

Attachment 6
SRDC Facility Permits

SOLID WASTE FACILITY PERMIT

1. Facility/Permit Number:
SWIS No. 41-AA-0016

2. Name and Street Address of Facility:
South Bayside Integrated Facility
225/333 Shoreway Road
San Carlos CA 94070

3. Name and Mailing Address of Operator:
Browning Ferris Industries of California, Inc.
P.O. Box 1068
San Carlos, CA 94070

4. Name and Mailing Address of Owner:
South Bayside Waste Management Authority
610 Elm Street, Suite 202
San Carlos, CA 94070

5. Specifications:

- a. Permitted Operations:
- Composting Facility (Mixed wastes)
 - Composting Facility (Yard waste)
 - Landfill Disposal Site
 - Material Recovery Facility
 - Processing Facility
 - Transfer Station
 - Transformation Facility
 - Other

b. Permitted Hours of Operations:
Transfer Station hours of operation are Monday - Saturday from 2:00a.m. - 6:00p.m. Sunday from 6:00a.m. - 6:00p.m.
Public Hours from 6:00a.m. - 6:00p.m. Seven days a week
Material Recovery Building hours of operation are Monday - Friday from 5:00a.m. - 5:00p.m.
Public Hours from 8:30a.m. - 4:00p.m. Monday - Saturday

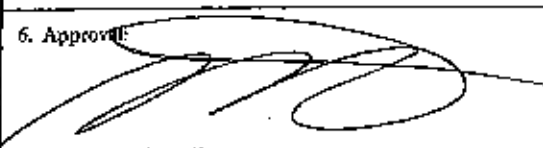
c. Permitted Tons per Operating Day: Total: 3000 Tons/Day

d. Permitted Traffic Volume: Total: 1237 PCE/Day

e. Key Design Parameters (Detailed parameters are shown on site plans bearing LEA and CIWMB validations):

	Total	Disposal		Transfer/MRF
Permitted Area (in	16,278 a	N/A	a	16,278 a
Design Capacity		N/A	cy	3000 TPD
Max. Elevation (Ft.)		N/A	ft	
Max. Depth		N/A	ft	

At the time this permit was prepared, the basic design information was reviewed and was fundamental in setting the conditions in this permit, as were the details of the design information provided in the Transfer Processing Report (TPR). The operator shall keep all information updated pursuant to CCR Title 14 Section 17403.9. Such amendments or lack thereof may become the basis for changes in the permit. The information listed in the TPR is in no way meant to set limits on the facility. However, the LEA may determine that if the design significantly changes, the operator will be required to revise the permit to include additional or different conditions or limitations.

6. Approval:

Approving Officer Signature
Dean Peterson, PE, REHS
Director Environmental Health Services Division

7. Enforcement Agency Name and Address:
San Mateo County Environmental Div.
County Government Center
455 County Center
Redwood City, CA 94063

8. Received by CIWMB:
APR 16 2004

8. CIWMB Concurrence Date:
MAY 11 2004

10. Permit Issued Date:
5/20/04

11A. Next Permit Review Due Date:

11B. Permit Transfer Date:

11C. Permit Review Date:
5/20/09

SOLID WASTE FACILITY PERMIT

Facility/Permit Number:
SWIS No. 41-AA-0016

12. Legal Description of Facility (attach map with RFD): the Facility location is 225/333 Shoreway Road San Carlos CA 94070

13. Findings:

- a. This permit is consistent with the San Mateo County Integrated Solid Waste Management Plan (CIWMP). Public Resources Code, Section 50001.
- b. This permit is consistent with standards adopted by the California Integrated Waste Management Board (CIWMB). Public Resources Code, Section 44010.
- c. Base on a review of the December 2003 Transfer Processing Report, and an inspections conducted by the LBA March 2, 2003 and March 9, 2003 the design and operation of the facility is in compliance with the State Minimum Standards for Solid Waste Handling and Disposal.
- d. A Notice of Exemption (NOE) dated March 4, 2003 describe and support the design and operation of this Facility, which will be authorized by the issuance of this permit.
- e. The City of San Carlos has made a determination that the facility is consistent with, and designated in, the applicable general plan: Public Resources Code, Section 50000.5(a).
- f. The City of San Carlos has made a written finding that surrounding land use is compatible with the facility operation, as required in Public Resources Code, Section 50000.5(b).

14. Prohibitions:

The permittee is prohibited from accepting any liquid waste sludge, designated waste, or hazardous waste unless such waste is specifically listed below, and unless all applicable permits authorize the acceptance of such waste.

Paint, paint thinner, varnish, stain, garden chemicals, automotive chemicals (oil, antifreeze, batteries), household cleaners and other household hazardous wastes (HHW) are accepted at the permanent Household Hazardous Waste Collection Facility that is operated by the County of San Mateo located within the South bayside Integrated Facility

The permittee is additionally prohibited from the following items:

- a. Scavenging
- b. Accepting dead animals
- c. Accepting flammable, infectious and radioactive wastes

15. The following documents also describe and/or restrict the operation of this facility. These documents in no way condition the facility under this Solid Waste Facility Permit, unless otherwise stated in the LEA Condition portion of this permit.

<input checked="" type="checkbox"/> Transfer Processing Report	December 2003
<input type="checkbox"/> Amendments to TPR	NA
<input checked="" type="checkbox"/> Land Use Permits and Conditional Use Permits	February 1, 1982 January 2, 1992 Redwood City December 14, 1982
<input checked="" type="checkbox"/> NOE	March 8, 2004
<input checked="" type="checkbox"/> EIR	January 6, 1976 (addendum)

SOLID WASTE FACILITY PERMIT

Facility/Permit Number:

SWIS No. 41-AA-0016

1. LEA Conditions:

- a. The December 2003 TPR and any subsequent approved TPR Amendments shall reflect the current operation at this facility. The operator must file amendments to the TPR prior to making changes in the design and operation from those outlined in the TPR. Such TPR Amendments or lack thereof may become the basis for changes in the permit or for revocation of the permit.
- b. The design and operation of this facility shall comply with all State Minimum Standards for Solid Waste Handling and Disposal.
- c. The maximum time municipal solid waste can be stored at this facility is 48 hours.
- d. The Facility Operator shall provide effective dust control and cleaning as necessary in order to control nuisance dust resulting from Facility operations, as determined by the LEA. The facility operator shall provide additional misting, watering and cleaning equipment as frequently as necessary to mitigate dust generation.
- e. ~~Woodwaste, Greenwaste and inert materials shall not be stockpiled for more than seven (7) days. The LEA reserves the right to have any stockpiled or stored materials (including putrescibles) removed immediately where imminent public health and safety concerns exist, and reserves the right to require removal within 24-hours if it is determined that any other public nuisances exist.~~
- f. The following cleaning/ maintenance schedule shall be followed for this facility:
 - Daily

Residual wastes shall be cleaned from the waste receiving floor, the perimeter of the TS Building floor, load out tunnel, all drains and catchalls, material recovery storage areas and exterior grounds.
 - Weekly

All tractors, forklifts, loaders and debris boxes.
 - Annually

Wash interiors of the Transfer Station and MRF Buildings.
Wash all the rectangular skylights in the ceiling of the transfer building.
Inspect, maintain and or replace (as necessary) all the skylights in the Transfer Station Building.
- g. All debris boxes utilized for the collection of non-putrescible municipal solid waste shall be cleaned at a frequency to prevent the propagation of flies, rodents other vectors and or the creation of nuisances.
- h. The maximum permitted daily tonnage for this facility is 3000 tons per day, and the operator shall not receive more than this amount without a revision of this permit.
- i. A copy of this permit, the TPR, and any amendments to the TPR shall be maintained at this facility.
- j. Universal wastes must be managed in accordance with applicable sections of the California Code of Regulations, Title 22.

SOLID WASTE FACILITY PERMIT

Facility/Permit Number:

SWIS No. 41-AA-0016

16. Self Monitoring:

a. Results of all self-monitoring programs as described in the Report of Facility Information, will be reported as follows:

Program	Reporting Facility	Agency Reported To
1. A report giving the total tonnage of waste handled per day shall be submitted to the LEA. The report shall include a list of the amounts of waste by type, which are recycled each day.	Quarterly Basis	LEA
2. The logbook of special occurrences must be available for review.	Within 24 Hours of Notification.	LEA
3. Results of the Random Load checking Program must be available for review.	Reported upon Monthly Inspection	LEA
4. Employee Training Program and record of personnel training must be available for review.	Reported upon Monthly inspections	LEA
5. The logbook of facility complaints maintained in accordance with CCR Title 14 Section 17414 must be available for review.	Reported upon Monthly inspections	LEA
6. The equipment maintenance program logbook containing the cleaning records must be available for review.	Reported upon Monthly inspections	LEA

CITY OF SAN CARLOS



Planning Commission

Telephone 593-8011

C O R R E C T E D

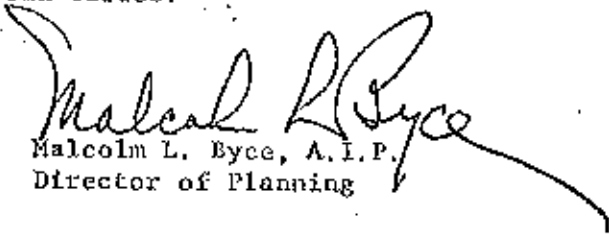
C O R R E C T E D

USE PERMIT

THIS IS TO CERTIFY THAT the San Carlos Planning Commission at a regular meeting thereof, held on the 5th day of July, 1977, did grant a USE PERMIT: Browning Ferris Industries, Inc. for the establishment of the Solid Waste Transfer Station on property situated at 299 Shore Way, San Carlos, California, subject to the following conditions:

1. That all trash, debris, empty boxes, unbaled paper and all other miscellaneous materials be stored inside the building and that baled paper or other resources recovered shall be stored outside only when surrounded by a screen fence not less than six (6) feet in height.
2. That no papers or other debris shall be permitted to be blown from the building or from the site and any liquid discharges shall meet the discharge requirements of the City Engineer and the Bay Area Air Pollution Control District.
3. That no odors from the transfer station shall be apparent beyond the limits of the site and that a sprinkler system or other device shall be installed within the building to keep dust and dirt from blowing into the air to the satisfaction of the Public Health Engineer of the County of San Mateo.
4. That all structures on the site shall be the subject of Architectural Review as provided for by San Carlos Ordinance Code Section 9205 which shall include a review of the site layout including buildings, site layout, landscaping, signing, exterior lighting and fencing prior to the issuance of any Building Permit.
5. That the site shall be fenced for the control of persons and vehicles and a landscaped buffer strip shall be provided along the inside of the fence as shall be required by the approved Architectural Review.

