STORAGE CONTAINER

a ABOVE GROUND TANK  
 b UNDERGROUND TANK  
c TANK INSIDE BUILDING  
d STEEL DRUM

e PLASTIC/NONMETALLIC DRUM  
f CAN  
g CARBOY  
h SILO

i FIBER DRUM  
j BAG  
k BOX  
l CYLINDER

m GLASS BOTTLE  
n PLASTIC BOTTLE  
o TOTE BIN  
p TANK WAGON

o RAIL CAR  
p OTHER

223

STORAGE PRESSURE

a AMBIENT b ABOVE AMBIENT c BELOW AMBIENT

224

STORAGE TEMPERATURE

a AMBIENT b ABOVE AMBIENT c BELOW AMBIENT d CRYOGENIC

225

%WT

HAZARDOUS COMPONENT (For mixture or waste only)

EHS

CAS#

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
1 100%	226 MOTOR OIL, USED	227 Yes X No	228 8002-05-9
2	230	231 Yes X No	232
3	234	235 Yes X No	236
4	238	239 Yes X No	240
5	242	243 Yes X No	244

If more hazardous components are present at greater than 1% by weight if non-carcinogenic or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information

ADDITIONAL LOCALLY COLLECTED INFORMATION

246

DOT Hazard Class: FL

If EPCRA, Please Sign Here

**HAZARDOUS MATERIALS**

**HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

One page per material per building or area

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**I. FACILITY INFORMATION**

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

**El Camino 76 #256115**

256115

3

CHEMICAL LOCATION

**IN SERVICE BAY**

CHEMICAL LOCATION CONFIDENTIAL EPCRA

YES X NO

202

FACILITY ID#

(Agency Use Only)

1 MAP#

I

203 GRID#

C

204

**II. CHEMICAL INFORMATION**

CHEMICAL NAME

**PETROLEUM HYDROCARBON**

205 TRADE SECRET Yes X No

If Subject to EPCRA refer to instructions

206

COMMON NAME

**USED OIL FILTERS**

207 EHS Yes X No

208

CAS#

**8002-05-9**

209 If EHS is "Yes", all amounts below must be in lbs

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)

**III-B COMBUSTIBLE**

210

HAZARD MATERIAL TYPE (Check one item)

a PURE b MIXTURE  c WASTE

211 RADIOACTIVE Yes X No

212 CURIES

213

PHYSICAL STATE (Check one item only)

a SOLID b LIQUID c GAS

214 LARGEST CONTAINER 200

215

FED HAZARD CATEGORIES (Check all that apply)

a FIRE b REACTIVE c PRESSURE RELEASE d ACUTE HEALTH  e CHRONIC HEALTH

216

AVERAGE DAILY AMOUNT

**30**

217 MAXIMUM DAILY AMOUNT

**50**

218 ANNUAL WASTE AMOUNT

600

219 STATE WASTE CODE

223

220

UNITS\*

(Check one item only)

a GALLONS b CUBIC FEET  c POUNDS

d TONS

221 DAYS ON SITE 365

222

STORAGE CONTAINER

a ABOVE GROUND TANK e PLASTIC/NONMETALLIC DRUM i FIBER DRUM m GLASS BOTTLE o RAIL CAR  
 b UNDERGROUND TANK f CAN j BAG n PLASTIC BOTTLE p OTHER  
 c TANK INSIDE BUILDING g CARBOY k BOX o TOTE BIN  
 d STEEL DRUM h SILO l CYLINDER p TANK WAGON

223

STORAGE PRESSURE

a AMBIENT b ABOVE AMBIENT c BELOW AMBIENT

224

STORAGE TEMPERATURE

a AMBIENT b ABOVE AMBIENT c BELOW AMBIENT d CRYOGENIC

225

%WT

HAZARDOUS COMPONENT (For mixture or waste only)

EHS

CAS#

	%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
1	100%	226 USED OIL FILTERS	227 Yes X No	228 8002-05-9
2		230 USED OIL	231 Yes X No	232 8002-05-9
3		234	235 Yes X No	236
4		238	239 Yes X No	240
5		242	243 Yes X No	244

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information

ADDITIONAL LOCALLY COLLECTED INFORMATION

246

DOT Hazard Class: FL

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HAZARDOUS MATERIALS

HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION

One page per material per building or area

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I. FACILITY INFORMATION

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

**El Camino 76 #256115**

256115

3

CHEMICAL LOCATION

**IN SERVICE BAY**

CHEMICAL LOCATION CONFIDENTIAL EPCRA

YES X NO

202

FACILITY ID#

(Agency Use Only)

1 MAP#

203 GRID#

204

1

C

II. CHEMICAL INFORMATION

CHEMICAL NAME

**GLYCOLS**

205 TRADE SECRET

Yes X No

206

If Subject to EPCRA refer to instructions

COMMON NAME

**USED ANTIFREEZE**

207

EHS

Yes X No

208

CAS#

**107-21-1**

209

If EHS is "Yes", all amounts below must be in lbs

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)

III-B COMBUSTIBLE

210

HAZARD MATERIAL TYPE (Check one item)

a PURE b MIXTURE  c WASTE

211 RADIOACTIVE

Yes X No

212

CURIES

213

PHYSICAL STATE (Check one item only)

a SOLID  b LIQUID c GAS

214 LARGEST CONTAINER

110

215

FED HAZARD CATEGORIES (Check all that apply)

a FIRE b REACTIVE c PRESSURE RELEASE  d ACUTE HEALTH X e CHRONIC HEALTH

216

AVERAGE DAILY AMOUNT

**55**

217 MAXIMUM DAILY AMOUNT

**110**

218 ANNUAL WASTE AMOUNT

110

219 STATE WASTE CODE

343

220

UNITS\*

(Check one item only)

X a GALLONS b CUBIC FEET c POUNDS

d TONS

221 DAYS ON SITE

365

222

STORAGE CONTAINER

a ABOVE GROUND TANK  e PLASTIC/NONMETALLIC DRUM i FIBER DRUM m GLASS BOTTLE o RAIL CAR  
 b UNDERGROUND TANK f CAN j BAG n PLASTIC BOTTLE p OTHER  
 c TANK INSIDE BUILDING g CARBOY k BOX o TOTE BIN  
 d STEEL DRUM h SILO l CYLINDER p TANK WAGON

223

STORAGE PRESSURE

X a AMBIENT b ABOVE AMBIENT c BELOW AMBIENT

224

STORAGE TEMPERATURE

X a AMBIENT b ABOVE AMBIENT c BELOW AMBIENT d CRYOGENIC

225

%WT

HAZARDOUS COMPONENT (For mixture or waste only)

EHS

CAS#

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
1 50	226 ETHYLENE GLYCOL	227 Yes X No	228 107-21-1
2 50	230 WATER	231 Yes X No	232 7732-18-5
3	234	235 Yes X No	236
4	238	239 Yes X No	240
5	242	243 Yes X No	244

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic attach additional sheets of paper capturing the required information

ADDITIONAL LOCALLY COLLECTED INFORMATION

246

DOT Hazard Class. **NOS**

If EPCRA, Please Sign Here

HAZARDOUS MATERIALS

HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION

One page per material per building or area

ADD DELETE X REVISE 200 Page of

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 256115 3  
**El Camino 76 #256115**

CHEMICAL LOCATION IN SERVICE BAY CHEMICAL LOCATION CONFIDENTIAL EPCRA 202  
 YES X NO

FACILITY ID# 1 MAP# 203 GRID# 204  
 (Agency Use Only) 1 C

II. CHEMICAL INFORMATION

CHEMICAL NAME LEAD ACID BATTERY 205 TRADE SECRET Yes X No 206  
 If Subject to EPCRA refer to instructions

COMMON NAME WASTE BATTERIES 207 EHS Yes X No 208

CAS# 7664-93-9 209 If EHS is "Yes", all amounts below must be in lbs

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) CORROSSIVE 210

HAZARD MATERIAL TYPE (Check one item) a PURE b MIXTURE X c WASTE 211 RADIOACTIVE Yes X No 212 CURIES 213

PHYSICAL STATE (Check one item only) a SOLID X b LIQUID c GAS 214 LARGEST CONTAINER 1 215

FED HAZARD CATEGORIES (Check all that apply) a FIRE X b REACTIVE c PRESSURE RELEASE X d ACUTE HEALTH e CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT .5 217 MAXIMUM DAILY AMOUNT 10 218 ANNUAL WASTE AMOUNT 100 219 STATE WASTE CODE 162 220

UNITS\* X a GALLONS b CUBIC FEET c POUNDS d TONS 221 DAYS ON SITE 365 222  
 (Check one item only) if EHS, amount must be in pounds

STORAGE CONTAINER a ABOVE GROUND TANK e PLASTIC/NONMETALLIC DRUM i FIBER DRUM m GLASS BOTTLE o RAIL CAR  
 b UNDERGROUND TANK f CAN j BAG n PLASTIC BOTTLE X p OTHER  
 c TANK INSIDE BUILDING g CARBOY k BOX o TOTE BIN  
 d STEEL DRUM h SILO l CYLINDER p TANK WAGON 223

STORAGE PRESSURE X a AMBIENT b ABOVE AMBIENT c BELOW AMBIENT 224

STORAGE TEMPERATURE X a AMBIENT b ABOVE AMBIENT c BELOW AMBIENT d CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
1 35%	226 SULFURIC ACID (35%)	227 Yes X No	228 7664-93-9 229
2 34%	230 LEAD	231 Yes X No	232 7439-92-1 233
3 31%	234 LEAD DIOXIDE	235 Yes X No	236 1309-60-0 237
4 1%	238 LEAD SULFATE	239 Yes X No	240 7446-14-2 241
5	242	243 Yes X No	244 245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

DOT Hazard Class: COR

If EPCRA, Please Sign Here

# Emergency Response/Contingency Plan (Hazardous Materials Business Plan Module)

Authority Cited H&SC, Section 25504(b), Title 22, Div 4 5, Ch 12, Art 3 CCR

Page \_\_\_\_ of \_\_\_\_

All facilities that handle hazardous materials in specified quantities must have a written emergency response plan. In addition, facilities that generate 1,000 kilograms or more of hazardous waste per month, or accumulate more than 6,000 kilograms of hazardous waste on-site at any one time, must prepare a contingency plan. Because the requirements are similar, they have been combined in a single document, provided below, for your convenience. This plan is a required module of the Hazardous Materials Business Plan (HMBP). **If you already have a plan that meets these requirements, you should not complete the blank plan, below, but you must include a copy of your existing plan as part of your HMBP.**

This site-specific Emergency Response/Contingency Plan is the facility's plan for dealing with emergencies and shall be implemented immediately whenever there is a fire, explosion, or release of hazardous materials that could threaten human health and/or the environment. **At least one copy of the plan shall be maintained at the facility for use in the event of an emergency and for inspection by the local agency.** Within Santa Clara County, hospitals and police agencies have delegated receipt of these plans to the local agencies administering Hazardous Materials Business Plans, so additional copies need not be submitted. However, a copy of the plan and any revisions must be provided to any contractor, hospital, or agency with whom special (i.e. contractual) emergency services arrangements have been made (see section 3, below)

### 1. Evacuation Plan:

- a The following alarm signal(s) will be used to begin evacuation of the facility (check all which apply)
  - Bells,  Horns/Sirens;  Verbal (i.e. shouting),  Other (specify) \_\_\_\_\_
- b  Evacuation map is prominently displayed throughout the facility

*Note: A properly completed HMBP Site Plan satisfies contingency plan map requirements. This drawing (or any other drawing that shows primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas) must be prominently posted throughout the facility in locations where it will be visible to employees and visitors.*

### 2. a. Emergency Contacts\*:

Fire/Police/Ambulance . . . . . Phone No **911**  
 State Office of Emergency Services . . . . . Phone No **(800) 852-7550**

### b. Post-Incident Contacts\*:

Fire Department Hazardous Materials Program . . . . . Phone No **408-918-3400**  
 Santa Clara County Hazardous Materials Compliance Division . . . . . Phone No **(408) 918-3400**  
 California EPA Department of Toxic Substances Control . . . . . Phone No **(510) 540-3739**  
 Cal-OSHA Division of Occupational Safety and Health . . . . . Phone No **(408) 452-7288**  
 Bay Area Air Quality Management District . . . . . Phone No **(415) 771-6000**  
 Regional Water Quality Control Board . . . . . Phone No **(510) 622-2300**

*\* These telephone numbers are provided as a general aid to emergency notification. Be advised that additional agencies may be required to be notified*

### c. Emergency Resources:

Poison Control Center . . . . . Phone No **(800) 876-4766**

Nearest Hospital: Name EL CAMINO HOSPITAL Phone No 650-940-7055

Address 2500 GRANT ROAD City MOUNTAIN VIEW

### 3. Arrangements With Emergency Responders:

If you have made special (i.e. contractual) arrangements with any police department, fire department, hospital, contractor, or State or local emergency response team to coordinate emergency services, describe those arrangements on the lines below

None

**4. Emergency Procedures:**

Emergency Coordinator Responsibilities.

- a Whenever there is an imminent or actual emergency situation such as a explosion, fire, or release, the emergency coordinator (*or his/her designee when the emergency coordinator is on call*) shall
  - i Identify the character, exact source, amount, and a real extent of any released hazardous materials
  - ii Assess possible hazards to human health or the environment that may result from the explosion, fire, or release This assessment must consider both direct and indirect effects (*e g the effects of any toxic, irritating, or asphyxiating gases that are generated, the effects of any hazardous surface water run-off from water or chemical agents used to control fire, etc*)
  - iii Activate internal facility alarms or communications systems, where applicable, to notify all facility personnel
  - iv Notify appropriate local authorities (*i e call 911*)
  - v Notify the State Office of Emergency Services at 1-800-852-7550
  - vi Monitor for leaks, pressure build-up, gas generation, or ruptures in valves, pipes, or other equipment shut down in response to the incident
  - vii Take all reasonable measures necessary to ensure that fires, explosions, and releases do not occur, recur, or spread to other hazardous materials at the facility
  
- b Before facility operations are resumed in areas of the facility affected by the incident, the emergency coordinator shall
  - i. Provide for proper storage and disposal of recovered waste, contaminated soil or surface water, or any other material that results from a explosion, fire, or release at the facility
  - ii Ensure that no material that is incompatible with the released material is transferred, stored, or disposed of in areas of the facility affected by the incident until cleanup procedures are completed
  - iii Ensure that all emergency equipment is cleaned, fit for its intended use, and available for use
  - iv Notify the California Environmental Protection Agency's Department of Toxic Substances Control, the County of Santa Clara's Hazardous Materials Compliance Division, and the local fire department's hazardous materials program that the facility is in compliance with requirements b-i and b-ii, above

Responsibilities of Other Personnel.

On a separate page, list any emergency response functions not covered in the "Emergency Coordinator Responsibilities" section, above. Next to each function, list the job title or name of each person responsible for performing the function Number the page(s) appropriately

**5. Post-Incident Reporting/Recording:**

The time, date, and details of any hazardous materials incident that requires implementation of this plan shall be noted in the facility's operating record

Within 15 days of any hazardous materials emergency incident or threatened hazardous materials emergency incident that triggers implementation of this plan, a written Emergency Incident Report, including, but not limited to a description of the incident and the facility's response to the incident, must be submitted to the California Environmental Protection Agency's Department of Toxic Substances Control, the County of Santa Clara's Hazardous Materials Compliance Division, and the local fire department's hazardous materials program The report shall include.

- a Name, address, and telephone number of the facility's owner/operator,
- b Name, address, and telephone number of the facility,
- c. Date, time, and type of incident (*e g fire, explosion, etc*);
- d Name and quantity of material(s) involved,
- e The extent of injuries, if any,
- f An assessment of actual or potential hazards to human health or the environment, where this is applicable,
- g Estimated quantity and disposition of recovered material that resulted from the incident,
- h Cause(es) of the incident,
- i Actions taken in response to the incident,
- j Administrative or engineering controls designed to prevent such incidents in the future

**6. Earthquake Vulnerability:** [19 CCR §2731(e)]

Identify any areas of the facility and mechanical or other systems that require immediate inspection or isolation because of their vulnerability to earthquake-related ground motion

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Tank Monitor Alarm, Pump Islands and Dispensers: Any Above Ground Storage containment or Hazardous Materials on site

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7. Emergency Equipment:

22 CCR, Section 66265.52(e) [as referenced by Section 66262.34(a)(4)] and the Hazardous Materials Storage Ordinance require that emergency equipment at the facility be listed. Completion of the following Emergency Equipment Inventory Table meets this requirement.

EMERGENCY EQUIPMENT INVENTORY TABLE

1. Equipment Category	2. Equipment Type	3. Locations *	4. Description**
Personal Protective, Equipment, Safety Equipment, and First Aid Equipment	<input type="checkbox"/> Cartridge Respirators		
	<input type="checkbox"/> Chemical Monitoring Equipment ( <i>describe</i> )		
	<input type="checkbox"/> Chemical Protective Aprons/Coats		
	<input type="checkbox"/> Chemical Protective Boots		
	<input checked="" type="checkbox"/> Chemical Protective Gloves	SERVICE BAY	Rubber Gloves
	<input type="checkbox"/> Chemical Protective Suits ( <i>describe</i> )		
	<input type="checkbox"/> Face Shields		
	<input checked="" type="checkbox"/> First Aid Kits/Stations ( <i>describe</i> )	1-IN SERVICE BAY STORE AREA	Standard first aid kit
	<input type="checkbox"/> Hard Hats		
	<input type="checkbox"/> Plumbed Eye Wash Stations		
	<input type="checkbox"/> Portable Eye Wash Kits ( <i>i.e. bottle type</i> )		
	<input type="checkbox"/> Respirator Cartridges ( <i>describe</i> )		
	<input checked="" type="checkbox"/> Safety Glasses/Splash Goggles	SERVICE BAY	Goggles
	<input type="checkbox"/> Safety Showers		
<input type="checkbox"/> Self-Contained Breathing Apparatuses (SCBA)			
<input type="checkbox"/> Other ( <i>describe</i> )			
Fire Extinguishing Systems	<input type="checkbox"/> Automatic Fire Sprinkler Systems		
	<input type="checkbox"/> Fire Alarm Boxes/Stations		
	<input checked="" type="checkbox"/> Fire Extinguisher Systems ( <i>describe</i> )	2-IN SERVICE BAY	Portable ABC Capability - 2A-20BC
	<input type="checkbox"/> Other ( <i>describe</i> )		
Spill	<input checked="" type="checkbox"/> Absorbents ( <i>describe</i> )	IN SERVICE BAY STORE AREA	Kitty Litter
Control Equipment and Decontamination Equipment	<input type="checkbox"/> Berms/Dikes ( <i>describe</i> )		
	<input type="checkbox"/> Decontamination Equipment ( <i>describe</i> )		
	<input type="checkbox"/> Emergency Tanks ( <i>describe</i> )		
	<input type="checkbox"/> Exhaust Hoods		
	<input type="checkbox"/> Gas Cylinder Leak Repair Kits ( <i>describe</i> )		
	<input type="checkbox"/> Neutralizers ( <i>describe</i> )		
	<input type="checkbox"/> Overpack Drums		
	<input type="checkbox"/> Sumps ( <i>describe</i> )		
	<input type="checkbox"/> Other ( <i>describe</i> )		
Communications and Alarm Systems	<input type="checkbox"/> Chemical Alarms ( <i>describe</i> )		
	<input type="checkbox"/> Intercoms/ PA Systems		
	<input type="checkbox"/> Portable Radios		
	<input checked="" type="checkbox"/> Telephones	throughout	See site map
	<input checked="" type="checkbox"/> Underground Tank Leak Detection Monitors	SERVICE BAY STORAGE AREA	Veeder Root
	<input type="checkbox"/> Other ( <i>describe</i> )		
Additional Equipment (Use Additional Pages if Needed)			

\* Use the Location Codes (LC) from the Storage Map(s) prepared earlier for your HMBP

\*\* Describe the equipment and its capabilities. If applicable, specify any testing/maintenance procedures/intervals. Attach additional pages, numbered appropriately, if needed.

# CONOCOPHILLIPS EMERGENCY RESPONSE PROCEDURES

256115

## MAJOR INCIDENT: FIRE, SPILL OR SUSPECTED LEAK

### MINOR INCIDENT: (less than 5 gallons)

1. **FIRES:** Extinguish with fire extinguisher Recharge fire extinguisher, if used
2. **SPILLS:** Clean up with absorbent materials on site and dispose of according to all regulations Use personal protective equipment (i.e. gloves, goggles) as necessary Have a fire extinguisher ready for spills of flammable materials Restock absorbent as necessary. See the Emergency Equipment Section for additional information
3. **MEDICAL:** Treat with on site first aid kit or take to nearest hospital. Employee training plan lists the nearest hospital.
4. **RECORD:** Record the event in the Daily Systems Inspection Form.
5. **NOTIFY:** The ConocoPhillips SolvOne Help Desk if the spill flows off site, enters a storm drain or contacts bare soil or groundwater

### MAJOR INCIDENT: (more than 5 gallons)

Any incident that can not be contained and cleaned up as part of the routine operations, should be considered a major release and use the following procedures.

1. **TURN OFF PUMPS** using the Emergency Pump Shut-Off Switch
2. **EVACUATE:** Verbally **ANNOUNCE** to all persons on the site "This is an emergency Please turn off your engines and leave the station on foot immediately All employees meet at the emergency assembly area."
3. **Call 9-1-1:** Give the following information:  
"THERE IS A FIRE/GASOLINE SPILL at the ConocoPhillips/76 service station at: 4350 El Camino Real  
If anyone is trapped or needs medical attention, tell the answering dispatcher Stay on the phone and be prepared to answer any questions concerning the situation
4. **ATTEMPT** to contain the spill if you can do it safely.
5. **LOOK AROUND** to ensure that everyone has left the station, particularly those in vehicles who may need assistance or may not have heard the emergency announcement. Assist or direct assistance to anyone having difficulty leaving the station are and anyone who may be injured
6. **REPORT** to arriving emergency response personnel to provide them with any information or assistance they might need. Immediately notify the SolveOne Help Desk

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## EMERGENCY PHONE NUMBERS

### EMERGENCY RESPONSE CONTRACTOR

ConocoPhillips SolveOne Help Desk, located in Portland, OR 1-866-215-0965

### CONOCOPHILLIPS STORE PERSONNEL

District Manager: Dave Hinds 800-831-2459  
Marketing HSE Specialist Julie Lee 510-245-5218

### FACILITY CONTACTS

Primary Greg Galatolo Dealer Day 650-941-0244  
24-hour 650-948-8302  
Secondary John Hollerbach Manager Day 650-941-0244  
24-hour 408-605-5984

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ConocoPhillips will notify the State and Local administering agencies within an appropriate time frame unless the situation requires urgent immediate response by the agencies, in which case the **Operator** should notify these agencies

a) **LOCAL AGENCY:** Santa Clara Co Dept. of Env Health  
**PHONE-NUMBER:** 408-918-3400

b) **CALIFORNIA OFFICE OF EMERGENCY SERVICES:** (800) 852-7550 or (916) 845-8911

c) **LOCAL POLICE AND FIRE DEPARTMENTS:** 9-1-1

d) **NATIONAL RESPONSE CENTER:** (800) 424-8802 (24-Hours)

## **Spill/Release Response Procedures for Propane**

The Propane used can be hazardous in the event of a spill or release, or if there is a fire at the facility. Propane is flammable, in the event of a fire; the container could explode violently due to the high heat of the fire.

Propane is an odorless, colorless, flammable gas. Often an odorant is added for fuel purposes. A release in a confined area may cause rapid breathing, diminished mental alertness, impaired muscular coordination, faulty judgement, depression of all sensations, emotional instability and fatigue. As asphyxiation progresses, nausea, vomiting and loss of consciousness may result.

### **Spill or Release:**

In the event of a release from the propane tank/cylinder, do the following:

1. Evacuate all personnel from the affected area.
2. Stay upwind of the release and out of low-lying areas.
3. Avoid breathing gases.
4. If the leak is in a container or valve, contact the propane supplier for assistance.
5. Ventilate the area before attempting to re-enter the area.
6. Do not enter the building until emergency personnel have notified you that it is safe.
7. Contact management using the emergency phone list procedure.

### **Fire:**

1. Follow the Fire and Explosion evacuation procedures.
2. Notify emergency personnel of the tank location.

### **Prevention Procedures:**

1. Store tank and/or cylinders with valve protection caps installed.
2. Tank and cylinders should be stored upright and firmly secured to prevent falling or being knocked over.
3. Containers should be stored in a cool, dry, well ventilated area away from sources of heat or ignition and direct sun light.
4. If you suspect any problems with the tank notify the supplier immediately to have the system inspected.

# Employee Training Plan

## (Hazardous Materials Business Plan Module)

Authority Cited H&SC, Section 25504(c), Title 22, Div 4 5, Ch 12, Art 3 CCR

Page \_\_\_\_\_ of \_\_\_\_\_

All facilities that handle hazardous materials must have a written employee training plan. This plan is a required module of the Hazardous Materials Business Plan (HMBP) A blank plan has been provided below for you to complete and submit if you do not already have such a plan **If you already have a training plan, you are not required to complete the blank plan, below, but you must include a copy of your existing plan as part of your HMBP.**

Check all boxes that apply. [Note Items marked with an asterisk (\*) are required ]:

### 1. Personnel are trained in the following procedures:

<input checked="" type="checkbox"/> Internal alarm/notification *
<input checked="" type="checkbox"/> Evacuation/re-entry procedures & assembly point locations*
<input checked="" type="checkbox"/> Emergency incident reporting
<input checked="" type="checkbox"/> External emergency response organization notification
<input checked="" type="checkbox"/> Location(s) and contents of Emergency Response/Contingency Plan
<input checked="" type="checkbox"/> Facility evacuation drills, which are conducted at least (specify) _____ Annual _____ (e g "Quarterly", etc )

### 2. Chemical Handlers are additionally trained in the following:

<input checked="" type="checkbox"/> Safe methods for handling and storage of hazardous materials *
<input checked="" type="checkbox"/> Location(s) and proper use of fire and spill control equipment
<input checked="" type="checkbox"/> Spill procedures/emergency procedures
<input checked="" type="checkbox"/> Proper use of personal protective equipment *
<input checked="" type="checkbox"/> Specific hazard(s) of each chemical to which they may be exposed, including routes of exposure (i e inhalation, ingestion, absorption) *
<input type="checkbox"/> Hazardous Waste Handlers/Managers are trained in all aspects of hazardous waste management specific to their job duties (e g container accumulation time requirements, labeling requirements, storage area inspection requirements, manifesting requirements, etc ) *

### 3. Emergency Response Team Members are capable of and engaged in the following

<input checked="" type="checkbox"/> Personnel rescue procedures
<input checked="" type="checkbox"/> Shutdown of operations
<input checked="" type="checkbox"/> Liaison with responding agencies
<input checked="" type="checkbox"/> Use, maintenance, and replacement of emergency response equipment
<input checked="" type="checkbox"/> Refresher training, which is provided at least annually *
<input checked="" type="checkbox"/> Emergency response drills, which are conducted at least (specify) _____ Annual _____ (e g "Quarterly", etc )

## EMPLOYEE TRAINING PLAN

Employees must be given this training before starting work, and refresher courses must be provided annually. Records must be kept to show when each station employee has been given his/her safety training. Use the following outline and make copies as needed. Have employee date and sign the attached training log upon completion of training. **Retain these records for a minimum of three years.**

All employees should review the Hazardous Material Plan, (this document). Specifically, each employee should understand the procedures to be used in responding to various kinds of emergencies, and know how to monitor the site for leaks of hazardous materials. As a supplement to this package, employees should also review and have access to the the Emergency Response Plan and the Materials Safety Data Sheets. Each employee must be drilled in all emergency response procedures contained herein.

### UTILITY SHUT-OFFS

- \* **PUMP SHUT-OFF:** This turns off the turbine pumps that provide flow to the dispensers from the underground storage tanks. Shut-off pumps in case of a leak to help prevent spills.  
Location: 1-NORTH EXT. BLDG. WALL, 1-STORAGE AREA
- \* **TANK MONITORING ALARM:** This is used to monitor the Underground Storage Tanks. This panel may indicate when a potential leak is detected by a visual and audible alarm.  
Location: SERVICE BAY STORAGE AREA
- \* **ELECTRICAL PANEL:** The panel allows you to selectively cut power to lights, signs, and pumps. The main switch allows you to cut-off all power at the site.  
Location: IN SERVICE BAY STORAGE AREA
- \* **WATER SHUT-OFF:** The water shut-off may be necessary in some cases.  
Location: IN SIDEWALK ALONG LOS ALTOS AVENUE
- \* **NATURAL GAS SHUT-OFF:** If your facility has natural gas, it may be necessary to shut-off the flow in case of an emergency.  
Location: NONE
- \* **PROPANE/LPG SHUT-OFF:**  
If your facility has propane or liquefied petroleum gas, be sure to turn off the manual valves and shut off the power to the dispensing pumps in case of a release or fire. Call your supplier or dial 9-1-1 as necessary.

### EMERGENCY EQUIPMENT

- \* **FIRE EXTINGUISHER:** Use only on small fires that you can contain. Do not attempt to extinguish large fires on your own, call 9-1-1 for help.  
Location: 2-IN SERVICE BAY
- \* **SPILL/ CLEAN UP KIT:**  
This can soak up small spills of gasoline, diesel fuel, or other petroleum products. Absorbent should be used rather than washing spills down a drain. In case of large spill, see the "Major Incident" section on the previous page.  
Location: IN SERVICE BAY STORE AREA
- \* **RESPONSE EQUIPMENT:** These items are to be used to prevent skin contact with hazardous materials.
  - Broom SERVICE BAY
  - Shovel: SERVICE BAY
  - Gloves. SERVICE BAY
  - Goggles SERVICE BAY
- \* **FIRST AID KIT:** Use for minor incidents and treatment.  
Location 1-IN SERVICE BAY STORE AREA
- \* **EVACUATION ASSEMBLY AREA:** All employees must know where to meet in the event of an emergency.  
Location: SOUTH SIDE OF SITE
- \* **ENVIRONMENTAL DOCUMENTS / HMMP MSDS SHEETS:**  
Location: SALES OFFICE

**EMPLOYEE TRAINING PLAN (con't)**

**MEDICAL FACILITIES:**

**PRIMARY FACILITY:**

EL CAMINO HOSPITAL  
2500 GRANT ROAD MOUNTAIN VIEW  
650-940-7055

**ALTERNATE FACILITY:**

STANFORD HOSPITAL  
300 PASTEUR DR PALO ALTO  
650-723-5111

**FIRST AID PROCEDURES** (for gasoline and/or diesel fuel). For further information, refer to the MSDS sheets

**EYE CONTACT:**

If irritation or redness develops, move victim away from exposure and into fresh air. Flush eyes with water clean water. If symptoms persist, seek medical attention immediately.

**SKIN CONTACT:**

Removing contaminated clothing and shoes, flush affected area(s) with large amounts of water. If skin is not damaged, proceed to cleanse the affected area with mild soap and water. If symptoms become worse, seek medical attention immediately.

**INHALATION (Breathing):**

Remove victim from source of exposure and into fresh air. If victim is not breathing, give artificial respiration and seek medical attention immediately.

**INGESTION (Swallowing):**

Aspiration Hazard. **DO NOT INDUCE VOMITING.**

do not give anything by mouth because it can enter the lungs and cause severe lung damage. If victim is drowsy or unconscious and vomiting, place on the left side with the head down. Seek medical attention immediately.

**FIRST AID FOR EXPOSURE TO OTHER MATERIALS:**

Consult the warning advice on container labels or refer to the Material Safety Data Sheet (MSDS) for that product

# Hazardous Materials Training Requirements

As the owner/operator of a business that handles hazardous materials, you must have the following

- \* A Hazard Communication Plan (also known as an Employee Right-to-Know Plan)
- \* The Hazardous Materials Management Plan Chemical Inventory, also known as the CA Business Emergency Plan)
- \* An Emergency Response Plan
- \* An Underground Storage Tank Monitoring and Response Plan
- \* A Release Reporting Plan

**Each of these plans requires employee training. Training must be documented by a written description of the topics covered and by a dated signature of the employees receiving the training. Annual refresher training is required. The introduction of new hazardous materials or changes in procedures requires immediate retraining. Training requirements that are common to more than one of these plans only need to be given once to satisfy all of the plans containing that requirement as long as the training addresses the concerns of each plan.**

- \* Training for the Hazard Communication Plan must include the following elements
- \* An overview of the requirements contained in the Hazard Communication Regulation and the worker's rights under the Regulation
- \* Locations of any operations in the work area where hazardous substances are present
- \* Location where a copy of the written Hazard Communication programs is made available to them
- \* How to read labels and Material Safety Data Sheets (MSDS) to obtain appropriate hazard information, including physical and health effects of hazardous substances in the work place
- \* How to detect the presence of or the release of hazardous substances in the work place
- \* How to minimize their exposure to these hazardous substances by proper use of engineering controls, work practices, and/or personal protective equipment (gloves, etc)
- \* Emergency and first aid procedures to follow if employees are exposed to hazardous substances

**Record keeping**  
(Hazardous Materials Business Plan Module)

Page \_\_\_\_ of \_\_\_\_

All facilities which handle hazardous materials must maintain records associated with their management. A summary of your record keeping procedures is a required module of the Hazardous Materials Business Plan (HMBP). A blank summary has been provided below for you to complete and submit if you do not already have such a document. **If you already have a brief written description of your hazardous materials record keeping systems which addresses all subjects covered below, you are not required to complete this page, but you must include a copy of your existing document as part of your HMBP.**

Check all boxes that apply. The following records are maintained at the facility. [Note Items marked with an asterisk (\*) are required ]:

<input checked="" type="checkbox"/> Current employees' training records (to be retained until closure of the facility) *
<input checked="" type="checkbox"/> Former employees' training records (to be retained at least three years after termination of employment) *
<input checked="" type="checkbox"/> Training Program(s) (i.e. written description of introductory and continuing training) *
<input checked="" type="checkbox"/> Current copy of this Emergency Response/Contingency Plan *
<input checked="" type="checkbox"/> Record of recordable/reportable hazardous material/waste releases *
<input checked="" type="checkbox"/> Record of hazardous material/waste storage area inspections *
<input checked="" type="checkbox"/> Record of hazardous waste tank daily inspections *
<input checked="" type="checkbox"/> Description and documentation of facility emergency response drills

Note The above list of records does not necessarily identify every type of record required to be maintained by the facility

**A copy of the Inspection Check Sheet(s) or Log(s) used in conjunction with required routine self-inspections of your facility must be submitted with your HMBP.** (Exception Available from you local agency is a Hazardous Materials/Waste Storage Area Inspection Form that you may use if you do not already have your own form If you use the example provided, you do not need to attach a copy )

Check the appropriate box

<input checked="" type="checkbox"/> We will use the "Hazardous Materials/Waste Storage Area Inspection Form" to document inspections
<input type="checkbox"/> We will use our own documents to record inspections (A blank copy of each document used must be attached to this HMBP.)



# Aboveground Separation, Containment, and Monitoring Plan

(Appendix to Hazardous Materials Business Plan)

Complete one column for each aboveground storage area shown on the Hazardous Materials Business Plan Storage Map(s) Write the appropriate location code in the box provided at the top of each column, then moving down the column, check all boxes which apply to that location Make additional copies of this page if needed

Location Code	B	C	E		
<b>Storage Type</b>	<input checked="" type="checkbox"/> Inside building <input type="checkbox"/> Outside storage shed <input type="checkbox"/> Outdoors	<input type="checkbox"/> Inside building <input type="checkbox"/> Outside storage shed <input checked="" type="checkbox"/> Outdoors	<input type="checkbox"/> Inside building <input type="checkbox"/> Outside storage shed <input checked="" type="checkbox"/> Outdoors	<input type="checkbox"/> Inside building <input type="checkbox"/> Outside storage shed <input type="checkbox"/> Outdoors	<input type="checkbox"/> Inside building <input type="checkbox"/> Outside storage shed <input type="checkbox"/> Outdoors
<b>Primary Containment</b>	<input checked="" type="checkbox"/> Original containers <input type="checkbox"/> Safety cans <input type="checkbox"/> Inside machinery <input checked="" type="checkbox"/> Drums/barrels <input type="checkbox"/> Pressure vessels <input type="checkbox"/> Bulk tanks <input type="checkbox"/> Aboveground piping <input type="checkbox"/> Other	<input type="checkbox"/> Original containers <input type="checkbox"/> Safety cans <input type="checkbox"/> Inside machinery <input checked="" type="checkbox"/> Drums/barrels <input type="checkbox"/> Pressure vessels <input type="checkbox"/> Bulk tanks <input type="checkbox"/> Aboveground piping <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Original containers <input type="checkbox"/> Safety cans <input type="checkbox"/> Inside machinery <input type="checkbox"/> Drums/barrels <input checked="" type="checkbox"/> Pressure vessels <input type="checkbox"/> Bulk tanks <input type="checkbox"/> Aboveground piping <input type="checkbox"/> Other	<input type="checkbox"/> Original containers <input type="checkbox"/> Safety cans <input type="checkbox"/> Inside machinery <input type="checkbox"/> Drums/barrels <input type="checkbox"/> Pressure vessels <input type="checkbox"/> Bulk tanks <input type="checkbox"/> Aboveground piping <input type="checkbox"/> Other	<input type="checkbox"/> Original containers <input type="checkbox"/> Safety cans <input type="checkbox"/> Inside machinery <input type="checkbox"/> Drums/barrels <input type="checkbox"/> Pressure vessels <input type="checkbox"/> Bulk tanks <input type="checkbox"/> Aboveground piping <input type="checkbox"/> Other
<b>Secondary Containment</b>	<input type="checkbox"/> Approved cabinets <input type="checkbox"/> Secondary drum <input type="checkbox"/> Tray <input type="checkbox"/> Bermed & coated floor <input type="checkbox"/> Tank vault <input type="checkbox"/> Secondary piping or piping trench <input type="checkbox"/> Other	<input type="checkbox"/> Approved cabinets <input type="checkbox"/> Secondary drum <input type="checkbox"/> Tray <input type="checkbox"/> Bermed & coated floor <input type="checkbox"/> Tank vault <input type="checkbox"/> Secondary piping or piping trench <input type="checkbox"/> Other	<input type="checkbox"/> Approved cabinets <input type="checkbox"/> Secondary drum <input type="checkbox"/> Tray <input type="checkbox"/> Bermed & coated floor <input type="checkbox"/> Tank vault <input type="checkbox"/> Secondary piping or piping trench <input type="checkbox"/> Other	<input type="checkbox"/> Approved cabinets <input type="checkbox"/> Secondary drum <input type="checkbox"/> Tray <input type="checkbox"/> Bermed & coated floor <input type="checkbox"/> Tank vault <input type="checkbox"/> Secondary piping or piping trench <input type="checkbox"/> Other	<input type="checkbox"/> Approved cabinets <input type="checkbox"/> Secondary drum <input type="checkbox"/> Tray <input type="checkbox"/> Bermed & coated floor <input type="checkbox"/> Tank vault <input type="checkbox"/> Secondary piping or piping trench <input type="checkbox"/> Other
<b>Separation</b>	<input checked="" type="checkbox"/> All materials compatible <input type="checkbox"/> One-hour separation wall/partition <input type="checkbox"/> Separation by at least 20 feet <input type="checkbox"/> Approved cabinets <input type="checkbox"/> Other	<input checked="" type="checkbox"/> All materials compatible <input type="checkbox"/> One-hour separation wall/partition <input type="checkbox"/> Separation by at least 20 feet <input type="checkbox"/> Approved cabinets <input type="checkbox"/> Other	<input checked="" type="checkbox"/> All materials compatible <input type="checkbox"/> One-hour separation wall/partition <input type="checkbox"/> Separation by at least 20 feet <input type="checkbox"/> Approved cabinets <input type="checkbox"/> Other	<input type="checkbox"/> All materials compatible <input type="checkbox"/> One-hour separation wall/partition <input type="checkbox"/> Separation by at least 20 feet <input type="checkbox"/> Approved cabinets <input type="checkbox"/> Other	<input type="checkbox"/> All materials compatible <input type="checkbox"/> One-hour separation wall/partition <input type="checkbox"/> Separation by at least 20 feet <input type="checkbox"/> Approved cabinets <input type="checkbox"/> Other
<b>Monitoring Type</b>	<input checked="" type="checkbox"/> Visual <input type="checkbox"/> Automatic sensors <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Visual <input type="checkbox"/> Automatic sensors <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Visual <input type="checkbox"/> Automatic sensors <input type="checkbox"/> Other	<input type="checkbox"/> Visual <input type="checkbox"/> Automatic sensors <input type="checkbox"/> Other	<input type="checkbox"/> Visual <input type="checkbox"/> Automatic sensors <input type="checkbox"/> Other
<b>Monitoring Frequency</b>	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Continuous <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Continuous <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Continuous <input type="checkbox"/> Other	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Continuous <input type="checkbox"/> Other	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Continuous <input type="checkbox"/> Other

In the space provided below, describe the location, type, manufacturer's specifications (if applicable) and suitability of any monitoring methods used other than visual monitoring Attach additional pages is needed

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**John W. Johnson**  
Co-President  
Architect

March 03, 2006

**Brian F. Zita**  
Co-President  
Architect

Santa Clara Co Dept of Env. Health  
Greg Breshears  
1555 Berger Dr , Ste 300  
San Jose, CA 95112-2716

**John B. Hicks**  
Vice President

**HAZARDOUS MATERIALS MANAGEMENT PLANS FOR  
CONOCOPHILLIPS / KAYO OIL**

*Regional Managers*

**Brad A. Gubser**

Dear Greg Breshears:

**Jesse E. Macias**

Enclosed please find the Hazardous Material Management Plans, HMMP(s), for the **ConocoPhillips/Kayo Oil** station(s) as listed on the attached sheet

**Roy W. Pedro**

**Alan K. Shimabukuro**

These inventories and HMMP(s) are being submitted for your review and approval

**John W. Strobel**

If there are any further correspondence or invoices related to these submissions, please direct them to the local Marketing HSE Specialist in your region

Northern California  
Marketing HSE Specialist  
ConocoPhillips  
1380 San Pablo Avenue  
Rodeo, CA 94572

Southern California  
Marketing HSE Specialist  
ConocoPhillips  
3611 Harbor Blvd  
Santa Ana, CA 92704

SANTA CLARA COUNTY  
DEPT OF ENVIRONMENTAL HEALTH  
2006 MAR -6 AM 8:47

Established 1966

Sincerely,

**RHL DESIGN GROUP, INC.**

Environmental Department

*Offices*

ANAHEIM, CA

BELLEVUE, WA

CAMAS, WA

DENVER, CO

MARTINEZ, CA

PETALUMA, CA

ROSEVILLE, CA

SCOTTSDALE, AZ

Enclosure

255957

✓ 1065

Los Altos 76 # 255957  
330 South San Antonio Rd  
Los Altos, CA 94022

256115

✓

1065

El Camino 76 #256115  
4350 El Camino Real  
Los Altos, CA 94022

2611212

✓

1065

Saratoga 76 #2611212  
14395 Big Basin Way  
Saratoga, CA 95070

DRAFT

# HAZARDOUS MATERIALS BUSINESS PLAN CERTIFICATION FORM

For Use By All Jurisdictions Within the County of Santa Clara  
Authority Cited H&SC, 25503 3(c)

2006 MAR -6 AM 8:48

To: Agency Name: Santa Clara Co. Dept. of Env. Health  
Agency Mailing Address: 1555 Berger Dr., Ste 300  
San Jose, CA 95112-2716

Pursuant to Section 25503.3(c) of California Health and Safety Code (H&SC), the Hazardous Materials Business Plan (HMBP) certification described below is hereby submitted for the following facility:

Facility Name: El Camino 76 #256115  
Facility Street Address: 4350 El Camino Real City: Los Altos  
Date of Current HMBP: 2/15/2004.

I certify that: (Check the appropriate box.)

- I have personally reviewed the Hazardous Materials Business Plan currently on file with your agency and certify that the HMBP is complete and accurate. (See bottom of page for details.) or
- Revisions to the Hazardous Materials Business Plan are necessary. The HMBP as revised is being implemented. A copy of the revisions is enclosed with this Certification.

**OWNER/OPERATOR CERTIFICATION:** I hereby certify under penalty of law that, based upon my inquiry of those individuals responsible for obtaining the information reported above, I believe that the submitted information is true, accurate, and complete. I understand that a revised HMBP must be submitted within 30 days of any change in this facility's storage or handling of hazardous materials which would require updating of the HMBP.

Name of Owner/Operator (Print): x Greg GALATOLD Title: x DEALER  
Signature of Owner/Operator: [Signature] Date: x 2/29/06

By checking the upper box on this form, you are certifying that.

- The information contained in the HMBP most recently submitted is complete, accurate, and up-to-date, and
- There has been no change in the quantity of any hazardous material as reported in the most recently submitted Hazardous Materials Inventory forms, and
- The facility has not begun handling any hazardous material in a HMBP reportable quantity which is not currently listed in the Hazardous Materials Inventory; and
- The HMBP most recently submitted HMBP contains the information required by Section 11022 of Title 42 of the United States Code, and
- There have been no substantial changes in the facility's hazardous materials operations which would require revision of the current HMBP

*To ICCFA 4-10-06*

**BUSINESS OWNER/OPERATOR IDENTIFICATION**

Page 2 of 2

**I. IDENTIFICATION**

FACILITY ID#		1	BEGINNING DATE	100	ENDING DATE	101
			01/01/2006		12/31/2006	
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)	3			BUSINESS PHONE	102	
El Camino 76 #256115				650-941-0244		
BUSINESS SITE ADDRESS						103
4350 El Camino Real						
CITY	104	CA	ZIP CODE	105		
Los Altos			94022			
DUN BRADSTREET	106	SIC CODE (4 digit #)		107		
00-136-8265		5541				
COUNTY	108					
Santa Clara						
BUSINESS OPERATOR NAME	109	BUSINESS OPERATOR PHONE		110		
Greg Galatolo		650-941-0244				

**II. BUSINESS OWNER**

OWNER NAME	111	OWNER PHONE	112		
Greg Galatolo		650-941-0244			
OWNER MAILING ADDRESS	113				
4350 El Camino Real					
CITY	114	STATE	115	ZIP CODE	116
Los Altos		CA		94022	

**III. ENVIRONMENTAL CONTACT**

CONTACT NAME	117	CONTACT PHONE	118		
Julie Lee ConocoPhillips - HSE Specialist		510-245-5218			
CONTACT MAILING ADDRESS	119				
1380 San Pablo Avenue					
CITY	120	STATE	121	ZIP CODE	122
Rodeo		CA		94572	

**PRIMARY****IV. EMERGENCY CONTACTS****SECONDARY**

NAME	123	NAME	128		
Greg Galatolo		Jim Reed			
TITLE	124	TITLE	129		
Dealer		Manager			
BUSINESS PHONE	125	BUSINESS PHONE	130		
650-941-0244		650-941-0244			
24-HOUR PHONE	126	24-HOUR PHONE	131		
650-948-8302		408-736-0204			
PAGER#	127	PAGER#	132		
650-948-4771					

## ADDITIONAL LOCALLY COLLECTED INFORMATION

Property Owner: ConocoPhillips Phone No.: 281-293-1000  
 Billing Address 600 North Dairy Ashford, TR1032A, Houston, TX 77079

Certification Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	134	NAME OF DOCUMENT PREPARER	135	
<i>[Signature]</i>	2-24-06		RHL DESIGN GROUP, INC - ENVIRONMENTAL DEPT		
NAME OF SIGNER (print)	136	TITLE OF SIGNER	137		
Greg Galatolo		DEALER			

**CONOCOPHILLIPS EMERGENCY RESPONSE PROCEDURES**

256115

**MAJOR INCIDENT: FIRE, SPILL OR SUSPECTED LEAK**

**MINOR INCIDENT: (less than 5 gallons)**

1. **FIRES:** Extinguish with fire extinguisher. Recharge fire extinguisher, if used
2. **SPILLS:** Clean up with absorbent materials on site and dispose of according to all regulations. Use personal protective equipment (i.e. gloves, goggles) as necessary. Have a fire extinguisher ready for spills of flammable materials. Restock absorbent as necessary. See the Emergency Equipment Section for additional information.
3. **MEDICAL:** Treat with on site first aid kit or take to nearest hospital. Employee training plan lists the nearest hospital.
4. **RECORD:** Record the event in the Daily Systems Inspection Form.
5. **NOTIFY:** The ConocoPhillips SolvOne Help Desk if the spill flows off site, enters a storm drain or contacts bare soil or groundwater.

**MAJOR INCIDENT: (more than 5 gallons)**

Any incident that can not be contained and cleaned up as part of the routine operations, should be considered a major release and use the following procedures.

1. **TURN OFF PUMPS** using the Emergency Pump Shut-Off Switch.
2. **EVACUATE:** Verbally **ANNOUNCE** to all persons on the site: "This is an emergency. Please turn off your engines and leave the station on foot immediately. All employees meet at the emergency assembly area."
3. **Call 9-1-1:** Give the following information:  
"THERE IS A FIRE/GASOLINE SPILL at the ConocoPhillips/76 service station at: 4350 El Camino Real  
If anyone is trapped or needs medical attention, tell the answering dispatcher. Stay on the phone and be prepared to answer any questions concerning the situation.
4. **ATTEMPT** to contain the spill if you can do it safely.
5. **LOOK AROUND** to ensure that everyone has left the station, particularly those in vehicles who may need assistance or may not have heard the emergency announcement. Assist or direct assistance to anyone having difficulty leaving the station and anyone who may be injured.
6. **REPORT** to arriving emergency response personnel to provide them with any information or assistance they might need. Immediately notify the SolveOne Help Desk.

---

**EMERGENCY PHONE NUMBERS**

**EMERGENCY RESPONSE CONTRACTOR**

ConocoPhillips SolveOne Help Desk, located in Portland, OR: 1-866-215-0965

**CONOCOPHILLIPS STORE PERSONNEL**

District Manager: Dave Hinds 800-831-2459  
Marketing HSE Specialist: Julie Lee 510-245-5218

**FACILITY CONTACTS**

Primary: Greg Galatolo Dealer Day: 650-941-0244  
24-hour: 650-948-8302  
Secondary: Jim Reed Manager Day: 650-941-0244  
24-hour: 408-736-0204

---

ConocoPhillips will notify the State and Local administering agencies within an appropriate time frame unless the situation requires urgent immediate response by the agencies, in which case the **Operator** should notify these agencies.

- a) **LOCAL AGENCY:** Santa Clara Co. Dept. of Env. Health  
**PHONE NUMBER:** 408-918-3400
- b) **CALIFORNIA OFFICE OF EMERGENCY SERVICES:** (800) 852-7550 or (916) 845-8911
- c) **LOCAL POLICE AND FIRE DEPARTMENTS:** 9-1-1
- d) **NATIONAL RESPONSE CENTER:** (800) 424-8802 (24-Hours)

## **Spill/Release Response Procedures for Propane**

The Propane used can be hazardous in the event of a spill or release, or if there is a fire at the facility. Propane is flammable, in the event of a fire; the container could explode violently due to the high heat of the fire.

Propane is an odorless, colorless, flammable gas. Often an odorant is added for fuel purposes. A release in a confined area may cause rapid breathing, diminished mental alertness, impaired muscular coordination, faulty judgement, depression of all sensations, emotional instability and fatigue. As asphyxiation progresses, nausea, vomiting and loss of consciousness may result.

### **Spill or Release:**

In the event of a release from the propane tank/cylinder, do the following:

1. Evacuate all personnel from the affected area.
2. Stay upwind of the release and out of low-lying areas.
3. Avoid breathing gases.
4. If the leak is in a container or valve, contact the propane supplier for assistance.
5. Ventilate the area before attempting to re-enter the area.
6. Do not enter the building until emergency personnel have notified you that it is safe.
7. Contact management using the emergency phone list procedure.

### **Fire:**

1. Follow the Fire and Explosion evacuation procedures.
2. Notify emergency personnel of the tank location.

### **Prevention Procedures:**

1. Store tank and/or cylinders with valve protection caps installed.
2. Tank and cylinders should be stored upright and firmly secured to prevent falling or being knocked over.
3. Containers should be stored in a cool, dry, well ventilated area away from sources of heat or ignition and direct sun light.
4. If you suspect any problems with the tank notify the supplier immediately to have the system inspected.

## EMPLOYEE TRAINING PLAN

Employees must be given this training before starting work, and refresher courses must be provided annually. Records must be kept to show when each station employee has been given his/her safety training. Use the following outline and make copies as needed. Have employee date and sign the attached training log upon completion of training. **Retain these records for a minimum of three years.**

All employees should review the Hazardous Material Plan, (this document). Specifically, each employee should understand the procedures to be used in responding to various kinds of emergencies, and know how to monitor the site for leaks of hazardous materials. As a supplement to this package, employees should also review and have access to the the Emergency Response Plan and the Materials Safety Data Sheets. Each employee must be drilled in all emergency response procedures contained herein.

### UTILITY SHUT-OFFS

- \* **PUMP SHUT-OFF:** This turns off the turbine pumps that provide flow to the dispensers from the underground storage tanks. Shut-off pumps in case of a leak to help prevent spills.  
Location: 1-NORTH EXT. BLDG. WALL, 1-STORAGE AREA
- \* **TANK MONITORING ALARM:** This is used to monitor the Underground Storage Tanks. This panel may indicate when a potential leak is detected by a visual and audible alarm.  
Location: SERVICE BAY STORAGE AREA
- \* **ELECTRICAL PANEL:** The panel allows you to selectively cut power to lights, signs, and pumps. The main switch allows you to cut-off all power at the site.  
Location: IN SERVICE BAY STORAGE AREA
- \* **WATER SHUT-OFF:** The water shut-off may be necessary in some cases.  
Location: IN SIDEWALK ALONG LOS ALTOS AVENUE
- \* **NATURAL GAS SHUT-OFF:** If your facility has natural gas, it may be necessary to shut-off the flow in case of an emergency  
Location: NONE
- \* **PROPANE/LPG SHUT-OFF:**  
If your facility has propane or liquefied petroleum gas, be sure to turn off the manual valves and shut off the power to the dispensing pumps in case of a release or fire. Call your supplier or dial 9-1-1 as necessary.

### EMERGENCY EQUIPMENT

- \* **FIRE EXTINGUISHER:** Use only on small fires that you can contain. Do not attempt to extinguish large fires on your own; call 9-1-1 for help.  
Location: 2-IN SERVICE BAY
- \* **SPILL/ CLEAN UP KIT:**  
This can soak up small spills of gasoline, diesel fuel, or other petroleum products. Absorbent should be used rather than washing spills down a drain. In case of large spill, see the "Major Incident" section on the previous page.  
Location: IN SERVICE BAY STORE AREA
- \* **RESPONSE EQUIPMENT:** These items are to be used to prevent skin contact with hazardous materials  
Broom: SERVICE BAY  
Shovel. SERVICE BAY  
Gloves: SERVICE BAY  
Goggles: SERVICE BAY
- \* **FIRST AID KIT:** Use for minor incidents and treatment.  
Location: 1-IN SERVICE BAY STORE AREA
- \* **EVACUATION ASSEMBLY AREA:** All employees must know where to meet in the event of an emergency.  
Location: SOUTH SIDE OF SITE
- \* **ENVIRONMENTAL DOCUMENTS / HMMP MSDS SHEETS:**  
Location: SALES OFFICE

## EMPLOYEE TRAINING PLAN (con't)

### MEDICAL FACILITIES:

#### PRIMARY FACILITY:

EL CAMINO HOSPITAL  
2500 GRANT ROAD MOUNTAIN VIEW  
650-940-7055

#### ALTERNATE FACILITY:

STANFORD HOSPITAL  
300 PASTEUR DR STANFORD  
650-723-5111

**FIRST AID PROCEDURES** (for gasoline and/or diesel fuel) For further information, refer to the MSDS sheets.

#### **EYE CONTACT:**

If irritation or redness develops, move victim away from exposure and into fresh air. Flush eyes with water clean water. If symptoms persist, seek medical attention immediately

#### **SKIN CONTACT:**

Removing contaminated clothing and shoes, flush affected area(s) with large amounts of water. If skin is not damaged, proceed to cleanse the affected area with mild soap and water. If symptoms become worse, seek medical attention immediately.

#### **INHALATION (Breathing):**

Remove victim from source of exposure and into fresh air. If victim is not breathing, give artificial respiration and seek medical attention immediately

#### **INGESTION (Swallowing):**

Aspiration Hazard: **DO NOT INDUCE VOMITING.**

do not give anything by mouth because it can enter the lungs and cause severe lung damage. If victim is drowsy or unconscious and vomiting, place on the left side with the head down. Seek medical attention immediately.

#### **FIRST AID FOR EXPOSURE TO OTHER MATERIALS:**

Consult the warning advice on container labels or refer to the Material Safety Data Sheet (MSDS) for that product.

# Hazardous Materials Training Requirements

As the owner/operator of a business that handles hazardous materials, you must have the following.

- \* A Hazard Communication Plan (also known as an Employee Right-to-Know Plan)
- \* The Hazardous Materials Management Plan (Chemical Inventory, also known as the CA Business Emergency Plan)
- \* An Emergency Response Plan
- \* An Underground Storage Tank Monitoring and Response Plan
- \* A Release Reporting Plan

**Each of these plans requires employee training. Training must be documented by a written description of the topics covered and by a dated signature of the employees receiving the training. Annual refresher training is required. The introduction of new hazardous materials or changes in procedures requires immediate retraining. Training requirements that are common to more than one of these plans only need to be given once to satisfy all of the plans containing that requirement as long as the training addresses the concerns of each plan.**

- \* Training for the Hazard Communication Plan must include the following elements:
  - \* An overview of the requirements contained in the Hazard Communication Regulation and the worker's rights under the Regulation.
  - \* Locations of any operations in the work area where hazardous substances are present.
  - \* Location where a copy of the written Hazard Communication programs is made available to them.
  - \* How to read labels and Material Safety Data Sheets (MSDS) to obtain appropriate hazard information, including physical and health effects of hazardous substances in the work place.
  - \* How to detect the presence of or the release of hazardous substances in the work place.
  - \* How to minimize their exposure to these hazardous substances by proper use of engineering controls, work practices, and/or personal protective equipment (gloves, etc).
  - \* Emergency and first aid procedures to follow if employees are exposed to hazardous substances.





RECEIVED BY  
SANTA CLARA COUNTY  
DEPT. OF ENV. HEALTH

2005 FEB 29 AM 8: 19

John W Johnson  
Co-President  
Architect

February 25, 2005

Brian F Zita  
Co-President  
Architect

Santa Clara Co Dept of Env Health  
Greg Breshears  
1555 Berger Dr . Ste 300  
San Jose, CA 95112-2716

John B Hicks  
Vice President

**HAZARDOUS MATERIALS MANAGEMENT PLANS FOR  
CONOCOPHILLIPS / KAYO OIL**

Regional Managers

Jesse E Macias

Dear Greg Breshears

Roy W. Pedro

Enclosed please find the Hazardous Material Management Plans, HMMP(s), for the  
**ConocoPhillips/Kayo Oil** station(s) as listed on the attached sheet

Alan K Shimabukuro

John W. Strobel

These inventories and HMMP(s) are being submitted for your review and approval.

If there are any further correspondence or invoices related to these submissions,  
please direct them to the local Marketing HSE Specialist in your region

Northern California  
Marketing HSE Specialist  
ConocoPhillips  
1380 San Pablo Avenue  
Rodeo, CA 94572

Southern California  
Marketing HSE Specialist  
ConocoPhillips  
3611 Harbor Blvd  
Santa Ana, CA 92704

Established 1966

Sincerely,

**RHL DESIGN GROUP, INC.**

Environmental Department

Enclosure

Offices

ANAHEIM, CA

BELLEVUE, WA

CAMAS, WA

MARTINEZ, CA

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255957 ✓

Los Altos 76 # 255957  
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El Camino 76 #256115  
4350 El Camino Real  
Los Altos, CA 94022

2611212 ✓

Saratoga 76 #2611212  
14395 Big Basin Way  
Saratoga, CA 95070

DRAFT

# HAZARDOUS MATERIALS BUSINESS PLAN CERTIFICATION FORM

For Use By All Jurisdictions Within the County of Santa Clara  
Authority Cited H&SC, 25503 3(c)

To: Agency Name: Santa Clara Co. Dept. of Env. Health  
Agency Mailing Address: 1555 Berger Dr., Ste 300  
San Jose, CA 95112-2716

Pursuant to Section 25503.3(c) of California Health and Safety Code (H&SC), the Hazardous Materials Business Plan (HMBP) certification described below is hereby submitted for the following facility:

Facility Name: El Camino 76 #256115

Facility Street Address: 4350 El Camino Real City: Los Altos

Date of Current HMBP: 2/24/04

I certify that: (Check the appropriate box.)

- I have personally reviewed the Hazardous Materials Business Plan currently on file with your agency and certify that the HMBP is complete and accurate. (See bottom of page for details.) or
- Revisions to the Hazardous Materials Business Plan are necessary. The HMBP as revised is being implemented. A copy of the revisions is enclosed with this Certification.

**OWNER/OPERATOR CERTIFICATION:** I hereby certify under penalty of law that, based upon my inquiry of those individuals responsible for obtaining the information reported above, I believe that the submitted information is true, accurate, and complete. I understand that a revised HMBP must be submitted within 30 days of any change in this facility's storage or handling of hazardous materials which would require updating of the HMBP.

Name of Owner/Operator (Print): X Greg GALATOS Title: X OWNER  
Signature of Owner/Operator: [Signature] Date: X 02/17/05

By checking the upper box on this form, you are certifying that

- The information contained in the HMBP most recently submitted is complete, accurate, and up-to-date, and
- There has been no change in the quantity of any hazardous material as reported in the most recently submitted Hazardous Materials Inventory forms; and
- The facility has not begun handling any hazardous material in a HMBP reportable quantity which is not currently listed in the Hazardous Materials Inventory, and
- The HMBP most recently submitted HMBP contains the information required by Section 11022 of Title 42 of the United States Code, and
- There have been no substantial changes in the facility's hazardous materials operations which would require revision of the current HMBP.

*EV*

**BUSINESS OWNER/OPERATOR IDENTIFICATION**

RECEIVED BY:  
SANTA CLARA COUNTY  
DEPT. OF ENV. HEALTH

**I. IDENTIFICATION**

FACILITY ID#		1	BEGINNING DATE	2005 FEB 29 AM 8:19	ENDING DATE	101
			01/01/2005		12/31/2005	
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)	El Camino 76 #256115			3	BUSINESS PHONE	102
					650-941-0244	
BUSINESS SITE ADDRESS	4350 El Camino Real					103
CITY	Los Altos	104	CA	ZIP CODE	94022	105
DUN BRADSTREET	00-136-8265		106	SIC CODE (4 digit #)	5541	107
COUNTY	Santa Clara					108
BUSINESS OPERATOR NAME	Greg Galatolo			109	BUSINESS OPERATOR PHONE	110
					650-941-0244	

**II. BUSINESS OWNER**

OWNER NAME	Greg Galatolo	111	OWNER PHONE	650-941-0244	112
OWNER MAILING ADDRESS	4350 El Camino Real				113
CITY	Los Altos	114	STATE	CA	115
				ZIP CODE	94022

**III. ENVIRONMENTAL CONTACT**

CONTACT NAME	Julie Lee	117	CONTACT PHONE	510-245-5218	118
	ConocoPhillips - HSE Specialist				
CONTACT MAILING ADDRESS	1380 San Pablo Avenue				119
CITY	Rodeo	120	STATE	CA	121
				ZIP CODE	94572

**PRIMARY**

**IV. EMERGENCY CONTACTS**

**SECONDARY**

NAME	Greg Galatolo	123	NAME	Jim Reed	128
TITLE	Dealer	124	TITLE	Manager	129
BUSINESS PHONE	650-941-0244	125	BUSINESS PHONE	650-941-0244	130
24-HOUR PHONE	650-948-8302	126	24-HOUR PHONE	408-736-0204	131
PAGER#	650-948-4771	127	PAGER#		132

**ADDITIONAL LOCALLY COLLECTED INFORMATION**

Property Owner: ConocoPhillips Phone No : 281-293-1000  
 Billing Address: 600 North Dairy Ashford, TR1032A, Houston, TX 77079

Certification Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	134	NAME OF DOCUMENT PREPARER	135
<i>[Signature]</i>	X	2-17-05	RHL DESIGN GROUP, INC - ENVIRONMENTAL DEPT	
NAME OF SIGNER (print)	136	TITLE OF SIGNER	137	
Greg GALATOLO		DEALER		

# CONOCOPHILLIPS EMERGENCY RESPONSE PROCEDURES

256115

## MAJOR INCIDENT: FIRE, SPILL OR SUSPECTED LEAK

### MINOR INCIDENT: (less than 5 gallons)

1. **FIRES:** Extinguish with fire extinguisher. Recharge fire extinguisher, if used
2. **SPILLS:** Clean up with absorbent materials on site and dispose of according to all regulations. Use personal protective equipment (i.e. gloves, goggles) as necessary. Have a fire extinguisher ready for spills of flammable materials. Restock absorbent as necessary. See the Emergency Equipment Section for additional information
3. **MEDICAL:** Treat with on site first aid kit or take to nearest hospital. Employee training plan lists the nearest hospital.
4. **RECORD:** Record the event in the Daily Systems Inspection Form.
5. **NOTIFY:** The ConocoPhillips SolvOne Help Desk if the spill flows off site, enters a storm drain or contacts bare soil or groundwater

### MAJOR INCIDENT: (more than 5 gallons)

Any incident that can not be contained and cleaned up as part of the routine operations, should be considered a major release and use the following procedures.

1. **TURN OFF PUMPS** using the Emergency Pump Shut-Off Switch.
2. **EVACUATE:** Verbally **ANNOUNCE** to all persons on the site: "This is an emergency. Please turn off your engines and leave the station on foot immediately. All employees meet at the emergency assembly area."
3. **Call 9-1-1:** Give the following information:  
"THERE IS A FIRE/GASOLINE SPILL at the ConocoPhillips/76 service station at: 4350 El Camino Real  
If anyone is trapped or needs medical attention, tell the answering dispatcher. Stay on the phone and be prepared to answer any questions concerning the situation
4. **ATTEMPT** to contain the spill if you can do it safely.
5. **LOOK AROUND** to ensure that everyone has left the station, particularly those in vehicles who may need assistance or may not have heard the emergency announcement. Assist or direct assistance to anyone having difficulty leaving the station and anyone who may be injured.
6. **REPORT** to arriving emergency response personnel to provide them with any information or assistance they might need. Immediately notify the SolveOne Help Desk.

---

## EMERGENCY PHONE NUMBERS

### EMERGENCY RESPONSE CONTRACTOR

ConocoPhillips SolveOne Help Desk, located in Portland, OR. 1-866-215-0965

### CONOCOPHILLIPS STORE PERSONNEL

District Manager. Dave Hinds 800-831-2459  
Marketing HSE Specialist: Julie Lee 510-245-5218

### FACILITY CONTACTS

Primary: Greg Galatolo Dealer Day: 650-941-0244  
24-hour: 650-948-8302  
Secondary: Jim Reed Manager Day: 650-941-0244  
24-hour: 408-736-0204

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ConocoPhillips will notify the State and Local administering agencies within an appropriate time frame unless the situation requires urgent immediate response by the agencies, in which case the **Operator** should notify these agencies.

- a) **LOCAL AGENCY:** Santa Clara Co. Dept. of Env Health  
**PHONE NUMBER:** 408-918-3400
- b) **CALIFORNIA OFFICE OF EMERGENCY SERVICES:** (800) 852-7550 or (916) 845-8911
- c) **LOCAL POLICE AND FIRE DEPARTMENTS:** 9-1-1
- d) **NATIONAL RESPONSE CENTER:** (800) 424-8802 (24-Hours)

## EMPLOYEE TRAINING PLAN

Employees must be given this training before starting work, and refresher courses must be provided annually. Records must be kept to show when each station employee has been given his/her safety training. Use the following outline and make copies as needed. Have employee date and sign the attached training log upon completion of training. **Retain these records for a minimum of three years.**

All employees should review the Hazardous Material Plan, (this document). Specifically, each employee should understand the procedures to be used in responding to various kinds of emergencies, and know how to monitor the site for leaks of hazardous materials. As a supplement to this package, employees should also review and have access to the the Emergency Response Plan and the Materials Safety Data Sheets. Each employee must be drilled in all emergency response procedures contained herein

### UTILITY SHUT-OFFS

- \* **PUMP SHUT-OFF:** This turns off the turbine pumps that provide flow to the dispensers from the underground storage tanks. Shut-off pumps in case of a leak to help prevent spills.  
Location: 1-NORTH EXT. BLDG. WALL, 1-STORAGE AREA
- \* **TANK MONITORING ALARM:** This is used to monitor the Underground Storage Tanks. This panel may indicate when a potential leak is detected by a visual and audible alarm.  
Location: SERVICE BAY STORAGE AREA
- \* **ELECTRICAL PANEL:** The panel allows you to selectively cut power to lights, signs, and pumps. The main switch allows you to cut-off all power at the site.  
Location: IN SERVICE BAY STORAGE AREA
- \* **WATER SHUT-OFF:** The water shut-off may be necessary in some cases.  
Location: IN SIDEWALK ALONG LOS ALTOS AVENUE
- \* **NATURAL GAS SHUT-OFF:** If your facility has natural gas, it may be necessary to shut-off the flow in case of an emergency.  
Location: NONE
- \* **PROPANE/LPG SHUT-OFF:**  
If your facility has propane or liquefied petroleum gas, be sure to turn off the manual valves and shut off the power to the dispensing pumps in case of a release or fire. Call your supplier or dial 9-1-1 as necessary.

### EMERGENCY EQUIPMENT

- \* **FIRE EXTINGUISHER:** Use only on small fires that you can contain. Do not attempt to extinguish large fires on your own; call 9-1-1 for help.  
Location: 2-IN SERVICE BAY
- \* **SPILL/ CLEAN UP KIT:**  
This can soak up small spills of gasoline, diesel fuel, or other petroleum products. Absorbent should be used rather than washing spills down a drain. In case of large spill, see the "Major Incident" section on the previous page  
Location: IN SERVICE BAY STORE AREA
- \* **RESPONSE EQUIPMENT:** These items are to be used to prevent skin contact with hazardous materials  
Broom: SERVICE BAY  
Shovel: SERVICE BAY  
Gloves: SERVICE BAY  
Goggles: SERVICE BAY
- \* **FIRST AID KIT:** Use for minor incidents and treatment.  
Location: 1-IN SERVICE BAY STORE AREA
- \* **EVACUATION ASSEMBLY AREA:** All employees must know where to meet in the event of an emergency.  
Location: SOUTH SIDE OF SITE
- \* **ENVIRONMENTAL DOCUMENTS / HMMP MSDS SHEETS:**  
Location: SALES OFFICE

**MEDICAL FACILITIES:**

**PRIMARY FACILITY:**

EL CAMINO HOSPITAL  
2500 GRANT ROAD MOUNTAIN VIEW  
650-940-7055

**ALTERNATE FACILITY:**

STANFORD HOSPITAL  
300 PASTEUR DR STANFORD  
650-723-5111

**FIRST AID PROCEDURES** (for gasoline and/or diesel fuel): For further information, refer to the MSDS sheets.

**EYE CONTACT:**

If irritation or redness develops, move victim away from exposure and into fresh air. Flush eyes with water clean water. If symptoms persist, seek medical attention immediately.

**SKIN CONTACT:**

Removing contaminated clothing and shoes, flush affected area(s) with large amounts of water. If skin is not damaged, proceed to cleanse the affected area with mild soap and water. If symptoms become worse, seek medical attention immediately.

**INHALATION (Breathing):**

Remove victim from source of exposure and into fresh air. If victim is not breathing, give artificial respiration and seek medical attention immediately.

**INGESTION (Swallowing):**

Aspiration Hazard: **DO NOT INDUCE VOMITING.**

do not give anything by mouth because it can enter the lungs and cause severe lung damage. If victim is drowsy or unconscious and vomiting, place on the left side with the head down. Seek medical attention immediately.

**FIRST AID FOR EXPOSURE TO OTHER MATERIALS:**

Consult the warning advice on container labels or refer to the Material Safety Data Sheet (MSDS) for that product.

# Hazardous Materials Training Requirements

As the owner/operator of a business that handles hazardous materials, you must have the following:

- \* A Hazard Communication Plan (also known as an Employee Right-to-Know Plan)
- \* The Hazardous Materials Management Plan (Chemical Inventory, also known as the CA Business Emergency Plan)
- \* An Emergency Response Plan
- \* An Underground Storage Tank Monitoring and Response Plan
- \* A Release Reporting Plan

**Each of these plans requires employee training. Training must be documented by a written description of the topics covered and by a dated signature of the employees receiving the training. Annual refresher training is required. The introduction of new hazardous materials or changes in procedures requires immediate retraining. Training requirements that are common to more than one of these plans only need to be given once to satisfy all of the plans containing that requirement as long as the training addresses the concerns of each plan.**

- \* Training for the Hazard Communication Plan must include the following elements:
  - \* An overview of the requirements contained in the Hazard Communication Regulation and the worker's rights under the Regulation.
  - \* Locations of any operations in the work area where hazardous substances are present.
  - \* Location where a copy of the written Hazard Communication program is made available to them.
  - \* How to read labels and Material Safety Data Sheets (MSDS) to obtain appropriate hazard information, including physical and health effects of hazardous substances in the work place.
  - \* How to detect the presence of or the release of hazardous substances in the work place.
  - \* How to minimize their exposure to these hazardous substances by proper use of engineering controls, work practices, and/or personal protective equipment (gloves, etc).
  - \* Emergency and first aid procedures to follow if employees are exposed to hazardous substances.



CONOCOPHILLIPS  
600 North Dairy Ashford  
Houston, TX 77079



AGENCY

February 15, 2005

Greg Galatolo  
El Camino 76 #256115  
4350 El Camino Real  
Los Altos, CA 94022

RE HAZARDOUS MATERIALS MANAGEMENT PLANS  
County. Santa Clara

Dear Greg Galatolo

Attached is the new Hazardous Materials Inventory and Business Plan Certification for your station. This Certification is intended to **amend** the current HMMP. The "SITE COPY" should be kept in your Environmental Record Box, Tab 9, and available to all employees and agency personnel at all times.

**DO NOT DISCARD YOUR CURRENT HMMP.**

**THESE FORMS MUST BE RETURNED TO RHL DESIGN GROUP AS SOON AS POSSIBLE. FAILURE TO RETURN THIS PLAN WITHIN 30 DAYS WILL RESULT IN A \$25.00 LATE FEE CHARGED TO YOUR ACCOUNT.**

**FAILURE TO RETURN THIS PLAN MAY ALSO RESULT IN FINES AND/OR CIVIL PENALTIES BY GOVERNMENT ENFORCEMENT AGENCIES.**

Instructions for signing and returning the packet:

- 1 Please sign all 3 copies of the CERTIFICATION where flagged and indicated with a "X".
- 2 Please return the 2 copies marked "AGENCY" and "RHL FILE" to RHL Design in the pre-stamped envelope provided **AS SOON AS POSSIBLE.**
- 3 Keep the "SITE COPY" of the HMMP in your Environmental Record Box, and available for inspection. Use your Site Copy for employee training and have employees sign the training log. Keep training records at your station.

A copy of this HMMP Certification will be sent to: Santa Clara Co Dept of Env Health within 30 days

If you have any questions regarding the content of this document, please contact RHL Design Group, Ms. Jennifer Carey or Mr. Steve Skanderson at (707) 765-1660. If you have any additional questions, including invoicing questions, please contact your local Marketing HSE Specialist.

Sincerely,

ConocoPhillips

cc. RHL Design Group, Inc.

Enclosure

256115



ARCHITECTURE ■ ENGINEERING ■ ENVIRONMENTAL SERVICES  
1137 North McDowell Blvd Petaluma, CA 94954-1110 Telephone (707) 765-1660 Facsimile (707) 765-9908  
John W Johnson, Architect Established 1966

# FAX COVER SHEET

Date March 15, 2004 Job # 3555.30  
To: Greg Breshears Pages: 3 (including cover)  
El Camino 76# 256115  
Fax: 408-280-6479  
From: Jennifer Carey  
RHL Design Group, Inc.  
RE: Site 256115

**MESSAGE:**

Dear Greg

I mailed the copies to Mr Galatolo today as well as faxing you copies If you need anything else please let me know.

Thank you,

Jennifer Carey /Job Captain  
Environmental Compliance  
RHL Design Group, Inc.  
Ph 707-765-1660  
Fax:707-765-9908  
Email: [jcarey@rhldesign.com](mailto:jcarey@rhldesign.com)

**IF YOU DO NOT RECEIVE ALL PAGES INDICATED ABOVE, PLEASE CALL (707) 765-1660 IMMEDIATELY.**  
Fax: (707) 765-9908

BELLEVUE, WA LA HABRA, CA MARTINEZ, CA PETALUMA, CA  
SACRAMENTO, CA SCOTTSDALE, AZ VANCOUVER, WA

UNIFIED PROGRAM CONSOLIDATED FORM

HAZARDOUS MATERIALS

HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION

One page per material per building or area

ADD DELETE [X] REVISE 200 Page of

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 256115 3

El Camino 76 #256115

CHEMICAL LOCATION IN SERVICE BAY CHEMICAL LOCATION CONFIDENTIAL EPCRA 202

[ ] YES [X] NO

FACILITY ID# (Agency Use Only) MAP# 203 GRID# C 204

II. CHEMICAL INFORMATION

CHEMICAL NAME GLYCOLS 205 TRADE SECRET Yes [X] No 208

If Subject to EPCRA, refer to instructions

COMMON NAME USED ANTIFREEZE 207 EHS Yes [X] No 208

CAS# 107-21-1 209 If EHS is "Yes", all amounts below must be in lbs

FIRE CODE HAZARD CLASSES (Complete if required by CLPA) 210

III-B COMBUSTIBLE

HAZARD MATERIAL TYPE (Check one item) a PURE b MIXTURE [X] c WASTE 211 RADIOACTIVE Yes [X] No 212 CURIES 213

PHYSICAL STATE (Check one item only) a. SOLID [X] b LIQUID c GAS 214 LARGEST CONTAINER 110 215

FED HAZARD CATEGORIES (Check all that apply) a FIRE b REACTIVE c PRESSURE RELEASE [X] d ACUTE HEALTH [X] e CHRONIC HEALTH 216

AVERAGE DAILY AMOUNT 55 217 MAXIMUM DAILY AMOUNT 110 218 ANNUAL WASTE AMOUNT 110 219 STATE WASTE CODE 343 220

UNITS\* (Check one item only) [X] a GALLONS b CUBIC FEET c POUNDS d TONS 221 DAYS ON SITE 365 222

If EHS, amount must be in pounds.

STORAGE CONTAINER a ABOVE GROUND TANK b UNDERGROUND TANK c TANK INSIDE BUILDING X d STEEL DRUM e PLASTIC/NONMETALLIC DRUM f CAN g CARBOY h SILO i FIBER DRUM j BAG k BOX l CYLINDER m GLASS BOTTLE n PLASTIC BOTTLE o TOTE BIN p TANK WAGON o RAIL CAR p OTHER 223

STORAGE PRESSURE X a AMBIENT b ABOVE AMBIENT c. BELOW AMBIENT 224

STORAGE TEMPERATURE X a AMBIENT b ABOVE AMBIENT c BELOW AMBIENT d CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
1 94%	226 ETHYLENE GLYCOL	227 [ ] Yes [X] No 228	107-21-1 229
2 1%	230 DIETHYLENE GLYCOL	231 [ ] Yes [X] No 232	111-46-6 233
3 10%	234 WATER	235 [ ] Yes [X] No 236	7732-18-5 237
4 2%	238 DIPOTASSIUM PHOSPHATE	239 [ ] Yes [X] No 240	7758-11-4 241
5	242	243 [ ] Yes [X] No 244	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

DOT Hazard Class NONE

If EPCRA, Please Sign Here

*To SCOP*

FACILITY INFORMATION

**BUSINESS OWNER/OPERATOR IDENTIFICATION**

**I. IDENTIFICATION**

FACILITY ID#		1	BEGINNING DATE	100	ENDING DATE	101
			01/01/2004		12/31/2004	
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)	3			BUSINESS PHONE	102	
El Camino 76 #256115				650-941-0244		
BUSINESS SITE ADDRESS						103
4350 El Camino Real						
CITY	104	CA	ZIP CODE	105		
Los Altos			94022			
DUN BRADSTREET	106	SIC CODE (4 digit #)		107		
04-8564975		5541				
COUNTY	108					
Santa Clara						
BUSINESS OPERATOR NAME	109	BUSINESS OPERATOR PHONE		110		
Greg Galatolo		650-941-0244				

**II. BUSINESS OWNER**

OWNER NAME	111	OWNER PHONE	112		
Greg Galatolo		650-941-0244			
OWNER MAILING ADDRESS	113				
4350 El Camino Real					
CITY	114	STATE	115	ZIP CODE	116
Los Altos		CA		94022	

**III. ENVIRONMENTAL CONTACT**

CONTACT NAME	117	CONTACT PHONE	118		
Dave Camile		510-245-5219			
CONTACT MAILING ADDRESS	119				
1380 San Pablo Avenue					
CITY	120	STATE	121	ZIP CODE	122
Rodeo		CA		94572	

**PRIMARY**

**IV. EMERGENCY CONTACTS**

**SECONDARY**

NAME	123	NAME	128		
Greg Galatolo		Jim Reed			
TITLE	124	TITLE	129		
Dealer		Manager			
BUSINESS PHONE	125	BUSINESS PHONE	130		
650-941-0244		650-941-0244			
24-HOUR PHONE	126	24-HOUR PHONE	131		
650-948-8302		408-736-0204			
PAGER#	127	PAGER#	132		
650-948-4771					

ADDITIONAL LOCALLY COLLECTED INFORMATION

Property Owner: ConocoPhillips Phone No : 281-293-1000  
 Billing Address 600 North Dairy Ashford, Houston, TX 77079

Certification Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete

SIGNATURE OF OWNER OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	134	NAME OF DOCUMENT PREPARER	135	
<i>[Signature]</i>	X 2-29-04		RHL DESIGN GROUP, INC - ENVIRONMENTAL DEPT		
NAME OF SIGNER (print)	136	TITLE OF SIGNER	137		
X Greg GALATOLO		X PEALUX			

*E✓*

**UNIFIED PROGRAM CONSOLIDATED FORM**

**HAZARDOUS MATERIALS**

**HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

One page per material per building or area)

ADD

DELETE

REVISE

200

Page **3** of **7**

**I. FACILITY INFORMATION**

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)		256115	3
<b>El Camino 76 #256115</b>			
CHEMICAL LOCATION	CHEMICAL LOCATION CONFIDENTIAL EPCRA		202
<b>NORTHWEST SIDE OF LOT</b>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
FACILITY ID#	1	MAP#	203
(Agency Use Only)		I	204
		GRID#	A

**II. CHEMICAL INFORMATION**

CHEMICAL NAME	205	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	206
<b>PETROLEUM HYDROCARBON</b>		If Subject to EPCRA, refer to instructions		
COMMON NAME	207	EHS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	208
<b>REGULAR UNLEADED GASOLINE</b>				
CAS#	209	If EHS is "Yes", all amounts below must be in lbs		
<b>8006-61-9</b>				

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)	210
<b>I-B FLAMMABLE LIQUID</b>	

HAZARD MATERIAL TYPE (Check one item)	211	RADIOACTIVE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	212	CURIES	213
<input type="checkbox"/> a PURE <input checked="" type="checkbox"/> b MIXTURE <input type="checkbox"/> c WASTE						

PHYSICAL STATE (Check one item only)	214	LARGEST CONTAINER	12000	215
<input type="checkbox"/> a SOLID <input checked="" type="checkbox"/> b LIQUID <input type="checkbox"/> c GAS				

FED HAZARD CATEGORIES (Check all that apply)	216
<input checked="" type="checkbox"/> a FIRE <input type="checkbox"/> b REACTIVE <input type="checkbox"/> c PRESSURE RELEASE <input checked="" type="checkbox"/> d ACUTE HEALTH <input checked="" type="checkbox"/> e CHRONIC HEALTH	

AVERAGE DAILY AMOUNT	217	MAXIMUM DAILY AMOUNT	218	ANNUAL WASTE AMOUNT	219	STATE WASTE CODE	220
<b>6000</b>		<b>12000</b>					

UNITS* (Check one item only)	221	DAYS ON SITE	365	222
<input checked="" type="checkbox"/> a GALLONS <input type="checkbox"/> b CUBIC FEET <input type="checkbox"/> c POUNDS <input type="checkbox"/> d TONS		if EHS, amount must be in pounds.		

STORAGE CONTAINER	223
<input type="checkbox"/> a ABOVE GROUND TANK <input type="checkbox"/> e PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i FIBER DRUM <input type="checkbox"/> m GLASS BOTTLE <input type="checkbox"/> o RAIL CAR <input checked="" type="checkbox"/> b UNDERGROUND TANK <input type="checkbox"/> f CAN <input type="checkbox"/> j BAG <input type="checkbox"/> n PLASTIC BOTTLE <input type="checkbox"/> p OTHER <input type="checkbox"/> c TANK INSIDE BUILDING <input type="checkbox"/> g CARBOY <input type="checkbox"/> k BOX <input type="checkbox"/> o TOTE BIN <input type="checkbox"/> d STEEL DRUM <input type="checkbox"/> h SILO <input type="checkbox"/> l CYLINDER <input type="checkbox"/> p TANK WAGON	

STORAGE PRESSURE	224
<input checked="" type="checkbox"/> a AMBIENT <input type="checkbox"/> b ABOVE AMBIENT <input type="checkbox"/> c BELOW AMBIENT	

STORAGE TEMPERATURE	225
<input checked="" type="checkbox"/> a AMBIENT <input type="checkbox"/> b ABOVE AMBIENT <input type="checkbox"/> c BELOW AMBIENT <input type="checkbox"/> d CRYOGENIC	

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
1 100	Gasoline	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8006-61-9
2 1-9	TOLUENE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	108-88-3
3 14	XYLENES	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1330-20-7
4 5%	1,2,4-TRIMETHYL BENZENE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	95-63-6
5 4	n-Hexane	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	110-54-3

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information

ADDITIONAL LOCALLY COLLECTED INFORMATION

DOT Hazard Class: FL

If EPCRA, Please Sign Here

**UNID PROGRAM CONSOLIDATED FOR  
HAZARDOUS MATERIALS  
HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

One page per material per building or area

ADD

DELETE

REVISE

200

Page **4** of **11**

**I. FACILITY INFORMATION**

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) <b>El Camino 76 #256115</b>		256115	3
CHEMICAL LOCATION <b>NORTHWEST SIDE OF LOT</b>		CHEMICAL LOCATION CONFIDENTIAL EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
FACILITY ID# (Agency Use Only)	MAP#	203	GRID#
	1	1	A

**II. CHEMICAL INFORMATION**

CHEMICAL NAME <b>PETROLEUM HYDROCARBON</b>	205	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	206	
If Subject to EPCRA, refer to instructions					
COMMON NAME <b>PREMIUM UNLEADED GASOLINE</b>	207	EHS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	208	
CAS# <b>8006-61-9</b>	209	If EHS is "Yes", all amounts below must be in lbs			
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) <b>I-B FLAMMABLE LIQUID</b>	210				
HAZARD MATERIAL TYPE (Check one item) <input type="checkbox"/> a PURE <input checked="" type="checkbox"/> b MIXTURE <input type="checkbox"/> c WASTE	211	RADIOACTIVE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	212	
CURIES					
PHYSICAL STATE (Check one item only) <input type="checkbox"/> a SOLID <input checked="" type="checkbox"/> b LIQUID <input type="checkbox"/> c GAS	214	LARGEST CONTAINER	<b>12000</b>	215	
FED HAZARD CATEGORIES (Check all that apply) <input checked="" type="checkbox"/> a FIRE <input type="checkbox"/> b REACTIVE <input type="checkbox"/> c PRESSURE RELEASE <input checked="" type="checkbox"/> d ACUTE HEALTH <input checked="" type="checkbox"/> e CHRONIC HEALTH	216				
AVERAGE DAILY AMOUNT <b>6000</b>	217	MAXIMUM DAILY AMOUNT <b>12000</b>	218	ANNUAL WASTE AMOUNT 219	
				STATE WASTE CODE 220	
UNITS* (Check one item only) <input checked="" type="checkbox"/> a GALLONS <input type="checkbox"/> b CUBIC FEET <input type="checkbox"/> c POUNDS <input type="checkbox"/> d TONS	221		DAYS ON SITE <b>365</b>	222	
if EHS, amount must be in pounds					
STORAGE CONTAINER <input checked="" type="checkbox"/> a ABOVE GROUND TANK <input type="checkbox"/> b UNDERGROUND TANK <input type="checkbox"/> c TANK INSIDE BUILDING <input type="checkbox"/> d STEEL DRUM	<input type="checkbox"/> e PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> f CAN <input type="checkbox"/> g CARBOY <input type="checkbox"/> h SILO	<input type="checkbox"/> i FIBER DRUM <input type="checkbox"/> j BAG <input type="checkbox"/> k BOX <input type="checkbox"/> l CYLINDER	<input type="checkbox"/> m GLASS BOTTLE <input type="checkbox"/> n PLASTIC BOTTLE <input type="checkbox"/> o TOTE BIN <input type="checkbox"/> p TANK WAGON	<input type="checkbox"/> o RAIL CAR <input type="checkbox"/> p OTHER	223
STORAGE PRESSURE <input checked="" type="checkbox"/> a AMBIENT <input type="checkbox"/> b ABOVE AMBIENT <input type="checkbox"/> c BELOW AMBIENT	224				
STORAGE TEMPERATURE <input checked="" type="checkbox"/> a AMBIENT <input type="checkbox"/> b ABOVE AMBIENT <input type="checkbox"/> c BELOW AMBIENT <input type="checkbox"/> d CRYOGENIC	225				

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
1 100	GASOLINE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8006-61-9
2 1-9	TOLUENE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	108-88-3
3 14	XYLENES	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1330-20-7
4 5%	1,2,4-TRIMETHYL BENZENE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	95-63-6
5 4	n-Hexane	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	110-54-3

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information

ADDITIONAL LOCALLY COLLECTED INFORMATION

DOT Hazard Class: FL

If EPCRA, Please Sign Here

**UNID PROGRAM CONSOLIDATED FORM  
HAZARDOUS MATERIALS  
HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

One page per material per building or area

ADD      DELETE      REVISE      200      Page 5 of 17

**I. FACILITY INFORMATION**

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) <b>El Camino 76 #256115</b>		256115	3
CHEMICAL LOCATION <b>IN SERVICE BAY</b>		CHEMICAL LOCATION CONFIDENTIAL EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
FACILITY ID# (Agency Use Only)	MAP# 1	203	GRID# A
		204	204

**II. CHEMICAL INFORMATION**

CHEMICAL NAME <b>PETROLEUM HYDROCARBON</b>	205	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	206
		<small>If Subject to EPCRA, refer to instructions</small>	
COMMON NAME <b>MOTOR OIL</b>	207	EHS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	208
CAS# <b>64742-65-0</b>	209	If EHS is "Yes", all amounts below must be in lbs	

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)	<b>III-B COMBUSTIBLE</b>			210
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HAZARD MATERIAL TYPE (Check one item) <input type="checkbox"/> a PURE <input checked="" type="checkbox"/> b MIXTURE <input type="checkbox"/> c WASTE	211	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	212	CURIES	213
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PHYSICAL STATE (Check one item only) <input type="checkbox"/> a SOLID <input checked="" type="checkbox"/> b LIQUID <input type="checkbox"/> c GAS	214	LARGEST CONTAINER	240	215
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FED HAZARD CATEGORIES (Check all that apply) <input checked="" type="checkbox"/> a FIRE <input type="checkbox"/> b REACTIVE <input type="checkbox"/> c PRESSURE RELEASE <input type="checkbox"/> d ACUTE HEALTH <input checked="" type="checkbox"/> e CHRONIC HEALTH	216
---	-----

AVERAGE DAILY AMOUNT <b>100</b>	217	MAXIMUM DAILY AMOUNT <b>300</b>	218	ANNUAL WASTE AMOUNT	219	STATE WASTE CODE	220
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UNITS* (Check one item only) <input checked="" type="checkbox"/> a GALLONS <input type="checkbox"/> b CUBIC FEET <input type="checkbox"/> c POUNDS <input type="checkbox"/> d TONS	221	DAYS ON SITE 365	222
<small>if EHS, amount must be in pounds.</small>			

STORAGE CONTAINER <input type="checkbox"/> a ABOVE GROUND TANK <input type="checkbox"/> e PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i FIBER DRUM <input type="checkbox"/> m GLASS BOTTLE <input type="checkbox"/> o RAIL CAR <input type="checkbox"/> b UNDERGROUND TANK <input type="checkbox"/> f CAN <input type="checkbox"/> j BAG <input type="checkbox"/> n PLASTIC BOTTLE <input type="checkbox"/> p OTHER <input checked="" type="checkbox"/> c TANK INSIDE BUILDING <input type="checkbox"/> g CARBOY <input type="checkbox"/> k BOX <input type="checkbox"/> o TOTE BIN <input type="checkbox"/> d STEEL DRUM <input type="checkbox"/> h SILO <input type="checkbox"/> l CYLINDER <input type="checkbox"/> p TANK WAGON	223
---	-----

STORAGE PRESSURE <input checked="" type="checkbox"/> a AMBIENT <input type="checkbox"/> b ABOVE AMBIENT <input type="checkbox"/> c BELOW AMBIENT	224
---	-----

STORAGE TEMPERATURE <input checked="" type="checkbox"/> a AMBIENT <input type="checkbox"/> b ABOVE AMBIENT <input type="checkbox"/> c BELOW AMBIENT <input type="checkbox"/> d CRYOGENIC	225
---	-----

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
1 75%	LUBRICATING BASE OIL	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	64742-65-0
2 1 5%	ZINC ALKYL DITHIOPHOSPHATE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6864-94-23
3		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information

**ADDITIONAL LOCALLY COLLECTED INFORMATION**

DOT Hazard Class: CL

If EPCRA, Please Sign Here

**UNID PROGRAM CONSOLIDATED FORM  
HAZARDOUS MATERIALS  
HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

One page per material per building or area)

ADD

DELETE

REVISE

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Page 6 of 17

**I. FACILITY INFORMATION**

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)		256115	3
<b>El Camino 76 #256115</b>			
CHEMICAL LOCATION	CHEMICAL LOCATION CONFIDENTIAL EPCRA		202
<b>IN SERVICE BAY</b>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
FACILITY ID#	1	MAP#	203
(Agency Use Only)		1	204
		GRID#	B

**II. CHEMICAL INFORMATION**

CHEMICAL NAME	205	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	206
<b>GLYCOLS</b>		If Subject to EPCRA, refer to instructions		
COMMON NAME	207	EHS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	208
<b>ANTIFREEZE/COOLANT</b>		If EHS is "Yes", all amounts below must be in lbs		
CAS#	209			
<b>107-21-1</b>				

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)	210
<b>III-B COMBUSTIBLE</b>	

HAZARD MATERIAL TYPE (Check one item)	211	RADIOACTIVE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	212	CURIES	213
<input type="checkbox"/> a PURE <input checked="" type="checkbox"/> b MIXTURE <input type="checkbox"/> c WASTE						

PHYSICAL STATE (Check one item only)	214	LARGEST CONTAINER	110	215
<input type="checkbox"/> a SOLID <input checked="" type="checkbox"/> b LIQUID <input type="checkbox"/> c GAS				

FED HAZARD CATEGORIES (Check all that apply)	216
<input checked="" type="checkbox"/> a FIRE <input type="checkbox"/> b REACTIVE <input type="checkbox"/> c PRESSURE RELEASE <input checked="" type="checkbox"/> d ACUTE HEALTH <input checked="" type="checkbox"/> e CHRONIC HEALTH	

AVERAGE DAILY AMOUNT	217	MAXIMUM DAILY AMOUNT	218	ANNUAL WASTE AMOUNT	219	STATE WASTE CODE	220
<b>55</b>		<b>110</b>					

UNITS* (Check one item only)	221	DAYS ON SITE	222
<input checked="" type="checkbox"/> a GALLONS <input type="checkbox"/> b CUBIC FEET <input type="checkbox"/> c POUNDS <input type="checkbox"/> d TONS		365	
if EHS, amount must be in pounds.			

STORAGE CONTAINER	223
<input type="checkbox"/> a ABOVE GROUND TANK <input checked="" type="checkbox"/> e PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i FIBER DRUM <input type="checkbox"/> m GLASS BOTTLE <input type="checkbox"/> o RAIL CAR <input type="checkbox"/> b UNDERGROUND TANK <input type="checkbox"/> f CAN <input type="checkbox"/> j BAG <input type="checkbox"/> n PLASTIC BOTTLE <input type="checkbox"/> p OTHER <input type="checkbox"/> c TANK INSIDE BUILDING <input type="checkbox"/> g CARBOY <input type="checkbox"/> k BOX <input type="checkbox"/> o TOTE BIN <input type="checkbox"/> d STEEL DRUM <input type="checkbox"/> h SILO <input type="checkbox"/> l CYLINDER <input type="checkbox"/> p TANK WAGON	

STORAGE PRESSURE	224
<input checked="" type="checkbox"/> a AMBIENT <input type="checkbox"/> b ABOVE AMBIENT <input type="checkbox"/> c BELOW AMBIENT	

STORAGE TEMPERATURE	225
<input checked="" type="checkbox"/> a AMBIENT <input type="checkbox"/> b ABOVE AMBIENT <input type="checkbox"/> c BELOW AMBIENT <input type="checkbox"/> d CRYOGENIC	

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
1 94%	ETHYLENE GLYCOL	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	107-21-1
2 2-5%	DEIONIZED WATER	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7732-18-5
3 1-3%	DIPOTASSIUM PHOSPHATE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7758-11-4
4		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information

ADDITIONAL LOCALLY COLLECTED INFORMATION

DOT Hazard Class: NONE

If EPCRA, Please Sign Here

HAZARDOUS MATERIALS

HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION

One page per material per building or area

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REVISE

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Page 7 of 17

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 256115 3  
**El Camino 76 #256115**

CHEMICAL LOCATION FRONT OF BUILDING CHEMICAL LOCATION CONFIDENTIAL EPCRA 202  
 YES  NO

FACILITY ID# (Agency Use Only) 1 MAP# 203 GRID# 204  
 1 1 E

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 TRADE SECRET  Yes  No 206  
**PETROLEUM HYDROCARBON**  
 If Subject to EPCRA, refer to instructions

COMMON NAME 207 EHS  Yes  No 208  
**PROPANE**

CAS# 209 If EHS is "Yes", all amounts below must be in lbs  
 74-98-6

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210  
**I-A FLAMMABLE LIQUID**

HAZARD MATERIAL TYPE (Check one item) 211 RADIOACTIVE  Yes  No 212 CURIES 213  
 a PURE  b MIXTURE  c WASTE

PHYSICAL STATE (Check one item only) 214 LARGEST CONTAINER 5 215  
 a SOLID  b LIQUID  c GAS

FED HAZARD CATEGORIES (Check all that apply) 216  
 a FIRE  b REACTIVE  c PRESSURE RELEASE  d ACUTE HEALTH  e CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217 MAXIMUM DAILY AMOUNT 218 ANNUAL WASTE AMOUNT 219 STATE WASTE CODE 220  
 40 60

UNITS\* (Check one item only) 221 DAYS ON SITE 222  
 a GALLONS  b CUBIC FEET  c POUNDS  d TONS  
 if EHS, amount must be in pounds. 365

STORAGE CONTAINER 223  
 a ABOVE GROUND TANK  e PLASTIC/NONMETALLIC DRUM  i FIBER DRUM  m GLASS BOTTLE  o RAIL CAR  
 b UNDERGROUND TANK  f CAN  j BAG  n PLASTIC BOTTLE  p OTHER  
 c TANK INSIDE BUILDING  g CARBOY  k BOX  o TOTE BIN  
 d STEEL DRUM  h SILO  l CYLINDER  p TANK WAGON

STORAGE PRESSURE  a AMBIENT  b ABOVE AMBIENT  c BELOW AMBIENT 224

STORAGE TEMPERATURE  a AMBIENT  b ABOVE AMBIENT  c BELOW AMBIENT  d CRYOGENIC 225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
1 226	PROPANE 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	74-98-6 229
2 230	ETHANE 231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232	74-84-0 233
3 234	BUTANE 235	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236	106-97-8 237
4 238	239	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 240	241
5 242	243	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

DOT Hazard Class. FL

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HAZARDOUS MATERIALS

HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION

One page per material per building or area

ADD DELETE REVISE 200 Page 8 of 17

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 256115 3  
**El Camino 76 #256115**

CHEMICAL LOCATION SOUTH SIDE OF SERV BLDG CHEMICAL LOCATION CONFIDENTIAL EPCRA 202  
 YES  NO

FACILITY ID# 1 MAP# 203 GRID# 204  
 (Agency Use Only) I D

II. CHEMICAL INFORMATION

CHEMICAL NAME 205 PETROLEUM HYDROCARBON TRADE SECRET  Yes  No 206  
 If Subject to EPCRA, refer to instructions

COMMON NAME 207 USED MOTOR OIL EHS  Yes  No 208

CAS# 209 8002-05-9 If EHS is "Yes", all amounts below must be in lbs

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) III-B COMBUSTIBLE 210

HAZARD MATERIAL TYPE (Check one item) 211  a PURE  b MIXTURE  c WASTE RADIOACTIVE  Yes  No 212 CURIES 213

PHYSICAL STATE (Check one item only) 214  a SOLID  b LIQUID  c GAS LARGEST CONTAINER 520 215

FED HAZARD CATEGORIES (Check all that apply) 216  a FIRE  b REACTIVE  c PRESSURE RELEASE  d ACUTE HEALTH  e CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217 250 MAXIMUM DAILY AMOUNT 218 520 ANNUAL WASTE AMOUNT 219 3000 STATE WASTE CODE 220 221

UNITS\* (Check one item only) 221  a GALLONS  b CUBIC FEET  c POUNDS  d TONS DAYS ON SITE 222 365  
 if EHS, amount must be in pounds.

STORAGE CONTAINER 223  
 a ABOVE GROUND TANK  e PLASTIC/NONMETALLIC DRUM  i FIBER DRUM  m GLASS BOTTLE  o RAIL CAR  
 b UNDERGROUND TANK  f CAN  j BAG  n PLASTIC BOTTLE  p OTHER  
 c TANK INSIDE BUILDING  g CARBOY  k BOX  o TOTE BIN  
 d STEEL DRUM  h SILO  l CYLINDER  p TANK WAGON

STORAGE PRESSURE 224  a AMBIENT  b ABOVE AMBIENT  c BELOW AMBIENT

STORAGE TEMPERATURE 225  a AMBIENT  b ABOVE AMBIENT  c BELOW AMBIENT  d CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
1 100% 226	MOTOR OIL, USED 227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228	8002-05-9 229
2 230	231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232	233
3 234	235	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236	237
4 238	239	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 240	241
5 242	243	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 244	245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

DOT Hazard Class: FL

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**UNIDOC PROGRAM CONSOLIDATED FORM  
HAZARDOUS MATERIALS**

**HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

One page per material per building or area)

ADD

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REVISE

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Page **9** of **17**

**I. FACILITY INFORMATION**

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)										256115	3
<b>El Camino 76 #256115</b>											
CHEMICAL LOCATION							CHEMICAL LOCATION CONFIDENTIAL EPCRA			202	
<b>IN SERVICE BAY</b>							<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
FACILITY ID#					1	MAP#	203	GRID#		204	
(Agency Use Only)						I		C			

**II. CHEMICAL INFORMATION**

CHEMICAL NAME		205	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	206
<b>PETROLEUM HYDROCARBON</b>			If Subject to EPCRA, refer to instructions		
COMMON NAME		207	EHS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	208
<b>USED OIL FILTERS</b>					
CAS#		209	If EHS is "Yes", all amounts below must be in lbs		
<b>8002-05-9</b>					

**III-B COMBUSTIBLE**

HAZARD MATERIAL TYPE (Check one item)		211	RADIOACTIVE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	212	CURIES	213
<input type="checkbox"/> a PURE <input type="checkbox"/> b MIXTURE <input checked="" type="checkbox"/> c WASTE							
PHYSICAL STATE (Check one item only)		214	LARGEST CONTAINER		55	215	
<input type="checkbox"/> a SOLID <input checked="" type="checkbox"/> b LIQUID <input type="checkbox"/> c GAS							
FED HAZARD CATEGORIES (Check all that apply)			<input checked="" type="checkbox"/> a FIRE <input type="checkbox"/> b REACTIVE <input type="checkbox"/> c PRESSURE RELEASE <input type="checkbox"/> d ACUTE HEALTH <input checked="" type="checkbox"/> e CHRONIC HEALTH		216		
AVERAGE DAILY AMOUNT	217	MAXIMUM DAILY AMOUNT	218	ANNUAL WASTE AMOUNT	219	STATE WASTE CODE	220
<b>100</b>		<b>200</b>		<b>600</b>		<b>223</b>	
UNITS* (Check one item only)	<input type="checkbox"/> a GALLONS <input type="checkbox"/> b CUBIC FEET <input checked="" type="checkbox"/> c POUNDS <input type="checkbox"/> d TONS	221	DAYS ON SITE		365	222	
if EHS, amount must be in pounds							

STORAGE CONTAINER	<input type="checkbox"/> a ABOVE GROUND TANK	<input type="checkbox"/> e PLASTIC/NONMETALLIC DRUM	<input type="checkbox"/> i FIBER DRUM	<input type="checkbox"/> m GLASS BOTTLE	<input type="checkbox"/> o RAIL CAR
	<input type="checkbox"/> b UNDERGROUND TANK	<input type="checkbox"/> f CAN	<input type="checkbox"/> j BAG	<input type="checkbox"/> n PLASTIC BOTTLE	<input type="checkbox"/> p OTHER
	<input type="checkbox"/> c TANK INSIDE BUILDING	<input type="checkbox"/> g CARBOY	<input type="checkbox"/> k BOX	<input type="checkbox"/> o TOTE BIN	
	<input checked="" type="checkbox"/> d STEEL DRUM	<input type="checkbox"/> h SILO	<input type="checkbox"/> l CYLINDER	<input type="checkbox"/> p TANK WAGON	

STORAGE PRESSURE	<input checked="" type="checkbox"/> a AMBIENT <input type="checkbox"/> b ABOVE AMBIENT <input type="checkbox"/> c BELOW AMBIENT	224
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STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a AMBIENT <input type="checkbox"/> b ABOVE AMBIENT <input type="checkbox"/> c BELOW AMBIENT <input type="checkbox"/> d CRYOGENIC	225
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%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
1 100%	USED OIL FILTERS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8002-05-9
2 230	USED OIL	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8002-05-9
3 234		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4 238		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5 242		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information

**ADDITIONAL LOCALLY COLLECTED INFORMATION**

DOT Hazard Class: FL

If EPCRA, Please Sign Here

**UNIFIED PROGRAM CONSOLIDATED FORM**

**HAZARDOUS MATERIALS**

**HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

One page per material per building or area

ADD

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REVISE

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Page **10** of **17**

**I. FACILITY INFORMATION**

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)										256115	3	
CHEMICAL LOCATION <b>IN SERVICE BAY</b>										CHEMICAL LOCATION CONFIDENTIAL EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		202
FACILITY ID# (Agency Use Only)					1	MAP#			203	GRID#		204
					1				1	C		

**II. CHEMICAL INFORMATION**

CHEMICAL NAME <b>GLYCOLS</b>		205	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		206
<small>If Subject to EPCRA, refer to instructions</small>					
COMMON NAME <b>USED ANTIFREEZE</b>		207	EHS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		208
CAS# <b>107-21-1</b>		209	If EHS is "Yes", all amounts below must be in lbs		

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)		210
<b>III-B COMBUSTIBLE</b>		

HAZARD MATERIAL TYPE (Check one item)		211	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		212	CURIES		213
<input type="checkbox"/> a PURE <input type="checkbox"/> b MIXTURE <input checked="" type="checkbox"/> c WASTE								

PHYSICAL STATE (Check one item only)		214	LARGEST CONTAINER		55	215
<input type="checkbox"/> a SOLID <input checked="" type="checkbox"/> b LIQUID <input type="checkbox"/> c GAS						

FED HAZARD CATEGORIES (Check all that apply)		216
<input type="checkbox"/> a FIRE <input type="checkbox"/> b REACTIVE <input type="checkbox"/> c PRESSURE RELEASE <input checked="" type="checkbox"/> d ACUTE HEALTH <input checked="" type="checkbox"/> e CHRONIC HEALTH		

AVERAGE DAILY AMOUNT		217	MAXIMUM DAILY AMOUNT		218	ANNUAL WASTE AMOUNT		219	STATE WASTE CODE		220
<b>25</b>			<b>55</b>			<b>175</b>			<b>343</b>		

UNITS* (Check one item only)		221	DAYS ON SITE		222
<input checked="" type="checkbox"/> a GALLONS <input type="checkbox"/> b CUBIC FEET <input type="checkbox"/> c POUNDS <input type="checkbox"/> d TONS			<b>365</b>		
<small>if EHS, amount must be in pounds</small>					

STORAGE CONTAINER		223
<input type="checkbox"/> a ABOVE GROUND TANK <input checked="" type="checkbox"/> e PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i FIBER DRUM <input type="checkbox"/> m GLASS BOTTLE <input type="checkbox"/> o RAIL CAR <input type="checkbox"/> b UNDERGROUND TANK <input type="checkbox"/> f CAN <input type="checkbox"/> j BAG <input type="checkbox"/> n PLASTIC BOTTLE <input type="checkbox"/> p OTHER <input type="checkbox"/> c TANK INSIDE BUILDING <input type="checkbox"/> g CARBOY <input type="checkbox"/> k BOX <input type="checkbox"/> o TOTE BIN <input type="checkbox"/> d STEEL DRUM <input type="checkbox"/> h SILO <input type="checkbox"/> l CYLINDER <input type="checkbox"/> p TANK WAGON		

STORAGE PRESSURE		224
<input checked="" type="checkbox"/> a AMBIENT <input type="checkbox"/> b ABOVE AMBIENT <input type="checkbox"/> c BELOW AMBIENT		

STORAGE TEMPERATURE		225
<input checked="" type="checkbox"/> a AMBIENT <input type="checkbox"/> b ABOVE AMBIENT <input type="checkbox"/> c BELOW AMBIENT <input type="checkbox"/> d CRYOGENIC		

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
1 94%	ETHYLENE GLYCOL	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	107-21-1
2 1%	DIETHYLENE GLYCOL	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	111-46-6
3 10%	WATER	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7732-18-5
4 2%	DIPOTASSIUM PHOSPHATE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7758-11-4
5		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information

**ADDITIONAL LOCALLY COLLECTED INFORMATION**

DOT Hazard Class: NONE

If EPCRA, Please Sign Here

**UNIFIED PROGRAM CONSOLIDATED FORM**  
**HAZARDOUS MATERIALS**  
**HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

One page per material per building or area)

ADD      DELETE      REVISE      200      Page 11 of 17

**I. FACILITY INFORMATION**

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) <b>El Camino 76 #256115</b>										256115	3
CHEMICAL LOCATION <b>IN SERVICE BAY</b>								CHEMICAL LOCATION CONFIDENTIAL EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		202	
FACILITY ID# (Agency Use Only)					1	MAP# 1	203	GRID# C	204		

**II. CHEMICAL INFORMATION**

CHEMICAL NAME <b>LEAD ACID BATTERY</b>		205	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	206
COMMON NAME <b>WASTE BATTERIES</b>		207	EHS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	208
CAS# <b>7664-93-9</b>		209	If EHS is "Yes", all amounts below must be in lbs	

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) <b>CORROSSIVE</b>		210
--	--	-----

HAZARD MATERIAL TYPE (Check one item) <input type="checkbox"/> a PURE <input type="checkbox"/> b MIXTURE <input checked="" type="checkbox"/> c WASTE	211	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	212	CURIES	213
---	-----	---	-----	--------	-----

PHYSICAL STATE (Check one item only) <input checked="" type="checkbox"/> a SOLID <input checked="" type="checkbox"/> b LIQUID <input type="checkbox"/> c GAS	214	LARGEST CONTAINER    1	215
---	-----	------------------------	-----

FED HAZARD CATEGORIES (Check all that apply) <input type="checkbox"/> a FIRE <input checked="" type="checkbox"/> b REACTIVE <input type="checkbox"/> c PRESSURE RELEASE <input checked="" type="checkbox"/> d ACUTE HEALTH <input type="checkbox"/> e CHRONIC HEALTH	216
---	-----

AVERAGE DAILY AMOUNT    217	MAXIMUM DAILY AMOUNT    218	ANNUAL WASTE AMOUNT    219	STATE WASTE CODE    220
<b>5</b>	<b>10</b>	100	162

UNITS* (Check one item only) <input checked="" type="checkbox"/> a GALLONS <input type="checkbox"/> b CUBIC FEET <input type="checkbox"/> c POUNDS <input type="checkbox"/> d TONS	221	DAYS ON SITE 365	222
---	-----	---------------------	-----

STORAGE CONTAINER	<input type="checkbox"/> a ABOVE GROUND TANK	<input type="checkbox"/> e PLASTIC/NONMETALLIC DRUM	<input type="checkbox"/> i FIBER DRUM	<input type="checkbox"/> m GLASS BOTTLE	<input type="checkbox"/> o RAIL CAR
	<input type="checkbox"/> b UNDERGROUND TANK	<input type="checkbox"/> f CAN	<input type="checkbox"/> j BAG	<input type="checkbox"/> n PLASTIC BOTTLE	<input checked="" type="checkbox"/> p OTHER
	<input type="checkbox"/> c TANK INSIDE BUILDING	<input type="checkbox"/> g CARBOY	<input type="checkbox"/> k BOX	<input type="checkbox"/> o TOTE BIN	
	<input type="checkbox"/> d STEEL DRUM	<input type="checkbox"/> h SILO	<input type="checkbox"/> l CYLINDER	<input type="checkbox"/> p TANK WAGON	

STORAGE PRESSURE <input checked="" type="checkbox"/> a AMBIENT <input type="checkbox"/> b ABOVE AMBIENT <input type="checkbox"/> c BELOW AMBIENT	224
--	-----

STORAGE TEMPERATURE <input checked="" type="checkbox"/> a AMBIENT <input type="checkbox"/> b ABOVE AMBIENT <input type="checkbox"/> c BELOW AMBIENT <input type="checkbox"/> d CRYOGENIC	225
--	-----

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
1 35%	SULFURIC ACID (35%)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7664-93-9
2 34%	LEAD	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7439-92-1
3 31%	LEAD DIOXIDE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1309-60-0
4 1%	LEAD SULFATE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7446-14-2
5		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

DOT Hazard Class: COR

If EPCRA, Please Sign Here

# Emergency Response/Contingency Plan (Hazardous Materials Business Plan Module)

Authority Cited H&SC, Section 25504(b), Title 22, Div 4 5, Ch 12, Art 3 CCR

All facilities that handle hazardous materials in specified quantities must have a written emergency response plan. In addition, facilities that generate 1,000 kilograms or more of hazardous waste per month, or accumulate more than 6,000 kilograms of hazardous waste on-site at any one time, must prepare a contingency plan. Because the requirements are similar, they have been combined in a single document, provided below, for your convenience. This plan is a required module of the Hazardous Materials Business Plan (HMBP). **If you already have a plan that meets these requirements, you should not complete the blank plan, below, but you must include a copy of your existing plan as part of your HMBP.**

This site-specific Emergency Response/Contingency Plan is the facility's plan for dealing with emergencies and shall be implemented immediately whenever there is a fire, explosion, or release of hazardous materials that could threaten human health and/or the environment. **At least one copy of the plan shall be maintained at the facility for use in the event of an emergency and for inspection by the local agency.** Within Santa Clara County, hospitals and police agencies have delegated receipt of these plans to the local agencies administering Hazardous Materials Business Plans, so additional copies need not be submitted. However, a copy of the plan and any revisions must be provided to any contractor, hospital, or agency with whom special (i.e. contractual) emergency services arrangements have been made (see section 3, below)

### 1. Evacuation Plan:

a. The following alarm signal(s) will be used to begin evacuation of the facility (check all which apply)

Bells;  Horns/Sirens;  Verbal (i.e. shouting);  Other (specify) \_\_\_\_\_

b.  Evacuation map is prominently displayed throughout the facility.

*Note. A properly completed HMBP Site Plan satisfies contingency plan map requirements. This drawing (or any other drawing that shows primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas) must be prominently posted throughout the facility in locations where it will be visible to employees and visitors*

### 2. a. Emergency Contacts\*:

Fire/Police/Ambulance ..... Phone No. **911**  
State Office of Emergency Services ..... Phone No. **(800) 852-7550**

### b. Post-Incident Contacts\*:

Fire Department Hazardous Materials Program ..... Phone No. : **408-918-3400**  
Santa Clara County Hazardous Materials Compliance Division ... Phone No. **(408) 918-3400**  
California EPA Department of Toxic Substances Control ..... Phone No. **(510) 540-3739**  
Cal-OSHA Division of Occupational Safety and Health . . . . . Phone No. **(408) 452-7288**  
Bay Area Air Quality Management District . . . . . Phone No. **(415) 771-6000**  
Regional Water Quality Control Board . . . . . Phone No. **(510) 622-2300**

\* These telephone numbers are provided as a general aid to emergency notification. Be advised that additional agencies may be required to be notified.

### c. Emergency Resources:

Poison Control Center ..... Phone No. **(800) 876-4766**

Nearest Hospital: Name: EL CAMINO HOSPITAL Phone No.: 650-940-7055

Address: 2500 GRANT ROAD City: MOUNTAIN VIEW

### 3. Arrangements With Emergency Responders:

If you have made special (i.e. contractual) arrangements with any police department, fire department, hospital, contractor, or State or local emergency response team to coordinate emergency services, describe those arrangements on the lines below:

None

**4. Emergency Procedures:**Emergency Coordinator Responsibilities

- a Whenever there is an imminent or actual emergency situation such as an explosion, fire, or release, the emergency coordinator (*or his/her designee when the emergency coordinator is on call*) shall.
- i Identify the character, exact source, amount, and a real extent of any released hazardous materials
  - ii Assess possible hazards to human health or the environment that may result from the explosion, fire, or release. This assessment must consider both direct and indirect effects (*e.g. the effects of any toxic, irritating, or asphyxiating gases that are generated, the effects of any hazardous surface water run-off from water or chemical agents used to control fire, etc.*).
  - iii. Activate internal facility alarms or communications systems, where applicable, to notify all facility personnel
  - iv Notify appropriate local authorities (*i.e. call 911*)
  - v. Notify the State Office of Emergency Services at 1-800-852-7550
  - vi Monitor for leaks, pressure build-up, gas generation, or ruptures in valves, pipes, or other equipment shut down in response to the incident.
  - vii. Take all reasonable measures necessary to ensure that fires, explosions, and releases do not occur, recur, or spread to other hazardous materials at the facility.
- b Before facility operations are resumed in areas of the facility affected by the incident, the emergency coordinator shall.
- i Provide for proper storage and disposal of recovered waste, contaminated soil or surface water, or any other material that results from an explosion, fire, or release at the facility.
  - ii. Ensure that no material that is incompatible with the released material is transferred, stored, or disposed of in areas of the facility affected by the incident until cleanup procedures are completed.
  - iii. Ensure that all emergency equipment is cleaned, fit for its intended use, and available for use.
  - iv. Notify the California Environmental Protection Agency's Department of Toxic Substances Control, the County of Santa Clara's Hazardous Materials Compliance Division, and the local fire department's hazardous materials program that the facility is in compliance with requirements b-i and b-ii, above

Responsibilities of Other Personnel

On a separate page, list any emergency response functions not covered in the "Emergency Coordinator Responsibilities" section, above. Next to each function, list the job title or name of each person responsible for performing the function. Number the page(s) appropriately.

**5. Post-Incident Reporting/Recording:**

The time, date, and details of any hazardous materials incident that requires implementation of this plan shall be noted in the facility's operating record.

Within 15 days of any hazardous materials emergency incident or threatened hazardous materials emergency incident that triggers implementation of this plan, a written Emergency Incident Report, including, but not limited to a description of the incident and the facility's response to the incident, must be submitted to the California Environmental Protection Agency's Department of Toxic Substances Control, the County of Santa Clara's Hazardous Materials Compliance Division, and the local fire department's hazardous materials program. The report shall include

- a. Name, address, and telephone number of the facility's owner/operator;
- b. Name, address, and telephone number of the facility;
- c. Date, time, and type of incident (*e.g. fire, explosion, etc.*);
- d. Name and quantity of material(s) involved;
- e. The extent of injuries, if any;
- f. An assessment of actual or potential hazards to human health or the environment, where this is applicable;
- g. Estimated quantity and disposition of recovered material that resulted from the incident;
- h. Cause(es) of the incident;
- i. Actions taken in response to the incident;
- j. Administrative or engineering controls designed to prevent such incidents in the future

**6. Earthquake Vulnerability:** [19 CCR §2731(e)]

Identify any areas of the facility and mechanical or other systems that require immediate inspection or isolation because of their vulnerability to earthquake-related ground motion:

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**Tank Monitor Alarm; Pump Islands and Dispensers; Any Above Ground Storage containment or Hazardous Materials on site**

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7. Emergency Equipment:

22 CCR, Section 66265.52(e) [as referenced by Section 66262 34(a)(4)] and the Hazardous Materials Storage Ordinance require that emergency equipment at the facility be listed. Completion of the following Emergency Equipment Inventory Table meets this requirement

EMERGENCY EQUIPMENT INVENTORY TABLE

1. Equipment Category	2. Equipment Type	3. Locations *	4. Description**
Personal Protective, Equipment, Safety Equipment, and First Aid Equipment	<input type="checkbox"/> Cartridge Respirators		
	<input type="checkbox"/> Chemical Monitoring Equipment (describe)		
	<input type="checkbox"/> Chemical Protective Aprons/Coats		
	<input type="checkbox"/> Chemical Protective Boots		
	<input checked="" type="checkbox"/> Chemical Protective Gloves	service bay	Rubber Gloves
	<input type="checkbox"/> Chemical Protective Suits (describe)		
	<input type="checkbox"/> Face Shields		
	<input checked="" type="checkbox"/> First Aid Kits/Stations (describe)	1-in service bay store area	Standard first aid kit
	<input type="checkbox"/> Hard Hats		
	<input type="checkbox"/> Plumbed Eye Wash Stations		
	<input type="checkbox"/> Portable Eye Wash Kits (i.e. bottle type)		
	<input type="checkbox"/> Respirator Cartridges (describe)		
	<input checked="" type="checkbox"/> Safety Glasses/Splash Goggles	service bay	Goggles
	<input type="checkbox"/> Safety Showers		
<input type="checkbox"/> Self-Contained Breathing Apparatuses (SCBA)			
<input type="checkbox"/> Other (describe)			
Fire Extinguishing Systems	<input type="checkbox"/> Automatic Fire Sprinkler Systems		
	<input type="checkbox"/> Fire Alarm Boxes/Stations		
	<input checked="" type="checkbox"/> Fire Extinguisher Systems (describe)	2-in service bay	Portable ABC Capability - 2A-20BC
	<input type="checkbox"/> Other (describe)		
Spill Control Equipment and Decontamination Equipment	<input checked="" type="checkbox"/> Absorbents (describe)	in service bay store area	Kitty Litter
	<input type="checkbox"/> Berms/Dikes (describe)		
	<input type="checkbox"/> Decontamination Equipment (describe)		
	<input type="checkbox"/> Emergency Tanks (describe)		
	<input type="checkbox"/> Exhaust Hoods		
	<input type="checkbox"/> Gas Cylinder Leak Repair Kits (describe)		
	<input type="checkbox"/> Neutralizers (describe)		
	<input type="checkbox"/> Overpack Drums		
	<input type="checkbox"/> Sumps (describe)		
	<input type="checkbox"/> Other (describe)		
Communications and Alarm Systems	<input type="checkbox"/> Chemical Alarms (describe)		
	<input type="checkbox"/> Intercoms/ PA Systems		
	<input type="checkbox"/> Portable Radios		
	<input checked="" type="checkbox"/> Telephones	throughout	See site map
	<input checked="" type="checkbox"/> Underground Tank Leak Detection Monitors	service bay storage area	Veeder Root
<input type="checkbox"/> Other (describe)			
Additional Equipment (Use Additional Pages if Needed)			

\* Use the Location Codes (LC) from the Storage Map(s) prepared earlier for your HMBP

\*\* Describe the equipment and its capabilities. If applicable, specify any testing/maintenance procedures/intervals. Attach additional pages, numbered appropriately, if needed.

## Employee Training Plan

(Hazardous Materials Business Plan Module)

Authority Cited H&SC, Section 25504(c), Title 22, Div 4 5, Ch 12, Art 3 CCR

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All facilities that handle hazardous materials must have a written employee training plan. This plan is a required module of the Hazardous Materials Business Plan (HMBP). A blank plan has been provided below for you to complete and submit if you do not already have such a plan. **If you already have a training plan, you are not required to complete the blank plan, below, but you must include a copy of your existing plan as part of your HMBP.**

Check all boxes that apply. [Note: Items marked with an asterisk (\*) are required.]:

1. **Personnel** are trained in the following procedures:

<input checked="" type="checkbox"/> Internal alarm/notification *
<input checked="" type="checkbox"/> Evacuation/re-entry procedures & assembly point locations*
<input checked="" type="checkbox"/> Emergency incident reporting
<input checked="" type="checkbox"/> External emergency response organization notification
<input checked="" type="checkbox"/> Location(s) and contents of Emergency Response/Contingency Plan
<input checked="" type="checkbox"/> Facility evacuation drills, which are conducted at least (specify) <u>Annual</u> (e.g. "Quarterly", etc.)

2. **Chemical Handlers** are additionally trained in the following:

<input checked="" type="checkbox"/> Safe methods for handling and storage of hazardous materials *
<input checked="" type="checkbox"/> Location(s) and proper use of fire and spill control equipment
<input checked="" type="checkbox"/> Spill procedures/emergency procedures
<input checked="" type="checkbox"/> Proper use of personal protective equipment *
<input checked="" type="checkbox"/> Specific hazard(s) of each chemical to which they may be exposed, including routes of exposure (i.e. inhalation, ingestion, absorption) *
<input type="checkbox"/> Hazardous Waste Handlers/Managers are trained in all aspects of hazardous waste management specific to their job duties (e.g. container accumulation time requirements, labeling requirements, storage area inspection requirements, manifesting requirements, etc.) *

3. **Emergency Response Team Members** are capable of and engaged in the following:

<input checked="" type="checkbox"/> Personnel rescue procedures
<input checked="" type="checkbox"/> Shutdown of operations
<input checked="" type="checkbox"/> Liaison with responding agencies
<input checked="" type="checkbox"/> Use, maintenance, and replacement of emergency response equipment
<input checked="" type="checkbox"/> Refresher training, which is provided at least annually *
<input checked="" type="checkbox"/> Emergency response drills, which are conducted at least (specify) <u>Annual</u> (e.g. "Quarterly", etc.)

**Record keeping**  
(Hazardous Materials Business Plan Module)

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All facilities which handle hazardous materials must maintain records associated with their management. A summary of your record keeping procedures is a required module of the Hazardous Materials Business Plan (HMBP). A blank summary has been provided below for you to complete and submit if you do not already have such a document. **If you already have a brief written description of your hazardous materials record keeping systems which addresses all subjects covered below, you are not required to complete this page, but you must include a copy of your existing document as part of your HMBP.**

Check all boxes that apply. The following records are maintained at the facility. [Note: Items marked with an asterisk (\*) are required.]:

<input checked="" type="checkbox"/> Current employees' training records (to be retained until closure of the facility) *
<input checked="" type="checkbox"/> Former employees' training records (to be retained at least three years after termination of employment) *
<input checked="" type="checkbox"/> Training Program(s) (i.e. written description of introductory and continuing training) *
<input checked="" type="checkbox"/> Current copy of this Emergency Response/Contingency Plan *
<input checked="" type="checkbox"/> Record of recordable/reportable hazardous material/waste releases *
<input checked="" type="checkbox"/> Record of hazardous material/waste storage area inspections *
<input checked="" type="checkbox"/> Record of hazardous waste tank daily inspections *
<input checked="" type="checkbox"/> Description and documentation of facility emergency response drills

Note The above list of records does not necessarily identify every type of record required to be maintained by the facility

**A copy of the Inspection Check Sheet(s) or Log(s) used in conjunction with required routine self-inspections of your facility must be submitted with your HMBP. (Exception: Available from you local agency is a Hazardous Materials/Waste Storage Area Inspection Form that you may use if you do not already have your own form. If you use the example provided, you do not need to attach a copy.)**

Check the appropriate box:

<input checked="" type="checkbox"/> We will use the "Hazardous Materials/Waste Storage Area Inspection Form" to document inspections.
<input type="checkbox"/> We will use our own documents to record inspections (A blank copy of each document used must be attached to this HMBP.)

**EMERGENCY RESPONSE PROCEDURES**  
**MAJOR INCIDENT: FIRE, SPILL OR SUSPECTED LEAK**

256115

**MINOR INCIDENT: (less than 5 gallons)**

1. **FIRES:** Extinguish with fire extinguisher. Recharge fire extinguisher, if used
2. **SPILLS:** Clean up with absorbent materials on site and dispose of according to all regulations. Have a fire extinguisher ready for spills of flammable materials. Restock absorbent as necessary. See the Emergency Equipment Section for additional information.
3. **MEDICAL:** Treat with on site first aid kit or take to nearest hospital. Employee training plan lists the nearest hospital.
4. **RECORD:** Record the event in the Daily Systems Inspection Form.
5. **NOTIFY:** The SolvOne Help Desk if the spill flows off site, enters a storm drain or contacts bare soil or groundwater.

**MAJOR INCIDENT: (more than 5 gallons)**

Any incident that can not be contained and cleaned up as part of the routine operations, should be considered a major release and use the following procedures.

1. **TURN OFF PUMPS** using the Emergency Pump Shut-Off Switch.
2. **EVACUATE:** Verbally **ANNOUNCE** to all persons on the site: "This is an emergency. Please turn off your engines and leave the station on foot immediately. All employees meet at the emergency assembly area "
3. **Call 9-1-1:** Give the following information:  
"THERE IS A FIRE/GASOLINE SPILL at the ConocoPhillips/76 service station at: 4350 El Camino Real  
If anyone is trapped or needs medical attention, tell the answering dispatcher. Stay on the phone and be prepared to answer any questions concerning the situation.
4. **ATTEMPT** to contain the spill if you can do it safely.
5. **LOOK AROUND** to ensure that everyone has left the station, particularly those in vehicles who may need assistance or may not have heard the emergency announcement. Assist or direct assistance to anyone having difficulty leaving the station and anyone who may be injured.
6. **REPORT** to arriving emergency response personnel to provide them with any information or assistance they might need. Immediately notify the SolveOne Help Desk.

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**EMERGENCY PHONE NUMBERS**

**EMERGENCY RESPONSE CONTRACTOR**

SolveOne Help Desk, located in Portland, OR: 1-866-215-0965

**CONOCOPHILLIPS STORE PERSONNEL**

District Manager: Dave Hinds 800-831-2459

Marketing HSE Specialist: Dave Camile 510-245-5219

**FACILITY CONTACTS**

Primary: Greg Galatolo Dealer Day: 650-941-0244

24-hour: 650-948-8302

Secondary: Jim Reed Manager Day: 650-941-0244

24-hour: 408-736-0204

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ConocoPhillips will notify the State and Local administering agencies within an appropriate time frame unless the situation requires urgent immediate response by the agencies, in which case the **Operator** should notify these agencies.

a) **LOCAL AGENCY:** Santa Clara Co. Dept. of Env. Health

**PHONE NUMBER:** 408-918-3400

b) **CALIFORNIA OFFICE OF EMERGENCY SERVICES:** (800) 852-7550 or (916) 845-8911

c) **LOCAL POLICE AND FIRE DEPARTMENTS:** 9-1-1

d) **NATIONAL RESPONSE CENTER:** (800) 424-8802 (24-Hours)

## EMPLOYEE TRAINING PLAN

Employees must be given this training before starting work, and refresher courses must be provided annually. Records must be kept to show when each station employee has been given his/her safety training. Use the following outline and make copies as needed. Have employee date and sign the attached training log upon completion of training. **Retain these records for a minimum of three years.**

All employees should review the Hazardous Material Plan, (this document). Specifically, each employee should understand the procedures to be used in responding to various kinds of emergencies, and know how to monitor the site for leaks of hazardous materials. As a supplement to this package, employees should also review and have access to the the Emergency Response Plan and the Materials Safety Data Sheets. Each employee must be drilled in all emergency response procedures contained herein.

### UTILITY SHUT-OFFS

- \* **PUMP SHUT-OFF:** This turns off the turbine pumps that provide flow to the dispensers from the underground storage tanks. Shut-off pumps in case of a leak to help prevent spills.  
Location: 1-NORTH EXT. BLDG. WALL, 1-STORAGE AREA
- \* **TANK MONITORING ALARM:** This is used to monitor the Underground Storage Tanks. This panel may indicate when a potential leak is detected by a visual and audible alarm.  
Location: SERVICE BAY STORAGE AREA
- \* **ELECTRICAL PANEL:** The panel allows you to selectively cut power to lights, signs, and pumps. The main switch allows you to cut-off all power at the site.  
Location: IN SERVICE BAY STORAGE AREA
- \* **WATER SHUT-OFF:** The water shut-off may be necessary in some cases.  
Location: IN SIDEWALK ALONG LOS ALTOS AVENUE
- \* **NATURAL GAS SHUT-OFF:** If your facility has natural gas, it may be necessary to shut-off the flow in case of an emergency.  
Location: NONE
- \* **PROPANE/LPG SHUT-OFF:**  
If your facility has propane or liquefied petroleum gas, be sure to turn off the manual valves and shut off the power to the dispensing pumps in case of a release or fire. Call your supplier or dial 9-1-1 as necessary.

### EMERGENCY EQUIPMENT

- \* **FIRE EXTINGUISHER:** Use only on small fires that you can contain. Do not attempt to extinguish large fires on your own; call 9-1-1 for help.  
Location: 2-IN SERVICE BAY
- \* **SPILL/ CLEAN UP KIT:**  
This can soak up small spills of gasoline, diesel fuel, or other petroleum products. Absorbent should be used rather than washing spills down a drain. In case of large spill, see the "Major Incident" section on the previous page.  
Location: IN SERVICE BAY STORE AREA
- \* **RESPONSE EQUIPMENT:** These items are to be used to prevent skin contact with hazardous materials.
  - Broom: SERVICE BAY
  - Shovel: SERVICE BAY
  - Gloves: SERVICE BAY
  - Goggles: SERVICE BAY
- \* **FIRST AID KIT:** Use for minor incidents and treatment.  
Location: 1-IN SERVICE BAY STORE AREA
- \* **EVACUATION ASSEMBLY AREA:** All employees must know where to meet in the event of an emergency.  
Location: SOUTH SIDE OF SITE
- \* **ENVIRONMENTAL DOCUMENTS / HMMP MSDS SHEETS:**  
Location: SALES OFFICE

**EMPLOYEE TRAINING PLAN (con't)**

**MEDICAL FACILITIES:**

**PRIMARY FACILITY:**

EL CAMINO HOSPITAL  
2500 GRANT ROAD MOUNTAIN VIEW  
650-940-7055

**ALTERNATE FACILITY:**

STANFORD HOSPITAL  
300 PASTEUR DR STANFORD  
650-723-5111

**FIRST AID PROCEDURES** (for gasoline and/or diesel fuel): For further information, refer to the MSDS sheets

**EYE CONTACT:**

If irritation or redness develops, move victim away from exposure and into fresh air. Flush eyes with water clean water. If symptoms persist, seek medical attention immediately.

**SKIN CONTACT:**

Removing contaminated clothing and shoes, flush affected area(s) with large amounts of water. If skin is not damaged, proceed to cleanse the affected area with mild soap and water. If symptoms become worse, seek medical attention immediately.

**INHALATION (Breathing):**

Remove victim from source of exposure and into fresh air. If victim is not breathing, give artificial respiration and seek medical attention immediately.

**INGESTION (Swallowing):**

Aspiration Hazard: **DO NOT INDUCE VOMITING.**

do not give anything by mouth because it can enter the lungs and cause severe lung damage. If victim is drowsy or unconscious and vomiting, place on the left side with the head down. Seek medical attention immediately.

**FIRST AID FOR EXPOSURE TO OTHER MATERIALS:**

Consult the warning advice on container labels or refer to the Material Safety Data Sheet (MSDS) for that product

# Hazardous Materials Training Requirements

As the owner/operator of a business that handles hazardous materials, you must have the following:

- \* A Hazard Communication Plan (also known as an Employee Right-to-Know Plan)
- \* The Hazardous Materials Management Plan (Chemical Inventory, also known as the CA Business Emergency Plan)
- \* An Emergency Response Plan
- \* An Underground Storage Tank Monitoring and Response Plan
- \* A Release Reporting Plan

**Each of these plans requires employee training. Training must be documented by a written description of the topics covered and by a dated signature of the employees receiving the training. Annual refresher training is required. The introduction of new hazardous materials or changes in procedures requires immediate retraining. Training requirements that are common to more than one of these plans only need to be given once to satisfy all of the plans containing that requirement as long as the training addresses the concerns of each plan.**

- \* Training for the Hazard Communication Plan must include the following elements:
  - \* An overview of the requirements contained in the Hazard Communication Regulation and the worker's rights under the Regulation.
  - \* Locations of any operations in the work area where hazardous substances are present.
  - \* Location where a copy of the written Hazard Communication programs is made available to them
  - \* How to read labels and Material Safety Data Sheets (MSDS) to obtain appropriate hazard information, including physical and health effects of hazardous substances in the work place.
  - \* How to detect the presence of or the release of hazardous substances in the work place
  - \* How to minimize their exposure to these hazardous substances by proper use of engineering controls, work practices, and/or personal protective equipment (gloves, etc).
  - \* Emergency and first aid procedures to follow if employees are exposed to hazardous substances.

# Aboveground Separation, Containment, and Monitoring Plan

(Appendix to Hazardous Materials Business Plan)

Complete one column for each aboveground storage area shown on the Hazardous Materials Business Plan Storage Map(s). Write the appropriate location code in the box provided at the top of each column, then moving down the column, check all boxes which apply to that location. Make additional copies of this page if needed.

Location Code	B	C	E		
<b>Storage Type</b>	<input checked="" type="checkbox"/> Inside building <input type="checkbox"/> Outside storage shed <input type="checkbox"/> Outdoors	<input type="checkbox"/> Inside building <input type="checkbox"/> Outside storage shed <input checked="" type="checkbox"/> Outdoors	<input type="checkbox"/> Inside building <input type="checkbox"/> Outside storage shed <input checked="" type="checkbox"/> Outdoors	<input type="checkbox"/> Inside building <input type="checkbox"/> Outside storage shed <input type="checkbox"/> Outdoors	<input type="checkbox"/> Inside building <input type="checkbox"/> Outside storage shed <input type="checkbox"/> Outdoors
<b>Primary Containment</b>	<input checked="" type="checkbox"/> Original containers <input type="checkbox"/> Safety cans <input type="checkbox"/> Inside machinery <input checked="" type="checkbox"/> Drums/barrels <input type="checkbox"/> Pressure vessels <input type="checkbox"/> Bulk tanks <input type="checkbox"/> Aboveground piping <input type="checkbox"/> Other	<input type="checkbox"/> Original containers <input type="checkbox"/> Safety cans <input type="checkbox"/> Inside machinery <input checked="" type="checkbox"/> Drums/barrels <input type="checkbox"/> Pressure vessels <input type="checkbox"/> Bulk tanks <input type="checkbox"/> Aboveground piping <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Original containers <input type="checkbox"/> Safety cans <input type="checkbox"/> Inside machinery <input type="checkbox"/> Drums/barrels <input checked="" type="checkbox"/> Pressure vessels <input type="checkbox"/> Bulk tanks <input type="checkbox"/> Aboveground piping <input type="checkbox"/> Other	<input type="checkbox"/> Original containers <input type="checkbox"/> Safety cans <input type="checkbox"/> Inside machinery <input type="checkbox"/> Drums/barrels <input type="checkbox"/> Pressure vessels <input type="checkbox"/> Bulk tanks <input type="checkbox"/> Aboveground piping <input type="checkbox"/> Other	<input type="checkbox"/> Original containers <input type="checkbox"/> Safety cans <input type="checkbox"/> Inside machinery <input type="checkbox"/> Drums/barrels <input type="checkbox"/> Pressure vessels <input type="checkbox"/> Bulk tanks <input type="checkbox"/> Aboveground piping <input type="checkbox"/> Other
<b>Secondary Containment</b>	<input type="checkbox"/> Approved cabinets <input type="checkbox"/> Secondary drum <input type="checkbox"/> Tray <input type="checkbox"/> Bermed & coated floor <input type="checkbox"/> Tank vault <input type="checkbox"/> Secondary piping or piping trench <input type="checkbox"/> Other	<input type="checkbox"/> Approved cabinets <input type="checkbox"/> Secondary drum <input type="checkbox"/> Tray <input type="checkbox"/> Bermed & coated floor <input type="checkbox"/> Tank vault <input type="checkbox"/> Secondary piping or piping trench <input type="checkbox"/> Other	<input type="checkbox"/> Approved cabinets <input type="checkbox"/> Secondary drum <input type="checkbox"/> Tray <input type="checkbox"/> Bermed & coated floor <input type="checkbox"/> Tank vault <input type="checkbox"/> Secondary piping or piping trench <input type="checkbox"/> Other	<input type="checkbox"/> Approved cabinets <input type="checkbox"/> Secondary drum <input type="checkbox"/> Tray <input type="checkbox"/> Bermed & coated floor <input type="checkbox"/> Tank vault <input type="checkbox"/> Secondary piping or piping trench <input type="checkbox"/> Other	<input type="checkbox"/> Approved cabinets <input type="checkbox"/> Secondary drum <input type="checkbox"/> Tray <input type="checkbox"/> Bermed & coated floor <input type="checkbox"/> Tank vault <input type="checkbox"/> Secondary piping or piping trench <input type="checkbox"/> Other
<b>Separation</b>	<input checked="" type="checkbox"/> All materials compatible <input type="checkbox"/> One-hour separation wall/partition <input type="checkbox"/> Separation by at least 20 feet <input type="checkbox"/> Approved cabinets <input type="checkbox"/> Other	<input checked="" type="checkbox"/> All materials compatible <input type="checkbox"/> One-hour separation wall/partition <input type="checkbox"/> Separation by at least 20 feet <input type="checkbox"/> Approved cabinets <input type="checkbox"/> Other	<input checked="" type="checkbox"/> All materials compatible <input type="checkbox"/> One-hour separation wall/partition <input type="checkbox"/> Separation by at least 20 feet <input type="checkbox"/> Approved cabinets <input type="checkbox"/> Other	<input type="checkbox"/> All materials compatible <input type="checkbox"/> One-hour separation wall/partition <input type="checkbox"/> Separation by at least 20 feet <input type="checkbox"/> Approved cabinets <input type="checkbox"/> Other	<input type="checkbox"/> All materials compatible <input type="checkbox"/> One-hour separation wall/partition <input type="checkbox"/> Separation by at least 20 feet <input type="checkbox"/> Approved cabinets <input type="checkbox"/> Other
<b>Monitoring Type</b>	<input checked="" type="checkbox"/> Visual <input type="checkbox"/> Automatic sensors <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Visual <input type="checkbox"/> Automatic sensors <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Visual <input type="checkbox"/> Automatic sensors <input type="checkbox"/> Other	<input type="checkbox"/> Visual <input type="checkbox"/> Automatic sensors <input type="checkbox"/> Other	<input type="checkbox"/> Visual <input type="checkbox"/> Automatic sensors <input type="checkbox"/> Other
<b>Monitoring Frequency</b>	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Continuous <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Continuous <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Continuous <input type="checkbox"/> Other	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Continuous <input type="checkbox"/> Other	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Continuous <input type="checkbox"/> Other

In the space provided below, describe the location, type, manufacturer's specifications (if applicable) and suitability of any monitoring methods used other than visual monitoring. Attach additional pages if needed.

