

HAZMAT LOG NO.: 405 PERMIT NO.: 47623 PLAN CHECK NO.: _____

San Jose Hazardous Materials Program
4 North Second St., Suite 1100
San Jose, Ca 95113-1305

HAZARDOUS MATERIALS PLAN CHECK

DATE: 9-18-90

Installation/Removal Location: 1777 Smith Avenue
Facility Name: Acme Vending, Inc.
Plan Date: 7-25-90
Installing/Removal Contractor: D & D Management
Type of Work/construction: UST removal (1)

_____ Plan is approved as submitted.
X _____ Plan is approved with the following requirements.
_____ Plan is disapproved for reasons listed below.

All piping associated with the UST, including vent piping,, must be removed with the tank and disposed of as hazardous waste.

If you have any questions regarding this project, please contact Inspector Jeff Tarter at (408) 277-4659.
JEFF TARTER

Hazardous Materials Inspector will accompany Certificate of Occupancy Inspector:

YES

NO

PLANCHECK3/TARTER/6 - (10/89)

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 25100.7 OF THE HEALTH AND SAFETY CODE. SIGNED: <u>Jeff Tarter</u> DATE: <u>11/6/90</u>
REPORT DATE <u>1 M 0 D 25 D 9 Y 0 Y</u>	CASE #	

REPORTED BY	NAME OF INDIVIDUAL FILING REPORT <u>JEFF TARTER</u>	PHONE <u>(408) 277-4659</u>	SIGNATURE <u>Jeff Tarter</u>	
	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 <u>SAN JOSE FIRE DEPARTMENT</u>		
	ADDRESS <u>4 N. 2ND ST., 1100 STREET SAN JOSE CITY CA STATE 95113 ZIP</u>			

RESPONSIBLE PARTY	NAME <u>ACME VENDING INC.</u> <input type="checkbox"/> UNKNOWN	CONTACT PERSON <u>JOSEPH ADRAGNA</u>	PHONE <u>(408) 269-5777</u>
	ADDRESS <u>1777 SMITH AVE. STREET SAN JOSE CITY CA STATE 95112 ZIP</u>		

SITE LOCATION	FACILITY NAME (IF APPLICABLE) <u>ACME VENDING INC.</u>	OPERATOR _____	PHONE <u>(408) 269-5777</u>
	ADDRESS <u>1777 SMITH AVE. STREET SAN JOSE CITY SANTA CLARA COUNTY 95112 ZIP</u> CROSS STREET _____		

IMPLEMENTING AGENCIES	LOCAL AGENCY AGENCY NAME <u>SAN JOSE FIRE DSPT.</u>	CONTACT PERSON <u>JEFF TARTER</u>	PHONE <u>(408) 277-4659</u>
	REGIONAL BOARD <u>SAN FRANCISCO BAY</u>	CONTACT PERSON <u>TOM CALLAGHAN</u>	PHONE <u>(415) 464-0787</u>

SUBSTANCES INVOLVED	(1) NAME <u>GASOLINE</u>	QUANTITY LOST (GALLONS) <input checked="" type="checkbox"/> UNKNOWN
	(2) _____	<input type="checkbox"/> UNKNOWN

DISCOVERY/ABATEMENT	DATE DISCOVERED <u>1 M 0 D 25 D 9 Y 0 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 _____ <input checked="" type="checkbox"/> UNKNOWN	METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY) <input checked="" 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 <u>0 M 9 D 2 D 0 D 9 Y 0 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 _____
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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)
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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 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
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REMEDIAL ACTION	CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS) <input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> VACUUM EXTRACT (VE)	<input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> OTHER (OT) _____	<input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> TREATMENT AT HOOKUP (HU)	<input type="checkbox"/> ENHANCED BIO DEGRADATION (IT) <input type="checkbox"/> REPLACE SUPPLY (RS) <input type="checkbox"/> VENT SOIL (VS)
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COMMENTS	MAXIMUM CONCENTRATION OF CONTAMINATES DETECTED: <u>0.33 mg/kg XYLENES</u> <u>2.1 mg/kg TPH</u>
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