6. That compliance be maintained with all requirements of the Public Health Engineer of the County of San Mateo for the protection of the public health.
7. That permittee shall be responsible to clean and remove any solid wastes which may occur along Shore Way between Holly Street and Ralston Avenue.
8. That birdlife will not be permitted to congregate at the site and should such occur immediate steps will be taken to control them so that a hazard may not be permitted to exist for flight operations from the San Carlos Airport.
9. That the circulation width and radii of on-site driveways be sufficient so that no vehicle will have to wait on a public street to enter the station to the satisfaction of the City Engineer. All driveway pavements shall be of such cross-section as to be capable of properly supporting the loads to be carried as deemed adequate by the City Engineer.
10. That surface drainage resulting from finished grading and paving shall be to the satisfaction of the City Engineer.
11. That adequate supervision will be maintained of the movement of all vehicles and equipment operating within the building or approaching the dumping area to insure safe use by the public.
12. That the washing of collection and transfer trucks shall be done within a building and that wash water from such use shall be reclaimed for reuse and any discharge of water shall be to the satisfaction of the City Engineer.
13. That this Use Permit shall not become effective unless and until the Permittee shall have entered into a franchise agreement with the City of San Carlos.


Malcolm L. Byce, A. I. P.
Director of Planning

Dated: August 22, 1977
San Carlos, California



BAY AREA AIR QUALITY MANAGEMENT DISTRICT

939 ELLIS STREET
SAN FRANCISCO, CALIFORNIA 94109
(415) 771-8000

PERMIT TO OPERATE

Plant# 11530 Page 1 Expires JUN 1, 2008

This document does not permit the holder to violate any District regulation or other law.

Chad Wilson
Allied Waste Services of North America
225 Shoreway Road
San Carlos, CA 94070

Location: 225 Shoreway Road
San Carlos, CA 94070

S#	DESCRIPTION	[Schedule]	PAID
1	MISC HDLG> Material handling, Solid waste - other/not spec Solid Waste Transfer Station	[F]	173
2	Spray booth, HVLP Guns, 550.33 gal/yr solvent Spray Paint Operations Abated by: A2 Dry Filter Emissions at: P2 Stack	[E]	190
3	Degreaser, 128.52 gal/yr net solvent, Hydrocarbon Cold Cleaner	[exempt]	0
5	STANDBY, Reciprocating Engine, Elect Gen, 298 in3 displ, 56 hp Diesel Engine, Hercules, emergency standby	[B]	144

3 Permit Sources, 1 Exempt Source.

*** See attached Permit Conditions ***

The operating parameters described above are based on information supplied by permit holder and may differ from the limits set forth in the attached conditions of the Permit to Operate. The limits of operation in the permit conditions are not to be exceeded. Exceeding these limits is considered a violation of District regulations subject to enforcement action.



**BAY AREA AIR QUALITY
MANAGEMENT DISTRICT**

939 ELLIS STREET
SAN FRANCISCO, CALIFORNIA 94109
(415) 771-6000

**PERMIT
TO OPERATE**

Plant# 11530 Page 2 Expires JUN 1, 2008

This document does not permit the holder to violate any District regulation or other law.

*** PERMIT CONDITIONS ***

Source# 1 subject to Condition ID# 177
Source# 2 subject to Condition ID# 5398



BAY AREA AIR QUALITY MANAGEMENT DISTRICT

939 ELLIS STREET
SAN FRANCISCO, CALIFORNIA 94109
(415) 771-6000

PERMIT TO OPERATE

Plant# 11530 Page 3 Expires JUN 1, 2008
This document does not permit the holder to violate any District regulation or other law.

*** PERMIT CONDITIONS ***

CONDITION ID #177

San Mateo Disposal Co.
Application 27064
Condition for S-1.

1. An odor control program will be developed if odors create a public nuisance, or if Reg. 1-301 is violated.

CONDITION ID #5398

1. The total amount of garbage bin paint coatings (primer, blue, and green) used at Spray Coating Operation (S-2) shall not exceed 1500 gallons in any consecutive 12 month period.
2. The total amount of garbage truck paint coatings used at Spray Coating Operation (S-2) shall not exceed 200 gallons in any consecutive 12 month period.
3. The total amount of thinning solvent (1,1,1 Trichloroethane) used at Spray Coating Operation (S-2) shall not exceed 800 gallons in any consecutive 12 month period.
4. The net amount of clean-up solvent used at Spray Coating Operation (S-2) shall not exceed 1000 gallons in any consecutive 12 month period.
5. The owner/operator of Spray Coating Operation (S-2) shall maintain daily records of coating and solvent usage, summarized on a monthly basis, to confirm compliance with Conditions #1, #2, #3, and #4. These records shall be kept on site for a minimum of 24 months and shall be made available to District personnel upon request.

END OF CONDITIONS

#	Source Description	Annual Average lbs/day				
		PART	ORG	NOx	SO2	CO
1	Solid Waste Transfer Station	83.1	-	-	-	-
2	Spray Paint Operations	-	13.3	-	-	-
3	Cold Cleaner	-	2.4	-	-	-
5	Diesel Engine, Hercules, emergency standby	-	-	.03	-	-
T O T A L S		83.1	15.7	.03		

** PLANT TOTALS FOR EACH EMITTED TOXIC POLLUTANT **

Pollutant Name	Emissions lbs/day
1,4-dioxane	.14
1,1,1-Trichloroethane	5.40

STATE WATER RESOURCES CONTROL BOARD

INVOICE

Annual Fee for Storm Water Permit
Required by SECTION 13260 of the California Water Code

Facility ID (WDID): 2 41I00897
Facility Name: ALLIED WASTE SERVICES OF NORTH
225 SHOREWAY RD
SAN CARLOS, CA

Invoice No: 0624907
Billing Period: 04/01/07-03/31/08
Invoice Date: 04/11/07

Total Amount Due by 05/11/07 \$830

ALLIED WASTE SERVICES OF NORTH
ATTN: SHEILA DIZON-BUAN
PO BOX 1068
SAN CARLOS, CA 94070

RECEIVED

COPY

APR 23 2007

Invoice details are shown on the back

STATE WATER RESOURCES CONTROL BOARD
Annual Fee for Storm Water Permit

APR 24 2007

Facility ID: 2 41I00897

Billing Period: 04/01/07-03/31/08

Quarter: 4

Invoice No: 0624907

Amount Due: \$830

Due By: Friday, May 11 2007

PLEASE REMIT YOUR PAYMENT ON OR BEFORE THE DUE DATE SHOWN ABOVE. LATE PAYMENT COULD RESULT IN PENALTIES UNDER PROVISIONS OF THE WATER CODE SECTION 261. THESE ACTIONS COULD INCLUDE DAILY PENALTIES IN ADDITION TO YOUR FEE OR OTHER ACTIONS DEEMED APPROPRIATE BY THE REGIONAL BOARD.
PLEASE NOTE THAT TRANSFER OF OWNERSHIP OR RELOCATION OF THE FACILITY REQUIRE A NEW STORMWATER PERMIT. IF YOUR FACILITY IS CLOSED OR PROJECT COMPLETED PLEASE FILE A NOTICE OF TERMINATION.

Make your check payable to SWRCB FEES

If you have any questions about this invoice, please call Fee Unit at (916) 341-5247

Retain this portion for your records
Please detach and return this portion with your payment

CHECK HERE FOR ADDRESS CORRECTION ON THE BACK

ALLIED WASTE SERVICES OF NORTH
ATTN: SHEILA DIZON-BUAN
PO BOX 1068
SAN CARLOS, CA 94070
(650) 726-1819

Invoice No: 0624907

PLEASE PRINT THIS NUMBER ON
CHECK OR MONEY ORDER

SWRCB ACCOUNTING OFFICE
ATTN: AFRS
P. O. Box 1888
SACRAMENTO, CA 95812-1888

AMOUNT DUE: \$830
BILLING PERIOD: 04/01/07-03/31/08
DUE BY: 05/11/07
FACILITY ID (WDID): 2 41I00897
FACILITY NAME: ALLIED WASTE SERVICES OF NORTH
225 SHOREWAY RD
SAN CARLOS, CA

STATE WATER RESOURCES CONTROL BOARD

INVOICE

Annual Fee for Storm Water Permit

Required by SECTION 13260 of the California Water Code

Facility ID (WDID): 241I000898
Facility Name: BFI WASTE SYSTEMS TRANSFER FAC
255 SHOREWAY RD
SAN CARLOS, CA

Invoice No: 0624908
Billing Period: 04/01/07-03/31/08
Invoice Date: 04/11/07

Total Amount Due by 05/11/07 \$830

RECEIVED

BFI WASTE SYSTEM OF N AMERICA
ATTN: ENV COORDINATOR
PO BOX 1068
SAN CARLOS, CA 94070

COPY

APR 23 2007
ALLIED WASTE AND
ACCOUNTING, INC.

Invoice details are shown on the back

STATE WATER RESOURCES CONTROL BOARD

Annual Fee for Storm Water Permit

ENTD APR 24 2007

Facility ID: 241I000898

Billing Period: 04/01/07-03/31/08

Quarter: 4

Invoice No: 0624908

Amount Due: \$830

Due By: Friday, May 11 2007

PLEASE REMIT YOUR PAYMENT ON OR BEFORE THE DUE DATE SHOWN ABOVE.
LATE PAYMENT COULD RESULT IN PENALTIES UNDER PROVISIONS OF THE WATER CODE SECTION
13261. THESE ACTIONS COULD INCLUDE DAILY PENALTIES IN ADDITION TO YOUR FEE, OR OTHER
ACTIONS DEEMED APPROPRIATE BY THE REGIONAL BOARD.
PLEASE NOTE THAT TRANSFER OF OWNERSHIP OR RELOCATION OF THE FACILITY REQUIRE A NEW
STORM WATER PERMIT. IF YOUR FACILITY IS CLOSED OR PROJECT COMPLETED, PLEASE FILE A
NOTICE OF TERMINATION.