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## BUSINESS ACTIVITIES

## I. FACILITY IDENTIFICATION

FACILITY ID#		1	EPA ID# (Hazardous Waste Only)	2
			CAL000025915	
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business AS)	3			
El Camino 76 #256115				

## I. ACTIVITIES DECLARATION

**NOTE: If you check YES to any part of this list, please submit the Business Owner/Operator Identification page (OES Form 2730).**

Does your facility...

If Yes, please complete these pages of the UPCF

Does your facility...		If Yes, please complete these pages of the UPCF
<b>A HAZARDOUS MATERIALS</b> Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 4	<input checked="" type="checkbox"/> HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)
<b>B UNDERGROUND STORAGE TANKS (USTs)</b> 1 Own or operate underground storage tanks? 2 Intend to upgrade existing or install new USTs?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 5 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 6	<input checked="" type="checkbox"/> UST FACILITY (Formerly SWRCB Form A) <input checked="" type="checkbox"/> UST TANK (One page per tank) (Formerly Form B) <input checked="" type="checkbox"/> UST FACILITY <input checked="" type="checkbox"/> UST TANK (One per tank) <input checked="" type="checkbox"/> UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C)
3. Need to report closing a UST?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 7	<input checked="" type="checkbox"/> UST TANK (closure portion-one page per tank)
<b>C ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)</b> Own or operate ASTs above these thresholds --any tank capacity is greater than 660 gallons, or --the total capacity for the facility is greater than 1,320 gallons?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 8	<input checked="" type="checkbox"/> NO FORM REQUIRED TO CUPAS
<b>D HAZARDOUS WASTE</b> 1. Generate hazardous waste? 2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC § 25143 2)? 3. Treat hazardous waste on site?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 9 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 11	<input checked="" type="checkbox"/> EPA ID NUMBER--provide at the top of this page <input checked="" type="checkbox"/> RECYCLABLE MATERIALS REPORT (one per recycler) <input checked="" type="checkbox"/> ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Form 1772) <input checked="" type="checkbox"/> ONSITE HAZARDOUS WASTE TREATMENT-UNIT (one page per unit) (Formerly DTSC Form 1772A,B,C,D, and L)
4. Treatment subject to financial assurance requirements (for Permit by Rule and Conditional authorization)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 12	<input checked="" type="checkbox"/> CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)
5. Consolidate hazardous waste generated at a remote site?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 13	<input checked="" type="checkbox"/> REMOTE WASTE/CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1232)
6. Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14	<input checked="" type="checkbox"/> HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)

15

## E. LOCAL REQUIREMENTS

(You may also be required to provide additional information by your CUPA or local agency.)



CONOCOPHILLIPS  
600 North Dairy Ashford  
Houston, TX 77079



February 24, 2004

**AGENCY**

Greg Galatolo  
El Camino 76 #256115  
4350 El Camino Real  
Los Altos, CA 94022

RE: HAZARDOUS MATERIALS MANAGEMENT PLANS

Dear Greg Galatolo.

Attached is the new Hazardous Materials Inventory and Business Plan for your station. This new HMMP is intended to **replace** the current HMMP. The "**SITE COPY**" should be kept in your Environmental Record Box, Tab 9 and available to all employees and agency personnel at all times.

**THESE FORMS MUST BE RETURNED TO RHL DESIGN GROUP AS SOON AS POSSIBLE. FAILURE TO RETURN THIS PLAN WITHIN 30 DAYS WILL RESULT IN A \$25.00 LATE FEE CHARGED TO YOUR ACCOUNT.**

**FAILURE TO RETURN THIS PLAN MAY ALSO RESULT IN FINES AND/OR CIVIL PENALTIES BY GOVERNMENT ENFORCEMENT AGENCIES.**

Instructions for signing and returning the packet:

1. Please sign all 3 copies of the HMMP where flagged and indicated with a "X".
2. Please return the 2 copies marked "AGENCY" and "RHL FILE" to RHL Design in the pre-stamped envelope provided AS SOON AS POSSIBLE.
3. Keep the "**SITE COPY**" of the HMMP in your Environmental Record Box, and available for inspection  
Use your Site Copy for employee training and have employees sign the training log  
Keep training records at your station

A copy of the HMMP will be sent to Santa Clara Co Dept. of Env Health

If you have any questions regarding the content of this HMMP, please contact RHL Design Group, Ms. Jennifer Carey or Mr. Steve Skanderson at (707) 765-1660. If you have any additional questions, including invoicing questions, please contact your local Marketing HSE Specialist.

Sincerely,

ConocoPhillips

cc: RHL Design Group, Inc.

Enclosure

256115



ARCHITECTURE • ENGINEERING

1137 North McDowell Boulevard, Petaluma, CA 94954-1110

RECEIVED 91  
ENVIRONMENTAL HEALTH  
HMSC  
ENVIRONMENTAL SERVICES  
Telephone (707) 765-1660 Facsimile (707) 765-9908

MAR 9 9 50 PM '04

John W. Johnson  
Co-President  
Architect

March 08, 2004

Brian F. Zita  
Co-President  
Architect

Santa Clara Co Dept of Env Health  
Greg Breshears  
1555 Berger Dr , Ste 300  
San Jose, CA 95112-2716

John B. Hicks  
Vice President

**HAZARDOUS MATERIALS MANAGEMENT PLANS FOR  
CONOCOPHILLIPS / KAYO OIL**

Cecil R. Spencer  
Vice President

Dear Greg Breshears:

*Regional Managers*

Enclosed please find the Hazardous Material Management Plans, HMMP(s), for the **ConocoPhillips/Kayo Oil** station(s) as listed on the attached sheet

Jesse E. Macias

Roy W. Pedro

These inventories and HMMP(s) are being submitted for your review and approval.

Alan K. Shimabukuro

John W. Strobel

If there are any further correspondence or invoices related to these submissions, please direct them to the local Marketing HSE Specialist in your region.

Blythe R. Wilson

Northern California  
Marketing HSE Specialist  
ConocoPhillips  
1380 San Pablo Avenue  
Rodeo, CA 94572

Southern California  
Marketing HSE Specialist  
ConocoPhillips  
3611 Harbor Blvd.  
Santa Ana, CA 92704

Established 1966

Sincerely,

**RHL DESIGN GROUP, INC.**

Environmental Department

*Offices*

ANAHEIM, CA

Enclosure

BELLEVUE, WA

CAMAS, WA

MARTINEZ, CA

PETALUMA, CA

ROSEVILLE, CA

SCOTTSDALE, AZ

255957 ✓  
Los Altos 76 # 255957  
330 South San Antonio Rd  
Los Altos, CA 94022

256115 ✓  
El Camino 76 #256115  
4350 El Camino Real  
Los Altos, CA 94022

256859 ✓  
OM Saratoga Gas #256859  
12015 Saratoga-Sunnyvale Rd  
Saratoga, CA 95070

DRAFT

RECEIVED 1-21-03 HACO  
TO SCCFD 1-22-03

UNIFIED PROGRAM CONSOLIDATED FOR  
FACILITY INFORMATION

**BUSINESS OWNER/OPERATOR IDENTIFICATION**

**I. IDENTIFICATION**

FACILITY ID# (agency use only)		BEGINNING DATE	100	ENDING DATE	101
		03/01/2003		03/01/2004	
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)	3	BUSINESS PHONE			102
El Camino 76 #256115		650-941-0244			
BUSINESS SITE ADDRESS					103
4350 El Camino Real					
CITY	104	CA	ZIP CODE		105
Los Altos			94022		
DUN & BRADSTREET	106	SIC CODE (4 digit #)			107
04-8564975		5541			
COUNTY					108
Santa Clara					
BUSINESS OPERATOR NAME	109	BUSINESS OPERATOR PHONE			110
Greg Galatolo		650-941-0244			

**II. BUSINESS OWNER**

OWNER NAME	111	OWNER PHONE			112
Greg Galatolo		650-941-0244			
OWNER MAILING ADDRESS					113
4350 El Camino Real					
CITY	114	STATE	115	ZIP CODE	116
Los Altos		CA		94022	

**III. ENVIRONMENTAL CONTACT**

CONTACT NAME	117	CONTACT PHONE			118
Janette Thompson		925-277-2404			
CONTACT MAILING ADDRESS					119
2000 Crow Canyon Pl Suite 400					
CITY	120	STATE	121	ZIP CODE	122
San Ramon		CA		94583	

**-PRIMARY-**

**IV. EMERGENCY CONTACTS**

**-SECONDARY-**

NAME	123	NAME			128
Greg Galatolo		Tom Segovia			
TITLE	124	TITLE			129
Dealer		Manager			
BUSINESS PHONE	125	BUSINESS PHONE			130
650-941-0244		650-941-0244			
24-HOUR PHONE	126	24-HOUR PHONE			131
650-948-8302		650-969-2378			
PAGER #	127	PAGER #			132
650-948-4771					

ADDITIONAL LOCALLY COLLECTED INFORMATION

Property Owner ConocoPhillips Phone No 602-728-7080

Billing Address P O Box 52085, Phoenix, AZ 85702

Certification Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	134	NAME OF DOCUMENT PREPARER	135
<i>[Signature]</i>	1-14-03		RHL Design Group, Inc	
NAME OF SIGNER (print)	136	TITLE OF SIGNER		137
Greg GALATOLO		Dealer		

\*See Instruction on next page

**UNIFIED PROGRAM CONSOLIDATED FORM  
HAZARDOUS MATERIALS  
HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

One page per material per building or area)

ADD      DELETE      REVISE      200      Page 3 of 17

**I. FACILITY INFORMATION**

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) El Camino 76 #256115		256115	3
CHEMICAL LOCATION NORTHWEST SIDE OF LOT		CHEMICAL LOCATION CONFIDENTIAL EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	202
FACILITY ID# (Agency Use Only)	1	MAP# 1	203 GRID# A

**II CHEMICAL INFORMATION**

CHEMICAL NAME PETROLEUM HYDROCARBON	205	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	206
		If Subject to EPCRA refer to instructions	
COMMON NAME REGULAR UNLEADED GASOLINE	207	EHS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	208
CAS# 8006-61-9	209	If EHS is "Yes", all amounts below must be in lbs	
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) I-B FLAMMABLE LIQUID			210
HAZARD MATERIAL TYPE (Check one item) <input type="checkbox"/> a PURE <input checked="" type="checkbox"/> b MIXTURE <input type="checkbox"/> c WASTE	211	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	212 <sup>1</sup> CURIES    213
PHYSICAL STATE (Check one item only) <input type="checkbox"/> a SOLID <input checked="" type="checkbox"/> b LIQUID <input type="checkbox"/> c GAS	214	LARGEST CONTAINER	12000    215
FED HAZARD CATEGORIES (Check all that apply) <input checked="" type="checkbox"/> a FIRE <input type="checkbox"/> b REACTIVE <input type="checkbox"/> c PRESSURE RELEASE <input checked="" type="checkbox"/> d ACUTE HEALTH <input checked="" type="checkbox"/> e CHRONIC HEALTH	216		
AVERAGE DAILY AMOUNT 6000	217	MAXIMUM DAILY AMOUNT 12000	218
UNITS* (Check one item only) <input checked="" type="checkbox"/> a GALLONS <input type="checkbox"/> b CUBIC FEET <input type="checkbox"/> c POUNDS <input type="checkbox"/> d TONS	221	DAYS ON SITE 365	222
STORAGE CONTAINER <input checked="" type="checkbox"/> a ABOVE GROUND TANK <input type="checkbox"/> c PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> i FIBER DRUM <input type="checkbox"/> m GLASS BOTTLE <input type="checkbox"/> o RAIL CAR <input type="checkbox"/> b UNDERGROUND TANK <input type="checkbox"/> f CAN <input type="checkbox"/> j BAG <input type="checkbox"/> n PLASTIC BOTTLE <input type="checkbox"/> p OTHER <input type="checkbox"/> c TANK INSIDE BUILDING <input type="checkbox"/> g CARBOY <input type="checkbox"/> k BOX <input type="checkbox"/> o TOTE BIN <input type="checkbox"/> d STEEL DRUM <input type="checkbox"/> h SILO <input type="checkbox"/> l CYLINDER <input type="checkbox"/> p TANK WAGON	223		
STORAGE PRESSURE <input checked="" type="checkbox"/> a AMBIENT <input type="checkbox"/> b ABOVE AMBIENT <input type="checkbox"/> c BELOW AMBIENT	224		
STORAGE TEMPERATURE <input checked="" type="checkbox"/> a AMBIENT <input type="checkbox"/> b ABOVE AMBIENT <input type="checkbox"/> c BELOW AMBIENT <input type="checkbox"/> d CRYOGENIC	225		
<b>%WT</b>	<b>HAZARDOUS COMPONENT (For mixture or waste only)</b>	<b>EHS</b>	<b>CAS#</b>
1 90-100    226	GASOLINE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	227 8006-61-9    228
2 1-14    230	XYLENES	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	231 1330-20-7    232
3 <10 %    234	ETHANOL	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	233 64-17-5    234
4 1-9    238	TOLUENE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	235 108-88-3    238
5 1-5%    242	ETHYL BENZENE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	239 100-41-4    242

If more hazardous components are present at greater than 1% by weight if non-carcinogenic or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information

ADDITIONAL LOCALLY COLLECTED INFORMATION    246

DOT Hazard Class FL

If EPCRA, Please Sign Here

**UNIFIED PROGRAM CONSOLIDATED FORM**  
**HAZARDOUS MATERIALS**  
**HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

One page per material per building or area)

ADD | DELETE | REVISE | 200 | Page **4** of **17**

**I. FACILITY INFORMATION**

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) El Camino 76 #256115		256115	3
CHEMICAL LOCATION NORTHWEST SIDE OF LOT		CHEMICAL LOCATION CONFIDENTIAL EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	202
FACILITY ID# (Agency Use Only)	MAP#	203 GRID#	204
	1	A	

**II. CHEMICAL INFORMATION**

CHEMICAL NAME PETROLEUM HYDROCARBON	205	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	206
		<small>If Subject to EPCRA, refer to instructions</small>	
COMMON NAME PREMIUM UNLEADED GASOLINE	207	EHS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	208
CAS# 8006-61-9	209	<small>If EHS is "Yes", all amounts below must be in lbs</small>	
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) I-B FLAMMABLE LIQUID			210
HAZARD MATERIAL TYPE (Check one item) <input type="checkbox"/> a PURE <input checked="" type="checkbox"/> b MIXTURE <input type="checkbox"/> c WASTE	211	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	213
PHYSICAL STATE (Check one item only) <input type="checkbox"/> a SOLID <input checked="" type="checkbox"/> b LIQUID <input type="checkbox"/> c GAS	214	LARGEST CONTAINER 12000	215
FED HAZARD CATEGORIES (Check all that apply) <input checked="" type="checkbox"/> a FIRE <input type="checkbox"/> b REACTIVE <input type="checkbox"/> c PRESSURE RELEASE <input checked="" type="checkbox"/> d ACUTE HEALTH <input checked="" type="checkbox"/> e CHRONIC HEALTH			216
AVERAGE DAILY AMOUNT 6000	217	MAXIMUM DAILY AMOUNT 12000	218
		ANNUAL WASTE AMOUNT	219
		STATE WASTE CODE	220
UNITS* (Check one item only) <input checked="" type="checkbox"/> a GALLONS <input type="checkbox"/> b CUBIC FEET <input type="checkbox"/> c POUNDS <input type="checkbox"/> d TONS		DAYS ON SITE 365	222
STORAGE CONTAINER <input checked="" type="checkbox"/> a ABOVE GROUND TANK <input type="checkbox"/> b UNDERGROUND TANK <input type="checkbox"/> c TANK INSIDE BUILDING <input type="checkbox"/> d STEEL DRUM <input type="checkbox"/> e PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> f CAN <input type="checkbox"/> g CARBOY <input type="checkbox"/> h SILO <input type="checkbox"/> i FIBER DRUM <input type="checkbox"/> j BAG <input type="checkbox"/> k BOX <input type="checkbox"/> l CYLINDER <input type="checkbox"/> m GLASS BOTTLE <input type="checkbox"/> n PLASTIC BOTTLE <input type="checkbox"/> o TOTE BIN <input type="checkbox"/> p TANK WAGON <input type="checkbox"/> q RAIL CAR <input type="checkbox"/> r OTHER			223
STORAGE PRESSURE <input checked="" type="checkbox"/> a AMBIENT <input type="checkbox"/> b ABOVE AMBIENT <input type="checkbox"/> c BELOW AMBIENT			224
STORAGE TEMPERATURE <input checked="" type="checkbox"/> a AMBIENT <input type="checkbox"/> b ABOVE AMBIENT <input type="checkbox"/> c BELOW AMBIENT <input type="checkbox"/> d CRYOGENIC			225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
1 90-100	226 GASOLINE	227 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	228 8006-61-9
2 1-14	230 XYLENES	231 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	232 1330-20-7
3 <10 0%	234 ETHANOL	235 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	236 64-17-5
4 1-9	238 TOLUENE	239 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	240 108-88-3
5 1-5%	242 ETHYL BENZENE	243 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	244 100-41-4

If more hazardous components are present at greater than 1% by weight if non-carcinogenic or 0.1% by weight if carcinogenic attach additional sheets of paper capturing the required information

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

DOT Hazard Class FL

If EPCRA, Please Sign Here

**UNIFIED PROGRAM CONSOLIDATED FORM  
HAZARDOUS MATERIALS  
HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

One page per material per building or area

ADD      DELETE      REVISE      200      Page 5 of 11

**I. FACILITY INFORMATION**

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3  
El Camino 76 #256115 256115

CHEMICAL LOCATION 202  
IN SERVICE BAY      CHEMICAL LOCATION CONFIDENTIAL EPCRA  
 YES       NO

FACILITY ID# 204  
(Agency Use Only)      1      MAP#      203      GRID#      A

**II. CHEMICAL INFORMATION**

CHEMICAL NAME 205      PETROLEUM HYDROCARBON      TRADE SECRET       Yes       No      206  
If Subject to EPCRA refer to instructions

COMMON NAME 207      MOTOR OIL      EHS       Yes       No      208

CAS# 209      64742-65-0      If EHS is "Yes", all amounts below must be in lbs

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210  
III-B COMBUSTIBLE

HAZARD MATERIAL TYPE (Check one item) 211       a PURE       b MIXTURE       c WASTE      RADIOACTIVE       Yes       No      212      CURIES 213

PHYSICAL STATE (Check one item only) 214       a SOLID       b LIQUID       c GAS      LARGEST CONTAINER 215      240

FED HAZARD CATEGORIES (Check all that apply) 216  
 a FIRE       b REACTIVE       c PRESSURE RELEASE       d ACUTE HEALTH       e CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217      100      MAXIMUM DAILY AMOUNT 218      300      ANNUAL WASTE AMOUNT 219      STATE WASTE CODE 220

UNITS\* (Check one item only) 221       a GALLONS       b CUBIC FEET       c POUNDS       d TONS      DAYS ON SITE 222      365  
if EHS, amount must be in pounds.

STORAGE CONTAINER 223  
 a ABOVE GROUND TANK       e PLASTIC/NONMETALLIC DRUM       i FIBER DRUM       m GLASS BOTTLE       o RAIL CAR  
 b UNDERGROUND TANK       f CAN       j BAG       n PLASTIC BOTTLE       p OTHER  
 c TANK INSIDE BUILDING       g CARBOY       k BOX       o TOTE BIN  
 d STEEL DRUM       h SILO       l CYLINDER       p TANK WAGON

STORAGE PRESSURE 224  
 a AMBIENT       b ABOVE AMBIENT       c BELOW AMBIENT

STORAGE TEMPERATURE 225  
 a AMBIENT       b ABOVE AMBIENT       c BELOW AMBIENT       d CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
1 75%	226 LUBRICATING BASE OIL	227 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	228 64742-65-0
2 15%	230 ZINC ALKYL DITHIOPHOSPHATE	231 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	232 6864-94-23
3	234	235 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	236
4	238	239 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	240
5	242	243 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	244

If more hazardous components are present at greater than 1% by weight if non-carcinogenic or 0.1% by weight if carcinogenic attach additional sheets of paper capturing the required information

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

DOT Hazard Class CL

If EPCRA, Please Sign Here

**UNIFIED PROGRAM CONSOLIDATED FORM**  
**HAZARDOUS MATERIALS**  
**HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

One page per material per building or area)

ADD      DELETE       REVISE      200      Page 6 of 17

**I. FACILITY INFORMATION**

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 256115 3  
 El Camino 76 #256115

CHEMICAL LOCATION 202  
 IN SERVICE BAY      CHEMICAL LOCATION CONFIDENTIAL EPCRA  
 YES       NO

FACILITY ID# 1 MAP# 203 GRID# 204  
 (Agency Use Only)      B

**II. CHEMICAL INFORMATION**

CHEMICAL NAME 205 GLYCOLS      TRADE SECRET  Yes  No 206  
 If Subject to EPCRA refer to instructions

COMMON NAME 207 ANTIFREEZE/COOLANT      EHS  Yes  No 208

CAS# 209 107-21-1      If EHS is "Yes", all amounts below must be in lbs

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210  
 III-B COMBUSTIBLE

HAZARD MATERIAL TYPE (Check one item) 211  a PURE  b MIXTURE  c WASTE      RADIOACTIVE  Yes  No 212 CURIES 213

PHYSICAL STATE (Check one item only) 214  a SOLID  b LIQUID  c GAS      LARGEST CONTAINER 110 215

FED HAZARD CATEGORIES (Check all that apply) 216  a FIRE  b REACTIVE  c PRESSURE RELEASE  d ACUTE HEALTH  e CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217 55      MAXIMUM DAILY AMOUNT 218 110      ANNUAL WASTE AMOUNT 219      STATE WASTE CODE 220

UNITS\* (Check one item only) 221  a GALLONS  b CUBIC FEET  c POUNDS  d TONS      DAYS ON SITE 222 365  
 if EHS, amount must be in pounds

STORAGE CONTAINER 223  
 a ABOVE GROUND TANK       e PLASTIC/NONMETALLIC DRUM       i FIBER DRUM       m GLASS BOTTLE       o RAIL CAR  
 b UNDERGROUND TANK       f CAN       j BAG       n PLASTIC BOTTLE       p OTHER  
 c TANK INSIDE BUILDING       g CARBOY       k BOX       o TOTE BIN  
 d STEEL DRUM       h SILO       l CYLINDER       p TANK WAGON

STORAGE PRESSURE 224  a AMBIENT  b ABOVE AMBIENT  c BELOW AMBIENT

STORAGE TEMPERATURE 225  a AMBIENT  b ABOVE AMBIENT  c BELOW AMBIENT  d CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
1 94%	226 ETHYLENE GLYCOL	227 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	228 107-21-1
2 2-5%	230 DEIONIZED WATER	231 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	232 7732-18-5
3 1-3%	234 DIPOTASSIUM PHOSPHATE	235 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	236 7758-11-4
4	238	239 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	240
5	242	243 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	244

If more hazardous components are present at greater than 1% by weight if non-carcinogenic or 0.1% by weight if carcinogenic attach additional sheets of paper capturing the required information

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

DOT Hazard Class NONE

If EPCRA, Please Sign Here

**UNIFIED PROGRAM CONSOLIDATED FORM**  
**HAZARDOUS MATERIALS**  
**HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

One page per material per building or area

ADD      DELETE       REVISE      200      Page 7 of 17

**I. FACILITY INFORMATION**

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) El Camino 76 #256115		256115	3
CHEMICAL LOCATION FRONT OF BUILDING		CHEMICAL LOCATION CONFIDENTIAL EPCRA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	202
FACILITY ID# (Agency Use Only)	MAP# 1	203 GRID# E	204

**II. CHEMICAL INFORMATION**

CHEMICAL NAME PETROLEUM HYDROCARBON	205	TRADE SECRET    Yes <input checked="" type="checkbox"/> No	206
<small>If Subject to EPCRA refer to instructions</small>			
COMMON NAME PROPANE	207	EHS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	208
CAS# 74-98-6	209	<small>If EHS is "Yes", all amounts below must be in lbs</small>	
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) I-A FLAMMABLE LIQUID			210
HAZARD MATERIAL TYPE (Check one item) <input type="checkbox"/> a PURE <input checked="" type="checkbox"/> b MIXTURE <input type="checkbox"/> c WASTE	211	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	213
PHYSICAL STATE (Check one item only) <input type="checkbox"/> a SOLID <input checked="" type="checkbox"/> b LIQUID <input type="checkbox"/> c GAS	214	LARGEST CONTAINER    5 GAL	215
FED HAZARD CATEGORIES (Check all that apply) <input checked="" type="checkbox"/> a FIRE <input type="checkbox"/> b REACTIVE <input checked="" type="checkbox"/> c PRESSURE RELEASE <input checked="" type="checkbox"/> d ACUTE HEALTH <input type="checkbox"/> e CHRONIC HEALTH			216
AVERAGE DAILY AMOUNT 40	217	MAXIMUM DAILY AMOUNT 60	218
UNITS* (Check one item only) <input checked="" type="checkbox"/> a GALLONS <input type="checkbox"/> b CUBIC FEET <input type="checkbox"/> c POUNDS <input type="checkbox"/> d TONS	221	DAYS ON SITE 365	222
STORAGE CONTAINER <input type="checkbox"/> a ABOVE GROUND TANK <input type="checkbox"/> b UNDERGROUND TANK <input type="checkbox"/> c TANK INSIDE BUILDING <input type="checkbox"/> d STEEL DRUM <input type="checkbox"/> e PLASTIC/NONMETALLIC DRUM <input type="checkbox"/> f CAN <input type="checkbox"/> g CARBOY <input type="checkbox"/> h SILO <input type="checkbox"/> i FIBER DRUM <input type="checkbox"/> j BAG <input type="checkbox"/> k BOX <input checked="" type="checkbox"/> l CYLINDER <input type="checkbox"/> m GLASS BOTTLE <input type="checkbox"/> n PLASTIC BOTTLE <input type="checkbox"/> o TOTE BIN <input type="checkbox"/> p TANK WAGON			223
STORAGE PRESSURE <input type="checkbox"/> a AMBIENT <input checked="" type="checkbox"/> b ABOVE AMBIENT <input type="checkbox"/> c BELOW AMBIENT			224
STORAGE TEMPERATURE <input checked="" type="checkbox"/> a AMBIENT <input type="checkbox"/> b ABOVE AMBIENT <input type="checkbox"/> c BELOW AMBIENT <input type="checkbox"/> d CRYOGENIC			225

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
1	226 PROPANE	227 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	228 74-98-6
2	230 ETHANE	231 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	232 74-84-0
3	234 BUTANE	235 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	236 106-97-8
4	238	239 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	240
5	242	243 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	244

If more hazardous components are present at greater than 1% by weight if non-carcinogenic or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information

**ADDITIONAL LOCALLY COLLECTED INFORMATION**

DOT Hazard Class FL

If EPCRA, Please Sign Here

**UNIFIED PROGRAM CONSOLIDATED FORM  
HAZARDOUS MATERIALS  
HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

One page per material per building or area)

ADD

DELETE

REVISE

200

Page **8** of **17**

**I. FACILITY INFORMATION**

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 256115 3  
El Camino 76 #256115

CHEMICAL LOCATION CHEMICAL LOCATION CONFIDENTIAL EPCRA 202  
SOUTH SIDE OF SERV BLDG  YES  NO

FACILITY ID# 1 MAP# 203 GRID# 204  
(Agency Use Only) 1 D

**II. CHEMICAL INFORMATION**

CHEMICAL NAME 205 PETROLEUM HYDROCARBON TRADE SECRET  Yes  No 206  
If Subject to EPCRA refer to instructions

COMMON NAME 207 USED MOTOR OIL EHS  Yes  No 208

CAS# 209 8002-05-9 If EHS is "Yes" all amounts below must be in lbs

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210  
III-B COMBUSTIBLE

HAZARD MATERIAL TYPE (Check one item) 211  a PURE  b MIXTURE  c WASTE RADIOACTIVE  Yes  No 212 CURIES 213

PHYSICAL STATE (Check one item only) 214  a SOLID  b LIQUID  c GAS LARGEST CONTAINER 520 215

FED HAZARD CATEGORIES (Check all that apply) 216  a FIRE  b REACTIVE  c PRESSURE RELEASE  d ACUTE HEALTH  e CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217 250 MAXIMUM DAILY AMOUNT 218 520 ANNUAL WASTE AMOUNT 219 3000 STATE WASTE CODE 220 221

UNITS\* (Check one item only) 221  a GALLONS  b CUBIC FEET  c POUNDS  d TONS DAYS ON SITE 222 365  
if EHS, amount must be in pounds

STORAGE CONTAINER 223  
 a ABOVE GROUND TANK  e PLASTIC/NONMETALLIC DRUM  i FIBER DRUM  m GLASS BOTTLE  o RAIL CAR  
 b UNDERGROUND TANK  f CAN  j BAG  n PLASTIC BOTTLE  p OTHER  
 c TANK INSIDE BUILDING  g CARBOY  k BOX  o TOTE BIN  
 d STEEL DRUM  h SILO  l CYLINDER  p TANK WAGON

STORAGE PRESSURE 224  a AMBIENT  b ABOVE AMBIENT  c BELOW AMBIENT

STORAGE TEMPERATURE 225  a AMBIENT  b ABOVE AMBIENT  c BELOW AMBIENT  d CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
1 100%	226 MOTOR OIL, USED	227 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	228 8002-05-9
2	230	231 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	232
3	234	235 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	236
4	238	239 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	240
5	242	243 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	244

If more hazardous components are present at greater than 1% by weight if non-carcinogenic or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

DOT Hazard Class FL

If EPCRA, Please Sign Here

**UNIFIED PROGRAM CONSOLIDATED FORM**  
**HAZARDOUS MATERIALS**  
**HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

One page per material per building or area

ADD      DELETE      REVISE      200      Page 9 of 17

**I. FACILITY INFORMATION**

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 256115 3  
 El Camino 76 #256115

CHEMICAL LOCATION CHEMICAL LOCATION CONFIDENTIAL EPCRA 202  
 IN SERVICE BAY  YES  NO

FACILITY ID# 1 MAP# 203 GRID# 204  
 (Agency Use Only) 1 C

**II. CHEMICAL INFORMATION**

CHEMICAL NAME 205 TRADE SECRET  Yes  No 206  
 PETROLEUM HYDROCARBON If Subject to EPCRA refer to instructions

COMMON NAME 207 EHS  Yes  No 208  
 USED OIL FILTERS

CAS# 209 If EHS is "Yes", all amounts below must be in lbs  
 8002-05-9

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210  
 III-B COMBUSTIBLE

HAZARD MATERIAL TYPE (Check one item) 211 RADIOACTIVE  Yes  No 212 CURIES 213  
 a PURE  b MIXTURE  c WASTE

PHYSICAL STATE (Check one item only) 214 LARGEST CONTAINER 55 GAL 215  
 a SOLID  b LIQUID  c GAS

FED HAZARD CATEGORIES (Check all that apply) 216  
 a FIRE  b REACTIVE  c PRESSURE RELEASE  d ACUTE HEALTH  e CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217 MAXIMUM DAILY AMOUNT 218 ANNUAL WASTE AMOUNT 219 STATE WASTE CODE 220  
 100      200      600      223

UNITS\* (Check one item only) 221 DAYS ON SITE 222  
 a GALLONS  b CUBIC FEET  c POUNDS  d TONS 365  
 if EHS, amount must be in pounds

STORAGE CONTAINER 223  
 a ABOVE GROUND TANK  e PLASTIC/NONMETALLIC DRUM  i FIBER DRUM  m GLASS BOTTLE  o RAIL CAR  
 b UNDERGROUND TANK  f CAN  j BAG  n PLASTIC BOTTLE  p OTHER  
 c TANK INSIDE BUILDING  g CARBOY  k BOX  o TOTE BIN  
 d STEEL DRUM  h SILO  l CYLINDER  p TANK WAGON

STORAGE PRESSURE 224  
 a AMBIENT  b ABOVE AMBIENT  c BELOW AMBIENT

STORAGE TEMPERATURE 225  
 a AMBIENT  b ABOVE AMBIENT  c BELOW AMBIENT  d CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
100%	USED OIL FILTERS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8002-05-9
	USED OIL	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8002-05-9
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information

**ADDITIONAL LOCALLY COLLECTED INFORMATION**

DOT Hazard Class FL

If EPCRA, Please Sign Here

**UNIFIED PROGRAM CONSOLIDATED FORM**

**HAZARDOUS MATERIALS**

**HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

One page per material per building or area

ADD DELETE REVISE 200 Page 10 of 17

**I. FACILITY INFORMATION**

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 256115 3  
 El Camino 76 #256115

CHEMICAL LOCATION CHEMICAL LOCATION CONFIDENTIAL EPCRA 202  
 IN SERVICE BAY  YES  NO

FACILITY ID# 1 MAP# 203 GRID# 204  
 (Agency Use Only) 1 C

**II. CHEMICAL INFORMATION**

CHEMICAL NAME 205 GLYCOLS TRADE SECRET  Yes  No 206  
 If Subject to EPCRA, refer to instructions

COMMON NAME 207 USED ANTIFREEZE EHS  Yes  No 208

CAS# 209 107-21-1 If EHS is "Yes", all amounts below must be in lbs

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210  
 III-B COMBUSTIBLE

HAZARD MATERIAL TYPE (Check one item) 211  a PURE  b MIXTURE  c WASTE RADIOACTIVE  Yes  No 212 CURIES 213

PHYSICAL STATE (Check one item only) 214  a SOLID  b LIQUID  c GAS LARGEST CONTAINER 55 GAL 111 GL 215

FED HAZARD CATEGORIES (Check all that apply) 216  a FIRE  b REACTIVE  c PRESSURE RELEASE  d ACUTE HEALTH  e CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217 25 MAXIMUM DAILY AMOUNT 218 55 ANNUAL WASTE AMOUNT 219 175 STATE WASTE CODE 220 343

UNITS\* (Check one item only) 221  a GALLONS  b CUBIC FEET  c POUNDS  d TONS DAYS ON SITE 222 365  
 if EHS, amount must be in pounds

STORAGE CONTAINER 223  a ABOVE GROUND TANK  e PLASTIC/NONMETALLIC DRUM  i FIBER DRUM  m GLASS BOTTLE  o RAIL CAR  
 b UNDERGROUND TANK  f CAN  j BAG  n PLASTIC BOTTLE  p OTHER  
 c TANK INSIDE BUILDING  g CARBOY  k BOX  o TOTE BIN  
 d STEEL DRUM  h SILO  l CYLINDER  p TANK WAGON

STORAGE PRESSURE 224  a AMBIENT  b ABOVE AMBIENT  c BELOW AMBIENT

STORAGE TEMPERATURE 225  a AMBIENT  b ABOVE AMBIENT  c BELOW AMBIENT  d CRYOGENIC

%WT		HAZARDOUS COMPONENT (For mixture or waste only)		EHS		CAS#		
1	94%	226	ETHYLENE GLYCOL	227	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	228	107-21-1	229
2	1%	230	DIETHYLENE GLYCOL	231	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	232	111-46-6	233
3	10%	234	WATER	235	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	236	7732-18-5	237
4	2%	238	DIPOTASSIUM PHOSPHATE	239	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	240	7758-11-4	241
5		242		243	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	244		245

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic attach additional sheets of paper capturing the required information

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

DOT Hazard Class NONE

If EPCRA, Please Sign Here

**UNIFIED PROGRAM CONSOLIDATED FORM  
HAZARDOUS MATERIALS  
HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION**

One page per material per building or area)

ADD      DELETE      REVISE      200      Page 11 of 11

**I. FACILITY INFORMATION**

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 256115 3  
El Camino 76 #256115

CHEMICAL LOCATION CHEMICAL LOCATION CONFIDENTIAL EPCRA 202  
IN SERVICE BAY  YES    NO

FACILITY ID# 1 MAP# 203 GRID# 204  
(Agency Use Only) 1 C

**II. CHEMICAL INFORMATION**

CHEMICAL NAME 205 LEAD ACID BATTERY TRADE SECRET  Yes    No 206  
If Subject to EPCRA, refer to instructions

COMMON NAME 207 WASTE BATTERIES EHS  Yes    No 208

CAS# 209 7664-93-9 If EHS is "Yes", all amounts below must be in lbs

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210  
CORROSSIVE

HAZARD MATERIAL TYPE (Check one item) 211  a PURE    b MIXTURE    c WASTE RADIOACTIVE  Yes    No 212 CURIES 213

PHYSICAL STATE (Check one item only) 214  a SOLID    b LIQUID    c GAS LARGEST CONTAINER BATT 215

FED HAZARD CATEGORIES (Check all that apply) 216  a FIRE    b REACTIVE    c PRESSURE RELEASE    d ACUTE HEALTH    e CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217 5 MAXIMUM DAILY AMOUNT 218 10 ANNUAL WASTE AMOUNT 219 100 STATE WASTE CODE 220 162

UNITS\* (Check one item only) 221  a GALLONS    b CUBIC FEET    c POUNDS    d TONS DAYS ON SITE 222 365  
if EHS, amount must be in pounds

STORAGE CONTAINER 223  
 a ABOVE GROUND TANK    e PLASTIC/NONMETALLIC DRUM    i FIBER DRUM    m GLASS BOTTLE    o RAIL CAR  
 b UNDERGROUND TANK    f CAN    j BAG    n PLASTIC BOTTLE    p OTHER  
 c TANK INSIDE BUILDING    g CARBOY    k BOX    o TOTE BIN  
 d STEEL DRUM    h SILO    l CYLINDER    p TANK WAGON

STORAGE PRESSURE 224  a AMBIENT    b ABOVE AMBIENT    c BELOW AMBIENT

STORAGE TEMPERATURE 225  a AMBIENT    b ABOVE AMBIENT    c BELOW AMBIENT    d CRYOGENIC

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS#
1 35%	226 SULFURIC ACID (35%)	227 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	228 7664-93-9
2 34%	230 LEAD	231 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	232 7439-92-1
3 31%	234 LEAD DIOXIDE	235 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	236 1309-60-0
4 1%	238 LEAD SULFATE	239 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	240 7446-14-2
5	242	243 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	244

If more hazardous components are present at greater than 1% by weight if non-carcinogenic or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information

ADDITIONAL LOCALLY COLLECTED INFORMATION 246

DOT Hazard Class COR

If EPCRA, Please Sign Here

# Emergency Response/Contingency Plan

(Hazardous Materials Business Plan Module)

Authority Cited H&SC, Section 25504(b), Title 22, Div 4 5, Ch 12, Art 3 CCR

All facilities that handle hazardous materials in specified quantities must have a written emergency response plan. In addition, facilities that generate 1,000 kilograms or more of hazardous waste per month, or accumulate more than 6,000 kilograms of hazardous waste on-site at any one time, must prepare a contingency plan. Because the requirements are similar, they have been combined in a single document, provided below, for your convenience. This plan is a required module of the Hazardous Materials Business Plan (HMBP). **If you already have a plan that meets these requirements, you should not complete the blank plan, below, but you must include a copy of your existing plan as part of your HMBP.**

This site-specific Emergency Response/Contingency Plan is the facility's plan for dealing with emergencies and shall be implemented immediately whenever there is a fire, explosion, or release of hazardous materials that could threaten human health and/or the environment. **At least one copy of the plan shall be maintained at the facility for use in the event of an emergency and for inspection by the local agency.** Within Santa Clara County, hospitals and police agencies have delegated receipt of these plans to the local agencies administering Hazardous Materials Business Plans, so additional copies need not be submitted. However, a copy of the plan and any revisions must be provided to any contractor, hospital, or agency with whom special (i.e. contractual) emergency services arrangements have been made (see section 3, below).

### 1. Evacuation Plan:

a. The following alarm signal(s) will be used to begin evacuation of the facility (check all which apply)

- Bells,  Horns/Sirens,  Verbal (i.e. shouting),  Other (specify) \_\_\_\_\_

b.  Evacuation map is prominently displayed throughout the facility

*Note: A properly completed HMBP Site Plan satisfies contingency plan map requirements. This drawing (or any other drawing that shows primary and alternate evacuation routes, emergency exits, and primary and alternate staging areas) must be prominently posted throughout the facility in locations where it will be visible to employees and visitors.*

### 2. a. Emergency Contacts\*:

Fire/Police/Ambulance

Phone No 911

State Office of Emergency Services

Phone No (800) 852-7550

### b. Post-Incident Contacts\*:

Fire Department Hazardous Materials Program

Phone No 408-918-3400

Santa Clara County Hazardous Materials Compliance Division

Phone No (408) 918-3400

California EPA Department of Toxic Substances Control

Phone No (510) 540-3739

Cal-OSHA Division of Occupational Safety and Health

Phone No (408) 452-7288

Bay Area Air Quality Management District

Phone No (415) 771-6000

Regional Water Quality Control Board

Phone No (510) 622-2300

\* These telephone numbers are provided as a general aid to emergency notification. Be advised that additional agencies may be required to be notified

### c. Emergency Resources:

Poison Control Center

Phone No (800) 876-4766

Nearest Hospital: Name EL CAMINO HOSPITAL Phone No 650-940-7055

Address 2500 GRANT ROAD City MOUNTAIN VIEW

### 3. Arrangements With Emergency Responders:

If you have made special (i.e. contractual) arrangements with any police department, fire department, hospital, contractor, or State or local emergency response team to coordinate emergency services, describe those arrangements on the lines below.

None

**4. Emergency Procedures:**Emergency Coordinator Responsibilities

- a Whenever there is an imminent or actual emergency situation such as an explosion, fire, or release, the emergency coordinator (*or his/her designee when the emergency coordinator is on call*) shall
- i Identify the character, exact source, amount, and a real extent of any released hazardous materials
  - ii Assess possible hazards to human health or the environment that may result from the explosion, fire, or release. This assessment must consider both direct and indirect effects (*e.g. the effects of any toxic, irritating, or asphyxiating gases that are generated, the effects of any hazardous surface water run-off from water or chemical agents used to control fire, etc.*)
  - iii Activate internal facility alarms or communications systems, where applicable, to notify all facility personnel
  - iv Notify appropriate local authorities (*i.e. call 911*)
  - v Notify the State Office of Emergency Services at 1-800-852-7550
  - vi Monitor for leaks, pressure build-up, gas generation, or ruptures in valves, pipes, or other equipment shut down in response to the incident
  - vii Take all reasonable measures necessary to ensure that fires, explosions, and releases do not occur, recur, or spread to other hazardous materials at the facility
- b Before facility operations are resumed in areas of the facility affected by the incident, the emergency coordinator shall
- i Provide for proper storage and disposal of recovered waste, contaminated soil or surface water, or any other material that results from an explosion, fire, or release at the facility
  - ii Ensure that no material that is incompatible with the released material is transferred, stored, or disposed of in areas of the facility affected by the incident until cleanup procedures are completed
  - iii Ensure that all emergency equipment is cleaned, fit for its intended use, and available for use
  - iv Notify the California Environmental Protection Agency's Department of Toxic Substances Control, the County of Santa Clara's Hazardous Materials Compliance Division, and the local fire department's hazardous materials program that the facility is in compliance with requirements b-i and b-ii, above

Responsibilities of Other Personnel

On a separate page, list any emergency response functions not covered in the "Emergency Coordinator Responsibilities" section, above. Next to each function, list the job title or name of each person responsible for performing the function. Number the page(s) appropriately.

**5. Post-Incident Reporting/Recording:**

The time, date, and details of any hazardous materials incident that requires implementation of this plan shall be noted in the facility's operating record.

Within 15 days of any hazardous materials emergency incident or threatened hazardous materials emergency incident that triggers implementation of this plan, a written Emergency Incident Report, including, but not limited to a description of the incident and the facility's response to the incident, must be submitted to the California Environmental Protection Agency's Department of Toxic Substances Control, the County of Santa Clara's Hazardous Materials Compliance Division, and the local fire department's hazardous materials program. The report shall include:

- a Name, address, and telephone number of the facility's owner/operator,
- b Name, address, and telephone number of the facility,
- c Date, time, and type of incident (*e.g. fire, explosion, etc.*),
- d Name and quantity of material(s) involved,
- e The extent of injuries, if any,
- f An assessment of actual or potential hazards to human health or the environment, where this is applicable,
- g Estimated quantity and disposition of recovered material that resulted from the incident,
- h Cause(s) of the incident,
- i Actions taken in response to the incident,
- j Administrative or engineering controls designed to prevent such incidents in the future.

**6. Earthquake Vulnerability:** [19 CCR §2731(e)]

Identify any areas of the facility and mechanical or other systems that require immediate inspection or isolation because of their vulnerability to earthquake-related ground motion.

---

Tank Monitor Alarm, Pump Islands and Dispensers, Any Above Ground Storage Containment or Hazardous Materials on Site

---

6. Emergency Equipment:

22 CCR, Section 66265 52(e) [as referenced by Section 66262 34(a)(4)] and the Hazardous Materials Storage Ordinance require that emergency equipment at the facility be listed. Completion of the following Emergency Equipment Inventory Table meets this requirement.

EMERGENCY EQUIPMENT INVENTORY TABLE

1. Equipment Category	2. Equipment Type	3. Locations *	4. Description**
Personal Protective, Equipment, Safety Equipment, and First Aid Equipment	<input type="checkbox"/> Cartridge Respirators		
	<input type="checkbox"/> Chemical Monitoring Equipment (describe)		
	<input type="checkbox"/> Chemical Protective Aprons/Coats		
	<input type="checkbox"/> Chemical Protective Boots		
	<input checked="" type="checkbox"/> Chemical Protective Gloves	service bay	Rubber Gloves
	<input type="checkbox"/> Chemical Protective Suits (describe)		
	<input type="checkbox"/> Face Shields		
	<input checked="" type="checkbox"/> First Aid Kits/Stations (describe)	1-in service bay store area	Standard first aid kit
	<input type="checkbox"/> Hard Hats		
	<input type="checkbox"/> Plumbed Eye Wash Stations		
	<input type="checkbox"/> Portable Eye Wash Kits (i.e. bottle type)		
	<input type="checkbox"/> Respirator Cartridges (describe)		
	<input checked="" type="checkbox"/> Safety Glasses/Splash Goggles	service bay	Goggles
	<input type="checkbox"/> Safety Showers		
<input type="checkbox"/> Self-Contained Breathing Apparatuses (SCBA)			
<input type="checkbox"/> Other (describe)			
Fire Extinguishing Systems	<input type="checkbox"/> Automatic Fire Sprinkler Systems		
	<input type="checkbox"/> Fire Alarm Boxes/Stations		
	<input checked="" type="checkbox"/> Fire Extinguisher Systems (describe)	2-in service bay	Portable ABC Capability - 2A-20BC
<input type="checkbox"/> Other (describe)			
Spill Control Equipment and Decontamination Equipment	<input checked="" type="checkbox"/> Absorbents (describe)	in service bay store area	Kitty Litter
	<input type="checkbox"/> Berms/Dikes (describe)		
	<input type="checkbox"/> Decontamination Equipment (describe)		
	<input type="checkbox"/> Emergency Tanks (describe)		
	<input type="checkbox"/> Exhaust Hoods		
	<input type="checkbox"/> Gas Cylinder Leak Repair Kits (describe)		
	<input type="checkbox"/> Neutralizers (describe)		
	<input type="checkbox"/> Overpack Drums		
	<input type="checkbox"/> Sumps (describe)		
<input type="checkbox"/> Other (describe)			
Communications and Alarm Systems	<input type="checkbox"/> Chemical Alarms (describe)		
	<input type="checkbox"/> Intercoms/ PA Systems		
	<input type="checkbox"/> Portable Radios		
	<input checked="" type="checkbox"/> Telephones	throughout	See site map
	<input checked="" type="checkbox"/> Underground Tank Leak Detection Monitors	service bay storage area	Veeder Root
<input type="checkbox"/> Other (describe)			
Additional Equipment (Use Additional Pages if Needed)			

\* Use the Location Codes (LC) from the Storage Map(s) prepared earlier for your HMBP

\*\* Describe the equipment and its capabilities. If applicable, specify any testing/maintenance procedures/intervals. Attach additional pages, numbered appropriately, if needed.

**EMERGENCY RESPONSE PROCEDURES**  
**MAJOR INCIDENT: FIRE, SPILL OR SUSPECTED LEAK**

256115

- 1 TURN OFF PUMPS using the Emergency Pump Shut-Off Switch
- 2 EVACUATE Verbally ANNOUNCE to all persons on the site "This is an emergency Please turn off your engines and leave the station on foot immediately All employees meet at the emergency assembly area "
- 3 CALL 9-1-1: Give the following information  
"THERE IS A FIRE/GASOLINE SPILL at the ConocoPhillips/Circle K service station at 4350 El Camino Real  
If anyone is trapped or needs medical attention, tell the answering dispatcher Stay on the phone and be prepared to answer any questions concerning the situation
- 4 ATTEMPT to contain the spill if you can do it safely
- 5 LOOK AROUND to ensure that everyone has left the station, particularly those in vehicles who may need assistance or may not have heard the emergency announcement Assist or direct assistance to anyone having difficulty leaving the station are and anyone who may be injured
- 6 REPORT to arriving emergency response personnel to provide them with any information or assistance they might need
- 7 CONTACT the station operator if he/she is not already at the station Use the list below for emergency contacts

Emergency Coordinator Greg Galatolo Title Dealer  
Address 1531 Arbor Dr. Los Altos Ca 94024  
Bus#/Home#/Alt# 650-941-0244 / 650-948-8302 / 650-948-4771  
Alternate Emergency Coordinator Tom Segovia Title Manager  
Address 817 San Verone Ave. Mountain View, Ca 94043  
Bus#/Home#/Alt# 650-941-0244 / 650-969-2378 /

- 8 NOTIFY the following IMMEDIATELY to assist in the emergency and agency notification process  
Service Contact Center 1-866-805-4357  
Wholesale Territory Supervisor or Retail Territory Supervisor  
Environmental Compliance Coordinator North: Janette Thompson (925)277-2404  
South: Stephen Boyd (714)428-6572 or (714)454-8334

ConocoPhillips/Circle K Stores, Inc will notify the State and Local administering agencies within an appropriate time frame unless the situation requires urgent immediate response by the agencies, in which case the Operator should notify these agencies

- a) LOCAL AGENCY Santa Clara Co. Dept. of Env. Health  
PHONE NUMBER 408-918-3400
- b) CALIFORNIA OFFICE OF EMERGENCY SERVICES, (800)852-7550(24 HOURS)
- c) LOCAL POLICE AND FIRE DEPARTMENTS, **911**
- d) NATIONAL RESPONSE CENTER 1-800-424-8802 (24 HOURS)

**MINOR INCIDENT:** Any incident that can be contained and cleaned up as part of the routine operations Whenever in doubt, consider the incident a major release and use the above procedures

- 1 FIRES: Extinguish with fire extinguisher Recharge fire extinguisher, if used
- 2 SPILLS Clean up with absorbent materials on site and dispose of according to all regulations Have a fire extinguisher ready for spills of flammable materials Restock absorbent as necessary See Training Plan item #H for additional direction.
- 3 MEDICAL Treat with on site first aid kit or take to nearest hospital Employee training plan lists the nearest hospital
- 4 RECORD Record the event in the daily monitoring log
5. NOTIFY the dealer of the event

## EMPLOYEE TRAINING PLAN

Employees must be given this training before starting work, and refresher courses must be provided annually. Records must be kept to show when each station employee has been given his/her safety training. Use the following outline and make copies as needed. Have employee date and sign the attached training log upon completion of training. Retain these records for a minimum of three years.

### **I. FIRST THINGS TO KNOW:**

- A EMERGENCY PUMP SHUT-OFF This turns off the turbine pumps that provide flow to the dispensers from the underground tanks. In case of a leak, shutting off the pumps will help to prevent spills.  
Location 1-NORTH EXT BLDG WALL, 1-STORAGE AREA
- 
- B ELECTRICAL PANEL The panel allows you to selectively cut off power to lights, signs, pumps, etc. The main switch kills all power at the site.  
Location IN SERVICE BAY STORAGE AREA
- 
- C TANK MONITORING ALARM Monitoring panel for the Underground Storage Tanks. This panel will indicate when a leak is detected by a visual and audible alarm.  
Location SERVICE BAY STORAGE AREA
- 
- D WATER SHUT-OFF The water shut-off may be necessary in some cases.  
Location IN SIDEWALK ALONG LOS ALTOS AVENUE
- 
- E NATURAL GAS SHUT-OFF If your station has natural gas, it may be necessary to shut-off the natural gas flow in an emergency.  
Location NONE
- 
- F PROPANE/LPG If your station has propane or liquefied petroleum gas tank - In the event of a release or fire, turn off the manual valves and shut off the power to the dispensing pumps. Call your supplier or dial 9-1-1 as appropriate.
- 
- G FIRE EXTINGUISHER Use only on small fires that you can handle. Do not attempt to extinguish large fires on your own, call 9-1-1 for help.  
Location 2-IN SERVICE BAY
- 
- H ABSORBENT In the form of kitty litter, absorbent can soak up small spills of gasoline, diesel fuel, or other petroleum products. Absorbent should be used rather than washing spills down a drain. In case of large spill, merely try to contain it, a vacuum truck should be used to clean up any large spill.  
Location IN SERVICE BAY STORE AREA
- 
- I PERSONAL PROTECTIVE EQUIPMENT These items shall be used by employees to prevent direct skin contact with a hazardous material.
- 1 Broom SERVICE BAY
  - 2 Shovel SERVICE BAY
  - 3 Gloves SERVICE BAY
  - 4 Goggles SERVICE BAY
- 
- J FIRST AID KIT  
Location 1-IN SERVICE BAY STORE AREA
- 
- K EMERGENCY ASSEMBLY AREA Location where all employees are to meet in the event of an emergency.  
Location SOUTH SIDE OF SITE
- 
- HAZARDOUS MATERIAL MANAGEMENT PLAN (HMMP) MATERIAL SAFETY DATA SHEET (MSDS)  
Location SALES OFFICE
-

**II. NEAREST MEDICAL FACILITY:** Employees should know what facilities are available in case customers or other employees need medical attention

1 NAME EL CAMINO HOSPITAL

ADDRESS 2500 GRANT ROAD MOUNTAIN VIEW

PHONE NUMBER 650-940-7055

NEAREST DESIGNATED TRAUMA CENTER

2 NAME. STANFORD HOSPITAL

ADDRESS 300 PASTEUR DR STANFORD

PHONE NUMBER 650-723-5111

**III.** All employees should review the Hazardous Material Plan, of which this training plan is a part. Specifically, each employee should understand the procedures to be used in responding to various kinds of emergencies, and know how to monitor for leaks of hazardous materials. As a supplement to this package, employees should also review the Emergency Response Plan filed by your business to the appropriate local agency. Thirdly, employees should review and have access to the Materials Safety Data Sheets you have on file for each of the hazardous materials stored at the station and must be drilled in all emergency response procedures contained herein.

**IV. FIRST AID PROCEDURES** (For exposure to gasoline or diesel fuel)

- A EYE CONTACT Flush with water for 15 minutes while holding eyelids open. Get medical attention.
- B SKIN CONTACT Flush with water while removing contaminated clothing and shoes. Followed by washing with soap and water. Do not reuse clothing or shoes until cleaned. If irritation persists, get medical attention.
- C INHALATION (Breathing) Remove victim to fresh air and provide oxygen if breathing is difficult. If not breathing, give artificial respiration. Get medical attention.
- D INGESTION (Swallowing)

DO NOT INDUCE VOMITING BECAUSE GASOLINE CAN ENTER LUNGS AND CAUSE SEVERE LUNG DAMAGE! If vomiting occurs spontaneously keep head below hips to prevent aspiration of liquid into lungs. Get medical attention.

- F NOTE TO PHYSICIAN If more than 2.0 ml per kg has been ingested and vomiting has not occurred, emesis should be induced with medical supervision. Keep victim's head below hips to prevent aspiration. If symptoms such as loss of gag reflex, convulsions, or unconsciousness occur before emesis, gastric lavage using a cuffed endotracheal tube should be considered.

For further information, consult the Materials Safety Data Sheets for these products and for other hazardous materials.

FIRST AID FOR EXPOSURE TO OTHER MATERIALS Consult the warning advice on container labels or refer to the MSDS for that product.

This hazardous material management plan meets the requirements of a hazardous waste contingency plan.

*Document prepared by Environmental Staff, RHL Design Group, Inc., 800-765-1025 Last updated Dec 3, 2002*

# Employee Training Plan

(Hazardous Materials Business Plan Module)

Authority Cited H&SC, Section 25504(c), Title 22, Div 4 5, Ch 12, Art 3 CCR

Page 15 of 17

All facilities that handle hazardous materials must have a written employee training plan. This plan is a required module of the Hazardous Materials Business Plan (HMBP). A blank plan has been provided below for you to complete and submit if you do not already have such a plan. **If you already have a training plan, you are not required to complete the blank plan, below, but you must include a copy of your existing plan as part of your HMBP.**

Check all boxes that apply [Note Items marked with an asterisk (\*) are required]

## 1 Personnel are trained in the following procedures

<input checked="" type="checkbox"/> Internal alarm/notification *
<input checked="" type="checkbox"/> Evacuation/re-entry procedures & assembly point locations*
<input checked="" type="checkbox"/> Emergency incident reporting
<input checked="" type="checkbox"/> External emergency response organization notification
<input checked="" type="checkbox"/> Location(s) and contents of Emergency Response/Contingency Plan
<input checked="" type="checkbox"/> Facility evacuation drills, which are conducted at least (specify) <u>Annual</u> (e.g. "Quarterly", etc.)

## 2 Chemical Handlers are additionally trained in the following

<input checked="" type="checkbox"/> Safe methods for handling and storage of hazardous materials *
<input checked="" type="checkbox"/> Location(s) and proper use of fire and spill control equipment
<input checked="" type="checkbox"/> Spill procedures/emergency procedures
<input checked="" type="checkbox"/> Proper use of personal protective equipment *
<input checked="" type="checkbox"/> Specific hazard(s) of each chemical to which they may be exposed, including routes of exposure (i.e. inhalation, ingestion, absorption) *
<input type="checkbox"/> Hazardous Waste Handlers/Managers are trained in all aspects of hazardous waste management specific to their job duties (e.g. container accumulation time requirements, labeling requirements, storage area inspection requirements, manifesting requirements, etc.) *

## 3. Emergency Response Team Members are capable of and engaged in the following

<input checked="" type="checkbox"/> Personnel rescue procedures
<input checked="" type="checkbox"/> Shutdown of operations
<input checked="" type="checkbox"/> Liaison with responding agencies
<input checked="" type="checkbox"/> Use, maintenance, and replacement of emergency response equipment
<input checked="" type="checkbox"/> Refresher training, which is provided at least annually *
<input checked="" type="checkbox"/> Emergency response drills, which are conducted at least (specify) <u>Annual</u> (e.g. "Quarterly", etc.)

**Record keeping**  
(Hazardous Materials Business Plan Module)

All facilities which handle hazardous materials must maintain records associated with their management. A summary of your record keeping procedures is a required module of the Hazardous Materials Business Plan (HMBP). A blank summary has been provided below for you to complete and submit if you do not already have such a document. **If you already have a brief written description of your hazardous materials record keeping systems which addresses all subjects covered below, you are not required to complete this page, but you must include a copy of your existing document as part of your HMBP.**

Check all boxes that apply. The following records are maintained at the facility. [Note: Items marked with an asterisk (\*) are required.]

<input checked="" type="checkbox"/> Current employees' training records (to be retained until closure of the facility) *
<input checked="" type="checkbox"/> Former employees' training records (to be retained at least three years after termination of employment) *
<input checked="" type="checkbox"/> Training Program(s) (i.e. written description of introductory and continuing training) *
<input checked="" type="checkbox"/> Current copy of this Emergency Response/Contingency Plan *
<input checked="" type="checkbox"/> Record of recordable/reportable hazardous material/waste releases *
<input checked="" type="checkbox"/> Record of hazardous material/waste storage area inspections *
<input checked="" type="checkbox"/> Record of hazardous waste tank daily inspections *
<input checked="" type="checkbox"/> Description and documentation of facility emergency response drills

Note: The above list of records does not necessarily identify every type of record required to be maintained by the facility.

**A copy of the Inspection Check Sheet(s) or Log(s) used in conjunction with required routine self-inspections of your facility must be submitted with your HMBP.** (Exception: Available from your local agency is a Hazardous Materials/Waste Storage Area Inspection Form that you may use if you do not already have your own form. If you use the example provided, you do not need to attach a copy.)

Check the appropriate box.

<input checked="" type="checkbox"/> We will use the "Hazardous Materials/Waste Storage Area Inspection Form" to document inspections.
<input type="checkbox"/> We will use our own documents to record inspections. (A blank copy of each document used must be attached to this HMBP.)

# Aboveground Separation, Containment, and Monitoring Plan

(Appendix to Hazardous Materials Business Plan)

Complete one column for each aboveground storage area shown on the Hazardous Materials Business Plan Storage Map(s) Write the appropriate location code in the box provided at the top of each column, then moving down the column, check all boxes which apply to that location Make additional copies of this page if needed

Location Code	B	C	E		
<b>Storage Type</b>	<input checked="" type="checkbox"/> Inside building <input type="checkbox"/> Outside storage shed <input type="checkbox"/> Outdoors	<input type="checkbox"/> Inside building <input type="checkbox"/> Outside storage shed <input checked="" type="checkbox"/> Outdoors	<input type="checkbox"/> Inside building <input type="checkbox"/> Outside storage shed <input checked="" type="checkbox"/> Outdoors	<input type="checkbox"/> Inside building <input type="checkbox"/> Outside storage shed <input type="checkbox"/> Outdoors	<input type="checkbox"/> Inside building <input type="checkbox"/> Outside storage shed <input type="checkbox"/> Outdoors
<b>Primary Containment</b>	<input checked="" type="checkbox"/> Original containers <input type="checkbox"/> Safety cans <input type="checkbox"/> Inside machinery <input checked="" type="checkbox"/> Drums/barrels <input type="checkbox"/> Pressure vessels <input type="checkbox"/> Bulk tanks <input type="checkbox"/> Aboveground piping <input type="checkbox"/> Other	<input type="checkbox"/> Original containers <input type="checkbox"/> Safety cans <input type="checkbox"/> Inside machinery <input checked="" type="checkbox"/> Drums/barrels <input type="checkbox"/> Pressure vessels <input type="checkbox"/> Bulk tanks <input type="checkbox"/> Aboveground piping <input type="checkbox"/> Other	<input type="checkbox"/> Original containers <input type="checkbox"/> Safety cans <input type="checkbox"/> Inside machinery <input type="checkbox"/> Drums/barrels <input checked="" type="checkbox"/> Pressure vessels <input type="checkbox"/> Bulk tanks <input type="checkbox"/> Aboveground piping <input type="checkbox"/> Other	<input type="checkbox"/> Original containers <input type="checkbox"/> Safety cans <input type="checkbox"/> Inside machinery <input type="checkbox"/> Drums/barrels <input type="checkbox"/> Pressure vessels <input type="checkbox"/> Bulk tanks <input type="checkbox"/> Aboveground piping <input type="checkbox"/> Other	<input type="checkbox"/> Original containers <input type="checkbox"/> Safety cans <input type="checkbox"/> Inside machinery <input type="checkbox"/> Drums/barrels <input type="checkbox"/> Pressure vessels <input type="checkbox"/> Bulk tanks <input type="checkbox"/> Aboveground piping <input type="checkbox"/> Other
<b>Secondary Containment</b>	<input type="checkbox"/> Approved cabinets <input type="checkbox"/> Secondary drum <input type="checkbox"/> Tray <input type="checkbox"/> Bermed & coated floor <input type="checkbox"/> Tank vault <input type="checkbox"/> Secondary piping or piping trench <input type="checkbox"/> Other	<input type="checkbox"/> Approved cabinets <input type="checkbox"/> Secondary drum <input type="checkbox"/> Tray <input type="checkbox"/> Bermed & coated floor <input type="checkbox"/> Tank vault <input type="checkbox"/> Secondary piping or piping trench <input type="checkbox"/> Other	<input type="checkbox"/> Approved cabinets <input type="checkbox"/> Secondary drum <input type="checkbox"/> Tray <input type="checkbox"/> Bermed & coated floor <input type="checkbox"/> Tank vault <input type="checkbox"/> Secondary piping or piping trench <input type="checkbox"/> Other	<input type="checkbox"/> Approved cabinets <input type="checkbox"/> Secondary drum <input type="checkbox"/> Tray <input type="checkbox"/> Bermed & coated floor <input type="checkbox"/> Tank vault <input type="checkbox"/> Secondary piping or piping trench <input type="checkbox"/> Other	<input type="checkbox"/> Approved cabinets <input type="checkbox"/> Secondary drum <input type="checkbox"/> Tray <input type="checkbox"/> Bermed & coated floor <input type="checkbox"/> Tank vault <input type="checkbox"/> Secondary piping or piping trench <input type="checkbox"/> Other
<b>Separation</b>	<input checked="" type="checkbox"/> All materials compatible <input type="checkbox"/> One-hour separation wall/partition <input type="checkbox"/> Separation by at least 20 feet <input type="checkbox"/> Approved cabinets <input type="checkbox"/> Other	<input checked="" type="checkbox"/> All materials compatible <input type="checkbox"/> One-hour separation wall/partition <input type="checkbox"/> Separation by at least 20 feet <input type="checkbox"/> Approved cabinets <input type="checkbox"/> Other	<input checked="" type="checkbox"/> All materials compatible <input type="checkbox"/> One-hour separation wall/partition <input type="checkbox"/> Separation by at least 20 feet <input type="checkbox"/> Approved cabinets <input type="checkbox"/> Other	<input type="checkbox"/> All materials compatible <input type="checkbox"/> One-hour separation wall/partition <input type="checkbox"/> Separation by at least 20 feet <input type="checkbox"/> Approved cabinets <input type="checkbox"/> Other	<input type="checkbox"/> All materials compatible <input type="checkbox"/> One-hour separation wall/partition <input type="checkbox"/> Separation by at least 20 feet <input type="checkbox"/> Approved cabinets <input type="checkbox"/> Other
<b>Monitoring Type</b>	<input checked="" type="checkbox"/> Visual <input type="checkbox"/> Automatic sensors <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Visual <input type="checkbox"/> Automatic sensors <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Visual <input type="checkbox"/> Automatic sensors <input type="checkbox"/> Other	<input type="checkbox"/> Visual <input type="checkbox"/> Automatic sensors <input type="checkbox"/> Other	<input type="checkbox"/> Visual <input type="checkbox"/> Automatic sensors <input type="checkbox"/> Other
<b>Monitoring Frequency</b>	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Continuous <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Continuous <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Continuous <input type="checkbox"/> Other	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Continuous <input type="checkbox"/> Other	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Continuous <input type="checkbox"/> Other

In the space provided below, describe the location, type, manufacturer's specifications (if applicable) and suitability of any monitoring methods used other than visual monitoring Attach additional pages is needed

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**BUSINESS ACTIVITIES**

<b>I. FACILITY IDENTIFICATION</b>												
FACILITY ID # (Agency Use Only)											1	EPA ID # (Hazardous Waste Only) CAL000025915
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As) 3												
El Camino 76 #256115												

**II. ACTIVITIES DECLARATION**

**NOTE: If you check YES to any part of this list, please submit the Business Owner/Operator Identification page (OES Form 2730).**

Does your facility		If Yes, please complete these pages of the UPCF	
<b>A. HAZARDOUS MATERIALS</b> Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs), or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B, or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 4	Y HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (OES 2731)
<b>B. UNDERGROUND STORAGE TANKS (USTs)</b>			
1	Own or operate underground storage tanks?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 56	Y UST FACILITY (Formerly SWRCB Form A) Y UST TANK (one page per tank) (Formerly Form B)
2	Intend to upgrade existing or install new USTs?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 78	Y UST FACILITY Y UST TANK (one per tank) Y UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank)(Formerly Form C)
3	Need to report closing a UST?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 910	Y UST TANK (closure portion--one page per tank)
<b>C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)</b> Own or operate ASTs above these thresholds ---any tank capacity is greater than 660 gallons, or ---the total capacity for the facility is greater than 1,320 gallons?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 1112	NO FORM REQUIRED TO CUPAS
<b>D. HAZARDOUS WASTE</b>			
1	Generate hazardous waste?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 1314	Y EPA ID NUMBER---provide at the top of this page
2	Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC 25143 2)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 15	Y RECYCLABLE MATERIALS REPORT (one per recycler)
3	Treat hazardous waste on site?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 1617	Y ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Form 1772) Y ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772A B C D and L)
4	Treatment subject to financial assurance requirements (for Permit by Rule and Conditional Authorization)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 1819	Y CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)
5	Consolidate hazardous waste generated at a remote site?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 2021	Y REMOTE WASTE / CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196)
6	Need to report the closure/removal of a tank that was classified as hazardous waste and cleaned onsite?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 2223	Y HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)

<b>E. LOCAL REQUIREMENTS</b> 24	
(You may also be required to provide additional information by your CUPA or local agency)	



CONOCOPHILLIPS  
P O Box 52085 (DC40)  
Phoenix, AZ 85072-2085  
(602) 728-8000



January 08, 2003

Greg Galatolo  
El Camino 76 #256115  
4350 El Camino Real  
Los Altos, CA 94022

AGENCY

RE HAZARDOUS MATERIALS MANAGEMENT PLANS

Dear Greg Galatolo

Attached is the new Hazardous Materials Inventory and Business Plan for your station. This new HMMP is intended to replace the current HMMP. The "SITE COPY" should be kept in your "Success at the Pump" binder and available to all employees and agency personnel at all times.

**THESE FORMS MUST BE RETURNED TO RHL DESIGN GROUP AS SOON AS POSSIBLE. FAILURE TO RETURN THIS PLAN WITHIN 30 DAYS WILL RESULT IN A \$25.00 LATE FEE CHARGED TO YOUR ACCOUNT.**

**FAILURE TO RETURN THIS PLAN MAY ALSO RESULT IN FINES AND/OR CIVIL PENALTIES BY GOVERNMENT ENFORCEMENT AGENCIES.**

Instructions for signing and returning the packet

- 1 Please sign all 3 copies of the HMMP where flagged and indicated with a "X"
- 2 Please return the 2 copies marked "AGENCY" and "RHL FILE" to RHL Design in the pre-stamped envelope provided **AS SOON AS POSSIBLE.**
- 3 Keep the "SITE COPY" of the HMMP in your Success at the Pump binder, and available for inspection. Use your Site Copy for employee training and have employees sign the training log. Keep training records at your station.

A copy of the HMMP will be sent to Santa Clara Co Dept of Env Health

If you have any questions regarding the content of this HMMP, please contact RHL Design Group, Ms Jennifer Carey or Mr Roger Beach at (707) 765-1660. If you have any additional questions, including invoicing questions, please contact Pam Ruesga, ConocoPhillips, Hazardous Materials Coordinator at (602) 728-4970.

Sincerely,

ConocoPhillips

~~cc -RHL Design Group, Inc~~

256115

Enclosure



RECEIVED BY ENVIRONMENTAL HEALTH  
NMCD  
Jan 21 1 19 PM '03

John W. Johnson  
Co-President  
Architect

January 16, 2003

Brian F. Zita  
Co-President  
Architect

Santa Clara Co Dept of Env Health  
Greg Breshears  
1555 Berger Dr, Ste 300  
San Jose, CA 95112-2716

John B. Hicks  
Vice President

CONACO PHILLIPS

HAZARDOUS MATERIALS MANAGEMENT PLANS FOR ~~TOSCO/CIRCLE K~~

Cecil R. Spencer  
Vice President

Dear Greg Breshears

CONACO PHILLIPS

Regional Managers

Enclosed please find the Hazardous Material Management Plans, HMMP(s), for the ~~Tosco Corporation/Circle K Stores, Inc.~~ station(s) as listed on the attached sheet. Tosco Corporation/Circle K Stores, Inc is a fully owned subsidiary of Phillips 66 Company

Jesse E. Macias

Roy W. Pedro

Alan K. Shimabukuro

These inventories and HMMP(s) are being submitted for your review and approval

John W. Strobel

Blythe R. Wilson

If there are any further correspondence or invoices related to these submissions, please direct them to

Regional Compliance Specialist  
Phillips 66 Company  
P O Box 52085  
Phoenix, AZ 85072-2085

Sincerely,

Established 1966

RHL DESIGN GROUP, INC.

Environmental Department

Enclosure

Reviewed By   
Date JANUARY 22, 2003

Offices

BELLEVUE, WA

LA HABRA, CA

MARTINEZ, CA

PETALUMA, CA

ROSEVILLE, CA

SCOTTSDALE, AZ

VANCOUVER, WA

www.rhldesign.com

255957 ✓  
Los Altos 76 #255957  
330 South San Antonio Rd  
Los Altos, CA 94022

256115 ✓  
El Camino 76 #256115  
4350 El Camino Real  
Los Altos, CA 94022

256859 ✓  
Saratoga Union #256859  
12015 Saratoga-Sunnyvale Rd  
Saratoga, CA 95070

2611212 ✓  
Saratoga 76 #2611212  
14395 Big Basin Way  
Saratoga, CA 95070

DRAFT



## OFFICIAL NOTICE OF INSPECTION

Facility ID	FA0251391	Inspection Date: 11/19/2013
Facility Name	EL CAMINO 76	
Site Address	4350 EL CAMINO REAL, LOS ALTOS, CA 94022	
HW Generator Type	<1000 KG/MO	<input type="checkbox"/> RCRA LQG
Consent to Inspect Granted By	GREG GALOTOLO, OWNER	<input type="checkbox"/> Pictures Taken
		<input type="checkbox"/> Samples Taken

**Summary of Violations & Notice to Comply**  
 Program PR0312958 - HAZARDOUS WASTE GENERATOR - 2205  
 Inspection Type ROUTINE INSPECTION-COMPLETED

VC	Class	Violation	Corrective Actions Taken
G001	M	<p><b>EPA ID NUMBER</b></p> <p>Facility failed to obtain or maintain a valid EPA ID number [Note Federal EPA IDs are site-specific California IDs are both site-specific and owner-specific ]</p> <p><b><i>Your EPA ID #CAL000025915 is "inactive". Complete the form 1358 provided to you and submit it to DTSC in Sacramento to re-activate your number.</i></b></p> <p>If your facility generates more than 100 kg of a RCRA (i.e., federally regulated) hazardous waste or accumulates 5,000 kilograms or more of federally-regulated Universal Waste, obtain a federal EPA ID by submitting EPA FORM 8700-12 to the U.S. Environmental Protection Agency. Otherwise, obtain or reactivate a California ID by submitting DTSC FORM 1358 to DTSC. Forms are available at <a href="http://www.dtsc.ca.gov">www.dtsc.ca.gov</a> [CCR 66262.12, 66273.32(a)(1), 66273.32(b)]</p>	
G020	M	<p><b>MARKING OF HAZARDOUS WASTE</b></p> <p>Facility failed to properly mark a hazardous waste tank and/or container</p> <p><b><i>The following tank and containers were not properly labeled: 1) The red mobile waste oil drain was unlabeled 2) The 16 gallon used oil container next to the front door and fire extinguisher has a label with faded information on it. 3) The waste coolant container in the rear outside storage area does not have the generator name and address marked on the container label. 4) Provide the words "hazardous waste" and the accumulation start date in the spill box of the used oil tank</i></b></p> <p>Mark all hazardous waste tanks with the words "HAZARDOUS WASTE" and the accumulation start date. Mark all hazardous waste containers and portable tanks with the words "HAZARDOUS WASTE," the accumulation start date, the name and address of the generator, and the composition, physical state, and hazardous properties of the waste. Additionally, mark used oil containers, aboveground tanks, and fill pipes for underground tanks with the words "USED OIL." [CCR 66262.34(f), 66279.21(b)]</p>	
G110	M	<p><b>MAINTENANCE AND OPERATION OF FACILITY</b></p> <p>Facility is not maintained or operated in a manner to minimize the possibility of a fire, explosion, or any unplanned release of hazardous waste to air, soil, or surface water that could threaten human health or the environment</p> <p><b><i>Clean the releases from the top and sides of the waste coolant container in the outside rear storage area.</i></b></p> <p>Maintain and operate the facility in a manner that minimizes potential emergencies and unplanned releases [CCR 66265.31, CFR 265.31]</p>	

# OFFICIAL NOTICE OF INSPECTION

**Facility ID:** FA0251391  
**Facility Name:** EL CAMINO 76  
**Site Address:** 4350 EL CAMINO REAL, LOS ALTOS, CA 94022

**Inspection Date:** 11/19/2013

## Summary of Violations & Notice to Comply

VC	Class	Violation	Corrective Actions Taken
G211	M	<b>EMERGENCY INFORMATION POSTED: SQG</b> Facility failed to post emergency response information next to the telephone, as required <b>Add the locations of your fire extinguishers and spill control equipment to your posted emergency procedures.</b> Post the following information 1) the name and phone number of all emergency coordinators, 2) the location of fire extinguishers, spill control materials, and any fire alarms, and 3) the phone number for the fire department A sample poster (UN-051) is available at www.unidocs.org [CFR 262.34(d)(5)(ii)]	
G413	M	<b>CONTAINER REQUIREMENTS. USED OIL/FUEL FILTERS</b> A container used to hold drained used oil/fuel filters was not closed, rainproof, capable of containing oil/fuel, and/or designed to prevent the ignition of gasoline vapors when holding gasoline filters <b>Observed 2 x 55-gallon used filter drums in the outside rear storage area that have rusted lids and the lids were not properly sealed to the containers. Replace the lids with ones that are in good condition and use the drum rings to seal the lids to the containers.</b> Ensure that drained use oil/fuel filter containers are closed and meet the above requirements Confirm that filter containers are sealed during transfer so that no oil and/or fuel can leak out when they are laid on their sides [CCR 66266.130(c)(3), HSC 25250.22]	
G900	II	<b>RESPONSE TO NOTICE OF VIOLATION</b> Facility failed to submit a written response within 35 days of receiving an Official Notice of Inspection from HMCD citing violations of hazardous waste law or regulations <b>Return to Compliance from your last 11/29/2011 inspection was not submitted to our office within 35 days of that inspection date.</b> Submit to HMCD a written description of the actions taken to correct each violation listed in the Official Notice of Inspection If any violation has not been corrected, describe the corrective actions that will be taken and provide a specific date by which those actions will be completed [HSC 25185(c)(3), 25187.8(b)]	

**Comments:** A routine hazardous waste generator inspection was performed on this date. A physical walkthrough was performed along with a review of paperwork since the last inspection.

**Fire extinguishers were properly charged and available for use Spill control absorbent was present. Emergency procedures were posted. First Aid kit was available for use. The trash dumpster was inspected and contained appropriate waste.**

**Program:** PR0376905 - HAZARDOUS MATERIALS BUSINESS PLAN - BP02

**Inspection Type:** ROUTINE INSPECTION-COMPLETED

VC	Class	Violation	Corrective Actions Taken
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# OFFICIAL NOTICE OF INSPECTION

**Facility ID:** FA0251391  
**Facility Name:** EL CAMINO 76  
**Site Address:** 4350 EL CAMINO REAL, LOS ALTOS, CA 94022

**Inspection Date:** 11/19/2013

## Summary of Violations & Notice to Comply

VC	Class	Violation	Corrective Actions Taken
S115	M	<p><b>ANNUAL INVENTORY REPORT/CERTIFICATION</b>                      Facility failed to annually report or certify their hazardous materials inventory  <i>Annual Inventory was not certified for 2012 or 2013.</i></p> <p><b>DISREGARD CORRECTIVE ACTION TEXT, BELOW REGARDING SUBMITTAL OF HARD COPY FORMS. SEE <a href="http://www.EHinfo.org/hazmat">www.EHinfo.org/hazmat</a> FOR DETAILS REGARDING ELECTRONIC REPORTING REQUIREMENTS. A FACILITY RECORD FOR THIS SITE HAS ALREADY BEEN CREATED ON THE CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM (CERS) WEBSITE AT <a href="http://cers.calepa.ca.gov">http://cers.calepa.ca.gov</a>. REQUEST ACCESS TO THAT CERS RECORD AND SUBMIT A CURRENT HMBP WITHIN 30 DAYS.</b></p> <p><b>Review the "Getting Started on CERS" handout and access your CERS account # 10352914 in order to electronically submit your hazardous materials business plan and certify your chemical inventory</b></p> <p>Review the facility's hazardous materials inventory and amend it as necessary. If no amendments are made, submit to HMCD the Hazardous Materials Business Plan Certification Form (UN-039). If amendments are made, submit either a complete Hazardous Materials Business Plan (UN-020) or all of the following Hazardous Materials Business Plan Certification Form, Business Activities Page, Owner Operator Identification Page, and amended portions of the hazardous materials inventory. The forms are available at <a href="http://www.EHinfo.org/hazmat">www.EHinfo.org/hazmat</a>. Ensure that future inventory reports or certifications are made annually. [HSC 25505(d)]</p>	

**Comments:** Reviewed business plan dated February, 2011. Facility is properly permitted for the number of reportable chemicals. (Gasoline, used oil, used coolant, motor oil, coolant, propane)

**EFFECTIVE JANUARY 1, 2013, STATE LAW REQUIRES THAT HAZARDOUS MATERIALS BUSINESS PLAN (HMBP), HAZARDOUS WASTE TIERED PERMIT, AND CERTAIN UNDERGROUND STORAGE TANK (UST) SUBMITTALS (i.e., OPERATING PERMIT APPLICATIONS AND UST MONITORING PLANS) BE SUBMITTED ELECTRONICALLY VIA THE CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM (CERS) WEBSITE AT <http://cers.calepa.ca.gov>. HARD COPIES ARE NO LONGER ALLOWED FOR THOSE SUBMITTALS, SO PLEASE DISREGARD ANY PRE-PRINTED CORRECTIVE ACTION TEXT IN THIS NOTICE OF INSPECTION REGARDING HARD COPY FORMS. FACILITY RECORDS HAVE ALREADY BEEN CREATED IN CERS FOR MANY BUSINESSES. PLEASE SEARCH CERS AND REQUEST ACCESS TO THAT RECORD BEFORE CREATING A NEW FACILITY RECORD. SEE [www.EHinfo.org/hazmat](http://www.EHinfo.org/hazmat) FOR MORE DETAILS REGARDING ELECTRONIC REPORTING REQUIREMENTS.**

Program: PR0308081 - UNDERGROUND STORAGE TANK - 2399

Inspection Type: ROUTINE INSPECTION-COMPLETED

VC	Class	Violation	Corrective Actions Taken

# OFFICIAL NOTICE OF INSPECTION

Facility ID: FA0251391  
 Facility Name: EL CAMINO 76  
 Site Address: 4350 EL CAMINO REAL, LOS ALTOS, CA 94022

Inspection Date: 11/19/2013

## Summary of Violations & Notice to Comply

VC	Class	Violation	Corrective Actions Taken
U015	M	<p><b>UST MONITORING PLAN</b></p> <p>The facility failed to submit or keep current a UST Monitoring Plan</p> <p><i>Your monitoring plan is incomplete. Information pertaining to manufacturer name and model numbers for your tank leak sensors, your piping sensors, your mechanical line leak detectors, and your UDC float-and-chain assemblies are incorrect. Re-submit your UST monitoring plan information electronically via CERS with correct required information</i></p> <p><b>DISREGARD CORRECTIVE ACTION TEXT, BELOW REGARDING SUBMITTAL OF HARD COPY FORMS. SEE <a href="http://www.EHinfo.org/hazmat">www.EHinfo.org/hazmat</a> FOR DETAILS REGARDING ELECTRONIC REPORTING REQUIREMENTS. A FACILITY RECORD FOR THIS SITE HAS ALREADY BEEN CREATED ON THE CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM (CERS) WEBSITE AT <a href="http://cers.calepa.ca.gov">http://cers.calepa.ca.gov</a>. REQUEST ACCESS TO THAT CERS RECORD AND SUBMIT UST MONITORING PLAN(S) FOR APPROVAL.</b></p> <p><i>Your CERS ID # is 10352914. Access your account and submit your required information electronically.</i></p> <p>Submit to HMCD a UPCF UST Monitoring Plan form (UST-D), available at <a href="http://www.EHinfo.org/hazmat">www.EHinfo.org/hazmat</a>. In addition to the information on the UPCF form, the monitoring plan must include a plot plan that accurately indicates the location of the UST(s), piping, dispensers, monitoring consoles, leak detection sensors, line leak detectors, and (for single-wall tanks) automatic tank gauging probes. Keep a copy of the current monitoring plan on-site. [23 CCR 2632(d)(1), 2641(h)]</p>	
U030	M	<p><b>DUSTO ID + STATEMENT OF COMPLIANCE</b></p> <p>UST owner failed to submit to HMCD the required signed statement indicating that the owner understands and is in compliance with all applicable UST requirements and identifying all Designated UST Operators (DUSTO) for this facility</p> <p><i>Dusto Notificaiton Form not found. Complete and submit this document to our office for review. Keep a copy of this record in your compliance file</i></p> <p>Within 30 days, submit to HMCD a UST System Owner Statement of Designated UST Operator and Understanding of and Compliance With UST Requirements form. The form (UN-062) is available at <a href="http://www.EHinfo.org/hazmat">www.EHinfo.org/hazmat</a>. Notify HMCD within 30 days of future DUSTO changes. Each DUSTO must be certified by the International Code Council (ICC) as a California UST System Operator and renew their certification every 24 months. To confirm ICC certification information, go to <a href="http://www.iccsafe.org/CertSearch">www.iccsafe.org/CertSearch</a>. [23 CCR 2715(a)]</p>	
U036	M	<p><b>DUSTO TRAINING FOR FACILITY EMPLOYEES</b></p> <p>UST owner/operator failed to have a qualified Designated UST Operator (DUSTO) perform and document required training of facility employees</p> <p><i>2013 DUSTO employee training not performed and documented.</i></p> <p>Within 30 days, have a qualified DUSTO perform and document training of all facility employees with UST responsibilities. The training must cover the following topics, as applicable: 1) Operation of the UST(s) in a manner consistent with the facility's best management practices, 2) The employee's role with regard to required UST monitoring equipment, 3) The employee's role with regard to UST spills and overfills, and 4) The name(s) of the contact person(s) for emergencies and UST leak alarms. Have the DUSTO train new employees within 30 days of the date of hire and refresh training for all facility employees annually. Maintain a current list of trained facility employees on-site. A UST System Designated Operator Facility Employee Training Record form is available at <a href="http://www.EHinfo.org/hazmat">www.EHinfo.org/hazmat</a>. The DUSTO must be certified by the International Code Council (ICC) as a California UST System Operator and renew their certification every 24 months. To confirm ICC certification information, go to <a href="http://www.iccsafe.org/CertSearch">www.iccsafe.org/CertSearch</a>. [23 CCR 2715(f)]</p>	

# OFFICIAL NOTICE OF INSPECTION

Facility ID: FA0251391  
 Facility Name: EL CAMINO 76  
 Site Address: 4350 EL CAMINO REAL, LOS ALTOS, CA 94022

Inspection Date: 11/19/2013

## Summary of Violations & Notice to Comply

VC	Class	Violation	Corrective Actions Taken
U100	C	<p><b>MONITORING. DETECTION AT EARLIEST OPPORTUNITY</b></p> <p>UST monitoring equipment/procedures are not capable of detecting a leak from all portions of the UST system at the earliest possible opportunity</p> <p><b>Float-and-chain assemblies at dispenser 1/2 were both water-tested and failed. Adjustments were made to the assemblies, re-tested and then passed. Violation corrected during the inspection. Nor further action is required.</b></p> <p>Upgrade monitoring equipment and/or procedures to be capable of detecting a leak from all portions of the UST systems at the earliest possible opportunity All monitoring system consoles, leak sensors, and probes must be listed in the current edition of the State Water Resources Control Board's Local Guidance (LG) Letter LG-113, available at <a href="http://www.swrcb.ca.gov/water_issues/programs/ust/">www.swrcb.ca.gov/water_issues/programs/ust/</a> A permit is required prior to installing new monitoring equipment See the handout entitled Plan Submittal Requirements for Hazardous Materials Systems (HMCD-004) for details The handout is available at <a href="http://www.EHinfo.org/hazmat">www.EHinfo.org/hazmat</a> [23 CCR 2630(d), 2641(a)]</p>	
U900	II	<p><b>RESPONSE TO NOTICE OF VIOLATION</b></p> <p>UST permit holder failed to implement corrective actions within 30 calendar days of receiving an Official Notice of Inspection from HMCD citing violations of UST law or regulations</p> <p><b>Return-to-Compliance documents were not submitted for your 11/29/2011 and 11/19/2012 inspections.</b></p> <p>Correct all outstanding violations Submit to HMCD the previous Official Notice(s) of Inspection with the Corrective Actions Taken and Certification of Compliance sections completed If any violation has not been corrected, describe the corrective actions that will be taken and provide a specific date by which those actions will be completed [23 CCR 2712(f)]</p>	

**Comments: Annual underground storage tank inspection was performed on this date. The annual monitoring certification was performed by Chris Bishop All of his required certifications are current. The VMI LDT-890 2-year calibration date = 6/21/2012.**

**"All Functions Normal" was displayed at the TLS-350 control panel at the beginning and end of the inspection. Indicator lights at the alarm panel were not working and were replaced by the service technician. The system set-up and alarm history reports were obtained from the service technician and were reviewed.**

**The 87 and 91 turbine sumps plus the 7 UDC sumps were inspected and were dry The 2 turbine sump sensors were positioned at their low points plus the product piping test boots were separated to allow communication to occur between the product piping and the sump sensors.**

**The following sensors were tested and provided audible and visual alarms: 3 tank annular space sensors (87, 91, used oil), 2 turbine sump sensors (87 and 91), and 2 overfill alarms set at 90% tank capacity (87 and 91).**

**The 2 turbine sump sensors also provided positive shut-down when tested. The 87 and 91 turbines also provided positive shut-down under conditions of sensor-out and failsafe.**

**3 spill buckets passed their one-hour lake test (87, 91, used oil).**

**2 FE-Petro mechanical line leak detectors functioned properly when tested at a leak rate of 3 gph and 10 psi.**

**The emergency shut-off switch properly shut down the 2 turbines when tested.**

**14 float-and-chain assemblies in the 7 UDC sumps were successfully water tested.**

**Send a copy of the monitoring certification to our office within 30 days.**

**Monthly Designated Operator Reports over the last 12 months were reviewed and were proper**

**Certification of Financial Responsibility, CFO letter, and UST Response plan were current.**

**EFFECTIVE JANUARY 1, 2013, STATE LAW REQUIRES THAT HAZARDOUS MATERIALS BUSINESS PLAN (HMBP), HAZARDOUS**

# OFFICIAL NOTICE OF INSPECTION

Facility ID FA0251391  
Facility Name EL CAMINO 76  
Site Address 4350 EL CAMINO REAL, LOS ALTOS, CA 94022

Inspection Date: 11/19/2013

## Summary of Violations & Notice to Comply

**WASTE TIERED PERMIT, AND CERTAIN UNDERGROUND STORAGE TANK (UST) SUBMITTALS (i.e., OPERATING PERMIT APPLICATIONS AND UST MONITORING PLANS) BE SUBMITTED ELECTRONICALLY VIA THE CALIFORNIA ENVIRONMENTAL REPORTING SYSTEM (CERS) WEBSITE AT <http://cers.calepa.ca.gov>. HARD COPIES ARE NO LONGER ALLOWED FOR THOSE SUBMITTALS, SO PLEASE DISREGARD ANY PRE-PRINTED CORRECTIVE ACTION TEXT IN THIS NOTICE OF INSPECTION REGARDING HARD COPY FORMS. FACILITY RECORDS HAVE ALREADY BEEN CREATED IN CERS FOR MANY BUSINESSES. PLEASE SEARCH CERS AND REQUEST ACCESS TO THAT RECORD BEFORE CREATING A NEW FACILITY RECORD. SEE [www.EHInfo.org/hazmat](http://www.EHInfo.org/hazmat) FOR MORE DETAILS REGARDING ELECTRONIC REPORTING REQUIREMENTS.**

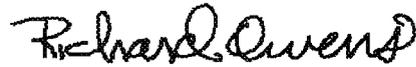
**Submit your UST Operating Permit Application and UST Monitoring Plans electronically via CERS in your account # 10352914 after reading and following directions in the "Getting Started on CERS" handout provided to you.**

Immediately correct any violation designated as a Class I or Class II violation. Correct all other violations no later than **12/19/2013**, unless otherwise noted by the inspector

Using the space provided, write a brief description of the actions taken by the facility to correct each violation. Attach additional pages if more space is needed. Within 5 days of achieving compliance or within 35 days of the inspection date, whichever comes first, sign the certification statement below and return a copy of this report to HMCD. Time granted for correction of violations does not preclude any enforcement action by HMCD or other agencies. This facility may be subject to reinspection at any time. [Authority: HSC 25185(c), 25187.8, 25404.12(c)]



Received By: Greg Galatolo  
Owner



Inspected By: EE0004656 - RICHARD OWENS  
CA UST Inspector #5266770, Exp 08/25/2013

## Certification of Compliance

I certify under penalty of perjury that this facility has complied with directives specified in this Notice to Comply.

Signature of Owner/Operator

Date

Printed Name of Owner/Operator

Title



**OFFICIAL NOTICE OF INSPECTION**

**Facility ID:** FA0251391  
**Facility Name:** EL CAMINO 76  
**Site Address:** 4350 EL CAMINO REAL  
 LOS ALTOS, CA 94022

**Inspection Date:** 11/19/2012

**HW Generator Type:** NA  
**Consent to Inspect Granted By:** GREG GALATOLO, OWNER

- RCRA LQG
- Pictures Taken
- Samples Taken

**Summary of Violations & Notice to Comply**

**Program:** PR0308081 - UNDERGROUND STORAGE TANK - 2399  
**Inspection Type:** ONGOING INSPECTION

VC	Class	Violation	Corrective Actions Taken
U345	II	<p><b>SPILL CONTAINMENT</b></p> <p>One or more UST fill openings is not equipped with an approved spill container  <b>THE 91-GRADE SPILL BUCKET FAILED TO HOLD 5-GALLONS OF WATER FOR 60-MINUTES.</b></p> <p>Immediately cease depositing or allowing the deposit of hazardous material into the non-compliant UST(s) Submit plans to, and apply for a permit from, HMCD to retrofit each UST fill point with a spill container within 60 days. Each spill container must be protected from corrosion, have a minimum 5 gallon capacity, and be equipped with a drain valve to permit spilled hazardous material to be drained into the tank primary containment. Plan submittal requirements, permit application forms, and the fee schedule are available at www.EHinfo.org/hazmat [23 CCR 2635(b)(1), 2665]</p>	

**Comments:** THE ANNUAL MONITORING CERTIFICATION WAS COMPLETED BY CHRISTOPHER BISHOP FROM CONFIDENCE UST SERVICE, INC., ICC: 8144916 EXP: 5/18/14, VEEDER-ROOT L4 B36744 EXP: 6/7/14, VMI TESTER 2696 EXP: 6/7/14, FRANKLIN FUELING 7120193704 EXP: 10/23/14

**SYSTEM SETUP:**

**VEEDER-ROOT TLS-350**

**TANK ID'S**

- T-1: 87-GRADE REGULAR
- T-2: 91-GRADE PREMIUM
- WASTE OIL TANK

**LIQUID SENSORS:**

- L-1: 87-GRADE STP (V/R 208)
- L-2: 91-GRADE STP (V/R 208)
- L-3: 87-GRADE ANNULAR (V/R 420)
- L-4: 91-GRADE ANNULAR (V/R 420)
- L-5: WASTE OIL(V/R 420)

**UDC'S:**

ALL UDC'S ARE FLOAT AND CHAIN ASSEMBLY'S, WHICH WERE TESTED WITH WATER; ALL FUNCTIONED AS REQUIRED

**LLD:**

- 89-GRADE (FE-PETRO STP-MLD; BLUE)
- 91-GRADE (FE-PETRO STP-MLD; BLUE)

**OVERFILL:**

87 AND 91-GRADE TANKS ARE MONITORED USING ATG. EACH HIGH ALARM FLOAT WAS RAISED TO ACTIVATE THE EXTERNAL AUDIBLE AND VISUAL ALARM.

ALL SPILL BUCKETS ARE DIRECT BURY AND WERE FILLED WITH 5-GALLONS OF WATER AND HYDROSTATICALLY TESTED FOR 1-HR ONLY THE 87-GRADE WAS OBSERVED TO HAVE NO DROP IN THE LIQUID LEVEL.

ALL ANNULAR SPACE SENSOR WERE TESTED USING WATER, WHICH ACTIVATED AN AUDIBLE ALARM AT THE MONITORING PANEL. THE RED ALARM LIGHT BULB WAS NOT WORKING

# OFFICIAL NOTICE OF INSPECTION

Facility ID: FA0251391  
Facility Name: EL CAMINO 76  
Site Address: 4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

Inspection Date 11/19/2012

**ALL STP SUMP SENSORS WERE TESTED USING WATER AND CREATED A POSITIVE SHUT-DOWN CONDITION AND ALSO ACTIVATED AN AUDIBLE ALARM AT THE MONITORING PANEL. THE RED ALARM LIGHT BULB WAS NOT WORKING**

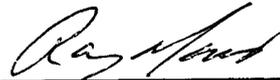
**RECORDS WILL BE REVIEWED AT A LATER DATE DUE TO A SCHEDULING CONFLICT**

Immediately correct any violation designated as a Class I or Class II violation Correct all other violations no later than 12/19/2012, unless otherwise noted by the inspector

Using the space provided, write a brief description of the actions taken by the facility to correct each violation Attach additional pages if more space is needed Within 5 days of achieving compliance or within 35 days of the inspection date, whichever comes first, sign the certification statement below and return a copy of this report to HMCD Time granted for correction of violations does not preclude any enforcement action by HMCD or other agencies This facility may be subject to reinspection at any time [Authority HSC 25185(c), 25187 8, 25404 1 2(c)]



Received By: GREG GALATOLO



Inspected By: RAYMOND MAIDEN - EE0010267  
CA UST Inspector #8063022, Exp 09/03/2014

## Certification of Compliance

I certify under penalty of perjury that this facility has complied with directives specified in this Notice to Comply.

Signature of Owner/Operator

Date

Printed Name of Owner/Operator

Title



**OFFICIAL NOTICE OF INSPECTION**

Facility ID: FA0251391 Inspection Date: 11/29/2011  
 Facility Name: EL CAMINO 76  
 Site Address: 4350 EL CAMINO REAL  
 LOS ALTOS, CA 94022

HW Generator Type: <1,000 KG/MO  
 Consent to Inspect Granted By GREG GALATOLO, OWNER  
 RCRA LQG  
 Pictures Taken  
 Samples Taken

**Summary of Violations & Notice to Comply**

Program: PR0376905 - HAZMAT BUSINESS PLAN - 2501  
 Inspection Type ROUTINE INSPECTION-COMPLETED

VC	Class	Violation	Corrective Actions Taken
		No violations were observed during this inspection	

**Comments:** *The Business Activities Page needs to be amended to reflect that the facility is NOT a Cal ARP Facility.*  
*Re-certification of the HMBP will be due on or before 2/15/2012.*  
*Facility has 6 reportable chemicals,*  
*Type/Quantity*  
*Gasoline / 24000 gallons*  
*Propane 105 gallons*  
*Waste Oil / 520 gallons*  
*Waste Coolant/Antifreeze / 110 gallons*  
*Motor Oil / 300 gallons*  
*Coolant Antifreeze / 110 gallons*

Program PR0312958 - HAZARDOUS WASTE GENERATOR - 2205  
 Inspection Type ROUTINE INSPECTION-COMPLETED

VC	Class	Violation	Corrective Actions Taken
G020	M	<b>MARKING OF HAZARDOUS WASTE</b> Facility failed to properly mark a hazardous waste tank and/or container <i>The Underground Waste Oil Tank Hazardous Waste Label shall include the identifier "Used Oil" and the accumulation start date.</i>  <i>The mobile used oil carousel had a blank Hazardous Waste label.</i>  <i>The used coolant container did not have a generator name and address marking.</i> Mark all hazardous waste tanks with the words "HAZARDOUS WASTE" and the accumulation start date. Mark all hazardous waste containers and portable tanks with the words "HAZARDOUS WASTE," the accumulation start date, the name and address of the generator, and the composition, physical state, and hazardous properties of the waste. Additionally mark used oil containers, aboveground tanks, and fill pipes for underground tanks with the words "USED OIL" [CCR 66262 34(f), 66279 21(b)]	
G021	M	<b>CONTAINER CONDITION</b> Facility held hazardous waste in a container that was not in good condition <i>Observed one dented 16 gallon used filter container storing used filters in the service bay. Discontinue use of this drum, transfer the drained filters to a proper storage drum and recycle the damaged drum.</i> Immediately transfer the hazardous waste to a container that is in good condition [CCR 66265 171, CFR 265 171]	

# OFFICIAL NOTICE OF INSPECTION

**Facility ID.** FA0251391  
**Facility Name:** EL CAMINO 76  
**Site Address.** 4350 EL CAMINO REAL  
 LOS ALTOS, CA 94022

**Inspection Date:** 11/29/2011

VC	Class	Violation	Corrective Actions Taken
G023	M	<b>CONTAINER OPEN</b>  Facility failed to keep a hazardous waste container closed at a time when it was not necessary to add or remove waste <b>Observed one partially filled waste oil drip pan. Transfer drip pan oil into a closed container. Do not leave partially-filled open containers unattended.</b> Tightly close all hazardous waste containers. Ensure that they remain closed, except when it is necessary to add or remove waste. Containers are considered closed when all lids, gaskets, and locking rings are in place and secured. [CCR 66265 173(a), CFR 265 173(a)]	
G051	M	<b>CONSOLIDATED MANIFESTING - INCOMPLETE RECEIPT</b>  Facility allowed an eligible hazardous waste to be shipped using a consolidated manifest without receiving a properly completed receipt <b>Consolidated Manifest for waste shipment on March 1, 2011 did not include the quantity of waste shipped. Ensure that all Consolidated Manifests include the correct quantity marked on the document.</b> Do not allow eligible hazardous wastes to be removed from the facility without obtaining a proper receipt from your hauler. The receipt must contain: 1) the name, address, EPA ID, contact person, telephone number, and signature of the generator, 2) the date of shipment, 3) the manifest number, 4) the type of waste, DOT proper shipping name, California and RCRA waste codes, and quantity shipped for each waste stream, 5) the name, address, and EPA ID of the receiving facility, 6) the name, address, and EPA ID of the transporter, 7) the driver's signature, and 8) a statement signed by the generator, certifying that the generator has established a program to reduce the volume or quantity and toxicity of the hazardous waste to the degree, as determined by the generator, to be economically practicable. [HSC 25160 2(b)(4)]	
G110	M	<b>MAINTENANCE AND OPERATION OF FACILITY</b>  Facility is not maintained or operated in a manner to minimize the possibility of a fire, explosion, or any unplanned release of hazardous waste to air, soil, or surface water that could threaten human health or the environment <b>The outside storage area "Area C" with 110 gallon antifreeze and used fuel and oil filter drums has accumulation of oily debris on sides and at the base of containers and throughout the space. Clean all debris, place used fuel filter in used filter drum and manage debris properly.</b> Maintain and operate the facility in a manner that minimizes potential emergencies and unplanned releases. [CCR 66265 31, CFR 265 31]	
G112	M	<b>EMERGENCY EQUIPMENT TESTING AND MAINTENANCE</b>  Facility failed to maintain required emergency response equipment <b>Observed one undercharged fire extinguisher in the service bay. Recharge the fire extinguisher.</b> <b>NOTE: All other fire extinguishers will need recharging by December 2011.</b> Test and maintain all required facility communications and alarm systems, fire protection equipment, spill control equipment, and decontamination equipment to assure its proper operation. [CCR 66265 33, CFR 265 33]	
G412	M	<b>CONTAINER MARKING USED OIL/FUEL FILTERS</b>  Facility failed to properly mark a container of drained used oil/fuel filters <b>Observed one 16 gallon used filter steel drum that had a Hazardous Waste "Coolant" label. Use label provided to you to properly mark used oil filter container.</b> Mark the initial date of accumulation on the container. If the container holds any gasoline filters, mark it with the words "DRAINED USED OIL AND GASOLINE FILTERS". Otherwise mark the container with the words "DRAINED USED OIL FILTERS". [CCR 66266 130(c)(3), HSC 25250 22]	

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# OFFICIAL NOTICE OF INSPECTION

**Facility ID:** FA0251391  
**Facility Name:** EL CAMINO 76  
**Site Address:** 4350 EL CAMINO REAL  
 LOS ALTOS, CA 94022

**Inspection Date:** 11/29/2011

VC	Class	Violation	Corrective Actions Taken
G413	M	<p><b>CONTAINER REQUIREMENTS. USED OIL/FUEL FILTERS</b></p> <p>A container used to hold drained used oil/fuel filters was not closed, rainproof, capable of containing oil/fuel, and/or designed to prevent the ignition of gasoline vapors when holding gasoline filters</p> <p><b>Observed one 16 gallon used filter container in the service bay that was open.</b>  <b>Observed two 55 gallon used filter drums with lids that were not secure. Transfer the filters from the 16 gallon container to the 55 gallon drums. Use drum rings to seal drum lids.</b></p> <p>Ensure that drained use oil/fuel filter containers are closed and meet the above requirements            Confirm that filter containers are sealed during transfer so that no oil and/or fuel can leak out when they are laid on their sides [CCR 66266 130(c)(3), HSC 25250 22]</p>	
G443	M	<p><b>CONTAINER MARKING UNIVERSAL WASTE</b></p> <p>Facility failed to properly label Universal Waste</p> <p><b>Observed 6 fluorescent waste tubes and one CRT in outside waste storage area that were not marked. Use the labels that are provided to properly mark these items.</b></p> <p>Clearly identify the waste type on all Universal Wastes or Universal Waste containers. The label wording must match that listed in the law or regulation for the type of Universal Waste. The labeling requirements are summarized in the Universal Waste Management Requirements document (HMCD-108) available at <a href="http://www.ehinfo.org/hazmat">www.ehinfo.org/hazmat</a> [Note: Areas that have clear boundaries and are designated for the storage of electronic devices or CRT materials may be labeled in lieu of labeling individual wastes or waste containers.] [CCR 66273 34, HSC 25201 16(f)(6)]</p>	
G444	M	<p><b>CONTAINER REQUIREMENTS UNIVERSAL WASTE</b></p> <p>Facility failed to contain Universal Waste in a manner that prevents breakage and the release of Universal Waste or waste residues</p> <p><b>Transfer the fluorescent tubes to original shipping boxes or equivalent container to prevent breakage.</b></p> <p>Properly contain the waste, as required for the type of Universal Waste. Container requirements are summarized in the Universal Waste Management Requirements document (HMCD-108) available at <a href="http://www.ehinfo.org/hazmat">www.ehinfo.org/hazmat</a> [CCR 66273 33, 66273 33 5, HSC 25201 16(f)-(g)]</p>	

**Comments:**

**Program:** PR0308081 - UNDERGROUND STORAGE TANK - 2399

**Inspection Type:** ROUTINE INSPECTION-COMPLETED

VC	Class	Violation	Corrective Actions Taken
U015		<p><b>UST MONITORING PLAN</b></p> <p>The facility failed to submit or keep current a UST Monitoring Plan</p> <p><b>The UDC section of the Monitoring Plan is incorrect. Correct the information in this section and resubmit the Monitoring Plan for approval.</b></p> <p>Submit to HMCD a UPCF UST Monitoring Plan form (UST-D), available at <a href="http://www.EHinfo.org/hazmat">www.EHinfo.org/hazmat</a>. In addition to the information on the UPCF form, the monitoring plan must include a plot plan that accurately indicates the location of the UST(s), piping, dispensers, monitoring consoles, leak detection sensors, line leak detectors, and (for single-wall tanks) automatic tank gauging probes. Keep a copy of the current monitoring plan on-site. [23 CCR 2632(d)(1), 2641 (h)]</p>	

*A*

# OFFICIAL NOTICE OF INSPECTION

**Facility ID:** FA0251391  
**Facility Name:** EL CAMINO 76  
**Site Address:** 4350 EL CAMINO REAL  
 LOS ALTOS, CA 94022

**Inspection Date:** 11/29/2011

VC	Class	Violation	Corrective Actions Taken
U030		<b>DUSTO ID + STATEMENT OF COMPLIANCE</b> UST owner failed to submit to HMCD the required signed statement indicating that the owner understands and is in compliance with all applicable UST requirements and identifying all Designated UST Operators (DUSTO) for this facility <b>Submit DUSTO Notification form to our office.</b> Within 30 days, submit to HMCD a UST System Owner Statement of Designated UST Operator and Understanding of and Compliance With UST Requirements form The form (UN-062) is available at www.EHinfo.org/hazmat Notify HMCD within 30 days of future DUSTO changes Each DUSTO must be certified by the International Code Council (ICC) as a California UST System Operator and renew their certification every 24 months To confirm ICC certification information, go to www.iccsafe.org/CertSearch [23 CCR 2715(a)]	
U034		<b>DUSTO MONTHLY INSPECTIONS</b> UST owner/operator failed to ensure that a qualified Designated UST Operator (DUSTO) has been performing and documenting monthly inspections of the UST system(s) as required and/or failed to maintain copies of DUSTO inspection records <b>No inspection records were found for May, June, and July 2011.</b> Ensure that a qualified DUSTO performs and documents inspections of the UST system(s) every month Inspections can be documented by properly completing all items on the Underground Storage Tank System Designated UST Operator Monthly Inspection Report form The form (UN-057) is available at www.EHinfo.org/hazmat Keep on-site a copy of DUSTO inspection records and required attachments for the previous months Each DUSTO must be certified by the International Code Council (ICC) as a California UST System Operator and renew their certification every 24 months To confirm ICC certification information, go to www.iccsafe.org/CertSearch [23 CCR 2715(c)&(e)]	

**Comments Conducted Monitoring Certification on 11/27/2011**  
**Confidence UST Services on site to conduct testing**  
**Brian Self, technician, ICC #8022804, exp. 7/5/2013, VeederRoot Monitoring Cert B-37501, exp. 7/5/2013, VMI LLD 2557 and 2558, exp. 12/20/2011**  
**VMI Line Leak Detector Calibration 11/19/2010**  
  
**Alarm history and system set-up provided.**  
  
**NOTE: Lights on TLS 350 not working properly and are to be replaced.**  
  
**Functional tests included,**  
**Sensors Out, All 5 show on tape, Turbine Pump Super (91) shut down, Turbine Pump Regular (87) remained under power. TLS 350 reprogrammed and item corrected.**  
**Power Out, Both turbine sumps shut off.**  
**ESO tested, OK**  
**Sump sensors tested, both OK, both shutdown related turbine pump**  
**Tank annular space sensors tested, All 3 OK**  
**All 7 UDC have mechanical floats and chains, All tested, All OK. UDC #1/2 and the 91 in UDC #5/6 required adjustment to operate properly.**  
**Spill buckets (3) tested and were OK.**  
  
**LLD tested from dispenser 5/6. VMI 890 tester was calibrated for each product and showed proper function of reduced flow from line leak detection**

Immediately correct any violation designated as a Class I or Class II violation. Correct all other violations no later than **12/29/2011**, unless otherwise noted by the inspector

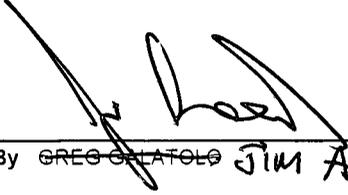
Using the space provided, write a brief description of the actions taken by the facility to correct each violation. Attach additional pages if more space is needed. Within 5 days of achieving compliance or within 35 days of the inspection date, whichever comes first, sign the certification statement below and return a copy of this report to HMCD. Time granted for correction of violations does not preclude any enforcement action by HMCD or other agencies. This facility may be subject to reinspection at any time. [Authority HSC 25185(c), 25187.8, 25404.1 2(c)]

Q

# OFFICIAL NOTICE OF INSPECTION

Facility ID: FA0251391  
Facility Name: EL CAMINO 76  
Site Address: 4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

Inspection Date: 11/29/2011

  
Received By ~~GREG GALATOLO~~ JIM A. REED

  
Inspected By RICHARD OWENS - EE0004656  
CA UST Inspector #5266770, Exp 08/25/2013

## Certification of Compliance

I certify under penalty of perjury that this facility has complied with directives specified in this Notice to Comply

Signature of Owner/Operator

Date

Printed Name of Owner/Operator

Title

DRAFT



2011 MAR 32 PM 2: 46

**OFFICIAL NOTICE OF INSPECTION**

Facility ID: FA0251391 Inspection Date: 1/18/2011  
 Facility Name: EL CAMINO UNOCAL  
 Site Address: 4350 EL CAMINO REAL  
 LOS ALTOS, CA 94022

HW Generator Type: <1,000 KG/MO  RCRA LQG  
 Consent to Inspect Granted By: GREG GALATOLO, OWNER  Pictures Taken  
 Programs Inspected:  Samples Taken  
 Hazardous Waste Generator  Hazmat Business Plan  Underground Storage Tank  Cal-ARP  
 HazWaste Tiered Permit  HazMat Storage  A/G Storage Tank  Toxic Gas

**Summary of Violations & Notice to Comply**

Program: PR0308081 - UNDERGROUND STORAGE TANK - 2399  
 Inspection Type: ROUTINE INSPECTION-ONGOING

VC	Class	Violation	Corrective Actions Taken
U002	M	<b>UST PERMIT AMENDMENT</b> UST permit holder failed to notify HMCD within 30 calendar days of a change in permit information (e.g., change in operator, substance stored, monitoring methods) <b>SUBMIT THE TANK PAGES THAT REFLECT THE CHANGE IN OWNERSHIP.</b> Within 30 days, submit to HMCD updated UPCF UST Operating Permit Application forms UST permit forms are available at www.EHinfo.org/hazmat [HSC 25284(a)(3)(C), 25286(a), 25286(d)]	INFORMATION SUBMITTED
U015	M	<b>UST MONITORING PLAN</b> The facility failed to submit or keep current a UST Monitoring Plan <b>SUBMIT THE UST MONITORING PLAN THAT UPDATES OWNERSHIP. THE PREVIOUS PLAN MENTIONS CONOCOPHILLIPS.</b> Submit to HMCD a UPCF UST Monitoring Plan form (UST-D), available at www.EHinfo.org/hazmat In addition to the information on the UPCF form, the monitoring plan must include a plot plan that accurately indicates the location of the UST(s), piping, dispensers, monitoring consoles, leak detection sensors, line leak detectors, and (for single-wall tanks) automatic tank gauging probes Keep a copy of the current monitoring plan on-site [23 CCR 2632(d)(1), 2641(h)]	PLAN SUBMITTED
U025	II	<b>UST FINANCIAL RESPONSIBILITY</b> Petroleum UST owner/operator failed to submit or keep current evidence of UST financial responsibility for taking corrective action and for compensating third parties for bodily injury and property damage caused by a release <b>SUBMIT THE CURRENT FINANCIAL RESPONSIBILITY.</b> Complete and submit to HMCD a UST Certification of Financial Responsibility (CFR) Keep a copy of the certification and all required supporting documentation at the UST site or your place of business If the State UST Cleanup Fund is used as a financial responsibility mechanism, update the chief financial officer (CFO) letter annually, within 150 days after the close of each fiscal year If a financial test of self-insurance, guarantee, or local government financial test is used, update the CFO letter annually, within 120 days after the close of each fiscal year If an insurance policy is used, ensure that it contains endorsement language meeting the requirements of 40 CFR 280.97 The CFR form (UN-049) and Petroleum UST Financial Responsibility Guide are available at www.EHinfo.org/hazmat [HSC 25292 2(a), 23 CCR 2806(a)]	FINANCIAL PLAN SUBMITTED

Reviewed By Josue Canillo

Date \_\_\_\_\_

# OFFICIAL NOTICE OF INSPECTION – SUPPLEMENTAL INFORMATION

This Official Notice of Inspection (NOI) documents the results of an inspection by HMCD, including a list of alleged violations, evidence in support of the alleged violations, corrective actions that must be taken by the facility, and general observations

## What am I supposed to do upon receiving a NOI?

- Correct the violations within 30 days of the inspection date, unless otherwise noted
- In the "Corrective Actions Taken" column, write a brief description of the actions taken by the facility to correct each violation. Attach additional pages if more space is needed
- Certify that the facility has returned to compliance by signing the certification statement at the end of the report
- Make a photocopy of the NOI and any attachments for your records
- Within 5 days of achieving compliance or 35 days of the inspection date, whichever comes first, return the original copy of the report and any attachments to HMCD at 1555 Berger Drive, Suite 300, San Jose, CA 95112-2716

## What if there are violations that cannot be corrected within 30 days?

For each violation that cannot be corrected within 30 days, submit a written Compliance Plan describing the corrective actions you propose to take and the date by which the actions will be completed. State law grants up to 30 days to correct minor violations without penalty. Minor violations that are uncorrected after 30 days, and class I and II violations may be subject to enforcement action. To lessen the possibility of enforcement action, correct all violations as soon as possible.

## What if I disagree with a violation on the NOI?

If you disagree with any violation listed in this NOI, you must submit a written Notice of Disagreement to HMCD within 30 days of the inspection date. Address such notices to the attention of the inspector who cited the violation. In your Notice of Disagreement, explain in detail why you believe the alleged violation was incorrectly cited.

## What about photographs or samples taken during the inspection?

A co-located sample will be given to you upon request if adequate sample volume is available. Photographs and sample analytical results will not generally be available until after the inspection has been concluded. A copy of photographs and/or analytical results will be provided to you upon written request. Photographs and sample analytical results may be withheld in the event of a criminal investigation or other ongoing investigation.

## Key to Acronyms and Regulatory Terms

XX CCR	California Code of Regulations, Title XX
XX CFR	Code of Federal Regulations, Title XX
Class	Violation classification I = class I violation, II = class II violation, M = minor violation, C = corrected minor violation [HSC 25110 8 5, HSC 25117 6, CCR 66260 10]
DTSC	California Department of Toxic Substances Control
EPA	U S Environmental Protection Agency
HMCD	County of Santa Clara, Department of Environmental Health, Hazardous Materials Compliance Division
HSC	California Health and Safety Code
RCRA	Resource Conservation and Recovery Act
SCCO	Santa Clara County Ordinance Code
TSDF	Hazardous waste treatment, storage or disposal facility
UPCF	Unified Program Consolidated Form
UST	Underground storage tank
VC	HMCD violation code

## Warning:

- It is a violation of State law to make a false statement that a facility has returned to compliance. [HSC 25404 1 2(c)(2)].
- Making a false statement regarding a hazardous waste violation is punishable by a fine of not less than \$2,000 or more than \$25,000 and/or imprisonment in the county jail for up to one year [HSC §25191(b)]
- Making a false statement regarding an underground storage tank violation is punishable by a fine of not less than \$500 or more than \$5,000 [HSC 25299(a)(8), 25299(b)(7)]
- HMCD has the right to require the submittal of reasonable and necessary documentation in support of any claim of compliance made by your facility [HSC 25187 8(i)]

# OFFICIAL NOTICE OF INSPECTION

**Facility ID:** FA0251391  
**Facility Name:** EL CAMINO UNOCAL  
**Site Address:** 4350 EL CAMINO REAL  
 LOS ALTOS, CA 94022

**Inspection Date:** 1/18/2011

VC	Class	Violation	Corrective Actions Taken
U034	M	<b>DUSTO MONTHLY INSPECTIONS</b> UST owner/operator failed to ensure that a qualified Designated UST Operator (DUSTO) has been performing and documenting monthly inspections of the UST system(s) as required and/or failed to maintain copies of DUSTO inspection records <b>THE FOLLOWING ARE DEFICIENCIES FOUND IN THE MONTHLY INSPECTION:</b> =INCORRECT TESTING DATES FOR EXAMPLE SB989 WAS NOTED AS COMPLETED NOV 09 BUT ACTUALLY CONDUCTED 12-06-07. =INCORRECT ALARM HISTORY REPORT FOR SENSORS Ensure that a qualified DUSTO performs and documents inspections of the UST system(s) every month. Inspections can be documented by properly completing all items on the Underground Storage Tank System Designated UST Operator Monthly Inspection Report form. The form (UN-057) is available at <a href="http://www.EHinfo.org/hazmat">www.EHinfo.org/hazmat</a> . Keep on-site a copy of DUSTO inspection records and required attachments for the previous 12 months. Each DUSTO must be certified by the International Code Council (ICC) as a California UST System Operator and renew their certification every 24 months. To confirm ICC certification information, go to <a href="http://www.iccsafe.org/CertSearch">www.iccsafe.org/CertSearch</a> [23 CCR 2715(c)&(e)]	INSPECTIONS WILL BE CONDUCTED EVERY MOS. BY A QUALIFIED D.U.S.T.O.
U210	II	<b>TESTING OF MONITORING EQUIPMENT</b> UST owner/operator did not have UST monitoring equipment tested and certified by a qualified UST Service Technician every 12 months for operability, proper operating condition, and proper calibration <b>TESTING ANNIVERSARY FOR THIS GAS STATION IS NOVEMBER. ENSURE TO TEST THE SYSTEM EVERY NOVEMBER OF EVERY YEAR.</b> Ensure that all UST system leak detection equipment (i.e., monitoring consoles, leak sensors, line leak detectors, etc.) is tested and certified every 12 months. Testing must be done by an International Code Council certified UST Service Technician with current training from the monitoring equipment manufacturer(s) as required by 23 CCR 2715(i). Ensure that future testing is scheduled to reestablish the original testing schedule for this facility. [23 CCR 2638(a)]	EQUIP. WILL BE TESTED EVERY NOV.
U230	II	<b>TESTING OF SECONDARY CONTAINMENT</b> The facility failed to perform UST secondary containment testing as required <b>THE SB989 TESTING SHOULD HAVE BEEN CONDUCTED DECEMBER OF 2010 BUT WAS NOT TESTED. HAVE THE SYSTEM TESTED WITHIN THE NEXT 30 DAYS. THE NEXT TESTING DATE SHOULD BE DECEMBER OF 2013.</b> If proper testing has not yet been completed, make arrangements to have the testing performed or redone within 30 days. Notify HMCD at least two working days prior to testing. Testing must be performed within 6 months of installation and every 36 months thereafter by a licensed tank tester or a UST Service Technician meeting the requirements of 23 CCR 2715(i). See Guidelines for Testing of UST Secondary Containment Systems, available at <a href="http://www.EHinfo.org/hazmat">www.EHinfo.org/hazmat</a> , for further information. [23 CCR 2637]	<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;">           SCHEDULED X            W/ CONFIDENCE            UST SERVICES         </div>

**Comments:**

ON SITE WITH CHRIS KARNS FROM CONFIDENCE UST SERVICES, INC. FOR THE ANNUAL MONITORING CERTIFICATION AND SPILL BUCKET TESTING.

**THE FOLLOWING UST SYSTEM COMPONENTS WERE TESTED AND FOUND TO BE OPERABLE:**

- =5 LIQUID SENSORS
- =SHEAR VALVES ADJUSTED TO IDENTIFY A LEAK AT THE EARLIEST POSSIBLE MOMENT
- =1 HOUR HYDROSTATIC SPILL BUCKET TEST
- =MECHANICAL LINE LEAK DETECTOR
- =FAIL SAFE
- =SENSOR OUT
- =POSITIVE SHUT DOWN

THE TRAINING RECORDS WERE NOT AVAILABLE DURING THE INSPECTION. FORWARD A COPY TO HMCD WITHIN 30 DAYS AND ENSURE TO KEEP A COPY OF THE MOST RECENT TRAINING ON SITE.

Was not submitted  
 4-19-11

**Program:** PR0376905 - HAZMAT BUSINESS PLAN - 2501  
**Inspection Type:** ROUTINE INSPECTION-ONGOING

# OFFICIAL NOTICE OF INSPECTION

**Facility ID:** FA0251391  
**Facility Name:** EL CAMINO UNOCAL  
**Site Address:** 4350 EL CAMINO REAL  
 LOS ALTOS, CA 94022

**Inspection Date:** 1/18/2011

VC	Class	Violation	Corrective Actions Taken
S110	M	<b>HMBP AMENDMENT</b>  Facility failed to amend and resubmit their Hazardous Materials Business Plan (HMBP) within 30 days of an event requiring plan amendment, including any of the following 1) notification by HMCD that the plan is deficient, 2) a 100% or more increase in the quantity of a previously disclosed material, 3) any handling of a previously undisclosed hazardous material, 4) a change of business address, 5) a change of business ownership, 6) a change of business name, or 7) a substantial change in the business' operations that impacts hazardous materials emergency response <b>SUBMIT A NEW HMBP THAT REFLECTS NEW OWNERSHIP.</b> Amend and resubmit the plan as required The HMBP form (UN-020) is available at <a href="http://www.EHinfo.org/hazmat">www.EHinfo.org/hazmat</a> [HSC 25505(a)(2), 25505(b), 25510]	<p style="font-size: 1.5em; margin: 0;">NEW HMBP SUBMITTED</p>
<b>Comments:</b>			

**Program:** PR0312958 - HAZARDOUS WASTE - 2205  
**Inspection Type:** ROUTINE INSPECTION-ONGOING

VC	Class	Violation	Corrective Actions Taken
G412	M	<b>CONTAINER MARKING: USED OIL/FUEL FILTERS</b>  Facility failed to properly mark a container of drained used oil/fuel filters <b>OBSERVED 2X55 GALLON CONTAINERS OF FILTERS MISSING THE REQUIRED ACCUMULATION START DATE.</b> Mark the initial date of accumulation on the container If the container holds any gasoline filters, mark it with the words "DRAINED USED OIL AND GASOLINE FILTERS" Otherwise mark the container with the words "DRAINED USED OIL FILTERS" [CCR 66266 130(c)(3), HSC 25250 22]	<p style="font-size: 1.5em; margin: 0;">CONTAINERS RE-LABELLED</p>
G430	M	<b>MANAGEMENT OF CONTAMINATED RAGS</b>  Facility managed hazardous waste as exempt "reusable soiled textile materials" (i.e., contaminated rags), but did not meet requirements for exemption <b>OBSERVED OILY SATURATED RAGS OVER THE GREASE CONTAINER AND OUTSIDE IN THE DRAIN PAN STORAGE AREA.</b> Begin managing the waste as hazardous waste, or meet all of the following 1) the rags must be sent to an authorized commercial laundry facility, and 2) the rags must not a) be regulated under RCRA, b) be used to clean up or control a reportable spill or release, c) be contaminated with any hazardous waste added after the original use of the rags, and d) release any free liquids [HSC 25144 6]	<p style="font-size: 1.5em; margin: 0;">RAGS ARE MANAGED BY ARAMARK LAUNDRY</p>
G444	M	<b>CONTAINER REQUIREMENTS: UNIVERSAL WASTE</b>  Facility failed to contain Universal Waste in a manner that prevents breakage and the release of Universal Waste or waste residues <b>OBSERVED SEVERAL 4 FOOT FLUORESCENT TUBES ADJACENT TO THE DUMPSTER, THE TUBES WERE NOT STORED IN A CONTAINER.</b> Properly contain the waste, as required for the type of Universal Waste Container requirements are summarized in the Universal Waste Management Requirements document (HMCD-108) available at <a href="http://www.ehinfo.org/hazmat">www.ehinfo.org/hazmat</a> [CCR 66273 33, 66273 33 5, HSC 25201 16(f)-(g)]	<p style="font-size: 1.5em; margin: 0;">FLUORESCENT TUBES WILL NOT BE STORED OUTSIDE</p>
<b>Comments:</b>			

Immediately correct any violation designated as a Class I or Class II violation. ~~Correct all other violations no later than 02/17/2011, unless~~ otherwise noted by the inspector.

Using the space provided, write a brief description of the actions taken by the facility to correct each violation. Attach additional pages if more space is needed. Within 5 days of achieving compliance or within 35 days of the inspection date, whichever comes first, sign the certification statement below and return a copy of this report to HMCD. Time granted for correction of violations does not preclude any enforcement action by HMCD or other agencies. This facility may be subject to reinspection at any time. [Authority HSC 25185(c), 25187.8, 25404.1.2(c)]

# OFFICIAL NOTICE OF INSPECTION

Facility ID: FA0251391  
Facility Name: EL CAMINO UNOCAL  
Site Address: 4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

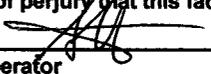
Inspection Date: 1/18/2011

Received By: 

Inspected By:  SOCORRO CARRILLO - EE0010265

## Certification of Compliance

I certify, under penalty of perjury that this facility has complied with directives specified in this Notice to Comply.

Signature of Owner/Operator 

Date

2-28-11

Printed Name of Owner/Operator

Title

GREG GALATON

Owner

DRAFT

# County of Santa Clara

## Department of Environmental Health

### Hazardous Materials Compliance Division (HMCD)

1555 Berger Drive, Suite 300, San Jose, CA 95112-2716

Phone (408) 918-3400 Fax (408) 280-6479 www.EHinfo.org/hazmat



## OFFICIAL NOTICE OF INSPECTION

Facility ID: FA0251391  
 Facility Name: EL CAMINO UNOCAL  
 Site Address: 4350 EL CAMINO REAL  
 LOS ALTOS, CA 94022

Inspection Date: 1/18/2011

HW Generator Type: <1,000 KG/MO

Consent to Inspect Granted By: GREG GALATOLO, OWNER

Programs Inspected:

- Hazardous Waste Generator     Hazmat Business Plan     Underground Storage Tank     Cal-ARP  
 HazWaste Tiered Permit     HazMat Storage     A/G Storage Tank     Toxic Gas

- RCRA LQG  
 Pictures Taken  
 Samples Taken

### Summary of Violations & Notice to Comply

Program: PR0308081 - UNDERGROUND STORAGE TANK - 2399

Inspection Type: ROUTINE INSPECTION-ONGOING

VC	Class	Violation	Corrective Actions Taken
U002	M	<p><b>UST PERMIT AMENDMENT</b></p> <p>UST permit holder failed to notify HMCD within 30 calendar days of a change in permit information (e.g., change in operator, substance stored, monitoring methods)  <b>SUBMIT THE TANK PAGES THAT REFLECT THE CHANGE IN OWNERSHIP.</b>                      Within 30 days, submit to HMCD updated UPCF UST Operating Permit Application forms. UST permit forms are available at www.EHinfo.org/hazmat [HSC 25284(a)(3)(C), 25286(a), 25286(d)]</p>	
U015	M	<p><b>UST MONITORING PLAN</b></p> <p>The facility failed to submit or keep current a UST Monitoring Plan  <b>SUBMIT THE UST MONITORING PLAN THAT UPDATES OWNERSHIP. THE PREVIOUS PLAN MENTIONS CONOCOPHILLIPS.</b>                      Submit to HMCD a UPCF UST Monitoring Plan form (UST-D), available at www.EHinfo.org/hazmat. In addition to the information on the UPCF form, the monitoring plan must include a plot plan that accurately indicates the location of the UST(s), piping, dispensers, monitoring consoles, leak detection sensors, line leak detectors, and (for single-wall tanks) automatic tank gauging probes. Keep a copy of the current monitoring plan on-site [23 CCR 2632(d)(1), 2641(h)]</p>	
U025	II	<p><b>UST FINANCIAL RESPONSIBILITY</b></p> <p>Petroleum UST owner/operator failed to submit or keep current evidence of UST financial responsibility for taking corrective action and for compensating third parties for bodily injury and property damage caused by a release.  <b>SUBMIT THE CURRENT FINANCIAL RESPONSIBILITY.</b>                      Complete and submit to HMCD a UST Certification of Financial Responsibility (CFR). Keep a copy of the certification and all required supporting documentation at the UST site or your place of business. If the State UST Cleanup Fund is used as a financial responsibility mechanism, update the chief financial officer (CFO) letter annually, within 150 days after the close of each fiscal year. If a financial test of self-insurance, guarantee, or local government financial test is used, update the CFO letter annually, within 120 days after the close of each fiscal year. If an insurance policy is used, ensure that it contains endorsement language meeting the requirements of 40 CFR 280.97. The CFR form (UN-049) and Petroleum UST Financial Responsibility Guide are available at www.EHinfo.org/hazmat [HSC 25292 2(a), 23 CCR 2806(a)]</p>	

# OFFICIAL NOTICE OF INSPECTION

**Facility ID:** FA0251391  
**Facility Name:** EL CAMINO UNOCAL  
**Site Address:** 4350 EL CAMINO REAL  
 LOS ALTOS, CA 94022

**Inspection Date:** 1/18/2011

VC	Class	Violation	Corrective Actions Taken
U034	M	<b>DUSTO MONTHLY INSPECTIONS</b>  UST owner/operator failed to ensure that a qualified Designated UST Operator (DUSTO) has been performing and documenting monthly inspections of the UST system(s) as required and/or failed to maintain copies of DUSTO inspection records <b>THE FOLLOWING ARE DEFICIENCIES FOUND IN THE MONTHLY INSPECTION:</b> <b>=INCORRECT TESTING DATES FOR EXAMPLE SB989 WAS NOTED AS COMPLETED NOV 09 BUT ACTUALLY CONDUCTED 12-06-07.</b> <b>=INCORRECT ALARM HISTORY REPORT FOR SENSORS</b>  Ensure that a qualified DUSTO performs and documents inspections of the UST system(s) every month. Inspections can be documented by properly completing all items on the Underground Storage Tank System Designated UST Operator Monthly Inspection Report form. The form (UN-057) is available at <a href="http://www.EHinfo.org/hazmat">www.EHinfo.org/hazmat</a> . Keep on-site a copy of DUSTO inspection records and required attachments for the previous 12 months. Each DUSTO must be certified by the International Code Council (ICC) as a California UST System Operator and renew their certification every 24 months. To confirm ICC certification information, go to <a href="http://www.iccsafe.org/CertSearch">www.iccsafe.org/CertSearch</a> [23 CCR 2715(c)&(e)]	
U210	II	<b>TESTING OF MONITORING EQUIPMENT</b>  UST owner/operator did not have UST monitoring equipment tested and certified by a qualified UST Service Technician every 12 months for operability, proper operating condition, and proper calibration <b>TESTING ANNIVERSARY FOR THIS GAS STATION IS NOVEMBER. ENSURE TO TEST THE SYSTEM EVERY NOVEMBER OF EVERY YEAR.</b>  Ensure that all UST system leak detection equipment (i.e., monitoring consoles, leak sensors, line leak detectors, etc.) is tested and certified every 12 months. Testing must be done by an International Code Council certified UST Service Technician with current training from the monitoring equipment manufacturer(s) as required by 23 CCR 2715(i). Ensure that future testing is scheduled to reestablish the original testing schedule for this facility [23 CCR 2638(a)]	
U230	II	<b>TESTING OF SECONDARY CONTAINMENT</b>  The facility failed to perform UST secondary containment testing as required <b>THE SB989 TESTING SHOULD HAVE BEEN CONDUCTED DECEMBER OF 2010 BUT WAS NOT TESTED. HAVE THE SYSTEM TESTED WITHIN THE NEXT 30 DAYS. THE NEXT TESTING DATE SHOULD BE DECEMBER OF 2013.</b>  If proper testing has not yet been completed, make arrangements to have the testing performed or redone within 30 days. Notify HMCD at least two working days prior to testing. Testing must be performed within 6 months of installation and every 36 months thereafter by a licensed tank tester or a UST Service Technician meeting the requirements of 23 CCR 2715(i). See Guidelines for Testing of UST Secondary Containment Systems, available at <a href="http://www.EHinfo.org/hazmat">www.EHinfo.org/hazmat</a> , for further information [23 CCR 2637]	

**Comments:**

**ON SITE WITH CHRIS KARNS FROM CONFIDENCE UST SERVICES, INC. FOR THE ANNUAL MONITORING CERTIFICATION AND SPILL BUCKET TESTING.**

**THE FOLLOWING UST SYSTEM COMPONENTS WERE TESTED AND FOUND TO BE OPERABLE:**

- =5 LIQUID SENSORS**
- =SHEAR VALVES ADJUSTED TO IDENTIFY A LEAK AT THE EARLIEST POSSIBLE MOMENT**
- =1 HOUR HYDROSTATIC SPILL BUCKET TEST**
- =MECHANICAL LINE LEAK DETECTOR**
- =FAIL SAFE**
- =SENSOR OUT**
- =POSITIVE SHUT DOWN**

**THE TRAINING RECORDS WERE NOT AVAILABLE DURING THE INSPECTION. FORWARD A COPY TO HMCD WITHIN 30 DAYS AND ENSURE TO KEEP A COPY OF THE MOST RECENT TRAINING ON SITE.**

**Program:** PR0376905 - HAZMAT BUSINESS PLAN - 2501

**Inspection Type:** ROUTINE INSPECTION-ONGOING



# OFFICIAL NOTICE OF INSPECTION

**Facility ID:** FA0251391  
**Facility Name:** EL CAMINO UNOCAL  
**Site Address:** 4350 EL CAMINO REAL  
 LOS ALTOS, CA 94022

**Inspection Date:** 1/18/2011

VC	Class	Violation	Corrective Actions Taken
S110	M	<b>HMBP AMENDMENT</b>  Facility failed to amend and resubmit their Hazardous Materials Business Plan (HMBP) within 30 days of an event requiring plan amendment, including any of the following 1) notification by HMCD that the plan is deficient, 2) a 100% or more increase in the quantity of a previously disclosed material, 3) any handling of a previously undisclosed hazardous material, 4) a change of business address, 5) a change of business ownership, 6) a change of business name, or 7) a substantial change in the business' operations that impacts hazardous materials emergency response <b>SUBMIT A NEW HMBP THAT REFLECTS NEW OWNERSHIP.</b> Amend and resubmit the plan as required. The HMBP form (UN-020) is available at <a href="http://www.EHinfo.org/hazmat">www.EHinfo.org/hazmat</a> [HSC 25505(a)(2), 25505(b), 25510]	
<b>Comments:</b>			

**Program:** PR0312958 - HAZARDOUS WASTE - 2205  
**Inspection Type:** ROUTINE INSPECTION-ONGOING

VC	Class	Violation	Corrective Actions Taken
G412	M	<b>CONTAINER MARKING: USED OIL/FUEL FILTERS</b>  Facility failed to properly mark a container of drained used oil/fuel filters <b>OBSERVED 2X55 GALLON CONTAINERS OF FILTERS MISSING THE REQUIRED ACCUMULATION START DATE.</b> Mark the initial date of accumulation on the container. If the container holds any gasoline filters, mark it with the words "DRAINED USED OIL AND GASOLINE FILTERS". Otherwise mark the container with the words "DRAINED USED OIL FILTERS" [CCR 66266 130(c)(3), HSC 25250 22]	
G430	M	<b>MANAGEMENT OF CONTAMINATED RAGS</b>  Facility managed hazardous waste as exempt "reusable soiled textile materials" (i.e., contaminated rags), but did not meet requirements for exemption <b>OBSERVED OILY SATURATED RAGS OVER THE GREASE CONTAINER AND OUTSIDE IN THE DRAIN PAN STORAGE AREA.</b> Begin managing the waste as hazardous waste, or meet all of the following 1) the rags must be sent to an authorized commercial laundry facility, and 2) the rags must not a) be regulated under RCRA, b) be used to clean up or control a reportable spill or release, c) be contaminated with any hazardous waste added after the original use of the rags, and d) release any free liquids [HSC 25144 6]	
G444	M	<b>CONTAINER REQUIREMENTS: UNIVERSAL WASTE</b>  Facility failed to contain Universal Waste in a manner that prevents breakage and the release of Universal Waste or waste residues <b>OBSERVED SEVERAL 4 FOOT FLUORESCENT TUBES ADJACENT TO THE DUMPSTER, THE TUBES WERE NOT STORED IN A CONTAINER.</b> Properly contain the waste, as required for the type of Universal Waste. Container requirements are summarized in the Universal Waste Management Requirements document (HMCD-108) available at <a href="http://www.ehinfo.org/hazmat">www.ehinfo.org/hazmat</a> [CCR 66273 33, 66273 33 5, HSC 25201 16(f)-(g)]	
<b>Comments:</b>			

Immediately correct any violation designated as a Class I or Class II violation. Correct all other violations no later than **02/17/2011**, unless otherwise noted by the inspector.

Using the space provided, write a brief description of the actions taken by the facility to correct each violation. Attach additional pages if more space is needed. Within 5 days of achieving compliance or within 35 days of the inspection date, whichever comes first, sign the certification statement below and return a copy of this report to HMCD. Time granted for correction of violations does not preclude any enforcement action by HMCD or other agencies. This facility may be subject to reinspection at any time. [Authority: HSC 25185(c), 25187.8, 25404 1 2(c)]

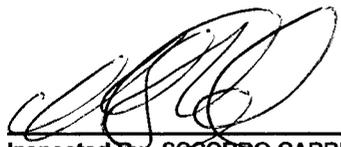


# OFFICIAL NOTICE OF INSPECTION

Facility ID: FA0251391  
Facility Name: EL CAMINO UNOCAL  
Site Address: 4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

Inspection Date: 1/18/2011

Received By: 

Inspected By:  SOCORRO CARRILLO - EE0010265

## Certification of Compliance

I certify under penalty of perjury that this facility has complied with directives specified in this Notice to Comply

Signature of Owner/Operator

Date

Printed Name of Owner/Operator

Title

DRAFT

**County of Santa Clara**  
**Department of Environmental Health**  
**Hazardous Materials Compliance Division (HMCD)**  
 1555 Berger Drive, Suite 300  
 San Jose, CA 95112-2716  
 (408) 918-3400 Fax (408) 280-6479 www.EHinfo.org

2010 JAN 19 PM 1:53

CO/PR/TA ID		SC	Time
PR0312958	2205	001	120
PR0376905	2599	001	45
TA0100022	2311	001	45
TA0100023	2311	001	45
TA0100024	2310	001	45

**OFFICIAL NOTICE OF INSPECTION**

Facility Name <b>El Camino Unical</b>	Inspected By <u>Ray Maiden</u>	Inspection Date <u>12-15-09 12-8-09<sup>AM</sup></u>
Site Address <b>4350 El Camino Real, Los Altos</b>	Date <u>1-27-10</u>	Employee No.: <b>10267</b>
Contact Person(s) <b>Greg Galatolo</b>	<input type="checkbox"/> Samples Taken	<input type="checkbox"/> Photographs Taken
Inspection Type <input checked="" type="checkbox"/> Hazardous Materials Storage <input checked="" type="checkbox"/> HazMat Business Plan <input checked="" type="checkbox"/> Underground Storage Tank <input type="checkbox"/> A/G Storage Tank (SPCC Plan) <input checked="" type="checkbox"/> Hazardous Waste Generator <input type="checkbox"/> HazWaste Tiered Permit <input type="checkbox"/> Cal-ARP <input type="checkbox"/> Toxic Gas	Hazardous Waste Generator Type <input checked="" type="checkbox"/> < 1,000 Kg /mo <input type="checkbox"/> CESQG <input type="checkbox"/> Silver Only <input type="checkbox"/> ≥ 1,000 Kg /mo <input type="checkbox"/> Satellite Only <input type="checkbox"/> N/A	

VIOLATIONS: Codes noted below in the "Violation Codes" column represent specific violations of State law and/or local Ordinance. These codes are defined in the attached Violation Codes document(s). Time granted for correction of violations does not preclude any enforcement action by this Department or other agencies. This facility may be subject to reinspection at any time. Consent to Inspect Given By **Patrick Spain**

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	The inspection began on 11/03/09 and ended today. The inspectors were Ray Maiden and Socorro Carrillo, ICC certification # 5266664-UI.	
	<b>Hazardous Waste:</b>	
G001	Facility's EPA ID number CAL000025915 is inactive. <del>Required Action:</del> Reactivate the EPA ID number. Do not ship any hazardous waste until the number has been verified to be active.	APPLICATION HAS BEEN SENT TO REACTIVATE #
G020C	Observed 1-portable waste oil cart and 1x300 gallon portable waste antifreeze container with an incomplete hazardous waste labels (hazardous properties and complete address were not indicated). The labels were corrected during the inspection.	
G110	Observed 2-oil saturated shop rags on a work bench that was not being used; minor spillage of waste oil around the used oil filters drums. Your facility must be maintained to minimize the unplanned	Corrected during follow-up inspection 12-15-09

All violations must be corrected within 30 days of the inspection date unless noted otherwise, above. Section 25404.1.2(c)(1) of California Health and Safety Code (HSC) requires that you write a brief description of the corrective actions you have taken to bring this facility into compliance and submit it to HMCD within 5 days of achieving compliance, or within 35 days of the inspection date, whichever comes first. (Note: Detailed instructions on actions you must take are printed on the reverse side of this page.)

Received by: [Signature] Inspected by: Ray Maiden & Socorro Carrillo Entered by: \_\_\_\_\_

Certification: I certify under penalty of perjury that this facility has complied with directives specified in this Notice to Comply.  
 Signature of Owner/Operator: [Signature] Title: OWNER Date: 1/15/10

2044 REV 8/06

# THE OFFICIAL NOTICE OF INSPECTION EXPLAINED

This Official Notice of Inspection (NOI) describes the findings made during the inspection, including all violations and any actions that must be taken by the facility to correct the violations. All violations must be corrected within 30 days of the inspection date unless noted otherwise by the inspector

Within five working days of achieving compliance, or within 35 days of the inspection, whichever comes first, you must submit a written response which describes the corrective actions you have taken or — for those violations which are impossible to correct within 30 days — propose to take in order to bring your facility into compliance. Where proposed corrective actions are described, you must specify a date by which you expect each violation to be corrected. After you have addressed each violation, complete the certification box located at the bottom of page 1 of the NOI. **Your description of corrective actions taken, along with your signed certification of the NOI and any required supporting documents, will serve as your written response to this Notice to Comply.** Your response must be mailed to Santa Clara County Hazardous Materials Compliance Division (HMCD) at 1555 Berger Drive, Suite 300, San Jose, CA 95112-2716. The effective date of the certification that any violation has been corrected is the date that it is postmarked.

## What Does the Information in Each Column Mean?

**Violation Code:** Codes listed in this column identify specific violations of laws, regulations, or codes which were observed during this inspection. Definitions of Violation Codes are listed on the attached Violation Codes document(s).

**Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions:** Information noted in this column describes the circumstances of any violations noted in the first column and describes how the violations may be corrected. Additionally, the inspector may use this space to note any additional observations resulting from the inspection.

**Corrective Actions Taken:** This column on the NOI has been provided so that you can note how you have corrected or propose to correct each violation. Where proposed corrective actions are described, you must specify a date by which you expect each violation to be corrected. If more space is needed, attach additional pages.

## Why Were Two Copies of the Notice of Inspection Given to Me?

You have been given two copies so you will have a copy for your own records after you submit your written response to HMCD. **Do not separate the copies until you have described all of your corrective actions and signed the certification box on page 1. The yellow copy of each page must be returned to HMCD. The pink copy is for your records.**

## What if I Disagree With a Violation Noted on the Notice of Inspection?

If you disagree with any violation listed in this NOI, you must submit a written Notice of Disagreement to HMCD within 30 days of the inspection date. Address such notices to the attention of the inspector who cited the violation. In your Notice of Disagreement, you must explain in detail why you believe the violation does not exist. If there is sufficient space, you may use the "Corrective Actions Taken" column of this NOI to dispute violations.

## What About Photographs or Samples Taken During the Inspection?

If samples were taken, split samples will be given to you upon request. Since this NOI was prepared and given to you at the end of the inspection, any photographs and sampling or laboratory results associated with the inspection were not yet available. A copy of any photographs and/or analytical results from sampling taken during this inspection will be provided to you upon written request. Other pertinent information derived from the inspection is attached to this NOI. Photographs and sample results may be withheld in the event of a criminal investigation or other ongoing investigation.

\*\*\*\*\*

- Per HSC §§25187.8(b) and 25404.1.2(c), failure to sign the certification on this Notice to Comply and return it to HMCD is a violation of State law.
- Per HSC §25404.1.2(c)(2), a false statement that compliance has been achieved is a misdemeanor.
- Per HSC §25191(b), a false statement that hazardous waste compliance has been achieved is a violation of State law punishable by a fine of not less than \$2,000 or more than \$25,000 and/or imprisonment in the county jail for up to one year.
- Per HSC §§25299(a)(8) and (b)(7), a false statement that underground storage tank compliance has been achieved is a violation of State law punishable by a fine of not less than \$500 or more than \$5,000.
- Per HSC §§25187.8(i), HMCD has the right to require the submittal of reasonable and necessary documentation in support of any claim of compliance made by your facility.

2010 JAN 19 PM 1:53

**OFFICIAL NOTICE OF INSPECTION**

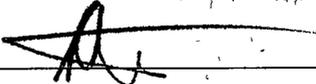
(Continuation Page)

12-15-09

Facility Name: El Camino Unical

Inspection Date: 12-8-09

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	release of hazardous waste.	
	<del>Required Action:</del> Manage the oil saturated rags and the dirt around the used filter drums as hazardous waste. Clean up all spills immediately.	
G111	The facility did not have spill control equipment available to clean up spills.	Corrected during follow-up inspection 12-15-09
	<del>Required Action:</del> Obtain spill control equipment such as floor sweep to clean up spills. Saturated floor sweep must be managed as hazardous waste.	
G112	Observed 4-fire extinguishers that had their last annual service on 9/30/08. Fire extinguishers must be serviced annually.	Corrected during follow-up inspection 12-15-09
	<del>Required Action:</del> Service the above fire extinguishers.	
G400	Observed several 1-quart oil containers in the inside trash can that still contained liquid. Empty containers of 5 gallons or smaller may be disposed in the regular trash provided that no hazardous materials can be poured out of the container.	ACQUIRED A NEW OIL CAN DRAIN PAIL
	<del>Required Action:</del> Remove all containers from the trash and drain.	
	<b>Underground Storage Tanks:</b>	
	<b>Summary of UST testing:</b>	
	All UST monitoring equipment was tested by Kristopher Bell from Tankology.	
	The following tests were completed on UST tanks for grades 87, 91 and waste oil tank.	
	-Liquid sensors in the annular space (passed)	
	-Liquid sensors in the pipe sumps (passed)	

Received by: 

Inspected by: Ray Maiden & Socorro Carillo

~~FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY~~

**OFFICIAL NOTICE OF INSPECTION**

(Continuation Page)

12-15-09

Facility Name: El Camino Unical

Inspection Date: 12-8-09 AM

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	-Line leak detectors (passed)	
	-Hydrostatic test of product-fill spill buckets (passed)	
	-All dispenser containments and shear valves (passed)	
	-Automatic tank gauge (ATG) overfill alarm (passed)	
	-Waste oil tank's annular space liquid sensor (passed)	
	Notes: Observed fail safe, sensor out and the emergency shut-off button functions were operable.	
2350	Facility failed to submit a permit application to reflect the Mr. Galatolo's recent acquisition/ownership of the 3-USTs. <del>Required Action:</del> Submit permit application for the 2-12,000 gallon gasoline tanks and 1-500 gallon waste oil tank.	APPLICATION SENT
2357	The printer on the TLS-350 monitoring console is malfunctioning. <del>Required Action:</del> Repair or replace the console printer.	PRINTER REPAIRED
2358	Facility failed to submit a revised UST Monitoring Plan to reflect the Mr. Galatolo's recent acquisition/ownership of the 3-USTs. <del>Required Action:</del> Submit a revised UST Monitoring Plan for the 2-12,000 gallon gasoline tanks and 1-500 gallon waste oil tank.	SUBMITTED NEW PLAN.
2361	Facility failed to submit a revised UST Response Plan to reflect the Mr. Galatolo's recent acquisition/ownership of the 3-USTs. <del>Required Action:</del> Submit a revised UST Response Plan for the 2-12,000 gallon gasoline tanks and 1-500 gallon waste oil tank.	SUBMITTED NEW PLAN
2364	2364. Facility failed to submit a "Certification of Financial Responsibility" form to reflect the Mr. Galatolo's recent	Received during follow-up inspection on 12-15-09

Received by: [Signature]

Inspected by: Ray Maiden & Socorro Carillo

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.

**OFFICIAL NOTICE OF INSPECTION**

(Continuation Page)

12-15-09

Facility Name: El Camino Unical

Inspection Date: 12-8-09<sup>pm</sup>

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	acquisition/ownership of the 3-USTs.	FAX NEW COPY
	<del>Required Action:</del> submit a "Certification of Financial Responsibility" form to this office.	
2390	The following violations were observed regarding the Designated Operator Monthly Inspection reports: -November 2008 and December 2008 monthly inspection reports were not available. - Incorrect and/or missing dates as to when the last secondary containment test, spill bucket tests, tank tightness testing and line tightness testing were last performed. -The September 2009 monthly inspection report was missing the day of the week (9/ /2009). -Printed alarm history for T-2 (Premium 91) was missing for each month (Jan through Oct 2009). This is a repeat violation as noted on the 12/18/08 inspection report. <del>Required Action:</del> Submit to this office inspection records for November 2008 and December 2008. Review requirements for Designated UST Operators and ensure all future monthly inspections are completed fully and correctly.	Will locate A FAX 11/09 & 12/08 REPORTS
2393	Annual training records for employees with UST responsibilities could not be located. Employees with UST responsibilities are required to receive UST training every 12 months. <del>Required Action:</del> Provide this office a copy of the annual UST training records for 2008 and 2009.	FAXED TRAINING COPIES
2301	Storage: Emergency contact information listed in section four in the	

Received by: [Signature]

Inspected by: Ray Maiden & Socorro Carillo

~~FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY~~

2009 JAN 13 PM 1:50

**OFFICIAL NOTICE OF INSPECTION**

(Continuation Page)

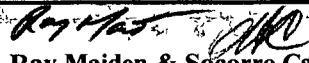
12-15-09  
 12-8-09

Facility Name: El Camino Unical

Inspection Date: 12-8-09

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	<p><b>HMBP is not consistent with emergency contact information listed in section 4 of the Business Owner/Operator Identification of the UST permit. List only contact numbers that will reach the Emergency Contact.</b></p> <p><del>Required Action:</del> Submit to this office an updated Business Owner/Operator Identification form of your HMBP and the Business Owner/Operator Identification page of the UST permit with pertinent contact numbers.</p>	<p>SENT TO AGENCY</p>
2305	<p>Facility failed to submit the annual Hazardous Materials Inventory Certification Form to this office by 2/6/09. The anniversary date for the current HMBP is 2/6/07.</p> <p><del>Required Action:</del> Submit to this office the HMBP annual certification form or a revised HMBP to reflect the current inventory, whichever is applicable.</p> <p>Notes: DTSC form 1358 was left at the facility to reactivate the EPA ID number.</p>	<p>SENT TO AGENCY</p>

Received by: 

Inspected by:  Ray Maiden & Socorro Carillo

~~FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.~~

CO/PR/TA ID	PR	SC	Time
PR0312958	2205	001	120
PR0376905	2599	001	45
TA0100022	2311	001	45
TA0100023	2311	001	45
TA0100024	2310	001	45

**OFFICIAL NOTICE OF INSPECTION**

Facility Name <b>El Camino Unical</b>	Inspection Date: <b>12-15-09 12-8-09 AM</b>
Site Address <b>4350 El Camino Real, Los Altos</b>	Employee No <b>10267</b>
Contact Person(s) <b>Greg Galatolo</b>	<input type="checkbox"/> Samples Taken <input type="checkbox"/> Photographs Taken
Inspection Type <input checked="" type="checkbox"/> Hazardous Materials Storage <input checked="" type="checkbox"/> HazMat Business Plan <input checked="" type="checkbox"/> Underground Storage Tank <input type="checkbox"/> A/G Storage Tank (SPCC Plan) <input checked="" type="checkbox"/> Hazardous Waste Generator <input type="checkbox"/> HazWaste Tiered Permit <input type="checkbox"/> Cal-ARP <input type="checkbox"/> Toxic Gas	Hazardous Waste Generator Type <input checked="" type="checkbox"/> < 1,000 Kg /mo <input type="checkbox"/> CESQG <input type="checkbox"/> Silver Only <input type="checkbox"/> ≥ 1,000 Kg /mo <input type="checkbox"/> Satellite Only <input type="checkbox"/> N/A

**VIOLATIONS:** Codes noted below in the "Violation Codes" column represent specific violations of State law and/or local Ordinance. These codes are defined in the attached Violation Codes document(s). Time granted for correction of violations does not preclude any enforcement action by this Department or other agencies. This facility may be subject to reinspection at any time. Consent to Inspect Given By **Patrick Spain**

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	<b>The inspection began on 11/03/09 and ended today. The inspectors were Ray Maiden and Socorro Carrillo, ICC certification # 5266664-UI.</b>	
	<b>Hazardous Waste:</b>	
<b>G001</b>	<b>Facility's EPA ID number CAL000025915 is inactive. Required Action: Reactivate the EPA ID number. Do not ship any hazardous waste until the number has been verified to be active.</b>	
<b>G020C</b>	<b>Observed 1-portable waste oil cart and 1x300 gallon portable waste antifreeze container with an incomplete hazardous waste labels (hazardous properties and complete address were not indicated). The labels were corrected during the inspection.</b>	
<b>G110</b>	<b>Observed 2-oil saturated shop rags on a work bench that was not being used; minor spillage of waste oil around the used oil filters drums. Your facility must be maintained to minimize the unplanned</b>	<i>Corrected during follow up inspection. 12-15-09</i>

All violations must be corrected within 30 days of the inspection date unless noted otherwise, above. Section 25404.1.2(c)(1) of California Health and Safety Code (HSC) requires that you write a brief description of the corrective actions you have taken to bring this facility into compliance and submit it to HMCD within 5 days of achieving compliance, or within 35 days of the inspection date, whichever comes first. (Note: Detailed instructions on actions you must take are printed on the reverse side of this page.)

Received by: *AG* Inspected by: Ray Maiden & Socorro Carrillo Entered by: *RM*

**Certification: I certify under penalty of perjury that this facility has complied with directives specified in this Notice to Comply.**

Signature of Owner/Operator \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.

# THE OFFICIAL NOTICE OF INSPECTION EXPLAINED

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**OFFICIAL NOTICE OF INSPECTION**

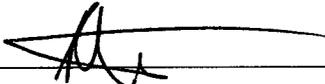
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12-15-09

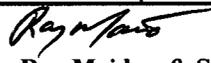
Facility Name: El Camino Unical

Inspection Date: ~~12-8-09~~ 12-15-09

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	release of hazardous waste.	
	<b>Required Action: Manage the oil saturated rags and the dirt around the used filter drums as hazardous waste. Clean up all spills immediately.</b>	
G111	The facility did not have spill control equipment available to clean up spills.	Corrected during follow-up inspection 12-15-09
	<b>Required Action: Obtain spill control equipment such as floor sweep to clean up spills. Saturated floor sweep must be managed as hazardous waste.</b>	
G112	Observed 4-fire extinguishers that had their last annual service on 9/30/08. Fire extinguishers must be serviced annually.	Corrected during follow-up inspection 12-15-09
	<b>Required Action: Service the above fire extinguishers.</b>	
G400	Observed several 1-quart oil containers in the inside trash can that still contained liquid. Empty containers of 5 gallons or smaller may be disposed in the regular trash provided that no hazardous materials can be poured out of the container.	
	<b>Required Action: Remove all containers from the trash and drain.</b>	
	<b>Underground Storage Tanks:</b>	
	<b>Summary of UST testing:</b>	
	All UST monitoring equipment was tested by Kristopher Bell from Tankology.	
	The following tests were completed on UST tanks for grades 87, 91 and waste oil tank.	
	-Liquid sensors in the annular space (passed)	
	-Liquid sensors in the pipe sumps (passed)	

Received by: 

Inspected by

   
 Ray Maiden & Socorro Carillo

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.



**OFFICIAL NOTICE OF INSPECTION**

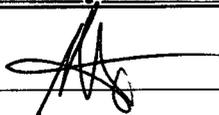
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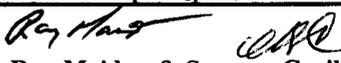
12-15-09

Facility Name: El Camino Unical

Inspection Date: 12-8-09 PM

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	-Line leak detectors (passed)	
	-Hydrostatic test of product-fill spill buckets (passed)	
	-All dispenser containments and shear valves (passed)	
	-Automatic tank gauge (ATG) overfill alarm (passed)	
	-Waste oil tank's annular space liquid sensor (passed)	
	Notes: Observed fail safe, sensor out and the emergency shut-off button functions were operable.	
2350	Facility failed to submit a permit application to reflect the Mr. Galatolo's recent acquisition/ownership of the 3-USTs. Required Action: Submit permit application for the 2-12,000 gallon gasoline tanks and 1-500 gallon waste oil tank.	
2357	The printer on the TLS-350 monitoring console is malfunctioning. Required Action: Repair or replace the console printer.	
2358	Facility failed to submit a revised UST Monitoring Plan to reflect the Mr. Galatolo's recent acquisition/ownership of the 3-USTs. Required Action: Submit a revised UST Monitoring Plan for the 2-12,000 gallon gasoline tanks and 1-500 gallon waste oil tank.	
2361	Facility failed to submit a revised UST Response Plan to reflect the Mr. Galatolo's recent acquisition/ownership of the 3-USTs. Required Action: Submit a revised UST Response Plan for the 2-12,000 gallon gasoline tanks and 1-500 gallon waste oil tank.	
2364	<sup>RA</sup> <del>2364</del> Facility failed to submit a "Certification of Financial Responsibility" form to reflect the Mr. Galatolo's recent	Received during follow-up inspection on 12-15-09

Received by 

Inspected by  Ray Maiden & Socorro Carillo

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.



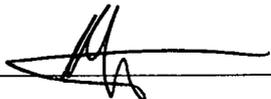
**OFFICIAL NOTICE OF INSPECTION**

(Continuation Page)

Facility Name: El Camino Unical

Inspection Date: 12-15-09  
~~12-8-09~~ <sup>RM</sup>

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	acquisition/ownership of the 3-USTs.	
	Required Action: submit a "Certification of Financial Responsibility" form to this office.	
2390	The following violations were observed regarding the Designated Operator Monthly Inspection reports: -November 2008 and December 2008 monthly inspection reports were not available. - Incorrect and/or missing dates as to when the last secondary containment test, spill bucket tests, tank tightness testing and line tightness testing were last performed. -The September 2009 monthly inspection report was missing the day of the week (9/ /2009). -Printed alarm history for T-2 (Premium 91) was missing for each month (Jan through Oct 2009). This is a repeat violation as noted on the 12/18/08 inspection report. Required Action: Submit to this office inspection records for November 2008 and December 2008. Review requirements for Designated UST Operators and ensure all future monthly inspections are completed fully and correctly.	
2393	Annual training records for employees with UST responsibilities could not be located. Employees with UST responsibilities are required to receive UST training every 12 months. Required Action: Provide this office a copy of the annual UST training records for 2008 and 2009.	
2301	Storage: Emergency contact information listed in section four in the	

Received by: 

Inspected by:   
 Ray Maiden & Socorro Carillo

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**County of Santa Clara**  
**Department of Environmental Health**  
**Hazardous Materials Compliance Division (HMCD)**  
 1555 Berger Drive, Suite 300  
 San Jose, CA 95112-2716  
 (408) 918-3400 Fax (408) 280-6479 www.EHinfo.org

CO/PR/TA ID		SC	Time
PR0312958	2208	RECEIVED BY	
PR0376905	2599	SANTA CLARA COUNTY	
		DEPT OF ENV. HEALTH	
		2008 DEC 30	PM 1:19

**OFFICIAL NOTICE OF INSPECTION**

Facility Name <b>El Camino Unocal</b>	Inspection Date <b>12/18/2008</b>
Site Address <b>4350 El Camino Real, Los Altos</b>	Employee No <b>4686</b>
Contact Person(s) <b>Greg Galatolo</b>	<input type="checkbox"/> Samples Taken <input type="checkbox"/> Photographs Taken
Inspection Type <input checked="" type="checkbox"/> Hazardous Materials Storage <input checked="" type="checkbox"/> HazMat Business Plan <input checked="" type="checkbox"/> Underground Storage Tank <input type="checkbox"/> A/G Storage Tank (SPCC Plan)	<input checked="" type="checkbox"/> Hazardous Waste Generator <input type="checkbox"/> Haz Waste Tiered Permit <input type="checkbox"/> Cal-ARP <input type="checkbox"/> Toxic Gas Hazardous Waste Generator Type <input checked="" type="checkbox"/> < 1,000 Kg /mo <input type="checkbox"/> CESQG <input type="checkbox"/> Silver Only <input type="checkbox"/> ≥ 1,000 Kg /mo <input type="checkbox"/> Satellite Only <input type="checkbox"/> N/A

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Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	<b>Note: Inspection began on 11/25/2008 and ended today. All violations noted in this report must be corrected by Greg Galatolo. Submit a written response to this Notice of Violation (NOV) by completing the "Corrective Actions Taken" column and signing and dating the certification section and returning all yellow pages of the NOV within 35 days. Read the instructions on the back of this page.</b>	
G020	Portable tank holding HazWaste coolant was not marked with the generator's address as required. Properly label tank.	LABELED TANK
G051	The consolidated manifest for the 4/22/2008 is missing the generator's EPA ID number. Ensure that records for future shipments contain all information specified under Violation Code (VC) G051 in the inspection checklist provided today.	MANIFESTS WILL BE CHECKED FOR ID NUMBER
G211	Emergency information posted in cashier area does not include the locations of emergency equipment. Post the information within 30	ADDED INFO TO POSTING

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Received by [Signature] Inspected by Greg Breshears (ICC #5266658-UI) Entered by \_\_\_\_\_

Certification: I certify under penalty of perjury that this facility has complied with directives specified in this Notice to Comply.

Signature of Owner/Operator: [Signature] Title: OWNER Date: 12/27/08

2044 REV 8/06

## THE OFFICIAL NOTICE OF INSPECTION EXPLAINED

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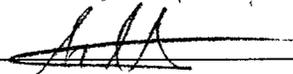
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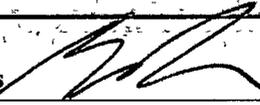
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**OFFICIAL NOTICE OF INSPECTION**  
 (Continuation Page)

Facility Name: El Camino Unocal Inspection Date: 12/18/2008

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	days. This is a repeat violation. Class II	
G412	Observed drained used oil filters inside the shop in a drum labeled as containing Hazardous Waste Ethylene Glycol. Drums holding drained oil and fuel filters must be marked with the words, "USED OIL AND GASOLINE FILTERS" and an accumulation start date. This is a repeat violation. Class II	RE-LABELLED DRUM
2357	Green and yellow indicator bulbs on TLS-350 monitoring panel are burnt out. Replace bulbs.	REPLACED 3 BULBS
2390	Designated UST Operator monthly inspection report for January of this year is missing name of Designated UST Operator. Alarm history reports for leak sensor alarms (i.e., sensors L1 through L5) are not attached to monthly inspection reports as required. Print out and attach reports each month as required. This is a repeat violation. (Note: The "System Alarm" and "In-Tank Alarm" reports you have been attaching are the wrong printouts. Also, periodic tank and line tightness testing is not required for the UST systems at this station, so lines 12 and 13 of your monthly inspection reports should not incorrectly state that such testing is being done.)	CORRECT REPORTS WILL BE ATTACHED
2393	No current list of facility employees trained by the Designated UST Operator was available for inspection at the facility as required. Keep a current list of trained employees on site and available for review with your other UST records. Submit a copy. Note: Ensure that you renew your ICC Designated UST Operator certification before it expires on 7/31/2009.	COMPILED LIST

Received by: 

Inspected by: Greg Breshears 

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.







CO/PR/TA ID		SC	Time
PR0312958	2205	02	30
PR0376905	2599	02	30

**OFFICIAL NOTICE OF INSPECTION**

Facility Name <b>El Camino Unocal</b>	Inspection Date <b>12/18/2008</b>
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Signature of Owner/Operator \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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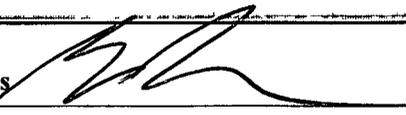
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**OFFICIAL NOTICE OF INSPECTION**  
 (Continuation Page)

Facility Name: El Camino Unocal Inspection Date: 12/18/2008

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
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2357	Green and yellow indicator bulbs on TLS-350 monitoring panel are burnt out. Replace bulbs.	
2390	Designated UST Operator monthly inspection report for January of this year is missing name of Designated UST Operator. Alarm history reports for leak sensor alarms (i.e., sensors L1 through L5) are not attached to monthly inspection reports as required. Print out and attach reports each month as required. This is a repeat violation. (Note: The "System Alarm" and "In-Tank Alarm" reports you have been attaching are the wrong printouts. Also, periodic tank and line tightness testing is not required for the UST systems at this station, so lines 12 and 13 of your monthly inspection reports should not incorrectly state that such testing is being done.)	
2393	No current list of facility employees trained by the Designated UST Operator was available for inspection at the facility as required. Keep a current list of trained employees on site and available for review with your other UST records. Submit a copy. Note: Ensure that you renew your ICC Designated UST Operator certification before it expires on 7/31/2009.	

Received by: 

Inspected by: Greg Breshears 

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.

CO/PR/TA ID	SC	Time
PRO 376905	01	
PRO 312958	01	
2008 JAN -3 AM 11:46		

**OFFICIAL NOTICE OF INSPECTION**

Facility Name <b>EL CAMINO UNOCAL</b>	Inspection Date <b>11-29-2007</b>
Site Address <b>4350 EL CAMINO REAL LOS ALTOS</b>	Employee No <b>4686</b>
Contact Person(s) <b>GREG GALATTO</b>	<input type="checkbox"/> Samples Taken <input type="checkbox"/> Photographs Taken
Inspection Type <input type="checkbox"/> Hazardous Materials Storage <input checked="" type="checkbox"/> HazMat Business Plan <input checked="" type="checkbox"/> Underground Storage Tank <input type="checkbox"/> A/G Storage Tank (SPCC Plan) <input checked="" type="checkbox"/> Hazardous Waste Generator <input type="checkbox"/> Haz-Waste Tiered Permit <input type="checkbox"/> Cal-ARP <input type="checkbox"/> Toxic Gas	Hazardous Waste Generator Type <input checked="" type="checkbox"/> < 1,000 Kg /mo <input type="checkbox"/> CESQG <input type="checkbox"/> Silver Only <input type="checkbox"/> ≥ 1,000 Kg /mo <input type="checkbox"/> Satellite Only <input type="checkbox"/> N/A

**VIOLATIONS:** Codes noted below in the "Violation Codes" column represent specific violations of State law and/or local Ordinance. These codes are defined in the attached Violation Codes document(s). Time granted for correction of violations does not preclude any enforcement action by this Department or other agencies. This facility may be subject to reinspection at any time.

Consent to Inspect Given By GALATTO GREG

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	<b>NOTE: ALL VIOLATIONS NOTED IN THIS REPORT MUST BE CORRECTED BY GREG GALATTO.</b>	
G020	OBSERVED 1x20 GALLON ROLL AROUND WASTE OIL DRUM CONTAINED WITH HAZARDOUS WASTE LABEL MISSING. <del>GENERATOR NAME &amp; ADDRESS, CONTENTS DESCRIPTION, HAZARDOUS STATE (LUSTO), AND HAZARDOUS PROPERTIES (TOXIC), AND ACCUMULATION START DATE (AAD).</del>	CORRECTED NAME IN INSPECTION
	OBSERVED 1x20 GALLON ROLL AROUND WASTE OIL DRUM MARKED WITH HAZARDOUS PROPERTIES OF THE OIL. ENSURE THAT ALL HAZARDOUS WASTE CONTAINERS ARE MARKED WITH ALL REQUIRED INFORMATION (SEE CHECKLIST PROVIDED TODAY.) THIS IS A	
G101	REPEAT VIOLATION. PERFORM MORE THOROUGH WEEKLY INSPECTIONS OF HAZWASTE CONTAINERS TO ENSURE THAT THEY ARE PROPERLY MARKED. HAZWASTE	THIS IS BEING DONE
	ANTIFREEZE PORTABLE TANK IS NOT MARKED WITH	

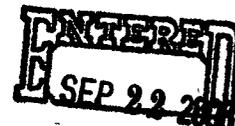
All violations must be corrected within 30 days of the inspection date unless noted otherwise above. Section 25404.1.2(c)(1) of California Health and Safety Code (HSC) requires that you write a brief description of the corrective actions you have taken to bring this facility into compliance and submit it to HMCD within 5 days of achieving compliance, or within 35 days of the inspection date, whichever comes first. (Note: Detailed instructions on actions you must take are printed on the reverse side of this page.)

Received by: [Signature] Inspected by: GREG GALATTO Entered by: [Signature]

**Certification:** I certify under penalty of perjury that this facility has complied with directives specified in this Notice to Comply.

Signature of Owner/Operator: [Signature] Title: DEALER Date: 12/14/07

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.



## THE OFFICIAL NOTICE OF INSPECTION EXPLAINED

This Official Notice of Inspection (NOI) describes the findings made during the inspection, including all violations and any actions that must be taken by the facility to correct the violations. All violations must be corrected within 30 days of the inspection date unless noted otherwise by the inspector.

Within five working days of achieving compliance, or within 35 days of the inspection, whichever comes first, you must submit a written response which describes the corrective actions you have taken or — for those violations which are impossible to correct within 30 days — propose to take in order to bring your facility into compliance. Where proposed corrective actions are described, you must specify a date by which you expect each violation to be corrected. After you have addressed each violation, complete the certification box located at the bottom of page 1 of the NOI. **Your description of corrective actions taken, along with your signed certification of the NOI and any required supporting documents, will serve as your written response to this Notice to Comply.** Your response must be mailed to Santa Clara County Hazardous Materials Compliance Division (HMCD) at 1555 Berger Drive, Suite 300, San Jose, CA 95112-2716. The effective date of the certification that any violation has been corrected is the date that it is postmarked.

### What Does the Information in Each Column Mean?

**Violation Code:** Codes listed in this column identify specific violations of laws, regulations, or codes which were observed during this inspection. Definitions of Violation Codes are listed on the attached Violation Codes document(s).

**Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions:** Information noted in this column describes the circumstances of any violations noted in the first column and describes how the violations may be corrected. Additionally, the inspector may use this space to note any additional observations resulting from the inspection.

**Corrective Actions Taken:** This column on the NOI has been provided so that you can note how you have corrected or propose to correct each violation. Where proposed corrective actions are described, you must specify a date by which you expect each violation to be corrected. If more space is needed, attach additional pages.

### Why Were Two Copies of the Notice of Inspection Given to Me?

You have been given two copies so you will have a copy for your own records after you submit your written response to HMCD. **Do not separate the copies until you have described all of your corrective actions and signed the certification box on page 1. The yellow copy of each page must be returned to HMCD. The pink copy is for your records.**

### What if I Disagree With a Violation Noted on the Notice of Inspection?

If you disagree with any violation listed in this NOI, you must submit a written Notice of Disagreement to HMCD within 30 days of the inspection date. Address such notices to the attention of the inspector who cited the violation. In your Notice of Disagreement, you must explain in detail why you believe the violation does not exist. If there is sufficient space, you may use the "Corrective Actions Taken" column of this NOI to dispute violations.

### What About Photographs or Samples Taken During the Inspection?

If samples were taken, split samples will be given to you upon request. Since this NOI was prepared and given to you at the end of the inspection, any photographs and sampling or laboratory results associated with the inspection were not yet available. A copy of any photographs and/or analytical results from sampling taken during this inspection will be provided to you upon written request. Other pertinent information derived from the inspection is attached to this NOI. Photographs and sample results may be withheld in the event of a criminal investigation or other ongoing investigation.

\*\*\*\*\*

- Per HSC §§25187.8(b) and 25404.1.2(c), failure to sign the certification on this Notice to Comply and return it to HMCD is a violation of State law.
- Per HSC §25404.1.2(c)(2), a false statement that compliance has been achieved is a misdemeanor.
- Per HSC §25191(b), a false statement that hazardous waste compliance has been achieved is a violation of State law punishable by a fine of not less than \$2,000 or more than \$25,000 and/or imprisonment in the county jail for up to one year.
- Per HSC §§25299(a)(8) and (b)(7), a false statement that underground storage tank compliance has been achieved is a violation of State law punishable by a fine of not less than \$500 or more than \$5,000.
- Per HSC §§25187.8(i), HMCD has the right to require the submittal of reasonable and necessary documentation in support of any claim of compliance made by your facility.

**OFFICIAL NOTICE OF INSPECTION**  
 (Continuation Page)

Facility Name: EL CAMINO UNOCAL

Inspection Date: 11-29-2007

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	GENERATOR ADDRESS. REPLACE FADING INFORMATION ON LABEL.	DONE
E220	PROVIDE REFINER HAZWASTE MANAGEMENT TRAINING THAT COVERS CONTAINER LABELING AND INSPECTION REQUIREMENTS FOR HAZWASTE.	DONE
E211	POSTED EMERGENCY INFORMATION IS MISSING LOCATION OF FIRE EXTINGUISHERS AND SPILL CONTROL MATERIALS. ADD THIS INFORMATION TO THAT ALREADY POSTED. THIS IS A REPEAT VIOLATION.	DONE
E402	OBSERVED 1x55 GAL EMPTY DRUM NOT MARKED WITH DATE IT WAS EMPTIED. MARK DRUM WITH DATE EMPTIED AND ROUTE OR TRIP OFFSITE FOR RECYCLING WITHIN 1 YEAR OF THAT DATE.	
2390	DESIGNATED UFT OPERATOR MONTHLY INSPECTION REPORTS FOR JUNE AND JULY OF THIS YEAR ARE MISSING NAME OF DESIGNATED UFT OPERATOR. ALARM HISTORY REPORTS FOR LEAK SENSORS (i.e. SENSORS L1 THROUGH L5) ARE NOT ATTACHED TO MONTHLY INSPECTION REPORTS AS REQUIRED. PRINT OUT AND ATTACH REPORTS EACH MONTH AS REQUIRED.	DONE
2393	NO CURRENT LIST OF FACILITY EMPLOYEES TRAINED BY THE DESIGNATED UFT OPERATOR IS KEPT AT FACILITY AS REQUIRED. KEEP LIST ON SITE.	DONE

Received by: [Signature]

Inspected by: [Signature]

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.

**OFFICIAL NOTICE OF INSPECTION**

(Continuation Page)

Facility Name: EL CAMINO UNOCAL

Inspection Date: 11-29-2007

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
2357	GREEN POWER INDICATOR BULB ON TEL-350 MONITORING PANEL IS BURNT OUT. REPLACE BULB.	CALL MAINTENANCE TO REPAIR
2333	LABEL SMALL CONTAINER OF BRAKE FLUID WITH NAME OF CONTENTS.	DISPOSED OF
2370	THE TRAINING SUBJECTS NOTED IN THE FACILITY EMPLOYEE TRAINING RECORDS DO NOT INCLUDE VIT IDEALS AS REQUIRED. RECOMMEND YOU USE THE UNIONS OR STATE WATER BOARD TRAINING LOG SHEET TO DOCUMENT TRAINING. THIS IS AN UNCORRECTED VIOLATION.	NEXT TRAININGS WILL INCLUDE TTLS
G412	MARK THE 3 DRUMS FOR DRAINED USED OIL AND GASOLINE FILTERS WITH THE LABELS PROVIDED TODAY. MARKING REQUIREMENTS CHANGE WHEN YOU ADD GASOLINE FILTERS. SEE ITEM G412 ON INSPECTION CHECKLIST PROVIDED TODAY.	DONE
G414	NO BILL OF LADING IS IN FACILITY'S RECORDS FOR SHIPMENT OF DRAINED USED OIL AND GASOLINE FILTERS SHIPPED ON OR ABOUT 7-2-2007. OBTAIN COPY OF RECORD FROM TRANSPORTER. KEEP COPIES OF ALL WASTE DISPOSAL RECORDS FOR AT LEAST 3 YEARS.	SHIPMENT DATE IS WRONG, SHOULD BE 2-7-7

Received by: [Signature]

Inspected by: [Signature]

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.

CO/PR/TA ID	SC	Time
PRO 26905	01	45
PRO 312958	01	46:60

**OFFICIAL NOTICE OF INSPECTION**

Facility Name <b>EL CAMINO UNOCAL</b>	Inspection Date <b>11-29-2007</b>
Site Address <b>4350 EL CAMINO REAL - LOS ALTOS</b>	Employee No <b>4686</b>
Contact Person(s) <b>GREG GALATOLO</b>	<input type="checkbox"/> Samples Taken <input type="checkbox"/> Photographs Taken
Inspection Type <input type="checkbox"/> Hazardous Materials Storage <input checked="" type="checkbox"/> Hazardous Waste Generator <input checked="" type="checkbox"/> HazMat Business Plan <input type="checkbox"/> HazWaste Tiered Permit <input checked="" type="checkbox"/> Underground Storage Tank <input type="checkbox"/> Cal-ARP <input type="checkbox"/> A/G Storage Tank (SPCC Plan) <input type="checkbox"/> Toxic Gas	Hazardous Waste Generator Type <input checked="" type="checkbox"/> < 1,000 Kg /mo <input type="checkbox"/> ≥ 1,000 Kg /mo <input type="checkbox"/> CESQG <input type="checkbox"/> Satellite Only <input type="checkbox"/> Silver Only <input type="checkbox"/> N/A

**VIOLATIONS:** Codes noted below in the "Violation Codes" column represent specific violations of State law and/or local Ordinance. These codes are defined in the attached Violation Codes document(s). Time granted for correction of violations does not preclude any enforcement action by this Department or other agencies. This facility may be subject to reinspection at any time.

Consent to Inspect Given By **GALATOLO GREG**

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	<b>NOTE: ALL VIOLATIONS NOTED IN THIS REPORT MUST BE CORRECTED BY GREG GALATOLO.</b>	
<b>G020C</b>	<b>OBSERVED 1 x 20 GALLON ROLL AROUND WASTE OIL DRUM CONTAINED WITH HAZARDOUS WASTE LABEL MISSING. GENERATOR NAME &amp; ADDRESS, CONTENT DESCRIPTION, APPROXIMATE QUANTITY (GALONS), AND HAZARDOUS PROPERTIES (TOXIC). AND ACCUMULATION START DATE (ADD). OBSERVED 1 x 20 GALLON DRUMS CONTAINER NOT MARKED WITH HAZARDOUS PROPERTIES OF THE OIL. ENSURE THAT ALL HAZARDOUS WASTE CONTAINERS ARE MARKED WITH ALL REQUIRED INFORMATION (SEE CHECKLIST PROVIDED TODAY.) THIS IS A REPEAT VIOLATION. PERFORM MORE THOROUGH WEEKLY INSPECTIONS OF HAZWASTE CONTAINERS TO ENSURE THAT THEY ARE PROPERLY MARKED. HAZWASTE ANTIFREEZE PORTABLE TANK IS NOT MARKED WITH</b>	<b>CORRECTED DURING INSPECTION.</b>
<b>G101</b>		

All violations must be corrected within 30 days of the inspection date unless noted otherwise, above. Section 25404.1.2(c)(1) of California Health and Safety Code (HSC) requires that you write a brief description of the corrective actions you have taken to bring this facility into compliance and submit it to HMCD within 5 days of achieving compliance, or within 35 days of the inspection date, whichever comes first. (Note: Detailed instructions on actions you must take are printed on the reverse side of this page.)

Received by: **[Signature]** Inspected by: **GREG GALATOLO** Entered by: **4686**

Certification: I certify under penalty of perjury that this facility has complied with directives specified in this Notice to Comply.  
 Signature of Owner/Operator \_\_\_\_\_ Title \_\_\_\_\_ Date 1/1

# THE OFFICIAL NOTICE OF INSPECTION EXPLAINED

This Official Notice of Inspection (NOI) describes the findings made during the inspection, including all violations and any actions that must be taken by the facility to correct the violations. All violations must be corrected within 30 days of the inspection date unless noted otherwise by the inspector.

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\*~\*~\*~\*

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- Per HSC §25404.1.2(c)(2), a false statement that compliance has been achieved is a misdemeanor.
- Per HSC §25191(b), a false statement that hazardous waste compliance has been achieved is a violation of State law punishable by a fine of not less than \$2,000 or more than \$25,000 and/or imprisonment in the county jail for up to one year.
- Per HSC §§25299(a)(8) and (b)(7), a false statement that underground storage tank compliance has been achieved is a violation of State law punishable by a fine of not less than \$500 or more than \$5,000.
- Per HSC §§25187.8(i), HMCD has the right to require the submittal of reasonable and necessary documentation in support of any claim of compliance made by your facility.

OFFICIAL NOTICE OF INSPECTION  
 (Continuation Page)

Facility Name: EL CAMINO UNOCAL

Inspection Date: 11-29-2007

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	GENERATOR ADDRESS. REPLACE FADED INFORMATION ON LABELS	
G220	PROVIDE RESIDENTIAL HAZWASTE MANAGEMENT TRAINING THAT COVERS CONTAINER LABELING AND INSPECTION REQUIREMENTS FOR HAZWASTE.	
G211	POSTED EMERGENCY INFORMATION IS MISSING LOCATION OF FIRE EXTINGUISHERS AND SPILL CONTROL MATERIALS. ADD THIS INFORMATION TO THAT ALREADY POSTED. THIS IS A REPEAT VIOLATION.	
E402	OBSERVED 1x55 GAL EMPTY DRUM NOT MARKED WITH DATE IT WAS EMPTIED. MARK DRUM WITH DATE EMPTIED AND ROUTE OR HUP OFFSITE FOR RECYCLING WITHIN 1 YEAR OF THAT DATE.	
2390	DESIGNATED UST OPERATOR MONTHLY INSPECTION REPORT FOR JUNE AND JULY OF THIS YEAR ARE MISSING NAME OF DESIGNATED UST OPERATOR. ALARM HISTORY REPORTS FOR LEAK SENSORS (i.e. SENSORS LI THROUGH L5) ARE NOT ATTACHED TO MONTHLY INSPECTION REPORTS AS REQUIRED. PRINT OUT AND ATTACH REPORTS EACH MONTH AS REQUIRED.	
2393	NO CURRENT LIST OF FACILITY EMPLOYEES TRAINED BY THE DESIGNATED UST OPERATOR IS KEPT AT FACILITY AS REQUIRED. KEEP LIST ON SITE.	

Received by: [Signature]

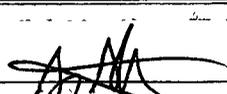
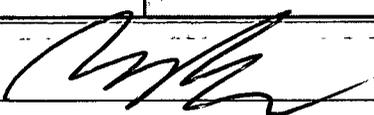
Inspected by: [Signature]

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.

**OFFICIAL NOTICE OF INSPECTION**  
 (Continuation Page)

Facility Name: EL CAMINO UNOCAL Inspection Date: 11-29-2007

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
2357	GREEN POWER INDICATOR BULB ON TLE-350 MONITORING PANEL IS BURNT OUT, REPLACE BULB.	
2333	LABEL SMALL CONTAINER OF BRAKE FLUID WITH NAME OF CONTENTS.	
2370	THE TRAINING SUBJECTS NOTED IN THE FACILITY EMPLOYEE TRAINING RECORDS DO NOT INCLUDE VET EDUCAS AS REQUIRED. RECOMMEND YOU USE THE UNIFORMS OR STATE WATER BOARD TRAINING LOG SHEET TO DOCUMENT TRAINING. THIS IS AN UNCORRECTED VIOLATION.	
G412	MARK THE 3 DRUMS FOR DRAINED USED OIL AND GASOLINE FILTERS WITH THE LABELS PROVIDED TODAY. MARKING REQUIREMENTS CHANGE WHEN YOU ADD GASOLINE FILTERS. SEE ITEM G412 ON INSPECTION CHECKLIST PROVIDED TODAY.	
G414	NO BILL OF LADING IS IN FACILITY'S RECORDS FOR SHIPMENT OF DRAINED USED OIL AND GASOLINE FILTERS SHIPPED ON OR ABOUT 7-2-2007. OBTAIN COPY OF RECORD FROM TRANSPORTER. KEEP COPIES OF ALL WASTE DISPOSAL RECORDS FOR AT LEAST 3 YEARS.	

Received by:  Inspected by: 

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.

# County of Santa Clara

Environmental Resources Agency  
 Department of Environmental Health  
 Hazardous Materials Compliance Division

1555 Berger Drive, Suite 300

San Jose, CA 95112-2716

(408) 918-3400 Fax (408) 280-6479 www.EHinfo.org

CO/PR/TA ID		SC	Time
PRD 376905	2599	01	
PRD 312958	2205	01	

## OFFICIAL NOTICE OF INSPECTION

Facility Name: <u>EL CAMINO <del>DE</del> UNOCAL</u>	Inspection Date: <u>12-20-2006</u>
Site Address: <u>4350 EL CAMINO REAL, LOS ALTOS</u>	Employee No.: <u>4686</u>
Contact Person(s): <u>GREG GALATOLO</u>	Samples Taken? <input type="checkbox"/> Yes, <input type="checkbox"/> No Photographs Taken? <input type="checkbox"/> Yes, <input type="checkbox"/> No
Inspection Type: <input checked="" type="checkbox"/> Hazardous Materials <input checked="" type="checkbox"/> Hazardous Waste <input type="checkbox"/> Tiered Permit <input type="checkbox"/> Toxic Gas <input type="checkbox"/> Cal-Accidental Release Prevention Program <input type="checkbox"/> Other	Hazardous Waste Generator Type <input checked="" type="checkbox"/> < 1,000 Kg /mo <input type="checkbox"/> ≥ 1,000 Kg /mo <input type="checkbox"/> CESQG <input type="checkbox"/> Satellite Only

VIOLATIONS: Codes noted below in the "Violation Code" column represent specific violations of State law and/or local Ordinance. These codes are defined in the attached Violation Codes document(s). Time granted for correction of violations does not preclude any enforcement action by this Department or other agencies. This facility may be subject to reinspection at any time.

CONSENT TO INSPECT GIVEN BY GREG GALATOLO

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	NOTE: ALL VIOLATIONS NOTED IN THIS REPORT MUST BE CORRECTED BY GREG GALATOLO.	
2206	OBSERVED 1 x 20 GALLON ROLL AROUND WASTE OIL DRUM CONTAINER WITH HAZARDOUS WASTE LABEL MISSING GENERATOR NAME & ADDRESS, CONTENTS DESCRIPTION, PHYSICAL STATE (LIQUID) AND HAZARDOUS PROPERTIES (TOXIC). ACCUMULATION START DATE ON WASTE ANTIFREEZE (POSSIBLE TANK IS "10/06" AND OTHER INFORMATION ON LABEL IS FADED DUE TO WEATHERING. ENSURE THAT ALL HAZARDOUS CONTAINERS ARE MARKED WITH ALL REQUIRED INFORMATION (SEE VIOLATION CODE 2206 IN THE INSPECTION CHECKLIST PROVIDED TODAY.)	RE-LABELED DRUMS 2007 JAN 31 10 15 AM
2268	OBSERVED 1 x 15 GALLON DRUM HOLDING USED OIL FILTERS	LABELED "EMPTY DAILY"
2209	IN DRUM. DRUM HAS NO LID. OBSERVED 2 x 55 GALLON DRUMS HOLDING USED OIL AND FUELING FILTERS MARKED "DRAINED"	

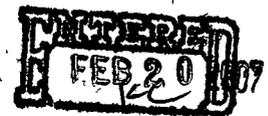
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Received by: [Signature] Inspected by: GREG GALATOLO Entered by: \_\_\_\_\_

Certification: I certify under penalty of perjury that this facility has complied with directives specified in this Notice to Comply.

Signature of Owner/Operator: [Signature] Title: OWNER Date: 1/11/07

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.



# THE OFFICIAL NOTICE OF INSPECTION EXPLAINED

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## What Does the Information in Each Column Mean?

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If you disagree with any violation listed in this Notice of Inspection, you must submit a written Notice of Disagreement, within 35 days of the inspection date, to the inspector who cited the violation. In your Notice of Disagreement, you must explain in detail why the violation does not exist. If there is sufficient space, you may use the "Corrective Actions Taken" column of this Notice of Inspection to dispute violations.

## What About Photographs or Samples Taken During the Inspection?

Since this Notice of Inspection was prepared and given to you at the end of the inspection, any photographs and sampling or laboratory results associated with the inspection were not yet available. A copy of any photographs and/or analytical results from sampling taken during this inspection will be provided to you upon written request. Other pertinent information derived from the inspection is attached to this Notice of Inspection. Photographs and sample results may be withheld in the event of a criminal investigation or other ongoing investigation.

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## Hazardous Waste Violations

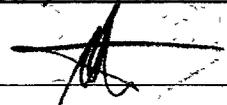
- Per H&SC §25187.8(g)(1), failure to sign the certification on this Notice of Inspection and return it to this Department is a violation of State law.
- Per H&SC §25191, a false statement that compliance has been achieved is a violation of State law punishable by a fine of not less than \$2,000 or more than \$25,000 and/or imprisonment in the county jail for up to one year.
- Per H&SC §25187.8(j), this Department has the right to acquire the submittal of reasonable and necessary documentation in support of any claim of compliance made by your facility.

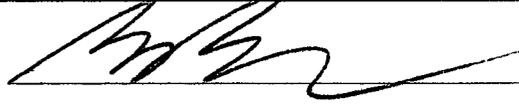
**OFFICIAL NOTICE OF INSPECTION**  
 (Continuation Page)

Facility Name: EL CAMINO ~~TO~~ UNCAL

Inspection Date: 12-20-2006

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	USED OIL FILTERS. CONTAINERS HOLDING USED FILTERS MUST BE KEPT SEALED WHEN NOT ADDING OR REMOVING FILTERS AND MUST BE PROPERLY MARKED. CONTAINERS HOLDING BOTH USED OIL AND GASOLINE FILTERS MUST BE MARKED. "USED OIL AND GASOLINE FILTERS." THE 2x55 GZ DRUMS WERE NOT SEALED.	RE-LABEL AND INSTALL PUT ON LIT.
2212	WASTE OIL UST FILL IS NOT MARKED WITH THE WORDS "HAZARDOUS WASTE" OR THE ACCUMULATION START DATE. PROPERLY LABEL THIS TANK. WASTE OIL WAS OBSERVED POOLED IN THE UST SPILL CONTAINER ABOVE THE LEVEL OF THE DRAIN VALVE. THE SPILL BUCKET MUST BE KEPT CLEAN AND DRY. THESE ARE REPEAT VIOLATIONS.	LABELED TANK
2210	THE ABOVE VIOLATIONS MAKE IT CLEAR THAT INSPECTIONS ARE NOT BEING PERFORMED. PERFORM INSPECTIONS OF HAZARDOUS WASTE ACCUMULATION AREAS EVERY WEEK.	Done M/W 2-20-2007
2242	POSTED EMERGENCY INFORMATION DOES NOT INCLUDE LOCATIONS OF FIRE EXTINGUISHERS AND SPILL CONTROL MATERIAL. POST ALL REQUIRED INFORMATION NEAR THE PHONE (I.E. ADD COPY OF HMBP MAP TO INFORMATION CURRENTLY POSTED IN CASHIER AREA.	DONE
	OBSERVED SPILLED / LEAKED ANTIFREEZE ON PAVEMENT BEHIND STOP. ALL SPILLS MUST BE CLEANED UP AS THEY OCCUR. CONTAMINATED CLEANUP MATERIALS MUST BE	

Received by: 

Inspected by: 

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.



# County of Santa Clara

Environmental Resources Agency  
Department of Environmental Health  
Hazardous Materials Compliance Division

1555 Berger Drive, Suite 300

San Jose, CA 95112-2716

(408) 918-3400 Fax (408) 280-6479 www.EHinfo.org

CO/PR/TA ID	PE	SC	Time
PRO 376905	2219	01	4:32
PRO 312958	2205	01	4:60

## OFFICIAL NOTICE OF INSPECTION

Facility Name <i>EL CAMINO <del>76</del> UNOCAL</i>	Inspection Date: <i>12-20-2006</i>
Site Address: <i>4350 EL CAMINO REAL, LOS ALTOS</i>	Employee No.: <i>4686</i>
Contact Person(s): <i>GREG GALATOLO</i>	Samples Taken? <input type="checkbox"/> Yes, <input type="checkbox"/> No Photographs Taken? <input type="checkbox"/> Yes, <input type="checkbox"/> No
Inspection Type <input checked="" type="checkbox"/> Hazardous Materials <input type="checkbox"/> Toxic Gas <input checked="" type="checkbox"/> Hazardous Waste <input type="checkbox"/> Cal-Accidental Release Prevention Program <input type="checkbox"/> Tiered Permit <input type="checkbox"/> Other	Hazardous Waste Generator Type <input checked="" type="checkbox"/> < 1,000 Kg /mo <input type="checkbox"/> ≥ 1,000 Kg /mo <input type="checkbox"/> CESQG <input type="checkbox"/> Satellite Only

VIOLATIONS: Codes noted below in the "Violation Code" column represent specific violations of State law and/or local Ordinance. These codes are defined in the attached Violation Codes document(s). Time granted for correction of violations does not preclude any enforcement action by this Department or other agencies. This facility may be subject to reinspection at any time.

*CONSENT TO INSPECT GIVEN BY GREG GALATOLO*

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	<i>NOTE: ALL VIOLATIONS NOTED IN THIS REPORT MUST BE CORRECTED BY GREG GALATOLO.</i>	
<i>2206</i>	<i>OBSERVED 1 x 20 GALLON ROLL AROUND WASTE OIL DRUM CONTAINER WITH HAZARDOUS WASTE LABEL MISSING GENERATOR NAME &amp; ADDRESS, CONTENTS DESCRIPTION, PHYSICAL STATE (LIQUID) AND HAZARDOUS PROPERTIES (TOXIC). ACCUMULATION START DATE ON WASTE ANTIFREEZE (POSSIBLE TANK IS "10/06" AND OTHER INFORMATION ON LABEL IS FADED DUE TO WEATHERING. ENSURE THAT ALL HAZARDOUS CONTAINERS ARE MARKED WITH ALL REQUIRED INFORMATION (SEE VIOLATION CODE 2206 IN THE INSPECTION CHECKLIST PROVIDED TODAY).</i>	
<i>2268</i>	<i>OBSERVED 1 x 15 GALLON DRUM HOLDING USED OIL FILTERS</i>	
<i>2209</i>	<i>IN DRUM. DRUM HAS NO LID. OBSERVED 2 x 55 GALLON DRUMS HOLDING USED OIL AND ENGINE FILTERS MARKED "DRAINED"</i>	

All violations must be corrected within 30 days of the inspection date unless noted otherwise, above. Section 25187.8 of the State Health and Safety Code (H&SC) requires that you write a brief description of the corrective actions you have taken to bring this facility into compliance and submit it to this Department within 5 days of achieving compliance, or within 35 days of the inspection date, whichever comes first. (Note: Detailed instructions on actions you must take are printed on the reverse side of this page.)

Received by: *[Signature]* Inspected by: *GREG GALATOLO* Entered by: *4686*

Certification: I certify under penalty of perjury that this facility has complied with directives specified in this Notice to Comply.  
Signature of Owner/Operator: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.

# THE OFFICIAL NOTICE OF INSPECTION EXPLAINED

This Official Notice of Inspection (Notice of Inspection) describes the findings made during the inspection, including all violations and any actions that must be taken by the facility to correct the violations. All violations must be corrected within 30 days of the inspection date unless noted otherwise by the inspector.

Within five working days of achieving compliance, or within 35 days of the inspection, whichever comes first, you must submit a written response which describes the corrective actions you have taken or - for those violations which are impossible to correct within 30 days - propose to take in order to bring your facility into compliance. Where proposed corrective actions are described, you must specify a date by which you expect each violation to be corrected. After you have addressed each violation, complete the certification box located at the bottom of page 1 of the Notice of Inspection. Your description of corrective actions taken, along with your signed certification of the Notice of Inspection and any required supporting documents, will serve as your written response to the inspection. Your response must be mailed to the Santa Clara County Hazardous Materials Compliance Division (HMCD) at 1555 Berger Drive, Suite 300, San Jose, CA 95112-2716.

## What Does the Information in Each Column Mean?

**Violation Code:** Codes listed in this column identify specific violations of laws, regulations, or codes which were observed during this inspection. Definitions of Violation Codes are listed on the attached Violation Codes document(s).

**Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions:** Information noted in this column describes the circumstances of any violations noted in the first column and describes how the violations may be corrected. Additionally, the inspector may use this space to note any additional observations resulting from the inspection.

**Corrective Actions Taken:** This column on the Notice of Inspection has been provided so that you can note how you have corrected or propose to correct each violation. Where proposed corrective actions are described, you must specify a date by which you expect each violation to be corrected. If more space is needed, attach additional pages.

## Why Were Two Copies of the Notice of Inspection Given to Me?

You have been given two copies so you will have a copy for your own records after you submit your written response to HMCD. Do not separate the copies until you have described all of your corrective actions and signed the certification box on page 1. The yellow copy of each page must be submitted to HMCD. The pink copy is for your records.

## What if I Disagree With a Violation Noted on the Notice of Inspection?

If you disagree with any violation listed in this Notice of Inspection, you must submit a written Notice of Disagreement, within 35 days of the inspection date, to the inspector who cited the violation. In your Notice of Disagreement, you must explain in detail why the violation does not exist. If there is sufficient space, you may use the "Corrective Actions Taken" column of this Notice of Inspection to dispute violations.

## What About Photographs or Samples Taken During the Inspection?

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## Hazardous Waste Violations

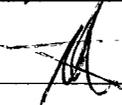
- Per H&SC §25187.8(g)(1), failure to sign the certification on this Notice of Inspection and return it to this Department is a violation of State law.
- Per H&SC §25191, a false statement that compliance has been achieved is a violation of State law punishable by a fine of not less than \$2,000 or more than \$25,000 and/or imprisonment in the county jail for up to one year.
- Per H&SC §25187.8(j), this Department has the right to acquire the submittal of reasonable and necessary documentation in support of any claim of compliance made by your facility.

OFFICIAL NOTICE OF INSPECTION  
 (Continuation Page)

Facility Name: EL CAMINO ~~FE~~ UNOCAL

Inspection Date: 12-20-2006

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	USED OIL FILTERS. CONTAINERS HOLDING USED FILTERS MUST BE KEPT SEALED WHEN NOT ADDING OR REMOVING FILTERS AND MUST BE PROPERLY MARKED. CONTAINERS HOLDING BOTH USED OIL AND GASOLINE FILTERS MUST BE MARKED. "USED OIL AND GASOLINE FILTERS." THE 2x55 G DRUMS WERE NOT SEALED.	
2212	WASTE OIL UST FILL IS NOT MARKED WITH THE WORDS "HAZARDOUS WASTE" OR THE ACCUMULATION START DATE. PROPERLY LABEL THIS TANK. WASTE OIL WAS OBSERVED POOLED IN THE UST SPILL CONTAINER ABOVE THE LEVEL OF THE DRAIN VALVE. THE SPILL BUCKET MUST BE KEPT CLEAN AND DRY. THESE ARE REPEAT VIOLATIONS.	
2210	THE ABOVE VIOLATIONS MAKE IT CLEAR THAT INSPECTIONS ARE NOT BEING PERFORMED. PERFORM INSPECTIONS OF HAZARDOUS WASTE ACCUMULATION AREAS EVERY WEEK.	
2242	POSTED EMERGENCY INFORMATION DOES NOT INCLUDE LOCATIONS OF FIRE EXTINGUISHERS AND SPILL CONTROL MATERIAL. POST ALL REQUIRED INFORMATION NEAR THE PHONE (I.E. ADD COPY OF HMBP MAP TO INFORMATION CURRENTLY POSTED IN CASHIER AREA.	
	OBSERVED SPILLED / LEAKED ANTIFREEZE ON PAVEMENT BEHIND STOP. ALL SPILLS MUST BE CLEANED UP AS THEY OCCUR. CONTAMINATED CLEANUP MATERIALS MUST BE	

Received by: 

Inspected by: 

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.



**County of Santa Clara**  
**Environmental Resources Agency**  
**Department of Environmental Health**  
**Hazardous Materials Compliance Division**  
 1555 Berger Drive, Suite 300  
 San Jose, CA 95112-2716  
 (408) 918-3400 Fax (408) 280-6479 www.EHinfo.org

CO/PR/TA ID	FE	SC	Time
PC312958	2285 3599	02 02	

**OFFICIAL NOTICE OF INSPECTION**

Facility Name: <u>EL CAMINO UNICEL</u>	Inspection Date: <u>12-13-2004</u>
Site Address: <u>1576 EL CAMINO REAL, LOS ALTOS</u>	Employee No.: <u>4646</u>
Contact Person(s): <u>ERIC GARZA</u>	Samples Taken? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No Photographs Taken? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No
Inspection Type: <input checked="" type="checkbox"/> Hazardous Materials <input checked="" type="checkbox"/> Hazardous Waste <input type="checkbox"/> Tiered Permit <input type="checkbox"/> Toxic Gas <input type="checkbox"/> Cal-Accidental Release Prevention Program <input type="checkbox"/> Other	Hazardous Waste Generator Type: <input type="checkbox"/> < 1,000 Kg /mo <input type="checkbox"/> ≥ 1,000 Kg /mo <input type="checkbox"/> CRSQG <input type="checkbox"/> Satellite Only

**VIOLATIONS:** Codes noted below in the "Violation Code" column represent specific violations of State law and/or local Ordinance. These codes are defined in the attached Violation Codes document(s). Time granted for correction of violations does not preclude any enforcement action by this Department or other agencies. This facility may be subject to reinspection at any time.

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	<u>ALL VIOLATIONS NOTED IN THIS REPORT MUST BE CORRECTED BY ERIC GARZA.</u>	
	<u>CORRECTION BEGAN ON 12-13-2004 AND COMPLETED TODAY.</u>	
	<u>FOUND ONE 20 GALLON WHITE OIL ROLL-AROUND DRUM WHICH WAS NOT MARKED WITH WHITE PIGMENTAL MARK (LIQUID), HAZARDOUS PROPERTIES (NONE), OR NAME AND ADDRESS OF GENERATOR.</u>	<u>LABELLED DRUM AS REQUIRED</u>
	<u>THIS IS A REPEAT VIOLATION ALL HAZARDOUS WASTE CONTAINERS MUST BE PROPERLY MARKED.</u>	
	<u>FOUND ONE 55 GALLON DRUM OF DRAINAGE USED OIL FILTERS WHICH WAS NOT MARKED WITH WHITE PIGMENTAL MARK (LIQUID), HAZARDOUS WASTE CONTAINERS MUST BE MARKED WHEN WASTE IS NOT BEING ADDED OR USED. THIS IS A REPEAT VIOLATION.</u>	<u>INSTALLED LID</u>

All violations must be corrected within 30 days of the inspection date unless noted otherwise, above. Section 25187.8 of the State Health and Safety Code (H&SC) requires that you write a brief description of the corrective actions you have taken to bring this facility into compliance and submit it to this Department within 5 days of achieving compliance, or within 35 days of the inspection date, whichever comes first. (Note: Detailed instructions on actions you must take are printed on the reverse side of this page.)

Received by: \_\_\_\_\_ Inspected by: ERIC GARZA Entered by: \_\_\_\_\_

**Certification:** I certify under penalty of perjury that this facility has complied with directives specified in this Notice to Comply.

Signature of Owner/Operator: [Signature] Title: OWNER Date: 1-1-05

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.

County of Santa Clara  
Environmental Resources Agency  
Department of Environmental Health  
Hazardous Materials Compliance Division

1555 Berger Drive, Suite 300  
San Jose, CA 95112-2716  
(408) 918-3400 Fax (408) 280-6479  
www.EHinfo.org

OFFICIAL NOTICE OF INSPECTION  
(Continuation Page)

Facility Name: EL CAMINO CAROL

Inspection Date: 12-25-2004

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	WASTE OIL KIT SPILL CONTAINER HELD SPILLED OIL MUST HAVE TO BE REMOVED BEING SPILL BUCKETS WOULD BE TESTED ON 12-13-2004. THIS CONTAINER MUST BE KEPT FREE OF SPILLED OIL THIS IS A REPEAT VIOLATION.	CLEAN SPILL BUCKETS AND INSTRUCTIONS EMPLOYEES
	NO COPY OF SIGNATURE COPY OF MANIFEST # 22975249 (WASTE OF 35 GAL WASTE ANTIFREEZE) WAS OBTAINED FROM THE RECYCLING COMPANY WITHIN 60 DAYS OF SHIPMENT OR FILE OF EMERGENCY REPORT. OBTAIN A SIGNED COPY OF THIS MANIFEST. THIS IS A REPEAT VIOLATION.	REQUESTED SIGNED COPY OF MANIFEST
	DID NOT SUBMIT A WRITTEN RESPONSE TO THE 1-13-2004 NOTICE OF VIOLATION, BUT YOU DID NOT COMPLETE THE REQUIRED CERTIFICATION STATEMENT AT THE BOTTOM OF PAGE 1. SUBMIT A SIGNED COPY OF THAT REPORT WITH YOUR WRITTEN RESPONSE TO AGENCY'S NOTICE OF VIOLATION WITHIN 35 DAYS.	
	EMERGENCY INFORMATION POSTED AT THE FACILITY DOES NOT INCLUDE THE LOCATIONS OF EMERGENCY EQUIPMENT AND LOCATIONS OF FIRE EXTINGUISHERS AND SPILL RESPONSE CONTROL EQUIPMENT. THIS IS A REPEAT VIOLATION.	REPEAT POSTED
	COPIES OF CONFIRMED MANIFESTS FOR SHIPMENT WERE OBTAINED FROM FUEL SUPPLIERS AND USED	

Received by: [Signature]

Inspected by: [Signature]

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.



**County of Santa Clara**  
**Environmental Resources Agency**  
**Department of Environmental Health**  
**Hazardous Materials Compliance Division**  
 1555 Berger Drive, Suite 300  
 San Jose, CA 95112-2716  
 (408) 918-3400 Fax (408) 280-6479 www.EHinfo.org

CO/PR/TA ID <i>PR312 958</i>	RECEIVED BY: SC SANTA CLARA COUNTY DEPT. OF ENV. HEALTH <i>2599 02</i>	Time
	2005 FEB -2 PM 12:21	

**OFFICIAL NOTICE OF INSPECTION**

Facility Name: <i>EL CAMINO UNICAL</i>	Inspection Date: <i>12-23-2004</i>
Site Address: <i>4350 EL CAMINO REAL, LOS ALTOS</i>	Employee No. <i>4686</i>
Contact Person(s): <i>ERIC GARATTO</i>	Samples Taken? <input type="checkbox"/> Yes, <input checked="" type="checkbox"/> No Photographs Taken? <input type="checkbox"/> Yes, <input checked="" type="checkbox"/> No
Inspection Type <input checked="" type="checkbox"/> Hazardous Materials <input checked="" type="checkbox"/> Hazardous Waste <input type="checkbox"/> Tiered Permit <input type="checkbox"/> Toxic Gas <input type="checkbox"/> Cal-Accidental Release Prevention Program <input type="checkbox"/> Other	Hazardous Waste Generator Type <input type="checkbox"/> < 1,000 Kg /mo <input type="checkbox"/> ≥ 1,000 Kg /mo <input type="checkbox"/> CESQG <input type="checkbox"/> Satellite Only

**VIOLATIONS:** Codes noted below in the "Violation Code" column represent specific violations of State law and/or local Ordinance. These codes are defined in the attached Violation Codes document(s). Time granted for correction of violations does not preclude any enforcement action by this Department or other agencies. This facility may be subject to reinspection at any time.

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	<i>NOTE: ALL VIOLATIONS NOTED IN THIS REPORT MUST BE CORRECTED BY ERIC GARATTO.</i>	
	<i>INSPECTION BEGAN ON 12-13-2004 AND CONCLUDED TODAY.</i>	
<i>2206</i>	<i>OBSERVED ONE 20 GALLON WHITE OIL ROLL-AROUND DRUM CONTAINER THAT WAS NOT MARKED WITH WASTE PHYSICAL STATE (LIQUID), HAZARDOUS PROPERTIES (TOXIC), OR NAME AND ADDRESS OF GENERATOR. THIS IS A REPEAT VIOLATION. ALL HAZARDOUS WASTE CONTAINERS MUST BE PROPERLY MARKED.</i>	<i>LABELLED DRUM AS REQUIRED</i>
<i>2209</i>	<i>OBSERVED 55-GALLON DRUM OF DRAINED USED OIL FILTERS WITH NO LID. HAZARDOUS WASTE CONTAINERS MUST BE SEALED WHEN WASTE IS NOT BEING ADDED OR REMOVED. THIS IS A REPEAT VIOLATION.</i>	<i>INSTALLED LID</i>

All violations must be corrected within 30 days of the inspection date unless noted otherwise, above. Section 25187.8 of the State Health and Safety Code (H&SC) requires that you write a brief description of the corrective actions you have taken to bring this facility into compliance and submit it to this Department within 5 days of achieving compliance, or within 35 days of the inspection date, whichever comes first. (Note: Detailed instructions on actions you must take are printed on the reverse side of this page.)

Received by: *[Signature]* Inspected by: *ERIC GARATTO* Entered by: *[Signature]*

**Certification:** I certify under penalty of perjury that this facility has complied with directives specified in this Notice to Comply.  
 Signature of Owner/Operator: *[Signature]* Title: *OWNER* Date: *1/1/05*

## THE OFFICIAL NOTICE OF INSPECTION EXPLAINED

This Official Notice of Inspection (Notice of Inspection) describes the findings made during the inspection, including all violations and any actions that must be taken by the facility to correct the violations. All violations must be corrected within 30 days of the inspection date unless noted otherwise by the inspector

Within five working days of achieving compliance, or within 35 days of the inspection, whichever comes first, you must submit a written response which describes the corrective actions you have taken or - for those violations which are impossible to correct within 30 days - propose to take in order to bring your facility into compliance. Where proposed corrective actions are described, you must specify a date by which you expect each violation to be corrected. After you have addressed each violation, complete the certification box located at the bottom of page 1 of the Notice of Inspection. Your description of corrective actions taken, along with your signed certification of the Notice of Inspection and any required supporting documents, will serve as your written response to the inspection. Your response must be mailed to the Santa Clara County Hazardous Materials Compliance Division (HMCD) at 1555 Berger Drive, Suite 300, San Jose, CA 95112-2716

### What Does the Information in Each Column Mean?

**Violation Code:** Codes listed in this column identify specific violations of laws, regulations, or codes which were observed during this inspection. Definitions of Violation Codes are listed on the attached Violation Codes document(s)

**Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions:** Information noted in this column describes the circumstances of any violations noted in the first column and describes how the violations may be corrected. Additionally, the inspector may use this space to note any additional observations resulting from the inspection.

**Corrective Actions Taken:** This column on the Notice of Inspection has been provided so that you can note how you have corrected or propose to correct each violation. Where proposed corrective actions are described, you must specify a date by which you expect each violation to be corrected. If more space is needed, attach additional pages

### Why Were Two Copies of the Notice of Inspection Given to Me?

You have been given two copies so you will have a copy for your own records after you submit your written response to HMCD. Do not separate the copies until you have described all of your corrective actions and signed the certification box on page 1. The yellow copy of each page must be submitted to HMCD. The pink copy is for your records.

### What if I Disagree With a Violation Noted on the Notice of Inspection?

If you disagree with any violation listed in this Notice of Inspection, you must submit a written Notice of Disagreement, within 35 days of the inspection date, to the inspector who cited the violation. In your Notice of Disagreement, you must explain in detail why the violation does not exist. If there is sufficient space, you may use the "Corrective Actions Taken" column of this Notice of Inspection to dispute violations

### What About Photographs or Samples Taken During the Inspection?

Since this Notice of Inspection was prepared and given to you at the end of the inspection, any photographs and sampling or laboratory results associated with the inspection were not yet available. A copy of any photographs and/or analytical results from sampling taken during this inspection will be provided to you upon written request. Other pertinent information derived from the inspection is attached to this Notice of Inspection. Photographs and sample results may be withheld in the event of a criminal investigation or other ongoing investigation

\*\*\*\*\*

### Hazardous Waste Violations

- Per H&SC §25187.8(g)(1), failure to sign the certification on this Notice of Inspection and return it to this Department is a violation of State law.
- Per H&SC §25191, a false statement that compliance has been achieved is a violation of State law punishable by a fine of not less than \$2,000 or more than \$25,000 and/or imprisonment in the county jail for up to one year.
- Per H&SC §25187.8(j), this Department has the right to acquire the submittal of reasonable and necessary documentation in support of any claim of compliance made by your facility.

**OFFICIAL NOTICE OF INSPECTION**  
 (Continuation Page)

Facility Name: EL CAMINO UNDEAL

Inspection Date: 12-23-2004

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
2212M	WASTE OIL VIT SPILL CONTAINER HELD SPILLED OIL THAT HAD TO BE REMOVED BEFORE SPILL BUCKET COULD BE TESTED ON 12-13-2004. THIS CONTAINER MUST BE KEPT FREE OF SPILLED OIL. THIS IS A REPEAT VIOLATION.	CLEAN SPILL BUCKET AND INSTRUCT EMPLOYEES
2220 2244	NO TSD/STANDARD COPY OF MANIFEST # 22975249 (6-7-04 SHIPMENT OF 35 EL WASTE AND FREEZE) WAS IN FACILITY'S FILE. YOU MUST OBTAIN A SIGNED COPY OF EACH MANIFEST FROM THE RECYCLING/DISPOSAL COMPANY WITHIN 60 DAYS OF SHIPMENT OR FILE AN EXCEPTION REPORT. OBTAIN A SIGNED COPY OF THIS MANIFEST. THIS IS A REPEAT VIOLATION.	REQUESTED SIGNED COPY OF MANIFEST
2223	YOU DID SUBMIT A WRITTEN RESPONSE TO THE 1-13-2004 NOTICE OF VIOLATION, BUT YOU DID NOT COMPLETE THE REQUIRED CERTIFICATION STATEMENT AT THE BOTTOM OF PAGE 1. SUBMIT A SIGNED COPY OF THAT REPORT WITH YOUR WRITTEN RESPONSE TO TODAY'S NOTICE OF VIOLATION WITHIN 35 DAYS.	DONE
2242	EMERGENCY INFORMATION POSTED AT THE FACILITY DOES NOT INCLUDE THE LOCATIONS OF EMERGENCY EQUIPMENT. POST LOCATIONS OF FIRE EXTINGUISHERS AND SPILL CONTROL EQUIPMENT. THIS IS A REPEAT VIOLATION.	UPDATE POSTED INFO.
2276	NO COPIES OF CONSOLIDATED MANIFESTS FOR SHIPMENTS OF USED FILTERS FROM FUEL DISPENSERS AND USED	

Received by: [Signature] Inspected by: [Signature]

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.



# County of Santa Clara

Environmental Resources Agency  
 Department of Environmental Health  
 Hazardous Materials Compliance Division

1555 Berger Drive, Suite 300  
 San Jose, CA 95112-2716  
 (408) 918-3400 Fax (408) 280-6479 www.EHinfo.org

CO/PR/TA ID	PERM	SC	Time
PR 312 958	2205	02	60
PR 0376905	2599	02	30

## OFFICIAL NOTICE OF INSPECTION

Facility Name	EL CAMINO UNOCAR	Inspection Date	12-23-2004
Site Address	4350 EL CAMINO REAL, LOS ALTOS	Employee No	4086
Contact Person(s)	GREG GARATOLO	Samples Taken?	<input type="checkbox"/> Yes, <input checked="" type="checkbox"/> No
Inspection Type:	<input checked="" type="checkbox"/> Hazardous Materials	Photographs Taken?	<input type="checkbox"/> Yes, <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Toxic Gas	Hazardous Waste Generator Type	<input type="checkbox"/> < 1,000 Kg /mo <input type="checkbox"/> ≥ 1,000 Kg /mo
	<input type="checkbox"/> Cal-Accidental Release Prevention Program		<input type="checkbox"/> CESQG <input type="checkbox"/> Satellite Only
<input type="checkbox"/> Tiered Permit	<input type="checkbox"/> Other		

**VIOLATIONS:** Codes noted below in the "Violation Code" column represent specific violations of State law and/or local Ordinance. These codes are defined in the attached Violation Codes document(s). Time granted for correction of violations does not preclude any enforcement action by this Department or other agencies. This facility may be subject to reinspection at any time.

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	NOTE: ALL VIOLATIONS NOTED IN THIS REPORT MUST BE CORRECTED BY GREG GARATOLO.	
	INSPECTION BEGAN ON 12-13-2004 AND CONCLUDED TODAY.	
2206	OBSERVED ONE 20 GALLON WASTE OIL ROLL-AROUND DRAIN CONTAINER THAT WAS NOT MARKED WITH WASTE PHYSICAL STATE (LIQUID), HAZARDOUS PROPERTIES (TOXIC), OR NAME AND ADDRESS OF GENERATOR. THIS IS A REPEAT VIOLATION. ALL HAZARDOUS WASTE CONTAINERS MUST BE PROPERLY MARKED.	
2209	OBSERVED 55 GALLON DRUM OF DRAINED USED OIL FILTERS WITH NO LID. HAZARDOUS WASTE CONTAINERS MUST BE SEALED WHEN WASTE IS NOT BEING ADDED OR REMOVED. THIS IS A REPEAT VIOLATION.	

All violations must be corrected within 30 days of the inspection date unless noted otherwise, above. Section 25187.8 of the State Health and Safety Code (H&SC) requires that you write a brief description of the corrective actions you have taken to bring this facility into compliance and submit it to this Department within 5 days of achieving compliance, or within 35 days of the inspection date, whichever comes first. (Note: Detailed instructions on actions you must take are printed on the reverse side of this page.)

Received by: [Signature] Inspected by: GREG GARATOLO Entered by: [Signature]  
 10520 12-28-04

**Certification:** I certify under penalty of perjury that this facility has complied with directives specified in this Notice to Comply.

Signature of Owner/Operator \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# THE OFFICIAL NOTICE OF INSPECTION EXPLAINED

This Official Notice of Inspection (Notice of Inspection) describes the findings made during the inspection, including all violations and any actions that must be taken by the facility to correct the violations. All violations must be corrected within 30 days of the inspection date unless noted otherwise by the inspector

Within five working days of achieving compliance, or within 35 days of the inspection, whichever comes first, you must submit a written response which describes the corrective actions you have taken or - for those violations which are impossible to correct within 30 days - propose to take in order to bring your facility into compliance. Where proposed corrective actions are described, you must specify a date by which you expect each violation to be corrected. After you have addressed each violation, complete the certification box located at the bottom of page 1 of the Notice of Inspection. Your description of corrective actions taken, along with your signed certification of the Notice of Inspection and any required supporting documents, will serve as your written response to the inspection. Your response must be mailed to the Santa Clara County Hazardous Materials Compliance Division (HMCD) at 1555 Berger Drive, Suite 300, San Jose, CA 95112-2716

## What Does the Information in Each Column Mean?

**Violation Code:** Codes listed in this column identify specific violations of laws, regulations, or codes which were observed during this inspection. Definitions of Violation Codes are listed on the attached Violation Codes document(s).

**Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions:** Information noted in this column describes the circumstances of any violations noted in the first column and describes how the violations may be corrected. Additionally, the inspector may use this space to note any additional observations resulting from the inspection.

**Corrective Actions Taken:** This column on the Notice of Inspection has been provided so that you can note how you have corrected or propose to correct each violation. Where proposed corrective actions are described, you must specify a date by which you expect each violation to be corrected. If more space is needed, attach additional pages.

## Why Were Two Copies of the Notice of Inspection Given to Me?

You have been given two copies so you will have a copy for your own records after you submit your written response to HMCD. Do not separate the copies until you have described all of your corrective actions and signed the certification box on page 1. The yellow copy of each page must be submitted to HMCD. The pink copy is for your records.

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If you disagree with any violation listed in this Notice of Inspection, you must submit a written Notice of Disagreement, within 35 days of the inspection date, to the inspector who cited the violation. In your Notice of Disagreement, you must explain in detail why the violation does not exist. If there is sufficient space, you may use the "Corrective Actions Taken" column of this Notice of Inspection to dispute violations.

## What About Photographs or Samples Taken During the Inspection?

Since this Notice of Inspection was prepared and given to you at the end of the inspection, any photographs and sampling or laboratory results associated with the inspection were not yet available. A copy of any photographs and/or analytical results from sampling taken during this inspection will be provided to you upon written request. Other pertinent information derived from the inspection is attached to this Notice of Inspection. Photographs and sample results may be withheld in the event of a criminal investigation or other ongoing investigation.

\*\*\*\*\*

## Hazardous Waste Violations

- Per H&SC §25187.8(g)(1), failure to sign the certification on this Notice of Inspection and return it to this Department is a violation of State law.
- Per H&SC §25191, a false statement that compliance has been achieved is a violation of State law punishable by a fine of not less than \$2,000 or more than \$25,000 and/or imprisonment in the county jail for up to one year.
- Per H&SC §25187.8(j), this Department has the right to acquire the submittal of reasonable and necessary documentation in support of any claim of compliance made by your facility.

**OFFICIAL NOTICE OF INSPECTION**

(Continuation Page)

Facility Name: EL CAMINO UNOCAL

Inspection Date: 12-23-2004

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
2212M	WASTE OIL KIT SPILL CONTAINER HELD SPILLED OIL THAT HAD TO BE REMOVED BEFORE SPILL BUCKETS COULD BE TESTED ON 12-13-2004. THIS CONTAINER MUST BE KEPT FREE OF SPILLED OIL. THIS IS A REPEAT VIOLATION.	
2220 2244	NO TSD/STANDARD COPY OF MANIFEST #22975249 (6-7-04 SHIPMENT OF 35 EL WASTE AND REFRIG) WAS IN FACILITY'S FILE. YOU MUST OBTAIN A SIGNED COPY OF EACH MANIFEST FROM THE RECYCLING/DISPOSAL COMPANY WITHIN 60 DAYS OF SHIPMENT OR FILE AN EXCEPTION REPORT. OBTAIN A SIGNED COPY OF THIS MANIFEST. THIS IS A REPEAT VIOLATION.	
2223	YOU DID SUBMIT A WRITTEN RESPONSE TO THE 1-13-2004 NOTICE OF VIOLATION, BUT YOU DID NOT COMPLETE THE REQUIRED CERTIFICATION STATEMENT AT THE BOTTOM OF PAGE 1. SUBMIT A SIGNED COPY OF THAT REPORT WITH YOUR WRITTEN RESPONSE TO TODAY'S NOTICE OF VIOLATION WITHIN 35 DAYS.	
2242	EMERGENCY INFORMATION POSTED AT THE STATION DOES NOT INCLUDE THE LOCATIONS OF EMERGENCY EQUIPMENT, POST LOCATIONS OF FIRE EXTINGUISHERS AND SPILL CONTROL EQUIPMENT. THIS IS A REPEAT VIOLATION.	
2276	NO COPIES OF CONSOLIDATED MANIFESTS FOR SHIPMENTS OF USED FILTERS FROM FUEL DISPENSERS AND USED	

Received by: [Signature]

Inspected by: [Signature]

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.

25



**County of Santa Clara**  
**Environmental Resources Agency**  
**Department of Environmental Health**  
**Hazardous Materials Compliance Division**  
 1555 Berger Drive, Suite 300  
 San Jose, CA 95112-2716  
 (408) 918-3400 Fax (408) 280-6479 www.EHinfo.org

CO/PR/TA ID	FE	SC	Time
PR 912958	22.05	0.	

**OFFICIAL NOTICE OF INSPECTION**

Facility Name: <u>EL CAMINO REAL</u>	Inspection Date: <u>1-12-2003</u>
Site Address: <u>1359 EL CAMINO REAL, SAN JOSE</u>	Employee No.: <u>4570</u>
Contact Person(s): <u>GREG GALATOLO</u>	Samples Taken? <input type="checkbox"/> Yes, <input checked="" type="checkbox"/> No Photographs Taken? <input type="checkbox"/> Yes, <input checked="" type="checkbox"/> No
Inspection Type: <input type="checkbox"/> Hazardous Materials <input checked="" type="checkbox"/> Hazardous Waste <input type="checkbox"/> Tiered Permit <input type="checkbox"/> Toxic Gas <input type="checkbox"/> Cal-Accidental Release Prevention Program <input type="checkbox"/> Other	Hazardous Waste Generator Type <input checked="" type="checkbox"/> < 1,000 Kg /mo <input type="checkbox"/> ≥ 1,000 Kg /mo <input type="checkbox"/> CESQG <input type="checkbox"/> Satellite Only

VIOLATIONS: Codes noted below in the "Violation Code" column represent specific violations of State law and/or local Ordinance. These codes are defined in the attached Violation Codes document(s). Time granted for correction of violations does not preclude any enforcement action by this Department or other agencies. This facility may be subject to reinspection at any time.

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	ALL A2 VIOLATIONS NOTED IN THIS NOTICE WILL BE CORRECTED BY GREG GALATOLO	
2200	2815A AND B2815B EACH WITH 111-2815C 111A CONTAINER THAT WAS NOT MARKED WITH WHITE HAZARDOUS STATE (21400), HAZARDOUS PROPERTIES (TOXIC), OR APPROPRIATE ADDRESS OF GENERATOR. 111B EACH MARKED WITH ANTI-FREEZE PORTABLE TANK IS NOT MARKED WITH HAZARDOUS PROPERTIES (TOXIC) AND HAS WRONG ASSOCIATION STATE (5-29-93) MARKED. LAST ANTI-FREEZE SHIPMENT WAS ON 9-15-2002. STATE INFO MUST BE UPDATED WITH ASSOCIATION OCCAS AFTER EACH WHITE SHIPMENT.	CONTAINERS HAVE BEEN PROPERLY MARKED WITH REQUIRED INFO.
2223	INFO FROM REF. MAIL TO 12-31-2002, NOTICE OF VIOLATION WAS NOT POSTMARKED UNTIL 1-1-03. (5-29-93)	

All violations must be corrected within 30 days of the inspection date unless noted otherwise, above. Section 25187.8 of the State Health and Safety Code (H&SC) requires that you write a brief description of the corrective actions you have taken to bring this facility into compliance and submit it to this Department within 5 days of achieving compliance, or within 35 days of the inspection date, whichever comes first. (Note: Detailed instructions on actions you must take are printed on the reverse side of this page.)

Received by: [Signature] Inspected by: [Signature] Entered by: \_\_\_\_\_

Certification: I certify under penalty of perjury that this facility has complied with directives specified in this Notice to Comply.

Signature of Owner/Operator: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.

County of Santa Clara  
Environmental Resources Agency  
Department of Environmental Health  
Hazardous Materials Compliance Division

1555 Berger Drive, Suite 300  
San Jose, CA 95112-2716  
(408) 918-3400 Fax (408) 280-6479  
www.EHinfo.org

OFFICIAL NOTICE OF INSPECTION  
(Continuation Page)

Facility Name: EL PASO WASTE

Inspection Date: 2/19/04

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	75 DAYS OF VIOLATION MUST BE SUBMITTED WITHIN 35 DAYS OF THE DATE OF INSPECTION RELAY TO TODAY'S NOTICE OF VIOLATION WITHIN 75 DAYS	
25112	300 LBS OF AIR EXTENDED AND RISK. SCHEDULED INSPECTION TO EMERGENCY TOXIC MATERIAL IN LATER AREA. WITHIN THE INSPECTION REPORT IS IN THE REPORT INFORMATION. CONTACT PHONE IS (408) 918-3400.	INFORMATION HAS BEEN UPDATED.
25119	USED GAS FILTERS FROM 1991-1992 AND 1993. FILTERS WERE BEING MANAGED WITH USED GAS FILTERS. USED GAS FILTERS MUST BE MANAGED SEPARATELY. USE "USED GAS FILTERS" LABEL. VIOLATION CODE # 25119 IS THE ACTUAL VIOLATION CHECK IT. FOR EXAMPLE, IF IT WAS USED AS A FILTER, CODE # 25116 (AFTER INSPECTION FILTERS ARE CHANGED ABOUT EVERY 30 DAYS).	ESTABLISHED A CONTAINER FOR GAS FILTERS
	(AFTER INSPECTION FILTERS ARE CHANGED ABOUT EVERY 30 DAYS)	
	FEDERAL WASTE INSPECTION REPORTS ARE APPLICABLE TO ALL WASTE. EXCEPT WASTE-RELATED COMPLAINTS. THE FEDERAL INSPECTION REPORTS ARE MANAGED. IF ANY INSPECTION IS CONDUCTED OCCURRED DURING 6-15-00 AND 1500 RECORDS. A REVIEW OF INSPECTION WOULD BE MADE. 76 INSPECTION REPORTS WERE (CURRENTLY RECORDS) NOT BEEN MADE FOR THE TIME.	

Received by: [Signature]

Inspected by: [Signature]

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.

CO/PR/TA ID	PE	SC	Time
PR312958	2205	01	120

**OFFICIAL NOTICE OF INSPECTION**

Facility Name: <b>EL CAMINO UNOCAL</b>	Inspection Date: <b>1-13-2004</b>
Site Address: <b>4350 EL CAMINO REAL, LOS ALTOS</b>	Employee No.: <b>4686</b>
Contact Person(s): <b>GREG GALATOLO</b>	Samples Taken? <input type="checkbox"/> Yes, <input checked="" type="checkbox"/> No Photographs Taken? <input type="checkbox"/> Yes, <input checked="" type="checkbox"/> No
Inspection Type <input type="checkbox"/> Hazardous Materials <input checked="" type="checkbox"/> Hazardous Waste <input type="checkbox"/> Tiered Permit	<input type="checkbox"/> Toxic Gas <input type="checkbox"/> Cal-Accidental Release Prevention Program <input type="checkbox"/> Other Hazardous Waste Generator Type <input checked="" type="checkbox"/> < 1,000 Kg /mo <input type="checkbox"/> ≥ 1,000 Kg /mo <input type="checkbox"/> CESQG <input type="checkbox"/> Satellite Only

**VIOLATIONS:** Codes noted below in the "Violation Code" column represent specific violations of State law and/or local Ordinance. These codes are defined in the attached Violation Codes document(s). Time granted for correction of violations does not preclude any enforcement action by this Department or other agencies. This facility may be subject to reinspection at any time.

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	<b>NOTE: ALL VIOLATIONS NOTED IN THIS REPORT MUST BE CORRECTED BY GREG GALATOLO.</b>	
<b>2206</b>	<b>OBSERVED ONE 20 GALLON WASTE OIL ROLL-AROUND DRUM CONTAINER THAT WAS NOT MARKED WITH WASTE PHYSICAL STATE (LIQUID), HAZARDOUS PROPERTIES (TOXIC), OR NAME AND ADDRESS OF GENERATOR. 110 GALLON HAZARDOUS WASTE ANTIFREEZE PORTABLE TANK IS NOT MARKED WITH HAZARDOUS PROPERTIES (TOXIC) AND HAS WRONG ACCUMULATION START DATE (5-29-2003) MARKED. LAST ANTIFREEZE SHIPMENT WAS ON 9-15-2003. START DATE MUST BE UPDATED WHEN ACCUMULATION OCCURS AFTER EACH WASTE SHIPMENT.</b>	
<b>2223</b>	<b>WRITTEN RESPONSE TO 12-31-2002 NOTICE OF VIOLATION WAS NOT POSTMARKED UNTIL 2-14-2003. RESPONSES</b>	

All violations must be corrected within 30 days of the inspection date unless noted otherwise, above. Section 25187.8 of the State Health and Safety Code (H&SC) requires that you write a brief description of the corrective actions you have taken to bring this facility into compliance and submit it to this Department within 5 days of achieving compliance, or within 35 days of the inspection date, whichever comes first. (Note: Detailed instructions on actions you must take are printed on the reverse side of this page.)

Received by: [Signature] Inspected by: GREG BRETHERS Entered by: 1700V  
1-15-04

Certification: I certify under penalty of perjury that this facility has complied with directives specified in this Notice to Comply.  
 Signature of Owner/Operator: \_\_\_\_\_ Title: \_\_\_\_\_ Date: 1/1/04

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.

# THE OFFICIAL NOTICE OF INSPECTION EXPLAINED

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## What Does the Information in Each Column Mean?

**Violation Code:** Codes listed in this column identify specific violations of laws, regulations, or codes which were observed during this inspection. Definitions of Violation Codes are listed on the attached Violation Codes document(s).

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## What About Photographs or Samples Taken During the Inspection?

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\*\*\*\*\*

## Hazardous Waste Violations

- Per H&SC §25187.8(g)(1), failure to sign the certification on this Notice of Inspection and return it to this Department is a violation of State law.
- Per H&SC §25191, a false statement that compliance has been achieved is a violation of State law punishable by a fine of not less than \$2,000 or more than \$25,000 and/or imprisonment in the county jail for up to one year.
- Per H&SC §25187.8(j), this Department has the right to acquire the submittal of reasonable and necessary documentation in support of any claim of compliance made by your facility.

OFFICIAL NOTICE OF INSPECTION  
 (Continuation Page)

Facility Name: EL CAMINO UNICAL

Inspection Date: 1-13-2004

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	TO NOTICES OF VIOLATION MUST BE SUBMITTED WITHIN 35 DAYS OF THE DATE OF INSPECTION. RESPOND TO TODAY'S NOTICE OF VIOLATION WITHIN 35 DAYS.	
2242	ADD LOCATIONS OF FIRE EXTINGUISHERS AND SPILL CONTROL EQUIPMENT TO EMERGENCY INFORMATION POSTED IN CARRIER AREA. UPDATE THIS DEPARTMENT'S PHONE # IN THE POSTED INFORMATION. CURRENT PHONE # IS (408) 918-3400.	
2299	USED FUEL FILTERS FROM VEHICLES AND FUEL DISPENSERS HAVE BEEN MANAGED WITH USED OIL FILTERS. USED FUEL FILTERS MUST BE MANAGED SEPARATELY (SEE "CONSOLIDATED MANIFESTING" UNDER VIOLATION CODE # 2275 IN THE ATTACHED INSPECTION CHECKLIST). FUEL FILTERS MUST BE LABELED AS INDICATED UNDER VC # 2206.  (NOTE: DISPENSER FILTERS ARE CHANGED ABOUT TWICE PER YEAR.)	
	HAZARDOUS WASTE DISPOSAL RECORDS NOW APPEAR TO BE IN ORDER, EXCEPT SAFETY-KLEEN CONSOLIDATED MANIFESTS FOR SOLVENT SHIPMENTS WERE NOT AVAILABLE. IF ANY SHIPMENTS HAVE OCCURRED SINCE 6-17-2002, HAVE THOSE RECORDS AVAILABLE FOR INSPECTION WHEN LOS AUTOS 76 IS INSPECTED NEXT WEEK. (SOLVENT HAS RECENTLY NOT BEEN SHIPPED FOR SOME TIME.)	

Received by: [Signature]

Inspected by: [Signature]

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.

**County of Santa Clara**  
**Environmental Resources Agency**  
**Department of Environmental Health**  
**Hazardous Materials Compliance Division**  
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 (408) 918-3400 Fax (408) 280-6479 www.EHinfo.org

CO/PR/TA ID	PERM	SC	Time
PR312958	2205	02	

**OFFICIAL NOTICE OF INSPECTION**

Facility Name: <b>El Camino Unocal</b>	Inspection Date: <b>12/31/2002</b>
Site Address: <b>4350 El Camino Real, Los Altos</b>	Employee No.: <b>4686</b>
Contact Person(s): <b>MIEVEL MARTINEZ</b>	Samples Taken? <input type="checkbox"/> Yes, <input checked="" type="checkbox"/> No Photographs Taken? <input type="checkbox"/> Yes, <input checked="" type="checkbox"/> No
Inspection Type: <input type="checkbox"/> Hazardous Materials <input type="checkbox"/> Toxic Gas <input checked="" type="checkbox"/> Hazardous Waste <input type="checkbox"/> Cal-Accidental Release Prevention Program <input type="checkbox"/> Tiered Permit <input type="checkbox"/> Other	Hazardous Waste Generator Type <input checked="" type="checkbox"/> < 1,000 Kg /mo <input type="checkbox"/> ≥ 1,000 Kg /mo <input type="checkbox"/> CESQG <input type="checkbox"/> Satellite Only

**VIOLATIONS:** Codes noted below in the "Violation Code" column represent specific violations of State law and/or local Ordinance. These codes are defined in the attached Violation Codes document(s). Time granted for correction of violations does not preclude any enforcement action by this Department or other agencies. This facility may be subject to reinspection at any time.

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	<b>Note: All violations noted in this report must be corrected by Greg Galatolo.</b>	
2206M	On 6/17/02 & 12/17/02, observed one 20 gallon waste oil roll-around drain container with no markings. 110 gallon hazardous waste antifreeze portable tank is not marked with accumulation start date and generator name and address (label is faded). In the rear hazardous waste accumulation area, observed the following unlabeled drums containing unidentified materials: 1 x 30 gallon blue poly drum; 1 x 30 gallon black poly drum; 1 x 55 gallon blue steel drum. On a bench behind the shop, observed two unattended, unlabeled, open-top drain pans holding waste antifreeze. Label hazardous waste containers with all information listed under Violation Code (VC) 2206 in the attached checklist. You may note, "Emptied Daily" in the accumulation start date portion of the Hazardous Waste label for the roll-around container provided that it	THESE CONTAINERS HAVE BEEN LABELED OR ARE BEING REMOVED BY HAZ. WASTE CONTRACTOR

All violations must be corrected within 30 days of the inspection date unless noted otherwise above. Section 25187.8 of the State Health and Safety Code (H&SC) requires that you write a brief description of the corrective actions you have taken to bring this facility into compliance and submit it to this Department within 5 days of achieving compliance or within 35 days of the inspection date, whichever comes first. (Note: Detailed instructions on actions you must take are printed on the reverse side of this page.)

Received by: *[Signature]* Inspected by: **Greg Breshears** *[Signature]* Entered by:

**Certification:** I certify under penalty of perjury that this facility has complied with directives specified in this Notice to Comply.

Signature of Owner/Operator: *[Signature]* Title: **Owner** Date: **2/10/03**

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY

## THE OFFICIAL NOTICE OF INSPECTION EXPLAINED

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\*\*\*\*\*

### Hazardous Waste Violations

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- Per H&SC §25191, a false statement that compliance has been achieved is a violation of State law punishable by a fine of not less than \$2,000 or more than \$25,000 and/or imprisonment in the county jail for up to one year.
- Per H&SC §25187.8(j), this Department has the right to acquire the submittal of reasonable and necessary documentation in support of any claim of compliance made by your facility.

**OFFICIAL NOTICE OF INSPECTION**  
 (Continuation Page)

Facility Name: El Camino Unocal Inspection Date: 12/31/2002

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	is emptied at the end of each day. Open top drain pans must be emptied into waste accumulation drums as soon as draining is done. Fill point for the waste oil underground storage tank (UST) is not marked with the words, "Hazardous Waste" or an accumulation start date. Label, stencil, or tag the tank fill with this information as required. These are repeat violations.	UST TANK WILL BE LABELED.
2212M	On 6/12/02 & 12/17/02, observed that the waste oil UST spill container held spilled oil. This container must be kept free of spilled oil. If oil spills or drips while draining containers into the tank, you must use the built-in drain fitting to empty the contents of the spill container into the tank. This is a repeat violation.	UST spill box is emptied and cleaned
2219	The blue copy of manifest #20877293 (2/5/2001 shipment to Romic) was observed in your files on 6/17/2002. Blue copies of all manifests must be mailed to DTSC within 30 days of the date of waste shipment.	Mailed during inspection.
2275	No Safety Kleen manifest copies are available at the facility. Copies of all hazardous waste disposal records must be kept for a minimum of three years from the date of shipment and made available to this Department during inspections.	IN THE PAST ALL HAZ. WASTE RECEIPTS WERE FILED WITH ALL OTHER DAILY RECEIPTS. ALL
2223	You have not submitted a written response to the 7/13/2000 hazardous waste generator Notice of Violation. Submit the completed yellow pages along with the completed yellow pages of this Notice of Violation within 35 days. You must note corrective actions taken and sign and date the certification sections at the bottom of page 1. Include any required document submittals.	HAZ. WASTE RECEIPTS WILL NOW GO INTO SEPARATE FILE

Received by: [Signature] Inspected by: Greg Breshears [Signature]

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.

FEB 18 3 11 PM '03

**OFFICIAL NOTICE OF INSPECTION**  
 (Continuation Page)

Facility Name: El Camino Unocal Inspection Date: 12/31/2002

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
2242	Emergency information posted at the station does not include the locations of emergency equipment. Also, the information includes an incorrect phone number for this Department. The correct phone number is (408) 918-3400. Update the information within 30 days. Post the information near the telephone.	THIS INFORMATION IS CORRECTED & POSTED.
2243M	You were directed on 7/13/2000 to obtain hazardous waste management training and can not demonstrate that you have done so. The number and extent of violations at this facility make it clear that such training is needed. Obtain hazardous waste management training within 60 days and train any of your employees who have hazardous waste management responsibilities.	I HAVE CONTACTED YOUR OFFICE TO ENROLL IN NEXT HAZ. WASTE SELF AUDIT CLASS.
2268 2209	On 12/17/2002, observed 1 x 55 gallon and 1 x 20 gallon drum of used oil filters. Both drums were unlabeled and had no lids. Such drums must be marked with the words, "Drained Used Oil Filters" and an accumulation start date. Mark these drums as required. Containers holding hazardous waste must be kept sealed when waste is not being added or removed. Provide these drums with lids and locking rings.	LIDS ARE IN PLACE AND LABELS ON DRUMS.
2212	Note: The 55 gallon drum is located outdoors and has accumulated rainfall and leaves from the tree located above the drum enclosure. Remove the water and debris from this drum, place it in a properly labeled and sealed container, and manage it as hazardous waste.	THIS DRUM WILL BE REMOVED.
2220	You have no TSDE signed copies of the following manifests:	

Received by: [Signature] Inspected by: Greg Breshears [Signature]

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.



CO/PR/TA ID	PR	SC	Time
PR312958	2205	02	45

**OFFICIAL NOTICE OF INSPECTION**

Facility Name: <b>El Camino Unocal</b>	Inspection Date: <b>12/31/2002</b>
Site Address: <b>4350 El Camino Real, Los Altos</b>	Employee No: <b>4686</b>
Contact Person(s): <b>MIEVEL MARTINEZ</b>	Samples Taken? <input type="checkbox"/> Yes, <input checked="" type="checkbox"/> No Photographs Taken? <input type="checkbox"/> Yes, <input checked="" type="checkbox"/> No
Inspection Type <input type="checkbox"/> Hazardous Materials <input checked="" type="checkbox"/> Hazardous Waste <input type="checkbox"/> Tiered Permit <input type="checkbox"/> Toxic Gas <input type="checkbox"/> Cal-Accidental Release Prevention Program <input type="checkbox"/> Other	Hazardous Waste Generator Type <input checked="" type="checkbox"/> < 1,000 Kg /mo <input type="checkbox"/> ≥ 1,000 Kg /mo <input type="checkbox"/> CESQG <input type="checkbox"/> Satellite Only

**VIOLATIONS:** Codes noted below in the "Violation Code" column represent specific violations of State law and/or local Ordinance. These codes are defined in the attached Violation Codes document(s). Time granted for correction of violations does not preclude any enforcement action by this Department or other agencies. This facility may be subject to reinspection at any time.

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	<b>Note: All violations noted in this report must be corrected by Greg Galatolo.</b>	
<b>2206M</b>	<b>On 6/17/02 &amp; 12/17/02, observed one 20 gallon waste oil roll-around drain container with no markings. 110 gallon hazardous waste antifreeze portable tank is not marked with accumulation start date and generator name and address (label is faded). In the rear hazardous waste accumulation area, observed the following unlabeled drums containing unidentified materials: 1 x 30 gallon blue poly drum; 1 x 30 gallon black poly drum; 1 x 55 gallon blue steel drum. On a bench behind the shop, observed two unattended, unlabeled, open-top drain pans holding waste antifreeze. Label hazardous waste containers with all information listed under Violation Code (VC) 2206 in the attached checklist. You may note, "Emptied Daily" in the accumulation start date portion of the Hazardous Waste label for the roll-around container provided that it</b>	

All violations must be corrected within 30 days of the inspection date unless noted otherwise, above. Section 25187.8 of the State Health and Safety Code (H&SC) requires that you write a brief description of the corrective actions you have taken to bring this facility into compliance and submit it to this Department within 5 days of achieving compliance, or within 35 days of the inspection date, whichever comes first. (Note: Detailed instructions on actions you must take are printed on the reverse side of this page.)

Received by: [Signature] Inspected by: Greg Breshears Entered by: [Signature]  
 11/6/03

**Certification: I certify under penalty of perjury that this facility has complied with directives specified in this Notice to Comply.**

Signature of Owner/Operator \_\_\_\_\_ Title \_\_\_\_\_ Date: 1/1

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.

## THE OFFICIAL NOTICE OF INSPECTION EXPLAINED

This Official Notice of Inspection (Notice of Inspection) describes the findings made during the inspection, including all violations and any actions that must be taken by the facility to correct the violations. All violations must be corrected within 30 days of the inspection date unless noted otherwise by the inspector.

Within five working days of achieving compliance, or within 35 days of the inspection, whichever comes first, you must submit a written response which describes the corrective actions you have taken or - for those violations which are impossible to correct within 30 days - propose to take in order to bring your facility into compliance. Where proposed corrective actions are described, you must specify a date by which you expect each violation to be corrected. After you have addressed each violation, complete the certification box located at the bottom of page 1 of the Notice of Inspection. Your description of corrective actions taken, along with your signed certification of the Notice of Inspection and any required supporting documents, will serve as your written response to the inspection. Your response must be mailed to the Santa Clara County Hazardous Materials Compliance Division (HMCD) at 1555 Berger Drive, Suite 300, San Jose, CA 95112-2716

### What Does the Information in Each Column Mean?

**Violation Code:** Codes listed in this column identify specific violations of laws, regulations, or codes which were observed during this inspection. Definitions of Violation Codes are listed on the attached Violation Codes document(s).

**Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions:** Information noted in this column describes the circumstances of any violations noted in the first column and describes how the violations may be corrected. Additionally, the inspector may use this space to note any additional observations resulting from the inspection.

**Corrective Actions Taken:** This column on the Notice of Inspection has been provided so that you can note how you have corrected or propose to correct each violation. Where proposed corrective actions are described, you must specify a date by which you expect each violation to be corrected. If more space is needed, attach additional pages.

### Why Were Two Copies of the Notice of Inspection Given to Me?

You have been given two copies so you will have a copy for your own records after you submit your written response to HMCD. Do not separate the copies until you have described all of your corrective actions and signed the certification box on page 1. The yellow copy of each page must be submitted to HMCD. The pink copy is for your records.

### What if I Disagree With a Violation Noted on the Notice of Inspection?

If you disagree with any violation listed in this Notice of Inspection, you must submit a written Notice of Disagreement, within 35 days of the inspection date, to the inspector who cited the violation. In your Notice of Disagreement, you must explain in detail why the violation does not exist. If there is sufficient space, you may use the "Corrective Actions Taken" column of this Notice of Inspection to dispute violations.

### What About Photographs or Samples Taken During the Inspection?

Since this Notice of Inspection was prepared and given to you at the end of the inspection, any photographs and sampling or laboratory results associated with the inspection were not yet available. A copy of any photographs and/or analytical results from sampling taken during this inspection will be provided to you upon written request. Other pertinent information derived from the inspection is attached to this Notice of Inspection. Photographs and sample results may be withheld in the event of a criminal investigation or other ongoing investigation.

\*\*\*\*\*

### Hazardous Waste Violations

- Per H&SC §25187.8(g)(1), failure to sign the certification on this Notice of Inspection and return it to this Department is a violation of State law.
- Per H&SC §25191, a false statement that compliance has been achieved is a violation of State law punishable by a fine of not less than \$2,000 or more than \$25,000 and/or imprisonment in the county jail for up to one year.
- Per H&SC §25187.8(j), this Department has the right to acquire the submittal of reasonable and necessary documentation in support of any claim of compliance made by your facility.

**OFFICIAL NOTICE OF INSPECTION**  
 (Continuation Page)

Facility Name: El Camino Unocal Inspection Date: 12/31/2002

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	is emptied at the end of each day. Open top drain pans must be emptied into waste accumulation drums as soon as draining is done. Fill point for the waste oil underground storage tank (UST) is not marked with the words, "Hazardous Waste" or an accumulation start date. Label, stencil, or tag the tank fill with this information as required. These are repeat violations.	
2212M	On 6/12/02 & 12/17/02, observed that the waste oil UST spill container held spilled oil. This container must be kept free of spilled oil. If oil spills or drips while draining containers into the tank, you must use the built-in drain fitting to empty the contents of the spill container into the tank. This is a repeat violation.	
2219	The blue copy of manifest #20877293 (2/5/2001 shipment to Romic) was observed in your files on 6/17/2002. Blue copies of all manifests must be mailed to DTSC within 30 days of the date of waste shipment.	Mailed during inspection.
2275	No Safety Kleen manifest copies are available at the facility. Copies of all hazardous waste disposal records must be kept for a minimum of three years from the date of shipment and made available to this Department during inspections.	
2223	You have not submitted a written response to the 7/13/2000 hazardous waste generator Notice of Violation. Submit the completed yellow pages along with the completed yellow pages of this Notice of Violation within 35 days. You must note corrective actions taken and sign and date the certification sections at the bottom of page 1. Include any required document submittals.	

Received by: [Signature] Inspected by: Greg Breshears [Signature]

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.

**OFFICIAL NOTICE OF INSPECTION**  
 (Continuation Page)

Facility Name: El Camino Unocal Inspection Date: 12/31/2002

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
2242	<b>Emergency information posted at the station does not include the locations of emergency equipment. Also, the information includes an incorrect phone number for this Department. The correct phone number is (408) 918-3400. Update the information within 30 days. Post the information near the telephone.</b>	
2243M	<b>You were directed on 7/13/2000 to obtain hazardous waste management training and can not demonstrate that you have done so. The number and extent of violations at this facility make it clear that such training is needed. Obtain hazardous waste management training within 60 days and train any of your employees who have hazardous waste management responsibilities.</b>	
2268 2209	<b>On 12/17/2002, observed 1 x 55 gallon and 1 x 20 gallon drum of used oil filters. Both drums were unlabeled and had no lids. Such drums must be marked with the words, "Drained Used Oil Filters" and an accumulation start date. Mark these drums as required. Containers holding hazardous waste must be kept sealed when waste is not being added or removed. Provide these drums with lids and locking rings.</b>	
2212	<b>Note: The 55 gallon drum is located outdoors and has accumulated rainfall and leaves from the tree located above the drum enclosure. Remove the water and debris from this drum, place it in a properly labeled and sealed container, and manage it as hazardous waste.</b>	
2220	<b>You have no TSD signed copies of the following manifests:</b>	

Received by:  Inspected by: Greg Breshears 

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.



# County of Santa Clara

Department of Environmental Health  
 Hazardous Materials Compliance Division  
 2220 Moorpark Avenue  
 P.O. Box 28070  
 San Jose, CA 95159-8070  
 (408) 299-6930 Fax (408) 280-6479

Program Record ID	PL	SC	Time
PR 312958	2205	02	30

## OFFICIAL NOTICE OF INSPECTION

Facility Name: <u>EL CAMINO UNOCAL</u>	Inspection Date: <u>7-12-2009</u>
Site Address: <u>4350 EL CAMINO REAL, LOS ALTOS</u>	Work Area:
Contact Person(s): <u>GREG GALATOLO</u>	Employee No: <u>4686</u>
Inspection Type: <input type="checkbox"/> Hazardous Materials <input checked="" type="checkbox"/> Hazardous Waste <input type="checkbox"/> Toxic Gas <input type="checkbox"/> Cal-Accidental Release Prevention Program <input type="checkbox"/> Medical Waste Storage/Treatment <input type="checkbox"/> Medical Waste Generator	Samples Taken? <input type="checkbox"/> Yes, <input checked="" type="checkbox"/> No Photographs Taken? <input type="checkbox"/> Yes, <input checked="" type="checkbox"/> No

VIOLATIONS: Codes noted below in the "Violation Code" column represent specific violations of State law and/or local Ordinance. These codes are defined in the attached Violation Codes document(s). Time granted for correction of violations does not preclude any enforcement action by this Department or other agencies. This facility may be subject to reinspection at any time.

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
2206	2x30 EL BLUE POLY DRUMS OF UNIDENTIFIED LIQUID IN WASTE STORAGE AREA ARE UNLABELED;	
2209	ONE HAS NO BUNG. 2x55 EL DRUMS OF USED OIL FILTERS IN WASTE STORAGE AREA HAVE NO LIDS. DEBRIS AND LEAVES FROM TREES ARE ACCUMULATIVE IN DRUMS. IN THE SHOP, THE VIREN OIL BULK TANK HAS USED OIL SPILLED ON TOP. 1x20 EL ROLL AROUND USED OIL ACCUMULATION CONTAINER HAS NO LABEL AND	
2268	HAS OIL ON TOP AND SIDES, AND 1x16 EL DRUM OF USED OIL FILTERS IS UNLABELED AND	
2212	HAS NO LID. USED OIL UST HAS OIL POOLED IN SPILL CONTAINER AND FILL CAP IS NOT IN PLACE. TAG OR STENCIL TANK FILL WITH THE WORDS "HAZARDOUS WASTE." PROPERLY LABEL ALL HAZARDOUS WASTE CONTAINERS & TANKS AND KEEP THEM CLOSED WHEN NOT ADDING OR	

All violations must be corrected within 30 days of the inspection date unless noted otherwise, above. Section 25187.8 of the State Health and Safety Code (H&SC) requires that you write a brief description of the corrective actions you have taken to bring this facility into compliance and submit it to this Department within 5 days of achieving compliance, or within 35 days of the inspection date, whichever comes first. (Note: Detailed instructions on actions you must take are printed on the reverse side of this page.)

Received by: [Signature] Inspected by: GREG GALATOLO Entered by: 1112  
8-1-00

Certification: I certify under penalty of perjury that this facility has complied with directives specified in this Notice to Comply.

Signature of Owner/Operator: \_\_\_\_\_ Title: \_\_\_\_\_ Date: 1/1

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.

# THE OFFICIAL NOTICE OF INSPECTION EXPLAINED

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- ° Per H&SC, Section 25191, a false statement that compliance has been achieved is a violation of State law punishable by a fine of not less than \$2,000 or more than \$25,000 and/or imprisonment in the county jail for up to one year.
- ° Per H&SC, Section 25187.8(j), this Department has the right to acquire the submittal of reasonable and necessary documentation in support of any claim of compliance made by your facility.

OFFICIAL NOTICE OF INSPECTION

(Continuation Page)

Facility Name: EL CAMINO LOCAL

Inspection Date: 7-13-2000

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	REMOVING WASTE. KEEP TANK SPILL CONTAINER CLEAN AND DRY.	
2218	USED FILTERS FROM FUEL DISPENSERS ARE SHIPPED WITH USED OIL FILTERS. CEASE THIS IMMEDIATELY. FUEL FILTERS MUST BE MANIFESTED AS HAZARDOUS WASTE FOR PROPER DISPOSAL.	
2219	BLUE COPY OF MANIFEST # 99824963 FROM 3-13-00 SHIPMENT OF USED ANTIFREEZE TO ROMIC WAS NOT MAILED TO DTSC. MAIL COPY. NO	
2244	TSDF-SIGNED COPY OF THIS MANIFEST WAS AVAILABLE, NOR WAS A TSDF-SIGNED COPY OF MANIFEST # 20066158 FROM THE 5-22-00 ROMIC SHIPMENT AVAILABLE. OBTAIN COPIES FROM ROMIC AND SUBMIT COPIES WITH YOUR RESPONSE TO THIS INSPECTION.	
2242	POST EMERGENCY INFORMATION BY SHOP PHONE	
2243	OBTAIN HAZARDOUS WASTE MANAGEMENT TRAINING THEN TRAIN YOUR EMPLOYEES. CHECK IF YOU CALL (408) 299-6930 AND SIGN UP FOR SELF-AUDIT PROGRAM TRAINING.	
2265	IN REAR WASTE STORAGE AREA - 1x55 GL AND 1x16 GL EMPTY DRUMS ARE NOT MARKED WITH DATES EMPTIED. KEEP DRUMS FOR RECYCLING.	

Received by: [Signature]

Inspected by: [Signature]

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.



**Department of Environment & Health  
Data Input Document and Adjustment Form**

EFFECTIVE DATE: 9/23/98

**CURRENT INFORMATION:**

OWNER ID # 114414 FACILITY ID # 201602 PROGRAM ID # 312958  
Facility Name Union #6115 -31096  
Facility Address 4350 EL CAMINO REAL, LOS ALTOS

**NEW INFORMATION (MODIFY):**

OWNER: GALATOLO, GREG Phone # \_\_\_\_\_  
FACILITY: \_\_\_\_\_  
BILLING ADDRESS: FACILITY ADDRESS  
CARE OF DESIGNATION:  OWNER  FACILITY  BILLING  
(C/O NAME) \_\_\_\_\_  
 CHANGE P/E TO \_\_\_\_\_  STOP BILLING  INACTIVATE PROGRAM  
 CHANGE PERMIT STATUS TO \_\_\_\_\_  OTHER \_\_\_\_\_  
COMMENT: do not rebill, keep same permit expiration date

Input by \_\_\_\_\_ Date \_\_\_\_\_

*Remove TOSCO info from A.R. if there*

**FISCAL ADJUSTMENT INFORMATION**

ACCT ID # \_\_\_\_\_ INV ID # \_\_\_\_\_ ADJUSTED AMT \$ \_\_\_\_\_  
REASON FOR ADJUSTMENT: (Check all that apply)  
 Waive Delinquency  Refund  Refer to DOR  Other (Explain in  
 Delete Charge  Ownership Change  Close Account Comment)  
 Transfer Payment FROM (Inv ID) \_\_\_\_\_ TO (Inv ID) \_\_\_\_\_  
COMMENT: \_\_\_\_\_

COMMENT: \_\_\_\_\_

Employee Name/ID # Nicole Pullman I# 4652 Date 9/23/98  
Supervisor Initials J Date 9/24/98 Input by \_\_\_\_\_ Date \_\_\_\_\_ cidadj2 08/24/98



Tosco Marketing Company  
2000 Crow Canyon Place, Ste. 400  
San Ramon, California 94583  
Telephone: 510-277-2305  
Facsimile: 510-277-2361

Environmental Compliance  
Department

September 18, 1998

Ms. Nicole Pullman  
County of Santa Clara Department of Environmental Health  
2200 Moorpark Avenue, East Wing, Room 204  
San Jose, CA 95128-2690

Dear Ms. Pullman,

Per our conversation, this correspondence should clarify the ownership and responsibility for lube bay operations at Tosco gasoline facilities. The owner and operator of the lube bay operations at each facility is identified in the UST Operator/ Lube Bay Owner column of the attached spreadsheet. **All hazardous waste permits pertaining to the lube bay operations should be issued and billed to the actual operator at each facility.**

Although Tosco is the owner of the facility itself, **Tosco does not own or operate the lube bay operations.** 30

Should you have any questions, please feel free to telephone me at (925) 277-2319.

Sincerely,

A handwritten signature in black ink, appearing to read 'T. DuMont'.

Thomas J. DuMont  
Regional Compliance Manager

# County of Santa Clara

Environmental Resources Agency  
Department of Environmental Health

Hazardous Materials Compliance Division  
2220 Moorpark Avenue, East Wing, Room 204  
San Jose, California 95128-2690  
(408) 299-6930 FAX 280-6479



ENTERED DEC 20 1996

*on daily*

## HAZARDOUS WASTE GENERATOR OFFICIAL NOTICE OF INSPECTION

DBA/NAME <b>UNION # 6115</b>	EPA # <b>CA1000025915</b>	COMPUTER # <b>312958</b>
ADDRESS <b>4350 EL CAMINO REAL, LOS ALTOS</b>		DATE <b>9-26-96</b> SC <b>01</b>
CONTACT PERSON <b>GREG CALATOLA</b>		HOURS <b>2.0</b> WORK AREA <b>612</b>
COMPANY PRESIDENT/OWNER ETC		EMP # <b>4686</b> DAYS GIVEN <b>30</b>
COMPANY MAILING ADDRESS	1	2
	3	4
	ENTERED _____ BY _____	

**VIOLATIONS:** Item(s) checked below represent a violation of referenced sections of Title 22 of Calif Code of Regulations, and/or Chapter 6 5 of the Health & Safety Code for which there are civil and criminal penalties in addition to fines ranging from \$2,000 to \$250,000 per day per violation Time granted for correction of violations does not preclude any enforcement action by this department or other agencies

### (01) HAZARDOUS WASTE DETERMINATION

66262.11 Hazardous waste determination not made

### (02) DISPOSAL

- 25189.5 Disposal of hazardous waste and/or extremely hazardous waste to trash/dumpster/ground
- 25189.5 Disposal of hazardous waste and/or extremely hazardous waste to storm drain
- 25189.5 Disposal of hazardous waste and/or extremely hazardous waste to sewer/septic system without permit
- 25189.5 Disposal of hazardous waste and/or extremely hazardous waste to an unpermitted facility

### (03) EPA NUMBER/PERMITS

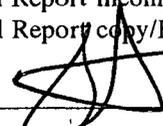
- 66262 12 Waste generator operating without EPA ID No.
- 66270.1 On-site waste treatment/disposal without permit
- 67430.1 Handling/disposal of extremely hazardous waste without permit

### (04) ACCUMULATION TIME AND MANAGEMENT OF CONTAINERS/TANKS

- 66262 34(c) Waste accumulated on site greater than 90 days without an extension from Dept. of Health Services
- 66262.34(f) Accumulation start date on waste container not marked/legible
- 66262 34(f) Description of contents/hazardous property of waste/generator name and address not marked on container
- 66265.171 Hazardous waste container not in good condition
- 66265.172 Waste incompatible with container
- 66265.173 Waste containers not closed/sealed during storage
- 66265.177(c) Waste containers not handled/stored/segregated to minimize waste release/reaction
- 66265.174 Container storage area not inspected weekly
- 66266.130 Improper management of used oil filters
- 66262.34(f) "HAZARDOUS WASTE" not clearly marked on containers/tank
- 66262.34(d) Tank greater than 5000 gallons of hazardous waste without permit
- 66256.194(3) Open tank less than 2 ft. freeboard without double containment
- 66265.199 Incompatibles in same tank
- 66265.195 Tank and tank equipment not inspected daily/not documented in operating record of the facility

### (05) RECORDKEEPING AND REPORTING

- 66262.11 Waste analysis/test records not kept for at least 3-years
- 66262.41 Biennial Report not sent to Dept. of Health Services
- 66262.41 Biennial Report incomplete/incorrect
- 66262.40 Biennial Report copy/Exception Report not retained

Received by: 

Inspected by: **GREG BRENNERS** 

Page 1 of 6

**(06) TRAINING**

- 66265 16 Training Program not provided
- 66265.16(b) Personnel untrained and ~~unsupervised~~
- 66265.16(b) Hazardous waste personnel not trained within 6 months of hire date
- 66265.16(d) Training records not kept on site
- 66265 16(1) Training records missing job title/names of hazardous waste employees
- 66265.16(2) Training records missing description of position
- 66265.16(e) Training records not maintained until closure of facility or at least 3 years (for former employees)

**(07) CONTINGENCY PLAN/BUSINESS PLAN *N/A***

- 66265.53(b) Contingency/Business Plan not submitted/made
- 66265.52(a) Plan does not describe personnel response in emergencies
- 66265.52(b) Plan missing agreements with local emergency response agencies/hospitals
- 66265.52(d) Plan missing names/addresses/phone numbers of emergency coordinators
- 66265.52(e) Plan missing list of emergency equipment/locations
- 66265.52(f) Plan does not contain evacuation procedures/routes
- 66265.53 Copy of Plan not maintained on site
- 66265.54 Plan not amended as necessary
- 66265.55 Emergency coordinator not familiar with facility/Contingency Plan

**(08) PREPAREDNESS AND PREVENTION**

- 66265.32(a) Internal communications or alarm system not provided
- 66265.32 A device capable of calling outside emergency help not provided
- 66265.34 No access to communication/alarm system during waste handling
- 66265.32(c) No fire/spill control or decontamination system
- 66265 33 Emergency equipment not tested/maintained
- 66265.35 Required aisle space not maintained

**(09) MANIFEST/RECEIPTS**

- 66262.20 Waste shipped without a manifest
- 66263.42 Modified manifest/receipt not kept/not available/incomplete
- 25250.8 Waste oil modified manifest/receipt not kept/not available/incomplete
- 66262.23 Manifest copies not sent to DOHS within 30 days
- 66262.23 Applicable sections of manifest not properly filed out
- 66262 23 Manifest missing GENERATOR information
- 66262.20 Manifest missing TRANSPORTER information
- 66262.23 Manifest missing TSDf information
- 66262.23 Manifest missing waste description/quantity
- 66262.23 Manifest unsigned/undated by GENERATOR
- 66262 23 Manifest unsigned/undated by TRANSPORTER
- 66262.42 No attempt to determine status of waste when no TSDf manifest copy received within ~~35~~ 60 days of shipment
- 66262.42 Exception Report not sent to DOHS within ~~45~~ days
- 66262.40 Manifest copy not kept for 3 years from shipment

**(10) TRANSPORT**

- 66262.12 Waste offered to transporter without EPA ID No.
- 66262 12 Waste offered to TSD facility without EPA ID No.
- 66263.17 Waste transported by unregistered hauler

**(11) EMERGENCY PROCEDURES**

- 66265.56 Character/source/extent of emergency not determined
- 66265 56 Proper agencies not notified of health/environmental hazards
- 66265.56 Emergency data not logged/submitted to DTSC and Santa Clara County within 15 days of accident
- 66265.56 Released waste/contaminated equipment improperly treated, handled, stored, or disposed

**(12) OTHER**

66262.140 EMERGENCY INFORMATION NOT POSTED

DBA/NAME UNION # A115 Address 4350 EL CAMINO REAL - LOS ALTOS

Received by: [Signature] Inspected by: [Signature] Page 2 of 6

# County of Santa Clara

Environmental Resources Agency  
Department of Environmental Health  
2220 Moorpark Avenue  
San Jose, California 95128  
(408) 299-6930  
FAX (408) 280-6479



HAZARDOUS MATERIALS STORAGE  
 HAZARDOUS WASTE GENERATOR  
OFFICIAL NOTICE OF INSPECTION

DATE 9-26-96

DBA/NAME UNION # 6115

Comments (see marked violations on page 1)

66262.11 - PERFORM HAZARDOUS WASTE DETERMINATION ON CONTENTS OF UNLABELED 55 GL DRUM & UNLABELED OPEN 20 GL DRUM IN WASTE ~~AREA~~ STORAGE ENCLOSURE. IF HAZARDOUS, MANAGE AS HAZARDOUS WASTE & SHIP FOR PROPER DISPOSAL WITHIN 180 DAYS. BOTH HOLD UNIDENTIFIED LIQUIDS.

66262.34(F) - WASTE OIL DRAIN CONTAINER ON WHEELS IS UNLABELED. LABEL WITH GENERATOR NAME & ADDRESS, CONTENT, PHYSICAL STATE (LIQUID), HAZARDOUS PROPERTIES (TOXIC) & THE WORDS "HAZARDOUS WASTE". FOR ACCUMULATION START DATE, NOTE "EMPTIED DAILY".

66265.177(c) - WASTE OIL TANK'S OVERSPILL PREVENTION CONTAINER HELD WASTE OIL DUE TO OVERFILLING OF TANK. CLEAN OUT CONTAINER & MANAGE CONTAMINATED CLEANUP MATERIALS AS HAZARDOUS WASTE. DO NOT PERMIT OVERFILLING OF THE TANK.  
~~WASTE OIL PAN HOLDING FILTER~~

66265.174 & 66265.195 - NO RECORDS OF FACILITY INSPECTIONS PRIOR TO NOVEMBER, 1995 WERE AVAILABLE. IN ADDITION, THERE WERE GAPS IN THE RECORDS AS FOLLOWS:

- WEEKS 1 & 2 OF NOV., 1995
- WEEKS 3 & 4 OF JAN., 1996
- WEEK 1 IN FEB., 1996
- WEEK 1 IN MARCH, 1996

DAILY INSPECTIONS WERE DOCUMENTED FOR REMAINING TIMES. RECORDS OF WASTE OIL TANK DAILY MONITORING NOT AVAILABLE PRIOR TO 11-11-95. ALSO, MONITORING RECORDS HAD A

Received by:

Inspected by:

Hazardous Materials Compliance Division

Samples taken? Yes  No

Photos taken? Yes  No

Page 3 of 6

# County of Santa Clara

Environmental Resources Agency  
Department of Environmental Health  
2220 Moorpark Avenue  
San Jose, California 95128  
(408) 299-6930  
FAX (408) 280-6479



HAZARDOUS MATERIALS STORAGE  
 HAZARDOUS WASTE GENERATOR  
OFFICIAL NOTICE OF INSPECTION

DATE 9-26-96

DBA/NAME UNION # 6115

Comments (see marked violations on page 1)

GAP BETWEEN 1-10-96 & 2-11-96. PERFORM & DOCUMENT MINIMUM WEEKLY INSPECTIONS OF HAZARDOUS WASTE STORAGE & ACCUMULATION AREAS (BLANK LOG PROVIDED). INSPECTION OF WASTE OIL TANK MONITORING SYSTEM MUST BE PERFORMED & DOCUMENTED DAILY. WASTE OIL TANK GAUGING SHEETS ARE INCOMPLETE. NAME OF THE SHEETS SHOW THE YEAR THE READINGS WERE TAKEN, ONLY THE DAY & MONTH. NOTE COMPLETE DATES ON FUTURE RECORDS. ALL RECORDS PRIOR TO 8-12-96 ARE MISSING TIME, CLOSING DISTICH REMAINS, & VARIATION INFORMATION. FILL OUT LOGS COMPLETELY. INSPECTION OF WASTE ANTIFREEZE TANK MUST BE DONE DAILY.

66266.130 & 66265.177(c) - 1x20 GAL DRUM USED OIL FILTERS IN SHOP HAS NO LABEL OR LID. 1x55 GAL DRUM OF FILTERS IN WASTE STORAGE AREA IS UNSEALED. ONE DRUM PAN WITH A FILTER & WASTE OIL IN IT WAS OBSERVED BEHIND SHOP. FILTER WAS SITTING IN POOLED OIL. LABEL FILTER DRUMS WITH ACCUMULATION START DATE & THE WORDS "DRAINED USED OIL FILTERS". DO NOT ALLOW FILTERS TO SIT IN POOLED OIL WHILE DRAINING. PROVIDE A SCREENED PLATFORM OR OTHER METHOD TO HOLD FILTERS CLEAR OF OIL IN ORDER TO LET THEM DRAIN FULLY. KEEP CONTAINERS SEALED WHEN NOT ADDING OR REMOVING FILTERS. OPEN HEAD DRUMS MUST BE SECURED WITH LOCKING RING (LEVER LOCK RING IS RECOMMENDED FOR CONVENIENCE DURING ACCUMULATION).

66265.16 - PROVIDE JOB-SPECIFIC TRAINING FOR ALL PERSONNEL HANDLING/MANAGING HAZARDOUS WASTES. KEEP TRAINING RECORDS (BLANK LOG PROVIDED). THERE IS A WRITTEN TRAINING PROGRAM, BUT IT HAS NOT BEEN IMPLEMENTED AT ALL.

Received by:

Inspected by:

Hazardous Materials Compliance Division

Samples taken? Yes  No

Photos taken? Yes  No

Page 4 of 6

# County of Santa Clara

Environmental Resources Agency  
Department of Environmental Health  
2220 Moorpark Avenue  
San Jose, California 95128  
(408) 299-6930  
FAX (408) 280-6479



HAZARDOUS MATERIALS STORAGE  
 HAZARDOUS WASTE GENERATOR  
OFFICIAL NOTICE OF INSPECTION

DATE 9-26-96

DBA/NAME UMON # 6115

Comments (see marked violations on page 1)

66262.42 - NO TSD- SIGNED COPY OF MANIFESTS # 93159056 (SHIP DATE 7-1-94)  
& 93161539 (5-18-94) FOR SHIPMENT OF WASTE ANTIFREEZE TO ROMIC WERE  
AVAILABLE. OBTAIN COPIES OF MANIFESTS FROM ROMIC. IN THE FUTURE, IF A  
SIGNED MANIFEST IS NOT RECEIVED WITHIN 60 DAYS OF SHIPMENT, SEND A COPY  
OF THE MANIFEST TO DTSC DESCRIBING YOUR EFFORTS TO GET A SIGNED COPY.

PROVIDE A LOCK FOR THE HAZARDOUS WASTE STORAGE AREA'S GATE TO PREVENT  
UNAUTHORIZED ACCESS.

REMOVE THE CARDBOARD ~~FROM~~ STACKED ON & AROUND THE HAZARDOUS WASTE  
DRUMS & ANTIFREEZE WASTE TANK. KEEP THIS AREA CLEAR OF DEBRIS.

EXTINGUISHERS

66262.34(d)(2) - POST LOCATIONS OF FIRE & SPILL CONTROL EQUIPMENT BY PHONE.

Received by:

Inspected by:

Hazardous Materials Compliance Division

Samples taken? Yes  No

Photos taken? Yes  No

Page 5 of 6

**HAZARDOUS WASTE GENERATOR OFFICIAL NOTICE OF INSPECTION**

Facility Name: UNION #6115

Date: 9/26/96

This Official Notice of Inspection (NOI) describes the findings made during the inspection, including all violations and any actions that must be taken by the facility to correct the violations.

All violations of State Law and/or local Ordinance must be corrected within 30 days of the inspection date unless noted otherwise, above. Per California Health and Safety Code (H&SC), Section 25185(c)(3) you are required to submit a written description of the corrective actions you have taken or - for those violations which you are unable to correct within 30 days - propose to take in order to bring your facility into compliance. You must submit it to this Department within 5 days of achieving compliance, or within 35 days of the inspection date, whichever comes first. Where proposed corrective actions are described, you must specify a date by which you expect each violation to be corrected. Your written response must be mailed to Santa Clara County HMCD, P.O. Box 28070, San Jose, CA 95159-8070.

If you disagree with any violation listed in this NOI, you must submit a written Notice of Disagreement, within 35 days of the inspection date, to the inspector who cited the violation. In your Notice of Disagreement, you must explain why the violation does not exist.

Since this NOI was prepared and given to you at the end of the inspection, any photographs and sampling or laboratory results associated with the inspection were not yet available. A copy of any photographs and/or analytical results from sampling taken during this inspection will be provided to you upon written request. Other pertinent information derived from the inspection is attached to this NOI. Photographs and sample results may be withheld if necessary to a criminal investigation or other ongoing investigation.

Time granted for correction of violations does not preclude any enforcement action by this Department or other agencies. This facility may be subject to reinspection at any time.

\*\*\*\*\*

- Per H&SC, Section 25187.8(g)(1), failure to comply with this NOI is a violation of State law punishable by a fine of up to \$25,000 per day for each day past the specified deadlines for correction of violations and submittal of your written response.
- Per H&SC, Section 25191, a false statement that compliance has been achieved is a violation of State law punishable by a fine of not less than \$2,000 or more than \$25,000 and/or imprisonment in the county jail for up to one year.
- Per H&SC, Section 25187.8(i), this Department has the right to acquire the submittal of reasonable and necessary documentation in support of any claim of compliance made by your facility.

Received by:



Inspected by:



Hazardous Materials Compliance Division

3



76 PRODUCTS COMPANY

October 13, 1995

Oct 13 1995

Ms Mary Ann Baker  
County of Santa Clara  
Department of Environmental Health  
2220 Moorpark Ave.  
East Wing , Room 204  
San Jose, CA 95125-2600

Re: Inspection Report Follow up  
Los Altos, CA 94022  
Unocal Service Station # 6115  
4350 El Camino Real

Dear Mary.

In response to your inspection report dated August 3, 1995, regarding the above referenced Unocal service station, please find the following response to your concerns:

**Hazardous Materials Storage Inspection:**

1 UST financial responsibility statement

The financial responsibility statement has been made available to the operator . A copy of this UST financial statement which applies to all Unocal controlled facilities in your jurisdiction is also being mailed to your attention

2. UST system monitoring and test records have been made available on site

3 UST system monitoring plan and a leak response plan are being mailed to the dealer's attention for his file.

4. UST electronic monitoring system certification and line integrity test report

The UST electronic monitoring system certification and the annual product line integrity test will be performed and results will be mailed to your attention.

**Hazardous Waste Generator Inspection:**

1. Hazardous waste accumulated greater than 90 days

Spoke to dealer and verified that hazardous waste of any type is no longer being stored at the facility for more than 90 days.

2929 East Imperial Highway  
P O Box 2390  
Brea California 92622-7116  
FAX (714) 572-7116  
A U n o c a l C o m p a n y

Reviewed By M. Brey

Date 6/18/96

2 Hazardous waste containers are not clearly marked or labeled

Spoke to dealer and verified that hazardous waste containers are clearly marked and labeled according to your instruction.

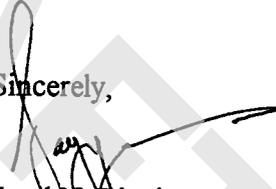
3 Waste manifest receipts were not available or incomplete

Spoke to dealer and verified that all waste manifest receipts have been properly completed and kept on site for your future inspection.

Additionally, the Certification of Compliance form is also being mailed to our dealer to verify in writing that all violation observed during your inspection were properly address and corrected.

Thank you for your assistance regarding this matter. If you require any additional information, please call me at (714) 572-7655.

Sincerely,



Syed N. Rizvi  
Compliance Coordinator

Enclosures

SNR/snr

cc: S.P. Cerovac - w/o  
J.M. Tyson - w/o  
Unocal Dealer  
Correspondence File - w/o  
Environmental Permit File

# County of Santa Clara

Environmental Resources Agency  
 Department of Environmental Health  
 Hazardous Materials Compliance Division  
 2220 Moorpark, Avenue, East Wing, Room 204  
 San Jose, California 95128-2690  
 (408) 299-6930 FAX 280-6479



## HAZARDOUS WASTE GENERATOR OFFICIAL NOTICE OF INSPECTION

DBA/NAME	VNOCAL #6115	EPA #	COMPUTER #	SD1658			
ADDRESS	4350 EL CAMINO REAL, <del>4350 AVE</del> LOS ALTOS, CA 94022		DATE	8/3/95	SC	01	
CONTACT PERSON	SCOTT KENT		HOURS	1.5	WORK AREA	612	
COMPANY PRESIDENT/OWNER ETC			EMP #	671	DAYS GIVEN		
COMPANY MAILING ADDRESS		1	2	3	4	ENTERED	8-7-95 BY 107

**VIOLATIONS:** Item(s) checked below represent a violation of referenced sections of Title 22 of Calif Code of Regulations, and/or Chapter 6.5 of the Health & Safety Code for which there are civil and criminal penalties in addition to fines ranging from \$2,000 to \$250,000 per day per violation. Time granted for correction of violations does not preclude any enforcement action by this department or other agencies.

### (01) HAZARDOUS WASTE DETERMINATION

66262.11 Hazardous waste determination not made

### (02) DISPOSAL

- 25189.5 Disposal of hazardous waste and/or extremely hazardous waste to trash/dumpster/ground
- 25189.5 Disposal of hazardous waste and/or extremely hazardous waste to storm drain
- 25189.5 Disposal of hazardous waste and/or extremely hazardous waste to sewer/septic system without permit
- 25189.5 Disposal of hazardous waste and/or extremely hazardous waste to an unpermitted facility

### (03) EPA NUMBER/PERMITS

- 66262.12 Waste generator operating without EPA ID No.
- 66270.1 On-site waste treatment/disposal without permit
- 67430.1 Handling/disposal of extremely hazardous waste without permit

### (04) ACCUMULATION TIME AND MANAGEMENT OF CONTAINERS/TANKS

- 66262.34(c) Waste accumulated on site greater than 90 days without an extension from Dept of Health Services
- 66262.34(f) Accumulation start date on waste container not marked/legible
- 66262.34(f) Description of contents/hazardous property of waste/generator name and address not marked on container
- 66265.171 Hazardous waste container not in good condition
- 66265.172 Waste incompatible with container
- 66265.173 Waste containers not closed/sealed during storage
- 66265.177(c) Waste containers not handled/stored/seggregated to minimize waste release/reaction
- 66265.174 Container storage area not inspected weekly
- 66266.130 Improper management of used oil filters
- 66262.34(f) "HAZARDOUS WASTE" not clearly marked on containers/tank
- 66262.34(d) Tank greater than 5000 gallons of hazardous waste without permit
- 66256.194(3) Open tank less than 2 ft. freeboard without double containment
- 66265.199 Incompatibles in same tank
- 66265.195 Tank and tank equipment not inspected daily/not documented in operating record of the facility

### (05) RECORDKEEPING AND REPORTING

- 66262.11 Waste analysis/test records not kept for at least 3 years
- 66262.41 Biennial Report not sent to Dept. of Health Services
- 66262.41 Biennial Report incomplete/incorrect
- 66262.40 Biennial Report corr/Exception Report not retained

Received by: S. Kent Inspected by: Mary Anne J. Kelly Page 1 of 5

**(06) TRAINING**

- 66265.16 Training Program not provided
- 66265.16(b) Personnel untrained and unsupervised
- 66265.16(b) Hazardous waste personnel not trained within 6 months of hire date
- 66265.16(d) Training records not kept on site
- 66265.16(1) Training records missing job title/names of hazardous waste employees
- 66265.16(2) Training records missing description of position
- 66265.16(e) Training records not maintained until closure of facility or at least 3 years (for former employees)

**(07) CONTINGENCY PLAN/BUSINESS PLAN**

- 66265.53(b) Contingency/Business Plan not submitted/made
- 66265.52(a) Plan does not describe personnel response in emergencies
- 66265.52(b) Plan missing agreements with local emergency response agencies/hospitals
- 66265.52(d) Plan missing names/addresses/phone numbers of emergency coordinators
- 66265.52(e) Plan missing list of emergency equipment/locations
- 66265.52(f) Plan does not contain evacuation procedures/routes
- 66265.53 Copy of Plan not maintained on site
- 66265.54 Plan not amended as necessary
- 66265.55 Emergency coordinator not familiar with facility/Contingency Plan

**(08) PREPAREDNESS AND PREVENTION**

- 66265.32(a) Internal communications or alarm system not provided
- 66265.32 A device capable of calling outside emergency help not provided
- 66265.34 No access to communication/alarm system during waste handling
- 66265.32(c) No fire/spill control or decontamination system
- 66265.33 Emergency equipment not tested/maintained
- 66265.35 Required aisle space not maintained

**(09) MANIFEST/RECEIPTS**

- 66262.20 Waste shipped without a manifest
- 66263.42 Modified manifest/receipt not kept/not available (incomplete)
- 25250.8 Waste oil modified manifest/receipt not kept/not available (incomplete)
- 66262.23 Manifest copies not sent to DOHS within 30 days
- 66262.23 Applicable sections of manifest not properly filed out
- 66262.23 Manifest missing GENERATOR information
- 66262.20 Manifest missing TRANSPORTER information
- 66262.23 Manifest missing TSDF information
- 66262.23 Manifest missing waste description/quantity
- 66262.23 Manifest unsigned/undated by GENERATOR
- 66262.23 Manifest unsigned/undated by TRANSPORTER
- 66262.42 No attempt to determine status of waste when no TSDF manifest copy received within 35 days of shipment
- 66262.42 Exception Report not sent to DOHS within 45 days
- 66262.40 Manifest copy not kept for 3 years from shipment

**(10) TRANSPORT**

- 66262.12 Waste offered to transporter without EPA ID No
- 66262.12 Waste offered to TSD facility without EPA ID No.
- 66263.17 Waste transported by unregistered hauler

**(11) EMERGENCY PROCEDURES**

- 66265.56 Character/source/extent of emergency not determined
- 66265.56 Proper agencies not notified of health/environmental hazards
- 66265.56 Emergency data not logged/submitted to DTSC and Santa Clara County within 15 days of accident
- 66265.56 Released waste/contaminated equipment improperly treated, handled, stored, or disposed

**(12) OTHER**

66265.31 Facility not operated to minimize releases.

DBA/NAME Unocal # 6115 Address 4350 67 Camino Real, CA

Received by: S. Kent Inspected by: Ray Ann J. Holt Page 2 of 5

# County of Santa Clara

Environmental Resources Agency  
Department of Environmental Health  
2220 Moorpark Avenue  
San Jose, California 95128  
(408) 299-6930  
FAX (408) 280-6479



HAZARDOUS MATERIALS STORAGE  
 HAZARDOUS WASTE GENERATOR  
OFFICIAL NOTICE OF INSPECTION

DATE 8/3/95

DBA/NAME Urocal # 6115

Comments (see marked violations on page 1) Minor Violations / Notice to Comply:

- (4) §66262.34 (F) Tank fill line must be marked with words "HAZARDOUS WASTE - WASTE OIL".
- §66265.195 - Daily tank inspections of the fl. must be conducted.
- a) fill line, overfill protection device
  - b) alarm panel.
- Results of tank inspections must be documented daily.
- (6) Training records were not kept on file.
- (8) Fire extinguisher near cashier area not tagged to show annual inspection.
- (9) §66263.42 & §25250.8 - Review of modified manifests / receipts show that ~~many~~<sup>many</sup> receipts are missing. Receipts on file are as follows:
- waste oil - 6/2/93 & 12/23/93
  - oil filters - 10/29/93, 12/23/93, 2/18/94
  - safety clean - 7/1/92.
- Keep copies of all hazardous waste receipts on file. This violation was also cited on 10/5/92 inspection.
- §66262.23: DOTS copies of the following manifests are still on file. # 95322887 - waste antipest shipped 6/9/95  
95324614 - waste antipest shipped 4/25/95

Received by:

*SKent*

Inspected by:

*Raymond J. Baly*

Hazardous Materials Compliance Division

Samples taken? Yes  No

Photos taken? Yes  No

Page 3 of 5

# County of Santa Clara

Environmental Resources Agency  
Department of Environmental Health

2220 Moorpark Avenue  
San Jose, California 95128  
(408) 299-6930  
FAX (408) 280-6479



HAZARDOUS MATERIALS STORAGE  
 HAZARDOUS WASTE GENERATOR  
OFFICIAL NOTICE OF INSPECTION

DATE 8/3/95

DBA/NAME Unacel # 6115

Comments (see marked violations on page 1)

# 93159258 - waste antipege shipped 1/26/94

90576309 - waste antipege shipped 9/27/91 #

89897677 - waste antipege shipped 1/28/91 #

88400404 - waste antipege shipped 8/30/89

Items marked # were marked as violations in 10/5/92 inspections.