Make your check payable to SWRCB FEES

If you have any questions about this invoice, please call Fee Unit at (916) 341-5247

Retain this portion for your records
Please detach and return this portion with your payment

CHECK HERE FOR ADDRESS CORRECTION ON THE BACK

BFI WASTE SYSTEM OF N AMERICA
ATTN: ENV COORDINATOR
PO BOX 1068
SAN CARLOS, CA 94070
(650) 726-1819

Invoice No: 0624908

PLEASE PRINT THIS NUMBER ON
CHECK OR MONEY ORDER

SWRCB ACCOUNTING OFFICE
ATTN: AFRS
P. O. Box 1888
SACRAMENTO, CA 95812-1888

AMOUNT DUE: \$830
BILLING PERIOD: 04/01/07-03/31/08
DUE BY: 05/11/07
FACILITY ID (WDID): 241I000898
FACILITY NAME: BFI WASTE SYSTEMS TRANSFER FAC
255 SHOREWAY RD
SAN CARLOS, CA

STATE WATER RESOURCES CONTROL BOARD

DEMAND FOR PAYMENT

Annual Storm Water Permit Fee
Required by SECTION 13260 of the California Water Code

Date: 5/25/2007
Facility ID: 2 411000899
Facility Name: ALLIED WASTE SERVICES OF NORTH
333 SHOREWAY RD
SAN CARLOS, CA

Fiscal year: 2006/07
Invoice Number: 24909
Billing Period: 4/1/2007 TO 3/31/2008
Invoice Date: 4/11/2007
Amount Past Due: \$830.00

REGION 2

ALLIED WASTE SERVICES OF NORTH
ATTN: ROSS KUGLAR
225 SHOREWAY RD
SAN CARLOS, CA 94070

COPY

P.O. NUMBER
2610

For details please refer to the original invoice

DEMAND FOR PAYMENT OF ANNUAL STORM WATER PERMIT FEES

This is a FORMAL DEMAND FOR PAYMENT on the above delinquent invoice. Our accounting office records indicate that you have failed to pay the required annual fee. Failure to pay the required fee is considered a misdemeanor under California law (Water Code Section 13261) and could result in a civil liability assessment of up to \$1000 per day for each day that the fees go unpaid, revocation of your discharge permit, or referral to a collection agency. Please return payment in the attached envelope along with the bottom portion of the invoice. Payment must be received no later than 30 days from the date of this notice.

Please note that a transfer of ownership or relocation of a facility requires a new Storm Water Permit. If your Facility is closed or project completed, please file a Notice of Termination. Forms can be accessed on our website at:
(Construction) <http://www.waterboards.ca.gov/stormwtr/docs/constnot.doc>
Or (Industrial) <http://www.waterboards.ca.gov/stormwtr/docs/indusnot.doc>

If you have any questions about this notice, please call the State Water Resources Control Board at (916) 341-5247.

RETURN CHECKS
TO DIVISION
ENTD JUN - 6 2007

Retain this portion for your records
Please detach and return this portion with your payment

REGION 2

COPY

ALLIED WASTE SERVICES OF
NORTH
ATTN: ROSS KUGLAR
225 SHOREWAY RD
SAN CARLOS, CA 94070

Fiscal Year: 2006/07 Invoice No: 24909
PLEASE PRINT THIS NUMBER ON CHECK OR MONEY ORDER

SWRCB ACCOUNTING OFFICE

ATTN: AFRS
P.O. BOX 1888
SACRAMENTO, CA 95812-1888

AMOUNT DUE \$830.00
BILLING PERIOD: 4/1/2007 TO 3/31/2008
Invoice Date: 4/11/2007
Facility ID: 2 411000899
Facility Name: ALLIED WASTE SERVICES OF NORTH
333 SHOREWAY RD
SAN CARLOS, CA

ENVIRONMENTAL HEALTH
SAN MATEO COUNTY



Protecting Our Health and Environment

Hazardous Waste Generator Inspection Report

San Mateo County Environmental Health Services Division

Certified Unified Program Agency (CUPA)

455 County Center, 4th Floor, Redwood City, CA 94063

Telephone: (650) 363-4305 Fax Number (650) 363-7882

www.smhealth.org/environ

Inspected By: S. Canillo P/E: 2200 LOG On-site Recycler TP Date: 8-29-07
 Facility Name: BFI Waste System of N. American Inc; disallowed Waste of S. M. Co. EPA ID #: CAD 921663511
~~Alford Waste Services of San Mateo County~~
 Facility Address: 225 Shoreway Road City: San Carlos Zip: 94070
 Contact Person: Janet Christmann Work Phone #: (650) 596-6469
 Consent given by: Janet Christmann
 Mailing Address: 225 Shoreway Rd. City: San Carlos State: CA Zip: 94070
 Business Owner Name: Alford Waste Management Owner Phone #: (650) 596-6469
 Business Description: Transfer Station, Maintenance Shop, Welding Shop Reinspection Date: _____
Paint Shop.

ITEM	SECTION#	RECORDKEEPING	IN COMPLIANCE
1	22-66262.12(a)	Generator has EPA Identification Number.....	(N/A) (Yes) (No)
2	HSC 25143.10	Recyclable Materials Report submitted biennially to CUPA.....	(N/A) (Yes) (No)
3	22-66262.40(c)	Test results/waste analyses on site.....	(N/A) (Yes) (No)
4	22-66262.40(b)	Biennial Report on file.....	(N/A) (Yes) (No)
5	22-66265.16	Personnel training documented.....	#3 (N/A) (Yes) (No)
6	HSC 25244.19	Waste Minimization Plan and Summary Progress Report on site.....	(N/A) (Yes) (No)
MANIFESTS / CONSOLIDATED MANIFESTS			
7	22-66262.23 HSC 25160.2	Manifests or consolidated manifests are available for inspection.....	(N/A) (Yes) (No)
8	22-66262.23(a)(1)	Applicable sections completed.....	(N/A) (Yes) (No)
9	22-66262.23(a)(4)	Manifest copies submitted to Cal/EPA within 30 days.....	(N/A) (Yes) (No)
10	22-66262.12(c)	Hazardous waste hauled by a registered transporter.....	(N/A) (Yes) (No)
11	22-66262.12(c)	Hazardous waste shipped to a permitted facility.....	(N/A) (Yes) (No)
12	22-66262.42(a)	Signed TSDF manifest copies received.....	(N/A) (Yes) (No)
13	22-66262.40(b)	Exception Report on file.....	(N/A) (Yes) (No)
14	22-66268.7(a)(6)	Land Disposal Restriction notification on file.....	(N/A) (Yes) (No)
15	22-66261.107	Extremely Hazardous Waste is managed according to 66261.111 and 66261.113.....	(N/A) (Yes) (No)

ITEM	SECTION#	WASTE DETERMINATION	IN COMPLIANCE
16	22-66262.11	Hazardous waste determination made for all waste.....	(N/A) (Yes) (No)
EMERGENCY PREPAREDNESS/CONTINGENCY PLAN			
17	22-66265.31	Facility operated to minimize possibility of fire, explosion, or any unplanned release of hazardous waste to air, soil, or surface water, which could threaten human health or the environment.....	(N/A) (Yes) (No)
18	22-66265.32	Facility has adequate emergency response equipment, internal communication, fire extinguishers, and spill control material.....	(N/A) (Yes) (No)
19	22-66265.33/34	Emergency equipment is adequately maintained and accessible.....	(N/A) (Yes) (No)
20	22-66265.35	Aisle space is adequately maintained for emergency response.....	(N/A) (Yes) (No)
21	22-66265.51/53	Facility has a Hazardous Waste Contingency Plan on site.....	(N/A) (Yes) (No)
HAZARDOUS WASTE STORAGE			
22	HSC 25189.5(a)(d) HSC 25201(a)	Generator does not accept, treat, or dispose of hazardous waste on-site without a permit.....	(N/A) (Yes) (No)
23	22-66262.34(a)	Generator does not accumulate hazardous waste on-site for longer than 90 days without a permit.....	(N/A) (Yes) (No)
24	22.66262.34(d)	Generator does not accumulate hazardous waste on site for longer than 180 days or longer than 270 days if transport of waste to a TSD facility is over 200 miles.....	(N/A) (Yes) (No)
25	22-66262.34(e)(1)	Generator uses "Satellite Accumulation" exemption for storage.....	(N/A) (Yes) (No)
26	22-66262.34(f)(3) (A)(B)(C)	Each container is labeled with: "Hazardous Waste", waste composition, hazardous properties and generator information.....	(N/A) (Yes) (No)
27	22-66262.34(f)(1)	Accumulation start date clearly marked and visible for inspection on each container.....	(N/A) (Yes) (No)
CONTAINER USE AND MANAGEMENT			
28	22-66265.171	Hazardous waste containers in good condition.....	(N/A) (Yes) (No)
29	22-66265.172	Hazardous waste compatible with holding containers.....	(N/A) (Yes) (No)
30	22-66265.173	Hazardous waste containers closed when not in use.....	(N/A) (Yes) (No)
31	22-66265.174	Hazardous waste storage area inspected weekly.....	(N/A) (Yes) (No)
32	22-66265.177(a)	No mixing of incompatible wastes.....	(N/A) (Yes) (No)
33	22-66265.177(c)	Storage of incompatible hazardous waste is in a secure area which minimizes the possibility of spills, mixing, and escape of materials from the area.....	(N/A) (Yes) (No)
34	22-66261.7(e) 22.66261.f	Empty containers are managed properly.....	(N/A) (Yes) (No)

#5

#1

#2

Minor

Minor

ITEM SECTION#

UNIVERSAL WASTE

IN COMPLIANCE

35 22-66261.9(a)

Universal waste managed according with the standards of chapter 23.....(N/A) (Yes) (No)

TANK MANAGEMENT

36 22-66265.190-199

Waste stored in tank(s) is in compliance with Article 10.....(N/A) (Yes) (No)

WASTE GENERATED:

Oil Petroleum Recovery Service
3-27-07 440G

QUANTITY / MONTH

Used Oil		~ 100G / 2 weeks
Used Outfuge	Oil Petroleum Recovery Service 3-27-07 58G	~ 55G / month
Oily Solids	Permit # 001448339 3-19-07 1 Drum (175 P)	~ 150 P / 3 months
Waste Paint Related Material	Permit # 001448339 3-19-07 1 Drum (55 G)	
Waste Aerosols	Permit # 001448339 3-19-07 1 Drum (65 P)	1 D / month
Used Drain Filters	Oil Petroleum Recovery Service 3-15-07 1 Drum	
Solid Waste (Sludge/Sand)	Permit # 001443699 2 Drum (400 P)	

CORRECTIVE ACTIONS:

- ⑧ ~~Remove items found on top of 55G drums located in flammable cabinet in the maintenance shop.~~
- ⑨ ~~Paint filters.~~
- ⑩ Ensure to place a hazardous waste sticker / label on all hazardous waste containers. ⑩① Waste paint related material in the paint shop. *This is done and checked weekly by w/stop.*
- ⑪ Inspect hazardous waste areas to ensure they waste storage, containers & labels management requirements. Tony Cheloni is doing this weekly. I have attached doc.
- ⑫ Document & sign training associated with hazardous waste handling. *Class on 4-27-07 will have update filed*
- ⑬ Do not place used oil / fuel filters on oil containment of 55G cans. I posted a sign and informed staff at safety meeting.
- ⑭ Dispose of haz. waste (federal) on a 3 month basis. *This is being done. There was no haz. waste generated and this is why a gap in the data. We are now documenting when there is no haz. waste.*

Facility Representative: Your signature acknowledges receipt of this report and does not imply agreement with the findings.