§ 66262.42 - Re TSD - signed copy for manifest # 95322887, waste antipege shipped to Home on 6/9/95 was not in file no receipt report in file. Obtain TSD copy or file receipt report.

(4) Review of waste antipege manifests do not show antipege § 66262.34 disposal between the following dates: 8/18/92 to 4/14/93; 4/14/93 to 11/8/93. ~~4/15/95~~ Antipege (waste) must be shipped every 90 days from start of accumulation.

\*\* (12) § 66265.31 - Waste oil tank manfill protection device contained waste oil. This was corrected during inspection.

Correct all uncorrected violations within 30 days. Submit the fl. items within 30 days:

a) completed certification of compliance

Received by:

S. Kent

Inspected by:

Mary Ann J. Doherty

Hazardous Materials Compliance Division

Samples taken? Yes  No

Photos taken? Yes  No

Page 4 of 5

# County of Santa Clara

Environmental Resources Agency  
Department of Environmental Health  
2220 Moorpark Avenue  
San Jose, California 95128  
(408) 299-6930  
FAX (408) 280-6479



HAZARDOUS MATERIALS STORAGE  
 HAZARDOUS WASTE GENERATOR  
OFFICIAL NOTICE OF INSPECTION

DATE 8/2/95

DBA/NAME Urovel # 6115

Comments (see marked violations on page 1)

b) letter indicating how above violations were corrected  
c) copy of training records (hazardous waste management)

Received by: S Kent

Inspected by: Mary Anne J. Baker  
Hazardous Materials Compliance Division

Samples taken? Yes  No   
Photos taken? Yes  No

Page 5 of 5

DEC 2 11 05 AM '92

Date November 18, 1992

To S C C Environmental Health Services  
Attn Mary Anne J Baker

From El Camino Unocal  
4350 El Camino Real  
Los Altos, CA 94022

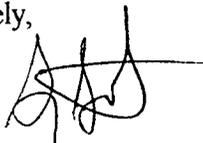
Dear Ms Baker,

These deficiencies have been corrected as of the month of October

- (1) Training of personnel on emergency responses to any spills and proper handling and disposing of hazardous waste
- (2) Started a file of all hazardous waste manifest for easy access.
- (3) Notified Unocal of need to remove six 55 gallon drums known to contain hazardous waste
- (4) All other violations are currently being addressed

It has always been my concern of keeping our Service Station environmentally safe and under current regulations

Sincerely,



Greg Galatolo  
Owner

M. Baker

12/10/92

GG/ag

OFFICE OF HAZARDOUS MATERIALS

FILE UPDATE

Name of facility: UNOCOR #6115  
Address: 4350 EL CAMINO REAL  
LOS ANGELES, CA 94022

Date: 11/25/92  
Storage Facility   
Waste Generator   
Other  Specify \_\_\_\_\_

Tickle Date: \_\_\_\_\_

COMMENTS

Spoke with Syd Rizer. He spoke with the contractors ~~and~~ 2 weeks ago. They assured him that the drums will be properly disposed within a week. Copies of manifests will be sent to him and he will forward photocopies of them before the end of December 1992.

Unocal Refining & Marketing Division  
Unocal Corporation  
911 Wilshire Blvd, Suite 1010  
Los Angeles, California 90017  
Telephone (213) 977-6399  
Facsimile (213) 627-1231

Nov 13 8 01 AM '92

**UNOCAL** 76

November 5, 1992

Mary Anne J. Baker  
Hazardous Materials Specialist  
Environmental Health Services  
County of Santa Clara  
2220 Moorpark Ave.  
San Jose, California

Re: Hazardous Waste Removal  
Unocal service Station # 6115  
4350 El Camino Real  
Los Altos, CA 94022

Dear Ms. Baker:

I received your letter dated October 14, 1992, addressed to Mr. Jim Scott of Unocal. The letter indicated that six drums containing a mixture of fuel/water with the accumulation date of over 90 days were identified at the above referenced Unocal service station during your recent inspection.

The Unocal dealer at this location stated that these drums were generated as a result of a tank replacement project completed by the Unocal Construction Department. According to a Unocal Construction Engineer, at the completion of each project, the Unocal contractors under agreement must properly dispose of waste generated due to tank cleaning operation. The Unocal contractor involved in the tank replacement project denied of accepting that he was responsible for generating and placing these six drums on site containing the fuel/water mixture.

Since these drums are currently stored at the Unocal property, it is my intention to properly dispose them of as soon as possible. With this letter, please grant me additional time to handle this matter.

Thank you for your cooperation. If you have any questions, please call me at (213) 977-7063.

Sincerely yours,



Syed N. Rizvi  
Compliance Coordinator

cc: B.C. Best  
A. Quijalvo  
Correspondence File  
Environmental Permit File

OFFICE OF HAZARDOUS MATERIALS

FILE UPDATE

Name of facility: Urocol  
Address: 4350 El Camino Real  
Las Altos, CA

Date: 11/2/92  
Storage Facility   
Waste Facility   
Other

By: Bober

Specify

COMMENTS

- Received a call from Syed Rizvi (Environmental Compliance Coordinator for Urocol) regarding letter to Mr. Scott. He said that Urocol received the letter 10/23/92. I talk him we need a written response within 15 days regarding how drums were disposed or if drums were not yet removed from property, a plan & timetable for their removal. His phone # is (213) 977-7063

**SENDER:**

- Complete items 1 and 2 for additional services
- Complete items 3, a, and b
- Print your name and address on the reverse of this form so that we can return this card to you
- Attach this form to the front of the mailpiece, or on the back if space does not permit
- Write "Return Receipt Requested" on the mailpiece below the article number
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery

I also wish to receive the following services (for an extra fee):

- 1  Addressee's Address
- 2  Restricted Delivery

Consult postmaster for fee

**3 Article Addressed to:**

Jim Scott, Env. Compliance Coord.  
Unocal  
911 Wilshire Blvd., Ste. 1010  
Los Angeles, CA 90017

**4a Article Number**

P 680 590 187

**4b Service Type**

- Registered  Insured
- Certified  COD
- Express Mail  Return Receipt for Merchandise

**7 Date of Delivery**

NOV 23 1992

**5. Signature (Addressee)**

4350 El Camero (MB) - AS

**6. Signature (Agent)**

*[Handwritten Signature]*

**8. Addressee's Address (Only if requested and fee is paid)**

RETURN RECEIPT REQUESTED

RETURN RECEIPT REQUESTED

UNITED STATES POSTAL SERVICE

Official Business



PENALTY FOR PRIVATE  
USE, \$300

Print your name, address and ZIP Code here

**Santa Clara County Health Department**  
**Environmental Health Services** OTE  
**2220 Moorpark Avenue**  
**San Jose, CA 95128-2690**

County of Santa Clara  
Health Department

2220 Moorpark Avenue  
San Jose California 95128

SD#501658  
FILE



October 14, 1992

CERTIFIED MAIL #P680 590 187

Mr. Jim Scott  
Environmental Compliance Coordinator  
UNOCAL  
911 Wilshire Blvd., Ste. 1010  
Los Angeles, CA 90017

Dear Mr. Scott:

Our office conducted a hazardous waste generator inspection of a Unocal service station at 4350 El Camino Real in Los Altos. During the walk-through of the facility, six 55-gallon drums were observed stored outside. The drums had hazardous waste labels with accumulation start dates of August 31, 1991. The labels also indicated that the drums contained fuel/water mixtures.

State hazardous waste regulations require that hazardous waste can be accumulated on a generator site for not greater than 90 days unless an extension or permit is granted by the DTSC.

Mr. Greg Galatolo, facility, owner stated that the drums belonged to Unocal because the contents were derived from tank closure. A copy of the inspection report is therefore enclosed with this letter. Please note the violations marked on the Official Notice of Inspection and the time frame by which these violations should be addressed.

If you have any questions or concerns, please call me at (408) 299-6930.

Thank you for your attention.

Sincerely,

Mary Anne J. Baker  
Hazardous Materials Specialist  
Environmental Health Services  
Office of Toxics Enforcement

MJB:do

Enclosures

cc: Matt Fischer, Unocal #6115  
Greg Galatolo, Unocal

# County of Santa Clara

Health Department  
Office of Toxics Enforcement

2220 Moorpark Avenue  
San Jose, California 95128



## HAZARDOUS WASTE GENERATOR OFFICIAL NOTICE OF INSPECTION

DBA/NAME <u>UNDCAL # 6115</u>	EPA # <u>CA 000 025 915</u>	COMPUTER # <u>501658</u>
ADDRESS <u>4350 EL CAMINO REAL, LOS ALTOS CA 94022</u>	DATE <u>10/5/92</u> SC <u>01</u>	HOURS <u>2.0</u> WORK AREA <u>612</u>
CONTACT PERSON <u>GREG GALATTO</u>	EMP # <u>678</u> DAYS GIVEN	ENTERED <u>10/14/92</u> BY <u>DD</u>
COMPANY PRESIDENT/OWNER ETC.		
COMPANY MAILING ADDRESS	1	2
	3	4

VIOLATIONS: Item(s) checked below represent a violation of referenced sections of Title 22 of Calif Code of Regulations, and/or Chapter 6.5 of the Health & Safety Code for which there are civil and criminal penalties in addition to fines ranging from \$2,000 to \$250,000 per day per violation Time granted for correction of violations does not preclude any enforcement action by this department or other agencies

### (01) HAZARDOUS WASTE DETERMINATION

66262.11 Hazardous waste determination not made

### (02) DISPOSAL

- 25189.5 Disposal of hazardous waste and/or extremely hazardous waste to trash/dumpster/ground
- 25189.5 Disposal of hazardous waste and/or extremely hazardous waste to storm drain
- 25189.5 Disposal of hazardous waste and/or extremely hazardous waste to sewer/septic system without permit
- 25189.5 Disposal of hazardous waste and/or extremely hazardous waste to an unpermitted facility

### (03) EPA NUMBER/PERMITS

- 66262.12 Waste generator operating without EPA ID No.
- 66270.1 On-site waste treatment/disposal without permit
- 67430.1 Handling/disposal of extremely hazardous waste without permit

### (04) ACCUMULATION TIME AND MANAGEMENT OF CONTAINERS/TANKS

- 66262.34(c) Waste accumulated on site greater than 90 days without an extension from Dept. of Health Services
- 66262.34(f) Accumulation start date on waste container not marked/legible
- 66262.34(f) Description of contents/hazardous property of waste/generator name and address not marked on container
- 66265.171 Hazardous waste container not in good condition
- 66265.172 Waste incompatible with container
- 66265.173 Waste containers not closed/sealed during storage
- 66265.177(c) Waste containers not handled/stored/segregated to minimize waste release/reaction
- 66265.174 Container storage area not inspected weekly
- 66266.130 Improper management of used oil filters
- 66262.34(f) "HAZARDOUS WASTE" not clearly marked on containers/tank
- 66262.34(d) Tank greater than 5000 gallons of hazardous waste without permit
- 66256.194(3) Open tank less than 2 ft. freeboard without double containment
- 66265.199 Incompatibles in same tank
- 66265.195 Tank and tank equipment not inspected daily/not documented in operating record of the facility

### (05) RECORDKEEPING AND REPORTING

- ~~66262-11~~ Waste analysis/test records not kept for at least 3 years
- 66262.41 Biennial Report not sent to Dept. of Health Services
- 66262.41 Biennial Report incomplete/incorrect
- 66262.40 Biennial Report copy/Exception Report not retained

Received by: [Signature]

Inspected by: Mary Anne J. Miller

Page 1 of 3

**(06) TRAINING**

- 66265.16 Training Program not provided
- 66265.16(b) Personnel untrained and unsupervised
- 66265.16(b) Hazardous waste personnel not trained within 6 months of hire date
- 66265.16(d) Training records not kept on site
- 66265.16(1) Training records missing job title/names of hazardous waste employees
- 66265.16(2) Training records missing description of position
- 66265.16(e) Training records not maintained until closure of facility or at least 3 years (for former employees)

**(07) CONTINGENCY PLAN/BUSINESS PLAN**

- 66265.53(b) Contingency/Business Plan not submitted/made
- 66265.52(a) Plan does not describe personnel response in emergencies
- 66265.52(b) Plan missing agreements with local emergency response agencies/hospitals
- 66265.52(d) Plan missing names/addresses/phone numbers of emergency coordinators
- 66265.52(e) Plan missing list of emergency equipment/locations
- 66265.52(f) Plan does not contain evacuation procedures/routes
- 66265.53 Copy of Plan not maintained on site
- 66265.54 Plan not amended as necessary
- 66265.55 Emergency coordinator not familiar with facility/Contingency Plan

**(08) PREPAREDNESS AND PREVENTION**

- 66265.32(a) Internal communications or alarm system not provided
- 66265.32 A device capable of calling outside emergency help not provided
- 66265.34 No access to communication/alarm system during waste handling
- 66265.32(c) No fire/spill control or decontamination system
- 66265.33 Emergency equipment not tested/maintained
- 66265.35 Required aisle space not maintained

**(09) MANIFEST/RECEIPTS**

- 66262.20 Waste shipped without a manifest
- 66263.42 Modified manifest/receipt not kept/not available/incomplete
- 25250.8 Waste oil modified manifest/receipt not kept/not available/incomplete
- 66262.23 Manifest copies not sent to DOHS within 30 days
- 66262.23 Applicable sections of manifest not properly filed out
- 66262.23 Manifest missing GENERATOR information
- 66262.20 Manifest missing TRANSPORTER information
- 66262.23 Manifest missing TSD information
- 66262.23 Manifest missing waste description/quantity
- 66262.23 Manifest unsigned/undated by GENERATOR
- 66262.23 Manifest unsigned/undated by TRANSPORTER
- 66262.42 No attempt to determine status of waste when no TSD manifest copy received within 35 days of shipment
- 66262.42 Exception Report not sent to DOHS within 45 days
- 66262.40 Manifest copy not kept for 3 years from shipment

**(10) TRANSPORT**

- 66262.12 Waste offered to transporter without EPA ID No.
- 66262.12 Waste offered to TSD facility without EPA ID No.
- 66263.17 Waste transported by unregistered hauler

**(11) EMERGENCY PROCEDURES**

- 66265.56 Character/source/extent of emergency not determined
- 66265.56 Proper agencies not notified of health/environmental hazards
- 66265.56 Emergency data not logged/submitted to DTSC and Santa Clara County within 15 days of accident
- 66265.56 Released waste/contaminated equipment improperly treated, handled, stored, or disposed

**(12) OTHER**

\_\_\_\_\_

\_\_\_\_\_

DBA/NAME UNOCM # 6115 Address 4350 G Camino Real, CA

Received by: [Signature] Inspected by: Mary Anne J. [Signature] Page 2 of 3

5184-A REV 5/92 93

# County of Santa Clara

Health Department  
Office of Toxics Enforcement

2220 Moorpark Avenue  
San Jose, California 95128  
(408) 299-6930



HAZARDOUS MATERIALS STORAGE  
 HAZARDOUS WASTE GENERATOR  
OFFICIAL NOTICE OF INSPECTION

DATE 10/5/92

DBA/NAME Uroval # 6115

Comments: (See marked violations on page 1)

- (4) - § 66262.34 & § 66265.173 - The following hazardous waste container management violations were observed:
- 2 drain pans with antipege - open; no label
  - 1 x 100 gallon waste antipege container - incomplete label (no generator name & address).
- Keep all containers closed at all times except when in use.  
Complete all labels to include the following information immediately: words "HAZARDOUS WASTE", generator name and address, accumulation start date, chemical composition, physical state, hazardous properties of waste.
- (6) - § 66265.16 - Provide training program for all personnel involved in hazardous waste management.
- (9) - § 66263.42 & Safety Klean & its receipts available at time § 25250.8 of inspection are those dated 7/1/92 & 6/24/92 only.  
Keep copies of receipts available for 3 years.
- § 66262.23 - DWS copies of the following manifests are still on file: # 89897677 - waste antipege shipped 1/18/91  
# 90576309 - waste antipege shipped 9/27/91.
- Send copies to DWS immediately.  
Submit a letter to above agency (Attn: Mr. Baker) within 30 days indicating how above violations were addressed.

Received by:

Inspected by

Tracy Anne J. Baker  
93

Samples taken? Yes  No

Photos taken? Yes  No

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# County of Santa Clara

Health Department  
Office of Toxics Enforcement

2220 Moorpark Avenue  
San Jose, California 95128



## HAZARDOUS WASTE GENERATOR OFFICIAL NOTICE OF INSPECTION

DBA/NAME <b>UNOCAL # 6115</b>	EPA # <b>CA0 982059628</b>	COMPUTER # <b>501658</b>			
ADDRESS <b>4350 EL CAMINO REAL, WS AIDS CA 94022</b>	DATE <b>10/17/92</b> SC <b>01</b>	HOURS <b>—</b> WORK AREA <b>612</b>			
CONTACT PERSON <b>GREG GRATOLO</b>	COMPANY PRESIDENT/OWNER ETC <b>MIIT FISCHER / REGIONAL BUSINESS MGR.</b>	EMP # <b>678</b> DAYS GIVEN <b>—</b>			
COMPANY MAILING ADDRESS <b>2ND GROW CANYON ROAD, STE 450 SAN RAMON CA 94583</b>	1	2	3	4	ENTERED <b>—</b> BY <b>—</b>

**VIOLATIONS:** Item(s) checked below represent a violation of referenced sections of Title 22 of Calif Code of Regulations, and/or Chapter 6.5 of the Health & Safety Code for which there are civil and criminal penalties in addition to fines ranging from \$2,000 to \$250,000 per day per violation. Time granted for correction of violations does not preclude any enforcement action by this department or other agencies.

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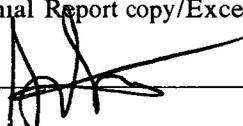
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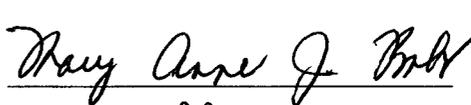
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Received by: 

5184 REV 5/92

Inspected by: 

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# County of Santa Clara

Health Department  
Office of Toxics Enforcement

2220 Moorpark Avenue  
San Jose, California 95128  
(408) 299-6930



HAZARDOUS MATERIALS STORAGE  
 HAZARDOUS WASTE GENERATOR  
OFFICIAL NOTICE OF INSPECTION

DATE 10/5/92

DBA/NAME UNOCAR # 6115

Comments (See marked violations on page 1)

(4) - § 66262.34 - six 55-gallon drums containing oil/water mixtures have been accumulated at the above-mentioned site since 8/23/91 (according to label). Arrange for disposal of all the drums within 15 days

Submit a copy of the TSDI - signed copy of the manifest used to shipped drums off-site to above agency (Attn: M. Kelly) within 45 days.

Received by:

Inspected by:

Mary Anne J. Baker  
9/5

Samples taken? Yes  No   
Photos taken? Yes  No

# HMCD Application Loading and Computer Input Document (CID)

(Information in Red Font or Otherwise Highlighted Requires Data Entry)

New Facility/Owner     Facility Closed/Sold     Add Record(s)     Modify Record(s)     Invoice Adjustment

Facility Name **CONOCOPHILLIPS COMPANY #256115**

Site Address **4350 EL CAMINO REAL** City **LOS ALTOS**

**FACILITY** Facility ID **FA0201602** Facility Owner ID **OW0157580**

Care of \_\_\_\_\_ Location \_\_\_\_\_ City Code \_\_\_\_\_  
 Postal Address (line 1) \_\_\_\_\_  
 Postal Address (line 2) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Last HMIRRP \_\_\_\_\_ Business Code \_\_\_\_\_ Business Type \_\_\_\_\_  
 User Defined Fields \_\_\_\_\_

## GENERAL HEALTH PROGRAM & GENERAL PERMIT

Designated Employee (Inspector) \_\_\_\_\_ Mail to \_\_\_\_\_

Set Date of Last Billing as \_\_\_\_\_ for \_\_\_\_\_ effective \_\_\_\_\_

Program (PR) or Tank (TA) Record ID	Program Element	Current Status	Discount Code	Permit Status	Permit Type
PR0380421	2202	02 Inactive ✓			
PR0370155	5001	02 Inactive ✓			
PR0364538	5013	02 Inactive ✓			

Create Special Program/Surcharge Records

Other PE(s)

Permit is Valid from \_\_\_\_\_ Permit is Valid to \_\_\_\_\_

## SWITCH FACILITY / PROGRAM RECORD(S)

	Owner Name	Owner ID #	Facility ID #	Program ID #
From				
To				

## ACCOUNTING

Account ID **AR1264708**

Bill/Rebill Now?

Account Status 02 Inactive Account Set A/R Mailing Code To \_\_\_\_\_

## Fiscal Adjustment Information

Invoice ID **IN0941853** Adjusted Amount **\$1 953 00** ✓ Invoice ID \_\_\_\_\_ Adjusted Amount \_\_\_\_\_

Reason(s) for Adjustment (Check all that apply)

Close Account     Delete Charge     Ownership Change     Refer to DOR     Refund     Waive Delinquency

Transfer Payment FROM Invoice ID \_\_\_\_\_ TO Invoice ID \_\_\_\_\_

Other (describe) \_\_\_\_\_

COMMENTS Ownership change on 11/9/2009 Tank records already switched to FA0251391

Prepared by **Greg Breshears**

Date **11/18/2009**

Senior/Manager Initials **GB** Date **11/24**

Input by **JR** Date **11/30/09**

# **Station Operator is responsible for Hazardous Materials Business Plan**

**See file for: El Camino Unocal**

RECEIVED BY:  
 SANTA CLARA COUNTY  
 DEPT. OF ENV. HEALTH

2006 MAR -7 PM 3:13



**HAZARDOUS WASTE GENERATOR PERMIT APPLICATION**

- First-Time Application
- New Owner
- Business Moved
- Change of Information

Business Name (DBA): ConocoPhillips Site# 256115

Site Address: 4350 E/ Camino Real City: Los Altos Zip: 94022

Mailing Address: 1380 San Pablo Ave. City: Rodeo State: CA Zip: 94572  
If different from site address

Business Owner Name(s): ConocoPhillips Company

Proprietor/Billing Contact Name: Diana Santarose  
If different from owner.

Billing Address: 600 N. Dairy Ashford City: Houston State: TX Zip: 77079  
If different from mailing address.

Facility Phone No.: (510) 245-5218 Fax No.: (510) 245-5179 Days/Hours of Operation: 7days

Contact Person: Julie Lee for ConocoPhillips Contact Phone No.: (510) 245-5218 ext.

Principal Type of Business (e.g. auto repair, photoprocessing): Gas Station

- Owned by Individual
- Partnership
- Corporation or LLC
- Other

EPA ID Number: CAL000277094 Primary Standard Industrial Classification (SIC) 4 Digit Code No.: \_\_\_\_\_

**Hazardous Waste Inventory Information:**

The annual permit fee is determined by the total quantity of hazardous waste generated per year. Complete the table below for all hazardous waste inventory (e.g. used oil, used parts cleaning solvent, used oil filters, waste paint, spent fixer, etc.).

Name of Hazardous Waste	Treatment/Disposal Method(s) <i>(Definitions provided on back of form.)</i>	Annual Quantity Generated*
<u>Water / oil</u>	<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input checked="" type="checkbox"/> Shipped off-site for recycling/treatment/disposal.	<u>0.01 ton</u> <input type="checkbox"/> gal. <input type="checkbox"/> lbs.
	<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for recycling/treatment/disposal.	<input type="checkbox"/> gal. <input type="checkbox"/> lbs.
<u>&lt;100 kg. PE 2202</u>	<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for recycling/treatment/disposal.	<input type="checkbox"/> gal. <input type="checkbox"/> lbs.
	<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for recycling/treatment/disposal.	<input type="checkbox"/> gal. <input type="checkbox"/> lbs.
	<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for recycling/treatment/disposal.	<input type="checkbox"/> gal. <input type="checkbox"/> lbs.
	<input type="checkbox"/> Recycled on-site. <input type="checkbox"/> Treated on-site. <input type="checkbox"/> Shipped off-site for recycling/treatment/disposal.	<input type="checkbox"/> gal. <input type="checkbox"/> lbs.

\* Solids must be reported in pounds. Liquids may be reported in either pounds or gallons.

The undersigned hereby applies for a hazardous waste generator permit from the County of Santa Clara. I hereby certify that the submitted information is true, accurate, and complete. I understand that a new application will be required if this facility changes ownership, moves, or begins generating hazardous wastes which are not listed on this application.

Signature of Owner/Operator: [Signature] for ConocoPhillips Title: HSE Specialist Date: 02/28/06

CO/PR/TA ID		SC	Time
TA0100024	2310	01	
TA0100023	2311	01	
TA0100022	2311	01	
PR0380421	2202	01	

**OFFICIAL NOTICE OF INSPECTION**

Facility Name: <b>ConocoPhillips Company #256115</b>	Inspection Date: <b>12/18/2008</b>
Site Address: <b>4350 El Camino Real, Los Altos</b>	Employee No.: <b>4686</b>
Contact Person(s): <b>Greg Galatolo</b>	<input type="checkbox"/> Samples Taken <input type="checkbox"/> Photographs Taken
Inspection Type: <input type="checkbox"/> Hazardous Materials Storage <input checked="" type="checkbox"/> HazMat Business Plan <input checked="" type="checkbox"/> Underground Storage Tank <input type="checkbox"/> A/G Storage Tank (SPCC Plan) <input checked="" type="checkbox"/> Hazardous Waste Generator <input type="checkbox"/> HazWaste Tiered Permit <input type="checkbox"/> Cal-ARP <input type="checkbox"/> Toxic Gas	Hazardous Waste Generator Type <input checked="" type="checkbox"/> < 1,000 Kg /mo. <input type="checkbox"/> ≥ 1,000 Kg /mo. <input type="checkbox"/> CESQG <input type="checkbox"/> Satellite Only <input type="checkbox"/> Silver Only <input type="checkbox"/> N/A

**VIOLATIONS:** Codes noted below in the "Violation Codes" column represent specific violations of State law and/or local Ordinance. These codes are defined in the attached Violation Codes document(s). Time granted for correction of violations does not preclude any enforcement action by this Department or other agencies. This facility may be subject to reinspection at any time. Consent to Inspect Given By: Greg Galatolo

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	<b>Note to Greg Galatolo: Please immediately forward this report to ConocoPhillips Environmental Compliance.</b>	
	<b>Note: Inspection began on 11/25/2008 and ended today.</b>	
<b>G020</b>	<b>Observed 3 x 55 gallon drums of ConocoPhillips Co. hazardous waste "hanging hardware from dispensers" marked with labels that are not compliant with California HazWaste marking requirements (i.e., they are missing the physical state and hazardous properties of the waste). Properly label these drums and ensure that they are manifested for proper offsite management within 180 days of their marked 10/29/2008 accumulation start date. Prior to offering them for transportation, ensure that they are labeled with the California-required wording modifications to the requirements of 49 CFR §172.304 as specified in 22 CCR §66262.32(b)(2). Ensure that these containers are inspected weekly while on-site.</b>	<i>See Attached Letter</i>  2009 FEB -9 PM 3:17 COUNTY OF SANTA CLARA DEPT. OF ENVIRONMENTAL HEALTH

All violations must be corrected within 30 days of the inspection date unless noted otherwise, above. Section 25404.1.2(c)(1) of California Health and Safety Code (HSC) requires that you write a brief description of the corrective actions you have taken to bring this facility into compliance and submit it to HMCD within 5 days of achieving compliance, or within 35 days of the inspection date, whichever comes first. (Note: Detailed instructions on actions you must take are printed on the reverse side of this page.)

Received by: \_\_\_\_\_ Inspected by: Greg Breshears (ICC #5266658-UI) Entered by: \_\_\_\_\_

**Certification: I certify under penalty of perjury that this facility has complied with directives specified in this Notice to Comply.**

Signature of Owner/Operator: [Signature] Title: ASE Spec Date: 1/22/09

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY. Reviewed By: \_\_\_\_\_ Date: March 11 2009

HMCD-014 - 1/2 *for ConocoPhillips* Page 1 of 3 Rev. 07/26/06

## THE OFFICIAL NOTICE OF INSPECTION EXPLAINED

This Official Notice of Inspection (NOI) describes the findings made during the inspection, including all violations and any actions that must be taken by the facility to correct the violations. All violations must be corrected within 30 days of the inspection date unless noted otherwise by the inspector.

Within five working days of achieving compliance, or within 35 days of the inspection, whichever comes first, you must submit a written response which describes the corrective actions you have taken or — for those violations which are impossible to correct within 30 days — propose to take in order to bring your facility into compliance. Where proposed corrective actions are described, you must specify a date by which you expect each violation to be corrected. After you have addressed each violation, complete the certification box located at the bottom of page 1 of the NOI. **Your description of corrective actions taken, along with your signed certification of the NOI and any required supporting documents, will serve as your written response to this Notice to Comply.** Your response must be mailed to Santa Clara County Hazardous Materials Compliance Division (HMCD) at 1555 Berger Drive, Suite 300, San Jose, CA 95112-2716. The effective date of the certification that any violation has been corrected is the date that it is postmarked.

### What Does the Information in Each Column Mean?

**Violation Code:** Codes listed in this column identify specific violations of laws, regulations, or codes which were observed during this inspection. Definitions of Violation Codes are listed on the attached Violation Codes document(s).

**Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions:** Information noted in this column describes the circumstances of any violations noted in the first column and describes how the violations may be corrected. Additionally, the inspector may use this space to note any additional observations resulting from the inspection.

**Corrective Actions Taken:** This column on the NOI has been provided so that you can note how you have corrected or propose to correct each violation. Where proposed corrective actions are described, you must specify a date by which you expect each violation to be corrected. If more space is needed, attach additional pages.

### Why Were Two Copies of the Notice of Inspection Given to Me?

You have been given two copies so you will have a copy for your own records after you submit your written response to HMCD. **Do not separate the copies until you have described all of your corrective actions and signed the certification box on page 1. The yellow copy of each page must be returned to HMCD. The pink copy is for your records.**

### What if I Disagree With a Violation Noted on the Notice of Inspection?

If you disagree with any violation listed in this NOI, you must submit a written Notice of Disagreement to HMCD within 30 days of the inspection date. Address such notices to the attention of the inspector who cited the violation. In your Notice of Disagreement, you must explain in detail why you believe the violation does not exist. If there is sufficient space, you may use the "Corrective Actions Taken" column of this NOI to dispute violations.

### What About Photographs or Samples Taken During the Inspection?

If samples were taken, split samples will be given to you upon request. Since this NOI was prepared and given to you at the end of the inspection, any photographs and sampling or laboratory results associated with the inspection were not yet available. A copy of any photographs and/or analytical results from sampling taken during this inspection will be provided to you upon written request. Other pertinent information derived from the inspection is attached to this NOI. Photographs and sample results may be withheld in the event of a criminal investigation or other ongoing investigation.

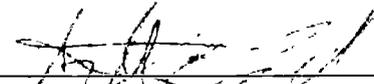
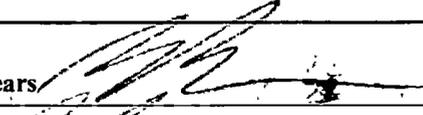
\*\*\*\*\*

- Per HSC §§25187.8(b) and 25404.1.2(c), failure to sign the certification on this Notice to Comply and return it to HMCD is a violation of State law.
- Per HSC §25404.1.2(c)(2), a false statement that compliance has been achieved is a misdemeanor.
- Per HSC §25191(b), a false statement that hazardous waste compliance has been achieved is a violation of State law punishable by a fine of not less than \$2,000 or more than \$25,000 and/or imprisonment in the county jail for up to one year.
- Per HSC §§25299(a)(8) and (b)(7), a false statement that underground storage tank compliance has been achieved is a violation of State law punishable by a fine of not less than \$500 or more than \$5,000.
- Per HSC §§25187.8(i), HMCD has the right to require the submittal of reasonable and necessary documentation in support of any claim of compliance made by your facility.

**OFFICIAL NOTICE OF INSPECTION**  
 (Continuation Page)

Facility Name: ConocoPhillips Company #256115 Inspection Date: 12/18/2008

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
2324	<p><b>Testing of underground storage tank (UST) leak detection equipment and UST fill spill buckets was done on 11/25/2008 by UST Service Technician Brian McPheely of Tanknology. The Monitoring System Certification form submitted incorrectly states that turbine sump leak alarms initiate positive shut-down. Shut-down did occur for the 87 turbine, but not for the 91 turbine, as stated in Section H of the form. Have the malfunctioning relay replaced or make other required repairs to restore fail-safe shut-down functionality. TLS-350 console's printer is malfunctioning. Repair or replace printer. Tank fill spill buckets for 87 Octane and waste oil USTs failed testing on 11/25/2008. Repair or replace buckets. If bucket replacement is necessary, submit plans and obtain a permit from HMCD prior installing new buckets. Submit a copy of repair order(s) or other documentation confirming that these repairs have been done.</b></p>	<p><i>See Attached Letter</i></p>
2355	<p><b>HMCD was not notified in advance of UST secondary containment testing done in December of last year. Ensure that we are notified at least 2 working days in advance of future testing. Testing of tank annular spaces was not performed properly by Tanknology. Test technician noted in report that tank manufacturer is unknown (it is Modern Welding Co.). Testing of tank annular spaces was done at 7" Hg for 1 hour. Industry standard is 10" Hg for 1 hour, and that is the standard to which the tanks at this station have previously been tested. Report also indicates that ±1.7" Hg is Pass/Fail criterion. Any drop during the 1 hour test period shall be reported as a failed test (zero drop was reported). Have Tanknology retest annular spaces using the correct amount of vacuum and submit a properly completed test</b></p>	<p><i>See Attached Letter</i></p>

Received by:  Inspected by: Greg Breshears 

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.

*Mon 11-2008*

**OFFICIAL NOTICE OF INSPECTION**  
 (Continuation Page)

Facility Name: ConocoPhillips Company #256115 Inspection Date: 12/18/2008

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	report within 30 days. Test systems again in December of 2010 and every 36 months thereafter.	
2358 2361	UST Monitoring Plan and UST Response Plan deficiencies have not been corrected as directed in 12/20/2006 and 11/29/2007 Notices of Violation (NOV). Submit revised plans within 30 days. [You must use the current Unified Program Consolidated Form (UPCF) UST Monitoring Plan form.]	See Attached Letter
2370	No written responses to 12/20/2006 and 11/29/2007 NOV's have been submitted. Failure to correct violations and communicate corrective actions taken may result in enforcement action. Submit a written response to this NOV by completing the "Corrective Actions Taken" column and signing and dating the certification section and returning all pages of the NOV within 35 days.	<div data-bbox="1130 785 1539 1054" style="border: 1px solid black; padding: 5px;"> <p align="center">RECEIPT VERIFIED</p> <p align="center">DEC 29 2008</p> <p>SIGNATURE: <i>[Signature]</i></p> </div> <p>See Attached Letter</p>
<div data-bbox="454 1176 1412 1806" style="border: 1px solid black; border-radius: 50%; padding: 20px; font-family: cursive;"> <p>FAXED TO STEVEN BOYD                      ON 12-19-08                      1-714-428-8080</p> </div>		

Received by: [Signature] Inspected by: Greg Breshears

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.

**County of Santa Clara**  
**Department of Environmental Health**  
 Hazardous Materials Compliance Division (HMCD)  
 1555 Berger Drive, Suite 300  
 San Jose, CA 95112-2716  
 (408) 918-3400 Fax (408) 280-6479 www.EHinfo.org

CO/PR/TA ID	SC	Time
TA0100024	01	40
TA0100023	01	40
TA0100022	01	40
PRO380421	01	30:15

**OFFICIAL NOTICE OF INSPECTION**

Facility Name: <u>CONOCOPHILLIPS COMPANY # 256115</u>	Inspection Date: <u>11-29-2007</u>
Site Address: <u>4350 EL CAMINO REAL - LOS ALTOS</u>	Employee No.: <u>4686</u>
Contact Person(s): <u>GREG GARATOLO</u>	<input type="checkbox"/> Samples Taken <input type="checkbox"/> Photographs Taken
Inspection Type: <input type="checkbox"/> Hazardous Materials Storage <input type="checkbox"/> HazMat Business Plan <input checked="" type="checkbox"/> Underground Storage Tank <input type="checkbox"/> A/G Storage Tank (SPCC Plan) <input checked="" type="checkbox"/> Hazardous Waste Generator <input type="checkbox"/> HazWaste Tiered Permit <input type="checkbox"/> Cal-ARP <input type="checkbox"/> Toxic Gas	Hazardous Waste Generator Type: <input checked="" type="checkbox"/> < 1,000 Kg./mo. <input type="checkbox"/> CESQG <input type="checkbox"/> Silver Only <input type="checkbox"/> ≥ 1,000 Kg./mo. <input type="checkbox"/> Satellite Only <input type="checkbox"/> N/A

**VIOLATIONS:** Codes noted below in the "Violation Codes" column represent specific violations of State law and/or local Ordinance. These codes are defined in the attached Violation Codes document(s). Time granted for correction of violations does not preclude any enforcement action by this Department or other agencies. This facility may be subject to reinspection at any time.

Consent to Inspect Given By: GREG GARATOLO

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	<u>NOTE TO GREG GARATOLO: PLEASE IMMEDIATELY FORWARD THIS REPORT TO CONOCOPHILLIPS ENVIRONMENTAL COMPLIANCE.</u>	
	<u>ALL UST MONITORING EQUIPMENT WAS TESTED TODAY BY UST SERVICE TECHNICIAN DONG FANG OF TAMMONEY. ALL EQUIPMENT FUNCTIONED PROPERLY. ALL 3 UST FILL SPILL BUCKETS WERE HYDROSTATICALLY TESTED TODAY AND PASSED. SUBMIT COPY OF MONITORING SYSTEM CERTIFICATION FORM WITHIN 30 DAYS.</u>	<u>See #12</u>
<u>2358</u>	<u>UST MONITORING AND RESPONSE PLAN DEFICIENCIES</u>	<u>See Attached</u>
<u>2361</u>	<u>HAVE NOT BEEN CORRECTED AS DIRECTED IN</u>	<u>Letter</u>
<u>2370</u>	<u>12-20-2006 NOTICE OF VIOLATION (NOV). NO WRITTEN RESPONSE TO THAT NOV HAS BEEN SUBMITTED. CORRECT VIOLATIONS AND SUBMIT WRITTEN CERTIFICATION OF COMPLIANCE TO THAT AND TODAY'S NOV'S WITHIN 30 DAYS.</u>	

All violations must be corrected within 30 days of the inspection date unless noted otherwise, above. Section 25404.1.2(c)(1) of California Health and Safety Code (HSC) requires that you write a brief description of the corrective actions you have taken to bring this facility into compliance and submit it to HMCD within 5 days of achieving compliance, or within 35 days of the inspection date, whichever comes first. (Note: Detailed instructions on actions you must take are printed on the reverse side of this page.)

Inspected by: GREG GARATOLO Entered by: 4686

Certification: I certify under penalty of perjury that this facility has complied with directives specified in this Notice to Comply.

Signature of Owner/Operator: [Signature] Title: HSE Spec Date: 1/22/09

County of Santa Clara  
Environmental Resources Agency  
Department of Environmental Health  
Hazardous Materials Compliance Division

1555 Berger Drive, Suite 300  
San Jose, CA 95112-2716  
(408) 918-3400 Fax (408) 280-6479 www.EHinfo.org

CO/FR/TA ID	DE	SC	Time
TA0100024	2310	01	40:50
TA0100023	2311	01	41:50
TA0100022	2311	01	43:00
PRO380421	22002202	01	30

**OFFICIAL NOTICE OF INSPECTION**

Facility Name: <b>CONOCOPHILLARS COMPANY # 256115</b>	Inspection Date: <b>12-20-2008</b>
Site Address: <b>4350 EL CAMINO REAL, LAS ALTIMAS</b>	Employee No.: <b>4686</b>
Contact Person(s): <b>GREG GALATOLO</b>	Samples Taken? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No. Photographs Taken? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No.
Inspection Type: <input checked="" type="checkbox"/> Hazardous Materials <input checked="" type="checkbox"/> Hazardous Waste <input type="checkbox"/> Tiered Permit	<input type="checkbox"/> Toxic Gas <input type="checkbox"/> Cal-Accidental Release Prevention Program <input type="checkbox"/> Other
	Hazardous Waste Generator Type: <input checked="" type="checkbox"/> < 1,000 Kg./mo. <input type="checkbox"/> ≥ 1,000 Kg./mo. <input type="checkbox"/> CESQG <input type="checkbox"/> Satellite Only

VIOLATIONS: Codes noted below in the "Violation Code" column represent specific violations of State law and/or local Ordinance. These codes are defined in the attached Violation Codes document(s). Time granted for correction of violations does not preclude any enforcement action by this Department or other agencies. This facility may be subject to reinspection at any time.

*CONSENT TO INSPECT GIVEN BY GREG GALATOLO*

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	<b>NOTE TO GREG GALATOLO: PLEASE IMMEDIATELY FORWARD THIS REPORT TO CONOCOPHILLARS ENVIRONMENTAL COMPLIANCE.</b>	
	<b>ALL UT MONITORING EQUIPMENT WAS TESTED TODAY BY TECHNICIAN BRYAN KEYS OF TANKMONEY (ICC CERT. # 5267290-UT EXP. VERIFIED-FLAT LEVEL 2/3 CERT. EXP. 5-2-09, RED JACKET MECHANICAL CERT. EXP. 6-30-08). WASTE OIL TANK ANVULAR SENSOR WAS DEFECTIVE AND WAS REPLACED TODAY. ST TANK TUBING RELAY WAS FUSED AND WAS REPLACED TODAY. TESTING OF LINE FROM DETECTORS WAS NOT COMPLETED BY END OF INSPECTION. ALL OTHER EQUIPMENT FUNCTIONED PROPERLY AFTER REPAIRS WERE MADE. SUBMIT COPY OF MONITORING SYSTEM CERTIFICATION WITHIN 30 DAYS. SPILL BUCKETS WERE TESTED TODAY. BOTH GAS TANKS HELD 30" H<sub>2</sub>O VACUUM FOR 60 SECONDS AND PASSED. WASTE OIL TANK BUCKET WAS HYDROSTATICALLY TESTED FOR 1 HOUR. TEST PASSED.</b>	

All violations must be corrected within 30 days of the inspection date unless noted otherwise, above. Section 25187.8 of the State Health and Safety Code (H&SC) requires that you write a brief description of the corrective actions you have taken to bring this facility into compliance and submit it to this Department within 5 days of achieving compliance, or within 35 days of the inspection date, whichever comes first. (Note: Detailed instructions on actions you must take are printed on the reverse side of this page.)

Received by: *[Signature]* Inspected by: **GREG GALATOLO (ICC #5266650-UT)** Entered by: **4686**

Certification: I certify under penalty of perjury that this facility has complied with directives specified in this Notice to Comply.  
Signature of Owner/Operator: *[Signature]* Title: **HSE SPC** Date: **1/13/09**

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.  
*for ConocoPhillips*

County of Santa Clara  
Environmental Resources Agency  
Department of Environmental Health  
Hazardous Materials Compliance Division

1555 Berger Drive, Suite 300  
San Jose, CA 95112-2716  
(408) 918-3400 Fax (408) 280-6479  
www.EHinfo.org

OFFICIAL NOTICE OF INSPECTION  
(Continuation Page)

Facility Name: Camco Mills Co. # 256115

Inspection Date: 12-20-2006

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
2357	GREEN POWER INDICATOR BULB ON TDS-350 MONITORING PANEL IS BURNT OUT. REPLACE BULB. REPAIR OR REPLACE THE DEFECTIVE METER IN THE TDS-350 MONITORING SYSTEM.	See Attached Letter
2358	LIFT MONITORING PLAN DOES NOT IDENTIFY MANUFACTURE AND MODEL INFORMATION FOR MONITORING EQUIPMENT OTHER THAN LINE LEAK DETECTORS. SUBMIT A REVISED PLAN CONTAINING ALL REQUIRED INFORMATION WITHIN 30 DAYS	See Attached Letter
2361	THE LIFT RESPONSE PLAN PORTION OF THE WRITTEN MONITORING PROGRAM DOES NOT IDENTIFY THE REGIONAL COMPLIANCE SPECIALIST BY NAME. SUBMIT A REVISED PLAN WITHIN 30 DAYS.	See Attached Letter
2390	NO DESIGNATED LIFT OPERATOR INSPECTION IS DOCUMENTED FOR MARCH OF THIS YEAR. THE MONTHLY INSPECTION REPORTS FOR MAY OF THIS YEAR HAS NO INSPECTION DATE NOTED. SOME INSPECTION REPORTS DO NOT HAVE AN AIRM HISTORY REPORT FROM THE TDS-350 ATTACHED. PROBABLY PERFORM AND DOCUMENT INSPECTIONS EVERY MONTH.	See Attached Letter
2393	THE TRAINING SUBJECT NOTED ON THE FACILITY EMPLOYEE TRAINING RECORD DO NOT INCLUDE ANY LIFT ISSUES AS REQUIRED. ANNUAL TRAINING IS DUE IN JANUARY. RECOMMEND YOU USE THE UNIFORM OR DATE WATER BOARD TRAINING USE SHEET TO DOCUMENT TRAINING.	See Attached Letter
NOTE: ETO WORK. OVERFLOW METER WORK. FIVE DATE SYSTEMS CONFIRMED.		

Received by: [Signature]

Inspected by: [Signature]

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.



RECEIVED BY:  
SANTA CLARA COUNTY  
DEPT OF ENV. HEALTH

2009 FEB -9 PM 3: 00

3611 Harbor Blvd, Suite 200  
Santa Ana, CA 92704

Phone: (714) 428-6572  
Fax: (714) 428-8080.

HSE Department  
Marketing Division

**Via: US Mail**  
7003 1010 0002 1878 9757

February 5, 2009

Santa Clara County Department of Environmental Health  
1555 Berger Dr., Suite 300  
San Jose, CA 95112-2716  
Attn: Greg Breshears

**ConocoPhillips #256115**  
**4350 El Camino Real**  
**Los Altos, CA**  
**Inspection Report**

Greg,

The intent of this letter is to respond to the items indicated on the Inspection Reports issued to the location referenced above dated 12/18/08, 11/29/07, and 12/20/06.

**Issue #1: Codes – 2358, 2361, and 2370 (Noted on 12/18/08, 11/29/07, 12/20/06)**

- The site monitoring and response plans are not up to date and contain deficiencies.

**Response #1:**

- Enclosed you should find new monitoring and response plans, on the current UPC Forms, for your approval.

**Issue #2: Code – G020 – 12/18/08 inspection report**

- You observed 3 55 gallon drums on site with labels that were incomplete.

**Response #2:**

- The labels were replaced and the drums were removed from the site. Enclosed you will find photos of the labels and a copy of the 1/7/09 pick-up manifest showing the drums were removed from the location.

**Issue #3: Code – 2324 – 12/18/08 inspection report**

- You noted items that needed to be repaired. Those were:

1. There was a malfunctioning relay that needed to be replaced to restore the positive shutdown feature on the monitoring system,
2. The printer on the TLS 350 needed to be replaced,
3. The fill spill buckets on the 87 and waste oil needed to be repaired or replaced, and tested.

**Response #3:**

- All of the necessary repairs and re-tests have been completed for the electrical relay and monitoring system printer. Also, the 87 spill bucket passed testing on 11/25/08. Enclosed you should find all of the necessary work orders, test documents and monitor printouts to show that the system is operating properly.
- As for the waste oil spill bucket, ConocoPhillips intends on replacing this piece of equipment. ConocoPhillips' contractor has the final inspection for this work scheduled with you for Monday February 9<sup>th</sup>.

**Issue #4: Code – 2355 – 12/18/08 inspection report**

- You noted that your agency was not notified of the December 2007 secondary containment testing and that the tank secondary's needed to be re-tested due to incorrect pressure readings and pass/fail criteria.

**Response #4:**

- In an effort to ensure your agency is properly notified for all future testing, ConocoPhillips has counseled the testing contractor on the requirements of agency notification and ConocoPhillips expectations.
- Enclosed you will find a copy of the re-test for the tank secondary's.

**Issue #5: Code – 2357 – 12/20/06 inspection report**

- You noted that the green power light on the monitoring system was burned out.

**Response #5:**

- This issue is closed. As confirmation, I offer your 11/29/07 inspection report that notes the monitoring system certification was tested on that day and that "All equipment functioned properly".

**Issue #6: Code – 2390 – 12/20/06 inspection report**

- During your inspection, the March designated operator inspection was not available for review and the May inspection was not dated.

**Response #6:**

- ConocoPhillips has worked with the operator at this location and we have been able to locate a copy of the March 2006 inspection which is enclosed. A copy of the May 2006 inspection could not be located. We have counseled the operator

at this location on the importance of completing these inspections and have been assured that this type of issue will not re-occur.

**Issue #7: Code – 2393 – 12/20/06 inspection report**

- You noted that that the designated operator training was not covering the required issues and you recommended the use of the State Boards' training form which is contained on Unidocs.org. Specifically, the training records did not include the topics covered.

**Response #7:**

- Enclosed you will find the 2008 training records for this facility. These training records do list the topics covered.

This letter and the documents received should address the issue(s) indicated on the Inspection Reports. ConocoPhillips assumes that all issues regarding these reports have been resolved and are closed. Should you require any additional information regarding this location or have any questions, please contact me at (714) 428-6572.

Sincerely,



Stephen Boyd  
HSE Specialist-U.S. Marketing  
cc: File

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number CAL009277094	2. Page 1 of 1	3. Emergency Response Phone 909-721-2038	4. Manifest Tracking Number <b>004821547 JJK</b>		
6. Generator's Name and Mailing Address <b>CONOCO PHILLIPS COMPANY 76 BROADWAY SACRAMENTO, CA 95818</b>			Generator's Site Address (if different than mailing address) <b>CONOCO # 268116, 4360 EL CAMINO REAL LOS ALTOS, CA 94022</b>				
Generator's Phone: 925-828-2365							
8. Transporter 1 Company Name <b>ENVIRONMENTAL LOGISTICS, INC</b>			U.S. EPA ID Number CAR000172478				
7. Transporter 2 Company Name			U.S. EPA ID Number				
8. Designated Facility Name and Site Address <b>FILTER RECYCLING SERVICES, INC. 180 W. MONTE AVE RIALTO, CA 92318</b>			U.S. EPA ID Number CAD982444481				
Facility's Phone: 909-421-2012							
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
		No.	Type				
	1. NON RCRA HAZARDOUS WASTE SOLID	3	DRM	325	P	382	
	2.						
	3.						
	4.						
14. Special Handling Instructions and Additional Information 98.1) HOSES, NOZELLS, FILTERS # 05092013 <b>3XSS</b> WEAR APPROPRIATE PPE INV# 62038 TOTAL PROJEX#							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Officer's Printed/Typed Name <b>X Rosa Contreras</b>			Signature <i>[Signature]</i>		Month 11	Day 17	Year 109
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials Transporter signature (for exports only): _____ Transporter 1 Printed/Typed Name <b>Amy Ford</b> Signature <i>[Signature]</i> Month 11 Day 17 Year 109 Transporter 2 Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____							
18. Discrepancy 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Manifest Reference Number: _____							
16b. Alternate Facility (or Generator)			U.S. EPA ID Number				
Facility's Phone: _____							
16c. Signature of Alternate Facility (or Generator)						Month ____ Day ____ Year ____	
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. _____		2. _____		3. _____		4. _____	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____							



680 Quinn Avenue  
 San Jose, CA 95112  
 (408) 971-2445 Fax (408) 971-0135  
 CA State Lic. No. 485184

Work Order #

*Ashley* 1016414

Reference #: 1123124

Bill To: Conoco Phillips  
 Brand Name: UNOCAL 76 Station #: 256115  
 Address: 4350 El Camino Real @ Los Altos  
 City: Los Altos, CA 94022

Date: Dec. 31, 2008 Closed with...  
 PO/ Release #: 1123124  
 SSSI Ref. #: 427585  
 Assigned To: SSS-JohnathonJ

Category: Tanks/Lines	Component: Turbine Relay	Failure: Not Responding to Action
Item #: Tank #02 Prem	Note: Sticking	Action:
Part #:	Parts Description:	Qty: Warranty/DOA Price: Amount:
Relay, Product Contactor 01237N / 079-425-1	RJ 	1

Notes: Replaced Fried Product Relay for 91 on Turbine. All tests ok.

Date	Tech	Start	AM	PM	Stop	AM	PM	Labor Hours	Travel Hours	Total Hours	T/OT	Labor Rate	Amount
1/2	Johnathon	9:30	AM	PM	10:00	AM	PM	1 1/2	3/4	2 1/4	T		

Category:	Component:	Failure:
Item #:	Note:	Action:
Part #:	Parts Description:	Qty: Warranty/DOA Price: Amount:

Notes:

Date	Tech	Start	AM	PM	Stop	AM	PM	Labor Hours	Travel Hours	Total Hours	T/OT	Labor Rate	Amount
			AM	PM		AM	PM						

Sometimes one service call does not resolve all specific problems due to defective equipment or intermittent problems not present or which cannot be duplicated when our Service Technician is at your premises. Some equipment requires removal on one trip, in-house repair, and another trip for reinstallation. Charges will be made for each service call at rates in effect at time of service. We, therefore, cannot warrant solutions to all problems on one service call. Time "Arrived" and time "Departed" recorded by our Service Technician will be the guideline used in recordation of repair time and charges.

It is the customer's responsibility to audit and verify times recorded on the invoice by our Service Technician while he/she is on your premises. We cannot and will not alter any time charges billed after our Service Technician has left your premises.

Mileage <i>21</i>	\$	Subtotal Materials \$
Subtotal Labor	\$	Markup \$
Total Labor /Travel	\$	Sales Tax \$
		Total Materials \$

REC'D JAN 2 1 2009

I understand & accept all terms & conditions as outlined on workorder.

*Johnathon*

PLEASE PAY BY INVOICE-TERMS NET 10 DAYS

Total Invoice



Visit us at [www.servicestationsystems.com](http://www.servicestationsystems.com)

# County of Santa Clara

## Department of Environmental Health Hazardous Materials Compliance Division

1555 Berger Drive, Suite 300  
San Jose, CA 95112-2716  
(408) 918-3400; Fax (408) 280-6479  
www.EHinfo.org



# Fax

**Date:** December 30, 2008

**Total Pages (including cover sheet):** 6

**To:** Steve Boyd

**From:** Greg Breshears

**Company/Agency:** ConocoPhillips Company

**Phone No.:** (408) 918-1978

**Fax No.:** (714) 428-8080

**Fax No.:** (408) 280-6479

Urgent

Confidential

For Review

Please Reply

### Comments:

Here are the copies of the December 20, 2006 and November 29, 2007 Notices of Inspection (NOI) you requested for the following station:

ConocoPhillips Company #256115

Please submit written response within 35 days of the date of inspection. I instructed the dealer(s) to forward the original NOI(s) to your attention. The preferred method of response is for you to return the yellow copies of the NOI(s) with corrective actions noted in the column provided and certification signatures at the bottom.

Thank you,

Greg Breshears  
Senior Hazardous Materials Specialist

CO/PR/TA ID		SC	Time
TA0100024	2310	01 02	30
TA0100023	2311	01 02	30
TA0100022	2311	01 02	30
PR0380421	2202	01 02	30

**OFFICIAL NOTICE OF INSPECTION**

Facility Name: <b>ConocoPhillips Company #256115</b>	Inspection Date: <b>12/18/2008</b>
Site Address: <b>4350 El Camino Real, Los Altos</b>	Employee No.: <b>4686</b>
Contact Person(s): <b>Greg Galatolo</b>	<input type="checkbox"/> Samples Taken <input type="checkbox"/> Photographs Taken
Inspection Type: <input type="checkbox"/> Hazardous Materials Storage <input checked="" type="checkbox"/> HazMat Business Plan <input checked="" type="checkbox"/> Underground Storage Tank <input type="checkbox"/> A/G Storage Tank (SPCC Plan) <input checked="" type="checkbox"/> Hazardous Waste Generator <input type="checkbox"/> HazWaste Tiered Permit <input type="checkbox"/> Cal-ARP <input type="checkbox"/> Toxic Gas	Hazardous Waste Generator Type: <input checked="" type="checkbox"/> < 1,000 Kg./mo. <input type="checkbox"/> ≥ 1,000 Kg./mo. <input type="checkbox"/> CESQG <input type="checkbox"/> Satellite Only <input type="checkbox"/> Silver Only <input type="checkbox"/> N/A

VIOLATIONS: Codes noted below in the "Violation Codes" column represent specific violations of State law and/or local Ordinance. These codes are defined in the attached Violation Codes document(s). Time granted for correction of violations does not preclude any enforcement action by this Department or other agencies. This facility may be subject to reinspection at any time. Consent to Inspect Given By: Greg Galatolo

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	<b>Note to Greg Galatolo: Please immediately forward this report to ConocoPhillips Environmental Compliance.</b>	
	<b>Note: Inspection began on 11/25/2008 and ended today.</b>	
<b>G020</b>	<b>Observed 3 x 55 gallon drums of ConocoPhillips Co. hazardous waste "hanging hardware from dispensers" marked with labels that are not compliant with California HazWaste marking requirements (i.e., they are missing the physical state and hazardous properties of the waste). Properly label these drums and ensure that they are manifested for proper offsite management within 180 days of their marked 10/29/2008 accumulation start date. Prior to offering them for transportation, ensure that they are labeled with the California-required wording modifications to the requirements of 49 CFR §172.304 as specified in 22 CCR §66262.32(b)(2). Ensure that these containers are inspected weekly while on-site.</b>	

All violations must be corrected within 30 days of the inspection date unless noted otherwise, above. Section 25404.1.2(c)(1) of California Health and Safety Code (HSC) requires that you write a brief description of the corrective actions you have taken to bring this facility into compliance and submit it to HMCD within 5 days of achieving compliance, or within 35 days of the inspection date, whichever comes first. (Note: Detailed instructions on actions you must take are printed on the reverse side of this page.)

Received by: [Signature] Inspected by: Greg Breshears (ICC #5266658-UT) Entered by: 4686

Certification: I certify under penalty of perjury that this facility has complied with directives specified in this Notice to Comply.  
 Signature of Owner/Operator: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

© 2014 REV. 8/06

## THE OFFICIAL NOTICE OF INSPECTION EXPLAINED

This Official Notice of Inspection (NOI) describes the findings made during the inspection, including all violations and any actions that must be taken by the facility to correct the violations. All violations must be corrected within 30 days of the inspection date unless noted otherwise by the inspector.

Within five working days of achieving compliance, or within 35 days of the inspection, whichever comes first, you must submit a written response which describes the corrective actions you have taken or — for those violations which are impossible to correct within 30 days — propose to take in order to bring your facility into compliance. Where proposed corrective actions are described, you must specify a date by which you expect each violation to be corrected. After you have addressed each violation, complete the certification box located at the bottom of page 1 of the NOI. **Your description of corrective actions taken, along with your signed certification of the NOI and any required supporting documents, will serve as your written response to this Notice to Comply.** Your response must be mailed to Santa Clara County Hazardous Materials Compliance Division (HMCD) at 1555 Berger Drive, Suite 300, San Jose, CA 95112-2716. The effective date of the certification that any violation has been corrected is the date that it is postmarked.

### What Does the Information in Each Column Mean?

**Violation Code:** Codes listed in this column identify specific violations of laws, regulations, or codes which were observed during this inspection. Definitions of Violation Codes are listed on the attached Violation Codes document(s).

**Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions:** Information noted in this column describes the circumstances of any violations noted in the first column and describes how the violations may be corrected. Additionally, the inspector may use this space to note any additional observations resulting from the inspection.

**Corrective Actions Taken:** This column on the NOI has been provided so that you can note how you have corrected or propose to correct each violation. Where proposed corrective actions are described, you must specify a date by which you expect each violation to be corrected. If more space is needed, attach additional pages.

### Why Were Two Copies of the Notice of Inspection Given to Me?

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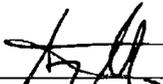
\*\*\*\*\*

- Per HSC §§25187.8(b) and 25404.1.2(c), failure to sign the certification on this Notice to Comply and return it to HMCD is a violation of State law.
- Per HSC §25404.1.2(c)(2), a false statement that compliance has been achieved is a misdemeanor.
- Per HSC §25191(b), a false statement that hazardous waste compliance has been achieved is a violation of State law punishable by a fine of not less than \$2,000 or more than \$25,000 and/or imprisonment in the county jail for up to one year.
- Per HSC §§25299(a)(8) and (b)(7), a false statement that underground storage tank compliance has been achieved is a violation of State law punishable by a fine of not less than \$500 or more than \$5,000.
- Per HSC §§25187.8(i), HMCD has the right to require the submittal of reasonable and necessary documentation in support of any claim of compliance made by your facility.

**OFFICIAL NOTICE OF INSPECTION**  
 (Continuation Page)

Facility Name: ConocoPhillips Company #256115 Inspection Date: 12/18/2008

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
2324	<p><b>Testing of underground storage tank (UST) leak detection equipment and UST fill spill buckets was done on 11/25/2008 by UST Service Technician Brian McPheely of Tanknology. The Monitoring System Certification form submitted incorrectly states that turbine sump leak alarms initiate positive shut-down. Shut-down did occur for the 87 turbine, but not for the 91 turbine, as stated in Section H of the form. Have the malfunctioning relay replaced or make other required repairs to restore fail-safe shut-down functionality. TLS-350 console's printer is malfunctioning. Repair or replace printer. Tank fill spill buckets for 87 Octane and waste oil USTs failed testing on 11/25/2008. Repair or replace buckets. If bucket replacement is necessary, submit plans and obtain a permit from HMCD prior installing new buckets. Submit a copy of repair order(s) or other documentation confirming that these repairs have been done.</b></p>	
2355	<p><b>HMCD was not notified in advance of UST secondary containment testing done in December of last year. Ensure that we are notified at least 2 working days in advance of future testing. Testing of tank annular spaces was not performed properly by Tanknology. Test technician noted in report that tank manufacturer is unknown (it is Modern Welding Co.). Testing of tank annular spaces was done at 7" Hg for 1 hour. Industry standard is 10" Hg for 1 hour, and that is the standard to which the tanks at this station have previously been tested. Report also indicates that ±1.7" Hg is Pass/Fail criterion. Any drop during the 1 hour test period shall be reported as a failed test (zero drop was reported). Have Tanknology retest annular spaces using the correct amount of vacuum and submit a properly completed test</b></p>	

Received by:  Inspected by: Greg Breshears 

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.



**County of Santa Clara**  
**Department of Environmental Health**  
**Hazardous Materials Compliance Division**  
1555 Berger Drive, Suite 300  
San Jose, CA 95112-2716  
(408) 918-3400; Fax (408) 280-6479  
www.EHinfo.org



# Fax

<b>Date: December 18, 2008</b>	<b>Total Pages (including cover sheet): 4</b>		
<b>To: Tiana Andriamanarivo</b>	<b>From: Greg Breshears</b>		
<b>Company/Agency: ConocoPhillips Company</b>	<b>Phone No.: (408) 918-1978</b>		
<b>Fax No.: (918) 662-6857</b>	<b>Fax No.: (408) 280-6479</b>		
<input type="checkbox"/> <b>Urgent</b>	<input type="checkbox"/> <b>Confidential</b>	<input checked="" type="checkbox"/> <b>For Review</b>	<input checked="" type="checkbox"/> <b>Please Reply</b>

## Comments:

Here is a copy of the December 18, 2008 Notice of Inspection (NOI) for the following station(s):

**ConocoPhillips Company #256115**

**Please submit written response within 35 days of the date of inspection. I instructed the dealer(s) to forward the original NOI(s) to your attention. The preferred method of response is for you to return the yellow copies of the NOI(s) with corrective actions noted in the column provided and certification signatures at the bottom.**

Thank you,

**Greg Breshears**  
**Senior Hazardous Materials Specialist**

CO/PR/TA ID		SC	Time
TA0100024	2310	01	40
TA0100023	2311	01	40
TA0100022	2311	01	40
PRO 380421	2202	01	30 15

**OFFICIAL NOTICE OF INSPECTION**

Facility Name: <u>CINACOPHILIPS COMPANY # 256115</u>	Inspection Date: <u>11-29-2007</u>
Site Address: <u>4350 EL CAMINO REAL - LOS ALTOS</u>	Employee No.: <u>4686</u>
Contact Person(s): <u>GREG EMATOLO</u>	<input type="checkbox"/> Samples Taken <input type="checkbox"/> Photographs Taken
Inspection Type: <input type="checkbox"/> Hazardous Materials Storage <input type="checkbox"/> HazMat Business Plan <input checked="" type="checkbox"/> Underground Storage Tank <input type="checkbox"/> A/G Storage Tank (SPCC Plan) <input checked="" type="checkbox"/> Hazardous Waste Generator <input type="checkbox"/> HazWaste Tiered Permit <input type="checkbox"/> Cal-ARP <input type="checkbox"/> Toxic Gas	Hazardous Waste Generator Type: <input checked="" type="checkbox"/> < 1,000 Kg /mo. <input type="checkbox"/> ≥ 1,000 Kg /mo. <input type="checkbox"/> CESQG <input type="checkbox"/> Satellite Only <input type="checkbox"/> Silver Only <input type="checkbox"/> N/A

**VIOLATIONS:** Codes noted below in the "Violation Codes" column represent specific violations of State law and/or local Ordinance. These codes are defined in the attached Violation Codes document(s). Time granted for correction of violations does not preclude any enforcement action by this Department or other agencies. This facility may be subject to reinspection at any time. Consent to Inspect Given By: GREG EMATOLO

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	<u>NOTE TO GREG EMATOLO: PLEASE IMMEDIATELY FORWARD THIS REPORT TO CINACOPHILIPS ENVIRONMENTAL COMPLIANCE.</u>	
	<u>ALL UST MONITORING EQUIPMENT WAS TESTED TODAY BY UST SERVICE TECHNICIAN DOUG FAJDE OF TANKMONEY. ALL EQUIPMENT FUNCTIONED PROPERLY. ALL 3 UST FILL SPILL BUCKETS WERE HYDROSTATICALLY TESTED TODAY AND PASSED. SUBMIT COPY OF MONITORING SYSTEM CERTIFICATION FORM WITHIN 30 DAYS.</u>	
<u>2358</u>	<u>UST MONITORING AND RESPONSE PLAN DEFICIENCIES</u>	
<u>2361</u>	<u>HAVE NOT BEEN CORRECTED AS DIRECTED IN</u>	
<u>2370</u>	<u>12-20-2006 NOTICE OF VIOLATION (NOV). NO WRITTEN RESPONSE TO THAT NOV HAS BEEN SUBMITTED. CORRECT VIOLATIONS AND SUBMIT WRITTEN CERTIFICATION OF COMPLIANCE TO THAT AND TODAY'S NOV'S WITHIN 30 DAYS.</u>	

All violations must be corrected within 30 days of the inspection date unless noted otherwise, above. Section 25404.1.2(c)(1) of California Health and Safety Code (HSC) requires that you write a brief description of the corrective actions you have taken to bring this facility into compliance and submit it to HMCD within 5 days of achieving compliance, or within 35 days of the inspection date, whichever comes first. (Note: Detailed instructions on actions you must take are printed on the reverse side of this page.)

Received by: [Signature] Inspected by: GREG EMATOLO Entered by: 4686

**Certification:** I certify under penalty of perjury that this facility has complied with directives specified in this Notice to Comply.  
 Signature of Owner/Operator: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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\*\*\*\*\*

- Per HSC §§25187.8(b) and 25404.1.2(c), failure to sign the certification on this Notice to Comply and return it to HMCD is a violation of State law.
- Per HSC §25404.1.2(c)(2), a false statement that compliance has been achieved is a misdemeanor.
- Per HSC §25191(b), a false statement that hazardous waste compliance has been achieved is a violation of State law punishable by a fine of not less than \$2,000 or more than \$25,000 and/or imprisonment in the county jail for up to one year.
- Per HSC §§25299(a)(8) and (b)(7), a false statement that underground storage tank compliance has been achieved is a violation of State law punishable by a fine of not less than \$500 or more than \$5,000.
- Per HSC §§25187.8(i), HMCD has the right to require the submittal of reasonable and necessary documentation in support of any claim of compliance made by your facility.

**County of Santa Clara**  
**Environmental Resources Agency**  
**Department of Environmental Health**  
**Hazardous Materials Compliance Division**  
1555 Berger Drive, Suite 300  
San Jose, CA 95112-2716  
(408) 918-3400; Fax (408) 280-6479  
www.EHinfo.org



# Fax

<b>Date: December 3, 2007</b>	<b>Total Pages (including cover sheet): 2</b>		
<b>To: Tiana Andriamanarivo</b>	<b>From: Greg Breshears</b>		
<b>Company/Agency: ConocoPhillips Company</b>	<b>Phone No.: (408) 918-1978</b>		
<b>Fax No.: (918) 662-6857</b>	<b>Fax No.: (408) 280-6479</b>		
<input checked="" type="checkbox"/> <b>Urgent</b>	<input type="checkbox"/> <b>Confidential</b>	<input checked="" type="checkbox"/> <b>For Review</b>	<input checked="" type="checkbox"/> <b>Please Reply</b>

## Comments:

Here is a copy of the November 29, 2007 Notice of Inspection (NOI) for the following station:

ConocoPhillips Company #256115

Please submit written response within 35 days of the date of inspection. I instructed the dealer(s) to forward the original NOI(s) to your attention. The preferred method of response is for you to return the yellow copies of the NOI(s) with corrective actions noted in the column provided and certification signatures at the bottom.

Thank you,

# County of Santa Clara

Environmental Resources Agency  
 Department of Environmental Health  
 Hazardous Materials Compliance Division

1555 Berger Drive, Suite 300

San Jose, CA 95112-2716

(408) 918-3400 Fax (408) 280-6479 www.EHinfo.org

CO/PR/TA ID	REF	SC	Time
TA0100024	2310	01	40:50
TA0100023	2311	01	41:50
TA0100022	2311	01	42:50
PRO330421	2202	01	30

## OFFICIAL NOTICE OF INSPECTION

Facility Name: <u>CONCOPHILLIPS COMPANY # 256115</u>	Inspection Date: <u>12-20-2006</u>
Site Address: <u>4350 EL CAMINO REAL, LOS ALAMOS</u>	Employee No.: <u>4686</u>
Contact Person(s): <u>GREG GALATOLO</u>	Samples Taken? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No. Photographs Taken? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No.
Inspection Type: <input checked="" type="checkbox"/> Hazardous Materials <input checked="" type="checkbox"/> Hazardous Waste <input type="checkbox"/> Tiered Permit <input type="checkbox"/> Toxic Gas <input type="checkbox"/> Cal-Accidental Release Prevention Program <input type="checkbox"/> Other	Hazardous Waste Generator Type: <input checked="" type="checkbox"/> < 1,000 Kg./mo. <input type="checkbox"/> ≥ 1,000 Kg./mo. <input type="checkbox"/> CESQG <input type="checkbox"/> Satellite Only

**VIOLATIONS:** Codes noted below in the "Violation Code" column represent specific violations of State law and/or local Ordinance. These codes are defined in the attached Violation Codes document(s). Time granted for correction of violations does not preclude any enforcement action by this Department or other agencies. This facility may be subject to reinspection at any time.

*CONSENT TO INSPECT GIVEN BY GREG GALATOLO*

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	<i>NOTE TO GREG GALATOLO: PLEASE IMMEDIATELY FORWARD THIS REPORT TO CONCOPHILLIPS ENVIRONMENTAL COMPLIANCE.</i>	
	<i>ALL LFT MONITORING EQUIPMENT WAS TESTED TODAY BY TECHNICIAN BRYAN KEYS OF TANKMONEY (ECC CERT. # 52632) - LT <del>FEEL</del> VULNER - FLAT LEVEL 2/3 CERT. EXP. 5-2-07, RED JACKET MECHANICAL CERT. EXP. 6-30-08). WASTE OIL TANK ANNUAL SENSOR WAS DEFECTIVE AND WAS REPLACED TODAY. PT TANK TURNING RELAY WAS FUZZED AND WAS REPLACED TODAY. TESTING OF LINE LEAK DETECTORS WAS NOT COMPLETED BY END OF INSPECTION. ALL OTHER EQUIPMENT FUNCTIONED PROPERLY AFTER REPAIRS WERE MADE. SUBMIT COPY OF MONITORING SY FROM CERTIFICATION WITHIN 30 DAYS. SPILL BUCKETS WERE TESTED TODAY. BOTH GAS TANKS HELD 30" H<sub>2</sub>O VACUUM FOR 60 SECONDS AND PASTED. WASTE OIL TANK BUCKET WAS HYDROSTATICALLY TESTED FOR 1 HOUR. TEST PASTED.</i>	

All violations must be corrected within 30 days of the inspection date unless noted otherwise, above. Section 25187.8 of the State Health and Safety Code (H&SC) requires that you write a brief description of the corrective actions you have taken to bring this facility into compliance and submit it to this Department within 5 days of achieving compliance, or within 35 days of the inspection date, whichever comes first. (Note: Detailed instructions on actions you must take are printed on the reverse side of this page.)

Received by: [Signature] Inspected by: GREG GALATOLO (ECC #5266650-VE) Entered by: 4686

Certification: I certify under penalty of perjury that this facility has complied with directives specified in this Notice to Comply.  
 Signature of Owner/Operator: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.

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\*\*\*\*\*

### Hazardous Waste Violations

- Per H&SC §25187.8(g)(1), failure to sign the certification on this Notice of Inspection and return it to this Department is a violation of State law.
- Per H&SC §25191, a false statement that compliance has been achieved is a violation of State law punishable by a fine of not less than \$2,000 or more than \$25,000 and/or imprisonment in the county jail for up to one year.
- Per H&SC §25187.8(j), this Department has the right to acquire the submittal of reasonable and necessary documentation in support of any claim of compliance made by your facility.

**OFFICIAL NOTICE OF INSPECTION**  
 (Continuation Page)

Facility Name: LIMCO PHILLIPS CO. # 256115

Inspection Date: 12-20-2006

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
2357	GREEN POWER INDICATOR BULB ON TDS-350 MONITORING PANEL IS BURNT OUT. REPLACE BULB. REPAIR OR REPLACE THE DEFECTIVE PUMP IN THE TDS-350 MONITORING SYSTEM.	
2358	LIT MONITORING PLAN DOES NOT IDENTIFY MANUFACTURER AND MODEL INFORMATION FOR MONITORING EQUIPMENT OTHER THAN LINE LEAK DETECTORS. SUBMIT A REVISED PLAN CONTAINING ALL REQUIRED INFORMATION WITHIN 30 DAYS.	
2361	THE LIT RESPONSE PLAN PORTION OF THE WRITTEN MONITORING PROGRAM DOES NOT IDENTIFY THE REGIONAL COMPLIANCE SPECIALIST BY NAME. SUBMIT A REVISED PLAN WITHIN 30 DAYS.	
2390	NO DESIGNATED LIT OPERATOR INSPECTION IS DOCUMENTED FOR MARCH OF THIS YEAR. THE MONTHLY INSPECTION REPORT FOR MAY OF THIS YEAR HAS NO INSPECTION DATE NOTED. SOME INSPECTION REPORTS DO NOT HAVE AN ALARM HISTORY REPORT FROM THE TDS-350 ATTACHED. PROBABLY PERFORM AND DOCUMENT INSPECTIONS EVERY MONTH.	
2393	THE TRAINING SUBJECT NOTED ON THE FACILITY EMPLOYEE TRAINING RECORD DO NOT INCLUDE ANY LIT COURSES AS REQUIRED. ANNUAL TRAINING IS DUE IN JANUARY. RECOMMEND YOU USE THE UNAPOCS OR STATE WATER BOARD TRAINING LOG SHEET TO DOCUMENT TRAINING.	
NOTES: ETO WORKS. OVERFLOW ALARMS WORK. FIVE LITTS DOWNTOWN COMPLAINED.		

Received by: AA

Inspected by: MH

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.

**County of Santa Clara**  
**Environmental Resources Agency**  
**Department of Environmental Health**  
**Hazardous Materials Compliance Division**  
1555 Berger Drive, Suite 300  
San Jose, CA 95112-2716  
(408) 918-3400; Fax (408) 280-6479  
www.EHinfo.org



# Fax

<b>Date:</b> December 26, 2006	<b>Total Pages (including cover sheet):</b> 3		
<b>To:</b> Julie Lee	<b>From:</b> Greg Breshears		
<b>Company/Agency:</b> ConocoPhillips Company	<b>Phone No.:</b> (408) 918-1978		
<b>Fax No.:</b> (510) 245-5179	<b>Fax No.:</b> (408) 280-6479		
<input checked="" type="checkbox"/> <b>Urgent</b>	<input type="checkbox"/> <b>Confidential</b>	<input checked="" type="checkbox"/> <b>For Review</b>	<input checked="" type="checkbox"/> <b>Please Reply</b>

## Comments:

Here is a copy of the December 20, 2006 Notice of Inspection (NOI) for the following station:

ConocoPhillips Company #256115

Please submit written response within 35 days of the date of inspection. I instructed the dealer(s) to forward the original NOI(s) to your attention. The preferred method of response is for you to return the yellow copies of the NOI(s) with corrective actions noted in the column provided and certification signatures at the bottom.

Thank you,

A handwritten signature in black ink, appearing to be "Greg Breshears", written over a horizontal line.



**OFFICIAL NOTICE OF INSPECTION**  
 (Continuation Page)

Facility Name: California Environmental Agency # 200115

Inspection Date: 12/29/98

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
2379	<p>DELIVERED UP QUARTER MONTHLY AIR CON. REPORTS FOR FACILITY OPERATING PERIOD END JULY 01 2005 WITH NO ANALYSIS OR DATA. REPORTS ARE NOT AS PART AS REQUIRED BY 25 CSR § 2715 (C). PERMIT CODES IN THIS REPORT WERE NOT CORRECT IN THIS REPORT VIOLATION.</p>	2, 3, 4, 5, 7
	<p>EVERY FACILITY IS REQUIRED TO FILE AN AIR QUALITY REPORT FOR EACH QUARTER PERIOD ENDING ON 3/31, 6/30, 9/30, &amp; 12/31 (C.A.R.). THESE REPORTS OF AIR QUALITY IN FACILITY IS REQUIRED TO BE FILED WITHIN 15 DAYS AFTER REPORT PERIOD BY THE OPERATOR OF FACILITY.</p>	ALL - FUTURE REPORTS WILL HAVE ALARM HISTORY ATTACHED
	<p>STATEMENT WHICH WAS SUBMITTED TO ENVIRONMENTAL AGENCY ON 1-21-2005 PER 25 CSR § 2715 (C) AND A CERTIFICATION HEARING DATED 1-21-2006 AND LIFE IN COMPLIANCE WITH CERTIFICATION &amp; PER CODES CHANGES. PERMIT A CORRECTED STATEMENT / CERTIFICATION.</p>	
	<p>LIST OF FACILITY EMPLOYEES TRAINED BY THE FACILITY WITH MODULAR 15 AIR TEST. THESE LIST AND PERMIT COPY WITH YOUR RECORDS IN THE AGENCY. PERMIT LIST IN A-17.</p>	
2364	<p>DELIVER UP CERTIFICATION OF COMPLIANCE WITH AIR QUALITY PER. PERMIT RECORDS. PERMIT COPY.</p>	

Received by: \_\_\_\_\_

Inspected by: [Signature]

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.

## Designated Underground Storage Tank (UST) Operator Monthly Visual Inspection Checklist

Facility Name: <u>EL CAMINO UNOCAL</u>	Date: <u>3/7/15</u>
Facility Address: <u>4550 EL CAMINO REAL</u>	
City: <u>LOS ANGELES CA</u>	Zip Code: <u>94022</u>
Designated UST Operator Conducting the Inspection: <u>ORR GALTOLD</u>	
International Code Council Certification #:	Expiration Date: <u>1 1</u>
Signature: <u>[Signature]</u>	Phone: <u>(210) 941-0240</u>

Y = Yes, N = No, NA = Not Applicable

Item	MONITORING PANEL / ALARM HISTORY	Y	N	NA
------	----------------------------------	---	---	----

1	Monitoring system is powered on and in proper operating mode.	✓		
2	Monitoring system is not currently showing any alarms or warnings.	✓		
3	Alarm history report/log for the previous month is available, and has been reviewed by the Designated UST Operator. (Attach a copy of the alarm history report/log to this form if available.)	✓		
4	Each alarm for the previous month has been responded to appropriately.	✓		
5	Sensors located in tank-top containment sumps have not alarmed in the past month.	✓		
5a	List all tank-top sumps where alarms occurred in the past month: _____			
<p>Note: Sumps where an alarm has occurred in the past month must be inspected unless a qualified service technician responded to, and properly addressed, the cause of the alarm. Attach documentation verifying appropriate service to this report. If sump inspection is required, record results in item 6, below.</p>				

Item	UST SYSTEM INSPECTION	Y	N	NA
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6	Tank-top containment sumps are free of water, debris, and hazardous substance. Sensors are located properly.						
<p>Note: Visual inspection of sumps is only required in sumps where an alarm has occurred in the past month for which there is no service record.</p>							
	Y	N	NA				
	Sump Location:			Y	N		
	Sump Location:						
	Sump Location:						
7	Spill containment structures are free of water, debris, and hazardous substance.	Y	N	NA	Y	N	NA
	Tank 1 - Contents:	✓					
	Tank 2 - Contents:	✓					
	Tank 3 - Contents:				✓		
	Tank 4 - Contents:						
8	Under-dispenser containment areas are free of water, debris, and hazardous substance. Sensors are located properly.	Y	N	NA	Y	N	NA
	Dispenser 1 / 2	✓					
	Dispenser 3 / 4	✓			✓		
	Dispenser 5 / 6	✓			✓		
	Dispenser 7 / 8	✓					
	Dispenser 9 / 10				✓		
	Dispenser 11 / 12				✓		
	Dispenser 13 / 14				✓		
	Dispenser 15 / 16						

CLEAN  
OIL  
Spill  
Bucket

Item	PAPERWORK INSPECTION	Y	N	NA	DATE DONE
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9	Monitoring system certification has been completed within past 12 months.	✓			1-12-15
10	Secondary containment tests have been completed within the required timeframe.	✓			12-6-14
11	Spill containment structure (bucket) testing was completed within the past year.	✓			1-12-15
12	Tank tightness testing was completed within required timeframe.	✓			
13	Line tightness testing was completed within required timeframe.	✓			
14	Other required testing/maintenance was completed within required timeframe. (List test/maintenance items below.)				
	Test/Maintenance:				
	Test/Maintenance:				
	Test/Maintenance:				

Item	FACILITY EMPLOYEE TRAINING	Y	N	NA
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15	All facility employees have received the required on-the-job training within the past year.	✓		
16	All facility employees hired within the past 30 days have received the required on-the-job training.	✓		

Note: Any answer of "N" should be explained in the comment section on the following page, and will require follow-up action.

## Designated Underground Storage Tank (UST) Operator Monthly Visual Inspection Checklist

Facility Name: <u>EL CAMINO UNOCAL</u>	Date: <u>02-02-05</u>
Facility Address: <u>4350 EL CAMINO REAL</u>	
City: <u>LODI ARCS CA</u>	Zip Code: <u>94022</u>
Designated UST Operator Conducting the Inspection: <u>CO-ES GALATOLO</u>	
International Code Council Certification #:	Expiration Date: <u>1 1</u>
Signature: <u>[Signature]</u>	Phone: ( )

Y = Yes, N = No, NA = Not Applicable

Item	MONITORING PANEL / ALARM HISTORY	Y	N	NA
------	----------------------------------	---	---	----

1	Monitoring system is powered on and in proper operating mode.	<input checked="" type="checkbox"/>		
2	Monitoring system is not currently showing any alarms or warnings.	<input checked="" type="checkbox"/>		
3	Alarm history report/log for the previous month is available, and has been reviewed by the Designated UST Operator. (Attach a copy of the alarm history report/log to this form if available.)	<input checked="" type="checkbox"/>		
4	Each alarm for the previous month has been responded to appropriately.	<input checked="" type="checkbox"/>		
5	Sensors located in tank-top containment sumps have not alarmed in the past month.	<input checked="" type="checkbox"/>		
5a	List all tank-top sumps where alarms occurred in the past month: _____			
	Note: Sumps where an alarm has occurred in the past month must be inspected unless a qualified service technician responded to, and properly addressed, the cause of the alarm. Attach documentation verifying appropriate service to this report. If sump inspection is required, record results in item 6, below.			

Item	UST SYSTEM INSPECTION	Y	N	NA
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6	Tank-top containment sumps are free of water, debris, and hazardous substance. Sensors are located properly.			
	Note: Visual inspection of sumps is only required in sumps where an alarm has occurred in the past month for which there is no service record.			
	Sump Location:	Y	N	NA
	Sump Location:	Y	N	NA
	Sump Location:	Y	N	NA
7	Spill containment structures are free of water, debris, and hazardous substance.	Y	N	NA
	Tank 1 - Contents:	Y	N	NA
	Tank 2 - Contents:	Y	N	NA
	Tank 3 - Contents:	Y	N	NA
	Tank 4 - Contents:	Y	N	NA
8	Under-dispenser containment areas are free of water, debris, and hazardous substance. Sensors are located properly.	Y	N	NA
	Dispenser 1/2	Y	N	NA
	Dispenser 3/4	Y	N	NA
	Dispenser 5/6	Y	N	NA
	Dispenser 7/8	Y	N	NA
	Dispenser 9/10	Y	N	NA
	Dispenser 11/12	Y	N	NA
	Dispenser 13/14	Y	N	NA
	Dispenser 15/16	Y	N	NA

Item	PAPERWORK INSPECTION	Y	N	NA	DATE DONE
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9	Monitoring system certification has been completed within past 12 months.	<input checked="" type="checkbox"/>			1-12-5
10	Secondary containment tests have been completed within the required timeframe.	<input checked="" type="checkbox"/>			12-6-4
11	Spill containment structure (bucket) testing was completed within the past year.	<input checked="" type="checkbox"/>			1-12-5
12	Tank tightness testing was completed within required timeframe.	<input checked="" type="checkbox"/>			
13	Line tightness testing was completed within required timeframe.	<input checked="" type="checkbox"/>			
14	Other required testing/maintenance was completed within required timeframe. (List test/maintenance items below.)				
	Test/Maintenance:				
	Test/Maintenance:				
	Test/Maintenance:				

Item	FACILITY EMPLOYEE TRAINING	Y	N	NA
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15	All facility employees have received the required on-the-job training within the past year.	<input checked="" type="checkbox"/>		
16	All facility employees hired within the past 30 days have received the required on-the-job training	<input checked="" type="checkbox"/>		

Note: Any answer of "N" should be explained in the comment section on the following page, and will require follow-up action.

## Designated Underground Storage Tank (UST) Operator Monthly Visual Inspection Checklist

Facility Name: <u>EL CAMINO T6</u>	Date: <u>4-6-11</u>
Facility Address: <u>730 EL CAMINO REAL</u>	
City: <u>LOS ANGELES CA</u>	Zip Code: <u>90022</u>
Designated UST Operator Conducting the Inspection: <u>Greg Williams</u>	
International Code Council Certification #:	Expiration Date: <u>1/1</u>
Signature: <u>[Signature]</u>	Phone: <u>(620) 941-0240</u>

Item	MONITORING PANEL / ALARM HISTORY	Y	N	NA
1	Monitoring system is powered on and in proper operating mode.			
2	Monitoring system is not currently showing any alarms or warnings.	✓		
3	Alarm history report/log for the previous month is available, and has been reviewed by the Designated UST Operator. (Attach a copy of the alarm history report/log to this form if available.)	✓		
4	Each alarm for the previous month has been responded to appropriately.	✓		
5	Sensors located in tank-top containment sumps have not alarmed in the past month.	✓		
5a	List all tank-top sumps where alarms occurred in the past month: _____			
	<i>Note: Sumps where an alarm has occurred in the past month must be inspected unless a qualified service technician responded to, and properly addressed, the cause of the alarm. Attach documentation verifying appropriate service to this report. If sump inspection is required, record results in item 6, below.</i>			

UST SYSTEM INSPECTION				
6	Tank-top containment sumps are free of water, debris, and hazardous substance. Sensors are located properly.			
	<i>Note: Visual inspection of sumps is only required in sumps where an alarm has occurred in the past month for which there is no service record.</i>			
	Y	N	NA	
	Sump Location:			Y
	Sump Location:			N
	Sump Location:			NA
7	Spill containment structures are free of water, debris, and hazardous substance.			
	Y	N	NA	
	Tank 1 - Contents:	✓		Y
	Tank 2 - Contents:	✓		N
	Tank 3 - Contents:			NA
	Tank 4 - Contents:			
8	Under-dispenser containment areas are free of water, debris, and hazardous substance. Sensors are located properly.			
	Y	N	NA	
	Dispenser 1/2	✓		Y
	Dispenser 3/4	✓		N
	Dispenser 5/6	✓		NA
	Dispenser 7/8	✓		
	Dispenser 9/10			✓
	Dispenser 11/12			✓
	Dispenser 13/14			✓
	Dispenser 15/16			✓

PAPERWORK INSPECTION					
Item	Description	Y	N	NA	DATE DONE
9	Monitoring system certification has been completed within past 12 months.	✓			
10	Secondary containment tests have been completed within the required timeframe.	✓			1-12-11
11	Spill containment structure (bucket) testing was completed within the past year.	✓			12-10-11
12	Tank tightness testing was completed within required timeframe.	✓			1-12-11
13	Line tightness testing was completed within required timeframe.	✓			
14	Other required testing/maintenance was completed within required timeframe. (List test/maintenance items below.)				
	Test/Maintenance:				
	Test/Maintenance:				
	Test/Maintenance:				

FACILITY EMPLOYEE TRAINING				
Item	Description	Y	N	NA
15	All facility employees have received the required on-the-job training within the past year.	✓		
16	All facility employees hired within the past 30 days have received the required on-the-job training.	✓		

Note: Any answer of "N" should be explained in the comment section on the following page, and will require follow-up action.

## Designated Underground Storage Tank (UST) Operator Monthly Visual Inspection Checklist

Facility Name: <u>EL CAMINO UNOCAL</u>	Date: <u>12-5-05</u>
Facility Address: <u>4750 EL CAMINO REAL</u>	
City: <u>COS ARTOS</u>	Zip Code: <u>94022</u>
Designated UST Operator Conducting the Inspection:	
International Code Council Certification #:	Expiration Date: <u>1/1</u>
Signature: <u>[Signature]</u>	Phone: <u>(415) 941-0277</u>

Y = Yes, N = No, NA = Not Applicable

Item	MONITORING PANEL / ALARM HISTORY	Y	N	NA
1	Monitoring system is powered on and in proper operating mode.	<input checked="" type="checkbox"/>		
2	Monitoring system is not currently showing any alarms or warnings.	<input checked="" type="checkbox"/>		
3	Alarm history report/log for the previous month is available, and has been reviewed by the Designated UST Operator. (Attach a copy of the alarm history report/log to this form if available.)	<input checked="" type="checkbox"/>		
4	Each alarm for the previous month has been responded to appropriately.	<input checked="" type="checkbox"/>		
5	Sensors located in tank-top containment sumps have not alarmed in the past month.	<input checked="" type="checkbox"/>		
5a	List all tank-top sumps where alarms occurred in the past month: _____			
	Note: Sumps where an alarm has occurred in the past month must be inspected unless a qualified service technician responded to, and properly addressed, the cause of the alarm. Attach documentation verifying appropriate service to this report. If sump inspection is required, record results in item 6, below.			

### UST SYSTEM INSPECTION

6	Tank-top containment sumps are free of water, debris, and hazardous substance. Sensors are located properly. <i>Note: Visual inspection of sumps is only required in sumps where an alarm has occurred in the past month for which there is no service record.</i>	Y	N	NA
	Sump Location: _____			
	Sump Location: _____			
	Sump Location: _____			
7	Spill containment structures are free of water, debris, and hazardous substance.	Y	N	NA
	Tank 1 - Contents: <input checked="" type="checkbox"/>			
	Tank 2 - Contents: <input checked="" type="checkbox"/>			
	Tank 3 - Contents: <input checked="" type="checkbox"/>			
	Tank 4 - Contents: _____			
8	Under-dispenser containment areas are free of water, debris, and hazardous substance. Sensors are located properly.	Y	N	NA
	Dispenser 1/2 <input checked="" type="checkbox"/>			
	Dispenser 3/4 <input checked="" type="checkbox"/>			
	Dispenser 5/6 <input checked="" type="checkbox"/>			
	Dispenser 7/8 <input checked="" type="checkbox"/>			
	Dispenser 9/10 _____			
	Dispenser 11/12 <input checked="" type="checkbox"/>			
	Dispenser 13/14 <input checked="" type="checkbox"/>			
	Dispenser 15/16 _____			

### PAPERWORK INSPECTION

Item	Description	Y	N	NA	DATE DONE
9	Monitoring system certification has been completed within past 12 months.	<input checked="" type="checkbox"/>			1-12-5
10	Secondary containment tests have been completed within the required timeframe.	<input checked="" type="checkbox"/>			12-6-4
11	Spill containment structure (bucket) testing was completed within the past year.	<input checked="" type="checkbox"/>			1-12-5
12	Tank tightness testing was completed within required timeframe.	<input checked="" type="checkbox"/>			
13	Line tightness testing was completed within required timeframe.	<input checked="" type="checkbox"/>			
14	Other required testing/maintenance was completed within required timeframe. (List test/maintenance items below.)				
	Test/Maintenance: _____				
	Test/Maintenance: _____				
	Test/Maintenance: _____				

### FACILITY EMPLOYEE TRAINING

15	All facility employees have received the required on-the-job training within the past year.	Y	N	NA
16	All facility employees hired within the past 30 days have received the required on-the-job training.	<input checked="" type="checkbox"/>		

Note: Any answer of "N" should be explained in the comment section on the following page, and will require follow-up action.

## Designated Underground Storage Tank (UST) Operator Monthly Visual Inspection Checklist

Facility Name: <u>R. Camino Tr</u>	Date: <u>7-12-5</u>
Facility Address: <u>470 El Camino</u>	
City: <u>Los Angeles</u>	Zip Code: <u>94022</u>
Designated UST Operator Conducting the Inspection:	
International Code Council Certification #:	Expiration Date: <u>1/1</u>
Signature: <u>[Signature]</u>	Phone: (ext) <u>941-0240</u>

Item	MONITORING PANEL / ALARM HISTORY	Y	N	NA
1	Monitoring system is powered on and in proper operating mode.	<input checked="" type="checkbox"/>		
2	Monitoring system is not currently showing any alarms or warnings.	<input checked="" type="checkbox"/>		
3	Alarm history report/log for the previous month is available, and has been reviewed by the Designated UST Operator. (Attach a copy of the alarm history report/log to this form if available.)	<input checked="" type="checkbox"/>		
4	Each alarm for the previous month has been responded to appropriately.	<input checked="" type="checkbox"/>		
5	Sensors located in tank-top containment sumps have not alarmed in the past month.	<input checked="" type="checkbox"/>		
5a	<p>List all tank-top sumps where alarms occurred in the past month:</p> <p>_____</p> <p><i>Note: Sumps where an alarm has occurred in the past month must be inspected unless a qualified service technician responded to, and properly addressed, the cause of the alarm. Attach documentation verifying appropriate service to this report. If sump inspection is required, record results in Item 6, below.</i></p>			

Item	UST SYSTEM INSPECTION	Y	N	NA
6	<p>Tank-top containment sumps are free of water, debris, and hazardous substance. Sensors are located properly.</p> <p><i>Note: Visual inspection of sumps is only required in sumps where an alarm has occurred in the past month for which there is no service record.</i></p>			
	Sump Location:			
	Sump Location:			
	Sump Location:			
7	<p>Spill containment structures are free of water, debris, and hazardous substance.</p>			
	Tank 1 - Contents:	<input checked="" type="checkbox"/>		
	Tank 2 - Contents:	<input checked="" type="checkbox"/>		
	Tank 3 - Contents:	<input checked="" type="checkbox"/>		
	Tank 4 - Contents:	<input checked="" type="checkbox"/>		
8	<p>Under-dispenser containment areas are free of water, debris, and hazardous substance. Sensors are located properly.</p>			
	Dispenser 1/2	<input checked="" type="checkbox"/>		
	Dispenser 3/4	<input checked="" type="checkbox"/>		
	Dispenser 5/6	<input checked="" type="checkbox"/>		
	Dispenser 7/8	<input checked="" type="checkbox"/>		
	Dispenser 9/10	<input checked="" type="checkbox"/>		
	Dispenser 11/12	<input checked="" type="checkbox"/>		
	Dispenser 13/14	<input checked="" type="checkbox"/>		
	Dispenser 15/16	<input checked="" type="checkbox"/>		

Item	PAPERWORK INSPECTION	Y	N	NA	DATE DONE
9	Monitoring system certification has been completed within past 12 months.	<input checked="" type="checkbox"/>			
10	Secondary containment tests have been completed within the required timeframe.	<input checked="" type="checkbox"/>			1-12-5
11	Spill containment structure (bucket) testing was completed within the past year.	<input checked="" type="checkbox"/>			12-6-4
12	Tank tightness testing was completed within required timeframe.	<input checked="" type="checkbox"/>			1-12-5
13	Line tightness testing was completed within required timeframe.	<input checked="" type="checkbox"/>			
14	<p>Other required testing/maintenance was completed within required timeframes. (List test/maintenance items below.)</p> <p>Test/Maintenance: _____</p> <p>Test/Maintenance: _____</p> <p>Test/Maintenance: _____</p>				

Item	FACILITY EMPLOYEE TRAINING	Y	N	NA
15	All facility employees have received the required on-the-job training within the past year.	<input checked="" type="checkbox"/>		
16	All facility employees hired within the past 30 days have received the required on-the-job training.	<input checked="" type="checkbox"/>		

Note: Any answer of "N" should be explained in the comment section on the following page, and will require follow-up action.





April 22, 2005

**LETTER FROM THE CHIEF FINANCIAL OFFICER**

California Environmental Protection Agency  
State Water Resources Control Board  
Division of Clean Water Programs  
P. O. Box 44212  
Sacramento, CA 94244-2120

Dear Sir or Madam:

I am the chief financial officer for ConocoPhillips, 600 North Dairy Ashford, Houston, TX 77079. This letter is in support of the use of the Underground Storage Tank Cleanup Fund to demonstrate financial responsibility for taking corrective action and/or compensating third parties for bodily injury and property damage caused by an unauthorized release of petroleum in the amount of at least one million dollars (\$1,000,000.00) per occurrence and two million dollars (\$2,000,000.00) annual aggregate coverage.

Underground storage tanks at the following facilities are assured by this letter:

Refer to Attachment A

1. Amount of annual aggregate coverage being assured by this letter	\$2,000,000
2. Total tangible assets	\$76,774,656,000
3. Total liabilities	\$50,137,938,000
4. Tangible net worth (subtract line 3 from line 2. Line 4 must be at least 10 times line 1.)	\$26,636,718,000

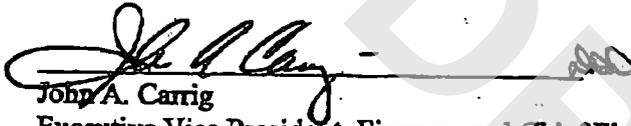
April 22, 2005

Page 2

I hereby certify that the wording of this letter is identical to the wording specified in section 2808.1, subdivision (c)(1), chapter 18, division 3, title 23 of the California Code of Regulations.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief. Executed at 600 North Dairy Ashford, Houston, Texas, on April 22, 2005.

**ConocoPhillips**

A handwritten signature in black ink, appearing to read "John A. Carrig", is written over a horizontal line. The signature is cursive and somewhat stylized.

John A. Carrig

Executive Vice President, Finance, and Chief Financial Officer

# County of Santa Clara

Environmental Resources Agency  
 Department of Environmental Health  
 Hazardous Materials Compliance Division

1555 Berger Drive, Suite 300  
 San Jose, CA 95112-2716  
 (408) 918-3400 Fax (408) 280-6479 www.EHinfo.org

CO/PR/TA ID	DATE	SC	Time
TA100024	2310	01	80
TA100023	2211	01	80
TA100022	2311	01	80

## OFFICIAL NOTICE OF INSPECTION

Facility Name: <u>CONOCO PHILLIPS COMPANY # 256115</u>	Inspection Date: <u>12-28-2005</u>
Site Address: <u>4350 EL CAMINO REAL - LOS ALTOS</u>	Employee No.: <u>4686</u>
Contact Person(s): <u>JULIE LEE</u>	Samples Taken? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No. Photographs Taken? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No.
Inspection Type: <input checked="" type="checkbox"/> Hazardous Materials <input type="checkbox"/> Toxic Gas <input type="checkbox"/> Hazardous Waste <input type="checkbox"/> Cal-Accidental Release Prevention Program <input type="checkbox"/> Tiered Permit <input type="checkbox"/> Other	Hazardous Waste Generator Type: <input type="checkbox"/> < 1,000 Kg./mo. <input type="checkbox"/> ≥ 1,000 Kg./mo. <input type="checkbox"/> CESQG <input type="checkbox"/> Satellite Only

VIOLATIONS: Codes noted below in the "Violation Code" column represent specific violations of State law and/or local Ordinance. These codes are defined in the attached Violation Codes document(s). Time granted for correction of violations does not preclude any enforcement action by this Department or other agencies. This facility may be subject to reinspection at any time.

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	<u>ALL VLT MONITORING EQUIPMENT WAS TESTED TODAY BY <del>TESTING</del> TECHNICIAN JOEY MEHA OF TECHNOLOGY (ICC CERT. # 525948 - VT EXP. 6-11-2007 &amp; VAPOR-ROOF LEVEL 3 CERT. EXP. 7-1-2006). ALL EQUIPMENT FUNCTIONED PROPERLY. HAVE TECHNOLOGY FAX A COPY OF MR. MEHA'S TRAINING CERTIFICATE FROM VAPORISEN TECHNOLOGIES TO SERVE AS EQUIPMENT TRAINING TO TEST THE FE PETS MECHANICAL LINE LEAK DETECTORS. (FE PETS OFFERS NO TRAINING ITSELF.)</u>	
<u>2324</u>	<u>REPAIR OR REPLACE THE DEFECTIVE PRINTER IN THE TWS-350 MONITORING SYSTEM.</u>	
<u>2357</u>	<u>MONITORING SYSTEM CERTIFICATION FORM FOR 1-12-2005 EQUIPMENT TESTING WAS NOT SUBMITTED WITHIN 30 DAYS OF TEST DATE AS REQUIRED. ENSURE THAT FORMS ARE SUBMITTED ON TIME.</u>	

All violations must be corrected within 30 days of the inspection date unless noted otherwise, above. Section 25187.8 of the State Health and Safety Code (H&SC) requires that you write a brief description of the corrective actions you have taken to bring this facility into compliance and submit it to this Department within 5 days of achieving compliance, or within 35 days of the inspection date, whichever comes first. (Note: Detailed instructions on actions you must take are printed on the reverse side of this page.)

Received by: [Signature] Inspected by: FREE BROTHERS (ICC cert. #526658-VE) Entered by: CB

Certification: I certify under penalty of perjury that this facility has complied with directives specified in this Notice to Comply.  
 Signature of Owner/Operator: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.

# THE OFFICIAL NOTICE OF INSPECTION EXPLAINED

This Official Notice of Inspection (Notice of Inspection) describes the findings made during the inspection, including all violations and any actions that must be taken by the facility to correct the violations. All violations must be corrected within 30 days of the inspection date unless noted otherwise by the inspector.

Within five working days of achieving compliance, or within 35 days of the inspection, whichever comes first, you must submit a written response which describes the corrective actions you have taken or - for those violations which are impossible to correct within 30 days - propose to take in order to bring your facility into compliance. Where proposed corrective actions are described, you must specify a date by which you expect each violation to be corrected. After you have addressed each violation, complete the certification box located at the bottom of page 1 of the Notice of Inspection. Your description of corrective actions taken, along with your signed certification of the Notice of Inspection and any required supporting documents, will serve as your written response to the inspection. Your response must be mailed to the Santa Clara County Hazardous Materials Compliance Division (HMCD) at 1555 Berger Drive, Suite 300, San Jose, CA 95112-2716.

## What Does the Information in Each Column Mean?

**Violation Code:** Codes listed in this column identify specific violations of laws, regulations, or codes which were observed during this inspection. Definitions of Violation Codes are listed on the attached Violation Codes document(s).

**Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions:** Information noted in this column describes the circumstances of any violations noted in the first column and describes how the violations may be corrected. Additionally, the inspector may use this space to note any additional observations resulting from the inspection.

**Corrective Actions Taken:** This column on the Notice of Inspection has been provided so that you can note how you have corrected or propose to correct each violation. Where proposed corrective actions are described, you must specify a date by which you expect each violation to be corrected. If more space is needed, attach additional pages.

## Why Were Two Copies of the Notice of Inspection Given to Me?

You have been given two copies so you will have a copy for your own records after you submit your written response to HMCD. Do not separate the copies until you have described all of your corrective actions and signed the certification box on page 1. The yellow copy of each page must be submitted to HMCD. The pink copy is for your records.

## What if I Disagree With a Violation Noted on the Notice of Inspection?

If you disagree with any violation listed in this Notice of Inspection, you must submit a written Notice of Disagreement, within 35 days of the inspection date, to the inspector who cited the violation. In your Notice of Disagreement, you must explain in detail why the violation does not exist. If there is sufficient space, you may use the "Corrective Actions Taken" column of this Notice of Inspection to dispute violations.

## What About Photographs or Samples Taken During the Inspection?

Since this Notice of Inspection was prepared and given to you at the end of the inspection, any photographs and sampling or laboratory results associated with the inspection were not yet available. A copy of any photographs and/or analytical results from sampling taken during this inspection will be provided to you upon written request. Other pertinent information derived from the inspection is attached to this Notice of Inspection. Photographs and sample results may be withheld in the event of a criminal investigation or other ongoing investigation.

\*\*\*\*\*

## Hazardous Waste Violations

- Per H&SC §25187.8(g)(1), failure to sign the certification on this Notice of Inspection and return it to this Department is a violation of State law.
- Per H&SC §25191, a false statement that compliance has been achieved is a violation of State law punishable by a fine of not less than \$2,000 or more than \$25,000 and/or imprisonment in the county jail for up to one year.
- Per H&SC §25187.8(j), this Department has the right to acquire the submittal of reasonable and necessary documentation in support of any claim of compliance made by your facility.

**OFFICIAL NOTICE OF INSPECTION**  
 (Continuation Page)

Facility Name: CONOCOPHILLIPS COMPANY # 256115 Inspection Date: 12-28-2005

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
2399	<p>DEDICATED UST OPERATOR MONTHLY INSPECTION REPORTS FOR FEBRUARY THROUGH MAY AND JULY OF 2005 WERE NOT AVAILABLE ON-SITE. REPORTS MUST BE KEPT ON-SITE AS REQUIRED BY 23 CCR § 2715 (e). SUBMIT COPIES OF THESE REPORTS WITH YOUR RESPONSE TO THIS NOTICE OF VIOLATION.</p>	
	<p>WITH EXCEPTION OF JANUARY REPORT. THE ALARM HISTORY PRINT OUTS FROM THE TDS-350 SYSTEM WERE NOT ATTACHED TO THE MONTHLY INSPECTION REPORT AS REQUIRED BY 23 CCR § 2715 (c)(1). ATTACH PRINT OUTS OF ALARM HISTORY FOR SENSORS L1 THROUGH L5 TO ALL FUTURE REPORTS PREPARED BY THE DEDICATED UST OPERATOR.</p>	
	<p>STATEMENT WHICH WAS SUBMITTED BY CONOCOPHILLIPS COMPANY ON 1-31-2005 PER 23 CCR § 2715 (a) HAD A CERTIFICATION SIGNATURE DATED 1-31-2006 AND LIST AN INCORRECT ICC CERTIFICATION # FOR GREG CHRISTO. SUBMIT A CORRECTED STATEMENT / CERTIFICATION.</p>	
	<p>LIST OF FACILITY EMPLOYEES TRAINED BY DEDICATED UST OPERATOR IS NOT KEPT. PREPARE LIST AND SUBMIT COPY WITH YOUR RESPONSE TO THIS NOV. KEEP LIST ON-SITE.</p>	
2364	<p>CURRENT UST CERTIFICATION OF FINANCIAL RESPONSIBILITY HAS NOT BEEN SUBMITTED AS REQUIRED. SUBMIT COPY.</p>	

Received by: [Signature] Inspected by: [Signature]

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.



1380 San Pablo Ave.  
Rodeo, CA 94572

Phone: (510) 245-5218  
Fax: (510) 245-5179

Health, Safety, and Environmental  
Department

U.S. Marketing Division

January 31, 2005

Attn: Greg Breshears  
County of Santa Clara, Environmental Resources Health  
Hazardous Materials Compliance Division  
1555 Berger Drive, Suite 300  
San Jose, CA 95112-2716

Subject: Corrective Action for ConocoPhillips Site # 256115  
Pleasanton 76  
4350 El Camino Real  
Los Altos, CA 94022

Dear Mr. Breshears,

This letter serves as a corrective action for the inspection on 12/23/04.

You will find the following corrective actions:

- Violation Code #2369
  - All of the Shear Valves for the site have been adjusted including Dispenser 5/6 91 grade.
  - Maintenance copy is included.
  - UPCF UST Facility form is attached.
  
- Violation # 2206
  - The drum from secondary containment testing (SB989) testing is taken care of by one of our vendors and all of required document will be filed properly.

Note that this station is operated by an independent Dealer under a Lease and Motor Fuel Supply Agreement. Pursuant to that Agreement, the Dealer agreed to be responsible for compliance with all laws and regulations in the day to day operation of the service station, maintenance and repair of the equipment that is required to comply with environmental regulations, as well as the Violation # 2369 – Dispenser #1 change.

ConocoPhillips has notified the Dealer that it is his responsibility to resolve the outstanding issues with respect to this Notice. Please direct all questions and correspondences regarding those issues directly to the Dealer.

In the event that the Dealer is non-responsive, fails to correct these violations, or does not bring this matter to closure, please notify us directly, and we will assist you with resolution of this matter with our Dealer.

Please let me know immediately if you believe there are any unresolved issues. Feel free to contact me at (510) 245-5218.

Sincerely,



Julie Lee  
HSE Specialist



cc: Compliance File  
Dealer  
AR

DRAFT

12/23/2004 19:01 FAX 4082806479

001

**County of Santa Clara**  
**Environmental Resources Agency**  
**Department of Environmental Health**  
**Hazardous Materials Compliance Division**  
 1555 Berger Drive, Suite 300  
 San Jose, CA 95112-2716  
 (408) 918-3400; Fax (408) 280-6479  
 www.EHinfo.org



# Fax

Date: December 23, 2004

Total Pages (including cover sheet): 3

To: Irene Jimenez

From: Greg Breshears

Company/Agency: ConocoPhillips Company

Phone No.: (408) 918-1978

Fax No.: (510) 245-5179

Fax No.: (408) 280-6479

Urgent

Confidential

For Review

Please Reply

## Comments:

Here is a copy of the December 23, 2004 Notice of Inspection (NOI) for the following station:

ConocoPhillips Company #256115

Please submit written responses within 35 days of the date of inspection. I instructed the dealer(s) to forward the original NOI(s) to your attention. The preferred method of response is for you to return the yellow copies of the NOI(s) with corrective actions noted in the column provided and certification signatures at the bottom.

Thank you,

**County of Santa Clara**  
**Environmental Resources Agency**  
**Department of Environmental Health**  
**Hazardous Materials Compliance Division**

1555 Berger Drive, Suite 300  
 San Jose, CA 95112-2716  
 (408) 918-3400 Fax (408) 280-6479 www.EHinfo.org

COPIES	DATE	SC	TIME
211	12/23/04	48	48
211	12/23/04	48	48
211	12/23/04	48	48

**OFFICIAL NOTICE OF INSPECTION**

Facility Name: <b>CONOCO PHILLIPS COMPANY # 256115</b>	Inspection Date: <b>12-23-2004</b>
Site Address: <b>4350 EL CAMINO REAL, LOS AZTOS</b>	Employee No.: <b>4686</b>
Contact Person(s): <b>GREG GARATTO</b>	Samples Taken? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No. Photographs Taken? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No.
Inspection Type: <input checked="" type="checkbox"/> Hazardous Materials <input type="checkbox"/> Hazardous Waste <input type="checkbox"/> Tiered Permit <input type="checkbox"/> Toxic Gas <input type="checkbox"/> Cal-Accidental Release Prevention Program <input type="checkbox"/> Other	Hazardous Waste Generator Type: <input type="checkbox"/> < 1,000 Kg./mo. <input type="checkbox"/> ≥ 1,000 Kg./mo. <input type="checkbox"/> CESQG <input type="checkbox"/> Satellite Only

VIOLATIONS: Codes noted below in the "Violation Code" column represent specific violations of State law and/or local Ordinance. These codes are defined in the attached Violation Codes document(s). Time granted for correction of violations does not preclude any enforcement action by this Department or other agencies. This facility may be subject to reinspection at any time.

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	<b>PLEASE FORWARD THIS REPORT TO CONOCOPHILLIPS ENVIRONMENTAL COMPLIANCE MAN.</b>	
	<b>INSPECTION BEGAN ON 12-17-2004 AND CONCLUDED TODAY. ALL UFT MANIFOLD EQUIPMENT WAS TESTED ON 12-13-2004 AND FUNCTIONED PROPERLY. ALL 3 SPILL BUCKETS AND PUMP ESD SWITCH WERE TESTED ON 12-13-2004 AND PASSED. GASOLINE TANK OVERFILL ALARM WAS TESTED ON 12-13-2004 AND PASSED.</b>	
<b>2369</b>	<b>BLAVO BOX 8-2000 LEAK DETECTION CHAIN FOR DISPENSER 516 91 GRADE SPIRAL VALVE WAS TOO LOOSE TO TRIP VALVE WHEN FLOAT WAS RAISED. CHAIN LENGTH WAS ADJUSTED ON 12-17-2004. CHAINS MUST BE KEPT PROPERLY TENSIONED. LOOSENING OR DISCONNECTING CHAINS CONSTITUTES TAMPERING WITH LEAK DETECTION EQUIPMENT.</b>	

All violations must be corrected within 30 days of the inspection date unless noted otherwise, above. Section 25187.8 of the State Health and Safety Code (H&SC) requires that you write a brief description of the corrective actions you have taken to bring this facility into compliance and submit it to this Department within 5 days of achieving compliance, or within 35 days of the inspection date, whichever comes first. (Note: Detailed instructions on actions you must take are printed on the reverse side of this page.)

Received by:  Inspected by: GREG GARATTO Entered by:

Certification: I certify under penalty of perjury that this facility has complied with directives specified in this Notice to Comply.  
 Signature of Owner/Operator: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**County of Santa Clara**  
**Environmental Resources Agency**  
**Department of Environmental Health**  
**Hazardous Materials Compliance Division**

1555 Berger Drive, Suite 300  
 San Jose, CA 95112-2716  
 (408) 918-3400 Fax (408) 280-6479  
 www.EHinfo.org

**OFFICIAL NOTICE OF INSPECTION**  
 (Continuation Page)

Facility Name: CONOCO MILLERS COMPANY #256115 Inspection Date: 12-23-2004

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
✓	URGE US - FACILITY PASSED WITH A DATED CERTIFICATION SIGNATURE HAS STILL NOT BEEN SUBMITTED. SUBMIT FORM.	
	DISPENSOR #1 91 GRADE HOSE AND DISPENSOR #4 89 GRADE HOSE WERE CRACKED AND IN NEED OF REPLACEMENT. REPLACE CRACKED HOSES.	
	<p>NOTES:</p> <ol style="list-style-type: none"> <li>1. LINES NOT IDENTIFIED DELETED. SINCE FAIL DATE SHUTDOWN WAS CONFIRMED, ANNUAL LINE TESTING IS NO LONGER REQUIRED DUE TO NEW REGULATORY EXEMPTION.</li> <li>2. NO FLAPPER VALVES INSTALLED. EAT TANKS HAVE BALL FLOAT VALVES AND AVAILABLE/VOL/AL OVERFILL ALARM SET TO ACTIVATE AT 90% OF TANK CAPACITY.</li> <li>3. MILLER WAS TESTED BY SIMULATING 3 g.p.h. LEAK</li> <li>4. MONTHLY EQUIPMENT CERTIFICATION WAS DONE BY MARTIN MARTINEZ OF TRIANGLE ENVIRONMENTAL HIS VERIFICATION LEVEL 3 CERTIFICATION IS VALID THROUGH 10-23-2005.</li> </ol>	
2206	OBSERVED 1x.55 GAL DRUM ON 12-13-2004 CONTAINING HAZARDOUS WASTE SB-989 TEST WATER (ACCUMULATION START DATE 12-6-2004). DRUM WAS LABELED WITH FEDERAL HAZARDOUS LABEL THAT IS MISSING LANGUAGE REQUIRED BY CALIFORNIA REGULATIONS, PHYSICAL DATE OF WASTE AND HAZARDOUS PROPERTIES. PROBABLY LABEL HAZARDOUS DRUMS.	

Received by: [Signature] Inspected by: [Signature]

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.



# ABLE Maintenance Inc.

Specializing in Petroleum Construction and Maintenance

3224 Regional Parkway • Santa Rosa, CA 95403  
General Contractor #312844

(707) 545-5522 • Fax (707) 545-5515

**Bill To:** Service Station Systems Inc.  
680 Quinn Avenue  
  
San Jose, CA, 95112

Invoice #	260321
Job #	260321
P.O. #	250023
Release #	250023
Reference #	
Date	January 27, 2005

Attention: Joan

Phone No. (408)971-2445

**JOB LOCATION:** UN-256115, 4350 El Camino Real, Los Altos, CA

**DESCRIPTION OF WORK PERFORMED:**

Received on 01/04/05; - Dispenser #01 All Grades, Impact Valve, Preventative Maintenance; Checked all chains in floats and impact valves, made necessary adjustments. All seals on and all impact valves shut off.

**LABOR**

Date	Description	Hours	Rate	Amount
01/21/2005	6:30am - 9:00am/ 2 men/ Sammy/ Marcial	5.00	58.00	290.00
	LABOR:	5.00		290.00
01/21/2005	5:00am - 6:30am/ 2 men/ Sammy/ Marcial	3.00	58.00	174.00
	TRAVEL:	3.00		174.00
	1/21/2005	Daily Totals:	<u>8.00</u>	<u>464.00</u>

**Payment Terms:** NET 10

Remit to:

Able Maintenance  
3224 Regional Parkway  
Santa Rosa, CA 95403

MATERIALS	0.00
EQUIPMENT	0.00
OTHER CHARGES	0.00
LABOR	464.00
SUB TOTAL	464.00
SALES TAX	0.00
<b>TOTAL</b>	<b>464.00</b>

**ConocoPhillips****FAX TRANSMISSION**

<b>To: Greg Breshears</b>	<b>From: Julie Lee</b> HSE SPECIALIST
<b>Company: County of Santa Clara, Environmental Resources Health, Hazardous Materials Compliance Division</b>	<b>Date: 1/31/05</b>
<b>FAX #: (408) 280-6479</b>	<b>Return FAX #: (510) 245-5179</b>

You should receive 10 page(s) including this one. If you do not receive all pages, please call me at (510) 245-5218.

**PLEASE RECYCLE THIS FAX COVER**



*This message is intended only for the use of the individual or entity to which it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone at the above phone number. Thank You.*

**SUBJECT: Corrective Actions for ConocoPhillips site #256115**

**MESSAGE:** Hi Mr. Breshears,

Please review the responses for ConocoPhillips site in Los Altos, and if you have any questions/ concerns, please call me at (510) 245-5218.

Sincerely,

Julie Lee  
HSE Specialist



# County of Santa Clara

Environmental Resources Agency  
 Department of Environmental Health  
 Hazardous Materials Compliance Division  
 1555 Berger Drive, Suite 300  
 San Jose, CA 95112-2716  
 (408) 918-3400 Fax (408) 280-6479 www.EHinfo.org

CO/PR/TA ID	PER	SC	Time
TA100024	2310	02	45
TA100023	2311	02	45
TA100022	2311	02	45

## OFFICIAL NOTICE OF INSPECTION

Facility Name: <u>CONOCO MILLERS COMPANY # 256115</u>	Inspection Date: <u>12-23-2004</u>
Site Address: <u>4350 EL CAMINO REAL, LOS AZTOS</u>	Employee No.: <u>4686</u>
Contact Person(s): <u>GREG GARATLO</u>	Samples Taken? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No. Photographs Taken? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No.
Inspection Type: <input checked="" type="checkbox"/> Hazardous Materials <input type="checkbox"/> Hazardous Waste <input type="checkbox"/> Tiered Permit <input type="checkbox"/> Toxic Gas <input type="checkbox"/> Cal-Accidental Release Prevention Program <input type="checkbox"/> Other	Hazardous Waste Generator Type: <input type="checkbox"/> < 1,000 Kg./mo. <input type="checkbox"/> ≥ 1,000 Kg./mo. <input type="checkbox"/> CESQG <input type="checkbox"/> Satellite Only

VIOLATIONS: Codes noted below in the "Violation Code" column represent specific violations of State law and/or local Ordinance. These codes are defined in the attached Violation Codes document(s). Time granted for correction of violations does not preclude any enforcement action by this Department or other agencies. This facility may be subject to reinspection at any time.

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	<u>PLEASE FORWARD THIS REPORT TO CONOCO MILLERS ENVIRONMENTAL COMPLIANCE AVAL.</u>	
	<u>INSPECTION BEGAN ON 12-13-2004 AND CONCLUDED TODAY. ALL UST MAINTENANCE BALANCE WAS TESTED ON 12-13-2004 AND FUNCTIONED PROPERLY. ALL 3 SPILL BUCKETS AND PUMP ESD SWITCH WERE TESTED ON 12-13-2004 AND PASSED. GASOLINE TANK OVERFILL MANOM WAS TESTED ON 12-13-2004 AND PASSED.</u>	
<u>2369</u>	<u>BLAND BOX 8-2000 LEAK DETECTION CHAIN FOR DISPENSER 516 91 GRADE STEER VALVE WAS TOO LOOSE TO TRIP VALVE WHEN FLOAT WAS RAISED. CHAIN LENGTH WAS ADJUSTED ON 12-13-2004. CHAINS MUST BE KEPT PROPERLY TENSIONED. LOOSENING OR DISCONNECTING CHAINS CONSTITUTES TAMPERING WITH LEAK DETECTION EQUIPMENT.</u>	

All violations must be corrected within 30 days of the inspection date unless noted otherwise, above. Section 25187.8 of the State Health and Safety Code (H&SC) requires that you write a brief description of the corrective actions you have taken to bring this facility into compliance and submit it to this Department within 5 days of achieving compliance, or within 35 days of the inspection date, whichever comes first. (Note: Detailed instructions on actions you must take are printed on the reverse side of this page.)

Received by: [Signature] Inspected by: GREG BRENNAN Entered by: [Signature]  
 10074 12-28 2004

Certification: I certify under penalty of perjury that this facility has complied with directives specified in this Notice to Comply.

Signature of Owner/Operator: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.

# THE OFFICIAL NOTICE OF INSPECTION EXPLAINED

This Official Notice of Inspection (Notice of Inspection) describes the findings made during the inspection, including all violations and any actions that must be taken by the facility to correct the violations. All violations must be corrected within 30 days of the inspection date unless noted otherwise by the inspector.

Within five working days of achieving compliance, or within 35 days of the inspection, whichever comes first, you must submit a written response which describes the corrective actions you have taken or - for those violations which are impossible to correct within 30 days - propose to take in order to bring your facility into compliance. Where proposed corrective actions are described, you must specify a date by which you expect each violation to be corrected. After you have addressed each violation, complete the certification box located at the bottom of page 1 of the Notice of Inspection. Your description of corrective actions taken, along with your signed certification of the Notice of Inspection and any required supporting documents, will serve as your written response to the inspection. Your response must be mailed to the Santa Clara County Hazardous Materials Compliance Division (HMCD) at 1555 Berger Drive, Suite 300, San Jose, CA 95112-2716.

## What Does the Information in Each Column Mean?

**Violation Code:** Codes listed in this column identify specific violations of laws, regulations, or codes which were observed during this inspection. Definitions of Violation Codes are listed on the attached Violation Codes document(s).

**Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions:** Information noted in this column describes the circumstances of any violations noted in the first column and describes how the violations may be corrected. Additionally, the inspector may use this space to note any additional observations resulting from the inspection.

**Corrective Actions Taken:** This column on the Notice of Inspection has been provided so that you can note how you have corrected or propose to correct each violation. Where proposed corrective actions are described, you must specify a date by which you expect each violation to be corrected. If more space is needed, attach additional pages.

## Why Were Two Copies of the Notice of Inspection Given to Me?

You have been given two copies so you will have a copy for your own records after you submit your written response to HMCD. Do not separate the copies until you have described all of your corrective actions and signed the certification box on page 1. The yellow copy of each page must be submitted to HMCD. The pink copy is for your records.

## What if I Disagree With a Violation Noted on the Notice of Inspection?

If you disagree with any violation listed in this Notice of Inspection, you must submit a written Notice of Disagreement, within 35 days of the inspection date, to the inspector who cited the violation. In your Notice of Disagreement, you must explain in detail why the violation does not exist. If there is sufficient space, you may use the "Corrective Actions Taken" column of this Notice of Inspection to dispute violations.

## What About Photographs or Samples Taken During the Inspection?

Since this Notice of Inspection was prepared and given to you at the end of the inspection, any photographs and sampling or laboratory results associated with the inspection were not yet available. A copy of any photographs and/or analytical results from sampling taken during this inspection will be provided to you upon written request. Other pertinent information derived from the inspection is attached to this Notice of Inspection. Photographs and sample results may be withheld in the event of a criminal investigation or other ongoing investigation.

\*\*\*\*\*

## Hazardous Waste Violations

- Per H&SC §25187.8(g)(1), failure to sign the certification on this Notice of Inspection and return it to this Department is a violation of State law.
- Per H&SC §25191, a false statement that compliance has been achieved is a violation of State law punishable by a fine of not less than \$2,000 or more than \$25,000 and/or imprisonment in the county jail for up to one year.
- Per H&SC §25187.8(j), this Department has the right to acquire the submittal of reasonable and necessary documentation in support of any claim of compliance made by your facility.

**OFFICIAL NOTICE OF INSPECTION**  
 (Continuation Page)

Facility Name: CONOCO PHILLIPS COMPANY #256115 Inspection Date: 12-23-2004

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	UPCE UST-FACILITY PAPER WITH A DATED CERTIFICATION SIGNATURE HAS STILL NOT BEEN SUBMITTED. SUBMIT FORM.	
	DISPENSER #1 91 GRADE HOSE AND DISPENSER #4 89 GRADE HOSE WERE CRACKED AND IN NEED OF REPLACEMENT. REPLACE CRACKED HOSES.	
	NOTES: 1. LINES NOT REMOVED TESTED. SINCE FAIL SAFE SHUTDOWN WAS CONFIRMED, ANNUAL LINE TESTING IS NO LONGER REQUIRED DUE TO NEW REGULATORY EXEMPTION. 2. NO FLAPPER VALVES INSTALLED. ETS TANKS HAVE BALL FLOAT VALVES AND AVAILABLE/VISUAL OVERFILL ALARM SET TO ACTIVATE AT 90% OF TANK CAPACITY. 3. MLLR WAS TESTED BY SIMULATING 3 g.p.h. LEAK. 4. MONTHLY EQUIPMENT CERTIFICATION WAS DONE BY MARTIN MARTINEZ OF TRIANGLE ENVIRONMENTAL. HIS VENDOR-ROOT LEVEL 3 CERTIFICATION IS VALID THROUGH 10-23-2005.	
2206	OBSERVED 1x55 GAL DRUM ON 12-13-2004 CONTAINING HAZARDOUS WASTE SB-989 TEB WATER (ACCUMULATION START DATE 12-6-2004). DRUM WAS LABELLED WITH FEDERAL HAZWASTE LABEL THAT IS MISSING LINEARER REQUIRED BY CALIFORNIA REGULATIONS, PHYSICAL STATE OF WASTE, AND HAZARDOUS PROPERTIES. PROPERLY LABEL HAZWASTE DRUMS.	

Received by: [Signature] Inspected by: [Signature]

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.

*B*

\*\*\*\*\*  
 \*\*\* TX REPORT \*\*\*  
 \*\*\*\*\*

TRANSMISSION OK

TX/RX NO 2281  
 CONNECTION TEL 15102455179  
 SUBADDRESS  
 CONNECTION ID  
 ST. TIME 12/23 19:01  
 USAGE T 03'25  
 PGS. SENT 3  
 RESULT OK

**County of Santa Clara**  
**Environmental Resources Agency**  
**Department of Environmental Health**  
**Hazardous Materials Compliance Division**  
 1555 Berger Drive, Suite 300  
 San Jose, CA 95112-2716  
 (408) 918-3400; Fax (408) 280-6479  
 www.EHinfo.org



# Fax

Date: December 23, 2004

Total Pages (including cover sheet): 3

To: Irene Jimenez

From: Greg Breshears

Company/Agency: ConocoPhillips Company

Phone No.: (408) 918-1978

Fax No.: (510) 245-5179

Fax No.: (408) 280-6479

Urgent

Confidential

For Review

Please Reply

## Comments:

Here is a copy of the December 23, 2004 Notice of Inspection (NOI) for the following station:

ConocoPhillips Company #256115

Please submit written responses within 35 days of the date of inspection. I instructed the dealer(s) to forward the original NOI(s) to your attention. The preferred method of response is for you to return the yellow copies of the NOI(s) with corrective actions noted in the column provided and certification signatures at the bottom.



RECEIVED BY  
ENVIRONMENTAL HEALTH  
HMCD

MAR 12 2 47 PM '04

Marketing HSE Department

1380 San Pablo Avenue  
Rodeo, CA 94572

Phone: (510) 245-5219  
Fax: (510) 245-5179

March 10, 2004

County of Santa Clara  
Environmental Resources Agency, DEH  
ATTN: Greg Breshears  
1555 Berger Drive, Suite 300  
San Jose, CA 95112-2716

Subject: 1/13/04 Notice of Inspection for ConocoPhillips Site # 256115  
4350 El Camino Real  
Los Altos, CA

Dear Mr. Breshears:

This letter serves as a response to the subject notice. Per my voice message, I apologize for the delay.

The attached notice of inspection has the written response for each deficiency noted. With regards to the deficiencies related to the Hazardous Materials Business Plan, please note that the Dealer is completely responsible for these items. The Dealer has been notified of his responsibilities and their contractor who prepares the plan (RHL) has also been notified. If the Dealer fails to correct the HMBP deficiencies, please let me know immediately and I will help encourage compliance.

At this time, ConocoPhillips has addressed all the issues identified in your report and considers the matter closed. Please let me know immediately if you believe there are any unresolved issues.

Thank you.

David Camille  
Regional Environmental Compliance Director

Attachments

Cc: Dealer: Gregory Galatolo  
David Hinds  
File 256115:NOV

**County of Santa Clara**  
**Environmental Resources Agency**  
**Department of Environmental Health**  
**Hazardous Materials Compliance Division**  
 1555 Berger Drive, Suite 300  
 San Jose, CA 95112-2716  
 (408) 918-3400; Fax (408) 280-6479  
 www.EHinfo.org



# Fax

Date: January 14, 2004		Total Pages (including cover sheet): 5	
To: Irene Jimenez		From: Greg Breshears	
Company/Agency: ConocoPhillips Company		Phone No.: (408) 918-1978	
Fax No.: (510) 245-5179		Fax No.: (408) 280-6479	
<input checked="" type="checkbox"/> Urgent	<input type="checkbox"/> Confidential	<input checked="" type="checkbox"/> For Review	<input checked="" type="checkbox"/> Please Reply

## Comments:

Here are copies of the January 14, 2004 Notices of Inspection (NOI) for the following stations:

ConocoPhillips Company #256115

Please submit written responses within 35 days of the date of inspection. I instructed the dealer(s) to forward the original NOI(s) to your attention. The preferred method of response is for you to return the yellow copies of the NOI(s) with corrective actions noted in the column provided and certification signatures at the bottom.

Thank you,

Left msg w/ Greg on 2/21/04 regarding delay in response.

**County of Santa Clara**  
**Environmental Resources Agency**  
**Department of Environmental Health**  
**Hazardous Materials Compliance Division**  
 1555 Berger Drive, Suite 300  
 San Jose, CA 95112-2716  
 (408) 918-3400 Fax (408) 280-6479 www.EH info.org

COPIES	DATE	TIME
7-100025	2:10	07
7-100023	2:11	07
7-100022	2:11	07

### OFFICIAL NOTICE OF INSPECTION

Facility Name: <b>CONOCO PHILLIPS COMPANY #256115</b>	Inspection Date: <b>1-13-2004</b>
Site Address: <b>4350 EL CAMINO REAL, LOS ALTOS</b>	Employee No.: <b>4686</b>
Contact Person(s): <b>GREG GARIBOLDI</b>	Samples Taken? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No. Photographs Taken? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No.
Inspection Type: <input checked="" type="checkbox"/> Hazardous Materials <input type="checkbox"/> Hazardous Waste <input type="checkbox"/> Tiered Permit	Hazardous Waste Generator Type: <input type="checkbox"/> < 1,000 Kg./mo. <input type="checkbox"/> ≥ 1,000 Kg./mo. <input type="checkbox"/> CESQG <input type="checkbox"/> Satellite Only
<input type="checkbox"/> Toxic Gas <input type="checkbox"/> Cal-Accidental Release Prevention Program <input type="checkbox"/> Other	

**VIOLATIONS:** Codes noted below in the "Violation Codes" column represent specific violations of State law and/or local Ordinance. These codes are defined in the attached Violation Codes document(s). Time granted for correction of violations does not preclude any enforcement action by this Department or other agencies. This facility may be subject to reinspection at any time.

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	ALL UPSTREAM EQUIPMENT WAS TESTED TODAY AND FUNCTIONED PROPERLY. PIPING WAS TESTED TODAY AND BOTH LINES PASSED. LINE LEAK DETECTORS DETECTED SPURTED 3 gal. LEAK AND REDUCED FLOW. TJS-350 FAIL-SAFE SHUT DOWN WAS CONFIRMED FOR TURBINE SCAP ALARMS. BRAIN BOX FLEAT & OTHER ALARMS WERE TESTED AND FUNCTIONED PROPERLY. ALARM ON TJS-350 GREEN POWER INDICATOR BULB WAS REPLACED TODAY.	
	WORK WAS DONE BY TIM CAROLAN (TC) OF FRANCHISE ENVIRONMENTAL. HIS VERDER-ROOT CERTIFICATION IS VALID THROUGH 4-24-2005. FIRE PISTON (LLO MANUFACTURED) REPORTEDLY HAS NO TRAINING PROGRAM COVERING TESTING OF THEIR LLOs. GIVEN THAT TC'S VERDER-ROOT & RED TACKET (VERDER-ROOT) CERTIFICATIONS ARE ACCEPTABLE FOR TESTING THIS FACILITY'S SP-MLO MECHANICAL LINE LEAK DETECTORS.	

All violations must be corrected within 30 days of the inspection date unless noted otherwise, above. Section 25187.8 of the State Health and Safety Code (H&SC) requires that you write a brief description of the corrective actions you have taken to bring this facility into compliance and submit it to this Department within 5 days of achieving compliance, or within 35 days of the inspection date, whichever comes first. (Note: Detailed instructions on actions you must take are printed on the reverse side of this page.)

Received by: [Signature] Inspected by: GREG GARIBOLDI Entered by: \_\_\_\_\_

**Certification:** I certify under penalty of perjury that this facility has complied with directives specified in this Notice to Comply.

Signature of Owner/Operator: [Signature] Title: EC Dir Date: 3/10/04

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.

**County of Santa Clara**  
**Environmental Resources Agency**  
**Department of Environmental Health**  
**Hazardous Materials Compliance Division**

1555 Berger Drive, Suite 300  
 San Jose, CA 95112-2716  
 (408) 918-3400 Fax (408) 280-6479  
 www.EHinfo.org

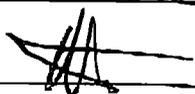
**OFFICIAL NOTICE OF INSPECTION**

(Continuation Page)

Facility Name: COMCO PHILLIPS CO. # 256115

Inspection Date: 1-13-2004

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
2301	HAZARDOUS MATERIALS BUSINESS PLAN CONTAINS ERRORS. STORAGE MAP SHOWS WRONG LOCATIONS FOR SOLVENT TANK AND VULCAN ANTIFREEZE TANK. INVENTORY SHOWS INCORRECT LARGEST CONTAINER SIZE FOR WASTE ANTIFREEZE. WASTE ANTIFREEZE IS ACCUMULATED IN A 110 GALLON PORTABLE TANK.	DENIED PERMIT. NOTIFIED DEALER & FIRM. 3/10/04
	UMFED PROGRAM CONSOLIDATED FORM (UPCF) LIT-FACILITY <del>AND</del> PAGE HAS NO CERTIFICATION DATE. NO UPCF LIT-TANK PAGES HAVE BEEN SUBMITTED. SUBMIT A REVISED HAZOP AND UPCF LIT FORMS WITHIN 30 DAYS.	SAME. SUBMITTED 3/10/04. SAME. DENIED REP.
2352	CURRENT LIT OPERATING PERMIT IS NOT POSTED AT FACILITY. PERMIT POSTED IS OLD PERMIT ISSUED TO TASEO. POST COMCO PHILLIPS - CURRENT PERMIT.	SENT TO DEALER. 2/10/04
2358	LIT MONITORING PLAN IS INCOMPLETE AND CONTAINS ERRORS AS FOLLOWS: 1. MONITORING OF WASTE OIL TANK IS NOT ADDRESSED. 2. MLLR ARE FOR VETRO STP-MLD MODELS, NOT VAPORLESS LD 2007 MODELS. 3. PLAN INCORRECTLY STATES THAT LINE TIGHTNESS TESTING IS NOT REQUIRED. SINCE UDC PUMPS ARE NOT EQUIPPED WITH FAIL-SAFE CONTINUOUS ELECTRONIC MONITORING - THIS TITR DOES NOT CURRENTLY QUALIFY FOR EXEMPTION FROM REQUIREMENT TO PERFORM ANNUAL LINE TIGHTNESS TEST. (NOTE: THIS	UPDATED PLAN. UPDATED PLAN. SUBMITTED 3/10/04

Received by: 

Inspected by: 

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.

7 2

County of Santa Clara  
Environmental Resources Agency  
Department of Environmental Health  
Hazardous Materials Compliance Division

1555 Berger Drive, Suite 300  
San Jose, CA 95112-2716  
(408) 918-3400 Fax (408) 280-6479  
www.EHinfo.org

OFFICIAL NOTICE OF INSPECTION  
(Continuation Page)

Facility Name: CONCO MILLS CO. # 25615

Inspection Date: 1-13-2004

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	SITUATION MAY CHANGE IF PROPOSED CHANGES TO STATE LUT REGULATIONS ARE ENACTED.) 4. PLAN HAS NO LUT SYSTEM PLOT PLAN.	updated PLAN
2361	LUT RESPONSE PLAN IS MISSING THE NAME OF THE REGIONAL COMPLIANCE SPECIALIST, NAMES AND JOB TITLES OF RESPONSIBLE PERSONS MUST BE ENCLOSED.	updated PLAN
	SUBMIT REVISED LUT MONITORING AND RESPONSE PLANS WITHIN 30 DAYS.	updated PLAN
2364	LUT CERTIFICATION OF FINANCIAL RESPONSIBILITY HAS NOT BEEN SUBMITTED. SUBMIT CERTIFICATION WITHIN 30 DAYS AND KEEP COPIES OF FINANCIAL RESPONSIBILITY INFORMATION AT THE FACILITY.	Submitted 3/10/04 re updated 4/15/04
	NOTE: SPILL BUCKETS WERE NOT TESTED TO DAY SINCE THEY WERE TESTED ON 10-3-2003. BUCKETS MUST BE TESTED ANNUALLY. RECOMMEND YOU PUT SPILL BUCKET TESTING ON SAME SCHEDULE AS MONITORING CERTIFICATIONS.	
	NOTE TO GREG GARLAND: PLEASE FORWARD THIS REPORT TO CONCO MILLS ENVIRONMENTAL COMPLIANCE ASAP.	

Received by: [Signature]

Inspected by: [Signature]

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.

# County of Santa Clara

Environmental Resources Agency  
 Department of Environmental Health  
 Hazardous Materials Compliance Division  
 1555 Berger Drive, Suite 300  
 San Jose, CA 95112-2716  
 (408) 918-3400 Fax (408) 280-6479 www.EHinfo.org

CO/PR/TA ID	PE	SC	Time
TA100024	2310	01	80
TA100023	2311	01	80
TA100022	2311	01	80

## OFFICIAL NOTICE OF INSPECTION

Facility Name: <u>CONOCO PHILLIPS COMPANY #256115</u>	Inspection Date: <u>1-13-2004</u>
Site Address: <u>4350 EL CAMINO REAL, LOS ALTOS</u>	Employee No.: <u>4686</u>
Contact Person(s): <u>GREG GARATOLO</u>	Samples Taken? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No. Photographs Taken? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No.
Inspection Type: <input checked="" type="checkbox"/> Hazardous Materials <input type="checkbox"/> Toxic Gas <input type="checkbox"/> Hazardous Waste <input type="checkbox"/> Cal-Accidental Release Prevention Program <input type="checkbox"/> Tiered Permit <input type="checkbox"/> Other	Hazardous Waste Generator Type: <input type="checkbox"/> < 1,000 Kg./mo. <input type="checkbox"/> ≥ 1,000 Kg./mo. <input type="checkbox"/> CESQG <input type="checkbox"/> Satellite Only

**VIOLATIONS:** Codes noted below in the "Violation Code" column represent specific violations of State law and/or local Ordinance. These codes are defined in the attached Violation Codes document(s). Time granted for correction of violations does not preclude any enforcement action by this Department or other agencies. This facility may be subject to reinspection at any time.

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	<p>ALL UP AMMUNITION EQUIPMENT WAS TESTED TODAY AND FUNCTIONED PROPERLY. PIPING WAS THEMSELVES TESTED TODAY AND BOTH LINES PASSED. LINE LEAK DETECTORS DETECTED SIMULATED 3 g.p.h. LEAK AND RESTRICTED FLOW. TDS-350 FAIL-SAFE SHUT DOWN WAS CONFIRMED FOR TURBINE JUMP ALARMS. BRAIN BOX FLOAT &amp; CHAM ASSEMBLIES WERE TESTED AND FUNCTIONED PROPERLY. BLEAT NOT TDS-350 GREEN POWER INDICATOR BULB WAS REPLACED TODAY.</p>	
	<p>TESTING WAS DONE BY TOM CORCORAN (TC) OF TRANCHE ENVIRONMENTAL. HIS VEEVER-ROOT CERTIFICATION IS VALID THROUGH 4-24-2005. FE PISTO (LLD MANUFACTURER) REPORTEDLY HAS NO TRAINING PROGRAM ORALIVE TESTING OF THEIR LLDs. GIVEN THAT TC'S VEEVER-ROOT &amp; RED TACHET (VEEVER-ROOT) CERTIFICATIONS ARE ACCEPTABLE FOR TESTING THIS FACILITY'S STP-MLD MECHANICAL LINE LEAK DETECTORS.</p>	

All violations must be corrected within 30 days of the inspection date unless noted otherwise, above. Section 25187.8 of the State Health and Safety Code (H&SC) requires that you write a brief description of the corrective actions you have taken to bring this facility into compliance and submit it to this Department within 5 days of achieving compliance, or within 35 days of the inspection date, whichever comes first. (Note: Detailed instructions on actions you must take are printed on the reverse side of this page.)

Received by: [Signature] Inspected by: GREG BRODIE Entered by: 17004  
1-15-04

Certification: I certify under penalty of perjury that this facility has complied with directives specified in this Notice to Comply.

Signature of Owner/Operator: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.

# THE OFFICIAL NOTICE OF INSPECTION EXPLAINED

This Official Notice of Inspection (Notice of Inspection) describes the findings made during the inspection, including all violations and any actions that must be taken by the facility to correct the violations. All violations must be corrected within 30 days of the inspection date unless noted otherwise by the inspector.

Within five working days of achieving compliance, or within 35 days of the inspection, whichever comes first, you must submit a written response which describes the corrective actions you have taken or - for those violations which are impossible to correct within 30 days - propose to take in order to bring your facility into compliance. Where proposed corrective actions are described, you must specify a date by which you expect each violation to be corrected. After you have addressed each violation, complete the certification box located at the bottom of page 1 of the Notice of Inspection. Your description of corrective actions taken, along with your signed certification of the Notice of Inspection and any required supporting documents, will serve as your written response to the inspection. Your response must be mailed to the Santa Clara County Hazardous Materials Compliance Division (HMCD) at 1555 Berger Drive, Suite 300, San Jose, CA 95112-2716.

## What Does the Information in Each Column Mean?

**Violation Code:** Codes listed in this column identify specific violations of laws, regulations, or codes which were observed during this inspection. Definitions of Violation Codes are listed on the attached Violation Codes document(s).

**Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions:** Information noted in this column describes the circumstances of any violations noted in the first column and describes how the violations may be corrected. Additionally, the inspector may use this space to note any additional observations resulting from the inspection.

**Corrective Actions Taken:** This column on the Notice of Inspection has been provided so that you can note how you have corrected or propose to correct each violation. Where proposed corrective actions are described, you must specify a date by which you expect each violation to be corrected. If more space is needed, attach additional pages.

## Why Were Two Copies of the Notice of Inspection Given to Me?

You have been given two copies so you will have a copy for your own records after you submit your written response to HMCD. Do not separate the copies until you have described all of your corrective actions and signed the certification box on page 1. The yellow copy of each page must be submitted to HMCD. The pink copy is for your records.

## What if I Disagree With a Violation Noted on the Notice of Inspection?

If you disagree with any violation listed in this Notice of Inspection, you must submit a written Notice of Disagreement, within 35 days of the inspection date, to the inspector who cited the violation. In your Notice of Disagreement, you must explain in detail why the violation does not exist. If there is sufficient space, you may use the "Corrective Actions Taken" column of this Notice of Inspection to dispute violations.

## What About Photographs or Samples Taken During the Inspection?

Since this Notice of Inspection was prepared and given to you at the end of the inspection, any photographs and sampling or laboratory results associated with the inspection were not yet available. A copy of any photographs and/or analytical results from sampling taken during this inspection will be provided to you upon written request. Other pertinent information derived from the inspection is attached to this Notice of Inspection. Photographs and sample results may be withheld in the event of a criminal investigation or other ongoing investigation.

\*\*\*\*\*

## Hazardous Waste Violations

- Per H&SC §25187.8(g)(1), failure to sign the certification on this Notice of Inspection and return it to this Department is a violation of State law.
- Per H&SC §25191, a false statement that compliance has been achieved is a violation of State law punishable by a fine of not less than \$2,000 or more than \$25,000 and/or imprisonment in the county jail for up to one year.
- Per H&SC §25187.8(j), this Department has the right to acquire the submittal of reasonable and necessary documentation in support of any claim of compliance made by your facility.

**OFFICIAL NOTICE OF INSPECTION**  
 (Continuation Page)

Facility Name: COMCO PHILLIPS CO. # 256115 Inspection Date: 1-13-2004

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
2301	<p>HAZARDOUS MATERIALS BUSINESS PLAN CONTAINS ERRORS. STORAGE MAP SHOWS WRONG LOCATIONS FOR SOLVENT SINK AND VIBEX ANTI-FREEZE TANK. INVENTORY SHOWS INCORRECT LARGEST CONTAINER SIZE FOR WASTE ANTI-FREEZE. WASTE ANTI-FREEZE IS ACCUMULATED IN A 110 GALLON PORTABLE TANK.</p> <p>UNITED PROGRAM CANDIDATED FORM (UPCF) UST-FACILITY <del>AND UST</del> PAGE HAS NO CERTIFICATION DATE. NO UPCF UST-TANK PAGES HAVE BEEN SUBMITTED.</p> <p>SUBMIT A REVISED HMBS AND UPCF UST FORMS WITHIN 30 DAYS.</p>	
2352	<p>CURRENT UST OPERATING PERMIT IS NOT POSTED AT FACILITY. PERMIT POSTED IS OLD PERMIT ISSUED TO TOSCO. (NOT COMCO/PHILLIPS - CURRENT PERMIT.)</p>	
2358	<p>UST MONITORING PLAN IS INCOMPLETE AND CONTAINS ERRORS AS FOLLOWS:</p> <ol style="list-style-type: none"> <li>1. MONITORING OF WASTE OIL TANK IS NOT ADDRESSED.</li> <li>2. MLLDS ARE FE PESTRO STP-MLD MODELS, NOT VAPORLESS LD2000 MODELS.</li> <li>3. PLAN INCORRECTLY STATES THAT LINE IDENTIFIERS TESTING IS NOT REQUIRED. SINCE UDC Sumps ARE NOT EQUIPPED WITH FAIL-SAFE CONTINUOUS ELECTRONIC MONITORING - THIS SITE DOES NOT CURRENTLY QUALIFY FOR EXEMPTION FROM REQUIREMENT TO PERFORM ANNUAL LINE IDENTIFIERS TESTS. (NOTE: THIS</li> </ol>	

Received by: [Signature] Inspected by: [Signature]

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.

**OFFICIAL NOTICE OF INSPECTION**  
 (Continuation Page)

Facility Name: CONALOPHILLIPS CO. # 25615

Inspection Date: 1-13-2004

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	SITUATION MAY CHANGE IF PROPOSED CHANGES TO STATE VIT REGULATIONS ARE ENACTED.) 4. PLAN HAS NO VIT SYSTEM PLOT PLAN.	
2361	VIT RESPONSE PLAN IS MISSING THE NAME OF THE REGIONAL COMPLIANCE SPECIALIST, NAMES AND JOB TITLES OF RESPONSIBLE PERSONS MUST BE INCLUDED.  SUBMIT REVISED VIT MONITORING AND RESPONSE PLANS WITHIN 30 DAYS.	
2364	VIT CERTIFICATION OF FINANCIAL RESPONSIBILITY HAS NOT BEEN SUBMITTED. SUBMIT CERTIFICATION WITHIN 30 DAYS AND KEEP COPIES OF FINANCIAL RESPONSIBILITY INFORMATION AT THE FACILITY.	
	NOTE: SPILL BUCKETS WERE NOT TESTED TODAY SINCE THEY WERE TESTED ON 10-3-2003. BUCKETS MUST BE TESTED ANNUALLY. RECOMMEND YOU PUT SPILL BUCKET TESTING ON SAME SCHEDULE AS MONITORING CERTIFICATIONS.	
	NOTE TO GREG CALATALO: PLEASE FORWARD THIS REPORT TO CONALOPHILLIPS ENVIRONMENTAL COMPLIANCE ASAP.	

Received by: [Signature]

Inspected by: [Signature]

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.

\*\*\*\*\*  
\*\*\* TX REPORT \*\*\*  
\*\*\*\*\*

TRANSMISSION OK

TX/RX NO 3689  
CONNECTION TEL 15102455179  
SUBADDRESS  
CONNECTION ID  
ST. TIME 01/14 12:54  
USAGE T 03'17  
PGS. SENT 5  
RESULT OK

**County of Santa Clara**  
**Environmental Resources Agency**  
**Department of Environmental Health**  
**Hazardous Materials Compliance Division**  
1555 Berger Drive, Suite 300  
San Jose, CA 95112-2716  
(408) 918-3400; Fax (408) 280-6479  
www.EHinfo.org



# Fax

<b>Date: January 14, 2004</b>		<b>Total Pages (including cover sheet): 5</b>	
<b>To: Irene Jimenez</b>		<b>From: Greg Breshears</b>	
<b>Company/Agency: ConocoPhillips Company</b>		<b>Phone No.: (408) 918-1978</b>	
<b>Fax No.: (510) 245-5179</b>		<b>Fax No.: (408) 280-6479</b>	
<input checked="" type="checkbox"/> <b>Urgent</b>	<input type="checkbox"/> <b>Confidential</b>	<input checked="" type="checkbox"/> <b>For Review</b>	<input checked="" type="checkbox"/> <b>Please Reply</b>

**Comments:**

Here are copies of the January 14, 2004 Notices of Inspection (NOI) for the following stations:

**ConocoPhillips Company #256115**

Please submit written responses within 35 days of the date of inspection. I instructed the dealer(s) to forward the original NOI(s) to your attention. The preferred method of response is for you to return the yellow copies of the NOI(s) with corrective actions noted in the column provided and certification signatures at the bottom.

RECEIVED BY  
ENVIRONMENTAL HEALTH  
HMCD

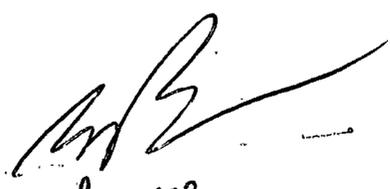
MAY 15 2 37 PM '03

Environmental Compliance Dept.  
Marketing Division  
1380 San Pablo Avenue  
Rodeo, CA 94572

**ConocoPhillips**

May 8, 2003

Attention: Greg Breshears  
County of Santa Clara  
1555 Berger Drive, Suite 300  
San Jose, CA 95112-2716

Reviewed 

Date MAY 29, 2003

Re: ConocoPhillips Change of Address  
Environmental Compliance Documentation  
Environmental Compliance Contacts

Dear Greg Breshears,

As you may already know, August 30, 2002 marked an important day for our company. Phillips Petroleum Company and Conoco Inc. became wholly owned subsidiaries of newly formed ConocoPhillips. Through mergers and acquisitions, many entities fall under ConocoPhillips. These entities can include Tosco, Circle K, Union 76, and maybe even Unocal.

Given the nature of the merger between the two companies, our regional office will be moving. Our new address, effective immediately, is shown on the top of this page. Additionally, our phone and fax numbers have also changed. New contact information can be found on the attached map. It is important to note that our regional office relocation does not effect the Phoenix, AZ location where invoices or operating permits should be sent. *← Phoenix Records Location*

Environmental performance has always been a core value at ConocoPhillips. We continue to develop and implement new best practices to help protect our environment. In achieving this objective, we want to inform you of our consistent and accessible record-keeping program. This program should meet all your documentation guidelines and is designed to be easy and accessible to all our employees and any agency inspectors. Please use this letter and the enclosed documentation as a tool to educate your agency inspectors on our environmental documentation collection process.

All site-specific environmental and safety documentation is kept in a blue or black pendoflex file folder (see attached photographs). These document holders are called the "SafeZone Records Box", for corporate owned sites, or the "Environmental Records Box", for dealer locations. The pendoflex folder should be located in an accessible location at every facility. A new pendoflex is prepared for each site annually and it is designed to hold that year's current information.

Finally, in an effort to improve our environmental performance, ConocoPhillips is asking each agency to take a few moments to answer the attached questionnaire. Our long-term goal is to be the top performer when compared to other major oil companies. Your valuable input will assist us in improving compliance at our 76 branded facilities throughout the West. Thank you in advance for filling out this questionnaire and returning it in the self-addressed, stamped envelop.

ConocoPhillips knows that it is our responsibility to do our very best to protect the environment and insure recordkeeping is maintained at the highest standards. We look forward to a mutually rewarding and environmentally conscious relationship. If you have any questions, comments or concerns, please feel free to contact me or your local Environmental Compliance Specialist.

Sincerely,



*David J. Camille*  
David J. Camille  
Regional Environmental Compliance Director  
California, Oregon, Washington and Hawaii

# West Coast Environmental Compliance



David Camille – Regional EC Director  
(510) 245-5219/ 5179 : office/fax  
(707) 590-0303 : cell



Irene Jimenez  
(510) 245-5176/ 5179 : office/fax  
(925) 989-8208 : cell



Janette Thompson  
(510) 245-5218/ 5179 : office/fax



Stephen Boyd  
(714) 428-6572/ 8080 : office/fax  
(714) 271-8754 : cell



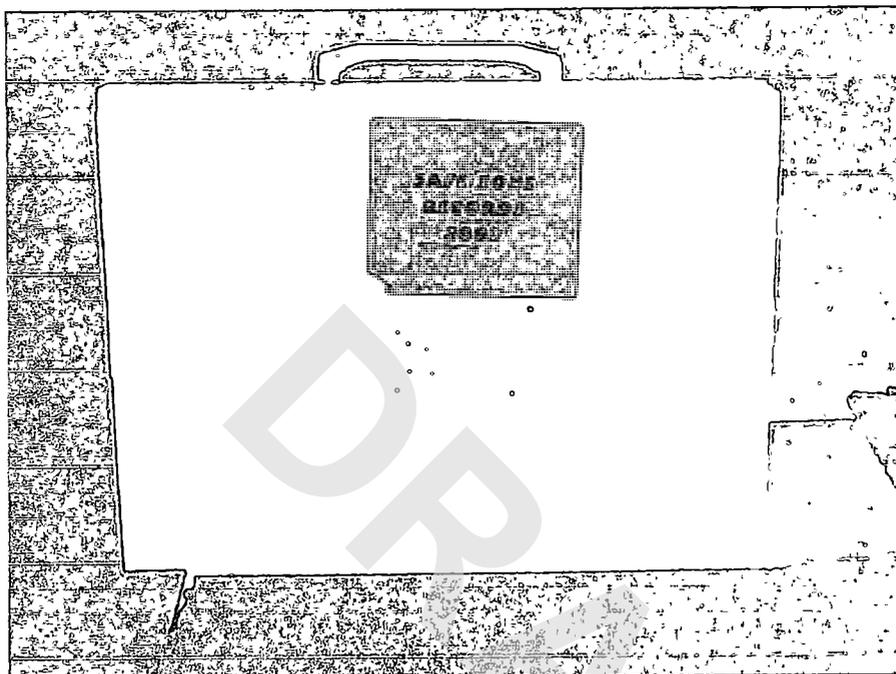
Suzanne Park  
(714) 428-7735/ 8080 : office/fax  
(949) 632-7728 : cell

Sonia Ray  
(714) 428-7639/ 8080 : office/fax

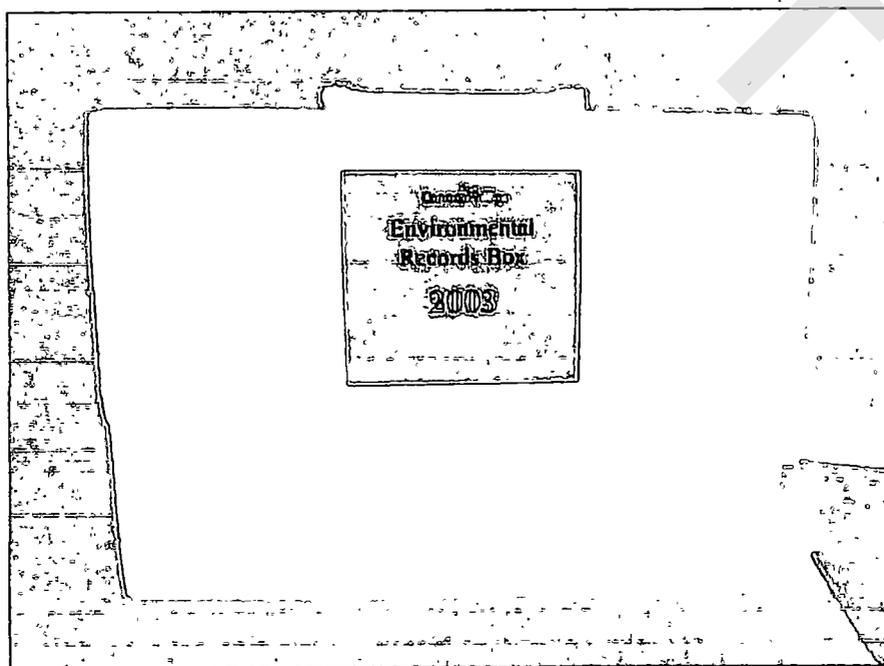
1380 San Pablo Ave  
Rodeo, CA 94572

3611 Harbor Blvd  
Santa Ana, CA 92704

## SafeZone Records Box



## Environmental Records Box



CO/PR/TA ID	PE	SC	Time
TA100024	2310	02	60
TA100023	2311	02	60
TA100022	2311	02	60

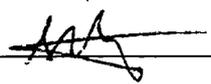
**OFFICIAL NOTICE OF INSPECTION**

Facility Name: <b>ConocoPhillips Company #256115</b>	Inspection Date: <b>2/12/2003</b>
Site Address: <b>4350 El Camino Real, Los Altos</b>	Employee No.: <b>4686</b>
Contact Person(s): <b>Greg Galatolo</b>	Samples Taken? <input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No. Photographs Taken? <input checked="" type="checkbox"/> Yes; <input type="checkbox"/> No.
Inspection Type: <input checked="" type="checkbox"/> Hazardous Materials <input type="checkbox"/> Toxic Gas <input type="checkbox"/> Hazardous Waste <input type="checkbox"/> Cal-Accidental Release Prevention Program <input type="checkbox"/> Tiered Permit <input type="checkbox"/> Other	Hazardous Waste Generator Type: <input type="checkbox"/> < 1,000 Kg./mo. <input type="checkbox"/> ≥ 1,000 Kg./mo. <input type="checkbox"/> CESQG <input type="checkbox"/> Satellite Only

**VIOLATIONS:** Codes noted below in the "Violation Code" column represent specific violations of State law and/or local Ordinance. These codes are defined in the attached Violation Codes document(s). Time granted for correction of violations does not preclude any enforcement action by this Department or other agencies. This facility may be subject to reinspection at any time.

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	<b>Note to Greg Galatolo: Please immediately forward this report to Janette Thompson of ConocoPhillips Environmental Compliance.</b>	
	<b>Inspection began on 1/15/2003 and concluded today. All UST monitoring equipment was tested on 1/15/2003 by Tom Corcoran of Triangle Environmental and functioned properly except as noted below. Product lines were tightness tested and passed. Copies of Monitoring System Certification Form and line tightness test report are due within 30 days of test date, and have not yet been received. Submit copies within 10 days.</b>	
<b>2350</b>	<b>ConocoPhillips does not have a permit to operate the USTs at this site. Certification signatures on the submitted Unified Program Consolidated Form (UPCF) Business Owner/Operator Identification and UST-Facility pages are not dated. No UPCF UST-Tank pages</b>	
<b>2364</b>	<b>have been submitted. No UST Certification of Financial</b>	
<b>2367</b>	<b>Responsibility has been submitted. No Payment of permit fees has</b>	

All violations must be corrected within 30 days of the inspection date unless noted otherwise, above. Section 25187.8 of the State Health and Safety Code (H&SC) requires that you write a brief description of the corrective actions you have taken to bring this facility into compliance and submit it to this Department within 5 days of achieving compliance, or within 35 days of the inspection date, whichever comes first. (Note: Detailed instructions on actions you must take are printed on the reverse side of this page.)

Received by:  Inspected by: Greg Breshears  Entered by: 10129

02-14-03

**Certification: I certify under penalty of perjury that this facility has complied with directives specified in this Notice to Comply.**

Signature of Owner/Operator: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.

## THE OFFICIAL NOTICE OF INSPECTION EXPLAINED

This Official Notice of Inspection (Notice of Inspection) describes the findings made during the inspection, including all violations and any actions that must be taken by the facility to correct the violations. All violations must be corrected within 30 days of the inspection date unless noted otherwise by the inspector.

Within five working days of achieving compliance, or within 35 days of the inspection, whichever comes first, you must submit a written response which describes the corrective actions you have taken or - for those violations which are impossible to correct within 30 days - propose to take in order to bring your facility into compliance. Where proposed corrective actions are described, you must specify a date by which you expect each violation to be corrected. After you have addressed each violation, complete the certification box located at the bottom of page 1 of the Notice of Inspection. Your description of corrective actions taken, along with your signed certification of the Notice of Inspection and any required supporting documents, will serve as your written response to the inspection. Your response must be mailed to the Santa Clara County Hazardous Materials Compliance Division (HMCD) at 1555 Berger Drive, Suite 300, San Jose, CA 95112-2716.

### What Does the Information in Each Column Mean?

**Violation Code:** Codes listed in this column identify specific violations of laws, regulations, or codes which were observed during this inspection. Definitions of Violation Codes are listed on the attached Violation Codes document(s).

**Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions:** Information noted in this column describes the circumstances of any violations noted in the first column and describes how the violations may be corrected. Additionally, the inspector may use this space to note any additional observations resulting from the inspection.

**Corrective Actions Taken:** This column on the Notice of Inspection has been provided so that you can note how you have corrected or propose to correct each violation. Where proposed corrective actions are described, you must specify a date by which you expect each violation to be corrected. If more space is needed, attach additional pages.

### Why Were Two Copies of the Notice of Inspection Given to Me?

You have been given two copies so you will have a copy for your own records after you submit your written response to HMCD. Do not separate the copies until you have described all of your corrective actions and signed the certification box on page 1. The yellow copy of each page must be submitted to HMCD. The pink copy is for your records.

### What if I Disagree With a Violation Noted on the Notice of Inspection?

If you disagree with any violation listed in this Notice of Inspection, you must submit a written Notice of Disagreement, within 35 days of the inspection date, to the inspector who cited the violation. In your Notice of Disagreement, you must explain in detail why the violation does not exist. If there is sufficient space, you may use the "Corrective Actions Taken" column of this Notice of Inspection to dispute violations.

### What About Photographs or Samples Taken During the Inspection?

Since this Notice of Inspection was prepared and given to you at the end of the inspection, any photographs and sampling or laboratory results associated with the inspection were not yet available. A copy of any photographs and/or analytical results from sampling taken during this inspection will be provided to you upon written request. Other pertinent information derived from the inspection is attached to this Notice of Inspection. Photographs and sample results may be withheld in the event of a criminal investigation or other ongoing investigation.

\*\*\*\*\*

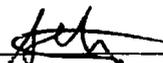
### Hazardous Waste Violations

- Per H&SC §25187.8(g)(1), failure to sign the certification on this Notice of Inspection and return it to this Department is a violation of State law.
- Per H&SC §25191, a false statement that compliance has been achieved is a violation of State law punishable by a fine of not less than \$2,000 or more than \$25,000 and/or imprisonment in the county jail for up to one year.
- Per H&SC §25187.8(j), this Department has the right to acquire the submittal of reasonable and necessary documentation in support of any claim of compliance made by your facility.

**OFFICIAL NOTICE OF INSPECTION**  
 (Continuation Page)

Facility Name: Conoco Phillips Company #256115 Inspection Date: 2/12/2003

Violation Codes	Summary of Violations, Notice to Comply, Observations, and Required Corrective Actions	Corrective Actions Taken
	been submitted. Submit properly completed UPCF forms, Certification of Financial Responsibility, and a check in the amount of \$1,585.50 within 10 days. Include with your submittals a copy of the written agreement between ConocoPhillips and UST operator Greg Galatolo.	
2358	The written UST Monitoring Program for this facility is incomplete and is not approved. The UST monitoring procedures do not address monitoring of the waste oil UST. They incorrectly state that annual line tightness testing is not required. Such testing is required since the under-dispenser containment (UDC) is not equipped with fail-safe monitoring. No information on manufacturer and model of the leak sensors in the annular spaces, piping sumps, and UDC is included (the written program references the Monitoring System Certification form, but no such form was included with the program, and such forms frequently do not identify the manufacturer of equipment or complete model numbers). No UST system plot plan is included. The UST Response Plan portion of the written program does not identify the Regional Compliance Specialist by name. Submit a revised written UST Monitoring Program within 30 days.	
2361		
2369 2382 2357	Leak detection monitoring equipment inside the under-dispenser containment (UDC) units was tampered with in a manner that rendered the equipment inoperable: The following Bravo floats/chains were not providing leak detection because the chains were too slack to trip the shear valves: Dispenser 3/4 87 grade; Disp. 5/6 91 grade; Disp. 9/10 87 grade; Disp. 11/12 87 grade; Disp. 13/14 87 grade. The following Bravo floats/chains were only	

Received by:  Inspected by: Greg Breshears 

FACILITY SENDS YELLOW COPY TO AGENCY, KEEPS PINK COPY.

*81*



\*\*\*\*\*  
 \*\*\* TX REPORT \*\*\*  
 \*\*\*\*\*

TRANSMISSION OK

TX/RX NO 0129  
 CONNECTION TEL 19252772361  
 SUBADDRESS  
 CONNECTION ID  
 ST. TIME 02/12 18:51  
 USAGE T 03'11  
 PGS. SENT 6  
 RESULT OK

**County of Santa Clara**  
**Environmental Resources Agency**  
**Department of Environmental Health**  
**Hazardous Materials Compliance Division**  
 1555 Berger Drive, Suite 300  
 San Jose, CA 95112-2716  
 (408) 918-3400; Fax (408) 280-6479  
 www.EHinfo.org



# Fax

Date: February 12, 2003

Total Pages (including cover sheet): 6

To: Janette Thompson

From: Greg Breshears

Company/Agency: ConocoPhillips Company

Phone No.: (408) 918-1978

Fax No.: (925) 277-2361

Fax No.: (408) 280-6479

Urgent

Confidential

For Review

Please Reply

## Comments:

Here are copies of the February 12, 2003 Notices of Inspection (NOI) for the following stations:

ConocoPhillips Company #255957

ConocoPhillips Company #256115

Please submit written responses within 35 days of the date of inspection. I instructed the dealer to forward the original NOIs to your attention. The preferred method of response is for you to return the yellow copies of the NOIs with corrective actions noted in the column provided and

**ConocoPhillips**  
ConocoPhillips Company  
A Division of ConocoPhillips

RECEIVED BY  
ENVIRONMENTAL HEALTH  
HMCD  
JAN 13 2 23 PM '03  
P.O. Box 51075  
Phoenix, AZ 85012  
BUS: (602) 728-3504  
FAX: (602) 728-5245

January 8, 2003

**Certified Mail 7001 2510 0007 1385 1672**

Santa Clara County  
Dept of Environmental Health  
PO Box 28070  
San Jose, CA 95159-8070

Dear Regulatory Agency:

RE: Environmental Permit Name changes

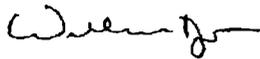
As you have been notified by previous correspondence, ConocoPhillips, Inc. is dissolving the wholly owned subsidiary company Tosco Corporation effective December 31, 2002. In doing this, all environmental permits currently held in the name of Tosco Corporation will need to be changed to ConocoPhillips Company. Please make this change effective January 1, 2003.

Attached, please find a list of the sites in your jurisdiction affected by this name change and any requested documents. Not included with this submission is the financial responsibility certification that was sent separately to arrive before January 1<sup>st</sup>. Since this is a name change and does not involve UST modifications, the UST information on the existing Form B's remains the same. As you make this change, please understand your current company contacts, phone numbers, addresses for correspondence and permit renewals will remain unchanged.

If any additional information is needed for this name change, please contact Don Esperson of Western States Contracting and Engineering LLC at 480-924-2150 or 480-239-3995 cell. Western States is the outside contractor for ConocoPhillips performing document preparation for this name change.

Thank you for your assistance in helping ConocoPhillips complete this change.

Sincerely yours,



William C. Bunch  
National Director, Environmental Compliance

enclosures

Reviewed By   
Date JANUARY 15, 2003  
FINANCIAL RESPONSIBILITY INFORMATION  
HAS NOT BEEN SUBMITTED  
CPCF FORMS HAVE NO CERTIFICATION NOTES  
UST FORMS & MUTS BE SUBMITTED BY NEW  
OWNER. NEW HMBPs NOT NEEDED SINCE  
DEMOS ARE SHOWN AS HMBP BUSINESS CHANGES  
HMBPs ON FILE NEED UPDATES.

Current entity (previous owner)	New CP Site number	Address	City	County
Tosco	255957	330 S SAN ANTONIO RD.	LOS ALTOS	SANTA CLARA
Tosco	256115	4350 EL CAMINO REAL	LOS ALTOS	SANTA CLARA
Tosco	256859	12015 SARATOGA SUNNYVALE RD	SARATOGA	SANTA CLARA
Tosco	2611212	14395 BIG BASIN WAY	SARATOGA	SANTA CLARA

DRAFT

# FACILITY FILE INFORMATION

Date Completed: 2/12/2003

Staff: Breshears

## General Information:

Facility Name: <u>ConocoPhillips Company #256115</u>	Facility ID No.: <u>201602</u>
Site Address: <u>4350 El Camino Real</u>	City: <u>Los Altos</u>
Contact Person: <u>Janette Thompson</u>	Contact Phone No.: <u>(925) 277-2404</u>
Contact Fax No.: <u>( )</u>	Contact E-mail Address: _____
<input checked="" type="checkbox"/> HazMat Storage Program Facility: <input checked="" type="checkbox"/> UST <input type="checkbox"/> TGO <input type="checkbox"/> CalARP	
<input type="checkbox"/> HazWaste Generator Program Facility: <input type="checkbox"/> On-Site Recycling <input type="checkbox"/> CECL <input type="checkbox"/> CEL <input type="checkbox"/> CESQT <input type="checkbox"/> CESW <input type="checkbox"/> CA <input type="checkbox"/> PBR <input type="checkbox"/> CRT Handler <input type="checkbox"/> Remote Consolidation Site	
Previous Business Name(s) at This Address: <u>Tosco Station #256115, Union Station #256115, Union #6115</u>	
Previous Site Address: _____	City: _____

## Documents:

Document <i>(Check box if required)</i>	Status
<input checked="" type="checkbox"/> HM Business Plan	1/14/03
<input type="checkbox"/> Remote/Unmanned One-Time HMBP	
<input type="checkbox"/> HM/HW Registration Form	
<input type="checkbox"/> A/G Monitoring Plan	N/A (Los Altos)
<input checked="" type="checkbox"/> UST Permit Form A	1/13/03 Undated
<input checked="" type="checkbox"/> UST Permit Form(s) B	None
<input type="checkbox"/> UST Certification Form C	
<input checked="" type="checkbox"/> UST Monitoring Plan	1/7/03 Incomplete
<input checked="" type="checkbox"/> UST Response Plan	1/7/03 Incomplete
<input checked="" type="checkbox"/> UST Certification of Financial Responsibility	None
<input checked="" type="checkbox"/> UST Owner/Operator Agreement	
<input type="checkbox"/> CalARP Registration Form	
<input type="checkbox"/> CalARP Plan	
<input type="checkbox"/> SPCC Plan	
<input type="checkbox"/> HW Generator Permit Application	
<input type="checkbox"/> Recyclable Materials Reporting Form	
<input type="checkbox"/> On Site HW Treatment Notification Form	
<input type="checkbox"/> Remote Waste/Consolidation Site Notif. Form	

**Special Equipment Needed for Inspection/Comments:** *(e.g. Unmanned site, etc. Date all comments.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Brian McPheely**

Service Technician - Northwest Division

Local (209) 365-1246 Cell (209) 810-3985  
Toll Free (800) 964-0180 Fax (209) 365-1543  
bmcpheely@tanknology.com  
1110 W. Kettleman, Suite 37-38, Lodi, CA 95240  
www.tanknology.com



# FIRE DEPARTMENT SANTA CLARA COUNTY

14700 Winchester Blvd., Los Gatos, CA. 95032-1818  
(408) 378-4010 • (408) 378-9342 (fax) • www.sccfd.org



## APPLICATION FOR COPIES OF PUBLIC RECORDS

Read Instructions For Review Carefully

### COMPANY OR SITE FOR WHICH RECORDS ARE REQUESTED

Please Type or Print Legibly

BUSINESS NAME: \_\_\_\_\_

STREET ADDRESS: 4350 El Camino Real

CITY/ZIP : Los Altos, CA 94022

### INFORMATION REQUESTED BY:

NAME: Megan Nolet

BUSINESS NAME: AEI Consultants

STREET: 3880 S. Bascom Ave, Suite 109

CITY/ZIP: San Jose, CA 95124

PHONE: (408) 559-7600 FAX: (408) 559 - 7601

### INFORMATION REQUESTED

Any records pertaining to aboveground or underground storage tanks,

hazardous materials storage/disposal and/or industrial waste discharges.

\_\_\_\_\_

\_\_\_\_\_

Organized as the Santa Clara County Central Fire Protection District

*Serving Santa Clara County and the communities of Campbell, Cupertino, Los Altos,  
Los Altos Hills, Los Gatos, Monte Sereno, Morgan Hill, and Saratoga*

**INSTRUCTIONS FOR REVIEW OF FIRE DEPARTMENT RECORDS**

1. Applications for review of public records must be submitted on Santa Clara County Fire Department's standard application form.
2. The specific street address must be provided for the site. Additional sites must be submitted on separate application forms.
3. You will be contacted by telephone when files are available and a time will be scheduled for the files to be reviewed. Please allow 10 working days for files to be made available.
4. If the files are not reviewed on the date scheduled, and no contact is made to reschedule, the records will be returned to the files and a new application must be submitted.
5. Files must be reviewed in the designated area of the Bureau of Fire Prevention office.
6. No documents may be removed from the files. Contents of files may not be reorganized.
7. File reviews must be completed no later than 5:00 pm. You will be allowed to return at 8:00am the next work day to complete your review if necessary.
8. If extended time is required to review files, notify our office and the files will be kept available for your review for up to five working days.
9. Copying of documents is allowable with the exception of maps and drawings. A \$5.00 fee is charged for copying plus 5 cents per page printed. Fees must be paid by check or exact change only.

I have read and understand the above instructions.

Megan Nolet

\_\_\_\_\_  
SIGNATURE

10/16/2018

\_\_\_\_\_  
DATE

(Form #1/95 Rev. 2/12/09)

---

Organized as the Santa Clara County Central Fire Protection District

*Serving Santa Clara County and the communities of Campbell, Cupertino, Los Altos,  
Los Altos Hills, Los Gatos, Monte Sereno, Morgan Hill, and Saratoga*

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## PUBLIC RECORDS REQUEST

DATE REQUEST RECEIVED: OCTOBER 16, 2018

SITE ADDRESS:

***4350 EL CAMINO REAL***

ACCESSOR PARCEL NUMBER *167 - 11 - 041*

**ANY PERMIT BEGINNING WITH NUMBERS OVER 50000 HAVE BEEN GENERATED FROM OUR COMPUTERIZED SYSTEM AND COPIES CANNOT BE REPRODUCED.**

<u>PERMIT NO.:</u>	<u>DATE ISSUED:</u>	<u>DESCRIPTION:</u>	<u>STATUS:</u>
10634	09/27/68	Construct Service Station	Finaled
33333	10/01/90	Demolition of (2) tanks at gas station	Finaled
33362	10/31/90	Demo dispensing islands at gas station	Finaled
33485	10/31/90	Underground tank, electrical and plumbing (piping); extend dispenser islands	Finaled
51638	10/25/94	Tenant Improvement – sales room remodel	Finaled
65546	08/07/01	Raise (2) exterior canopies from 11'6" to 15'6"	Finaled
66181	12/05/01	Remove and replace underground gas piping	Finaled
75901	05/25/06	Install new pole sign; reface building sign; install new fascia and sign canopy	Incomplete
65099990	09/25/08	Install enhanced vapor recovery system per California state mandate	Finaled

LOCATION	EL CAMINO REAL	STREET NO.	4350	DATE	9/27/68	FILE NO.	8/238	PERMIT NO.	A10634
TRACT	Parcel 2, Nakashima D/L								
USE ZONE	C-3	SETBACK	60'	SIDE LINE	---	REAR LINE	---	WIDTH	173' x 157'
TYPE OF CONSTRUCTION	FIVE, one hour	NEW UNITS	---	DESCRIPTION OF BUILDING	---	NO. HEATED	---	HEIGHT	12'
BUNDR.		OCC. GRP.	P-1	TO BE USED AS	Service Stantion	ESTIMATED COST		NEW	\$45,000
		OWNER				ADNL			
		Union Oil Company of California				ALTN.			
		425 First Street				REP.			
		San Francisco, California							

NOTES:

This permit is issued subject to compliance with all applicable City and State laws, and local orders of the Building Inspector.

BUILDING INSPECTOR

CITY OF LOS ALTOS  
 OFFICE OF THE BUILDING INSPECTOR  
 CITY HALL, LOS ALTOS, CALIF.  
 940-1491

Inspections are required as work progresses. Request inspections as scheduled on Inspection Record.

TREASURER'S COPY



**CITY OF LOS ALTOS**  
 DIVISION OF BUILDING INSPECTION  
 1 N. SAN ANTONIO RD.  
 LOS ALTOS, CA 94022 (415) 948-0226

I certify that I am a licensed contractor and that my license is in full force and effect.  
 Signature: [Signature]  
 License Number: 104-90 390115 Class: B

I certify that I am exempt from the provisions of Chapter V, Division 3, B and P Code (Contractor's License Law) because: (Check applicable statement)  
 W. A. I am the owner of the above property and I will contract to have all of the above work performed by licensed contractors.  
 W. B. I am the owner of the property and the work will be partially accomplished in accordance with Statement "A" and the other work will be accomplished in accordance with Statement "C".  
 W. C. I am the owner of the above property and I will perform the above work personally or through my employees whose sole compensation will be wages, and the above-described structure is not intended or offered for sale.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 I certify that in the performance of the work for which this permit is issued I shall not employ any person in any manner so as to become subject to the Worker's Compensation Law of California.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 NOTICE TO APPLICANT: If, after making the Certificate of Exemption, you should become subject to the Worker's Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

I certify that I have a certificate of consent to self-insure, or a Certificate of Worker's Compensation Insurance, or a certified copy thereof.  
 Policy No: AWC109883 Company: Golden Eagle Ins Co  
 Exp: 10-1-91  
 Certified copy is hereby furnished.  
 Certified copy is filed with the Building Division, City of Los Altos.

I certify that I have read this application and state that the information given is true and correct. I agree to comply with all City ordinances and State laws relating to the building construction, and (415) 948-0226 for penalty of law.  
 Signature: [Signature] Date: 10-1-90  
 Authority: a Separable, Authorized Agent

**NOTICE!**

The job copy of this permit shall be posted conspicuously on the job to make the required entries thereon.  
 This permit will expire if work is not started in 180 days, or if work is abandoned for more than 180 days. This is a Building Permit when properly filed out, signed and validated, and is not trans-ferable.  
 Do not conceal or cover any construction until the work is inspected and the inspection is recorded on the back of the job copy and office copy of this permit.

APPRO. REC'D.	DATE	BY	PERMIT ISSUED	DATE	BY
	10-1-90	KK	10-1-90		Kelly Knobel
BUILDING ADDRESS	4350 El Camino Real		APT / UNIT NO.		
APPLICANT	Robert Lee & Assoc.		MAILING ADDRESS	900 Larkspur Landing	
CITY	Larkspur	STATE	CA	TELEPHONE	(415) 401-8890
OWNER	UNOCAL		MAILING ADDRESS	2000 Crow Canyon	
CITY	San Ramon	STATE	CA	TELEPHONE	(925) 716-0700
GENERAL CONTRACTOR	Dan Brenton Company		TELEPHONE	(925) 726-1978	
MAILING ADDRESS	2634 Paper Lane				
ARCHITECT OR ENGINEER	Robert Lee Assoc.		TELEPHONE	(415) 401-8890	
<b>BUILDING PERMIT</b>					
TYPE OF CONST.	DOC. GROUP	USE ZONE	ASSESSOR'S PARCEL NO.	FLOOD ZONE (YES OR NO)	
DESCRIPTION OF WORK: <u>Demolition - 2 tanks @ gas station</u>					
NEW	ADDITION	ALTERATIONS	REPAIRS		
SO. FT. SIZE	NO. OF BEDROOMS	NO. OF STORIES	GARAGE SIZE	GARAGE ATT <input type="checkbox"/> DET <input type="checkbox"/>	
LOT SIZE	LOT AREA	HEIGHT	LIVING UNITS		
TOTAL AREA OCCUPIED	SO. FT. +	LOT AREA	VARIANCE NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>PLUMBING PERMIT</b>					
PLUMBING CONTRACTOR	WORK. COMP. #		TELEPHONE ( )		
MAILING ADDRESS	CITY LICENSE #	STATE LICENSE #			
<b>ELECTRICAL PERMIT</b>					
ELECTRICAL CONTRACTOR	WORK. COMP. #		TELEPHONE ( )		
MAILING ADDRESS	CITY LICENSE #	STATE LICENSE #			
<b>MECHANICAL PERMIT</b>					
MECHANICAL CONTRACTOR	WORK. COMP. #		TELEPHONE ( )		
MAILING ADDRESS	CITY LICENSE #	STATE LICENSE #			

VALUATIONS:		<b>PERMIT NO.</b> <b>33333</b>
Blgd.		
Plumbing		
Mechanical		
Other	4500	
Total		
The issuance or granting of a permit or approval of plans and specifications shall not be construed to be a permit for, or an approval of, any violation of any of the provisions of this code or of any other ordinance of the jurisdiction, including, but not limited to, easements, setbacks, property lines, right-of-ways, utility areas, or construction codes. No permit presuming to give authority to violate or cancel the provisions of this code shall be valid. The issuance of a permit based upon submitted information and other data shall not prevent the building official from thereafter requiring the correction of errors in said information and other data, or from preventing building operations to stop work immediately.		
APPLICANTS SIGNATURE: <u>[Signature]</u>		
<b>DO NOT WRITE BELOW THIS POINT</b>		
PERMIT FEES:	Plan Check Fee	
Blgd. 260-	Date Paid	
Plumbing	Inv. #	
Electrical	<b>APPROVALS</b>	
Mechanical	S.C.V.W.D. Date	
Seismic Tax	Map. Rec. Date	
Const. Tax	Plann. Date	
Micro Film	Fire Date	
Other	Eng. Date	
Other	Blgd. Date	9-28-90
Other	A. & S. Date	
Total Fees: 260-	Variance Date	
COMMENTS: S17		

OFFICE





**CITY OF LOS ALTOS**  
 DIVISION OF BUILDING INSPECTION  
 1 N. SAN ANTONIO RD.  
 LOS ALTOS, CA 94022 (415) 948-0226

I certify that I am a licensed contractor and that my license is in full force and effect.

Signature: Dan Bunker  
 Date: 10-31-90 License Number: 390115 Class: B/C2/C2

I certify that I am exempt from the provisions of Chapter 9, Division 3, B and P Code (Contractor's License Law) because: (Check applicable statement)

- W. A. I am the owner of the above property and I will contract to have all of the above work performed by licensed contractors.
- W. B. I am the owner of the property and the work will be partially accomplished in accordance with Statement "A" and the other work will be accomplished in accordance with Statement "C".
- W. C. I am the owner of the above property and I will perform the above work personally or through my employees whose sole compensation will be wages, and the above-described structure is not intended or offered for sale.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 I certify that in the performance of the work for which this permit is issued I shall not employ any person in any manner so as to become subject to the Worker's Compensation Laws of California.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**NOTICE TO APPLICANT:** If, after making this Certificate of Exemption, you should become subject to the Worker's Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

I certify that I have a certificate of consent to self-insure, or a Certificate of Worker's Compensation Insurance, or a certified copy thereof:  
 Policy No. PWC102883 Company: Golden Eagle  
 Exp. 10-1-91  
 Certified copy is hereby furnished.  
 Certified copy is filed with the Building Division, City of Los Altos.

I certify that I have read this application and state that the information given is true and correct. I agree to comply to all City ordinances and State laws relating to the building construction, and I make this statement under penalty of law.  
 Signature: Dan Bunker Date: \_\_\_\_\_  
 Applicant's Signature, or Authorized Agent

**NOTICE!**

This job copy of this permit shall be posted conspicuously on the job to make the required entries thereon.

This permit will expire if work is not started in 180 days, or if work is abandoned for more than 180 days. This is a Building Permit when properly filed out, signed and validated, and is not transferable.

Do not conceal or cover any construction until the work is inspected and the inspection is recorded on the back of the job copy and office copy of this permit.

APPRO. REC'D.	DATE <u>10-7-90</u> BY <u>KL</u>	PERMIT ISSUED DATE <u>10/31/90</u> BY <u>Kelly Kuebel</u>
BUILDING ADDRESS <u>4350 El Camino Real</u>		APT./UNIT NO. <u>1</u>
APPLICANT <u>Robert Lee &amp; Assoc</u>		MAILING ADDRESS
CITY <u>Laekspur</u>	STATE <u>CA</u>	TELEPHONE <u>415-461-8840</u>
OWNER <u>Unocal</u>	MAILING ADDRESS <u>2000 Crow Canyon</u>	
CITY <u>San Ramon</u>	STATE <u>CA</u>	TELEPHONE <u>925-381-0760</u>
GENERAL CONTRACTOR <u>Dan Brenton Const.</u>		TELEPHONE ( )
MAILING ADDRESS <u>2124 Pacer Lane</u>		
ARCHITECT OR ENGINEER <u>Robert H. Lee &amp; Assoc</u>		TELEPHONE <u>415-461-8840</u>
<b>BUILDING PERMIT</b>		
TYPE OF CONST.	OCC. GROUP	USE ZONE
		ASSESSORS PARCEL NO.
		FLOOD ZONE (YES OR NO)
DESCRIPTION OF WORK <u>Demo Disp. Islands @ Gas Station</u>		
NEW	ADDITION	ALTERATIONS
		REPAIRS
SQ. FT. SIZE	NO. OF BEDROOMS	NO. OF STORIES
		GARAGE SIZE
		GARAGE ATT <input type="checkbox"/> DET <input type="checkbox"/>
LOT SIZE	LOT AREA	HEIGHT
		LIVING UNITS
TOTAL AREA OCCUPIED		LOT AREA
		VARIANCE NEEDED
		<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>PLUMBING PERMIT</b>		
PLUMBING CONTRACTOR	WORK COMP. #	TELEPHONE ( )
MAILING ADDRESS	CITY LICENSE #	STATE LICENSE #
<b>ELECTRICAL PERMIT</b>		
ELECTRICAL CONTRACTOR	WORK COMP. #	TELEPHONE ( )
MAILING ADDRESS	CITY LICENSE #	STATE LICENSE #
<b>MECHANICAL PERMIT</b>		
MECHANICAL CONTRACTOR	WORK COMP. #	TELEPHONE ( )
MAILING ADDRESS	CITY LICENSE #	STATE LICENSE #

VALUATIONS:		PERMIT NO. <u>33362</u>
Blgd.	_____	
Plumbing	_____	
Electrical	_____	
Mechanical	_____	
Other	_____	
Total	_____	
The issuance or granting of a permit or approval of plans and specifications shall not be construed to be a permit for, or an approval of, any violation of any of the provisions of this code or of any other ordinance of this jurisdiction including, but not limited to, easements, setbacks, property lines, right-of-ways, utility areas, or construction codes. No permit presumed to give authority to violate or cancel the provisions of this code shall be valid. The issuance of a permit based upon submitted information and other data shall not prevent the building official from thereafter requiring the correction of errors in said information and other data, or from preventing building operations to stop work if/when necessary.		
APPLICANTS SIGNATURE <u>Dan Bunker</u>		
<b>DO NOT WRITE BELOW THIS POINT</b>		
PERMIT FEES:	Plan Check Fee	_____
Blgd. <u>216.00</u>	Date Paid	_____
Plumbing	Inv. #	_____
Electrical	<b>APPROVALS</b>	
Mechanical	S.C.V.W.D. Date	_____
Seismic Tax	Map. Rec. Date	_____
Const. Tax	Plan. Date	_____
Netto File <u>25.00</u>	Fire Date	_____
Other	Eng. Date	_____
Total Fee: <u>51.00</u>	Blgd. VP Date <u>10/31/90</u>	_____
	A. & S. Date	_____
	Variance Date	_____
COMMENTS: <u>S17.</u>		

OFFICE

ALL WORK MUST BE INSPECTED PRIOR TO COVERING UP

INSPECTION APPROVAL	DATE	INSPECTED BY	COMMENTS	DATE	INSPECTED BY
FOUNDATION					
SETBACKS					
FOOTING					
SLAB					
COLUMNS					
FIREPLACE					
INSULATION					
ROOFING					
CEILING					
UNDERGROUND					
ROUGH					
SEWER					
TEMP POWER					
FIRE QUINTE					
FINAL					
PLUMBING					
STORM					
SEWER					
ROUGH					
VENTS					
SHOWER PAN					
ROUGH GAS					
SOLAR THERMAL					
UNDERFLOOR					
UNDERGROUND					
VENTS GAS					
FINAL					
MECHANICAL					
DOCS					
FLUES					
FURNITURE					
HOODS					
A/C UNITS					
UNDERFLOOR					
FINAL					
STRUCTURE					
JOIST/GIRDLERS					
BOND BEAM					
WALL STEEL					
CHEMICAL					
ROOFING					
FRAME					
EXT. SHEATHING					
1 BAR					
INSULATION					
FIRE QUINTE					
FINAL					
FINISH					
DRY WALL					
TILE/LIN					
EXT. LATH					
ROOFING					
ROOF LIN					
FINAL					
FINAL					
ENGINEER'S					
FREE DEPT					
PLANNING					
FINAL PHS					

11-30-80 HJH

ARRANGE FOR INSPECTIONS BY PHONING 948-0226. ALL INSPECTIONS REQUIRE AN ADULT TO BE PRESENT AT TIME OF INSPECTION. PLEASE GIVE JOB ADDRESS WHEN PHONING.



**CITY OF LOS ALTOS**  
 DIVISION OF BUILDING INSPECTION  
 1 N. SAN ANTONIO RD.  
 LOS ALTOS, CA 94022 (415) 948-0225

I certify that I am a licensed contractor and that my license is in full force and effect.  
 Signature: Jan Beerton  
 Date: 10/21/90 License Number: 39415 Class: B-C2/C2

- I certify that I am exempt from the provisions of Chapter 8, Division 3, B and P Code (Contractor's License Law) because: (Check applicable statement)
- W. A. I am the owner of the above property and I will contract to have all of the above work performed by licensed contractors.
  - W. B. I am the owner of the property and the work will be partially accomplished in accordance with Statement "A" and the other work will be accomplished in accordance with Statement "C".
  - W. C. I am the owner of the above property and I will perform the above work personally or through my employees whose sole compensation will be wages, and the above-described structure is not intended or offered for sale.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 I certify that in the performance of the work for which this permit is issued I shall not employ any person in any manner so as to become subject to the Worker's Compensation Laws of California.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Worker's Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

I certify that I have a certificate of consent to self-insure, or a Certificate of Worker's Compensation Insurance, or a certified copy thereof:  
 Policy No. PW109885 Company: Golden Eagle  
Exp. 10-1-91  
 Certified copy is hereby furnished.  
 Certified copy is filed with the Building Division, City of Los Altos.

I certify that I have read this application and state that the information given is true and correct. I agree to comply to all City ordinances and State laws relating to the building construction and I make this statement under penalty of law.  
 Applicant's Signature, or Authorized Agent: Jan Beerton Date: \_\_\_\_\_

**NOTICE!**

This job copy of this permit shall be posted conspicuously on the job to make the required entries thereon.  
 The permit will expire if work is not started in 180 days, or if work is abandoned for more than 180 days. This is a Building Permit when property is tied out, signed and released, and is not transferable.  
 Do not conceal or cover any construction until the work is inspected and the inspection is recorded on the back of the job copy and office copy of this permit.

APPROVED BY: <u>10/21/90 RK</u>	PERMIT ISSUED DATE: <u>10/31/90 Kelly Knack</u>
BUILDING ADDRESS: <u>4330 El Camino Real</u>	PART / UNIT NO.:
APPLICANT: <u>Robert Lee &amp; Assoc</u>	MAILING ADDRESS: <u>400 Hawkspe Landing</u>
CITY: <u>Hawkspe</u>	STATE: <u>CA</u> TELEPHONE: <u>415-401-8845</u>
OWNER: <u>Universal Coop Bldg</u>	MAILING ADDRESS: <u>2500 Crow Canyon</u>
CITY: <u>San Ramon</u>	STATE: <u>CA</u> TELEPHONE: <u>925-817-0710</u>
GENERAL CONTRACTOR: <u>Dan Beerton Const.</u>	TELEPHONE: <u>415-271-1920</u>
MAILING ADDRESS: <u>2634 Pacer Lane</u>	
ARCHITECT OR ENGINEER: <u>Robert H. Lee &amp; Assoc</u>	TELEPHONE: <u>415-414-8840</u>
<b>BUILDING PERMIT</b>	
TYPE OF CONST.:	OCC. GROUP USE ZONE ASSESSORS PARCEL NO. FLOOD ZONE (YES OR NO)
	<u>10-1-110-41</u>
DESCRIPTION OF WORK: <u>Underground tank, electrical &amp; plumbing (piping), extend dispenser islands.</u>	
NEW	ADDITION ALTERATIONS REPAIRS
SO. FT. SIZE	NO. OF BEDROOMS NO. OF STORIES GARAGE SIZE GARAGE ATT. <input type="checkbox"/> DET. <input type="checkbox"/>
LOT SIZE	LOT AREA HEIGHT LIVING UNITS
TOTAL AREA OCCUPIED	LOT AREA VARIANCE NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>PLUMBING PERMIT</b>	
PLUMBING CONTRACTOR	WORK COMP. # TELEPHONE ( )
MAILING ADDRESS	CITY LICENSE # STATE LICENSE #
<b>ELECTRICAL PERMIT</b>	
ELECTRICAL CONTRACTOR	WORK COMP. # TELEPHONE ( )
MAILING ADDRESS	CITY LICENSE # STATE LICENSE #
<b>MECHANICAL PERMIT</b>	
MECHANICAL CONTRACTOR	WORK COMP. # TELEPHONE ( )
MAILING ADDRESS	CITY LICENSE # STATE LICENSE #

VALUATIONS:		<b>PERMIT NO.</b> <u>33485</u>
Blg.		
Plumbing	<u>8000-</u>	
Mechanical		
Other		
Total	<u>15,000-</u>	
The issuance or granting of a permit or approval of plans and specifications shall not be construed to be a permit for, or an approval of, any violation of any of the provisions of this code or of any other ordinance of the jurisdiction including, but not limited to, assessments, setbacks, property lines, right-of-ways, utility areas, or construction codes. No permit presuming to give authority to violate or cancel the provisions of this code shall be void. The issuance of a permit based upon submitted information and other data shall not prevent the building official from thereafter requiring the correction of errors in said information and other data, or from preventing building operations to stop work immediately.		
APPLICANTS SIGNATURE: <u>Jan Beerton</u>		
DO NOT WRITE BELOW THIS POINT		
PERMIT FEES:	Plan Check Fee <u>105.30</u>	<b>APPROVALS</b> S.C.V.W.D. Date _____ Mec. Insp. Date _____ Plann. Date _____ Fire Date _____ Eng. Date _____ Bldg. Date <u>10/21/90</u> A. & S. Date _____ Variance Date _____
Blg. <u>102-</u>	Date Paid <u>10-2-90</u>	
Plumbing	Inv. # <u>E2003</u>	
Electrical <u>130-</u>		
Mechanical		
Seismic Tax <u>1.05</u>		
Const. Tax		
Micro Film <u>11.00</u>		
Other		
Other		
Total Fee: <u>315.05</u>		
COMMENTS: <u>S2A, B. S03</u>		

OFFICE

ALL WORK MUST BE INSPECTED PRIOR TO COVERING UP

SECTION	APPROVAL DATE	INSPECTOR	COMMENTS	DATE
FOUNDATION				
BEARINGS				
FORM/STEEL				
SLAB				
COLUMNS				
FREELACE				
UNDERFLOOR				
ELECTRIC				
UNDERGROUND				
ROUGH				
SERVICE				
TEMP POWER				
PRE-CAST				
FINAL				
PLUMBING				
STORM				
SEWER				
ROUGH				
VENTS				
SHOWER PAN				
FRONT GAS				
SOLAR PANEL				
UNDERFLOOR*				
UNDERGROUND				
FINAL GAS				
FINAL				
HEATING				
DUCTS				
FLUE				
FURNACE				
WOODS				
AC UNITS				
UNDERFLOOR				
FINAL				
STRUCTURE				
JOIST/GIRDERS				
BOND BEAM				
WALL STEEL				
SHEAR WALL				
ROOF JAIL				
FRAME				
EXT. SHEATHING				
T-BAR				
INSULATION				
PRE-CAST				
FINAL				
FLASH				
DRYWALL				
TRIM				
MIT LATH				
EXT. LATH				
POOF PROOF				
POOF FINAL				
FINAL				
ENGINEER'S				
FIRE DEPT				
PLANNING				
FINAL INSPECTION				

11-30-70 HJ

ARRANGE FOR INSPECTIONS BY PHONING 848-0226. ALL INSPECTIONS REQUIRE AN ADULT TO BE PRESENT AT TIME OF INSPECTION. PLEASE GIVE JOB ADDRESS WHEN PHONING.



This document does not permit the holder to violate any BAAQMD regulation or any other law.

PERMIT EXPIRATION DATE  
**September 01, 2019**



**Owner Mailing Contact:**

Unocal #256115  
4350 EL CAMINO REAL  
LOS ALTOS , CA 94022-1001  
Attn: Galatolo, Greg



**Facility ID:** 109042

Unocal #256115  
4350 El Camino Real  
Los Altos , CA 94022-1001

**Owning Entity:**

Galatolo, Greg



**DEVICES**

This document serves as your Permit to Operate the following:

**S1 Permitted**

Gasoline Dispensing Operation

Tank Information:

12000 Gallon Underground Tank w/ Gasoline - unleaded

Phase I Vapor Recovery Type: Phil-Tite (VR-101)

Phase II Vapor Recovery Type: VST EVR Phase II with FFS Clean Air Separator and Veeder-Root ISD (VR-204)

12000 Gallon Underground Tank w/ Gasoline - unleaded

Phase I Vapor Recovery Type: Phil-Tite (VR-101)

Phase II Vapor Recovery Type: VST EVR Phase II with FFS Clean Air Separator and Veeder-Root ISD (VR-204)

Nozzle Information:

12 Gasoline - Triple Product

The operating parameters described above are based on information supplied by the permit holder and may differ from the limits set forth in the attached conditions of this Permit To Operate. The limits of operation in the permit conditions are not to be exceeded. Exceeding these limits is considered a violation of BAAQMD and is subject to enforcement action.



**PERMIT CONDITIONS**

The devices described in this document are subject to the following permit conditions:

**S1** Subject to Condition #: **100013, 100014, 100015, 100016, 100036, 100037, 100050, 100051**

**Condition #: 100013 S1**

The owner/operator shall not allow the total fuel dispensed at this source to exceed the following limits during any consecutive 12-month period:

- 2500000 Gallons of Gasoline - Unleaded

**Condition #: 100014 S1**



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PERMIT EXPIRATION DATE

September 01, 2019

The owner/operator of the source shall complete source testing per the applicable Executive Order. The owner/operator shall notify BAAQMD Source Test Division and submit source test results.

**Condition #: 100015 S1**

The owner/operator shall ensure the Phase I Phil-Tite EVR is installed, operated, and maintained in accordance with the most recent revision of the California Air Resources Board (CARB) Executive Order (EO) VR-101.

**Condition #: 100016 S1**

The owner/operator shall ensure the Phase II Balance EVR with HCAS with ISD is installed, operated, and maintained in accordance with the most recent revision of the California Air Resources Board (CARB) Executive Order (EO) VR-204.

**Condition #: 100036 S1**

The owner/operator shall:

1. Notify Source Test by email (gdfnotice@baaqmd.gov) or Fax (510-758-3087), at least 48 hours prior to any required testing.
2. Submit test results in a District-approved format within thirty (30) days of testing.
  - For start-up tests results, cover sheet shall include the facility number (Facility ID) and application number of the Authority to Construct permit.
  - For annual test results, cover sheet shall include the facility number (Facility ID) and identified as 'Annual' in lieu of the application number.
  - Test results shall be emailed (gdfresults@baaqmd.gov) or mailed to the District's main office.

**Condition #: 100037 S1**

The owner/operator shall conduct and pass the following tests at the indicated intervals:

1. A Static Pressure Performance Test, in accordance with CARB procedure TP-201.3 at least once in each 12-month period.
2. Phase I Adaptor Static Torque Test on all rotatable Phase I adaptors in accordance with CARB TP-201.1B at least once in each 36-month period.
3. One of the following tests in each 36-month period. The measured leak rate for each component shall be within the limits set in the applicable CARB Executive Order:
  - Stations equipped with drop tube overflow prevention devices ("flapper valves"): a Drop Tube Overflow Prevention Device and Spill Container Drain Valve Leak Test in accordance with CARB Test Procedure TP-201.1D and the applicable CARB Executive Order.
  - All other stations: a Drop Tube/Drain Valve Assembly Leak Test in accordance with CARB Test Procedure TP-201.1C and the applicable CARB Executive Order.

**Condition #: 100050 S1**



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PERMIT EXPIRATION DATE  
**September 01, 2019**

The owner/operator shall ensure that the Phase II Balance EVR system with the Healy Clean Air Separator (HCAS) and ISD can demonstrate on-going compliance with the vapor integrity requirements of CARB Executive Order E.O. VR-204 by conducting and passing the following tests at least once in each consecutive 12-month period following successful completion of start-up testing. The owner/operator shall ensure tests are conducted and evaluated using the referenced test methods and standards from the latest version of the applicable executive order and/or test procedure.

1. Dynamic Back Pressure Test using CARB Test Procedure TP-201.4
2. Liquid Removal Test
3. Vapor Pressure Sensor Verification Test
4. HCAS Static Pressure Test
5. ISD Vapor Flow Meter Operability Test

**Condition #: 100051 S1**

The owner/operator of the facility shall maintain the following records. Records shall be maintained on site and made available for inspection for a period of 24 months from the date the record is made.

1. Monthly totals of throughput (sales) of gasoline (all-grades) and other fuels pumped and summarized on an annual basis for each type of fuel (excluding diesel).
2. All scheduled testing and maintenance activities, including:
  - the date of maintenance, inspection, failure and, if applicable, ISD alarm history;
  - the date and time of maintenance call;
  - the maintenance performed;
  - Certified Technician ID number or name of individual conducting maintenance and their phone number.
3. Weekly, quarterly and annual inspection sheets.

**END OF CONDITIONS**



**IMPLIED CONDITIONS**

Unless your specific permit conditions state otherwise, the throughputs, fuel and material consumptions, capacities and hours of operation described in your permit application will be considered maximum allowable limits.

A new permit will be required before any increase in parameters, such as throughputs, fuel and material consumption, capacities, and hours of operation, or change in materials, equipment or permit conditions may be made.



**RIGHT OF ACCESS**

In accordance with Regulation 1-440, BAAQMD shall be granted the right of access to any premises on which an air pollution source is located for the purposes of:

- a) The inspection of the source,
- b) The sampling of materials used at the source,
- c) The conduct of an emission source test, and
- d) The inspection of any records required by BAAQMD rule or permit condition



**REGULATORY COMPLIANCE**

This Permit To Operate does not authorize violations of the rules and regulations of BAAQMD (may be viewed at [www.baaqmd.gov](http://www.baaqmd.gov)), California or Federal law. Compliance with conditions in this permit does not mean that the permit holder is currently in compliance with BAAQMD Rules and Regulations. It is the responsibility of the permit holder to have knowledge of and be in compliance with all BAAQMD rules and regulations.



This document does not permit the holder to violate any BAAQMD regulation or any other law.

PERMIT EXPIRATION DATE  
**September 01, 2019**

**END OF DOCUMENT**

DRAFT



**Matthew Rodriguez**  
Secretary for  
Environmental Protection

# Department of Toxic Substances Control

**Barbara A. Lee , Director**  
1001 I Street  
P.O. Box 806  
Sacramento , CA 958120806



**Edmund G. Brown Jr.**  
Governor

## Facility Search Results

### Selection Criteria:

**Facility:**  
**Search on:** Physical Address  
**Street:** El Camino Real  
**City:** Los Altos  
**Status:** Active and Inactive  
**Sort Direction:** asc  
**Sorted By:** EPA ID  
**Records Found:** 42

EPA ID Number	Name	Address	City	Zip
<a href="#">CAC000053621</a>	1X WALTHER'S TILE AND FLOOR COVERING	5084 EL CAMINO REAL	LOS ALTOS	940220000
<a href="#">CAC000103005</a>	1X FELIX'S UNOCAL	4350 EL CAMINO REAL	LOS ALTOS	940220000
<a href="#">CAC000708944</a>	1X VILLAGE COURT PARTNERS	4546 EL CAMINO REAL	LOS ALTOS	940220000
<a href="#">CAC000865832</a>	1X S STEPHEN NAKASHIMA	4390 EL CAMINO REAL	LOS ALTOS	940220000
<a href="#">CAC001200040</a>	LOS ALTOS SUPPLY	40730 EL CAMINO REAL	LOS ALTOS	940220000
<a href="#">CAC001360096</a>	TREE FARM PROJECT, LLC	4430 EL CAMINO REAL	LOS ALTOS	940220000
<a href="#">CAC001436064</a>	FOUR SEASONS ASSOCIATION INC	4320 EL CAMINO REAL	LOS ALTOS	940220000
<a href="#">CAC002580216</a>	SAND HILL PROPERTY	4800 EL CAMINO REAL	LOS ALTOS	940221407
<a href="#">CAC002585512</a>	LAEC MANAGEMENT LLC	4470 EL CAMINO REAL	LOS ALTOS	940221330
<a href="#">CAC002617200</a>	SILVERSTONE COMMUNITIES LLC	4400 EL CAMINO REAL	LOS ALTOS	94022
<a href="#">CAC002641938</a>	GREENCITIZEN INC	4500 EL CAMINO REAL STE 3	LOS ALTOS	940226503
<a href="#">CAC002707688</a>	COLONNADE	4740 EL CAMINO REAL	LOS ALTOS	94022
<a href="#">CAC002739212</a>	PRIME IMPLANT CENTER	4846 EL CAMINO REAL, STE A,	LOS ALTOS	94022
<a href="#">CAC002820028</a>	4700 EL CAMINO REAL LLC	4700 EL CAMINO REAL	LOS ALTOS	94022
<a href="#">CAC002874300</a>	AXIOM EXERGY	4800 EL CAMINO REAL	LOS ALTOS	94022
<a href="#">CAC002916842</a>	TOYOTA RESEARCH CENTER	4440 EL CAMINO REAL	LOS ALTOS	94022
<a href="#">CAC002921963</a>	AXIOM EXERGY	4800 EL CAMINO REAL	LOS ALTOS	94022
<a href="#">CAC002958830</a>	SUNSTATE EQUIPMENT	4880 EL CAMINO REAL	LOS ALTOS	94022
<a href="#">CAD981631971</a>	SKYLINE CLEANERS	4600 EL CAMINO REAL #107	LOS ALTOS	940200000
<a href="#">CAD982059628</a>	UNOCAL SERVICE STATION #6115	4350 EL CAMINO REAL	LOS ALTOS	940220000
<a href="#">CAD983625302</a>	PRECISION CAMERAS	4546 EL CAMINO REAL	LOS ALTOS	940220000
<a href="#">CAL000025915</a>	EL CAMINO 76	4350 EL CAMINO REAL	LOS ALTOS	940221001
<a href="#">CAL000068942</a>	FILM TO FRAME	4598 EL CAMINO REAL	LOS ALTOS	940220000
<a href="#">CAL000071893</a>	ALTOS PRINT AND COPY	4546 EL CAMINO REAL STE A7	LOS ALTOS	940220000
<a href="#">CAL000091369</a>	CAMINO MEDICAL GROUP	4906 EL CAMINO REAL	LOS ALTOS	940220000
<a href="#">CAL000098365</a>	DAVID EDWARDS DBA GREAT PRINTING	4600 EL CAMINO REAL	LOS ALTOS	940221328
<a href="#">CAL000115972</a>	LOS ALTOS DENTAL GROUP	4906 EL CAMINO REAL	LOS ALTOS	940220000
<a href="#">CAL000121359</a>	STELLA CHONG DDS PC	4846 EL CAMINO REAL	LOS ALTOS	940220000
<a href="#">CAL000122095</a>	ALTOS PRINT AND COPY	4546 EL CAMINO REAL,#A7	LOS ALTOS	940220000
<a href="#">CAL000161435</a>	TOSCO CORPORATION SS#31096	4350 EL CAMINO REAL	LOS ALTOS	940220000
<a href="#">CAL000177843</a>	VIK CHIROPRACTIC	4700 EL CAMINO REAL	LOS ALTOS	940220000
<a href="#">CAL000206711</a>	LOS ALTOS FAMILY CHIROPRACTIC	5050 EL CAMINO REAL #200	LOS ALTOS	940220000
<a href="#">CAL000277094</a>	CONOCO PHILLIPS # 256115	4350 EL CAMINO REAL	LOS ALTOS	94022
<a href="#">CAL000304070</a>	ELEPHANT PHARMACY INC	4470 EL CAMINO REAL	LOS ALTOS	940221003
<a href="#">CAL000333242</a>	JUHYONG YI DDS PRIME DENTAL CARE	4846 EL CAMINO REAL STE A	LOS ALTOS	940221405
<a href="#">CAL000345063</a>	FASHION CLEANER & ALTERATIONS	4600 EL CAMINO REAL STE 107	LOS ALTOS	940221339

<a href="#">CAL000354900</a>	ADOBE ANIMAL HOSPITAL	4470 EL CAMINO REAL	LOS ALTOS	940221003
<a href="#">CAL000395817</a>	WHOLE FOODS MARKET INC	4800 EL CAMINO REAL	LOS ALTOS	94022
<a href="#">CAL000405653</a>	COAST BUILDING PRODUCTS	4750 EL CAMINO REAL	LOS ALTOS	94022
<a href="#">CAL000434751</a>	TOYOTA RESEARCH INSTITUTE	4440 EL CAMINO REAL	LOS ALTOS	94022
<a href="#">CAL921435796</a>	FOOTHILL CHIROPRACTIC GROUP	5050 EL CAMINO REAL,#200	LOS ALTOS	940220000
<a href="#">CLU960008104</a>	WILLIAM GRAHAM	4320 EL CAMINO REAL #222	LOS ALTOS	940220000

The Department of Toxics Substances Control (DTSC) takes every precaution to ensure the accuracy of data in the Hazardous Waste Tracking System (HWTS). However, because of the large number of manifests handled, inaccuracies in the submitted data, limitations of the manifest system and the technical limitations of the database, DTSC cannot guarantee that the data accurately reflect what was actually transported or produced.

**Report Generation Date:** 10/29/2018

DRAFT



# Department of Toxic Substances Control



**Matthew Rodriguez**  
Secretary for  
Environmental Protection

**Barbara A. Lee , Director**  
1001 I Street  
P.O. Box 806  
Sacramento , CA 958120806

**Edmund G. Brown Jr.**  
Governor

## EPA ID PROFILE

Map  
**ID Number:** CAC000103005      **Status:** INACTIVE  
**Name:** 1X FELIX'S UNOCAL      **Inactive Date:** 10/25/2000 12:00:00 AM  
**County:** SANTA CLARA      **Record Entered:** 7/21/1988 12:00:00 AM  
**NAICS:** N/A      **Last Updated:** 10/25/2000 12:00:00 AM

	Name	Address	City	State	Zip Code	Phone
<b>Location</b>	1X FELIX'S UNOCAL	4350 EL CAMINO REAL	LOS ALTOS	CA	940220000	
<b>Mailing</b>		4350 EL CAMINO REAL	LOS ALTOS	CA	940220000	
<b>Owner</b>	ANTIFREEZE	--	--	99	--	0000000000
<b>Operator/Contact</b>	SCOTT KENT	--	--	99	--	4159410244

Based Only Upon ID Number: CAC000103005

Calif. Manifests?	Non Calif. Manifests?	Transporter Registration?
N/A	N/A	N/A

**California and Non California Manifest Tonnage Total and Waste Code by Year  
Matrix by Entity Type (if available) are on the next page**

**Calif. Manifest Counts and Total Tonnage**

**No Records  
Found**

**Non California Manifest Total Tonnage****No Records  
Found**

The Department of Toxics Substances Control (DTSC) takes every precaution to ensure the accuracy of data in the Hazardous Waste Tracking System (HWTS). However, because of the large number of manifests handled, inaccuracies in the submitted data, limitations of the manifest system and the technical limitations of the database, DTSC cannot guarantee that the data accurately reflect what was actually transported or produced.

**Report Generation Date:** 10/29/2018

DRAFT



# Department of Toxic Substances Control



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1001 I Street  
P.O. Box 806  
Sacramento , CA 958120806

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Governor

## EPA ID PROFILE

Map  
**ID Number:** CAD982059628      **Status:** INACTIVE  
**Name:** UNOCAL SERVICE STATION #6115      **Inactive Date:** 6/30/1997 8:14:00 AM  
**County:** SANTA CLARA      **Record Entered:** 6/17/1988 12:00:00 AM  
**NAICS:** 44719      **Last Updated:** 9/25/2002 1:26:30 PM

	Name	Address	City	State	Zip Code	Phone
<b>Location</b>	UNOCAL SERVICE STATION #6115	4350 EL CAMINO REAL	LOS ALTOS	CA	940220000	
<b>Mailing</b>		PO BOX 25376	SANTA ANA	CA	927995376	
<b>Owner</b>	UNION OIL COMPANY OF CALIFORNI	DBA UNOCAL	EL SEGUNDO	CA	902450000	7144286560
<b>Operator/Contact</b>	CHRISTOPHER Z HILL	PO BOX 25376 CANX VQ97 CC	SANTA ANA	CA	927995376	7144286802

Based Only Upon ID Number: CAD982059628

Calif. Manifests?	Non Calif. Manifests?	Transporter Registration?
Yes	N/A	N/A

**California and Non California Manifest Tonnage Total and Waste Code by Year Matrix by Entity Type (if available) are on the next page**

**Calif. Manifest Counts and Total Tonnage**

Top line represents Manifest Count and Bottom line represents Total Tonnage

Year	Generator	Trans. 1	Trans. 2	TSDf	ALT. TSDf
1993	2 1.40100	0 0.00000	0 0.00000	0 0.00000	0 0.00000
1995	1 0.07920	0 0.00000	0 0.00000	0 0.00000	0 0.00000
1996	1 0.09170	0 0.00000	0 0.00000	0 0.00000	0 0.00000
2000	1 0.05000	0 0.00000	0 0.00000	0 0.00000	0 0.00000

<b>Non California Manifest Total Tonnage</b>
--

**No Records  
Found**

Waste Code Matrix					
California	<a href="#">Generator</a>	<a href="#">Trans. 1</a>	<a href="#">Trans. 2</a>	<a href="#">TSDf</a>	<a href="#">Alt. TSDf</a>
RCRA	<a href="#">Generator</a>	<a href="#">Trans. 1</a>	<a href="#">Trans. 2</a>	<a href="#">TSDf</a>	<a href="#">Alt. TSDf</a>

[Waste Code Matrix as a spreadsheet](#)

The Department of Toxics Substances Control (DTSC) takes every precaution to ensure the accuracy of data in the Hazardous Waste Tracking System (HWTS). However, because of the large number of manifests handled, inaccuracies in the submitted data, limitations of the manifest system and the technical limitations of the database, DTSC cannot guarantee that the data accurately reflect what was actually transported or produced.

**Report Generation Date:** 10/29/2018

# California Waste Code by Year Matrix

ID Number: CAD982059628

Entity Type: Generator

1993 ▾

2018 ▾

Select Years

Calif. Code	Description	1993	1995	1996	2000
133	AQ SOL (2 < PH < 12.5) W ORG RESIDUES >= 10%	0.00000	0.07920	0.09170	0.05000
241	TANK BOTTOM WASTE	1.25100	0.00000	0.00000	0.00000
512	OTHER EMPTY CONTAINERS >= 30 GALLONS	0.15000	0.00000	0.00000	0.00000
	<b>Grand Totals</b>	<b>1.40100</b>	<b>0.07920</b>	<b>0.09170</b>	<b>0.05000</b>

The Department of Toxics Substances Control (DTSC) takes every precaution to ensure the accuracy of data in the Hazardous Waste Tracking System (HWTS). However, because of the large number of manifests handled, inaccuracies in the submitted data, limitations of the manifest system and the technical limitations of the database, DTSC cannot guarantee that the data accurately reflect what was actually transported or produced.

**Report Generation Date:** 10/29/2018



# Department of Toxic Substances Control



**Matthew Rodriguez**  
Secretary for  
Environmental Protection

**Barbara A. Lee , Director**  
1001 I Street  
P.O. Box 806  
Sacramento , CA 958120806

**Edmund G. Brown Jr.**  
Governor

## EPA ID PROFILE

Map  
**ID Number:** CAL000025915      **Status:** ACTIVE  
**Name:** EL CAMINO 76      **Inactive Date:**  
**County:** SANTA CLARA      **Record Entered:** 5/10/1990 12:00:00 AM  
**NAICS:** 44719      **Last Updated:** 9/20/2017 10:49:19 AM

	Name	Address	City	State	Zip Code	Phone
<b>Location</b>	EL CAMINO 76	4350 EL CAMINO REAL	LOS ALTOS	CA	940221001	
<b>Mailing</b>		4350 EL CAMINO REAL	LOS ALTOS	CA	940221001	
<b>Owner</b>	GREG GALATOLO	4350 EL CAMINO REAL	LOS ALTOS	CA	940221001	6509410244
<b>Operator/Contact</b>	GREG GALATOLO	4350 EL CAMINO REAL	LOS ALTOS	CA	940221001	6509410244

Based Only Upon ID Number: CAL000025915

Calif. Manifests?	Non Calif. Manifests?	Transporter Registration?
Yes	N/A	N/A

**California and Non California Manifest Tonnage Total and Waste Code by Year Matrix by Entity Type (if available) are on the next page**

**Calif. Manifest Counts and Total Tonnage**

Top line represents Manifest Count and Bottom line represents Total Tonnage

Year	Generator	Trans. 1	Trans. 2	TSDf	ALT. TSDf
1993	5 1.13900	0 0.00000	0 0.00000	0 0.00000	0 0.00000
1994	8 2.51600	0 0.00000	0 0.00000	0 0.00000	0 0.00000
1995	7 2.15900	0 0.00000	0 0.00000	0 0.00000	0 0.00000
1996	9 2.73700	0 0.00000	0 0.00000	0 0.00000	0 0.00000
1997	7 2.43680	0 0.00000	0 0.00000	0 0.00000	0 0.00000
1998	7 2.14200	0 0.00000	0 0.00000	0 0.00000	0 0.00000
1999	5 1.70000	0 0.00000	0 0.00000	0 0.00000	0 0.00000
2000	4 1.39400	0 0.00000	0 0.00000	0 0.00000	0 0.00000
2001	3 1.02000	0 0.00000	0 0.00000	0 0.00000	0 0.00000
2002	5 1.37700	0 0.00000	0 0.00000	0 0.00000	0 0.00000
2003	3 0.96900	0 0.00000	0 0.00000	0 0.00000	0 0.00000
2004	6 1.81900	0 0.00000	0 0.00000	0 0.00000	0 0.00000
2005	2 0.66300	0 0.00000	0 0.00000	0 0.00000	0 0.00000
2006	5 1.37700	0 0.00000	0 0.00000	0 0.00000	0 0.00000
2007	2 0.59500	0 0.00000	0 0.00000	0 0.00000	0 0.00000

<b>Non California Manifest Total Tonnage</b>
--

No Records  
Found

Waste Code Matrix					
California	<a href="#">Generator</a>	<a href="#">Trans. 1</a>	<a href="#">Trans. 2</a>	<a href="#">TSDf</a>	<a href="#">Alt. TSDf</a>
RCRA	<a href="#">Generator</a>	<a href="#">Trans. 1</a>	<a href="#">Trans. 2</a>	<a href="#">TSDf</a>	<a href="#">Alt. TSDf</a>

[Waste Code Matrix as a spreadsheet](#)

The Department of Toxics Substances Control (DTSC) takes every precaution to ensure the accuracy of data in the Hazardous Waste Tracking System (HWTS). However, because of the large number of manifests handled, inaccuracies in the submitted data, limitations of the manifest system and the technical limitations of the database, DTSC cannot guarantee that the data accurately reflect what was actually transported or produced.

Report Generation Date: 10/29/2018

Results for California Waste Codes, as a Generator, for EPA-ID: CAL000025915

Calif. Waste Code	Description	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
	Blank/Unknown	0	0	0	0	0.5838	0	0	0	0	0	0	0	0	0	0
343	UNSPECIFIED ORGANIC LIQUID MIXTURE	1.139	2.516	2.159	2.737	1.853	2.142	1.7	1.394	1.02	1.377	0.969	1.819	0.663	1.377	0.595
	Grand Totals	1.139	2.516	2.159	2.737	2.4368	2.142	1.7	1.394	1.02	1.377	0.969	1.819	0.663	1.377	0.595

No results for California Waste Codes, as a Transporter 1, for EPA-ID: CAL000025915

No results for California Waste Codes, as a Transporter 2, for EPA-ID: CAL000025915

No results for California Waste Codes, as a TSDF, for EPA-ID: CAL000025915

No results for California Waste Codes, as a Alternate TSDF, for EPA-ID: CAL000025915

Results for RCRA, as a Generator, for EPA-ID: CAL000025915

RCRA	Description	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
	Blank/Unknown	1.139	2.516	2.159	2.737	2.4368	2.142	1.7	1.394	1.02	1.377	0.969	0.867	0.306	1.377	0.595
NONE	Blank/Unknown	0	0	0	0	0	0	0	0	0	0	0	0.952	0.357	0	0
	Grand Totals	1.139	2.516	2.159	2.737	2.4368	2.142	1.7	1.394	1.02	1.377	0.969	1.819	0.663	1.377	0.595

No results for RCRA, as a Transporter 1, for EPA-ID: CAL000025915

No results for RCRA, as a Transporter 2, for EPA-ID: CAL000025915

No results for RCRA, as a TSDF, for EPA-ID: CAL000025915

No results for RCRA, as a Alternate TSDF, for EPA-ID: CAL000025915



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## EPA ID PROFILE

<u>Map</u>			
<b>ID Number:</b>	CAL000161435	<b>Status:</b>	INACTIVE
<b>Name:</b>	TOSCO CORPORATION SS#31096	<b>Inactive Date:</b>	6/30/2002 12:00:00 AM
<b>County:</b>	SANTA CLARA	<b>Record Entered:</b>	4/24/1997 12:00:00 AM
<b>NAICS:</b>	N/A	<b>Last Updated:</b>	2/5/2004 10:26:02 AM

	Name	Address	City	State	Zip Code	Phone
<b>Location</b>	TOSCO CORPORATION SS#31096	4350 EL CAMINO REAL	LOS ALTOS	CA	940220000	
<b>Mailing</b>		PO BOX 52085	PHOENIX	AZ	850722085	
<b>Owner</b>	TOSCO MARKETING	PO BOX 52085	PHOENIX	AZ	850722085	6027284180
<b>Operator/Contact</b>	HAZMAT SPECIALIST	PO BOX 52085	PHOENIX	AZ	850722085	6027284180

Based Only Upon ID Number: CAL000161435

Calif. Manifests?	Non Calif. Manifests?	Transporter Registration?
Yes	N/A	N/A

**California and Non California Manifest Tonnage Total and Waste Code by Year Matrix by Entity Type (if available) are on the next page**

**Calif. Manifest Counts and Total Tonnage**

Top line represents Manifest Count and Bottom line represents Total Tonnage

Year	Generator	Trans. 1	Trans. 2	TSDf	ALT. TSDf
2002	1 0.17000	0 0.00000	0 0.00000	0 0.00000	0 0.00000

<b>Non California Manifest Total Tonnage</b>
--

**No Records  
Found**

Waste Code Matrix					
California	<a href="#">Generator</a>	<a href="#">Trans. 1</a>	<a href="#">Trans. 2</a>	<a href="#">TSDF</a>	<a href="#">Alt. TSDF</a>
RCRA	<a href="#">Generator</a>	<a href="#">Trans. 1</a>	<a href="#">Trans. 2</a>	<a href="#">TSDF</a>	<a href="#">Alt. TSDF</a>

[Waste Code Matrix as a spreadsheet](#)

The Department of Toxics Substances Control (DTSC) takes every precaution to ensure the accuracy of data in the Hazardous Waste Tracking System (HWTS). However, because of the large number of manifests handled, inaccuracies in the submitted data, limitations of the manifest system and the technical limitations of the database, DTSC cannot guarantee that the data accurately reflect what was actually transported or produced.

**Report Generation Date:** 10/29/2018

# California Waste Code by Year Matrix

**ID Number:** CAL000161435

**Entity Type:** Generator

2002 ▼

2018 ▼

Select Years

Calif. Code	Description	2002
343	UNSPECIFIED ORGANIC LIQUID MIXTURE	0.17000
	<b>Grand Total</b>	<b>0.17000</b>

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**Report Generation Date:** 10/29/2018

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# Department of Toxic Substances Control



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Governor

## EPA ID PROFILE

Map  
**ID Number:** CAL000277094      **Status:** INACTIVE  
**Name:** CONOCO PHILLIPS # 256115      **Inactive Date:** 4/28/2010 12:00:00 AM  
**County:** SANTA CLARA      **Record Entered:** 12/10/2003 3:09:37 PM  
**NAICS:** 44719      **Last Updated:** 10/21/2010 10:06:05 AM

	Name	Address	City	State	Zip Code	Phone
<b>Location</b>	CONOCO PHILLIPS # 256115	4350 EL CAMINO REAL	LOS ALTOS	CA	94022	
<b>Mailing</b>		600 N DAIRY ASHFORD - US MARKETING	HOUSTON	TX	770790000	
<b>Owner</b>	CONOCO PHILLIPS INC	600 N DAIRY ASHFORD	HOUSTON	TX	770790000	8324863344
<b>Operator/Contact</b>	Tom G. Martin	600 N DAIRY ASHFORD US MARKETING -	HOUSTON	TX	770790000	8324863344

Based Only Upon ID Number: CAL000277094

Calif. Manifests?	Non Calif. Manifests?	Transporter Registration?
Yes	N/A	N/A

**California and Non California Manifest Tonnage Total and Waste Code by Year Matrix by Entity Type (if available) are on the next page**

**Calif. Manifest Counts and Total Tonnage**

Top line represents Manifest Count and Bottom line represents Total Tonnage

Year	Generator	Trans. 1	Trans. 2	TSDF	ALT. TSDF
2005	1 0.21000	0 0.00000	0 0.00000	0 0.00000	0 0.00000
2006	2 0.14200	0 0.00000	0 0.00000	0 0.00000	0 0.00000
2009	1 0.16250	0 0.00000	0 0.00000	0 0.00000	0 0.00000

<b>Non California Manifest Total Tonnage</b>
--

**No Records  
Found**

Waste Code Matrix					
California	<a href="#">Generator</a>	<a href="#">Trans. 1</a>	<a href="#">Trans. 2</a>	<a href="#">TSDF</a>	<a href="#">Alt. TSDF</a>
RCRA	<a href="#">Generator</a>	<a href="#">Trans. 1</a>	<a href="#">Trans. 2</a>	<a href="#">TSDF</a>	<a href="#">Alt. TSDF</a>

[Waste Code Matrix as a spreadsheet](#)

The Department of Toxics Substances Control (DTSC) takes every precaution to ensure the accuracy of data in the Hazardous Waste Tracking System (HWTS). However, because of the large number of manifests handled, inaccuracies in the submitted data, limitations of the manifest system and the technical limitations of the database, DTSC cannot guarantee that the data accurately reflect what was actually transported or produced.

**Report Generation Date:** 10/29/2018

# California Waste Code by Year Matrix

ID Number: CAL000277094

Entity Type: Generator

2005 ▼ 2018 ▼

Calif. Code	Description	2005	2006	2009
134	AQ SOL (2 < PH < 12.5) W ORG RESIDUES < 10%	0.21000	0.04200	0.00000
352	OTHER ORGANIC SOLIDS	0.00000	0.10000	0.16250
	<b>Grand Totals</b>	<b>0.21000</b>	<b>0.14200</b>	<b>0.16250</b>

The Department of Toxics Substances Control (DTSC) takes every precaution to ensure the accuracy of data in the Hazardous Waste Tracking System (HWTS). However, because of the large number of manifests handled, inaccuracies in the submitted data, limitations of the manifest system and the technical limitations of the database, DTSC cannot guarantee that the data accurately reflect what was actually transported or produced.

**Report Generation Date:** 10/29/2018

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Division of Oil, Gas & Geothermal Resources - Well Finder

Find By Location

Find My Current Location

or

Street:

City:

Zip:

Display a  foot

Buffer radius is limited to 10 mi (52800ft).

- Find By API
- Find By Lat, Long
- Find By PLSS
- Find By Oil/Gas Field

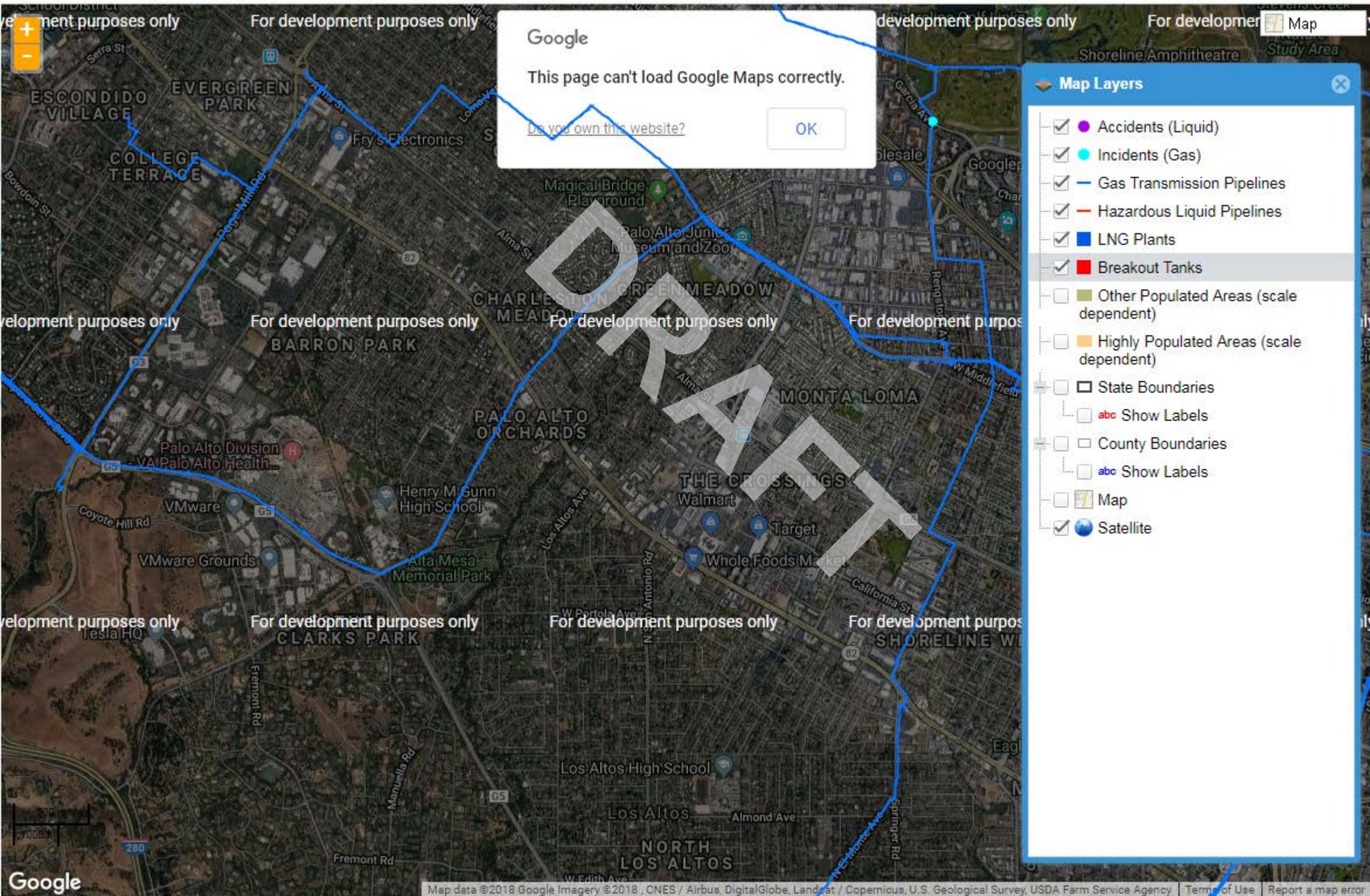
Data (Layers):

- Notices & Permits
- DOGGR Wells
  - Label:
- EPA Wells for Aquifer Exemption Review
  - Enhanced Oil Recovery Wells
  - Disposal Wells
- TR26 Onshore Seeps
- Oil/Gas Fields
- California Geologic Map
- DOGGR Districts
- Public Land Survey System
- Cities



Map Layers Query Tools [Hand icon] [Zoom in icon] [Zoom out icon] [Home icon] [Layers icon] [Full Screen icon] [Print icon] [Share icon] [Refresh icon]

Enter search term (min 4 chars) [Help icon]



Google  
This page can't load Google Maps correctly.  
[Do you own this website?](#) [OK]

Map Layers

- Accidents (Liquid)
- Incidents (Gas)
- Gas Transmission Pipelines
- Hazardous Liquid Pipelines
- LNG Plants
- Breakout Tanks
- Other Populated Areas (scale dependent)
- Highly Populated Areas (scale dependent)
- State Boundaries
- abc Show Labels
- County Boundaries
- abc Show Labels
- Map
- Satellite

CONSULTNUM	PERMITNUM	WELL_NBR	STATUS	X_COORD	Y_COORD
MW-2	96D01144	06S02W18R003	D	6091683	1973725
MW-3	96D01145	06S02W18R004	D	6091647	1973717
MW-1	96D01143	06S02W18R002	D	6091648	1973634
MW 4	92D0522	06S02W18R005	D	6091663	1973700

DRAFT

## Megan Nolet

---

**From:** Bill Cameron <BCameron@valleywater.org>  
**Sent:** Tuesday, October 16, 2018 3:10 PM  
**To:** Megan Nolet  
**Subject:** RE: Well location request  
**Attachments:** Book1.xlsx

Hi Megan,

District records show four properly destroyed wells on the parcel, no other registered wells onsite.

Bill



WILLIAM CAMERON  
Well Ordinance Compliance Supervisor  
Wells and Water Measurement Unit  
(408) 630-2654 T  
(408) 406-7352 C  
(408) 979-5620 F  
[bcameron@valleywater.org](mailto:bcameron@valleywater.org)

---

**From:** Megan Nolet [mailto:mnolet@aeiconsultants.com]  
**Sent:** Tuesday, October 16, 2018 10:34 AM  
**To:** Bill Cameron <BCameron@valleywater.org>  
**Subject:** Well location request

Hi Bill,  
I would like to determine if any wells are located on the property located at APN: 167-11-041  
Thanks,

Megan Nolet  
Project Manager  
**AEI Consultants**  
3880 S. Bascom Avenue, Suite 109  
San Jose, CA 95124  
p. 408.559.7600 Ext. 2009  
f. 408.559.7601  
[www.aeiconsultants.com](http://www.aeiconsultants.com)

# **APPENDIX F**

## **PREVIOUS REPORTS**

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COPY

## Secondary Containment Testing Report Form

*This form is intended for use by contractors performing periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.*

### 1. FACILITY INFORMATION

Facility Name: Unocal #256115		Date of Testing: 06/21/17	
Facility Address: 4350 El Camino Real, Los Altos CA 94022			
Facility Contact:	Phone (650)- 941-0244	<input type="checkbox"/> Initial	<input type="checkbox"/> Repair Test
Date Local Agency Was Notified of Testing: 06/09/17		<input type="checkbox"/> 6 Month	<input type="checkbox"/> Other
Name of Local Agency Inspector (if present during testing):		<input checked="" type="checkbox"/> Triennial	

### 2. TESTING CONTRACTOR INFORMATION

Company Name: Able Maintenance Inc		
Technician Conducting Test: Erik Salinger/ I.C.C #8729425		
Credentials:	<input checked="" type="checkbox"/> CSLB Licensed Contractor	<input type="checkbox"/> SWRCB Licensed Tank Tester
		<input checked="" type="checkbox"/> ICC UST Service Technician
License Type:	License Number: 312844	
Manufacturer Training		
Manufacturer	Component(s)	Date Training Expires
Available Upon Request		

### 3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
87 Tank Annular	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91 Tank Annular	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87 Turbine Sump	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91 Turbine Sump	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UDC 1/2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UDC 3/4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UDC 5/6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UDC 7/8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UDC 9/10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UDC 11/12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87 Product	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91 Product	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Retest \*  
10/24/17  
PASSED

If hydrostatic testing was performed, describe what was done with the water after completion of tests:

Used Pump Test Truck

**For any equipment capable of generating a print out of test results, you must attach a copy of the test report to this certification**  System printout attached.

#### CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

*To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements*

Technician's Signature:



Date: 06/21/17

## 4.

## TANK ANNULAR TESTING

Test Method Developed By:	<input type="checkbox"/> Tank Manufacturer	<input checked="" type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer	
	<input type="checkbox"/> Other (Specify)			
Test Method Used:	<input type="checkbox"/> Pressure	<input checked="" type="checkbox"/> Vacuum	<input type="checkbox"/> Hydrostatic	
	<input type="checkbox"/> Other (Specify)			
Test Equipment Used: Test plugs, venturi pump and gauges			Equipment Resolution: 0.5% inHg	
	Tank # 87	Tank # 91	Tank #	Tank #
Is Tank Exempt From Testing? <sup>1</sup>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank Capacity:	12k	12k		
Tank Material:	Fiberglass	Fiberglass		
Tank Manufacturer:	Xerxes	Xerxes		
Product Stored:	Gasoline	Gasoline		
Wait time between applying pressure/vacuum/water and starting test:	10 Minutes	10 Minutes	10 Minutes	10 Minutes
Test Start Time:	8:30AM	8:30AM		
Initial Reading (R <sub>I</sub> ):	7 inHg	7 inHg	inHg	inHg
Test End Time:	9:30AM	9:30AM		
Final Reading (R <sub>F</sub> ):	7 inHg	7 inHg	inHg	inHg
Test Duration:	1 Hour	1 Hour	1 Hour	1 Hour
Change in Reading (R <sub>F</sub> -R <sub>I</sub> ):	0	0		
Pass/Fail Threshold or Criteria:	0	0	0	0
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

**Comments** – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

"Sensor functionality was not confirmed. This procedure is not part of the Secondary Containment testing scope of work".

<sup>1</sup> Secondary containment systems where the continuous monitoring automatically monitors both the primary and secondary containment, such as systems that are hydrostatically monitored or under constant vacuum, are exempt from periodic containment testing. {California Code of Regulations, Title 23, Section 2637(a)(6)}

### 5. SECONDARY PIPE TESTING

Test Method Developed By:	<input type="checkbox"/> Piping Manufacturer <input checked="" type="checkbox"/> Industry Standard <input type="checkbox"/> Professional Engineer <input type="checkbox"/> Other (Specify)			
Test Method Used:	<input checked="" type="checkbox"/> Pressure <input type="checkbox"/> Vacuum <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Other (Specify)			
Test Equipment Used: Test Reducer Boots, Nitrogen and Gauges		Equipment Resolution: 0.5% of span PSI		
	Piping Run # 87	Piping Run # 91	Piping Run #	Piping Run #
Piping Material:	Fiberglass	Fiberglass		
Piping Manufacturer:	Ameron	Ameron		
Piping Diameter:	3"	3"		
Length of Piping Run:	100'	100'		
Product Stored:	Gasoline	Gasoline		
Method and location of piping-run isolation:	Reducer Boots/Fitting	Reducer Boots/Fitting	Reducer Boots/Fitting	Reducer Boots/Fitting
Wait time between applying pressure/vacuum/water and starting test:	10 Minutes	10 Minutes	10 Minutes	10 Minutes
Test Start Time:	9:05AM	9:15AM		
Initial Reading (R <sub>I</sub> ):	5 PSI	5 PSI	PSI	PSI
Test End Time:	10:05AM	10:15AM		
Final Reading (R <sub>F</sub> ):	5 PSI	5 PSI	PSI	PSI
Test Duration:	1 hour	1 hour	1 hour	1 hour
Change in Reading (R <sub>F</sub> -R <sub>I</sub> ):	0			
Pass/Fail Threshold or Criteria:	0	0	0	0
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

### 6. PIPING SUMP TESTING

Test Method Developed By:	<input type="checkbox"/> Sump Manufacturer		<input checked="" type="checkbox"/> Industry Standard		<input type="checkbox"/> Professional Engineer	
	<input type="checkbox"/> Other (Specify)					
Test Method Used:	<input type="checkbox"/> Pressure		<input type="checkbox"/> Vacuum		<input checked="" type="checkbox"/> Hydrostatic	
	<input type="checkbox"/> Other (Specify)					
Test Equipment Used: Incon Sump Tester			Equipment Resolution: +/- 0.002		Inches	
	Sump # 87	Sump # 91	Sump #	Sump #		
Sump Diameter:	42"	42"				
Sump Depth:	61"	62"				
Sump Material:	Fiberglass	Fiberglass				
Height from Tank Top to Top of Highest Piping Penetration:	12"	12"				
Height from Tank Top to Lowest Electrical Penetration:	17"	16"				
Condition of sump prior to testing:	Good	Good				
Portion of Sump Tested <sup>1</sup>	2" Above Piping	2" Above Piping				
Does turbine shut down when sump sensor detects liquid (both product and water)?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
Turbine shutdown response time	N/A	N/A	N/A	N/A		
Is system programmed for fail-safe shutdown?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
Was fail-safe verified to be operational?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
Wait time between applying pressure/vacuum/water and starting test:	30 Minutes	30 Minutes	30 Minutes	30 Minutes		
Test Start Time:	9:35AM	9:35AM				
Initial Reading (R <sub>i</sub> ):	5.0797 Inches	6.1106 Inches	Inches	Inches		
Test End Time:	9:50AM	9:50AM				
Final Reading (R <sub>f</sub> ):	5.0801 Inches	6.1106 Inches	Inches	Inches		
Test Duration:	15 Minutes	15 Minutes				
Change in Reading (R <sub>f</sub> -R <sub>i</sub> ):	0.0004	0.0000				
Pass/Fail Threshold or Criteria:	0.002	0.002	0.002	0.002		
<b>Test Result:</b>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail		
Was sensor removed for testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
Was sensor properly replaced and verified functional after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		

**Comments** – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

"Sensor functionality was not confirmed. This procedure is not part of the Secondary Containment testing scope of work".

7.

**UNDER-DISPENSER CONTAINMENT (UDC) TESTING**

Test Method Developed By:	<input type="checkbox"/> UDC Manufacturer	<input checked="" type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer	
	<input type="checkbox"/> Other (Specify)			
Test Method Used:	<input type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input checked="" type="checkbox"/> Hydrostatic	
	<input type="checkbox"/> Other (Specify)			
Test Equipment Used: Incon Sump Tester			Equipment Resolution: +/- 0.002 Inches	
	<b>UDC # 9/10</b>	<b>UDC # 11/12</b>	<b>UDC #</b>	<b>UDC #</b>
UDC Manufacturer:	Bravo	Bravo		
UDC Material:	Fiberglass	Fiberglass		
UDC Depth:	31"	31"		
Height from UDC Bottom to Top of Highest Piping Penetration:	13"	13"		
Height from UDC Bottom to Lowest Electrical Penetration:	Located on Bottom	Located on Bottom		
Condition of UDC prior to testing:	Good	Good		
Portion of UDC Tested <sup>1</sup>	2" Above Piping	2" Above Piping		
Does turbine shut down when UDC sensor detects liquid (both product and water)?*	N/A	N/A		
Turbine shutdown response time	N/A	N/A	N/A	N/A
Is system programmed for fail-safe shutdown?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was fail-safe verified to be operational?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Wait time between applying pressure/vacuum/water and starting test	30 Minutes	30 Minutes	30 Minutes	30 Minutes
Test Start Time:	12:25PM	12:25PM		
Initial Reading (R <sub>I</sub> ):	5.7899 Inches	5.4768 Inches		
Test End Time:	12:41PM	12:41PM		
Final Reading (R <sub>F</sub> ):	5.7910 Inches	5.4783 Inches		
Test Duration:	16 Minutes	16 Minutes		
Change in Reading (R <sub>F</sub> -R <sub>I</sub> ):	0.0011	0.0015		
Pass/Fail Threshold or Criteria:	0.002	0.002	0.002	0.002
<b>Test Result:</b>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

**Comments** – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

"Sensor functionality was not confirmed. This procedure is not part of the Secondary Containment testing scope of work".

UDC's have Floats and chains, no sensors.

7.

## UNDER-DISPENSER CONTAINMENT (UDC) TESTING

Test Method Developed By:	<input type="checkbox"/> UDC Manufacturer	<input checked="" type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer	
	<input type="checkbox"/> Other (Specify)			
Test Method Used:	<input type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input checked="" type="checkbox"/> Hydrostatic	
	<input type="checkbox"/> Other (Specify)			
Test Equipment Used: Incon Sump Tester			Equipment Resolution: +/- 0.002 Inches	
	UDC # 1/2	UDC # 3/4	UDC # 5/6	UDC # 7/8
UDC Manufacturer:	Bravo	Bravo	Bravo	Bravo
UDC Material:	Fiberglass	Fiberglass	Fiberglass	Fiberglass
UDC Depth:	31"	31"	31"	31"
Height from UDC Bottom to Top of Highest Piping Penetration:	12"	12"	12"	13"
Height from UDC Bottom to Lowest Electrical Penetration:	Located on Bottom	Located on Bottom	Located on Bottom	Located on Bottom
Condition of UDC prior to testing:	Good	Good	Good	Good
Portion of UDC Tested <sup>1</sup>	2" Above Piping	2" Above Piping	2" Above Piping	2" Above Piping
Does turbine shut down when UDC sensor detects liquid (both product and water)?*	N/A	N/A	N/A	N/A
Turbine shutdown response time	N/A	N/A	N/A	N/A
Is system programmed for fail-safe shutdown?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Was fail-safe verified to be operational?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Wait time between applying pressure/vacuum/water and starting test	30 Minutes	30 Minutes	30 Minutes	30 Minutes
Test Start Time:	11:23AM	11:06AM	11:23AM	12:25PM
Initial Reading (R <sub>I</sub> ):	4.5633 Inches	4.4393 Inches	6.4731 Inches	5.6839 Inches
Test End Time:	11:38AM	11:22AM	11:38AM	12:41PM
Final Reading (R <sub>F</sub> ):	4.5598 Inches	4.4413 Inches	6.4734 Inches	5.6841 Inches
Test Duration:	15 Minutes	16 Minutes	15 Minutes	16 Minutes
Change in Reading (R <sub>F</sub> -R <sub>I</sub> ):	0.0035	0.0020	0.0003	0.0002
Pass/Fail Threshold or Criteria:	0.002	0.002	0.002	0.002
Test Result:	<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

"Sensor functionality was not confirmed. This procedure is not part of the Secondary Containment testing scope of work".

UDCS HAVE FLOATS AND CHAINS, NO SENSORS

UDC 1/2 Failed due to torn 3/4" conduit boot- 4 bolt pen through Bottom, of UDC  
Made Mechanical Adjustments to UDC 5/6 - Retest- Pass

Retest 10/24/17 PASSED, See next page test results

6 of 6

Invoice # 40453



Lic. 804904

Toll Free #: 1-800-339-9930

**COPY**  
40453

Job Order / Invoice #:

Date Called	Time	To Whom	Repair Date
			10/24/17

Name: Confidence UST	Site Name: El Comino 7b
Street: 16250 Meacham Road	Street: 4955 El Comino
City: Bakersfield, CA 93314	City: Los Altos State: Zip:
Terms:	Store No:

Description of work performed:

**Retest UDC #1/2**

No Repairs Made. Dropped water and test UDC. **PASS**

Will submit results to Copra

TRAVEL and LABOR (0.5 Hour Minimum Labor Charge)						OVERTIME (5:00 PM - 7:00 AM)		
Date	Technician(s) Name		Start	End	Total	OT Start	OT End	OT Total
10-24	See Mike	Travel	12:54	1:31				
		Labor	1:31	2:40				
		Travel	2:40	6:00pm				

SUPPLIES - MATERIALS - RENTALS				Check One	
Qty.	Name	Part Number		UST Parts	Site Parts
1	tool TRUCK				
1	UDC Lake Test 1 #1/2				

COMMENTS

Test water left on site.

Store Employee Print Name: Allan Weisheimer	Technician Print Name: Frank Lytle
Store Employee Signature: [Signature]	Technician Signature: [Signature]
Date: 10/24/17	Date: 10/24

(1021)

COPY

# MONITORING SYSTEM CERTIFICATION

For Use By All Jurisdictions Within the State of California

Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

This form must be used to document testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

## A. General Information

Facility Name: El Camino Unocal 76 Bldg. No.: \_\_\_\_\_  
 Site Address: 4350 El Camino Real City: Los Altos Zip: 94022  
 Facility Contact Person: Greg Galatolo Contact Phone No.: (650) 941-0244  
 Make/Model of Monitoring System: Gilbarco EMC Date of Testing/Servicing: 11/09/2017

## B. Inventory of Equipment Tested/Certified

Check the appropriate boxes to indicate specific equipment inspected/serviced:

<b>Tank ID: 12,000 gal. Regular</b> <input checked="" type="checkbox"/> In-Tank Gauging Probe Model: <u>847390-107</u> <input checked="" type="checkbox"/> Annular Space or Vault Sensor Model: <u>794390-420</u> <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s) Model: <u>794380-208</u> <input type="checkbox"/> Fill Sump Sensor(s) Model: _____ <input checked="" type="checkbox"/> Mechanical Line Leak Detector Model: <u>FE Petro</u> <input type="checkbox"/> Electronic Line Leak Detector Model: _____ <input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor Model: <u>847390-107</u> <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2)	<b>Tank ID: 12,000 gal. Super</b> <input checked="" type="checkbox"/> In-Tank Gauging Probe Model: <u>847390-107</u> <input checked="" type="checkbox"/> Annular Space or Vault Sensor Model: <u>794390-420</u> <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s) Model: <u>794380-208</u> <input type="checkbox"/> Fill Sump Sensor(s) Model: _____ <input checked="" type="checkbox"/> Mechanical Line Leak Detector Model: <u>FE Petro</u> <input type="checkbox"/> Electronic Line Leak Detector Model: _____ <input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor Model: <u>847390-107</u> <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2)
<b>Tank ID: Waste Oil</b> <input type="checkbox"/> In-Tank Gauging Probe Model: _____ <input checked="" type="checkbox"/> Annular Space or Vault Sensor Model: <u>794390-420</u> <input type="checkbox"/> Piping Sump / Trench Sensor(s) Model: _____ <input type="checkbox"/> Fill Sump Sensor(s) Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector Model: _____ <input type="checkbox"/> Electronic Line Leak Detector Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2)	<b>Tank ID: _____</b> <input type="checkbox"/> In-Tank Gauging Probe Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s) Model: _____ <input type="checkbox"/> Fill Sump Sensor(s) Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector Model: _____ <input type="checkbox"/> Electronic Line Leak Detector Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2)
<b>Dispenser ID: 1-2</b> <input type="checkbox"/> Dispenser Containment Sensor(s) Model: _____ <input checked="" type="checkbox"/> Shear Valve(s) <input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s)	<b>Dispenser ID: 3-4</b> <input type="checkbox"/> Dispenser Containment Sensor(s) Model: _____ <input checked="" type="checkbox"/> Shear Valve(s) <input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s)
<b>Dispenser ID: 5-6</b> <input type="checkbox"/> Dispenser Containment Sensor(s) Model: _____ <input checked="" type="checkbox"/> Shear Valve(s) <input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s)	<b>Dispenser ID: 7-8</b> <input type="checkbox"/> Dispenser Containment Sensor(s) Model: _____ <input checked="" type="checkbox"/> Shear Valve(s) <input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s)
<b>Dispenser ID: 9-10</b> <input type="checkbox"/> Dispenser Containment Sensor(s) Model: _____ <input checked="" type="checkbox"/> Shear Valve(s) <input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s)	<b>Dispenser ID: 11-12, 13-14</b> <input type="checkbox"/> Dispenser Containment Sensor(s) Model: _____ <input checked="" type="checkbox"/> Shear Valve(s) <input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s)

\*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility

**C. Certification** - I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report; (check all that apply):  System set-up  Alarm history report

Technician Name (print): Chris Bishop Signature:   
 Certification No.: B36744 License No.: 804904  
 Testing Company Name: Confidence UST Services, Inc. Phone No.: (800) 339-9930  
 Site Address: 4350 El Camino Real Los Altos, CA 94022 Date of Testing/Servicing: 11/09/2017



**Monitoring System Certification**

**F. In-Tank Gauging / SIR Equipment:**  Check this box if tank gauging is used only for inventory control.  
 Check this box if no tank gauging or SIR equipment is installed.

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all tank gauging probes visually inspected for damage and residue buildup?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system product level readings tested?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system water level readings tested?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all probes reinstalled properly?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

\* In the Section H, below, describe how and when these deficiencies were or will be corrected.

**G. Line Leak Detectors (LLD):**  Check this box if LLDs are not installed.

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? (Check all that apply) Simulated leak rate: <input checked="" type="checkbox"/> 3 g.p.h.; <input type="checkbox"/> 0.1 g.p.h.; <input type="checkbox"/> 0.2 g.p.h.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was the testing apparatus properly calibrated?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

\* In the Section H, below, describe how and when these deficiencies were or will be corrected.

**H. Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



*COPY*

## Leak Detector Test Results Sheet

**Customer Address:**  
 El Camino Unocal 76  
 4350 El Camino Real  
 Los Altos, CA 94022

**Work Order:** 40442  
**Test Date:** 11/09/2017

**Site Address:**  
 El Camino Unocal 76  
 4350 El Camino Real  
 Los Altos, CA 94022

**Site Contact:** Greg Galatolo  
**Technician:** Chris Bishop

**Phone:** (650) 941-0244  
**Phone:** 800-339-9930

**ICC No.:** 8144916-UT

Product Type	LLD Type	Model	Serial No.	Check Valve Holding Pressure	Bleed Off ML.	Leak Rate Tested:	Pass/Fail
Regular	Mechanical	FE Petro		18 psi	75 ml	3 gph @ 10 psi	Pass
Premium	Mechanical	FE Petro		22 psi	150 ml	3 gph @ 10 psi	Pass
						3 gph @ 10 psi	
						3 gph @ 10 psi	
						3 gph @ 10 psi	
						3 gph @ 10 psi	
						3 gph @ 10 psi	
						3 gph @ 10 psi	

**Technician Name:** Chris Bishop  
**Signature:** *Chris Bishop*

**Technician No.:** 8144916-UT  
**Date:** 11/09/2017



TP-201.3

UST Static Pressure Performance Test Report Form

Permit Number:	Test Company:	Confidence UST Services, Inc.	
Confirmation:	Technician:	Austin Sterling	
Site Name: El Camino Unocal 76	Certification Number	Expiration Date	
Site Address: 4350 El Camino Real	District: BAAQMD	NA	
City/Zip: Los Altos, CA 94022	Franklin (Healy): 7611483707	10/24/2019	
Date/Time of Test: 12/28/2017 at 9:00 am	Veeder-Root: B45438	10/16/2019	

TEST INFORMATION	
Number of nozzles: 14	Are the tanks manifolded? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Phase I vapor recovery system executive order (as referenced on Permit to Operate)	VR-102
Phase II vapor recovery system executive order (as referenced on Permit to Operate)	VR-204
Nitrogen introduction point	<input checked="" type="checkbox"/> Phase I vapor coupler <input type="checkbox"/> Phase II vapor riser
Pressure measuring device	<input type="checkbox"/> incline manometer <input checked="" type="checkbox"/> digital manometer <input type="checkbox"/> mechanical gauge
Calibration date for pressure measuring device (must be within 90 days of the test)	10/29/2017
Ending value for digital manometer drift test if applicable (must be 0.01 in. w.c. or less)	0.00"
Initial tank ullage pressure (vent if over 0.5 in. w.c.)	0.00"
Nitrogen introduction flow rate, F (must be between 1 and 5 CFM)	1.6 CFM
Calculated ullage fill-time, $t_2$ ( $t_2 = V / 1522 \times F$ )	4.09 min
Actual fill-time	3.04 min
Number of hoses with over 100 ml (balance hoses must be drained prior to testing)	12

TANK INFORMATION					
Tank No.	1	2	3	4	All
Product Grade	Regular	Super			All
Actual tank capacity (gallons)	12,000	12,000			24,000
Gasoline volume (gallons)	7,148	6,990			14,138
Ullage, V (gallons)	4,905	5,063			9,968
If tanks not manifolded, # of nozzles					

2 IN. W.C. STATIC PRESSURE TEST					
Test No.	1	2	3	4	5
Start time	8:10 am				
Initial Pressure, inches of water column	2.00"				
Pressure at one minute, in. w.c.	2.00"				
Pressure at two minutes, in. w.c.	1.99"				
Pressure at three minutes, in. w.c.	1.99"				
Pressure at four minutes, in. w.c.	1.98"				
Pressure at five minutes, in. w.c.	1.97"				
Allowable minimum pressure, in. w.c.	1.82"				
Pass / Fail (enter "GF" for gross failure)	Pass				

I declare, under penalty of perjury under the laws of the state of California that based on information and belief formed after reasonable inquiry, the statements and information provided in this document are true, accurate, and complete.

Signature of Technician: 

Date: 12/28/2017







CONFIDENCE WITH COMMITMENT

## Leak Rate of Drop Tube/Drain Valve Assembly and Leak Rate of Drop Tube Overflow Protection Devices and Spill Container Drain Valves Report Form

Permit Number:	Confidence UST Services, Inc.		
Confirmation:	Technician: Auslin Sterling	Certification Number	Expiration Date
Site Name: El Camino Unocal 76	BAAQMD		NA
Site Address: 4350 El Camino Real	7611483707		10/24/2019
City/Zip: Los Altos, CA 94022	Franklin (Healy):		10/16/2019
Date/Time of Test: 12/28/2017 at 9:00 am	Veeder-Root: B45438		

**DROP TUBE DRAIN VALVE AND OVERFILL PROTECTION DEVICE PRESSURE INTEGRITY TEST**

Pressure measuring device:  Straight Drop Tube<sup>1</sup>     Drop Tube with an Overflow Protection Device<sup>2</sup>

digital manometer     mechanical gauge

Calibration date for pressure measuring device (must be within 180 days of the test)    10/29/2017

Ending value for digital manometer drift test if applicable (must be 0.01 in. w.c. or less)    0.00"

Drop Tube Drain Valve Pressure Test: Flow rate 80 ml/min		Drop Tube Overflow Device Pressure Test Flow rate 200 ml/min		"Corrected" Overflow Device Leak Rate						
Tank	Grade	Time to reach 2 in. w.c. at 80 ml/min. sec.	Drain valve leak rate <sup>3</sup> ml/min	Final Pressure in. w.c.	Time to reach 2 in. w.c. at 200 ml/min. mins.	Overflow leak rate <sup>3</sup> ml/min.	Final pressure in. w.c.	Overfill Device Leak Rate ml/min.	Drain Valve Leak Rate ml/min.	Corrected Leak Rate ml/min.
1	Regular	7.6 sec	20 ml	2.04"						
2	Super	8.2 sec	20 ml	2.12"						
3										
4										

NOTES:

<sup>1</sup> A straight drop tube must be tested with a bladder in place and using a flow rate of 80 ml/min.

<sup>2</sup> The bladder section of TP-201.1D may be skipped if the entire drop tube passes with a leak rate below 80 ml/min.

<sup>3</sup> Leak Rate = nitrogen flow rate needed to maintain a constant pressure (at least 2 in. w.c.) for 30 seconds.

I declare, under penalty of perjury under the laws of the state of California that based on information and belief formed after reasonable inquiry, the statements and information provided in this document are true, accurate, and complete.

Signature of Technician: \_\_\_\_\_ Date: 12/28/2017



E.O. VR-201/202

Healy Clean Air Separator Static Pressure Performance Test Report Form

Permit Number:	Test Company:	Confidence UST Services, Inc.	
Confirmation:	Technician:	Autin Sterling	
Site Name: El Camino Unocal 76	Certification Number	Expiration Date	
Site Address: 4350 El Camino Real	District: BAAQMD	NA	
City/Zip: Los Altos, CA 94055	Franklin (Healy) 7611483707	10/24/2019	
Date/Time of Test: 12/28/2017 at 7:00 am	Veeder-Root: B45438	10/16/2019	

TEST INFORMATION	
Calibration date for digital manometer (must be within 180 days of the test)	10/29/2017
Ending value for digital manometer drift test (must be 0.01 in w.c. or less)	0.00"

VACUUM TEST							
Vacuum at start of test, inches of water column (in w.c.)							
Vacuum at one minute, in w.c.							
Vacuum at two minutes, in w.c.							
Vacuum at three minutes, in w.c.							
Vacuum at four minutes, in w.c.							
Final vacuum at five minutes, in w.c.							
Allowable minimum vacuum, in w.c. (from shaded area below)							
Allowable 5-Minute Vacuum Decay for Clean Air Separator							
Vacuum at start of test, in w.c.	8.0	7.0	6.0	5.0	4.0	3.0	2.0
Minimum vacuum after five min., in w.c.	5.5	4.7	3.8	3	2.2	1.5	0.8

POSITIVE PRESSURE TEST	
Nitrogen introduction flow rate (must be between 2 and 4 CFM)	3 CFM
Pressure at start of test, in w.c.	2.00"
Pressure at one minute, in w.c.	2.06"
Pressure at two minutes, in w.c.	2.11"
Pressure at three minutes, in w.c.	2.16"
Pressure at four minutes, in w.c.	2.21"
Final pressure at five minutes, in w.c.	2.25"
Allowable minimum pressure, in w.c.	1.77

I declare, under penalty of perjury under the laws of the state of California that based on information and belief formed after reasonable inquiry, the statements and information provided in this document are true, accurate, and complete.

Signature of Technician: \_\_\_\_\_

Date: 12/28/2017



## Liquid Removal Test Data Sheet (Option 2)

Reference # :			
AQMD # :			
Site Name:	El Camino Unocal 76		
Site Address:	4350 El Camino Real		
City/Zip:	Los Altos, CA 94022		
Date/Time of Test:	12/28/2017	at	9:00 am
Test Company:	Confidence UST Services, Inc.		
Technician:	Austin Sterling		
District:	BAAQMD	Certification Number	Expiration Date
VST:	7611483707		NA
Veeder-Root:	B45438		10/24/2019
			10/16/2019

Dispenser Number	GENERAL INFORMATION			PRE-TEST			TEST RUN				VR=(VI-VW)-VF/G
	Product	Make & Model of Hose	Serial Number of Hose	Volume Poured into Hose in mL (VI)	Gallons Dispensed (G)	Seconds to Dispense(T)	Dispensing Rate (60*(G/T))	Volume Remaining in mL (VF)	Volume Lost to Wall Adhesion in mL (VW)	Liquid Removal Rate (mL/gal)	
1	MPD	VST EVR	B982356					0 ml			
2	MPD	VST EVR	B982355					0 ml			
3	MPD	VST EVR	B982358					0 ml			
4	MPD	VST EVR	B982359					0 ml			
5	MPD	VST EVR	B982357					0 ml			
6	MPD	VST EVR	B982360					0 ml			
7	MPD	VST EVR	B957115					0 ml			
8	MPD	VST EVR	B957114					0 ml			
9	MPD	VST EVR	B957113					0 ml			
10	MPD	VST EVR	B957116					0 ml			
11	MPD	VST EVR	C122016					0 ml			
12	MPD	VST EVR	B957117					0 ml			

I declare, under penalty of perjury under the laws of the state of California that based on information and belief formed after reasonable inquiry, the statements and information provided in this document are true, accurate, and complete.

Signature of Technician: *Austin Sterling* Date: 12/28/2017



E.O. VR-203

## Vapor Pressure Sensor Verification Test and VST Processor Activation Pressure Test Report Form

Reference # :	Test Company: Confidence UST Services, Inc.		
AQMD # :	Technician: Austin Sterling		
Site Name: El Camino Unocal 76	Certification Number	Expiration Date	
Site Address: 4350 El Camino Real	District: BAAQMD	NA	
City/Zip: Los Altos, CA 94022	VST: 7611483707	10/24/2019	
Date/Time of Test: 12/28/2017 at 9:00 am	Veeder-Root: B45438	10/16/2019	

TEST INFORMATION	
Pressure sensor located at dispenser numbers(s)	9&10
Pressure sensor serial number	9114
Calibration date for digital manometer (must be within 12 months of the test)	10/29/2017
Ending value for digital manometer drift test (must be 0.01 in. w.c. or less)	0.00"

VAPOR PRESSURE SENSOR UST PRESSURE TEST	
UST pressure from digital manometer (in. w.c.)	1.97"
Pressure sensor value from TLS-350 (in. w.c.)	1.982"
Is Pressure Value between -0.20 and +0.20 in. w.c.?	Yes

VAPOR PRESSURE SENSOR AMBIENT REFERENCE TEST <sup>1,2</sup>	
Non-calibrated pressure sensor value from TLS-350 (in. w.c.)	0.012"
Is pressure value between -0.20 and +0.20 in. w.c.?	Yes

VST PROCESSOR ACTIVATION PRESSURE TEST <sup>1,2</sup>	
VST processor activation pressure (in. w.c.)	
Is the VST processor activation pressure $\leq 0.4$ in. w.c.?	N/A

Notes: <sup>1</sup>Valve must be returned to normal operating position after testing is completed.

<sup>2</sup>The ambient reference port cap must be in place after testing is completed.

*I declare, under penalty of perjury under the laws of the state of California that based on information and belief formed after reasonable inquiry, the statements and information provided in this document are true, accurate, and complete.*

Signature of Technician: \_\_\_\_\_

Date: 12/28/2017 \_\_\_\_\_





VR-204

Exhibit 14

Required Items for Conducting TP-201.4

Reference # :	Test Company:	Confidence UST Services, Inc.	
AQMD # :	Technician:	Austin Sterling	
Site Name: El Camino Unocal 76	Certification Number	Expiration Date	
Site Address: 4350 El Camino Real	District: BAAQMD	NA	
City/Zip: Los Altos, CA 94022	VST: 7611483707	10/24/2019	
Date/Time of Test: 12/28/2017 at 9:00 am	Veeder-Root: B45438	10/16/2019	

1. The dispenser shall not be activated. If the dispenser is activated, gasoline in the fuel hose may be pressurized when engaging the fuel lever.
2. Prior to inserting the VST EVR nozzle into the fillpipe of the Dynamic Back Pressure Test Unit in step 7.1 of TP-201.4, completely drain any gasoline in the nozzle and vapor path of the hose. The dispenser must be deactivated and the nozzle lever and bellows shall be fully engaged.
3. When flowing nitrogen per step 7.1.2, fully engage the nozzle lever to allow vapor flow from the nozzle to the UST.

Required Steps For Each Nozzle Tested	Y/N
1. Is dispenser deactivated?	Yes
2. Is nozzle and hose completely drained of gasoline prior to inserting nozzle into Dynamic Back Pressure Unit?	Yes
3. Is nozzle lever fully engaged when conducting flow test?	Yes

*I declare, under penalty of perjury under the laws of the state of California that based on information and belief formed after reasonable inquiry, the statements and information provided in this document are true, accurate, and complete.*

Signature of Technician: \_\_\_\_\_

Date: 12/28/2017



E. O. VR-204

### Veeder-Root In-Station Diagnostics Balance Vapor Flow Meter Operability Test Procedure

Reference # :	Confidence UST Services, Inc.		
AQMD # :	Technician: Austin Sterling		
Site Name: El Camino Unocal 76	Certification Number	Expiration Date	
Site Address: 4350 El Camino Real	BAAQMD	NA	
City/Zip: Los Altos, CA 94022	VST: 7611483707	10/24/2019	
Date/Time of Test: 12/28/2017 at 9:00 am	Veeder-Root: B45438	10/16/2019	

Flow Meter Serial No.	Fueling Point	ISD Flow Meter		Gas Flow Meter		% Diff.	Pass/Fail
		Start	Stop	Start	Stop		
64378	1&2	33937.737	33945.427	0.0	7.764	4.4%	Pass
64382	3&4	40548.319	40556.363	0.0	7.750	3.8%	Pass
64412	5&6	33177.150	33185.017	0.0	7.826	0.5%	Pass
64373	7&8	50190.989	50198.590	0.0	7.820	4.2%	Pass
64997	9&10	35626.989	35634.537	0.0	7.598	0.1%	Pass
64405	11&12	47264.857	47272.476	0.0	7.626	0.01%	Pass

Gallons= Cubic\_Feet x 7.481

% Difference =  $\frac{ISD\_Difference_{gallons} - Gas\_Flow\_Meter\_Difference_{gallons}}{Gas\_Flow\_Meter\_Difference_{gallons}} \times 100$

I declare, under penalty of perjury under the laws of the state of California that based on information and belief formed after reasonable inquiry, the statements and information provided in this document are true, accurate, and complete.

Signature of Technician: \_\_\_\_\_ Date: 12/28/2017



**PHASE I ENVIRONMENTAL SITE ASSESSMENT**

*Subject Property Address*

**4350 El Camino Real  
Los Altos, CA 94022**

*ENCON Project Number*

**1212119ESAI**

*Report Date*

**1/16/2013**

*Prepared for*

**BBCN Bank  
2727 W. Olympic Blvd.  
Los Angeles, CA 90006**

**ENCON Solutions, Inc.**

---

*Environmental Consulting and Real Estate Due Diligence  
3255 Wilshire Blvd. Suite 1508, Los Angeles, CA 90010  
213.380.0555, 213.38ENCON, Fax 213-380-0505*

**ENCON Solutions, Inc.**

*Environmental Consulting and Real Estate Due Diligence*

3255 Wilshire Blvd, Suite 1508, Los Angeles, CA 90010.  
213.380.0555, 213.380.0555, ENCON, Fax 213-380-0505

1/16/2013

Mr. John J. Kim

BBCN Bank

2727 W. Olympic Blvd.

Los Angeles, CA 90006

Phone: 213-235-3269

Fax: 213-383-2389

Attached please find our PHASE I ENVIRONMENTAL SITE ASSESSMENT, ("the Report") for the above-mentioned Subject Property. This report has been prepared by ENCON for the Client under the professional supervision of the principal and/or senior staff whose seal(s) and signatures appear hereon. Neither ENCON, nor any staff member assigned to this investigation has any interest or contemplated interest, financial or otherwise, in the subject or surrounding properties, or in any entity which owns, leases, or occupies the subject or surrounding properties, and has no personal bias with respect to the parties involved.

The assessment was conducted in a manner consistent with the level of care and skill ordinarily exercised by members of the profession, and in accordance with generally accepted practices of other consultants currently practicing in the same locality under similar conditions. No other representation, expressed or implied, and no warranty or guarantee is included or intended. The Report speaks only as of its date, in the absence of a specific written update of the Report, signed and delivered by ENCON.

There are no intended or unintended third party beneficiaries to this Report, unless specifically named. ENCON is an independent contractor, not an employee of either the issuer or the borrower, and its compensation was not based on the findings or recommendations made in the Report or on the closing of any business transaction. Thank you for the opportunity to prepare this Report, and assist you with this project. Please call us if you have any questions or if we may be of further assistance.

By signing below, ENCON declares that, to the best of our professional knowledge and belief, the undersigned meet the definition of an Environmental Professional as defined in §312.10 of 40 CFR 312 and have the specific qualifications based on education, training, and experience to assess a property of the nature, history, and setting of the Subject Property. ENCON has developed and performed the all appropriate inquiries in conformance with the standards and practices set forth in 40 CFR Part 312.

Respectfully Submitted,

Hyung Kim

Principal Consultant, P.E.,  
NV-CEM

State of California  
California Environmental Protection Agency  
Department of Toxic Substances Control  
**REGISTERED ENVIRONMENTAL ASSESSOR I**

Issued to: Hyung Woon Kim, CEA # 07252

Annual Expires on: 6/30/2013

Signature: 



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APPENDIX C – REGULATORY DATABASE REPORT

APPENDIX D – HISTORICAL RECORDS SEARCH

APPENDIX E – PUBLIC AGENCY RECORDS / OTHER RELEVANT DOCUMENTS

APPENDIX F –QUALIFICATION OF ENVIRONMENTAL PROFESSIONAL / LIABILITY INSURANCE

## EXECUTIVE SUMMARY

Encon Solutions, Inc. (ENCON) performed a Phase I Environmental Site Assessment of the subject property in conformance with the scope and limitations of ASTM Practice E1527-05. Any exceptions to, or deletions from, this practice are described in Section 1.0 of this Report.

REPORT COMPONENT	SUMMARY OF FINDINGS
<p><b>Subject Property Characteristics</b></p> <p><b>(Current Tenant and Site Description)</b></p>	<p>The subject property is addressed 4350 El Camino Real, Los Altos, Santa Clara County, CA 94022. It consists of an approximately 28,557 square foot, square-shaped parcel of land occupied by an approximately 1,610 square-foot, one-story gasoline and automobile service station building. The property is currently a 76 gas station franchise called El Camino 76. The property building occupies the approximate central portion of the property. The building features a convenience store/cashier booth to the west, and three service garage bays to the east. The three service bays are equipped with in-ground hydraulic lifts and are used for all forms of automobile maintenance and repairs. Fuel island canopies are located directly to the northeast and northwest of the building. The gasoline underground storage tanks (USTs) are located between the two canopies, directly north of the building. Asphalt-paved parking surrounds the building on all sides, and access to the site is from the northwest along Los Altos Avenue and northeast along El Camino Real.</p>
<p><b>Summary of Property Reconnaissance</b></p>	<p>The subject property is occupied by a gasoline and automobile service station. There are currently two, 12,000-gallon gasoline underground storage tanks (UST's) located onsite. The system is equipped with a Healy clean air separator located at the southwest corner of the building. A 500-gallon waste oil UST is located adjacent to and south of the western-most service bay. There are three service garage bays located within the eastern portion of the building. Each bay is equipped with an in-ground, hydraulic hoist which is utilized for all forms of automotive maintenance and repairs. Waste oil filters and waste coolant are stored in 55-gallon steel drums and an approximately 100-gallon plastic drum located within an enclosed storage area at the south end of the property. Automotive tires and waste oil drain pans are stored outside the southeast corner of the building. Some permits on file have expired, and the required secondary containment testing records were not available and it is not known when testing was last performed.</p>

REPORT COMPONENT	SUMMARY OF FINDINGS
<p><b>Historical Use of Subject Property and Vicinity</b></p>	<p><u>Summary of Historical Property Use:</u></p> <p>The site was developed with what appears to be three small buildings from at least 1946 to 1958. It appears from aerial photographs reviewed that the buildings may have been residential. The current building and automobile service station was constructed in 1969, and has operated similarly ever since.</p> <p>In 1990, two 10,000-gallon gasoline underground storage tanks and one 550-gallon waste oil tank were removed from the property. During the removal process, holes were observed in the waste oil tank and visible contamination was observed in one of the gasoline tank excavations. Four groundwater monitoring wells were installed onsite, and approximately 250 cubic yards of contaminated soil was excavated from the tank areas and disposed of offsite. Periodic groundwater monitoring occurred, and a vapor extraction system and groundwater extraction system were installed and operated for remediation efforts (duration and dates of operation were not contained in the letter). The remediation efforts resulted in reduced hydrocarbon concentrations overtime. Case closure was granted to the subject property in 1996 by Santa Clara County Water District when it was deemed that remedial efforts were effective in reducing contamination at the site to acceptable and non-harmful levels.</p> <p>In July of 2007, ATC advanced six soil borings (B1-B6) near the existing fuel and waste oil USTs, as well as the fuel dispensers, using a Geoprobe drilling rig. The borings were advanced to depths of 30 feet below ground surface (bgs). Soil samples were collected at approximate five-foot intervals and analyzed with a PID. Shallow groundwater was encountered at 27 feet deep, and groundwater samples were collected from all borings. The soil samples were analyzed for metals, fuel oxygenates and halogenated volatile organic compounds (HVOCs) including benzene, toluene, ethylbenzene and total xylenes (BTEX), total petroleum hydrocarbons (TPH) in the gasoline and diesel ranges (TPH-GRO and TPH-DRO), and lead. Groundwater samples were analyzed for fuel oxygenates, HVOCs, TPH-GRO, TPH-DRO, and metals. Findings indicated that soil at the site consists of clay, silt, sand and gravel to the maximum depth of exploration. No TPH-GRO, TPH-DRO, MTBE or BTEX was detected in any of the soil samples collected. Soil samples did contain concentrations of Methyl Chloride, Chromium, Lead, Nickel and Zinc (max concentrations of 0.010 mg/kg, 188 mg/kg, 7.4 mg/kg, 18 mg/kg and 58 mg/kg, respectively). No TPH-GRO, MTBE or BTEX was detected in any of the groundwater samples collected. TPH-DRO was detected in groundwater at a concentration of 1.1 mg/L in the sample collected from boring B-3. Chromium, Nickel and Zinc were detected in groundwater (at maximum concentrations of 119 ug/L, 148 ug/L and 84.6 ug/L, respectively).</p> <p><u>Summary of Vicinity Use:</u></p> <p>The site vicinity was first developed similarly to today beginning around 1980 or prior. Before to that, the surrounding area was sparsely developed residential land with scattered orchards.</p>

REPORT COMPONENT	SUMMARY OF FINDINGS
<b>Federal, State and Local Agency Concerns</b>	The subject property was identified on the following governmental/regulatory environmental databases as per the EDR Radius Report utilized in conjunction with this report: RCRA-LQG, HAZNET, CA FID UST, HIST UST, SWEEPS UST, LUST, HIST LUST, UST, and HIST Cortese. These listings pertain to the operation of the site as a gas station and auto repair facility, as well as a closed Leaking Underground Storage Tank (LUST) case associated with the site. See Sections 4.2 for details.
<b>Potential Off-site Sources</b>	No researched properties within the specified search radii were identified which are assessed to pose an environmental concern for the subject property.  No RECs (Recognized Environmental Conditions) were identified.
<b>Non-CERCLA Items</b>	No concerns were identified for non-CERCLA items. However, unless <i>Client</i> contracted ENCON to investigate specific non-CERCLA items, these items were generally not included in the scope of services for this Phase I Environmental Site Assessment.
<b>Inaccessible or Un-surveyed Portions of Subject Property</b>	Full access to the entire property was provided to ENCON, and there were no notable portions of the subject property excluded from the survey and field inspection.
<b>Data Gap</b>	No significant data gaps were identified during the course of this Phase I Environmental Site Assessment.

Refer to Section 7.0, Recommendations and Opinions.

## 1.0 SCOPE OF WORK & LIMITATIONS

The primary purpose of this *Phase I Environmental Site Assessment Report* (the *Report*) is to assist *Client*, in its underwriting of a proposed mortgage loan on the subject property, and to identify *Recognized Environmental Conditions (RECs)* in connection with the subject property described in this *Report*. The investigation was conducted in accordance with the *Client's* Environmental Site Assessment scope of work for the use and benefit of the *Client*, its successors, and assignees and the U.S. Small Business Administration (U.S. SBA) if financing is to be authorized by U.S. SBA. It is based, in part, upon documents, writings, and information owned, possessed, or secured by the *Client*. Neither this report, nor any information contained herein, shall be used or relied upon for any purpose by any other person or entity without the express written permission of the *Client*.

This report has been prepared by Encon Solutions, Inc. (ENCON) for the *Client* under the professional supervision of the principal and/or senior staff whose seal(s) and signature(s) appear hereon. Neither ENCON, nor any staff member assigned to this investigation has any interest or contemplated interest, financial or otherwise, in the subject or surrounding properties, or in any entity which owns, leases, or occupies the subject or surrounding properties or which may be responsible for environmental issues identified during the course of this investigation, and has no personal bias with respect to the parties involved.

The purpose of this practice is to define good commercial and customary practice for conducting an *environmental site assessment* of a parcel(s) of *commercial real estate* with respect to the range of contaminants within the scope of Comprehensive Environmental Response, Compensation and Liability Act (CERCLA) (42 U.S.C. §9601) and *petroleum products*. As such, this practice is intended to permit a user (*Client, Purchaser, Lender, Owner*) to satisfy one of the requirements to qualify for the *innocent landowner, contiguous property owner, or bona fide prospective purchaser* limitations on CERCLA liability (hereinafter, the "*landowner liability protections*," or "*LLPs*"): that is, the practice that constitutes "*all appropriate inquiry* into the previous ownership and uses of the *property* consistent with good commercial or customary practice" as defined at 42 U.S.C. §9601(35)(B).

Controlled substances are not included within the scope of this standard. Persons conducting an *environmental site assessment* as part of an EPA Brownfields Assessment and Characterization Grant awarded under CERCLA 42 U.S.C. §9604(k)(2)(B) must include controlled substances as defined in the Controlled Substances Act (21 U.S.C. §802) within the scope of the assessment investigations to the extent directed in the terms and conditions of the specific grant or cooperative agreement. Additionally, an evaluation of *business environmental risk* associated with a parcel of *commercial real estate* may necessitate investigation beyond that identified in this practice.