Janet Christmann
SIGNATURE

Janet Christmann
NAME

3/29/07
DATE

ENVIRONMENTAL HEALTH
SAN MATEO COUNTY



Protecting Our Health and Environment

Hazardous Materials Business Plan Inspection Report
San Mateo County Environmental Health Services Division
Certified Unified Program Agency (CUPA)
455 County Center, EHS126, Redwood City, CA 94063
Phone: (650) 363-4305 | Fax: (650) 363-7882
http://www.smhealth.org/enviro

Business Name: BFI Waste Systems of N. America Inc., dba Allied Waste of San Mateo Co.		Date: 3-29-07	
Site Address: 225 Shoreway Rd.		Phone #: (650) 596-6469	
City: San Carlos		Zip Code: 94070	
Mailing Address: 225 Shoreway Rd.	City: San Carlos	State: CA	Zip Code: 94070
Facility Contact Name: Janet Christmann		Title: Maintenance Clerk	

Requirement	Code	Compliance	Comments
Business Activities	HSC 25505	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
Business Owner/Operator Ident. Facility/Owner information, Emergency contacts, Certification	HSC 25504	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
Chemical Inventory Chemical disclosure, Complete information	HSC 25509	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
Emergency Preparedness Spill prevention, Emergency response plan, Adequate response equipment	HSC 25504	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
Employee Training Chemical safety, Emergency response, Annual documentation	HSC 25504	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	1-26-07
Site Map Chemical location, Evacuation route, Assembly area, Complete information	HSC 25505	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	1-26-07
HMBP Review/Certification Completed minimum every three years	HSC 25505	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
HMBP Annual Certification	HSC 25505	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	class
Spill Notification and Reporting	HSC 25507	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A	
Aboveground Petroleum Storage SPCC plan required, SPCC plan on-site	HSC 25270.5	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	Plan due October 2007
CalARP Program Registration submitted	HSC 25533	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A	

HMBP Report Narrative: HMBP Review Summary of Violations Notice to Comply Continued

~~1) SPCC Plan to be submitted by October 2007~~

(#1) SPCC Plan to be submitted by October 2007.

* Obtained & Business Activities & Business Owner/Operator ID updated forms

Please make any necessary corrections to the violations noted on this inspection report and submit proof of corrective action within 30-DAYS from the inspection date. TWO COPIES of the new or revised HMBP must be submitted upon request.

<input type="radio"/> Follow-up Required	Next Inspection Date:	Inspected by: S. Carillo
Facility Contact Signature: Janet Christmann	Printed Name: Janet Christmann	Date: 3-29-07

ENVIRONMENTAL HEALTH

SAN MATEO COUNTY



Protecting Our Health and Environment

UNDERGROUND STORAGE TANK INSPECTION REPORT

Certified Unified Program Agency (CUPA)

Environmental Health Services Division (www.smhealth.org/environ)

455 County Center, 4th Floor (EHS126), Redwood City, CA 94063

Phone: (650) 363-4305 FAX: (650) 363-7882

Inspector Name: Gerardo Canillo Date 3/22/07

State Board Certification: 5266664 - UT

Facility Name: <u>Allied Waste Industries, Inc</u>	Tank: <u>(P) S</u>	Tank: <u>(P) S</u>	Tank: <u>(P) S</u>	Tank: <u>P S G</u>
Facility Address: <u>225 Shoreway Rd.</u>	DW <u>(SW) (FG) ST</u>	DW <u>(SW) (FG) ST</u>	DW <u>(SW) (FG) ST</u>	DW SW FG ST
City: <u>San Carlos</u> Zip Code: <u>94070</u>	Pipe: <u>DW SW</u>	Pipe: <u>DW SW</u>	Pipe: <u>DW SW</u>	Pipe: DW SW
Owner(s) Name: <u>SONMA</u>	<u>FLEX</u> FG ST	<u>FLEX</u> FG ST	<u>FLEX</u> FG ST	FLEX FG ST
Operator Name: <u>Allied Waste Industries, Inc</u>	Size: <u>12,000</u>	Size: <u>12,000</u>	Size: <u>12,000</u>	Size:
Consent to Inspect given by:	Prod: <u>Blowd</u>	Prod: <u>Blowd</u>	Prod: <u>Blowd</u>	Prod:
Facility Phone Number: <u>(650) 592-2411</u>	In compliance, meets requirements			

NEED TO BE IN COMPLIANCE

	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
2711 (a) Facility and Tank Page(s), current	✓			✓			✓					
2711 (a) Statement of Financial Responsibility, current	✓			✓			✓					
2712 (b) Approved written monitoring plan, current	✓			✓			✓					
2712 (c) Final operating permit issued	✓			✓			✓					
2632 (d) (2) Approved release response plan, current	✓			✓			✓					
2620 (b) Written contract between owner and operator	✓			✓			✓					

SYSTEMS AND EQUIPMENT MAINTENANCE

25290.1(d)(e) Doublewall: <u>Dry Hydro Press Vac</u>	N/A			N/A			N/A					
2643.1 Tank(s) integrity test	N/A			N/A			N/A					
2643 (b) Singlewall: <u>CSLD (ATG) SIR Other</u>	✓			✓			✓					
2636(f)(2) LLD: <u>electronic or (mechanical)</u>	✓			✓			✓					
2638(f)(5) Continuous pipe monitoring in sumps: <u>FS/PS Other</u>	✓			✓			✓					
2638(a) Annual maintenance of leak detection equipment	✓			✓			✓					
2636(f)/2643(c) Pressurized piping tests: <u>0.1 annual, 0.2 monthly</u>	✓			✓			✓					
25290.1(e) Piping Monitoring: <u>Vac Press Hydro Dry</u>	✓			✓			✓					
25292.1(e) Sumps dry and clean, monitor: <u>Vac Press Hydro</u>	✓			✓			✓					
2636 (f)(1) Sump sensors: <u>PS (AVA)</u>	✓			✓			✓					
2636 (g)(1) UDC with Leak Detection, monitor <u>Vac Press Hydro</u>	✓			✓			✓					
2636 (f)(1) UDC sensors: <u>PS (AVA) SFE</u>	✓			✓			✓					

TESTS AND REPORTS

2635 (a)(A) CP: Inspected every 60 days, tested every 36 months	N/A			N/A			N/A					
2643 (d)(e) Suction piping: test, every 3 yrs	N/A			N/A			N/A					
2643 (g) Testing reports received within 90 days	✓			✓			✓					
2638 (a) Monitoring panel operational	✓			✓			✓					
2715 (a-c) Designated Operator: notice and monthly reports	✓			✓			✓					
2661/2662 Permitted repairs or upgrades	✓			✓			✓					
2635 (b) Overspill/Overflow: <u>Highlevel @ 85% Flapper Valve Ballfloat</u>	✓			✓			✓					
25284.2 Annual spill bucket test: <u>Vac Hydro</u>	✓			✓			✓					
25299(a)(9) Leak detection equipment in order	✓			✓			✓					
25289(a)(3) Documents and Records in order	✓			✓			✓					
2637 (a)(b) Secondary containment testing every 36 months <u>3/22/06</u>	✓			✓			✓					
25284 Recorded Release	✓			✓			✓					
25295 Reported Release	✓			✓			✓					

Comments: (1) Update changes on plan (2) sensor needs replacement. Indicate on site map reconfiguration of one. (3) Update contact information. OMC done. (4) Obtain 0.2 gph pass results for TA 9172 for July 2006 OMC done. (5) Clarify the b-b. notes referenced to 50989 rule. (T-1 date 3/22/06) OMC done. (6) Disposer 5 sensor failed. Corrected/TAKEN on 3-23-07. Pass 10. OMC done.

Signature: Gerardo Canillo Date: 3-23-07

ENVIRONMENTAL HEALTH
SAN MATEO COUNTY

PERMIT 07- 0730



Protecting Our Health and Environment
CERTIFIED UNIFIED PROGRAM AGENCY

THIS PERMIT IS ISSUED FOR THE FOLLOWING:

- 2150 PR0034132 ABOVE GROUND TANK/SPCG
- 2163 PR0004810 STORES HAZ WAT < 3,499 GAL; 27,999 LB; 13,999 CF
- 2201 PR0023805 GEN < 1 TONS HAZ WASTE/HR
- 2300 PR0022858 UNDERGROUND TANK - GENERAL

FACILITY:

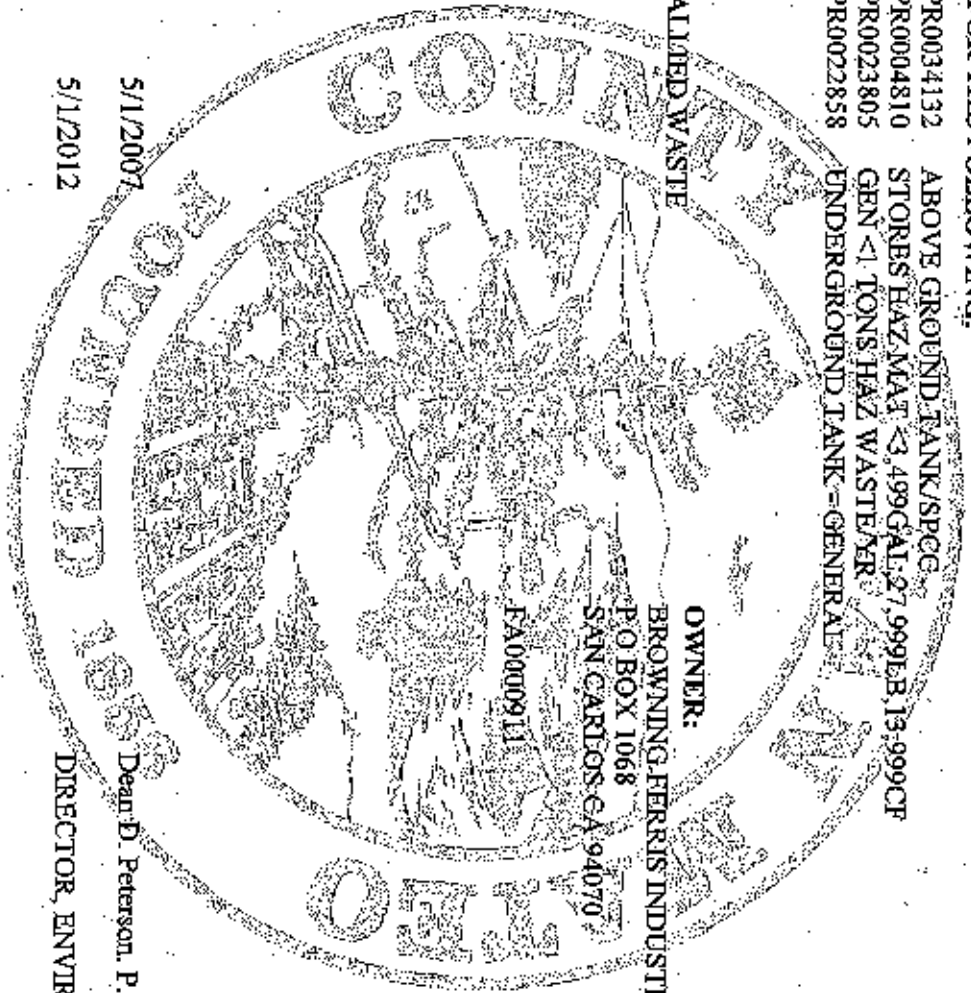
BFI WST SYS OF NA INC-ALUMED WASTE
225 SHOREWAY RD
SAN CARLOS, CA 94070

OWNER:

BROWNING-FERRIS INDUSTRIES
P.O. BOX 1068
SAN CARLOS, CA 94070
FA0000911

DATE ISSUED: 5/1/2007
EXPIRATION DATE: 5/1/2012

Dean D. Peterson, P.E., REHS
DIRECTOR, ENVIRONMENTAL HEALTH



THIS PERMIT IS NONTRANSFERABLE AND MUST BE POSTED ON-SITE IN A CONSPICUOUS PLACE



**SAN MATEO COUNTY ENVIRONMENTAL HEALTH
HAZARDOUS MATERIALS PROGRAM**

455 County Center, EHS126
Redwood City, CA 94063
Phone: (650) 363-4305

Dear Sir or Madam:

The enclosed **Permit to Operate** is submitted pursuant to your application. This Permit is nontransferable and must be posted on-site in a conspicuous place.