In defining a standard of good commercial and customary practice for conducting an *environmental site assessment* of a parcel of *property*, the goal of the processes established by this practice is to identify *recognized environmental conditions (RECs)*. The term *recognized environmental conditions (RECs)* means the presence or likely presence of any *hazardous substances* or *petroleum products* on a *property* under conditions that indicate an existing release, a past release, or a material threat of a release of any *hazardous substances* or *petroleum products* into structures on the *property* or into the ground, groundwater, or surface water of the *property*. The term includes *hazardous substances* or *petroleum products* even under conditions in compliance with laws. The term is not intended to include *de minimis* conditions that generally do not present a material risk of harm to public health or the environment and that generally would not be the subject of an enforcement action if brought to the attention of appropriate governmental agencies. Conditions determined to be *de minimis* are not *RECs*.

ENCON has performed this *Phase I Environmental Site Assessment* in conformance with the scope and limitations of ASTM Practice E1527-05.

SCOPE OF WORK

This Report was prepared for the exclusive use of Client. This Report has been prepared in accordance with our Standard Conditions For Engagement and Authorization Letter and Agreement for Environmental Services approved and signed by Client, and with the limitations described below, all of which are integral parts of this Report. A copy of the signed Standard Conditions For Engagement and Authorization Letter and Agreement for Environmental Services is maintained at the Encon Solutions, Inc., Los Angeles, California office.

The information reported was obtained through sources deemed reasonably ascertainable, as defined in ASTM Practice E1527-05; a visual site survey of areas readily observable, easily accessible or made accessible by the property contact and interviews with owners, agents, occupants, or other appropriate persons involved with the subject property. Municipal information was obtained through file reviews of reasonably ascertainable standard government record sources, and interviews with the authorities having jurisdiction over the property. Findings, conclusions and recommendations included in the Report are based on our visual observations in the field, the municipal information reasonably obtained, information provided by the Client, and/or a review of readily available and supplied documents.

ENCON renders no opinion as to the property condition at un-surveyed and/or inaccessible portions of the subject property, which are described below. ENCON relies completely on the information, whether written, graphic or verbal, provided by the property contact or as shown on any documents reviewed or received from the property contact, owner or agent, or municipal source, and assumes that information to be true and correct. The observations in this Report are valid on the date of the survey. Where access to portions of the subject property or to structures on the subject property was unavailable or limited, ENCON renders no opinion as to the presence of petroleum products or hazardous substances in that portion of the subject property or structure. In addition, ENCON renders no opinion as to the presence of, or indirect evidence relating to, petroleum products or hazardous substances where direct observation of the interior walls, floor, or ceiling of a structure was obstructed by objects or coverings on or over these surfaces.

The conclusions provided by ENCON are based on the information obtained by visual survey of the subject property, and information provided by agents representing the subject property, or agents of the owner. In addition, ENCON has relied on certain information provided by state and other referenced parties, and on information contained in the files of federal, state and/or local agencies available to ENCON at the time of the assessment. Although there may have been some degree of overlap in the information provided by these various sources, ENCON did not attempt to independently verify the accuracy or completeness of all information reviewed or received during the course of these Environmental Services.

CERCLA Requirements Other Than All Appropriate Inquiry (ASTM E1527-05 1.1.3) - This practice does not address whether requirements in addition to All Appropriate Inquiries have been met in order to qualify for the LLPs (specified in 42 U.S.C. §9607(b)(3)(a) and (b) including the continuing obligation not to impede the integrity and effectiveness of Activity and Use Limitations), or the duty to take reasonable steps to prevent releases, or the duty to comply with legally required release reporting obligations).

It is acknowledged that ENCON's judgments shall not be based on scientific or technical tests or procedures beyond the Scope of Services or beyond the time and budgetary constraints imposed by the Client. It is acknowledged further that ENCON's conclusions shall not rest on pure science but on such considerations as economic feasibility and available alternatives. Client also acknowledges that, because geologic and soil formations are inherently random, variable, and indeterminate in nature, the Services and opinions provided under this Agreement with respect to such Services, are not guaranteed to be a representation of actual conditions on the subject property, which are also subject to change with time as a result of natural or man-made processes, including water permeation. In performing the Services, ENCON shall use that degree of care and skill ordinarily exercised by environmental consultants or engineers performing similar services in the same or similar locality. The standard of care shall be determined solely at the time the Services are rendered and not according to standards utilized at a later date. The Services shall be rendered without any other warranty, expressed or implied, including, without limitation, the warranty of merchantability and the warranty of fitness for a particular purpose.

The ASTM E1527-05 Practice does not encompass analytical testing to evaluate Asbestos Containing Materials (ACM), radon, lead-based paint (LBP), drinking water quality, lead in drinking water, wetlands, regulatory compliance, cultural and historical resources, industrial hygiene, health and safety, ecological resources, endangered species, indoor air quality, biological agents, mold, stored chemicals, debris, fill materials, surface water, or subsurface samples (soil and groundwater) as part of a Phase I ESA. Such additional information regarding non-ASTM Practice E1527-05 issues may be provided merely for the User's convenience, and cannot be used to bind this report as a whole to the compliance and conformance with ASTM guidelines. No disassembly of systems or building components or physical or invasive testing is to be performed unless Contract Engagement specifically calls for such testing as an additional scope of work. ENCON has performed this *Phase I Environmental Site Assessment* in conformance with the scope and limitations of ASTM Practice E1527-05. This *Report* may not include all environmental conditions which can materially impact the subject property other than those defined as RECs in ASTM E1527-05.

As our standard procedure and scope of work defined by ASTM Practice E1527-05, ENCON is not contracted to perform *Environmental Liens and Activity and Use Limitations (AULs)* searches via title records, and such is beyond the scope of services included in this report.

This *Phase I Environmental Site Assessment* did not necessarily comply with the ASTM E2600-10 "Standard Guide for Vapor Encroachment Screening on Property Involved in Real Estate Transactions. For assessment of potential "vapor encroachment conditions" (VECs) and to determine if a "vapor intrusion condition" (VIC) exists on-site, additional investigation beyond ASTM E1527-05 is required.

Business Environmental Risk is defined as a risk, which can have material environmental impact, or environmentally driven impact on the business associated with the current or planned use of a parcel of commercial real estate, not necessarily limited to the issues requiring investigation. Activity and Use Restrictions arising from Business Environmental Risk or Compliance Violation are defined as restrictions on the use of, or access to, a site/facility to (1) reduce or eliminate exposure to hazardous substance onsite, or (2) prevent activities that could interfere with a response action either as Engineering Controls or Institutional Controls. Evaluation of Business Environmental Risks was not within the scope of services included in this report.

The assessment was conducted in a manner consistent with the level of care and skill ordinarily exercised by members of the profession, and in accordance with generally accepted practices of other consultants currently practicing in the same locality under similar conditions. No other representation, expressed or implied, and no warranty or guarantee is included or intended. The *Report* speaks only as of its date, in the absence of a specific written update of the *Report*, signed and delivered by ENCON.

Additional information that becomes available after our survey and report submission concerning the subject property should be provided to ENCON so that our conclusions may be revised and modified if necessary, at additional cost. This *Report* has been prepared in accordance with our *Standard Conditions for Engagement*, which is an integral part of this *Report*.

Adjoining sites, neighboring sites or surrounding properties mentioned in this *Report* are defined only up to one parcel immediately next to the subject property, and ENCON will only check immediately adjoining properties to identify historical use of the surrounding areas via historical sources or data on such adjoining properties, and/or walk-through visual inspection along subject property's perimeters to identify obvious signs of environmental concerns.

It is often not possible (under the "reasonably ascertainable" clause of the ASTM guideline) to identify every single historical business tenants or occupants of the subject property. ENCON cannot be liable for not identifying all such past tenants or occupants of the project site.

#### INDEPENDENT CONTRACTOR STATUS / PROFESSIONAL RESPONSIBILITY

In performing Services under the mutually agreed contractual agreement and verbal engagement, ENCON operates as, and has the status of, an independent contractor. Subject to any limitations established by the *Client* as to the degree of care and amount of time and expenses to be incurred and any other limitations contained in the mutually agreed contractual agreement and verbal engagement, ENCON performs the Services consistent with that level of care and skill ordinarily exercised by other professional consultants under similar circumstances at the time the Services are performed. *Client* hereby acknowledges that whenever a Project involves hazardous or toxic materials there are certain inherent risk factors involved (such as limitations on laboratory analytical methods, variations in subsurface conditions, economic loss to *Client* or property owner, a potential obligation for disclosure to regulatory agencies, a potential for a decrease in market value of real property, and the like) that may adversely affect the results of the Project, even though the Services are performed with such skill and care. No other representation, warranty, or guarantee, express or implied, is included or intended by the mutually agreed contractual agreement and verbal engagement.

#### QUALIFICATION STATEMENT OF ENVIRONMENTAL PROFESSIONAL

ENCON states that this *Phase I Environmental Site Assessment* was performed under *Environmental Professional (EP)*'s direct supervision, that he/she has prepared and/or reviewed and approved the report, and that the methods and procedures utilized in the development of this report conform to minimum industry standards using both the ASTM International, formerly known as the American Society for Testing and Materials (ASTM), Standard E1527-05 and the United States – Environmental Protection Agency Standards and Practices for All Appropriate Inquiries (40 CFR Part 312) as guidelines. ENCON certifies that ENCON's *Environmental Professionals* and Subcontractors are properly licensed and/or certified to conduct *Phase I Environmental Site Assessments*.

ENCON's EP declares that, to the best of his/her professional knowledge and belief, he/she meets the definition of *Environmental Professional* as defined in 40 CFR Part 312. ENCON's EP who prepared this assessment possesses the specific qualifications based upon education, training and experience to assess a property of the nature, history, and setting of the subject Property. ENCON has developed and performed the "*All Appropriate Inquiries*" in accordance with the standards and practices as defined in 40 CFR Part 312.

#### ABBREVIATIONS:

ENCON may use various abbreviations to describe various site, building, or system components or legal descriptions. Not all abbreviations may be applicable to all reports. Abbreviations most often used are defined below.

AAI	All Appropriate Inquiries	MCL	Maximum Contaminant Level
ACM	Asbestos-Containing Material	MDP	Main Distribution Panel
ACT	Acoustic Ceiling Tile	Mg/Kg	Milligrams per Kilogram
ADA	Americans with Disabilities Act	mg/L	Milligrams per Liter
AHERA	Asbestos Hazard Emergency Response Act	MSDS	Material Safety Data Sheet
AHU	Air Handling Unit	MSL	Mean Sea Level
AMSL	Above Mean Sea Level	MSSL	Maximum Soil Concentration Limit
APA	American Plywood Association	MTBE	Methyl Tertiary Butyl Ether
APCD	Air Pollution Control District	ND	None Detected
AQMD	Air Quality Management District	NFA	No Further Action (letter)
AS	Air Sparging	NPDES	National Pollutant Discharge Elimination System
AST	Aboveground Storage Tank	NPL	National Priorities List
ASTM	American Society for Testing and Materials	O&M	Operations and Maintenance
		OVA	Organic Vapor Analyzer

AUL	Activity and Use Limitation	PCB	Polychlorinated Biphenyl
bgs	Below Ground Surface	PCE	Perchloroethylene
BOD	Biochemical (or Biological) Oxygen Demand	PEC	Potential Environmental Concern
BTEX	Benzene-Toluene-Ethylbenzene-Xylene	PEL	Permissible airborne Exposure Level
BTU	British Thermal Unit (a measurement of heat)	PERC	Perchloroethylene
BTUH	British Thermal Units per Hour	PID	Photoionization Detector
CERCLA	Comprehensive Environmental Response Compensation and Liability Act	POTW	Publicly Owned Treatment Works
CESQG	Conditionally Exempt Small Quantity Generator	Ppb	Parts per Billion
CFR	Code of Federal Regulations	Ppm	Parts per Million
CMU	Concrete Masonry Unit	PRG	Preliminary Remedial Goal
COCs	Chemicals of Concern	PRP	Potentially Responsible Parties
DEP	Department for Environmental Protection	PTAC	Packaged Through-wall Air Conditioning (Unit)
DEQ	Department of Environmental Quality	QAQC	Quality Assurance Quality Control
DOE	Department of Ecology (WA)	RAP	Remedial Action Plan
DOT	Department of Transportation	RCRA	Resource Conservation and Recovery Act
DTSC	Department of Toxic Substances Control (California EPA)	REC	Recognized Environmental Condition
EIFS	Exterior Insulating Finishing System	RI/FS	Remedial Investigation & Feasibility Study
EP	Environmental Professional	RQ	Reportable Quantity
EPA	Environmental Protection Agency	RTU	Roof Top Unit
EPDM	Ethylene Propylene Diene Monomer (rubber membrane roof)	RWQCB	Regional Water Quality Control Board (California)
ESA	Environmental Site Assessment	SBA	Small Business Association
EUL	Expected Useful Life, Effective Useful Life	SPCC	Spill Prevention Control and Countermeasure Plan
FCU	Fan Coil Unit	SQG	Small Quantity Generator (of hazardous wastes)
FEMA	Federal Emergency Management Agency	SVE	Soil Vapor Extraction
FHA	Forced Hot Air	SVOC	Semi-Volatile Organic Compound
FHW	Forced Hot Water	SWPPP	Storm Water Pollution Prevention Plan
FID	Flame ionization detector	SWRCB	State Water Resource Control Board (CA)
FIRM	Flood Insurance Rate Map	TCE	Trichloroethylene
FOIA	Freedom Of Information Act	TCEQ	Texas Commission of Environmental Quality (TX)
FRT	Fire Retardant Treated plywood	TCLP	Toxicity Characteristic Leaching Procedure (used for metals analysis)
GC/MS	Gas Chromatography/Mass Spectrometry	TOC	Total Organic Carbon
GFI	Ground Fault Interrupter (circuit)	TPH	Total Petroleum Hydrocarbons Note: TPHg = TPH as gasoline. TPHd = TPH as diesel fuel TPHog = TPH as oil/grease
GPR	Ground-Penetrating Radar	TSA	Transaction Screen Assessment
GWB	Gypsum Wall Board	UBC	Uniform Building Code
HCP	Handicapped Person	UEL	Upper Explosive Limit
HID	High Intensity Discharge (lighting)	ug/L	Micrograms per Liter
HMTA	Hazardous Materials Transportation Act	USGS	United States Geological Survey
HVAC	Heating, Ventilating and Air Conditioning	UST	Underground Storage Tank
HWH	Hot Water Heater	VAV	Variable Air Volume box
LBP	Lead-Based Paint	VOC	Volatile Organic Compound
LDL	Laboratory Detection Limit	VWC	Vinyl Wall Covering
LEL	Lower Explosive Limit		
LLP	Landowner Liability Protection		
LQG	Large Quantity Generator (of hazardous wastes)		
LUST	Leaking Underground Storage Tank		

## 2.0 SUBJECT PROPERTY CHARACTERISTICS

### 2.1 PROJECT INFORMATION & PROPERTY LOCATION

Project Information	
ITEM	
ENCON Project Number	1212119ESAI
Client Project Number	Not applicable
Subject Property Address	4350 El Camino Real, Los Altos, Santa Clara County, CA 94022
Subject Property Name	El Camino 76
Property Inspection Date	January 11, 2013
Weather Condition	Sunny, approximately 50 degrees Fahrenheit
ENCON's Field Assessor	Marc Hachey, Environmental Consultant, P.G.
ENCON's QA/QC Environmental Professional	Hyung Kim, Principal Consultant
Property Location	The subject property is located at the south corner of the intersection between Los Altos Avenue and El Camino Real
General Setting	The general setting is mixed commercial/residential.
Property Type	Automobile service station

### 2.2 PROPERTY IMPROVEMENT & BUILDING/LAND DESCRIPTION

Property Improvements & Building / Land Description	
ITEM	
Subject Property Description	<p>The subject property is addressed 4350 El Camino Real, Los Altos, Santa Clara County, CA 94022. It consists of an approximately 28,557 square foot, square-shaped parcel of land occupied by an approximately 1,610 square-foot, one-story gasoline and automobile service station building. The property is currently a 76 gas station franchise called El Camino 76. The property building occupies the approximate central portion of the property. The building features a convenience store/cashier booth to the west, and three service garage bays to the east. The three service bays are equipped with in-ground hydraulic lifts, and are used for all forms of automobile maintenance and repair. Fuel island canopies are located directly to the northeast and northwest of the building. The gasoline underground storage tanks (USTs) are located between to the two canopies, directly north of the building. Asphalt-paved parking surrounds the building on all sides, and access to the site is from the northwest along Los Altos Avenue and northeast along El Camino Real.</p> <p>Data Source(s) for Parcel Size: North America Title Company property profile</p> <p>Data Source(s) for Building Size(s): North America Title Company property profile</p>
Estimated year of Construction	1969
	Data Source(s): North America Title Company property profile

Improvement Description	The subject building is wood-framed building with concrete floors. The western part of the building features a typical convenience store layout with a cashier booth and restrooms. The eastern part of the building features three service garage bays. Each bay has an in-ground hydraulic lift.
Other Improvements & Features (including description of unimproved areas)	None observed

### 2.3 CURRENT OCCUPANTS & USE OF THE PROPERTY

Current Occupants & Use of the Property	
ITEM	
Present Occupant(s)	El Camino 76
Business Operation(s)	Automobile service and gasoline station

### 2.4 MUNICIPAL SERVICES & UTILITIES

Municipal Services & Utilities	
ITEM	
Potable Water	Santa Clara County
Gas/Oil Source for Heating	PG&E
Electrical	PG&E
Sewage Disposal System	San Clara County
Solid Waste Disposal	Recology

### 3.0 SUBJECT PROPERTY RECONNAISSANCE

#### 3.1 LIMITING CONDITIONS

The information reported herein was obtained through sources deemed reliable, a visual site survey of areas readily observable, easily accessible or made accessible by the property contact, and interviews with owners, agents, occupants, or other appropriate persons involved with the subject property.

No disassembly of systems or building components or physical or invasive testing was performed. ENCON renders no opinion as to the property condition at un-surveyed and/or inaccessible portions of the subject property. ENCON relies completely on the information, whether written, graphic or verbal, provided by the property contact or as shown on any documents reviewed or received from the property contact, owner or agent, or municipal source, and assumes that information to be true and correct. The observations in this Report are valid on the date of the survey. Note: Typically lenders have environmental policies where due diligence reports are valid for one year from the report date. However, such policies and standards can vary from each lender or user. For CERCLA landowner liability protection, Phase I ESA reports are valid for 180 days, per ASTM Practice E1527-05, Section 4.6.

#### 3.2 SUBJECT PROPERTY RECONNAISSANCE

Subject Property Reconnaissance	
ITEM	
Processes that generate or handle Petroleum Products or Hazardous Substances	Gas station and automobile service station that operates fuel dispensers and performs vehicle maintenance.
Underground Storage Tanks (USTs)	<p>Three USTs are present:</p> <ul style="list-style-type: none"> <li>• Two 12,000-gallon gasoline UST</li> <li>• One 500-gallon waste oil UST</li> </ul> <p>The gasoline USTs are located to the north of the building, and the waste oil UST is located south of the western-most service bay. The tanks are constructed of double-walled steel and were installed in 1990.</p>
Aboveground Storage Tanks (ASTs)	None observed
Fuel Islands / Dispensers	Fuel island canopies are located to the northwest and northeast of the building. Each canopy features four, dual-sided dispensers with 24 nozzles, for a total of 48 nozzles at the facility. The dispensers are equipped with an Enhanced Vapor Recovery (EVR) system.
Any type of Fueling Systems	Yes, as described above
Containers of Hazardous Materials and/or Petroleum Products related to subject property's operations/processes	In association with the automobile service garage, there is one, approximately 100-gallon plastic container of automotive coolant stored within the building, as well as multiple, retail –sized containers of motor oil. Waste oil filters and waste coolant are stored in 55-gallon steel drums and an approximately 100-gallon plastic drum located within an enclosed storage area at the south end of the property.

<b>Subject Property Reconnaissance</b>	
ITEM	
Other containers of suspect hazardous materials in drums, barrels, or other storage, or unlabeled/unidentified containers on site	None observed
Containers not attributed to current use of the subject property	None observed
Significant surface staining either on unpaved or paved land	None observed
Unusual areas of asphalt/cement patch or surface depressions	None observed
Stockpiled soils with visual contamination	None observed
Fill material of questionable origin / Piles	None observed
Stressed Vegetation	None observed
Any type of heavy equipment or machinery of environmental concern on site	None observed
Hydraulic equipment or machinery of environmental concern (PCB-oil / hydraulic oil) such as hydraulic lifts, compactors, etc.	The three bays of the service garage have in-ground hydraulic hoists.
Drains for machinery/equipment cleaning or flushing	None observed
Wastewater treatment units & clarifiers	None observed
Evidence of onsite surface water impoundment, pits, dry wells or illegal dumping, stormwater removal and sensitive surface water features such as lagoons, ponds, and other water bodies	None observed
Drains and Sumps	None observed
Any regulated surface wastewater discharges	None observed
Storm water or surface-water drainage system having any abnormal accumulation of petroleum or chemical run-off or foreign materials, any unusual blockage of the storm-water control system	None observed
Any stained catch basins, drip pads, or sumps	None observed
Herbicide and/or & pesticide use which poses environmental concern	None observed
Septic systems or cesspools	None observed
Wells (any irrigation wells, injection wells, abandoned wells, groundwater-monitoring wells, dry wells, septic wells, oil wells, gas wells, domestic water wells, vapor recovery wells or other-monitoring wells)	One groundwater monitoring well was observed adjacent to the clean air separator
Railroad tracks or spurs	None observed
Visual evidence of improper handling/disposal or solid wastes	None observed
Other visual evidence of spills, leakage, staining, corrosion, soil/groundwater contamination	None observed
Dry-cleaning operation on site	None observed

### 3.3 DETAILED DESCRIPTION OF SITE RECONNAISSANCE AND ENVIRONMENTAL CONDITIONS

The subject property is occupied by a gasoline and automobile service station. There are currently two, 12,000-gallon gasoline underground storage tanks (UST's) located onsite. The system is equipped with a clean air separator located at the southwest corner of the building. A 500-gallon waste oil UST is located adjacent to and south of the western-most service bay. There are three service garage bays located at the eastern building half. Each bay is equipped with an in-ground hydraulic hoist which is utilized for all forms of automotive maintenance and repairs. Waste oil filters and waste coolant are stored in 55-gallon steel drums and an approximately 100-gallon plastic drum located within an enclosed storage area at the south end of the property. Automotive tires and waste oil drain pans are stored outside the southeast corner of the building. Some permits on file have expired and required secondary containment testing records were not available, and it is not known when testing was last performed.

<b>Fueling System Summary</b>	
<b>Item</b>	<b>Description</b>
USTs:	<p>Three USTs are present:</p> <ul style="list-style-type: none"> <li>• Two 12,000-gallon gasoline UST</li> <li>• One 500-gallon waste oil UST</li> </ul> <p>The gasoline USTs are located to the north of the building, and the waste oil UST is located south of the western-most service bay. The tanks are constructed of double-walled steel and were installed in 1990.</p>
Piping	Double-walled fiberglass, pressurized, with dry annular space and interstitial monitoring
Dispensers	Fuel island canopies are located to the northwest and northeast of the building. Each features four, dual-sided dispensers with 24 nozzles, or a total of 48 nozzles for the whole facility. The dispensers are equipped with an Enhanced Vapor Recovery (EVR) system.
Enhanced Vapor Recovery (EVR) compliant?	Yes – Healy System
SB 989 Compliance	Based on reviewed documentation, the facility does not appear to be in compliance with SB 989 as the latest secondary containment testing was not filed onsite and the property owner was unaware when testing was last performed.
Monitoring System	Gilbarco EMC, with continuous interstitial monitoring of annular spaces in tanks and piping.
Most recent Monitoring System Certification (full system integrity and functioning inspection)	The most recent Monitoring System Certification, dated November 19, 2012 and performed by Confidence UST Services, Inc., was reviewed in onsite files during ENCON's site reconnaissance. All systems received passing test results.
Permits	<p>Santa Clara County Environmental Health, Certified Unified Program Agency, expires 2/28/2013</p> <p>Bay Area Air Quality Management District, Permit to Operate, valid through 9/1/2012</p>
Designated Operator	Mr. Greg Galatolo
Most recent Designated Operator site inspection	December 29, 2012
Other documents observed onsite	Operating Permit Application, dated December 29, 2012
Other hazardous materials observed:	None observed

### 3.4 NON-CERCLA ITEMS

The following table summarizes non-CERCLA issues for which the survey of interior areas of the subject property focused, if requested by the Client as an addition to ENCON's standard Scope of Services. No implication is intended as to the relative importance of inquiry into such non-scope considerations, and this list of non-scope considerations is not intended to be all-inclusive.

NON-CERCLA ITEMS	
ITEM	LOCATION AND DESCRIPTION
Suspect asbestos-containing building materials (ACBM) in damaged condition if the structure is built prior to 1978	Based on the construction date, asbestos-containing building materials could be present. An asbestos survey was not included in the current scope of services.
Suspect lead-based paint (LBP) in damaged condition if the structure is residential and was built prior to 1978	Based on the construction date, lead-based paints could be present. A lead survey was not included in the current scope of services.
Lead in drinking water	A lead in drinking water survey was not included in the current scope of services.
Radon gas concern	<p>A review of the EPA's Map of Radon Zones indicates that Santa Clara County falls within Zone 2, a zone of moderate radon potential. Counties located within Zone 2 have a predicted average indoor radon screening level of 2 to 4 picocuries per liter (pCi/L), generally below EPA's radon action level of 4 pCi/L for residential structures. A radon survey was not included in the current scope of services.</p> <p>Source: <a href="http://www.epa.gov/radon/zonemap.html">http://www.epa.gov/radon/zonemap.html</a></p> <p>Based on EPA data from a national study, 49 locations within the zip code of the subject property (94022). Three of the tested locations exceeded the action level of 4 pCi/L.</p> <p>Source: <a href="http://www.city-data.com/radon-zones/California/California.html">http://www.city-data.com/radon-zones/California/California.html</a></p>
Visual evidence of Urea Formaldehyde	The sale and installation of Urea Formaldehyde Foam Insulation (UFFI) as thermal insulation began in approximately 1970, and continued until December 1980 when it was banned under the federal <i>Hazardous Products Act</i> . UFFI was installed in both new and existing buildings during this period. UFFI was not commonly used in industrial or commercial buildings. A UFFI survey was not included in the current scope of services.
Suspect PCB-oil concern with hydraulic equipment, ballasts, transformers, etc.	A PCB survey was not included in the current scope of services.
Wetland, creeks, swale, pits, ponds, lagoons, or any other water bodies	Not applicable. However, based on a review of the EDR Radius Report, the site is not within a mapped National Wetland Inventory location. A wetlands survey was not included in the current scope of services.

NON-CERCLA ITEMS	
ITEM	LOCATION AND DESCRIPTION
Visual evidence of mold problems from wet areas, roof leaks, moisture around air conditioning or plumbing units	A microbial matter survey was not included in the current scope of services.
Air quality problems (unusual smells, noxious odors, or visual emissions, air emission stacks)	None observed.
Is the property within a flood zone (Federal Emergency Management Agency Flood Insurance Rate Map)	Not applicable. However, based on a review of a flood zone map contained in an EDR Radius Map Report, the subject property is located in a 500-year flood zone. A flood zone determination was not included in the current scope of work.
Regulatory compliance, Cultural and historical resources, Industrial hygiene, Health and safety, Ecological resources, Endangered species, Business Environmental Risk	These items were not included in the current scope of services.

### 3.5 ADJACENT PROPERTIES

For the scope of this assessment, properties are defined and categorized based upon their physical proximity to the subject property. An adjoining property is any real estate property whose border is contiguous or partially contiguous with the subject property, or that would be if the property was not separated by a roadway, street, public thoroughfare, river, or stream.

Adjacent Properties	
ITEM	
Northeast	El Camino Real followed by 4345 El Camino Real – Country Inn Motel
Southeast	4388 El Camino Real – Peninsula Real (residential)
Southwest	4388 El Camino Real – Peninsula Real (residential)
Northwest	Los Altos Avenue followed by 4320 El Camino Real – Courtyard Marriot

### 3.6 PHYSICAL SETTING

#### TOPOGRAPHY

The subject property's physical location was researched employing a United States Geological Survey (USGS) 7.5 Minute Topographic Quadrangle (Quad) Map relevant to the subject property. The USGS 7.5 Minute Quad Map has an approximate scale of 1 inch to 2,000 feet, and may show physical features with environmental significance such as wetlands, water bodies, roadways, mines, and buildings. The elevation of the property is approximately 68 feet above mean sea level. There is a regional downslope to the north.

#### GEOLOGY

The site is located within the Coast Ranges geomorphic province of Northern California. The Coast Ranges are characterized as parallel mountain ranges and valleys displaced by strike-slip earthquake faults. Locally, the site is underlain by Pleistocene-aged alluvium consisting of mixed sand, silt and clay.

#### **HYDROGEOLOGY**

Hydrogeologic information was obtained from the report titled Underground Storage Tank Closure – Unocal No. 6115, prepared by Santa Clara Valley Water District and dated November 7, 1996. The measured groundwater depth at the site is approximately 25 feet deep. Groundwater flows to the northeast.

It is important to note that groundwater flow direction can be influenced locally and regionally by the presence of local wetland features, surface topography, recharge and discharge areas, horizontal and vertical inconsistencies in the types and location of subsurface soils, and proximity to water pumping wells. Depth and gradient of the water table can change seasonally in response to variation in precipitation and recharge, and over time, in response to urban development such as storm water controls, impervious surfaces, pumping wells, cleanup activities, dewatering, seawater intrusion barrier projects near the coast, and other factors.

#### **SOURCES OF DATA**

Current USGS 7.5 Minute Topographical Map  
EDR Radius Map Report  
California Water Resources Control Board Geotracker online database  
Underground Storage Tank Closure – Unocal No. 6115, prepared by Santa Clara Valley Water District and dated November 7, 1996

#### 4.0 SUBJECT PROPERTY AND VICINITY HISTORY

##### 4.1 HISTORICAL RECORDS SEARCH RESOURCES

HISTORICAL RECORDS RESEARCH RESOURCES	
ITEM	REFERENCE SOURCE
Previous Environmental Reports	Underground Storage Tank Closure – Unocal No. 6115, prepared by Santa Clara Valley Water District and dated November 7, 1996  Due Diligence Site Assessment Report, prepared by ATC Associates (ATC) and dated November 6, 2007
Sanborn Map Company Fire Insurance Maps	No map coverage is available for the subject property and immediate vicinity.
Historical Aerial Photographs	Via <a href="http://www.historicaerials.com/">http://www.historicaerials.com/</a>
Historical City Directories	EDR City Directory Abstract
Building/Planning Department Zoning/Land Use Records	Title company property profile
Recorded Land Title Records	N/A
Historical Topographic Maps	EDR-supplied USGS topographic maps
Oil & Gas Maps	Not applicable
Interviews	Mr. Greg Galatolo, Owner
Other Historical Records	None

##### 4.2 PREVIOUS ENVIRONMENTAL REPORTS

###### Underground Storage Tank Closure – Unocal No. 6115, prepared by Santa Clara Valley Water District and dated November 7, 1996

In 1990, two 10,000-gallon gasoline underground storage tanks and one 550-gallon waste oil tank were removed from the property. During the removal process, holes were observed in the waste oil tank and visible contamination was observed in one of the gasoline tanks. Four groundwater monitoring wells were installed onsite, and approximately 250 cubic yards of contaminated soil was excavated from the tank areas and disposed of offsite. Periodic groundwater monitoring occurred, and a vapor extraction system and groundwater extraction system were installed and operated for remediation (duration and dates of operation were not contained in the letter). The remediation efforts resulted in reduced hydrocarbon concentrations overtime. Below is an excerpt from the closure letter comparing the initial testing results during tank removal with the final testing results:

MAXIMUM DOCUMENTED CONTAMINANT CONCENTRATIONS—BEFORE AND AFTER CLEANUP									
Contaminant	Soil (ppm)		Water (ppb)		Contaminant	Soil (ppm)		Water (ppb)	
	Before	After	High	Last 4 Quarters		Before	After	High	Last 4 Quarters
TPH (Gas)	31	1,900	4,600	ND	Xylene	0.14	33	1,800	ND
TPH (Diesel)	2.1	6.4	NA	NA	Ethylbenzene	1.5	220	110	ND
Benzene	0.076	1.7	430	ND	Oil & Grease	190	ND	ND	NA
Toluene	0.14	68	700	ND	Heavy Metals	<100	<200	NA	NA
Other (8010/8270)	ND	ND	NA	NA	MTBE	NA	NA	480	60

Case closure was granted for the subject property when it was deemed that remedial efforts were effective in reducing contamination at the site to acceptable and non-harmful levels.

**Due Diligence Site Assessment Report, prepared by ATC Associates (ATC) and dated November 6, 2007**

In July of 2007, ATC advanced six soil borings (B1-B6) near the existing fuel and waste oil USTs, as well as the fuel dispensers, using a Geoprobe. The borings were advanced to depths of 30 feet deep. Soil samples were collected at approximate five-foot intervals and analyzed with a PID. Shallow groundwater was encountered at 27 feet deep, and groundwater samples were collected from all borings. The soil samples were analyzed for metals, fuel oxygenates and halogenated volatile organic compounds (HVOCs) including benzene, toluene, ethylbenzene and total xylenes (BTEX), total petroleum hydrocarbons (TPH) in the gasoline and diesel ranges (TPH-GRO and TPH-DRO), and lead. Groundwater samples were analyzed for fuel oxygenates, HVOCs, TPH-GRO, TPH-DRO, and metals. Findings indicated that soil at the site consists of clay, silt, sand and gravel to the maximum depth of exploration. No TPH-GRO, TPH-DRO, MTBE or BTEX was detected in any of the soil samples collected. Soil samples did contain concentrations of Methyl Chloride, Chromium, Lead, Nickel and Zinc (max concentrations of 0.010 mg/kg, 188 mg/kg, 7.4 mg/kg, 18 mg/kg and 58 mg/kg, respectively). No TPH-GRO, MTBE or BTEX was detected in any of the groundwater samples collected. TPH-DRO was detected in groundwater at a concentration of 1.1 mg/L in the sample collected from boring B-3. Chromium, Nickel and Zinc were detected in groundwater (at maximum concentrations of 119 ug/L, 148 ug/L and 84.6 ug/L, respectively).

#### 4.3 SANBORN MAP COMPANY FIRE INSURANCE MAPS

Sanborn Map Company maps were created for insurance underwriters from 1867 to present, and often contain information regarding the uses of individual structures, and the locations of fuel and/or chemical storage tanks that may have been on a particular property. In 1996, the entire Sanborn Map Company collection was acquired by Environmental Data Resources, Inc. (EDR). ENCON subcontracted with EDR to provide copies of Sanborn Map Company maps, if available, for the subject property and vicinity.

EDR responded that Sanborn Map Company fire insurance maps were not drawn for the subject property or surrounding vicinity.

#### 4.4 HISTORICAL AERIAL PHOTOGRAPHS

ENCON reviewed aerial photographs via [www.historicaerials.com](http://www.historicaerials.com). A summary of findings is provided below:

Aerial photographs of the property and vicinity were reviewed via <http://www.historicaerials.com> for the following years: 1948, 1956, 1968, 1980, 1987, 1991, 1993, 1998, 2002, 2004 and 2005. In the 1948 and 1956 photographs, the subject property is developed with what appears to be three small building structures and a large, circular driveway off El Camino Real. The site appears vacant in 1968, and beginning in the 1980 photograph the current building and fuel island canopies are visible. The site appears unchanged from its current configuration in all subsequent photographs.

The site vicinity is first developed similarly to today beginning in the 1980 photograph. Prior to that, the surrounding area is sparsely developed residential land with scattered orchards.

#### 4.5 CITY DIRECTORIES

ENCON reviewed an EDR City Directory Abstract for the years spanning 1970 through 2010. These years are not necessarily inclusive. A summary of the information obtained is provided below.

Subject Property	
YEAR	LISTING
1975 – 1980	Felix's Union Service Station
1986 – 2005	El Camino Unocal
2010	El Camino 76

#### 4.6 PROPERTY PROFILE

##### Property Profile:

The following property information was obtained based upon a review of a North American Title Company property profile:

- Current Property Owner(s): Gregory and Angela Galatolo
- Lot Size: 28,557 square feet
- Building Size: 1,610 square feet
- Construction Date: 1969
- Site Use / Use Code: Service Station

#### 4.7 USER PROVIDED INFORMATION

The United States Environmental Protection Agency (USEPA) All Appropriate Inquiry (AAI) and ASTM E1527-05 Phase I Standards require that the Report User conduct independent research and consider certain information before purchasing a property.

Per ASTM Practice E1527-05, the "user" is defined as follows:

*User*—the party seeking to use Practice E 1527 to complete an environmental site assessment of the property. A user may include, without limitation, a potential purchaser of property, a potential tenant of property, an owner of property, a lender, or a property manager.

USER/CUSTOMER QUESTIONNAIRE	
QUESTION	CUSTOMER TO ANSWER
<p><b>(1.) Environmental cleanup liens that are filed or recorded against the site (40 CFR 312.25).</b> Are you aware of any environmental cleanup liens against the <i>property</i> that are filed or recorded under federal, tribal, state or local law?</p>	The User has not informed ENCON of any knowledge of cleanup liens filed or recorded against the property.
<p><b>(2.) Activity and land use limitations (AULs) that are in place on the site or that have been filed or recorded in a registry (40 CFR 312.26).</b> Are you aware of any AULs, such as <i>engineering controls</i>, land use restrictions or <i>institutional controls</i> that are in place at the site and/or have been filed or recorded in a registry under federal, tribal, state or local law?</p>	The User has not informed ENCON of any knowledge of activity or land use limitations associated with the property.
<p><b>(3.) Specialized knowledge or experience of the person seeking to qualify for the LLP (40 CFR 312.28).</b> As the <i>user</i> of this <i>ESA</i> do you have any specialized knowledge or experience related to the <i>property</i> or nearby properties? For example, are you involved in the same line of business as the current or former <i>occupants</i> of the <i>property</i> or an adjoining <i>property</i> so that you would have specialized knowledge of the chemicals and processes used by this type of business?</p>	The User has not informed ENCON of any specialized knowledge or experience related to the property or nearby properties.
<p><b>(4.) Relationship of the purchase price to the fair market value of the property if it were not contaminated (40 CFR 312.29).</b> Does the purchase price being paid for this <i>property</i> reasonably reflect the fair market value of the <i>property</i>? If you conclude that there is a difference, have you considered whether the lower purchase price is because contamination is known or believed to be present at the <i>property</i>?</p>	The User has not informed ENCON of any information pertaining to the purchase price with respect to the fair market value of the property.
<p><b>(5.) Commonly known or reasonably ascertainable information about the property (40 CFR 312.30).</b> Are you aware of commonly known or <i>reasonably ascertainable</i> information about the <i>property</i> that would help the <i>Environmental Professional(EP)</i> to identify conditions indicative of releases or threatened releases? For example, as <i>user</i>,</p> <p>(a.) Do you know the past uses of the <i>property</i>?</p> <p>(b.) Do you know of specific chemicals that are present or once were present at the <i>property</i>?</p> <p>(c.) Do you know of spills or other chemical releases that have taken place at the <i>property</i>?</p> <p>(d.) Do you know of any environmental cleanups that have taken place at the <i>property</i>?</p>	The User has not informed ENCON of any commonly known or reasonably ascertainable information about the property that would identify conditions indicative of releases or threatened releases, other than as described in Section 4.10 (Interviews), if applicable.

**(6.) The degree of obviousness of the presence of likely presence of contamination at the property, and the ability to detect the contamination by appropriate investigation (40 CFR 312.31).**

As the User of this ESA, based on your knowledge and experience related to the property are there any obvious indicators that point to the presence or likely presence of contamination at the property?

The User has not informed ENCON of any obvious indicators that point to the presence or likely presence of contamination at the property, other than as described in Section 4.10 (Interviews), if applicable.

The User has not informed ENCON of any specific prior knowledge of cleanup liens, activity or land use limitations, specialized user knowledge, information about the fair market value, site history, or current site activities. Valuation and environmental information is being collected as part of due diligence measures for the associated transaction. An environmental cleanup lien/AUL search is not required from the environmental consultant as part of this investigation. Title searches shall be conducted by the User, concurrently with environmental due diligence work.

**4.8 HISTORICAL TOPOGRAPHIC MAPS**

ENCON reviewed historical USGS 7.5 Topographic Maps. No features of environmental concern were noted.

**4.9 OIL & GAS MAPS**

ENCON did not review oil and gas maps during the course of this site assessment. Other records were obtained which are considered sufficient to meet ASTM Practice E1527-05 standard guidelines. Sufficient information was available from alternate sources to adequately assess the property.

**4.10 Interviews**

Interview	
INTERVIEW DETAILS	
Name	Mr. Greg Galatolo
Business Title	Owner
Firm	N/A
Telephone	(650) 941-0244
Role/Relationship	Owner/manager
Summary	Mr. Galatolo provided site access and provided the onsite binder containing all underground storage tank documentation and testing certificates. Mr. Galatolo indicated that he has owned the property and business for the last 24 years. Mr. Galatolo was unaware of the former LUST case associated with the site, although it appears he was property owner during that time. Mr. Galatolo stated there have been no recent environmental investigations or reports prepared for the site, and when asked about the most recent secondary containment testing he was unaware of when the last testing was performed.

**4.11 SUMMARY OF HISTORICAL PROPERTY AND VICINITY USE**

Summary of Historical Property Use:

The site was developed with what appears to be three small buildings from at least 1946 to 1958. It appears from aerial photographs reviewed that the buildings may have been residential homes. The current building and automobile service station was constructed in 1969, and has operated similarly ever since.

In 1990, two 10,000-gallon gasoline underground storage tanks and one 550-gallon waste oil tank were removed from the property. During the removal process, holes were observed in the waste oil tank and visible contamination was observed in one of the gasoline tanks. Four groundwater monitoring wells were installed onsite, and approximately 250 cubic yards of contaminated soil was excavated from the tank areas and disposed of offsite. Periodic groundwater monitoring occurred, and a vapor extraction system and groundwater extraction system were installed and operated for remediation (duration and dates of operation were not contained in the letter). The remediation efforts resulted in reduced hydrocarbon concentrations overtime. Case closure was granted for the subject property in 1996 when it was deemed that remedial efforts were effective in reducing contamination at the site to acceptable and non-harmful levels.

In July of 2007, ATC advanced six soil borings (B1-B6) near the existing fuel and waste oil USTs, as well as the fuel dispensers, using a Geoprobe drilling rig. The borings were advanced to depths of 30 feet below ground surface (bgs). Soil samples were collected at approximate five-foot intervals and analyzed with a PID. Shallow groundwater was encountered at 27 feet deep, and groundwater samples were collected from all borings. The soil samples were analyzed for metals, fuel oxygenates and halogenated volatile organic compounds (HVOCs) including benzene, toluene, ethylbenzene and total xylenes (BTEX), total petroleum hydrocarbons (TPH) in the gasoline and diesel ranges (TPH-GRO and TPH-DRO), and lead. Groundwater samples were analyzed for fuel oxygenates, HVOCs, TPH-GRO, TPH-DRO, and metals. Findings indicated that soil at the site consists of clay, silt, sand and gravel to the maximum depth of exploration. No TPH-GRO, TPH-DRO, MTBE or BTEX was detected in any of the soil samples collected. Soil samples did contain concentrations of Methyl Chloride, Chromium, Lead, Nickel and Zinc (max concentrations of 0.010 mg/kg, 188 mg/kg, 7.4 mg/kg, 18 mg/kg and 58 mg/kg, respectively). No TPH-GRO, MTBE or BTEX was detected in any of the groundwater samples collected. TPH-DRO was detected in groundwater at a concentration of 1.1 mg/L in the sample collected from boring B-3. Chromium, Nickel and Zinc were detected in groundwater (at maximum concentrations of 119 ug/L, 148 ug/L and 84.6 ug/L, respectively).

#### Summary of Vicinity Use:

The site vicinity was first developed similarly to today beginning around 1980 or prior. Before to that, the surrounding area was sparsely developed residential land with scattered orchards.

#### **4.13 DATA GAPS**

ASTM Practice E1527-05 and the US-EPA AAls require that the report identify and comment on significant data gaps that affect the ability of the *environmental professional* to identify *Recognized Environmental Conditions*.

No significant data gaps were identified during the course of this Phase I Environmental Site Assessment.

## 5.0 REGULATORY RECORDS SEARCH

### 5.1 PROCEDURE

The most current databases sources maintained by state and federal offices were provided by governmental record search database suppliers. Such databases were searched for properties with reported environmental issues within radii specified by ASTM Practice E1527-05, either by using geocoding information that identified the coordinates of the properties in the databases or by checking the street addresses of practically reviewable non-geocoded "orphan" properties within the same zip code. The database report is included as an appendix to this *Report*. The database report may identify a certain "orphan sites" which are those facilities that could not be mapped or geocoded due to inadequate address information. We attempted to locate the facilities via various mapping programs, but cannot be held liable for not correctly locating these orphan sites to determine their impact to the subject property.

The subject property was identified on the following environmental regulatory agency databases RCRA-LQG, HAZNET, CA FID UST, HIST UST, SWEEPS UST, LUST, HIST LUST, UST, and HIST Cortese:

#### Database Listings for Subject Property:

Site	Database(s)	EPA ID
UNOCAL SERVICE STATION #6115 4350 EL CAMINO REAL LOS ALTOS, CA 94022	RCRA-LQG	CAD982059628
UNION OI SS# 6115 4350 EL CAMINO REAL LOS ALTOS, CA 94022	HIST CORTESE LUST HIST LUST HIST UST HAZNET	N/A
CONOCOPHILLIPS CO. #256115 4350 EL CAMINO REAL LOS ALTOS, CA 94022	UST	N/A

UNOCAL SERVICE STATION #6115 4350 EL CAMINO REAL LOS ALTOS, CA 94022	HAZNET	N/A
CONOCO PHILLIPS # 256115 4350 EL CAMINO REAL LOS ALTOS, CA 94022	HAZNET	N/A
EL CAMINO UNOCAL (#6115) 4350 EL CAMINO REAL LOS ALTOS, CA 94022	HAZNET	N/A
UNION OIL SS #6115 4350 EL CAMINO REAL LOS ALTOS, CA 94022	CA FID UST SWEEPS UST	N/A
UNION OIL SS #6115 4350 EL CAMINO REAL LOS ALTOS, CA 94022	LUST Status: Completed - Case Closed HIST UST	N/A

The subject property was identified on the above-listed environmental databases. Many environmental databases have overlapping information. For clarity, each of the listings pertaining to the subject property are summarized below:

**HAZNET** (Hazardous Waste Information System): The California Environmental Protection Agency maintains a list of facilities that generate hazardous waste manifests. Because of the large volume of manifests, it is not uncommon for manifests to contain some invalid values for data elements such as generator ID, TSD ID, waste category, & disposal method. The source of the manifest records is the California Department of Toxic Substance Control (DTSC). This database is a supplemental listing to the current ASTM standards.

The subject property appears in the HAZNET database in association with hazardous wastes generated at the site and disposed of under hazardous waste manifest. In 2006, 2007 and 2009 the following hazardous waste products were generated and removed from the site: 0.1625 tons of organic solids; 0.59 tons of organic liquid mixtures; and 0.04 tons of aqueous solution.

**RCRA-LQG:** RCRA hazardous waste generators are identified as Large Quantity Generators (LQGs), Small Quantity Generators (SQGs), or Conditionally Exempt Small Quantity Generators (CESQGs). RCRA LQGs are identified as those facilities, which generate at least 1,000 kilograms (2,200 pounds) of non-acutely hazardous waste (or 1 kilogram of acutely hazardous waste) in any calendar month. RCRA SQGs are identified as those facilities that generate less than 1,000 kilograms of non-acutely hazardous waste in any calendar month. A CESQG is a business that is exempt from most state and federal hazardous waste disposal regulations, as long as it generates very small quantities of hazardous waste and ensures delivery of its waste to a facility that is permitted to receive it. Specifically, a CESQG: 1) Generates no more than 100 kilograms (about 220 pounds or 25 gallons) of hazardous waste in any calendar month; 2) Generates no more than 1 kilogram (about 2.2 pounds) of acutely hazardous waste in any calendar month; and 3) Never accumulates more than 1000 kilograms of hazardous waste on-site

The subject property appears on the RCRA-LQG database in association with hazardous waste generated at the site from onsite auto repair and gas station services. No violations were reported. This listing is not assessed to represent a current environmental concern.

**HIST UST** (Historical Underground Storage Tank): This is a listing of underground storage tanks that have been registered, but have been removed or are no longer in service. Data on the HIST UST list was supplied by the State Water Resources Control Board.

The subject property appears on the HIST UST database in association with former USTs removed from the property in 1990. See Section 4.2 for additional information.

**UST** (Underground Storage Tanks): This is a list of state-registered underground storage tank sites. Sites appearing on the UST database have not necessarily released hazardous substances into the environment nor do they necessarily pose environmental threat to surrounding properties.

The subject property appears on the UST database in association with the onsite USTs. See Section 3.2 for additional information.

**SWEEPS UST** (Statewide Environmental Evaluation and Planning System): This is an inactive underground storage tank database. It identifies underground storage tanks and was maintained by a contractor for the State Water Resources Control Board in the early 1980s. The database is no longer updated or maintained.

The subject property appears on the SWEEPS UST database in association with former USTs removed from the property in 1990. See Section 4.2 for additional information.

**LUST** (Leaking Underground Storage Tank): This is a list of state sites that have reported leaking underground storage tanks.

The subject property appears on the LUST database in association with the closed LUST case. See section 4.2 for additional information.

**CORTESE/HIST CORTESE**: Sites on this database list are designated by the State Water Resource Control Board [LUST], the Integrated Waste Board [SWF/LS], and the Department of Toxic Substances Control [CALSTES]. This database is no longer updated.

The subject property appears on the HIST CORTESE database in association with closed LUST case. See section 4.2 for additional information.

## 5.2 FEDERAL AGENCY RECORDS

FEDERAL AGENCY RECORDS		
SOURCE	CRITERIA FOR MINIMUM SEARCH DISTANCE (MILES)	NO. OF PROPERTIES WITHIN SEARCH DISTANCE
NPL	1.0	0
De-listed NPL	0.5	0
CERCLIS	0.5	0
CERCLIS-NFRAP	0.5	0

FEDERAL AGENCY RECORDS		
SOURCE	CRITERIA FOR MINIMUM SEARCH DISTANCE (MILES)	NO. OF PROPERTIES WITHIN SEARCH DISTANCE
RCRA-CORRACTS	1.0	0
RCRA-TSDF	0.5	0
RCRA-Generator	Subject Property and Adjoining Properties	0
ERNS	Subject Property Only	0
Federal IC/EC Registries	Subject Property Only	0
Other Federal List	Subject Property Only	0

Note: For clarity, regulatory agency database listings pertaining to the subject property, if present, are discussed separately from database listings for other properties within the search radius. See Section 5.1.

There were no sites identified in Federal Agency database records within the minimum specified search distances of the subject property.

### 5.3 STATE AGENCY RECORDS

STATE AGENCY RECORDS		
SOURCE	CRITERIA FOR MINIMUM SEARCH DISTANCE (MILES)	NO. OF PROPERTIES WITHIN SEARCH DISTANCE
State/Tribal Equivalent NPL	1.0	6
State/Tribal Equivalent CERCLIS	0.5	0
State/Tribal SWLF	0.5	0
State/Tribal LUST	0.5	21 LUST sites and 2 SLIC sites
State/Tribal UST	Subject Property and Adjoining Properties	0
State/Tribal IC/EC Registries	Subject Property Only	0
State/Tribal Voluntary Cleanup Sites	0.5	0
State/Tribal Brownfield Sites	0.5	0
Other State List	Subject Property Only	The subject property was identified on the following State environmental databases: RCRA-LQG, HAZNET, CA FID UST, HIST UST, SWEEPS UST, LUST, HIST LUST, UST, and HIST Cortese

Note: For clarity, regulatory agency database listings pertaining to the subject property, if present, are discussed separately from database listings for other properties within the search radius. See Section 5.1.

#### State/Tribal Equivalent NPLs:

California AW (Annual Work Plan previously known as Bond Expenditure Plan): The California Health & Safety code requires the California EPA to develop a site-specific expenditure plan as the basis for an

appropriation of California Hazardous Substance Cleanup Bond Act of 1984 funds. The Agency is also required to update annually and report any significant adjustments to the Legislature on an ongoing basis. The plan identifies California hazardous waste sites targeted for cleanup by responsible parties, the California and the Federal Environmental Protection Agency over the next coming years.

**California Bond Expenditure Plan:** Department of Health Services developed a site-specific expenditure plan as the basis for an appropriation of Hazardous Substance Cleanup Bond Act funds. It is not updated.

**RESPONSE:** Identifies confirmed release sites where the California Department of Toxic Substances Control (DTSC) is involved in remediation, either in a lead or oversight capacity. These confirmed release sites are generally high-priority and high potential risk.

Six RESPONSE sites were identified within the specified search radius:

<u>Lower Elevation</u>	<u>Address</u>	<u>Direction / Distance</u>	<u>Map ID</u>	<u>Page</u>
SYMTRON #2	111 ORTEGA AVENUE	E 1/2 - 1 (0.839 mi.)	45	85
TRW/VIDAR	77 ORTEGA AVENUE	E 1/2 - 1 (0.850 mi.)	46	88
PHOTO GRAPHICS PRINTING INC	2274 MORA DR	E 1/2 - 1 (0.878 mi.)	M49	112
PLESSEY #3	2256 MORA DRIVE	E 1/2 - 1 (0.903 mi.)	N50	140
PLESSEY #2	2251, 2257, 2283 AND 22	E 1/2 - 1 (0.906 mi.)	N51	143
SYMTRON CORPORATION	2235 MORA DR.	E 1/2 - 1 (0.934 mi.)	52	145

The sites listed above are not assessed to pose a risk of adverse environmental impact to the subject property based on one or more of the following rationale: a) horizontal distance from the subject property; b) down/cross-gradient location with respect to the assumed shallow groundwater flow direction; c) the nature of the reported release (e.g., contamination confined only within soil media, absence of groundwater impact, lack of transporting media such as groundwater); and/or d) regulatory status (e.g., case closed, remediation action underway).

#### **State/Tribal LUST:**

**LUST:** State/Tribal Leaking Underground Storage Tanks: This is a list of state sites that have reported leaking underground storage tanks. A site may be placed on a LUST list by reporting that the tank system(s) failed tank testing, that routine monitoring of tank's system(s) showed evidence of leakage, or that verification sampling during tank removal showed subsurface contamination.

**SLIC:** Spills, Leaks, Investigations, and Cleanups: - The Spills, Leaks, Investigations, and Cleanups (SLIC) database is maintained by the California Regional California Water Quality Control Board (RWQCB) to track sites where releases have been reported. SLIC sites include miscellaneous releases, not necessarily related to underground storage tanks. Often there is overlap between sites appearing on LUST and SLIC databases.

Generally, only such sites located within less than a one-eighth of one mile radius from the target property represent a potential environmental concern.

21 LUST sites and two SLIC sites were identified within the specified search radius (many LUST/SLIC sites have multiple/duplicate listings), including the following nearby properties:

LUST Sites:

<u>Equal/Higher Elevation</u>	<u>Address</u>	<u>Direction / Distance</u>	<u>Map ID</u>	<u>Page</u>
LOZANO INC. Status: Completed - Case Closed	2690 W EL CAMINO REAL	SE 0 - 1/8 (0.110 mi.)	C13	23
LOZANO CAR WASH	2690 W EL CAMINO REAL	SE 0 - 1/8 (0.110 mi.)	C14	25

## SLIC Sites:

<u>Lower Elevation</u>	<u>Address</u>	<u>Direction / Distance</u>	<u>Map ID</u>	<u>Page</u>
SEARS ROEBUCK COMPANY Facility Status: Completed - Case Closed	455 SAN ANTONIO RD	ESE 1/4 - 1/2 (0.372 mi.)	26	44
HYATT RICKEYS Facility Status: Open - Inactive	4201 4219 EL CAMINO REA	NNW 1/4 - 1/2 (0.463 mi.)	43	83

ENCON researched all LUST/SLIC cases within a 1/8 mile radius of the subject property via the Regional Water Quality Control Board's Geotracker online database. None of the identified LUST/SLIC sites appear to have impacted the subject property.

The sites listed above are not assessed to pose a risk of adverse environmental impact to the subject property based on one or more of the following rationale: a) horizontal distance from the subject property; b) down/cross-gradient location with respect to the assumed shallow groundwater flow direction; c) the nature of the reported release (e.g., contamination confined only within soil media, absence of groundwater impact, lack of transporting media such as groundwater); and/or d) regulatory status (e.g., case closed, remediation action underway, no reported violations).

If sites are listed on the LUST/SLIC databases with a "case closed" (no further remedial action required) status, it shall be interpreted as "the identified contamination at such sites was mitigated to a degree that the governing agency believes that these sites do not pose apparent concern/threat to the subsurface environment of the neighboring area".

#### 5.4 LOCAL AGENCY RECORDS

##### Regional Water Quality Control Board:

The California Regional Water Quality Control Board (RWQCB) is the regulatory agency responsible for protection of the waters of the State of California, and has oversight authority for assessments and remediation of unauthorized releases of hazardous substances to the soil and groundwater, and Leaking USTs (LUST sites).

ENCON researched the subject property via the RWQCB's online Geotracker database. Records were reviewed within the database for the closed LUST case. The records reviewed for the two closure cases are discussed in Section 4.1.

[http://geotracker.waterboards.ca.gov/profile\\_report.asp?global\\_id=T0608501527](http://geotracker.waterboards.ca.gov/profile_report.asp?global_id=T0608501527)

## 6.0 SUMMARY OF FINDINGS

ENCON performed a Phase I Environmental Site Assessment in conformance with the scope and limitations of ASTM Practice E1527-05 of the subject property. Any exceptions to, or deletions from, this practice are described in Section 1.0 of this Report. A summary of findings is provided below:

REPORT COMPONENT	SUMMARY OF FINDINGS
<p><b>Subject Property Characteristics</b>  (Current Tenant and Site Description)</p>	<p>The subject property is addressed 4350 El Camino Real, Los Altos, Santa Clara County, CA 94022. It consists of an approximately 28,557 square foot, square-shaped parcel of land occupied by an approximately 1,610 square-foot, one-story gasoline and automobile service station building. The property is currently a 76 gas station franchise called El Camino 76. The property building occupies the approximate central portion of the property. The building features a convenience store/cashier booth to the west, and three service garage bays to the east. The three service bays are equipped with in-ground hydraulic lifts and are used for all forms of automobile maintenance and repairs. Fuel island canopies are located directly to the northeast and northwest of the building. The gasoline underground storage tanks (USTs) are located between the two canopies, directly north of the building. Asphalt-paved parking surrounds the building on all sides, and access to the site is from the northwest along Los Altos Avenue and northeast along El Camino Real.</p>
<p><b>Summary of Property Reconnaissance</b></p>	<p>The subject property is occupied by a gasoline and automobile service station. There are currently two, 12,000-gallon gasoline underground storage tanks (UST's) located onsite. The system is equipped with a Healy clean air separator located at the southwest corner of the building. A 500-gallon waste oil UST is located adjacent to and south of the western-most service bay. There are three service garage bays located within the eastern portion of the building. Each bay is equipped with an in-ground, hydraulic hoist which is utilized for all forms of automotive maintenance and repairs. Waste oil filters and waste coolant are stored in 55-gallon steel drums and an approximately 100-gallon plastic drum located within an enclosed storage area at the south end of the property. Automotive tires and waste oil drain pans are stored outside the southeast corner of the building. Some permits on file have expired, and the required secondary containment testing records were not available and it is not known when testing was last performed.</p>

REPORT COMPONENT	SUMMARY OF FINDINGS
<p><b>Historical Use of Subject Property and Vicinity</b></p>	<p><u>Summary of Historical Property Use:</u></p> <p>The site was developed with what appears to be three small buildings from at least 1946 to 1958. It appears from aerial photographs reviewed that the buildings may have been residential. The current building and automobile service station was constructed in 1969, and has operated similarly ever since.</p> <p>In 1990, two 10,000-gallon gasoline underground storage tanks and one 550-gallon waste oil tank were removed from the property. During the removal process, holes were observed in the waste oil tank and visible contamination was observed in one of the gasoline tank excavations. Four groundwater monitoring wells were installed onsite, and approximately 250 cubic yards of contaminated soil was excavated from the tank areas and disposed of offsite. Periodic groundwater monitoring occurred, and a vapor extraction system and groundwater extraction system were installed and operated for remediation efforts (duration and dates of operation were not contained in the letter). The remediation efforts resulted in reduced hydrocarbon concentrations overtime. Case closure was granted to the subject property in 1996 by Santa Clara County Water District when it was deemed that remedial efforts were effective in reducing contamination at the site to acceptable and non-harmful levels.</p> <p>In July of 2007, ATC advanced six soil borings (B1-B6) near the existing fuel and waste oil USTs, as well as the fuel dispensers, using a Geoprobe drilling rig. The borings were advanced to depths of 30 feet below ground surface (bgs). Soil samples were collected at approximate five-foot intervals and analyzed with a PID. Shallow groundwater was encountered at 27 feet deep, and groundwater samples were collected from all borings. The soil samples were analyzed for metals, fuel oxygenates and halogenated volatile organic compounds (HVOCs) including benzene, toluene, ethylbenzene and total xylenes (BTEX), total petroleum hydrocarbons (TPH) in the gasoline and diesel ranges (TPH-GRO and TPH-DRO), and lead. Groundwater samples were analyzed for fuel oxygenates, HVOCs, TPH-GRO, TPH-DRO, and metals. Findings indicated that soil at the site consists of clay, silt, sand and gravel to the maximum depth of exploration. No TPH-GRO, TPH-DRO, MTBE or BTEX was detected in any of the soil samples collected. Soil samples did contain concentrations of Methyl Chloride, Chromium, Lead, Nickel and Zinc (max concentrations of 0.010 mg/kg, 188 mg/kg, 7.4 mg/kg, 18 mg/kg and 58 mg/kg, respectively). No TPH-GRO, MTBE or BTEX was detected in any of the groundwater samples collected. TPH-DRO was detected in groundwater at a concentration of 1.1 mg/L in the sample collected from boring B-3. Chromium, Nickel and Zinc were detected in groundwater (at maximum concentrations of 119 ug/L, 148 ug/L and 84.6 ug/L, respectively).</p> <p><u>Summary of Vicinity Use:</u></p> <p>The site vicinity was first developed similarly to today beginning around 1980 or prior. Before to that, the surrounding area was sparsely developed residential land with scattered orchards.</p>

REPORT COMPONENT	SUMMARY OF FINDINGS
<b>Federal, State and Local Agency Concerns</b>	The subject property was identified on the following governmental/regulatory environmental databases as per the EDR Radius Report utilized in conjunction with this report: RCRA-LQG, HAZNET, CA FID UST, HIST UST, SWEEPS UST, LUST, HIST LUST, UST, and HIST Cortese. These listings pertain to the operation of the site as a gas station and auto repair facility, as well as a closed Leaking Underground Storage Tank (LUST) case associated with the site. See Sections 4.2 for details.
<b>Potential Off-site Sources</b>	No researched properties within the specified search radii were identified which are assessed to pose an environmental concern for the subject property.  No RECs (Recognized Environmental Conditions) were identified.
<b>Non-CERCLA Items</b>	No concerns were identified for non-CERCLA items. However, unless <i>Client</i> contracted ENCON to investigate specific non-CERCLA items, these items were generally not included in the scope of services for this Phase I Environmental Site Assessment.
<b>Inaccessible or Un-surveyed Portions of Subject Property</b>	Full access to the entire property was provided to ENCON, and there were no notable portions of the subject property excluded from the survey and field inspection.
<b>Data Gap</b>	No significant data gaps were identified during the course of this Phase I Environmental Site Assessment.

## 7.0 RECOMMENDATIONS AND OPINIONS

ENCON Solutions, Inc. (ENCON) performed a Phase I Environmental Site Assessment of the subject property in conformance with the scope and limitations of ASTM Practice E1527-05. The ASTM Practice E1527-05 standard defines a Recognized Environmental Condition (REC) as "...the presence or likely presence of any *hazardous substances* or *petroleum products* on a *property* under conditions that indicate an existing release, a past release, or a *material threat* of a release of any *hazardous substances* or *petroleum products* into structures on the *property* or into the ground, ground water, or surface water of the *property*. The term includes *hazardous substances* or *petroleum products* even under conditions in compliance with laws. The term is not intended to include *de minimis* conditions that generally do not present a threat to human health or the environment and that generally would not be the subject of an enforcement action if brought to the attention of appropriate governmental agencies. Conditions determined to be *de minimis* are not *recognized environmental conditions*."

The site was developed with what appears to be three small buildings from at least 1946 to 1958. It appears from historical aerial photographs reviewed that the buildings may have been residential dwellings. The current building and automobile service station was constructed in 1969, and has operated similarly ever since.

In 1990, two 10,000-gallon gasoline underground storage tanks and one 550-gallon waste oil tank were removed from the property. During the removal process, holes were observed in the waste oil tank and visible contamination was observed in one of the gasoline tanks. Four groundwater monitoring wells were installed onsite, and approximately 250 cubic yards of contaminated soil was excavated from the tank areas and disposed of offsite. Periodic groundwater monitoring occurred, and a vapor extraction system and groundwater extraction system were installed and operated for remediation (duration and dates of operation were not contained in the letter). The remediation efforts resulted in reduced hydrocarbon concentrations overtime. Case closure was granted for the subject property in 1996 when it was deemed that remedial efforts were effective in reducing contamination at the site to acceptable and non-harmful levels.

MAXIMUM DOCUMENTED CONTAMINANT CONCENTRATIONS—BEFORE AND AFTER CLEANUP									
Contaminant	Soil (ppm)		Water (ppb)		Contaminant	Soil (ppm)		Water (ppb)	
	Before	After	High	Last 4 Quarters		Before	After	High	Last 4 Quarters
TPH (Gas)	31	1,900	4,600	ND	Xylene	0.14	33	1,800	ND
TPH (Diesel)	2.1	6.4	NA	NA	Ethylbenzene	1.5	220	110	ND
Benzene	0.076	1.7	430	ND	Oil & Grease	190	ND	ND	NA
Toluene	0.14	68	700	ND	Heavy Metals	<100	<200	NA	NA
Other (8010/8270)	ND	ND	NA	NA	MTBE	NA	NA	480	60

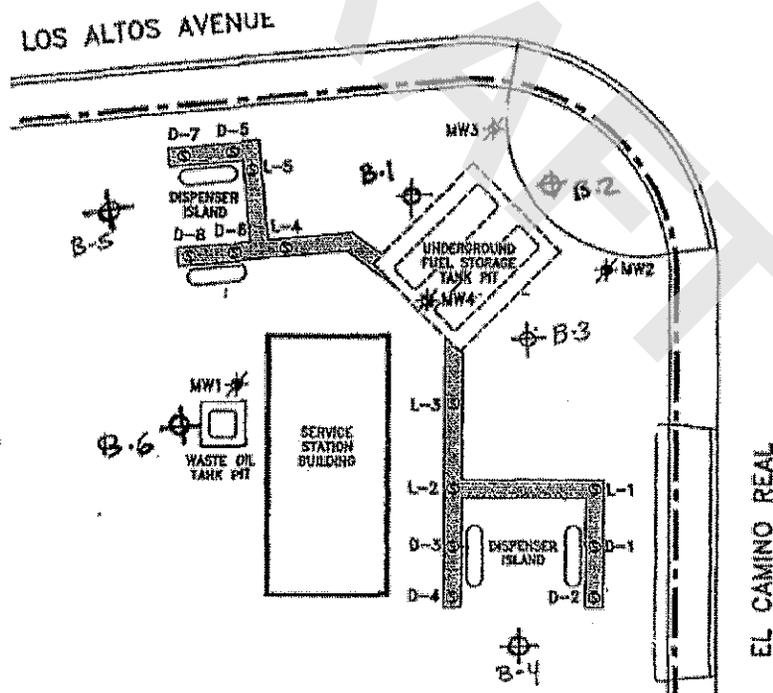
In July of 2007, ATC advanced six soil borings (B1-B6) near the existing fuel and waste oil USTs, as well as the fuel dispensers, using a Geoprobe. The borings were advanced to depths of 30 feet deep. Soil samples were collected at approximate five-foot intervals and analyzed with a PID. Shallow groundwater was encountered at 27 feet deep, and groundwater samples were collected from all borings. The soil samples were analyzed for metals, fuel oxygenates and halogenated volatile organic compounds (HVOCs) including benzene, toluene, ethylbenzene and total xylenes (BTEX), total petroleum

hydrocarbons (TPH) in the gasoline and diesel ranges (TPH-GRO and TPH-DRO), and lead. Groundwater samples were analyzed for fuel oxygenates, HVOCs, TPH-GRO, TPH-DRO, and metals.

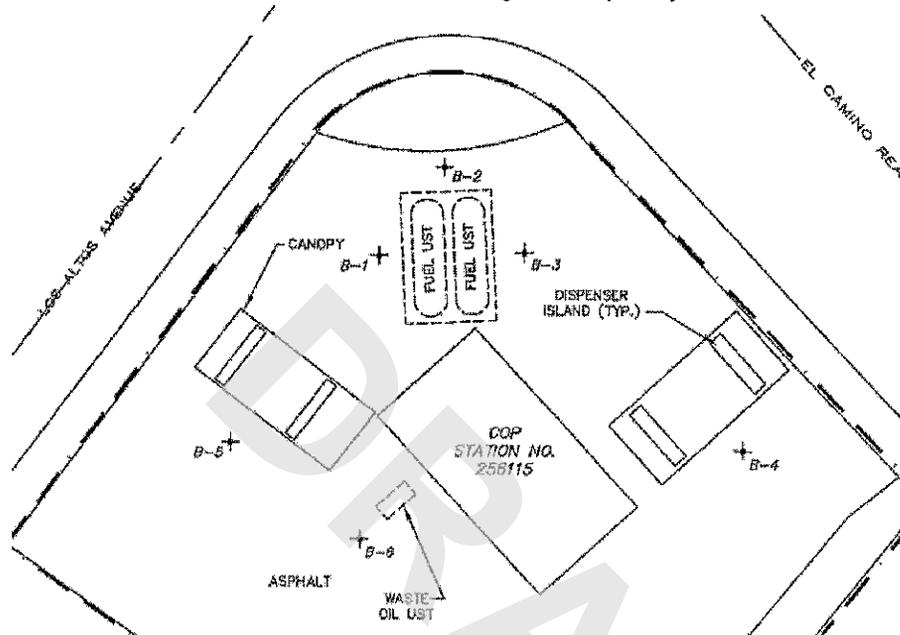
Findings indicated that soil at the site consists of clay, silt, sand and gravel to the maximum depth of exploration. No TPH-GRO, TPH-DRO, MTBE or BTEX was detected in any of the soil samples collected. Soil samples did contain concentrations of Methyl Chloride, Chromium, Lead, Nickel and Zinc (max concentrations of 0.010 mg/kg, 188 mg/kg, 7.4 mg/kg, 18 mg/kg and 58 mg/kg, respectively). No TPH-GRO, MTBE or BTEX was detected in any of the groundwater samples collected. TPH-DRO was detected in groundwater at a concentration of 1.1 mg/L in the sample collected from boring B-3. Chromium, Nickel and Zinc were detected in groundwater (at maximum concentrations of 119 ug/L, 148 ug/L and 84.6 ug/L, respectively). TPH, BTEX and MTBE were not detected in soils at the site during the baseline site assessment in 2007. However, TPH-Diesel Range Organics was discovered in groundwater at 1.1 mg/L. Soil samples above the location of contaminated groundwater measured non-detect for BTEX, TPH-DRO, TPH-GRO and MTBE.

Based on absence of VOCs and fuel oxygenates above laboratory detection limits both in soil and groundwater samples collected, low concentration of diesel range hydrocarbon in groundwater is not likely to pose a significant environmental concern.

2002 Baseline Phase II ESA by Secor



## 2007 Environmental Due Diligence Report by ATC



ENCON identified the following RECs in connection with the Property.

The subject property is occupied by a gasoline and automobile service station. There are currently two, 12,000-gallon gasoline underground storage tanks (UST's) located onsite. The system is equipped with a Healy clean air separator located at the southwest corner of the building. A 500-gallon waste oil UST is located adjacent to and south of the western-most service bay. There are three service garage bays located within the eastern portion of the building. Each bay is equipped with an in-ground, hydraulic hoist which is utilized for all forms of automotive maintenance and repairs. Waste oil filters and waste coolant are stored in 55-gallon steel drums and an approximately 100-gallon plastic drum located within an enclosed storage area at the south end of the property. Automotive tires and waste oil drain pans are stored outside the southeast corner of the building. Some permits on file have expired, and the required secondary containment testing records were not available and it is not known when testing was last performed.

Three USTs are present:

- Two 12,000-gallon gasoline UST
- One 500-gallon waste oil UST

The gasoline USTs are located to the north of the building, and the waste oil UST is located south of the western-most service bay. The tanks are constructed of double-walled steel and were installed in 1990.

ENCON could not obtain valid operating CUPA permits on file, and the required secondary containment testing records were not available and it is not known when testing was last performed. ENCON cannot determine if the USTs and associated fueling systems are currently in regulatory compliance, however, the owner/operator should continue to maintain compliance with all permits, monitoring, and financial assurance requirements for the UST system, as required by the State and administered through the local oversight program.

It is unknown how and when spill containment, leak detection, overfill prevention and monitoring system were installed, but considering Federal UST Upgrade Requirement, such features may have been installed prior to 1998. Therefore, an inherent risk of environmental concern associated with fueling system particularly during the earlier years of fueling operation still exists, and the subject gas station may have been vulnerable to unauthorized product release or site contamination during such period. Due to age of current fueling system (since 1990) and absence of compliance testing records for the earlier years of fueling operation, inherent environmental risk exists, and such risk is expected to increase as the fueling system ages. However, based on results of subsurface investigation conducted in 2007 by ATC, a significant environmental risk associated with the current fueling system is not expected.

It should be noted that typical automotive shops are known to generate used oil, parts cleaning solvents, brake fluids, automotive coolant, and leaded car batteries. In the absence of more detailed information about the final disposition of the waste stream generated by the historical auto shop operation, ENCON cannot rule out a potential environmental risk from the historical use of the Property, and inherent risk of environmental concern may still exist due to identified data gap and longtime automotive service operation since 1969, which could pose an unknown environmental risk under certain site development activities such as site grading, excavation, extraction of groundwater or an installation of water wells. Subsurface investigation under the hazardous materials storage areas, abandoned clarifier, hoists and vehicle service/repair would be the sole measure to obtain higher level of comfort in ascertaining subsurface environmental conditions at the Property, and to assess the Property for evidence of hazardous materials releases associated with more than 40 years of automobile service operation.

There is no outstanding violation, reported unauthorized release of hazardous substances or corrective action against the subject property or business operation, per regulatory record search database. There was no reported and observed significant staining or spillage of such substances to pose a significant environmental concern.

ENCON identified drums and containers of chemical/petroleum products without secondary containment and proper BMPs. The owner and operator of the Property should continue to implement better housekeeping and container management to avoid unauthorized release of petroleum/chemical products and hazardous wastes.

Since waste oil is not highly mobile in soil, release of these fluids in small quantities is not likely to result in impact to the subsurface that requires remediation. However, there is a potential that waste oil may contain volatile organic compound (VOC) residues which are known to readily migrate through soil. Containers of chemical substances and hazardous wastes shall be placed on containment pans and always covered when outdoors. Absorbent must be swept and disposed of once used and not left exposed to rain, thus defeating the purpose of spill containment. Failure to comply with BMP requirements typically result in regulatory action.

Hazardous materials use appears limited to automotive fluids, filters, waste oil, motor oil products stored in containers of various sizes. No evidence of significant staining or material release was observed in the storage and use areas.

In general, auto shops may operate to a low satisfaction of Best Management Practices (BMP) recommended for such businesses. Depending on local agency requirements, hazardous/chemical substances should be placed on secondary containment system and always covered when outdoors. Absorbent must be swept and disposed of once used and not left exposed to rain, thus defeating the purpose of spill containment. Failure to comply with BMP requirements typically result in regulatory action, however such corrective action can be implemented easily.

Owner/operation shall be aware that the environmental risk associated with handling automotive wastes, chemical and hydrocarbon products increases over time, thus continue to be in regulatory compliance for proper handling and implementation of Best Management Practices. An unknown environmental risk may

exist under certain site development activities such as site grading, excavation, extraction of groundwater or an installation of water wells. In the event that the site is redeveloped and/or soil/groundwater is disturbed from the potential areas of concern, a soil management plan should be prepared and implemented to address the handling of soil that may contain low residual concentrations of petroleum hydrocarbons. Additional subsurface investigation and special disposal considerations may be required if the impacted soil is excavated from the site as part of redevelopment or maintenance of the site.

Degradation processes of petroleum hydrocarbons and VOCs that may have been released into the subsurface environmental have likely occurred through natural attenuation, and will likely continue to occur; though this cannot be verified or quantified without any data from the site. In addition, potential exposure of onsite occupants to residues in soil, should they exist, may have been substantially reduced by the presence of building structure, concrete slab and paved hardscape surfaces at the Subject Property.

ENCON observed in-ground hydraulic lifts in the automotive repair area. The physical conditions and integrity of these in-ground hydraulic hoists could not be verified at the time of field inspection, but due to their inherent environmental concern and possible age of the system, the level of environmental risk cannot be ascertained without soil testing and lab analysis. No significant leaks or stains were observed at the time of field reconnaissance, however in-ground lifts have most of their components below grade, as opposed to surface-mount lift systems. Lifts operate by transferring hydraulic fluid, under pressure, among the components. There is a reservoir of hydraulic fluid within the system. Hydraulic fluids are a very large class of materials that are used in machines and equipment to transfer pressure from one point to another. Typically, the fluid is within a piston chamber, which is within a steel housing. Therefore, the basic design provides secondary spill containment. The fluid reservoirs are not regulated as USTs. Vehicle lifts, unlike underground storage tanks (USTs), sumps and oil-water separators are not regulated by federal, state or local agencies.

ENCON observed an groundwater monitoring well near the clean air separator at the property from the former LUST case investigations. As the former LUST case received regulatory closure in 1996, any monitoring well shall related to the former LUST case should be removed in accordance with all regulatory requirements. Since the wells, if compromised, can act as a conduit to the subsurface in the future, it should be decommissioned by removing the casing and infilling the hole with bentonite grout per applicable rules and regulations.

The owner and operator of the Property should be aware of the foregoing environmental risk associated with the subject property as noted above. Other than the foregoing, ENCON recommends no further action at this time, as the commercial use of the Property continues and the current site configuration remains unchanged, provided that sound housekeeping and adequate BMPs for hazardous waste management are implemented. ENCON is unaware of any plans for subsurface development or disturbance to underlying subsurface.

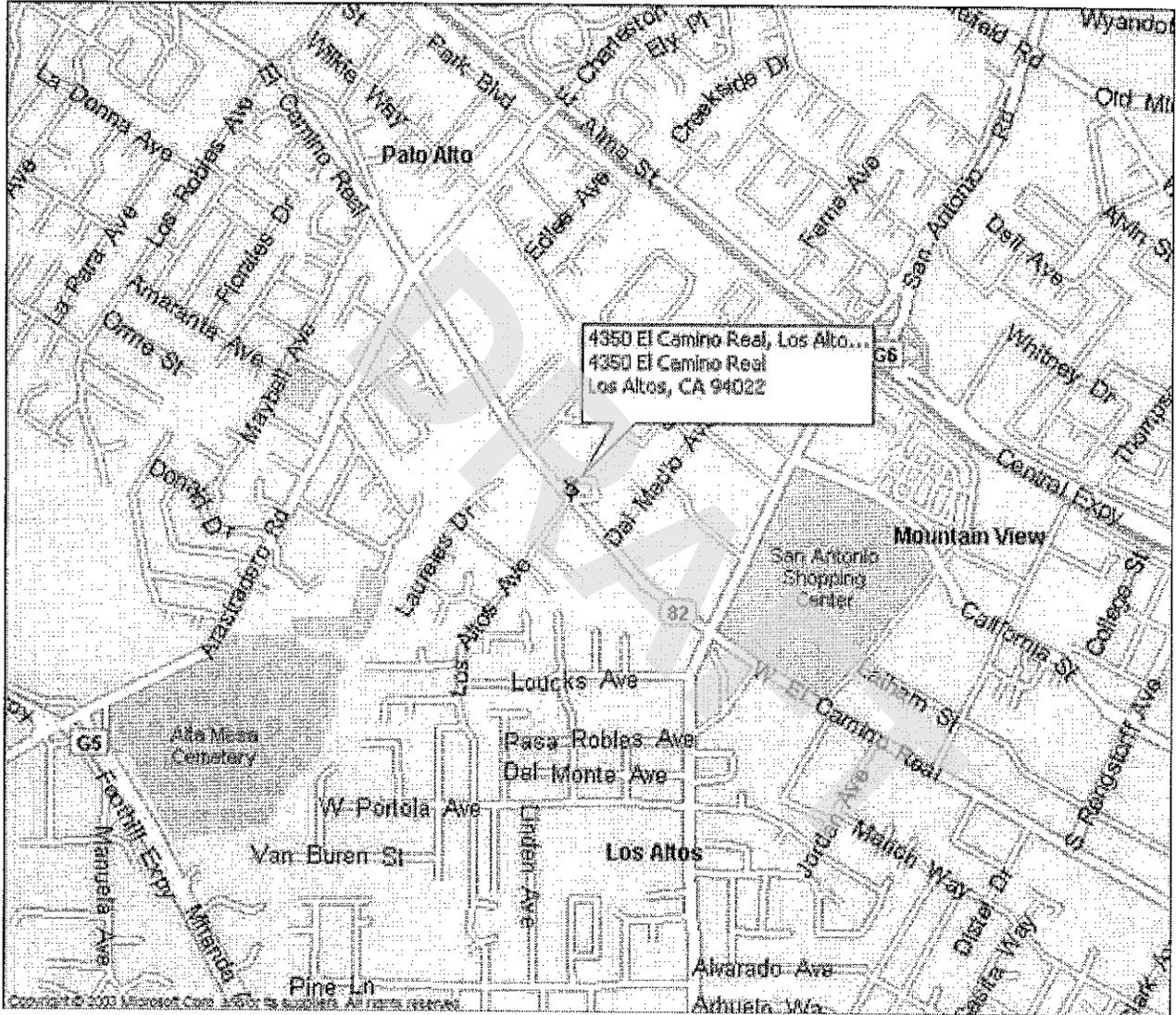
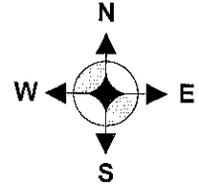
## 8.0 REFERENCES

During the preparation of this Report, a number of sources were contacted, individuals were interviewed, and various federal, state, county or local municipal agencies were consulted. Documentation applicable to the subject property in those departments and agencies was requested and reviewed when and where reasonably ascertainable, as detailed in ASTM Practice E1527-05. Individuals listed without phone numbers were contacted in person or by e-mail. Reference sources for site-specific information, hydrogeologic setting, technical data, historical research data, environmental reports and other records used are identified throughout this Report in corresponding sections. Any additional reference sources not cited in the preceding sections in this report, if applicable, are disclosed in this section.

- *American Society for Testing and Materials, Standard Practice for Environmental Site Assessments: Phase I Environmental Site Assessment Process, ASTM Designation E1527-05*
- *Current USGS 7.5 Minute Topographical Map*
- *EDR Radius Map Report*
- *EDR Historical City Directories*
- *EDR Historical Aerial Photographs*
- *EDR Historical Topographical Maps*
- *EDR Historical Sanborn Fire Insurance Maps*
- *Historical Aerial Photos: <http://www.hiddenstarorchards.com/>*
- *Historical Topographic Map Report (USGS Inglewood 7.5 minute)*
- *California Department of Conservation, Division of Mines and Geology - <http://gmw.consrv.ca.gov>*
- *California Department of Conservation, California Geologic Survey - <http://www.consrv.ca.gov/CGS>*
- *California Department of Water Resources, Individual Basin Descriptions - <http://www.groundwater.water.ca.gov/bulletin118>*
- *Google Earth - <http://earth.google.com/>*
- *Microsoft Research Maps - <http://msrmaps.com/>*
- *Current USGS 7.5 Minute Topographical Map*
- *California Water Resources Control Board Geotracker online database - [http://geotracker.swrcb.ca.gov/http://geotracker.swrcb.ca.gov/profile\\_report.asp?global\\_id=T0600101805](http://geotracker.swrcb.ca.gov/http://geotracker.swrcb.ca.gov/profile_report.asp?global_id=T0600101805)*
- *1981 USGS 7.5 Minute Topographical Map*
- *USGS Professional Paper 1401-C, Geology of the Fresh Ground Water Basin, California (1986)*

**APPENDIX A  
PROPERTY LOCATION MAP / PLOT PLAN**

DRAFT



Not to scale

FIGURE 1

### Site Location Map

SITE ADDRESS: 4350 El Camino Real, Los Altos, CA 94022

ENCON Solutions, Inc.  
Engineering • Planning • Construction and Operation

**Subject Property – 4350  
El Camino Real**

4345 El Camino Real – Country  
Inn Motel

El Camino Real

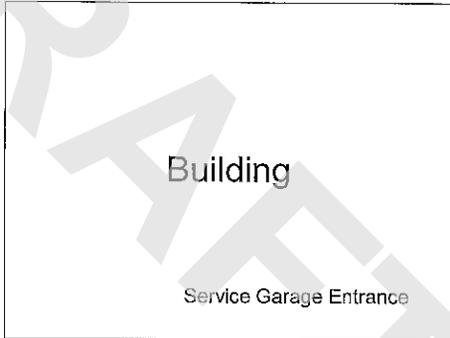
4320  
El Camino  
Real –  
Courtyard  
Marriot

Los Altos Avenue

4388  
El Camino  
Real –  
Residential



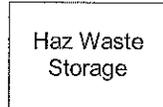
Fuel Island  
Canopy



4320  
El Camino  
Real –  
Courtyard  
Marriot

4388  
El Camino  
Real –  
Residential

Clean Air  
Separator



4388  
El Camino  
Real –  
Residential

Oil pans and tire storage

4388  
El Camino  
Real –  
Residential

**FIGURE 2  
Site Plot Plan**



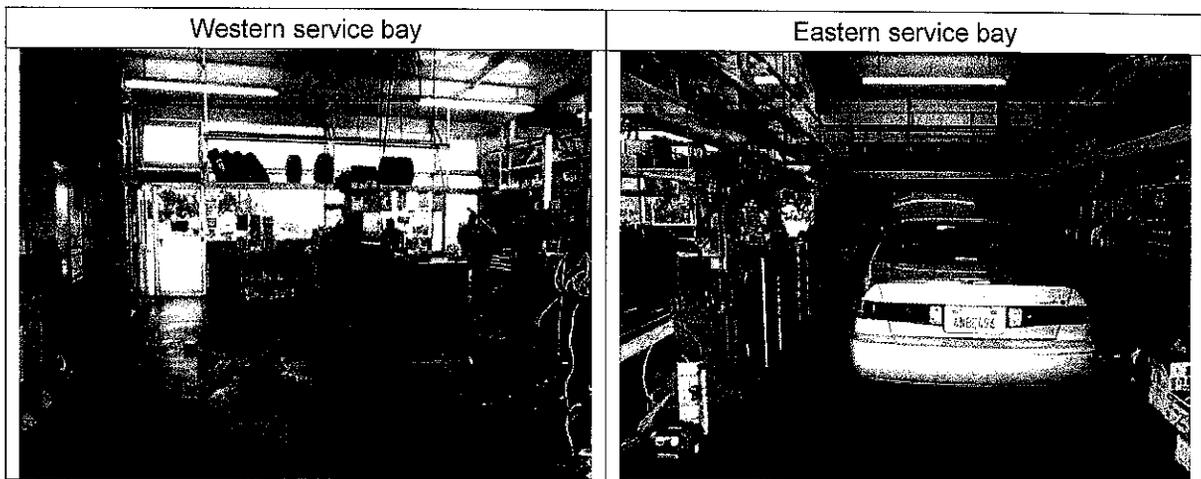
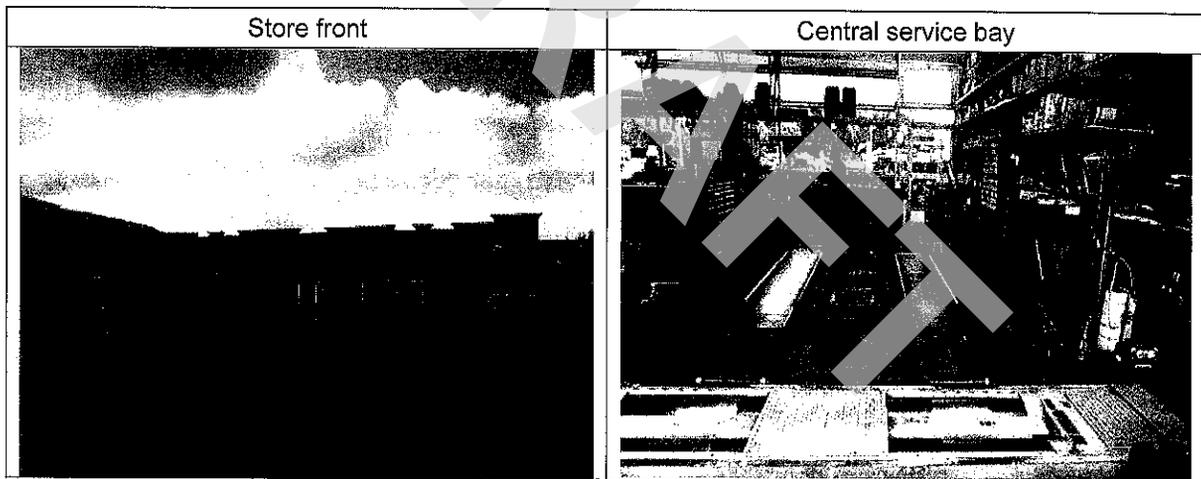
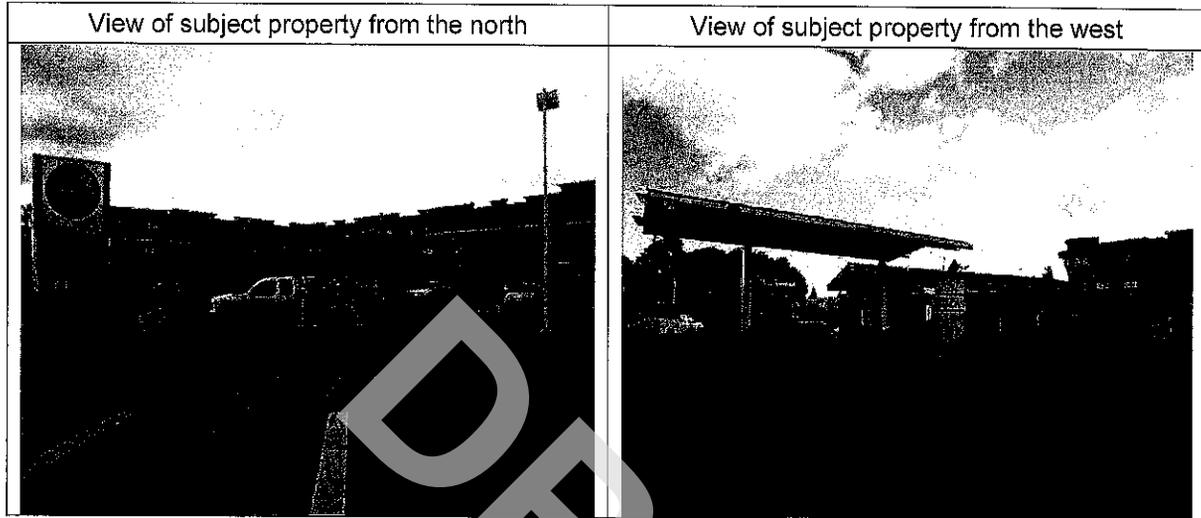
No scale

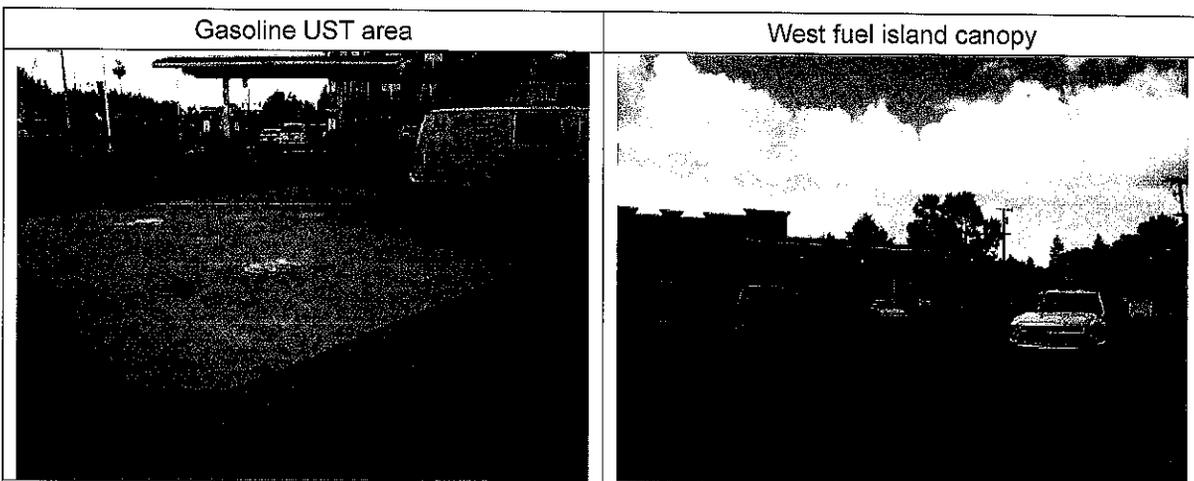
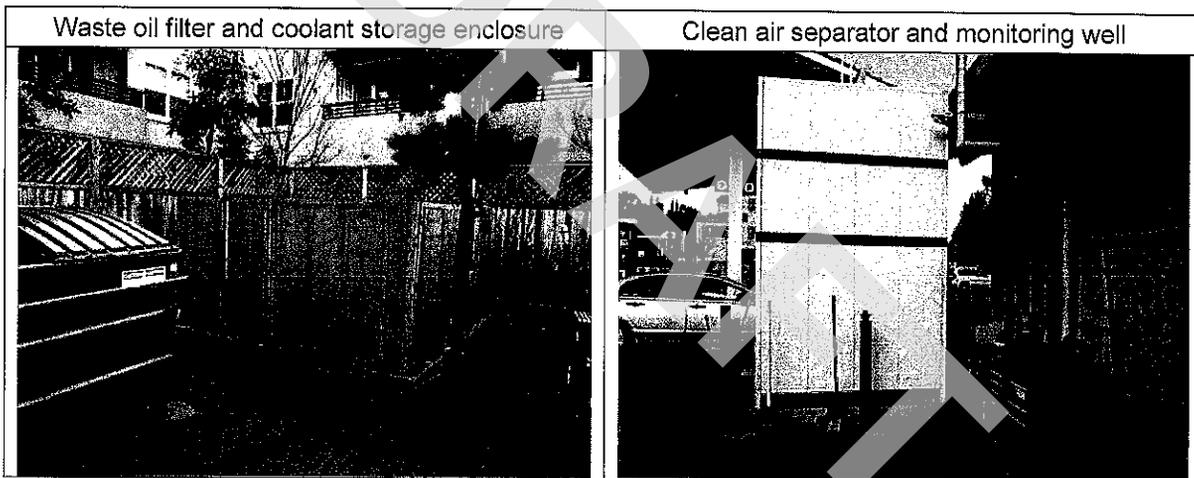
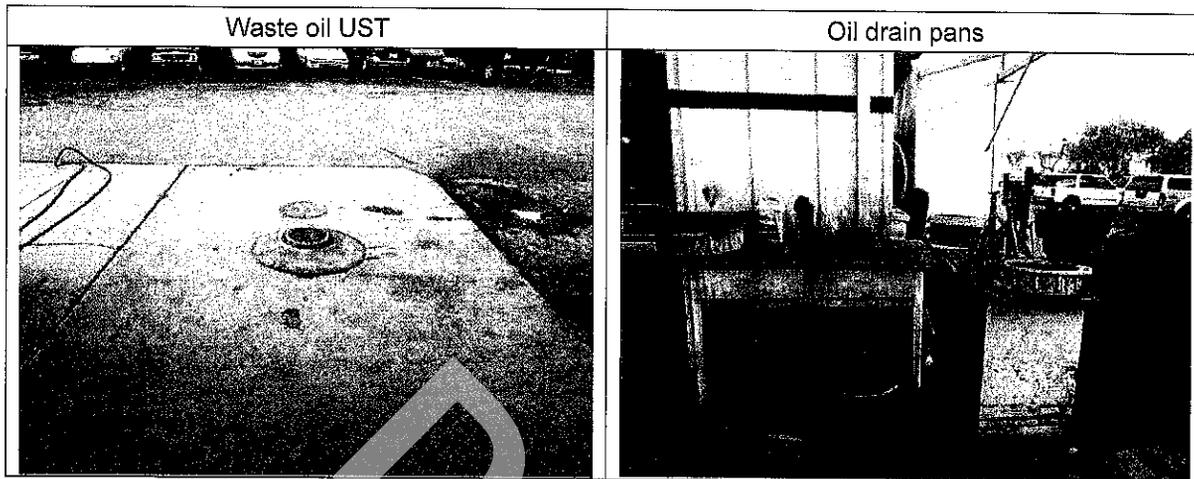


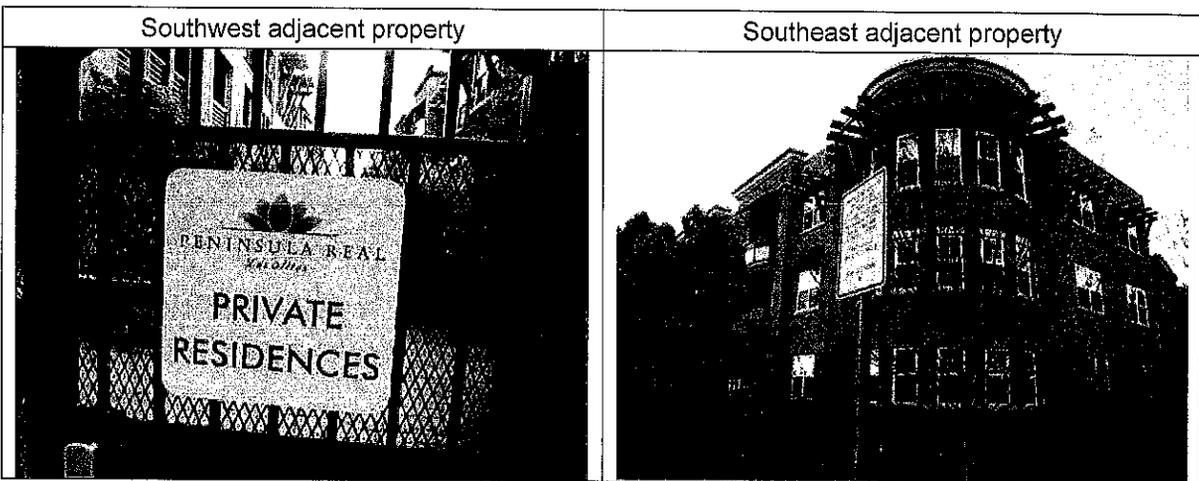
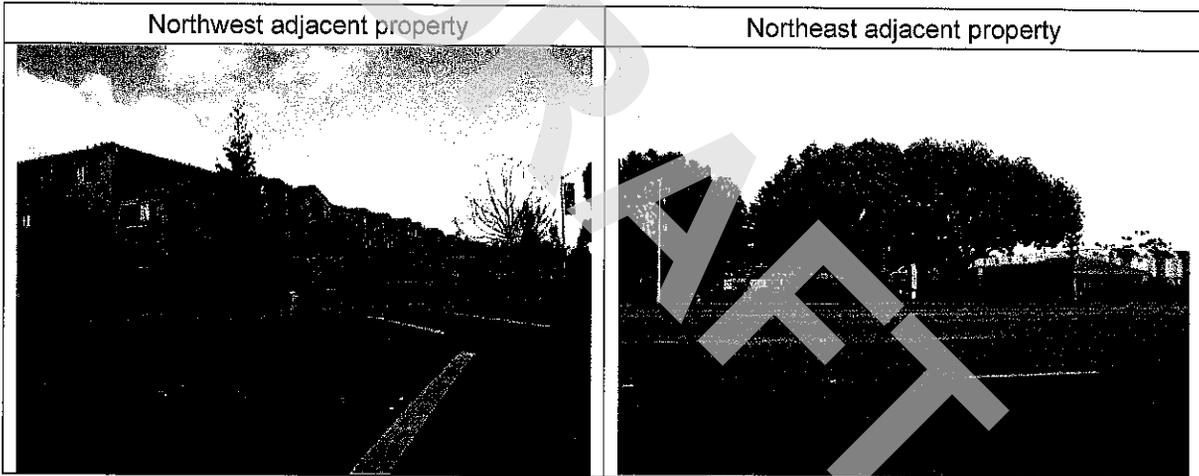
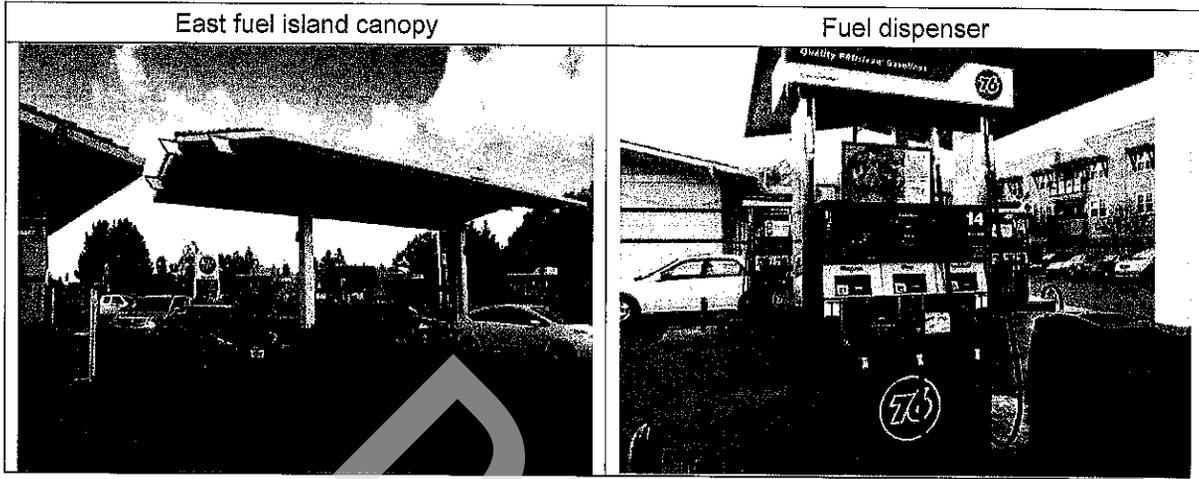
**SITE ADDRESS:**

4350 El Camino Real, Los Altos, CA

APPENDIX B  
PROPERTY & VICINITY PHOTOGRAPHS







**APPENDIX C  
REGULATORY DATABASE REPORT**

DRAFT

1212119ESAI  
 4350 El Camino Real  
 Los Altos, CA 94022  
 Inquiry Number: 3490172.2s  
 January 08, 2013

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*Thank you for your business.*  
 Please contact EDR at 1-800-352-0050  
 with any questions or comments.

**The EDR Radius Map™ Report with GeoCheck®**

440 Whasling Farms Road  
 Milpitas, CA 95034  
 Toll Free: 800.352.0050  
 www.edrnet.com

 **EDR** Environmental Data Resources Inc.

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### EXECUTIVE SUMMARY

A search of available environmental records was conducted by Environmental Data Resources, Inc (EDR). The report was designed to assist parties seeking to meet the search requirements of EPA's Standards and Practices for All Appropriate Inquiries (40 CFR Part 312), the ASTM Standard Practice for Environmental Site Assessments (E-1527-05) or custom requirements developed for the evaluation of environmental risk associated with a parcel of real estate.

#### TARGET PROPERTY INFORMATION

ADDRESS  
4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

#### COORDINATES

Latitude (North): 37.4044000 - 37.24° 15.34"  
Longitude (West): 122.1180000 - 122° 7' 4.80"  
Universal Transverse Mercator: Zone 10  
UTM X (Meters): 578062.1  
UTM Y (Meters): 4139896.0  
Elevation: 67 ft. above sea level

#### USGS TOPOGRAPHIC MAP ASSOCIATED WITH TARGET PROPERTY

Target Property Map: 37122-D1 MOUNTAIN VIEW, CA  
Most Recent Revision: 1989  
West Map: 37122-D2 PALO ALTO, CA  
Most Recent Revision: 1999

#### AERIAL PHOTOGRAPHY IN THIS REPORT

Portions of Photo from: 2009, 2010  
Source: USDA

#### TARGET PROPERTY SEARCH RESULTS

The target property was identified in the following records. For more information on this property see page 8 of the attached EDR Radius Map report:

Site	Database(s)	EPA ID
UNOCAL SERVICE STATION #6115 4350 EL CAMINO REAL LOS ALTOS, CA 94022	RCRA-LOG	CAID982036929
UNION OIL SSR #6115 4350 EL CAMINO REAL LOS ALTOS, CA 94022	HIST CORTESE LUST HIST LUST HIST UST HAZNET	N/A
CONOCOPHILLIPS CO, #256115 4350 EL CAMINO REAL LOS ALTOS, CA 94022	UST	N/A

TC5490172.2s EXECUTIVE SUMMARY 1

### EXECUTIVE SUMMARY

UNOCAL SERVICE STATION #6115 4350 EL CAMINO REAL LOS ALTOS, CA 94022	HAZNET	N/A
CONOCO PHILLIPS # 256115 4350 EL CAMINO REAL LOS ALTOS, CA 94022	HAZNET	N/A
EL CAMINO UNOCAL (#6115) 4350 EL CAMINO REAL LOS ALTOS, CA 94022	HAZNET	N/A
UNION OIL SS #6115 4350 EL CAMINO REAL LOS ALTOS, CA 94022	CA FID UST SWEEPS UST	N/A
UNION OIL SS #6115 4350 EL CAMINO REAL LOS ALTOS, CA 94022	LUST Status: Completed - Case Closed HIST UST	N/A

#### DATABASES WITH NO MAPPED SITES

No mapped sites were found in EDR's search of available ("reasonably ascertainable") government records either on the target property or within the search radius around the target property for the following databases:

#### STANDARD ENVIRONMENTAL RECORDS

##### Federal NPL site list

NPL: National Priority List  
Proposed NPL: Proposed National Priority List Sites  
NPL LIENS: Federal Superfund Liens

##### Federal Delisted NPL site list

Delisted NPL: National Priority List Deletions

##### Federal CERCLIS list

CERCLIS: Comprehensive Environmental Response, Compensation, and Liability Information System  
FEDERAL FACILITY: Federal Facility Site Information Listing

##### Federal CERCLIS NFRAP site list

CERC-NFRAP: CERCLIS No Further Remedial Action Planned

TC5490172.2s EXECUTIVE SUMMARY 2

## EXECUTIVE SUMMARY

**Federal RCRA CORRACTS facilities list**  
CORRACTS..... Corrective Action Report

**Federal RCRA non-CORRACTS TSD facilities list**  
RCRA-TSDF..... RCRA - Treatment, Storage and Disposal

**Federal RCRA generators list**  
RCRA-CESQG..... RCRA - Conditionally Exempt Small Quantity Generator

**Federal institutional controls / engineering controls registries**  
US ENG CONTROL..... Engineering Controls Sites List  
US INST CONTROL..... Sites with Institutional Controls  
LUCIS..... Land Use Control Information System

**Federal ERNS list**  
ERNS..... Emergency Response Notification System

**State and tribal landfill and/or solid waste disposal site lists**  
SWFILE..... Solid Waste Information System

**State and tribal leaking storage tank lists**  
INDIAN LUST..... Leaking Underground Storage Tanks on Indian Land

**State and tribal registered storage tank lists**  
AST..... Aboveground Petroleum Storage Tank Facilities  
INDIAN LUST..... Underground Storage Tanks on Indian Land  
FEMA UST..... Underground Storage Tank Listing

**State and tribal voluntary cleanup sites**  
VCP..... Voluntary Cleanup Program Properties  
INDIAN VCP..... Voluntary Cleanup Priority Listing

**ADDITIONAL ENVIRONMENTAL RECORDS**

**Local Brownfield lists**  
US BROWNFIELDS..... A Listing of Brownfields Sites

**Local Lists of Landfill / Solid Waste Disposal Sites**  
ODL..... Open Dump Inventory  
DEBRIS REGION 9..... Torres Martinez Reservation Illegal Dump Site Locations  
WINDS/WAT..... Waste Management Unit Database  
SWRCY..... Recycler Database

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## EXECUTIVE SUMMARY

HAULERS..... Registered Waste Tire Haulers Listing  
INDIAN ODI..... Report on the Status of Open Dumps on Indian Lands

**Local Lists of Hazardous waste / Contaminated Sites**  
US CDI..... Clandestine Drug Labs  
SCH..... School Property Evaluation Program  
Toxic Pits..... Toxic Pits Cleanup Act Sites  
CDL..... Clandestine Drug Labs  
US HIST CDI..... National Clandestine Laboratory Register

**Local Land Records**  
LIENS 2..... CERCLA Lien Information  
LIENS..... Environmental Liens Listing  
DEED..... Deed Restriction Listing

**Records of Emergency Release Reports**  
HMIRS..... Hazardous Materials Information Reporting System  
CHMIRS..... California Hazardous Material Incident Report System  
LDS..... Land Disposal Sites Listing  
MCS..... Military Cleanup Sites Listing

**Other Ascertainable Records**  
RCRA-NonGen..... RCRA - Non Generators  
DOT OPS..... Incident and Accident Data  
DOD..... Department of Defense Sites  
FUDS..... Formerly Used Defense Sites  
CONSENT..... Superfund (CERCLA) Consent Decreases  
ROD..... Records Of Decision  
UNTRA..... Uranium Mill Tailings Sites  
MINES..... Mines Master Index File  
TRIS..... Toxic Chemical Release Inventory System  
TSCA..... Toxic Substances Control Act  
FTTS..... FIFRA/TSCA Tracking System - FIFRA (Federal Insecticide, Fungicide, & Rodenticide Act)/TSCA (Toxic Substances Control Act)  
HIST FTTS..... FIFRA/TSCA Tracking System Administrative Case Listing  
SSTS..... Section 7 Tracking Systems  
ICIS..... Integrated Compliance Information System  
PADS..... PCB Activity Database System  
MLTS..... Material Licensing Tracking System  
RADINFO..... Radiation Information Database  
FINDS..... Facility Index System/Facility Registry System  
PAATS..... RCRA Administrative Action Tracking System  
RMP..... Risk Management Plans  
UIC..... UIC Listing  
NPDES..... NPDES Permits Listing  
Concess..... "Concess" Hazardous Waste & Substances Sites List  
CUPA..... CUPA Resource List  
SUN LOSE HAZMAT..... Hazardous Material Facilities  
North 65..... Proposition 65 Records  
DRY/CLEANERS..... Cleaner Facilities  
WIP..... Well Investigation Program Case List

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## EXECUTIVE SUMMARY

ENF Enforcement Action Listing  
 Facility and Manifest Data  
 EMI Emissions Inventory Data  
 INDIAN RESERV Indian Reservations  
 SCRD DRYCLEANERS State Coalition for Remediation of Drycleaners Listing  
 MWMP Medical Waste Management Program Listing  
 COAL ASH DOE Steam-Electric Plant Operation Data  
 HWT Coal Combustion Residue Surface Impoundments List  
 HWP Registered Hazardous Waste Transporter Database  
 Financial Assurance EnviroStor Permitted Facilities Listing  
 2020 COR ACTION Financial Assurance Information Listing  
 US AIRS 2020 Corrective Action Program List  
 PRP Aesthetic Information Retrieval System Facility Subsystem  
 WDS Potentially Responsible Parties  
 EPA WATCH LIST Waste Discharge System  
 US FIN ASSUR Financial Assurance Information  
 PCB TRANSFORMER PCB Transformer Registration Database  
 PROC Certified Processors Database

### EDR HIGH RISK HISTORICAL RECORDS

EDR Exclusive Records  
 EDR MGP EDR Proprietary Manufactured Gas Plants

### SURROUNDING SITES: SEARCH RESULTS

Surrounding sites were identified in the following databases.

Elevations have been determined from the USGS Digital Elevation Model and should be evaluated on a relative (not an absolute) basis. Relative elevation information between sites or close proximity should be field verified. Sites with an elevation equal to or higher than the target property have been differentiated below from sites with an elevation lower than the target property. Page numbers and map identification numbers refer to the EDR Radius Map report where detailed data on individual sites can be reviewed.

Sites listed in **bold italics** are in multiple databases.

Unmappable (orphan) sites are not considered in the foregoing analysis.

### STANDARD ENVIRONMENTAL RECORDS

#### Federal RCRA generators /list

RCRA-SQG: RCRAInfo is EPA's comprehensive information system, providing access to data supporting the Resource Conservation and Recovery Act (RCRA) of 1976 and the Hazardous and Solid Waste Amendments (HSWA) of 1984. The database includes selective information on sites which generate, transport, store, treat and/or dispose of hazardous waste as defined by the Resource Conservation and Recovery Act (RCRA). Small quantity generators (SQGs) generate between 100 kg and 1,000 kg of hazardous waste per month.

A review of the RCRA-SQG list, as provided by EDR, and dated 09/11/2012 has revealed that there are 2 RCRA-SQG sites within approximately 0.25 miles of the target property.

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## EXECUTIVE SUMMARY

Equal/Higher Elevation	Address	Direction / Distance	Map ID	Page
LOZANO CAR WASH	2690 EL CAMINO REAL	SE 0 - 1/8 (0.110 mi.)	C15	26
LONGS DRUG STORE NO 66	2630 W EL CAMINO REAL	SE 1/8 - 1/4 (0.245 mi.)	Z2	30

### State- and tribal - equivalent NPL

RESPONSE: Identifies confirmed release sites where DTSC is involved in remediation, either in a lead or oversight capacity. These confirmed release sites are generally high-priority and high potential risk. A review of the RESPONSE list, as provided by EDR, and dated 11/05/2012 has revealed that there are 6 RESPONSE sites within approximately 1 mile of the target property.

Lower Elevation	Address	Direction / Distance	Map ID	Page
SYMTRON #2	111 ORTEGA AVENUE	E 1/2 - 1 (0.839 mi.)	45	85
TRW/DIAR	77 ORTEGA AVENUE	E 1/2 - 1 (0.850 mi.)	46	88
PHOTO GRAPHICS PRINTING INC	2274 MORA DR	E 1/2 - 1 (0.878 mi.)	M49	112
PLESSEY #3	2256 MORA DRIVE	E 1/2 - 1 (0.903 mi.)	N50	140
PLESSEY #2	2251, 2257, 2283 AND 22	E 1/2 - 1 (0.906 mi.)	N51	143
SYMTRON CORPORATION	2235 MORA DR.	E 1/2 - 1 (0.934 mi.)	52	145

### State- and tribal - equivalent CERCLIS

ENVIROSTOR: The Department of Toxic Substances Control's (DTSC's) Site Mitigation and Brownfields Reuse Program's (SMBRPFs) EnviroStor database identifies sites that have known contamination or sites for which there may be reasons to investigate further. The database includes the following site types: Federal Superfund sites (National Priorities List (NPL)); State Response, including Military Facilities and State Superfund; Voluntary Cleanup and School sites. EnviroStor provides similar information to the information that was available in CalSites, and provides additional site information, including, but not limited to, identification of formerly-contaminated properties that have been released for reuse, properties where environmental deed restrictions have been recorded to prevent inappropriate land uses, and risk characterization information that is used to assess potential impacts to public health and the environment at contaminated sites.

A review of the ENVIROSTOR list, as provided by EDR, and dated 11/05/2012 has revealed that there are 6 ENVIROSTOR sites within approximately 1 mile of the target property.

Lower Elevation	Address	Direction / Distance	Map ID	Page
SYMTRON #2	111 ORTEGA AVENUE	E 1/2 - 1 (0.839 mi.)	45	85
Status: No Further Action				
TRW/DIAR	77 ORTEGA AVENUE	E 1/2 - 1 (0.850 mi.)	46	88
Status: Certified O&M - Land Use Restrictions Only				
PHOTO GRAPHICS PRINTING INC	2274 MORA DR	E 1/2 - 1 (0.878 mi.)	M49	112
Status: Certified Operation & Maintenance				
PLESSEY #3	2256 MORA DRIVE	E 1/2 - 1 (0.903 mi.)	N50	140
Status: No Further Action				
PLESSEY #2	2251, 2257, 2283 AND 22	E 1/2 - 1 (0.906 mi.)	N51	143
Status: No Further Action				
SYMTRON CORPORATION	2235 MORA DR.	E 1/2 - 1 (0.934 mi.)	52	145
Status: No Further Action				

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**EXECUTIVE SUMMARY**

*State and tribal leaking storage tank lists*  
 LUST: The Leaking Underground Storage Tank Incident Reports contain an inventory of reported leaking underground storage tank incidents. The data come from the State Water Resources Control Board Leaking Underground Storage Tank Information System.

A review of the LUST list, as provided by EDR, and dated 10/17/2012 has revealed that there are 19 LUST sites within approximately 0.5 miles of the target property.

Lower Elevation	Address	Direction / Distance	Map ID	Page
LOZANO INC. Status: Completed - Case Closed	2690 W EL CAMINO REAL	SE 0 - 1/8 (0.110 mi.)	C13	23
LOZANO CAR WASH LAWRENCE J FRUGOLI JR Status: Completed - Case Closed	2690 W EL CAMINO REAL 988 N SAN ANTONIO RD	SE 0 - 1/8 (0.110 mi.) SSE 1/4 - 1/2 (0.370 mi.)	C14 F25	25 40
QUALITY TUNE-UP #1 Status: Completed - Case Closed	2590 EL CAMINO REAL	SE 1/4 - 1/2 (0.374 mi.)	G27	51
UNOCAL #4918 Status: Open - Verification Monitoring	2590 EL CAMINO REAL 895 N. SAN ANTONIO ROAD	SE 1/4 - 1/2 (0.374 mi.) SSE 1/4 - 1/2 (0.450 mi.)	G28 K38	52 75
ERICHSEN RESIDENCE LOS ALTOS GARDEN SUPPLY Status: Completed - Case Closed	107 DEL MONTE 4730 EL CAMINO REAL 4730 EL CAMINO REAL	S 1/4 - 1/2 (0.473 mi.) SE 1/4 - 1/2 (0.482 mi.) SE 1/4 - 1/2 (0.482 mi.)	40 L41 L42	80 81 81
BRUSIE PROPERTY Status: Completed - Case Closed	67 DEL MONTE AVE	SSE 1/4 - 1/2 (0.484 mi.)	44	84
Lower Elevation	Address	Direction / Distance	Map ID	Page
FIRESTONE #3670 Status: Completed - Case Closed	462 SAN ANTONIO RD	E 1/4 - 1/2 (0.341 mi.)	23	32
PADDLESFORD OLDSMOBILE HUDSON #82 Status: Completed - Case Closed	4239 EL CAMINO REAL 4239 EL CAMINO REAL	NW 1/4 - 1/2 (0.383 mi.) NW 1/4 - 1/2 (0.383 mi.)	H29 H30	55 56
TEXACO Status: Completed - Case Closed	334 SAN ANTONIO ROAD	ENE 1/4 - 1/2 (0.385 mi.)	31	58
VICTOR'S GOODYEAR Status: Completed - Case Closed	298 SAN ANTONIO RD	ENE 1/4 - 1/2 (0.405 mi.)	132	64
OLD MILL TERRA PROPPERTY Status: Completed - Case Closed	255 SAN ANTONIO RD S	ENE 1/4 - 1/2 (0.421 mi.)	133	66
SHELLOIL CO Status: Completed - Case Closed	2595 CALIFORNIA	ENE 1/4 - 1/2 (0.421 mi.)	34	68
HYATT RICKKEYS Status: Completed - Case Closed	4219 EL CAMINO REAL	NW 1/4 - 1/2 (0.426 mi.)	J35	72
1X HYATT HOTELS CORP	4219 EL CAMINO REAL	NW 1/4 - 1/2 (0.426 mi.)	J36	74

**EXECUTIVE SUMMARY**

SLIC: SLIC Region comes from the California Regional Water Quality Control Board.

A review of the SLIC list, as provided by EDR, and dated 10/17/2012, has revealed that there are 2 SLIC sites within approximately 0.5 miles of the target property.

Lower Elevation	Address	Direction / Distance	Map ID	Page
SEARS ROEBUCK COMPANY Facility Status: Completed - Case Closed	455 SAN ANTONIO RD	ESE 1/4 - 1/2 (0.372 mi.)	26	44
HYATT RICKKEYS Facility Status: Open - Inactive	4201 4219 EL CAMINO REA	NNW 1/4 - 1/2 (0.483 mi.)	43	83

HIST LUST: A listing of open and closed leaking underground storage tanks. This listing is no longer updated by the county. Leaking underground storage tanks are now handled by the Department of Environmental Health.

A review of the HIST LUST list, as provided by EDR, and dated 03/29/2005 has revealed that there are 12 HIST LUST sites within approximately 0.5 miles of the target property.

Lower Elevation	Address	Direction / Distance	Map ID	Page
LOZANO CAR WASH LAWRENCE J FRUGOLI JR QUALITY TUNE-UP #1 UNOCAL #4918 ERICHSEN RESIDENCE BRUSIE PROPERTY	2690 W EL CAMINO REAL 988 N SAN ANTONIO RD 2590 EL CAMINO REAL 895 N. SAN ANTONIO ROAD 107 DEL MONTE 67 DEL MONTE AVE	SE 0 - 1/8 (0.110 mi.) SSE 1/4 - 1/2 (0.370 mi.) SE 1/4 - 1/2 (0.374 mi.) SSE 1/4 - 1/2 (0.450 mi.) S 1/4 - 1/2 (0.473 mi.) SSE 1/4 - 1/2 (0.484 mi.)	C14 F25 G27 K38 40 44	23 40 51 75 80 84
Lower Elevation	Address	Direction / Distance	Map ID	Page
FIRESTONE #3670 PADDLESFORD OLDSMOBILE TEXACO VICTOR'S GOODYEAR SHELLOIL CO 1X HYATT HOTELS CORP	462 SAN ANTONIO RD 4239 EL CAMINO REAL 334 SAN ANTONIO ROAD 298 SAN ANTONIO RD 2595 CALIFORNIA 4219 EL CAMINO REAL	E 1/4 - 1/2 (0.341 mi.) NW 1/4 - 1/2 (0.383 mi.) ENE 1/4 - 1/2 (0.385 mi.) ENE 1/4 - 1/2 (0.405 mi.) ENE 1/4 - 1/2 (0.421 mi.) NW 1/4 - 1/2 (0.426 mi.)	23 H29 31 132 132 J36	32 55 56 64 68 74

*State and tribal registered storage tank lists*

UST: The Underground Storage Tank database contains registered USTs. USTs are regulated under Subtitle I of the Resource Conservation and Recovery Act (RCRA). The data come from the State Water Resources Control Board's Hazardous Substance Storage Container Database.

A review of the UST list, as provided by EDR, and dated 10/17/2012 has revealed that there is 1 UST site within approximately 0.25 miles of the target property.

Lower Elevation	Address	Direction / Distance	Map ID	Page
RAMBUS INC.	4440 EL CAMINO REAL	SE 1/8 - 1/4 (0.148 mi.)	D16	27

**EXECUTIVE SUMMARY**

**ADDITIONAL ENVIRONMENTAL RECORDS**

**Local Lists of Hazardous waste / Contaminated Sites**

HIST Cal-Sites: Formerly known as ASPIS, this database contains both known and potential hazardous substance sites. The source is the California Department of Toxic Substance Control. No longer updated by the state agency. It has been replaced by ENVIKOSTOR.

A review of the HIST Cal-Sites list, as provided by EDR, and dated 08/08/2005 has revealed that there is 1 HIST Cal-Sites site within approximately 1 mile of the target property.

Lower Elevation	Address	Direction / Distance	Map ID	Page
PLESSEY MICRO SCIENCE INC	2274 MORRA DR	E 1/2 - 1/8 (0.878 mi.)	M47	93

**Local Lists of Registered Storage Tanks**

CA FID UST: The Facility Inventory Database contains active and inactive underground storage tank locations. The source is the State Water Resources Control Board.

A review of the CA FID UST list, as provided by EDR, and dated 10/31/1994 has revealed that there are 3 CA FID UST sites within approximately 0.25 miles of the target property.

Equal/Higher Elevation	Address	Direction / Distance	Map ID	Page
LOZANO INC.	2690 W EL CAMINO REAL	SE 0 - 1/8 (0.110 mi.)	C12	21
Lower Elevation	Address	Direction / Distance	Map ID	Page
FOUR SEASONS MOTEL	4320 EL CAMINO REAL	NW 0 - 1/8 (0.087 mi.)	B10	20
DOLLAR RENT A CAR	4294 EL CAMINO REAL	NW 1/8 - 1/4 (0.161 mi.)	E19	28

**HIST UST: Historical UST Registered Database.**

A review of the HIST UST list, as provided by EDR, and dated 10/15/1990 has revealed that there are 3 HIST UST sites within approximately 0.25 miles of the target property.

Equal/Higher Elevation	Address	Direction / Distance	Map ID	Page
LOZANO INC.	2690 W EL CAMINO REAL	SE 0 - 1/8 (0.110 mi.)	C13	23
Lower Elevation	Address	Direction / Distance	Map ID	Page
FOUR SEASONS MOTEL	4320 EL CAMINO REAL	NW 0 - 1/8 (0.087 mi.)	B11	20
DOLLAR RENT A CAR	4294 EL CAMINO REAL	NW 1/8 - 1/4 (0.161 mi.)	E18	28

**EXECUTIVE SUMMARY**

SWEEPS UST: Statewide Environmental Evaluation and Planning System. This underground storage tank listing was updated and maintained by a company contacted by the SWRCB in the early 1990's. The listing is no longer updated or maintained. The local agency is the contact for more information on a site on the SWEEPS list.

A review of the SWEEPS UST list, as provided by EDR, and dated 06/01/1994 has revealed that there are 3 SWEEPS UST sites within approximately 0.25 miles of the target property.

Equal/Higher Elevation	Address	Direction / Distance	Map ID	Page
LOZANO INC.	2690 W EL CAMINO REAL	SE 0 - 1/8 (0.110 mi.)	C12	21
Lower Elevation	Address	Direction / Distance	Map ID	Page
FOUR SEASONS MOTEL	4320 EL CAMINO REAL	NW 0 - 1/8 (0.087 mi.)	B10	20
DOLLAR RENT A CAR	4294 EL CAMINO REAL	NW 1/8 - 1/4 (0.161 mi.)	E19	28

**Other Ascertainable Records**

CA BOND EXP: PLAN: Department of Health Services developed a site-specific expenditure plan as the basis for an appropriation of Hazardous Substance Cleanup Bond Act funds. It is not updated.

A review of the CA BOND EXP PLAN list, as provided by EDR, and dated 01/01/1989 has revealed that there is 1 CA BOND EXP PLAN site within approximately 1 mile of the target property.

Lower Elevation	Address	Direction / Distance	Map ID	Page
PLESSEY MICRO SCIENCES	2274 MORRA DRIVE	E 1/2 - 1 (0.878 mi.)	M48	112

HIST CORTESE: The sites for the list are designated by the State Water Resource Control Board [LUST], the Integrated Waste Board [SWPLSI], and the Department of Toxic Substances Control [CALSTSES]. This listing is no longer updated by the state agency.

A review of the HIST CORTESE list, as provided by EDR, and dated 04/01/2001 has revealed that there are 14 HIST CORTESE sites within approximately 0.5 miles of the target property.

Equal/Higher Elevation	Address	Direction / Distance	Map ID	Page
B2 WEST COAST PRODUCTS LLC 007	988 SAN ANTONIO RD	SSE 1/4 - 1/2 (0.370 mi.)	F24	37
QUALITY TUNE-UP #1	2690 EL CAMINO REAL	SE 1/4 - 1/2 (0.374 mi.)	G27	51
UNICAL	895 SAN ANTONIO	SSE 1/4 - 1/2 (0.450 mi.)	K39	80
ERICHSEN RESIDENCE	197 DEL MONTE	S 1/4 - 1/2 (0.473 mi.)	L40	89
LOS ALTOS GARDEN SUPPLY	4770 EL CAMINO REAL	SE 1/4 - 1/2 (0.482 mi.)	L41	81
BRASIE PROPERTY	67 DEL MONTE AVE	SSE 1/4 - 1/2 (0.484 mi.)	44	84
Lower Elevation	Address	Direction / Distance	Map ID	Page
FIRESTONE #3670	462 SAN ANTONIO RD	E 1/4 - 1/2 (0.341 mi.)	23	32
PADDLEFORD OLDSMOBILE	4230 EL CAMINO REAL	NW 1/4 - 1/2 (0.383 mi.)	F29	55
TEXALCO	334 SAN ANTONIO ROAD	ENE 1/4 - 1/2 (0.385 mi.)	31	58
VICTOR'S GOODYEAR	288 SAN ANTONIO RD	ENE 1/4 - 1/2 (0.405 mi.)	132	64
OLD MILL TIERRA PROPPERTY	255 SAN ANTONIO RD S	ENE 1/4 - 1/2 (0.421 mi.)	133	66
SHELL OIL CO	2505 CALIFORNIA	ENE 1/4 - 1/2 (0.421 mi.)	34	68
1X HYATT HOTELS CORP	4219 EL CAMINO REAL	NW 1/4 - 1/2 (0.426 mi.)	J56	74
COAST CASEY PUMP STATION	101 SAN ANTONIO	ENE 1/4 - 1/2 (0.449 mi.)	37	75

## EXECUTIVE SUMMARY

### EDR HIGH RISK HISTORICAL RECORDS

#### EDR Exclusive Records

EDR US Hist Auto Stat. EDR has searched selected national collections of business directories and has collected listings of potential gas station/filling station/service station sites that were available to EDR researchers. EDR's review was limited to those categories or sources that might, in EDR's opinion, include gas station/filling station/service station establishments. The categories reviewed included, but were not limited to gas, gas station, gasoline station, filling station, auto, automobile repair, auto service station, service station, etc. This database falls within a category of information EDR classifies as "High Risk Historical Records", or HRHR. EDR's HRHR effort presents unique and sometimes proprietary data about past sites and operations that typically create environmental concerns, but may not show up in current government records searches.

A review of the EDR US Hist Auto Stat list, as provided by EDR, has revealed that there is 1 EDR US Hist Auto Stat site within approximately 0.25 miles of the target property.

Lower Elevation	Address	Direction / Distance	Map ID	Page
Not reported	415 DEL MEDIO AVE	ENE 1/8 - 1/4 (0.240 mi.)	21	29

EDR US Hist Cleaners: EDR has searched selected national collections of business directories and has collected listings of potential dry cleaner sites that were available to EDR researchers. EDR's review was limited to those categories of sources that might, in EDR's opinion, include dry cleaning establishments. The categories reviewed included, but were not limited to dry cleaners, cleaners, laundry, laundromat, cleaning/laundry, wash & dry etc. This database falls within a category of information EDR classifies as "High Risk Historical Records", or HRHR. EDR's HRHR effort presents unique and sometimes proprietary data about past sites and operations that typically create environmental concerns, but may not show up in current government records searches.

A review of the EDR US Hist Cleaners list, as provided by EDR, has revealed that there are 3 EDR US Hist Cleaners sites within approximately 0.25 miles of the target property.

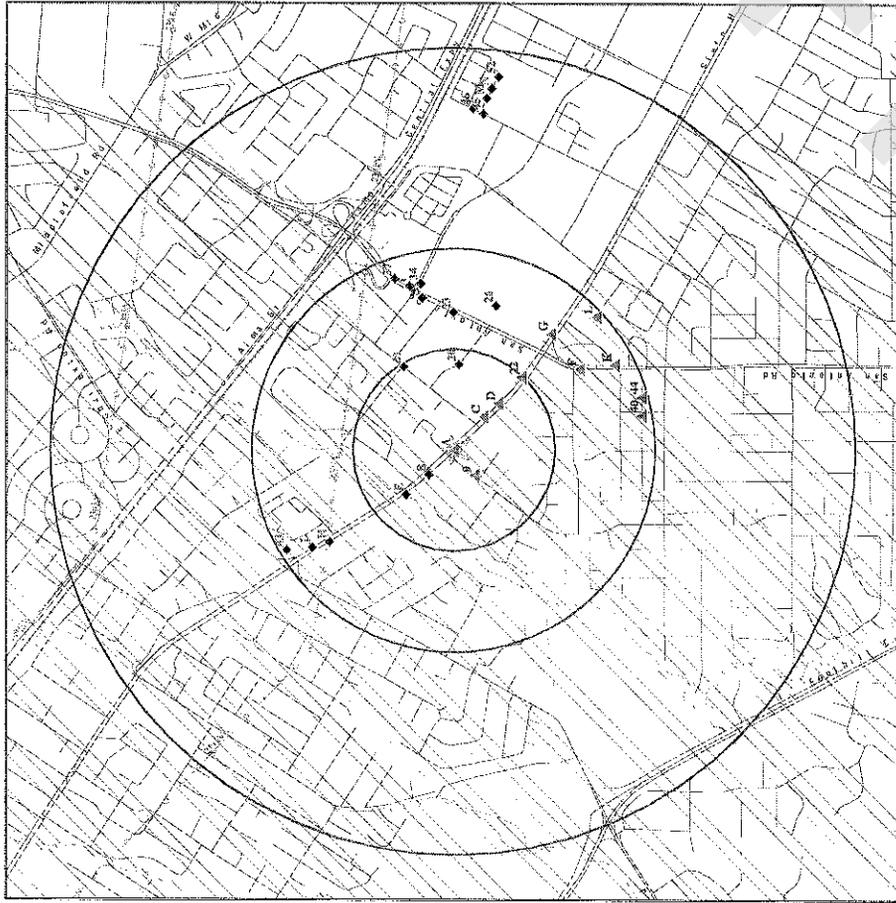
Equal/Higher Elevation	Address	Direction / Distance	Map ID	Page
Not reported	1176 LOS ALTOS AVE	SW 0 - 1/8 (0.080 mi.)	9	19
Not reported	2658 W EL CAMINO REAL	SE 1/8 - 1/4 (0.156 mi.)	D17	28
Lower Elevation	Address	Direction / Distance	Map ID	Page
Not reported	2655 FAYETTE DR	E 1/8 - 1/4 (0.213 mi.)	20	29

## EXECUTIVE SUMMARY

Due to poor or inadequate address information, the following sites were not mapped. Count: 16 records.

Site Name	Database(s)
DONS MOBIL SER	CA FID UST, SWEEPS UST
DNSP ENTERPRISES	CA FID UST, SWEEPS UST
WILLIE SON INC	CA FID UST, SWEEPS UST
89 OIL CO FACILITY SITE #11219	CA FID UST, SWEEPS UST
OXARC FACILITY	CERCLIS
LOS ALTOS WELL FIELD	CERC-NFRAP
HILLVIEW - ELEANOR	CERC-NFRAP
BUILDING 2420 OF CHARLESTON BUSINE	CERC-NFRAP
MOUNTAIN VIEW LDFL	CERC-NFRAP
SMITH KLINE & FRENCH LABORATORIES	CERC-NFRAP
OREGON EXPWY UNDERPASS	CERC-NFRAP
OLD QUARRY DISPOSAL SITE, STANDFOR	CERC-NFRAP
DONS MOBIL SER	HIST UST
SHELL SERVICE STATION	RCRA-LOG, FINDS, HAZNET
DCI MANAGEMENT GROUP NO 77	RCRA-SQG, FINDS
SCL 101 PM 48 97 52.17	RCRA-LOG

OVERVIEW MAP - 3490172.2s



- \* Target Property
- A Sites at elevations higher than or equal to the target property
- Sites at elevations lower than the target property
- ▲ Manufactured Gas Plants
- National Priority List Sites
- Dept. Defense Sites
- Indian Reservations BIA
- Power transmission lines
- Oil & Gas pipelines from USGS
- 100-year flood zone
- 500-year flood zone
- Areas of Concern

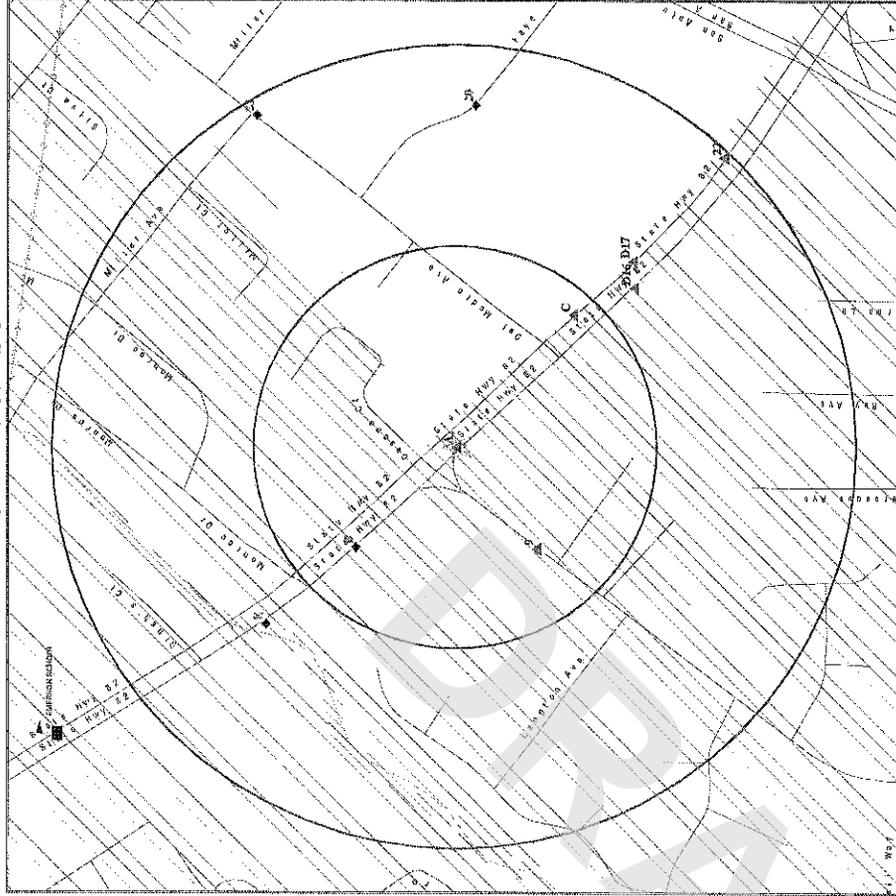
This report includes Interactive Map Layers to display and/or hide map information. The legend includes only those icons for the default map view.

SITE NAME: 1212119ESN  
 CONTACT: Encon Solutions  
 ADDRESS: 4350 El Cortijo Road  
 Los Alamos, CA 94022  
 LAT/LONG: 37.40441 122.118

CLIENT: Encon Solutions  
 CONTACT: Rick Jones  
 INQUIRY #: 3490172.2s  
 DATE: January 08, 2013 4:42 pm

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DETAIL MAP - 3490172.2s



- \* Target Property
- A Sites at elevations higher than or equal to the target property
- Sites at elevations lower than the target property
- ▲ Manufactured Gas Plants
- Sensitive Receptors
- National Priority List Sites
- Dept. Defense Sites
- Indian Reservations BIA
- Power transmission lines
- Oil & Gas pipelines from USGS
- 100-year flood zone
- 500-year flood zone
- Areas of Concern

This report includes Interactive Map Layers to display and/or hide map information. The legend includes only those icons for the default map view.

SITE NAME: 1212119ESN  
 CONTACT: Encon Solutions  
 ADDRESS: 4350 El Cortijo Road  
 Los Alamos, CA 94022  
 LAT/LONG: 37.40441 122.118

CLIENT: Encon Solutions  
 CONTACT: Rick Jones  
 INQUIRY #: 3490172.2s  
 DATE: January 08, 2013 4:44 pm

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MAP FINDINGS SUMMARY

Database	Search Distance (Miles)	Target Property	< 1/8	1/8 - 1/4	1/4 - 1/2	1/2 - 1	> 1	Total Plotted
<b>STANDARD ENVIRONMENTAL RECORDS</b>								
<i>Federal NPL site list</i>								
NPL	1.000		0	0	0	0	NR	0
Proposed NPL	1.000		0	0	0	0	NR	0
NPL LIENS	TP		NR	NR	NR	NR	NR	0
<i>Federal Delisted NPL site list</i>								
Delisted NPL	1.000		0	0	0	0	NR	0
<i>Federal CERCLIS list</i>								
CERCLIS	0.500		0	0	0	NR	NR	0
FEDERAL FACILITY	0.500		0	0	0	NR	NR	0
<i>Federal CERCLIS NFRAP site List</i>								
CERC-NFRAP	0.500		0	0	0	NR	NR	0
<i>Federal RCRA CORRACTS facilities list</i>								
CORRACTS	1.000		0	0	0	0	NR	0
<i>Federal RCRA non-CORRACTS TSD facilities list</i>								
RCRA-TSDF	0.500		0	0	0	NR	NR	0
<i>Federal RCRA generators list</i>								
RCRA-LOG	0.250	1	0	0	NR	NR	NR	1
RCRA-SQG	0.250		1	1	NR	NR	NR	2
RCRA-CESQG	0.250		0	0	NR	NR	NR	0
<i>Federal Institutional controls / engineering controls registries</i>								
US ENG CONTROLS	0.500		0	0	0	NR	NR	0
US INST CONTROL	0.500		0	0	0	NR	NR	0
LUCIS	0.500		0	0	0	NR	NR	0
<i>Federal ERNS list</i>								
ERNS	TP		NR	NR	NR	NR	NR	0
<i>State- and tribal - equivalent NPL</i>								
RESPONSE	1.000		0	0	0	6	NR	6
<i>State- and tribal - equivalent CERCLIS</i>								
ENVIROSTOR	1.000		0	0	0	6	NR	6
<i>State and tribal landfill and/or solid waste disposal site lists</i>								
SWP/LF	0.500		0	0	0	NR	NR	0
<i>State and tribal leaking storage tank lists</i>								
LUST	0.500	2	2	0	17	NR	NR	21

MAP FINDINGS SUMMARY

Database	Search Distance (Miles)	Target Property	< 1/8	1/8 - 1/4	1/4 - 1/2	1/2 - 1	> 1	Total Plotted
<b>State and tribal registered storage tank lists</b>								
SLIC	0.500		0	0	2	NR	NR	2
HIST LUST	0.500	1	1	0	11	NR	NR	13
INDIAN LUST	0.500		0	0	0	NR	NR	0
<i>State and tribal registered storage tank lists</i>								
UST	0.250	1	0	1	NR	NR	NR	2
AST	0.250		0	0	NR	NR	NR	0
INDIAN UST	0.250		0	0	NR	NR	NR	0
FEMA UST	0.250		0	0	NR	NR	NR	0
<i>State and tribal voluntary cleanup sites</i>								
VCP	0.500		0	0	0	NR	NR	0
INDIAN VCP	0.500		0	0	0	NR	NR	0
<b>ADDITIONAL ENVIRONMENTAL RECORDS</b>								
<i>Local Brownfield lists</i>								
US BROWNFIELDS	0.500		0	0	0	NR	NR	0
<i>Local Lists of Landfill / Solid Waste Disposal Sites</i>								
ODI	0.500		0	0	0	NR	NR	0
DEBRIS REGION 9	0.500		0	0	0	NR	NR	0
WADUS/WAT	0.500		0	0	0	NR	NR	0
SWRCOY	0.500		0	0	0	NR	NR	0
HAVILERS	TP		NR	NR	NR	NR	NR	0
INDIAN ODI	0.500		0	0	0	NR	NR	0
<i>Local Lists of Hazardous waste / Contaminated Sites</i>								
US CDL	TP		NR	NR	NR	NR	NR	0
HIST Cal-Sites	1.000		0	0	0	1	NR	1
SCH	0.250		0	0	0	NR	NR	0
T-06 Pils	1.000		0	0	0	NR	NR	0
CDL	TP		NR	NR	NR	NR	NR	0
US HIST CDL	TP		NR	NR	NR	NR	NR	0
<i>Local Lists of Registered Storage Tanks</i>								
CA FID LUST	0.250	1	2	1	NR	NR	NR	4
HIST LUST	0.250	2	2	1	NR	NR	NR	5
SWEEPS LUST	0.230	1	2	1	NR	NR	NR	4
<i>Local Land Records</i>								
LIENS 2	TP		NR	NR	NR	NR	NR	0
LIENS	TP		NR	NR	NR	NR	NR	0
DEED	0.500		0	0	0	NR	NR	0
<i>Records of Emergency Release Reports</i>								
HMIRS	TP		NR	NR	NR	NR	NR	0
CHMIRS	TP		NR	NR	NR	NR	NR	0

MAP FINDINGS SUMMARY

Database	Search Distance (Miles)	Target Property	< 1/8	1/8 - 1/4	1/4 - 1/2	1/2 - 1	> 1	Total Plotted
LDS	TP		NR	NR	NR	NR	NR	0
MCS	TP		NR	NR	NR	NR	NR	0
<b>Other Ascertainable Records</b>								
RCRA-NonGen	0.250		NR	NR	NR	NR	NR	0
DOT OPS	TP		NR	NR	NR	NR	NR	0
DOD	1,000		0	0	0	0	0	0
FUDS	1,000		0	0	0	0	0	0
CONSENT	1,000		0	0	0	0	0	0
ROD	1,000		0	0	0	0	0	0
UMTRA	0.500		0	0	0	0	0	0
MINES	0.250		0	0	0	0	0	0
TRIS	TP		NR	NR	NR	NR	NR	0
TSCA	TP		NR	NR	NR	NR	NR	0
FTTS	TP		NR	NR	NR	NR	NR	0
HIST FTTS	TP		NR	NR	NR	NR	NR	0
SSSTS	TP		NR	NR	NR	NR	NR	0
ICIS	TP		NR	NR	NR	NR	NR	0
PADS	TP		NR	NR	NR	NR	NR	0
MLTS	TP		NR	NR	NR	NR	NR	0
RADINFO	TP		NR	NR	NR	NR	NR	0
FINDS	TP		NR	NR	NR	NR	NR	0
RAATS	TP		NR	NR	NR	NR	NR	0
RMP	TP		NR	NR	NR	NR	NR	0
CA BOND EXP. PLAN	1,000		0	0	0	0	0	1
LIC	TP		NR	NR	NR	NR	NR	0
NPDES	TP		NR	NR	NR	NR	NR	0
Cortese	0.500		NR	NR	NR	NR	NR	0
HIST CORTSE	0.500	1	0	0	14	NR	NR	15
CUPAL Listings	0.250		0	0	0	0	0	0
SAN JOSE HAZMAT	0.250		0	0	0	0	0	0
Notify 85	1,000		0	0	0	0	0	0
DRYCLEANERS	0.250		0	0	0	0	0	0
WIP	0.250		0	0	0	0	0	0
ENF	TP		NR	NR	NR	NR	NR	0
HAZNET	TP	4	NR	NR	NR	NR	NR	4
EKI	TP		NR	NR	NR	NR	NR	0
INDIAN RESERV	1,000		0	0	0	0	0	0
SCRD DRYCLEANERS	0.500		0	0	0	0	0	0
MAWAP	0.250		0	0	0	0	0	0
COAL ASH DOE	TP		NR	NR	NR	NR	NR	0
COAL ASH EPA	0.500		0	0	0	0	0	0
HWT	0.250		0	0	0	0	0	0
HWP	1,000		0	0	0	0	0	0
Financial Assurance	TP		NR	NR	NR	NR	NR	0
2020 COR ACTION	0.250		NR	NR	NR	NR	NR	0
US AIRS	TP		NR	NR	NR	NR	NR	0
PRP	TP		NR	NR	NR	NR	NR	0
MDS	TP		NR	NR	NR	NR	NR	0
EPA WATCH LIST	TP		NR	NR	NR	NR	NR	0
US FIN ASSUR	TP		NR	NR	NR	NR	NR	0

MAP FINDINGS SUMMARY

Database	Search Distance (Miles)	Target Property	< 1/8	1/8 - 1/4	1/4 - 1/2	1/2 - 1	> 1	Total Plotted
PCB TRANSFORMER	TP		NR	NR	NR	NR	NR	0
PROC	0.500		0	0	0	0	0	0
<b>EDR HIGH RISK HISTORICAL RECORDS</b>								
<b>EDR Exclusive Records</b>								
EDR MGP	1,000		0	0	0	0	0	0
EDR US Hist Auto Stat	0.250		0	1	NR	NR	NR	1
EDR US Hist Cleaners	0.250		1	2	NR	NR	NR	3

NOTES:  
 TP = Target Property  
 NR = Not Requested at this Search Distance  
 Sites may be listed in more than one database

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

EDR ID Number  
EPA ID Number

Database(s)

A1  
Target  
Property

UNOCAL SERVICE STATION #6115  
4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

RCRA-LOG:  
Date form received by agency: 03/20/1994  
Facility name:  
Facility address:  
EPA ID:  
Milling acid test:  
Contact:  
Contact address:  
Contact country:  
Contact telephone:  
Contact email:  
EPA Region:  
Classification:  
Description:

RCRA-LOG  
1007189799  
CAD982205928

UNOCAL SERVICE STATION #6115  
4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

RCRA-LOG  
1007189799  
CAD982205928

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

EDR ID Number  
EPA ID Number

Database(s)

A2  
Target  
Property

UNION OIL SFR 6115  
4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

CORTESE:  
Region:  
Facility County Code:  
Reg By:  
Reg Id:

HIST CORTESE  
LUST  
HIST LUST  
HAZNET

UNION OIL SFR 6115  
4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

HIST CORTESE  
LUST  
HIST LUST  
HAZNET

Actual:  
67 ft.

CORTESE  
Region:  
Facility County Code:  
Reg By:  
Reg Id:

HIST CORTESE  
LUST  
HIST LUST  
HAZNET

LUST REG 2:

Region: 2  
Facility Id: Not reported  
Case Number: 06S2W18501f  
How Discovered: Not reported  
Leak Cause: Not reported  
Leak Source: Not reported  
Date Leak Confirmed: Not reported  
Coversight Program: LUST  
Prelim. Site Assessment/Workplan Submitted: Not reported  
10/5/1990  
Pollution Characterization Began: 9/10/1991  
Pollution Remediation Plan Submitted: Not reported  
Date Remediation Action Underway: Not reported  
Date Post Remedial Action Monitoring Began: 8/21/1992

HIST LUST SANTA CLARA:  
Region: SANTA CLARA  
Region Code: 2  
SCWMD ID: 06S2W18R01  
Oversite Agency: SCWMD  
Date Listed: 1991-01-19 00:00:00  
Closed Date: 1996-11-07 00:00:00

HIST LUST:

Region: STATE  
Facility ID: 000000679  
Facility Type: Gas Station  
Other Type: Not reported  
Total Tanks: 0001  
Contact Name: FELIX BOLTON, JR.  
Telephone: 4159410244  
Owner Name: UNION OIL CO.  
Owner Address: 1 CALIFORNIA ST., SUITE 2700  
Owner City, State, Zip: SAN FRANCISCO, CA 94111

Tank Num: 001  
Container Num: 0115-10-1  
Year Installed: Not reported  
Tank Capacity: 6000000  
Tank Used for: WASTE  
Type of Fuel: Not reported  
Tank Construction: 6 inches  
Leak Detection: Visual

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

EDR ID Number  
EPA ID Number

Database(s)

A1  
Target  
Property

UNOCAL SERVICE STATION #6115  
4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

RCRA-LOG  
1007189799  
CAD982205928

RCRA-LOG:  
Date form received by agency: 03/20/1994  
Facility name:  
Facility address:  
EPA ID:  
Milling acid test:  
Contact:  
Contact address:  
Contact country:  
Contact telephone:  
Contact email:  
EPA Region:  
Classification:  
Description:

RCRA-LOG  
1007189799  
CAD982205928

UNOCAL SERVICE STATION #6115  
4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

RCRA-LOG  
1007189799  
CAD982205928

Actual:  
67 ft.

UNOCAL SERVICE STATION #6115  
4350 EL CAMINO REAL  
LOS ALTOS, CA 940220000  
P.O. BOX 2850  
BREA, CA 92622380  
DAVID P. CORDER  
Not reported  
Not reported  
(714) 972-7651  
Not reported  
09  
Large Quantity Generator  
Handler: generates 1,000 kg or more of hazardous waste during any calendar month; or generates more than 1 kg of acutely hazardous waste during any calendar month; or generates more than 100 kg of any residue or contaminated soil, waste or other debris resulting from the cleanup of a spill, into or on any land or water, of acutely hazardous waste during any calendar month; or generates 1 kg or less of acutely hazardous waste during any calendar month, and accumulates more than 1 kg of acutely hazardous waste at any time; or generates 100 kg or less of any residue or contaminated soil, waste or other debris resulting from the cleanup of a spill, into or on any land or water, of acutely hazardous waste during any calendar month, and accumulates more than 100 kg of that material at any time

Handler Activities Summary:

U.S. importer of hazardous waste: No  
Mixed waste (hex and radioactive): No  
Recycler of hazardous waste: No  
Transporter of hazardous waste: No  
Treater, storer or disposer of HW: No  
Underground injection activity: No  
On-site burner exemption: No  
Furnace exemption: No  
Used oil processor: No  
Used oil refiner: No  
Used oil fuel marketer to burner: No  
Used oil specification marketer: No  
Used oil transfer facility: No  
Used oil transporter: No

Violation Status: No violations found

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site  
Database(s)  
EDR ID Number  
EPA ID Number

Database(s)

EDR ID Number  
EPA ID Number

UNION OI SSF 6115 (Continued)

1000167445

HAZNET:  
Year: 2002  
Gepaid: CAL000161435  
Contact: HAZMAT SPECIALIST  
Telephone: 6027284180  
Mailing Name: Not reported  
Mailing Address: PO BOX 52085  
Mailing City, St, Zip: PHOENIX, AZ 850722085  
Gen County: Santa Clara  
TSD EPA ID: Not reported  
TSD County: Los Angeles  
Waste Category: Unspecified organic liquid mixture  
Disposal Method: Transfer Station  
Tons: 0.20  
Facility County: Not reported

A3  
Target  
Property  
CONOCOPHILLIPS CO #256115  
4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

UST U004049880  
N/A

Site 3 of 8 in cluster A

Actual:  
67 ft.  
Facility ID: 43-000-201602  
Latitude: 37.4024254445694  
Longitude: -122.110256688116

A4  
Target  
Property  
UNOCAL SERVICE STATION #6115  
4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

HAZNET S100877122  
N/A

Site 4 of 8 in cluster A

Actual:  
67 ft.  
HAZNET:  
Year: 2000  
Gepaid: CAD982059628  
Contact: UNION OIL COMPANY OF CALIFORNI  
Telephone: 7144286560  
Mailing Name: Not reported  
Mailing Address: PO BOX 25376  
Mailing City, St, Zip: SANTA ANA, CA 927955376  
Gen County: Santa Clara  
TSD EPA ID: CAD09452857  
TSD County: San Mateo  
Waste Category: Aqueous solution with total organic residues 10 percent or more  
Disposal Method: Not reported  
Tons: 0500  
Facility County: Santa Clara

Year: 1966  
Gepaid: CAD982059628  
Contact: UNION OIL COMPANY OF CALIFORNI  
Telephone: 7144286560  
Mailing Name: Not reported  
Mailing Address: PO BOX 25376  
Mailing City, St, Zip: SANTA ANA, CA 927955376

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

UNOCAL SERVICE STATION #6115 (Continued)

S100877122

Gen County: Santa Clara  
TSD EPA ID: CAD009452857  
TSD County: San Mateo  
Waste Category: Aqueous solution with total organic residues 10 percent or more  
Disposal Method: Recycler  
Tons: 0817  
Facility County: Santa Clara  
Year: 1965  
Gepaid: CAD982059628  
Contact: UNION OIL COMPANY OF CALIFORNI  
Telephone: 7144286560  
Mailing Name: Not reported  
Mailing Address: PO BOX 25376  
Mailing City, St, Zip: SANTA ANA, CA 927955376  
Gen County: Santa Clara  
TSD EPA ID: CAD09452857  
TSD County: San Mateo  
Waste Category: Aqueous solution with total organic residues 10 percent or more  
Disposal Method: Recycler  
Tons: 0792  
Facility County: Santa Clara

Year: 1963  
Gepaid: CAD982059628  
Contact: UNION OIL COMPANY OF CALIFORNI  
Telephone: 7144286560  
Mailing Name: Not reported  
Mailing Address: PO BOX 25376  
Mailing City, St, Zip: SANTA ANA, CA 927955376  
Gen County: Santa Clara  
TSD EPA ID: CA100010101  
TSD County: San Diego  
Waste Category: Other empty containers 30 gallons or more  
Disposal Method: Transfer Station  
Tons: 1500  
Facility County: Santa Clara

Year: 1963  
Gepaid: CAD982059628  
Contact: UNION OIL COMPANY OF CALIFORNI  
Telephone: 7144286560  
Mailing Name: Not reported  
Mailing Address: PO BOX 25376  
Mailing City, St, Zip: SANTA ANA, CA 927955376  
Gen County: Santa Clara  
TSD EPA ID: CAD980853177  
TSD County: Kern  
Waste Category: Tank bottom waste  
Disposal Method: Recycler  
Tons: 1.2510  
Facility County: Santa Clara

Click this hyperlink while viewing on your computer to access additional CA\_HAZNET detail in the EDR Site Report.

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

AS  
Target  
Property

HAZNET  
S108203117  
N/A

CONOCO PHILLIPS # 256115  
4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

Site 5 of 6 in cluster A

Actual:  
67 ft.

HAZNET:  
Year: 2009  
Gepaid: CAL000277094  
Contact: DANIELLE EICHHORST  
Telephone: 2812833723  
Mailing Name: Not reported  
Mailing Address: 600 N DAIRY ASHFORD -US MARKETING -  
HOUSTON, TX 77079  
Gen County: Santa Clara  
TSD EPA ID: CA0982444481  
Waste Category: San Bernadino  
Disposal Method: Other organic solids  
Tons: 0.1625  
Facility County: Santa Clara

Year: 2006  
Gepaid: CAL000277094  
Contact: DANIELLE EICHHORST  
Telephone: 2812833723  
Mailing Name: Not reported  
Mailing Address: 600 N DAIRY ASHFORD PO 3014A  
HOUSTON, TX 77079  
Gen County: Santa Clara  
TSD EPA ID: CA0982444481  
Waste Category: Aqueous solution with total organic residues less than 10 percent  
Disposal Method: Treatment, Tank  
Tons: 0.04  
Facility County: Santa Clara

Year: 2005  
Gepaid: CAL000277094  
Contact: DANIELLE EICHHORST  
Telephone: 2812833723  
Mailing Name: Not reported  
Mailing Address: 600 N DAIRY ASHFORD PO 3014A  
HOUSTON, TX 77079  
Gen County: Santa Clara  
TSD EPA ID: CA0982444481  
Waste Category: Aqueous solution with total organic residues less than 10 percent  
Disposal Method: Treatment, Tank  
Tons: 0.2  
Facility County: Not reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

AS  
Target  
Property

EL CAMINO UNOCAL (#6115)  
4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

Site 6 of 8 in cluster A

Actual:  
67 ft.

HAZNET:  
Year: 2007  
Gepaid: CAL00025915  
Contact: GREG GALATOLO  
Telephone: 4159410244  
Mailing Name: Not reported  
Mailing Address: 4350 EL CAMINO REAL  
LOS ALTOS, CA 940221001  
Gen County: Santa Clara  
TSD EPA ID: CAD008452657  
Waste Category: San Mateo  
Disposal Method: Unspecified organic liquid mixture  
Tons: 0.59  
Facility County: Santa Clara

Year: 2005  
Gepaid: CAL00025915  
Contact: GREG GALATOLO  
Telephone: 4159410244  
Mailing Name: Not reported  
Mailing Address: 4350 EL CAMINO REAL  
LOS ALTOS, CA 940221001  
Gen County: Santa Clara  
TSD EPA ID: CAD008452657  
Waste Category: Unspecified organic liquid mixture  
Disposal Method: Solvents Recovery  
Tons: 0.37  
Facility County: Santa Clara

Year: 2005  
Gepaid: CAL00025915  
Contact: GREG GALATOLO  
Telephone: 4159410244  
Mailing Name: Not reported  
Mailing Address: 4350 EL CAMINO REAL  
LOS ALTOS, CA 940221001  
Gen County: Santa Clara  
TSD EPA ID: CAD008452657  
Waste Category: Unspecified organic liquid mixture  
Disposal Method: Not reported  
Tons: 0.45  
Facility County: Not reported

Year: 2004  
Gepaid: CAL00025915  
Contact: GREG GALATOLO  
Telephone: 4159410244  
Mailing Name: Not reported  
Mailing Address: 4350 EL CAMINO REAL  
LOS ALTOS, CA 940221001

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

EDR ID Number  
EPA ID Number  
Database(s)

Site

MAP FINDINGS

EDR ID Number  
EPA ID Number  
Database(s)

Site

EL CAMINO UNOCAL (#6115) (Continued)

Gen County: Santa Clara  
TSD EPA ID: CAD009452657  
TSD County: San Mateo  
Waste Category: Unspecified organic liquid mixture  
Disposal Method: D-45  
Tons: Not reported  
Facility County: Not reported  
Year: 2003  
Geopaid: CAL00026915  
Contact: GREG GALATOLO  
Telephone: 4159410244  
Mailing Name: Not reported  
Mailing Address: 4350 EL CAMINO REAL  
Mailing City, St, Zip: LOS ALTOS, CA 940221601  
Gen County: Santa Clara  
TSD EPA ID: CAD009452657  
TSD County: Santa Clara  
Waste Category: Unspecified organic liquid mixture  
Disposal Method: Respieter  
Tons: 2.16  
Facility County: Santa Clara

Click this hyperlink while viewing on your computer to access  
13 additional CA\_FACNET records in the EDR Site Report.

A7  
Target Property  
UNION OIL SS #6115  
4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

Actual: 67 ft.

Site 7 of 8 in cluster A

CA FID UST: 43001553  
Facility ID: UTRKA  
Regulated BY: 00021125  
Regulated ID: Not reported  
Corros Code: Not reported  
SIC Code: 4159410244  
Facility Phone: Not reported  
Mail To: 4350 EL CAMINO REAL  
Mailing Address: Not reported  
Mailing City, St, Zip: LOS ALTOS 94022  
Contact: Not reported  
Contact Phone: Not reported  
DUNS Number: Not reported  
NPDES Number: Not reported  
EPA ID: Not reported  
Comments: Not reported  
Status: Active

SWEEPS LIST:

Status: A  
Comp Number: 21125  
Number: 9  
Board Of Equalization: 44-000051  
Ref Date: 07-01-85

UNION OIL SS #6115 (Continued)

Act Date: Not reported  
Created Date: 02-29-88  
Tank Status: A  
Owner Tank Id: 6115-1-1  
Swrch Tank Id: 43-000-021125-000001  
Act Date: 07-01-85  
Capacity: 10000  
Tank Use: M.V. FUEL  
Sig: P  
Content: REG UNLEADED  
Number Of Tanks: 6  
Status: A  
Comp Number: 21125  
Number: 9  
Board Of Equalization: 44-000051  
Ref Date: 07-01-85  
Act Date: Not reported  
Created Date: 02-29-88  
Tank Status: A  
Owner Tank Id: 6115-2-1  
Swrch Tank Id: 43-000-021125-000002  
Act Date: 07-01-85  
Capacity: 10000  
Tank Use: M.V. FUEL  
Sig: P  
Content: REG UNLEADED  
Number Of Tanks: Not reported

CA FID UST: S103952519

SWEEPS UST N/A

UNION OIL SS #6115 (Continued)

Act Date: Not reported  
Created Date: 02-29-88  
Tank Status: A  
Owner Tank Id: 6115-1-1  
Swrch Tank Id: 43-000-021125-000001  
Act Date: 07-01-85  
Capacity: 10000  
Tank Use: M.V. FUEL  
Sig: P  
Content: REG UNLEADED  
Number Of Tanks: 6  
Status: A  
Comp Number: 21125  
Number: 9  
Board Of Equalization: 44-000051  
Ref Date: 07-01-85  
Act Date: Not reported  
Created Date: 02-29-88  
Tank Status: A  
Owner Tank Id: 6115-1-1  
Swrch Tank Id: 43-000-021125-000004  
Act Date: 07-01-85

Map ID  
Direction  
Distance  
Elevation

Map ID Number  
EPA ID Number

Database(s)  
Site

MAP FINDINGS

EDR ID Number  
EPA ID Number

UNION OIL SS #6115 (Continued)

Capacity: 10000  
Tank Use: M.V. FUEL  
Sig: P  
Content: REG UNLEADED  
Number Of Tanks: Not reported  
Status: A  
Comp Number: 21125  
Number: 9  
Board Of Equalization: 44-000051  
Ref Date: 07-01-85  
Act Date: Not reported  
Created Date: 02-28-88  
Tank Status: 6115-2-1  
Owner Tank Id: 43-000-021125-000005  
Swrcb Tank Id: 07-01-85  
Act Date:  
Capacity: 10000  
Tank Use: M.V. FUEL  
Sig: P  
Content: REG UNLEADED  
Number Of Tanks: Not reported

Status: A  
Comp Number: 21125  
Number: 9  
Board Of Equalization: 44-000051  
Ref Date: 07-01-85  
Act Date: Not reported  
Created Date: 02-28-88  
Tank Status: A  
Owner Tank Id: 6115-4-1  
Swrcb Tank Id: 43-000-021125-000006  
Act Date: 07-01-85  
Capacity: 550  
Tank Use: OIL  
Sig: W  
Content: WASTE OIL  
Number Of Tanks: Not reported

AB Target Property  
4350 EL CAMINO REAL  
LOS ALTOS, CA 94022

Site 8 of 9 in cluster A

Actual: 67 TL

LUST:  
Region: STATE  
Global Id: T0608501527  
Latitude: 37.004111  
Longitude: -122.1675  
Case Type: LUST Cleanup Sits  
Status: Case Closed  
1/10/1988  
Lead Agency: SANTA CLARA COUNTY LOP  
Case Worker: LUST  
Loss Agency: SANTA CLARA COUNTY LOP  
RB Case Number: Not reported

UNION OIL SS #6115 (Continued)

LOC Case Number: Not reported  
File Location: Stored electronically as an E-file  
Potential Media Affect: Other Groundwater (uses other than drinking water)  
Potential Contaminants of Concern: Gasoline  
Site History: Not reported

Click here to assess the California GeoTracker records for this facility:

LUST:  
Global Id: T0608501527  
Local Agency Caseworker: LUST CASE WORKER  
Contact Name: SANTA CLARA COUNTY LOP  
Organization Name: 1555 Berger Drive, Suite 300  
Address: SAN JOSE  
City: Not reported  
State: CA  
Zip: 4088183400  
Phone Number:  
Global Id: T0608501527  
Contact Type: Regional Board Caseworker  
Contact Name: ZSC  
Organization Name: SAN FRANCISCO BAY RWQCB (REGION 2)  
Address: 1515 CLAY STREET, SUITE 1400  
City: OAKLAND  
State: CA  
Zip: Not reported  
Phone Number: Not reported

LUST:  
Global Id: T0608501527  
Action Type: Other  
Date: 01/01/1950  
Action: Leak Reported

Global Id: T0608501527  
Action Type: RESPONSE  
Date: 05/30/1992  
Action: Soil and Water Investigation Workplan

Global Id: T0608501527  
Action Type: ENFORCEMENT  
Date: 01/23/1981  
Action: Notice of Responsibility -#40122

Global Id: T0608501527  
Action Type: ENFORCEMENT  
Date: 04/19/1992  
Action: Staff Letter -#30044

Global Id: T0608501527  
Action Type: REMEDIATION  
Date: 01/01/1950  
Action: Excavation

Global Id: T0608501527  
Action Type: REMEDIATION  
Date: 01/01/1950  
Action: Soil Vapor Extraction (SVE)

Map ID  
Direction  
Distance  
Elevation

Map ID Number  
EPA ID Number

Database(s)  
Site

MAP FINDINGS

EDR ID Number  
EPA ID Number

UNION OIL SS #6115 (Continued)

Capacity: 10000  
Tank Use: M.V. FUEL  
Sig: P  
Content: REG UNLEADED  
Number Of Tanks: Not reported  
Status: A  
Comp Number: 21125  
Number: 9  
Board Of Equalization: 44-000051  
Ref Date: 07-01-85  
Act Date: Not reported  
Created Date: 02-28-88  
Tank Status: 6115-2-1  
Owner Tank Id: 43-000-021125-000005  
Swrcb Tank Id: 07-01-85  
Act Date:  
Capacity: 10000  
Tank Use: M.V. FUEL  
Sig: P  
Content: REG UNLEADED  
Number Of Tanks: Not reported

Status: A  
Comp Number: 21125  
Number: 9  
Board Of Equalization: 44-000051  
Ref Date: 07-01-85  
Act Date: Not reported  
Created Date: 02-28-88  
Tank Status: A  
Owner Tank Id: 6115-4-1  
Swrcb Tank Id: 43-000-021125-000006  
Act Date: 07-01-85  
Capacity: 550  
Tank Use: OIL  
Sig: W  
Content: WASTE OIL  
Number Of Tanks: Not reported

LUST  
HIST LUST

U001594161  
N/A

STATE  
T0608501527  
37.004111  
-122.1675  
LUST Cleanup Sits  
Case Closed  
1/10/1988  
SANTA CLARA COUNTY LOP  
LUST  
SANTA CLARA COUNTY LOP  
Not reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site  
Database(s)  
EDR ID Number  
EPA ID Number

UNION OIL SS #6115 (Continued)

LUST SANTA CLARA:  
Region: SANTA CLARA  
SCVWD ID: 0652W1BR01f  
Date Closed: 11/07/1996

HIST UST:  
Reason: STATE  
Facility ID: 0000021125  
Facility Type: Gas Station  
Other Type: Not reported  
Tank Num: 0006  
Contact Name: FELIX BOLTON, JR.  
Telephone: 4158410244  
Owner Name: UNIO OIL CO.  
Owner Address: 1 CALIFORNIA ST, SUITE 2700  
Owner City, St, Zip: SAN FRANCISCO, CA 94111

Tank Num: 001  
Container Num: 6115-1-1  
Year Installed: 1969  
Tank Capacity: 00010000  
Tank Used for: PRODUCT  
Type of Fuel: UNLEADED  
Tank Construction: Not reported  
Leak Detection: Stock Inventor, 10

Tank Num: 002  
Container Num: 6115-2-1  
Year Installed: 1969  
Tank Capacity: 00010000  
Tank Used for: PRODUCT  
Type of Fuel: PREMIUM  
Tank Construction: Not reported  
Leak Detection: Stock Inventor, 10

Tank Num: 003  
Container Num: 6115-4-1  
Year Installed: Not reported  
Tank Capacity: 00000590  
Tank Used for: WASTE  
Type of Fuel: WASTE OIL  
Tank Construction: Not reported  
Leak Detection: Stock Inventor

Tank Num: 004  
Container Num: 6115-1-1  
Year Installed: 1969  
Tank Capacity: 00010000  
Tank Used for: PRODUCT  
Type of Fuel: UNLEADED  
Tank Construction: Not reported  
Leak Detection: Stock Inventor, 10

Tank Num: 005  
Container Num: 6115-2-1  
Year Installed: 1969

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site  
Database(s)  
EDR ID Number  
EPA ID Number

UNION OIL SS #6115 (Continued)

Tank Capacity: 00010000  
Tank Used for: PRODUCT  
Type of Fuel: PREMIUM  
Tank Construction: Not reported  
Leak Detection: Stock Inventor, 10

Tank Num: 006  
Container Num: 6115-4-1  
Year Installed: Not reported  
Tank Capacity: 00000590  
Tank Used for: WASTE  
Type of Fuel: WASTE OIL  
Tank Construction: Not reported  
Leak Detection: Stock Inventor

9 SW 1176 LOS ALTOS AVE  
LOS ALTOS, CA 94022  
0.0890 mi.  
424 ft.

EDR - Historical Cleaners:

Relative: Higher  
Actual: 70 fl.

Name:	Year:	Address:
SPOTLESS DRY CLEANING	2001	1176 LOS ALTOS AVE
SPOTLESS DRY CLEANING	2002	1176 LOS ALTOS AVE
SPOTLESS DRY CLEANING	2003	1176 LOS ALTOS AVE
SPOTLESS DRY CLEANING	2004	1176 LOS ALTOS AVE
SPOTLESS DRY CLEANING	2005	1176 LOS ALTOS AVE
SPOTLESS DRY CLEANING	2006	1176 LOS ALTOS AVE
SPOTLESS DRY CLEANING	2010	1176 LOS ALTOS AVE
SPOTLESS DRY CLEANING	2011	1176 LOS ALTOS AVE
SPOTLESS DRY CLEANING	2012	1176 LOS ALTOS AVE

EDR US Hist Cleaners 1014979774  
N/A

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

510  
NW  
0.087 mi.  
462 ft.

RELATIVE:  
Lower

Actual:  
86 ft.

FOUR SEASONS MOTEL  
4320 EL CAMINO REAL  
LOS ALTOS, CA 94022

CA FID UST  
SWEEPS UST

U001594137  
N/A

Site 1 of 2 in cluster B

CA FID UST:  
Facility ID: 43012031  
Regulated By: UTKNA  
Regulated ID: 00036509  
Confess Code: Not reported  
SIC Code: 4159410380  
Facility Phone: Not reported  
Mail To: Not reported  
Mailing Address: 4320 EL CAMINO REAL  
Mailing Address 2: Not reported  
Mailing City, St, Zip: LOS ALTOS 94022  
Contact: Not reported  
Contact Phone: Not reported  
DUNS Number: Not reported  
NPDES Number: Not reported  
EPA ID: Not reported  
Comments: Not reported  
Status: Active

SWEEPS UST:

Status: A  
Comp Number: 35509  
Number: 9  
Board Of Equalization: 44-025757  
Ref Date: 07-01-85  
Act Date: Not reported  
Created Date: 02-29-88  
Tank Status: A  
Owner Tank ID: 1  
Swrcb Tank ID: 43-000-035509-000001  
Actv Date: 07-01-85  
Capacity: Not reported  
Tank Use: UNKNOWN  
Sig: P  
Content: Not reported  
Number Of Tanks: 1

511  
NW  
0.087 mi.  
462 ft.

RELATIVE:  
Lower

Actual:  
66 ft.

FOUR SEASONS MOTEL  
4320 EL CAMINO REAL  
LOS ALTOS, CA 94022

CA FID UST  
SWEEPS UST

U001594137  
N/A

Site 2 of 2 in cluster B

HIST UST:  
Region: STATE  
Facility ID: 0000035509  
Facility Type: Other  
Other Type: MOTEL  
Total Tanks: 0001  
Contact Name: Not reported  
Telephone: 4159410360  
Owner Name: ROYAL LANDMARK MOTOR INN INC.  
Owner Address: 1050 ESTRELITTA WAY

FOUR SEASONS MOTEL (Continued)

Owner City, St, Zip: LOS ALTOS, CA 94022

Tank Num: 001  
Container Num: 1  
Year installed: Not reported  
Tank Capacity: 00000000  
Tank Used for: Not reported  
Type of Fuel: Not reported  
Tank Construction: Not reported  
Leak Detection: None

HAZNET:

Year: 2000  
Geoid: CAC001430064  
Contact: FOUR SEASONS ASSOCIATION INC  
Telephone: 7607713110  
Mailing Name: Not reported  
Mailing Address: 4320 EL CAMINO REAL  
Mailing City, St, Zip: LOS ALTOS, CA 940220000  
Gen County: Santa Clara  
TSD EPA ID: CAD981382732  
TSD County: 1  
Waste Category: Asbestos containing waste  
Disposal Method: Disposal, Land Fill  
Tons: 12.6420  
Facility County: Santa Clara

C12  
SE  
< 1/8  
0.110 mi.  
579 ft.

RELATIVE:  
Higher

Actual:  
89 ft.

LOZANO INC.  
2690 W EL CAMINO REAL  
MOUNTAIN VIEW, CA 94040

CA FID UST  
SWEEPS UST

S101622955  
N/A

Site 1 of 4 in cluster C

CA FID UST:  
Facility ID: 43006205  
Regulated By: UTKNA  
Regulated ID: 00058735  
Confess Code: Not reported  
SIC Code: 4159410405  
Facility Phone: Not reported  
Mail To: Not reported  
Mailing Address: 2690 W EL CAMINO REAL  
Mailing Address 2: MOUNTAIN VIEW 94040  
Contact: Not reported  
Contact Phone: Not reported  
DUNS Number: Not reported  
NPDES Number: Not reported  
EPA ID: Not reported  
Comments: Not reported  
Status: Active

SWEEPS UST:

Status: A  
Comp Number: 59735  
Number: 9  
Board Of Equalization: 44-026012

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

EDR ID Number  
EPA ID Number  
Database(s)

Site

EDR ID Number  
EPA ID Number  
Database(s)

MAP FINDINGS

EDR ID Number  
EPA ID Number  
Database(s)

LOZANO INC. (Continued)

S101623004

Ref Date: 07-01-85  
Act Date: Not reported  
Created Date: 10-13-88  
Tank Status: A  
Owner Tank Id: 3  
Swrcb Tank Id: 43-005-059735-000003  
Actv Date: 01-06-94  
Capacity: 10000  
Tank Use: M.V. FUEL  
Sig: P  
Content: SUPER UNLEADED  
Number Of Tanks: 2

Status: A  
Comp Number: 59735  
Number: 9  
Board Of Equalization: 44-026012  
Ref Date: 07-01-85  
Act Date: Not reported  
Created Date: 10-13-88  
Tank Status: A  
Owner Tank Id: 4  
Swrcb Tank Id: 43-005-059735-000004  
Actv Date: 01-06-90  
Capacity: 10000  
Tank Use: M.V. FUEL  
Sig: P  
Content: REG UNLEADED  
Number Of Tanks: Not reported

Status: Not reported  
Comp Number: 59735  
Number: Not reported  
Board Of Equalization: 44-026012  
Ref Date: Not reported  
Act Date: Not reported  
Created Date: Not reported  
Tank Status: Not reported  
Owner Tank Id: Not reported  
Swrcb Tank Id: 43-005-059735-000001  
Actv Date: Not reported  
Capacity: 7500  
Tank Use: M.V. FUEL  
Sig: P  
Content: REG UNLEADED  
Number Of Tanks: 2

Status: Not reported  
Comp Number: 59735  
Number: Not reported  
Board Of Equalization: 44-026012  
Ref Date: Not reported  
Act Date: Not reported  
Created Date: Not reported  
Tank Status: Not reported  
Owner Tank Id: Not reported  
Swrcb Tank Id: 43-005-059735-000002

LOZANO INC. (Continued)

S101623004

Actv Date: Not reported  
Capacity: 5000  
Tank Use: M.V. FUEL  
Sig: PRODUCT  
Content: LEADED  
Number Of Tanks: Not reported

C13  
SE  
0-1/8  
0-110 mi.  
579 ft.  
Relative:  
Higher  
Actual:  
69 ft.

LOZANO INC.  
2690 W EL CAMINO REAL  
MOUNTAIN VIEW, CA 94040  
Site 2 of 4 in cluster C

LUST:  
Region: STATE  
Global Id: T0906546580  
Latitude: 37.403269  
Longitude: -122.116216  
Case Type: LUST Cleanup Site  
Status: Completed - Case Closed  
10/07/2003  
Lead Agency: SANTA CLARA COUNTY LOP  
Case Worker: LUST  
Local Agency: SANTA CLARA COUNTY LOP  
RB Case Number: Not reported  
LOC Case Number: Not reported  
File Location: Stored electronically as an E-file  
Potential Media Affect: Soil  
Potential Contaminants of Concern: Gasoline  
Site History: Not reported

Click here to access the California GeoTracker records for this facility:

LUST:  
Global Id: T0906546580  
Contact Type: Local Agency Caseworker  
Contact Name: LUST CASE WORKER  
Organization Name: SANTA CLARA COUNTY LOP  
Address: 1555 Berger Drive, Suite 300  
City: SAN JOSE  
Phone Number: Not reported  
4089183400

Global Id: T0906546580  
Contact Type: Regional Board Caseworker  
Contact Name: BARBARA SIEMINSKI  
Organization Name: SAN FRANCISCO BAY RWQCB (REGION 2)  
Address: 1515 CLAY STREET, SUITE 1400  
City: OAKLAND  
Email: bsieminski@waterboards.ca.gov  
Phone Number: Not reported

LUST:  
Global Id: T0906546580  
Action Type: Other  
Date: 01/01/1950  
Action: Leak Reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Database(s)  
EPA ID Number

U001594324

Site

LOZANO INC. (Continued)

Region: SANTA CLARA  
SCWMD ID: 06S1W18R02Z  
Date Closed: 7/07/2003

HIST UST:  
Region: STATE  
Facility ID: 00000059735  
Facility Type: Gas Station  
Other Type: Not reported  
Total Tanks: 0004  
Contact Name: MANUEL J. LOZANO  
Telephone: 4159410405  
Owner Name: LOZANO INC.  
Owner Address: 2690 W. EL CAMINO REAL  
Owner City, St, Zip: MOUNTAIN VIEW, CA 94040

Tank Num: 001  
Container Num: 1  
Year Installed: 1962  
Tank Capacity: 0007500  
Tank Used for: UNLEADED  
Type of Fuel: Not reported  
Tank Construction: Not reported  
Leak Detection: Stock Inventor, 10

Tank Num: 002  
Container Num: 2  
Year Installed: 1962  
Tank Capacity: 00065000  
Tank Used for: REGULAR  
Type of Fuel: Not reported  
Tank Construction: Not reported  
Leak Detection: Stock Inventor, 10

Tank Num: 003  
Container Num: 3  
Year Installed: 1962  
Tank Capacity: 00065000  
Tank Used for: PRODUCT  
Type of Fuel: REGULAR  
Leak Detection: Not reported  
Stock Inventor, 10

Tank Num: 004  
Container Num: 4  
Year Installed: 1974  
Tank Capacity: 00056000  
Tank Used for: PRODUCT  
Type of Fuel: UNLEADED  
Leak Detection: Not reported  
Stock Inventor, 10

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Database(s)  
EPA ID Number

\$103648145  
N/A

Site

LOZANO CAR WASH

Region: SANTA CLARA  
SCWMD ID: 06S1W18R02Z  
Date Listed: 2003-10-02 00:00:00  
Date Closed: 2003-10-07 00:00:00

HIST LUST:  
Region: SANTA CLARA  
Region Code: 2  
SCWMD ID: 06S1W18R02Z  
Date Listed: 2003-10-02 00:00:00  
Date Closed: 2003-10-07 00:00:00

HIST LUST:  
Region: SANTA CLARA  
Region Code: 2  
SCWMD ID: 06S1W18R02Z  
Date Listed: 2003-10-02 00:00:00  
Date Closed: 2003-10-07 00:00:00

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Database(s)  
EPA ID Number

\$103648145  
N/A

Site

LOZANO CAR WASH

Region: SANTA CLARA  
SCWMD ID: 06S1W18R02Z  
Date Listed: 2003-10-02 00:00:00  
Date Closed: 2003-10-07 00:00:00

HIST LUST:  
Region: SANTA CLARA  
Region Code: 2  
SCWMD ID: 06S1W18R02Z  
Date Listed: 2003-10-02 00:00:00  
Date Closed: 2003-10-07 00:00:00

HIST LUST:  
Region: SANTA CLARA  
Region Code: 2  
SCWMD ID: 06S1W18R02Z  
Date Listed: 2003-10-02 00:00:00  
Date Closed: 2003-10-07 00:00:00

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Database(s)  
EPA ID Number

\$103648145  
N/A

Site

LOZANO CAR WASH

Region: SANTA CLARA  
SCWMD ID: 06S1W18R02Z  
Date Listed: 2003-10-02 00:00:00  
Date Closed: 2003-10-07 00:00:00

HIST LUST:  
Region: SANTA CLARA  
Region Code: 2  
SCWMD ID: 06S1W18R02Z  
Date Listed: 2003-10-02 00:00:00  
Date Closed: 2003-10-07 00:00:00

HIST LUST:  
Region: SANTA CLARA  
Region Code: 2  
SCWMD ID: 06S1W18R02Z  
Date Listed: 2003-10-02 00:00:00  
Date Closed: 2003-10-07 00:00:00

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

LOZANO CAR WASH (Continued)

S103643145

Disposal Method: Not reported  
Tons: 6.0000  
Facility County: Santa Clara

C15  
SE  
<1/8  
0.110 mi.  
579 ft.  
Relative:  
Higher  
Actual:  
69 ft.

RORA-SQG 1004672415  
FINDS  
CAR000094673

RCRA-SQG:  
Date form received by agency: 04/05/2001  
Facility name: LOZANO CAR WASH  
Facility address: 2690 EL CAMINO REAL  
MOUNTAIN VIEW, CA 94040  
EPA ID: CAR000094673  
Contact: ERIC CALVANI  
Contact address: 2690 EL CAMINO REAL  
MOUNTAIN VIEW, CA 94040

Contact country: US  
Contact telephone: (950) 941-0590  
Contact email: Not reported  
EPA Region: 09  
Classification: Small Small Quantity Generator  
Description: Handler: generates more than 100 and less than 1000 kg of hazardous waste during any calendar month and accumulates less than 6000 kg of hazardous waste at any time; or generates 100 kg or less of hazardous waste during any calendar month, and accumulates more than 1000 kg of hazardous waste at any time

Owner/Operator Summary:

Owner/operator name: MANUEL J LOZANO  
Owner/operator address: 2690 EL CAMINO REAL  
MOUNTAIN VIEW, CA 94040  
Owner/operator country: Not reported  
Owner/operator telephone: (950) 941-0590  
Legal status: Private  
Owner/operator Type: Owner  
Owner/Op start date: Not reported  
Owner/Op end date: Not reported

Handler Activities Summary:

U.S. importer of hazardous waste: No  
Mixed waste (haz. and nonhaz.): No  
Recycler of hazardous waste: No  
Transporter of hazardous waste: No  
Treater, storer or disposer of HW: No  
Underground injection activity: No  
On-site burner exemption: No  
Furnace exemption: No  
Used oil fuel burner: No  
Used oil refiner: No  
Used oil marketer to burner: No  
Used oil Specification marketer: No  
Used oil transfer facility: No  
Used oil transporter: No

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

LOZANO CAR WASH (Continued)

1004672215

Historical Generators:  
Date form received by agency: 04/05/2001  
Facility name: LOZANO CAR WASH  
Classification: Small Quantity Generator

Hazardous Waste Summary:

Waste code: D000  
Waste name: Not Defined  
Waste code: D006  
Waste name: CADMIUM  
Waste code: D008  
Waste name: LEAD  
Waste code: D011  
Waste name: SILVER  
Waste code: P029  
Waste name: COPPER CYANIDE  
Waste code: P074  
Waste name: NICKEL CYANIDE  
Waste code: P205  
Waste name: ZINC, BIS(DIMETHYL-CARBAMOYLTHIOATO-S,S)-, (OR) ZIFRAM  
Violation Status: No violations found

FINDS:

Registry ID: 110012228455

Environmental Interest Information System

RCRAInfo is a national information system that supports the Resource Conservation and Recovery Act (RCRA) program through the tracking of events and activities related to facilities that generate, transport, and treat, store, or dispose of hazardous waste. RCRAInfo allows RCRA program staff to track the notification, permit, compliance, and corrective action activities required under RCRA.

D16  
SE  
1/8-1/4  
0.148 mi.  
783 ft.  
Relative:  
Higher  
Actual:  
70 ft.

RAMBUS INC.  
4440 EL CAMINO REAL  
LOS ALTOS, CA 94022  
Site 1 of 2 in cluster D  
UST:  
Facility ID: 43-000-252915  
Latitude: 37.402020757199  
Longitude: -122.11965044918

UST U004049719  
N/A

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

Map ID  
Direction  
Distance  
Elevation

Site

Database(s)

EDR ID Number  
EPA ID Number

D17  
SE  
1/8-1/4  
0-159 mi.  
842 ft.  
Relative:  
Higher  
Actual:  
70 ft.

2666 W EL CAMINO REAL  
MOUNTAIN VIEW, CA 94040

Site 2 of 2 in cluster D

EDR Historical Cleaners:  
Name: CARPET CLEANING EXCELLENCE INC  
Year: 2001  
Address: 2666 W EL CAMINO REAL

Name: CARPET CLEANING EXCELLENCE INC  
Year: 2002  
Address: 2666 W EL CAMINO REAL

EDR US Hist Cleaners  
1015031328  
N/A

E18  
NW  
1/8-1/4  
0-161 mi.  
849 ft.  
Relative:  
Lower  
Actual:  
63 ft.

DOLLAR RENT A CAR  
4294 EL CAMINO REAL  
LOS ALTOS, CA 94022

Site 1 of 2 in cluster E

HIST UST:  
Region: STATE  
Facility ID: 0000036672  
Other: RENT A CAR  
Total Tanks: 0001  
Contact Name: FOLEY  
Telephone: 4159418990  
Owner Name: CARDINAL CALL CORP  
Owner Address: 4294 EL CAMINO ROAD  
Owner City, St, Zip: LOS ALTOS, CA 94022

Tank Num: 001  
Container Num: 1  
Year Installed: Not reported  
Tank Capacity: 00008000  
Tank Used for: PRODUCT  
Type of Fuel: UNLEADED  
Tank Construction: Not reported  
Leak Detection: None

HIST UST  
U001594124  
N/A

E19  
NW  
1/8-1/4  
0-161 mi.  
849 ft.  
Relative:  
Lower  
Actual:  
63 ft.

DOLLAR RENT A CAR  
4294 EL CAMINO REAL  
LOS ALTOS, CA 94022

Site 2 of 2 in cluster E

CA FID UST:  
Facility ID: 43012037  
Regulated By: UTKKA  
Regulated ID: 00036672  
Cortese Code: Not reported  
SIC Code: Not reported  
Facility Phone: 4159418990  
Mail To: Not reported  
Mailing Address: 4294 EL CAMINO REAL  
Mailing Address 2: Not reported

CA FID UST  
S101594618  
SWEEPS UST  
N/A

DOLLAR RENT A CAR (Continued)  
Mailing City, St, Zip: LOS ALTOS 94022  
Contact: Not reported  
Contact Phone: Not reported  
DUNS Number: Not reported  
NPDES Number: Not reported  
EPA ID: Not reported  
Comments: Not reported  
Status: Active

SWEEPS UST:  
Status: A  
Comp Number: 36672  
Number: 9  
Board Certification: 44-025761  
Ref Date: 07-01-85  
Act Date: Not reported  
Created Date: 02-29-88  
Tank Status: A  
Owner Tank ID: 43-000-036672-000001  
Swmb Tank ID: 07-01-85  
Capacity: 8000  
Tank Use: M.V. FUEL  
Slip: P  
Content: REG UNLEADED  
Number Of Tanks: 1

EDR US Hist Cleaners  
1015031163  
N/A

20  
East  
1/8-1/4  
0-213 mi.  
1122 ft.  
Relative:  
Lower  
Actual:  
60 ft.

2655 FAYETTE DR  
MOUNTAIN VIEW, CA 94040

EDR Historical Cleaners:  
Name: SEQUOIA CARPET RUG UPHOLSTERY & DRAPERY CLEANERS  
Year: 1999  
Address: 2655 FAYETTE DR

Name: SEQUOIA CARPET RUG UPHOLSTERY & DRAPERY CLEANERS  
Year: 2000  
Address: 2655 FAYETTE DR

EDR US Hist Auto Stat  
1015482463  
N/A

21  
ENE  
1/8-1/4  
0-240 mi.  
1267 ft.  
Relative:  
Lower  
Actual:  
52 ft.

415 DEL MEDIO AVE  
MOUNTAIN VIEW, CA 94040

EDR Historical Auto Stations:  
Name: MIRC ENGINEERING  
Year: 2006  
Address: 415 DEL MEDIO AVE

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

EPA ID Number  
EPA ID Number

Database(s)

Database(s)

22  
SE  
1/8-1/4  
0.245 mi.  
1295 ft.

1001815695  
CAR000059352

LONGS DRUG STORE NO 06

1001815695

Relative:  
Higher  
Actual:  
72 ft.

RCRA-SQG

LONGS DRUG STORE NO 06 (Continued)

Date form received by agency: 11/19/1999  
Facility name: LONGS DRUG STORE NO 06  
Facility address: 2630 W EL CAMINO REAL  
MOUNTAIN VIEW, CA 94040  
EPA ID: CAR000059352  
Mailing address: 141 N CIVIC DR  
WALNUT CREEK, CA 94596  
Contact: KEITH LANDES  
Contact address: 141 N CIVIC DR  
WALNUT CREEK, CA 94596  
Contact country: US  
Contact telephone: (925) 210-6999  
Contact email: Not reported  
EPA Region: 09  
Classification: Not reported  
Description: Small Small Quantity Generator  
Handler: generates more than 100 and less than 1000 kg of hazardous waste during any calendar month and accumulates less than 6000 kg of hazardous waste at any time; or generates 100 kg or less of hazardous waste during any calendar month, and accumulates more than 1000 kg of hazardous waste at any time

Waste name: SILVER  
Violation Status: No violations found  
FINDS:  
Registry ID: 110002931061  
Environmental Interest/Information System  
California Hazardous Waste Tracking System - Detament (HWTS-DATAMART) provides California with information on hazardous waste shipments for generators, transporters, and treatment, storage, and disposal facilities.

RCRAInfo is a national information system that supports the Resource Conservation and Recovery Act (RCRA) program through the tracking of events and activities related to facilities that generate, transport, and treat, store, or dispose of hazardous waste. RCRAInfo allows RCRA program staff to track the notification, permit, compliance, and corrective action activities required under RCRA.

HAZNET:

Year: 2002  
Gepaid: CAR000059352  
Contact: KEITH LANDES ENVIRONMENTAL MGR  
Telephone: 7077457654  
Mailing Name: Not reported  
Mailing Address: 141 N CIVIC DR  
WALNUT CREEK, CA 945960000  
Gen Country: Santa Clara  
TSD EPA ID: Not reported  
TSD County: Sacramento  
Waste Category: Photochemicals/photoprocessingwaste  
Disposal Method: Not reported  
Tons: 0.12  
Facility County: Not reported

Owner/Operator Summary:  
Owner/operator name: LONGS DRUG STORES CAL  
Owner/operator address: 141 N CIVIC DR  
WALNUT CREEK, CA 94599  
Owner/operator country: Not reported  
Owner/operator telephone: (925) 210-6999  
Legal status: Private  
Owner/Operator Type: Owner  
Owner/Op start date: Not reported  
Owner/Op end date: Not reported

Year: 2002  
Gepaid: CAR000059352  
Contact: KEITH LANDES ENVIRONMENTAL MGR  
Telephone: 7077457654  
Mailing Name: Not reported  
Mailing Address: 141 N CIVIC DR  
WALNUT CREEK, CA 945960000  
Gen Country: Santa Clara  
TSD EPA ID: Not reported  
TSD County: Sacramento  
Waste Category: Photochemicals/photoprocessingwaste  
Disposal Method: Transfer Station  
Tons: 7.03  
Facility County: Not reported

Handler Activities Summary:  
U.S. importer of hazardous waste: No  
Mixed waste (tox. and radioactive): No  
Recycler of hazardous waste: No  
Transporter of hazardous waste: No  
Treater, storer or disposer of HW: No  
Underground injection activity: No  
On-site burner exemption: No  
Furnace exemption: No  
Used oil fuel burner: No  
Used oil processor: No  
User oil refiner: No  
Used oil fuel marketer to burner: No  
Used oil Specification marketer: No  
Used oil transfer facility: No  
Used oil transporter: No

Year: 2002  
Gepaid: CAR000059352  
Contact: KEITH LANDES ENVIRONMENTAL MGR  
Telephone: 7077457654

Hazardous Waste Summary:  
Waste code: D011

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

EPA ID Number  
EPA ID Number

Database(s)

Database(s)

22  
SE  
1/8-1/4  
0.245 mi.  
1295 ft.

1001815695  
CAR000059352

LONGS DRUG STORE NO 06

1001815695

Relative:  
Higher  
Actual:  
72 ft.

RCRA-SQG

LONGS DRUG STORE NO 06 (Continued)

Date form received by agency: 11/19/1999  
Facility name: LONGS DRUG STORE NO 06  
Facility address: 2630 W EL CAMINO REAL  
MOUNTAIN VIEW, CA 94040  
EPA ID: CAR000059352  
Mailing address: 141 N CIVIC DR  
WALNUT CREEK, CA 94596  
Contact: KEITH LANDES  
Contact address: 141 N CIVIC DR  
WALNUT CREEK, CA 94596  
Contact country: US  
Contact telephone: (925) 210-6999  
Contact email: Not reported  
EPA Region: 09  
Classification: Not reported  
Description: Small Small Quantity Generator  
Handler: generates more than 100 and less than 1000 kg of hazardous waste during any calendar month and accumulates less than 6000 kg of hazardous waste at any time; or generates 100 kg or less of hazardous waste during any calendar month, and accumulates more than 1000 kg of hazardous waste at any time

Waste name: SILVER  
Violation Status: No violations found  
FINDS:  
Registry ID: 110002931061  
Environmental Interest/Information System  
California Hazardous Waste Tracking System - Detament (HWTS-DATAMART) provides California with information on hazardous waste shipments for generators, transporters, and treatment, storage, and disposal facilities.

RCRAInfo is a national information system that supports the Resource Conservation and Recovery Act (RCRA) program through the tracking of events and activities related to facilities that generate, transport, and treat, store, or dispose of hazardous waste. RCRAInfo allows RCRA program staff to track the notification, permit, compliance, and corrective action activities required under RCRA.

HAZNET:

Year: 2002  
Gepaid: CAR000059352  
Contact: KEITH LANDES ENVIRONMENTAL MGR  
Telephone: 7077457654  
Mailing Name: Not reported  
Mailing Address: 141 N CIVIC DR  
WALNUT CREEK, CA 945960000  
Gen Country: Santa Clara  
TSD EPA ID: Not reported  
TSD County: Sacramento  
Waste Category: Photochemicals/photoprocessingwaste  
Disposal Method: Not reported  
Tons: 0.12  
Facility County: Not reported

Owner/Operator Summary:  
Owner/operator name: LONGS DRUG STORES CAL  
Owner/operator address: 141 N CIVIC DR  
WALNUT CREEK, CA 94599  
Owner/operator country: Not reported  
Owner/operator telephone: (925) 210-6999  
Legal status: Private  
Owner/Operator Type: Owner  
Owner/Op start date: Not reported  
Owner/Op end date: Not reported

Year: 2002  
Gepaid: CAR000059352  
Contact: KEITH LANDES ENVIRONMENTAL MGR  
Telephone: 7077457654  
Mailing Name: Not reported  
Mailing Address: 141 N CIVIC DR  
WALNUT CREEK, CA 945960000  
Gen Country: Santa Clara  
TSD EPA ID: Not reported  
TSD County: Sacramento  
Waste Category: Photochemicals/photoprocessingwaste  
Disposal Method: Transfer Station  
Tons: 7.03  
Facility County: Not reported

Handler Activities Summary:  
U.S. importer of hazardous waste: No  
Mixed waste (tox. and radioactive): No  
Recycler of hazardous waste: No  
Transporter of hazardous waste: No  
Treater, storer or disposer of HW: No  
Underground injection activity: No  
On-site burner exemption: No  
Furnace exemption: No  
Used oil fuel burner: No  
Used oil processor: No  
User oil refiner: No  
Used oil fuel marketer to burner: No  
Used oil Specification marketer: No  
Used oil transfer facility: No  
Used oil transporter: No

Year: 2002  
Gepaid: CAR000059352  
Contact: KEITH LANDES ENVIRONMENTAL MGR  
Telephone: 7077457654

Hazardous Waste Summary:  
Waste code: D011

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site  
Database(s)  
EDR ID Number  
EPA ID Number

**LONGS DRUG STORE NO 66 (Continued)**

1001815688

Not reported  
 Mailing Name: 141 N CIVIC DR  
 Mailing Address: WALNUT CREEK, CA 945960000  
 Gen County: Santa Clara  
 TSD EPA ID: Not reported  
 Waste Category: Chlorwater separation sludge  
 Disposal Method: Transfer Station  
 Tons: 0.04  
 Facility County: Not reported

2002  
 Year: CAR00059352  
 Geopaid: KEITH LANDES ENVIRONMENTAL MGR  
 Contact: 7077451654  
 Telephone: Not reported  
 Mailing Name: 141 N CIVIC DR  
 Mailing Address: WALNUT CREEK, CA 945960000  
 Gen County: Santa Clara  
 TSD EPA ID: Not reported  
 Waste Category: Drilling mud  
 Disposal Method: Transfer Station  
 Tons: 0.02  
 Facility County: Not reported

2001  
 Year: CAR00059352  
 Geopaid: KEITH LANDES ENVIRONMENTAL MGR  
 Contact: 7077451654  
 Telephone: Not reported  
 Mailing Name: 141 N CIVIC DR  
 Mailing Address: WALNUT CREEK, CA 945960000  
 Gen County: Santa Clara  
 TSD EPA ID: Not reported  
 Waste Category: Photochemicals/photoprocessingwaste  
 Disposal Method: Not reported  
 Tons: 0.25  
 Facility County: Not reported

Click this hyperlink while viewing on your computer to access 3 additional CA\_HAZNET record(s) in the EDR Site Report.

FIRESTONE #3670  
462 SAN ANTONIO RD  
MOUNTAIN VIEW, CA 94040

1000223063

HIST CORTESE  
LUST  
CA RID LUST  
HIST LUST  
HIST LUST  
SWEEP'S LUST  
HAZNET

23  
East  
1/4-1/2  
0.341 mi.  
1799 ft.  
Relative:  
Lower  
Actual:  
577L

CORTESE:  
Region: CORTESE  
Facility County Code: 43  
Reg By: LTNKA  
Reg Id: 43-2329

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site  
Database(s)  
EDR ID Number  
EPA ID Number

**FIRESTONE #3670 (Continued)**

1000223063

LUST:  
 Region: STATE  
 Global Id: T0606508015  
 Latitude: 37.404789  
 Longitude: -122.112373  
 Case Type: LUST Cleanup Site  
 Status: Completed - Case Closed  
 Status Date: 04/14/1989  
 Lead Agency: SANTA CLARA COUNTY LOP  
 Local Agency: LUST  
 RB Case Number: SANTA CLARA COUNTY LOP  
 LOC Case Number: SANTA CLARA COUNTY LOP  
 File Location: Not reported  
 Potential Media Affect: Stored electronically as an E-file  
 Potential Contaminants of Concern: Waste Oil / Motor / Hydraulic / Lubricating  
 Site History: Not reported

Click here to access the California GeoTracker records for this facility.

LUST:  
 Global Id: T0606508015  
 Local Agency Caseworker: Local Agency Caseworker  
 Contact Name: LUST CASE WORKER  
 Organization Name: SANTA CLARA COUNTY LOP  
 Address: 1555 Berger Drive, Suite 300  
 City: SAN JOSE  
 Email: Not reported  
 Phone Number: 4089183400

Global Id: T0606508015  
 Contact Type: Regional Board Caseworker  
 Organization Name: ZSC  
 Address: SAN FRANCISCO BAY RWQCB (REGION 2)  
 City: 1515 CLAY STREET, SUITE 1400  
 OAKLAND  
 Email: Not reported  
 Phone Number: Not reported

LUST:  
Global Id: T0606508015  
Action Type: Other  
Date: 01/01/1980  
Action: Leak Reported

LUST REG 2:  
Region: 2  
Facility Id: Not reported  
Case Number: 06S2W17N04f  
How Discovered: Not reported  
Leak Cause: Not reported  
Leak Source: Not reported  
Date Leak Confirmed: Not reported  
Oversight Program: LUST

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

EDR ID Number  
EPA ID Number  
Database(s)

Site

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

EDR ID Number  
EPA ID Number  
Database(s)

Site

**FIRESTONE #3670 (Continued)**

Prelim. Site Assessment Workplan Submitted: Not reported  
Preliminary Site Assessment Begun: 4/11/99  
Pollution Characterization Begun: Not reported  
Pollution Remediation Plan Submitted: Not reported  
Date Remediation Action Underway: Not reported  
Date Post Remedial Action Monitoring Begun: Not reported

**LUST SANTA CLARA:**

Region: SANTA CLARA  
SCVWD ID: 0652W17N04f  
Date Closed: 04/11/99

CA FID USE: 43006243  
Facility ID: LTNKA  
Regulated By: 00106842  
Regulated ID: Not reported  
CERCLA Code: Not reported  
SIC Code: 415948040  
Facility Phone: Not reported  
Mail To: Not reported  
Mailing Address: 482 SAN ANTONIO RD  
Mailing Address 2: Not reported  
Mailing City, St, Zip: MOUNTAIN VIEW 94040  
Contact: Not reported  
Contact Phone: Not reported  
DUNS Number: Not reported  
APDES Number: Not reported  
EPA ID: Not reported  
Comments: Not reported  
Status: Active

**HIST LUST SANTA CLARA:**

Region: SANTA CLARA  
Region Code: 2  
SCVWD ID: 0652W17N04  
Oversite Agency: SCVWD  
Date Listed: 1999-04-14 00:00:00  
Closed Date: 1999-04-14 00:00:00

**HIST UST:**

Region: STATE  
Facility ID: 0000005842  
Facility Type: Other  
Other Type: AUTO SVC. CENTER  
Total Tanks: 0001  
Contact Name: JEFF JIO  
Telephone: 4159480840  
Owner Name: FIRESTONE TIRE & RUBBER CO.  
Owner Address: 1200 FIRESTONE PARKWAY  
Owner City, St, Zip: AKRON, OH 44317  
Tank Num: 001  
Container Num: 1  
Year Installed: Not reported  
Tank Capacity: 00000500

**FIRESTONE #3670 (Continued)**

Tank Used for: WASTE  
Type of Fuel: WASTE OIL  
Tank Construction: Not reported  
Leak Detection: Visual

**SWEEPS UST:**

Status: A  
Comp Number: 5842  
Number: 9  
Board Of Equalization: 44-025881  
Ref Date: 12-03-92  
Act Date: 12-22-92  
Created Date: 10-13-88  
Tank Status: A  
Owner Tank ID: 43-005-005842-000001  
Switch Tank ID: 01-06-94  
Capacity: 550  
Tank User: OIL  
Slp: W  
Content: WASTE OIL  
Number Of Tanks: 1

**HAZNET:**

Year: 2011  
Geopid: CAL000366278  
Contact: DEBRA HAMLIN  
Telephone: 532599379  
Mailing Name: Not reported  
Mailing Address: 333 E LAKE ST  
Mailing City, St, Zip: BLOOMINGDALE, IL 601081196  
Gen County: Not reported  
TSD EPA ID: NV7330010000  
TSD County: Not reported  
Waste Category: Other organic solids  
Disposal Method: Landfill Or Surface Impoundment That Will Be Closed As Landfill (To Include On-Site Treatment And/Or Stabilization)  
Tons: 0.1125  
Facility County: Santa Clara

**Year:**

2009  
Geopid: CAD982001547  
Contact: JIM NASTOFF/CONTROLLER  
Telephone: 9499514616  
Mailing Name: Not reported  
Mailing Address: 24361 EL TORO ROAD SUITE 250  
Mailing City, St, Zip: LAGUNA HILLS, CA 926532261  
Gen County: Santa Clara  
TSD EPA ID: CAD980987418  
TSD County: Alameda  
Waste Category: Oxygenated solvents (acetone, butanol, ethyl acetate, etc.)  
Disposal Method: Storage, Bulking, And/Or Transfer Off Site--No Treatment/Recovery (H10--H122) Or (H131--H135)  
Tons: 0.066  
Facility County: Santa Clara

100023053

100023053

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Database(s)  
EPA ID Number

Database(s)  
EPA ID Number

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Database(s)  
EPA ID Number

**FIRESTONE #3670 (Continued)**

1000223053

Year: 2008  
Gepaid: CAD982001547  
Contact: JIM NASTOFF/CONTROLLER  
Telephone: 9499514816  
Mailing Name: Not reported  
Mailing Address: 24361 EL TORO ROAD SUITE 250  
Mailing City, St, Zip: LAGUNA HILLS, CA 926532261  
Gen County: Santa Clara  
TSD EPA ID: CAD980837418  
TSD County: Alameda  
Waste Category: Unspecified oil-containing waste  
Disposal Method: Discharge To Sewer/Pow Or Pipes(With Prior Storage--With Or Without Treatment)  
Tons: 0.2819  
Facility County: Santa Clara

Year: 1988  
Gepaid: CAD982001547  
Contact: BRIDGESTONE/FIRESTONE INC  
Telephone: 9499514816  
Mailing Name: Not reported  
Mailing Address: 24031 EL TORO ROAD SUITE 250  
Mailing City, St, Zip: LAGUNA HILLS, CA 926532261  
Gen County: Santa Clara  
TSD EPA ID: CAT080018352  
TSD County: Los Angeles  
Waste Category: Tank bottom waste  
Disposal Method: Recycler  
Tons: 4 T0  
Facility County: Santa Clara

Year: 1988  
Gepaid: CAD982001547  
Contact: BRIDGESTONE/FIRESTONE INC  
Telephone: 9499514816  
Mailing Name: Not reported  
Mailing Address: 24031 EL TORO ROAD SUITE 250  
Mailing City, St, Zip: LAGUNA HILLS, CA 926532261  
Gen County: Santa Clara  
TSD EPA ID: CAT080036681  
Waste Category: Other empty containers 30 gallons or more  
Disposal Method: Disposal, Other  
Tons: 2600  
Facility County: Santa Clara

Click this hyperlink while viewing on your computer to access 4 additional CA\_HAZNET record(s) in the EDR Site Report.

**F24**

HIST CORTESE S103677836

888 SAN ANTONIO RD  
LOS ALTOS, CA 94022  
Site 1 of 2 in cluster F  
Relative: Higher  
Actual: 81 ft  
CORTESE:  
Region: CORTESE  
Facility County Code: 43  
Reg By: LTNKA  
Reg Id: 43-0121

SWEEPS UST:  
Status: A  
Comp Number: 26956  
Number: 2  
Board Of Equalization: 44-000606  
Ref Date: 02-01-92  
Act Date: 01-19-93  
Created Date: 02-29-88  
Tank Status: A  
Owner Tank Id: 1-UNL-R  
Swrcb Tank Id: 43-000-026956-000001  
Actv Date: 02-21-92  
Capacity: 12000  
Tank Use: M.V. FUEL  
Sig: P  
Content: REG UNLEADED  
Number Of Tanks: 6

Status: A  
Comp Number: 26956  
Number: 2  
Board Of Equalization: 44-000606  
Ref Date: 02-01-92  
Act Date: 01-19-93  
Created Date: 02-29-88  
Tank Status: A  
Owner Tank Id: 2-UNL-R  
Swrcb Tank Id: 43-000-026956-000002  
Actv Date: 02-21-92  
Capacity: 12000  
Tank Use: M.V. FUEL  
Sig: P  
Content: REG UNLEADED  
Number Of Tanks: Not reported

Status: A  
Comp Number: 26956  
Number: 2  
Board Of Equalization: 44-000606  
Ref Date: 02-01-92  
Act Date: 01-19-93  
Created Date: 02-29-88  
Tank Status: A  
Owner Tank Id: 3-UNL-P  
Swrcb Tank Id: 43-000-026956-000003  
Actv Date: 02-21-92  
Capacity: 12000

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

BP WEST COAST PRODUCTS LLC 00707 (Continued)

S103677936

S103677936

Tank Use: M.V. FUEL  
Sig: P  
Content: PRM UNLEADED  
Number Of Tanks: Not reported  
Status: A  
Comp Number: 26856  
Number: 2  
Board Of Equalization: 44-000506  
Ref Date: 02-01-92  
Act Date: 01-19-93  
Created Date: 02-29-88  
Tank Status: A  
Owner Tank Id: 43-000-026956-000004  
Swrcb Tank Id: 07-01-85  
Capacity: 4000  
Tank Use: M.V. FUEL  
Sig: P  
Content: REG UNLEADED  
Number Of Tanks: Not reported  
Status: A  
Comp Number: 26856  
Number: 2  
Board Of Equalization: 44-000506  
Ref Date: 02-01-92  
Act Date: 01-19-93  
Created Date: 02-29-88  
Tank Status: A  
Owner Tank Id: 43-000-026956-000005  
Swrcb Tank Id: 07-01-85  
Capacity: 4000  
Tank Use: M.V. FUEL  
Sig: P  
Content: REG UNLEADED  
Number Of Tanks: Not reported  
Status: A  
Comp Number: 26856  
Number: 2  
Board Of Equalization: 44-000506  
Ref Date: 02-01-92  
Act Date: 01-19-93  
Created Date: 02-29-88  
Tank Status: A  
Owner Tank Id: 43-000-026956-000006  
Swrcb Tank Id: 07-01-85  
Capacity: 550  
Tank Use: OIL  
Sig: W  
Content: WASTE OIL  
Number Of Tanks: Not reported

BP WEST COAST PRODUCTS LLC 00707 (Continued)

S103677936

HAZNET:  
Year: 2009  
Genaid: CAR000117713  
Contact: Waste Specialist  
Telephone: 5093246191  
Mailing Name: Not reported  
Mailing Address: PO BOX 80249  
Mailing City, St, Zip: RCHO STA MARG, CA 926880000  
Gen County: Santa Clara  
TSD EPA ID: CAD006302903  
TSD Country: Los Angeles  
Waste Category: Other organic solids  
Disposal Method: Storage, Bulking, And/Or Transfer Off Site--No Treatment/Recovery (H10-H129) Or (H131-H135)  
Tons: 0.0225  
Facility County: Santa Clara  
Year: 2009  
Genaid: CAR000117713  
Contact: Waste Specialist  
Telephone: 5093246191  
Mailing Name: Not reported  
Mailing Address: PO BOX 80249  
Mailing City, St, Zip: RCHO STA MARG, CA 926880000  
Gen County: Santa Clara  
TSD EPA ID: NVT30010000  
TSD Country: 99  
Waste Category: Other organic solids  
Disposal Method: Landfill Or Surface Impoundment That Will Be Closed As Landfill (To Include On-Site Treatment And/Or Stabilization)  
Tons: 0.05  
Facility County: Santa Clara  
Year: 2009  
Genaid: CAR000117713  
Contact: Waste Specialist  
Telephone: 5093246191  
Mailing Name: Not reported  
Mailing Address: PO BOX 80249  
Mailing City, St, Zip: RCHO STA MARG, CA 926880000  
Gen County: Santa Clara  
TSD EPA ID: CAT09001335Z  
TSD Country: Los Angeles  
Waste Category: Aqueous solution with total organic residues less than 10 percent  
Disposal Method: Other Recovery Of Reclamation For Reuse Including Acid Regeneration, Organics Recovery Ect  
Tons: 0.128  
Facility County: Santa Clara  
Year: 2008  
Genaid: CAR000117713  
Contact: RUTH HA /WASTE SPECIALIST  
Telephone: 5093246191  
Mailing Name: Not reported  
Mailing Address: PO BOX 80249  
Mailing City, St, Zip: RCHO STA MARG, CA 926880000  
Gen County: Santa Clara

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Database(s)  
EDR ID Number  
EPA ID Number

Site

BP WEST COAST PRODUCTS LLC 00707 (Continued)

S10367836

TSD EPA ID: CAT080013352  
TSD County: Los Angeles  
Waste Category: Aqueous solution with total organic residues less than 10 percent  
Disposal Method: Other Recovery Of Reclamation For Reuse Including Acid Regeneration,  
Organics Recovery Ect  
Tons: 0.262  
Facility County: Santa Clara  
Year: 2008  
Genaid: CAR000117713  
Contact: RUTH HA / WASTE SPECIALIST  
Telephone: 5035246191  
Mailing Name: Not reported  
Mailing Address: PO BOX 80249  
Mailing City, St, Zip: RCHO STA MARG, CA 92688000  
Gen County: Santa Clara  
TSD EPA ID: CAD006302903  
TSD County: Los Angeles  
Waste Category: Other organic solids  
Disposal Method: Storage - Bulking, And/Or Transfer Off Site- No Treatment/Recovery  
(H010-H129) Or (H13-H135)  
Tons: 0.33  
Facility County: Santa Clara

Click this hyperlink while viewing on your computer to access  
22 additional CALHazNet record(s) in the EDR Site Report.

LAWRENCE J FRUGOLI JR

988 N SAN ANTONIO RD  
LOS ALTOS, CA 94022

Site 2 of 2 in cluster F

LUST:

Region: STATE  
Global Id: T0608500189  
Latitude: 37.3989259427991  
Longitude: -122.114524377112  
Case Type: LUST Cleanup Site  
Status: Completed - Case Closed  
Status Date: 07/10/2001  
Lead Agency: SANTA CLARA COUNTY LOP  
Case Worker: UST  
Local Agency: SANTA CLARA COUNTY LOP  
R6 Case Number: Not reported  
LOC Case Number: Not reported  
File Location: Stored electronically as an E-file  
Potential Media Affect: Other Groundwater (uses other than drinking water)  
Potential Contaminants of Concern: Gasoline  
Site History: Not reported

Click here to access the California GeoTracker records for this facility.

LUST:

Global Id: T0608500189  
Contact Type: Local Agency Caseworker  
Contact Name: UST CASE WORKER  
Organization Name: SANTA CLARA COUNTY LOP

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Database(s)  
EDR ID Number  
EPA ID Number

Site

LAWRENCE J FRUGOLI JR (Continued)

U001594144

Address: 1555 Berger Drive, Suite 300  
City: SAN JOSE  
Email: Not reported  
Phone Number: 4089183400  
Global Id: T0608500189  
Contact Type: Regional Board Caseworker  
Organization Name: ZSC  
Organization Name: SAN FRANCISCO BAY RWQCB (REGION 2)  
Address: 1515 CLAY STREET, SUITE 1400  
City: OAKLAND  
Email: Not reported  
Phone Number: Not reported

LUST:  
Global Id: T0608500189  
Action Type: ENFORCEMENT  
Date: 12/08/1999  
Action: Staff Letter - #30068

Global Id: T0608500189  
Action Type: ENFORCEMENT  
Date: 09/12/1999  
Action: Staff Letter - #30056

Global Id: T0608500189  
Action Type: ENFORCEMENT  
Date: 04/17/1999  
Action: Staff Letter - #30064

Global Id: T0608500189  
Action Type: ENFORCEMENT  
Date: 03/19/1996  
Action: Staff Letter - #30056

Global Id: T0608500189  
Action Type: ENFORCEMENT  
Date: 12/18/1996  
Action: Staff Letter - #30054

Global Id: T0608500189  
Action Type: RESPONSE  
Date: 08/16/1989  
Action: Monitoring Report - Quarterly

Global Id: T0608500189  
Action Type: Other  
Date: 01/01/1950  
Action: Leak Reported

Global Id: T0608500189  
Action Type: RESPONSE  
Date: 01/31/2001  
Action: Monitoring Report - Quarterly

Global Id: T0608500189  
Action Type: RESPONSE

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site  
Database(s)  
EPA ID Number  
EPA ID Number

Site  
Database(s)  
EPA ID Number  
EPA ID Number

LAWRENCE J FRUGOLI JR (Continued)

U0071594144

Date: 12/13/1989  
Action: Monitoring Report - Quarterly

Global Id: T0608500189  
Action Type: RESPONSE  
Date: 07/30/1989  
Action: Monitoring Report - Quarterly

Global Id: T0608500189  
Action Type: RESPONSE  
Date: 09/27/1987  
Action: Monitoring Report - Quarterly

Global Id: T0608500189  
Action Type: RESPONSE  
Date: 12/26/1986  
Action: Monitoring Report - Quarterly

Global Id: T0608500189  
Action Type: ENFORCEMENT  
Date: 01/21/1991  
Action: Notice of Responsibility - #40123

Global Id: T0608500189  
Action Type: ENFORCEMENT  
Date: 12/17/2000  
Action: Staff Letter - #30072

Global Id: T0608500189  
Action Type: REMEDIATION  
Date: 01/01/1990  
Action: Excavation

Global Id: T0608500189  
Action Type: REMEDIATION  
Date: 01/01/1990  
Action: Pump & Treat (P&T) Groundwater

Global Id: T0608500189  
Action Type: REMEDIATION  
Date: 01/01/1990  
Action: Free Product Removal

Global Id: T0608500189  
Action Type: REMEDIATION  
Date: 01/01/1990  
Action: Soil Vapor Extraction (SVE)

LUST REG 2:

Region: 2  
Facility Id: Not reported  
Facility Status: Case Closed  
Case Number: 06S2W19A01F  
Flow Discovered: Not reported  
Leak Cause: Not reported  
Leak Source: Not reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site  
Database(s)  
EPA ID Number  
EPA ID Number

LAWRENCE J FRUGOLI JR (Continued)

U001594144

Date Leak Confirmed: Not reported  
Oversight Program: LUST  
Prelim. Site Assessment Workplan Submitted: 7/8/1995  
Preliminary Site Assessment Began: 10/24/1990  
Pollution Remediation Plan Submitted: Not reported  
Date Remediation Action Underway: Not reported  
Date Post Remedial Action Monitoring Began: Not reported

LUST SANTA CLARA:  
Region: SANTA CLARA  
SCVWD ID: 06S2W19A01F  
Date Closed: 07/10/2001

HIST LUST SANTA CLARA:  
Region: SANTA CLARA  
Region Code: 2  
SCVWD ID: 06S2W19A01F  
Oversite Agency: SCVWD  
Data Listed: 1989-01-01 00:00:00  
Closed Date: 2001-07-10 00:00:00

HIST LUST:  
Region: STATE  
Facility Id: 00000028956  
Facility Type: Gas Station  
Other Type: Not reported  
Total Tanks: 0005  
Contact Name: Not reported  
Telephone: 000000000  
Owner Name: ARCO PETROLEUM PRODUCTS CO.  
Owner Address: 515 SOUTH FLOWERS STREET  
Owner City/State/Zip: LOS ANGELES, CA 90071

Tank Num: 001  
Container Num: 0000000001  
Year Installed: 1983  
Tank Capacity: 00012000  
Tank Used for: PRODUCT  
Type of Fuel: UNLEADED  
Tank Construction: Not reported  
Leak Detection: Stock Inventory, 10

Tank Num: 002  
Container Num: 0000006002  
Year Installed: 1971  
Tank Capacity: 00006000  
Tank Used for: PRODUCT  
Type of Fuel: 06  
Leak Detection: Stock Inventory, 10

Tank Num: 003  
Container Num: 0000000003  
Year Installed: 1963  
Tank Capacity: 00006000

Map ID  
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MAP FINDINGS

Site

Database(s)

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EPA ID Number

Map ID  
Direction  
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MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**LAWRENCE J FRUGOLI JR. (Continued)**

0001594144

Tank Used for: PRODUCT  
Type of Fuel: 06  
Tank Construction: 0000240 inches  
Leak Detection: Stock Inventory, 10  
  
Tank Num: 004  
Container Num: 0000000004  
Year Installed: 1963  
Tank Capacity: 00004000  
Tank Used for: PRODUCT  
Type of Fuel: PREMIUM  
Tank Construction: 0000167 inches  
Leak Detection: Stock Inventory, 10  
  
Tank Num: 005  
Container Num: 0000000005  
Year Installed: 1963  
Tank Capacity: 00004000  
Tank Used for: PRODUCT  
Type of Fuel: PREMIUM  
Tank Construction: 0000167 inches  
Leak Detection: Stock Inventory, 10  
  
Tank Num: 005  
Container Num: 0000000006  
Year Installed: 1963  
Tank Capacity: 00000550  
Tank Used for: PRODUCT  
Type of Fuel: WASTE OIL  
Tank Construction: 0000089 inches  
Leak Detection: Stock Inventory

SEARS ROEBUCK COMPANY  
455 SAN ANTONIO RD  
MOUNTAIN VIEW, CA 94040

RCRA-SQG 1000363321  
FINDS CAD982506826  
CA FID UST  
SLIC  
HIST UST  
SWEEPS UST  
CHIMNS  
HAZNET

Date form received by agency: 09/11/1986  
SEARS ROEBUCK COMPANY  
Facility name: 455 SAN ANTONIO RD  
MOUNTAIN VIEW, CA 94040  
EPA ID: CAD982506826  
Contact: Not reported  
Contact address: Not reported  
Contact country: Not reported  
Contact telephone: Not reported  
Contact email: Not reported  
EPA Region: 09  
Classification: Small Small Quantity Generator  
Description: Handler generates more than 100 and less than 1000 kg of hazardous waste during any calendar month and accumulates less than 6000 kg of hazardous waste at any time; or generates 100 kg or less of hazardous

Actual: 65 ft.

Relative: Lower

**SEARS ROEBUCK COMPANY (Continued)**

1000369321

waste during any calendar month, and accumulates more than 1000 kg of hazardous waste at any time

Owner/Operator Summary:  
Owner/operator name: SEARS ROEBUCK COMPANY  
Owner/operator address: NOT REQUIRED  
Owner/operator country: NOT REQUIRED, ME 99999  
Owner/operator telephone: Not reported  
Legal status: (415) 555-1212 Private  
Owner/Operator Type: Owner  
Owner/Op start date: Not reported  
Owner/Op end date: Not reported  
  
Owner/operator name: NOT REQUIRED  
Owner/operator address: NOT REQUIRED, ME 99999  
Owner/operator country: NOT REQUIRED, ME 99999  
Owner/operator telephone: (415) 555-1212 Private  
Legal status: Private  
Owner/Operator Type: Operator  
Owner/Op start date: Not reported  
Owner/Op end date: Not reported

Handler Activities Summary:

U.S. importer of hazardous waste: No  
Mixed waste (haz. and radioactive): No  
Recycler of hazardous waste: No  
Transporter of hazardous waste: No  
Treater, storer or disposer of HW: No  
Underground injection activity: No  
On-site burner exemption: No  
Airforce exemption: No  
Used oil fuel burner: No  
Used oil processor: No  
Used oil refiner: No  
Used oil fuel marketer to burner: No  
Used oil Specification marketer: No  
Used oil transfer facility: No  
Used oil transporter: No

Historical Generators:  
Date form received by agency: 09/11/1989  
SEARS ROEBUCK COMPANY  
Facility name: Large Quantity Generator  
Classification: Large Quantity Generator

Violation Status: No violations found

FINDS:

Registry ID: 110002936343

Environmental Interest/Information System

RCRAInfo is a national information system that supports the Resource Conservation and Recovery Act (RCRA) program through the tracking of events and activities related to facilities that generate, transport,

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MAP FINDINGS

Database(s)

EPA ID Number  
EPA ID Number

Site

MAP FINDINGS

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Site

SEARS ROEBUCK COMPANY (Continued)

1000369321

and treat, store, or dispose of hazardous waste. RCRA info allows RCRA program staff to track the notification, permit, compliance, and corrective action activities required under RCRA.

CA FID UST:  
Facility ID: 43001787  
Regulated By: UTKNI  
Regulated ID: 00007016  
Cortese Code: Not reported  
SIC Code: Not reported  
Facility Phone: 415848511  
Mail To: Not reported  
Mailing Address: 455 SAN ANTONIO RD  
Mailing Address 2: MOUNTAIN VIEW 94040  
Mailing City, St, Zip: Not reported  
Contact: Not reported  
Contact Phone: Not reported  
DUNIS Number: Not reported  
NPDES Number: Not reported  
EPA ID: Not reported  
Comments: Not reported  
Status: Inactive

SLIC:

Region: STATE  
Facility Status: Completed - Case Closed  
Status Date: 11/23/2011  
Global ID: T10000003139  
Lead Agency: SANTA CLARA COUNTY LOP  
Lead Agency Case Number: 0852N200028  
Latitude: 37.4027555760598  
Longitude: -122.110996600524  
Case Type: Cleanup Program Site  
Local Agency: L.L.  
RB Case Number: Not reported  
File Location: SANTA CLARA COUNTY LOP  
Potential Media Affected: Not reported  
Other Groundwater (uses other than drinking water), Soil Waste Oil / Motor / Hydraulic / Lubricating  
Site History: April 2011, employees noted that the freight elevator did not rise up to the floor level of the 2nd floor. Elevator maintenance company came out and added oil to the system and did not note a leak at that time. The release was reported to OES on 4/18/11. In May, the elevator jack was removed. Groundwater entered the elevator sump and is normally pumped out with a sump pump to the sanitary sewer. This sump pump was shut off. The cylinder has been capped with a concrete slurry to stop the flow of groundwater into the elevator pit.

Click here to access the California GeoTracker records for this facility:

HIST UST:  
Region: STATE  
Facility ID: 00000007016  
Facility Type: Other  
Other Type: STORE

SEARS ROEBUCK COMPANY (Continued)

1000369321

Total Tanks: 0004  
Contact Name: MANUEL FREITAS  
Telephone: 415848511  
Owner Name: SEARS ROEBUCK AND CO.  
Owner Address: SEARS TOWER  
Owner City, St, Zip: CHICAGO, IL 06684

Tank Num: 001  
Container Num: 1  
Year Installed: Not reported  
Tank Capacity: 00000000  
Tank Used for: WASTE  
Type of Fuel: WASTE OIL  
Tank Construction: Not reported  
Leak Detection: None  
Tank Num: 002  
Container Num: 2  
Year Installed: Not reported  
Tank Capacity: 00000000  
Tank Used for: PRODUCT  
Type of Fuel: Not reported  
Tank Construction: Not reported  
Leak Detection: None

Tank Num: 003  
Container Num: 3  
Year Installed: Not reported  
Tank Capacity: 00000000  
Tank Used for: PRODUCT  
Type of Fuel: Not reported  
Tank Construction: Not reported  
Leak Detection: None

Tank Num: 004  
Container Num: 4  
Year Installed: Not reported  
Tank Capacity: 00000000  
Tank Used for: PRODUCT  
Type of Fuel: Not reported  
Tank Construction: Not reported  
Leak Detection: None

SWEEPS UST:

Status: Not reported  
Comp Number: 7016  
Number: Not reported  
Board Of Equalization: Not reported  
Ref Date: Not reported  
Act Date: Not reported  
Created Date: Not reported  
Owner Tank Id: Not reported  
Search Tank Id: 43-005-007016-000001  
Act Date: Not reported  
Capacity: 1  
Tank Use: OIL

Map ID  
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MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

SEARS ROEBUCK COMPANY (Continued)

1000369321

Sig: WASTE  
Content: WASTE OIL  
Number Of Tanks: 4

Status: Not reported  
Comp Number: 7016  
Number: Not reported  
Board Of Equalization: Not reported  
Ref Date: Not reported  
Act Date: Not reported  
Created Date: Not reported  
Owner Tank Id: Not reported  
Switch Tank Id: 43-005-007016-000002  
Capacity: Not reported  
1  
UNKNOW/IN  
Tank Use: PRODUCT  
Sig: Not reported  
Content: Not reported  
Number Of Tanks: Not reported

Status: Not reported  
Comp Number: 7016  
Number: Not reported  
Board Of Equalization: Not reported  
Ref Date: Not reported  
Act Date: Not reported  
Created Date: Not reported  
Owner Tank Id: Not reported  
Switch Tank Id: 43-005-007016-000003  
Capacity: Not reported  
UNKNOW/IN  
Tank Use: PRODUCT  
Sig: Not reported  
Content: Not reported  
Number Of Tanks: Not reported

Status: Not reported  
Comp Number: 7016  
Number: Not reported  
Board Of Equalization: Not reported  
Ref Date: Not reported  
Act Date: Not reported  
Created Date: Not reported  
Owner Tank Id: Not reported  
Switch Tank Id: 43-005-007016-000004  
Capacity: Not reported  
1  
UNKNOW/IN  
Tank Use: PRODUCT  
Sig: Not reported  
Content: Not reported  
Number Of Tanks: Not reported

CHIMRS: 98-0986  
CES Incident Number:

Map ID  
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MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

SEARS ROEBUCK COMPANY (Continued)

1000369321

QES notification: 1/28/1998 02:15:54 PM  
QES Date: Not reported  
QES Time: Not reported  
Incident Date: Not reported  
Date Completed: Not reported  
Property Use: Not reported  
Agency ID Number: Not reported  
Agency Incident Number: Not reported  
Time Notified: Not reported  
Surrounding Area: Not reported  
Estimated Temperature: Not reported  
Property Management: Not reported  
Special Studies 1: Not reported  
Special Studies 2: Not reported  
Special Studies 3: Not reported  
Special Studies 4: Not reported  
Special Studies 5: Not reported  
Special Studies 6: Not reported  
More Than Two Substances Involved?: Not reported  
Resp Agency Personnel# Of Discontaminated: Not reported  
Resp Agency Personnel# Of Injuries: Not reported  
Responding Agency Personnel# Of Fatalities: Not reported  
Citizens Number Of Injuries: Not reported  
Citizens Number Of Discontaminated: Not reported  
Citizens Number Of Fatalities: Not reported

Vehicle Make/Year: Not reported  
Vehicle License Number: Not reported  
Vehicle State: Not reported  
Vehicle Id Number: Not reported  
CAUDOT/PU/CIC/Number: Not reported  
Company Name: Not reported  
Reporting Officer Name/ID: Not reported  
Report Date: Not reported  
Comments: Not reported  
Facility Telephone: Not reported  
Waterway Involved: No  
Waterway: Not reported  
Spill Site: Not reported  
Cleanup By: Fine Dept.  
Containment: Not reported  
What Happened: Not reported  
Type: Not reported  
Measure: Not reported  
Other: Not reported  
Date/Time: Not reported  
Year: 1998

Agency: Sears Roebuck  
Incident Date: 1/28/1998 12:00:00 AM  
Admin Agency: Santa Clara County Health Department  
Amount: Not reported  
Contained: Yes  
Site Type: Merchant/Business  
E Date: Not reported  
Substance: Diesel  
Quantity Released: Not reported  
BBL'S: 0

Map ID  
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MAP FINDINGS

Site  
Database(s)  
EDR ID Number  
EPA ID Number

SEARS ROEBUCK COMPANY (Continued) 1000369321

Cups: 0  
 GALLONS: 0  
 Gallons: 100  
 Grains: 0  
 Pounds: 0  
 Liters: 0  
 Ounces: 0  
 Pints: 0  
 Quarts: 0  
 Sheels: 0  
 Tons: 0  
 Unknown: 0  
 Excavations: 0  
 Number of Injuries: 0  
 Number of Fatalities: 0  
 Description: Released onto parking lot, local FD mobilized and disposed of the substance into a lot. Sears has contracted with All-Waste to dispose of sand and diesel in the proper way. Unknown cause of spill.

HAZNET:  
 Year: 2011  
 Geopaid: CAC002670000  
 Contact: BARRON CARONITE  
 Telephone: 7757455195  
 Mailing Name: Not reported  
 Mailing Address: 425 CALIFORNIA ST FL 11  
 Mailing City, St, Zip: SAN FRANCISCO, CA 941042113  
 Gen County: Not reported  
 TSD EPA ID: CAD981382273  
 TSD County: Not reported  
 Waste Category: Asbestos containing waste  
 Landfill Or Surface Impoundment That Will Be Closed As Landfill ( To Include On-Site Treatment/And/Or Stabilization)  
 Tons: 10  
 Facility County: Santa Clara

Year: 2011  
 Geopaid: CAD982506826  
 Contact: MICHAEL OLSEN-DIR ENV AFFAIRS  
 Telephone: 8472867222  
 Mailing Name: Not reported  
 Mailing Address: 3333 BEVERLY RD BS-362A  
 Mailing City, St, Zip: HOFFMAN ESTATES, IL 601790000  
 Gen County: Not reported  
 TSD EPA ID: NV1330010000  
 TSD County: Not reported  
 Waste Category: Other organic solids  
 Landfill Or Surface Impoundment That Will Be Closed As Landfill ( To Include On-Site Treatment/And/Or Stabilization)  
 Tons: 0.1875  
 Facility County: Santa Clara

Year: 2011  
 Geopaid: CAC002670000  
 Contact: BARRON CARONITE  
 Telephone: 7757455195  
 Mailing Name: Not reported

Map ID  
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MAP FINDINGS

Site  
Database(s)  
EDR ID Number  
EPA ID Number

SEARS ROEBUCK COMPANY (Continued) 1000369321

Mailing Address: 425 CALIFORNIA ST FL 11  
 Mailing City, St, Zip: SAN FRANCISCO, CA 941042113  
 Gen County: Not reported  
 TSD EPA ID: CAD981382732  
 TSD County: Not reported  
 Waste Category: Asbestos containing waste  
 Disposal Method: Landfill Or Surface Impoundment That Will Be Closed As Landfill ( To Include On-Site Treatment/And/Or Stabilization)  
 Tons: 38  
 Facility County: Santa Clara

Year: 2011  
 Geopaid: CAD982506826  
 Contact: MICHAEL OLSEN-DIR ENV AFFAIRS  
 Telephone: 8472867222  
 Mailing Name: Not reported  
 Mailing Address: 3333 BEVERLY RD BS-362A  
 Mailing City, St, Zip: HOFFMAN ESTATES, IL 601790000  
 Gen County: Not reported  
 TSD EPA ID: CAD982494481  
 TSD County: Not reported  
 Waste Category: Other organic solids  
 Disposal Method: Other Treatment  
 Tons: 0.05  
 Facility County: Santa Clara

Year: 2011  
 Geopaid: CAD982506826  
 Contact: MICHAEL OLSEN-DIR ENV AFFAIRS  
 Telephone: 8472867222  
 Mailing Name: Not reported  
 Mailing Address: 3333 BEVERLY RD BS-362A  
 Mailing City, St, Zip: HOFFMAN ESTATES, IL 601790000  
 Gen County: Not reported  
 TSD EPA ID: AZD081705402  
 TSD County: Not reported  
 Waste Category: Storage, Building, And/Or Transfer Off Site--No Treatment/Recovery  
 Disposal Method: (H01D-H129) Or (H131-H135)  
 Tons: Not reported  
 Facility County: Santa Clara

Click this hyperlink while viewing on your computer to access 35 additional CA\_HAZNET records in the EDR Site Report.

QUALITY TUNE-UP #1  
 2500 EL CAMINO REAL  
 MOUNTAIN VIEW, CA  
 Site 1 of 2 in cluster G  
 CORTESE:  
 Region: CORTESE  
 Facility County Code: 43  
 Reg By: LTNKA  
 Reg Id: 43-1088

G27  
 SE  
 1/4-1/2  
 0.374 ml  
 1977 fl.  
 Relative:  
 Higher  
 Actual:  
 76 fl.

HIST CORTESE  
LUIST  
LUIST  
S104386947  
N/A

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

EDR ID Number  
EPA ID Number  
Database(s)

Site

QUALITY TUNE-UP #1 (Continued)

S104386947

LUST REG 2:  
Region: Not reported  
Facility Id: Case Closed  
Case Number: 0652W20D01f  
How Discovered: Not reported  
Leak Cause: Not reported  
Leak Source: Not reported  
Date Leak Confirmed: Not reported  
Oversight Program: LUST  
Prelim. Site Assessment Workplan Submitted: Not reported  
Preliminary Site Assessment Began: 5/16/1995  
Pollution Characterization Began: 3/8/1998  
Pollution Remediation Plan Submitted: Not reported  
Date Remediation Action Underway: Not reported  
Date Post Remedial Action Monitoring Began: Not reported

LUST SANTA CLARA:  
Region: SANTA CLARA  
SCVWD ID: 0652W20D01f  
Date Closed: 09/30/1996

HIST LUST SANTA CLARA:  
Region: SANTA CLARA  
Region Code: 2  
SCVWD ID: 0652W20D01  
Over-site Agency: SCVWD  
Date Listed: 1987-01-01 00:00:00  
Closed Date: 1996-09-30 00:00:00

QUALITY TUNE-UP #1  
G28 SE 2980 EL CAMINO REAL  
0.374 mi.  
1977 ft.  
Site 2 of 2 in cluster G

LUST S105035627  
HAZNET N/A

LUST:  
Region: STATE  
Global Id: T0608501080  
Latitude: 37.4012214500038  
Longitude: -122.112307548523  
Case Type: LUST Cleanup Sits  
Status: Completed - Case Closed  
Status Date: 09/30/1996  
Lead Agency: SANTA CLARA COUNTY LOP  
Local Agency: LUST  
Case Worker: Not reported  
RE Case Number: Not reported  
File Location: Stored electronically as an E-file  
Potential Media Affect: Other Groundwater (uses other than drinking water)  
Potential Contaminants of Concern: Gasoline  
Site History: Not reported

Click here to access the California GeoTracker records for this facility:

TC9460172.2s Page 52

Map ID  
Direction  
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MAP FINDINGS

EDR ID Number  
EPA ID Number  
Database(s)

Site

QUALITY TUNE-UP #1 (Continued)

S105035627

LUST:  
Global Id: T0608501080  
Local Agency Caseworker  
Contact Name: LUST CASE WORKER  
Organization Name: SANTA CLARA COUNTY LOP  
Address: 1555 Berger Drive, Suite 300  
City: SAN JOSE  
Not reported  
Email: Not reported  
Phone Number: 4089183400

Global Id: T0608501080  
Contact Name: Regional Board Caseworker  
Organization Name: ZSC  
Address: SAN FRANCISCO BAY RWQCB (REGION 2)  
City: 1515 CLAY STREET, SUITE 1400  
OAKLAND  
Not reported  
Email: Not reported  
Phone Number: Not reported

LUST:  
Global Id: T0608501080  
Action Type: Other  
Date: 01/01/1990  
Action: Leak Reported  
Global Id: T0608501080  
Action Type: ENFORCEMENT  
Date: 10/26/1987  
Action: Notice of Responsibility - #40126

Global Id: T0608501080  
Action Type: ENFORCEMENT  
Date: 05/21/1996  
Action: Staff Letter - #30089  
Global Id: T0608501080  
Action Type: ENFORCEMENT  
Date: 08/31/1995  
Action: Staff Letter - #30081

Global Id: T0608501080  
Action Type: REMEDIATION  
Date: 01/01/1990  
Action: Excavation

Global Id: T0608501080  
Action Type: RESPONSE  
Date: 07/15/1996  
Action: Remedial Progress Report

Global Id: T0608501080  
Action Type: RESPONSE  
Date: 10/15/1995  
Action: Monitoring Report - Quarterly

Global Id: T0608501080

TC9460172.2s Page 53

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site  
Database(s)  
EDR ID Number  
EPA ID Number

QUALITY TUNE-UP #1 (Continued)

S105035627

Action Type: RESPONSE  
Date: 01/15/1996  
Action: Monitoring Report - Quarterly

Global ID: T0808501030  
Action Type: RESPONSE  
Date: 04/15/1996  
Action: Monitoring Report - Quarterly

HAZNET:  
Year: 2004  
Gepaid: CAL000076437  
Contact: SAM REINHARDT, FRANCHISEE  
Telephone: 6509491546  
Mailing Name: Not reported  
Mailing Address: PO BOX 2809  
Mailing City, St, Zip: CUPERTINO, CA 950152609  
Gen County: Santa Clara  
TSD EPA ID: CA000084517  
TSD County: Sacramento  
Waste Category: Aqueous solution with total organic residues less than 10 percent  
Disposal Method: Transfer Station  
Tons: 0.16  
Facility County: Not reported

Year: 2003  
Gepaid: CAL000076437  
Contact: SAM REINHARDT, FRANCHISEE  
Telephone: 6509491546  
Mailing Name: Not reported  
Mailing Address: PO BOX 2809  
Mailing City, St, Zip: CUPERTINO, CA 950152609  
Gen County: Santa Clara  
TSD EPA ID: CA000084517  
TSD County: Santa Clara  
Waste Category: Aqueous solution with total organic residues less than 10 percent  
Disposal Method: Transfer Station  
Tons: 0.42  
Facility County: Santa Clara

Year: 2002  
Gepaid: CAL000076437  
Contact: SAM REINHARDT, FRANCHISEE  
Telephone: 6509491546  
Mailing Name: Not reported  
Mailing Address: PO BOX 2809  
Mailing City, St, Zip: CUPERTINO, CA 950152609  
Gen County: Santa Clara  
TSD EPA ID: Not reported  
TSD County: Sacramento  
Waste Category: Aqueous solution with total organic residues less than 10 percent  
Disposal Method: Transfer Station  
Tons: 0.02  
Facility County: Not reported

Year: 2001

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site  
Database(s)  
EDR ID Number  
EPA ID Number

QUALITY TUNE-UP #1 (Continued)

S105035627

Gepaid: CAL000076437  
Contact: SAM REINHARDT, FRANCHISEE  
Telephone: 6509491546  
Mailing Name: Not reported  
Mailing Address: PO BOX 2609  
Mailing City, St, Zip: CUPERTINO, CA 950152609  
Gen County: Santa Clara  
TSD EPA ID: Not reported  
TSD County: Santa Clara  
Waste Category: Aqueous solution with total organic residues less than 10 percent  
Disposal Method: Recycler  
Tons: 0.81  
Facility County: Not reported

Year: 2009  
Gepaid: CAL000076437  
Contact: SAMUEL L REINHARDT, FRANCHISEE  
Telephone: 6509491546  
Mailing Name: Not reported  
Mailing Address: PO BOX 2609  
Mailing City, St, Zip: CUPERTINO, CA 950152609  
Gen County: Santa Clara  
TSD EPA ID: CAL000161743  
TSD County: Santa Clara  
Waste Category: Aqueous solution with total organic residues less than 10 percent  
Disposal Method: Recycler  
Tons: 2.1683  
Facility County: Santa Clara

Click to display details while viewing on your computer to access 14 additional CA\_HAZNET record(s) in the EDR Site Report.

H29  
NW  
1/4-1/2  
0.383 mi.  
2021 ft.  
Relative:  
Lower  
Actual:  
57 ft.

PADDLESFORD OLDSMOBILE  
4230 EL CAMINO REAL  
PALO ALTO, CA

Site 1 of 2 in cluster H

CORTESE:  
Region: CORTESE  
Facility County Code: 43  
Reg By: LTNKA  
Reg Id: 43-1026

LUST REG 2:

Region: 2  
Facility Id: Not reported  
Facility Status: Case Closed  
Case Number: 0652W18L01f  
How Discovered: Tank Closure  
Leak Cause: Not reported  
Leak Source: Not reported  
Date Leak Confirmed: Not reported  
Overight Program: LUST  
Prelim. Site Assessment Workplan Submitted: Not reported  
Preliminary Site Assessment Began: 2/4/1985  
Pollution Characterization Began: Not reported

HIST CORTESE S100234840  
LUST N/A  
HIST LUST

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**PADDLESFORD OLDSMOBILE (Continued)**

Pollution Remediation Plan Submitted: Not reported  
Date Remediation Action Underway: Not reported  
Date Post Remedial Action Monitoring Began: Not reported

S110254840

**HIST LUST SANTA CLARA:**

Region: SANTA CLARA  
Region Code: 2  
SCVWD ID: 06SZW18L01  
Over-site Agency: SCVWD  
Date Listed: 1988-10-31 00:00:00  
Closed Date: 2004-01-13 00:00:00

**HUDSON #82**  
4230 EL CAMINO REAL  
PALO ALTO, CA 94306

U0071595957

HIST LUST  
HIST LUST

**Site 2 of 2 in cluster H**

**Relatives:**  
Lower  
Actual:  
57 ft.

**STATE**  
T0608501021  
37.40775  
122.120295  
LUST Cleanup Site  
Completed - Case Closed  
07/13/2004  
SANTA CLARA COUNTY LOP  
LUST  
SANTA CLARA COUNTY LOP  
Not reported  
Not reported  
Stored electronically as an E-file  
Soil  
Potential Contaminants of Concern: Gasoline  
Site History: Not reported

Click here to access the California GeoTracker records for this facility:

**LUST:**

Global Id: T0608501021  
Regional Board Caseworker:  
ZSC  
Organization Name: SAN FRANCISCO BAY RWQCB (REGION 2)  
Address: 1515 CLAY STREET, SUITE 1400  
City: OAKLAND  
Not reported  
Phone Number:  
Global Id: T0608501021  
Local Agency Caseworker:  
Contact Type: UST CASE WORKER  
Organization Name: SANTA CLARA COUNTY LOP  
Address: 1555 Berger Drive, Suite 300  
City: SAN JOSE  
Not reported  
Phone Number: 4088153400

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

**HUDSON #82 (Continued)**

U0071595957

**LUST:**  
Global Id: T0608501021  
Action Type: Other  
Date: 01/01/1950  
Action: Leak Reported  
Global Id: T0608501021  
Action Type: ENFORCEMENT  
Date: 08/27/1998  
Action: Notice of Responsibility - #40120  
Global Id: T0608501021  
Action Type: Other  
Date: 01/01/1950  
Action: Leak Discovery

**LUST SANTA CLARA:**  
Region: SANTA CLARA  
SCVWD ID: 06SZW18L01  
Date Closed: 07/13/2004

**HIST UST:**  
Region: STATE  
Facility ID: 0000060133  
Facility Type: Gas Station  
Other Type: Not reported  
Total Tanks: 0003  
Contact Name: Not reported  
Telephone: 0000000000  
Owner Name: HUDSON OIL CO.  
Owner Address: 717 N. HARWOOD  
Owner City/State/Zip: DALLAS, TX 75201

Tank Num: 001  
Container Num: 1  
Year Installed: Not reported  
Tank Capacity: 00010000  
Tank Used for: PRODUCT  
Type of Fuel: REGULAR  
Tank Construction: Not reported  
Leak Detection: None  
Tank Num: 002  
Container Num: 2  
Year Installed: Not reported  
Tank Capacity: 00010000  
Tank Used for: PRODUCT  
Type of Fuel: PREMIUM  
Tank Construction: Not reported  
Leak Detection: None  
Tank Num: 003  
Container Num: 3  
Year Installed: Not reported  
Tank Capacity: 00000000

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

HUDSON #82 (Continued)

U001589957

S100861714

Tank Used for: PRODUCT  
Type of Fuel: PREMIUM  
Tank Construction: Not reported  
Leak/Detection: None

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 08/25/2001  
Action: Soil and Water Investigation Report

31  
ENE  
1/4-1/2  
0.385 mi.  
2035 ft.

HIST CORTESE S100861714  
LUST  
HIST LUST  
HAZNET

Relative: Lower  
Actual: 53 ft.

CORTESE  
Region: 43  
Facility County Code: LTNKA  
Reg By: 43-1448  
Reg Id:

Global Id: T0608501420  
Action Type: ENFORCEMENT  
Date: 09/04/2008  
Action: Closure/No Further Action Letter - #80409

LUST:  
Region: STATE  
Global Id: T0608501420  
Latitude: 37.40573033333333  
Longitude: -122.111345686867  
Case Type: LUST Cleanup Site  
Status: Completed - Case Closed  
Lead Agency: 09/04/2008  
Local Agency: LL  
Lead Agency: LL  
Local Agency: LL  
RB Case Number: Not reported  
LOC Case Number: 0652W17N01F  
File Location: Stored electronically as an E-file  
Potential Media Affect: Other Groundwater (uses other than drinking water)  
Site History: Potential Contaminants of Concern: Gasoline  
Not reported

Global Id: T0608501420  
Action Type: ENFORCEMENT  
Date: 06/15/1993  
Action: Staff Letter - #30436

Global Id: T0608501420  
Action Type: ENFORCEMENT  
Date: 07/05/1994  
Action: \*Historical Enforcement - #40113

Global Id: T0608501420  
Action Type: ENFORCEMENT  
Date: 07/17/1995  
Action: Staff Letter - #30440

Global Id: T0608501420  
Action Type: ENFORCEMENT  
Date: 09/08/1995  
Action: Staff Letter - #30333

Global Id: T0608501420  
Action Type: ENFORCEMENT  
Date: 07/20/1999  
Action: Staff Letter - #30180

Global Id: T0608501420  
Action Type: ENFORCEMENT  
Date: 12/17/1999  
Action: Staff Letter - #30182

Global Id: T0608501420  
Action Type: ENFORCEMENT  
Date: 03/17/2000  
Action: Staff Letter - #30185

Global Id: T0608501420  
Action Type: ENFORCEMENT  
Date: 05/17/2000  
Action: Staff Letter - #30187

Global Id: T0608501420  
Action Type: ENFORCEMENT  
Date: 03/17/2000  
Action: Staff Letter - #30185

Global Id: T0608501420  
Action Type: ENFORCEMENT  
Date: 05/17/2000  
Action: Staff Letter - #30187

Global Id: T0608501420  
Action Type: ENFORCEMENT  
Date: 03/17/2000  
Action: Staff Letter - #30185

Global Id: T0608501420  
Action Type: ENFORCEMENT  
Date: 03/17/2000  
Action: Staff Letter - #30185

Click here to access the California GeoTracker records for this facility:

LUST:  
Global Id: T0608501420  
Contact Type: Local Agency Caseworker  
Contact Name: LANI LEE  
Organization Name: SANTA CLARA COUNTY LOP  
Address: 1555 BERGER DR, SUITE 300  
City: SAN JOSE  
Email: lani.lee@clah.seccgov.org  
Phone Number: Not reported  
Global Id: T0608501420  
Contact Type: Regional Board Caseworker  
Contact Name: ZS  
Organization Name: SAN FRANCISCO BAY RINCOS (REGION 2)  
Address: 1515 CLAY STREET, SUITE 1400  
City: OAKLAND  
Email: Not reported  
Phone Number: Not reported

LUST:

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Database(s)

EDR ID Number  
EPA ID Number

Site

TEXACO (Continued)

Date: 10/08/2000  
Action: Staff Letter - #30191

Global Id: T0608501420  
Action Type: ENFORCEMENT  
Date: 10/27/2000  
Action: Staff Letter - #30189

Global Id: T0608501420  
Action Type: ENFORCEMENT  
Date: 12/14/2000  
Action: Staff Letter - #30183

Global Id: T0608501420  
Action Type: ENFORCEMENT  
Date: 12/18/2000  
Action: Staff Letter - #30199

Global Id: T0608501420  
Action Type: ENFORCEMENT  
Date: 03/16/2001  
Action: Staff Letter - #30197

Global Id: T0608501420  
Action Type: ENFORCEMENT  
Date: 09/24/2001  
Action: Staff Letter - #30202

Global Id: T0608501420  
Action Type: ENFORCEMENT  
Date: 09/27/2001  
Action: Staff Letter - #30204

Global Id: T0608501420  
Action Type: ENFORCEMENT  
Date: 11/13/2001  
Action: Staff Letter - #30206

Global Id: T0608501420  
Action Type: ENFORCEMENT  
Date: 03/24/2005  
Action: Staff Letter

Global Id: T0608501420  
Action Type: ENFORCEMENT  
Date: 07/18/2005  
Action: Staff Letter - #50817

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 03/16/2001  
Action: Soil and Water Investigation Workplan

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 02/01/2001  
Action: Other Report/ Document

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

TEXACO (Continued)

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 04/01/2001  
Action: Monitoring Report - Quarterly

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 07/03/2002  
Action: Soil and Water Investigation Workplan

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 09/22/2000  
Action: Monitoring Report - Quarterly

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 10/09/2001  
Action: Soil and Water Investigation Report

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 12/20/1993  
Action: Remedial Progress Report

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 05/01/2000  
Action: Soil and Water Investigation Workplan

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 01/31/2000  
Action: Monitoring Report - Quarterly

Global Id: T0608501420  
Action Type: RESPONSE  
Date: 11/02/2000  
Action: Monitoring Report - Quarterly

Global Id: T0608501420  
Action Type: ENFORCEMENT  
Date: 08/01/2006  
Action: \* No Action - #601080

Global Id: T0608501420  
Action Type: ENFORCEMENT  
Date: 12/01/2006  
Action: Staff Letter - #60121

Global Id: T0608501420  
Action Type: REMEDIATION  
Date: 01/01/1990  
Action: Pump & Treat (P&T) Groundwater

Global Id: T0608501420  
Action Type: ENFORCEMENT

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

Database(s)

EDR ID Number  
EPA ID Number

TEXACO (Continued)

S10861714

Date: 08/22/2007  
Action: Staff Letter - #70228  
Global Id: T0606501420  
Action Type: RESPONSE  
Date: 11/22/2000  
Action: Soil and Water Investigation Workplan  
Global Id: T0606501420  
Action Type: RESPONSE  
Date: 12/18/2000  
Action: Soil and Water Investigation Workplan  
Global Id: T0606501420  
Action Type: RESPONSE  
Date: 02/31/1985  
Action: Monitoring Report - Quarterly  
Global Id: T0606501420  
Action Type: RESPONSE  
Date: 11/18/2005  
Action: Soil and Water Investigation Report  
Global Id: T0606501420  
Action Type: RESPONSE  
Date: 10/30/1989  
Action: Monitoring Report - Quarterly  
Global Id: T0606501420  
Action Type: RESPONSE  
Date: 02/29/1996  
Action: Monitoring Report - Quarterly  
LUST REG 2:  
Region: Not reported  
Facility Id: Remedial action (cleanup) Underway  
Case Number: 06S2W17N01f  
How Discovered: Not reported  
Leak Causes: Not reported  
Date Leak Confirmed: Not reported  
Oversight Program: LUST  
Prelim. Site Assessment Workplan Submitted: Not reported  
Preliminary Site Assessment Began: 12/11/1985  
Pollution Characterization Began: 10/17/1988  
Date Remedial Action Underway: 6/8/2003  
Date Post Remedial Action Monitoring Began: Not reported

LUST SANTA CLARA:  
Region: SANTA CLARA  
SCWID ID: 06S2W17N01f  
Date Closed: 09/04/2008

TEXACO (Continued)

S10861714

HIST LUST SANTA CLARA:  
Region: SANTA CLARA  
Region Code: 2  
SCWID ID: 06S2W17N01  
Oversite Agency: SCCDEH  
Date Listed: 1987-01-01 00:00:00  
Closed Date: Not reported  
HAZNET:  
Year: 2010  
Geopid: CAL00028837  
Contract: DONNA HYMES/HAZARDOUS WASTE COOR  
Telephone: 6104308151  
Mailing Name: Not reported  
Mailing Address: 300 E WASHINGTON ST  
Mailing City, SLZip: WEST CHESTER, PA 193800000  
Gen County: Not reported  
TSD EPA ID: CAD020509019  
TSD County: Not reported  
Waste Category: Unrecycled aqueous solution  
Disposal Method: Discharge To Sewer/Pool Or Npdes (With Prior Storage - With Or Without Treatment)  
Tons: 0.0084  
Facility County: San Bernardino  
Year: 2008  
Geopid: CAL000319677  
Contract: KELVIN TRAN  
Telephone: 4084989912  
Mailing Name: Not reported  
Mailing Address: 334 SAN ANTONIO RD  
Mailing City, SLZip: MOUNTAIN VIEW, CA 940401214  
Gen County: Santa Clara  
TSD EPA ID: CAD82444481  
TSD County: San Bernardino  
Waste Category: Other organic solids  
Disposal Method: Storage, Bulking, And/Or Transfer Off Site - No Treatment/Recovery (H10-H129) Or (H131-H135)  
Tons: 0.2  
Facility County: Santa Clara  
Year: 1989  
Geopid: CAL00142301  
Contract: PAUL JACKSON  
Telephone: 0000000000  
Mailing Name: Not reported  
Mailing Address: 334 SAN ANTONIO RD  
Mailing City, SLZip: MOUNTAIN VIEW, CA 940400000  
Gen County: Santa Clara  
TSD EPA ID: CAD009452657  
TSD County: San Mateo  
Waste Category: Unspecified organic liquid mixture  
Disposal Method: Recycler  
Tons: 0.3336  
Facility County: Santa Clara

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

EDR ID Number  
EPA ID Number

Site

Database(s)

TEXACO (Continued)

\$100861714

Year: 1998  
 Geopid: CAL000142301  
 Contact: PAUL JACKSON  
 Telephone: 0000000000  
 Mailing Name: Not reported  
 Mailing Address: 334 SAN ANTONIO RD  
 Mailing City, St, Zip: MOUNTAIN VIEW, CA 940400900  
 Gen County: Santa Clara  
 TSD EPA ID: CAD980887418  
 TSD County: 1  
 Waste Category: Aqueous solution with total organic residues less than 10 percent  
 Disposal Method: Transfer Station  
 Tons: 3753  
 Facility County: Santa Clara

Year: 1998  
 Geopid: CAL000142301  
 Contact: PAUL JACKSON  
 Telephone: 0000000000  
 Mailing Name: Not reported  
 Mailing Address: 334 SAN ANTONIO RD  
 Mailing City, St, Zip: MOUNTAIN VIEW, CA 940400900  
 Gen County: Santa Clara  
 TSD EPA ID: CAD098452657  
 TSD County: San Mateo  
 Waste Category: Unspecified organic liquid mixture  
 Disposal Method: Recycler  
 Tons: 1,1487  
 Facility County: Santa Clara

Click this hyperlink while viewing on your computer to access 6 additional CA\_HAZNET records in the EDR Site Report.

VICTOR'S GOODYEAR  
286 SAN ANTONIO RD  
MOUNTAIN VIEW, CA 94040

HIST CORTESE S102440813  
LUST N/A  
HIST LUST  
HAZNET

Site 1 of 2 in cluster 1

CORTESE:  
 Region: CORTESE  
 Facility County Code: 43  
 Reg By: LTNKA  
 Reg Id: 43-1603

LUST:  
 Region: STATE  
 Global Id: T0608501558  
 Latitude: 37.4081475559413  
 Longitude: -122.11102008186  
 Case Type: LUST Cleanup Site  
 Status: Completed - Case Closed  
 Status Date: 04/11/1991  
 Lead Agency: SANTA CLARA COUNTY LOP  
 Case Worker: LUST  
 Local Agency: SANTA CLARA COUNTY LOP  
 RB Case Number: Not reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

EDR ID Number  
EPA ID Number

Site

Database(s)

VICTOR'S GOODYEAR (Continued)

\$102440813

LCC Case Number: Not reported  
 File Location: Stored electronically as an E-file  
 Potential Media Affect: Soil  
 Potential Contaminants of Concern: Waste Oil / Motor / Hydraulic / Lubricating  
 Site History: Not reported

Click here to access the California GeoTracker records for this facility:

LUST:  
 Global Id: T0608501558  
 Contact Type: Local Agency Caseworker  
 Contact Name: LUST CASE WORKER  
 Organization Name: SANTA CLARA COUNTY LOP  
 Address: 1555 Berger Drive, Suite 300  
 City: SAN JOSE  
 State: Not reported  
 Phone Number: 4086183400

Global Id: T0608501558  
 Contact Type: Regional Board Caseworker  
 Contact Name: ZSC  
 Organization Name: SAN FRANCISCO BAY RWOCs (REGION 2)  
 Address: 1515 CLAY STREET, SUITE 1400  
 City: OAKLAND  
 State: Not reported  
 Phone Number: Not reported

LUST:  
 Global Id: T0608501558  
 Action Type: Other  
 Date: 01/01/1990  
 Action: Leak Reported

Global Id: T0608501558  
 Action Type: ENFORCEMENT  
 Date: 01/29/1991  
 Action: Notice of Responsibility - #40115

Global Id: T0608501558  
 Action Type: RESPONSE  
 Date: 05/12/1987  
 Action: Other Report/ Document

Global Id: T0608501558  
 Action Type: REMEDIATION  
 Date: 01/01/1990  
 Action: Excavation

Global Id: T0608501558  
 Action Type: ENFORCEMENT  
 Date: 04/11/1991  
 Action: Closure/No Further Action Letter

LUST REG 2:  
 Region: 2  
 Facility Id: Not reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

EDR ID Number  
EPA ID Number  
Database(s)

S102449813

VICTOR'S GOODYEAR (Continued)

Facility Status: Case Closed  
Case Number: 06SZW17N03f  
How Discovered: Not reported  
Leak Cause: Not reported  
Leak Source: Not reported  
Date Leak Confirmed: Not reported  
Oversight Program: LUST  
Prelim. Site Assessment Workplan Submitted: Not reported  
Preliminary Site Assessment Began: 1/22/1991  
Pollution Characterization Began: Not reported  
Pollution Remediation Plan Submitted: Not reported  
Date Remediation Action Underway: Not reported  
Date Post Remedial Action Monitoring Began: Not reported

LUST SANTA CLARA:

Region: SANTA CLARA  
SCVWD ID: 06SZW17N03f  
Date Closed: 04/11/1991

HIST LUST SANTA CLARA:

Region: SANTA CLARA  
Region Code: 2  
SCVWD ID: 06SZW17N03  
Oversite Agency: SCVWD  
Data Usable: 1988-01-00-00:00  
Closed Date: 1991-04-11 00:00:00

HAZNET:

Year: 2000  
Gepaid: CAC001090264  
Contact: ROSE GROSSMAN TRUST  
Telephone: 4089801613  
Mailing Name: Not reported  
Mailing Address: 3283 DE LA CRUZ BLVD STE D  
Mailing City, St, Zip: SANTA CLARA, CA 95054-0000  
Gen County: Santa Clara  
TSD EPA ID: CAD980887418  
TSD County: 1  
Waste Category: Waste oil and mixed oil  
Disposal Method: Recycler  
Tons: .7506  
Facility County: Santa Clara

OLD MILL TIERRA PROPERTY  
255 SAN ANTONIO RD S  
MOUNTAIN VIEW, CA 94040

Site 2 of 2 in cluster 1

CORTESE:

Region: CORTESE  
Facility County Code: 43  
Reg By: LTNKA  
Reg ID: 43-0996

HIST CORTESE  
LUST  
S101309050  
N/A

133  
ENE  
1/4-1/2  
0.421 ml  
223 ft

Relative:  
Lower  
Actual:  
51 ft.

TC3490172.2s Page 66

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

EDR ID Number  
EPA ID Number  
Database(s)

OLD MILL TIERRA PROPERTY (Continued)

LUST:  
Region: STATE  
Global Id: T0606500984  
Latitude: 37.4068847  
Longitude: -122.059297  
Case Type: LUST Cleanup Site  
Status: Completed - Case Closed  
Status Date: 08/28/2003  
Lead Agency: SAN FRANCISCO BAY RWQCB (REGION 2)  
Case Worker: UNK  
Local Agency: SANTA CLARA COUNTY LOP  
RB Case Number: 43-0896  
LOC Case Number: Not reported  
File Location: Not reported  
Potential Media Affect: Other Groundwater (uses other than drinking water)  
Potential Contaminants of Concern: Gasoline  
Site History: See 2595 California

Click here to access the California GeoTracker records for this facility:

LUST:  
Global Id: T0606500984  
Contact Type: Regional Board Caseworker  
RB 2  
Organization Name: SAN FRANCISCO BAY RWQCB (REGION 2)  
Address: 1615 CLAY STREET, SUITE 1400  
City: OAKLAND  
Email: Not reported  
Phone Number: Not reported

LUST:  
Global Id: T0606500984  
Action Type: Other  
Date: 01/01/1950  
Action: Leak Reported

Global Id: T0606500984  
Action Type: Other  
Date: 01/01/1950  
Action: Leak Discovery

Global Id: T0606500984  
Action Type: Other  
Date: 01/01/1950  
Action: Leak Stopped

LUST REG 2:

Region: 2  
Facility Id: 43-0996  
Facility Status: Preliminary site assessment underway  
Case Number: 43-0996  
How Discovered: Tank Closure  
Leak Cause: Structure Failure  
Leak Source: Tank  
Date Leak Confirmed: Not reported

S101309050

TC3490172.2s Page 67

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

EDR ID Number  
EPA ID Number  
Database(s)

Map ID  
Direction  
Distance  
Elevation

Database(s)

EDR ID Number  
EPA ID Number

MAP FINDINGS

OLD MILL TERRA PROPPERTY (Continued) \$101309050

Oversight Program: LUST  
Prelim. Site Assessment Wokplan Submitted: Not reported  
Preliminary Site Assessment Began: 8/12/1985  
Pollution Characterization Began: Not reported  
Pollution Remediation Plan Submitted: Not reported  
Date Remediation Action Underway: Not reported  
Date Post Remedial Action Monitoring Began: Not reported

34  
ENE  
1/4-1/2  
0.421 mi.  
2225 ft.  
Lower

RCRA-SQG  
HIST CORTSE  
LUST  
HIST LUST

1000288608  
CAD981401607

SHELL OIL CO  
2595 CALIFORNIA  
MOUNTAIN VIEW, CA 94040

RCRA-SQG:  
Date form received by agency: 04/08/1988  
Facility name: SHELL OIL CO  
Facility address: 2595 CALIFORNIA  
MOUNTAIN VIEW, CA 94040  
EPA ID: CAD981401607  
Mailing address: P O BOX 4453  
HOUSTON, TX 77210-4453  
Contact: SONDR A BIENVENU  
P O BOX 4453  
HOUSTON, TX 77210-4453  
Contact address:  
US  
Contact country:  
Contact telephone:  
Contact email:  
EPA Region:  
Classification:  
Description:

Small Small Quantity Generator  
Handler: generates more than 100 and less than 1000 kg of hazardous waste during any calendar month and accumulates less than 6000 kg of hazardous waste at any time; or generates 100 kg or less of hazardous waste during any calendar month, and accumulates more than 1000 kg of hazardous waste at any time

Owner/Operator name:  
Owner/Operator address:  
Owner/Operator country:  
Owner/Operator telephone:  
Legal status:  
Owner/Operator Type:  
Owner/Op start date:  
Owner/Op end date:

NOT REQUIRED  
NOT REQUIRED  
Not reported  
Private  
Operator  
Not reported  
Not reported

Owner/Operator name:  
Owner/Operator address:  
Owner/Operator country:  
Owner/Operator telephone:  
Legal status:  
Owner/Operator Type:  
Owner/Op start date:  
Owner/Op end date:

EQUILON ENTERPRISES LLC  
P O BOX 4453  
HOUSTON, TX 77210  
Not reported  
(713) 241-2258  
Private  
Owner  
Not reported  
Not reported

SHELL OIL CO (Continued)

Handler Activities Summary:  
U.S. importer of hazardous waste: No  
Mixed waste (haz. and radioactive): No  
Recycler of hazardous waste: No  
Transporter of hazardous waste: No  
Treater, storer or disposer of HW: No  
Underground injection activity: No  
On-site burner exemption: No  
Furnace exemption: No  
Used oil fuel burner: No  
Used oil processor: No  
Used oil refiner: No  
Used oil fuel marketer to burner: No  
Used oil specification marketer: No  
Used oil transfer facility: No  
Used oil transporter: No

Historical Generators:  
Date form received by agency: 09/01/1986  
Facility name: SHELL OIL CO  
Classification: Small Quantity Generator  
Date form received by agency: 04/13/1980  
Facility name: SHELL OIL CO  
Site name: SHELL OIL CO 204-5208-0409  
Classification: Large Quantity Generator

Hazardous Waste Summary:  
Waste code:  
Waste name:

D001  
HAZARDOUS WASTES ARE THOSE WASTES WHICH HAVE A FLASHPOINT OF LESS THAN 140 DEGREES FAHRENHEIT AS DETERMINED BY A PENSKY MARTENS CLOSED CUP FLASH POINT TESTER. ANOTHER METHOD OF DETERMINING THE FLASH POINT OF A WASTE IS TO REVIEW THE MATERIAL SAFETY DATA SHEET WHICH CAN BE OBTAINED FROM THE MANUFACTURER OR DISTRIBUTOR OF THE MATERIAL. LACQUEZ THINNER IS AN EXAMPLE OF A COMMONLY USED SOLVENT WHICH WOULD BE CONSIDERED AS IGNITABLE HAZARDOUS WASTE.

Waste code:  
Waste name:  
Violation Status:  
CORTSE:  
Region:  
Facility County Code:  
Reg By:  
Reg Id:

D018  
BENZENE  
No violations found  
CORTSE  
43  
LTKKA  
43-1304

LUST:  
Region:  
Global Id:  
Latitude:  
Longitude:  
Census Type:  
Status:  
Status Date:

STATE  
T0808501262  
37.405414652087  
-123.11046218721  
LUST Cleanup Site  
Completed- Case Closed  
09/28/2005

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

EDR ID Number  
EPA ID Number  
Database(s)

Site

SHELL OIL CO (Continued)

Lead Agency: SANTA CLARA COUNTY LOP  
Cases Worker: UST  
Local Agency: SANTA CLARA COUNTY LOP  
RB Case Number: Not reported  
LCC Case Number: Not reported  
File Location: Not reported  
Potential Media Affect: Shunt dischromically as an E-file  
Other Groundwater (less other than drinking water):  
Potential Contaminants of Concern: Gasoline  
Site History: Not reported

Click here to access the California GeoTracker records for this facility:

LUST:

Global Id: T0608501282  
Contact Type: Regional Board Caseworker  
Contact Name: ZSC  
Organization Name: SAN FRANCISCO BAY RWQCB (REGION 2)  
Address: 1515 CLAY STREET, SUITE 1400  
City: OAKLAND  
Email: Not reported  
Phone Number: Not reported

Global Id: T0608501282  
Local Agency Caseworker  
Contact Type: UST CASE WORKER  
Contact Name: SANTA CLARA COUNTY LOP  
Organization Name: SANTA CLARA COUNTY LOP  
Address: 1555 Berger Drive, Suite 300  
City: SAN JOSE  
Email: Not reported  
Phone Number: 4088763400

LUST:

Global Id: T0608501282  
Action Type: Other  
Date: 01/01/1985  
Action: Leak Reported  
Global Id: T0608501282  
Action Type: ENFORCEMENT  
Date: 03/27/1981  
Action: Notice of Responsibility - #40114  
Global Id: T0608501282  
Action Type: ENFORCEMENT  
Date: 02/18/2000  
Action: Staff Letter - #30223

Global Id: T0608501282  
Action Type: ENFORCEMENT  
Date: 04/22/1987  
Action: Staff Letter - #30214  
Global Id: T0608501282  
Action Type: RESPONSE  
Date: 04/15/2000  
Action: Monitoring Report - Quarterly

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

EDR ID Number  
EPA ID Number  
Database(s)

Site

SHELL OIL CO (Continued)

Global Id: T0608501282  
Action Type: REMEDIATION  
Date: 01/01/1985  
Action: Excavation  
Global Id: T0608501282  
Action Type: REMEDIATION  
Date: 01/01/1985  
Action: Pump & Treat (P&T) Groundwater

Global Id: T0608501282  
Action Type: REMEDIATION  
Date: 01/01/1985  
Action: Soil Vapor Extraction (SVE)

Global Id: T0608501282  
Action Type: RESPONSE  
Date: 04/28/1987  
Action: Monitoring Report - Quarterly

LUST REG 2:

Region: 2  
Facility Id: Not reported  
Case Number: 0652W17N02f  
How Discarded: Not reported  
Leak Cause: Not reported  
Data Source: Not reported  
Data Leak Confirmed: Not reported  
Oversight Program: LUST  
Prelim. Site Assessment Workplan Submitted: Not reported  
Preliminary Site Assessment Began: 12/19/1985  
Pollution Characterization Began: 12/19/1985  
Pollution Remediation Plan Submitted: Not reported  
Date Remediation Action Underway: Not reported  
Date Post Remedial Action Monitoring Began: Not reported

LUST SANTA CLARA:  
Region: SANTA CLARA  
SCYWD ID: 0652W17N02f  
Date Closed: 03/26/2003

HIST LUST SANTA CLARA:  
Region: SANTA CLARA  
Region Code: 2  
SCYWD ID: 0652W17N02  
Oversite Agency: SCYWD  
Date Listed: 1987-01-01 00:00:00  
Closed Date: 2003-03-25 00:00:00

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

EDR ID Number  
EPA ID Number  
Database(s)

Site

J35  
NW  
114-1/2  
0.426 mi,  
2250 ft.

Relative:  
Lower

Actual:  
56 ft.

EDR ID Number  
EPA ID Number  
Database(s)

LUST S103947236  
HAZNET N/A

Site

HYATT RICKEY'S  
4219 EL CAMINO REAL  
PALO ALTO, CA 94306

Site 1 of 2 in cluster J

LUST:

Region: STATE  
Global Id: T0609501005  
Latitude: 37.40394  
Longitude: -122.121605  
Case Type: LUST Cleanup Site  
Status: Completed - Case Closed  
Lead Agency: SANTA CLARA COUNTY LOP  
Local Agency: US SANTA CLARA COUNTY LOP  
RS Case Number: SANTA CLARA COUNTY LOP  
Not reported  
File Location: Not reported  
Potential Media Affect: Shared electronically as an E-File  
Other Groundwater (uses other than drinking water):  
Potential Contaminants of Concern: Gasoline  
Site History: Not reported

Click here to access the California Geo Tracker records for this facility:

LUST:

Global Id: T0609501005  
Contact Type: Regional Board Caseworker  
Contact Name: ZSC  
Organization Name: SAN FRANCISCO BAY RWOCB (REGION 2)  
Address: 1515 CLAY STREET, SUITE 1400  
City: OAKLAND  
State: CA  
Not reported  
Phone Number: Not reported  
Global Id: T0609501005  
Contact Type: Local Agency Caseworker  
Contact Name: LUST CASE WORKER  
Organization Name: SANTA CLARA COUNTY LOP  
Address: 1555 Beeger Drive, Suite 300  
City: SAN JOSE  
State: CA  
Not reported  
Phone Number: 4089183400

LUST:

Global Id: T0609501005  
Action Type: RESPONSE  
Date: 04/30/1998  
Action: Monitoring Report - Quarterly  
Global Id: T0609501005  
Action Type: Other  
Date: 01/01/1950  
Action: Leak Reported  
Global Id: T0609501005  
Action Type: RESPONSE  
Date: 07/30/1998

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

EDR ID Number  
EPA ID Number  
Database(s)

Site

HYATT RICKEY'S (Continued)

Action: Monitoring Report - Quarterly

Global Id: T0609501005  
Action Type: RESPONSE  
Date: 01/30/1998  
Action: Monitoring Report - Quarterly

Global Id: T0609501005  
Action Type: ENFORCEMENT  
Date: 03/07/1997  
Action: Notice of Responsibility - #40121

Global Id: T0609501005  
Action Type: ENFORCEMENT  
Date: 03/24/2003  
Action: Staff Letter - #41086

Global Id: T0609501005  
Action Type: ENFORCEMENT  
Date: 07/13/1998  
Action: Staff Letter - #30040

Global Id: T0609501005  
Action Type: ENFORCEMENT  
Date: 04/15/1998  
Action: Staff Letter - #30038

HAZNET:

Year: 1998  
Cepaid: CAC000085357  
Contact: ASBESTOS  
Telephone: 0000000000  
Mailing Name: Not reported  
Mailing Address: 4219 EL CAMINO REAL  
Mailing City/ST/Zip: PALO ALTO, CA 943060000  
Gen County: Santa Clara  
TSD EPA ID: CAL000190080  
TSD County: San Joaquin  
Waste Category: Asbestos containing waste  
Disposal Method: Disposal, Land Fill  
Tons: 1.6856  
Facility County: Santa Clara

Year: 1997  
Cepaid: CAC000085357  
Contact: ASBESTOS  
Telephone: 0000000000  
Mailing Name: Not reported  
Mailing Address: 4219 EL CAMINO REAL  
Mailing City/ST/Zip: PALO ALTO, CA 943060000  
Gen County: Santa Clara  
TSD EPA ID: CAL000027741  
TSD County: 5  
Waste Category: Asbestos containing waste  
Disposal Method: Disposal, Land Fill  
Tons: 21.0700

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site  
Database(s)  
EPA ID Number  
EDR ID Number

HYATT RICKEY'S (Continued) S103947236

Facility County: Santa Clara

J36  
NW  
1/4-1/2  
0.428 mi.  
2250 ft.  
Relative:  
Lower  
Actual:  
56 ft.

1X HYATT HOTELS CORP  
4219 EL CAMINO REAL  
PALO ALTO, CA 94306  
Site 2 of 2 in cluster J

CORTESE  
Region: 43  
Facility County Code: LTNKA  
Reg By: 43-1009  
Reg Id:

HIST CORTESE  
LUST  
HAZNET

LUST REG 2:  
Region: 2  
Facility Id: Not reported  
Facility Status: Pollution Characterization  
Case Number: 06SZW18L02f  
How Discovered: Not reported  
Leak Cause: Not reported  
Leak Source: Not reported  
Date Leak Confirmed: Not reported  
Oversight Program: LUST  
Prelim. Site Assessment/Proprietary Submitted: Not reported  
Prelim. Site Assessment/Proprietary Began: 1/29/1992  
Pollution Characterization Began: 3/4/1992  
Pollution Remediation Plan Submitted: Not reported  
Date Remediation Action Underway: Not reported  
Date Post Remedial Action Monitoring Began: Not reported

LUST SANTA CLARA:  
Region: SANTA CLARA  
SCWWD ID: 06SZW18L02f  
Date Closed: 12/03/2004

HIST LUST SANTA CLARA:  
Region: SANTA CLARA  
SCWWD ID: 06SZW18L02  
Oversite Agency: SCWWD  
Date Listed: 1987-03-06 00:00:00  
Closed Date: 2004-12-03 00:00:00

HAZNET:  
Year: 1984  
Genaid: CAC000027631  
Contract: Not reported  
Telephone: 000000000  
Mailing Name: Not reported  
Mailing Address: 200 W MADISON ST  
Mailing City, St, Zip: CHICAGO, IL 606060000  
Gen County: Santa Clara  
TSD EPA ID: CAD980794183  
Waste Category: San Joaquin  
Asbestos containing waste

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site  
Database(s)  
EPA ID Number  
EDR ID Number

1X HYATT HOTELS CORP (Continued) S101683042

Disposal Method: Disposal, Land Fill  
Tons: 42140  
Facility County: Santa Clara

37  
ENE  
1/4-1/2  
0.449 mi.  
2370 ft.  
Relative:  
Lower  
Actual:  
50 ft.

COAST CASEY PUMP STATION  
101 SAN ANTONIO  
MOUNTAIN VIEW, CA

CORTESE  
Region: 43  
Facility County Code: LTNKA  
Reg By: 43-0384  
Reg Id:

HIST CORTESE  
LUST  
LUST

K38  
SSE  
1/4-1/2  
0.450 mi.  
2376 ft.  
Relative:  
Higher  
Actual:  
86 ft.

UNOCAL #4918  
895 N. SAN ANTONIO ROAD  
LOS ALTOS, CA 94022  
Site 1 of 2 in cluster K

LUST:  
Region: STATE  
Global Id: T060600150  
Latitude: 37.3998520778705  
Longitude: -122.113916673932  
Case Type: LUST Cleanup Site  
Status: Open - Verification Monitoring  
Status Date: 11/20/2008  
Lead Agency: SANTA CLARA COUNTY LOP  
Case Worker: MJ  
Local Agency: SANTA CLARA COUNTY LOP  
RB Case Number: 21-067  
File Location: 06SZWZ0E01f  
Potential Media Affected: Stored electronically as an E-file  
Other Groundwater (less other than drinking water) located at the northeast corner at the intersection of North San Antonio Road and Sherwood Avenue in Los Altos, California. Original (first generation) site features included a station building, two 10,000-gallon gasoline underground storage tanks (USTs) located near the northwest corner of the Site, and two product dispenser islands. In 1985, the two 10,000-gallon gasoline USTs (second generation) were installed in the southwest corner of the Site. The station building, USTs (second generation), and dispenser islands were removed in 1992, and the Site remains a vacant lot except for a consists primarily of commercial and residential properties. In the Third Quarter 2010 Groundwater Monitoring Report, Sarnatic recommended that the sampling frequency at wells MW-1, MW-2, MW-6, and MW-9 reduced to annually (during Second Quarter groundwater monitoring and sampling events). This was approved by the County of Santa Clara Department of Environmental Health (SCODEH) in a letter dated November 12, 2010.