Our mission is to provide, education, inspections, enforcement and emergency services to businesses, workers, residents and visitors of San Mateo County to improve public health, safety and environmental protection.

The Hazardous Materials Program is the Certified Unified Program Agency (CUPA) for San Mateo County responsible for regulating hazardous materials business plans and chemical inventory, hazardous waste and tiered permitting, underground storage tanks, and risk management plans.

Please contact our office if we can be of further assistance.

Sincerely,

HAZARDOUS MATERIALS PROGRAM
San Mateo County Environmental Health

Enclosure: Original Permit
File Copy

ENVIRONMENTAL HEALTH

S. A. N. G. M. A. S. T. F. E. O. C. E. O. U. P. N. G. T. Y.



Protecting Our Health and Environment

PERMIT CONDITIONS

455 County Center, 4th Floor, Redwood City, CA 94063

Facility Identification Number: FA0000911

In order to maintain the Permit to Operate, the permit holder must comply with the following provisions of related laws concerning management of hazardous materials. Any violation of the conditions may be cause for revocation of the Permit to operate.

- a. **Hazardous Materials Business Plan Program:** California Health and Safety Code, Division 20, Chapter 6.95, Article 1 and Title 19 California Code of Regulations.
- b. **California Accidental Release Prevention Program (Cal-ARP):** California Health and Safety Code, Division 20, Chapter 6.95, Article 2 and Title 19, California Code of Regulations.
- c. **Hazardous Waste Generator Program:** California Health and Safety Code, Division 20, Chapter 6.5, Articles 1-13, Section 25100 et seq., and Title 22, California Code of Regulations, Chapter 20
- d. **Aboveground Petroleum ACT SPCC Plans:** California Health and Safety Code, Division 20, Chapter 6.67 and 40 CFR 112.
- e. **Tiered Permit On-Site Hazardous Waste Treatment:** California Health and Safety Code, Division 20, Chapter 6.5 Article 9, and Title 22 California Code of Regulations, Chapter 20
- f. **Underground Storage Tank Program:** California Health and Safety Code, Division 20, Chapter 6.7 and Title 23 California Code regulations, Chapters 16 and 18.

Number of tank/s authorized to operate:

State UST ID No.	Volume	Material Stored	BOE Identification Number:	
			System Type	Monitoring Procedure
41000000911000001	12,000	DIESEL	P	ATG
41000000911000002	12,000	DIESEL	P	ATG
41000000911000003	12,000	DIESEL	P	ATG

The permittee must, also, observe the following specific conditions to maintain the Permit to Operate an underground storage tank.

1. In the event of a spill, leak or other unauthorized release, the permittee must comply with the requirements of California Code of Regulations, Chapter 16, Article 5. The permittee must comply with a plot and release response plan approved by this Office.
2. The permittee must comply with the approved routine monitoring procedures referenced in this permit.
3. The permittee must notify the Division within (30) days after any changes in the usage of any UST including:
a) The storage of new hazardous substances; b) changes in monitoring procedures; c) changes of owner/operator. The Division may review, modify, or terminate the Permit to Operate upon receiving notification of the above changes.
4. The permittee must perform yearly maintenance testing of all leak detection equipment, and provide documentation of such testing to the Office.
5. The permittee must obtain approval from this Division, local Fire, and Building authorities prior to modifying any UST system.
6. 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 (3) years from the date the monitoring was performed.
7. The permittee must submit annual permit fees.
8. The permittee must submit an annual report documenting compliance with the above conditions within (30) days of the anniversary of the permit issuance date. Facilities will be inspected annually for compliance with the above conditions.

The Permit to Operate is to be maintained on-site and is valid for a period of five (5) years.



State of California
 State of Water Resources Control Board
 Division of Financial Assistance
 P.O. Box 944212
 Sacramento, CA 94244-2120

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 Section 2807, Chapter 18, Div. 3, Title 23, CCR:

- | | | |
|---|-----|---|
| <input type="checkbox"/> 500,000 dollars per occurrence
or
<input checked="" type="checkbox"/> 1 million dollars per occurrence | AND | <input type="checkbox"/> 1 million dollars annual aggregate
or
<input checked="" type="checkbox"/> 2 million dollars annual aggregate |
|---|-----|---|

B. Chad Wilson 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
Insurance Policy	AIG Environmental 2929 Allen Parkway Suite 1300 Houston, TX 77019	ST 1956719	\$1,000,000 each occurrence \$8,000,000 aggregate	6/1/07 to 6/1/08	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 #T20 - Allied Waste Services of San Mateo County	Facility Address 225 Shoreway Road - San Carlos, CA
Facility Name	Facility Address
Facility Name	Facility Address
E. Signature of Tank Owner or Operator 	Name and Title of Tank Owner or Operator Chad Wilson, General Manager
Signature of Witness or Notary Please See Attached Acknowledgement From Notary Public	Name of Witness or Notary
Date 6/12/02	

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of SAN MATEO

} ss. **K.RATHOD, NOTARY PUBLIC**

On 08/12/07 before me,

Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared

CHRIS S. WILSON

Name(s) of Signer(s)

personally known to me

proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

K. RATHOD

Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: CERTIFICATION OF FINANCIAL RESPONSIBILITY

Document Date: 08/12/07 Number of Pages: 1

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____

RIGHT THUMBPRINT OF SIGNER

Top of thumb here

Signer Is Representing: _____

Signer's Name: _____

- Individual
- Corporate Officer — Title(s): _____
- Partner — Limited General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: _____

RIGHT THUMBPRINT OF SIGNER

Top of thumb here

Signer Is Representing: _____

From: Christine Loch
To: Chad Wilson
Date: 6/4/2007 3:45:41 PM
Subject: California - Certificate of Financial Responsibility

Chad,

Please sign (and have witness sign) the attached and mail original to me at the below address.

Thanks

Christine Loch, Insurance Manager
Allied Waste
1850 North Allied Way
Phoenix, AZ 85054

office #480-627-7095

598 6276

2

AST/UST SUMMARY

UNDERGROUND STORAGE TANKS (List all USTs)								
	UST Tank Size	Current Status (Active, Empty, Abandoned, Not in Use)	Tank Contents	UST Tank Age	Date of Last Leak Test	Did the UST Leak (Y*/N)	Date UST Taken Out of Service	Expected Date to Return to Service
1	12,000	In use	Diesel Fuel	18	03/14/06	N		
2	12,000	In use	Diesel Fuel	18	03/14/06	N		
3	12,000	In use	Diesel Fuel	18	03/14/06	N		

ABOVEGROUND STORAGE TANKS (List all AST's over 100 gallons)								
	AST Tank Size	Current Status (Active, Empty, Abandoned, Not in Use)	Tank Contents	Secondary Containment Capacity	Is Containment Lined (Y/N*)	Is Tank Protected from Moving Vehicles	Is Tank Anchored (Y/N*)	Is AST Electrically Grounded (Y/N*)
1	1,000	In use	Engine Oil	110%	N	Y	N	N
2	1,000	In use	Transmission Oil	110%	N	Y	N	N
3	1,000	In use	Hydraulic Oil	110%	N	Y	N	N
4	1,000	In use	Waste Oil	110%	N	Y	Y	N
5	240	In use	Engine Oil	110%	N	Y	N	N
6	120	In use	80/90 w Gear Lube	110%	N	Y	N	N
7	120	In use	90 w Gear Lube	110%	N	Y	N	N
8	120	In use	Waste Anti-Freeze	110%	N	N	N	N
9	700	In use	Truck Wash Soap	0	N	Y	N	N
10	120	In use	Truck Wash Soap	0	N	Y	Y	N
11	120	In use	Steam Cleaner Soap	0	N	Y	Y	N
12	55	In use	Anti-Freeze	110%	N	Y	N	N

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:	B.F.I. - San Carlos	Bldg. No.:	
Site Address:	225 Shoreway Road	City:	San Carlos
		Zip:	94070
Facility Contact Person:	Janet Christman	Contact Phone No.:	(650) 596-6469
Make/Model of Monitoring System:	Incon TS 1001	Date of Testing/Servicing:	03/22/07

B. Inventory of Equipment Tested/Certified


Check the appropriate boxes to indicate specific equipment inspected/serviced:

<p>Tank ID: T1 - 12,000 gal. single wall fiberglass diesel tank.</p> <input checked="" type="checkbox"/> In-Tank Gauging Probe. Model <u>TSP - LL2</u> <input type="checkbox"/> Annular Space or Vault Sensor. Model _____ <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model <u>TSP - ULS</u> <input type="checkbox"/> Fill Sump Sensor(s). Model _____ <input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model <u>Vaporless 99LD2000</u> <input type="checkbox"/> Electronic Line Leak Detector. Model _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model _____ Other (specify equipment type and model in Section E on Page 2).	<p>Tank ID: T2 - 12,000 gal. single wall fiberglass diesel tank.</p> <input checked="" type="checkbox"/> In-Tank Gauging Probe. Model <u>TSP - LL2</u> <input type="checkbox"/> Annular Space or Vault Sensor. Model _____ <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model <u>TSP - ULS</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 _____ Other (specify equipment type and model in Section E on Page 2).
<p>Tank ID: T3 - 12,000 gal. single wall fiberglass diesel tank.</p> <input checked="" type="checkbox"/> In-Tank Gauging Probe. Model <u>TSP - LL2</u> <input type="checkbox"/> Annular Space or Vault Sensor. Model _____ <input checked="" type="checkbox"/> Piping Sump / Trench Sensor(s). Model <u>TSP - ULS</u> <input type="checkbox"/> Fill Sump Sensor(s). Model _____ <input checked="" type="checkbox"/> Mechanical Line Leak Detector. Model <u>Vaporless 99LD2000</u> <input type="checkbox"/> Electronic Line Leak Detector. Model _____ <input type="checkbox"/> Tank Overfill / High-Level Sensor. Model _____ Other (specify equipment type and model in Section E on Page 2).	<p>Tank ID: _____</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 _____ Other (specify equipment type and model in Section E on Page 2).
<p>Dispenser ID: D1 - Gilbarco 9153 AX</p> <input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: <u>Veeder Root - 001</u> <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	<p>Dispenser ID: D7 - Gilbarco 9153 AX</p> <input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: <u>Beaudreau - 406</u> <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
<p>Dispenser ID: D3 - Gilbarco 9153 AX</p> <input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: <u>Beaudreau - 406</u> <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	<p>Dispenser ID: D9 - Gilbarco 9153 AX</p> <input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: <u>TSP - ULS</u> <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).
<p>Dispenser ID: D5 - Gilbarco 9153 AX</p> <input checked="" type="checkbox"/> Dispenser Containment Sensor(s). Model: <u>Beaudreau - 406</u> <input checked="" type="checkbox"/> Shear Valve(s). <input type="checkbox"/> Dispenser Containment Float(s) and Chain(s).	<p>Dispenser ID: _____</p> <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 (print):	Paul A. Pintor	Signature:	
Certification No.:	4336213760	License No.:	762034
Testing Company Name:	TEC - Acculte	Phone No.:	(650) 616-1212
Site Address:	262 Michelle Court, South San Francisco (94080)		Date of Testing: 03/22/07

MONITORING SYSTEM CERTIFICATION

D. Results of Testing/Serviceing

Software Version Installed: 4.003

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 checked="" 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"/> Yes	<input type="checkbox"/> No* <input checked="" 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? %
<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:

* Flapper valve overfill protection.

* UDC sensor replaced at dispenser # 5 – certified on 03/23/07.

* T1 STP – wired to dispenser(s) # 3,5,7,9.

* T2 – transition sump for T1.

* T3 STP – wired to dispenser # 1 only.

* Spare submersible turbine pump(s) at T1 & T3 are shut off.

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.

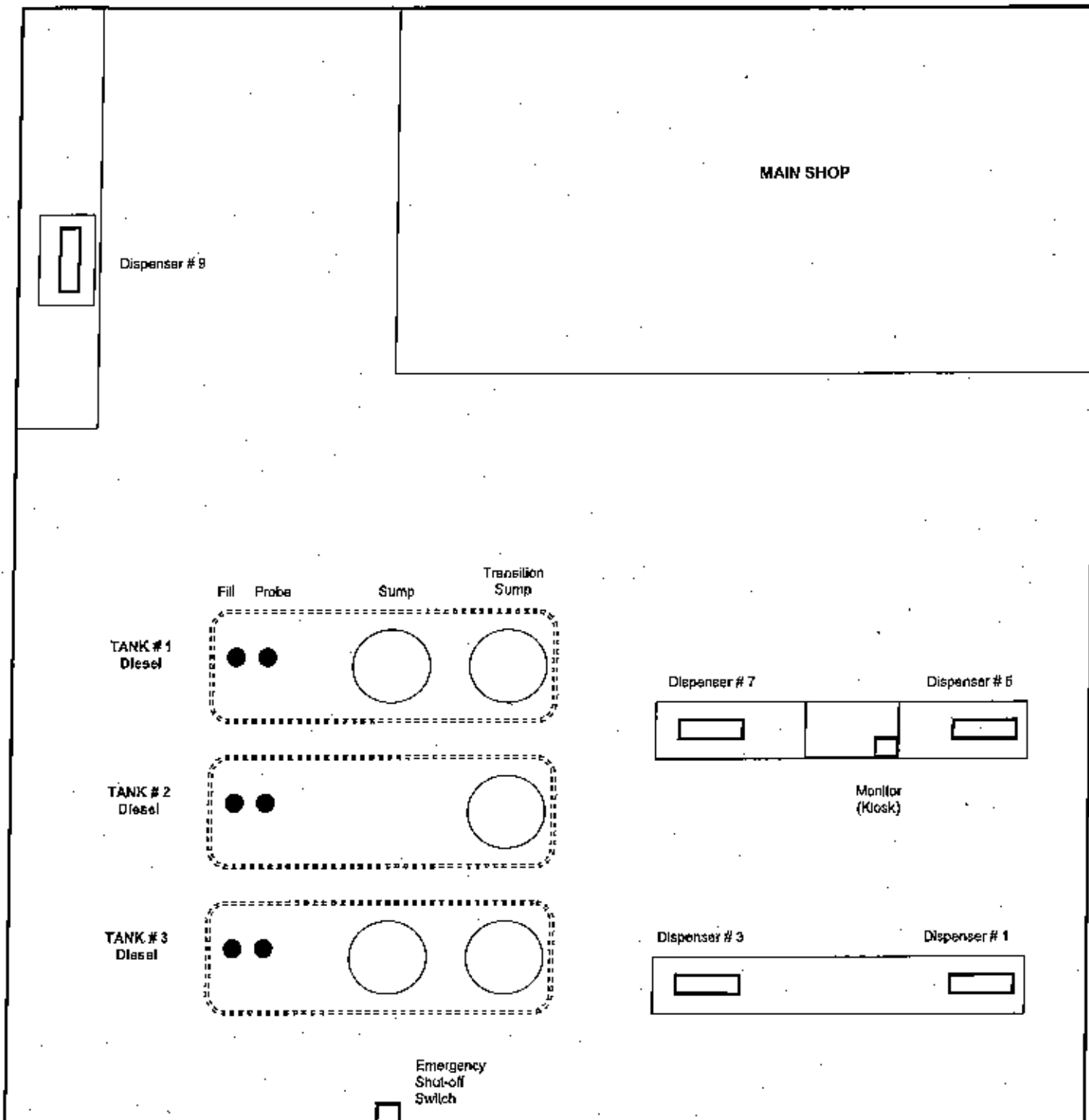
H. Comments:



MONITORING SYSTEM CERTIFICATION

I. UST Monitoring Site Plan

Site Address: 255 Shoreway Road, San Carlos, CA 94070



Date map was drawn: 03/23/07



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:	B.F.I. - San Carlos	Date of Testing:	03/22/07
Facility Address:	225 Shoreway Road - San Carlos		
Facility Contact:	Janet Christman	Phone:	(650) 596-8489
Date Local Agency Was Notified of Testing:	03/06/07		
Name of Local Agency Inspector (if present during testing):	Socorro Carillo		

2. TESTING CONTRACTOR INFORMATION

Company Name:	TEC - Acculife			
Technician Conducting Test:	Paul A. Pintor			
Credentials ¹ :	CSLB Contractor	ICC Service Tech.	SWRCB Tank Tester	Other (Specify)
License Number(s):	AHAZBC36 - 762034			

3. SPILL BUCKET TESTING INFORMATION

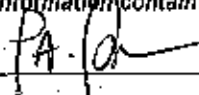
Test Method Used:	<input checked="" type="checkbox"/> Hydrostatic		<input type="checkbox"/> Vacuum	<input type="checkbox"/> Other
Test Equipment Used:	Tape Measure		Equipment Resolution: 0-25'	
Identify Spill Bucket (By Tank Number, Stored Product, etc.)	T1 - Fill	T2 - Fill	T3 - Fill	4
Bucket Installation Type:	<input checked="" type="checkbox"/> Direct Bury Contained in Sump	<input checked="" type="checkbox"/> Direct Bury Contained in Sump	<input checked="" type="checkbox"/> Direct Bury Contained in Sump	Direct Bury Contained in Sump
Bucket Diameter:	12"	12"	12"	
Bucket Depth:	12"	12"	12"	
Wait time between applying vacuum/water and start of test:	5 Minutes	5 Minutes	5 Minutes	
Test Start Time (T _i):	9:30 am	9:30 am	9:30 am	
Initial Reading (R _i):	8 3/8"	8 3/8"	8 3/8"	
Test End Time (T _f):	10:30 am	10:30 am	10:30 am	
Final Reading (R _f):	8 3/8"	8 3/8"	8 3/8"	
Test Duration (T _f - T _i):	1hr	1hr	1hr	
Change in Reading (R _f - R _i):	0	0	0	
Pass/Fail Threshold or Criteria:	- 1/16"	- 1/16"	- 1/16"	
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

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: 03/22/07

¹ State laws and regulations do not currently require testing to be performed by a qualified contractor. However, local requirements may be more stringent.

**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 BFI - San Carlos	FACILITY PHONE (650) 596-6469
FACILITY SITE ADDRESS 225 Shoreway Road (255)	CITY San Carlos
REASON FOR SUBMITTING THIS FORM (Check One): <input checked="" type="checkbox"/> Change of Designated Operator <input type="checkbox"/> Update of ICC Certification Expiration Date(s)	

PRIMARY DESIGNATED UST OPERATOR FOR THIS FACILITY	
DESIGNATED OPERATOR NAME: Arnulfo Cardona	RELATION TO UST FACILITY (Check One)
BUSINESS NAME (If different from above): TEC Accutite	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
DESIGNATED OPERATOR PHONE: (650) 616-1229 ext.	<input type="checkbox"/> Service Technician <input checked="" type="checkbox"/> Third-Party
INTERNATIONAL CODE COUNCIL CERTIFICATION NO.: 5296896-UC	EXPIRATION DATE: 10/26/2008

ALTERNATE 1 DESIGNATED UST OPERATOR FOR THIS FACILITY (Optional)	
DESIGNATED OPERATOR NAME: Gino Baldocchi	RELATION TO UST FACILITY (Check One)
BUSINESS NAME (If different from above): TEC Accutite	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
DESIGNATED OPERATOR PHONE: (650) 616-1206 ext.	<input type="checkbox"/> Service Technician <input checked="" type="checkbox"/> Third-Party
INTERNATIONAL CODE COUNCIL CERTIFICATION NO.: 5250531-UC	EXPIRATION DATE: 10/26/2008

ALTERNATE 2 DESIGNATED UST OPERATOR FOR THIS FACILITY (Optional)	
DESIGNATED OPERATOR NAME: Paul Pintor	RELATION TO UST FACILITY (Check One)
BUSINESS NAME (If different from above): TEC Accutite	<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Employee
DESIGNATED OPERATOR PHONE: (650) 616-1212 ext.	<input type="checkbox"/> Service Technician <input checked="" type="checkbox"/> Third-Party
INTERNATIONAL CODE COUNCIL CERTIFICATION NO.: 5246820-UC	EXPIRATION DATE: 10/26/2008

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: Allied Waste Services of San Mateo County
TANK OWNER TITLE: Maintenance Manager OWNER PHONE: (650) 596-6471
TANK OWNER SIGNATURE: Dennis Franco DATE: 12/11/06

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/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. Contact information for other local agencies within California is available at: www.swrcb.ca.gov/cwphome/ust/contacts/docs/local_agency_list.xls.
3. 23 CCR §2715(e) requires that you notify the local agency of any changes to this information within 30 days of the date of change.



Technology, Engineering & Construction, Inc.

262 Michelle Court • So. San Francisco, CA 94080-8201 • Contractor's Lic. #762034
Tel: (650) 616-1200 • Fax: (650) 616-1244 • www.tecaccutite.com

November 24, 2006

Janet Christmann

BFI - San Carlos
225 Shoreway Road (255)
San Carlos CA 94070

Subject: Owner Statement of Designated Operator UST Operator

Please complete the attached form and fax it to the Regulatory Agency indicated below.

Inspector: Socorro Carrillo

Agency: County of San Mateo - Environmental Health Services

Fax: (650) 363-7882

Phone: (650) 363-4564

If you have any questions or need additional information please do not hesitate to call me at (650) 616-1229.

Regards,

Arnulfo Cardona
Field Engineer
TEC Accutite
262 Michelle Court
South San Francisco, CA 94080
acardona@tecaccutite.com



facsimile transmittal

Date: December 11, 2006

To: Socorro Carrillo **Tel:** (650) 363-4564
Fax: (650) 363-7882

From: Janet Christmann, Division 925 **Tel:** (650) 596-6469
Allied Waste Services- San Mateo **Fax:** (650) 631-7207

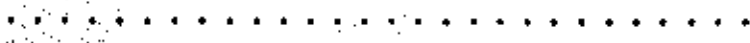
Re: **e-mail:** Janet.Christmann@awin.com

CC: **Pages:** 3

Urgent For Review Please Comment Please Reply Please Recycle

Notes:
Socorro,
Please let me know if I need to send the original copy.

Thanks
Janet



MODE = MEMORY TRANSMISSION

START=DEC-11 12:27

END=DEC-11 12:28

FILE NO. = 085.

STN NO.	COMM.	ABBR NO.	STATION NAME/TEL NO.	PAGES	DURATION
001	OK	5	3537882	003/003	00:01:18

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- ***** -

16506317207- *****

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. 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.)

- M01. TYPE OF ACTION – Check the appropriate box to indicate why this plan is being submitted.
- M02. 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 Form(s)].
FACILITY ID NUMBER – This space is for agency use only.
- M03. FACILITY NAME – Enter the complete Facility Name.
- M04. FACILITY 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.
- M05. CITY – Enter the city or unincorporated area in which the facility is located.
- M06. MONITORING EQUIPMENT IS SERVICED – Check the appropriate box to specify the frequency of monitoring equipment testing/certification.
- M07. SPECIFY – If item II-99 is checked, enter the frequency of monitoring equipment testing/certification.
- M10. TANK MONITORING METHOD(S) – Check the appropriate box(es) in Section IV to identify all required methods used for monitoring UST(s) covered by this plan.
- M11. SECONDARY CONTAINMENT IS – Check the appropriate box to describe the environment inside tank secondary containment.
- M12. PANEL MANUFACTURER – If item IV-1 is checked, enter the name of the manufacturer of the monitoring system control panel (console).
- M13. MODEL # – If item IV-1 is checked, enter the model number for the monitoring system control panel.
- M14. LEAK SENSOR MANUFACTURER – If item IV-1 is checked, enter the name of the manufacturer of the sensor(s). If additional space is needed, use Section IX.
- M15. MODEL #(S) – If item IV-1 is checked, enter the model number for each type of sensor installed. If additional space is needed, use Section IX.
- M16. PANEL MANUFACTURER – If item IV-2 is checked, enter the name of the manufacturer of the monitoring system control panel (console).
- M17. MODEL # – If item IV-2 is checked, enter the model number for the monitoring system control panel.
- M18. IN-TANK PROBE MANUFACTURER – If item IV-2 is checked, enter the name of the manufacturer of the probe(s).
- M19. MODEL #(S) – If item IV-2 is checked, enter the model number for each type of in-tank probe installed. If additional space is needed, use Section IX.
- M20. LEAK TEST FREQUENCY – If item IV-2 is checked, check the appropriate box to describe the in-tank leak test frequency.
- M21. SPECIFY – If item M20-c is checked, enter the frequency of programmed leak tests.
- M22. PROGRAMMED TESTS – If item IV-2 is checked, check the appropriate box to describe the tests programmed into the ATG system.
- M23. SPECIFY – If item M22-c is checked, enter the frequency of in-tank leak testing.
- M24. INVENTORY RECONCILIATION – If item IV-3 is checked, check the appropriate box to describe the type of inventory reconciliation performed (i.e., Manual or Statistical).
- M25. TESTING PERIOD – If item IV-4 is checked, check the appropriate box to describe the MTG testing period.
- M26. TEST FREQUENCY – If item IV-5 is checked, check the appropriate box to describe the frequency of tank integrity testing.
- M27. SPECIFY – If item IV-5-c is checked, enter the frequency of tank integrity testing.
- M28. SPECIFY – If item 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 23 CCR §2648). Include the monitoring frequency (e.g., Continuous, Weekly). If additional space is needed, use Section IX.
- M30. PIPE MONITORING METHOD(S) – Check the appropriate box(es) in Section V to identify all required methods used for monitoring piping in the UST system(s) covered by this plan.
- M31. SECONDARY CONTAINMENT IS – Check the appropriate box to describe the environment inside piping secondary containment.
- M32. PANEL MANUFACTURER – If item V-1 is checked, enter the name of the manufacturer of the monitoring system control panel (console).
- M33. MODEL # – If item V-1 is checked, enter the model number for the monitoring system control panel.
- M34. LEAK SENSOR MANUFACTURER – If item V-1 is checked, enter the name of the manufacturer of the sensor(s).
- M35. MODEL #(S) – If item V-1 is checked, enter the model number for each type of sensor installed. If additional space is needed, use Section IX.
- M36. WILL PIPING LEAK ALARM TRIGGER PUMP SHUTDOWN? – If item V-1 is checked, check Yes or No.
- M37. WILL FAILURE/DISCONNECTION OF MONITORING SYSTEM TRIGGER SHUTDOWN? – If item V-1 is checked, check Yes or No.
- M38. MLLD MANUFACTURER(S) – If item 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 IX.
- M39. MODEL #(s) – If item V-2 is checked, enter the model number for each type of mechanical line leak detector installed. If additional space is needed, use Section IX.
- M40. ELLD MANUFACTURER – If item V-3 is checked, enter the name of the manufacturer of the electronic line leak detector(s).
- M41. MODEL #(S) – If item V-3 is checked, enter the model number for each type of electronic line leak detector installed. If additional space is needed, use Section IX.
- M42. PROGRAMMED LINE INTEGRITY TESTS – If item V-3 is checked, check the appropriate box to describe the type of tests programmed into the monitoring system.
- M43. WILL ELLD DETECTION OF A PIPING LEAK ALARM TRIGGER PUMP SHUTDOWN? – If item V-3 is checked, check Yes or No.
- M44. WILL ELLD FAILURE/DISCONNECTION TRIGGER PUMP SHUTDOWN? – If item V-1 is checked, check Yes or No.
- M45. TEST FREQUENCY – If item V-4 is checked, check the appropriate box to describe the frequency of pipe integrity testing.
- M46. SPECIFY – If item V-4-c is checked, enter the frequency of pipe integrity testing.
- M47. VISUAL MONITORING DONE – If item V-5 is checked, check the appropriate box to describe the frequency of visual monitoring.
- M48. SPECIFY – If item V-99 is checked, enter a brief description of the other line monitoring method(s) used. If additional space is needed, use Section IX. 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.) which shows all required information, include it with this plan.

VI. DISPENSER MONITORING

MONITORING OF AREAS BENEATH DISPENSER(S) IS PERFORMED USING THE FOLLOWING METHOD(S) (Check all that apply) M50.

- 1. CONTINUOUS ELECTRONIC MONITORING OF UNDER DISPENSER CONTAINMENT (UDC) M51.
 - PANEL MANUFACTURER: Incon MODEL #: TS-1001 EFI M52.
 - LEAK SENSOR MANUFACTURER: Beaudreau Electronics MODEL #(S): 406 M54.
 - WILL DETECTION OF A LEAK INTO THE UDC TRIGGER AUDIBLE AND VISUAL ALARMS? a. YES b. NO M55.
 - WILL A UDC LEAK ALARM TRIGGER AUTOMATIC PUMP SHUTDOWN? a. YES b. NO M56.
 - WILL FAILURE/DISCONNECTION OF UDC MONITORING SYSTEM TRIGGER AUTOMATIC PUMP SHUTDOWN? a. YES b. NO M57.
- 2. MECHANICAL ASSEMBLY (e.g., FLOAT AND CHAIN ASSEMBLY) IN UDC TRIPS SHEAR VALVE IN CASE OF LEAK M58.
 - ASSEMBLY MANUFACTURER: _____ MODEL #(S): _____ M59.
- 3. VISUAL MONITORING DONE: a. DAILY b. WEEKLY (Requires agency approval) M60.
- 4. NO DISPENSERS
- 99. OTHER (Specify) Disp. #1 - Veeder Root [001], Disp. #3,5,7 - Beaudreau [406], Disp. #9 - Incon [TSP-ULS] M61.

VII. ENHANCED LEAK DETECTION

- 1. WE HAVE BEEN NOTIFIED BY THE STATE WATER RESOURCES CONTROL BOARD THAT WE MUST IMPLEMENT ENHANCED LEAK DETECTION (ELD) FOR THE UST(S) COVERED BY THIS PLAN. PER 23 CCR §2644.1, ELD IS PERFORMED EVERY 36 MONTHS AS REQUIRED M70.

VIII. TRAINING

- REFERENCE DOCUMENTS MAINTAINED AT FACILITY (Check all that apply) M80.
- 1. THIS UNDERGROUND STORAGE TANK MONITORING PLAN (Required)
 - 2. OPERATING MANUALS FOR ELECTRONIC MONITORING EQUIPMENT (Required)
 - 3. THE FACILITY'S BEST MANAGEMENT PRACTICES (Required as of January 1, 2005)
 - 4. CALIFORNIA UNDERGROUND STORAGE TANK REGULATIONS
 - 5. CALIFORNIA UNDERGROUND STORAGE TANK LAW
 - 6. STATE WATER RESOURCES CONTROL BOARD (SWRCB) PUBLICATION: "HANDBOOK FOR TANK OWNERS - MANUAL AND STATISTICAL INVENTORY RECONCILIATION"
 - 7. SWRCB PUBLICATION: "WEEKLY MANUAL TANK GAUGING FOR SMALL UNDERGROUND STORAGE TANKS"
 - 99. OTHER (Specify): Tec Acculte Paul Pintor DOT M81.