Potential Contaminants of Concern:  
Site History:

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

EPA ID Number  
EPA ID Number

Database(s)

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site

EPA ID Number  
EPA ID Number

Database(s)

UNOCAL #4918 (Continued)

Click here to access the California GeoTracker records for this facility:

LUST:  
Global Id: T0608500150  
Action Type: Local Agency Caseworker  
Date: LAINI LEE  
Action: SANTA CLARA COUNTY LOP  
1555 BERGER DR, SUITE 300  
SAN JOSE  
City: lani.lee@teh.sccgov.org  
Phone Number: Not reported  
Global Id: T0608500150  
Action Type: Regional Board Caseworker  
Date: NATHAN KING  
Action: SAN FRANCISCO BAY RWQCB (REGION 2)  
1515 CLAY ST., SUITE 1400  
OAKLAND  
City: nking@waterboards.ca.gov  
Phone Number: Not reported

LUST:

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 07/31/2011  
Action: Monitoring Report - Semi-Annually  
Global Id: T0608500150  
Action Type: REMEDIATION  
Date: 07/07/1990  
Action: Soil Vapor Extraction (SVE)  
Global Id: T0608500150  
Action Type: Other  
Date: 07/07/1990  
Action: Leak Reported  
Global Id: T0608500150  
Action Type: RESPONSE  
Date: 09/21/2012  
Action: Fact Sheets - Public Participation  
Global Id: T0608500150  
Action Type: ENFORCEMENT  
Date: 02/25/1993  
Action: Notice of Responsibility - #40127  
Global Id: T0608500150  
Action Type: ENFORCEMENT  
Date: 05/31/1995  
Action: Staff Letter - #30094  
Global Id: T0608500150  
Action Type: ENFORCEMENT  
Date: 07/27/2011  
Action: Staff Letter

UNOCAL #4918 (Continued)

Global Id: T0608500150  
Action Type: ENFORCEMENT  
Date: 08/03/2012  
Action: Staff Letter  
Global Id: T0608500150  
Action Type: RESPONSE  
Date: 10/15/1987  
Action: Monitoring Report - Quarterly  
Global Id: T0608500150  
Action Type: ENFORCEMENT  
Date: 09/05/2012  
Action: Notification - Public Notice of Case Closure  
Global Id: T0608500150  
Action Type: ENFORCEMENT  
Date: 7/27/2011  
Action: Staff Letter  
Global Id: T0608500150  
Action Type: REMEDIATION  
Date: 07/07/1990  
Action: Excavation  
Global Id: T0608500150  
Action Type: RESPONSE  
Date: 10/15/1996  
Action: Monitoring Report - Quarterly  
Global Id: T0608500150  
Action Type: RESPONSE  
Date: 01/15/1996  
Action: Monitoring Report - Quarterly  
Global Id: T0608500150  
Action Type: RESPONSE  
Date: 01/31/2012  
Action: Soil and Water Investigation Workplan  
Global Id: T0608500150  
Action Type: RESPONSE  
Date: 06/22/2012  
Action: Site Assessment Report  
Global Id: T0608500150  
Action Type: RESPONSE  
Date: 07/15/1987  
Action: Monitoring Report - Quarterly  
Global Id: T0608500150  
Action Type: RESPONSE  
Date: 04/15/1996  
Action: Monitoring Report - Quarterly  
Global Id: T0608500150  
Action Type: RESPONSE  
Date: 07/27/2011  
Action: RESPONSE

UNOCAL #4918 (Continued)

\$103860863

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site  
Database(s)  
EPA ID Number  
EPA ID Number

UNOCAL #4918 (Continued)

S103880663

Date: 10/15/1995  
Action: Monitoring Report - Quarterly

Global Id: T0608500150  
Action Type: Other  
Date: 01/01/1950  
Action: Leak Discovery

Global Id: T0608500150  
Action Type: ENFORCEMENT  
Date: 08/25/2010  
Action: Staff Letter

Global Id: T0608500150  
Action Type: ENFORCEMENT  
Date: 02/06/2012  
Action: Staff Letter

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 04/15/1997  
Action: Monitoring Report - Quarterly

Global Id: T0608500150  
Action Type: ENFORCEMENT  
Date: 11/12/2010  
Action: Staff Letter

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 07/15/1998  
Action: Monitoring Report - Quarterly

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 07/15/1995  
Action: Monitoring Report - Quarterly

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 07/30/2009  
Action: Monitoring Report - Quarterly

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 01/31/2010  
Action: Monitoring Report - Semi-Annually

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 07/31/2010  
Action: Monitoring Report - Semi-Annually

Global Id: T0608500150  
Action Type: ENFORCEMENT  
Date: 08/12/2009  
Action: Staff Letter

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site  
Database(s)  
EPA ID Number  
EPA ID Number

UNOCAL #4918 (Continued)

S103880663

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 07/31/2011  
Action: Monitoring Report - Semi-Annually

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 10/31/2010  
Action: Monitoring Report - Quarterly

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 07/15/1997  
Action: Monitoring Report - Quarterly

Global Id: T0608500150  
Action Type: ENFORCEMENT  
Date: 09/18/2009  
Action: Staff Letter

Global Id: T0608500150  
Action Type: Other  
Date: 01/01/1950  
Action: Leak Stopped

Global Id: T0608500150  
Action Type: RESPONSE  
Date: 07/11/1996  
Action: Monitoring Report - Quarterly

LUST REG 2:  
Region: 2  
Facility Id: Not reported  
Facility Status: Pollution Characterization  
Case Number: 06SZW20E01f  
How Discovered: Not reported  
Leak Source: Not reported  
Leak Cause: Not reported  
Date Leak Confirmed: Not reported  
Oversight Program: LUST  
Prelin. Site Assessment Worksheet Submitted: 8/17/1992  
Preliminary Site Assessment Began: 8/20/1992  
Pollution Characterization Began: Not reported  
Pollution Remediation Plan Submitted: Not reported  
Date Remediation Action Underway: Not reported  
Date Past Remedial Action Monitoring Began: Not reported

LUST SANTA CLARA:  
Region: SANTA CLARA  
SCVWD ID: 06SZW20E01f  
Date Closed: Not reported

HIST LUST SANTA CLARA:  
Region: SANTA CLARA  
Region Code: 2

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site  
Database(s)  
EDR ID Number  
EPA ID Number

UNOCAL #4918 (Continued)

S103380863

SCWMD ID: 06S2W19H02F  
Oversite Agency: SCCDEH  
Date Listed: 1992-12-14 00:00:00  
Closed Date: Not reported

UNOCAL  
895 SAN ANTONIO  
LOS ALTOS, CA 94022  
Site 2 of 2 in cluster K

HIST CORTESE S105708738  
N/A

CORTESE  
Region: 43  
Facility County Code: LTNKA  
Reg By: 43-0082  
Reg Id:

CORTESE  
Region: 43  
Facility County Code: LTNKA  
Reg By: 43-0082  
Reg Id:

40  
South  
1/4-1/2  
0.473 mi.  
2499 ft.

HIST CORTESE S103723182  
LUST  
HIST LUST  
N/A

CORTESE  
Region: 43  
Facility County Code: LTNKA  
Reg By: 43-2308  
Reg Id:

LUST REG 2:  
Region: 2  
Facility Id: Not reported  
Case Status: Case Closed  
Case Number: 06S2W19H02F  
How Discovered: Not reported  
Leak Cause: Not reported  
Leak Source: Not reported  
Date Leak Confirmed: Not reported  
Oversight Program: LUST  
Prelim. Site Assessment Workplan Submitted: Not reported  
2/13/1997  
Preliminary Site Assessment Began: Not reported  
Pollution Characterization Began: Not reported  
Pollution Remediation Plan Submitted: Not reported  
Date Remediation Action Underway: Not reported  
Date Post Remedial Action Monitoring Began: Not reported

LUST SANTA CLARA:  
Region: SANTA CLARA  
SCWMD ID: 06S2W19H02F  
Date Closed: 01/11/1989

HIST LUST SANTA CLARA:  
Region: SANTA CLARA  
Region Code: 2  
SCWMD ID: 06S2W19H02

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Site  
Database(s)  
EDR ID Number  
EPA ID Number

ERICHSEN RESIDENCE (Continued)

S103723182

Oversite Agency: SCWMD  
Date Listed: 1998-05-14 00:00:00  
Closed Date: 1999-01-11 00:00:00

L41  
SE  
1/4-1/2  
0.482 mi.  
2546 ft.

HIST CORTESE S100252747  
LUST  
N/A

ERICHSEN RESIDENCE (Continued)  
Region: 43  
Facility County Code: LTNKA  
Reg By: 43-2112  
Reg Id:

LUST REG 2:  
Region: 2  
Facility Id: 43-2112  
Case Status: Case Closed  
Case Number: 43-2112  
How Discovered: Tank Closure  
Leak Cause: UNK  
Leak Source: UNK  
Date Leak Confirmed: Not reported  
Oversight Program: LUST  
Prelim. Site Assessment Workplan Submitted: Not reported  
Preliminary Site Assessment Began: Not reported  
Pollution Characterization Began: Not reported  
Pollution Remediation Plan Submitted: Not reported  
Date Remediation Action Underway: Not reported  
Date Post Remedial Action Monitoring Began: Not reported

L42  
SE  
1/4-1/2  
0.482 mi.  
2546 ft.

LUST U001594147  
HIST LUST  
N/A

LOS ALTOS SUPPLY  
4730 EL CAMINO REAL  
LOS ALTOS, CA 94022  
Site 2 of 2 in cluster L

LUST  
Region: STATE  
Facility Id: T10908501940  
Global Id: 3739978777  
Latitude: 17221110666  
Longitude: 17221110666  
Case Type: LUST Cleanup Site  
Status: Completed - Case Closed  
Head Signing: 04/29/1986  
Case Worker: UNK  
Oversite Agency: SAN FRANCISCO BAY RWQCB (REGION 2)  
Reg. Case Number: SANTA CLARA COUNTY LOP  
LOC Case Number: 43-2112  
File Location: Not reported  
Potential Media Affect: Not reported  
Soil: Diesel  
Site History: Not reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

EDR ID Number  
EPA ID Number  
Database(s)

Site

EDR ID Number  
EPA ID Number  
Database(s)

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

EDR ID Number  
EPA ID Number  
Database(s)

Site

EDR ID Number  
EPA ID Number  
Database(s)

LOS ALTOS SUPPLY (Continued)

U001594147

Click here to access the California GeoTracker records for this facility:

LUST:  
Global Id: T0603501940  
Contact Type: Local Agency Caseworker  
Contact Name: UST CASE WORKER  
Organization Name: SANTA CLARA COUNTY LOP  
Address: 1555 Berger Drive, Suite 300  
City: SAN JOSE  
Email: Not reported  
Phone Number: 4089183400  
Global Id: T0608501940  
Contact Type: Regional Board Caseworker  
Contact Name: RB 2  
Organization Name: SAN FRANCISCO BAY RWQCB (REGION 2)  
Address: 1615 CLAY STREET, SUITE 1400  
City: OAKLAND  
Email: Not reported  
Phone Number: Not reported

LUST:  
Global Id: T0608501940  
Action Type: Other  
Date: 01/01/1980  
Action: Leak Reported  
Global Id: T0608501940  
Action Type: Other  
Date: 07/07/1980  
Action: Leak Discovery  
Global Id: T0608501940  
Action Type: Other  
Date: 07/07/1980  
Action: Leak Stopped

HIST UST:  
Region: STATE  
Facility ID: 000000140866  
Facility Type: Other  
Other Type: GARDEN CTR  
Total Tanks: 0001  
Contact Name: Not reported  
Telephone: 4159486470  
Owner Name: LOS ALTOS SUPPLY  
Owner Address: 4730 EL CAMINO REAL  
Owner City, St, Zip: LOS ALTOS, CA 94022  
Tank Num: 001  
Container Num: 12345  
Year Installed: 1983  
Tank Capacity: 00003000  
Tank Used for: PRODUCT  
Type of Fuel: DIESEL

LOS ALTOS SUPPLY (Continued)

U001594147

Tank Construction: Not reported  
Leak Detection: Visual, None

43  
NW  
14-1/2  
0.485 mi.  
2948 ft.  
Relative:  
Lower  
Actual:  
54 ft.

HYATT RICKETTS  
4201 4219 EL CAMINO REAL  
PALO ALTO, CA 94306

SLIC  
\$106162397  
N/A

SLIC:  
Region: STATE  
Facility Status: Open - Inactive  
Status Date: 04/17/2009  
Global Id: T0608501652  
Lead Agency: SAN FRANCISCO BAY RWQCB (REGION 2)  
Lead Agency Case Number: Not reported  
Latitude: 37.405585  
Longitude: -122.119062  
Case Type: Cleanup Program Site  
Case Worker: UUU  
Local Agency: Not reported  
RB Case Number: 4350514  
File Location: Not reported  
Potential Media Affected: Soil  
Potential Contaminants of Concern: \* Solvents  
Site History: Not reported

Click here to access the California GeoTracker records for this facility:

SLIC REC 2:  
Region: 2  
Facility ID: 4350514  
Facility Status: Pollution Characterization  
Date Closed: Not reported  
Local Case #: Not reported  
How Discovered: Tank Closure  
Leak Cause: UNK  
Leak Source: UNK  
Date Confirmed: Not reported  
Date Prelim Site Assmt Workplan Submitted: Not reported  
Date Preliminary Site Assessment Began: Not reported  
Date Pollution Characterization Began: 9/07/1983  
Date Remediation Plan Submitted: Not reported  
Date Remedial Action Underway: Not reported  
Date Post Remedial Action Monitoring Began: Not reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Database(s)  
EPA ID Number

EPA ID Number  
S101303614

Site

44  
SSE  
1/4-1/2  
0.464 mi.  
2553 ft.

Relative:  
Higher  
Actual:  
93 ft.

HIST CORTIESTE  
LUST  
HIST LUST

S101303614  
N/A

CORTIESTE  
Region: 43  
County: LTNKA  
County Code: 43-0132

LUST:  
Global Id: T0608569452  
Latitude: 37.397873  
Longitude: -122.115511  
Case Type: LUST Cleanup Site  
Status: Completed - Case Closed  
Completed Date: 08/29/1994  
Lead Agency: SANTA CLARA COUNTY LOP  
Local Agency: SANTA CLARA COUNTY LOP  
Case Number: Not reported  
RB Case Number: Not reported  
LOC Case Number: Not reported  
File Location: Stored electronically as an E-file  
Potential Media Affect: Soil  
Potential Contaminants of Concern: Not reported  
Site History: Not reported

Click here to access the California GeoTracker records for this facility:

LUST:  
Global Id: T0608569452  
Contact Type: Regional Board Caseworker  
Organization Name: ZSC  
Address: SAN FRANCISCO BAY RWQCS (REGION 2)  
City: 1515 CLAY STREET, SUITE 1400  
Oakland  
Not reported  
Not reported

Global Id: T0608569452  
Contact Type: Local Agency Caseworker  
Organization Name: UST CASE WORKER  
Address: SANTA CLARA COUNTY LOP  
City: 1555 Berger Drive, Suite 300  
SAN JOSE  
Not reported  
Phone Number: 4089183400

LUST:  
Global Id: T0608569452  
Action Type: RESPONSE  
Date: 07/21/1994  
Action: Other Report/ Document  
Global Id: T0608569452  
Action Type: Other

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

Database(s)  
EPA ID Number

EPA ID Number  
S101303614

Site

BRUSIE PROPERTY (Continued)  
Date: 01/01/1950  
Action: Leak Reported  
Global Id: T0608569452  
Action Type: ENFORCEMENT  
Date: 08/30/1994  
Action: Closure/No Further Action Letter

LUST REG 2:  
Region: 2  
Facility Id: Not reported  
Case Closed: Not reported  
Case Number: 06S2W19H01F  
How Discovered: Not reported  
Leak Causes: Not reported  
Leak Source: Not reported  
Date Leak Confirmed: Not reported  
Oversight Program: LUST  
Prelim. Site Assessment Workplan Submitted: Not reported  
Preliminary Site Assessment Begun: Not reported  
Pollution Characterization Begun: Not reported  
Pollution Remediation Plan Submitted: Not reported  
Date Remediation Action Underway: Not reported  
Date Post Remedial Action Monitoring Began: Not reported

LUST SANTA CLARA:  
Region: SANTA CLARA  
SCVWD ID: 06S2W19H01F  
Date Closed: 08/30/1994

HIST LUST SANTA CLARA:  
Region: SANTA CLARA  
Region Code: 2  
SCVWD ID: 06S2W19H01  
Oversite Agency: SCVWD  
Date Listed: 1992-10-22 00:00:00  
Closed Date: 1994-08-30 00:00:00

SYMTRON #2  
111 ORTEGA AVENUE  
MOUNTAIN VIEW, CA 94040

RESPONSE  
HAZNET  
ENVIROSTOR

45  
East  
1/2-1  
0.639 mi.  
4428 ft.

Relative:  
Lower  
Actual:  
54 ft.

RESPONSE:  
Facility ID: 43360130  
Site Type: State Response  
Site Type Detail: State Response or NPL  
Acres: 0.2  
National Priorities List: NO  
Cleanup Oversight Agencies: SMERP  
Lead Agency: DTSC - Site Milligabon And Brownfield Reuse Program  
Project Manager: Remedios Sunga  
Supervisor: Mark Pitas

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

EDR ID Number  
EPA ID Number  
Database(s)

Site

**SYMTRON #2 (Continued)**

S103623014

Division Branch: Cleanup Berkeley  
Site Code: 201137  
Site Mgmt. Req.: NONE SPECIFIED  
Assembly: 24  
Senate: 13  
Special Program Status: Not reported  
Status: No Further Action  
Status Date: 06/29/2001  
Restricted Use: NO  
Funding: 37,40310  
Longitude: -122.1026  
APN: 147-54-009,148-33-009  
Past Use: MANUFACTURING - ELECTRONIC  
Potential COC: 30022,30027  
Confirmed COC: 30022,30027  
Potential Description: OTH  
Alias Name: ELEXSYS  
Alias Type: Alternate Name  
Alias Name: SANMINA  
Alias Type: Alternate Name  
Alias Name: 147-54-009  
Alias Type: APN  
Alias Name: 148-33-009  
Alias Type: APN  
Alias Name: CAD000819821  
Alias Type: EPA Identification Number  
Alias Name: 110033618903  
Alias Type: EPA (FRS #)  
Alias Name: 201137  
Alias Type: Project Code (Site Code)  
Alias Name: 43380130  
Alias Type: Envirostor ID Number

**Completed Info:**

Completed Area Name: PROJECT WIDE  
Completed Sub Area Name: Not reported  
Completed Document Type: Remedial Investigation / Feasibility Study  
Completed Date: 06/29/2001  
Comments: Completed RIFS. The results did not indicate a contamination source on the property.

**Completed Area Name:**

Completed Sub Area Name: PROJECT WIDE  
Completed Document Type: Unilateral Order (USE, RAO, CAO, EPA, AO)  
Completed Date: 08/19/1998  
Comments: Issued 1 or SE Order to Samminia Corporation.

**Future Area Name:**

Future Sub Area Name: Not reported  
Future Document Type: Not reported  
Future Date: Not reported  
Schedule Area Name: Not reported  
Schedule Sub Area Name: Not reported  
Schedule Document Type: Not reported  
Schedule Due Date: Not reported  
Schedule Revised Date: Not reported

Map ID  
Direction  
Distance  
Elevation

MAP FINDINGS

EDR ID Number  
EPA ID Number  
Database(s)

Site

**SYMTRON #2 (Continued)**

S103623014

HAZNET:  
Year: 1997  
Geopaid: CAL000194387  
Contact: STEVE JONES  
Telephone: 0000000000  
Mailing Name: Not reported  
Mailing Address: 111 ORTEGA AVE  
City, St, Zip: MOUNTAIN VIEW, CA 940401439  
Gen County: Santa Clara  
TSD EPA ID: CAD000963492  
TSD County: Santa Clara  
Waste Category: Photochemicals/photoprocessingwaste  
Disposal Method: Recycler  
Tons: 1459  
Facility County: Santa Clara

**ENVIROSTOR:**

Site Type: State Response  
Site Type Detailed: State Response or NPL  
Address: 0,2  
NPL: NO  
Regulatory Agencies: SIMBRP  
Lead Agency: SIMBRP  
Program Manager: Remedios Sanga  
Supervisor: Mark Piro  
Division Branch: Cleanup Berkeley  
Facility ID: 43380130  
Site Code: 201137  
Senate: 24  
Special Program: 13  
Status: Not reported  
Status Date: No Further Action  
Status Date: 06/29/2001  
Restricted Use: NONE SPECIFIED  
Site Mgmt. Req.: Responsible Party  
Funding: 37,40310  
Longitude: -122.1026  
APN: 147-54-009,148-33-009  
Past Use: MANUFACTURING - ELECTRONIC  
Potential COC: 30022,30027  
Confirmed COC: 30022,30027  
Potential Description: OTH  
Alias Name: ELEXSYS  
Alias Type: Alternate Name  
Alias Name: SANMINA  
Alias Type: Alternate Name  
Alias Name: 147-54-009  
Alias Type: APN  
Alias Name: 148-33-009  
Alias Type: APN  
Alias Name: CAD000819821  
Alias Type: EPA Identification Number  
Alias Name: 110033618903  
Alias Type: EPA (FRS #)  
Alias Name: 201137

**APPENDIX D**  
**HISTORICAL RECORD SEARCH**  
**(HISTORICAL SANBORN FIRE INSURANCE MAPS / AERIAL PHOTOS / TOPO MAPS / HISTORICAL CITY DIRECTORIES /**  
**OTHER HISTORICAL RECORDS)**

DRAFT

**1212119ESAI**

4350 El Camino Real  
Los Altos, CA 94022

Inquiry Number: 3490172.3  
January 08, 2013

**Certified Sanborn® Map Report**



440 Wheelers Farms Road  
Milford, CT 06451  
800.352.0050  
[www.edrnet.com](http://www.edrnet.com)

# Certified Sanborn® Map Report

1/08/13

**Site Name:**

1212119ESAI  
4350 El Camino Real  
Los Altos, CA 94022

**Client Name:**

Encon Solutions  
3255 Wilshire Boulevard  
Los Angeles, CA 90010



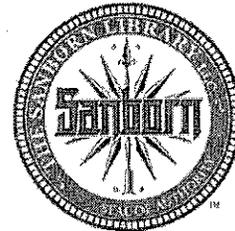
EDR Inquiry # 3490172.3

Contact: Rigo Iglesias

The complete Sanborn Library collection has been searched by EDR, and fire insurance maps covering the target property location provided by Encon Solutions were identified for the years listed below. The certified Sanborn Library search results in this report can be authenticated by visiting [www.edrnet.com/sanborn](http://www.edrnet.com/sanborn) and entering the certification number. Only Environmental Data Resources Inc. (EDR) is authorized to grant rights for commercial reproduction of maps by Sanborn Library LLC, the copyright holder for the collection.

## Certified Sanborn Results:

**Site Name:** 1212119ESAI  
**Address:** 4350 El Camino Real  
**City, State, Zip:** Los Altos, CA 94022  
**Cross Street:**  
**P.O. #** NA  
**Project:** 1212119ESAI  
**Certification #** AC5C-4DD1-9CD6



Sanborn® Library search results  
Certification # AC5C-4DD1-9CD6

## UNMAPPED PROPERTY

This report certifies that the complete holdings of the Sanborn Library, LLC collection have been searched based on client supplied target property information, and fire insurance maps covering the target property were not found.

The Sanborn Library includes more than 1.2 million Sanborn fire insurance maps, which track historical property usage in approximately 12,000 American cities and towns. Collections searched:

- Library of Congress
- University Publications of America
- EDR Private Collection

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**1212119ESAI**

4350 El Camino Real  
Los Altos, CA 94022

Inquiry Number: 3490172.4  
January 11, 2013

**The EDR-City Directory Abstract**

## TABLE OF CONTENTS

### SECTION

Executive Summary

Findings

City Directory Images

*Thank you for your business.*  
Please contact EDR at 1-800-352-0050  
with any questions or comments.

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## EXECUTIVE SUMMARY

### DESCRIPTION

Environmental Data Resources, Inc.'s (EDR) City Directory Abstract is a screening tool designed to assist environmental professionals in evaluating potential liability on a target property resulting from past activities. EDR's City Directory Abstract includes a search and abstract of available city directory data. For each address, the directory lists the name of the corresponding occupant at five year intervals.

### RESEARCH SUMMARY

The following research sources were consulted in the preparation of this report. An "X" indicates where information was identified in the source and provided in this report.

<u>Year</u>	<u>Source</u>	<u>TP</u>	<u>Adjoining</u>	<u>Text Abstract</u>	<u>Source Image</u>
2010	Haines Criss-Cross Directory	X	X	X	-
2005	Haines Criss-Cross Directory	X	X	X	-
2000	Haines Criss-Cross Directory	X	X	X	-
1996	Haines Criss-Cross Directory	X	X	X	-
1991	Haines Criss-Cross Directory	X	X	X	-
1986	Haines Criss-Cross Directory	X	X	X	-
1980	Haines Criss-Cross Directory	X	X	X	-
1975	Haines Criss-Cross Directory	X	X	X	-
1970	Haines Criss-Cross Directory	-	-	-	-

## FINDINGS

### TARGET PROPERTY INFORMATION

#### ADDRESS

4350 El Camino Real  
Los Altos, CA 94022

#### FINDINGS DETAIL

Target Property research detail.

#### El Camino Real

##### 4294 El Camino Real

<u>Year</u>	<u>Uses</u>	<u>Source</u>
2010	No Return	Haines Criss-Cross Directory
2005	Calico Corners	Haines Criss-Cross Directory
2000	Calico Corners	Haines Criss-Cross Directory
	Residential	Haines Criss-Cross Directory
1996	Taylor Made Ofc Sys	Haines Criss-Cross Directory
1991	No Return	Haines Criss-Cross Directory
1986	Dollar Rent A Car	Haines Criss-Cross Directory
	Dollar Rent A Truck	Haines Criss-Cross Directory
	Profsnl Leasing	Haines Criss-Cross Directory
1980	Dollar Rent A Car	Haines Criss-Cross Directory
	Dollar Rent A Truck	Haines Criss-Cross Directory
1975	Dollar Rent A Truck	Haines Criss-Cross Directory

##### 4300 El Camino Real

<u>Year</u>	<u>Uses</u>	<u>Source</u>
2010	Commercial Building (5 occupants)	Haines Criss-Cross Directory
2005	Allied Consulting Group	Haines Criss-Cross Directory
	First Horizon Home Loan	Haines Criss-Cross Directory

##### 4350 El Camino Real

<u>Year</u>	<u>Uses</u>	<u>Source</u>
2010	Elcamino 76 El Camino	Haines Criss-Cross Directory
	Elcamino Unocal Rancho 76	Haines Criss-Cross Directory
2005	Elcamino Unocal	Haines Criss-Cross Directory
2000	Elcamino Unocal	Haines Criss-Cross Directory
1996	Bolton Felix Jr	Haines Criss-Cross Directory
	Elcamino Unocal	Haines Criss-Cross Directory

## FINDINGS

<u>Year</u>	<u>Uses</u>	<u>Source</u>
1991	Bolton Felix Jr	Haines Criss-Cross Directory
	Elcamino Unocal	Haines Criss-Cross Directory
1986	Bolton Felix Jr	Haines Criss-Cross Directory
	Elcamino Unocal	Haines Criss-Cross Directory
1980	Bolton Felix Jr	Haines Criss-Cross Directory
	Felixs Union Serv	Haines Criss-Cross Directory
1975	Bolton Felix Jr	Haines Criss-Cross Directory
	Felixs Union Serv	Haines Criss-Cross Directory

### 4388 El Camino Real

<u>Year</u>	<u>Uses</u>	<u>Source</u>
2010	Apartments (12 occupants)	Haines Criss-Cross Directory

### 4390 El Camino Real

<u>Year</u>	<u>Uses</u>	<u>Source</u>
2000	Red Lobster Rstrnts	Haines Criss-Cross Directory
1996	Red Lobster Rstrnts	Haines Criss-Cross Directory
1991	Shogun	Haines Criss-Cross Directory
1986	Shogun	Haines Criss-Cross Directory
1980	Samurai The	Haines Criss-Cross Directory
	Shogun	Haines Criss-Cross Directory
1975	Brave Bull Los Altos	Haines Criss-Cross Directory

### 4400 El Camino Real

<u>Year</u>	<u>Uses</u>	<u>Source</u>
2010	Round Table Pizza Los Altos	Haines Criss-Cross Directory
2005	Round Table Pizza Los Altos	Haines Criss-Cross Directory
2000	Round Table Pizza Los Altos	Haines Criss-Cross Directory
1996	Round Table Pizza Los Altos	Haines Criss-Cross Directory
1991	Round Table Pizza Los Altos	Haines Criss-Cross Directory
1986	Round Table Pizza Los Altos	Haines Criss-Cross Directory
1980	Intl House Of Pncke	Haines Criss-Cross Directory
1975	Intl House Of Pncke	Haines Criss-Cross Directory

### 4410 El Camino Real

<u>Year</u>	<u>Uses</u>	<u>Source</u>
2010	Commercial Building (10 occupants)	Haines Criss-Cross Directory
2005	Commercial Building (6 occupants)	Haines Criss-Cross Directory
2000	Commercial Building (5 occupants)	Haines Criss-Cross Directory
1996	Commercial Building (11 occupants)	Haines Criss-Cross Directory

## FINDINGS

<u>Year</u>	<u>Uses</u>	<u>Source</u>
1991	Commercial Building (12 occupants)	Haines Criss-Cross Directory
1986	Commercial Building (9 occupants)	Haines Criss-Cross Directory
1980	No Return	Haines Criss-Cross Directory
1975	Tuban Ford Car Lot	Haines Criss-Cross Directory

### Los Altos Ave

#### 1188 Los Altos Ave

<u>Year</u>	<u>Uses</u>	<u>Source</u>
2010	No Return	Haines Criss-Cross Directory
2000	Sakura	Haines Criss-Cross Directory
1996	Sakura	Haines Criss-Cross Directory
1991	No Return	Haines Criss-Cross Directory
1986	No Return	Haines Criss-Cross Directory
1980	Tao Industries	Haines Criss-Cross Directory
1975	Residential	Haines Criss-Cross Directory

### Monroe Dr

#### 474 Monroe Dr

<u>Year</u>	<u>Uses</u>	<u>Source</u>
2010	Residential	Haines Criss-Cross Directory
2005	Residential	Haines Criss-Cross Directory
2000	Residential	Haines Criss-Cross Directory
1996	Residential	Haines Criss-Cross Directory

#### 490 Monroe Dr

<u>Year</u>	<u>Uses</u>	<u>Source</u>
2000	No Return	Haines Criss-Cross Directory
1996	No Return	Haines Criss-Cross Directory
1991	No Return	Haines Criss-Cross Directory
1986	No Return	Haines Criss-Cross Directory
1980	No Return	Haines Criss-Cross Directory
1975	No Return	Haines Criss-Cross Directory

## FINDINGS

### ADJOINING PROPERTY DETAIL

The following Adjoining Property addresses were researched for this report. Detailed findings are provided for each address.

#### El Camino Real

##### 4298 El Camino Real

<u>Year</u>	<u>Uses</u>	<u>Source</u>
2000	Lyons Restaurant	Haines Criss-Cross Directory
	Residential	Haines Criss-Cross Directory
1996	Lyons Restaurant	Haines Criss-Cross Directory
1991	Lyons Restaurant	Haines Criss-Cross Directory
1986	Lyons Restaurant	Haines Criss-Cross Directory
1980	Lyons Restaurant	Haines Criss-Cross Directory
1975	Lyons Restaurant	Haines Criss-Cross Directory

##### 4319 El Camino Real

<u>Year</u>	<u>Uses</u>	<u>Source</u>
1991	No Return	Haines Criss-Cross Directory
1986	No Return	Haines Criss-Cross Directory
1980	No Return	Haines Criss-Cross Directory

##### 4320 El Camino Real

<u>Year</u>	<u>Uses</u>	<u>Source</u>
2010	Courtyard By Marriott	Haines Criss-Cross Directory
2005	Courtyard By Marriott	Haines Criss-Cross Directory
	Residential	Haines Criss-Cross Directory
2000	Four Seasons Inn	Haines Criss-Cross Directory
	Royal Palace	Haines Criss-Cross Directory
1996	Four Seasons Inn	Haines Criss-Cross Directory
	Peterson Gary W	Haines Criss-Cross Directory
	Royal Palace	Haines Criss-Cross Directory
1991	Four Seasons Inn	Haines Criss-Cross Directory
	Royal Palace	Haines Criss-Cross Directory
1986	Four Seasons Mtr Inn	Haines Criss-Cross Directory
	Pengs Restaurant	Haines Criss-Cross Directory
	Ruby King Chinese	Haines Criss-Cross Directory
1980	Four Seasons Mtr Inn	Haines Criss-Cross Directory
	Ruby King Chinese C	Haines Criss-Cross Directory

## FINDINGS

<u>Year</u>	<u>Uses</u>	<u>Source</u>
1980	Ruby King Restauran	Haines Criss-Cross Directory
1975	Gloden Pavillion	Haines Criss-Cross Directory
	Gloden Pavillion Mo	Haines Criss-Cross Directory

### 4329 El Camino Real

<u>Year</u>	<u>Uses</u>	<u>Source</u>
1991	No Return	Haines Criss-Cross Directory
1986	Profsnl Concept The	Haines Criss-Cross Directory
1980	Fritzs Pro Shop	Haines Criss-Cross Directory

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## FINDINGS

### STREET NOT IDENTIFIED IN RESEARCH SOURCE

The following Streets were researched for this report, and the Streets were not identified in the research source.

<u>Street Researched</u>	<u>Street Not Identified in Research Source</u>
El Camino Real	1970
Los Altos Ave	1970
Monroe Dr	1970

### TARGET PROPERTY: ADDRESS NOT IDENTIFIED IN RESEARCH SOURCE

The following Target Property addresses were researched for this report, and the addresses were not identified in the research source.

<u>Address Researched</u>	<u>Address Not Identified in Research Source</u>
4350 El Camino Real	2005, 2000, 1996, 1991, 1986, 1980, 1975

### ADJOINING PROPERTY: ADDRESSES NOT IDENTIFIED IN RESEARCH SOURCE

The following Adjoining Property addresses were researched for this report, and the addresses were not identified in research source.

<u>Address Researched</u>	<u>Address Not Identified in Research Source</u>
Monroe Dr	No Years Found
4298 El Camino Real	No Years Found
4319 El Camino Real	1975
4320 El Camino Real	No Years Found
4329 El Camino Real	1975

**APPENDIX E**  
**PUBLIC AGENCY RECORDS / OTHER DOCUMENTS**

DRAFT



GALATOLO GREGORY P AND ANGELA K

Primary Owner: (TRUSTEE)

Secondary Owner:

Mail Address: 4350 EL CAMINO REAL  
LOS ALTOS CA 94022

Site Address: 4350 EL CAMINO REAL  
LOS ALTOS CA 94022

County: SANTA CLARA

Assessor Parcel Number: 167-11-041

Housing Tract Number:

Lot Number:

Page Grid: 811-D3

Legal Description: Abbreviated Description: CITY:LOS ALTOS LOT 2  
RECORDER'S BOOK 241 PAGE 46 City/Muni/Twp:  
LOS ALTOS

**Property Characteristics**

Bedrooms :	Year Built : 1969	Square Feet : 1,610 SF
Bathrooms :	Garage :	Lot Size : 28,557 SF
Total Rooms :	Fireplace :	Number of Units : 0
Zoning : CT	Pool :	Use Code : Service station (full service)
No of Stories : 1		
Building Style :		

**Sale Information**

Transfer Date : 05/04/2010	Seller : N/A	
Transfer Value : N/A	Document # : 20698314	Cost/Sq Feet : N/A
Title Company :		

**Assessment & Tax Information**

Assessed Value : \$1,849,823	Percent Improvement : 20.56%	Homeowner Exemption :
Land Value : \$1,469,582	Tax Amount : \$30,108.90	Tax Rate Area : 11-026
Improvement Value : \$380,241	Tax Account ID :	Tax Status : Current
Market Improvement Value :	Market Land Value :	Market Value :
Tax Year : 2012		

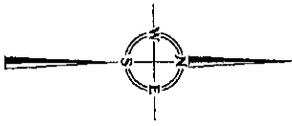
Data Deemed Reliable, But Not Guaranteed.  
Copyright ©1998- 2013 TitleProfile.com All Rights Reserved.  
All other trademarks and copyrights are the property of their respective holders.

**NATC - Orange**

BOOK 147

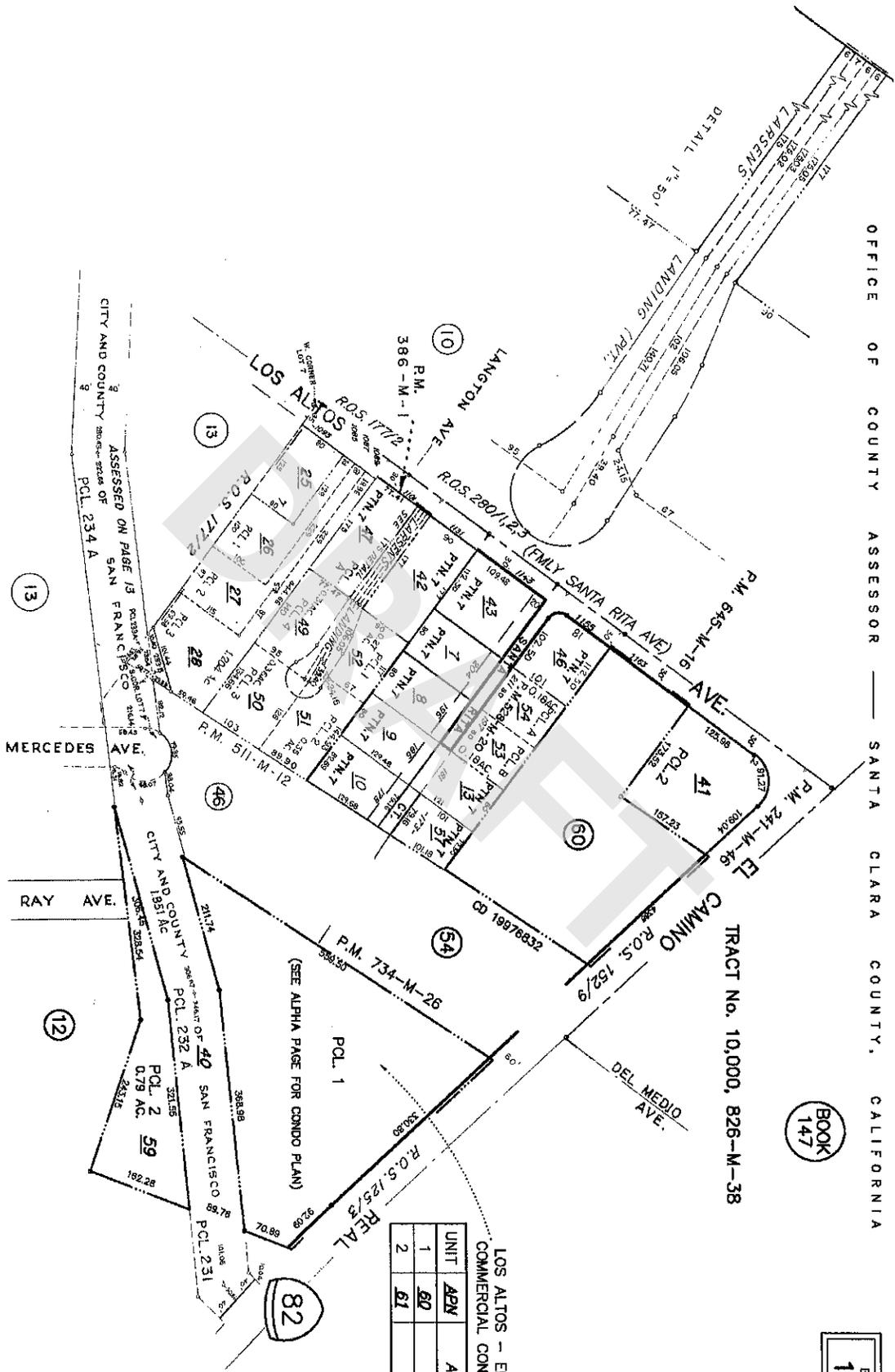
BOOK 167 PAGE 11

1" = 150'



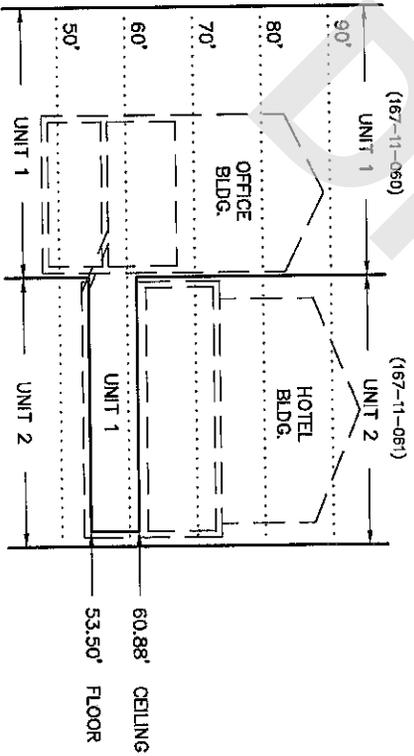
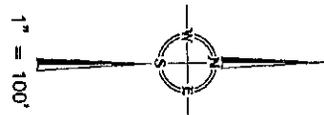
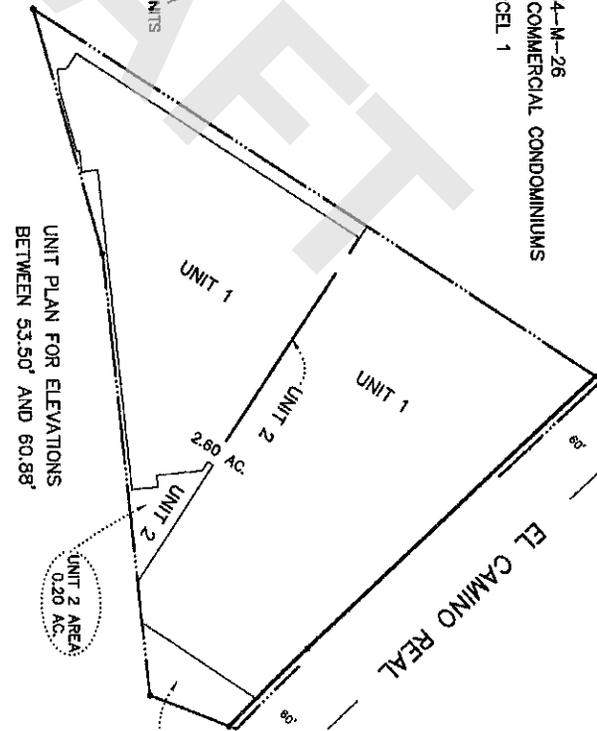
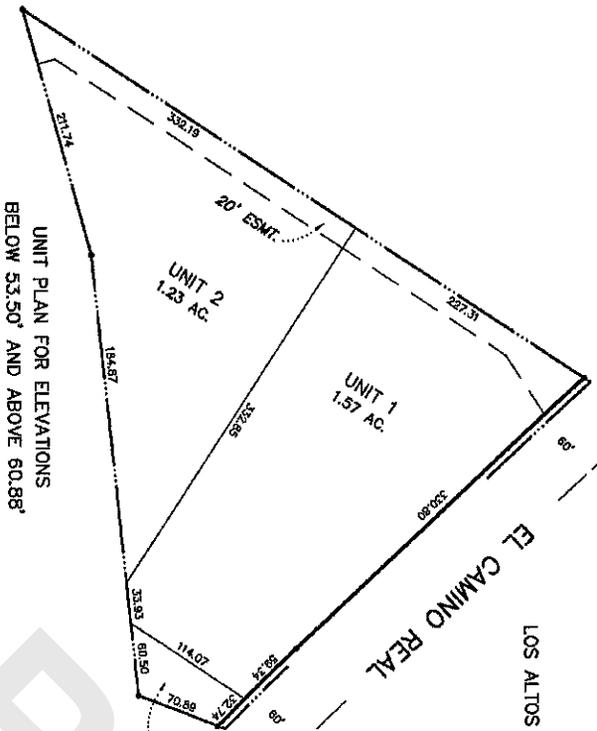
LOS ALTOS — EL CAMINO  
COMMERCIAL CONDOMINIUMS

UNIT	APN	ADDRESS
1	60	
2	61	



7/24/2010, Map 22  
LAWRENCE E. STONE — ASSESSOR  
Colored map for assessment purposes only.  
Compiled under R. & T. Code, Sec. 327.  
Effective Roll Year 2009-2010

P.M. 734-M-26  
 LOS ALTOS — EL CAMINO COMMERCIAL CONDOMINIUMS  
 PARCEL 1



**S.E. ELEVATION PLAN FOR UNIT 1 GARAGE EXTENSION**

NOT TO SCALE

16A, 16B, 16C, 16D, 16E, 16F, 16G, 16H, 16I, 16J, 16K, 16L, 16M, 16N, 16O, 16P, 16Q, 16R, 16S, 16T, 16U, 16V, 16W, 16X, 16Y, 16Z  
 LAWRENCE E. STONE — ASSESSOR  
 Ordinance map for assessment purposes only.  
 Compiled under R. & T. Code, Sec. 327.  
 Effective from Year 2009-2010

# Operational Compliance Summary

## General Information

Site Phone Number: (650) 941-0244

Site #	Street Address	City	State	Zip Code	County
256115	4350 EL CAMINO REAL	LOS ALTOS	CA	94022	SANTA CLARA

## Underground Storage Tank Systems

Tank					Piping		
Product	Capacity	Wall	Material	Installed	Wall	Material	Installed
Unleaded 87	12032	DW	SF	1/1/1990	DW	FG	1/17/2002
Unleaded 91	12032	DW	SF	1/1/1990	DW	FG	1/17/2002
Waste Oil	520	DW	SF	1/1/1990			

### Leak Detection System

Make  
Veeder Root

Model  
TLS-350

Last Certification  
11/25/2008

Tank		Piping
Product	Leak Detection Method	Leak Detection Method
Unleaded 87	Interstitial Monitoring	Turbine sump sensor and mechanical leak detector
Unleaded 91	Interstitial Monitoring	Turbine sump sensor and mechanical leak detector
Waste Oil	Interstitial Monitoring	

## Vapor Recovery Systems

Phase/Stage I Dual Point  
Phase/Stage II Healy  
ISD Installed No

## Testing

	<u>Last Conducted</u>
Product Piping Test	Not Required
Secondary Containment Testing	12/6/2007
Spill Bucket Testing	11/25/2008
Vapor Recovery Testing	11/26/2008

## Permits

Type	Agency Name	Permit Number	Expiration Date
Air	Bay Area APCD	G#9042	9/1/2010
UST	Santa Clara County DEH	308081	2/28/2013

Current Designated Operator Greg Galatolo

Site 256115 - 4350 El Camino Real, Los Altos, CA  
Site Assessment

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9185 South Farmer Avenue, Suite 107  
Tempe, Arizona 85284  
[www.atcassociates.com](http://www.atcassociates.com)  
480.894.2056  
fax 480.894.2497

November 6, 2007

Mr. Max Boone  
ConocoPhillips Company  
1230 W. Washington St., Suite 212  
Tempe, Arizona 85281

**RE: Due Diligence Site Assessment Report  
ConocoPhillips Site No. 256115  
4350 El Camino Real  
Los Altos, California  
ATC Project No. 34.75118.3147**

Dear Mr. Boone:

ATC Associates Inc. (ATC) on behalf of ConocoPhillips Company (ConocoPhillips) presents the results of a Due Diligence Site Assessment conducted at the above-referenced site. The purpose of the investigation was to generate a baseline assessment of property conditions at the time of property transfer. The data reported herein were collected on behalf of ConocoPhillips, in general accordance with the Site-Specific Scope of Work (SOW) prepared by Shaw Environmental & Infrastructure, Inc. (Shaw), dated June 27, 2007. The data reported herein were not requested or required by a regulatory agency.

Activities included in the SOW performed are outlined below:

- Preparation of a site specific Health and Safety Plan (HASP);
- Securing permits, if applicable, from the local permitting agency to advance the borings;
- Marking soil boring locations, notification to California's Underground Service Alert and contracting a private utility locating service to locate any identifiable underground utilities in the vicinity of the proposed boring locations;
- Air-knifing borings to five feet below ground surface (bgs) to a diameter at least one inch greater than that of the drilling device;
- Advancement of six exploratory soil borings to total depths of 30 feet bgs utilizing geoprobe drilling equipment;
- Collection of soil samples at approximate five-foot intervals for purposes of logging subsurface conditions, field detection of organic vapors using a photoionization detector (PID), and potential laboratory analysis;
- Collection of groundwater samples for laboratory analysis from borings B-1, B-2, B-3, B-4, B-5 and B-6;
- Waste profiling and disposal coordination (still underway); and
- Preparation of a report summarizing due diligence assessment activities.

## **SITE DESCRIPTION**

The site is an active service station located at 4350 El Camino Real in Los Altos, California. The site's current underground storage tank (UST) system configuration includes two fuel USTs, four dispenser islands and one waste oil UST. Limited background information is included in the SOW prepared by Shaw (Appendix A, attached).

## **BASELINE SITE ASSESSMENT**

### **Field Activities**

On July 17, 18 and 19, 2007, ATC personnel observed the advancement of six soil borings (B-1, B-2, B-3, B-4, B-5 and B-6) in the vicinity of the existing fuel and waste oil USTs and dispensers using geoprobe drilling equipment. Approximate boring locations are shown on attached Figure 1, Site Plan. The borings were advanced to depths of 30 feet bgs. Soil samples were collected at approximate five-foot intervals for lithological description, field screening using a PID, and for possible laboratory analysis. Groundwater was encountered at 28 feet bgs in boring B-1, 29 feet bgs in boring B-2, 28 feet bgs in boring B-4 and 27 feet bgs in borings B-3, B-5 and B-6 during drilling activities. Groundwater samples were collected from borings B-1, B-2, B-3, B-4, B-5 and B-6 after each boring was advanced one to three feet into groundwater.

Upon collecting a soil sample at each depth interval, the soil was visually examined and classified in accordance with the Unified Soil Classification System (USCS). Field PID readings were also used to monitor the soils for volatile organic compound (VOC) vapors. A description of the lithology encountered and PID readings obtained are presented on the boring logs included as Appendix B, attached.

Upon completion of drilling, the borings were backfilled to approximately one foot bgs with bentonite grout. Once the level of the sealing mixture had reached a level of one foot bgs, concrete was emplaced in the borehole, finished flush with the existing surface grade and dyed, if necessary, to match surrounding conditions.

### **Laboratory Analytical Procedures**

Soil and groundwater samples collected during field activities were shipped under chain-of-custody (COC) protocol to Lancaster Laboratories, Inc. (Lancaster) in Lancaster, Pennsylvania. Lancaster is certified through the State of California Department of Health Services Environmental Laboratory Accreditation Program. Soil samples from borings B-1, B-2, B-3, B-4 and B-5 were analyzed for: fuel oxygenates and halogenated volatile organic compounds (HVOC; including benzene, toluene, ethylbenzene and total xylenes [BTEX]) using Environmental Protection Agency (EPA) Method 8260B; total petroleum hydrocarbons (TPH) in the gasoline and diesel range (TPH-GRO and TPH-DRO, respectively) using EPA Method 8015B Modified; and, lead using EPA Method 6010B. The soil sample selected for analysis from boring B-6 was analyzed for: fuel oxygenates and HVOC using EPA Method 8260B; Total TPH, TPH-GRO,

TPH-DRO and TPH-oil range organics (ORO) using EPA Method 8015 Modified; semi-volatile organic compounds (SVOC) using EPA Method 8270C; and cadmium, chromium, lead, nickel and zinc using EPA Method 6010B. Groundwater samples collected from borings B-1, B-2 and B-3 were analyzed for fuel oxygenates and HVOC using EPA Method 8260B and TPH-GRO and TPH-DRO using EPA Method 8015B Modified. Groundwater samples collected from borings B-4 and B-5 were analyzed for fuel oxygenates and HVOC using EPA Method 8260B and TPH-GRO using EPA Method 8015B Modified. The groundwater sample collected for analysis from boring B-6 was analyzed for: fuel oxygenates and HVOC using EPA Method 8260B; Total TPH, TPH-GRO, TPH-DRO and TPH- ORO using EPA Method 8015 Modified; SVOC using EPA Method 8270C; and, cadmium, chromium, lead, nickel and zinc using EPA Method 6010B. Laboratory analytical data for soil and groundwater samples analyzed as part of this assessment are summarized in attached Table 1, Summary of Soil Analytical Data and Table 2, Summary of Groundwater Analytical Data, respectively. The laboratory analytical reports and COC documents are provided as Appendix C, attached.

#### **Waste Disposal**

Investigation derived waste (IDW) generated during the field operations has been temporarily stored onsite pending characterization and disposal. A copy of the waste manifest(s) will be provided under separate cover once the IDW has been profiled and transported to an appropriate disposal facility.

#### **FINDINGS**

The lithology underlying the site generally consists of clay with sand and silt; silt with sand, gravel and clay; and, sand with gravel and silt from the ground surface to approximately 30 feet bgs, the maximum extent of exploration. PID readings ranged from 0.7 to 5 parts per million (ppm). Refer to the edited boring logs in Appendix B for a summary of field observations noted during drilling activities.

As shown in Table 1, laboratory analytical results for the soil samples selected for analysis indicate the following:

- Methylene chloride was detected at a concentration of 0.010 milligrams per kilogram (mg/kg) in the soil sample collected at approximately 25 feet bgs from boring B-6 (B-6d25.0).
- Chromium was detected at a concentration of 188 mg/kg in the soil sample collected at approximately 25 feet bgs from boring B-6 (B-6d25.0).
- Lead was detected at concentrations of 7.40 mg/kg, 6.76 mg/kg, 6.49 mg/kg, 6.09 mg/kg and 2.24 mg/kg in the soil samples collected at approximately 10 feet bgs from boring B-

5 (B-5d10.0) and 25 feet bgs from borings B-3, B-4, B-5 and B-6 (B-3d25.0, B-4d25.0, B-5 and B-6d25.0), respectively.

- Nickel was detected at a concentration of 128 mg/kg in the soil sample collected at approximately 25 feet bgs from boring B-6 (B-6d25.0).
- Zinc was detected at a concentration of 58.0 mg/kg in the soil sample collected at approximately 25 feet bgs from boring B-6 (B-6d25.0).
- No other analytes were detected in excess of their respective laboratory method Limit of Quantitation (LOQ) in any of the soil samples submitted for analysis.

As shown in Table 2, laboratory analytical results for the groundwater samples collected from borings B-1, B-2, B-3, B-4, B-5 and B-6 indicate the following:

- TPH-DRO was detected at a concentration of 1,100 micrograms per liter ( $\mu\text{g/L}$ ) in the groundwater sample collected from boring B-3.
- Chromium was detected at a concentration of 119  $\mu\text{g/L}$  in the groundwater sample collected from boring B-6.
- Nickel was detected at a concentration of 148  $\mu\text{g/L}$  in the groundwater sample collected from boring B-6.
- Zinc was detected at a concentration of 84.6  $\mu\text{g/L}$  in the groundwater sample collected from boring B-6.
- No other analytes were detected in excess of their respective laboratory method LOQ in the groundwater samples submitted for analysis.

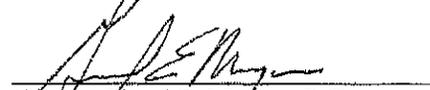
#### **LIMITATIONS**

This report was prepared in general accordance with the Shaw SOW, dated June 27, 2007 and with generally accepted professional environmental consulting practices existing at the time this report was prepared and applicable to the location of the site. It was prepared for the exclusive use of ConocoPhillips for the express purpose of generating a baseline assessment of property conditions. Any re-use of this report for a different purpose shall be at the user's sole risk without liability to ATC. To the extent that this report is based on information provided to ATC by third parties, ATC may have made efforts to verify this third party information, however, ATC cannot guarantee the completeness or accuracy of this information. The data collected during this investigation and summarized in this report represent site conditions at the time field activities were conducted. No other warranties, expressed or implied are made by ATC.

**Prepared by:**

  
**Name:** Julie M. Powers  
**Title:** Senior Project Manager

**Reviewed by:**

  
**Name:** Girard E. Morgan, P.G.  
**Title:** Principal Geologist

The data presented by ATC in this document have been prepared under the supervision of and reviewed by the Licensed Professional whose signature appears below:

**Licensed Approver:**



Girard E. Morgan, California Professional Geologist No. 5289  
Principal Geologist

**Attachments:**

- Table 1 – Summary of Soil Analytical Data
- Table 2 – Summary of Groundwater Analytical Data
- Figure 1 – Site Plan
- Appendix A – Scope of Work
- Appendix B – Boring Logs
- Appendix C – Laboratory Analytical Reports and Chain-of-Custody Documentation

**APPENDIX F**  
**QUALIFICATION OF ENVIRONMENTAL PROFESSIONAL/ LIABILITY INSURANCE**

DRAFT

**Mr. Hyung Kim, PE - Principal Consultant**  
**REA, CEM, CHMM, M.S., LEED-AP**

Mr. Kim oversaw the entire aspects of environmental assessment and consulting/engineering operations, playing a pivotal role in client services, representing the company to potential financial & real estate institutes as a technical marketing director, and took charge of in-house QA/QC management in remedial action design, contamination assessment, hazardous material management and real estate due diligence assessment. With strong educational and professional background in hazardous waste management, environmental regulatory compliance and engineering/assessment planning, he plays a pivotal role in the overall operation of client marketing and environmental project management. He oversees and trains most of the in-house technical staff and directs environmental planning, abatement, engineering, assessment, and remediation projects with assistance from R.G, REA, I.H., CAC, P.E. and other environmental certified professionals.

**Environmental Site Assessment Phase I / Transaction Screen Due Diligence**

He has managed nearly 8,000 ESA projects performed nationwide since 1999, with full responsibility as the Chief Signatory Assessor over QA/QC on subcontractors, in-house staff assessors, engineers and consultants. Projects include mainly industrial and commercial properties, facility compliance audit, NPDES permitting, Clean Air Act and Clean Water Act, RCRA and CERCLA regulatory compliance assessments, Fannie Mae & HUD project due diligence, and many more high-caliber commercial portfolio assessment.

**Phase II Subsurface Investigation & Pollution Characterization**

Co-managed over 150 subsurface investigation in CA, NJ, NY, TX, WA, MD, CO, AZ, with PE, RG and RHG, involving various types of drilling such as geo-probe / direct-push, hollow-stem (limited access to high torque) or solid-stem auger, bucket auger, air rotary or percussion hammer, hydro-punch, limited access drilling, hand-auger, soil vapor probing, etc. Extensively trained in hydrogeology by RHG and RG for southern California region, handled groundwater contour estimation, recharge rate monitoring, surveying, monitoring and extraction wells, including water table wells, upper and lower aquifer characterization wells, vertical profile cluster wells, multiport vapor piezometer wells, multipurpose groundwater and vapor piezometer wells, constructed using PVC, stainless steel.

**Phase III Environmental Site Remediation & Cleanup**

Dodge World, Torrance (2002-2004) – SVE/Carbon Adsorption, Cost \$130K  
Shin Brother Body, L.A. (1997-2005 projecting) – SVE/Air Sparging, Cost \$175K  
Mira Loma Gas Station, Mira Loma, (2002) – SVE, Cost \$75K  
San Pedro Car Wash, San Pedro (2002-2005 projecting) – SVE/Air Sparging/Dual Phase  
Dr. J Cleaner, Sherman Oaks (2001-2004) – DPVE (pilot), Cost \$220K  
Ducanmon Facility in Monrovia – Continuing Soil Vapor Extraction Operation & Maintenance  
San Gabriel Water Quality Authority, representing Baldwin Park Operable Unit as one of responsible parties for San Gabriel Valley NPL Superfund Program Groundwater Well Investigation  
17700 Roscoe, Northridge, CA – Soil Vapor Extraction and Groundwater Monitoring, Operation & Maintenance

Managed and worked with RGs and PEs on mass transfer calculation from pilot testing, vapor radius of influence, assisted C.E. in VES design calculation, calculation of mass removal rate, pore volume exchange time, length of SVE operation, or Soil Vapor Extraction and Dual Phase High Vacuum Extraction remediation projects. He also calculated and work with Registered Hydro-Geologist to conduct remedial action plan, feasibility study, pilot remediation testing study involving evaluation and calculation of transmissivity, storativity, hydraulic conductivity, specific storage, seepage velocity, groundwater capture zone ROI and other hydrologic parameters.

**Underground Storage Tank/Clarifier Abandonment & Regulatory Closure**

Managed over 50 site abandonment including gas service station, private fueling station, industrial clarifier, from permitting, regulatory compliance, sampling & reporting, degassing/drying/certificate, contract management, AQMD Rule 1166 excavation monitoring via PID and FID.

Closed over 50 UST sites in various cities in Kern, Los Angeles, Riverside, San Bernardino and Orange Counties. Managed four sites (Huntington Park, Gardena, City of Industry, Vernon) of UST abandon in place and subsurface investigation projects upon regulatory preapproval due to structural complication with abandonment via removal. Conducted over 10 industrial pretreatment clarifier closure under County of Los Angeles Department of Public Works jurisdiction entailing plan check, permitting, closure, soil sampling and reporting according to CLDPW enforcement regulation.

#### Asbestos/Lead/IAQ/Mold Assessment & Abatement

1996-2000 managed over 120 public & private abatement projects with CACs, CIH and DHS Inspectors. With hands-on experience from identification of hazardous material thru inspection and survey to actual abatement and disposal management of such wastes including recycling of mercury vapor and PCB ballasts, Mr. Kim has been the key technical and managerial representative in more than 100 public works involving public projects. Prepared IIPP, H&S, Respiratory Protection Plan, QAQC abatement procedures and regulatory compliance. Mold abatement, IAQ inspection with CIH, AQMD permitting of Negative Air Machines, HEPA Vacuum, preparation of abatement work plan, Procedure 5 emergency abatement plan with CAC

#### Architectural/Engineering Due Diligence

Has managed more than 75 ASTM E2018 Property Condition Assessment projects and Probable Maximum Loss (Seismic Evaluation Assessment) calculations in accordance with ASTM E-2026 Estimation of Building Damageability procedures for mainly institutional investors and conduit lenders. Projects include pre-securitization due diligence for Conduit Portfolio, in accordance with Fannie Mae Guidelines and other institutional investment due diligence guidelines.

#### Professional Affiliation / Certification

California Professional Civil Engineer - 75083

General Engineering Contractor "A"

Member of AIChE (American Institute of Chemical Engineers)

Member of EAA (Environmental Assessment Association), Certified Environmental Manager #73547

California Registered Environmental Assessor #07252

Institute of Hazardous Material Management, CHMM Master Level #012554

Cal OSHA Hazwoper Training Certificate

Uniform Fire Code Training for CUPA Inspectors

CUPA Hazardous Waste Inspector Training 8 Hours

UST Inspector Training, CUPA, 8 Hours

California Real Estate License

Nevada State Certified Environmental Manager #2057

LEED AP, USGBCI

#### Education

BS, Chemical Engineering, California State University, Long Beach

MS, Civil/Environmental Engineering, University of Southern California

Princeton Groundwater, Groundwater Pollution and Hydrology, Certificate of Completion, 2004

Professional Civil Engineering Service - Certificate of completion, 2007

Vapor Intrusion and Health Risk Assessment – Professional Training, 2009

Storm-water Pollution Prevention Training – Professional Training, 2009

---

**John P. Winkler, P.G., REA – Senior Geologist**  
**California Professional Geologist**  
**California Registered Environmental Assessor**

Mr. Winkler has over 18 years of professional experience in the environmental field. He is experienced in the areas of hazardous materials management, Phase I environmental site assessments, underground storage tank closures, Phase II subsurface site assessments, groundwater monitoring, subsurface site assessments, and remedial action projects. He has been responsible for the coordination, scheduling, field work, and management of site assessments and remediation projects.

Mr. Winkler has worked with a diverse group of clientele, including small government agencies, transportation companies, financial institutions, large oil companies, property management companies, industrial companies, and independent business owners.

**Relevant Experience** Mr. Winkler maintains extensive experience in hazardous materials management and geology. At various stages in his career, Mr. Winkler has been involved directly in work plan development, permitting, field work, report writing, project management, and site closure requests and negotiations with regulatory agencies. This experience has given Mr. Winkler effective skills and knowledge in many aspects of the environmental profession. His experience is summarized as follows:

**Hazardous Materials Management**

Prepared emergency response plans for transportation and industrial facilities.  
Scheduled and coordinated hazardous materials handling, storage, and recycling for numerous types of facilities. Developed hazardous waste management plans.  
Completed certification training in hazardous materials management for storage, transportation and disposal practices, emergency response, and fire control.

**Phase I Environmental Assessments**

Conducted Phase I assessments for numerous industrial sites including former and existing dry cleaners, machine shops, automotive repair shops, gasoline stations, and large industrial facilities in California, Nevada, Arizona, Washington, and Oregon. Has reviewed and provided opinions to clients on numerous Phase I ESA's conducted in other states.

**Phase II Subsurface Investigations**

Involved with numerous sites where soil gas surveys were conducted to evaluate volatile organic compounds in soil at shallow depths. Conducted field work, prepared reports, and prepared recommendations for further assessment if warranted.  
Involved with numerous site assessments where drilling, excavation, and trenching were conducted to evaluate contaminants in soil and groundwater. Conducted field work, prepared reports, and prepared recommendations for further assessment or remediation if warranted.  
Involved with groundwater monitoring programs at numerous sites where groundwater contamination was being monitored. Conducted well purging and sampling and prepared reports. Conducted aquifer testing under the direction of Hydrogeologists.

**Remediation Projects**

- Involved with field work, report writing, and project management of in-situ vapor extraction systems of volatile organic compounds in soil. Installed vapor extraction wells; arranged disposal of hazardous materials; and, prepared system monitoring reports.
- Involved with field work, report writing, and project management of free-phase product recovery and groundwater treatment for water treatment systems. Installed groundwater recovery wells; arranged disposal of hazardous materials; and, prepared monitoring reports.
- Involved with field work, report writing, and project management of above ground bioremediation projects with petroleum-contaminated soil. Supervised construction activities; conducted verification sampling; and, prepared closure reports.
- Involved with field pilot testing, report writing, and project management of sites undergoing natural attenuation monitoring. Prepared workplans; supervised monitoring programs; and, prepared reports.

### Industry Experience

- Mr. Winkler has extensive experience in assessment and remediation of oil industry facilities including oil well sumps and oil field sumps, tank farms, bulk terminals, marine terminals, and refineries.
- Mr. Winkler has also developed his expertise in assessment and remediation activities in the transportation industry including bus terminals, air fields, aeronautic manufacturing, historic rail yards, and light rail transportation corridors.
- Mr. Winkler brings additional experience in working with developers, city planning departments, and municipal business redevelopment programs to develop assessment and cleanup plans that promote redevelopment and protect human safety and the environment.

### Education

B.S. Geology, State University of New York at Cortland, 1983

Certificate in Hazardous Materials Management, University of California at Santa Barbara Extension, 1994

### Registrations

California Professional Geologist, No. 7456

California Registered Environmental Assessor, No. 5599

### Professional Training

OSHA CFR 1910.10 Hazardous Waste Operations and annual update training, 1989- 2009

California Certified Volunteer Fire Fighter No. 503540, 1998

Hazardous Materials First Responder Operational CCR Sect. 8574.20, 1998

DOT Hazardous Materials Handling, company-sponsored training, April 1994

Los Angeles Refinery Safety Training, 2001, 2003

First Aid and CPR for the Professional Rescuer, 1997

Standard First Aid and CPR 1989, 1992, 2000, 2002, 2003, 2004

Mike Miller -- REA

**Senior Environmental Assessor**

Mr. Miller has over 15 years of environmental consulting and risk assessment experience, and, in the past, has provided diverse loss environmental consulting services to American International Group (AIG), one of the 10 largest companies in the U.S. His other experiences include evaluating environmental liability, general liability, product liability and fleet liability loss exposures. He also oversaw account portfolios comprised of a broad spectrum of manufacturing facilities, HUDMAP, land developers, pharmaceuticals firms, property management firms, and contractors. In his career as an environmental consultant, Mr. Miller prepared and reviewed Phase I and Phase II reports, generated recommendations regarding liability risk management and risk reduction, provided mold/water intrusion management consulting services, and developed and implement presentations and training programs.

Education and Professional Credentials

M.S. (Biology) University of Southern California, Los Angeles, CA – 1982 -1985.

B.S. (Biology- *Cum Laude*) State University of New York, Buffalo, NY – 1978 - 1982.

California Secondary Education Teaching Credential, 1987.

Certificate: Environmental Auditing, University of California -Irvine, 1989.

Certificate: Toxic & Hazardous Materials Management, UCLA, 1990.

Certificate: OSHA 40-Hr Hazardous Waste Operations & Emergency Response, 1991.

Certificate: AHERA Asbestos Building Inspector / Management Planner, 1988.

Certificate: AHERA Asbestos Contractor Supervisor, 1995.

Certificate: Indoor Air Quality Manager, American Indoor Air Quality Council, 2002.

Certificate: Microbial Remediation Supervisor, American Indoor Air Quality Council, 2002.

Registered Environmental Assessor, REA No. 02651

Registered Environmental Professional, REP No. 2797

Member: American Indoor Air Quality Council

**Mary Osbourne, REA, CEM**  
**Senior Consultant**

Ms. Osbourne has seventeen years of environmental consulting experience, and five years of government agency experience, within the following discipline areas:

- Phase I Environmental Assessments (United States, Mexico, and Europe), in accordance with applicable ASTM standards for Environmental Site Assessments, applicable client standards, or international standards.
- RCRA and non-RCRA Treatment, Storage, and Disposal Facility (TSDF) auditing.
- Multi-media (hazardous waste, hazardous materials, wastewater, stormwater, etc.) compliance audits and regulatory compliance assessments.

**Registrations and Certifications**

- California Registered Environmental Assessor (REA), #02466
- OSHA 40-Hour Health and Safety Training
- Asbestos Hazards Emergency Response Act (AHERA) Building Inspector (inactive at present)

**Experience**

- 2007: Dominion Environmental Consultants, Inc., Phoenix, Arizona.
- 2005-2006: JMK Environmental Solutions, Inc., San Fernando, California; Environmental Manager and Quality Assurance. Responsible for maintaining consistent report quality for 12 junior level staff, proposals, and client management.
- December 2003: Part-time environmental work for OSS (computer recycling company). Tujunga, California, 16 hours per week.
- Sept. 2000 - Nov. 2003: ENVIRON International Corporation, Los Angeles, California.
- Aug. 1989 - Aug. 2000: McLaren Hart, Burbank and Irvine, California.
- Jan. 1984 - Aug. 1989: California Department of Health Services, Toxic Substances Control Division (TSCD).



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/13/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Leeds Insurance Services, Inc. 1740 W. Katella Suite K Orange, California 92867	Phone: (714)978-2000 Fax: (714)978-2075	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Encon Solutions, Inc. 3255 Wilshire Blvd #1508 Los Angeles, CA 90010	INSURER A : Everest Indemnity Insurance Company		10851
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  <input checked="" type="checkbox"/> Prof. & Poll. Liab. GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			EF4ML00155111 Comm. General Liability Comm. Pollution Liability (\$1,000,000 occurrence, \$2,000,000 aggregate)	1/30/2012	1/30/2013	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED. RETENTIONS \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATU-TORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Com. General Liability			EF4ML00155111	1/30/2012	1/30/2013	Aggregate Limit 2,000,000 Each Incident Limit 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

Current Certificate	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Juan Martinez

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# **APPENDIX G**

## **OTHER SUPPORTING DOCUMENTATION**

DRAFT

STATE WATER RESOURCES CONTROL BOARD  
HAZARDOUS SUBSTANCE STORAGE CONTAINER INFORMATION FOR SANTA CLARA COUNTY

CONTAINER TYPES: 1, 2, 3, 4, 5  
(1=FARM MOTOR VEHICLE FUEL TANKS, 2=ALL OTHER PRODUCT TANKS, 3=WASTE TANKS, 4=SUMPS, 5=PITS, PONDS, LAGOONS & OTHERS)

I OWNER

UNION OIL CO.  
1 CALIFORNIA ST., SUITE 2700 SAN FRANCISCO CA 94111

II FACILITY

MAILING ADDRESS TOWNSHIP/RANGE/SECTION	DEALER/FOREMAN/SUPERVISOR TELEPHONE	TYPE OF BUSINESS NO. OF CONTAINERS
UNION OIL SSM 6115 4350 EL CAMINO REAL LOS ALTOS CA 94022	FELIX BOLTON, JR. (415) 941-0244	GASOLINE STATION 1
CROSS STREET : LOS ALTOS		

III 24-HR. CONTACT PERSON / TELEPHONE

DAY: JAURIGUI, L.J. (415) 956-7600 NIGHT: UNION OIL CO. (415) 561-9322

\*\*\*\*\* OWNER ASSIGNED CONTAINER NUMBER: 6115-10-1 \*\*\*\*\* STATE BOARD ASSIGNED CONTAINER ID NUMBER: 0000060679001 \*\*\*\*\*

IV DESCRIPTION

A. CONTAINER TYPE : SUMP	E. REPAIRS : NONE IF YES WHEN :
B. MANUFACTURER/YR OF MFG: /	F. CURRENTLY USED : YES IF NO, YEAR OF LAST USE:
C. YEAR INSTALLED : UNK	G. STORES : WASTE
D. CAPACITY (GALLONS) :	H. MOTOR VEHICLE FUEL/WASTE OIL : NO CONTAINS:

IS CONTAINER LOCATED ON A FARM : NO

V CONTAINER CONSTRUCTION

A. THICKNESS: 6 INCHES	B. VAULTING: NON-VAULTED	C. WALLING: SINGLE
D. MATERIAL : CONCRETE		
E. LINING : UNLINED		
F. WRAPPING : NONE		

VI PIPING

A. ABOVEGROUND PIPING :	B. UNDERGROUND PIPING : GRAVITY
C. REPAIRS : NONE IF YES, YEAR OF MOST RECENT REPAIR:	

VII LEAK DETECTION

VISUAL

URE TEST COMPOSITION OF SUBSTANCES CURRENTLY STORED IN CONTAINER

61 NOT ON LIST

PAGE 4768

STATE WATER RESOURCES CONTROL BOARD  
 HAZARDOUS SUBSTANCE STORAGE CONTAINER INFORMATION FOR SANTA CLARA COUNTY  
 CONTAINER TYPES: 1, 2, 3, 4, 5

06/01/88

(1=FARM MOTOR VEHICLE FUEL TANKS, 2=ALL OTHER PRODUCT TANKS, 3=WASTE TANKS, 4=SUMPS, 5=PITS, PONDS, LAGOONS & OTHERS)

I OWNER

UNION OIL CO.  
 1 CALIFORNIA ST. SUITE 2700 SAN FRANCISCO CA 94111

II FACILITY

UNION OIL SS #6115 4350 EL CAMINO REAL LOS ALTOS CA 94022		MAILING ADDRESS TOWNSHIP/RANGE/SECTION 4350 EL CAMINO REAL LOS ALTOS CA 94022	DEALER/FOREMAN/SUPERVISOR TELEPHONE FELIX BOLTON, JR. (415) 941-0244	TYPE OF BUSINESS NO. OF CONTAINERS GASOLINE STATION 6
CROSS STREET : LOS ALTOS				

III 24-HR. CONTACT PERSON / TELEPHONE  
 DAY: JAURIGUI, L.J.

(415) 956-7600 NIGHT: UNION OIL CO. (415) 561-9322

\*\*\*\*\* OWNER ASSIGNED CONTAINER NUMBER: 6115-1-1 \*\*\*\*\* STATE BOARD ASSIGNED CONTAINER ID NUMBER: 0000021125001 \*\*\*\*\*

IV DESCRIPTION

A. CONTAINER TYPE : TANK	E. REPAIRS : UNKN IF YES WHEN :
B. MANUFACTURER/YR OF MFG: /1969	F. CURRENTLY USED : YES IF NO, YEAR OF LAST USE:
C. YEAR INSTALLED : 1969	G. STORES : PRODUCT
D. CAPACITY (GALLONS) : 10,000	H. MOTOR VEHICLE FUEL/WASTE OIL : YES CONTAINS: UNLEADED

IS CONTAINER LOCATED ON A FARM : NO

V CONTAINER CONSTRUCTION

A. THICKNESS:	B. VAULTING: NON-VAULTED	C. WALLING: SINGLE
D. MATERIAL : CARBON STEEL		
E. LINING : UNKNOWN		
F. WRAPPING : NONE		

VI PIPING

A. ABOVEGROUND PIPING :	B. UNDERGROUND PIPING : PRESSURE
C. REPAIRS : YES IF YES, YEAR OF MOST RECENT REPAIR: 1979	

VII LEAK DETECTION

PIPING-LEAK: DETECTOR STOCK INVENTORY OTHER P

URE TEST COMPOSITION OF SUBSTANCES CURRENTLY STORED IN CONTAINER  
 12031 UNLEADED MOTOR VEHICLE FUEL

STATE WATER RESOURCES CONTROL BOARD  
HAZARDOUS SUBSTANCE STORAGE CONTAINER INFORMATION FOR SANTA CLARA COUNTY  
CONTAINER TYPES: 1, 2, 3, 4, 5

(1=FARM MOTOR VEHICLE FUEL TANKS, 2=ALL OTHER PRODUCT TANKS, 3=WASTE TANKS, 4=SUMPS, 5=PITS, PONDS, LAGOONS & OTHERS)

\*\*\*\*\* OWNER ASSIGNED CONTAINER NUMBER: 6115-2-1 \*\*\*\*\* STATE BOARD ASSIGNED CONTAINER ID NUMBER: 0000021125002 \*\*\*\*\*

IV DESCRIPTION

A. CONTAINER TYPE : TANK  
B. MANUFACTURER/YR OF MFG: /1969  
C. YEAR INSTALLED : 1969  
D. CAPACITY (GALLONS) : 10,000  
E. REPAIRS : UNKN IF YES WHEN :  
F. CURRENTLY USED : YES IF NO, YEAR OF LAST USE:  
G. STORES : PRODUCT  
H. MOTOR VEHICLE FUEL/WASTE OIL : YES CONTAINS: PREMIUM

IS CONTAINER LOCATED ON A FARM : NO

V CONTAINER CONSTRUCTION

A. THICKNESS:  
B. VAULTING: NON-VAULTED C. WALLING: SINGLE  
D. MATERIAL : CARBON STEEL  
E. LINING : UNKNOWN  
F. WRAPPING : NONE

VI PIPING

A. ABOVEGROUND PIPING :  
B. UNDERGROUND PIPING : PRESSURE  
C. REPAIRS : YES IF YES, YEAR OF MOST RECENT REPAIR: 1979

VII LEAK DETECTION

PIPING-LEAK DETECTOR STOCK INVENTORY OTHER P

URE TEST COMPOSITION OF SUBSTANCES CURRENTLY STORED IN CONTAINER  
12033 PREMIUM MOTOR VEHICLE FUEL

\*\*\*\*\* OWNER ASSIGNED CONTAINER NUMBER: 15-4-1 \*\*\*\*\* STATE BOARD ASSIGNED CONTAINER ID NUMBER: 0000021125003 \*\*\*\*\*

IV DESCRIPTION

A. CONTAINER TYPE : TANK  
B. MANUFACTURER/YR OF MFG: /  
C. YEAR INSTALLED : UNK  
D. CAPACITY (GALLONS) : 550  
E. REPAIRS : UNKN IF YES WHEN :  
F. CURRENTLY USED : YES IF NO, YEAR OF LAST USE:  
G. STORES : WASTE  
H. MOTOR VEHICLE FUEL/WASTE OIL : YES CONTAINS: WASTE OIL

IS CONTAINER LOCATED ON A FARM : NO

V CONTAINER CONSTRUCTION

A. THICKNESS:  
B. VAULTING: NON-VAULTED C. WALLING: SINGLE  
D. MATERIAL : CARBON STEEL  
E. LINING : UNKNOWN  
F. WRAPPING : NONE

VI PIPING

A. ABOVEGROUND PIPING :  
B. UNDERGROUND PIPING : GRAVITY  
C. REPAIRS : UNKN IF YES, YEAR OF MOST RECENT REPAIR:

VII LEAK DETECTION  
STOCK INVENTORY

P

URE TEST COMPOSITION OF SUBSTANCES CURRENTLY STORED IN CONTAINER  
12035 WASTE OIL

STATE WATER RESOURCES CONTROL BOARD  
HAZARDOUS SUBSTANCE STORAGE CONTAINER INFORMATION FOR SANTA CLARA COUNTY

CONTAINER TYPES: 1-2-3-4-5  
(1=FARM MOTOR VEHICLE FUEL TANKS, 2=ALL OTHER PRODUCT TANKS, 3=WASTE TANKS, 4=SLUMPS, 5=PITS, PONDS, LAGOONS & OTHERS)

\*\*\*\*\* OWNER ASSIGNED CONTAINER NUMBER: 6115-1-1 \*\*\*\*\* STATE BOARD ASSIGNED CONTAINER ID NUMBER: 00000021125004 \*\*\*\*\*

IV DESCRIPTION

A. CONTAINER TYPE : TANK  
B. MANUFACTURER/YR OF MFG : /1969  
C. YEAR INSTALLED : 1969  
D. CAPACITY (GALLONS) : 10,000  
E. REPAIRS : UNKN IF YES WHEN :  
F. CURRENTLY USED : YES IF NO, YEAR OF LAST USE:  
G. STORES : PRODUCT  
H. MOTOR VEHICLE FUEL/WASTE OIL : YES CONTAINS: UNLEADED

IS CONTAINER LOCATED ON A FARM : NO

V CONTAINER CONSTRUCTION

A. THICKNESS:  
B. VAULTING: NON-VAULTED C. WALLING: SINGLE  
D. MATERIAL : CARBON STEEL  
E. LINING : UNKN  
F. WRAPPING : NONE

VI PIPING

A. ABOVEGROUND PIPING :  
B. UNDERGROUND PIPING : PRESSURE  
C. REPAIRS : YES IF YES, YEAR OF MOST RECENT REPAIR: 1979

VII LEAK DETECTION

PIPING-LEAK DETECTOR STOCK INVENTORY OTHER P

URE TEST COMPOSITION OF SUBSTANCES CURRENTLY STORED IN CONTAINER  
12031 UNLEADED MOTOR VEHICLE FUEL

\*\*\*\*\* OWNER ASSIGNED CONTAINER NUMBER: 6115-2-1 \*\*\*\*\* STATE BOARD ASSIGNED CONTAINER ID NUMBER: 00000021125005 \*\*\*\*\*

IV DESCRIPTION

A. CONTAINER TYPE : TANK  
B. MANUFACTURER/YR OF MFG : /1969  
C. YEAR INSTALLED : 1969  
D. CAPACITY (GALLONS) : 10,000  
E. REPAIRS : UNKN IF YES WHEN :  
F. CURRENTLY USED : YES IF NO, YEAR OF LAST USE:  
G. STORES : PRODUCT  
H. MOTOR VEHICLE FUEL/WASTE OIL : YES CONTAINS: PREMIUM

IS CONTAINER LOCATED ON A FARM : NO

V CONTAINER CONSTRUCTION

A. THICKNESS:  
B. VAULTING: NON-VAULTED C. WALLING: SINGLE  
D. MATERIAL : CARBON STEEL  
E. LINING : UNKN  
F. WRAPPING : NONE

VI PIPING

A. ABOVEGROUND PIPING :  
B. UNDERGROUND PIPING : PRESSURE  
C. REPAIRS : YES IF YES, YEAR OF MOST RECENT REPAIR: 1979

VII LEAK DETECTION

PIPING-LEAK DETECTOR STOCK INVENTORY OTHER P

URE TEST COMPOSITION OF SUBSTANCES CURRENTLY STORED IN CONTAINER  
12033 PREMIUM MOTOR VEHICLE FUEL

STATE WATER RESOURCES CONTROL BOARD  
HAZARDOUS SUBSTANCE STORAGE CONTAINER INFORMATION FOR SANTA CLARA COUNTY

CONTAINER TYPES: 1, 2, 3, 4, 5  
(1=FARM MOTOR VEHICLE FUEL TANKS, 2=ALL OTHER PRODUCT TANKS, 3=WASTE TANKS, 4=SUMPS, 5=PITS, PONDS, LAGOONS & OTHERS)

\*\*\*\*\* \*\* OWNER ASSIGNED CONTAINER NUMBER: 6115-4-1 \*\*\*\*\* STATE BOARD ASSIGNED CONTAINER ID NUMBER: 0000021125006 \*\*\*\*\*

IV DESCRIPTION

A. CONTAINER TYPE : TANK  
B. MANUFACTURER/YR OF MFG :  
C. YEAR INSTALLED : UNK  
D. CAPACITY (GALLONS) : 550

E. REPAIRS : UNKN IF YES WHEN :  
F. CURRENTLY USED : YES IF NO, YEAR OF LAST USE:  
G. STORES : WASTE  
H. MOTOR VEHICLE FUEL/WASTE OIL : YES CONTAINS: WASTE OIL

IS CONTAINER LOCATED ON A FARM : NO

V CONTAINER CONSTRUCTION

A. THICKNESS :  
D. MATERIAL : CARBON STEEL  
E. LINING : UNKNOWN  
F. WRAPPING : NONE  
B. VAULTING: NON-VAULTED C. WALLING: SINGLE

VI PIPING

A. ABOVEGROUND PIPING :  
C. REPAIRS : UNKN IF YES, YEAR OF MOST RECENT REPAIR:  
B. UNDERGROUND PIPING : GRAVITY

VII LEAK DETECTION  
STOCK INVENTORY

P

URE TEST COMPOSITION OF SUBSTANCES CURRENTLY STORED IN CONTAINER  
12035 WASTE OIL

COPY

## Secondary Containment Testing Report Form

*This form is intended for use by contractors performing periodic testing of UST secondary containment systems. Use the appropriate pages of this form to report results for all components tested. The completed form, written test procedures, and printouts from tests (if applicable), should be provided to the facility owner/operator for submittal to the local regulatory agency.*

### 1. FACILITY INFORMATION

Facility Name: Unocal #256115		Date of Testing: 06/21/17	
Facility Address: 4350 El Camino Real, Los Altos CA 94022			
Facility Contact:	Phone (650)- 941-0244	<input type="checkbox"/> Initial	<input type="checkbox"/> Repair Test
Date Local Agency Was Notified of Testing: 06/09/17		<input type="checkbox"/> 6 Month	<input type="checkbox"/> Other
Name of Local Agency Inspector (if present during testing):		<input checked="" type="checkbox"/> Triennial	

### 2. TESTING CONTRACTOR INFORMATION

Company Name: Able Maintenance Inc		
Technician Conducting Test: Erik Salinger/ I.C.C #8729425		
Credentials:	<input checked="" type="checkbox"/> CSLB Licensed Contractor	<input type="checkbox"/> SWRCB Licensed Tank Tester
		<input checked="" type="checkbox"/> ICC UST Service Technician
License Type:	License Number: 312844	
Manufacturer Training		
Manufacturer	Component(s)	Date Training Expires
Available Upon Request		

### 3. SUMMARY OF TEST RESULTS

Component	Pass	Fail	Not Tested	Repairs Made	Component	Pass	Fail	Not Tested	Repairs Made
87 Tank Annular	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91 Tank Annular	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87 Turbine Sump	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91 Turbine Sump	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UDC 1/2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UDC 3/4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UDC 5/6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UDC 7/8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UDC 9/10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UDC 11/12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87 Product	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91 Product	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Retest \*  
10/24/17  
PASSED

If hydrostatic testing was performed, describe what was done with the water after completion of tests:

Used Pump Test Truck

**For any equipment capable of generating a print out of test results, you must attach a copy of the test report to this certification**  System printout attached.

#### CERTIFICATION OF TECHNICIAN RESPONSIBLE FOR CONDUCTING THIS TESTING

*To the best of my knowledge, the facts stated in this document are accurate and in full compliance with legal requirements*

Technician's Signature:



Date: 06/21/17

4. TANK ANNULAR TESTING

Test Method Developed By:	<input type="checkbox"/> Tank Manufacturer	<input checked="" type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer	
	<input type="checkbox"/> Other (Specify)			
Test Method Used:	<input type="checkbox"/> Pressure	<input checked="" type="checkbox"/> Vacuum	<input type="checkbox"/> Hydrostatic	
	<input type="checkbox"/> Other (Specify)			
Test Equipment Used: Test plugs, venturi pump and gauges	Equipment Resolution: 0.5% inHg			
	Tank # 87	Tank # 91	Tank #	Tank #
Is Tank Exempt From Testing? <sup>1</sup>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tank Capacity:	12k	12k		
Tank Material:	Fiberglass	Fiberglass		
Tank Manufacturer:	Xerxes	Xerxes		
Product Stored:	Gasoline	Gasoline		
Wait time between applying pressure/vacuum/water and starting test:	10 Minutes	10 Minutes	10 Minutes	10 Minutes
Test Start Time:	8:30AM	8:30AM		
Initial Reading (R <sub>i</sub> ):	7 inHg	7 inHg	inHg	inHg
Test End Time:	9:30AM	9:30AM		
Final Reading (R <sub>f</sub> ):	7 inHg	7 inHg	inHg	inHg
Test Duration:	1 Hour	1 Hour	1 Hour	1 Hour
Change in Reading (R <sub>f</sub> -R <sub>i</sub> ):	0	0		
Pass/Fail Threshold or Criteria:	0	0	0	0
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

**Comments** – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

"Sensor functionality was not confirmed. This procedure is not part of the Secondary Containment testing scope of work".

<sup>1</sup> Secondary containment systems where the continuous monitoring automatically monitors both the primary and secondary containment, such as systems that are hydrostatically monitored or under constant vacuum, are exempt from periodic containment testing. {California Code of Regulations, Title 23, Section 2637(a)(6)}

**5. SECONDARY PIPE TESTING**

Test Method Developed By:	<input type="checkbox"/> Piping Manufacturer	<input checked="" type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer	
	<input type="checkbox"/> Other (Specify)			
Test Method Used:	<input checked="" type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input type="checkbox"/> Hydrostatic	
	<input type="checkbox"/> Other (Specify)			
Test Equipment Used: Test Reducer Boots, Nitrogen and Gauges	Equipment Resolution: 0.5% of span PSI			
	<b>Piping Run # 87</b>	<b>Piping Run # 91</b>	<b>Piping Run #</b>	<b>Piping Run #</b>
Piping Material:	Fiberglass	Fiberglass		
Piping Manufacturer:	Ameron	Ameron		
Piping Diameter:	3"	3"		
Length of Piping Run:	100'	100'		
Product Stored:	Gasoline	Gasoline		
Method and location of piping-run isolation:	Reducer Boots/Fitting	Reducer Boots/Fitting	Reducer Boots/Fitting	Reducer Boots/Fitting
Wait time between applying pressure/vacuum/water and starting test:	10 Minutes	10 Minutes	10 Minutes	10 Minutes
Test Start Time:	9:05AM	9:15AM		
Initial Reading (R <sub>I</sub> ):	5 PSI	5 PSI	PSI	PSI
Test End Time:	10:05AM	10:15AM		
Final Reading (R <sub>F</sub> ):	5 PSI	5 PSI	PSI	PSI
Test Duration:	1 hour	1 hour	1 hour	1 hour
Change in Reading (R <sub>F</sub> -R <sub>I</sub> ):	0			
Pass/Fail Threshold or Criteria:	0	0	0	0
Test Result:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Comments – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

### 6. PIPING SUMP TESTING

Test Method Developed By:	<input type="checkbox"/> Sump Manufacturer		<input checked="" type="checkbox"/> Industry Standard		<input type="checkbox"/> Professional Engineer	
	<input type="checkbox"/> Other (Specify)					
Test Method Used:	<input type="checkbox"/> Pressure		<input type="checkbox"/> Vacuum		<input checked="" type="checkbox"/> Hydrostatic	
	<input type="checkbox"/> Other (Specify)					
Test Equipment Used: Incon Sump Tester			Equipment Resolution: +/- 0.002 Inches			
	Sump # 87	Sump # 91	Sump #	Sump #	Sump #	Sump #
Sump Diameter:	42"	42"				
Sump Depth:	61"	62"				
Sump Material:	Fiberglass	Fiberglass				
Height from Tank Top to Top of Highest Piping Penetration:	12"	12"				
Height from Tank Top to Lowest Electrical Penetration:	17"	16"				
Condition of sump prior to testing:	Good	Good				
Portion of Sump Tested <sup>1</sup>	2" Above Piping	2" Above Piping				
Does turbine shut down when sump sensor detects liquid (both product and water)?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Turbine shutdown response time	N/A	N/A	N/A	N/A	N/A	N/A
Is system programmed for fail-safe shutdown?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was fail-safe verified to be operational?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Wait time between applying pressure/vacuum/water and starting test:	30 Minutes	30 Minutes	30 Minutes	30 Minutes	30 Minutes	30 Minutes
Test Start Time:	9:35AM	9:35AM				
Initial Reading (R <sub>i</sub> ):	5.0797 Inches	6.1106 Inches	Inches	Inches	Inches	Inches
Test End Time:	9:50AM	9:50AM				
Final Reading (R <sub>f</sub> ):	5.0801 Inches	6.1106 Inches	Inches	Inches	Inches	Inches
Test Duration:	15 Minutes	15 Minutes				
Change in Reading (R <sub>f</sub> -R <sub>i</sub> ):	0.0004	0.0000				
Pass/Fail Threshold or Criteria:	0.002	0.002	0.002	0.002	0.002	0.002
<b>Test Result:</b>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail			
Was sensor removed for testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

**Comments** – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

"Sensor functionality was not confirmed. This procedure is not part of the Secondary Containment testing scope of work".

7.

**UNDER-DISPENSER CONTAINMENT (UDC) TESTING**

Test Method Developed By:	<input type="checkbox"/> UDC Manufacturer	<input checked="" type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer	
	<input type="checkbox"/> Other (Specify)			
Test Method Used:	<input type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input checked="" type="checkbox"/> Hydrostatic	
	<input type="checkbox"/> Other (Specify)			
Test Equipment Used: Incon Sump Tester			Equipment Resolution: +/- 0.002 Inches	
	<b>UDC # 9/10</b>	<b>UDC # 11/12</b>	<b>UDC #</b>	<b>UDC #</b>
UDC Manufacturer:	Bravo	Bravo		
UDC Material:	Fiberglass	Fiberglass		
UDC Depth:	31"	31"		
Height from UDC Bottom to Top of Highest Piping Penetration:	13"	13"		
Height from UDC Bottom to Lowest Electrical Penetration:	Located on Bottom	Located on Bottom		
Condition of UDC prior to testing:	Good	Good		
Portion of UDC Tested <sup>1</sup>	2" Above Piping	2" Above Piping		
Does turbine shut down when UDC sensor detects liquid (both product and water)?*	N/A	N/A		
Turbine shutdown response time	N/A	N/A	N/A	N/A
Is system programmed for fail-safe shutdown?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was fail-safe verified to be operational?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Wait time between applying pressure/vacuum/water and starting test	30 Minutes	30 Minutes	30 Minutes	30 Minutes
Test Start Time:	12:25PM	12:25PM		
Initial Reading (R <sub>i</sub> ):	5.7899 Inches	5.4768 Inches	Inches	Inches
Test End Time:	12:41PM	12:41PM		
Final Reading (R <sub>f</sub> ):	5.7910 Inches	5.4783 Inches	Inches	Inches
Test Duration:	16 Minutes	16 Minutes		
Change in Reading (R <sub>f</sub> -R <sub>i</sub> ):	0.0011	0.0015		
Pass/Fail Threshold or Criteria:	0.002	0.002	0.002	0.002
<b>Test Result:</b>	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

**Comments** – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

"Sensor functionality was not confirmed. This procedure is not part of the Secondary Containment testing scope of work".

UDC's have Floats and chains, no sensors.

7.

**UNDER-DISPENSER CONTAINMENT (UDC) TESTING**

Test Method Developed By:	<input type="checkbox"/> UDC Manufacturer	<input checked="" type="checkbox"/> Industry Standard	<input type="checkbox"/> Professional Engineer	
	<input type="checkbox"/> Other (Specify)			
Test Method Used:	<input type="checkbox"/> Pressure	<input type="checkbox"/> Vacuum	<input checked="" type="checkbox"/> Hydrostatic	
	<input type="checkbox"/> Other (Specify)			
Test Equipment Used: Incon Sump Tester	Equipment Resolution: +/- 0.002 Inches			
	<b>UDC # 1/2</b>	<b>UDC # 3/4</b>	<b>UDC # 5/6</b>	<b>UDC # 7/8</b>
UDC Manufacturer:	Bravo	Bravo	Bravo	Bravo
UDC Material:	Fiberglass	Fiberglass	Fiberglass	Fiberglass
UDC Depth:	31"	31"	31"	31"
Height from UDC Bottom to Top of Highest Piping Penetration:	12"	12"	12"	13"
Height from UDC Bottom to Lowest Electrical Penetration:	Located on Bottom	Located on Bottom	Located on Bottom	Located on Bottom
Condition of UDC prior to testing:	Good	Good	Good	Good
Portion of UDC Tested <sup>1</sup>	2" Above Piping	2" Above Piping	2" Above Piping	2" Above Piping
Does turbine shut down when UDC sensor detects liquid (both product and water)? <sup>2</sup>	N/A	N/A	N/A	N/A
Turbine shutdown response time	N/A	N/A	N/A	N/A
Is system programmed for fail-safe shutdown? <sup>3</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Was fail-safe verified to be operational? <sup>4</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Wait time between applying pressure/vacuum/water and starting test	30 Minutes	30 Minutes	30 Minutes	30 Minutes
Test Start Time:	11:23AM	11:06AM	11:23AM	12:25PM
Initial Reading (R <sub>I</sub> ):	4.5633 Inches	4.4393 Inches	6.4731 Inches	5.6839 Inches
Test End Time:	11:38AM	11:22AM	11:38AM	12:41PM
Final Reading (R <sub>F</sub> ):	4.5598 Inches	4.4413 Inches	6.4734 Inches	5.6841 Inches
Test Duration:	15 Minutes	16 Minutes	15 Minutes	16 Minutes
Change in Reading (R <sub>F</sub> -R <sub>I</sub> ):	0.0035	0.0020	0.0003	0.0002
Pass/Fail Threshold or Criteria:	0.002	0.002	0.002	0.002
<b>Test Result:</b>	<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
Was sensor removed for testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Was sensor properly replaced and verified functional after testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA

**Comments** – (include information on repairs made prior to testing, and recommended follow-up for failed tests)

"Sensor functionality was not confirmed. This procedure is not part of the Secondary Containment testing scope of work".

UDCS HAVE FLOATS AND CHAINS, NO SENSORS

UDC 1/2 Failed due to torn 3/4" conduit boot- 4 bolt pen through Bottom, of UDC  
Made Mechanical Adjustments to UDC 5/6 - Retest- Pass

Retest 10/24/17 PASSED, See next page test results

6 of 6

Invoice # 40453



Lic. 804904

Toll Free #: 1-800-339-9930

**COPY**  
40453

Job Order / Invoice #:

Date Called	Time	To Whom	Repair Date
			10/24/17

Name: Confidence UST	Site Name: El Comino 7h
Street: 16250 Meacham Road	Street: 4955 El Comino
City: Bakersfield, CA 93314	City: Los Altos State: Zip:
Terms:	Store No:

Description of work performed:

**Retest UDC #1/2**

No Repairs Made. Dropped water  
and Test UDC **PASS**

Will submit Results to Copra

TRAVEL and LABOR (0.5 Hour Minimum Labor Charge)						OVERTIME (5:00 PM - 7:00 AM)		
Date	Technician(s) Name		Start	End	Total	OT Start	OT End	OT Total
10-24	See Mike	Travel	12:54	1:31				
		Labor	1:31	2:40				
		Travel	2:40	6:00pm				

SUPPLIES - MATERIALS - RENTALS						Check One	
Qty.	Name	Part Number	UST Parts	Site Parts			
1	tool TRUCK						
1	UDC Lake Test 1 #1/2						

COMMENTS

Test water left on site.

Store Employee Print Name: Allan Weisheimer	Technician Print Name: Frank Clark
Store Employee Signature: [Signature]	Technician Signature: [Signature]
Date: 10/24/17	Date: 10/24

(1021)

COPY

# MONITORING SYSTEM CERTIFICATION

For Use By All Jurisdictions Within the State of California

Authority Cited: Chapter 6.7, Health and Safety Code; Chapter 16, Division 3, Title 23, California Code of Regulations

This form must be used to document testing and servicing of monitoring equipment. A separate certification or report must be prepared for each monitoring system control panel by the technician who performs the work. A copy of this form must be provided to the tank system owner/operator. The owner/operator must submit a copy of this form to the local agency regulating UST systems within 30 days of test date.

## A. General Information

Facility Name: El Camino Unocal 76 Bldg. No.: \_\_\_\_\_  
 Site Address: 4350 El Camino Real City: Los Altos Zip: 94022  
 Facility Contact Person: Greg Galatolo Contact Phone No.: (650) 941-0244  
 Make/Model of Monitoring System: Gilbarco EMC Date of Testing/Servicing: 11/09/2017

## B. Inventory of Equipment Tested/Certified

Check the appropriate boxes to indicate specific equipment inspected/serviced:

<b>Tank ID: 12,000 gal. Regular</b> <input checked="" type="checkbox"/> In-Tank Gauging Probe Model: <u>847390-107</u> <input checked="" type="checkbox"/> Annular Space or Vault Sensor Model: <u>794390-420</u> <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s) Model: <u>794380-208</u> <input type="checkbox"/> Fill Sump Sensor(s) Model: _____ <input checked="" type="checkbox"/> Mechanical Line Leak Detector Model: <u>FE Petro</u> <input type="checkbox"/> Electronic Line Leak Detector Model: _____ <input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor Model: <u>847390-107</u> <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2)	<b>Tank ID: 12,000 gal. Super</b> <input checked="" type="checkbox"/> In-Tank Gauging Probe Model: <u>847390-107</u> <input checked="" type="checkbox"/> Annular Space or Vault Sensor Model: <u>794390-420</u> <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s) Model: <u>794380-208</u> <input type="checkbox"/> Fill Sump Sensor(s) Model: _____ <input checked="" type="checkbox"/> Mechanical Line Leak Detector Model: <u>FE Petro</u> <input type="checkbox"/> Electronic Line Leak Detector Model: _____ <input checked="" type="checkbox"/> Tank Overfill / High-Level Sensor Model: <u>847390-107</u> <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2)
<b>Tank ID: Waste Oil</b> <input type="checkbox"/> In-Tank Gauging Probe Model: _____ <input checked="" type="checkbox"/> Annular Space or Vault Sensor Model: <u>794390-420</u> <input type="checkbox"/> Piping Sump / Trench Sensor(s) Model: _____ <input type="checkbox"/> Fill Sump Sensor(s) Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector Model: _____ <input type="checkbox"/> Electronic Line Leak Detector Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2)	<b>Tank ID: _____</b> <input type="checkbox"/> In-Tank Gauging Probe Model: _____ <input type="checkbox"/> Annular Space or Vault Sensor Model: _____ <input type="checkbox"/> Piping Sump / Trench Sensor(s) Model: _____ <input type="checkbox"/> Fill Sump Sensor(s) Model: _____ <input type="checkbox"/> Mechanical Line Leak Detector Model: _____ <input type="checkbox"/> Electronic Line Leak Detector Model: _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor Model: _____ <input type="checkbox"/> Other (specify equipment type and model in Section E on Page 2)
<b>Dispenser ID: 1-2</b> <input type="checkbox"/> Dispenser Containment Sensor(s) Model: _____ <input checked="" type="checkbox"/> Shear Valve(s) <input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s)	<b>Dispenser ID: 3-4</b> <input type="checkbox"/> Dispenser Containment Sensor(s) Model: _____ <input checked="" type="checkbox"/> Shear Valve(s) <input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s)
<b>Dispenser ID: 5-6</b> <input type="checkbox"/> Dispenser Containment Sensor(s) Model: _____ <input checked="" type="checkbox"/> Shear Valve(s) <input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s)	<b>Dispenser ID: 7-8</b> <input type="checkbox"/> Dispenser Containment Sensor(s) Model: _____ <input checked="" type="checkbox"/> Shear Valve(s) <input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s)
<b>Dispenser ID: 9-10</b> <input type="checkbox"/> Dispenser Containment Sensor(s) Model: _____ <input checked="" type="checkbox"/> Shear Valve(s) <input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s)	<b>Dispenser ID: 11-12, 13-14</b> <input type="checkbox"/> Dispenser Containment Sensor(s) Model: _____ <input checked="" type="checkbox"/> Shear Valve(s) <input checked="" type="checkbox"/> Dispenser Containment Float(s) and Chain(s)

\*If the facility contains more tanks or dispensers, copy this form. Include information for every tank and dispenser at the facility

**C. Certification** - I certify that the equipment identified in this document was inspected/serviced in accordance with the manufacturers' guidelines. Attached to this Certification is information (e.g. manufacturers' checklists) necessary to verify that this information is correct and a Plot Plan showing the layout of monitoring equipment. For any equipment capable of generating such reports, I have also attached a copy of the report; (check all that apply):  System set-up  Alarm history report

Technician Name (print): Chris Bishop Signature:   
 Certification No.: B36744 License No.: 804904  
 Testing Company Name: Confidence UST Services, Inc. Phone No.: (800) 339-9930  
 Site Address: 4350 El Camino Real Los Altos, CA 94022 Date of Testing/Servicing: 11/09/2017

Monitoring System Certification

D. Results of Testing/Serviceing

Software Version Installed: 329.02

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is the audible alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is the visual alarm operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all sensors visually inspected, functionally tested, and confirmed operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all sensors installed at lowest point of secondary containment and positioned so that other equipment will not interfere with their proper operation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	If alarms are relayed to a remote monitoring station, is all communications equipment (e.g., modem) operational?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For pressurized piping systems, does the turbine automatically shut down if the piping secondary containment monitoring system detects a leak, fails to operate, or is electrically disconnected? If yes: which sensors initiate positive shut-down? <i>(Check all that apply)</i> <input checked="" type="checkbox"/> Sump/Trench Sensors; <input type="checkbox"/> Dispenser Containment Sensors. Did you confirm positive shut-down due to leaks and sensor failure/disconnection? <input checked="" type="checkbox"/> Yes; <input type="checkbox"/> No.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For tank systems that utilize the monitoring system as the primary tank overfill warning device (i.e., no mechanical overfill prevention valve is installed), is the overfill warning alarm visible and audible at the tank fill point(s) and operating properly? If so, at what percent of tank capacity does the alarm trigger? 90 %
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No	Was any monitoring equipment replaced? If yes, identify specific sensors, probes, or other equipment replaced and list the manufacturer name and model for all replacement parts in Section E, below.
<input type="checkbox"/> Yes*	<input checked="" type="checkbox"/> No	Was liquid found inside any secondary containment systems designed as dry systems? <i>(Check all that apply)</i> <input type="checkbox"/> Product; <input type="checkbox"/> Water. If yes, describe causes in Section E, below.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was monitoring system set-up reviewed to ensure proper settings? Attach set up reports, if applicable
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Is all monitoring equipment operational per manufacturer's specifications?

\* In Section E below, describe how and when these deficiencies were or will be corrected.

E. Comments:

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**Monitoring System Certification**

**F. In-Tank Gauging / SIR Equipment:**  Check this box if tank gauging is used only for inventory control.  
 Check this box if no tank gauging or SIR equipment is installed.

This section must be completed if in-tank gauging equipment is used to perform leak detection monitoring.

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Has all input wiring been inspected for proper entry and termination, including testing for ground faults?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all tank gauging probes visually inspected for damage and residue buildup?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system product level readings tested?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was accuracy of system water level readings tested?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all probes reinstalled properly?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

\* In the Section H, below, describe how and when these deficiencies were or will be corrected.

**G. Line Leak Detectors (LLD):**  Check this box if LLDs are not installed.

Complete the following checklist:

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For equipment start-up or annual equipment certification, was a leak simulated to verify LLD performance? (Check all that apply) Simulated leak rate: <input checked="" type="checkbox"/> 3 g.p.h.; <input type="checkbox"/> 0.1 g.p.h.; <input type="checkbox"/> 0.2 g.p.h.
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all LLDs confirmed operational and accurate within regulatory requirements?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Was the testing apparatus properly calibrated?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No* <input type="checkbox"/> N/A	For mechanical LLDs, does the LLD restrict product flow if it detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if the LLD detects a leak?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system is disabled or disconnected?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, does the turbine automatically shut off if any portion of the monitoring system malfunctions or fails a test?
<input type="checkbox"/> Yes	<input type="checkbox"/> No* <input checked="" type="checkbox"/> N/A	For electronic LLDs, have all accessible wiring connections been visually inspected?
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No*	Were all items on the equipment manufacturer's maintenance checklist completed?

\* In the Section H, below, describe how and when these deficiencies were or will be corrected.

**H. Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



COPY

## Leak Detector Test Results Sheet

**Customer Address:**  
 El Camino Unocal 76  
 4350 El Camino Real  
 Los Altos, CA 94022

**Work Order:** 40442  
**Test Date:** 11/09/2017

**Site Address:**  
 El Camino Unocal 76  
 4350 El Camino Real  
 Los Altos, CA 94022

**Site Contact:** Greg Galatolo  
**Technician:** Chris Bishop

**Phone:** (650) 941-0244  
**Phone:** 800-339-9930

**ICC No.:** 8144916-UT

Product Type	LLD Type	Model	Serial No.	Check Valve Holding Pressure	Bleed Off ML.	Leak Rate Tested:	Pass/Fail
Regular	Mechanical	FE Petro		18 psi	75 ml	3 gph @ 10 psi	Pass
Premium	Mechanical	FE Petro		22 psi	150 ml	3 gph @ 10 psi	Pass
						3 gph @ 10 psi	
						3 gph @ 10 psi	
						3 gph @ 10 psi	
						3 gph @ 10 psi	
						3 gph @ 10 psi	
						3 gph @ 10 psi	

**Technician Name:** Chris Bishop  
**Signature:** 

**Technician No.:** 8144916-UT  
**Date:** 11/09/2017



TP-201.3

### UST Static Pressure Performance Test Report Form

Permit Number:	Test Company:	Confidence UST Services, Inc.	
Confirmation:	Technician:	Austin Sterling	
Site Name: El Camino Unocal 76	Certification Number	Expiration Date	
Site Address: 4350 El Camino Real	District: BAAQMD	NA	
City/Zip: Los Altos, CA 94022	Franklin (Healy): 7611483707	10/24/2019	
Date/Time of Test: 12/28/2017 at 9:00 am	Veeder-Root: B45438	10/16/2019	

TEST INFORMATION	
Number of nozzles: 14	Are the tanks manifolded? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Phase I vapor recovery system executive order (as referenced on Permit to Operate)	VR-102
Phase II vapor recovery system executive order (as referenced on Permit to Operate)	VR-204
Nitrogen introduction point	<input checked="" type="checkbox"/> Phase I vapor coupler <input type="checkbox"/> Phase II vapor riser
Pressure measuring device	<input type="checkbox"/> incline manometer <input checked="" type="checkbox"/> digital manometer <input type="checkbox"/> mechanical gauge
Calibration date for pressure measuring device (must be within 90 days of the test)	10/29/2017
Ending value for digital manometer drift test if applicable (must be 0.01 in. w.c. or less)	0.00"
Initial tank ullage pressure (vent if over 0.5 in. w.c.)	0.00"
Nitrogen introduction flow rate, F (must be between 1 and 5 CFM)	1.6 CFM
Calculated ullage fill-time, $t_2$ ( $t_2 = V / 1522 \times F$ )	4.09 min
Actual fill-time	3.04 min
Number of hoses with over 100 ml (balance hoses must be drained prior to testing)	12

TANK INFORMATION					
Tank No.	1	2	3	4	All
Product Grade	Regular	Super			All
Actual tank capacity (gallons)	12,000	12,000			24,000
Gasoline volume (gallons)	7,148	6,990			14,138
Ullage, V (gallons)	4,905	5,063			9,968
If tanks not manifolded, # of nozzles					

2 IN. W.C. STATIC PRESSURE TEST					
Test No.	1	2	3	4	5
Start time	8:10 am				
Initial Pressure, inches of water column	2.00"				
Pressure at one minute, in. w.c.	2.00"				
Pressure at two minutes, in. w.c.	1.99"				
Pressure at three minutes, in. w.c.	1.99"				
Pressure at four minutes, in. w.c.	1.98"				
Pressure at five minutes, in. w.c.	1.97"				
Allowable minimum pressure, in. w.c.	1.82"				
Pass / Fail (enter "GF" for gross failure)	Pass				

I declare, under penalty of perjury under the laws of the state of California that based on information and belief formed after reasonable inquiry, the statements and information provided in this document are true, accurate, and complete.

Signature of Technician: \_\_\_\_\_

Date: 12/28/2017



TP-201.4

Dynamic Back Pressure Test Report Form

Permit Number:		Test Company: Confidence UST Services, Inc.		
Confirmation:		Technician: Austin Sterling		
Site Name: El Camino Unocal 76		Certification Number		Expiration Date
Site Address: 4350 El Camino Real		District: BAAQMD	NA	
City/Zip: Los Altos, CA 94022		Franklin (Healy): 7611483707	10/24/2019	
Date/Time of Test: 12/28/2017 at 9:00 am		Veeder-Root: B45438	10/16/2019	

Test Information	
Phase II vapor recovery system executive order (as referenced on Permit to Operate)	VR-204
Pressure measuring device <input checked="" type="checkbox"/> Digital manometer <input type="checkbox"/> mechanical gauge	
Calibration date for pressure measuring device (must be within 90 days of the test)	10/29/2017
Ending value for digital manometer drift test if applicable (must be 0.01 in w.c. or less)	0.00"
	<b>Pass / Fail</b>
Back pressure test assembly leak check (must decay < 0.2 in w.c. in 5 min. at 50% of the scale of the assembly's highest range)	Pass

BACK PRESSURE LIMITS (in w.c.) BY EXECUTIVE ORDER FOR PRE-PHASE II EVR SYSTEMS			
G-70-52 (balance for AST & UST) & G-70-139 (Hirt VCS-200)	0.15 @ 20 CFH	0.45 @ 60 CFH	0.95 @ 100 CFH
G-70-177 & 181 (Hirt VCS-400)		0.50 @ 60 CFH	
G-70-191 (Healy ORVR)		0.50 @ 60 CFH	
VR-201 & 202 (Healy Phase II EVR)		0.50 @ 60 CFH	
VR-203 (VST balance Phase II EVR)		0.35 @ 60 CFH	0.62 @ 80 CFH

Nozzle Number	Fuel Grade	20 CFH	60 CFH	80 CFH	100 CFH
1-2	MPD		.28	.38	
3-4	MPD		.22	.28	
5-6	MPD		.30	.48	
7-8	MPD		.24	.36	
9-10	MPD		.18	.28	
11-12	MPD		.20	.36	

I declare, under penalty of perjury under the law of the state of California that based in information and belief formed after reasonable inquiry, the statements and information provided in this document are true, accurate, and complete.

Signatures of Technician:  Date: 12/28/2017





TP-201.1C/D

## Leak Rate of Drop Tube/Drain Valve Assembly and Leak Rate of Drop Tube Overflow Protection Devices and Spill Container Drain Valves Report Form

Permit Number:	Confidence UST Services, Inc.	Technician:	Austin Sterling
Confirmation:	Site Name: El Camino Unocal 76	Certification Number	BAAQMD
Site Address: 4350 El Camino Real	City/Zip: Los Altos, CA 94022	District:	Franklin (Healy): 7611483707
Date/Time of Test:	12/28/2017 at 9:00 am	Expiration Date	10/24/2019
			10/16/2019

**DROP TUBE DRAIN VALVE AND OVERFILL PROTECTION DEVICE PRESSURE INTEGRITY TEST**

Pressure measuring device:  Straight Drop Tube<sup>1</sup>  digital manometer

Calibration date for pressure measuring device (must be within 180 days of the test)  Drop Tube with an Overflow Protection Device<sup>2</sup>

Ending value for digital manometer drift test if applicable (must be 0.01 in. w.c. or less)  mechanical gauge

Drop Tube Drain Valve Pressure Test:		Drop Tube Overflow Device Pressure Test		"Corrected" Overflow Device Leak Rate	
Flow rate 80 ml/min		Flow rate 200 ml/min		Minus	Equals
Tank	Grade	Time to reach 2 in. w.c. at 80 ml/min.	Drain valve leak rate <sup>3</sup>	Final Pressure	Final pressure
1	Regular	7.6 sec	20 ml	in. w.c.	in. w.c.
2	Super	8.2 sec	20 ml	2.04"	ml/min.
3				2.12"	ml/min.
4					ml/min.

**NOTES:**

<sup>1</sup> A straight drop tube must be tested with a bladder in place and using a flow rate of 80 ml/min.

<sup>2</sup> The bladder section of TP-201.1D may be skipped if the entire drop tube passes with a leak rate below 80 ml/min.

<sup>3</sup> Leak Rate = nitrogen flow rate needed to maintain a constant pressure (at least 2 in. w.c.) for 30 seconds.

I declare, under penalty of perjury under the laws of the state of California that based on information and belief formed after reasonable inquiry, the statements and information provided in this document are true, accurate, and complete.

Signature of Technician: \_\_\_\_\_ Date: 12/28/2017



E.O. VR-201/202

Healy Clean Air Separator Static Pressure Performance Test Report Form

Permit Number:	Test Company:	Confidence UST Services, Inc.	
Confirmation:	Technician:	Autin Sterling	
Site Name: El Camino Unocal 76	Certification Number		Expiration Date
Site Address: 4350 El Camino Real	District:	BAAQMD	NA
City/Zip: Los Altos, CA 94055	Franklin (Healy)	7611483707	10/24/2019
Date/Time of Test: 12/28/2017 at 7:00 am	Veeder-Root:	B45438	10/16/2019

TEST INFORMATION	
Calibration date for digital manometer (must be within 180 days of the test)	10/29/2017
Ending value for digital manometer drift test (must be 0.01 in w.c. or less)	0.00"

VACUUM TEST							
Vacuum at start of test, inches of water column (in w.c.)							
Vacuum at one minute, in w.c.							
Vacuum at two minutes, in w.c.							
Vacuum at three minutes, in w.c.							
Vacuum at four minutes, in w.c.							
Final vacuum at five minutes, in w.c.							
Allowable minimum vacuum, in w.c. (from shaded area below)							
Allowable 5-Minute Vacuum Decay for Clean Air Separator							
Vacuum at start of test, in w.c.	8.0	7.0	6.0	5.0	4.0	3.0	2.0
Minimum vacuum after five min., in w.c.	5.5	4.7	3.8	3	2.2	1.5	0.8

POSITIVE PRESSURE TEST	
Nitrogen introduction flow rate (must be between 2 and 4 CFM)	3 CFM
Pressure at start of test, in w.c.	2.00"
Pressure at one minute, in w.c.	2.06"
Pressure at two minutes, in w.c.	2.11"
Pressure at three minutes, in w.c.	2.16"
Pressure at four minutes, in w.c.	2.21"
Final pressure at five minutes, in w.c.	2.25"
Allowable minimum pressure, in w.c.	1.77

I declare, under penalty of perjury under the laws of the state of California that based on information and belief formed after reasonable inquiry, the statements and information provided in this document are true, accurate, and complete.

Signature of Technician: \_\_\_\_\_

Date: 12/28/2017



## Liquid Removal Test Data Sheet (Option 2)

Reference #	Confidence UST Services, Inc.		
AQMD #	Technician: Austin Sterling		
Site Name:	El Camino Unocal 76	Certification Number	Expiration Date
Site Address:	4350 El Camino Real	BAAQMD	NA
City/Zip:	Los Altos, CA 94022	VST:	10/24/2019
Date/Time of Test:	12/28/2017 at 9:00 am	Veeder-Root:	10/16/2019

GENERAL INFORMATION			PRE-TEST			TEST RUN			VR=(VI-VW)-VF/G
Dispenser Number	Product Make & Model of Hose	Serial Number of Hose	Volume Poured into Hose in mL (VI)	Gallons Dispensed (G)	Seconds to Dispense (T)	Dispensing Rate (60*(G/T))	Volume Remaining in mL (VF)	Volume Lost to Wall Adhesion in mL (VW)	Liquid Removal Rate (mL/gal)
1	MPD VST EVR	B982356					0 ml		
2	MPD VST EVR	B982355					0 ml		
3	MPD VST EVR	B982358					0 ml		
4	MPD VST EVR	B982359					0 ml		
5	MPD VST EVR	B982357					0 ml		
6	MPD VST EVR	B982360					0 ml		
7	MPD VST EVR	B957115					0 ml		
8	MPD VST EVR	B957114					0 ml		
9	MPD VST EVR	B957113					0 ml		
10	MPD VST EVR	B957116					0 ml		
11	MPD VST EVR	C122016					0 ml		
12	MPD VST EVR	B957117					0 ml		

I declare, under penalty of perjury under the laws of the state of California that based on information and belief formed after reasonable inquiry, the statements and information provided in this document are true, accurate, and complete.

Signature of Technician: *AS* Date: 12/28/2017



E.O. VR-203

## Vapor Pressure Sensor Verification Test and VST Processor Activation Pressure Test Report Form

Reference # :	Test Company: Confidence UST Services, Inc.		
AQMD # :	Technician: Austin Sterling		
Site Name: El Camino Unocal 76	Certification Number	Expiration Date	
Site Address: 4350 El Camino Real	District: BAAQMD	NA	
City/Zip: Los Altos, CA 94022	VST: 7611483707	10/24/2019	
Date/Time of Test: 12/28/2017 at 9:00 am	Veeder-Root: B45438	10/16/2019	

TEST INFORMATION	
Pressure sensor located at dispenser numbers(s)	9&10
Pressure sensor serial number	9114
Calibration date for digital manometer (must be within 12 months of the test)	10/29/2017
Ending value for digital manometer drift test (must be 0.01 in. w.c. or less)	0.00"

VAPOR PRESSURE SENSOR UST PRESSURE TEST	
UST pressure from digital manometer (in. w.c.)	1.97"
Pressure sensor value from TLS-350 (in. w.c.)	1.982"
Is Pressure Value between -0.20 and +0.20 in. w.c.?	Yes

VAPOR PRESSURE SENSOR AMBIENT REFERENCE TEST <sup>1,2</sup>	
Non-calibrated pressure sensor value from TLS-350 (in. w.c.)	0.012"
Is pressure value between -0.20 and +0.20 in. w.c.?	Yes

VST PROCESSOR ACTIVATION PRESSURE TEST <sup>1,2</sup>	
VST processor activation pressure (in. w.c.)	
Is the VST processor activation pressure $\leq 0.4$ in. w.c.?	N/A

Notes: <sup>1</sup>Valve must be returned to normal operating position after testing is completed.

<sup>2</sup>The ambient reference port cap must be in place after testing is completed.

*I declare, under penalty of perjury under the laws of the state of California that based on information and belief formed after reasonable inquiry, the statements and information provided in this document are true, accurate, and complete.*

Signature of Technician: \_\_\_\_\_

Date: 12/28/2017 \_\_\_\_\_





VR-204

Exhibit 14

Required Items for Conducting TP-201.4

Reference # :		Test Company:	Confidence UST Services, Inc.	
AQMD # :		Technician:	Austin Sterling	
Site Name: El Camino Unocal 76		Certification Number	Expiration Date	
Site Address: 4350 El Camino Real		District:	BAAQMD	NA
City/Zip: Los Altos, CA 94022		VST:	7611483707	10/24/2019
Date/Time of Test: 12/28/2017 at 9:00 am		Veeder-Root:	B45438	10/16/2019

1. The dispenser shall not be activated. If the dispenser is activated, gasoline in the fuel hose may be pressurized when engaging the fuel lever.
2. Prior to inserting the VST EVR nozzle into the fillpipe of the Dynamic Back Pressure Test Unit in step 7.1 of TP-201.4, completely drain any gasoline in the nozzle and vapor path of the hose. The dispenser must be deactivated and the nozzle lever and bellows shall be fully engaged.
3. When flowing nitrogen per step 7.1.2, fully engage the nozzle lever to allow vapor flow from the nozzle to the UST.

Required Steps For Each Nozzle Tested	Y/N
1. Is dispenser deactivated?	Yes
2. Is nozzle and hose completely drained of gasoline prior to inserting nozzle into Dynamic Back Pressure Unit?	Yes
3. Is nozzle lever fully engaged when conducting flow test?	Yes

*I declare, under penalty of perjury under the laws of the state of California that based on information and belief formed after reasonable inquiry, the statements and information provided in this document are true, accurate, and complete.*

Signature of Technician: \_\_\_\_\_

Date: 12/28/2017



E. O. VR-204

### Veeder-Root In-Station Diagnostics Balance Vapor Flow Meter Operability Test Procedure

Reference # :	Confidence UST Services, Inc.		
AQMD # :	Technician: Austin Sterling		
Site Name: El Camino Unocal 76	Certification Number		Expiration Date
Site Address: 4350 El Camino Real	BAAQMD		NA
City/Zip: Los Altos, CA 94022	VST: 7611483707	10/24/2019	
Date/Time of Test: 12/28/2017 at 9:00 am	Veeder-Root: B45438	10/16/2019	

Flow Meter Serial No.	Fueling Point	ISD Flow Meter		Gas Flow Meter		% Diff.	Pass/Fail	
		Start	Stop	Diff (in gal.)	Start			Stop
64378	1&2	33937.737	33945.427	8.108	0.0	7.764	4.4%	Pass
64382	3&4	40548.319	40556.363	8.044	0.0	7.750	3.8%	Pass
64412	5&6	33177.150	33185.017	7.867	0.0	7.826	0.5%	Pass
64373	7&8	50190.989	50198.590	8.151	0.0	7.820	4.2%	Pass
64397	9&10	35626.989	35634.537	7.548	0.0	7.598	0.1%	Pass
64405	11&12	47264.857	47272.476	7.619	0.0	7.626	0.01%	Pass

Gallons = Cubic\_Feet x 7.481

% Difference =  $\frac{\text{ISD\_Difference}_{\text{gallons}} - \text{Gas\_Flow\_Meter\_Difference}_{\text{gallons}}}{\text{Gas\_Flow\_Meter\_Difference}_{\text{gallons}}} \times 100$

I declare, under penalty of perjury under the laws of the state of California that based on information and belief formed after reasonable inquiry, the statements and information provided in this document are true, accurate, and complete.

Signature of Technician: \_\_\_\_\_ Date: 12/28/2017



# **APPENDIX H**

## **QUALIFICATIONS**

DRAFT

## **Megan Nolet – Project Manager, Due Diligence**

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BA- Environmental Studies, Brown University, Providence, RI

Ms. Nolet provides project management to ensure ASTM compliance and satisfaction of client requirements for Phase I Environmental Assessments, Environmental Transaction Screens, Regulatory Database Review, and Historical Records Review.

Project experience for Ms. Nolet includes:

- Phase I Environmental Site Assessments (PHI ESA)
- Environmental Transaction Screens (ETS)
- Regulatory Database Review
- Historical Records Review

In addition, prior to joining the environmental consulting industry, Ms. Nolet spent four years studying a diverse range of environmental disciplines including: environmental health, coastal ecology and conservation, environmental statistics, ecology, conservation biology, environmental law and policy, and science communications.

## **Katie Hindt – Client Manager**

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B.A. – Environmental Studies, University of California, Santa Cruz

Registered Environmental Property Assessor (REPA) #528528

Ms. Hindt has over 10 years of experience in the environmental service industry and provides project management to ensure ASTM compliance and satisfaction of client requirements for Phase 1 Environmental Site Assessments, Environmental Transaction Screens, Environmental Transaction Analyses, Records Research with Risk Assessments, Regulatory Database Reviews and Historical Records Reviews. She has completed assessments on a variety of residential, agricultural, commercial and industrial sites. Ms. Hindt is familiar with all aspects of Due Diligence Property Assessments and the requirements of many reporting standards including, ASTM, AAI, HUD and client-specific formats.

Project experience for Ms. Hindt includes:

- Phase 1 Environmental Site Assessments (Phase 1 ESA)
- Environmental Transaction Screens (ETS)
- Environmental Transaction Analyses (ETA)
- Records Search with Risk Assessment (RSRA)
- Regulatory Database Reviews
- Historical Records Reviews
- Project Coordination and Setup

As a Client Manager, Ms. Hindt provides senior author services and client management. Additional responsibilities include managing projects and staff mentorship.

In addition, prior to joining the environmental service industry, Ms. Hindt spent four years studying a broad range of environmental disciplines including: National environmental law, policy and economics, restoration ecology, California environmental history and California freshwater policy/issues.

# **APPENDIX I**

## **LIST OF COMMONLY USED ABBREVIATIONS**

DRAFT

## UNITS

<b>µg/L</b>	Micrograms per Liter	<b>pCi/L</b>	PicoCuries per Liter
<b>mg/kg</b>	Milligrams per Kilogram	<b>ppb</b>	Parts per Billion
<b>mg/L</b>	Milligrams per Liter	<b>ppm</b>	Parts per Million

## ABBREVIATIONS AND ACRONYMS

<b>ACM</b>	Asbestos-Containing Material	<b>NESHAP</b>	National Emission Standards for Hazardous Air Pollutants
<b>ADJ</b>	Adjacent site	<b>NFA</b>	No Further Action
<b>AEI</b>	AEI Consultants	<b>NFRAP</b>	No Further Remedial Action Planned
<b>AHERA</b>	Asbestos Hazard Emergency Response Act	<b>NLR</b>	No Longer Reporting
<b>APN</b>	Assessor's Parcel Number	<b>NOV</b>	Notice of Violation
<b>AST</b>	Aboveground Storage Tank	<b>NPL</b>	National Priorities List
<b>AUL</b>	Activity and Use Limitation	<b>O&amp;M</b>	Operations and Maintenance
<b>bgs</b>	Below Ground Surface	<b>OEC</b>	Other Environmental Considerations
<b>BTEX</b>	Benzene, Toluene, Ethylbenzene, and Xylenes	<b>OSHA</b>	Occupational Safety and Health Administration
<b>CERCLA</b>	Comprehensive Environmental Response Compensation and Liability Act	<b>PCB</b>	Polychlorinated Biphenyl
<b>CERCLIS</b>	Comprehensive Environmental Response Compensation and Liability Information System	<b>PCE, PERC</b>	Perchloroethylene, Tetrachloroethylene, Tetrachloroethene
<b>CESQGs</b>	Conditionally Exempt Small Quantity Generators	<b>RCRA</b>	Resource Conservation and Recovery Act
<b>COC</b>	Contaminant of Concern	<b>REC</b>	Recognized Environmental Condition
<b>CREC</b>	Controlled Recognized Environmental Condition	<b>RP</b>	Responsible Party
<b>EC</b>	Engineering Controls	<b>SDS</b>	Safety Data Sheet
<b>EDR</b>	Environmental Data Resources, Inc.	<b>SEMS</b>	Superfund Enterprise Management System
<b>EPA</b>	Environmental Protection Agency	<b>SF</b>	Square Footage/Square Feet
<b>ERIS</b>	Environmental Risk Information Services	<b>SP</b>	Subject Property
<b>ERNS</b>	Emergency Response Notification System	<b>SQG</b>	Small Quantity Generator
<b>ESA</b>	Environmental Site Assessment	<b>SWLF</b>	Solid Waste Landfill
<b>GPR</b>	Ground-Penetrating Radar	<b>SVOC</b>	Semi-Volatile Organic Compound
<b>HREC</b>	Historical Recognized Environmental Condition	<b>TCE</b>	Trichloroethylene, Trichloroethene
<b>HVAC</b>	Heating, Ventilation and Air Conditioning	<b>TPH</b>	Total Petroleum Hydrocarbons
<b>HWS</b>	Hazardous Waste Site	<b>TPHd</b>	Total Petroleum Hydrocarbons (diesel range)
<b>IC</b>	Institutional Controls	<b>TPHg</b>	Total Petroleum Hydrocarbons (gasoline range)
<b>LBP</b>	Lead-Based Paint	<b>TPHo</b>	Total Petroleum Hydrocarbons (oil range)
<b>LCP</b>	Lead-Containing Paint	<b>TRPH</b>	Total Recoverable Petroleum Hydrocarbons
<b>LLP</b>	Landowner Liability Protection	<b>TSDF</b>	Treatment, Storage, and Disposal Facility
<b>LQG</b>	Large Quantity Generator	<b>USDA</b>	United States Department of Agriculture
<b>LUST</b>	Leaking Underground Storage Tank	<b>USGS</b>	United States Geological Survey
<b>MCL</b>	Maximum Contaminant Level	<b>UST</b>	Underground Storage Tank
<b>MTBE</b>	Methyl Tertiary Butyl Ether	<b>VCP</b>	Voluntary Cleanup Program
<b>ND</b>	None Detected	<b>VOC</b>	Volatile Organic Compound

Date: April 15, 2019

Project No.: 118-106-1

Prepared For: Mr. Mike Campbell  
**DAVID J. POWERS & ASSOCIATES**  
1871 The Alameda, Suite 200  
San Jose, California 95126

Re: 4350 El Camino Real  
Los Altos, California

Dear Mr. Campbell:

Per your request, Cornerstone Earth Group (Cornerstone) is pleased to present this letter summarizing our review of the previously prepared Phase I Environmental Site Assessment report for 4350 El Camino Real in Los Altos, California (Site). This letter was prepared for David J. Powers & Associates in accordance with our March 19, 2019 agreement.

We understand that David J. Powers & Associates is preparing an Initial Study pursuant to the California Environmental Quality Act (CEQA) and City of Los Altos requirements for the proposed project that includes demolition of an existing gasoline station and construction of a five-story residential building above two levels of below-grade parking. In total, the project includes 45 residences. A driveway onto El Camino Real would provide vehicular access to the parking garage.

## Documents Reviewed

This letter briefly summarizes selected information obtained from the following report:

- AEI Consultants. October 31, 2018. *Phase I Environmental Site Assessment, 4350 El Camino Real, Los Altos, California (Draft)*.

This letter additionally summarizes recommended mitigation measures that are based on the findings of the Phase I ESA. Please refer to the Phase I ESA report for additional details pertaining to the Site.

## Site History

The Site reportedly was historically used for agricultural purposes. A portion of a residence also was historically located on-Site. The existing gasoline station with vehicle service bays was constructed in 1968.

## Potential Concerns Identified by AEI

Based on the past agricultural use of the Site, AEI indicated that there is potential that agricultural chemicals, such as pesticides, herbicides and fertilizers, were used on-Site, and that the Site has been impacted by the use of such agricultural chemicals.

Two 12,000 gallon gasoline underground storage tanks (USTs) and a 550 gallon waste oil UST currently are present on-Site, which were installed in 1990. The USTs are double-walled, fiberglass-reinforced plastic and equipped with leak-detection systems. The product piping for the fuel USTs is double-walled, fiberglass-reinforced plastic and equipped with a leak-detection system. AEI stated that the storage of petroleum products in USTs at the Site is considered a Recognized Environmental Condition (REC)<sup>1</sup>

Three below-ground hydraulic lifts, presumably installed in 1968, also were identified to be present at the Site. Based on their age, AEI noted that a potential exists that the hydraulic fluid within the lift systems previously contained polychlorinated biphenyls (PCBs). The hydraulic lifts were identified as a REC.

During AEI's on-Site reconnaissance, evidence of significant staining associated with leakage from the containers was observed within the auto repair bays and the exterior hazardous waste storage area. No storm drains or other subsurface conduits were located in the immediate vicinity of the stains. Based on the presence of the staining, the length of time hazardous materials have been used on the Site, and the lack of secondary containment, AEI noted that that a release to the subsurface may have occurred in these areas.

An oil-water separator reportedly was formerly present on-Site. AEI stated that there is a potential that oils or other petroleum-based materials present in the waste water stream could impact the subsurface of the Site if the separator or drain system was compromised. The size, age and location of the former separator were not identified in documents reviewed by AEI.

### **Former USTs**

In October 1990, two 10,000 gallon gasoline steel USTs and a 550 gallon waste oil steel UST (installed in 1969) were removed from the Site. The current USTs were later installed at the same locations as the former USTs. Analyses of soil samples collected during the UST removal activities identified elevated concentrations of total petroleum hydrocarbons as gasoline (TPHg) below the USTs and additional soil excavation subsequently was performed. In March 1991, three groundwater monitoring wells were installed. A fourth monitoring well (MW4) was installed near the former USTs in 1992. In groundwater from MW-4, TPHg and BTEX<sup>2</sup> compounds were detected at up to 4,600 µg/L, 430 µg/L, 700 µg/L, 110 µg/L and 1,800 µg/L, respectively.

A temporary soil vapor extraction system was operated for a few weeks in 1992, and a groundwater extraction system was operated for 8.5 hours in 1992. Residual contaminant concentrations in soil were noted as follows: 1,900 mg/kg TPHg, 6.4 mg/kg TPH as diesel (TPHd), 1.7 mg/kg benzene, 68 mg/kg toluene, 220 mg/kg ethylbenzene and 33 mg/kg xylenes.

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<sup>1</sup> As defined by ASTM E 1527-13, the term Recognized Environmental Condition means the presence or likely presence of any hazardous substances or petroleum products in, on, or at a property: (1) due to any release to the environment; (2) under conditions indicative of a release to the environment; or (3) under conditions that pose a material threat of a future release to the environment.

<sup>2</sup> Benzene, toluene, ethylbenzene and xylenes

The Water Board's Tier 1 Environmental Screening Levels (ESLs)<sup>3</sup> for TPHg, TPHd and BTEX compounds are 100 mg/kg, 260 mg/kg, 0.025 mg/kg, 3.2 mg/kg, 0.43 mg/kg and 2.1 mg/kg respectively. Thus, some of the detected analyte concentrations exceed the ESLs.

During the most recent four sampling events (in 1993 and 1994), TPHg and BTEX compounds were not detected in groundwater from wells MW1, MW2 or MW3. Methyl tertiary-butyl ether (MTBE) was detected at up to 60 µg/L. Groundwater from well MW4 was last sampled in October 1992; TPHg and BTEX compounds were detected at 58 µg/L, 1.1 µg/L, 3.8 µg/L, 1.4 µg/L and 11 µg/L, respectively. For comparison, the Water Board's Tier 1 ESLs for these constituents in groundwater are 100 µg/L, 0.42 µg/L, 40 µg/L, 3.5 µg/L and 20 µg/L, respectively. The ESL for MTBE in groundwater is 5 µg/L.

In 1996, the Santa Clara Valley Water District (SCVWD<sup>4</sup>) issued a case closure letter stating that based on the available information, including the current land use, that no further action related to the UST release was required. AEI identified the closed leaking underground storage tank (LUST) case as a Controlled Recognized Environmental Condition (CREC)<sup>5</sup>.

### **Soil and Groundwater Sampling in 2007**

In 2007, ATC reportedly advanced six soil borings near the existing gasoline and waste oil USTs, as well as the fuel dispensers. No TPHg, TPHd, MTBE or BTEX were detected in any of the soil samples collected. Similarly, these analytes also were not detected in the collected groundwater samples, with the exception of TPHd at 1.1 mg/L.

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### **Recommended Mitigation Measures**

Based on our review of the provided Phase I Environmental Site Assessment report by AEI (2018), Cornerstone recommends the following mitigation measures:

#### **Agricultural Use:**

The Site historically was used for agricultural purposes. Pesticides may have been applied to crops in the normal course of farming operations. Residual pesticide concentrations may remain in on-Site soil. If elevated concentrations of agricultural chemicals are present, mitigation or soil management measures may be required during construction/earthwork activities.

- Prior to conducting earthwork activities at the Site, soil sampling shall be performed to evaluate if agricultural chemicals (*i.e.*, organochlorine pesticides and associated metals including lead and arsenic) are present.

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<sup>3</sup> Environmental Screening Levels (San Francisco Bay, Regional Water Quality Control Board, January 2019) are used to screen sites for potential human health concerns where releases of hazardous chemicals have occurred. ESLs are risk-based concentrations derived from standardized equations combining exposure information assumptions with toxicity data. Under most circumstances, the presence of a chemical in soil at concentrations below the corresponding screening level can be assumed not to pose a significant health risk.

<sup>4</sup> Oversight responsibility for investigations and clean-up of releases from USTs was transferred from the SCVWD to the County Department of Environmental Health (DEH) in 2004.

<sup>5</sup> A Recognized Environmental Condition that has been addressed to the satisfaction of the applicable regulatory agency with hazardous substances or petroleum products allowed to remain in place subject to the implementation of required controls or restrictions.

## **Underground Storage Tanks**

Two gasoline USTs and one waste oil UST are present at the Site, along with fuel dispensers and below ground piping.

- Prior to redevelopment of the Site, the USTs and associated piping and dispensers shall be removed. The removal activities shall be coordinated with the Santa Clara County DEH and Fire Department. In accordance with the requirements of these agencies, soil quality below the USTs, piping and dispensers shall be evaluated via the collection of soil samples and laboratory analyses.

## **Hydraulic Lifts**

Several below ground hydraulic lifts are present within vehicle service bays.

- Prior to redevelopment of the Site, each of the below ground lift casings and any associated hydraulic fluid piping and reservoirs shall be removed and properly disposed. An Environmental Professional shall be retained to observe the removal activities and, if evidence of leakage is identified, soil sampling and laboratory analyses shall be conducted.

## **Facility Closure**

As part of the facility closure process for occupants that use and/or store hazardous materials, the DEH and/or Fire Department typically require that a closure plan be submitted by the occupant that describes required closure activities, such as removal of remaining hazardous materials, cleaning of hazardous material handling equipment, decontamination of building surfaces, and waste disposal practices, among others.

- Facility closure shall be coordinated with the Fire Department and DEH to ensure that required closure activities are completed prior to redevelopment of the Site.

## **Asbestos and other Hazardous Building Materials**

Due to the age of the on-Site structures, building materials may contain asbestos. Because demolition of the buildings is planned, an asbestos survey is required by local authorities and/or National Emissions Standards for Hazardous Air Pollutants (NESHAP) guidelines. NESHAP guidelines require the removal of potentially friable asbestos containing building materials prior to building demolition or renovation that may disturb these materials.

- Prior to issuance of a demolition permit, an asbestos survey shall be conducted and identified ACMF shall be managed and/or removed in accordance with Bay Area Air Quality Management District (BAAQMD) and NESHAP guidelines. Pursuant to BAAQMD regulations, a BAAQMD job number "J#" shall be applied for and obtained prior to demolition.

Some components encountered as part of a building demolition waste stream may contain hazardous materials. Materials that may result in possible risk to human health and the environment when improperly managed include lamps, thermostats, and light switches containing mercury; batteries from exit signs, emergency lights, and smoke alarms; lighting

ballasts which contain PCBs; and lead pipes and roof vent flashings. Demolition waste such as fluorescent lamps, PCB ballasts, lead acid batteries, mercury thermostats, and lead flashings have special case-by-case requirements for generation, storage, transportation, and disposal.

- Universal wastes, lubrication fluids, refrigerants and other potentially hazardous building materials shall be removed before structural demolition begins. Before disposing of any demolition waste, the demolition contractor shall determine if the waste is hazardous and ensure proper disposal of waste materials.

### **Lead-Based Paint and Termite Control Pesticides**

The Consumer Product Safety Commission banned the use of lead as an additive in paint in 1978. Based on the age of the building, lead-based paint may be present.

- The removal of lead-based paint is not required prior to building demolition if the paint is bonded to the building materials. However, if the lead-based paint is flaking, peeling, or blistering, it shall be removed prior to demolition. In either case, applicable OSHA regulations shall be followed; these include requirements for worker training, air monitoring and dust control, among others. Any debris containing lead shall be disposed appropriately.

Soil adjacent to structures that are painted with lead-containing paint can become impacted with lead as a result of the weathering and/or peeling of painted surfaces. Soil near wood framed structures also can be impacted by pesticides historically used to control termites. Lead and/or pesticides often are identified in soil near old residence, such as those historically located on a portion of the Site.

- Prior to redevelopment of the Site, shallow soil at the former residence location shall be evaluated for the possible presence of lead and organochlorine pesticides via the collection of soil samples and laboratory analyses.

### **Site Management Plan and Regulatory Agency Oversight**

Based on the Site history and data obtained to date, remedial measures may be required to manage impacted soil and groundwater, and to limit potential health risks to future Site occupants and/or construction workers. The need for remedial measures is typically determined based on an evaluation of potential human health risks, which can vary based on the type of planned development and the potential for exposure to identified contaminants. The sampling recommended above will assist in further evaluating Site conditions.

- A Site Management Plan (SMP) and Health and Safety Plan (HSP) for the proposed demolition and redevelopment activities shall be prepared by an Environmental Professional. The purpose of these documents will be to establish appropriate management practices for handling impacted soil, soil vapor and groundwater or other materials (such as the reported former oil-water separator) that may potentially be encountered during construction activities. The SMP also shall provide the protocols for accepting imported fill materials<sup>6</sup> and protocols for sampling of in-place soil to facilitate profiling of the soil for appropriate off-Site disposal or reuse.

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<sup>6</sup> The DTSC's October 2001 Clean Fill Advisory provides useful guidance on evaluating imported fill.

- If the sampling recommended in the above sections identifies contaminants at concentrations exceeding applicable published residential screening levels<sup>7</sup>, appropriate mitigation measures shall be implemented under oversight from an appropriate regulatory agency (e.g., DEH, Water Board or California Department of Toxic Substances Control [DTSC]). All sampling shall be performed by an Environmental Professional following commonly accepted sampling protocols.

Based on prior sampling data, residual petroleum hydrocarbon concentrations resulting from the prior USTs (removed in 1990) may remain in on-Site soil and/or groundwater at concentrations exceeding published screening levels.

- Because residential use of the Site is proposed, the DEH shall be contacted to evaluate if any further mitigation measure will be required to facilitate residential development of the Site. Any required mitigation measures shall be described in the SMP or appropriate corrective action/risk management plan (e.g., remedial action plan [RAP], removal action workplan [RAW], etc.).

### Limitations

Cornerstone performed this investigation to support David J. Powers & Associates in the evaluation of the referenced Site. Findings presented in this letter are based on selected, readily available information. This study is inherently limited because findings are developed based on information obtained from others. Cornerstone does not accept liability for deficiencies, errors, or misstatements that have resulted from inaccuracies in the publicly available information or from information published by others. Cornerstone reviewed and relied on the information presented in the provided report and cannot be responsible for its accuracy. This letter, an instrument of professional service, was prepared for the sole use of David J. Powers & Associates. Cornerstone makes no warranty, expressed or implied, except that our services have been performed in accordance with the environmental principles generally accepted at this time and location.

We thank you for this opportunity to work with you on this important project. Should you have any questions, please contact us at your convenience.

Sincerely,

**Cornerstone Earth Group, Inc.**



Stason I. Foster, P.E.  
Senior Project Engineer



Kurt M. Soenen, P.E.  
Principal Engineer

<sup>7</sup> For example, those published by the Water Board, DTSC and US EPA. Note that naturally occurring background concentrations of some metals, such as arsenic, amongst others, in soil may exceed their respective screening levels. Regulatory agencies generally do not require cleanup of soil to below background concentrations. Thus, concentrations of metals also should be compared to regional published background concentrations to establish if mitigation is warranted.