Personnel with UST monitoring responsibilities are familiar with all of the above documents relevant to their job duties and can access those documents when needed. By January 1, 2005, this facility will have a "Designated UST Operator" who has passed the California UST System Operator Exam administered by the International Code Council (ICC). By July 1, 2005, and annually thereafter, the "Designated UST Operator" will train facility employees in the proper operation and maintenance of the UST systems. 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 leak detection equipment.
- > The facility employee's role with regard to spills and overfills.
- > Whom to contact for emergencies and leak detection alarms.

For facility employees hired on or after July 1, 2005, the initial training will be conducted within 30 days of the date of hire.

IX. COMMENTS/ADDITIONAL INFORMATION

Please use this section to include any additional UST system monitoring-related information (e.g., additional information required by your local agency). M85.
Note regarding Section X. Pending certification of a Designated UST Operator, the following person has authority for performing the monitoring activities and maintaining leak detection equipment covered by this plan. NAME: _____ JOB TITLE: _____

X. PERSONNEL RESPONSIBILITIES

AS OF JANUARY 1, 2005, THE "DESIGNATED UST OPERATOR" IDENTIFIED IN SECTION III OF THE CURRENT UST OPERATING PERMIT APPLICATION - FACILITY FORM WILL HAVE ULTIMATE AUTHORITY FOR PERFORMING THE MONITORING ACTIVITIES AND MAINTAINING LEAK DETECTION EQUIPMENT COVERED BY THIS PLAN, AND WILL PERFORM AND DOCUMENT MINIMUM MONTHLY VISUAL INSPECTIONS OF THE FACILITY'S UST SYSTEMS IN ACCORDANCE WITH 23 CCR § 2715(b).

XI. OWNER/OPERATOR SIGNATURE

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

OWNER/OPERATOR SIGNATURE <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> Owner M89. <input checked="" type="checkbox"/> Operator </div>	DATE: March 26, 2007 M91.
OWNER/OPERATOR NAME (print): Dennis Franco M92.	OWNER/OPERATOR TITLE: Maintenance Manager M93.

(Agency Use Only) This plan has been reviewed and: Approved Approved With Conditions Disapproved

Local Agency Signature: _____ Date: _____

Comments/Special Conditions: _____

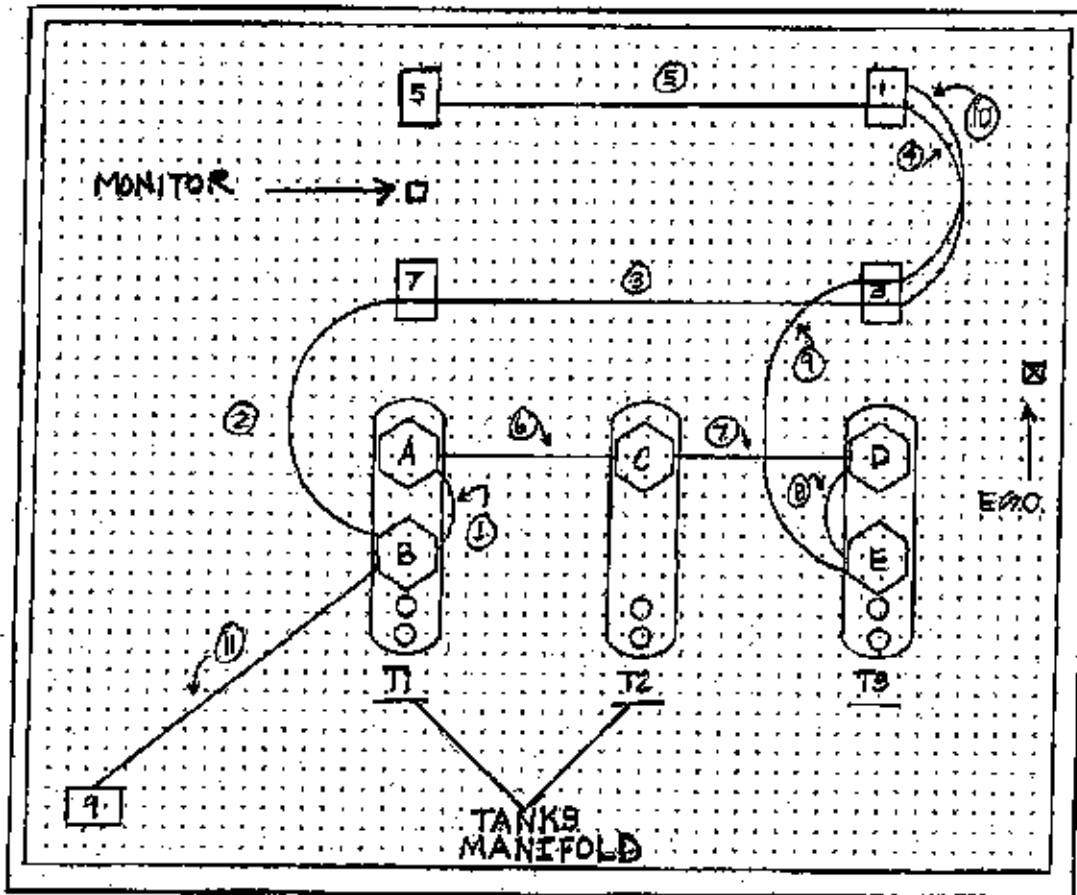
UST Monitoring Plan – Page 2 Instructions

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.)

- M50. DISPENSER MONITORING METHOD(S) – Check the appropriate box(es) in Section IV to identify all required methods used for monitoring the area(s) beneath the dispenser(s). If no dispensers are installed (e.g., USTs supplying standby generators), check item VI-5.
- M51. PANEL MANUFACTURER – If item VI-1 is checked, 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.
- M52. MODEL # – If item VI-1 is checked, enter the model number for the monitoring system control panel. If there is no control panel (e.g., only an electrical relay box is installed) leave this space blank.
- M53. LEAK SENSOR MANUFACTURER – If item VI-1 is checked, enter the name of the manufacturer of the sensor(s).
- M54. MODEL #(S) – If item VI-1 is checked, enter the model number for each type of sensor installed. If additional space is needed, use Section IX.
- M55. WILL DETECTION OF A LEAK INTO UDC TRIGGER AUDIBLE AND VISUAL ALARMS? – If item VI-1 is checked, check Yes or No.
- M56. WILL A UDC LEAK ALARM TRIGGER PUMP SHUTDOWN? – If item VI-1 is checked, check Yes or No.
- M57. WILL FAILURE/DISCONNECTION OF UDC MONITORING TRIGGER SHUTDOWN? – If item VI-1 is checked, check Yes or No.
- M58. ASSEMBLY MANUFACTURER – If item VI-2 is checked, enter the name of the manufacturer of the mechanical leak detection assembly.
- M59. MODEL #(S) – If item VI-2 is checked, enter the model number for each type of mechanical leak detection assembly installed. If additional space is needed, use Section IX.
- M60. VISUAL MONITORING DONE – If item VI-3 is checked, check the appropriate box to describe the frequency of visual monitoring.
- M61. SPECIFY – If item VI-99 is checked, enter a brief description of the other method(s) used to monitor the UDC. If additional space is needed, use Section IX.
- M70. ENHANCED LEAK DETECTION – 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).
- M80. REFERENCE DOCUMENTS MAINTAINED AT FACILITY – Check the appropriate boxes to describe reference documents maintained at the facility. Note that items 1, 2, and 3 must be kept at the facility.
- M81. SPECIFY – If item VIII-99 is checked, enter a brief description of the other document(s) maintained at the facility. If additional space is needed, use Section IX.
- M85. COMMENTS/ADDITIONAL INFORMATION – You may use this section to describe any additional UST system monitoring-related information (e.g., additional information required by your local agency). If using Section IX as additional space for items required elsewhere in this plan, reference the item number (e.g., "Item M35 - Model 2468 and 3579 Leak Sensors").
- 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, and that the training program specified in Section VIII has been implemented.
- M90. REPRESENTING – Check the appropriate box to indicate whether the signer is representing the UST owner or UST operator.
- M91. DATE – Enter the date the plan was signed.
- M92. OWNER/OPERATOR NAME – Print or type the name of the person signing the plan.
- M93. OWNER/OPERATOR TITLE – Enter the title of the person signing the plan.

UST Monitoring Site Plan

Site Address: 255 SHOREWAY RD. SAN CARLOS



Date map was drawn: 03/26/06

Instructions

If you already have a diagram that shows all required information, you may include it, rather than this page, with your Monitoring System Certification. On your site plan, show the general layout of tanks and piping. Clearly identify locations of the following equipment, if installed: monitoring system control panels; sensors monitoring tank annular spaces, sumps, dispenser pans, spill containers, or other secondary containment areas; mechanical or electronic line leak detectors; and in-tank liquid level probes (if used for leak detection). In the space provided, note the date this Site Plan was prepared.

Designated Underground Storage Tank (UST) Operator Monthly Visual Inspection Checklist



Facility Name: B.F.I. - San Carlos	Date: August 20, 2007
Facility Address: 225 Shoreway Road	
City: San Carlos, CA	Zip Code: 94070
Designated UST Operator conducting the inspection: Amulfo Cardona	
International Code Council Certification #: 5296696-UC	Expiration Date: Oct. 26, 2008
Signature:	Phone: (650) 618-1229

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. <i>(Attach a copy of the alarm history report/log to this form if available.)</i>	<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.
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.

	Y	N	NA		Y	N	NA
Sump Location: T1 - parking lot	<input checked="" type="checkbox"/>			Sump Location: Transition - parking lot	<input checked="" type="checkbox"/>		
Sump Location: T2 - parking lot	<input checked="" type="checkbox"/>			Sump Location: Transition - driveway	<input checked="" type="checkbox"/>		
Sump Location: T3 - parking lot	<input checked="" type="checkbox"/>			Sump Location:			

7 Spill containment structures are free of water, debris, and hazardous substance.

	Y	N	NA		Y	N	NA
Tank 1 - Contents: Diesel	<input checked="" type="checkbox"/>			Tank 3 - Contents: Diesel	<input checked="" type="checkbox"/>		
Tank 2 - Contents: Diesel	<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		Y	N	NA
Dispenser 1 / 2 Diesel	<input checked="" type="checkbox"/>			Dispenser 9 / 10 Diesel [remote]	<input checked="" type="checkbox"/>		
Dispenser 3 / 4 Diesel	<input checked="" type="checkbox"/>			Dispenser 11 / 12			
Dispenser 5 / 6 Diesel	<input checked="" type="checkbox"/>			Dispenser 13 / 14			
Dispenser 7 / 8 Diesel	<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"/>			03/22/07
10	Secondary containment tests have been completed within the required timeframe.	<input checked="" type="checkbox"/>			03/22/06
11	Spill containment structure (bucket) testing was completed within the past year.	<input checked="" type="checkbox"/>			03/22/07
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. <i>(List test/maintenance items below.)</i>				
	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.	<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.

